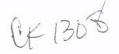


State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	DEC.			į	
12 /	01 /	15		Bob	Corbin			DEC	3 2	015		
Agencies Notified	Type Notificati	on		Street	Address		1				1	
☑ EPA	☑ Initial			210	S. 4 th Av	enue	*	ASEISTOS	500	TEG!	- 8	
☑ DOLWD	Amended			City, S	tate, Zip C	ode	<u></u>			1		
☑ DOH □ DCA	Amendmen			High	hland Pa	rk, NJ 08904						
(NJAC 5:23-8)	justification		g	Name	of Contact			Telephone Numb	er			
X	☐ Cancellatio	n		Ros	emaria F	Pinizzotto						
				FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	king Place	e (3)				Type of Facility (
Residential House							Subshapter 8) (Other than K-12)				
Street Address							Other (i.e., pr	ivate and commercial	cial bui	ldings	,	1
210 S. 4 th Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	lg. Ag	3	
Highland Park, NJ	08904											
County (6)				Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			1
Middlesex						95-1						
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme						
Bio Terra Solutions	;					ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Rick Eustaquio			9	73-494	-3762	973-928-4888	3	1188				
Start Date (10)	Sc	cheduled (Compl	etion Da	te (11)	Name of OSHA N						
12 /12 /	15	01	/ _2	0_/_	16	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	g Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacate					70.4	27 Outwater						
Abatement Performed Time of Abatement:						City, State, Zip Constitution Garfield, NJ						
Scope of Work (Check al	Il that apply)		WARRA TO THE REAL PROPERTY OF THE PERTY OF T		-	Garriera, No	01020					
AND THE PERSON NAMED IN COMME				2.			tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			☐ Mini-End	g Procedure .					
2 100 31 01 2200 II		2,0	0			☑ Non-Exe	empted (*) and No	n-Friable Procedu	re			
			Is Loca						Ab	ateme	nt T	уре
Location		Us	Norm sed So	any lely by	Acho	Description of estos Containing Ma		Amount	Re	Re	E	m
Asbestos-Containing TO BE ABA		l M	lainten	ance/	(i.e	e., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facil		Cu	stodia (12	Staff?		surfacing, VAT	, or	SF or LF)	/al		Encapsulate	ure
(13)		Yes	1			other miscellane	eous)				te	
Basement rear crawl	space				Pipe In	sulation		45 LF				
								*				
									П			
			12							П	$\overline{\Box}$	
N (D	sta I laulaa			NJDEP	Macta	Cubic Yards of	Name of Regis	stered Landfill			_	
Name of Registered Was	ste Haufer			Hauler I		Waste	Blueridge					
Newark Carting				0450	9	As Needed						
City, State						Disposal Date	City, State Chambert	ura PA				
Newark, NJ						TBD	Glambert					
Completed By (Print or T	ype)	Title				Signature	7//	Da	ate		Q2 - 1/2	
Raymond Blum		Proje	ct Ma	nager			1/	_	17	-1-	10)

ASB-41 JAN 13

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



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

Date of Notification (1)				1	Name	of Building	Owner/Operator (2	2)		-0			\neg i
12 /	01 /	15				t Aveni	omion operator (-/	J _ DI	EC .	3 2	Jib	
Agencies Notified	Type Notificat				Ctroot	Address							5
⊠ EPA	I ype Noulical	lion				Hillcrest	Δνο		ASEE:	7000	10.15	= -1	8
☑ DOLWD	Amended			-		tate, Zip C			1	110			
☑ DOH	Amendme	nt #				nford, NJ							
☐ DCA	Emergenc		ding	-		of Contact			Telephone Num	hor			
(NJAC 5:23-8)	justificatio Cancellatio	200			19017114 (1978)				Telephone Nun	ibei			
	Cancellation	On				tt Aveni			1				
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking Pl	ace ((3)				Type of Facility	j., 6				
Residential House								School (K-12	?) 3 (Other than K-1:	2)			
Street Address									rivate and comme		ilding	s,	
141 Hillcrest Ave							X*	homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	dg. Ag	e	
Cranford, NJ 0701	6												
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Union													
Name of Monitoring Firm	Hired by Build	ing Own	ner (8	B) /	SCM	No.	Name of Abateme	ent Contractor (9)					V 1/2
Bio Terra Solutions	S						ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address		1000				-
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					-
Union, NJ							Garfield, NJ						
Project Manager for Mon	itoring Firm	150		Teler	ohone I	No.	Telephone No.		License No.				-
Rick Eustaquio	morning i mini				3-494		973-928-4888		1188				
Start Date (10)	Is	chedule	rd Co	- SE(8)			Name of OSHA M						-
12 / 12 /				200	/	- 17 E		NAGEMENT L	LC				- 1
												-	
Occupancy Status During							Street Address						
□ Facility Closed/Vacate □ Abatement Performed						cribe	27 Outwater						
Time of Abatement:							City, State, Zip Co						
							Garfield, NJ	07026					
Scope of Work (Check al	II that apply)						□ Full Con	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf			Rer	novatio	on		☐ Mini-End		ganvorroccaro				
≥160 sf or ≥260 If		\boxtimes	Der	nolitio	n		Gloveba	g Procedure	on-Friable Proced	67023			
			lo.	Locati	00		M NOII-EXE	impled () and No	II-FIIable Froced				
Location	of		-	ormal			Description of	of			atem		
Asbestos-Containing)	Used	d Sole	ly by	Asbe	stos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA				ntenar		(i.e	., thermal systems		(Specify	VOC	<u>a</u> :	aps	losu
IN Facil (13)	ity		Oust	(12)	man.		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ulat	ıге
(10)		Y	es	No	N/A			,				е	
Basement		Г	7			Pipe In	sulation		70 LF				
Dassinsin			_			1 1,50							
]										
Name of Registered Was	ste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill				
Newark Carting				Н	auler II		Waste	Blueridge	Landfill				
City, State					04509	,	As Needed Disposal Date	City, State					
Newark, NJ							TBD	Chambert	ourg, PA				
2010-03 (0.0 200 a 20 a 20 a 20 a 20 a 20 a 20 a	-vne\	Title					Signature	1) 111		Date			
Completed By (Print or T Raymond Blum	ype)		iect	Mana	nar		Signature /	1///		17:	-/	16	-
Ivayillolla Blulli		110	lect	malle	4901			/ // /		1/-	1-	10	/

ASB-41 JAN 13

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

CK 3769

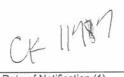
Date of Notification (1)	-	Name	of Building Ov	vner/Operat	or (2)		1,1	<u> </u>	DEC.	Ī	-	315		7
12/01/2015		100000000000000000000000000000000000000	_illian Boot	h Actor's	Hom	ie 		4				4-2-1-1-1		
Agencies Notified - Type Notification			^{Address} 175 West H	łudson Av	ve.		*	7	E BET	59.0	04	TAC N	_ ù	***
DEP Initial Amended Amendment #	manus spenjam mensiki kahini k	City, S Engl	tate, Zip Code ewood, NJ	07601			4				#			
DOH justification Cancellation	ing		of Contact an Strohl				Approximation of the control of the	Telec	hone Nu	mber				And the second second first
		FA	CILITY INFOR	RMATION	1 =		acility (4)							_
Name of Facility Where Abatement is Taking Plac The Actors Fund Homes	xe (3)					7 Schi	acinty (4) ool (K-12) chapter 8 (Othor	than if 1	21				1000
Street Address 155-175 West Hudson Ave					12	Other etc.)	er (î.e. priva	ate &	commerc	ial bu				
City (5) Englew so d					7	square F 10,000	PE PEROPE	2	Floors	and organization of the	Bldg 50-	J. Age +		140,000
County (6) Bergen			y Code (7) E USE ONLY)		C	Current L Retirer	ise (Prior i nent Hor	f bein me	g demolis	shed)				100
Name of Monitoring Firm Hired by Building Owne Environmental Health Investigation, Inc.	r (8)	1/233/2005	CM No. 04	Na B	me of ako (Abatem Constr	ent Contra uction &	Res	9) toration	n, Inc				
Street Address 655 West Shore Trail				Str 26	eet A	ddress Route	46 Suite	3D						Albert to wind the bit
City, State, Zip Code Sparta, NJ 07871				Cit To	y, Sta otow	ite, Zip C a, NJ (ode 07512					æ		to de la decimina de la companya de
Project Manager for Monitoring Firm Jean-Paul von Doehren			hone No. -651-2041			ne No. 56-70	10	manufacture of the state of	License 0666	No.				The state of the s
Start Date (10) Sch	eduled Co /04/201		on Date (11)	Na B	me of	f OSHA Consti	Monitor ruction &	Res	storation	n, Inc	:			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Occupancy Status During Abatement (Check On	ly One)			Str 2	reet A	ddress	46 Suite	3D						-
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Formation Occupied Building	d of Abate acility Hou	ement urs		Cit	ty, Sta	ate, Zip (1
Scope of Work (Check Ali That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 lf	HILLS.	vation olition				Mini-l	Containmer Enclosure Lebag Proce	dure						
					Y	Non-I	Exempted	() an	d MOH-FI	i sable		Abate		
	ls Loc Nom		to the second second	Descri	ntion	of	7				2	Ту	oe .	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainte Custodia (1	olely by nance/ al Staff	(i.e.	tos Contain thermal sys surfacing other misc	ing M stems g, VAT	aterial (/ insulati T, or	ACM) on,	(\$	mount Specify F or LF)	to the same of the first set of the first set of the same of the s	Removal	Repair	Encapsulate	Enclosure
			/A	O transit	to no	nolo			24 SF		X			1
Dining room windows	' '	,		3 transit	e pa		the spirite day			and a second	n.			
		-												
		-								and the same of th				and addressed
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		100000000000000000000000000000000000000	P Waste er ID No. 39	of Waste			Name of F Tullytov				cov	ery F	acil	ity
City, State Totowa, NJ		1		Disposal TBD	Date		City, State Tullytov	e wn, F	PA					
Completed by Damir Valievac	Title Project	Mana	ager	Sign	nature	eur	Jagre	24	-	Date 12/		2015	5	
The second seco	Complete Mission			1/		6								

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7573 2015-230 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Becky Hawkshead 1 1 1 1 / 1 3 1 0 1 / 1 1 5 1 Type Notification Street Address Agencies Notified 1 Nordham Street ☐ EPA Initial City, State, Zip Code DEP Waldwick, NJ 07463 Amendment Telephone Number X DOL Name of Contact X DOH Cancellation Becky Hawkshead ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Becky Hawkshead Bldgs./Homes, etc. Bldg. Age Street Address # of Floors Square Feet 1 Nordham Street County Code (7) Current Use (Prior if being demolished) County (6) (State use only) City (5) residential Bergen Waldwick, NJ 07463 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address 105 Ryerson Road Street Address City, State, Zip Code Lincoln Park, NJ 07035 City, State, Zip Code License Number Telephone Number Phone Number 00378 Project Manager for Monitoring Firm (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 12/11/2015 12/10/2015 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure ▼ Renovation Non-friable procedure Demolition Mini-enclosure ≥160 sf or ≥260 lf E E |X| > 3 sf or > 3 If Is location normally used solely e e n n Amount m C by maintenance/custodial Description of asbestos-containing Location of (Specify SF or C 0 a asbestos-containing L staff(12) material (ACM) P material to be N/A abated in facility (13) No Yes X 1 If pipe insulation X 75 If basement pipe insulation 6 If basement pipe insulation X crawl space Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 19563 B & G Restoration, Inc. Disposal Date Tullytown, PA 12/11/2015 City, State Lincoln Park, NJ Date Signature Gordana Luna 11/30/2015 Completed by (Print or Type) Secretary/Treasurer Gordana Luna

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

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-231 Check # 7574 B & G proj. #: DEC Date of Notification (1) Name of Building Owner/Operator (2) 1 11 1/13 10 1/11 15 1 Seda Galstian Type Notification Agencies Notified Street Address EPA 256 LaSalle Avenue Initial X ☐ DEP City, State, Zip Code Hasbrouck Heights, NJ 07604 Amendment X DOL Telephone Number Name of Contact X DOH Cancellation Seda Galstian ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Seda Galstian Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 256 LaSalle Avenue Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Bergen Hasbrouck Heights Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) 12/19/2015 Street Address 12/18/2015 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) ☐ Full Containment w/negative pressure **X** Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If E E Is location normally used solely e n Location of Amount n by maintenance/custodial Description of asbestos-containing m p C asbestos-containing (Specify SF or C staff(12) a material (ACM) a material to be abated in facility (13) N/A No Yes X 35 lf pipe insulation basement boiler room X 18 lf pipe insulation sink area X 12 lf pipe insulation X gas meter room 7 If X pipe insulation X laundry room Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 2 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 12/21/2015 Lincoln Park, NJ Signature Gordana Luna Completed by (Print or Type) 11/30/2015 Secretary/Treasurer Gordana Luna



Date of Notification (1)			Nam	e of Buildi	ng Owne	er/Operator (2	2)		DEC		1	055
11 /30 /	15		Pla	ainfield A	Associa	ites c/o Sky	line Managem	ent Corp.	DEC		3 2	015
Agencies Notified Type Notificat	ion		Stree	t Address	3			leggatura	and the same of the same of			
⊠ EPA			60	0 Old Co	ountry F	Rd., Suite42	25	AS.	EEL F	380	91:	FRQ.
☑ DOLWD ☐ Amended			City,	State, Zip	Code			1 m at 1 m a	and the second		i	
□ DHSS Amendmen	0 - 0		Ga	rden Cit	ty, NY	11530						
DCA Emergence justification		ng	Nam	e of Conta	act		1	Telephone Number	er			
☐ Cancellatio	10.70		Ec	l Heim								
			E/	CILITY	INFORM	MATION			-			
Name of Facility Where Abatement is Ta	king Dla	ca (3)	1 /	CILITI	nei Oran	IATION	Type of Facility (4	4)				
		CE (3)					☐ School (K-12)					
Golden Acres Shopping Center							☐ Subchapter 8	(Other than K-12)				
Street Address								ivate and commerc	cial buil	dings	,	
680 Oak Tree Rd.				<u> </u>			homes, etc.)	1 # of Floors	I Did	a A a	_	
City (5)							Square Feet	# of Floors		g. Ag	3	
South Plainfield, NJ 07080							39,200	1		0		
County (6)			Co	unty Code	(7)(STAT	E USE ONLY)		or if being demolis	hed)			
Middlesex							Retail					
Name of Monitoring Firm Hired by Build	ing Owne	er (8)	ASCI	И No.	Nam	e of Abateme	ent Contractor (9)					
Accreditted Environmental Tec	hnologi	es	NA		Al	liance Envi	ironmental Sys	tems				
Street Address			_		Stree	et Address						
28 N. Pennell Rd.					55	0 East Uni	on St.					
City, State, Zip Code					City.	State, Zip C	ode					
Media, PA 19063					100000		r, PA 19382					
Project Manager for Monitoring Firm		Te	elephon	e No	100000	phone No.	.,	License No.				
				91-0114		0-701-9000	1	00508				
Eric Sutherland						ne of OSHA N		00000				_
Start Date (10) Start Date (10		•		Date (11)	12,000,000	ET	nomici					
Occupancy Status During Abatement (0	Check on	ly one)			Stre	et Address					No.	
☐ Facility Closed/Vacated During Entire					28	N. Pennel	Road					
☐ Abatement Performed Outside of No	ormal Fac	cility Ho	urs - D		City	, State, Zip C	ode					
Time of Abatement: 7AMPN	1/ <u>3:30</u> PN	Λ	_AM			edia, PA 19						
Scope of Work (Check all that apply)						□ F./II Com	tainmant with No.	active Proceure				
☐ >3 sf or >3 lf	П	Renov	ation			☐ Mini-En	tainment with Neg closure	gative Fressure				
\(\sum \geq \) ≥3 \$\(\sigma\) 0 \(\geq \) 160 \$\(\sigma\) 160 \$\(\sigma\) 260 \$\(\sigma\)		Demol				☐ Gloveba	g Procedure					
						⊠ Non-Exe	empted (*) and No	n-Friable Procedu	-			
			cation						Ab	ateme	ent T	уре
Location of		Norr Used S	nally	, .		Description		0	Re	Re	En	Ē
Asbestos-Containing Material (ACN TO BE ABATED		Mainte		1	spestos ((i.e. the	containing ivi rmal systems	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	(Custodi		?	s	urfacing, VAT	Γ, or	SF or LF)	Val	"	Sul	sure
(13)			2)		oth	ner miscelland	eous)				ate	
	Y	es N	lo N	'A								
Roof				Flasi	hing			590 SF				
Exterior				Caul	lk			10 LF	\boxtimes			
	T	1	1	1								
Name of Registered Waste Hauler			N.IDE	P Waste	Cub	oic Yards of	Name of Regis	stered Landfill				
Richard Burns & Company			Haule	r ID No.	Was	ste	17.5	Berks Communi	ty Lan	dfill		
			199	955	Dier	posal Date	City, State					
City, State						BD Date	Birdsboro	. PA				
Phila., PA	1				1.		Direction		oto /		- †	
Completed By (Print or Type)	Title					Signature	AM	10	ate /	٥.	1	7
Mark Griffin	Esti	mator	9						1/2	30	11	0
ASB-41	* 5	net	o this f	orm for act	hactas II	cancura over	pted activities.		/		/	
MAY 11	- DO	TIOI US	= unis fo	niii ior asi	nesios ilc	CHOULE EXELL	ipieu dolivilles.			1		

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

Date of Notification (1)	2/1/15		I	lame of	Building	Owner/Operator	(2) Martinez	NEW NEW	J		10	
Agencies Notified	Type Notification		- 8	Street A	ddress		37 N. 12th Str	eet ASLEST	748 P	- 17	ROL	
EPA DEP X DOL	Initial Amended Amendment #		-	City, Sta	ite, Zip Co	ode				2 E917	, * , - J **)	
10, 200	Emergency (incl	uding		Jama a	f Contact	N	ewark, NJ 07	Telephone Numb	or.			=
☑ DOH □ DCA	Cancellation			varrie o		rla Martinez						
				FACII	LITY INFO	ORMATION						
Name of Facility Where	Abatement is Taking Resid	Place (entia	(3) [Type of Facility School (K-12) Subchapter 8	2) 3 (Other than K-12)			
Street Address	37 N .12	th St	reet				Other (i.e., po homes, etc.)	rivate & commercia				
City (5)		TT 0/	7107	rs.			Square Feet 1500	# of Floors	Bid	g. Ag 75+		
County (6)	Newark, 1	NJ 0	/10/		v Code (7) (STATE		ior if being demolis	hed)	15.		=
County (6)	Essex		_	USE C	ONLY)							_
Name of Monitoring Firm		wner	7	ASCM N	lo.		nent Contractor (9) nental Service	es. Inc	o.		
(8) Street Address	MECS					Street Address		montan bor vice	,			\dashv
Sifeet Address	PO Box 341							30x 322				_
City, State, Zip Code	Conservate lea N	T T				City, State, Zip (Code Allentow	n, NJ 08501				
Project Manager for Me	Crosswicks, N	NJ	Tele	ohone N	l	Telephone No.	7 HILDING II	License Ne.				
	eisgarber				-4070	(609) 2	59-9688		0493	_		
Start Date (10)	Sched		500	tion Date	e (11)	Name of OSHA		rironmental				
12/11/15 Occupancy Status Dur	ring Abstement (Chec		2/31/	15		Street Address		HOHMONIA				=
☐ Facility Closed/Vac	ated During Entire Pe	riod of	Abate	ment				eley Place				_
☐ Abatement Perform ☑ Other - Describe:		Facility	y Hour	'S		City, State, Zip		i, NJ 07728				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	call that apply)		novati			Mini-E	ontainment with Ne nclosure bag Procedure exempted (*) and N	egative Pressure on-Friable Procedu	ıre			
			ocatio						A	bater		
Locatio Asbestos-Containin TO BE AB IN Fac (13)	g Material (ACM) BATED ility	Used Mair Cr	ormally Solel ntenanustodia Staff? (12)	y by ice/ al	Asbes (i.e.	Description stos Containing M , thermal systems surfacing, VA other miscellan	aterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
70		103	×	1077	Ti	nermal Pipe I	nsulation	30 lf	×			
Baser	nent		^		11	iormar i ipo i						
						T 0k:- VI-	Name of Bo	gistered Landfill			N THE	
Name of Registered V	Vaste Hauler nmental Service	s, Inc		NJDEP V Hauler II 182		Cubic Yards of Waste 1 CU	Name of Re	GROWS La	ndfill			
City-, State						Disposal Date	City, State	Morrisville	, PA			
Completed By	Allentown, 1	9		CA - 475		Signature	/ 1\/	Date		1/1/		_
Mahlon E. S	Stevens	P	rojec	t Mai	nager	1/1			12/	1/15		=

ASB-44

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

				NOTIFICATION	ON OF ASE		ATEMENT	\circ	1	1.10		7
				(PURSUAN				()	Reck		9	56/
Date of Notification (1)	15				Name of B First Energ	uilding Ow	ner / Opera	ator (2)	2.9			1 4 5-
$\frac{12}{}$ $\frac{02}{}$ $\frac{1}{}$	15				Street Add				- 117	-		
Agencies Notified Ty	pe of Not	tificati	on		76 South S	treet			1 1	Di	EC 3	771E
☐ EPA	_	nitial	61 42		City, State				1 44			
☐ DEP		Ameno	3366		Akron, Ohio				Talanhan	o Numbe	2	
☑ DOH ☑ DOL			dment _	justification	Name of C Jim Halsey			I	Telephon	e Mullipe	Tos co	FITT CL &
			llation	justinoution	omi naiooj				*	************	erimina i	10 at 12 miles
			///	FA	CILITY INF	ORMATION	N					
Name of Facility Where	Abateme	ent is 1	Taking P	Place (3)		Type of Fac	cility (4)					
			•	, ,				46)				
Street Address						U 1990 1990 1990 1990 1990 1990 1990 199	School (K-	12) r 8 (Other 1	han K-12	1		
237 STATION ROAD								private &				
							bldgs., hor					
	ounty (6)			County Code (7)	Square Fee	et	# Of Floors	5	Building	g Age	
FORKED RIVER 00	CEAN		**			Current Us	o (Prior if I	neina dema	olished)			
						Telephone I		Jenny denn	Jiisticuj			
Name of Monitoring Fire	m Hired I	by Bld	g. Owne	er (8)	ASCM NO							
						NODTHOT	D COLITE	1 OTING O	DOLID IN	0		
Environmental Health Inv Street Address	estigation/	ns				NORTHSTA Street Add		ACTING G	ROUP. IN	U.		
655 West Shore Trail						Stieet Add	1033					
City, State, Zip Code						32 Williams						
Sparta, NJ 07871						City, State,	Zip Code					
Project Mngr. For Monit Dino Nappi	toring Fir	rm		Telephone Nui 212-682-9271	mber	East Hanov	er NI 0701	36				
Sheduled Start Date (10	0) [:	Sched		etetion Date (1	1)	Telephone			License I	Number		
12//15/_	15		12/	17/	15			30				
71. 7			/	/		973-884				0	0860	
Occupancy Status Duri Facility Close	ng Abate	ment	(Check (Only 1)		Name of O			ROUP IN	C		
Facility Close Abatement	eu/vacati	eu Dui	ing Litt	ile Fellou oi		Street Add		7.0111100	1001 : 114	<u> </u>		
				ormal Facility								
Hours - Desc						32 Williams						
Other - Desc	ribe:					City, State, East Hanov		36				
Scope of Work (Check	All That A	Apply)										
D			_	Renovation		Full Contai	inmont wit	h Nogativo	Droceuro			
☐ Demolition ✓ >3sf or >3lf		L	7	Renovation	H	Mini - Encl		ii wegalive	riessuie			
☐ ≥160 sf or ≥2	260 If					Glovebag I						
					\checkmark	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure		
Location of			ls		Descripti	on of			Abateme	nt Type		
Asbestos Contain	ing		ation	As	bestos - C	ontaining		100 01	R		E	E
	.		mally	,,	Material (Amount	E M	R	N C	N C
TO BE ABATED in Facility	2		sed olely		e., thermal	acing, VAT	5	(Specify SF or LF)	0	P	A	L
(13)	- 1		Main-		other misc	THE RESERVE TO STREET, SALES			V	Α	P	0
	- 1		ance/						A	1	S	S
	- 1		todial ff (12)						L	R	U	R
		-	NO N/A								1	
Exterior Telephone Pole		-	1	Transite Condu	ıit			30 LF	V			
		- Compression									+ -	
									+	H	+ +	+ +
Name of Registered Wa	aste Haul			NJDEP Waste	Cubic	Name of R	egistered l	andfill				
NEWARK CARTING				Hauler ID No.	Yards	I.E.S.I.						
0.7				4509	of Waste	City Ct-t						
City, State NEWARK, NJ					Disposal Date	City. State BETHLEHE		05				
142 47 11 11 11 11 11 11 11 11 11 11 11 11 11			Nt.									
Completed by (Print or	Type)			Title			Signature	()	7		Date	
Steven Stiles				Project Manage	er		Ste	en L	1		111	2/02/15
ASB-41		-				/		1	WORKS TO LOUIS TO SERVICE STATE OF THE PARTY			All productions of the last of

			ST NOTIFICATIO (PURSUAN		ESTOS AB	ATEMENT	Ch	lek	JA -	25	68	2-
Date of Notification (1) / 15			Name of B			ator (2)	4.15				
Agencies Notified EPA DEP DOH		tification Initial Amended Amendment		Street Add 133 PEACH City, State, ATLANTA, Name of C	TREE STR Zip Code GA 30303	EET NE		Telephon	DEC		77.5	-
☑ DOL	9.00	Emergency w/ Cancellation	justification	MICHAEL	ALISON			78-11-0			TO L. CI	
			FA	CILITY INF	ORMATION	1						
Name of Facility Who	ere Abateme	ent is Taking P	lace (3)		100000000000000000000000000000000000000	School (K-	500 - Th.					
Street Address 33-35 MAGAZINE ST	REET				7	Other (l.e., bldgs., hor		commerci	al			
City (5) NEWARK	County (6) ESSEX		County Code (Square Fee N/ Current Us	A	# Of Floors N// being demo	Α .	Building	Age N/A		
			(0)		SIDEWALK	0.5						\dashv
Name of Monitoring AET	Firm Hired	by Bldg. Owne	er (8)	ASCM NO	NORTHSTA	AR CONTR	ACTING G	ROUP. IN	C.			
Street Address 907 DOOLITTLE DRI	VE	\$			Street Add	ress						
City, State, Zip Code					32 Williams City, State,							-
BRIDGEWATER, NJ Project Mngr. For M ERIC HOUSEKNECH	onitoring Fi	rm	Telephone Nu 908-218-1108		East Hanov		36					
Sheduled Start Date		Sched. Compl	etetion Date (1	1) 15	Telephone	Number		License I	Number			
	/	/	/		973-88				0(0860		_
Occupancy Status D Facility C Abatemer	losed/Vacat	ement (Check (ed During Ent			Name of O NORTHST/ Street Add	AR CONTR	ACTING G	ROUP. IN	C.			_
☐ Abatemer	nt Performe	d Outside of N 7:00 am to 3;3			32 Williams							
		7.00 am to 0,5			City, State	Zip Code	36					
Scope of Work (Che	ck All That	Apply)										
☐ Demolitic ☑ ≥3sf or ≥: ☐ ≥160 sf o	3If	V	Renovation		Mini - Encl Glovebag	osure Procedure	h Negative d Non-Fria					
Location o	1100	ls		Descripti				Abateme	nt Type	le.	le.	П
Asbestos Cont TO BE ABAT in Facility (13)	TED .	Location Normally Used Solely by Main-	(I. insu	Material (Material (e., thermal lation, surf other misc	ACM) systems acing, VAT	,	Amount (Specify SF or LF)	R E M O V A	R E P A	ENCAPS	N C L O s	
		tenance/ Custodial Staff (12)						Ê	Ř	U L	U R	
SIDEWALK VAULT		YES NO N/A	PIPE & FITTIN	IG			12 If	V				
									-			
Name of Registered NEWARK CARTING		ler	NJDEP Waste Hauler ID No. 4509		Name of R	egistered	Landfill					
City, State NEWARK, NJ				Disposal Date	City. State BETHLEH		105					
Completed by (Print	t or Type)		Title			Signature	l.	/		Date		
Steven Stiles			Project Manag	er		Ste	tr 1	ill		1	2/02/15	

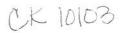
ASB-41

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						10-	for /2\							3	
Date of Notification (1)			Nan	me of Bui esapio	ilding Owne Propertie	es, Ir	erator (2)								
11/28/15 Agencies Notified	Type Notification		Str	eet Addre	ess					1	DEC	,	2015		
gencies Nouned					Main Stre	et S	te. 403			-		J	2010		_
EPA DEP	Initial Amended		Cit	y, State,	Zip Code						transmitted and the second second second				
DOL	Amendment #	10.13			le, NJ 08	876			- 2	Talor	phone Numb	0 00 er	-74	-	-
	Emergency (in iustification)	nauaing	100000	me of Co							963 4125			- Maria and a second	-
DOH DCA	Cancellation		- P. 22.13		Desapio		221			000					
Name of Facility Where Private Building Street Address	Abatement is Taking	Place (3)		FACILII	Y INFORM	ATIC	F	Sch	Facility (4) nool (K-12) ochapter 8 ner (i.e. priv	(Othe	r than K-12) commercial	buildin	gs, ho	omes,	
46 B East Main Str	reet							etc.	-	# of	Floors	Bld	g. Age	4	
City (5) Somerville							8	8000		4		50	1000		
			T Co	ounty Co	de (7)		-	Current	Use (Prior	if beir	ng demolishe	ed)			
County (6) Somerset			(S	TATE US	EONLY) _		1 .	Empty							_
Name of Monitoring Fire	m Hired by Building (Owner (8)	1	ASCM N	Vo.		Name of	F Abater	ment Contr	ractor	(9)	20			
RK Occupational8	Environmental A	Analysis,Ir	ic.	090						Kes	toration, I	IIC.			
Street Address							Street A			_					
401 St. James Av	enue								46 Ste 3E						_
City, State, Zip Code							City, Sta								
Phillipsburg, NJ 0	8865								07512		License No).			
Project Manager for Mo				elephone			Telepho	one No. 256 70			00666				
Jonathan Gilbert	A CT 1110 O S HOOP CT 15 100		1	908 454					A Monitor						-
Start Date (10)		Scheduled		pletion Da	ate (11)		Bako	Cons	truction {	& Re	storation,	Inc.			
11/30/15		12/21/1					1	Address							
Occupancy Status Dur									46 Ste 3	D					
× Facility Closed/Va	acated During Entire rmed Outside of Non	Period of Al	oateme Hours	ent			City, St	tate, Zip	Code						
Abatement Performance Other – Describe	:	man i donity i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-			J 07512						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		Section 2	enovat emoliti		- Same ver - All		×	Mini	-Enclosure	edure	h Negative F			9	
							Lin	2 11011	ZXOTTIPAGE	1/2			Abate	ement	
Ÿ.		1	Locati	200		-							Ту	pe	
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 13)	Used Mai Cust	lormall d Sole ntenar odial S (12)	ly by nce/ Staff?	(i.e. ti	os Cor herma surf	escription intaining M al systems facing, VA r miscellar	//aterial s insula tT, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	- Indicate
2.1	Floor	Yes	No	N/A		Flo	or Shee	eting			150 SF	X			
	Floor	-			\^/		Ceiling		er		12000	х			
	d &4th Floor			X	VV		oe Insula				20 LF	X			
	Floor	_		-			VAT			1	000 SF	X			
	Floor		1.	NJDEP W	Vaste	Cub	oic Yards		Name of	1	stered Landfi	ill		1	-
Name of Registered Bako Construction		ting	1	Hauler ID			Vaste		Tullyto	wn F	Resource I		ery	Facil	ity
City, State		 				Disp	posal Date	9	City, Sta Tullyto		PA				
Totowa / Newark	NJ	Title					Signatur	red	1	M		ate			
								1	2 ~ 1	1 is	3/11	11/28	115		
Completed by Goran Kojic		Proje	act M	lanager	T	4		X	200	4	- X -			_	-

ckning

Date of Notification (1)						- 6 	11.17	F	9 _	13	J.	
11/10/15			Nan	ne of Building Owne sapio Properties	er/Operato	r (2)	10	į			The state of the s	11
Agencies Notified Type Notifical	ion			et Address	5, 1110.			i Di	EC	2		
				East Main Stree	et Ste 4	US					1110	1.3
DEP Initial Amende	d			State, Zip Code				Physics of the last of				1
∑ DOL Amendm	ent#			merville, NJ 088	376			ASSES	199	310		S
DOH Emerger justificati	cy (includ	ing		e of Contact			17.	in all	A. I	1750		
DCA Cancella			A CONTRACTOR	hony Desapio				elephone 08 963				
				ACILITY INFORMA	TION		1 3	00 903	4125	V.		
Name of Facility Where Abatement is Ta	iking Place	e (3)				Type of Facili	ity (4)					
Private Building Street Address			520			School (K-12)					
46 B East Main Street						Subchar	oter 8 (Oth	ner than	K-12)			
						Other (i.	e. private	& comm	ercial b	uiidin	gs, ho	mes,
City (5)						Square Feet	# 0	of Floors		Ride	j. Age	
Somerville						8000	2	. , .00.0		50-	200	1
County (6) Somerset			Coun	ty Code (7)		Current Use (I		ina dema	dished			
			(STAT	TE USE ONLY)		Empty			31101100	ř.		
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	AS	CM No.	Name	of Abatement C	Contractor	(9)				
RK Occupational&Environmenta	I Analys	is,Inc	. 09	0	Bako	Construction	n & Re	storatio	n. Inc			
401 St. James Avenue	1			6.		Address			, 1110			
	-				265 F	Route 46 Ste	9 3D					
City, State, Zip Code Phillipsburg, NJ 08865		W.			City, St	ate, Zip Code						
						va, NJ 0751	2					
Project Manager for Monitoring Firm Jonathan Gilbert		CICAL SCHOOL		none No.	_1	one No.		License	- No			
Start Date (10)				454 6316	973 2	56 7010		00666				
12/07/15	Schedu	uled Co	mpletio	n Date (11)	Name o	of OSHA Monito	or					
Occupancy Status During Abatement (Ch	12/21	/15			Bako	Construction	n & Res	toratio	n, Inc.	i.		
					Street A	ddress						
Abatement Performed Outside of No.	Period of	Abate	ment			oute 46 Ste	3D					
Other - Describe:	mai racili	ty Hou	°S			ate, Zip Code						
Scope of Work (Check All That Apply)					Totow	/a, NJ 07512	2					
23 sf or ≥3 lf	Form				PRODUCT							
≥160 sf or ≥260 lf		Renova Demoli		36	×	Full Containn	nent with I	Negative	Pressi	ire		
	<u> </u>	Jonnon	uon			Mini-Endosus Glovebag Pro	e					
					X	Non-Exempte	d (*) and	Non-Fria	able Pro	near	TO.	
		Locat							1		emen	ŧ
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Des	cription of	F					уре	
TO BE ABATED	Ma	intena	nce/	Asbestos Conta	aining Mat	erial (ACM)	Am	ount				
In Facility (13)	Cus	todial S (12)	Staff?	(i.e. thermal s	systems ir ing, VAT,	nsulation,	(Sp	ecify	Ro	72	no	5
(10)		(1.2)		other m	iscellaneo	us)	SF 0	or LF)	Removal	Repair	Encapsulate	Enclosure
,	Yes	No	N/A						a	=	liate	ure
2nd Floor			Х	Floor	Sheetin	a	150	SF	37	_		
1st Floor & 2nd Floor			Х		Plaster		8000		X			_
1st Floor			х		nsulatio		20		X			-
1st Floor			х		/AT		1000		+ +	-		-
ame of Registered Waste Hauler			DEP W	aste Cubic Y		Name of F			X			
ako Construction & Restoration, In	C.	\$ 0.00 cm	uler ID I 889			Tullytow				erv F	acilit	
ity, State				Disposal	I Date	City, State						
otowa, NJ				TBD		Tullytow						
ompleted by	Title				nature	770	,	Da	ite		-	
oran Kojic	Projec	ct Mai	nager	1	K	za le	2	-	1/10/1	5		
							1	+		_		



Date of Notification (1) 11/24/15	1			_	wner/Opera rity of NY						Ü		
Agencies Notified Type Notification		1,000	Street Ad	dress Termin	al Blvd			T =	DEC	. 3	2715		11.
EPA Initial Amended Amendment #_	ali ralia a	C	City, Stat	e, Zip Cod ne, NJ 0	le				AS225	es en	NJE:	- 	
■ Emergency (inc justification) ■ DCA Cancellation	Juding		Name of Uday N						ephone N 1-595-4	Charles on the case of		Trans.	
			**************************************	15(C4140) 21232	RMATION			1000					
Name of Facility Where Abatement is Taking F Port Newark Marine Terminal- Buildi Street Address								<-12) ter 8 (Oth	er than K- & commer		linas	home	25
270 Port Street City (5)						-	Other (i.e etc.) Square Feet		f Floors		ldg. A		,,
Newark			(1				3750	1			5/200		
County (6) Essex			County C STATE U	ode (7) SE ONLY)		-	Current Use (F	Prior if be	ng demoli	shed)			
Name of Monitoring Firm Hired by Building Ov PA NY & NJ	vner (8)		ASCM	No.	N. 1980		of Abatement C Environmer						
Street Address					St	reet	Address Mt Cobb Ro	accy					
51 Port Terminal Blvd City, State, Zip Code				%i		ATTE TOWN	tate, Zip Code	u					_
Bayonne, NJ 07002	15						Ariel PA 18	436					
Project Manager for Monitoring Firm Uday Mehta			Telephor 201-59	ne No. 15-4881	1		one No. 834151		License 01216				
	Schedule		pletion [Date (11)	1000		of OSHA Monit Environmer		up				
Occupancy Status During Abatement (Check	Only One	e)				Charles and I	Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A	batem	ent		1.00		Mt Cobb R	d					
Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours					tate, Zip Code Ariel PA 18	3436					
Scope of Work (Check All That Apply)							200		1			Selection of the select	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti					Full Contair Mini-Enclos Glovebag F Non-Exemp	sure Procedure				e	
	Is	Location	on								Abate	ement	t
Location of	N	ormall Sole	У		Descri						13	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Custo	ntenar odial S (12)	nce/			stems g, VA		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior on decommissioned HVAC	Yes	X	IN/A		Blacl	ν To	· ·		50SF	Х	-		
Penthouse Roof		X			Flas				00SF	X	\vdash		
	X			Floor				320SF	X				
Interior 1st Floor		^	-		FIOOI	IVIAS	SUC	- 1	32001				\vdash
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 6728		Cubic Yar of Waste 20		WM	Tullytov	ered Land	lfill			
City, State Newark, NJ					Disposal 1 12/11/1:		() () () () () () () () () ()	state rtown, P	A /				
Completed by Meeler	Title	MA	1		CONTRACTOR OF STREET	nature	1	1		Date / / 25	15	_	

CX 40219

Date of Notification (1)			Name of	Building O	wner/O	perator	(2)	-, 111	years.	4				
11/19/15			UNIO	N C	174	150A	4PD	OF	EDUC	ATIO	V, ,	nsr.		1
Agencies Notified Type Notification			Street Ad	3912				Page 1				.010	-	محتصت
EPA Initial DEP Amended Amendment				te, Zip Cod	e				Ambre to	E18TQ9	00.8	TFIO:	_&	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding		Name of	Contact						phone Nur		-0	2/1	
DCA Cancellation				TIN A			<i></i>		20	01-30	18-	18	-7	
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LITY INFO	RIVIATI	ON	Туре о	f Facility ((4)	-				
SARA GILMORE EVEN			SOF	LOOL				chool (K-1		r than K-1.	2)			
Street Address 815 17 Hu STREI	eT.						i o	ther (i.e. p	orivate &	commerci	al build	ings,	home	s,
City (5)								c.) Feet	# of	Floors	1000	dg. A		
UNION CITY								200		3		50	+	
County (6)			County C (STATE L	Code (7) ISE ONLY)			Curren Fol.	t Use (Pri	or if bein	g demolis	ned) NY J	3CH	00	2
HUDSON Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM			Name		ement Cor			/			
DENNONI ASSOCIATE			20,400,000,000,000	102		NI	RAM	mo	_					
Street Address			1 0				Address	en e	<i>(2</i> 7)	2				
515 GROVE STREFT,	SULLE	- 2/	- B			2007	State, Zip	LTON	2//				1100	
City, State, Zip Code HAPDON HEIGHTS, N	17 0	803	5			Bo	ONTO	on, 1	VJI	200	5			
Project Manager for Monitoring Firm PACPH COPPOLA			Telephor	ne No. 603-2	628	Teleph 97	none No	99-4	455	License N	10. 29			
Start Date (10)				Date (11)		Name	of OSH	A Monitor						
	01/		2016	5			14							
Occupancy Status During Abatement (Chec						N/.	Address	S						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: FACUTY 0	al Facility	/ Hours		.,		-	State, Zip	Code						
Scope of Work (Check All That Apply)						_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mini	-Enclosur vebag Pro	re ocedure	Negative Non-Fria			2	
	1	Locat	ion				_ NOI	-Lxemple) and	I NOTH THE	5,6110	Abate	ment	t
Location of		Locat Norma	lly	83	De	scription	n of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintena	nce/			-	Material is insula		1000	mount pecify	Z.	71	Enc	En
In Facility	Cus	todial : (12)			surfa	cing, VA	AT, or		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		ou lor i	moodiid					<u>a</u>	_	late	Гe
BOILER BOOM	X	110	13773	BOILE	ER 12	1B P	Acies	NG	200	SF	X			
ROOM BOZ		X		BOILE 94x	94	#10	10127	TILE	600	2 3 F	X			
7.5.11						700								
Name of Registered Waste Hauler		1000	NJDEP W		Cubic of Wa	Yards		Name of	f Registe	red Landfi	11			
NIRAM INC			Hauler ID NJ − :			O		TR1-	STATE	ETRA	NSI	FER	2	
City, State	_				Dispo	sal Date	Э	City, Sta		14				
BOONTON, NJ, 0700 Completed by	J Tiel -	V1 1				Signatur	2	BROI	Nt,		ate.			
MANCIN OWCZĄŁSKI	Title Pro	. M	NGR.			Signatur	he			- 7	1/10	1/2	015	
111111111111111111111111111111111111111	1, 150,000					17	. 8			r	1		0.04*	itic-
ASB-41 (R-06-08)						* Do n	not use t	nis form fo	or asbest	os licensu	re exer	npted	activ	mes.

State of New Jersey - Notification of Asbestos Abatement

NO CH

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

REGELVER

Date of Notification (1)					Name of Building Owner/	Operator (2		200			
November 30, 2015					Drew University	1	D	EC	2 5 1	E	1. /
Agencies Notified		Notification Initial	<u>Type</u> Notifica	ation	Street Address 36 Madison Avenue	e .					
X EPA x DCA		A Character Commence of the		ification # 1	City, State, Zip Code		ASE	(270.7 C	CONTR	018	
x DCA x DOL		■ Emerg	jency (i	ncluding	Madison, NJ	Ü			- 7		e de
X DEP			cation)		Name of Contact				Number	ary Tolerander	
x DOH		☐ Cance	lled		James Hall		973	3.408.	3006		
				FACILITY INF							
Name of Facility Where Abater		king Place (3)			Type of Facility (4)						
Drew University- Dini	ng Hall				School (K-12)						
Street Address					Subchapter 8 (other that		l la collation ac		4- \		
36 Madison Avenue					Other (i.e. private & Sq. Feet: Unknown					VOSI	re
					Sq. reet. Onknown	# 01110	013. 2	Diug.	<u>nge.</u> 00	year	3
City (5) Madison	Morris)		Code (7) Use Only)	Current Use (prior if being	g demolish	ed):	8)			
Name of Monitoring Firm Hired	by Bldg. (Owner (8)	ASCM	No.	Name of Contractor (9)						
Briggs Associates, In	nc.				GREENWOOD ABA	TEMENT	CONS	JLTAI	NTS, IN	С	
Street Address 3 Crosswicks Street					Street Address						
					511 MAIN STREET	-54/14/0					
City, State, Zip Code Bordentown, NJ					City State, ZipCode Butler, NJ 07405						
Project Manager for Monitoring	Firm	Telephone N	Number		Telephone Number		Licer	nse Nun	nber		
Michael Hoodak		609.298			Totophono Hambor		21001	100 1101	1001		
					973-492-0477		008	40			
Scheduled Start Date (10) December 18, 2015		Scheduled (Name of OSHA Monitor						
December 16, 2015		January	15, 20	16	EMSL inc.						
Occupancy Status During Ab	atement (Check only o	ne)		Street Address						
Facility Closed/Vacate Abatement Performed					1056 Stelton Road						
Describe					City, State, Zip Code						
Other – Describe: Oce	cupied				Piscataway, NJ 08	854					
0											
Source of Work (Check all that	apply)					FII O		4	la antica F		
≥ 3 sf or ≥ 3 lf				☑ Renovat	ion	x Full Cor Mini-En		t with in	legative F	ressur	е
≥ 3 st of ≥ 3 if ⊠≥ 160 sf or ≥ 2				Demolition			g Proced	duro			
	00			Demoition					Non-Friab	le Proc	edure
Location of Asbestos-Containing		cation Norma			bestos Containing Material	Amo	unt		ement Tyr		
Material (ACM) in Facility (13)		ly by Maint./Ci ? (12)	ustodial	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfac	ing, (Spe	cify SF	Remo	ve Repair	Encap	Enclose
	YES		NA	7711, 01 0010, 1110	,	0.2	/				
Dining Hall -Serving		X		Spray On Fir	reproofing	2,0	00 sf	X			
Area	- 1			TSI	100	500	lf	X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	CS.	NJDEP Was		r ID#	Cubic Yards of Waste:				gistered La		
See Hauler Below # 1 & 2		See Below	V		80		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		l Landfill		
						100000000000000000000000000000000000000	.O.W.S	nt. Ohio			
Hauler #1) Greenwood	Abateme	nt Consult	ants. In	c Butler, N.I.	07405	Disposal	_	JIVA L	City, Sta	ite	
NJ DEP # 125			u,	or Buttor, No	31400	Januar		015	Route 2	, Box 68	
Hauler #2) Newark Cartin	ıg, Inc. –	Newark, NJ	04509,	NJ DEP # 19551					304-842		A
									9000 Mi Waynes		5500
Completed by (Print or Type)		<u> Title</u>			Signature		Date				
Marin Graure	- L	SENIOR P MANAGER		CT	Marin Graure		Nov	/emb	er 30, 2	015	

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

November 27, 2015 Agencies Notified □EPA □ DCA □ DCA □ DCA □ DCA □ DCA □ DCP- No Longer REQUIRED □ DOH □ DOH □ DCA □ DCA □ DEP- No Longer REQUIRED □ Dates To Be Determined (TBD) □ Longer REQUIRED □ Cancelled	1 GD : # 060 15		(I di bana			117	-19			<u> </u>			
Street Address Stre	GAC Project # 060-15 Date of Notification (1)	20045			Name of Building Owner/Ope RUTGERS, THE STA	erator (2) TE UNIVE	RSITY	OF NJ					
Document of Sale Processor Description Dates To Be Determined (TBD) Emergency (including justification) Emergency (including justification) Emergency (including justification) Dates To Be Determined (TBD) Emergency (including justification) Dates To Be Determined (TBD) PISCATAWAY, NJ 08854 Name of Contact Name	Agencies Notified EPA	Notification Initial	Votification		Street Address ENVIRONMENTAL HE	ALTH &	SAFET	Y DEP	т. 🤄 🤚	015	The sales of the s		
Emergency (Including justification)	DCA DOL	Postpone	City, State, Zip Code PISCATAWAY, NJ 08	OS CONTROLA									
Cancelled FACILITY INFORMATION	DOH	■ Emer	gency (inc		MICHAEL SMITH, EN		Telephone Number 848-445-2550						
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG\$ 3750 County (6)		□ Cano	elled	= 1 au 1 = 7 th 15									
School (K-12) PHARMACY, BLOG# 3750 Stock of the County Code (T) Stock of the Code (Di //	`	FACILITY INF	Type of Facility (4)								
Size Address Size	PHARMACY, BLDG# 3750	Taking Place (S	1		School (K-12) Subchapter 8 (other than	ı K-12)							
Name of Monitorina Firm Hirsd by Bida. Owner (8) ASCAI No. 0098 Cardno ATC	Street Address BUSCH CAMPUS				Other (i.e. private & com	mercial buildi	ings, home Bldg. Ac	es, etc.) ge: 60-	years	i			
Street Address Str	OILY (O)		County C (State Us	Code (7) se Only)	Current Use (prior if being of	demolished)	: ACADE	EMIC					
Street Address Stre	Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCM N	lo.	Name of Contractor (9)								
268 MAIN STREET 269 MIN STREE	Cardno ATC		0098	>=311		EMENT CO	ONSULT	TANTS,	INC.				
City. State. Zip Code BURLINGTON, NJ 08016 Protect Manager for Monitoring Firm BRIAN KEARNY Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Start Date (10) TBD Scheduled Completion Date (11) TBD Scheduled Completion Date Date Date Date Date Date Date Date	Street Address				Street Address								
BUTLER, NJ 07405	3 TERRI LANE				DESCRIPTION OF THE PROPERTY OF								
Telephone Number Scheduled Start Date (10) TBD Scheduled Start Date (10) TBD T	City, State, Zip Code												
Scheduled Start Date (10) TBD Scheduled Completion Date (11) Scheduled	BURLINGTON, NJ 08016	Telephor	e Number				License	Number					
TBD TBD TBD TBD TBD TBD TBD TBD	BRIAN KEARNY	609-3	36-8800				00840						
Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement	Scheduled Start Date (10)	Schedule		n Date (11)									
Scope of Work (Check all that apply)	TBD		IBD										
□ Abatement Performed Outside of Normal Facility Hours - Describe □ Scope of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 If □ Demolition □ ≥ 3 sf or ≥ 260 If □ Demolition □ Demolition □ Soley by Maint./Custodial Staff? (12) YES NO NA □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exemp	Occupancy Status During Abatem	ent (Check on	y one)		Street Address								
Describe Solution Describe Shift Hours: 3:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ	Facility Closed/Vacated During	Entire Period of Normal Faci	of Abatement lity Hours -	t									
Scope of Work (Check all that apply)	Describe				City, State, Zip Code								
□ ≥ 3 sf or ≥ 3 If □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ No	☑Other – Describe: Shift Hou	rs: 3:00 PN (24 hour	l – 5:00 A s as need	IM led)	FAIRLAWN, NJ			9					
≥ 3 sf or ≥ 3 lf	Scope of Work (Check all that apply)	,			Full Contai	nment wit	th Negati	ve Pres	sure			
Example Soleton Demolition Example Soleton Example Soleton Example	□ > 3 sf or > 3 lf				JII			-0					
Location of Asbestos-Containing Material (ACM) in Facility (13) S Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA VAT, or other miscell.) S Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA TRANSITE WASTE LINE To Up		If		■ Demolitio		Non-Exemp	ted (*) and	d Non-Fr	iable Pr	ocedur	re		
Cocation of Aspestos-Contraining Material (ACM) in Facility (13) Solely by Maint./Custodial Staff? (12) YES NO NA NA TRANSITE WASTE LINE Staff? (12) YES NO NA TRANSITE WASTE LINE TRANSITE MASTE LINE TRANSITE WASTE LINE TRANSITE WASTE LINE TRANSITE MASTE LINE TRANS		t t the Ne	mally I lead	Description of	Ashestos Containing Material	Amou	unt	Abateme	nt Type				
TRANSITE WASTE LINE 150 LF X	Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely by Mair Staff? (12)	t./Custodial	(ACM) (i.e. the	ermal systems insulation, surfact			Remove	Repair E	ncap E	nclose		
Name of Req. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509 Completed by (Print or Type) RAYMOND C. PEDALINO NJDEP # 38969 Title SENIOR PROJECT Cubic Yards of Waste: Cubic Yards of Waste: 15 CY Name of Registered Landfill G.R.O.W.S. North Landfill G.R.O.W.S. North Landfill G.R.O.W.S. North Landfill G.R.O.W.S. North Landfill Signature TBD Disposal Date 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Date November 27, 2015	FXTERIOR			TRANSIT	TE WASTE LINE	150	LF	X					
Name of Req. Waste Hauler See Hauler Below #1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509 Completed by (Print or Type) RAYMOND C. PEDALINO NJDEP Waste Hauler ID # See Below Cubic Yards of Waste. G.R.O.W.S. North Landfill City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Signature Raymand C. Pedaline November 27, 2015						_							
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509 Completed by (Print or Type) RAYMOND C. PEDALINO Disposal Date 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Signature Raymond C. Pedaline November 27, 2015	Name of Reg. Waste Hauler			er ID#	Cubic Yards of Waste:	15 CY	Mame G.R.C	of Regist D.W.S. I	ered Lar North I	ndfill _andfi	ill		
Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509 Completed by (Print or Type) RAYMOND C. PEDALINO Title SENIOR PROJECT Raymand C. Pedalino November 27, 2015	Hauler #1) Greenwood Abatemen			NJ 07405				1	00 New	Ford N			
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino November 27, 2015	Hauler #2) Newark Carting, 1	nc., Newarl	k, NJ			8 0		1	9067				
	Completed by (Print or Type)	SENIO		СТ	Signature Raymand C. F.	edalino	Date N	Novem	ber 27	, 201	5		

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) November 18, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **D**EPA ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ DCA ■Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ▼ DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/27/15 12/07/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf **X**Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 lf ■ Demolition X Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO EXTERIOR X TRANSITE WASTE LINE X 150 LF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 12/07/15 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 19067 NJ DEP # 04509 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino November 18, 2015 MANAGER



Print Form

Date of Notification (1) 11/30/15					Building O					DE	EC 3	3 20	15		11	
Agencies Notified	Type Notification Initial		- 2	treet Ad	dress Centertor	n Pike		(*					popo, vis	-	KELEL/NET	j
EPA DEP DOL	Amended Amendment				e, Zip Cod Laurel N		54		1 -	322				<u>. </u>	**	1
DOH DCA	Emergency (justification) Cancellation	including	2.02/0	ame of ennife	Contact				-*:	0.0000000000000000000000000000000000000	ephone N 7-307-8		r			
Name of Facility Where A		g Place (3)		FACIL	ITY INFO	RMATI	ON		of Facility (4							
Street Address 4 Old Centerton Pik								S X	chool (K-12 ubchapter 8 ther (i.e. pr	(Oth			uildi	ngs,	home	s,
City (5) Mount Laurel NJ 08	3054							Square 1000-		# 01	Floors		Blo 35	dg. Ag	ge	
County (6) Burlington					ode (7) ISE ONLY)		_	Curren	nt Use (Prio e	r if bei	ng demol	lished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000	of Abate aco In	ement Cont	ractor	(9)					
Street Address								Address 30x 32								
City, State, Zip Code								tate, Zip t Berlir	Code NJ 0809	91						
Project Manager for Mor	nitoring Firm		T	elephor	ne No.			none No 753-98			License 00727					
Start Date (10) 12/9/15		Scheduled 12/14/15		oletion [Date (11)		Name Sam		A Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only One)	Street Address												
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norn	Period of Al nal Facility I	oateme Hours	ent		_	City, S	state, Zip	o Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat				2	Min	Containme i-Enclosure vebag Proc n-Exempted	edure	-				a	
		le l	ocatio	'n						17				Abate	ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Solely tenan odial S (12)	/ y by ce/		Descriptio Asbestos Containing (i.e. thermal system surfacing, V			ning Material (ACM) stems insulation,		Amount (Specify SF or LF)		Remova	Ty Repair	e Encapsulate	Enclosure		
(10)		Yes	No	N/A		0.1101							<u>a</u>	7	late	Гe
Exterior	Siding			х		Exte	erior Si	ding		16	800 SF	>	2			
											*					
Name of Registered Wa United Containers	Ha	IDEP Wauler ID 2459		of Wa	Yards aste		Name of I		ered Lan	dfill						
City, State Elm NJ						Dispo 12/1	sal Date 4/15	2	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna	74	Title Presid	dent				Signatur	e			-	Date 11/3		5		

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

GAC Project # 060-15 Name of Building Owner/Operator (2)-Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ November 30, 2015 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. IXI Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS: □ Amended Notification # DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact □ Cancelled X DOH 848-445-2550 MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) MILLER HALL, BLDG# 3103 ☐ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address COLLEGE AVENUE CAMPUS # of Floors: 2 Bldg. Age: 100+ years Sq. Feet: N/A County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC (State Use Only) MIDDLESEX NEW BRUNSWICK Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 12/14/15 12/10/15 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 8:00 AM - 8:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure Mini-Enclosure ▼Renovation ⇒ 3 sf or ≥ 3 lf Glovebag Procedure ■ Demolition X > 160 sf or ≥ 260 lf ▼ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Material (ACM) in Facility (13) VAT, or other miscell.) or LF) Staff? (12) NO YES 2400 SF X VAT 1st & 2nd Floors X Various Rooms Name of Registered Landfill Cubic Yards of Waste: 25 CY NJDEP Waste Hauler ID # Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 12/14/15 NJDEP # 28969 Rd. Morrisville, Pa 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 215-736-1700 NJ DEP# 04509 Date Signature Completed by (Print or Type) Raymand C. Pedalino November 30, 2015 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER



CX 1629

Date of Notification (1) 11/30/2015			Name o	f Building Ov	wner/Òp	erator	(2)		1 10°	DEC	3	201	5	KDK	
Agencies Notified Type Notification EPA Initial			Street A 13 Pat	ddress tton Place					-	0.55.7	50 A			9.	
DEP Amended Amendment				ate, Zip Code lair NJ	Э			i -		11		1		ort	
■ Emergency justification) ■ DCA Cancellation		10000	Name o	f Contact aspo				E	2000	phone Nu 783 58					
Name of Facility Where Abatement is Takir House	g Place (3)		FACI	LITY INFOR	RMATIO	N	_	of Facility (4	555						
Street Address 13 Patton Place								Subchapter Other (i.e. p	8 (Othe	r than K-1 commerc	2) ial buil	dings	home	es,	
City (5) Montclair				-				re Feet		Floors		Bldg. A	ge		
County (6) Essex			County (Code (7) USE ONLY)		_		nt Use (Pric			hed)			+	
Name of Monitoring Firm Hired by Building Competent Supervisor	Owner (8)		ASCN	/ No.				tement Con Construct							
Street Address							Addres Route	ss 46 West							
City, State, Zip Code								p Code J 07512							
Project Manager for Monitoring Firm			elepho				none No 832 42			License N 01155	lo.				
Start Date (10) 12/12/2015	Scheduled 12/13/20	15	pletion	Date (11)			of OSF e as a	A Monitor bove							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire	•		ant			Street	Addres	SS							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility H	lours			-	City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply)				8			7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Mir Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				۵		
20 200 40		ocatio								1101111110	Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used	rmally Solely tenan	/ by	Asbestos			Material			nount	71			Ш	
In Facility (13)	Custo	dial St	taff?	03800000038	surfacii other mi	ng, VA	T, or	aon,	SF	or LF)	Removal	Repair	Encapsulate	Enclosure	
B	Yes	No	N/A										te		
Basement			Х			TSI			60) LF	X		Х		
Name of Registered Waste Hauler		I ALI	DEP W	/	0										
Academy Construction		На	uler ID 33442	No.	Cubic Y of Waste 1			Name of F	: 3 ⁴					56	
City, State Totowa		1			Disposa IBD	I Date		City, State Morrisvi			1				
Completed by Zlate Geleski	Title VP					nature	1	Hel		15 15 15 15 15 15 15 15 15 15 15 15 15 1	ate 1/30/2	2015			

CX 6002 STATE	OF NE	W JERSEY	DEPAR	TMENT OF L	ABOR NOTI	FICATION OF ASBE	STOS ABA	remen:	T						
Date of Notification (1)					Name of	Building Owner/Operato	r (2)			- Tarana					
11/23/2015						ROAD C, LLC	n ne	0 0	0015		T N N T				
Agencies Notified	No	otification Typ	e			Street Address									
(X)USEPA	(X) Initial N	Votifica	ition		Л. Caller	ţ	_	-	السيا	a a				
(X) NJDEP					Read	Property Gro	oup ASEES	TOS C	ONTRO)L&	1				
(X) NJDOL	1 (18 Avenue		la l		- HELL STREETS	تسديس				
(X) NJDOH		,			4/06	18 Avenue									
() NJDCA	(i)	City, Stat	e, Zip Code									
					18 m	dyn, NY 1170	16								
	A Notification Type (X) Initial Notification P (X) Amended Certificat L (Y) Emergency Notification (Including justificat (Includin				Name of			umber	nber						
						Caller/Jared		903-43	11						
				FACILITY	/ INFORMATIO										
Name of Facility Where Abater	ment is T	aking Place (3)	17101211	Type of F	acility (4)									
Commercial Property:	765 B	ROAD S	T		() School	ol (K-12) napter 8 (other than K-1:	2)								
Street Address					(X) Other	(i.e. private & commer	cial bldgs., ho	mes, etc	Э.						
765 BROAD ST						040 400	7		40						
City (5)	County (6)	County	Code (7)	Sq. Feet:	218,426 # of	Floors /	Bldg. A	ge <u>48</u>						
					Current U	Jse (prior if being demol	ished)								
						\$ 200 00 00 00 00 00 00 00 00 00 00 00 00	1								
	by Bldg	. Owner (8)		No.		Name of Contractor (9) Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)									
			IN/A		Street Ad		onmental S	olution	is, Inc	(ISES,	Inc.)				
3300 Hudson Avenue					200 CO	Iudson Avenue	olished)								
City, State, Zip Code					100000000000000000000000000000000000000	e, ZipCode									
Union City, NJ 07087					Union	City, NJ									
Project Manager for Monitoring David Camacho	Firm				Telephon (201)32:	e Number 5-0055			er						
Scheduled Start Date (10)	ame of Monitoring Firm Hired by Bldg. Own SES, Inc. treet Address 300 Hudson Avenue ity, State, Zip Code Inion City, NJ 07087 roject Manager for Monitoring Firm 2 vavid Camacho (20 cheduled Start Date (10) 2/03/2015 12 ccupancy Status During Abatement (Checle X) Facility Closed/Vacated During Entire) Abatement Performed Outside of Normal Secribe: Building is unoccupied ource of Work (Check all that apply) 1≥ 3 SF or ≥ 3 LF 160 SF or ≥ 260 LF		Completio	on Date (11)		OSHA Monitor									
	of Monitoring Firm Hired by Bldg. Owner (8) Inc. Address Hudson Avenue ate, Zip Code City, NJ 07087 Manager for Monitoring Firm Camacho (201) 325-0055 Iled Start Date (10) 3/2015 Scheduled Completion Date (201) 325-0055 Incy Status During Abatement (Check only one) acility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours- ie: Building is unoccupied of Work (Check all that apply)				Street Ad										
(X) Facility Closed/Vacated	During E	ntire Period o	f Abatem			idson Avenue									
1 / 2 / 2			ity i louis		City, Stat	e, Zip Code City, NJ 07087									
Source of Work (Check all that	apply)				- Cilion C	ity, 143 07007				4					
□ > 3 SF or > 3 J F		Reno	vation		Containment	t with Negative Pres	ssure	GIG GIG	ove-ha	a Proc	edure				
160 SF or ≥ 260 LF					Enclosure										
T				7		— ************************************	1 1								
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	of ACM (i.e.	Amount (Specify SF of	r LF)	Abate	ment Ty	pe					
Containing Material (ACM) in	Solely	by Maint./Cus		thermal system	ems					1700					
Facility (13)			NA	insulation, su VAT, or othe				Rem.	Rep.	Encap	Enclose				
6 th Floor				TSI		~ 300 LFT		X							
				Fittings/E	lbows										
Name of Dec Wests Her		NIDED W	da Usul-	- ID #	Cubia Vard	of \Mosto	Name of Re	ng 000	511						
Newark Carting	BISONOTIFIED BIS Notified JOSEPA J			rib#	Cubic Yards (or vvaste	Grows La		<u>III</u>						
City, State	USEPA NJDEP NJDOL NJDOL NJDOH NJDCA FAC OF Facility Where Abatement is Taking Place (3) Mercial Property: 765 BROAD ST Address BROAD ST. County (6) FSSEX FAC OF Monitoring Firm Hired by Bidg. Owner (8) Inc. NJA Address Hudson Avenue ate. Zip Code City, NJ 07087 Manager for Monitoring Firm Camacho lied Start Date (10) 3/2015 Actility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Der Building is unoccupied of Work (Check all that apply) SF or ≥ 3 LF Demolition To Asbestos- In G Asbestos- In				Disp. Date		City, State								
	wark, N				12/18/20	15	Falls Tow	nship, F	'Α						
Completed by (Print or Type)		<u>Title</u>			Signature /	// ()	Date								
David Camacho		Supervis	or		WANT!	mil	Nov 23,	2015							
	F 10			MINU	MA		enservic is Tulishine Wile (SET)								

UK 7062314

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

nhou			1	ITO	(Pursua	ant to N.J.A.	C. 7:2	26-2.12)						111	٦
CX 7000					(1 01300			of Building Own	er/Operato	r (2)	DEC.	2	กกระ	177	34
						1 5	lame	oro Refining Co	ompany		DE U	-	2019	المنتسبة	-
e of Notification (1)						F	auist	Address						1	
1/25/15			tian Tym	9		- 5	Street	Address illingsport Rd		- 1			market of the second of the second		_
/25/15		Notificat	tion Typ	9		3	300 B	illingsport			The second of	- 1 1	11.512.1	Ži,	
encies Notified			- L blotific	ation	1			7in Code		3.0			1		
		(X) Initia	al Notific nded Ce	difica	ation	1 9	City,	State, Zip Code					-1		
EPA	1	() Amer	naea Ce	Lino	41.011		Pauls	boro, NJ 08066							
EP		() Can	rcelled							Tel.	Number	0			
DOL		100000				Г	Name	e of Contact		856	-224-444	.4			
DOH						1	Ravi	Jarecha							-
CA					= 4	CILITY INF	ORM	ATION							
					FA	CILITITIA	Tyme	OT FACILITY (T)							
	Lie T	aking Pl	lace (3)				115	chool (K-12)		40)					1
ame of Facility Where Abat	tement is	aning				1	()5	Subchapter 8 (of	ther than K-	·12)	homes, 6	etc.			- 1
aulsboro Refining Compan	У						(X)	Other (i.e. priva	ie a commi						1
diose							(11)	O		of Floors	N/A	0.000			1
reet Address							Sa	Feet_N/A	7	F OT P10015	1 4//				
00 Billingsport Rd							34.	1001							
				Coll	nty Code	(7)	DIA	Age N/A			il Refinet	rv			
(5)	County (6)			/Sta	te Use Or	nly)	Dia	g. Age <u>N/A</u> rent Use (prior	if being der	nolished)O	111011110		7.00		
(5)	Glouceste		-	1010	10 000		Cui	Tent osc (pres	Na	me of Contra	ctor (9)	10			
aulsboro				100	CM No.				K	A Industrial S	ervices L	LU			
ame of Monitoring Firm H	ired by Blo	ig. Owne	er (8)	ASC	JIVI INU.				1.4						
ame of Monitoring Fifth H				_			Str	eet Address		Agra page page					
							20	n Billingsport Ru							
treet Address							Cit	y State, ZipCoo	<u>le</u>				-		
							Pa	ulsboro, NJ 080	166	1	icense N	lumber			
							Te	Jenhone Number	er		0857				
		Tale	ephone l	Num	ber		95	6-224-4392		"	,0001				_
Project Manager for Monit	oring Firm	100	Options				2000								
Toject man							-	ame of OSHA N	Monitor						
		- 0-1	bolubaa	Com	pletion Da	ate (11)	N	A Industrial Se	rvices, LLC						
Scheduled Start Date (10))	Scr	18/15	0011	10.12		K	A moustrares							
12/10/15		12/	10/10	201		PACE 100 PM	S	treet Address	24						
12/10/15 Occupancy Status During	Abateme	nt (Chec	k only o	(le)	oment		8	00 Billingsport F	\u						
Occupancy Status During () Facility Closed/Vacate () Parformed	ed During	Entire Pe	eriod of /	ADau	erront			· ————————————————————————————————————	2 a d o						
() Facility Closed/Vacate () Abatement Performed	Outside (of Norma	al Facility	/ HOL	115 -			City, State, Zip C	2006						
() Abatement Performed					d work are	a in outside) F	Paulsboro NJ 08	3000						
(X) Other – Describe – R	emoval of	ACM wit	thin rest	ricte	d Work are	,									
(X) Other - Describe															
area	all that ann	nlv)													
Source of Work (Check	all that app	2.11							D-=! (/	25 SF or <10	LF ACN	1)	5 3		
() Demolition (X) Rer () Large Proj. (160 SF of the control of the	- untion				05	>10 <26	OLF	ACM) (X) Mi	nor Proj. (<	.25 51 61 11					_
() Demolition (X) Ren	10Valion	ACM) ()	SM Pro	j. >2	5<160 5	01 > 10 + 20	loveb	ag Procedure		Specify SF or	LF)	Abate	ment Typ	<u>je</u>	
() Large Proj. (160 SF of X) Full Containment w	or >200 Li	Pressi	ure (Mir	ni-Enclosu	Description	n of A	CM (i.e.	Amount (Specify 31 of		_			
(V) Fill Containment w	1011111	1	n Morm	ally (Jsed	Description	ofoms	s insulation,						F	Encl
		Solely by	Maint./	Custo	odial	surfacing,	VAT	or other				Rem.	Rep.	Encap	LIIO
Containing Material (AC	CM) in	Solely by	2)		140000	surfacing,	VAI,	OI Other	1			V	T		1
Facility (13)	1	Staff? (12 YES	NO NO	C	NA	misc.)			Approx 1	0 SF		X			1
1 doning ()		TES				Non Frial	ble Bo	pard	1 8			1	-	+	1
transito Dane	s		X	1					Approx 1	0 SF		X		1	
Remove transite Panel	-			-		Non Friah	ole bo	ard made	Whitey ((T) (T)	12,750,55	-	-	+	1
Whole	cita		X			friable by	cuttir	ng	-					+	+
Cut out section of trans	Sile					Illabic by									_
panels			=			-					Name	e of Rec	g. Landfil	1	
								Cubic Yards	of Waste		Gloud	cester (County La	andfill	
			NIDEP	Was	ste Hauler	ID#		1 CY	0.000		0.00				
Name of Reg. Waste	Hauler		17273					1		T = 1 = 1			City, St	ate	
Waste Management,	Inc.	1								Disp. Date	2		South I	Harrisor	1, N.
										Various					
City, State											Date	2			
South Harrison, NJ								Signature			Date	4			
			Title					Signature	A		441	25/15			
Completed by (Print	or Type)		Title					1	11 /1		11/2	-3/10			
Completed by (1 time			848518	CE	- KA Ind	dustrial Serv	rices	1//11	16 11	1000					
ANDREW GREEN			MANA	GET	/- 10 t mo	9812		-CAMO	Charation	s Supervisor					
ANDREW GREEN								Site	operation	n oer					
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					600-984	-6620					9/1	0,00			

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620