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

Date of Notification (1) 11 / 18 /	14		The second second		ng Owner/Operator (Manufacturers I		/ Job # 1411-1	930 CI	201 nk #	NΔ	
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Mended ☐ DHSS ☐ Amendment			Stree 30°	t Address 1 Sulliva State, Zip	n Avenue Code		ASBEST		1.77		5
□ DCA (NJAC 5:23-8) □ Emergency justification) □ Cancellation		g	Name	est Trent of Conta Paul Ro			Telephone Nu	mber		-	-
			FA	CILITY	NFORMATION						
Name of Facility Where Abatement is Take NJM Insurance Street Address 301 Sullivan Avenue	ing Place	e (3)					2) 8 (Other than K-1 crivate and comm		uildin	gs,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	1
West Trenton		22 2				498,000	4		196	6	
County (6) Mercer	A					Current Use (Pr Administra	rior if being demo	lished)			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmental						d Mold Service	es, Corp.				
Street Address					Street Address		· · ·				
PO Box 336					3859 Sylon B	oulevard					
City, State, Zip Code			owline.		City, State, Zip Co						
Thorofare, NJ 08086					Hainesport, N						
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Steve Flanigan		100		-0800	609-702-0400		00862				
	eduled C				Name of OSHA M	-	00002				
11 /28 _ / _ 14				14	EMSL Analyti						
Occupancy Status During Abatement (Che											
☐ Facility Closed/Vacated During Entire F					Street Address						
□ Abatement Performed Outside of Norm	al Facilit	v Hou	ment re - Dae	cribe	200 U.S. Rou						
Time of Abatement: AM-	PM/	PM	20 1	ΔΝΛ	City, State, Zip Co						
WEEKEND WORK ANIN - INCL		FR	DAYS	S	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	_	₩E, enovat emolitio	ion	נסק צני	☐ Mini-Encl	Procedure	gative Pressure	ure			
	ls	Loca	tion					1	atem	ent T	vne
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole iintena todial (12)	elý by ince/	Asbe (i.e	Description or estos Containing Mat e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Portion of Bldg. B - 1st Fl. Corridor		1.10	10.7700.0	B6					-	_	<u> </u>
. S. a. a. S. a. a. S. a. a. S. a. a. S. a	+=-			Mastic			1189 SF				
									П	П	
	$\dagger \Box$									1	무
Name of Registered Waste Hauler Freehold Cartage, Inc.			JDEP V auler ID 02265	No.	Cubic Yards of Waste	Name of Regis			Ш	Щ	Ш
City, State Freehold, NJ					Disposal Date 12/14/14	City, State Morrisville	PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti SB-41	le Office (Coord	linator		Signature		D	ate	4-1	4	

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

MAY 11

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Diverna	1PIAL	-KIA-DH	4
	F. E	, Apor	三月
Da.	FIT	11 11	三

Date of Notification (1)					Name	of Buildin	a Owner/Operator /	21	1 2/110 1 1	-			- !!
	25 /	14	<u></u> ,		7,000		g Owner/Operator (ation Adminstrat	5.50	b # 1411-1936	Chk.	#NA)]4	
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notifi ☑ Initial ☐ Amende				Wil	Address liam J. H	ughes Technica	l Center	ASBEST	TOS (ON S	ROI	_&
☑ DHSS	Amendr				IAL.		, NJ 08405					.,	
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (ind	cluding	l		of Contac	NEX		Telephone Numb	ner.	-		
(140/10 0.20-0)	☐ Cancell				100000000000000000000000000000000000000		Morrison		receptione reality	JC1			
-												A-0-1-	_
Name of Facility Where A	Nhatamant ia	Takina	Diseas	(2)	FA	JILITY IN	FORMATION	T	7/1				
William J. Hughes		8.5		822/42/	- 202	AC A:		Type of Facility (
Street Address	recrimical	Center	- Du	liaing	202 -	AC AIrp	огт	☐ School (K-12 ☐ Subchapter 8) i (Other than K-12))			
William J. Hughes	Technical	Center	į				5		ivate and commer		ilding	ıs,	
City (5)					9.500,00			Square Feet	# of Floors	BI	dg. A	ge	
Atlantic City								2432	1		53		
County (6)			7		Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			229110
Atlantic								Vacant					
Name of Monitoring Firm	Hired by Bu	ilding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	ental						Asbestos and	d Mold Service	s, Corp.				
Street Address		illo testament	- 1000				Street Address	_	•				
PO Box 336							3859 Sylon B	oulevard					
City, State, Zip Code						-	City, State, Zip Co					-	
Thorofare, NJ 0808	6						Hainesport, N						
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.			0.	
David Flanigan				8	56-848	-0800	609-702-0400		00862				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor	1		no entre un	34.07	
12 / 3 /	_14				/		EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacate					ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed	d Outside of I	Normal	Facility	y Hou	rs - Des	cribe	City, State, Zip Co					-	
Time of Abatement: _	AM	PN	N	PM		AM	Cinnaminson						
Scope of Work (Check al	I that apply)						<u> </u>				_		-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re				☐ Mini-Enc ☐ Glovebag	Procedure	ative Pressure n-Friable Procedul	re			
				Loca		1-				Ab	atem	ent T	уре
Location Asbestos-Containing		\A.A.		Norma	ally ely by	A-h-	Description o			R	R	ш	Ē
TO BE ABA		ivi)	Ma	inten	ance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili	ty		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Va.	-	Sula	sure
(13)			Yes	No	N/A	-	other miscellane	ous)				ate	
Throughout Building				140	⊠ ×	Floor T	ile and Mastic		2,954 SF		П	П	П
Exterior	53.0	= 1			\boxtimes		w Caulking		250 LF				
													П
				П	$\frac{1}{1}$								
Name of Registered Was	te Hauler	12		1	JDEP \		Cubic Yards of	Name of Region	tered Landfill		LL	ш	
Freehold Cartage, I			NJDEP Waste										
City, State					02200		Disposal Date	City, State			-		
Freehold, NJ							12/9/14	Morrisville,	PA 19067				
Completed By (Print or Ty	ype)	Title					Signature,	7	Da	te		91	
Kimberly A. Trumbe	etti	Of	fice (Coor	dinato		EX.			11-2	5-1	4	

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

2014-216

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Check #	6967				
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B & G proj. #:	2014-210		(,	290				Check #	0307		_	-	
									DEC	4 2	014		1
Date of Notification	(1)	Name	of Building	Owner/Op	erator (2)			3.00	L TO AND THE CONTROL OF THE CONTROL			Ì	
1 12 1/10 11		1.1	hony Sho						SBESTU	× 1.00	: 151) L &	-
Agencies Notified	Type Notification		Address					F	LICE	ENSIN	G_		
EPA	2000	The second second	5 Eagle F	Rock Ave	enue								-
☐ DEP	✗ Initial	11	State, Zip C										
X DOL	Amendmen	t W	est Orang	ge, NJ 07	7052						Acres		ma _m
	_	11	of Contact					Telephone	Number				
X DOH	Cancellation	- 11						1					=
☐ DCA		A	nthony S			TION.							
			e nomen environ	FACILITY	Y INFORMAT	TION		Type of Facility (4)	-			
Name of facility W	here abatement is ta	king place	(3)					Schoo	(K - 12)				
							-	Subchi	apter 8 (Oth	er than	K-12)	
Anthony Sho	rtt							Cther (Private/Con	nmercia	ıl		
Street Address									# of Floors		Bldg.	Age	
285 Eagle R	ock Avenue						0 1 (7)	Square Feet	01 . 10010				-
City (5)		County	(6)			County (Code (7) se only)	Current Use (P	rior if being	demoli:	shed)		
	N I 07052	Essex	×			(Otale u		residential					_
West Orane				ΙΛ	SCM No.	Na	me of Abatement						
	ing Firm Hired by Blo	dg. Owner (0)	1	OOM NO.		3 & G Restorat	ion, Inc.					
n/a						Str	eet Address						
Street Address							105 Ryerson F	Road					
						City	y, State, Zip Code						
City, State, Zip Co	ode						Lincoln Park,	NJ 07035	License	Numbo			
	for Manitoring Firm		Phor	ne Number	-	Te	lephone Number	30		378	E.		
Project Manager	for Monitoring Firm						(973)696-686		1	-	_		
		ISched (Completion	Date (11)			ame of OSHA Mon B & G Restora		3				
Scheduled Start				, ,		1 1	treet Address	tion, me					
12/11/201		1	2/2014			_ "	105 Ryerson F	Road		1			
Occupancy Statu	is During Abatement	(Check on	ly one)	ant			ity, State, Zip Cod						
Facility clo	sed/vacated during of the performed outside	entire period	d of abatem acility hours	ient. i-		110							
Abatemen	т репоглев оизме	Of Horrian				-11	LincolnPark,	NJ 07035					
Other-Des							10						
W	(check all that apply					☐ Ful	I Containment w/n	egative pressure	✗ Glove				
☐ Demolitio		Renovation				1.000	ni-enclosure	50	☐ Non-f	friable p	roceo	lure	
>3 sf or >	<u>3</u> If	≥160 sf or ≥		d salahi					(c.	R	R	E	E
Location		Is location	normally u	odial	Donorin	tion of asl	bestos-containing	Amoun		m	р	n c	n
asbestos	-containing	staff(12)			material	I (ACM)		(Specif	y SF UI	O V	a i	a p	L
material t abated in	facility (13)	Yes	No	N/A			0.00			e	-		1
				I X	pipe			20 lf		- -	무	N.	븜
basement bo	oiler room			×	fittings			2 fitting			님	N.	片
storage roon	n			×	pipe			3 inch	es	X	님	H	計
storage roor	<u>n</u>		-	i						ᆛ	片	片	十二
				1	1			100				14	1
Registered Was	ete Hauler	INJD	EP Hauler	ID# C	Cubic Yards o	of Waste	Name of Registe	red Landfill wn Resource &	Recover	y Cen	ter		
Registered Was	oration, Inc.		19563		11		City, State	WII I COOdioo G					
City State				Disposal [Date /12/2014		Tullytow	vn, PA					1
Lincoln Pa	rk, NJ	12/12/2014 Signature							Date				
Completed by	(Print or Type)	Title	ary/Treas	urer	O.g. rate o		Gordana Lun	na	12/	01/20	14		
Gordana L	una	Jecreta	11 y/ 110a3	3.0.									

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MAY 11

State of New Jersey

OTIFICATION OF	ASBESTOS	ABATEMEN'
(Dureuant to	N IAC 8:60 at	nd 5:16)

Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)	IIIIII DEC	A	าก	1/		1)
10 / 14 /	14			Leap	Cramer	Hill, LLC		/Job # 1410-19	24 Ch	ık. 1	*NA	-	
Agencies Notified Type Not	ification			Street A	Address							اب	
☑ EPA ☐ Initial				549	Cooper S	Street		ASBESTO LIG	DS CU		HUL	α	
□ DOLWD		60 Si	Ì	City, St	ate, Zip C	ode		E-10					-
	dment #3	E		Cam	den, NJ	08102							
DCA Emerg	gency (incation)	cluaing	1	Name o	of Contact			Telephone Nu	mber				
Cance	300000000000000000000000000000000000000			Man	ny Delga	ado							
	1			EAC	II ITV INI	FORMATION			10.7				
Name of Facility Miles on Alestomont	io Tokino	Place	(3)	FAU	ILI I IIV	FORWATION	Type of Fac	ility (4)			-		
Name of Facility Where Abatement							School (F						
Leap Academy Charter Sch	001 - 441	15011	Junui	ng			☐ Subchap	ter 8 (Other than K-	12)		022907801.0001		
Street Address								e., private and comm	nercial	build	dings		
130 North Broadway							homes, e			Bldo	. Age		
City (5)								12	1	-	3.79°	tei i	
Camden						VOTATE LIGHT ON IN	73,000		aliahad		20		
County (6)				Count	y Code (/)	(STATE USE ONLY)		(Prior if being demo	Jiishea	1)			
Camden		J.					Vacant					-	
Name of Monitoring Firm Hired by I	Building (Owner ((8)	ASCM I	No.	Name of Abatem							
Oxford Engineering Compa	ny					Asbestos an	d Mold Ser	vices, Corp.					
Street Address			X			Street Address							
336 Point Street						3859 Sylon E	Boulevard						
City, State, Zip Code						City, State, Zip C							
Camden, NJ 08102						Hainesport,	NJ 08036		3				
Project Manager for Monitoring Firm	n		Tele	ephone i	No.	Telephone No.		License No.					
Wm. Wayn Moran			8	56-541	-0700	609-702-0400)	00862				-20	
Start Date (10)	Sched	duled C	omple	etion Dat	e (11)	Name of OSHA	Monitor						
10 / 27 / 14		11_ /	_ 26	3_/_	14	EMSL Analy	tical, Inc.						
Occupancy Status During Abateme	ent (Chec	k only o	one)			Street Address	01/11/04/12/05/07/07/07/07/07/07/07/07/07/07/07/07/07/				10.000		
☐ Facility Closed/Vacated During				ment		200 U.S. Rou	ite 130 Nor	th					
☐ Abatement Performed Outside	of Norma	I Facilit	y Hou	rs - Des	cribe	City, State, Zip C	ode	****					
Time of Abatement:AM-	P	M/	PM		AM	Cinnaminso		e ²⁷					
Scope of Work (Check all that appl	v)												
Scope of Work (official all that app.	,							Negative Pressure					
☐ ≥3 sf or ≥3 lf			enovat emoliti			☐ Mini-En	closure	methodology					
≥160 sf or ≥260 lf		_ De	emonu	OII				d Non-Friable Proce	edure				
	-	ls	s Loca	ition						Aba	teme	nt Ty	ре
Location of			Norma			Description	of			R	R	ш	ш
Asbestos-Containing Material (ACM)		ed Sol ainten	lely by		estos Containing M		Amount (Specify		Removal	Repair	Encapsulate	nclo
TO BE ABATED IN Facility		100000000000000000000000000000000000000		Staff?	(1.6	e., thermal systems surfacing, VA	rinsulation,	SF or LF)		oval	7	psu	Enclosure
(13)			(12))		other miscellan	eous)					late	æ
		Yes	No	N/A									
See Attached Scope of Work	ovar visit in the			\boxtimes						\boxtimes			
Schedule - 3 pages attached				\boxtimes						\boxtimes			
TOTAL O PAGOO MINOTON					 				-		П	П	П
		10			-				_		7		
¥											Ш	Ш	Ш
Name of Registered Waste Hauler				NJDEP		Cubic Yards of		Registered Landfill					
Freehold Cartage, Inc.				Hauler I 0226		Waste 8	GROV	VS Landfill					
City, State				J=50		Disposal Date	City, Stat	e	100000			90.00°	
Freehold, NJ						11/26/14	Morris	sville, PA 19067					
Completed By (Print or Type)	Tit	le		Volume La La		Signature			Date		12		-
Kimberly A. Trumbetti	1 1 1 1 1 1	370	Coo	rdinato	r		11/		11	- 1	9-1	14	
1		J.1108		aniato		1	11/		1 4		V*.	1	
ASB-41 MAY 11		* Do no	ot use	this forn	for asbes	stos licensure exer	npted activitie	es.					

SCOPE OF WORK SCHEDULES The Wilson Building First Floor through Twelfth Floor 130 North Broadway Camden, New Jersey

LOCATION: First Floor through Twelfth Floor - The Wilson Building

Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

LOCATION	MATERIAL TYPE	QUANTITY	ABATEMENT METHOD
First Floor:			
First Floor, Column Enclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Fechnique
First Floor, Column Enclosure (B-3)	3" Compressed Paper Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation Riser (2 Risers)	40 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-1.2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (C-5-6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Insulation Riser	26 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (D)	12" Block Pipe Joint Insulation	2 Jts	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (D-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Fechnique
First Floor, Column Enclosure (F-4)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (F-5/6)	6 Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (H-1/2)	6" Block Pipe Insulation Riser	20 LF	Intact W rap and Cut Pipe Technique
First Floor, Column Enclosure (H-5/6)	6" Block Pipe Insulation Riser	20 LF	Intact Wrap and Cut Pipe Technique

First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Compressed Paper Pipe Insulation Riser	11 LF	Intact Wrap and Cut Pipe Technique
First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair	3" Pipe Joint Insulation	l Jt.	Intact Wrap and Cut Pipe Technique
First Floor, Column Enclosure (K-1/2)	6" Block Pipe Insulation Riser	210 LF	Intest Www. IC. D.
Second Floor:	T. VISC		Intact Wrap and Cut Pipe Technique
Second Floor, Column Enclosure (A-3/4) Second Floor, Column	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Enclosure (A-5/6) Second Floor, Column	6" Block Pipe Insulation Riser	10 LF	Intact W rap and Cut Pipe Technique
Enclosure (B-5/6) Second Floor, Column	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
Enclosure (C-5-6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Third Floor:			-
Third Floor, Column Enclosure (A-3/4) Third Floor, Column	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Lechnique
Enclosure (A-5-6) Third Floor, Column	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Car Pipe Lechnique
Enclosure (B-5-6) Third Floor, Column	6" Block Pipe Insulation Riser (2 Risers) 6" Block Pipe Insulation	20 LF	Intact Wrap and Cut Pipe Technique
Enclosure (C-5/6) Fourth Floor:	Riser Riser	10 LF	Intact Wrap and Cut Pipe Technique
Enclosure (A-3/4)	6 Block Pipe Insulation Riser (2 Risers)	20 LF	Intact W rap and Cut Pipe Lechnique
Enclosure (A-5/6)	6" Block Pipe Insulation Riser 6" Block Pipe Insulation	10 LF	Intact Wrap and Cut Pipe Technique
Enclosure (B-5/6) Fourth Floor, Column	Riser (2 Risers) 6" Block Pipe Insulation	20 LF	Intact Wrap and Cut Pipe Technique
	Riser	10 LF	Intact Wrap and Cut Pipe Technique
::01 Bi	The Late		
Enclosure (A-3:4)	Block Pipe Insulation Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Lechnique
ifth Floor, Column 6	"Block Pipe Insulation Riser "Block Pipe Insulation	10 LF	Intact Wrap and Cut Pipe Technique
nol	Eiser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
i d Di			
nclosure (A-5/6) R		10 LF	Intact Wrap and Cut Pipe Technique
notes (D. s.c.)	"Block Pipe Insulation iser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique

Seventh Floor:			
Seventh Floor, Column	6" 01- 11 0		
Enclosure (A-3/4) Seventh Floor, Column	Riser (2 Risers)	1 20 LF	Intact Wrap and Cut Pipe Technique
Enclosure (A-5/6)	6" Block Pipe Insulation Riser	10 LF	
Seventh Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation	20 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor:	Riser (2 Risers)	-0 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column	6" Plant B:		
Enclosure (A-3.4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	In a Ni
Eighth Floor, Column Enclosure (A-5/6)	6" Block Pipe Insulation Riser		Intact Wrap and Cut Pipe Technique
Eighth Floor, Column Enclosure (B-5/6)	6" Block Pipe Insulation	10 LF	Intact Wrap and Cut Pipe Technique
Eighth Floor, Column	Riser (2 Risers) 6" Block Pipe Insulation	20 LF	Intact Wrap and Cut Pipe Technique
Enclosure (C-1/2) Eighth Floor, Column	Kiser	10 LF	Intact Wrap and Cut Pipe Technique
Enclosure (K-1/2)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
Ninth Floor:			The transfer of the reennique
Ninth Floor	N/A		
		N/A	Clean-up and Disposal of Non-ACM Demolition
Tenth Floor:			Debris Only
enth Floor. Column		4	
inclosure (A-3/4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	Invest Warman Lorent
enth Floor, Column nelosure (A-5-6)	6" Block Pipe Insulation Riser	10 LF	Intact Wrap and Cut Pipe Technique
enth Floor, Column nclosure (B-5-6).	6" Block Pipe Insulation	-	Intact Wrap and Cut Pipe Technique
leventh Floor:	Riser (2 Risers)	20 LF	Intact Wrap and Cut Pipe Technique
eventh Floor, Column	CT FIL		
iclosure (A-3.4)	6" Block Pipe Insulation Riser (2 Risers)	20 LF	
arrest Et	6" Block Pipe Insulation	-0 j.i	Intact Wrap and Cut Pipe Technique
eventh Floor, Column	Riser 6" Block Pipe Insulation	10 LF	Intact Wrap and Cut Pipe Technique
closure (B-5/6)	Riser (2 Risers)	20 LF	Intact W rap and Cut Pipe Technique
elfth Floor:			. The rectande
elfth Floor, Column	6" Block Pipe Insulation		
elfth Floor, Column	Riser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique
riosure (A-5/6)	Block Pipe Insulation Riser	18 LF	Intact Wrap and Cut Pipe Technique
LOCUES (D. C.C.	Block Pipe Insulation liser (2 Risers)	36 LF	Intact Wrap and Cut Pipe Technique

interior to the Kimberry Anne Thompson, Anne Occi

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

						JAC 8:60 ar			-				111	111	
				Name	of Build	ling Owner/Op	erator (2)		Joh #1	4DE1939 G	hk2#38	343		2	
e of Notification (1)	25/	14				omes of NJ		- 12	-				1	-	
encies Notified	Type Notific	cation			Addres				AS	SBESTOS C	ONTRI	OL 8	& 	_	
EPA						te 70 East				LICEN	31110				8
DOLWD	☐ Amende	ed ment #		City,	State, Z	ip Code iII, NJ 08034	ı					- 10	_	_	
DHSS		ency (includi	ng						Tele	phone Numbe	er				
DCA (NJAC 5:23-8)	justifica	ation)			e of Cor										
(NJAC 5.20-0)	☐ Cancel	lation				n Cohen	TION								
				FA	CILIT	Y INFORMA	TION	Type of Facil	ity (4)						
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106 South Mansf	ield Blvd.							Square Feet		of Floors	Bidg		ge		
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ounty (6)				Co	ounty C	ode (r)(orare	,	Vacant-l	Resider	ntial				_	_
Comdon				1100	NA No	Name	of Abatem	ent Contracto	or (9)						
Name of Monitoring F	irm Hired by	Building Owl	ner (8)	ASC	M No.	Ash	estos an	d Mold Ser	vices, C	Corp.					
Horizon Environ	mental						Address								
Street Address						385	9 Sylon I	3oulevard	5323					_	_
PO Box 336							State, Zip C								
City, State, Zip Code						Hai	inesport,	NJ 08036						_	_
Thorofare, NJ 0	8086			alanho	one No.		hone No.			License No.					
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12 / 17		1 1:	, ,				10 TO THE R. P. LEWIS CO., LANSING, MICH.								
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) Name of Building Owner/Operator (2) 7 Job #1411-1938 Chk. #3842 12 02 14 **Hudson City Savings Bank** Agencies Notified Type Notification Street Address ☐ EPA 80 West Century Road **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code **⊠** DHSS Amendment # LICENSING Paramus, NJ 07652 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Mr. Mike McKeon **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Hudson City Savings Bank - Orange Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 288 Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Orange 4649 2 1929 County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Essex Bank Branch Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 336 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Flanigan 856-848-0800 00862 609-702-0400 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __15__ / __14__ __12__ / __19__ / __14 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **Exterior Windows** П \boxtimes Window Caulk 720 LF \boxtimes П Name of Registered Waste Hauler NJDFP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 5 City, State Disposal Date City, State Freehold, NJ 12/19/14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Kimberly A. Trumbetti Office Coordinator

ASB-41 MAY 11

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

State of New C NOTIFICATION OF ASBES' (Pursuant to NJAC 8

	w Jersey ESTOS ABATEN C 8:60 and 5:16)		EGE	/ * -	24 E		
Name of Buildin	g Owner/Operator Ch	(2) ambers Prop	erties	1 201	4	-	ブ
Street Address	20 N	Vassau St. Su	ité 129 LICEN	ZINTF SING	OL.	& &	
City, State, Zip C	Code	inceton, NJ 0					
Name of Contact Mr.			Telephone Num	ber			
FACILITY INF	ORMATION						
ents		Type of Facility School (K-1: Subchapter Other (i.e., p	2) 8 (Other than K-1 rivate & commerc)	ial build			
		Square Feet 3000	# of Floors	Blo	dg. Ad 80-	200000	
County Code (7) (STATE		rior if being demoli	shed)	80	1/-	
USE ONLY)							
ASCM No.		nent Contractor (9 vens Environ	mental Servic	es, In	c.		
	Street Address	PO I	30x 322				
	City, State, Zip C	Code Allentow	n, NJ 08501				
phone No.	Telephone No.		License No.	00400			
9) 298-4070		59-9688		00493	5		
tion Date (11)	Name of OSHA		ECS				_
ment	Street Address	PO I	341 Box 341				
rs	City, State, Zip C		ks, NJ 08515				_
ion on	☐ Mini-En	ntainment with Ne iclosure ag Procedure tempted (*) and No	egative Pressure	ure			
on /					bate Typ		
	Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	nermal Pine In	eulation	90 LF	×			

Agencies Notified	Type Notifi	cation		Street	Address	20 N	Jaccan St Sui	ASBESTOS C	ONTE	OL	×	
EPA DEP	Initial Amende	ed	-	City S	tate, Zip C		assau St. Su	ILC 127 THE FRE	CHEM C			=
⊠ DOL	Amendr	ment #	-	Oity, O	iaio, zip o		nceton, NJ 0	8542				
⊠ DOH	justifica	ncy (including ation)	' F	Name	of Contact			Telephone Numl	per			-
☐ DCA	Cancell	ation	1.			Jeremiah Obe	rt					- 1
				FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is	Taking Place	(3)				Type of Facility	(4)				
	Reside	ential- Apa	irtme	ents			School (K-12		3 \			
Street Address	2-	6 Laurel A	lve.				Other (i.e., p	8 (Other than K-12 rivate & commerci	²⁾ al build	ings,		
City (5)							Square Feet	# of Floors	Blo	g. Ag		
		Kingston,	NJ_		1 0 1 7	N /OTATE	3000	ior if being demoli		80-	-/-	=
County (6) Mi	ddlesex			USE	ONLY)) (STATE			sneu)			_]
Name of Monitoring Firm		ilding Owner		ASCM	No.		ent Contractor (9		· ·	20		
(8)	MECS						ens Environi	nental Servic	es, In	c.	_	_
Street Address	PO Bo	v 3/11				Street Address	PO F	30x 322				
City, State, Zip Code	ТОВС	X 341				City, State, Zip C		70X 322	-			=
	osswicks	NJ 0851	5			Oity, Otato, Elp O		n, NJ 08501				_
Project Manager for Mo	nitoring Firm		Tele	phone I	No.	Telephone No.		License No.				
Bill We	eisgarber		-		8-4070	(609) 25			00493			
Start Date (10)		Scheduled C			te (11)	Name of OSHA		ECC				
12/11/14			2/15	/14		Street Address	IVI	ECS				=
Occupancy Status Duri	. 8			ment		Street Address	PO E	341 Sox 341				
☐ Abatement Performe						City, State, Zip C						=
Other - Describe:	8 am to 4	pm					Crosswick	cs, NJ 08515				_
Scope of Work (Check	all that apply)				E Full Con	ntainment with Ne	active Processes				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-End ☐ Gloveba	closure ag Procedure	on-Friable Procedu	ıre			
			Locatio				omptou () and the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		bater Typ		
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IN Facilit			Staff? (12)		18 1	surfacing, VAT, other miscellaned	or	SF or LF)	Remova	Repair	apsı	nclosure
(13)		Yes	No	N/A		Other misocharies			/al	=	ılate	ure
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Crawl S			_	 		nermal Pipe In		90 LF	×			
Clawis	Dace		-						1			
Name of Registered Wa	aste Hauler			VJDEP V		Cubic Yards	Name of Reg	istered Landfill				
Stevens Environ	mental Se	rvices, Inc	<u>.</u> '	Hauler ID 182	0 No. 292	of Waste 3 CU		T.R.R.F., I	nc.			
City, State		277				Disposal Date	City, State	T-11.	DA			
0	Allento	wn, NJ				12/15/14 /	1/2 /	Tullytown,	PA			
Completed By Mahlon E. Stevens Project Manager						Signature	/ /	Date	12/2	2/14		
ASB-41	- 1 - 110	-1				7						

Date of Notification (1)

12/2/14

* 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)

								wi al	/			
Date of Notification (1) 11 /	26 /	14				Owner/Operator (2 de Nemours	2)	l]] DEC	4	2014		U
Agencies Notified	Type Notificati	ion		Stroot	Address			. 1001	4.5			
⊠ EPA	☐ Initial	1011				guake Road		ASBEST	05.00	TOP	11 &	3
⊠ DOLWD	☐ Amended			(Comment	tate, Zip C		i		UENSIN		/L (X	
⊠ DHSS	Amendmen	nt #					L					
☐ DCA	☐ Emergency		ı		in, NJ 08			Talanhana Nu				
(NJAC 5:23-8)	justification	4.			of Contact			Telephone Nu	mber			
	☐ Cancellatio	on			ol Reinl						152	
				FAC	ILITY IN	FORMATION						
Name of Facility Where							Type of Facility (2.00				
DuPont Parlin Fac	ility - Bldg. 32	5 17Q9 C	oole	r Tank			School (K-12) Subchapter 8		12\			
Street Address				25/8/1/15			Other (i.e., pr			ilding	s,	
250 Cheesequake	Road						homes, etc.)			1,170		127
City (5)							Square Feet	# of Floors	Blo	lg. Ag	e	
Parlin									# j			
County (6)		-		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Middlesex												
Name of Monitoring Firm	n Hired by Buildi	ng Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Cardno ATC						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Burlington, NJ 080	016					BRISTOL, PA	19007					
Project Manager for Mo	nitoring Firm		Tele	ephone I	Vo.	Telephone No.		License No.	1999			
John Lutz			6	09-386	-8800	215-788-6040)	00509				
Start Date (10)	So	cheduled C	omple	etion Dat	e (11)	Name of OSHA N	Monitor					
12 / 15 /	200	12 /				BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vaca				ment		1123 BEAVE	R STREET					
☐ Abatement Performe					cribe	City, State, Zip C						
Time of Abatement:						BRISTOL, PA						
Scope of Work (Check a	all that apply)											
□ >3 of or >3 If		M Pa	enovat	ion		⊠ Full Con ☐ Mini-End	tainment with Neg	jative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			emoliti			☐ Gloveba	g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Proce	dure			
			Loca						Ab	atem	ent T	ype
Locatio		110	Norma	ely by	Asha	Description of estos Containing Ma		Amount	Re	Repair	En	E
Asbestos-Containing TO BE AB		Ma	ainten	ance/		e., thermal systems		(Specify	Remova	pair	cap	Enclosure
IN Fac	ility	Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes	No	-		other miscellane	eous)				te	
Building 325 - 17Q9	Chiller Tank	NO.			Tank ir	nsulation		276 SF				
Building 325 - 17Q9	Chiller Tank	\boxtimes			Breech	ing		142 SF				
				-						П	П	
Name of Death of 1997	ata Herrier			LIDER	Masta	Cubic Yards of	Name of Regis	tered Landfill				
Name of Registered Wa		INC	18	NJDEP \ Hauler II		Waste	GROWS La					
SERVICE TRANSF	OKT GROUP	, 1140.		20990		5		ariariii				
City, State						Disposal Date	City, State					
NEW CASTLE, DE	19720					12/19/14	Morrisville	, PA 19067				
Completed By (Print or	Type)	Title				Signature	0.	1.	Date /	. /	. /	
Gino Pizzigoni		Estima	itor			Him !	igzigoni	14	11/2	6/1	4	
ASB-41			20.25			1/ 3 - 5 -	00 90100	10			-	-

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

MAY 11 GI 14146

Ch#1504
RECEIVED

Date of Notification (1) 11/28/14				Na D	me of Build avid Mal	ding Owner/Operat	or (2)	H DEC -4	HI!	2: 4	ł,	
	pe Notificat Initial Amended	tion		21	eet Addre 9 Virgin	ia Ave	· Sort	& LICENS	JN]	RO		
☑ DOH	Amendme Emergenc	y (includ	ing		, State, Zi estmont	Code NJ 08108			!:• G			
DCA	justificato Cancellatio				me of Co id Malir			Telephone Nu	mber			
				F	ACILITY I	NFORMATION			-			_
Name of Facility Where Abate Residence	ement is Ta	king Pla	ce (3)				Type of Facili	-12)		() 		-
Street Address 219 Virginia Ave							Subchapte Other (i.e.,	er 8 (Other than K- private 8 commerce)	12) cial bu	uilding	s,	
City (s) Westmont NJ 08108							Square Feet 1800 SF	# of Floors		Bldg 50yr)
County (6) Camden				US	unty Code E ONLY)	e(7) (STATE	Current Use (I Residence	Prior if being demo				
Name of Monitoring Firm Hire (8)	d by Buildin	g Owne	r	ASC	/ No.	Name of Abate AEi2, LLC	ment Contractor (9)				
Street Address						Street Address 300 S. Lenola						
City, State, Zip Code						City, State, Zi Maple Shade	p Code					
Project Manager for Monito	oring Firm		Те	lephone	No.	Telephone No. 609-481-212		License No.	====			==
Start Date (10) 12/10/14		neduled (Comp	letion D	ate (11)	Name of OSHA		0000			_	_
Occupancy Status During Aba		12/14				AEi2, LLC						
Facility Closed/Vacated Du	uring Entire	Period :	one)) stemen		Street Address						
Abatement Performed Outs Other - Describe:	side of Norm	nal Facili	ty Ho	urs		300 Lenola I City, State, Zip C Maple Shade	Code					
Scope of Work (Check all that	apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re	enova emoliti	tion on		Mini-En Gloveba	closure ag Procedure	legative Pressure	ura			
Location of		N	ocati ormali Sole	y			-	on-rhable Proced		Abate Ty		
Asbestos-Containing Materia TO BE ABATED IN Facility (13)	I (ACM)	Mair Cr	ntena ustodi Staff? (12)	nce <i>l</i> al	Asbes (i.e.	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	R e m o	R e p a	20 4 20 4 44	E n c 1 o
First Floor Closet		Yes	No	N/A					a 1	r	u 1 a	r e
ilst Floor Closet		H		X	Duct W	rap		15 LF	X		•	_
Name of Registered Waste Hau	ıler		TI	JDEP I	Vaste	Cubic Yards	Name of Regis	stered andfill				
AEi2, LLC				lauler IE	No.	of Waste	TBD	stered Landini				
City, State			-12	1376		1 Disposal Date	City, State	7				_
Maple Shade, NJ			2			TBD /	TBD					
Completed By Title						Signature	7	Date				
Wm. Minnick Program Mgr.						_11/1	mul	11/28/1	4			

OCT 28 2002 11:45 FR ASEESTOS CNST WRK PG/1609 633 0664 TO 917329385162

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification ollins Type Notification Agencies Notified Initial Amended City, State, Zip Code Amendment # DOL. hemport Emergency (including justification) Telephone Number ☐ DOH Cancellation FNC ☐ DCA lacu FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, poin street homes, etc.) # of Floors Square Feet 934 Current Use (Prior if being demolished) County Code (7) (STATE Home USE ONLY) In oustries Inc. Name of Abateme ASCM NO. Name of Monitoring Firm Hired by Building Owner (8) Speet Address Street Address City, State Zip Code License No. Telephone No. Telephane No. Project Manager for Monitoring Firm 01196 Name of OSHA Monito Start Date (10) Scheduled Completion Date (11) Street Acdress Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Absternent City, State, Zp Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure A Renovation Mini-Enclosure Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement is Location Type Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) Encapsulate (Specify (i.e., thermal systems insulation. Custodial Removal TO BE ABATED SF or LF) Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A Yes No basement Name of Registered Lanofill Cubic Yards Name of Registered Waste Hauler **JUDEP** Waste Hauler ID No. 21602 of Waste L ries Inc City, State 8/14 121

ASB-41 MAR-00 resident

Signature

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

CK 1733

Date of Notification (1)		- Annatonia de la constitución d		of Buildin	g Owner/Oper	U/3)EC	4	201	4
Agencies Notified Type Notificati	on			Address	mane	Road	ASB	ESTO	S 00	NTP	Ō
☐ DEP ☐ Amended Amendmen ☐ Col. ☐ Amendmen ☐ Col. ☐ Amendmen ☐ Col. ☐ C	(including	3 11			alan.	NI O	Telephone March	- Cr			=
☐ DOH			E	of Contac	Lachy)						
			FAC	M YILE	ORMATION	Type of Facili	v (4)	···			-
Name of Facility Where Abatement is Ta	king Place	(3)				School (K-	12) r 8 (Other than K-12	2)			
Street Address United R	d		·			Other (Lo., homes, st	private & commerci c.)		ings, ig. A	0.50	
City (5) ALDION						Square Fest	# of Floors		91		
County (6) (DOP May		tro wights	Cou	ONLY)	7) (STATE		Prior if being demolis	shed)			_
Name of Monitoring Firm Hired by Buildin (8)	g Owner	T	ASCM	No.		ILM IN W	stries inc				
Street Address		بل			Street Addin		5 .		-		
City, State, Zip Code					City State,		08723				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone N	And in concession with the party of the contract of the contra	License No.	110	6		_
	heduled C	omple	tion Da	itë (11)	Name of OS				=		=
Occupancy Status During Abatement (C	1	onel			Street Addr	ess					=
Facility Closed/Vacated During Enlire Abatement Performed Outside of Not Other - Describe:	Period of	Abate	inent Is		City, State, 7	Zip Code					=
Scope of Work (Check all their apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	□ Re	siovat mešto	ion ni			Containment with N Enclosure webag Procedure	legative Pressure Non-Friable Procedu	na na			
Ц-11		Location			I INO	PERBURAL James			bate Typ		_
Location of Ashestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Mal	ormalij i Solei dena ustodi Stali? (12)	ice/ si by	Asbe (i.e.	Descripti stos Containing, thermal syste surfacing, other miscel	p Material (ACM) oms insulation, VAT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
Ä.	Yes	No	N/A		01105 50	Min :	1 Jana (I	1			
	-	<u> </u>	8		estos ro	O Child	1000 SF 250 St	1	-	\vdash	-
	-	-	8			rom phoering	200 St-	X			
Name of Registered Waste Hauter		-	MDEP lauler	Waste	Cubic Yards		pistered Landiil		<u> </u>		_
Brick Industries	INC		216		Disposal Da	te City. State	PAUW.	<u>></u>			_
Chy, State Bruh, N.	S	-	Fa		Signatu	4 [Dage/		· 	_	=
ETIL Plauhis	Title	(2)	der	t	Cagnott	CHEL		1	11	7_	_

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	December 1, 201	4			Name of l	Building Ov	wner/Opera Mercer	tor (2) General Works	DEC	5 20	5	14	
Agencies Notified [X] EPA	1 2	on Notificat			Street Ad	2000		ennington Road	ASBESTOS C	CONT OHIO	ROL 8	<u>,</u>	
[] DEP [x] DOL [x] DOH	Amen	ded Noti dment #_ ency (in			City, State	e, Zip Code		gton, NJ 08534					
[] DCA	justific				Name of	Contact Ron Mo	eier	T	elephone Number				
			1636	FACI	LITY II	VFORMA	ATION						
Name of Facility Where R	Abatement is Taking I Residence	Place (3)						Type of Facility (4)	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address	332 Teal Lane							[x]	Other (i.e., private homes, etc.)	& con	nmercia	ıl buildi	ings,
City		County	y (6)		County Co (STATE U	ode (7) JSE ONLY)	Square feet 1000 sf	# of Floors	Bldg.	Age 6	0	
Toms Rive	er Twp.	Ocea	n					Current Use (Prior if Resider					
Name of Monitoring Fir	m Hired by Building C V/A)wner (8))		ASCM No	э.	Name of	Abatement Contractor		Inc.			
Street Address	11.11		A. W. C.				Street Ad	ldress	oute 9, Unit 61				
City, State, Zip Code					-154:11:00:00:00		City, Stat	te, Zip Code Toms F	liver, New Jerse	ey 087	55-12	271	
Project Manager for Mo	Project Manager for Monitoring Firm Telephone No.				1		Telephor 732-34	e Number 9-9932	License No 00624	umber			
12/2/	cheduled Start Date (10) Scheduled Con 12/2/14 Secupancy Status During Abatement (Check only one)				n Date (1	1)	0201200000000000		L. Analytical				
[x] F	ng Abatement (Check of Facility Closed/Vacated Abatement Performed (l During	Entire Period				Street Ac		telton Road				
[](Other - Describe							4 1 20000	way, New Jerse		54		
Scope of Work (Check	all that apply)				83		[]	Mini-Enclosure	with Negative Pres	sure			
	>3 sf or ≥3 lf ≥160 sf or ≥260 lf		[] [x]	Renovat Demolit			[x]	Glovebag Proced Non-Exempted (*	ure *) and Non-Friable I	Procedu	re		×
								1		Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N				sed		Ast N (i.e. inst	Description Descri	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbe	stos sidir	ng		450 sf	X	-		-
	aste Hauler Contracting, Inc.		NJDEP Wast	0223		Cubic Ya	ards of Was	T.R.R.F.	ered Landfill			L	
City, State Dispo			Dispo: 12/4/			City, S Tully	tate town, Pennsylvani	a /					
	Completed by (Print or Type) Nicholas Fernicola Title Project Manager			ger	Signat	ane .	chot	te	1	12/	1/201	4	

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) December 1, 2014					Name of B	Building O				K .	_	<u> </u>	1_	
	December 1, 201	14					Progre	ssive	Alterations	nie	1.5	11	12	$\ U\ $
Agencies Notified	Type of Notificat	tion		0.000	Street Add	ress				2 -		-		1
[X] EPA	[] Initia	l Notifica	tion				POB	ox 55	33		a. no. is - 1 - 1 - 1 - 1	(a simple con-	11 -12 Parkers	
[] DEP	1.070	nded Noti			City, State	. Zip Cod	e	_		AGBEU	1001		102.0	-
[X] DOL	10000	ndment #			,	, F	Clinton	n, NJ	08809	<u>. L</u>	ICEN:	SING		
[x] DOH		gency (in ication)	cluding		N 66		ASSESSMENT OF THE PROPERTY.							
[] DCA		ellation			Name of C	Steve I	Pottor		116	elephone Number				
	L J Came	- Indication				Sieve I	onei						15	
				FAC	ILITY IN	FORM	ATION							
Name of Facility Where		Place (3)						Тур	e of Facility (4)					
R	esidence								Ĺj	School (k-12)				
Street Address									L J	Subchapter 8 (oth				.
20	07 Carmel Drive								[x]	Other (i.e., privat homes, etc.)	e & con	mmerci	al build	ings,
City		County	v (6)		County Cod	ie (7)		Sauz	are feet	# of Floors	Bldg	. Age		
		l county	, (0)		(STATE US)	Joqui	1000 sf	1) Jing		0	
Lavallette		Ocea	n					Curr	ent Use (Prior if	being demolished)				
									Residen					
Name of Monitoring Firm		Owner (8)		ASCM No.		Name of	Abate	ment Contractor (
Street Address	//A						04 - 4 4 1	1.1	Guardia	n Contracting,	inc.			
Street Address						- 1	Street Ad	aress	1880 D	oute 9, Unit 61				
City, State, Zip Code							City, Stat	te Zin		Jule 9, Ont 01				\dashv
-11), v, e.p evav							Ony, out	io, zaip		iver, New Jerse	ev 087	755-13	271	
Project Manager for Mor	ect Manager for Monitoring Firm Telephone N						Telephon	e Num		License N				
	uled Start Date (10) Scheduled Co						732-34			00624				
Scheduled Start Date (10					on Date (11)		Name of	OSHA						
	12/2/14 12/4/14 cupancy Status During Abatement (Check only one)						Charact A d	1.1	E.M.S.I	. Analytical				
	g Abatement (Check acility Closed/Vacated			d of Abat	amant		Street Ad	iaress	1056 St	elton Road				
H	batement Performed								26646666	citon Road				
	ther – Describe	Outside	n ivoliliai i a	chity 110	urs		City, Stat	te, Zip						
[] •									Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check a	ll that apply)						[]	F	ull Containment	with Negative Pres	sure			
							[]		/ini-Enclosure					
[] >	3 sf or ≥3 lf		[]	Renovat	tion		[]	G	lovebag Procedu	re				
[x] ≥	160 sf or ≥260 lf		[x]	Demolit	tion		[x]	N	Von-Exempted (*)	and Non-Friable I	Procedu	ire		
											A 14		T	
	2 W		v v					c			Abai	ement	Type	
Locatio	n of	\	Is Location Vormally us				Descriptio estos-Con		. · ·	Amount	R	R	E	Е
Asbestos-Containing		l r	Solely by				Iaterial (A		ıg	(Specify SF	E	E	N	N
TO BE AB		Main	tenance/Cu				thermal s		ns	or LF)	M	P A	C	C L
in facil			Staff				lation, su				0	I	P	o
(13)			(12)				VAT, o		.		V	R	S	S
						othe	er miscella	aneou	s)		A		U	U
		YES	NO	N/A							L		LE	RE
Exterior		-	X		Achagt	os sidin	~	*		1050 sf	X	-		
Exterior			^		Asbest	os sidili	8			1030 81	A	-	-	\vdash
								1			-			\vdash
Name of Registered Was		1	JDEP Wast		ID No.	Cubic Ya	rds of Wast	te :	Name of Register	ed Landfill		100 500		
	Contracting, Inc.		2	0223		2	1		T.R.R.F.					
City, State	- NT T				al Date		City, Sta		n					
Completed by (Print or T	er, New Jersey	Title		12/5/			Tullyte	own,	Pennsylvania		Date			
Nicholas F		270,000	ct Manag	er	Signatur	1:01	not-	1	\mathcal{I}		17770000000	1/201	4	
1410HOIAS I'	ormicola .			100.01	<u> </u>	100	()	11			12/	1201		
		*1	Do not use	this forn	n for asbes	tos licen	sure exem	ipted i	activities.	. 32				

NOTIFICATION OF ASBESTOS ABATEMENT

	1,0	(Pı	ırsuan	t to NJAC 8:60	and 12:12	20)	同臣	G		W.	
Date of Notification (1) December 1,	2014			Name of Building	Owner/Oper Equip	rator (2) ment Leasing Spe	ecialists, LLC	152	5.	7,5,0	6
[] DEP	fication nitial Notification Notification Notification (notification)	otification # (including		Street Address City, State, Zip Co	ode	fadison Avenue River, NJ 08753		E310	ENSIP	77HO VG	La
			FAC	ILITY INFORM							
Name of Facility Where Abatement is Ta Residence	king Place ((3)				Type of Facility (4	School (k-12) Subchapter 8 (oth				
2312 Balle Lan	ie					[x]	Other (i.e., privat homes, etc.)			ıl buildi	ngs,
City Point Pleasant Beach	Oce	nty (6) ean		County Code (7) (STATE USE ONI	LY)		# of Floors 1 rif being demolished)		. Age 6	0	
Name of Monitoring Firm Hired by Build	ing Owner	(8)		ASCM No.	Name of	Abatement Contract		Inc.			
Street Address					Street A	ddress	Route 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code	River, New Jers	ey 087	755-12	271	
Project Manager for Monitoring Firm		Telephone N	umber			ne Number 49-9932	License N 00624		7-0.000		
Scheduled Start Date (10) 12/2/14		Scheduled C 12/4/14		on Date (11)		f OSHA Monitor	S.L. Analytical				
Occupancy Status During Abatement (Cl [X] Facility Closed/Va [] Abatement Perfor [] Other – Describe	cated Duri	ng Entire Period			Street A	1056 ate, Zip Code Pisca	Stelton Road taway, New Jerse		54		
Scope of Work (Check all that apply) $\begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ ld}$		[] [x]	Renova Demoli		[[[x	Mini-Enclosure Glovebag Proce	2		ıre		
					***************************************			Abat	ement	Гуре	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N				(i ir	Description Description Shestos-Co Material (.e., therman insulation, so VAT, ther miscel	ontaining ACM) I systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sid	ling		750 sf	X			
.=					4.00			-	-		-
*	+										
Name of Registered Waste Hauler Guardian Contracting,	inc.	NJDEP Waste)223	3	Yards of Wa	T.R.R.F.	istered Landfill				
City, State Toms River, New Jerse Completed by (Print or Type)		e	Dispo 12/5	sal Date /14 Signature	City, S Tully	Rown, Pennsylva	nia	Date			
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Y/20	chol	te		12/	1/201	4	

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

JK X10223640

	NC				60 and 12		_,,,	- Louis	M	EC	E			F
Date of Notification (1) 12/21/14		- 1	ame of B George		wner/Oper y	rator (2	2)		K		age _{and} a fine security	Court all to 40	La agranda al la	
Agencies Notified Type Notification		1 2	treet Add		lace				ШШ	DE	5 4	20	4	
X EPA X Initial Amended Amendment	ŧ	C	ity, State	, Zip Cod	le					ASBES	TOS C	ONTE	30L 8	i
➤ DOH Emergency (I		N	lame of C George	Contact				11	Teler	hone N u		2011		-
DCA Cancellation					RMATION	1								
Name of Facility Where Abatement is Taking House Street Address	Place (3)	39				\dashv		of Facility (4 School (K-12 Subchapter (Other (i.e. pr	?) B (Other	r than K-1	2) cial build	dinas.	homes	S,
31 Randolph Place City (5)	-		-1	-		-	Squa	etc.) re Feet	# of	Floors	В	ldg. A		-
Ridgewood County (6)			County Co					ent Use (Prio	N/A r if bein			I/A 	-	
Bergen Name of Monitoring Firm Hired by Building (Owner (8)		STATE US	5 950 	A STATE OF THE STATE OF	- Name	Hou of Aba	atement Con	tractor (9)				
N/A					100			tement, Inc	С.					
Street Address						Street 7		ss gren Aver	iue					
City, State, Zip Code						15 TO 20		Zip Code NJ 07512						
Project Manager for Monitoring Firm		1	Telephon	e No.		Teleph				License #00675		5		
Start Date (10)	Schedule		npletion D	ate (11)	1 0.77			HA Monitor tement, In	C.					
12/18/14 Occupancy Status During Abatement (Chec	1.10 000 1.00000000000000000000000000000	9.67%.			55.0	Street		MANAGEMENT CONTRACTOR	-	-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of A	batem			(City, S	tate, 2	igren Aver Zip Code NJ 07512	nue	-				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit				Ex.	F	ull Containme ini-Enclosure lovebag Proc on-Exempte	e cedure				Te.	
	le	Locati	ion				IN	on-Exemple	J () ain	2 14011-1 11	abic 11	Abat	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial ((12)	lly ely by nce/		Desc stos Conta . thermal s surfaci other mi	ystem ng, VA	Materi is insu AT, or	ılation,	(5	mount Specify or LF)	Removal	Repair	P Encapsulate	Enclosure
L	Yes	No	N/A		pipe i	nouls	otion		5	5 LF	X	-	G	
basement		X			contami			es		0 LF	- I	+	X	5
basement		,,												
Name of Registered Waste Hauler			NJDEP W		Cubic			Name of	Registo	ered Land	dfill		1	
D&S Abatement, Inc.		1,000	Hauler ID 20996	NO.	of Wast			1		gement	of PA			
City, State Totowa, NJ					Disposa TBD	al Date	е	City, Sta Tullyto		A				
Completed by Deanna Brkusanin	Title Proje	ect M	anager		Si	grâtur	re VIII	a Rolle	leel	i	Date 12/21	/14		

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

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Date of Notification (1) 12/21/14					wner/Operator nedellen	(2)		DEC	4 0	n1/i		ÜΪ
Agencies Notified Type Notification X EPA X Initial			treet Add 6 Laur	dress el Avent	ле			DEC	7 4	U 1 1		
➤ DEP				, Zip Cod , NJ 079				ASBESTOS LICE	NSIN	TROL	. &	
Emergency (in justification) □ DCA □ Cancellation	cluding	9 532	ame of O	Contact d Kende	ellen		-	Telenhone Nun	nhor			
DOA Carlocilation			**************************************		RMATION							
Name of Facility Where Abatement is Taking House	Place (3)						of Facility (4) School (K-12)		o\			
Street Address 36 Laurel Avenue								vate & commercia	al build			s,
City (5) Summit						Squa N/A	are Feet	# of Floors N/A	1000000	dg. Aq A	je	
County (6) Union			ounty C	ode (7) SE ONLY)		Curr		if being demolish	ned)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.			atement Contr tement, Inc					
Street Address						t Addre	ess ngren Avent	ue				
City, State, Zip Code	*:		-				Zip Code NJ 07512					
Project Manager for Monitoring Firm		T	elephon	e No.	S. 42. C. 42. S.	ohone 1 -345-		License N #00675	0.			
	Scheduled		pletion D	ate (11)			SHA Monitor Itement, Inc					
Occupancy Status During Abatement (Check						et Addre	ess ngren Aveni	ue	98 ship		W	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied	eriod of Al al Facility	batem Hours	ent		City,	State,	Zip Code NJ 07512				-	
Scope of Work (Check All That Apply)						,					T.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re	enovat emoliti	ion on			× N	lini-Enclosure Slovebag Proce	nt with Negative ledure (*) and Non-Frial			e	
	la	Locatio	20							Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12)	y y by ice/		Description Containing thermal system surfacing, Nother miscell	Materi ms insu /AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
basement	Yes	No X	N/A		pipe insu	lation		144 LF	x			
Dasement		^			Pipe Illau	1411011		. 111	-			
Name of Registered Waste Hauler		255	JDEP W		Cubic Yards	3	Name of F	Registered Landfi				
D&S Abatement, Inc.		100000	auler ID 20996	No.	of Waste TBD			Management of	of PA			
City, State Totowa, NJ					Disposal Da TBD	ate	City, State Tullytow					
Completed by Deanna Brkusanin	Title Proje	ct Ma	anager		Signat	yre le	eus R	//	ate 2/21/	14		

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Other (ie. private & commercial buildings, homes, etc.) City (6) West Field NJ 07090 County (6) County (6) County Code (7) Current Use (Prior it peing demolished) Square Feet # of Fipors Bidg, Age Square Feet # of Fipors Bidg, Age County Code (7) Current Use (Prior it peing demolished) Street Address Name of Osher Monitor EPC Technologies Inc Abatement Performed Outside of Normal Facility Hours Demolition Street Address P.O. Dox 337 City, State, Zip Code New Egypt Normality Street Address P.O. Dox 337 City, State, Zip Code New Egypt Normality Street Address P.O. Dox 337 City, State, Zip Code New Egypt Normality Street Address P.O. Dox 337 City, State Normality Street Address Street Address P.O. Dox 337 City, State Normality Street Address P.O. Dox 337 City, State Normality Street Address Street Address P.O. Dox 337 City, State Normality Street Address P.O. Dox 337 City, State Normality Street Address P.O. Dox 337 City, State Normality Street Address Street Address P.O. Dox 337 City, State Normality Street Address Street Address Street Address P.O. Dox 337 City, State Normality Street Address Street Address Street Address P.O. Dox 337 City, State Normality Street Address Street Address Street Address Street Address Street Address Street Address Str		twell	112	5	Vacant				K-12)	1			
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Country (6) Country (7) Country (8) Country (9) Count	City (5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TLA	-	37/	190	Squa	re Feet	# of Floors		Ble	dg. Ag	je	
Strate Use ONLY Strate Strate Use ONLY Strate S	County (6)	140	_			Curre	ent Use (Prior	if being dem	olishe	ed)			
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Street Address City, State, Zip Code City, State		- 6 -		ASCM	No.	Name of Aba	A STREET, SALES		00	6			a
City, State, Zip Code No 08533	Street Address	3162			r In	Street Addre	222		2	16.4) =	500	6
Telephone No. Telephone No	P.O. Box 3	37				P.O.	Box	35 +					
Telephone No. Telephone No.	City, State, Zip Code	T.W	' (280	533	City State, 2	Zip Code	A + A	7	01	25	3	3
Start Date (10) 3 - 11 - 1		110	T	elephon	e No.	Telephone N	lo.	Licen	se No	. 9	A	0 8	- Constitution of the Cons
Start Date (10) 3 - 3 - 14								5 (ک ()]	1	N
Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Ncw Egypt NJT 08533 City, State, Zip Code Ncw Eg	Start Date (10)							_ [-			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Other - D				- 19				moragi	es		rc		
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code				1.20				337					
Other - Describe: Scope of Work (Check All That Apply)	Facility Closed/Vacated During Entire	Period of Ab	ateme	ent				<u> </u>	-				_
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Renovation □ Demolition □ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friab	Other – Describe:	nai radiity i		*				AIT	-	g	53	2	
Saf or ≥3 If ≥160 sf or ≥260 lf Renovation	Scape of Work (Check All That Apply)					1.50	-1491	_/00		<u>/ U ~ </u>			-
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EPC Technologies 17000 Hauler ID No. of Waste Hanagement of PA City, State New Egypt NJ Disposal Date City, State 12-22-14 Mornisville PA Completed by Date	Name of Registered Waste Hauler		N	JDEP W	/aste Cubi	c Yards	Name of	Registered La	andfill		L	L	
City, State New Egypt No Egypt Title Signature Disposal Date City, State PA Signature Disposal Date City, State PA Date			9.0	auler ID	No. of W	aste 山	Wast	e Mana	Sen	neal	t	e f	A
New Egypt NJ 12-22-14 Mornisville PA Completed by Signature CD Date		·>		1/0		osal Date				22	. 0		•
Completed by Title Signatuge Date		N.T	×						F	A	V.		
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The state of the s	Steve Schenker	HRes	sid	ent		Sleeve	DOG	h		4	- t-	17	

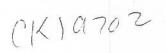
NOCK

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

Date of Notification (1	\	_		Name	of Building	Owner/Operato	or (2)	ili ili Dt	-(A 0	014	-
	1/12/14			rame	Or Building	, owner operate	Mombo		. 0	7 4	V : 7	_
Agencies Notified	Type Notification			Street	Address			1 7000				
□ EPA	☐ Initial		_				1032 Revere	Ave. ASBES	HUE C CIÈEL	1212	HUI	<u>. č</u> .
□ DEP DOL	Amended Amendment #	1	6	City, S	State, Zip C		D / NII O	0.620				
250.20	Emergency (in			=			Frenton, NJ 0		a to a second	_		_
DOH DCA	justification)			Name	of Contac	i Mien Mom	ho	Telephone Nun	nber		-	
							00	<u> </u>				
				FAC	CILITY INF	ORMATION	1 = 7 = 10	740				
Name of Facility When							Type of Facility					
01-111	Resi	denti	al				School (K-1	8 (Other than K-	12)			
Street Address	1032 Re	evere	Ave.	·			Other (i.e., phomes, etc.	orivate & commer)	cial build			
City (5)	Τ	NIT (20/2	0			Square Feet	# of Floors	Bi	dg. A		
- (0)	Trenton,	NJ (1862		-t: O-d- /	7) 707475	1500	ries if boing dome		80	T/-	_
County (6)	Mercer				ONLY)) (STATE	Current Use (P	rior if being demo	ilistied)			
Name of Monitoring Fi		Owner	-	ASCM	No.	Name of Abate	ement Contractor (9	9)	-			
(8)	MECS						evens Environ		ces, In	ıc.	-1-1-11	
Street Address						Street Address	S					
	PO Box 34	1					PO I	30x 322				
City, State, Zip Code		0051	-			City, State, Zip		NII 00501				
	Crosswicks, NJ	0851					Allentow	n, NJ 08501				_
Project Manager for N	Children Committee of the Committee of t		U 500000	phone		Telephone No.	250 0600	License No.	00493)		
	Veisgarber	11.10	-		8-4070		259-9688		00493			_
Start Date (10)					ite (11)	Name of OSHA		IECS				
11/21/14 Occupancy Status Du			(2/5/	14		Street Address		ILC3		-		=
Facility Closed/Vac				ment		Jourcet Address		3ox 341				
Abatement Perform						City, State, Zip			-			_
Other - Describe:	8 am to 4 pm				_			ks, NJ 08515				
Scope of Work (Chec	k all that apply)											
★ ≥3 sf or ≥3 lf		₩ R	enovat	ion			containment with Ne Enclosure	egative Pressure				
≥160 sf or ≥260 lf			emolitic			Glove	bag Procedure					
			Location			□ Non-E	Exempted (*) and N	on-Friable Proced		bate		_
		100000	lomally						^	Typ		
Location			d Solel ntenar		Ashaa	Description tos Containing M		Amount				
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IN Fac	ility	3	Staff? (12)			surfacing, VA other miscellan	T, or	SF or LF)	Remova	Repair	apsı	Enclosure
(13)		1	Т	-	Other miscenari	leous)		<u>sa</u>	=	Encapsulate	ure
		Yes	No	N/A								
Baser	ment		×			Boiler Insu	lation	60 SF	×			
									_			
Name of Registered V			1	NJDEP Hauler II		Cubic Yards of Waste	Name of Reg	istered Landfill	•			
Stevens Enviro	nmental Service	s, Inc	<u>. </u>	18	292	1 CU	_ /	T.R.R.F.,	Inc.			
City, State						Disposal Date	City, State/	m/11	ъ.			
	Allentown,					12/5/14		Tullytown	ı, PA			_
Completed By	Titl			+ 1/6	2000	Signature	// / .	Date	12/	1/14		
Mahlon E. S	sievens	P	rojec	i iviai	nager	_ ///			14/	-/ 1 7	_	

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.

	11/12/14			THE OF BU	ilding Owner/Opera						_
Agencies Notified	Type Notifi	cation		Street Addre	266	Mon	1bo				
EPA DEP	initial			ou oct Addit	255	1022 D	70405 PACCES				_
⊠ DOL	Amenda Amenda			City, State, Z	in Code	1032 Reve	ere Ave.				
⊠ DOH	☐ Emerge	nev (inclu	uding			Trantas N	T 00 co c				
DCA DCA	☐ justifica	ition)		Name of Con	tact	Trenton, N					- 50
		ition			Ar. Mien Mom	ho	Telephoi	ne Numb	per		
None (F	411				NFORMATION	00					
Name of Facility Where	Abatement is	Taking P	lace (3)		THE OTTOM	T =					_
Street Address		Residen	ntial			Type of Fa		1			
oncer Address	100					School	(K-12) oter 8 (Other th				
City (5)	1032	2 Reve	re Ave.			Uner (I.	e., private & cor	an K-12) nmercia) Lbuild	lingo	
-1.7 (0)	77					homes, Square Fee	C(C.)			74	
County (6)	Iren	ton, NJ	08629)		1500	1		Blo	dg. Ag	
	Mercer	20 20-000		County Code	(7) (STATE		2		_	80+	-/-
Name of Monitoring Firm	Hired by D. T.			USE ONLY)		Julien Use	(Prior if being o	lemolish	ied)	5	
(8)	MECS	ing Owne	er A	ASCM No.	Name of Abaten	nent Contracto	r (9)				
Street Address	1711100				Stev	ens Enviro	nmental Se				
	РО Вох	2/1			Street Address		imiental Se	rvices	, Inc	; <u> </u>	_
City, State, Zip Code	TO BOX	341		-		PO Box 322					
	osswicks, N	II 085	15		City, State, Zip C	ode	DOX 322				_
Project Manager for Mon	itoring Firm	3 003					wn, NJ 085	01			
Bill Wei	isgarber			none No.	Telephone No.		License N				_
tart Date (10)		bodi d	(609) 298-4070	(609) 25	9-9688	License I	004	102		
11/21/14	140		101111	n Date (11)	Name of OSHA M	lonitor		- 00-	193	===	_
ccupancy Status During	Abatement (C	book - I	12/1/14			N	MECS			204	
I acility Closed/Vacate	d During Entire	D			Street Address						_
			tv Hours	ent		PO	Box 341				
other - Describe: 8	am to 4 pm	1	., riours	- 1	City, State, Zip Co	de					=
one of Med (O)	that apply)					Crosswic	ks, NJ 0851	15			
ope of Work (Check all					V						
cope of Work (Check all ≥3 sf or >3 if		-			Full Conta	inmo-t. W	PERSONAL PROPERTY OF THE PROPE	400			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	enovation		Full Conta		egative Pressure	8			
>3 sf or >3 if		Re De	enovation emolition		Glovebag	Procedure					
>3 sf or >3 if		☐ De	emolition ocation	T	Glovebag	Procedure	egative Pressur				2250111
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 11/29/2014	4		of Building F ROUSH	Owner/Operate	ог (2)	2014 DEC	-4 AH (2	2: 6.3				
Agencies Notified Type Notification			t Address ST. MAR	KS AVENUE								
EPA		City,	State, Zip C			8 11	ES CSHI CENSING	ROL				
	cluding		e of Contact F ROUSH				Telephone 1	Vumber				
Name of Facility Where Abatement is Taking F	Place (3)	FA	CILITY INF	ORMATION	Тт	vpe of Facility (4)				-	
RESIDENCE	lace (5)					School (K-12						
Street Address							3 (Other than k ivate & comme		ldina	s, ho	ome:	s.
404 ST. MARKS AVENUE						etc.)	# of Floors		3ldg.			
City (5) WESTFIELD		-				Square Feet			olug.	Aye		
County (6) UNION			ity Code (7) TE USE ONL	y)	(Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	AS	SCM No.			Abatement Con BROTHERS (CTING, INC.				
Street Address				1		ddress UTHERFOR[BLVD.					
City, State, Zip Code				City	te, Zip Code ON, NJ 0701	ode						
Project Manager for Monitoring Firm		Telep	phone No.	Tele	ephor	ne No.	Licens				5—135	
04-4-5-4-(40)	abadulad C	`amplati	on Date (11		11200	56-8700 OSHA Monitor	0049	4		_	-	-
1	2/1/2014	1.0	on Date (11	,		E AS (9) ABO	VΕ					
Occupancy Status During Abatement (Check	Only One)	918888 - 123 		Stre	et A	ddress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Abai I Facility Ho	tement urs		City	, Sta	ite, Zip Code					W W	- 50.0
Scope of Work (Check All That Apply)											_	**********
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-00777	ovation olition				Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			ure		
	le l e	cation			-	THOIT EXOTIPATED	1/4/10/10/11		127,000	aten	nent	
Location of	Norr	nally		Descript	ion o	of		-	-	Тур	e	- 4
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	2)	, (i.	estos Containin e. thermal syste surfacing, other misce	ems i VAT,	insulation, , or	Amount (Specify SF or LF)	Removal	Nepall	2	Encapsulate	Enclosure
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BASEMENT)	<	Clean			pipe fittings		X	-		_	
				& debris of	_			-	-	+		_
			Clean			r's containe			+	-	-	
News of Deviators of Wests United	LL	NIDE	P Waste	apprx. 8			Registered Lar	ndfill				_
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		00140500	r ID No.	of Waste			E MANAGE		G.F	.0.	W.S	5.
City, State CLIFTON, NJ		_ 13/1		Disposal D 12/18/20		City, State	e ISVILLE, PA	4				
Completed by VIVECA RAMOS	Title PROJE	CT CC	ORDINA	TOR Signa	/.	eca kar	m -	Date 11/29	/20	14		

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

Date of Notification (1) 11/29/14				RECEIV	En				
[] EPA [X] Initial	tion Stre PO	et Address Box 504	2	2014 DEC -4 AM	12: 51				
[X] DOL [] Amended	Wc.			ASSESTOS COM	TROI	>2			
I I DCA	Nam			Teléphone!	Number				
[] Cancellation	Ch				3				
	Li Di		FACILITY INFORMATION						
	iking Place	(3)			harthan K 12)				
Street Address)	10,7000		[x] Other (i.e. private homes, etc.)	and commercial	buildin	gs,		
City (5) Avalon (Middle Twp)				Current Use (Prior if being)			
Name of Monitoring Firm Hired by Buildi	ng Owner		Name of Abate	ment Contractor (9)					
	Inc.	00110			Services, In	C.			
	I Amended Notification Name of Contact Chris Rossi								
		Ny T	City, State, Zip	The state of the s					_
Cranford, NJ 08512					35				
Project Manager for Monitoring Firm			Telephone Nu		License N				
	U.S. C.	The second secon	Name of OSH		00032				
12/9/14			, Tumo or cora		Laboratories	, LLC			
[] Facility Closed/Vacated During	Entire Peri	od of Abater	nent						7.000
Describe:		acility Hours	City, State, Zip						
Scope of Work (Check all that apply)					m depress can				
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[]	Renovation	[x] Mini – Enclos [] Glovebag Pro	ure cedure	Pressu	ıre		
Authority Auth		nen	t						
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	Yes	No N/A					R	S U	S U
Main floor	x		VAT		735 SF	x			
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	es Haul	er ID No.	TOTAL LAND		dfill				
	1 34							Latertame	
Completed By (Print or Type) Pane Repic	Title	ral Mana	Signature	5 11	Date 11/29	/14			

MO#22302804431

Date of Nel/fore - /4)						(D 110)			MEGE	1 W E			
Date of Notification (1)	0.1	1.4			Name	of Buildin	g Owner/Operator	10.50					
12/	01 /	14	-		Kathle	een Reid		20	M DEC -4	AM 19			
Agencies Notified	Type Notific	cation			Street	Address							-
□ EPA	X Initial				304 3	rd Aveni	ie .	A	BESTES (& LICEN	na Line	-		
⊠ DOLWD	☐ Amende					State, Zip			211001	一個十	TOL.	-	
⊠ DHSS	Amendm								G LICEN	DING			
DCA	Emerger justificat		uding			of Contact	, NJ 07720		Telephone N			_	
(NJAC 5:23-8)	Cancella						1.70		I relebitorie iv	unibei		£	
	Caricella	duoi:			Patric	k McAta	mney						
					FA	CILITY II	NFORMATION	9					
Name of Facility Where	Abatement is	Taking F	Place	(3)				Type of Facility	(4)				- 1
Private house								School (K-1					
Street Address				5¥/-					8 (Other than K-				
304 3rd Avenue								homes, etc.	private and com	mercial	buildin	gs.	
Oity (5)				2000				Square Feet			Side /		
								Square reet	# 01 F1001S	189	Bldg. A	(ge	
Bradley Beach, NJ 07	720											-	
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior it being deit	nolished			
Monmouth													
Name of Monitoring Fire	m Hired by Bui	ilding Ow	/ner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
							Gr Tech LLC						
Street Address							Street Address					- 101	
							576 Valley Rd	#283					
City, State, Zip Code				City, State, Zip C									
Project Manager for Mo	TTOK	ephone	No	Wayne, NJ 074	70	License No.							
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0				<u> </u>		7.	973-638-1777		01127				
Start Date (10)	1.4	Schedul					Name of OSHA	Monitor					
<u>12</u> / <u>11</u> /	/ _14	_12		12		14	Envirovision Co	onsultants.Inc					
Occupancy Status Durin	ng Abatement	(Check o	only o	one)			Street Address						
X Facility Closed/Vaca	ted During Ent	tire Perio	od of	Abate	ment		20-21 Wagaraw	Road Bldg #	35 E				
Abatement Performe	ed Outside of N	Yormal F	acilit	у Нош	rs - Des	cribe	City, State, Zip C		33 E				
Time of Abatement:	AM	PM/		PM_		AM							
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	in the apply)						H Full Cor	itainment with Ne	mation with nega enative Pressura	ative pre	ssure		
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≥ 160 sf or ≥260 If		Ŀ	_l De	molitic	on		Gloveba	g Procedure	Tent with Nega	ative Pre	ssure		
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Gr Tech LLC				(003378	35	TBD	T.R.R.F. Inc	TIE .				B) 1
City, State							Disposal Date	City, State					
Wayne, NJ 07470							TBD	Tullytown, F	PA				
Completed By (Print or	Type)	Title			-		Signature /	7		Date			
AND				Se			0.9.10.0	11 /	1				
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RECEIVED State of New Jorsey ARATEMENT / VED (Pursuant to NJAC 8:80 and 12:120)

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-		mid.

Date of Notification (1)	AFI Z	E I Non	an of Bulletin	an Makabinettad	Emplas	(e)M			CH			
December 1, 2014		G ₀	George Washington Memorial Park (2)									
gencies Notification	N. 自相丁科	01101				_		NJ Gept.			Sent	TF C
EPA BONNIE	YSTAG	234	Paramu	s Road &	110	S CGHTR EKSTRG	01	POAL	VC	-: -:	AM	
DEP Amended		City,	State, Zip	Code	-	-11-11-11	-	-	11	(signat	ira)	7
Francisco Company	rt#	Par	amus, N	ew Jersey	0765	2	1	Date: 11	111	14	.Time:	2:
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DCA Cancellatio	ח		oble Sant		is Tankasas							
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Seorge Washington Memorial Pa	rk Cemet	ery			١,	Type of Facility						
freet Address						School (K-	12)	or than k-	121			
34 Paramus Road					li	Other (I.a.	private &	commerc	cial bu	aliqiua	a, hom	eg,
lty (5)					-	oto.) Square Feet	# of	Floors	-	Dida	Λ.σ.ο	
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ounty (6)		Cour	ly Code (7))	-	Current Use (Pr		ng demalis	4		-	
ergen			TE USE ONL	Ŋ	-	Commerical	Bldg.	-E matrions	, riduj			
ame of Monitoring Firm Hired by Building Caballa Environmental	Owner (8)	AS	CM No.	N	ame o	Abatement Co	ntractor	(B)	-		•	
heet Address				5	Slavoo Construction Inc							
7 Willard St.					Street Address 164 Getty Ave.							
lly, State, Zip Code												
iarfield, New Jersey 07026	9		City, State, Zip Code Clifton, New Jersey 0					(4000		100000		
roject Manager for Monitoring Firm		Teler	hone No.			ne No.	y.0701	An allactions and				
loban Mickovski		770000000	342-404			78-4848		License N 00724	10,			
tert Dato (10)		d Complette				OSHA Monitor						
December 1, 2014		per 5, 20°	14			Constructio						
ocupancy Status Ouring Abatament (Char						ddress	-					-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 7:00am-4:30pm	Period of A	batement		1	64 G	etty Ave.						
Abatement Performed Outside of Norr Other - Describe: 7:00am-4:30pm	nal Facility	Hours -				le, Zip Code			-			1000000
	nal Facility	Hours				ls, ZIP Code , New Jerse	y 0701	1-1802				
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MO#22302804442

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to	MIAC	0.00	and E.ACI
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Date of Notification (1)	20	1.4			Name	of Buildin	ig Owner/	Operator (2)			. Diene I	M 1	-0
		14	_		Peter	Kolodny				201	DFC.	,	_	
Agencies Notified	Type Noti	fication			Stree	t Address						4	相	2: 3
□ EPA ⊠ DOLWD	Initial	al and				aplewood				ASB	ESTE & LICE	^		- 0
☑ DHSS		dea dment#			City,	State, Zip	Code			2	2/10) C	到了	RO
DCA	☐ Emerg	ency (inc	duding	1		ewood, N					-162	42	HG	1101
(NJAC 5:23-8)	justific	cation)			Name	of Contac	ct			Telephone N	lumber			
	Cance	llation			Peter	Kolodny				L:				
					FA	CILITY I	NFORMA	TION		=			-	
Name of Facility Where	Abatement i	is Taking	Place	(3)					Type of Facility	7 (4)		200		
Private house									School (K-1					
Street Address										8 (Other than K private and com		uildia	70	
83 Maplewood Avenu	e ·								homes, etc		merciai b	unanig	js,	
City (5)					-				Square Feet	*	8	ldg. A	ge	
Maplewood, NJ 07040)											- 31		
County (6)		-			Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (F	rior if being den	nolished)			
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Name of Monitoring Firm	Hired by B	Juilding O	wner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9	3)			T	1
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Street Address			Convers			·		Address						
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City. State, Zip Code							The second second second	ate, Zip Co	THE STREET STREET, STR					
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Project Manager for Mon	iitoring Firm	1		Tele	phone	No.	Telepho			License No				
							973-63	8-1777		01127				
Start Date (10)		Schedu	uled C	omple	tion Da	ite (11)		of OSHA M	lonitor	0.127		w		
12 /10 /	14	12	2_ /	11	1	14	Enviro	inion Co	naultonta Ina					
Occupancy Status Durin	g Abatemen							Address	nsultants,Inc					
☐ Facility Closed/Vacat					ment		200000000000000000000000000000000000000		Dood Did. #	25.5				
Abatement Performed	d Outside of	Normal I	Facilit	v Hour	s - Des	scribe	City St	v agaraw ate, Zip Co	Road, Bldg .#	33 E				
Time of Abatement: _	AM	PM	V	PM_		_AM	20000	wn, NJ 0						
Scope of Work (Check al	I that apply)	}	-				p an La		and decontami	nation with nega	ative pres	sure		
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2 160 sf or >260 if				novati molitic			×	Mini-Enc	losure] Procedure [Tent with Nega	tive Pres	sure		
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TO BE ABA		Civi)	Ma	intena	nce/			aining Mai I systems i	terial (ACM)	Amount (Specify	em	Repair	nca	nolo
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Name of Registered Was	ste mauler			NJI	JEP Wasi	e Hauler ID No	Cubic Ya	rds of Wast	e Name of Reg	stered Landfill				
Gr Tech LLC			2.55	(03378	35	TBI)	T.R.R.F. Inc					
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Wayne, NJ 07470	E. I						TBI)	Tullytown, F	PA .				
Completed By (Print or T	ype)	Title						nature /) .		Date			
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ASB-41								1/20	THE WEY	La o	11/27/2	014		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CX # 5387

Date of Notification (1)	[]	Name o	Building Owner/Operator	(2)	TECE!	100		
12-1-14		ES	FATE OF	JOSEPH	M. ANO	5€ FO		
Agency Notified Live Notification	-,-	Street A	ddress 109 WES	T STIMPS	UEC -42AD	112		
DEPA AS Amended [M]	:a:o:i	City, Sta	1- 7- C-d-	Sect 1.79 (4.22.4)		100	av. 45 - 30	
© DOL Amendment # €	_	14	NDEN , NI	5 . 0 70 E	16, 5 CE	17-		
© DOH justification)	ding	Name o	€ Contact	-	Telephone Nur	mber U/		
□ DCA □ Cancellation		^	1s. onosz					
		FACIL	JTY INFORMATION					
Name of Facility Where Abatement is Taking	Tace (3)	. 12		Type of Facility	(4)			
ESTATE OF JOSE	PH M.	ANG	<u> </u>	School (K-12	t) 3 (Other than K-1	2) -		
Stract Address				Other (i.e. pr	ivate & commerci	al buildings	š.,	
109 WEST STIME	SON (CO)	7		homes, etc.)	· ·	Bldg. A		
City (5) · ·			true,	Square Feet	1		T	CV
FINDEN					rior if being demo	7,000,000	-	
County (6)		ONLY	Code (7) (STATE USE		SIDEN CE			
UNION			1	ment Contractor (2		
Name of Monitoring Firm Hired by Building O. (8)	was ASCM	ivo.	I I SHOW WAS TO SELECT WAY	moval In				
.,			Street Address					
Street Address		1.5	1	th River	St			
City, State, Zip Code			City, State, Zip					
oay, oate, ap see			Hackens	ack, N.J	. 07601			
Project Manager for Monitoring Firm	Telepho	ne Mo.	Telephone No.		License No.			
	- 4			-7444 -	00388			
	Completion Da		hiarne of OSHA		1			
12/17/14 12		·	Omega Street Address	Environm	ental			
Occupancy Status During Abatement (Check	only one)	9.7		uyler St				
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal F	d of Abatement		City, State, Zip					
Dother - Describe: 7AM TO TVM	dully rious			ckensack	,N.J. 0	7606		
Scope of Work (Check all that apply)				Containment will	No coffice Proces	1EG		
22 2 3 sf or ≥ 3 lf 22 ≥ 160 sf or ≥ 260 lf		Ren U Den	ovation Z Min	i-Enclosure vebag Procedure		*		
			U Nos	n-Exempted (*) an	O NON-PIERRO PIO	Cediteo	Abat	emen
	is Locat Norma		11			-	1	уре
. Location of	Used Sok	ely by	Description Asbestus Containing N	of	Amount	+		m
Asbestos-Containing Material (ACM) TO BE ABATED	Adalmena Custod		(i.e., fremai system	insulation,	(Specify		Removal	Encapsulate
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(1.5)	. (12)					1	-1	9
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BASEMENT		X	THERMAL SURFA	KIN G	40		+	++
		-				-,0,0	+	++
Name of Registered Waste Hauler	NJD EST	Alberta A	lauder Cubic Yards of	Name of Regi	stered Landfill			
Best Removal Inc	ID No.	e server f	Marta .		a Enterp	rises	Τ.	T.C
Dept Kemoval inc	17	109	20/20	/	Lincerp.		, 11	
City, State			Disposal Date	City, State	,		0.0	
Hackensack , N.J. (7601		12/18/14	1/1	sburg, 0	h,4466	1 1	
Completed by			Signature	How's M	gue	12/	10	14
	timator	n for a	bestos licensure exempte			1 /		
ASB-41 * Do	mar mac and the	111101 00	andrea manimum and entrepre	1				

RECENOTIFICATION OF ASSESTED ASATEMENT V(Pursuant to NJAC 3:50 and 12:120)

CK# 5386

Date of Notification (1)		Na	me of	Building	Owner/Operator	(2)					
12/1/14 UEC-L	AH 12-		MI	R. 7	Owner/Operator	LELENTI	CNA				
Agency Notified Type Notification D EPA D DEP D DEP D Amended C A	111	St	reet A	ddress							
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D-DOH Emergency (inc justification)	auding		ame o	r Contac			Telephone Nu	mber			
□ DCA □ Cancellation			MA	CE(ENTAN O						
		F	ACIL	ITY INFO	DRMATION						
Name of Facility Where Abatement is Taking	Place (3)			•		Type of Facility	(4)				
MR. CELENTA						School (K-12					
Street Address						☐ Subchapter 8	Other than K-1	2)			
_				. ,		homes, etc.)	ivate & commerc	tai Duikung	٥,		
ZG LILAC ST					73.3	Square Feet	# of Floors	Bidg. A	\ge		
BERGENFIELD						1900	2	7	54	64	بع
		To	ounty	Code (7	(STATE USE		nor if being demo				
County (6) BERGEN			NLY		, (_	OSN CEN			20	
	Names I As	SCM N			Name of African	nent Contractor (9					
Name of Monitoring Firm Hired by Building (8)	Javieci /	JOHN 14	٠.			moval In					
					Street Address						
Street Address						th River	S+				
0 0 1 T 0 1			-	- 4	City, State, Zp.		J.C.		/		
City, State, Zip Code						ack, N.J	. 07601				
	I Tole	phone	No		Telephone No.		License No.				
Project Manager for Monitoring Firm	1 CR	phrone	140.			-7444 -	00388				
Schodul	ed Completio	n Date	(11)		Name of CSHA						
	1/12/16		(, ,)			Environm	ental				
Occupancy Status During Abatement (Chec		<u>* </u>			Street Address						
AND 94-07-100-100-100-100-100-100-100-100-100-	•	- 19	\$ 27		280 H	uyler St					
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Normal	riod of Abates	ment			City, State, Zip				e	V 20 HT. 1970	
EOther - Describe: 7 du To 5 PM	racinty rious				S. Ha	ckensack	,N.J. 0	7606			
Scope of Work (Check all that apply)											
		E	Ren	ovation '		Containment with	Negative Fless	uie .			
.27 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf		ī	1 Dem	nolition	R Glov	vebao Procedure	INC. SCALE B				
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TO BE ABATED IN Facility		ustodia: Staff?	1	(I.6	surfacing, VA	T, or	SF or L	Ď	Remova	BON DE	Enclosure
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Name of Registered Waste Hauter	100000	DEP W	aste l	Hauler	Cubic Yards of		istered Landfill	T			_
Best Removal Inc	IDI		00		2 4 2 C-	Minerv	a Enterp	rises	,	LL(ز
		171	LUY		Disposal Date	City, State					-
City, State	07/01				12/12/14	4	sburg, 0	h 446	88		
Hackensack , N.J.	0/601		-		Signature /	wayne	spurg, c				-
Completed by Title					Signature /	جسممه ما		Date / 2	1/	14	
	stimat				licensure exempte			1 /			_

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mire of Facility Vilhers Abatement is Telling	Piaco (3)			Type of Pacifity	(4)	-	-	-	_
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reet Address			Street Address						
Y, State, Zio Code			450 Sou	th River	St				
to a manufacture of the second			City, State, Zip o		07601				
out Manager for Monfieling Firm	Telephene	No.	Telephons No.	ack, N.J	Doense No.				
			201-329		00388				
	Completion Date	(11)	Name of OSHA						-
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y, littate	1 11		Disposal Date	City, Stata				-	-
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replaced by		-	Signature	1	1	Souther .			-
J.Maiorano Est	imator		contains existended	fan's non		11/2	60/	14	-

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

CK HES385

Date of Notification (1)		Na	ime of	Building	Owner/Operator	(2)			Longe Sta-	Ē	
12/4/	14			7	s. s	HIRLEY	GLATT	2014 DEC	-la au	76		
Agency Notified	Type Notification		St	reet A	ddress	3=4	01.=		7 A们	12:	68	1
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DCA	☐ Cancellation			145.	SHU	STER			<u> </u>			
			F	FACIL	ITY INFO	NOTTAME						
Name of Facility Whe	re Abatement is Taking Pla	ice (3)					Type of Facility	(4)				
	S. GLATT						☐ School (K-12			Sidg. Age So your Abatemer Type Removal		
Street Address							☐ Subchapter 8	3 (Other than K-1	2)			
485	BEATUR	ء ج	57	6			homes, etc.)	ivate & commerc	isi bulang	gs,		
	Derrinae						Square Feet	# of Floors	Bldg.	Age		
City (5)						14.4	2200.	2	8	04	ושי	W
TEMEAL			County Code (7) (STATE USE				1.22					
County (6)				OUNTY NLY)	Code (/)	(STATE VOE		55 WEN C=				
	ERGEN				31.55				<u> </u>			
	Firm Hired by Building Own	er AS	SCM N	lo.			nent Contractor (9	S 1				
(8)							moval In	c		-		-
Street Address			F10 30			Street Address						
						450 Sou	th River	St				
City, State, Zip Code						City, State, Zip (
							ack, N.J					
Project Manager for I	Monitoring Firm	Tele	phone	No.		Telephone No.		License No.				
	- 1. f					201-329-7444 00388						
Start Date (10)	Scheduled C	ompletion	n Date	(11)		Name of OSHA	Monitor					
12/12/	14 121	13/	14			Omega	Environm	ental				
	uring Abatement (Check on					Street Address						
		of Aboton	nont.	,		280 H	uyler St					
☐ Ahatement Perform	cated During Entire Period med Outside of Normal Fac	ality Hours	S S			City, State, Zip						
DOther - Describe:	7AK TO SPH					S. Ha	ckensack	,N.J. 0	7606			
Scope of Work (Chec	ck all that apply)			-		C) C.ell	Containment with	Nagative Press	ure			
1253 ef or > 3 lf			JE.	Ren	ovation '	Mini	-Enclosure	i negativi. isse				
	f			Dem	rolition	∠2 Glov	vebag Procedure -Exempted (*) an	d Nais Erichlo Br	moodiitte			
						U Ron	-Exempted (*) an	Q NON-FILADIO FI	OCCUPA-	Ab	ater	men
		773330		36(1)						_	Тур	æ
lo	cation of	10000 1000	-		2.2	Description	of	//		1		_
Asbestos-Conta	ining Material (ACM)				Asbe	stos Containing N	faterial (ACM)	Amoun (Specif		23	20	00
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Mediatemance/ Maintenance/ Custodial Staff? Asbestos Co		surfacing, VA		SF or LF)		Iğ l	900	age				
		1	(12)		1	other miscellar				Val	=	Hat I
	2.15				1							•
3.		Yes	No	N/A					=	1	+	+
BASEME	FNT			70	THER	MAL INSUL	47102	751	<u> </u>	17	+	+
				002VT00733		500 1659				\sqcup	4	4
									7779	\sqcup	_	
										1		
Name of Registered	Waste Hauler	NJD	EP W	aste F	lauler	Cubic Yards of	Name of Reg	istered Landfill				
	moval Inc	ID N	ło.			Waste //a a	W	a Enterp	rises	3 -	LT	C
Dear Me	MOAGT THE		171	109		14/20	7			,		
City, State			-			Disposal Date	City, State		(12)5(10)			
Hackens	ack , N.J. 0	7601				12/13/14	Wayne	sburg, 0		88	a	
Completed by	Title					Signature	() .	_	Date	1	1.	1
J.Maiora	RO Est	imat	or			1/5	foronon	\sim	12	11/	1	4
U.Haiuia	110	-A /L 1		600.00	hootec !	icansure exempte	d activities		25.25	7	10	