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

	(Pt	ursuant to	NJAC 8	:60 and 12	:120)										
Date of Notification (1) 11/26/2014				Name of B Samuel	10 10 10 10 TO	Owner/Oper nan	ator (2	2)		DEC	2 4.	1/1	L	2	
Agencies Notified	Type Notification			Street Ad 90 Woo	dress dbridge	e Center (	Drive	e, 6tl	h floor AS	SEST	OE UONT	HÜL	l &	- Allenander	
EPA DEP  DOL	Initial Amended Amendment			City, State	e, Zip Coo				-	- ( )	-1/2/1/1/2	-	th.co.dm.		
DOH DCA	Emergency (i justification) Cancellation	ncluding	100	Name of Samue		nan				Tele	phone Num				
				FACIL	ITY INFO	RMATION								10/2	
Name of Facility Where Old General Dynar		g Place (3)						Туре	of Facility (4 School (K-1						
Street Address 150 Avenel St								×	Subchapter Other (i.e. p etc.)				ings,	home	s,
City (5) Avenel								7.00	are Feet .890.00	# of	Floors	BI	dg. A	ge	
County (6)			T	County C		4.		Curr	ent Use (Prid	or if bein	g demolishe				
Middlesex		76		(STATE U	SE ONLY)				namics Pla						
Name of Monitoring Firm I.H. Consultants Inc		Owner (8)		ASCM	No.				atement Cor Contracts		9)				
Street Address 605 Bloomfield Ave	e Suite 5					100	treet A					*****			
City, State, Zip Code Montclair NJ 07042	2					1000			Zip Code , NJ 07072	2					
Project Manager for Mo				Telephon	e No.		elepho				License No	h.			
Anthony Valentine				(973) 5	09-3320	0 2	201-9	33-	0033		01230				
Start Date (10) 12/10/2014		12/10/2		mpletion D	Date (11)	1.000			SHA Monitor Michalik						11
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				treet A	and the same of th							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of A nal Facility	Abater Hour	ment s	*	C	ity, St	ate, i	Zip Code						
							Jaris	tadt	, NJ, 0707	2			_		
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Ali I nat Apply)	-	lenova Jemoli	10.000.0000.000	ď		×	M G	ull Containm lini-Enclosure lovebag Pro- on-Exempte	e cedure				e	
		Is	Locat	tion	e								Abate	ement	i
Locatio Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) B <u>ATED</u> illity	Use Ma	intena	ely by ance/ Staff?	Asbes (i.e.	Descritos Contain thermal sy surfacing other mis	ning M stems g, VA	lateri s insu T, or	ılation,	(8	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		146						_		te	W.
1st, 2nd, 3	Brd Floor	X			Р	ipe Insula	ation	Fria	able	1.83	5.00 LF	Х			
1st, 2nd, 3	Brd Floor				Floor Tile	e/Lind	oleu	m	73.83	30.00 SF	X				
1st, 2nd, 3	Brd Floor			Win	dow Cau	lking	/Mo	ulding	20.3	18.00 LF	Х				
Roo	of	X			Roo	ofing Mate	erials	s/Tra			90.00SF	X			
Name of Registered Wa Asbestos Transpor		NJDEP W Hauler ID 1a-371		Cubic Ya of Waste			Annual Contraction		red Landfill rprises, L	LC					
City, State Shirley ,NY				Disposal	Date		City, Sta Wayne		,Ohio			Ů.			
Completed by Mickey Coleman		Title	0	٠,٥,٠	<u></u>	Sig	nature	ì	Colo		Da 12	te 2/01/2	2014	0	

Print Form

CK5 1828

State of New Jersey

0215-02	NO					BESTOS ABAT C 8:60 and 5:10	The same of the same	CEI				
Date of Notification (1)	14		Nar H	ne o	f Building	Owner/Operator (	2) ING AUTHORIT	<b>D</b> EC 2 2	2014			
Agencies Notified  ☐ EPA ☐ DOLWD ☐ Amende ☐ DHSS ☐ Amendr	d		2 City	<b>5 W</b> , Sta	ate, Zip C		ASE	BESTOS CON LICENSIN	TROL	<u>}</u>		
☑ DCA ☐ Emerge justifica ☐ Cancella	ncy (includ ion)	ing			f Contact	NJ 08108		Telephone Nu	ımber			
			F	ACI	LITY IN	FORMATION						
Name of Facility Where Abatement is HADDON TOWNSHIP HOUSIN Street Address 25 WYNNEWOOD AVE			,				Type of Facility ( ☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., pr	) (Other than K- ivate and comn	·12) nercial b	uildinç	JS,	
City (5) WESTMONT NJ 08108							Square Feet >50,000	# of Floors	В	ldg. A	ge	
County (6) CAMDEN			Co	ounty	Code (7)	(STATE USE ONLY)	Current Use (Pri		olished)			
Name of Monitoring Firm Hired by Bu HORIZON ENVIRONMENTAL			The state of	М N 073		Name of Abatem DELTA/BJDS	ent Contractor (9) S, INC					
Street Address						Street Address						
P.O. Box 316						1345 INDUST						
City, State, Zip Code WEST DEPTFORD, NJ 08086						City, State, Zip C SOUTHAMP	ode FON, PA 18966					
Project Manager for Monitoring Firm  David Flanigan		1,54,555	elepho 856 8			Telephone No. 215 322-2900	)	License No. <b>00793</b>				
Start Date (10)12 /15 /14	Scheduled 01	Comp				Name of OSHA N						
Occupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of I	tire Period	of Abat	temen		ribe	Street Address 3370 PROGR						
Time of Abatement: 7:00AM					TIDE	City, State, Zip C BENSALEM						
Scope of Work (Check all that apply)		Renova				☐ Mini-End		ative Pressure				
☐ ≥160 sf or ≥260 lf		Demoli	ition				g Procedure empted (*) and No	n-Friable Proce	edure			
		Is Loc							A	batem	ent T	уре
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	IVI)	Norm Jsed So Mainter Custodia (1)	olely b nance al Staf 2)	i		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
MECHANICAL ROOM				-	TWO TA	ANKS		240 SF			П	
MECHANICAL ROOM				-	ELBOW	20.000		10 LF		-		
				-			7.				П	
		-		-						+		吉
Name of Registered Waste Hauler SERVICE TRANSPORT GROU	IP INC		NJDE Haule	P W		Cubic Yards of Waste	Name of Regis					
City, State 58 PYLES LANE, NEW CASTI	F. DF 19	720	20	990		Disposal Date	City, State WAYNESB	URG, OH 44	688			
Completed By (Print or Type)	Title					Signature			Date			
DAMIAN LAVELLE		JECT	MGR			Jam	vLa	nelle	12.	-   -	1 4	1

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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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W	L	e an in a lateral and					
		5-6	6	0	0016		
1 1	MEI	NDN	EN.	[#	<b>2</b> 014		

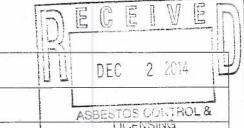
ETS JOB # 4287/14						AMEND	WENT2# 2014 119
Date of Notification (1) 11/25/2014		Name of Buil	ding Owr	ner / Operator (  ORITY OF NE	(2) <b>W YORK &amp;</b> I	NEW JERSE	Υ
Agencies Notified Type Notification  EPA  DEP Initial Noti		City, State &	TREET, Zip Code			ASpes	NOS CONTROL & LICENSING
DOL   Amended     DOH   Cancellation     DCA	Notification on	JERSEY CI Name of Con MR. RALPH	tact				Telephone Number
		FACILITY	Y INFOR	RMATION			
Name of Facility Where Abatement is HERTZ RENTAL FACILITY - BUI		(3)		Type of Facility School (K-		n K 12)	
Street Address NEWARK LIBERTY INTERNATION 3 BREWSTER ROAD	NAL AIRPO	ORT				nmercial buildi	ngs, homes, etc. Bldg. Age
	nty (6) C	County Code (7		8,000 Current Use (P COMMERICA			50+
Name of Monitoring Firm Hired by Bui CARDNO ATC	ding Owner (8	3) ASCI 98		Name of Abate	ACTING, INC		
Street Address 104 E. 25TH STREET - 10 <sup>TH</sup> FLO City, State & Zip Code NEW YORK 10010	OR			Street Address 160 CLAY ST City, State & Z BROOKLYN,	rREET ip Code		
Project Manager for Monitoring Firm PATRICK SISK	1 0.0 0000	ephone Numbe 2-353-8280	er	Telephone Nur 718-706-6300	nber	License	Number 00511
11/29/2014		1/2014		Name of OSHA TESTOR TEC	CH.		
Occupancy Status During Abatement Facility Closed/Vacated Durin Abatement Performed Outside Describe: SATURDAY 8:	g Entire Period e of Normal Fa	d of Abatemen acility Hours -	t	Street Address 10 59 JACK City, State & Z LONG ISLAN	SON AVENU		
Other - Describe: Scope of Work (Check all that apply)		2 1 IAI					December
Demolition ⊠  Large Project  Quantity is ≥ 3 SF or ≥ 3 LF A  Quantity is ≥ 160 SF or ≥ 260				Min	i-Enclosure vebag Proced	with Negative ure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	No Ma	s Location ormally Used Solely by intenance or stodial Staff? (12)	(i ins	Description Asbestos-Conta Material (AC .e., thermal sysulation, surfacion other miscella	aining M) stems ng, VAT	Amount (Specify Square Feet of Linear Feet)	
ROOF LEVEL		YES		TSI		8 LF	MINI ENCLOSURE
ROOF LEVEL		YES	F	ROOF FLASH	HING	25 SF	NON-FRIABLE REMOVAL
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJE	DEP Waste Ha				MINERVA E	stered Landfill NTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRON	X, NY 1047	4		Disposal		City, State 9000 MINER WAYNESBU	RVA ROAD, JRG, OH 44688
Completed By (Print or Type) Richie Smith	Title Project Ex	ecutive		Signature	1	1	Date 11/25/14

Date of Notification (

11/19/14

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

Name of Building Owner/Operator (2) DEP



Agencies Notified Type Notif	ication		Street	Address	PO D00	-					
XEPA XInitial					PO Box 23	5 	ASBES	TOS	JOINT Silving	ROL	&
	dment#		Trer	tate, Zip Co ton , N.J	J. 08685 - 03	235		LIULI	01140		
X DOH justifi	gency (inclu cation) ellation	ding	Name o	f Contact	Walter Fernande	ez	Telephone Ni	ımher			
33.10			FA	CILITY INF	ORMATION		<u> </u>				
name of Facility Where Abatement is Residence	Taking Place	ce (3)			1.0	Type of Facility School (K-		12)	1.5		
Street Address 92 MacArthur Avenue						x Other (i.e etc.)	private & comme	rcial bu	ildings	hom	es,
City (5) Sayreville			=			Square Feet	# of Floors		3ldg. A 100 +	ge	
County (6) Middlesex				y Code (7) E USE ONLY	)	Current Use (Pr Residence	ior if being demoli	shed)			
Name of Monitoring Firm Hired by Bi Biotera Solutions	uilding Owne	er (8)	AS	CM No.	Name Trico	of Abatement Co on Enterprise	es Inc				
Street Address PO Box 1224					Street 322	Address Beers St					
City, State, Zip Code Union, N.J. 07083		9		City, S Keyr	State, Zip Code port N.J. 077	35	÷				
Project Manager for Monitoring Firm Rick Eustaquio			none No. 94-3762	Telepl 732-	hone No. 739-1200	License 01095	No.				
Start Date (10) 12/1/14	Sch	eduled C 12/30/		n Date (11)	Name n/a	of OSHA Monitor					
Occupancy Status During Abatemen	t (Check On	ly One)			Street	Address					
x Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:				×	City, S	State, Zip Code					
Scope of Work (Check All That Apply	v)										
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Reno x Dem	ovation olition			x Mini-Enclosu Glovebag Pr			ocedur	e	
		le Lov	cation	T		A Hell Shellip			Abat	emen	t
Location of		Normal	ly Used		Description	n of		-	Ty	pe	Т
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	CM)	Mainte Custodi	ly by nance/ al Staff? 2)		stos Containing I e. thermal system surfacing, VA other miscella	s insulation, AT, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Y	'es N	o N/A		otrier miscella	neous)		Val	=	llate	ure
1 <sup>st</sup> floor	-		x	floo	or mastic 🔪		845 sf	X			
2 <sup>nd</sup> floor			>	Vat &	mastic		1500 sf	х			
exterior			х	Transi	ite shingles		400 sf	x			
exterior			×	Trans	site panels		150 sf	X		2	
Name of Registered Waste Hauler Century waste		NJDEP Hauler 32797		Cubic Yards of Waste 30	Name o Grows N	f Registered Landi North	ill				
City, State Elizabeth, N.J.					Disposal Date 1/ 10/15		ite lle P.A. 19067				
Completed by James Mahoney	1 2	itle roject ma	anager		Signatur	nes Wah	orul	Date	11/19/	14	

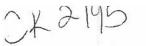
ASB-41 (R-06-08)

Do not use this form for aspestos licensure exempted activities.

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

		ASI		8:60	and 12:120					GE	<u> </u>			1
Date of Notification (			Na	me of Bu	ilding Owne	r/Operator (	(2)	DEP						
	11/19/14									DEC-	2 2	01/	44	
Agencies Notified	Type Notification		Sti	reet Addr	PO B	ox 235								
<b></b> EPA	X Initial		- 0	L. Otata	Zin Codo			8685-02	ASE	SESTOS	SCON	TROL	&	_
77.001	Amended Amendment #		Ci	ty, State,	Zip Code	Frenton,	N.J. 0	8685-02	35	LICE	ENSIN	G		
XDOL	Emergency (inc	cluding	-	-60	ntact Walte	r Fornande	17		Teleph	one Nur	nber			_
XDOH DCA	justification) Cancellation		Ivar											100
				FACILIT	TY INFORM	ATION	Type of	Facility (4)						-
name of Facility Where Residence	e Abatement is Taking F	Place (3)					So	hool (K-12)	(Other t	han K-1:	2)			
Street Address 47 David St							et							5,
City (5) Sayreville							Square		# of FI		10	ldg. Ag 00 +	e 	_
County (6) Middle	esex			ounty Co	de (7) E ONLY)	- T	Reside				hed)			
Name of Monitoring Fi Biotera Solutions	irm Hired by Building O	wner (8)		ASCM	No.	Name Trice	of Abate on Ent	ement Contr erprises	ractor (9 Inc	)				
Street Address PO Box 1224						Stree 322	t Address Beers	St						
City, State, Zip Code Union , N.J.						City, Key	State, Zip port N.	Code J. 0773	5					
Project Manager for M Rick Eustaquio	Monitoring Firm			elephone 73 494-3		Teler 732	hone No -739-1	200		License 01095	No.			
Start Date (10)	1/14	Schedule 12/3	d Com 0/14	pletion Da	ate (11)	Name n/a	e of OSH	A Monitor	,					
Occupancy Status Di	uring Abatement (Check	Only One	e)			Stree	t Addres	s						
x Facility Closed/Va	cated During Entire Per ormed Outside of Norma e:	iod of Aba al Facility	atemer	nt		City,	State, Zi	p Code						
Scope of Work (Chec	k All That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260			enovat emoliti				x Mir	ntainment w ni-Enclosure ovebag Pro- on-Exempte	e cedure			ocedure	Э	
X							X (W	JII- EXCITIFIC	0 4		T	Abate	0.0	t
			Locati									Ту	ре	
Asbestos-Contai <u>TO BE</u> In F	ation of ning Material (ACM) ABATED Facility	Ma	mally to leave to lea	nce/	(i.e. the	Descripti Containing ermal syste surfacing, \ ther miscel	Materia ms insula VAT, or	(ACM) ation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	
	(13)	Yes	No	N/A						_			ate	
SEE ATTACHE	ED		-											
														1
				-				74				1	1	1
Name of Registered Century waste	Waste Hauler		F	NJDEP W Hauler ID	40.0	Cubic Yard of Waste 30	s	Name of	Registe	red Land	dfill G	rows N	orth	
	Waste Hauler		F		No.		100	Name of City, Sta Morrisvil	ite		dfill G	rows N	orth	

Location of		Location		Description of				Abate Ty	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	Solely b intenar todial S (12)	y nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remove		Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A						late	lre
Kitchen			х	Brown linoleum	170					
First floor			х	Tar paper	920	SF	x			
Exterior foundation			х	Waterproofing	400	SF	x			
Chimney			х	mastic	10	SF	x			
Basement			Х	Window Glazing	80	LF	X			
							1			
						1				
							-			
					1					
	-						+			
										-
										-



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

ate of Notification ( 11/19/14						wner/Operato	DI	EP	1						
Agencies Notified Ty	ype Notification		St	reet Add		Box 235			1;		DEC		2 2	014	
XEPA :	X Initial									1					
XDOL	Amended Amendment #	#	_ Ci	ty, State	e, Zip Code	Trenton	, N. J.	08685	- 023	5 AS				HUL	8
X DOH	Emergency (		Nar	ne of Co	ontact \	Nalter Fernar	ndez		Telep	ohone-			VICTURY.		
DCA	Cancellation								1						
		DI (2)		FACIL	ITY INFO	RMATION	Type o	f Facility (4	1)						_
name of Facility Where Abat Residence	tement is Taking	g Place (3)					S	chool (K-1	2)						
Street Address 10 Charles St.							x (	ubchapter Other (i.e.   :c.)	8 (Other private &	than k comm	(-12) nercial	build	dings,	home	S,
City (5) Sayreville							Square	Feet	# of I	Floors			ldg. Ag 00 +	je	
County (6) Middlesex	(			ounty C	ode (7) SE ONLY)		Curren	t Use (Prid	or if being	g demo	olished	i)			
Name of Monitoring Firm Hir Biotera Solutions	red by Building	Owner (8)		ASCM	No.	Nam Tric	e of Abate con Ent	ement Cor erprises	tractor (9	9)					
Street Address PO Box 1224	Box 1224					Stree 322	et Address Beers	s St			No.				
City, State, Zip Code Union, N.J. 07083	State, Zip Code on, N.J. 07083					City, Key	State, Zip yport N	Code J. 0773	35						
Project Manager for Monitor Rick Eustaquio	ject Manager for Monitoring Firm					Tele 732	phone No 2-739-1	200		Licens 0109	se No. 95				
					Nom	ne of OSH	A Monitor			_	_			_	
		Schedule 12/3	d Comp 30/14	oletion L	Date (11)	n/a		A MOUNTO							
Start Date (10) 12/1/14		12/3	80/14	oletion L	Date (11)	n/a			9 					-	
Start Date (10) 12/1/14	Abatement (Chec	12/3 ck Only One eriod of Aba	e) atement		Date (11)	n/a Stre		s				1100			
Start Date (10)  12/1/14  Occupancy Status During A  x Facility Closed/Vacated Abatement Performed Other – Describe:	Abatement (Cher During Entire P Outside of Norr	12/3 ck Only One eriod of Aba	e) atement		Date (11)	n/a Stre	et Addres	s							
Start Date (10)  12/1/14  Occupancy Status During A  x Facility Closed/Vacated Abatement Performed Other – Describe:	Abatement (Cher During Entire P Outside of Norr	ck Only One eriod of Aba mal Facility I	e) atement	t on	pate (11)	n/a Stre	et Address , State, Zip	o Code  ntainment vii-Enclosui	re ocedure				ocedur		
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf	Abatement (Cher During Entire P Outside of Norr	ck Only One eriod of Aba mal Facility I	atement Hours enovation	t on on	pate (11)	n/a Stre	et Address , State, Zip	o Code  atainment v	re ocedure				155,007	e	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Abatement (Chec During Entire P Outside of Norr That Apply)	12/3 ck Only One eriod of Aba mal Facility I	enovaticemolitic	t on on on sed	pate (11)	n/a Stree	et Address , State, Zip	o Code  ntainment vii-Enclosui	re ocedure				Abate		
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M	Abatement (Checonomics During Entire Poutside of Norrestandard Apply)  That Apply)  of Internal (ACM)	12/3 ck Only One eriod of Aba mal Facility I  Re x De	enovaticemolitic	on on sed	Asbest	Descriptions Containing	et Address , State, Zip	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	re ocedure ed () and Al	d Non-F	Friable	Pro	Abate Ty	ement rpe	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Abatement (Checonomics Checonomics Chec	ck Only One eriod of Aba mal Facility I  Re x. De	enovation Location mally Usolely by intenan rodial Si	on on sed y	Asbest	Description Containing thermal systems surfacing,	et Address  State, Zip  Cor  Mir  Glo  No  ion of  g Material ems insula VAT, or	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	re ocedure ed () and Al (S	d Non-F	Friable	Pro	Abate Ty	ement rpe	
Start Date (10)  12/1/14  Occupancy Status During A  x Facility Closed/Vacated    Abatement Performed    Other – Describe:  Scope of Work (Check All T  ≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT	Abatement (Checonomics Checonomics Chec	ck Only One eriod of Aba mal Facility I  Re x. De	enovation Location mally Usolely by intenan	on on sed y	Asbest	Description Containing thermal system	et Address  State, Zip  Cor  Mir  Glo  No  ion of  g Material ems insula VAT, or	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	re ocedure ed () and Al (S	d Non-F mount Specify	Friable		Abate	ement	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT In Facility (13)	Abatement (Checonomics Checonomics Chec	al 2/3 ck Only One eriod of Abamal Facility I	enovaticemolitical Locatic mally Usolely by intenanodial Si (12)	on on sed y ce/ taff?	Asbest (i.e.	Description Containing thermal systems surfacing,	et Address  State, Zip  Cor  Mir  Glo  No  ion of  g Material ems insula VAT, or	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	re ocedure ed () and Al (S	d Non-F mount Specify F or LF)	Friable	Pro	Abate Ty	ement rpe	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT In Facility	Abatement (Checonomics Checonomics Chec	al 2/3 ck Only One eriod of Abamal Facility I	enovaticemolitical Locatic mally Usolely by intenanodial Si (12)	on on sed y ce/ taff?	Asbest (i.e.	Description Containing thermal system surfacing, other miscel	et Address  State, Zip  Cor  Mir  Glo  No  ion of  g Material ems insula VAT, or	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	ed () and Al (S	mount Specify or LF)	Friable	Pro	Abate Ty	ement rpe	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT In Facility (13)  Back porch basement	Abatement (Checonomics Checonomics Chec	al 2/3 ck Only One eriod of Abamal Facility I	enovaticemolitical Locatic mally Usolely by intenanodial Si (12)	on on sed y ce/ taff?	Asbesi (i.e. Vat Vat & r	Description Containing thermal system surfacing, other miscel	et Address  State, Zip  Cor  Mir  Glo  No  ion of  g Material ems insula VAT, or	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	Al (S	mount Specify For LF)	Friable	Pro Removal X	Abate Ty	ement rpe	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT In Facility (13)  Back porch basement interior	Abatement (Checonomics Checonomics Chec	al 2/3 ck Only One eriod of Abamal Facility I	enovaticemolitical Locatic mally Usolely by intenanodial Si (12)	on on sed y ce/taff?	Asbess (i.e. Vat Vat & r	Description Containing thermal system surfacing, other miscel	et Address , State, Zip	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	AA (S SF	mount specify or LF)	-riable	Pro X	Abate Ty	ement rpe	
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT In Facility (13)  Back porch	Abatement (Checonomics During Entire Poutside of Normann Po	al 2/3 ck Only One eriod of Abamal Facility I	enovation little	on sed y cce/ taff?  N/A X X X JDEP Wauler ID	Asbesi (i.e. Vat Vat & r Transit Trans	Description Country  Description Containing thermal system surfacing, other miscel  & mastic mastic mastic te shingles ite shingles of Waste	et Address , State, Zip	o Code  Intainment voi-Enclosur  Invebag Proportes on-Exempt  (ACM)	AA (S SF 1200 400 1900 1900	mount Specify For LF)	Friable	X X X X	Abate Ty	me Encapsulate	Eliciosorie
Start Date (10)  12/1/14  Occupancy Status During A x Facility Closed/Vacated Abatement Performed Other – Describe:  Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT In Facility (13)  Back porch basement interior exterior  Name of Registered Waste	Abatement (Checonomics During Entire Poutside of Normann Po	al 2/3 ck Only One eriod of Abamal Facility I	enovation little	on sed y cce/ taff?  N/A X X X JDEPW	Asbesi (i.e. Vat Vat & r Transit Trans	Description Containing thermal system surfacing, other miscel & mastic mastic e shingles   Cubic Yards	et Address , State, Zip	ntainment vai-Enclosur ovebag Pron-Exempt (ACM) tion,	Al (S SF 1200 400 1900 F Register	mount Specify For LF) sf sf ) sf ered La	Friable	X X X X	Abate Ty Repair	me Encapsulate	LICIOSCIE

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#22302804453 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 28 DEC 11 14 Gladysse Angervil Agencies Notified Type Notification Street Address ☐ EPA X Initial 50 Morton Place ASBESTOS COLTROL & **⋈** DOLWD ☐ Amended City, State, Zip Code LICENSING X DHSS Amendment # DCA East Orange, NJ 07017 Emergency (including Name of Contact (NJAC 5.23-8) (ustification) Telephone Number Cancellation Charles Holmes FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 50 Morton Place homes, etc.) City (5) Square Feet # of Floors Bldg. Age East Orange, NJ 07017 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 09 / 14 12 / 10 / 14 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X X Basement Pipe insulation 15 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC T.R.R.F. Inc 0033785 TRD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 11/28/2014 ASB-41 \* Do not use this form for asbestos licensure compted activities.

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

Date of Notification	(1)	(Fursus	2.11.222		ding Owner/Operat	or (2)	11.00		- 1	14/	15
11-26-14	3.20				t Inc	97024625	110,-	1	- <u>1</u>	<u> </u>	L=
	Type Notifica	tion	Street	Addre	SS		- ili ili			-	
[ ]EPA	[X]Initial		115	0 MC	Bride Ave.			DEC	2	2014	f.
[ ]DEP	Notifica	ation	City,	State,	Zip Code						- NO. 10 P
[X]DOL	[ ]Amended Notifica	ation	Lit	tle	Falls,NJ,07	124	A	SBESTO	S CC	NO.	(7)
[X] DOH			Name o			Telepho	ne Number	LIC		140	
[ ]DCA	[ ]EMERGENC:		Zor	an J	ankulovski						
	[ [cancerra	cron		FACII	ITY INFORMATION						
Name of Facility Whe	re Abatement	is Takir	ng Plac	e (3)		Type of Facil	lity (4)				
Same as above						[X]Other	pter 8 (Othe (i.e., priva	ate & co	mmer	-	
						Square Feet	buildings, h		dg.		
City (5		County	(6) Esse	x	County Code (7)		. 02 220			-9-	
					(STATE USE ONLY	Current Use	(Prior if be	eing dem	nolis	hed)	
Name of Monitoring F Owner (8) N/A	irm hired by	Building	ASCI	M No.		MANAGEMENT					
Street Address		37			Street Addr	ess Lstopher St					
City, State, Zip Cod	le				City, State Montcla	, Zip Code air, NJ 070	)42				
Project Manager for	Monitoring Fi		Lephone	Numb	500			License		er	
		N	A		(9/3) /4	14-8800		0037			
Scheduled Start Date	(10) Sche	d. Compl		Date		A Monitor					
12-6-14		12-8	3-14		N/A						
Month Day You Coupancy Status Dur			oply o	Year	Street Addr	200					_
[X] Facility Clo of Abatemen	sed/Vacated D				Street Addr	255	,				
[ ]Abatement Per Hours - Desc [ ]other - Desc	ribe: «OffHour:	s Descri	pt»		City, State	, Zip Code			N.		
Scope of Work (Check	ALC: US TO A SECTION AND ADDRESS.						- /	4.5			
[X]>3 sf or [ ]>160 sf or	≥3 lf	[:	X]Reno		[ ]Min [X]Glo	l Containment w i-Enclosure vebag Procedure -Friable Proced		e Press	ıre		
			Is		[ ]-102			Aba	teme	nt T	
Location			ocatio formall		Descript Asbestos-C		Amount	R	R	E	E
Asbestos-Cor Material	75		Used		Material		(Specif	E	E	CA	C
TO BE AR			y Main enance		(i.e., therr		SF or	0	PA	PS	0
In Facil (13)	3.75	C	ustodia aff (1	al 2)	insulation, su or other mis		LF)	A	R	U	U R
Mechanical Ro	om	Yes	No	n/a X	Pipe Insula	ition	140 lf	X			E
CONTROL OF											
							total Tab	26:11			
	Waste Hauler	C H	JDEP Wa	ID No.	Cubic Yards of Waste 1.5	Name of Reg G.R.O.W		dill			
Name of Registered V AZTECH MANAG	EMENT, IN	1	7040			the same of the sa					
Name of Registered V AZTECH MANAG City, State Montclair, NJ		1	7040		Disposal Date 12-9-14	City, State Morrisv:		1906	57		
AZTECH MANAG	07042	tle	7040			Morrisv:		1906			

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

Date of Notification (1)	28 / /	4				wner/Operator (2 ERT & CORDE					
Agencies Notified	Type Notification		Str	eet Ad	dress			THE DE	J 2	ZU  4	TE
⊠ EPA	☑ Initial		6	322 PF	ROSPEC	TST					
□ DOLWD	☐ Amended		1200000	and the second	e, Zip Coc		4-3	ASSES L	IOS CO	CRO.	_ &
☑ DOH	Amendment	AN DOMESTIC	1	NUTLE	EY, NJ 0	7110				1G	
□ DCA     (NJAC 5:23-8)	Emergency (		Na	me of	Contact			Telephone Nun	nber		
(NJAC 3.23-5)	☐ Cancellation		1	PAUL	RUDD						
				FACIL	ITY INFO	ORMATION					
Name of Facility Where	Abatement is Tak	ing Place (3)					Type of Facility				
RESIDENCE							School (K-12	2)	2)		
Street Address			100.0				☐ Subchapter	8 (Other than K-1 rivate and comme	ercial build	dings,	- 1
8 FIELDER AVENU	JE						homes, etc.)			. Age	
City (5)							2580	2	4	YEA	RS
TOMS RIVER					0 1 (7)//	STATE LICE ON VI		rior if being demo			
County (6) OCEAN				County		STATE USE ONLY)	RESIDENC	E			
Name of Monitoring Firm	n Hired by Buildin	g Owner (8)	AS	CM No	).		ent Contractor (9				
N/A						RICH-MARK	CONTRACTIN	IG, INC.			
Street Address						Street Address					
						170 U.S. HW	Y 9				
City, State, Zip Code				100		City, State, Zip C					
						BAYVILLE, N	J 08721				
Project Manager for Mo	nitoring Firm	T	Teleph	one No	о.	Telephone No.	4	License No. 01244			
						732-349-377		01244			
Start Date (10)	1 / 4 Sc	heduled Com	npletio	n Date		Name of OSHA I					
Occupancy Status Duri						Street Address					
☐ Facility Closed/Vaca	ng Abatement (Cr	Period of Ab	oateme	ent		138 SENECA	A BLVD.				
☐ Abatement Performs	ed Outside of Nor	mal Facility F	Hours	<ul> <li>Descr</li> </ul>	ribe .	City, State, Zip C	Code				
Time of Abatement:	AM	PM/	PM	A	М	BARNEGAT					
Scope of Work (Check	all that apply)					Γ] Full Co	ntainment with N	egative Pressure			
≥3 sf or ≥3 lf		Reno				☐ Mini-En	closure				
≥160 sf or ≥260 lf		□ Dem	olition			☐ Gloveb	ag Procedure rempted (*) and N	Non-Friable Proce	dure		20
				_		Ø 14011-Ex	compton ( ) and t	T	Ab	atemer	it Type
			ocation or ally	(100		Description	of		-		
Location Asbestos-Containing		Used			Asbes	stos Containing N	Naterial (ACM)	Amount	Removal	Repair	Enclosure
TO BE A		Main Custo	tenan		(i.e.	, thermal system surfacing, VA		(Specify SF or LF)	oval	=	Sur
IN Fa			(12)			other miscellar					ate
(13	)	Yes	No	N/A				//0			
- outside	Sichims		$\boxtimes$			din		400			
										14	
			П								
Name of Registered W	Jaste Hauler		N.	JDEP V	Vaste	Cubic Yards of		gistered Landfill			
RICH-MARK CON		<b>.</b>	Ha	auler ID 07764	No.	Waste 3	GROWS	NORTH LAND	FILL		
	•			0//64	-	Disposal Date	City, State				
City, State BAYVILLE, NJ		1086				12/17/10	MORRIS	VILLE, PA			
	or Type\	Title		- 3 2-		Signature	1/20	//	Date	/	1, ;
Completed By (Print on NEIL MARZANO	1 ype)	SUPER\	VISO	R		1 life	11/	luit -	11/0	18/	14

ASB-41 JAN 13 \* Do not use this form for asbestos licensure exempted activities.

# State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120.7)

GAC Project # 060-14					0 - 1			etier Physical	CH /3		D 0.0	P
Date of Notification (1)					Name of Buil				12 11	n E	l M	E
Novembe							TATE UNI	VERS	H-Y-OI	NJ	and the second of the	- Carlotte on the Carlotte on
Agencies Notified  EPA  DCA		Notification Initial Amende	Notifica ed Notif	fication #	Street Addre ENVIRON 27 ROAD	MENTAL 1, BLDG						4
☑ DOL ☑ DEP- No Longer REQUIRE ☑ DOH	D	<ul><li>□ Emerging justific</li><li>□ Cance</li></ul>	cation)	ncluding	City, State, Z PISCATAN Name of Cor	WAY, NJ		Telep	hone N	umber,	SONTA SING	OL'&
					MICHAEL						040	
				5.00 (T)	HEALTH &	SAFEI	<u>r</u>	l				
No. of Facility (Add. or All of the control of the	-4 t- T-1:	DI (0)		FACILITY	NFORMATION	- (4)			_			
Name of Facility Where Abateme STANLEY BERGEN BUI BLDG# 7252			GEN S	STREET,	Type of Facilit  School (K-	12)	nan K-12)					
Street Address			-		Other (i.e			dinas h	omes et	tc.)		
RBHS NEWARK CAMP	JS				Sq. Feet: N		of Floors: 8				ears	
City (5) NEWARK RBHS	ESS	SEX		/ Code (7) Use Only)	Current Use	(prior if being	g demolished	): AC	ADEMIC	:		
Name of Monitoring Firm Hired by	/ Blda. Ov	wner (8)	ASCM		Name of Cont	ractor (9)						
Cardno ATC			0098	3	GREENWO	OOD ABAT	TEMENT C	ONSL	LTAN	TS. IN	C.	
Street Address					Street Addres					-, -, -,		
3 TERRI LANE		268 MAIN	STREET									
	City, State, Zip Code BURLINGTON, NJ 08016											
Project Manager for Monitoring Fi BRIAN KEARNY	<u>rm</u>	Telephone 1 609-386	-		973-492-04	100		Licen 0084	se Numb	<u>ber</u>		
Scheduled Start Date (10) 12/10/14		Scheduled 0 01/05/15		on Date (11)	Name of OSI-		G.	4,				
Occupancy Status During Abate					Street Addres							
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside				nt	20-21 WAF		ROAD					
Describe		,			City, State, Zi	p Code						
☑Other – Describe: Shift Ho		:00 PM – 4 hours a		77.75	FAIRLAW	N, NJ						
Scope of Work (Check all that ap	oly)					П	F. II O t - i		dala Mana	-# D-		
<ul> <li>≥3 sf or ≥3 h</li> <li>≥160 sf or ≥2</li> </ul>				☑ Renovation ☐ Demolition			Full Contain Mini-Enclo Glovebag Non-Exempt	sure Proced	ure			ıre
Location of Asbestos-Containing	Islac	ation Norma	lly Used	Description of	Asbestos Containir		Amou			ment Ty		
Material (ACM) in Facility (13)		by Maint./C			ermal systems insu		ing, (Spec or LF)				Encap	Enclos
Rooms 452, 436,438,440,441,449,447,448, 445		X		MASTIC			2600	SF	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		r ID#	Cubic Yards	of Waste:	30 CY			stered L	andfill Landf	<u>                                       </u>
Hauler #1) Greenwood Abateme	NI 07405 NI	DEP # 28969		Disposal Da		1	City, Sta		1000			
Hauler #1) Greenwood Abateme  Hauler #2) S TG - P.O. 2132, Br  NJ DEP # 20990			75				01/05/15			100 Ne	w Ford M rrisville,	
Completed by (Print or Type) Title					Signature			Date		_10-100		
RAYMOND C. PEDALIN	CT	Rayman	d C. Pe	dalino		Noven	nber 2	5, 201	4			

check# 11336

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

GAC Project # 060-14								门员		5 H	WE	1
Date of Notification (1)  Novembe	r 25, 20	014			Name of Building C RUTGERS, Th				ITY OI	F NJ		
Agencies Notified  DEPA  DCA	1	Notification Initial	Notifica d Notif	fication	Street Address ENVIRONMEN 27 ROAD 1, BL	DG 408						
☑ DOL ☑ DEP- No Longer REQUIRED		justific	ation)	including	City, State, Zip Coo		54	ASB	ESTOS LUCE	CONT	ROL &	-
<b>⊠</b> DOH		<b>□</b> Cance	lled		Mame of Contact MICHAEL SMI HEALTH & SA			l leiep	none <del>-i</del> v	umber-	-	
				FACILITY I	NFORMATION	ILII			-			
Name of Facility Where Abatemen MILLEDOLER HALL, BL					Type of Facility (4)  School (K-12)							
Street Address COLLEGE AVENUE CAM	/IPUS				Subchapter 8 (d Other (i.e. privat Sq. Feet: N/A	te & comme					ars	
City (5) Co	unty (6)		County	/ Code (7)	<u>54.1002.</u> 147A	11 011	10010.	Diag.	. 7 tgo.	00 · yc	, air o	
	MIDDL	ESEX		Use Only)	Current Use (prior i	if being den	nolished)	: ACA	ADEMIC	:		
Name of Monitoring Firm Hired by Cardno ATC	Bldg. Ow	ner (8)	ASCM 0098		Name of Contractor	1921I. C	ENT C	ONCL	II TAN	TC IN		
Street Address					GREENWOOD A	ADATEM	ENIC	UNSU	LIAN	13, 119	<u>.                                    </u>	
3 TERRI LANE					268 MAIN STRE	EET						
City, State, Zip Code BURLINGTON, NJ 08016	3			City State, ZipCode BUTLER, NJ 07	405							
Project Manager for Monitoring Fir BRIAN KEARNY	Project Manager for Monitoring Firm Telephone Number					7		Licen	se Num	ber		
					973-492-0477			0084	40			
Scheduled Start Date (10) 12/05/14		12/15/14	Completic	on Date (11)	Name of OSHA Mon 1 ENVIROVISION	1						
Occupancy Status During Abate  □Facility Closed/Vacated Durin				nt.	Street Address	,			Т			
Abatement Performed Outside					20-21 WARGAF City, State, Zip Code		AD					
⊠Other – Describe: Shift Ho		00 PM – hours a			FAIRLAWN, NJ							
Scope of Work (Check all that app	ly)				2	☐ Full	l Contain	mont u	with Non	otivo Pr	occuro	
□ ≥ 3 sf or ≥ 3 lf ⊠ ≥ 160 sf or ≥ 26	60 If					☐ Min	ni-Enclosi ovebag P -Exempte	ure Procedu	ле			re
Location of Asbestos-Containing Material (ACM) in Facility (13)		tion Norma by Maint./Ci 12) NO			Asbestos Containing Matermal systems insulation, niscell.)		Amour (Specif or LF)	fy SF		ment Typ e Repair		Enclose
Rooms & Halls - 004, 012, 016A, 016B, 002, 021, 026,020A, 019B, 018A	110	X		VAT			2100	SF	X			
							-			-	-	
Name of Reg. Waste Hauler See Hauler Below #1 & 2 See Below					Cubic Yards of Was	ste: 30 C	CY			stered La		II
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990							posal Da /15/14	<u>ite</u>			v Ford N risville,	0,0578
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Signature Raymand C:	Pedal.	ino	<u>Date</u>	Noven	nber 2	5, 201	4

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

Date of Notification (1)			1936			wner/Opera		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) 	DEC	0 0	#0.12 /			
11/24/14 Agencies Notified	Type Notification	-	S	treet Ad	Idress		arcilica	1		DEC	2 2	()]4.	1	4	
× EPA		233 Mcadoo Ave  City, State, Zip Code  AGDESTOS OUTCINUE &													
EPA DEP DOL		Jersey City , NJ, 07305													
X DOH X DCA	N	Name of Contact Telephone Number													
	Abstament is Takin	Place (2)		FACIL	ITY INFO	RMATION	Type	of Facility (4	1)						
Name of Facility Where Eva Scalcione, Ma		g Flace (5)					FORM	School (K-12							
Street Address						A112001		Subchapter Other (i.e. pi	8 (Othe			linas.	home	es.	
233 Mcadoo Ave								etc.) re Feet		Floors		dg. A			
City (5) Jersey City							Oqua	ie i eet	# 01	1 10013		ug. A	90		
County (6) Hudson County					ode (7) ISE ONLY)		Curre	ent Use (Prio	or if beir	ng demolis	hed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		me of Aba o Abate	tement Con ement	tractor	(9)	14				
Street Address						1000000	eet Addre	ss Street Su	uite A	4					
City, State, Zip Code						1 1	y, State, Z		7047						
Project Manager for Mor	nitorina Firm		ΙŤ	elephor	ne No		oπn Ber ephone N	gen, NJ 0	7047	License	No.				
Troject Manager for Mot	morning runni		ľ	, septions			201-293-6305 01223								
Start Date (10) 12/04/14		Scheduled 12/14/14		ompletion Date (11) Name of OSH HILMAMN					LTING	3 LLC					
Occupancy Status Durin						1.75	eet Addre	7. F	T SHI	TE 107			8		
	ated During Entire ned Outside of Norn						1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083								
Other – Describe:															
Scope of Work (Check A	All That Apply)	□					<u> </u>			N	D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf					ovation polition			Full Containment with N  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and							
la I				cation						I NOII-FIIE	Abatement				
Locatio	ormally	nally			escription of					Туре					
Asbestos-Containing Material (ACM)  TO BE ABATED  Main  Custo			tenan dial S	ce/		thermal syst	ems insul	Material (ACM) ns insulation,		mount Specify	Re	R	Encapsulate	Enc	
In Facility (13)		Ouoio	(12)		surfacing, Va other miscella					or LF)	Remova	Repair	psula	Enclosure	
		Yes	No	N/A								#	te	(D	
Basemen	t/boiler				1165	rmal Syste	- The Control of the			6 LF	x				
Basen	nent	-			The	rmal Syste	em Insul	ation	3	0 LF	x				
Name of Registered Wa	ste Hauler		33333	JDEP W		Cubic Yard	ds	Name of	Registe	red Land	ill	L			
SAN TON SERVIC	ES			auler ID 2430	NO.	of Waste		MEDO	WLAN	ICHES	COMM	IISIC	N		
City, State KENILWORTH, NJ						Disposal D	ate	City, State		ı		2			
Completed by Title							Date Date								
Bryan Parra Project				Manager			Min (ma)				11/24/14				

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

Emergency	Initial	Not	ific	atio	n
Chaple H. Ct	77 0		n	5.77	r

Santos Contractors Corp.  Streak Mottages  DX SPA  DX			22.5441			.00-, 25-22	Cilech	F) 6 6	E	1	W		
School   S	Date of Notification (1)		Name	of Bu	ildin	g Owner/Operato	or (2)	3					
COMERA   Dot Initial   Dot I			ors Corp.		III ned		2 2	)1/[					
Canal   Cana	[X]EPA [X]Initi	al	221	Chest	nut St		ASSESTED CONTROL &						
Same of Facility Where Abstement is Yaking Place (3)   Shook (K-12)   Subschapers (6)   Street Address   Sizere Address   S	[X]DOL []Amend	11	Roselle, NJ 07203										
PACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  House Street Address  Size Address  Size Address  South Amboy, NJ 08879  Middlosex  Same of Wontforing Firm Hired by Sullding ASCH Mo.  WAYA  Abatement (8)  School (8-12)  Middlosex  Same of Wontforing Firm Hired by Sullding ASCH Mo.  Waya  Street Address  School  Street Address  School  Size Address  Size Addres	[X]DOH []Cance											_	
Supply   S	MIDCA		Joh									-	
Screet Address   Scre	Name of Facility Where Abatem	ent is Ta	kina			NFORMATION	Type of Facil	ity (4)					
Subchapte 3 (Other tians 1.12)				7.	12		[ 1School	ol (K-12)					
County Code   7    Square							Subch	napter 8 (Oth	rate	& CO	mmer-	•	
South Amboy, NJ 08879							cial	buildings, h	omes	. et	c.)		
South Amboy, NJ 08879   Middlesex   School   Street   Address   180 Sargeant Avenue   City, State, Zip Code   Cliffon, NJ 07013-1935   Citephone Number   973-614-0377   00807   Scheduled Start Date (10)   Sched. Completion Date (11)   11 11 1/ 2 5 1/ 1 4   Month / Day / Year   School   Scheduled Start Date (10)   Sched. Completion Date (11)   Scheduled Start Date (10)   Sched. Completion Date (11)   Scheduled Start Date (10)   Schedule		County	(6)	<u> </u>	Cou	inty Code (7)					200		
Name of Monitoring Firm Hired by Building ASCM No. Described No. Described No. Street Address    NA					(ST	TATÉ USE ONLY)		(Prior if be	ng d	emol	ishe	1)	
Street Address   180 Sargeant Avenue   111				ASCM N	0.	Name of Abate		or (9)					
180 Sargeant Avenue	N/A							250 450		89			
City. State. Zip Code   Cliffon, NJ 07013-1935   Cliffon, NJ 07013-19	Street Address			-		Street Addres	S				A -11 - 50		
Cliffon, NJ 07013-1935 Telephone Number  Scheduled Start Date (10)   Sched.Completion Date (11)    1   1   2   5   1   4     Month   Day   Year    Decupancy Status During Abatement (Check only one)    (X) Facility Closed/Vacated During Entire Period    (Abatement Cornected Outside of Normal Facility    (Bours - Describe:   Other - Describe:    (Dibarolition   Describe:   Other - Describe:    (Dibarolition   Describe:   Other - Describe:    (Dibarolition   Describe:   Other - Describe:    (X) Demolition   Describe:   Other - Describe:    (X) Solely   Other - Describe:   Other - Describe:    (X) Describe:   Other - Describe:   Other - Describe:   Other - Describe:    (X) Describe:   Other - Describe:   O						180 Sargeant	Avenue						
Telephone Number   Cleanse Number   Scheduled Start Date (10)   Sched.Completion Date (11)   1	City, State, Zip Code						- Company - Special Company - Compan						
Scheduled Start Date (10)   Sched.Completion Date (11)   1   1   2   5   1   4     1   1   1   2   6   7   1   4     1   1   1   1   2   6   7   1   4     1   1   1   1   2   6   7   1   4     1   1   1   1   2   6   7   1   4     1   1   1   1   2   6   7   1   4     1   1   1   1   2   6   7   1   4     1   1   1   1   2   6   7   1   4     1   4     1   1   1   1   1	Project Manager for Monitorio	a Firm T	elenh	one Nu	mber	Clifton, NJ 070	013-1935	Lice	ise N	umbe	ī	_	
1   1   2   5   1   1   2   6   1   1   1   2   6   1   1   4	respect than ager for thometorial	9	-4-p.,					0080	7				
Street Address   Stre	Scheduled Start Date (10)  S	ched.Comp	letio	n Date	(11)			10000	<u></u>				
Month   Mont	1   1   /   2   5   /   1   4	1   1   /   2	2   6   Day	/ 1 / Yea	41								
Clifton, NJ 07013   Clif	<pre>[X]Facility Closed/Vacated   of Abatement [ ]Abatement Performed Outs</pre>	During En	tire	Period		180 Sargeant	Avenue						
[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Mini-Enclosure [ ] Glovebag Procedure    Location of   Location   Normally   Used   Solely   Solely   Solely   Leannee   Cubardiation   Staff(12)   Vas   Normalister   Norma						Clifton, NJ 070	013						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Siding around the house  Name of Registered Waste Hauler  Four Strong Builders, Inc.  Name of Registered By (Print or Type)  Bilyana Kulakovska  Bilyana Kulakovska  Location Normally Used Asbestos-Containing Asbestos-Containing (Specify M E R C) Asbestos-Containing (Specify M E R R	[X] Demolition	apply)	[]R	Renovat	ion	[ ]Mini	Enclosure	ě.	e Pre	essur	:e		
Location of Asbestos-Containing Material (ACM) TO BE ABARTED by Maintenance/ Custodial Staff(12) Yes No N/A  Siding around the house  Name of Registered Waste Hauler Four Strong Builders, Inc.  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Siding around the house  NJDEP Waste Hauler ID No.  Siding around the house  NJDEP Waste Hauler ID No.  Siding around the house  NJDEP Waste Hauler ID No.  Siding around the house  NJDEP Waste Hauler ID No.  Siding material  Amount E R C Secription of Asbestos-Containing Material (ACM)  (Specify M E A C Custodial (Specify M E A C Custodial Staff(12)  To Staff(12) Yes No N/A  Siding material  NJDEP Waste Hauler ID No.  Siding material  1,600 SF  Siding material  Amount E R C Custodial (Specify M E A C Custodial Staff(12)  A S S S S S S S S S S S S S S S S S S		:							1860		- W-		
Siding around the house    Siding material   1,600 SF	Asbestos-Containing Material (ACM) TO BE ABATED in Facility		Loca Norm Us Sol by M tena Cust Staf	nally sed lely fain- ince/ codial		Asbestos-Cont Material (A (i.e., thermal nsulation, surf	aining ACM) systems facing, VAT,	(Specify SF or	R E M O V A	R E P A I	ENCAPSU	ENCI. OSUR	
Four Strong Builders, Inc.  12609  G.R.O.W.S., Inc.  Disposal Date City. State  Clifton, NJ  Tullytown, PA  Bilyana Kulakovska  Office Administrator  Control of Waste  G.R.O.W.S., Inc.  Disposal Date  Signature  Date  11/24/14	Siding around the house		Yes	NO N/A	_	ng material		1,600 SF	X		·	Е	
Four Strong Builders, Inc.  12609  G.R.O.W.S., Inc.  Disposal Date City. State  Clifton, NJ  Tullytown, PA  Bilyana Kulakovska  Office Administrator  Control of Waste  G.R.O.W.S., Inc.  Disposal Date  Signature  Date  11/24/14				-									
Four Strong Builders, Inc.  City. State  Clifton, NJ  Completed By (Print or Type) Title  Bilyana Kulakovska  Office Administrator  ASB-41  G.R.O.W.S., Inc.  City. State  Tullytown, PA  Signature  Date  11/24/14	Name of Registered Waste Hau	Ler					Name of Regi	stered Landf	111				
Completed By (Print or Type) Title  Bilyana Kulakovska Office Administrator Signature 11/24/14  ASB-41	Four Strong Builders, Inc.		12	609		Disposal Date		Inc.					
Completed By (Print or Type) Title  Bilyana Kulakovska Office Administrator Signature 11/24/14  ASB-41	Clifton N.I.						Tullytown B	Δ					
Bilyana Kulakovska Office Administrator Bollowska 11/24/14	Completed By (Print or Type)	Title				Signature		1	D	ate			
ASB-41	**************************************		duc 1:- ! -	stratas		27	F.						
	ASB-41 JUN 95	Office Ac	uminis	strator				/	1	1/24	/14		