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

					-				Mich CO	-	~	11	
Date of Notification (1)		4.4		-		of Building ec Intern	Owner/Operator (2	2)	` D	EC 1	2	2014	
	11 / _	14	8		HOILE	ec intern	lational		-6 300				
	ype Notifica	ation			ATT 1 10 11 11 11 11	Address			L	ESTOS		TRO	1 8
	☑ Initial ☑ Amended	,				Itec Driv			ASDI	LICE	ISIN	G_	
☑ DOLWD [_ Amended Amendme				33	ate, Zip C			L				
	☐ Emergen		luding			ton NJ 0							_
(NJAC 5:23-8)	justificati	on)	•			of Contact			Telephone Num	ber			
[☐ Cancellat	tion			Matt	Mockait	tis						
					FAC	ILITY IN	FORMATION						
Name of Facility Where Ab	atement is 1	Γaking	Place	(3)				Type of Facility (4)				
Holtec Warehouses -	Buildings	sWA	\ T5	P6	2			School (K-12)		2)			
Street Address			26					☐ Subchapter 8☑ Other (i.e., pr	ivate and comme	د) ercial bui	ldings	Š.	
2500 Broadway								homes, etc.)	,				
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Camden								200,000+	6 Floors	5	0+		
County (6)					Count	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Camden								Warehouse					
Name of Monitoring Firm H	lired by Buil	ding O	wner (8	3) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Hatch Mott macDona					0014	0	Controlled E	nvironmental S	Systems				
Street Address					100		Street Address						
111 Wood Avenue So	outh						1121 N. Beth	lehem Pike - Sı	uite 60				
City, State, Zip Code			-				City, State, Zip C	ode				- //	
Iselin, NJ 08830							Spring Hous	e, PA 19477					
Project Manager for Monito	oring Firm		_	Tele	ohone i	No.	Telephone No.		License No.				
Brian Holbig				250000000000000000000000000000000000000	6 448		215 542 7000		00847				
Start Date (10)		Sched	uled Co	omple	ion Dat	e (11)	Name of OSHA N	Monitor					
12/22/	5 m 1 5 m				1		CES						
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated					nent			lehem Pike - S	uite 60				
☐ Abatement Performed (cribe	City, State, Zip C						_
Time of Abatement: 7:0							Spring Hous						
Scope of Work (Check all t	that apply)									e n en e			
		Ç.			*G*X* //			tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		100	☐ Re	novati molitic				g Procedure					
Z - 100 01 01 - 200 1								empted (*) and No	n-Friable Proced	ure			
			100	Locat						Ab	atem	ent Ty	/pe
Location of				lorma d Sole			Description		A	Re	Re	Ē	E
Asbestos-Containing M TO BE ABAT		M)		intena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	X.	surfacing, VAT	, or	SF or LF)	Va.		sula	ure
(13)			Voc	(12) No	N/A	-	other miscellane	eous)				ē	
		-	Yes		+		t December 1		800 SF				
- nd			Ш				t Board wall par			-			늗
WA- 2 nd flr interior					\boxtimes	Corr pa	aper pipe insula	tion	50 LF		ш	Ш	_
WA- 2 nd flr interior WA- 2nd flr interior				Ш	-	-							L
						Tile an	d Mastic		1200 SF				-
WA- 2nd flr interior						SEE NE	EXT PAGE						E
WA- 2nd flr interior WA- 2nd flr interior SEE NEXT PAGE Name of Registered Waste					JDEP V	SEE NE	EXT PAGE Cubic Yards of	1 2	1200 SF				Е
WA- 2nd flr interior WA- 2nd flr interior SEE NEXT PAGE		ersey				SEE NE Waste O No.	Cubic Yards of Waste 3000+	GROWS					
WA- 2nd flr interior WA- 2nd flr interior SEE NEXT PAGE Name of Registered Waste		ersey			IJDEP I	SEE NE Waste O No.	Cubic Yards of Waste 3000+ Disposal Date	GROWS City, State	stered Landfill				
WA- 2nd flr interior WA- 2nd flr interior SEE NEXT PAGE Name of Registered Waste Waste Management		ersey			IJDEP I	SEE NE Waste O No.	Cubic Yards of Waste 3000+	GROWS	stered Landfill				
WA- 2nd flr interior WA- 2nd flr interior SEE NEXT PAGE Name of Registered Waste Waste Management City, State	of New Je	ersey			IJDEP I	SEE NE Waste O No.	Cubic Yards of Waste 3000+ Disposal Date	GROWS City, State	stered Landfill				
WA- 2nd flr interior WA- 2nd flr interior SEE NEXT PAGE Name of Registered Waste Waste Management City, State Fairless Hills, PA	of New Je	Title	G G G G G G G G G G G G G G G G G G G		IJDEP Valuer III	SEE NE Waste O No.	Cubic Yards of Waste 3000+ Disposal Date Thru out	GROWS City, State	stered Landfill				

JAN 13

Environmental Systems, Inc

Additional Quantities not shown on Page 1 of Notification

tification DEC 1 2 2014

ASBESTOS CONTROL & LICENSING

		LICENSING
LOCATION	MATERIAL	QUANTITIES TO BE REMOVED
Building WA		
Interior second floor	White heater metal covers	2,400 SF
	Residual blk flr tile mastic	1,000 SF
Exterior	Roofing materials	19,800 SF
	Roof flashing	1,300 LF
	Corr. cmt board panels	2,250 SF
Building T-5 (Pump House)		
Exterior	Roofing materials	3,000 SF
	Roof flashing	310 LF
	Roof flashing	600 LF
		128
Buildings P6		
Front Interior	White sink basin uc mastic	12 SF
	1'x1' floor tile with black streak	464 SF
	1'x1' white and dark brown	464 SF
	Pipe insulation	5 LF
Interior second floor	1'x1' brown fl tile & mastic	6,000 SF
	Window glazing	2,000 SF
	Mastic applied to sink basin	12 SF
	Corr. paper pipe insulation	6 LF
	Black felt lining-partition walls	100 SF
Interior bathroom and stairwell	Black pipe wrap	20 LF
Interior first floor	Corr. paper pipe insulation	6 LF
Exterior	Roofing materials	9,000 SF
Exterior	Roof flashing	650 LF
Exterior 1 story tenant space	Exterior duct insulation coating	1,300 SF
Exterior	Perimeter window caulking	1,000 LF

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

Date of Notification (1) 09 / 02 /	14		1200	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	or (2)	KI		and the state of t		
			-		***************************************		DEC	1.9	0017	111
	pe of Notification			The state of the s	14	in i	2.0	1 4	LU 14	11-
☑ EPA	☐ Initial									
DEP DEP						Land Miles	Smes		MOLESCO TO THE	1
☑ DOH		The state of the s			Te	iephoi	ne Numb	ENSIN	HHUL.	Ŏ,
☑ DOL			JOHN LIS	131	1					
	- anomation		ACILITY IN	FORMATION						
Name of Facility Where Mondelez International	Abatement is Taking	Place (3)		Type of Facility (4)					-	
				10 1000						
Street Address										
2211 Route 208						mercia	al			
- Ta			/mm)	And the second s			I D. 11 11			
		County Code	(7)		Of Floors		Buildin	g Age		
Fairlawn	ergen				oina domolia	shod)	+	40	4	
					ang demon	sileu)		40		
Name of Manitorina Cir	m Hirad by Bldg Ow	nor (9)	IASCM NO	The state of the s						
Ivallie of Worldoring Fil	in mileu by blag. Ow	ilei (o)	ASCIVI NC	1						
AET				NORTHSTAR CONTRAC	CTING GRO	UP. IN	C.			
Street Address				Street Address		2. ,				
907 Doolittle Drive				Oli oot / tuur ooo						
City, State, Zip Code				32 Williams Parkwav						
Bridgewater, NJ 08807										
Project Mngr. For Mon	toring Firm	Telephone Nu	ımber	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Eric Houseknecth	toring r mm			East Hanover, NJ 07936	3					
Sheduled Start Date (1) Sched, Com		11)	Telephone Number	Lie	cense	Number			
	14 01	30	<u> 15</u>	973-884-8682			(00860		
Occupancy Status Dur	ng Abatement (Chec	k Only 1)		Name of OSHA Monitor	г					
				NORTHSTAR CONTRAC	CTING GRO	UP, IN	IC.			
Abatement				Street Address						
		Normal Facility								
Hours - Des					· ·					
☑ Other - Desc	ribe: 7:00 AM - 3:	BOPM								
				Last Hanover, NJ 07936)				-	_
Scope of Work (Check	All That Apply)									
☐ Demolition	F3	Danavation		Full Containment with I	Nagativa Pr	occur	,			
>3sf or >3lf	E.	Reliovation			Negative Fi	essuit	Ī			
≥351 01 ≥311 ≥160 sf or ≥3	960 If									
	.00				Non-Friable	Proce	dure			
			-							
Location of	ls	7	Descript	ion of	At	ateme	nt Type			
Asbestos Contain	ing Location	A	sbestos - C	Containing		R		E	E	
	Normally						R	1000		
TO BE ABATE										
in Facility	Solely				F or LF)			20000		
(13)		or	other misc	ellaneous)	1	7.3				
	Street Address 2211 Rout 208 North Initial									
					5.7	L	K			
								-	- 12	
	YES NO N/	1						-	-	_
OFF ATTAQUES						4-	- Control	+	-	-
SEE ATTACHED					-	-	+		-	
					4					
		ALIE TO THE	To	N	- 16:11					
Name of Registered W	iste Hauler				Inatill					
NEWARK CARTING				I.E.S.I.						
Oit Otata		4509		City State						
City, State					5					
NEWARK, NJ			Date	DETINLENEW, PA 16105						
Completed by (Print or	Type)	Tritle		Isignoture				Data		
Completed by (Print of	rype)	Title		Signature	CC			Date		
Steve Stiles		Project Manag	er	Den	XCI	V		1	2/11/1	4
TOTAL CHICA	eve Stiles Project Manager				-				1 17 1	-

Location of	T	ls		Description of		Ahatem	ent Type	<u> </u>	
Asbestos Containing TO BE ABATED in Facility (13)	b te C S	locat lorma Use Sole y Ma enan usto taff (ally d ly iin- ce/ dial 12)	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL	ENCLOSUR
DAKEDY OND ELSE	YE	S NC	N/A						1
BAKERY - 2ND FLOOR		1		DUCT INSULATION	1,025 SF	7			
BAKERY - 2ND FLOOR	14	1		GASKET	1500 SF	V			
BAKERY - 2ND FLOOR		1		TRANSITE	80 SF	7			
BAKERY - 2ND FLOOR		1		WIRING	3,000 LF	7			
BAKERY - 2ND FLOOR		1		PIPE & FITTING INSULATION	4,265 LF	7			
BAKERY - 1ST FLOOR		V		PIPE & FITTING INSULATION	175 LF	[7]	T		Ti
STAIRWELL #1		4		PIPE & FITTING INSULATION	10 LF	7			1
STAIRWELL #2		4		PIPE & FITTING INSULATION	20 LF	[J]	TH	1 1	1
2ND FLOOR PAINT SHOP		V		VAT & MASTIC	1050 SF	V	Th		十五
IST FLOOR SHOP AREA		4		DUCT INSULATION	200 SF	য	TH	十市	1 1
1ST FLOOR SHOP AREA		4		PIPE & FITTING INSULATION	150 LF	V	十百	一百	1 1
BAKERY - 2ND FLOOR		V		PIPE & FITTING INSULATION	2 LF		TH	TH	
BAKERY COLUMN M-5	TO	V		PIPE & FITTING INSULATION	16 LF	[7]	TH		1 1
BAKERY COLUMN M-7		V		PIPE & FITTING INSULATION	16 LF	V	1 1	1	1-
ADIES ANNEX		V		VAT & MASTIC	2400 SF		1 1	 	+ -
COLUMN P-23		7		PIPE & FITTING INSULATION	20 LF		1 1		+
BAKERY DRAIN LINES	TO	V		PIPE & FITTING INSULATION	130 LF	V	1 1	1 1	++-
BAKERY RACK CORRIDOR		V		PIPE & FITTING INSULATION	270 LF	- I	+	1	++
SPIRAL COOLER AREA		1	П	PIPE & FITTING INSULATION	300 LF	7	1 -		+-
BAKERY WATER LINE		V		PIPE & FITTING INSULATION	8 LF		1 1	++	+-
BAKERY DRAIN LINES		V		PIPE & FITTING INSULATION	190 LF	$\overline{\gamma}$		-	+-
ND FLOOR SUGAR WAFER		J	П	VIBRATION CLOTHES	20 SF	N	-	-	
ND FLOOR LOCKER ROOM		7		DUCT INSULATION	3000 SF	[V]	1 1		1-
ND FLOOR OREO		V		PIPE & FITTING INSULATION	300 LF	[V]	1 1	++	+-
ND FLOOR ICING	TO	V		PIPE & FITTING INSULATION	120 LF	7	1-1	+ +	+-
ND FLOOR LOCKER ROOM	TO	7		PIPE & FITTING INSULATION	85 LF			-	
ST FLOOR WATER PIPING	10	1		PIPE & FITTING INSULATION	120 LF	7			1-
	10				120 0		-	1 -	+-
	10					H	1 1	+ +	1
		T			-	H		++	+-
	T	TT	T			H	1-#	+ +	
	1		1		_				



		NOTIFICATI	ION OF AS	BESTOS ABATEM C 8:60-7 AND 12:12		O Ke	BH	12	303
Date of Notification (1) $\begin{array}{c c} & 12 \\ \hline & 11 \\ \end{array}$			Name of E	Building Owner / O LAROCHE, INC.			<u> </u>	性则	WEI
Agencies Notified Type of EPA DEP DOH DOL	Notification Initial Amended Amendment # Emergency w Cancellation			Contact		Telephor	— DEC	ər	- 11 - 12:01:8
To consider the second		F/	ACILITY IN	FORMATION			ALI COMPANIES CALLED IN THE PARTY OF		
Name of Facility Where Abat HOFFMAN LAROCHE	ement is Taking	Place (3)		Type of Facility (4	I (K-12)				
Street Address 340 KINGSLAND AVENUE				Other (apter 8 (Other (l.e., private & (homes, etc.)				
City (5) County NUTLEY ESSEX	10.00	County Code	(7)	Square Feet N/A Current Use (Prio	# Of Floors N/ or if being dem	Α	Building	g Age	
				N/A					
Name of Monitoring Firm Hir	ed by Bldg. Own	er (8)	ASCM NO	Name of Abateme	ent Contractor	(9)			
EMILCOTT ASSOCIATES, INC Street Address	0.	Handler of Pro-	N/A	NORTHSTAR COI Street Address	NTRACTING G	ROUP, IN	IC.		
190 PARK AVE City, State, Zip Code MORRISTOWN, NJ 07960				32 WILLIAMS PAR City, State, Zip Co					
Project Mngr. For Monitoring DAVID TOMSEY		Telephone Nu 973-538-1110 letetion Date (1		EAST HANOVER,		License	Number		
12_ / 22 /14_		31	15	973-772-3660	CI	License		0860	- Annual Control
Occupancy Status During Al Facility Closed/Va Abatement	cated During Ent	tire Period of		Name of OSHA M NORTHSTAR COI Street Address		ROUP, IN			
Abatement Perfor Hours - Describe: Other - Describe:				32 WILLIAMS PAR					
	7:00AM-3:00P	M		EAST HANOVER,	NJ 07936	THE RESERVE			
Scope of Work (Check All Th Demolition ≥3sf or ≥3lf ≥160 sf or ≥260 lf	eat Apply)	Renovation		Full Containment Mini - Enclosure Glovebag Proced Non-Exempted (*	lure				BERTATANA PER
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(l. insu or		Containing (ACM)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I R	ERCAPSJL	M C G O L O Z H
EXTERIOR FORMER B-30		ACM SOIL			2,400 C.Y.				
Name of Registered Waste H NORTHSTAR CONTRACTING		NJDEP Waste Hauler ID No. NJ-750		Name of Register WASTE MANAGE			PRODUCTION OF STREET		The second secon
City, State EAST HANOVER, NJ			Disposal Date	City. State TULLYTOWN, PA					
Completed by (Print or Type STEVEN STILES)	Title PROJECT MA	NAGER	Signat	ufe (Q)	Date	401444

12/11/14

CK# 26954

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

Date of Notification (1)		Name of Building Ov MERCK SHARP & DO		7/F			
				HI DEC	12	2014 ZU/4	
	14	Street Address 126 E. LINCOLN AVE	NUIE 1	7	, -	Same No. 7 . 1	-17
EPA X III	lotification nitial Notification mended Notification Cancellation	City, State, Zip Code RAHWAY, NEW JER	SEY 07065		ICENS	ONTROU ING	. &
	On Hold EMERGENCY NOTIFICATION			ephone Numb	er		
		ACILITY INFORMATION	T 6 F 1164. (4)			-	
Name of Facility Where Abatemer MERCK SHARP & DOHME CORPO			Type of Facility (4) School (K-12) Subchapter 8 (X Other (ie. priva			omes. et	p.)
Street Address 126 EAST LINCOLN AVENUE - 97	TANK FARM			# of Floors N/A		Ildg. Age N/A	
RAHWAY	County (6) JNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if VACANT				
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST		ASCM No.	Name of Abatemen PAR ENVIRONMEN			1	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK	11000000000000			
City, State, Zip Code	RTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YO				
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			Telephone Number 845-369-7500		nse Num	ber	
Expected State Date (10)	Sched. Complete	tion Date (11) 30 /15	Name of OSHA Mon AMERISCI LABORA		, j	#11480	
Abatement Performed O	nt (Check only one) During Entire Period of Abat putside of Normal Facility Ho MONDAY-FRIDAY 7AM-3:3) Renovation	ours - Describe: BO PM Full Conta Mini-Enclo	ainment with Negative F	ORK, NEW Y	ORK 100	016	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Ast Containing Materi (ie. Thermal sy insulation, surfact or other miscella	ial (ACM) vstems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	tement T ENCAPSULE	e ENCLOSURE
THROUGHOUT	Yes No N/A	PIPE GASKETS	75	SF	x	im	lm l
							-
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10 Disposal Date	Name of Registered LYCOMING COUN' 447 ALEXANDER D City, State	TY RESOUR		AGEMEI	L NT SER
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	Signature	MONTGOMERY, F	PA 17752 Date	15	1111	U
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATIONS 157)	D/			(1)	

NOCIC

NOTIFICATION OF DEMOLITION AND RENOVATION DATE (mo/day/yr): December 8, 2014 FACILITY INFORMATION (Identify owner, removal contractor, and other operator) ASBESTOS CONTROL & AGENCIES NOTIFIED: (X) EPA () DEP (X) DOL (X) DOH () DCA OWNER: MERCK SHARP & DOHME CORP. Address 126 EAST LINCOLN AVENUE, P.O. Box 2000, RY28-414 City: RAHWAY State: NJ Zip: 07065 Contact: Mike Latronica Tel: II. REMOVAL CONTRACTOR: PAR Environmental Corporation License Number: 01101 Address: 313 Spook Rock Road City: Suffern State: New York Zip: 10901 Contact: William E. Wittler TF OTHER OPERATOR: Address: City: State: Zip: Contact: Tel: III. TYPE OF NOTIFICATION (O = Original/R = Revised/C = Cancelled): Original TYPE OF OPERATION (D = Demolition/R = Renovation/O = Ordered Demo/E = Emergency Renovation): IV. () Large [>160 SF or >260 LF] (D) Small [< 160, > 25 SF or <260, >10 LF] () Minor [<25 SF or <10 LF] () Full Containment / Neg. Press. () Mini-Enclosure () Glovebag Procedure (D) Non-exempted and non-friable V. IS ASBESTOS PRESENT? YES (Yes/No) VI. FACILITY DESCRIPTION (Include building name, number and floor or room number) Occupancy Status During Abatement (X) Facility Closed/Vacated () Abatement Performed Outside of Normal Hours Bldg. 97 Complex - Tank farm - piping - flange gaskets Address: SAME AS ABOVE City: State: County: UNION Site location: Building size Sq. Meter: Sq. Ft: # of Floors: 1 Age in Years: 46 Present Use: Vacant Prior Use: Pharmaceutical Manufacturing PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE VII. PRESENCE OF ASBESTOS MATERIAL: The Asbestos present at the site was identified with the procedures described in 40 CFR 763. VIII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW. Non-friable

Asbestos Not RACM To Type (Rem/Rep/ Custodial to Be Removed Be Removed Description Encap/Enclose) Use? (Y/N) Cat I Cat II B97 tank farm pipe flange gaskets 75 Gaskets Removal YES N/A N/A IX. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: 12/22/14 Completion:2/28/15 X. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) 3/13/15 Completion: 12/1/15 Start: Demolition Xa. DATE AND TIME OF DISPOSAL (Quantity of waste to be disposed Date: on or after 12/22/2014 is the same as RACM to be removed as indicated in VIII) Time: Between 7:00am & 3:00pm DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: XI. Demolition and removal of entire building, including concrete slab and all foundations.

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

Date of Notification (1) December 9, 2014				Name of Buildin Hess Corporati			2 AMI2: 81		
Agencies Notified	Notifi	cation Type		Street Address 1 Hess Plaza			ATTICE SI		
(x) EPA () DEP (x) DOL (x) DOH	(x) A	itial Notification mended Certification ancelled	1	City, State, Zip Woodbridge, N		43 <u>6 -</u> & LICE	HOIRG KUL		
() DCA				Name of Conta	<u>ict</u>	[7	fel Nort		
			FACILITY IN	FORMATION					
Name of Facility Where Ab Hess Corporation Refinery Street Address		Place (3)		Type of Facility () School (K-1 () Subchapter	2) 8 (other th	an K-12) mmercial bldgs.	, homes, etc.		
750 Cliff Road				Sq. Feet 5	20,222	# of Floors	s NA		
City (5) Port Reading	County (6) Middlesex	County Co (State Use		Bldg. Age 5 Current Use (p	5 years prior if being	demolished)_R	tefinery		
Name of Monitoring Firm I Bureau Veritas	fired by Bldg. Owner	er (8) ASCM No.				Name of Control Brandenburg I	ractor (9) ndustrial Service (Company	
Street Address 110 Fieldcrest Avenue	12. T	-	-	Street Address 2217 Spillman					-
City, State, Zip Code Edison, New Jersey 08837	,			City State, Zipo Bethlehem, PA					
Project Manager for Monit Kirit H. Vora		phone Number 225-6040		<u>Telephone Nui</u> (610) 691 - 180			License Number 00721		
Scheduled Start Date (10) Demolition – February 4, 2 Asbestos – July 7, 2014	2014 Dem	eduled Completion I colition – February 2 estos – October 31,	8, 2015	Name of OSH	A Monitor				
Occupancy Status During (x) Facility Closed/Vacated () Abatement Performed	During Entire Peri	od of Abatement		Street Address	<u> </u>				
Describe - Removal of AC				City, State, Zin	Code	II			
Other – Work Hours will be		n – 5:30 pm, Sat 7:0	0 – 3:30	=					
Source of Work (Check al	that apply)								
(x) Demolition () Reno (x) Large Proj. (>160 SF of () Full Containment with	r >260 LF ACM) () SM Proj. (>25<160 () Mini-Enclos	ure (x) Glo	vebag Procedur	e	oj. (<25 SF or <			
Location of Asbestos- Containing Material (ACM Facility (13)	Is Location N Solely by Ma Staff? (12)	Normally Used aint./Custodial	Description of thermal system surfacing, VA	ms insulation,	Amount	Specify SF or L	Processing and Proces	nt Type ep. Encap_	Enclose
50010 0	YES	NO NA	miscell.) Transite		9,900 S	F	X		T
FCC/Gas Comp		X	Transite		5,750 S		X		
Utility		X	Pipe Insulation	on	10 LF		X		
Utility Utility		1 x	Floor Tile		275 LF		X		
Fuel Gas Comp.		X	Drum Insulat	ion	150 SF		X		
Millwright Shop		X	Floor Tile		1,000 S		X		
Warehouse		X	Floor Tile		320 SF		X		
Warehouse .		X	Tape and Jo	int Compound	48 SF		X		
Warehouse		X	Window Cau	lk	300 LF		X		
Warehouse		X	Transite		6,000 S		X		
I&E Shop		X	Floor Tile		384 SF		X		
1&E Shop		X		int Compound	120 SF		X		
I&E Shop		X	Window Cau		102 LF		X		-
I&E Shop		X	Pipe Insulati	on	90 LF	· E	X		-
Firehouse/Locker Room		X	Floor Tile Black Roof F	lashing	3,954 S 20 SF	4	X		
Firehouse/Locker Room		X	Black Roof N		4,050 \$	F	x		
Firehouse/Locker Room		T X	Black Mastic		2,000 S		X		
Firehouse/Locker Room		1 1 ^	Diack Mastic	iviaterial	2,000 0	•	17	-	-

Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location Norm Solely by Maint./ Staff? (12) YES		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abaten Rem.	nent Type Rep. En	ncap Enclose
Laboratory		X	Countertops	2,700 SF	X		
Laboratory		X	Fume Hoods	660 SF	X		
Laboratory		X	Floor Tile & Mastic	5,750 SF	X		
Laboratory		X	Mastic Only	7,800 SF	X		
Laboratory		X	Black Roof Flashing	600 LF	X		
Laboratory		X	Black Tar Sealant	2,200 SF	X		
Canning Bldg.		X	Roofing Material	4751 SF	X		
Canning Bldg.		X	Transite	421 SF	X.		
Canning Bldg.		X	Black Roof Flashing	50 SF	X		
Name of Reg. Waste Hauler Brandenburg Industrial Service Co.	NJDEP Waste Hauler ID #	Cubic Yards 325 NT	s of Waste		Name of IESI	Reg. Land	<u>lilil</u>
City, State Bethlehem, PA	Disp. Date July 9, 2014			9 1		City, S Bethle	<u>state</u> hem, PA
Completed by (Print or Type) Jennifer Strobel	<u>Title</u> Contract	Manager	Signature	<u>Date</u> 12/0	9/14		
Jennier Otrober							
					-		

401 E. State St., PO 414 Trenton, NJ 08625-0414

9/18/00

D&S Proj. #: 2014-499

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

RECEIVED

								- NA 10							
Date of Notification (1)	, H			r/Operator (2)			Suid DEC 12	AH IZ	6						
1 2 / 0 8 / 1 Agencies Notified Type	NI-VE-VI			BYTERIAN	CHUI	RCH	3 2 1 1		- W 1.18						
EPA Initia		Street Addres					Ade l & eice	W-3114	- NUI	•					
□ DEP □ Ame		74 SO. M.		AVENUE			& EIGE	HOREC	<u> </u>						
	iment #:	City, State, Zi													
_ Lme	7.00	FANWO	THE RESERVE OF THE PARTY OF THE	7023			T-1b	Niverbox	-			-			
	uding fication)	Name of Cont	tact				Telephone	Number							
DCA Car	cellation	JAY GOI	ETZ					7223			_	_			
			FACIL	ITY INFORM	ATION										
Name of facility where aba	tement is taking p	place (3)					Type of Facility (4)								
FANWOOD PRESBY	TEDIAN CUII	рсч						oter 8 (Ot	hor th	an K.	10)				
Street Address	TERIAN CHU	KCII					Other (P				12)				
Street Address							Bldgs./H	omes, et	c.	-					
74 SO. MARTINE AV							Square Feet #	of Floors	S	Blo	g. Ag	е			
City (5)	Co	unty (6)				ty Code (7) e use only)	Current Hea (Pric	or if boing	- dom	olicho	d)				
FANWOOD	11	NION			State	Guee Orlly)	Current Use (Pric	se (Prior if being demolished)							
Name of Monitoring Firm F		Eraketti (Trick)		ASCM No.		Name of Abatement	Contractor (9)	_	-						
						D & S RESTOR	ATION, INC.								
Street Address					$=\mid$	Street Address	2111011, 2101					_			
Ca cot / taa looc						20 California A	ve.								
City, State, Zip Code					-	City, State, Zip Code						-			
					- 11	Paterson, NJ 0	7503								
Project Manager for Monito	ring Firm	Pho	one Numbe	er		Telephone Number		License	Numb	er					
and and the second and and an experience of the second and the sec						973-345-8020)	0	1169						
Start Date (10)	ISch	ed. Completio	n Date (11)	-1	Name of OSHA Mo									
A CAMPANIAN ATTEMORY PROCESS OF HARVESTEEL.				,		D & S Restora	tion, Inc.					_			
12/09/14		30/14			_	Street Address									
Occupancy Status During A Facility closed/vacate			mont		11	20 California A			_						
Abatement performed						City, State, Zip Code	Э								
Describe: NO	RMAL HOURS					Paterson, NJ 0	7503					_			
Scope of Work (check all t			100	-			Full Containment w/	negative	press	ure					
>3 sf or >3 lf	□ Renova	tion					Mini-enclosure								
≥160 sf or ≥260 lf	☐ Demolit	ion					Glovebag procedure Non-Exempted (*) a		friable	proce	edure				
	Is locat	tion normally u	used solely				Troit Exempted (7)		TR	R	Ε	1			
Location of asbestos-containing	by mai	ntenance/cust		l	on of as	sbestos-containing	Amount		e m	e p	n c	n			
material (acm) to be	staff(12	<u>1</u>		material			(Specify SI	- or	0	a	a	C			
abated in facility (13)	Yes	No	N/A						v e	i r	р	-			
BASEMENT		X		PIPE FITT	ING I	NSULATION	8 ELBOWS		X			I			
			1									I			
		i													
	-	-										L			
												E			
Registered Waste Hauler		IDEP Hauler I		ubic Yards of	Waste	Name of Registere	ed Landfill	COVET	v						
D & S RESTORATION	N, INC.	3506		YD.	-	Commence of the last of the la	I, RESOURCE RE	COVER	1		MINISTER OF STREET				
City, State	03	1 519	Disposal D 12/10/1			City, State TULLYTOW	J PA								
PATERSON, NJ 075			12/10/1	Signature		1 TOLL TOWN	1,171	Date							
Completed by (Print or Typ BOGDAN JOLDZIC		IDENT		o.g.iataio				12/08/	/14			. 1			
ASB-41			for asbesto	s licensure ex	xempte	d activities.			1			and the same			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#24619

Date of Notification (1)		Name of Buil	ding Owne	r/Operator (2)	- 607 1 / IE		- 4		i
		The second second		HALOFSKY	AS ELIC	12	1576/00		v - '
12/10/2014	action	Street Addre	TO STATE OF THE ST	HALUFSKI	- A-	_	100	12.	-
Agencies Notified Type Notifi	Cation			ore.	& Cici			< · /	9
	ided Amendment #	29 PINE KN City, State, Z		IVE		- J	1.75		
				NIT 00640	`	10//Ch	4.1	TUZ	
	gency (including	LAWRENC		NJ 08648		Telepi	oppo l	Numb	
	cation)	Name of Cor				retebi	ione	Number)CI
DCA Cano	ellation	DAVID J. D							
200		FACILITY IN	FORMAT	ION	I= (F ::: (A)				
Name of Facility Where Abatement is					Type of Facility (4)				
PRIVATE RESIDENCE (HERBEI	RT YOUNG ESTAT	TE)			School (K-12)				
Street Address					Subchapter 8 (Other				
85 PHILIPS AVENUE					Other (i.e., private				
City (5)					Square Feet	# of F	loors	Bldg.	Age
HAMILTON, NJ 08610			-						
County	,	County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ing den	nolish	ed)	
Mercer									
Name of Monitoring Firm Hired by Bui	lding Owner (8)	ASCM No.	Name of	Abatement Cont	ractor (9)				2
			CREAM	RIDGE ENVI	RONMENTAL INC.				
Street Address	,		Street Ad	dress					
			15 BLAC	CK FOREST R	OAD				
		-	Company of the contract of the	e, Zip Code					
	N .		HAMIL	TON, NJ 0869	1				
Project Manager for Monitoring Firm	Telephone No.		Telephon			Licens	se No	•	
Trojest manager for memoring	l ciopina in a		609-890-			00676	5		
Start Date (10)	Scheduled Comp	letion Date (11)		OSHA Monitor		1			
12/11/2014	12/11/2014		N/A						
Occupancy Status During Abatement			Street Ad	dress					
Facility Closed/Vacated During E		ment							
Abatement performed outside of wor			City Stat	e, Zip Code				-	
ESSENTIAL PERSONNEL ONLY	King hours or W-2 Am		Oity, Otal	c, 2.p 0000					
			1,		Full Containment w	rith Neo	rative	Pres	sure
Scope of Work (Check all that apply)		Renova	tion		Mini-Enclosure	nui i vo	Julie		04.0
≥ 3 sf or ≥ 3 lf		Demolit			Glovebag Procedu	ro			
≥ 160 sf or ≥ 260 lf		Demoin	шоп		Non-Exempted (*)		Eriahl	e Pro	cedure
	1 11 1					Abate			
	Is Location Normally Used	Description	n of Asbes	tos Containing		T	ITIGHT		
Location of Asbestos-Containing	Solely by			ermal systems	Amount (Specify SF or	R	72	Encapsulate	En
Material (ACM) TO BE ABATED In	Maintenance/Cus		50 O S	VAT, or other	LF)	Remova	Repair	aps	clos
Facility (13)	dial Staff? (12)		miscellane	ous)		val	¥-	ulat	Enclosure
	Yes No N/A							0	
BASEMENT	X	PIPE INSU	LATION		150 L.F.	X			

Name of Registered Waste Hauler	,	NJDEP Waste	1	Cubic Yards of	Name of Registered La	ndfill			
		Hauler ID No.	- 1	Waste	GROWS				
CARNEVALE DISPOSAL CO., IN	IC.	17297		1 YDS	1				
City, State			1	Disposal Date	City, State				
HAMILTON, NJ 08691		Manage - Source and the source of the	- TIMES - TO SEE	12/12/2014	MORRISVILLE, PA				
Completed By	Title		Signature	27-Mar	i Vendres	Date			
DAVID D'ANDREA	PRESIDENT		1 (11)	MANG	Menous	12/10	/2014		

^{*} 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)

rsuant to NJAC 8:60 and 5:16)

Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	☑ Initial ☐ Amended	ition		-					ULU I AM	A .			
The state of the s							11	Asic	- 15 AFT	4	7		
		ent #	dina					6	LICENSING	πU	L		
(NJAC 5:23-8)	justificatio	on)	ung								5		
					FΔC	II ITY IN	FORMATION				-		
Name of Facility Where A	batement is T	aking P	lace (3)			a Orania (1701)	Type of Facility (4)		-		
A service of the State of the S		3	(,				2.5					
Series Dictar D													
12													
12													
Rockaway Twp													
					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ied)			
12													
							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address			-			
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C	ode					
							- [- [- [- [- [- [- [- [- [- [
And the second of the second o	toring Firm			Tele	phone I	Vo.	Telephone No.		License No.				
V 3				97	3-494	3762	973-928-4888	3	1188				
	S	Schedule	ed Co	mplet	ion Dat	te (11)	Name of OSHA N	Monitor					-
12 / 18 /							ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (0	Check o	nly on	e)			Street Address						
[일하다] [] [17.0	2.2					27 Outwater	Lane					
Scope of Work (Check all	that apply)					-							
≥3 sf or ≥3 lf							☐ Mini-End ☐ Gloveba	closure ag Procedure		Э			
	-		111000000							Ab	atem	ent T	ype
Asbestos-Containing TO BE ABA IN Facili	Material (ACM TED	1)	Used Mair	Sole ntena odial	ely by nce/		estos Containing Ma e., thermal systems surfacing, VAT	aterial (ACM) insulation, r, or	(Specify	Removal	Repair	Encapsulat	Enclosure
()		,	Yes	No	N/A		288 70 23	*				Φ	
Roof	8 8	1			Ø	Roofin	g/Flashing		5,073 SF	\boxtimes		×	
Kitchen, Office #1, 2,	3 & 5				\boxtimes	VAT			1,459 SF			M	\boxtimes
	·]											
2		Г	7	П	П								
				1000	auler II	O No.	Waste	Grows ,	stered Landfill				
							I I I I I I I I I I I I I I I I I I I		PA				
Completed By (Print or T	ype)		ject l	Man	ager		Signatore	Mon		/	1/1	4	1.11160

ASB-41 JAN 13

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

OK 1760

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 5:16)

ate of Notification			Nan	ne of Build	ng Owner/Operato	or (2)	GIVA TO S	h c Dec	12		
gencies Notified	-	ND.		et Address	UNITALL				16	-41	11
] 5PA	Initial		306		ocuston	Laike	BUJASO:	ζ,			- 1
DOL DOL	Amended Amendment		City	State, Zip	Code		4	Lit	- 17	and the same of th	Personal
DOH	Emergency	(including	-		18 SULLON	NJ	08136	Lic	-14	3/18	6
DÇA	justification Cancellation		Nam	ne of Conta	bunis		Telephone Nur	nber nber			л
				ACILITY IN	FORMATION				li	Ξ	
sme of Facility	Where Abatement is Tak	ing Place (3)			Type of Faci					
reet Address			01 1			School (F	(-12) ter 8 (Other than K-	12)			
585	tockhon L	aire	BN		08736		private & commen		lding	s,	
ty (5)	anasouan					Square Feet	and the second s	E	idg.	Age >	-,
ounty (6)					(7) (STATE	Current Use	Prior if being demo	lished)	-	.>_	
1)	Chimout	n		E ONLY)		M	ome				
ane of Monitonia)	ng Firm Hired by Building	Owner	ASCA	No.	Name of Abater	ment Contractor	ities Ind				
reet Address	14.46		L		Street Address		1110 (III		4		Wildows.
	1 1 1				P.O. P	50x 91	5				
ty. State Zip Co	xde				Chy, State, Zip	11	08723		1		
oject Manager f	or Monitoring Firm	Ī	elephane	No.	Telephone No.	9-7490	License No	196	,		
art Date (10)		eduled Com	pletion D	ate (11)	Name of OSHA		1	-1-	Ť		
	s During Abatement (Ch	21	41		Street Address				#		=
Facility Closed	Vacated During Entire P	eriod of Ab	stement								
Abatement Per Other - Describ	formed Outside of Norm	al Facility H	curs		City, State, Zip C	Code			1		_
	heck all that apply)										
]≥3 sf or ≥3 if]≥160 sf or ≥26	35 **	Renov Demo			Mini-En	ntainment with to closure ag Procedure	Vegative Pressure				
		Is Loc	the	T	Non-Ex	empted (*) and	Non-Friable Procedu	1	-1		
1 00	ation of	Norm Used So	ally					1 1	Typ	ment ce	
Asbestos-Conta	ining Material (ACM)	Mainten	ance/	Asbes	Description of tos Containing Mar	terial (ACM)	Amount			m	
IN	EABATED Facility	Custo Stat		(i.e.	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	R _o	n.a	Enclosure
-	(13)	(12)	1	other miscellane		0.0.2,	Removal	Repair	Encapsulate	luso
		Yes N	O N/A	}				-		He	CI.
			X	0.10	Stos Sidi	Ne	17005st	K		-1	
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			T			·		+			
ne of Registere	Maste Hauler	2612	WDEP Hauler, I		Cubic Yards of Wastez	Name of Re	gistered Landfill	(-		-
WUUL 1	T.NIII OF COM	istinc	216	62	1		GKUW	7			
/. State	a 117				Disposal Date	City, State	04				
15/10 W	1 (1) 1				12/11/21/11	1					
Milliand By	Utis Tio	e Olas	ider	1	Signature (100	Date	181			

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) choelt-Name of Building Owner/Operator (2) Date of Notification (1) 2-9-14 S. HIRSCHE Street Address Agency Notified Type Notification 53 IDAHO STREE a Initial City, State, Zio Code ☐ Amended D DEP ASBESTOS CONTROL & NI PASSAIC Amendment# # DOL Emergency (including Name of Contact justification) DOH S. HIRSCHE ☐ Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) HIRSCHEX ☐ School (K-12) Q Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) + 11.1 BI URS 2200 .. Current Use (Prior if being demol County Code (7) (STATE USE County (6) ONLY) RESIDENCE PASSAIC Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00388 201-329-7444 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 12-24-14 Omega Environmental 12-22-14 Street Address Occupancy Status During Abatement (Check only one) . . 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zio Code ☐ Abatement Performed Outside of Normal Facility Hours S. Hackensack , N.J. 07606 Other - Describe: 8 AM 5pm Scope of Work (Check all that apply) - B Full Containment with Negative Pressure Renovation ' ☑ Mini-Enclosure Q≥3sfor≥3ff ☐ Demolition ☐ Glovebag Procedure @ ≥ 160 sf or ≥ 260 IF ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Used Solely by Description of Amount Asbestos Containing Material (ACM) Containing Material (ACM) TO BE ABATED (i.e., thermal systems insulation, (Specify CustodialIN Facility surfacing, VAT, or SF or LF Staff? other miscellaneous) (13) (12) NIA No 325 SHX VAT BASEMENT Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Hauler Waste

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

17109

Estimator

2405

Disposal Date

12-24-14

City, State

Waynesburg,

Minerva Enterprises ,LLC

Oh, 44688

12-9-14

Best Removal Inc

Hackensack , N.J. 07601

City, State

R. VELDRAN



MOCK

Print Form

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

Date of Notification (1) 12/8/14				uilding Ov orporatio	vner/Operator on	(2)	DEC	12	2014		川			
Agencies Notified	Type Notification			treet Add						200				
× EPA	▼ Initial			315 Riv	74_24.			ASBEST	OS CON		٤	+	-	
EPA DEP DOL	Amended Amendment #				, Zip Code ater, NJ (
	Emergency (ir justification)	cluding	N	lame of C	Contact			Tel	ephone N	umber				
DOH DCA	Cancellation		F	Paul Ma	arino									
		DI (2)		FACILI	TY INFOR	RMATION	Type of Faci	ility (4)						
Hess Corporation	e Abatement is Taking - Various Building						School Subcha	(K-12) apter 8 (Oth	er than K-	12)				
Street Address 615 River Rd		8		24			Other (etc.)	i.e. private	& commer				3,	
City (5)							Square Feet		f Floors	- 1	dg. A	ge		
Edgewater			7 .				Various		rious		959			
County (6) Bergen				County Co STATE US	ode (7) SE ONLY)		Current Use			shed)				
	irm Hired by Building O	wner (8)		ASCM	No.		of Abatemen E Environm							
Street Address 110 Fieldcrest Av	/e						t Address 0 Mt Cobb	Rd	34-					
City, State, Zip Code							State, Zip Cod e Ariel PA							
Edison NJ 08837 Project Manager for N			Ti	Telephon	e No.		hone No.		License	No.			-	
TBD	ionitoring rum		- 10 m		5-6040		-383-4151		01216					
Start Date (10) 12-19-14		Schedule 12-19-		pletion D	ate (11)	122710	e of OSHA Mo e Nate	nitor	- 11					
Occupancy Status Du	ring Abatement (Check	Only On	e)				t Address	Dd						
Facility Closed/V Abatement Perfo Other – Describe	/acated During Entire F ormed Outside of Norm e:	eriod of A al Facility	batem Hours	patement 1380 Mt Cob Hours City, State, Zip C										
Scope of Work (Chec			_				Zano / wisi, i / v is iso							
≥3 sf or ≥3 lf ≥160 sf or ≥260			tenovai emoliti				Mini-Enc Gloveba	tainment wit losure g Procedure mpted (*) a)			·e	23	
		7.0	Locati								Abat	ement /pe		
	ation of		Normali d Sole		Achast	Description	on of Material (ACN	(A)	Amount			m		
TO BE	ning Material (ACM) ABATED acility 13)	Ma Cus	intenar todial S (12)	nce/ Staff?			ms insulation, /AT, or	"/	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A		transite R	oofing		500SF	Х	-	-		
	r Room	4-	X	-		roof to			1000SF	X	+	+		
Main Building									120sf	X		-		
Dispa	tch bldg	-	X		-	roof t	al		12031		-	-	-	
N	Meste Harder		T N	LIDED W	/aste	Cubic Yards	Na	me of Regis	stered Lan	dfill			L	
Name of Registered Waste Hauler Newark Carting						of Waste	f Waste		hem Lai					
City, State				Disposal Da			sposal Date City, State		٦,٨					
Newark, NJ				Various Morrisville F				A						
Completed by	4	4		Signat		Date 12/8/14								

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

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State of New Jersey

	NO			OF ASBESTOS NJAC 8:60 an		10.	Utto	11 4	40	4	-
Date of Notification (1) 11/10/14		1.0		Building Owner/Gorporation	Operator	(2)	ASBESTO	900) . [] . 12	101	<u>.</u> &
Agencies Notified Type Notification		- 1	Street Ad 315 Riv			L.	LIC				
EPA Initial DEP Amended Amendment	ų į			e, Zip Code ater, NJ 0760	13			T			
Emergency (i		100	lame of		,,,		Telephone Num	ber			_
DOH justification) DCA Cancellation		I	Paul M	arin0							
	D) (0)		FACIL	ITY INFORMAT	ION	Type of Facility (4	1	-			_
Name of Facility Where Abatement is Taking Hess Corporation	Place (3)					School (K-12					
Street Address						Subchapter	8 (Other than K-12 ivate & commercia) I build	linas.	home	s,
238 West Fort Lee Rd					12	etc.)	# of Floors		ldg. A		_
City (5) Bogata						Square Feet 18 acres	various	5		ge	
County (6)			County C	ode (7) SE ONLY)		Current Use (Prio	r if being demolish	ed)			
Bergen Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.	100000000000000000000000000000000000000	of Abatement Con	167 M.	+	-		4
		81			100000	Environmenta	Group				
Street Address						t Address 0 Mt Cobb Rd					
City, State, Zip Code						State, Zip Code e Ariel, PA 1843	36				
Project Manager for Monitoring Firm		- 1	Telephon	e No.	Telep	hone No.	License No	o.			- 5
						-383-4151	01216	_			
Start Date (10)		ed Completion Date (11) Nat				of OSHA Monitor					
12-15-14 Occupancy Status During Abatement (Chec			115		Stree	t Address		+	-		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	ent		Clty,	State, Zip Code					
Scope of Work (Check All That Apply)								+	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			Control Control	Mini-Enclosure				e	
		Locatio								ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solel ntenan odial S (12)	y by ice/	Asbestos Co (i.e. therm surf	escriptiontaining alsystem acing, Vaniscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					ļ.,	-		
Please see attached			Please	e see a	ittached		X				
	-	-					****				
Name of Registered Waste Hauler Newark Carting		H	JDEP W auler ID 4509		c Yards aste	IESI Be	Registered Landfill ethlehem				
City, State Newark, NJ	Disposal Date various					e ville, PA					
Completed by Mariah Wheeler	Title PMA				Signatu	re DI	//	ite 1/10/	14		

C. C	
Drint	Form

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

Date of Notification (1) 12/08/14			Name of Building Owner/Operator (2) Meridia Cosmopolitan Urban Renewal Cartetet,							2014		P	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment	#	6035 Pa	ark Aver , Zip Code	nue			ASBEST		NTR]	
☑ DOH DCA	Emergency (justification) Cancellation	including	Name of C	Contact				Telephone N	umber				
Name of Facility Where A Residential Street Address 139 High Street	Abatement is Taking	g Place (3)	FACILI	TY INFOR	RMATION	SSS	of Facility (4) chool (K-12) ubchapter 8 other (i.e. privitc.)	(Other than K-	12) cial build	ings,	homes	5,	
City (5) Carteret						Square 1,500	e Feet O	# of Floors 2	5	dg. A	ge		
County (6) Middlesex			County Co (STATE US			Resi	dential	if being demol	ished)				
Name of Monitoring Firm N/A Street Address	n Hired by Building	Owner (8)	ASCM	No.	Star								
City, State, Zip Code					0 27.0	State, Zi	p Code J 07461						
Project Manager for Mon	roject Manager for Monitoring Firm					hone No -864-2		License 01137					
Start Date (10) 12/09/14					10000000	e of OSF eriSci	A Monitor			-0.1-05-05			
Occupancy Status Durin X Facility Closed/Vac Abatement Perform Other – Describe:	ng Abatement (Chec cated During Entire ned Outside of Norr	Period of Abate	Street Address 117 East 30th Street ours City, State, Zip Code New York, NY 10016							40			
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	Renov Demo				Mir Glo	i-Enclosure	- 17 - 17	ative Pressure				
		Is Loca	ation		-		I-Exempted	() and Homes	Table 1 10	Abate	ement rpe		
Locatic Asbestos-Containin <u>TO BE AF</u> In Fac (13	g Material (ACM) BATED illity	Norm Used So Mainten Custodial (12	lely by ance/ Staff?		Descriptions Containing thermal system surfacing, Vother miscella	Material ns insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		No.						54 L.F.					
	Wall siding				caulkir			2 units	x	-			
Attic Windows					Caulkii	ig		Z drino					
Name of Registered Waste Hauler Atlantic Carting			NJDEP W Hauler ID 190713		Cubic Yards of Waste 2		G.R.O.\	and the second	dfill	l			
City, State Wayne, NJ			Disposal Da on comple	etion	City, State Morrisv		Det						
Completed by Marko Stankovic	nt		Signatu	re KVU ($\int \int \alpha$	ue	Date 12/08	/14					

P				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		FICATION	te of New Jerse OF ASBESTOS o NJAC 8:60 an	ABATE	The second second	EGE		E	M	
Date of Notification (1) 12/5/14		Name of Bill Mau	Building Owner/Gurer	Operator	(2)	DEC 12	2014			
Agencies Notified Type Notification	n	Street Ad	dress t Gouverner A	Avenue	L					П
EPA Initial DEP Amended Amendme		70 C 20 C	e, Zip Code	•		ASSESTOS CO LICENS	NG	L &		T
DOL Amendme	nt # y (including	Ruther				T-1N				
DOH justification Cancellation	n) `	Name of Bill Mar				Telephone Nu	imber			
Name of Facility Where Abatement is Tak	king Place (3)	FACIL	ITY INFORMAT	ION	Type of Facility (4	4)				- 4
NA			151		School (K-1		12)			
Street Address 63 East Gouverner						8 (Other than K-rivate & commerce		ings,	home	s,
City (5) Rutherford		7			Square Feet 1600 SF	# of Floors 2	6:	dg. A	ge	
County (6) Bergen		County C	code (7) SE ONLY)		Current Use (Prio	or if being demolis	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM	No.		I of Abatement Cor ingpoint Contra		etion			
Divine Environmental Street Address					Address	acting Corpora	211011			
358 Broadway				II	Berkeley Terrac	е				
City, State, Zip Code Newark NJ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip Code gton NJ 07111					
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephor 201-48	ne No. 3-9788	0.0000000000000000000000000000000000000	hone No. 372-2177	License 01238	No.			
Start Date (10) 12/16/14	Scheduled 0 12/18/14	Completion [Date (11)		of OSHA Monitor Environmental	, Inc				
Occupancy Status During Abatement (Ch	neck Only One)		10-1-10-10-10-10-10-10-10-10-10-10-10-10		t Address Vest 25th Stree	t				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:		tement								
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			Mini-Enclosure				е	
8	10 10 10 10 10 10 10 10 10 10 10 10 10 1	cation						Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	mally folely by finance/ al Staff? 2)	Asbestos Co (i.e. therm: surf		Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N/A			-	1			Œ	22
Basement	;	×	Pip ·	e Insul	ation	10 LF	x			
							611			
Name of Registered Waste Hauler Newark Carter Inc		NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tullytown Refacility 4506				ulli				
City, State		1000		osal Dat						
Newark NJ 07102' Completed by	Title	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4				
Emeka Okeke	Preside	nt			The state of the s	5	12/5/1	+		

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

				Iaill to NJA				CVIC	511					111
Date of Notification (1) 12/08/14	20		Nar M	ne of Buildir eridia Cos	ng Owner/o smopolita	Operator an Urba	(2) an Re	newal Cart	eret, LLEE	C. 1	2	201	4	
Agencies Notified	Type Notification	1	Stre	et Address 35 Park /			9		ASBES		201	פדוא	01.8	
DEP DOL	Initial Amended Amendmer	nt #		, State, Zip est New `		07093		1		ICEN		1000		
DOH DCA	iustification Cancellation			me of Conta					Telephone N	lumber				*
Ц			1	FACILITY IN	NFORMAT	ION			-			_		
Name of Facility Where Residential Street Address	Abatement is Tak	ing Place (3)						of Facility (4) School (K-12) Subchapter 8		-12)	iildi	n.a.c	omo	
147 High Street								etc.)	vate & comme	TCIAI DE	illui	nys,	iome	٥,
City (5) Carteret							3qua 1,50	re Feet 00	# of Floors 2			ig. Ag)+-	ge	
County (6) Middlesex		780000		unty Code (2.010001111	ent Use (Prior sidential	if being demo	lished)				
Name of Monitoring Firm	m Hired by Building	g Owner (8)	1	ASCM No.				tement Contracto						
Street Address							t Addre	ss Drive		Т				
City, State, Zip Code								ip Code	OF THE STREET	Т	2 111	iii		
Project Manager for Mo	nitoring Firm		Tel	ephone No.		Telep	hone N	lo.	License					
				. 5. /	441		-864-	None of the second	0113					
Start Date (10) 12/09/14		12/17/14	4 . Am				eriSci	HA Monitor	*					
Occupancy Status Duri			117 Fact 3						t					
X Facility Closed/Va Abatement Perform Other – Describe:	med Outside of No			t		City,	State, 2	Zip Code K, NY 1001			\$ 3			
Scope of Work (Check	All That Apply)						, , , ,	t, 111 1001		-	_		-	
≥3 sf or ≥3 if ≥160 sf or ≥260 lf			novatio molition				Mi GI	ni-Enclosure ovebag Proce	nt with Negativedure (*) and Non-Fi				Э	
	313460	Is Lo	ocation			_			.,	T		Abate	ment	
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	ig Material (ACM) BATED cility	Used Maint Custoo	rmally Solely tenance dial Sta (12)	e/ ff?	bestos Co (i.e. therm surf		Materians insulation of the Material Ma	ation,	Amount (Specify SF or LF)	Romoval	Removal	Repair	Encapsulate	Enclosure
			No	N/A					001 =			_		
Baser			х			e insul			98 L.F.	X				
Baseme		х		р	ipe deb			100 S.F.	×	-				
Bilco doo	r - stairs		X			siding]		60 S.F.	28	2			
Name of Registered W Atlantic Carting	aste Hauler		Hau	DEP Waste ller ID No. 0713	of W	ic Yards 'aste 5		G.R.O.\		dfill				
City, State Wayne, NJ						osal Dat comple		City, State Morrisv						
Completed by Marko Stankovic	Title Presid	Signate												

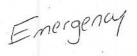
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of B	Building Ov	wner/Operator	(2)	12/		- 11			Н	\vdash
12/08/14				politan Urba			teret,	LLC 2	2014		U	Ш
Agencies Notified Type Notification	-	Street Add	dress ark Aver	nue		.=						
X EPA Initial DEP Amended X DOL		City, State				AS		OS CON		&		
DOL Amendment #		200 05 3 86 7 7 7 7 7		, NJ 07093	y			ICENSIN]
	loidding	Name of C					Tele	phone Nun	nber			
DCA Cancellation		Richard		RMATION			-					_
Name of Facility Where Abatement is Taking	Place (3)	FACILI	II T INFOR	RIVIATION	Туре	of Facility (4)			i i		
Residential	_				□ s	chool (K-12	2)					
Street Address						Subchapter 8 Other (i.e. pr	Othe	r than K-12	?) al buildi	nas	nome	۹.
135 High Street					e e	tc.)						J,
City (5)		Want State of the				e Feet	# of	Floors	1200	dg. A	ge	
Carteret					1,50		- 16 h - i -	2		0+-	_	
County (6) Middlesex		County Co		-	Resi	nt Use (Prio dential			iea)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)	ASCM	No.			ement Con Contracto						
Street Address		1.00			t Addres							
					Edsall							
City, State, Zip Code					State, Zi	J 07461						
Project Manager for Monitoring Firm		Telephon	e No		hone No			License N	lo.		_	-
Project Manager for Monitoring Pirm		relephon	C 140.	1 2	-864-2			01137				
Start Date (10)	Scheduled Co	ompletion D	Date (11)		eriSci	A Monitor						
12/09/14 Occupancy Status During Abatement (Chec		e) Street				ss	-					
1 <u>. </u>		mont				30th Stree	et					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility Hou	rs		City,	State, Z	ip Code		-				
Other – Describe:			:+	- Ne	w York	, NY 100	16					
Scope of Work (Check All That Apply)			100									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov				Mir Glo	l Containme ni-Enclosure ovebag Prod	e cedure					
	7				△ No	n-Exempted	(^) an	d Non-Fria			ement	t
	ls Loca Norm	2021/2001									ре	
Location of Asbestos-Containing Material (ACM)	Used So	lely by	Asbest	Description os Containing		(ACM)	Α	mount			ш	_
TO BE ABATED	Mainten Custodia		(i.e.	thermal syster surfacing, V	ns insula	ation,		Specify F or LF)	Remova	Re	Encapsulate	Enclosure
In Facility (13)	(12	2)		other miscella			O.	OI LI)	lova	Repair	sula	osur
	No	o N/A				- 8			_		ite	· O
1st floor Kitchen	×		•	floor tiles, li	noleun	1	82	9 S.F.	x			
1st floor Kitchen	x			masti	С		82	9 S.F.	x			
						T N	Di-t					
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic Yards of Waste		G.R.O		ered Landfi				
Atlantic Carting		190713		5								
City, State				Disposal Da on comple		City, State Morrisville, PA						
Wayne, NJ Completed by	Title			Signatu	fre	1	1		ate		Sec14	
Marko Stankovic	Preside	ident				Marko Heur 12/08/14						

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

		(Pt	irsuant t	O NJAC 6	:60 and 12	2,120	1	11-77						
Date of Notification (1) 12/08/14 CK#3405 \$200					wner/Ope wnship			rict	ĐĒ	0 12	2014		الا	
Agencies Notified Type Notification			Street Ad PO Box		chool Str	reet			VODE:	STOS CO	DINTRO	1. &		
EPA Initial Amended Amendment #				te, Zip Coo oridge, N	de ew Jers	ey 08	8608		SBE	LICENS	NG			
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	- 1	Name of Anthon	Contact y D'orsi	1					phone Nu 2-602-85				
			FACIL	ITY INFO	RMATION	V				75.5		Maria Sala	885-1113 11160-1004	
Name of Facility Where Abatement is Taking Woodbridge High School	Place (3)							Facility (4 hool (K-12						
Street Address 25 Samuel Lupo Place								bchapter 8 her (i.e. pr				ings,	home	s,
City (5) Woodbridge, New Jersey 07095				li li			Square 15,000	Feet	# of 2	Floors		dg. A 5+	ge	
County (6) Middlesex			County C	Code (7) JSE ONLY)				Use (Prio	r if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O Environmental Connection Inc.	wner (8)		ASCM	1 No.			of Abate Corpo	ment Cont ration	ractor	(9)				
Street Address 120 North Warren Street							Address McBrid	e Avenu	e					
City, State, Zip Code Trenton, New Jersey 08608	2				(State, Zip odland	Code Park, NJ	0742	24				
Project Manager for Monitoring Firm Dominick Dercole			Telephor 609-39	ne No. 92-4200			none No. 225-84	00		License 01104	No.			
Start Date (10) 12/29/14	Schedule 12/30/1		npletion l	Date (11)	100			Monitor nmental	Labs				77 - 1 3	
Occupancy Status During Abatement (Check	A300	233					Address Route	22 Wes	t			÷		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:						City, S	State, Zip			3				
Scope of Work (Check All That Apply)						Shire and pro-	sen Musilian de Tro		500.000				_	
≥3 sf or ≥3 If ≥160 sf or ≥260 If	property.	tenova emoli					Mini-	Containme Enclosure ebag Proc Exempted	edure				e e	
	Т.						14011	Lxempted	() an	a Ivon-i ne	I I		ement	t
	10.70	Locat Vorma			D		20120#11					T	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	todial Staff?				ystem ng, VA	Material (is insulat AT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		10' 5		101	00.1		415	17		-	\vdash
Mezzanine Level, Auditorium	X		-	ed Pipe F					4 LF	X	-	-	-	
Mezzanine Level, Auditorium	X		N	/ludded	Pipe	Fittings	3	1	2 LF	X		-	+	
					Tobers	(ned		No.	Dez'-	arad I = 2-1	6U			
Name of Registered Waste Hauler Lilich Corporation		1	NJDEP V Hauler ID 18724		Cubic Y of Wast 1			Name of G.R.O.			ud			
City, State Woodland Park, New Jersey	Disposal Date 12/31/14			e	City, State Morrisv		ennsylv	ania						
Completed by Title			ice President Signature 12/08/14											

Print Form



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

CF 4542

Date of Notification (1 12/10/14)	,			Building Ov e & Cory				lome	-01	2 PM IC	1:55			
Agencies Notified	Type Notification		-	reet Ado 8 Adra					CUP L	LU T	C (C) C	f at			
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code ar Harbor		8008		deA	E LÎ	CENSIR	ti.u	6		
DOH DCA	Emergency (ir justification) Cancellation	ncluding	1	ame of C harlen						1		0			
				FACIL	ITY INFOR	RMATIC	NC	+ 7	F:!!h. //						-
Name of Facility Whe Charlene & Cory Street Address	re Abatement is Taking Vergilio Private Ho	Place (3)	8					Sc Su	Facility (4 chool (K-12 ubchapter	2) 8 (Othe	er than K-12))	•		
18 Adrain Rd			£1					et	c.)		commercia				s,
City (5) High Bar Harbor	NJ 08008							Square 1000+	E	1.5		35	dg. A 5+	ge 	
County (6) Ocean				ounty C	ode (7) SE ONLY)		-	House	e & shed	1	ng demolish	ea)			
Name of Monitoring F N/A	Firm Hired by Building C	Owner (8)		ASCM	No.		26.50	of Abate aco Inc	ement Con	tractor	(9)				
Street Address								Address Box 325							
City, State, Zip Code						22		tate, Zip t Berlin	Code NJ 080	91					
Project Manager for		T	elephor	ne No.			none No 753-98			License No 00727	0.				
Start Date (10) 12/11/14		Scheduled		pletion [Date (11)		Name Sam		A Monitor						
1. The state of th	uring Abatement (Chec						Street	Address	S						
X Facility Closed/	Vacated During Entire F formed Outside of Norm	Period of Ab	patement				City, S	State, Zip	Code						
Scope of Work (Che	ck All That Apply)														
≥3 sf or ≥3 lf ≥ 160 sf or ≥260			enovation emolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					re		
								inor	i-Exemple	u () a	iu ivoir-i iiu.	T		temer	nt
	W 27		ocati				2 2						7	ype	
Asbestos-Contai TO BE In	eation of ining Material (ACM) EABATED Facility (13)	Used Mair Custo	Sole	ly by nce/	Asbest (i.e.	tos Con therma surfa	escriptio ntaining al system acing, Va miscella	Material ns insula AT, or	(ACM) tion,		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Eytor	ior Siding	Yes	NO	X		Exte	erior S	iding		1	400 SF	x	\vdash	\top	T
Exterior Siding				 								1	1		T
	-														
											formal I ample				
Name of Registered United Containe			NJDEP Waste Cubic Hauler ID No. of Was 22459 3			c Yards aste		G.R.O		tered Landfi	11				
City, State Elm NJ							Disposal Date City, State Morrisville PA 19067								
Completed by						Signature Date 12/10/14					-	/14			

CK# 2523

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

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Circ	- '	(Pi	irsuant t	o NJAC	8:60 and	12:120)		h.	1	d Cit	 j		
Date of Notification (1)			Name of	Building (Owner/Op	perator (2)			- North North	J posts b			
12/10/14		_	77/	i Q	Sc	hav	CC ,	aa ni	r. 12	PH IO	: 5		
Agencies Notified Type Notification			Street Ad		0'0	St		terr or	-0 1-	(,,,			
EPA Initial Amended		-	City, Stat	e, Zip Co	de	101		tobu		1.0	KU	L	
Amendment #		_ \			Ida	le M	in ler	Su	. QOETA	ani	i		
DOH Emergency (ii justification)	ncluding		Name of		X			Te!	ephone Nur	nber			
DCA Cancellation			Hen	ru	0					011	0 1	v	
Taking	Diago /2		FACIL	ITY INFO	ORMATIC		e of Facility	(4)					
Name of Facility Where Abatement is Taking)				l cyp							
Street Address	<u>u</u>					一世	School (K- Subchapte	r 8 (Oth	er than K-12	2)			
53 man St						NO.	Other (i.e. etc.)	private &	& commerci	al build	ings,	home	łs,
CIN(E)						Squ	are Feet	# 0	Floors		dg. A		
tarmingdale						0			\preceq		00	+	
County (6)			County C	ode (7) ISE ONLY	2	Cur	rent Use (Pr	ior if bei		ned)			
Name of Monitoring Firm Hired by Building C	hunar (8)		ASCM	No	1	Name of Al	patement Co	-(: 1	-		-		
Name of Monitoring 1 in 1 ined by building c	mile (0)		1,000				lation Co.		1-7				
Street Address						Street Addr	ess						
6							rose Roa	d					
City, State, Zip Code						City, State,	zip Code ck, N.J. 0	7722					
Project Manager for Monitoring Firm			Telephor	an No		Telephone		1122	License N	'n			
Project Manager for Monitoring Firm			relepitor	ie ivo.		732-294			00029				
Start Date (10)	Schedul	ed Çor	npletion [Date (11)		Name of O	SHA Monitor	r					
12/11/14	12	WIY Street											
Occupancy Status During Abatement (Check						Street Addr	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten	nent .			City, State,	Zin Code				107		
Other - Describe:	-7p	\sim				0.19, 0.0.10,							
Scope of Work (Check All That Apply)					-	1./	- Cal						
≥3 sf or ≥3 If		Renova					ull Containn		n Negative F	ressur	e		
≥160 sf or ≥260 lf	A	Demoli	lion				Aini-Enclosu Blovebag Pro						
							on-Exempte	ed (*) an	d Non-Friat	1	-		
		Locat			20			1			-	ement pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes		scription of aining Mater	ial (ACM)	l A	mount			П	
TO BE ABATED In Facility		intena todial		(i.e		systems insi			Specify F or LF)	Ren	Re	ncap	Encl
(13)		(12)				niscellaneous			0, 2, 7	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	e
indors		01-311-01-0	V	Dic	e w	(1)		17	OCF	14			
18 3				-1-1						1			
											-		
Name of Registered Waste Hauler	1		JDEP W		Cubic		Name o	f Regist	ered Landfil	1		l	-
Ace Insulation Co., Inc.			tauler ID 2086	NO.	of Was		IESI						
City, State					Dispos	sal Pate,	City, Sta	ate					
Colts Neck, New Jersey				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.	2/14/14	Easto	n, PA			N.		
Completed by	Title	etan.	Tress	ırer	S	ignature	11		1 1	ate /	1	1	
Bree McGuire	Secr	elary	Treasu			121	1		1/	2/1	1/1	7_	
ASB-41 (R-06-08)						* Do not uşş	this form fo	or asbes	tos licensur	e exem	pted	activi	ties.

CK#2521

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

		(Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1)		Name	of Building Owne	r/Operator (2)	>	t t sage t _{al}	None I	9 1	12				
12/10/14		$-1/J_1$	C tori	a Vi	2200	GOM DEA			_				
Agencies Notified Type Noti	fication	Street	Address	-	- 19	AND DEC	12	HI]:	12			
		151	73 5	JSSR	X AV	e							
EPA Initia	nded	City: S	tate, Zip Code	- 550	<i>/ / / / / / / / / /</i>	. A55	E v i		1 17	1.			
	ndment #			Ke.	1 1000)ersin		i ika	! ILL	JL			
	rgency (including		of Contact	~ (C)	Dec.	Talanhane Nu		11146	3				
	fication) cellation		= bert			1	inner						
	ochubori		CILITY INFORMA	TION		1/			v -	<u> </u>			
Name of Facility Where Abatement	is Taking Place (3)		SILIT HAPORIAL		ype of Facility	(4)							
Ynna Rosider													
Street Address	100			—— -	School (K-	12) r 8 (Other than K-1	21						
503 5 500	A .0					private & commerc		ings,	home	es.			
20222X	HUC				etc.)					/ 25			
City (5)				S	quare Feet	# of Floors	BI	dg. A	ge				
Spring Lake				/	0	(14	4	40	1005			
County (6)		County	Code (7) USE ONLY)	C		or if being demolis	hed)		/				
www					rcesid								
Name of Monitoring Firm Hired by E	Building Owner (8)	ASC	M No.		Abatement Co		80		8820				
					sulation Co.	, Inc.			4	e e i			
Street Address				Street Ad		74	PALE S						
				교통 이 경기 등에 가장하다 하다 하다 하다.	ntrose Road	d							
City, State, Zip Code				■ 100000 100000	e, Zip Code								
				Colts N	leck, N.J. 0	7722							
Project Manager for Monitoring Firm		Teleph	one No.	Telephone	e No.	License N	lo.						
				732-29	4-1757	00029							
Start Date (10)		Completion	Date (11)	Name of (OSHA Monitor								
12/19/14		73/14								6			
Occupancy Status During Abatemen	it (Check Only One	2)		Street Ad	dress				i de				
Facility Closed/Vacated During	Entire Period of Al	patement											
Abatement Performed Outside Other – Describe:	of Normal Facility I	Hours		City, State	e, Zip Code								
		1											
Scope of Work (Check All That Appl	y)			11	_								
≥3 sf or ≥3 lf	Re	novation		4	Full Containm	ent with Negative f	ressure	ş					
≥160 sf or ≥260 lf	De De	molition		\vdash	Mini-Enclosure	9		50					
		(8)			Glovebag Pro	cedure d (*) and Non-Friab	do Droc	oduro					
	le l	ocation			THOM EXCHIPTE	a () and redir-r had		bater					
Location of	(3)	ormally	-	Description of				Typ					
Asbestos-Containing Material (A		Solely by tenance/		ontaining Mate		Amount			_				
TO BE ABATED	(4) (3)(7)(7)	dial Staff?		al systems in		(Specify	12	R	nc:	E.			
in Facility (13)	Section 2	(12)		facing, VAT, c r miscellaneou		SF or LF)	Removal	Repair	aps	clos			
(,	1		-	macenaneou	us)		Val	=	Encapsulate	Enclosure			
	Yes	No N/A					1	1	6				
K: + Chen		Y	1 linule	um f	703-1-9	120 M	10						
basement			Diag										
Description		7	1 Tipe (mape a	aprovery DULF								
Name of Registered Waste Hauler		NJDEP V Hauler ID	2011년(1982년 - 1981년 1982년(1982년) 1일 -	ic Yards	Name of	Registered Landfill							
Ace Insulation Co., Inc.		Hauler ID No. of Waste 2 IESI							- 1				
City, State		1	Dien	oşal Date	Çity, Stat	9							
Colts Neck, New Jersey			//2	123/14									
Completed by	Title		1/9	Signature ,	Lasion		60						
Bree McGuire	# CSSC	ary Treasi		73/1	11,	Da		1.	Á				
		,		- ال	-1/	1 /	3/10	11					

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

State of them Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (Name of B	Building Ov	vner/Oper Messe	ator (2)	7	5	80	9			
Agencies Notified [X] EPA	December 9, 201 Type of Notificati Initial		on	Street Add	iress	POB	ator (2) rcola Enterprises	H 10: 51				\dashv
[X] DOL	Amen	ded Notifi dment # ency (incl		City, State,	, Zip Code	Mataw	vancini 207747	loinu				
[x]DOH []DCA	justific [] Cance			Name of C	Contact Fernanc	lo	Te	elephone Number				
	1		FA	CILITY IN	FORMA	TION						
Name of Facility Wh	ere Abatement is Taking l Residence	Place (3)					Type of Facility (4)	School (k-12)	th	L 12)		
Street Address	21 Adair Drive						[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
Brick		County ((6)	County Cod (STATE US			Square feet 1500 sf	# of Floors	Bldg	. Age 6	0	
		Ocean					Current Use (Prior if Residen					
Name of Monitoring	of Monitoring Firm Hired by Building Owner (8) N/A Address					Name of	Abatement Contractor (Inc.			
Street Address					Street A	ldress	oute 9, Unit 61					
City, State, Zip Code						City, Sta	te, Zip Code Toms R	iver, New Jerse	ey 087	755-12	271	
Project Manager for	City, State, Zip Code Project Manager for Monitoring Firm Telephone Num						ne Number 9-9932	License N 00624	_			
Scheduled Start Date	e (10) 12/10/14	S	scheduled Comple 12/12/14	etion Date (11))	Name of	OSHA Monitor E.M.S.I	. Analytical				
Occupancy Status D [x] []	uring Abatement (Check of Facility Closed/Vacated Abatement Performed (During E				Street A		elton Road				
[]	Other - Describe					City, Sta		way, New Jerse	y 088	54		
Scope of Work (Che	ck all that apply)					[]	Full Containment Mini-Enclosure	with Negative Pres	sure			
[] [x]	>3 sf or ≥3 lf ≥160 sf or ≥260 lf			vation olition		[x]	Glovebag Procedu Non-Exempted (*	re) and Non-Friable I	Procedu	re		
						75			Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12)			ormally used Solely by enance/Custodia Staff (12)		Asbo M (i.e., insu	aterial (A	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	Asbest	tos siding	g		1400 sf	X			
							8		-	-		
									-		-	
Name of Registered		N.	DEP Waste Hau 20223		Cubic Yar	ds of Wa	Name of Registe	red Landfill	1			
City, State	y, State					City, S						
Completed by (Print	River, New Jersey or Type) as Fernicola	Title Projec	t Manager	/15/14 ————————————————————————————————————	re M	i ch	1	1	Date 12/	9/201	4	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) (6.78 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	ate of Notification (1)					ding C	wner / Operator	(2))				
	12/1/2014		7	om s	Sahol			AKRE					-	
Agencies Notified	Type Notifica	tion	S	Street	Addres	ss	*5	Control of the Contro	ENSING	-				
⊠ EPA	2.		7	11 B	road :	Stree	t	CE EIU	ensing					
☐ DEP			C	City, S	tate &	Zip C	ode							
□ DOL	☐ Amen	ded	F	lore	nce N	IJ		772	- EX					
	☐ Emer	gency	N	lame	of Con	tact				Telep	hone	e Nu	mbe	:F
□ DCA		ellation	1	om :	Sahol									
	I week			EA/	NI ITV	INIE	ORMATION							
N 6 E 184 - 184	// A b = 4 = - = =	at in Takina Di	/2		-ILII	INF	Type of Facilit	v (A)						_
Name of Facility W	nere Abateme	nt is Taking Pi	ace (3)			School (K							
Residence Street Address							Instant.	er 8 (Other th	an K-12)					
							Other (i.e	nrivate & cor	nmercial buildir	nas h	ome	s. et	c.)	
1042 Potts Mill F	Koad						Square Feet	# of Flo		Bldg.			/	
011 (5)		O(C)	10-		Sada (3	7)		J# 011 10	4	Diag.		50		
City (5)		County (6)	Col	unity C	Code (7) .	2000	Dries if being o	lamaliahad)			30	- 100	
Florence		Burlington					Current Use (Phor ii being c	iemonsneu)					
							Residential							
Name of Monitoring	g Firm Hired by	y Building Owr	ner (8)		ASC	M No.								
							Alpha Envir		ervices		-11-2000			
Street Address	dress						Street Addres							
							2129 Route							
City, State & Zip C	te & Zip Code						City, State & 2							
							Hamilton, N		License	Mussis				
Project Manager fo	or Monitoring F	irm	lelep	hone	Numb	er	Telephone Nu 609-847-295		Licerise		1222	2		
Scheduled Start Da	ato (10)	Scheduled Cor	nnletic	n Da	te (11)		Name of OSH							
12/11/20		12/15/2014	Πρισασ	л Ба	(11)		EMSL Analy							
Occupancy Status			nly one	2)			Street Address							
Facility Clo	sed/Vacated I	During Entire P	eriod	of Ab	atemer	nt	107 Haddor							
-	t Performed Or						City, State & 2							
Describe:	t i chomica o	atolice of Itoliii	u	0.0			Westmont,							
	cupied During	Abatement					Trootinont,							
Scope of Work (Ch			20000	-										
Ocope of Work (or	nook an that ap	, p. 13)						Full Co	ntainment with	Nega	tive I	Pres	sure	
≥3 sf or ≥3	lf .			Rer	novatio	n		Mini-Er	nclosure					
≥160 sf ≥2			\boxtimes	Der	nolition	1		Glove B	Bag Procedures	s				
23 -100 01-2								Non-E>	empted and No	on-Fri	able	Proc	edu	re
			lo.	1 000	ion		Description	K N	Amount					
	Location of stos-Containin	a		Locat	Used		Asbestos-Con		(Specify	+	T			76-
	aterial (ACM)	9		olely			Material (A		SF or LF)		-		四	m
10.000	BE ABATED		1		ice or		(i.e., thermal s				Removal	Re	Encapsulate	Enclsoure
	in Facility		Cust		Staff?		insulation, surfac				VOL	Repair	Insc	nos
	(13)		_	(12)			or other miscell	aneous)			<u>ss</u>		ate	6
			Yes	No	N/A						-			-
Crawlspace							Pipe Insula	ation	100ft (wra	p		Ш	П	
									and Cut)			mura d		
Name of Registere	ed Waste Haul	er		N.	JDEP V	Naste	Cubic Yards	Name of Reg	gistered Landfil	II				
				100000	auler II		of Waste							
ALPHA ENVIRO	NMENTAL			00	00333	30	1	Grows Lar	ndfill					
City, State		2-1	- 17				Disposal Date	City, State						
								NA	DA					
Trenton, NJ						various	Morrisville	, ra	15			- 32-		
	Completed By (Print or Type)				tle		Signature			1	ate	100	A A	
Rod Richardson	n				roject		Rod Richardson			1	2/1	120	14	
				I IM	anage	er	1							

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

HECETYED

Date of Notification (1)					Building ((2)								
04/01/14			E	BNS C	ONSTR	UCTIO	NC		201	DE	12	PHI	1:	60		
Agencies Notified	Type Notification		1 2	Street Ad PO BO	dress X 8655		-		A fair			C 23 15	r	***		
DEP DOL	Amended Amendment #				e, Zip Co CLIFF I		NJ 07	677			MEN	314	1	UL		
DOH DCA	Emergency (ir justification) Cancellation	cluding	1	lame of	Contact					Tel	enhone !	Alimb -		80000		
			1	FACIL	ITY INFO	RMATI	ON							_		
Name of Facility Where	Abatement is Taking	Place (3)						Туре	of Facility (4	1)			20/100			
Street Address 54 JEAN DRIVE									School (K-1; Subchapter Other (i.e. p etc.)	8 (Oth			uild	ings,	home	es,
City (5) ENGLEWOOD CLI	FFS, NJ								e Feet	# o	Floors		Ble	dg. A	ge	
County (6) BERGEN COUNTY	,			County C	ode (7) SE ONLY)			Curre	nt Use (Pric	or if bei	ng demo	olished)			ene	
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.				tement Con							
Street Address								t Addres	SS DOVE CO	DURT						
City, State, Zip Code	ity, State, Zip Code						20.000000000000000000000000000000000000	State, Zi	p Code DD, NJ 08	8701						
Project Manager for Mon	Project Manager for Monitoring Firm						Telep	hone No	o.		Licens 1200	e No.				
Start Date (10) 12/19/14		Scheduled	Com	pletion D	Date (11)		Name	of OSH	A Monitor PROFE	SSIC	NALS					
Occupancy Status Durin							1	t Addres	50-010-11-0690-12-85-12-00s				-		7	
									OOVE CO	DURT						
	cated During Entire P ned Outside of Norm						1 0000000000000000000000000000000000000		p Code	8701						
Scope of Work (Check A	All That Apply)		-						,	50 50 S			-			
≥3 sf or ≥3 lf × .≥160 sf or ≥260 lf			iovat noliti					Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		ls Lo	ooti												ment	t
Locatio	n of	95095000	mall	500000		De	escriptio	n of						Ту	ре	
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility		enar	ice/		tos Con therma surfa	taining	Material ns insula AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
INTER-	100	165	40	INIA		A CA A	FL 00	D. TU F	-	7	00.05		,	-		-
INTER					ACM	FLOO	R TILE	-		00 SF		2				
											1					
Name of Registered Wa		1000	JDEP W		100000000000000000000000000000000000000	c Yards		Name of	Regist	ered Lar	ndfill					
NEWARK CARTING	- 2500-	Towns.	auler ID 1509	INU.	of Wa			IESI							×	
City, State NEWARK, NJ					12/1	25/10/14/2005		City, Stat		И РА						
Completed by JOSEPH PERLSTE	The state of the s				(Head For		Signatu	re				Date 12/0	9/1	4		

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

RECEIVED

Date of Notification (1) 04/01/14					wner/Oper OPERTIE		2014 DE	C 12	PH	10: 6	9				
Agencies Notified	Type Notificat	ion	- 1 3	Street Add		OOK DR	IVE	ASSC							
DEP DOL	Initial Amende Amendr	nent #			e, Zip Coo BURY, N	te IJ 08512		à	ElU	-NaI	NU				
DOH DCA	Emerger justificati Cancella			Name of 0 ZEV ST				1	Tele	ohone N	lumber				
				FACIL	ITY INFO	RMATION								19	
Name of Facility Where A BRIARWOOD CAR							Туг	oe of Facility (4) School (K-12)						
Street Address 901 ERNSTON RO	DAD						×	Subchapter 8 Other (i.e. pri etc.)				ldin	gs, I	nome	s,
City (5) SAYREVILLE, NJ							0.000	uare Feet ,000	# of 1	Floors		Bld	g. Ag	je	
County (6) MIDDLESEX COU	NTY			County C (STATE U	ode (7) SE ONLY)			rrent Use (Prior EHABILITAT							
Name of Monitoring Firm	n Hired by Build	ling Owner (8)		ASCM	No.	5.63		batement Cont AD PROFES							
Street Address						2176	treet Add	lress E DOVE CO	URT						
City, State, Zip Code	y, State, Zip Code							, Zip Code OOD, NJ 08	701		Т				
Project Manager for Mor	roject Manager for Monitoring Firm						elephone			License 1200	e No.				
Start Date (10) 12/31/14	-	Schedule 01/15/1		npletion D	Date (11)			SHA Monitor AD PROFES	10122	NALS					
Occupancy Status Durin	ng Abatement (0	Check Only On	e)				treet Add				_		-		
▼ Facility Closed/Vac	ated During En	itire Period of A	baten	nent		6	WHIT	E DOVE CO	URT						
Abatement Perform Other – Describe:	ned Outside of	Normal Facility	Hours	3				, Zip Code OOD, NJ 08	3701						
Scope of Work (Check A	All That Apply)		237722		7	1	-07								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Selection.	enova emolit				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure						
				1			_ 🖂	Non-Exempled	() and	NOH-F	nable F			ment	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Locat Iormal										Ту		
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACN <u>BATED</u> ility	1) Use Ma	d Sole intena todial ((12)	ly by nce/		tos Contain thermal sy	stems in: g, VAT, c	sulation, or	(S	nount pecify or LF)	Kemoval		Repair	Encapsulate	Enclosure
FLOOR	DING	103	140	13073		ACM 9	X9 TII I	=	41 5	500 SF	- x	1			
BASEM						OINT CO				5 SF	X	+	-		
										00 LF		+	-		
ATT	IC					PIPE INS	OLATI	ON	3,0	OU LI	^	+	-		
Name of Registered Wa		JDEP W	aste	Cubic Ya	ırds	Name of F	Registe	red Lan	dfill		0				
NEWARK CARTING				lauler ID 4509	No.	of Waste 200 YA	RDS	IESI							
City, State NEWARK, NJ						Disposal 01/15/1		City, State		I PA					
Completed by JOSEPH PERLSTE	EIN	Title OWN	IER			Sign	nature				Date 12/10	/14	1		

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

haceived

Date of Notification (1)				wner/Opera	tor (2	2)						
12-6-2014			E. Letiz	ia		2014)FC	12 PM	n (-		
Agencies Notified Type Notification EPA Initial		Street Ad 502 Lar	dress reine Ave	enue								
DEP Amended Amendment			e, Zip Cod / Beach,	e NJ 07720	0	್ಷ ದಿಕ್ಕಿ ಕ್ರಿ	LA	ZENSIN	! KU	L		
■ Emergency justification) □ DCA □ Cancellation	N.S. (C. 1874)	Name of Joseph	Contact E. Letiz	ia			Tel	ephone Nur	mher	17		
		FACIL	ITY INFO	RMATION							-	
Name of Facility Where Abatement is Takin Residential	g Place (3)				ı	Type of Facility (4	13 KG					
Street Address 502 Lareine Avenue						Subchapter Other (i.e. pretc.)	8 (Oth			ings,	home	es,
City (5) Bradley Beach, NJ 07720			17			Square Feet 1241	# o	f Floors	1	dg. A	ge	
County (6) Monmouth		County C	ode (7) ISE ONLY)			Current Use (Prio	r if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	No.			of Abatement Con Environment			_C			
Street Address				Stre	eet A	Address Tirginia Avenue						
City, State, Zip Code				City	y, St	ate, Zip Code y City, NJ 073						
Project Manager for Monitoring Firm		Telephor	ne No.	Tel	lepho	one No. 33-8855		License N	10.			
Start Date (10)	Scheduled Co		Date (11)	Na	me c	of OSHA Monitor		01174		-		
12-16-2014		+			1000	ddress						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nord Other – Describe:	Period of Abate	ement irs				ate, Zip Code						
Scope of Work (Check All That Apply)					-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Reno	vation olition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
	Is Loc	ation				1 WOII-Exciliples	1 / 4	id Holt I Ha		Abate		t
Location of	Norm	ally		Descrip	ntion	of				Ty	ре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sc Mainter Custodia (12	nance/ Il Staff? 2)			ng M tems , VA	aterial (ACM) insulation, I, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basement	X			pipe ins	ulat	ion	1	40 LF	x			
Name of Registered Waste Hauler		NJDEP W	2000/00/00	Cubic Yard	ds	Name of	Regis	tered Landfi				
Green Environmental Services, LL	С	Hauler ID 0034889	2.00 (A)	of Waste		1		North La	ndfill			
City, State Jersey City, NJ				Disposal D 12-16-20		City, Stat Morrisv		PA	8			
Completed by Liliana Serrano	Title Office M	anager		Signa	ature 人し	Lun	رالب	7003	ate 2-6-2	014		

NO CK

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 12/4/14						Owner / Operato		h.C:	-14 s				
Agencies Notified	Type Notific	ation				dress	MUNICATIONS					T. 19404		
⊠ EPA □ DEP				15 N	ION'	TGOM	ERY PLACE		014 DEC 12	PM	10: ë	8 É		
Ø DOL	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	ı nded R#1-12/8		- 577		& Zip	PA 15212	A	56-		_			
⊠ DOH	Unicated)	rgency				Contac		3	& LIVE	Tele	óha	re-N	umb	er
☐ DCA		cellation				IY PO			CE LIVE	N				
					CIL	ITY IN	FORMATION							
Name of Facility W			lace (3	3)			Type of Facili		.27	-				- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
LAKEWOOD CE Street Address	NI KAL OF	-ICE					School (I	n-12) oter 8 (Other th	on K 12\					
216 E. LEXINGTO	ON AVE							e. private & co		ldinas. l	home	es. e	tc.)	
							Square Feet	100		Bldg			,	
City (5)		County (6)	Co	unty	Code	e (7)	20000		3		000	- 80 - 60		
LAKEWOOD	-	OCEAN						(Prior if being	demolished)	*			3-4	
Name of Manifesia	F: 11: 11	5 11 0	(0)		100	SCM N	COMMUNIC		(0)					
	ame of Monitoring Firm Hired by Building Ow SA ENVIRONMENTAL MANAGEMENT							tement Contra						
Street Address							Street Addres	The second secon						
								ER STREET						
City, State & Zip Co							City, State & BRISTOL, F							
Project Manager fo		Firm	Telep	phone	e Nur	mber	Telephone N		Licens	se Num	ber			
MARK JENKINS			215-		_		215-788-604			0	050	9		- 6
Scheduled Start Da 12/10/1		Scheduled Co	mpletic 12/10			1)	Name of OSH BRISTOL E	HA Monitor NVIRONME	NTAL INC					
Occupancy Status	During Abate	ment (Check o	nly one	e)			Street Addres	SS						
The state of the s		During Entire F						ER STREET			_			
	5:00 PM -	utside of Norm	al Hoi	urs –	/am	to 3pr	5000	197						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cupied During						BRISTOL, F	A 19007						
Scope of Work (Ch								1 WWW.S		-			- 6	107
N 20-5-20	ıe			_					ntainment wit	th Nega	ative	Pres	sure)
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L	ocation of		Is	Loca	tion	T	Description	harmed .	Amour					уре
	tos-Containir	ng	Norn			d	Asbestos-Con		(Specif		П			
	terial (ACM) BE ABATED		Main	olely tena		or	Material (A) (i.e., thermal s		SF or L	F)	٦	ת	Enc	m
	n Facility		Custo				insulation, surface				Remova	Repair	apsı	Enclsoure
	(13)		Yes	(12) No		_	or other miscell	aneous)			à	Ξ.	Encapsulate	ure
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SERVICE TRANS	SPORT GRO	DUP, INC.		50000	0990			MINERVA I	ANDFILL					
City, State NEW CASTLE, D	F 19720						Disposal Date	City, State	URG, OH 4	4622				
Completed By (Prin				T:	tle		Signature	AAW I IAEOD	ond, on 4	In	ate			
PATRICK T. DeC				100 100		ator		0 101	. 10		12	18	110	1
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NOTIFICATION OF ASBESTOS ABATEMENT APPROVED! CINDY MITCHELL NJOOH

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

CL# 2741

Date of Notification (1) 12/4/14		V	FRIZON C	ding Owner / Ope	TAICI (Z)						
Agencies Notified Type Notific	ation	St	reet Addres	SS				-	-		
☐ DEP ☐ Initia		Ci	ty, State & 2	OMERY PLACE							
	nded			3H, PA 15212							
	rgency	Na	ame of Cont	tact				Teleph	one l	Numb	per
☐ DCA ☐ Can	cellation	Al	NTHONY	PORTA	*			. о.ор			
Name of Escilib, Whose Abstan			FACILITY	INFORMATIO							
Name of Facility Where Abatem LAKEWOOD CENTRAL OF	ent is Taking P	lace (3)			acility (4)					. POPULATINE	
Street Address	102.				ool (K-12)	- 4b 1C 40\					
216 E. LEXINGTON AVE					chapter 8 (Othe r (i.e. private &			ac bon	200	oto \	
				Square F		Floors		Bldg. Ag		C(C.)	
City (5)	County (6)	Coun	ty Code (7)		000	3	.	J. 0 g. 7 15	,		
_AKEWOOD	OCEAN				se (Prior if bei	ng demolish	ed)				
				COMMU	NICATIONS						
Name of Monitoring Firm Hired b	y Building Owr	er (8)	ASCM		Abatement Cor						
JSA ENVIRONMENTAL MA Street Address	NAGEMENT	INC.			L ENVIRONA	MENTAL IN	IC				
436 ENTERPRISE AVE				Street Ad							
City, State & Zip Code					AVER STREE	<u> </u>	-		50000		
PHILADELPHIA PA 19153					L, PA 19007						
roject Manager for Monitoring F	irm		one Number		e Number	Lic	cense N	lumber			
MARK JENKINS		215-36		215-788				0050			
scheduled Start Date (10)	Scheduled Con	npletion 12/10/1			OSHA Monitor L ENVIRONN	CAITAL IN					
12/10/14											
12/10/14 Occupancy Status During Abate	ment (Check or					IEN IAL IIV					-
Occupancy Status During Abater	ment (Check or During Entire P	ly one)		Street Ad	dress						-
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rik 1407

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

ALCEIVED

Date of Notification (1)			Name of E	Building C	wner/Ope	erator (2)			_				
12/08/14			Meridia	Cosmo	opolitan	Urban F	Renewal Car	Tere DE	112	PH	in:	- F	
_	Type Notification			_{dress} ark Ave									
EPA DEP	Initial Amended		City, State	e, Zip Coo	de		74	ভিচি <u>ু</u>	166	e	in	UL	
DOL	Amendment		West N	lew Yor	k, NJ 07	7093		& L	ICEM	DIN	ū		
☑ DOH	Emergency (justification)	including	Name of	Contact				Telepho	ne Num	ber			
☑ DOH ☐ DCA ☐	Cancellation		Richard	d Osica									
			FACIL	ITY INFO	RMATIO								
Name of Facility Where Ab	atement is Taking	g Place (3)				Ту	pe of Facility (4)					
Residential							School (K-12		1/ 10				
Street Address							Subchapter 8 Other (i.e. pr				inas.	home	es.
137 High Street							etc.)						
City (5)						3 3	uare Feet	# of Flo	ors		dg. A	ge	
Carteret							,500	2			0+-		
County (6)			County C	ode (7) SE ONLY)		1 200	urrent Use (Prio Residential	r if being o	emolish	ed)			10
Middlesex			ASCM					hander (0)					
5754155	ame of Monitoring Firm Hired by Building Owner (I/A				-		Abatement Cont						
1808.574	/A eet Address						ark Contracto	ors, LLC					
Street Address						Street Add	aress all Drive						
01-0-1-													
City, State, Zip Code						10 3 5 7	e, Zip Code c, NJ 07461						
Project Manager for Monito	oring Firm		Telephon	e No.		Telephone	e No.	Lie	cense No).			
					(1)	973-86	4-2022	0	1137				
Start Date (10)		Scheduled Co	mpletion D	Date (11)			OSHA Monitor						
12/09/14		12/17/14				AmeriS							
Occupancy Status During	Abatement (Chec	k Only One)				Street Add							
Facility Closed/Vacate						SS (C.R. 250)	st 30th Stree	∂ l		100			
Abatement Performed Other - Describe:	d Outside of Norn	nal Facility Hou	rs			(*)	e, Zip Code	10					55
						New Y	ork, NY 100	10					
Scope of Work (Check All	rnat Apply)					П.							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo				H	Full Containme Mini-Enclosure		gative P	ressu	re		
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V.		is Loca	ation									ement pe	t
Location of	of .	Norm Used So			Desc	cription of	-1				1		Г
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(13)		(12	.)		other mi	scellaneo	us)			oval	a-	Encapsulate	Enclosure
		No	N/A				×					6	
Kitchen, bedroo	m #1,2,3	x			line	oleum		750 5	6.F.	x			
Exterior w	alls	x			transi	ite sidin	g	2,000	S.F.	x			
15													
Name of Registered Waste	e Hauler		NJDEP W. Hauler ID		Cubic Y of Wast		Secretario contrata	Registered	Landfill				
Atlantic Carting		190713	. 14.		0	G.R.O.	W.S.						
City, State				Disposa		City, State			-112-574				
Wayne, NJ					mpletion	Morrisv	rille, PA						
Completed by		Title			Sig	plature	. [1]		Da		2000		
Marko Stankovic		Presider	nt		4	arika	y Hace	2	12	2/08/	14		

KECEIVED

Dec 9 2014 03:19pm PUUI/U
N.L. Dept. of Health & Senior Services NOTIFICATION OF ASSESTOS ABATEMENT (Significance)
(Pursuant to N.JAC 8.60 and 12:120)

Date: (249 F)

of Notice South 12 12 10 10 15		Marne of	Building Owner L. STEV	EW	ARHOL				
EPA OC LICULTURANTE		Street Ad	ldrean 695	SUMI	YIT A	ひぎ			
DEP C Amended		amend affective of	CONTINUES						
DOH justification)	iuding	TANKS IN -Y			17 9 1	Tabahopa Ni	imper		
DGA El Cancellation		14	WARHOL			- .			_
		PACILI	TY INFORMATI	ON	yps of Facility (6			
The of Facility Winors Abstracts is Traking Fig. WALLACT Test Address	<u>(; </u>				a school (K-12) 2 Subshapter 8 3 Other (i.e. pri homes, ota)	Anther than K-	12) Hal building	E .	
645 SUMMIT	600		. 64/4		Iguara Feet	क्र कॉ Floors	Bldg.		
HACKEN SACK					3200.	2	1 .	154	STP4
PERSEN		County (Code (7) (STATI	USE	Junean Use (Pr	IOEN G			
	SHALL DESC	M No.		of Abateme	nt Contractor (8)			
time of Wonlinging Firm Hired by Building C	Market No.	THE RESERVE		6	oval Inc				
set Address				Addres		-		VO	
GOT WITH GOD		,	450	Sout	h River	St			
y, State, Zip Code			1	tato, Zip Co		07401			
•					ck, N.J	License No.			
oject Manager for Monitoring Firm	Telep	hous No.		none No. 329-	7444 .	0038	8	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ed Completion			of OSHA M					
12/10/14	图/11/	14			nvironm	ental			
coupency Status During Abatement (Chec	Land sheet		Ohead						
CAMPANICA COMMON PRINTED AND P	at Gary Const.	,	150000000	Address	7 . 4				
Facility Closed/Vacated During Entire Per Attribument Performed Outside of Normal	nod of Abalem Facility Hours	ent	Cliv.	80 Hu	yler St		07606	,	
Facility Closed/Vacated During Entire Per Abditionant Performed Outside of Normal Other - Dasoniba: 704 70 5	nod of Abalem Facility Hours	ent	Cliv.	80 Hu		,N.J.	07606		
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Facility Closed/Vocated During Entire Per Abstracement Performed Cutside of Normal Other - Describe: 7AA TO 5 Soope of Work (Check all that apply)	nod of Abalem Facility Hours		city, s	80 Hu State, Zip Co 3. Hac	kensack	Nogative Pros	ante .	•	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

				(Pu	rsuant to	NJAC 6.60	anu 12.12	.0)		h II (Ely	,			
Date of Notification (1) December 8, 2014				0.00		Building Own Construc		r (2)	Check		2				
Agencies Notified	Type Noti				Street Ad 432 Ke	_{dress} Ily Drive			A	UEU	IZ E	i IU: 1	3 kg		
EPA DEP DOL	Ame Ame	nded ndment#				e, Zip Code erlin, NJ 0	8091		代心を	å LI	ČNJ.	T.	Jį.		
DOH DCA	justi	rgency (ir fication) cellation	ncluding	1.00	Name of Harry P						hone Nu				
Name of Facility Where	Abatement	is Taking	Place (3))	FACIL	ITY INFORM	MATION	Ту	pe of Facility (4	1)					
Residence Street Address 453 Westminster A	Venue							×	School (K-12 Subchapter Other (i.e. p	8 (Other			ings,	home	es,
City (5)				-5115				Sq	etc.) uare Feet 500	# of F	loors		dg. A	ge	
Deptford Township)				County C	ode (7) SE ONLY)		Cu	rrent Use (Pricesidence		g demolis				
Gloucester Name of Monitoring Firm					ASCM			e of A	batement Con	3	S. S. T.			-	
Management & En Street Address PO Box 341	Service	S	L	-	Stree	et Ado	Environment Iress Ier Avenue	iai, LLC	,	180-100					
City, State, Zip Code Chesterfield, NJ 08					City,	State	, Zip Code Shade, NJ 0	8052							
Project Manager for Mo Bill Weisgarber		n			Telephon	ne No. 8-4070	Tele	phone			License N	No.			
Start Date (10) December 17, 201	4		Schedule				0.00000		SHA Monitor Analytical, In	ic.					
Occupancy Status Durin	ng Abateme							et Ado	iress ute 130 Nor	th					
X Facility Closed/Var Abatement Perform Other – Describe:	ned Outside								, Zip Code iinson, NJ 0	8077	-				
Scope of Work (Check	All That App	oly)									-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
			le	Locati	ion	-			Non-Exempted	a (*) and	Non-Fria	DIE Pro	Abat	emen	t
Locatio Asbestos-Containin <u>TO BE AF</u> In Fac (13	g Material (BATED cility	ACM)	Use Ma	Normal ed Sole intena todial S (12)	ly ly by nce/	(i.e. the	Description Containing Frmal system Surfacing, Very ther miscell	Mate ms in /AT, o	sulation, or	(S _I	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
59			Yes	No	N/A									e e	
Exte	Exterior						Pipe Insu	latio	n	12	0 SF	Х			
												1			
Name of Desistant 194	aata Llavila-			LA	JDEP W	lasta (Cubic Yards	0 =1	Name of	Register	ed Landf	ill			
Name of Registered War Freehold Cartage	aste Hauler			H	lauler ID 2265		of Waste	1.,1	Wester	2000 2000 C			Lan	dfill	
City, State Freehold, NJ						. 12.23	Disposal Da 2/18/201		City, Stat Birdsbo						
Completed by Title					s Mana	iger	Signati	Ure	TO RO	,	77	ate 2/8/2	014		

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

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

Date of Notification (1)			jd	Building Owner/C	perator	`	2011 DEC 12	FM I	. _ 		
Agencies Notified Type Notification EPA Initial Amended			treet Add 3 8 ity,, State	dress 19 th A e, Zip Code	ven	ue	A 42 7 7 -				
DOL Amendment # Emergency (in justification)	cluding	N	ame of (10,	N7 0	Telephone Nun	yolk nber	ני ומא	,	_
DCA Cancellation		K	FACIL	ITY INFORMAT	ON						
Name of Facility Where Abatement is Taking Street Address	Place (3)						10.		ngs, l	nome	s,
city (5) Lave Como						etc.) Square Feet	# of Floors		dg. Aq		
County (6) MORMOUTY			ounty C	ode (7) SE ONLY)		1 1 1	or if being demolish	ned)		News.	
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM	No.	15		Streding	٠,			
Street Address					Stree	t Address 0. BOX 91	>				
City, State, Zip Code					City,	State, Zip Code	93124				
Project Manager for Monitoring Firm		T	elephon	e No.	Teler	ohone No.	License N				
Start Date (10)	Scheduled 2	Com	oletion D	Pate (11)		e of OSHA Monitor					
Occupancy Status During Abatement (Check					Stree	t Address					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:			ent		City,	State, Zip Code					
Scope of Work (Check All That Apply)					١.	_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati				Mini-Enclosure Glovebag Pro				a	
	le l	ocatio	n I	5-0-		Non-Exemples	u () and North hai		Abate	ment	8
Location of		rmally	4		escriptio		9 0		Ту		\vdash
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	tenan dial S (12)	ce/ taff?	(i.e. therma surf	al syster acing, V	Material (ACM) ms insulation, 'AT, or aneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	11.0100	10	11 00	10017	X			
		-	0	their	ulat	Noe Con	(00)	0			
		-		1(,)	OLLOVI						
Name of Registered Waste Hauler	IL.	1336533	JDEP Wauler ID	No. of W	c Yards aste	Name of	Registered Landfi	ll.			
City, State B(IM)M				Disp 17	osal Da	te City, Sta	PA.				
Completed by	Title (710	side	int	Signatu	ire CMPC	D	ate 12/	9)1	4	