

C <sup>F</sup> CO	NC	(Purs	ATION O suant to	NJAC 8:6	TOS ABATE 0 and 12:12	0)	r	ASSECTION Telephone N	PEC	5/1	<u></u>	
Date of Notification (1)		Na P	ame of B	uilding Ow anv-Trov	ner/Operato Hills Boar	r (2) rd of	Eduction	45850	4	٥,	SC	)
1/31/14 Agencies Notified Type Notification		St	reet Add	1000				£ 1/0	3.00	19 2	3>	
EPA Initial Amended		C	ity, State	, Zip Code			2		SIN	TRO		
EPA   Initial   Amended   Amendment #				any, NJ C	7054			Telephone Ni	imper	.0		-
DOH justification Cancellation		100	ame of Com Ga					TCICOTODO			1	
			FACILI	TY INFOR	MATION	7 =	(F104)./A					_
Name of Facility Where Abatement is Taking Brooklawn Middle School Street Address 250 Beachwood	Place (3)						School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than K- vate & commer	12) cial build	ings, t	nomes	<b>&gt;</b> ,
City (5) parsippany						Squ	uare Feet	# of Floors 2	BI 60	dg. Ag	je	
County (6) Morris			County Co	ode (7) SE ONLY)			rrent Use (Prior chool	if being demol	ished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			batement Contr Save Inc.	actor (9)				
Street Address					- T. T. T.	et Add West	ress t Street			=1X		
City, State, Zip Code							e, Zip Code eld, NJ 0700	)3				
Project Manager for Monitoring Firm		7	elephon	e No.		23) 68	e No. 30-0088	License 357	No.			
Start Date (10)	Schedule	d Com	pletion D	ate (11)	Nan	ne of C	OSHA Monitor					
Occupancy Status During Abatement (Chec					Stre	et Add	dress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Hours	ent		City	, State	e, Zip Code					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× R	Renova Demoliti	tion on			Н	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			e	
	Is	Locati	on							Abat	ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalled Sole iintenar todial S (12)	ly by nce/		Descript os Containin thermal syste surfacing, other misce	g Mate ems in VAT,	erial (ACM) esulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		VA	<del>-</del>		1420 sf	x	+-		-
classroom C7		X			VA			1420 31	, A			
					36					-	-	_
Name of Registered Waste Hauler Atlas Disposal Options		H	JDEP W lauler ID 8262		Cubic Yard of Waste		Grand (	Registered Lar Central or T		1		
City, State Dover, NJ	26				Disposal D		City, Stat	e gyl PA or Tu				
Completed by Sharon Hendee	Title sec/	treas			Signa	ature	5/km/	12	Date 1/31/1	14		

JB# 14022

Data as N-45-41 (4)				T				14 0	2.0	^			0.5
Date of Notification (1)	1_ / _	14			of Building nifer Rea	g Owner/Operator ( Ity, LLC	2) <sup>డో</sup> క <sub>ేస్</sub>	EB-4	Pr.	C.	0		
⊠ EPA 🔽	ype Notificati █ Initial	on		200.000000	t Address 000 Horiz	on way, Suite 18	و حو	LICENSIA	179 2.	3	>		
1	] Amended			_	State, Zip 0		-	2/1	1720				
⊠ DHSS	Amendmen	_				rel, NJ 08054		1/1/	C.10	!			
□ DCA (NJAC 5:23-8)	Emergency justification		g	Name	of Contac		7-11-W0-11	Telephone N	lumber	A		-	-
	Cancellatio				nry Fey				10)				
				FA	CILITY IN	IFORMATION							
Name of Facility Where Aba 208 West 2 <sup>nd</sup> St.	tement is Tai	king Plac	e (3)				Type of Facility ☐ School (K-12	2)		32			
Street Address 208 W. 2 <sup>nd</sup> St.						<del></del>	Subchapter 8 Other (i.e., po	rivate and com		bui	ilding	js,	
City (5)		0/2					Square Feet	# of Floors	Т	Bld	lg. A	ne .	
Florence, NJ 08518							1200	2			00+	_	
County (6)				Cour	ntv Code (7	)(STATE USE ONLY)			nolished				
Burlington					, (.	,(e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vacant Resi	Mangaran are	IONSTICC	')			
Name of Monitoring Firm Hir	ed by Buildir	na Owner	(8)	ASCM	No	Name of Abateme						. 22.73	
Accreditted Environm				NA	140.		ironmental Sys						
Street Address		lilologic		11/1		Street Address	i oninental Sys	items					
28 N. Pennell Rd.						550 East Unio	on C4						
City, State, Zip Code				-						_			_
Media, PA 19063						City, State, Zip Co							
Project Manager for Monitori	na Firm		Tol	phone	No	West Cheste	r, PA 19382	T1: V			2		
Dave Turotsy	ng riini			10-891		Telephone No. 610-701-9000		License No					
Start Date (10)	100	heduled (				Name of OSHA M		00508					
2/17/	10 C-10 C			1/		AET	ionitor						
Occupancy Status During At	atement (Ch	neck only	one)			Street Address					_		
□ Facility Closed/Vacated D						28 N. Pennel	Road						
Abatement Performed Ou					scribe	City, State, Zip Co	ode					111111111111111111111111111111111111111	
Time of Abatement: 7AM	PM/ <u>3</u>	3:30PM-		AM		Media, PA 19	063						
Scope of Work (Check all tha	at apply)									_			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emoliti			☐ Mini-Enc ☑ Glovebag	ainment with Neg losure g Procedure mpted (*) and No						
		1	s Loca	tion	T					Aba	tem	ent T	vpe
Location of			Norma ed Sol			Description of						_	1
Asbestos-Containing Mat TO BE ABATE		2040300	aintena			stos Containing Ma ., thermal systems		Amount (Specify	9	Removal	Repair	Encapsulate	Enclosure
IN Facility	_	Cus	stodial		(1.0	surfacing, VAT,		SF or LF)		2	₹	nsd	nusc
(13)		1	(12)		-	other miscellane	ous)	£1.				late	Ф
Basement	<del></del>	Yes	No	N/A	Pine Ins	sulation		150	7.	3	П		
Kitchen		1											
Rittiell					VAT / M	lastic		200	12				
Name of Registered Waste F N.E.T.S.	lauler		14 (35)	JDEP I	1912 BUR BUR   1970   1	Cubic Yards of Waste	Name of Regis						
O STATE OF THE STA				18947	Secretary of the second	30	Allied BFI I	mperial					
City, State Hazelton, PA	48					Disposal Date TBD	City, State Imperial, P.	A	-				50
Completed By (Print or Type)	ı	Γitle				Signature	1.		Date	1	1-25-5	- 1	
Mark Griffin		Estima	tor			J.g. Mature	M—		1/	/3	31	/	14
ASB-41 MAY 11	1-	* Do no:	t usa ti	nis form	for achaet	os licensure exemp	ted activition		1			1	
		20 110	. use 11	1101111	ioi asnesti	оз повнаше ехетр	ieu activities.						

#### State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120.7

B & G proj. #:	2014-18				(Pursu	ant to NJAC	8:60	-7 and 12:120-7)	207 Chec	√ 14838	105 1	11	. 7	
Date of Notification	(1)		Name	of Bu	uildina Ov	vner/Operator (2	2)				,	3	<del>\</del>	
0 1 1/12 4	1/114		1.1		Ruman		-,		ري مي ان مي	ENSI	PA	,	$\sim$	
Agencies Notified	Type Notific	cation	Street						4/	100		ج.		
LI EPA	Initia	ıl	126	E 3	8th Stre	eet				SAN	1/2		D.	
☐ DEP			City, S	tate,	Zip Code					9//	101	0/		
₩ DOL	Amer	ndment	Pa	terso	n, NJ 0	7514						a,		
DOH DOH			Name	of Co	ntact				Telepho	one Numb	)er	T.A		
☐ DCA	☐ Cance	ellation	Ric	hard	Ruma	na	62.00		[.s.sp	and I tuling	,C1			
					FA	CILITY INFORM	IATIO	N			-			
Name of facility whe		it is takin	g place (3	)					Type of Facility	(4)				
Richard Rumar	na								=	ool (K - 12	8			
Street Address				_						hapter 8				
126 E 38th Stre	eet								Bldgs	(Private/ ./Homes,	etc.	ercia	l	
City (5)		T	County (6)				I Co	unti Codo (7)	Square Feet	# of Flo	ors	E	Bldg. A	Age
Paterson, NJ 0	7514		Passa					unty Code (7) ate use only)	Current Use (I	Orion if had				
Na Constitution				IC .	-		9,000	,	residential	-nor ii be	ing ae	molisi	nea)	
Name of Monitoring		y Bldg. C	wner (8)			ASCM No.		Name of Abatement C	Contractor (9)		_			
Street Address	N/A							B & G Restoration	ı, Inc.					
Street Address		-						Street Address						
City, State, Zip Code				_				105 Ryerson Road City, State, Zip Code	i .					
**************************************									05005					
Project Manager for M	onitoring Fire	m		Pho	one Numb	per	_	Lincoln Park, NJ Telephone Number	07035	License	- Alum	ha-		
								973-696-6869		0378	s Num	ber		
Scheduled Start Date	(10)	Sc	hed. Com	pletio	n Date (1	1)	-	Name of OSHA Monito	or	-				
02/10/2014			02/12/20	014	5-7.	茶		B & G Restoration	n, Inc.					
Occupancy Status Dur	ring Abateme	nt (Che	k only one	e)			_	Street Address			14000			
Facility closed/va	acated during	g entire p	eriod of a	baten	nent.			105 Ryerson Road City, State, Zip Code	1					
Abatement perfo	ormed outside	e of norn	nal facility	hours	<b>3-</b>			City, State, Zip Code						
Other-Describe:							-	Lincoln Park, NJ	07035					0.5
Scope of Work (check	k all that appl	ly)								wrap	& cu	t	-	
☐ Demolition		Renov	ation				□ F	ull Containment w/nega	32	Glove			ure	
		≥160 sf	or ≥260 lf				₩ N	fini-enclosure		Non-f				
Location of	meno.co		tion norma			1	C Since		T		R	R	E	-
asbestos-contair material to be	ning	staff(1		Custo	diai			sbestos-containing	Amount	_	e m	e	n	E n
abated in facility	(13)	Yes	No		N/A	material (A	(CM)		(Specify S	F or	0	a	a	c
25.											v e	r	р	-
_aundry rm & finis	shed bsmt	<u> </u>	-	4	X	pipe insulati			100 lf					
garage area & ab	ove door	-	4	1	X	pipe insulat		nina inautati	88 If					
garage are.	ove door		#-	4	X			pipe insulation on (wrap & cut)	2 lf / 30 lf				Ц	
oiler room		-	╬						90 sf 35 sf			님	부	부
egistered Waste Haule		IN.	DEP Hau	ler ID		bic Yards of W		on (wrap & cut) Name of Registered La				Ш	Ц	
3 & G Restoration,	Inc.		9563			3½		Tullytown Resource		Center				
ity, State Lincoln Park, NJ 01	7035	110-288	57.1	Di	isposal D 02/12	ate 2/2014		City, State Tullytown, PA	70 M					
ompleted by (Print or		Title	Colors	=		Signature	<del>_</del>			Date				
Gordana Luna		Secret	ary/Treas	urer				Gordana Luna		01/31/	2014			

		(Pur	suan	t to N	JAC 0	.00		4.S.	0 1	SV	
	10		Name	of Bui	Iding Ow	ner/Operator (2)		2000	CENCON PA		-
e of Notification (1)		1	To	wnshi	p of Mo	orris		- 4/	25	5.32	
01 /	31 / 14		Stree	t Addr	ess			(	CASCA	, ( <i>V</i> , <i>V</i>	$\dashv$
encies Notified	Type Notification		50	Woo	dland A	venue			NO.	101	
EPA	☑ Initial		City	State.	Zip Cod	le				·	-
DOLWD	Amended  Amendment #		M	orris	Townsh	hip, NJ		Telepho	ne Number	92	
DOH	☐ Emergency (inclu	uding	Nan	ne of C	contact		*	**		!	-+
1 DCA	justification)		1 0	awn .	Janho						
(NJAC 5:23-8)	☐ Cancellation			ACII	ITY INF	ORMATION	Type of Faci	lity (4)			
		(2)		AOIL			To-book	K-12)	. v 12)		
Name of Facility Where	Abatement is Taking	Place (3)					School (	oter 8 (Other	than K-12) nd commercial	buildings,	
Residential House	)						Other (i. homes,	e., private a.	10 00.	711 100	
Street Address							Square Fee		Floors	Bldg. Age	1
35 Woodland Ave	enue							1	3.		
						211120	Current Us	se (Prior if be	eing demolishe	ed)	1
City (5)  Morris Township				County	y Code (	7)(STATE USE ONLY)	Carron	W			
County (6)			1			Name of Abater	ant Contrac	tor (9)			
Biorris		2 -25/8	TA	SCM N	10.	Name of Abater	ANAGEME	NT LLC			
Morris Name of Monitoring F	irm Hired by Building	Owner (o	,			ALL PRO IV	IANACE				
Bio Terra Soluti	ons					Street Address	- lane				
Street Address						27 Outwate	Code				
P.O. Box 1224						City, State, Zip	11 07026				
City, State, Zip Code	е					Garfield, N		I	icense No.		
Al I			Tele	phone	No.	Telephone No	). 000		1188		
Project Manager for	r Monitoring Firm		9	73-49	4-3762	973-928-4	IA Manitor				
Rick Eustaqui	0	heduled (	Compl	etion D	ate (11)	Name of OSI	MANAGE	VIENT LLC			
D-to (10)		neduled	1 2	4 /	14						
	) / 14						SS to a Long				
- Ctatus	During Abatement (C	heck only	one)	tement			ater Lane				
Occupancy Stand	During Abatement (Converse of Nacated During Entire formed Outside of Nacated Convent:AM	e Period C	ility Ho	urs - E	escribe	City, State,	ZIP Code N. I. 07026				
Abatement Pe	rformed Outside of No	PM/_	P	M	AM	Gartield	, NJ 07026		2		
Time of Abate	1110					⊠ Ei	III Containme	nt with Nega	tive Pressure		
Coope of Work (	Check all that apply)									dura	
			Reno	vation		⊠G	lovebag Prod	(*) and Nor	n-Friable Proce	Abate	ement T
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥2</li> </ul>	co If	$\boxtimes$	Demi	JILION		N N	UII CACA			Abate	
XI > 160 SI OI = 2	DU II							1			TI IT
EN	100 11		Is L	ocation	1	Desc	of				Enca
			No	rmally			ription of	(ACM)	Amount (Specify	Remov	Encapsul
	00 II	cM)	Used Mair	rmally Solely tenan	by ce/	Asbestos Contai	ription of ining Material systems insula		Amount	Remov	Encapsulate Repair
	Location of ontaining Material (ACO) BE ABATED	cM)	Used Mair	rmally Solely itenand idial St	by ce/	Asbestos Contai	ription of		Amount (Specify	Removal	- 5
	Location of ontaining Material (ACOO BE ABATED	-	Used Mair Custo	Solely Solely itenand idial St (12)	by ce/	Asbestos Contai	ription of ining Material systems insula		Amount (Specify	Removal	
	Location of ontaining Material (ACO) BE ABATED	-	Used Mair Custo Yes	Solely Solely atenand odial St (12)	taff?	Asbestos Contai (i.e., thermal s surfaci other m	ription of ining Material systems insula		Amount (Specify SF or LF	Removal 🛛	- 5
Asbestos-C	Location of ontaining Material (ACOO BE ABATED	-	Used Mair Custo	Solely Solely Itenano odial St (12) No	taff?	Asbestos Contai (i.e., thermal s surfaci other mi	ription of ining Material systems insul- ng, VAT, or iscellaneous)		Amount (Specify SF or LF 35 LF	Removal 🛛	
Asbestos-C	Location of ontaining Material (ACO BE ABATED IN Facility (13)	-	Used Mair Custo Yes	Solely Solely atenand odial St (12)	by cel taff?	Asbestos Contai (i.e., thermal s surfaci other mi Pipe Insulation	ription of ining Material systems insul- ng, VAT, or iscellaneous)		Amount (Specify SF or LF 35 LF 350 LI 8,500 S	Removal S	
Asbestos-C	Location of ontaining Material (ACOBE ABATED IN Facility (13) Ceiling	-	Vsed Mair Custo	Solely Solely Itenano odial St (12) No	by cel taff?	Asbestos Contai (i.e., thermal s surfaci other m  Pipe Insulation  Pipe Insulation  Plaster	ription of ining Material systems insul- ng, VAT, or iscellaneous)		Amount (Specify SF or LF 35 LF 350 L 8,500 S	Removal  F SF SF	
Asbestos-C	Location of ontaining Material (ACOBE ABATED IN Facility (13) Ceiling	-	Vsed Mair Custo	ormally Solely stenano dial St (12)  No	v by ce/ taff?	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation Pipe Insulation Plaster	ription of ining Material systems insul- ng, VAT, or iscellaneous)		Amount (Specify SF or LF 35 LF 350 L 8,500 S	Removal  F SF SF	
Basement First Floor (	Location of containing Material (ACO BE ABATED IN Facility (13)  Ceiling		Vsed Mair Custo	ormally Solely Solely Internance odial St (12) No	h by ce/ taff?	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation Pipe Insulation Plaster Floor Tile Naste Cubic	ription of ining Material systems insuling, VAT, or iscellaneous)	Name of Re	Amount (Specify SF or LF 35 LF 350 L) 8,500 S	Removal  F SF SF	
Asbestos-C  I  Basement  First Floor  1st & 2nd Floor  2nd Floor	Location of ontaining Material (ACOOBE ABATED IN Facility (13) Ceiling oor Walls		Vsed Mair Custo	ormally Solely Solely Internance odial St (12) No	n by ce/ taff?  N/A  NJDEP V	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation Pipe Insulation Plaster Floor Tile Naste O No. Waste	ription of ining Material systems insuling, VAT, or iscellaneous)	Name of Re IESI Lar	Amount (Specify SF or LF 35 LF 350 L) 8,500 S	Removal  F SF SF	
Asbestos-C  I  Basement  First Floor  1st & 2nd Floor  2nd Floor	Location of ontaining Material (ACOOBE ABATED IN Facility (13) Ceiling oor Walls		Vsed Mair Custo	ormally Solely Solely Internance odial St (12) No	h by ce/ taff?	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation Pipe Insulation Plaster Floor Tile Naste O No. Waste	ription of ining Material systems insuling, VAT, or iscellaneous)	Name of Re IESI Lar	Amount (Specify SF or LF 350 L) 8,500 S 1,250 agistered Landindfill	Removal  F SF SF	
Asbestos-C  Ti  Basement  First Floor  1st & 2nd Floor  Name of Reg  ALL PRO	Location of containing Material (ACO BE ABATED IN Facility (13)  Ceiling		Vsed Mair Custo	ormally Solely Solely Internance odial St (12) No	n by ce/ taff?  N/A  NJDEP V	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation Pipe Insulation Plaster Floor Tile Naste O No. Waste	ription of ining Material systems insuling, VAT, or iscellaneous)  Yards of Veeded Sal Date	Name of Re IESI Lar	Amount (Specify SF or LF 350 L) 8,500 S 1,250 agistered Landindfill	Removal  F SF SF SF SF	
Asbestos-C  T  Basement  First Floor  1st & 2nd Floor  Name of Reg  ALL PRO  City, State	Location of containing Material (ACO BE ABATED IN Facility (13)  Ceiling Cor Walls  gistered Waste Hauler  MANAGEMENT L		Vsed Mair Custo	ormally Solely Solely Internance odial St (12) No	n by ce/ taff?  N/A  NJDEP V	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation  Pipe Insulation  Plaster  Floor Tile  Naste O No.  As I Dispos TBI	ription of ining Material systems insuling, VAT, or iscellaneous)  Yards of Veeded Sal Date	Name of Re IESI Lar	Amount (Specify SF or LF 350 L) 8,500 S 1,250 agistered Landindfill	Removal  F SF SF SF SF	
Asbestos-C  Basement  First Floor  1st & 2nd Floor  Name of Rec  ALL PRO  City, State  Garfield	Location of containing Material (ACO BE ABATED IN Facility (13)  Ceiling Cor Walls  gistered Waste Hauler MANAGEMENT L	LC	Ves Used Mair Custo	ormally Solely Solely International St (12) No	N/A NJDEP V Hauler IC 00348	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation  Pipe Insulation  Plaster  Floor Tile  Naste O No.  As I Dispos TBI	ription of ining Material systems insuling, VAT, or iscellaneous)  Yards of Needed sal Date	Name of Re IESI Lar	Amount (Specify SF or LF 350 L) 8,500 S 1,250 agistered Landindfill	Removal  F SF SF SF SF	
Asbestos-C  Basement  First Floor  1st & 2nd Floor  Name of Res  ALL PRO  City, State  Garfield  Completed	Location of containing Material (ACO BE ABATED IN Facility (13)  Ceiling Cor Walls  gistered Waste Hauler  MANAGEMENT L	LC	Ves Steller	ormally Solely Solely International St (12) No	N/A  N/A  NJDEP V Hauler IC  00348	Asbestos Contai (i.e., thermal s surfaci other mi  Pipe Insulation  Pipe Insulation  Plaster  Floor Tile  Naste O No.  As I Dispos TBI	ription of sining Material systems insuling, VAT, or iscellaneous)  Yards of Seeded sal Date  Signature	Name of Re IESI Lar City, State Bethleh	Amount (Specify SF or LF 350 LF 350 LF 350 LF 1,250 sgistered Landingfill mem, PA	Removal  F SF SF SF SF	

ASB-41 JAN 13

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e of Notification (1)		(Fui-	suant to N.J.A.	STOS ABATEMEN C. 7:26-2.12)		2010	CA.				_
uary 31, 2014			N H	ame of Building Ooneywell treet Address 01 Columbia Roacity, State, Zip Con	wner/Op	erator 2	Ph	ED	r		
encies Notified	Notification T	уре	S	treet Address		£ 2/05	145	ລົວ	‡·		
EPA	() Initial Noti	ed Certification	1	01 Columbia Roa city, State, Zip Co	d de	- CASIA	IN ROL				
DEP DOL DOH	( ) Cancelle	d	1	Morristown, NJ 0	7962		0 0/				
DCA		500-000-00-000		mil Walerko		0.75	Carried Towns				
			FACILITY INFO	Type of Facility (4)							
me of Facility Where Abatement is	Taking Place (	3)		) School (K-12)	( - 4 l = 4 l- c	n K-12)	homes	etc.			
rmer Waldron Property				( ) Subchapter 8 ( (X) Other (i.e. priv	ate & co	mmerciai biogs	., 11011103,	Cto.			
reet Address				Sq. Feet							
oot of 2 <sup>nd</sup> Street ty (5) County (6)		County Code	e (7)	Bldg. Age60	+ years	Concrete slabs	s ony	-			
14 (9)		(State Use C	JIIIYI	Current Use (prio	r if being	Name of Conf					
ghland Park Middlesex ame of Monitoring Firm Hired by Blo	dg. Owner (8)	ASCM No.				Brandenburg			Compa	ny	
				Street Address		Brandenburg					
treet Address				2217 Spillman D	r						
				City State, Zip C	ode						
ity, State, Zip Code		0		Bethlehem Peni Telephone Numl	nsylvania	18015	License	Number			
Project Manager for Monitoring Firm	Telephone	Number		Telephone Num	DCI		00704				
Toject Manager 16.				610-691-1800			00721				
Scheduled Start Date (10)	Scheduled	Completion D	Date (11)	Name of OSHA	Monitor						
02/10/14	2/28/14			Street Address							
Occupancy Status During Abatemer	nt (Check only Entire Period o	one) of Abatement									
Abatement Performed Outside of	I I I I I I I I I I I I I I I I I I I	,	etween two	City, State, Zip	Code						
Describe_ Remove concrete slab slabs. All buildings gone form si Other - Describe_Work hours will be	te concrete sl e Mon – Fri 07:	ab only	pm								
Source of Work (Check all that app											
(x) Demolition () Renovation	- ACM\ ( \ SM	/ Proj. (>25<16	60 SF or >10 <	260 LF ACM) (	_	Proj. (<25 SF o					
( ) Full Containment with Negative	Location Norm	ally Used	Description of	ovebag Procedure f ACM (i.e. ms insulation,	Amoun	t (Specify SF o	r LF)	Abate	nent Tyr	<u>se</u>	
Cantaining Material (ACM) In 1 3	olely by Maint./	Custodia	surfacing, VA	T, or other				Rem.	Rep.	Encap	Enclo
Encility (13)	taff? (12) YES N	O NA	miscell.)								1
	120			al barrior	6800 s	sf				-	+-
Membrane on concrete slab		X	Mastic therm	al barrior	1.00			-		-	+-
Wichibiano Sir Communication			-				Namo	of Ren	Landfill		
	INIDED	Waste Hauler	ID#	Cubic Yards o	of Waste		Harrie	31 . 109			
Name of Reg. Waste Hauler	NODEL	1100.0		600 cy's		•	IESI		City Sto	to	
Brandenburg Industrial Service C	0.			000 0,0		Disp. Date	2		City, Sta		
City, State			14			02/12/14			Bethleh	em, PA	
Bethlehem, PA				Signature			Date				
Completed by (Print or Type)	<u>Title</u>	ct Manager			1		01/31	1/14	004	-	
Jennifer Strobel		one 609-984-6		1 30	004		C:\W	ORD\M\	DOCSV	SBEST	os

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

W, NO	TIFICAT (Pursu	ant to	MUMO				- 0	ć .	40	200	1		
Dr	Nar	ne of B	uilding ( Ili San	Owner/Oper	ator (2)		4.50 P	5/00	* P	<u>ب</u>	0	1	
of Notification (1) 30/2014	Str	eet Ado	iress					CENS	Os.	S. 5	-	4	
ncies Notified Type Notification	51	4 N 3	rd Stre	eet				0/	40 A	2	**************************************		
EPA DEP Initial Amended Amendment #	_ \ H	arriso		0/029			Teleph	one Numb	per			1	
DOL Emergency (including instification)	N F	ame of red D	Contact elli Sa	nti							_	$\exists$	
DOH Cancellation		FACI	LITY IN	FORMATIO	N I TS	pe of Facility	(4)						
me of Facility Where Abatement is Taking Place ( arrison Residence	3)		<u> </u>			School (K Subchapt Other (i.e	-12) er 8 (Other private &	COMMITTO	100				
reet Address 14 N 3rd Street					-   5	etc.) Square Feet	2	Floors		dg. Ag		4	
ity (5)				1		Current Use (	Prior if bein	ng demolish	hed)			1	
larrison	$\neg \tau$	County	Code (	7) NLY)									
county (6)		N			Name	f Abatement	Contractor	(9)					
Hudson Name of Monitoring Firm Hired by Building Owner	(8)	ASC	M No.		Supe	r, LLC							
CA Environmental		1_		<u> </u>	Street	Address Arundel Rd							-
Street Address 2200 Paterson Plank Rd #7		-			City S	tate Zip Code	9						
Olete Zin Code				4	Para	mus, NJ 07	7652	License					1
North Bergen, NJ 01041		Telep	hone N	0.	(201	)336-0477		01195	· 				4
Project Manager for Monitoring Firm		(20	1)864-	6583	Name	of OSHA Mo	nitor	Crisque					1
Carmelo Almonto	eduled C	omplet	ion Date	e (11)	Tes	tor Tech							7
	19/201	4			Stree	t Address 59 Jacksor	Ave			_			
During Abatement (Check Off	ly One)				10-	59 Jackson	de						
Facility Closed/Vacated During Entire Format  Abetement Performed Outside of Normal F	acility H	ours			LIC	State, Zip Co , NY 1110	1						-
Other - Describe:  Scope of Work (Check All That Apply)						Full Co	ntainment	with Negat	tive Pre	ssure			
	X Re	novatio molition	n 1			Mini-El	ag Proced	ure	Friable	Proce	dure		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Hone)				Non-E	eag Proced empted (*	) and Non-	Titable	A			
			$\neg \tau$						1		Typ	e T	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	User Mai	ocation ormally Solely ntenandodial St (12)	by ce/	(i.e. th	ermal sys	ation of ng Material (A tems insulation , VAT, or cellaneous)	cM)	Amoun (Specif SF or L	fy	Removal	Repair	Encapsulate	FUCIOSOIC
In Facility	Yes	No	N/A		Ding In	sulation	-	140 L	F	х	_	_	-
(13)	Tes			1	Lihe II					_	1_	-	+
(13)	Tes		X				1				1	1	
	Tes	-	X								1_	+	+
(13)	Yes		X			0 0 1 2				+	+		1
(13)	Tes		X				Name of	Registered	d Landfi	1	1		1
Basement	Tes		NIDEP	Waste	Cubic Y		Name of	Registered	d Landfi		1		1
Basement  Name of Registered Waste Hauler	Tes	1	NJDEP Hauler I	D No.	of Wast	e	GROW	/S Landf	ill 		<u></u>		1
Basement	Tes	1	NIDEP	D No.	of Wast		GROW	/S Landf	ill 				<u> </u>
Name of Registered Waste Hauler SUPER, LLC	Tes	1	NJDEP Hauler I	D No.	of Wast Dispos TBD	e al Date	GROW	/S Landf	19067	7 Date			1
Basement  Name of Registered Waste Hauler	Titl		NJDEP Hauler I	D No.	of Wast Dispos TBD	e	GROW	/S Landf	19067	7	0/20	14	1

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10 Magy		1	NOTI		TION	ate of Ne OF ASE t to NJA	BESTO	SABAT	EMENT	SING COL	io.				
Date of Notification (1)	31 /	14				of Building		Operator (2	2) Togg	(A)	٥.	3	0		
Agencies Notified  EPA	Type Notification	ation				Address 1 Interna	tional P	arkway s	suite 550	ICENSON	42	50	1		
□ DOLWD   □			-		City, S	tate, Zip C	ode		Y 3	0/1/	à				
☐ DHSS	Amendm	10000	500		Sun	rise, Flo	rida			"C	10%				
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		duding			of Contact				7-10-1	- '		-		-
(NJAC 5.23-6)	☐ Cancella					gman Ar									
	LI Odridolia	cion	000000000		74.0			TION		C ART AS IT	200	4			
N		F-1-1	DI	(0)	FAC	CILITY IN	FORMA	TION	To a st Facility (						_
Name of Facility Where A 125 Harrison Ave.	Abatement is	aking	Place	(3)					Type of Facility ( School (K-12) Subchapter 8	)	12)				
Street Address									Other (i.e., pr			al bui	lding	s.	
125 Harrison Ave.									homes, etc.)						
City (5) Aberdeen, NJ 0774	7						*****		Square Feet 50,000	# of Floors		100	g. Ag	е	
County (6)					Coun	ty Code (7	VSTATE I	ISE ONLY)	Current Use (Pri	or if being dem	olishe	ed)			
Monmouth					Journ	ity oodo (r	доллиг	OL OILLI)	Warehouse	or in boning don't	Ollone	,,,			
Name of Monitoring Firm	Llirad by Duil	dina C	hamor (	0)	ASCM	No	Nome	f Abatama	ent Contractor (9)						
16.5%			wher (	°)		INO.									
Atlantic Environme	ental Solutio	ons			NA				ronmental Sys	tems					
Street Address							Street A								
5 Marine View Plaz	a, Suite 303		0				550	East Unio	on St.						
City, State, Zip Code							City, St	ate, Zip Co	ode						
Hoboken, NJ 07030							Wes	t Cheste	r, PA 19382		- Y				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telepho	one No.		License No.	69				
Arthur Rastelli				2	01-876	-9400	610-	701-9000		00508					
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name o	of OSHA N	onitor						
1 / 13 /	14	08	3 /	28	3 /	14	AET								
Occupancy Status During	Abatement (	Check	c only c	ne)			Street A	Address							
☐ Facility Closed/Vacate	7.	*			ment			. Pennel	Poad						
☐ Abatement Performed						cribe								00-00	
Time of Abatement: 7						Olibo	U (S	ate, Zip Co							
		W. Are			8		Ivied	ia, PA 19	063						
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	іі тпат арріу)		☐ Re					Mini-End Gloveba	g Procedure						
288							⊵	Non-Exe	mpted (*) and No	n-Friable Proce	edure				
93 63	122		175500	Loca			637					Aba	atem	ent T	уре
Location Asbestos-Containing	100000	M)			ely by	Acho		scription o	of eterial (ACM)	Amount		Re	Repair	En	町
TO BE ABA		vij		inten					insulation,	(Specify	- 1	Removal	pair	Encapsulate	Enclosure
IN Facil	ity		Cus	todial (12)	Staff?	33,5		cing, VAT		SF or LF)		<u>/a</u>		sula	ure
(13)			Yes	No	N/A	1	other	miscellane	ous)					ate	1.550
Offices					N/A	VAT / N	lastic	16		5076		$\boxtimes$			
Roof					$\boxtimes$	Roofing	g / Flasi	ning		7056					
Exterior						Transit	e Shing	les		2400		$\boxtimes$			
		-		П									П	П	П
Name of Registered Was	to Uniday		ш_		JDEP 1	Monto	Cubia	ards of	Name of Regis	torod Landfill			ш	ш	
N.E.T.S.	ste naulei			100	lauler II	D No.	Waste 30	alus oi	Allied BFI					8.	
City, State	H-17				1004		Disposi	al Date	City, State		-				
Hazelton, PA							TBD		Imperial, P	A		terro-te-	taction of		6
Completed By (Print or T	'vpe)	Title					Si	gnature	111		Date	)			
Mark Griffin			stima	tor					Aff	<u>#</u>	1	<u>-</u> 3	3/.	-/	4
ASB-41 MAY 11	VA-17 ( 1)	*	Do not	use t	his form	for asbes	tos licens	ure exemp	oted activities.			+		5	1407

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

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		I	NOTI		ATIO		BE	Jersey STOS ABAT 8:60 and 5:16	EMENT	ANARES TO STATE OF THE PARTY OF		S	1		
Date of Notification (1)					Nam	e of Buildi	ng O	wner/Operator (	2)	<del>4</del> 30%	4	-	(	1	_
1 /	3 /	14			SI	PC/Matav	van			1000	1	3	•	0	
Agencies Notified	Type Notifica	ation			Stre	at Address				- Car	0.	<	3		C-1995
⊠ EPA	☐ Initial				13	01 Intern	natio	nal Parkway	suite 550	0/	1	^	0		
☑ DOLWD	M Amended					State, Zip					07	0)			
⊠ DHSS	Amendme	2000				mrise, Fl					_	۲.			
DCA (NJAC 5:23-8)	☐ Emergene justification		auamg			e of Conta				Telephone N	E.	4	į.		
(	☐ Cancellat				Be	ergman A	Argii	ello		. N. 11 O TO CHESS THE STREET HIS CHESS CHOSE			,		
		- 100	5		FA	CILITY	NEC	RMATION		1	-		-		
Name of Facility Where	Abatement is T	Taking	Place	(3)					Type of Facility	(4)	_			-	
125 Harrison Ave.									School (K-1						
Street Address						WHITE SHEET STATE		-	Subchapter			-11			
125 Harrison Ave.									Other (i.e., p		merci	ai bu	Ilaing	s,	
City (5)							11,100		Square Feet	# of Floors		Blo	ig. A	ge	
Aberdeen, NJ 0774	7								50,000	1		8 8	75÷		
County (6)	0-30-01				Co	inty Code	(7)(S	TATE USE ONLY)	Current Use (Pr	ior if being den	nolish	ed)	-		
Monmouth									Warehouse						
Name of Monitoring Firm	Hired by Buik	ding O	wner (	(8)	ASC	A No.	N	ame of Abateme	ent Contractor (9)						
Atlantic Environme	ental Solutio	ns			NA			Alliance Envi	ironmental Sy	stems					
Street Address							S	treet Address							
5 Marine View Plaz	a, Suite 303							550 East Unio	on St.						
City, State, Zip Code							С	ity, State, Zip Co	ode						
Hoboken, NJ 07030								West Cheste	r, PA 19382						
Project Manager for Mon	itoring Firm			5.00	lephon		T	elephone No.		License No	).				
Arthur Rastelli						6-9400		610-701-9000	)	00508					
Start Date (10)	ALCOHOLD STATE			(1000)		ate (11)		ame of OSHA M	Monitor						
1/13/	14	2	/	1	4 /	14		AET							
Occupancy Status During	g Abatement (	Check	only o	one)			S	treet Address -					1223101		
☐ Facility Closed/Vacate								28 N. Pennel	Road						
Abatement Performed Time of Abatement: 7						escribe	C	ity, State, Zip Co	ode		-			V	- 12.0
		711 <u>5.50</u>	71 IVI					Media, PA 19	063						
Scope of Work (Check al	I that apply)								6-1						W ye
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			∏ Re ⊠ De					☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and No	<b>*</b>	221				
					ation							Ab	atem	ent T	уре
Location Asbestos-Containing	7.7	.		Norm	ally lely by	Anh		Description of s Containing Ma				교	D.	Щ	m
TO BE ABA		"	Ma	inten	ance/	/i		hermal systems		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facili	ity		Cust	todia (12	I Staff?			surfacing, VAT		SF or LF)		Val	7	Sule	Sure
(13)			Yes	No				other miscellane	ous)					ě	
Offices		-				VAT/	Mas	tic		5076		$\boxtimes$			
Roof						Roofin	ng /	Flashing		7056		M		П	
Exterior						The American State of the Control of	_	Shingles		2400			П		П
													П		
Name of Registered Was	te Hauler		98-24		NJDEF	Waste	C	ubic Yards of	Name of Regis	stered Landfill				_	_
N.E.T.S.					Hauler 1894	ID No. 17	17.75	/aste 30	Allied BFI						
City, State								isposal Date	City, State		7				
Hazelton, PA								TBD	Imperial, F	PA					À
Completed By (Print or T	ype)	Title					1	Signature	no h		Date	2			
Mark Griffin		Es	timat	tor					ATT -		1	_:	3	-/	4
ACD 41									"///		-		1	1	

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

MAY 11

Exterior	Date of Notification (1)					Name	of Building	g Ov	vner/Operator (	(2)	380	· · ·		-		_
District Date (NAC 5:22-8)	12 /	20 /	13	_		SP	C/Matawa	an			\$ ST	) }	P	6	`<	)
District Date (NAC 5:22-8)		Type Notific	ation			Street	Address				· (C)	9	-/	2		
District Date (NAC 5:22-8)						130	1 Interna	tion	nal Parkway	suite 550	51	16 CX		6	0	
District Date (NAC 5:22-8)		대통하다 하는 사람들은 아이들이 아니다.										10	P			
Name of Facility Where Abatement is Taking Place (3)   Telephone Number (5/4)   Subchapter 8 (2)   Subchapter 9 (2)   Subchapter 8 (2)   Subchapter 9 (2)   Subcha			-	•								Ç	.(	1		
Cancellation	(A)	iustificati	icy (ind	cluaing	]				-		Telephone I	Numbor	- Fig	A		
Name of Facility Where Abatement is Taking Place (3)								200	ello		L reiebijone i	Mariber	<b>6</b>	- CF		
Street Address						FA	CILITY IN	FO	RMATION		The state of the s	-				
Sites Address		atement is 7	Taking	Place	(3)					Type of Facility	(4)	X			_	
125 Harrison Ave.   Solution (i.e., private and commercial buildings, hones, etc.)   Square Feet   For Floors   Sidy, Age   76 + Aberdeen, NJ 07747   Square Feet   For Floors   Sidy, Age   76 + Aberdeen, NJ 07747   Square Feet   For Floors   Sidy, Age   76 + Aberdeen, NJ 07747   Square Feet   For Floors   Sidy, Age   76 + Aberdeen, NJ 07747   Square Feet   For Floors   Sidy, Age   76 + Aberdeen, NJ 07747   Square Feet   For Floors   Sidy, Age   76 + Aberdeen, NJ 07747   Square Feet   For Floors   Sidy, Age   76 + Aberdeen   Square Feet   For Floors   Sidy, Age   Square Feet   For Floors   Sidy, Age   Square Feet   For Floors   Square Feet   For Floors   Sidy, Age   Square Feet   For Floors   Sidy, Age   Square Feet   For Floors   Square Feet   Square Fe	125 Harrison Ave.									School (K-1	2)					
County (Signature   County   Code (7)(STATE USE ONLY)	Street Address		-							Subchapter	8 (Other than I	K-12)	2/0			
Aberdeen, NJ 67747										homes, etc.	rivate and con	nmercia	l bu	ilding	js,	
County (6)   Monmouth	E 2007								-	Square Feet	# of Floors		BI	dg. A	ge	100
Monmouth   Warehouse   Ware	Aberdeen, NJ 07747									50,000	1		18	75+		
Manamouth   Marehouse	County (6)					Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	ior if being der	nolishe	d)			7 2
Atlantic Environmental Solutions   Street Address   St	Monmouth												•			
Atlantic Environmental Solutions   Street Address   St	Name of Monitoring Firm H	lired by Build	ding O	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Street Address   Street Address   Street Address   Street Address   Sto East Union St.	Atlantic Environmen	tal Solutio	ns			NA										
5 Marine View Plaza, Suite 303   550 East Union St.	Street Address											70.000				
City, State, Zip Code   Hoboken, NJ 07030	5 Marine View Plaza,	Suite 303							550 East Unio	on St.						
Project Manager for Monitoring Firm	City, State, Zip Code				-				A STATE OF THE PERSON							
Project Manager for Monitoring Firm	Hoboken, NJ 07030								-							
Arthur Rastelli	Project Manager for Monito	ring Firm		10	Tele	phone	No.	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No	,	_		199	
Start Date (10)  1		8.78			1000					i		<i>J</i> .				
	Start Date (10)	15	Schedu	uled C	5700						00000		_			
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: TAMPM/3:30 PMAM							6.50	95		omo						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: TAMPM/3:30 PMAM   PM/3:30	Occupancy Status During A	Abatement (0	Check	only o	ne)			Str	eet Address							
Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement: 7AMPM/3:30PMAM						ment		50,720		Road						
Scope of Work (Check all that apply)	☐ Abatement Performed C	Outside of No	ormal l	Facility	/ Hou	s - Des	cribe	E								
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-F	Time of Abatement: 7Al	MPN	// <u>3:30</u>	PM		MA		100								
Renovation   Mini-Enclosure   Mon-Exempted (*) and Non-Friable Procedure	Scope of Work (Check all the	hat apply)	-						ALAN NO MINOR NO.			ICE STATE				$\dashv$
Second	□ >3 sf or >3 lf			ПР	novati	on					gative Pressure	е				1
Some   Containing Material (ACM)   Amount (Specify (12))   For India, surfacing, VAT, or other miscellaneous)   Containing Material (ACM)   Amount (Specify (Specify (12))   Containing Material (ACM)   Amount (Specify (Specify (12))   Containing Material (ACM)   Amount (Specify (Specify (SF or LF))   Containing Material (ACM)   Amount (SF or LF)   Containing Material (ACM)   Containing Material (ACM)   Amount (SF or LF)   Containing Material (ACM)   Containing Material (ACM)   Amount (SF or LF)   Containing Material (ACM)   Containing Material (ACM)   Amount (SF or LF)   Containing Material (ACM)   Containing Material (ACM)   Amount (SF or LF)   Containing Material (ACM)   Containing Mate	≥160 sf or ≥260 lf															
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Offices  Roof  Roof Exterior  Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  VAT / Mastic  Roofing / Flashing  Transite Shingles  NJDEP Waste Hauler N.E.T.S.  NJDEP Waste Hauler ID No. 18947  Disposal Date Hazelton, PA  Completed By (Print or Type) Mark Griffin  Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Amount (Specify SF or LF)  Abbestors Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Roofing / Flashing  Transite Shingles  Cubic Yards of Waste Allied BFI Imperial  Allied BFI Imperial  Date  (12 - 20 - 13)				11		Ä					n-Friable Proc	edure				
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Offices  Roof  Exterior  Name of Registered Waste Hauler N.E.T.S.  N.D.DEP Waste Hauler N.E.T.S.  Name of Registered Waste Hauler N.E.T.S.  Name of Registered Waste Hauler N.E.T.S.  Name of Registered Landfill Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler N.D.DEP Waste Hauler ID No. 18947  Disposal Date Transite Signature  Name of Registered Landfill Allied BFI Imperial  Date  (2 - 20 - 3)  Date  (3 - 20 - 3)													Ab	atem	ent T	уре
City, State   Hazelton, PA   Completed By (Print or Type)   Mark Griffin   Mark	Location of Ashestos-Containing Ma	sterial (ΔCM	n l				Ashar		사용 :				Ţ,	Z,	Ш	ш
City, State   Hazelton, PA   Completed By (Print or Type)   Mark Griffin   Mark	TO BE ABATI	ED	"			900000000000000000000000000000000000000							emo	epa	nca	nclo
Offices  Completed By (Print or Type)  Mark Griffin  Offices  Completed By (Print or Type)  Mark Griffin  Comp				Cust	172 000 30	Staff?		5	surfacing, VAT,	or		)	val	Ξ.	nso	sur
Roof	(13)		1	Yes		N/A		ot	her miscellaned	ous)					ate	Ф
Roof	Offices						VAT / M	asti	ic		5076	-	<u></u>	П	П	
Exterior	Roof					100000	Roofing	/ F	lashing			-				
Name of Registered Waste Hauler N.E.T.S.  NJDEP Waste Hauler ID No. 18947  City, State Hazelton, PA  Completed By (Print or Type) Mark Griffin  NJDEP Waste Hauler ID No. 18947  NJDEP Waste Hauler ID No. 18947  Cubic Yards of Waste Waste Joisposal Date Title TBD  Date 17 - 20 - 13	Exterior					_		_				1,30			=	
Name of Registered Waste Hauler  N.E.T.S.  City, State Hazelton, PA  Completed By (Print or Type) Mark Griffin  NJDEP Waste Hauler ID No. 18947  NJDEP Waste Hauler ID No. 18947  Cubic Yards of Waste Waste Allied BFI Imperial City, State Imperial, PA  Completed By (Print or Type)  Signature  Date 1/2-20-13	properties continued		-				Transito	-			2400			님	님	
N.E.T.S.  Hauler ID No. 18947  City, State Hazelton, PA  Completed By (Print or Type)  Mark Griffin  Hauler ID No. 18947  Disposal Date TBD  City, State Imperial, PA  Signature  Date 17 - 20 - 13	Name of Registered Waste	Hauler				100000	Masta T	C	nio Vardo ef	Nome of Deci	tornal I Inc.		_	Ш	Ц	Ш
City, State  Hazelton, PA  Completed By (Print or Type)  Mark Griffin  Title  Estimator  T8947  T80  Disposal Date  City, State  Imperial  City, State  Imperial, PA  Date  /2-20-13		TRUIÇI			171 1250		5000000		100							
Hazelton, PA  TBD Imperial, PA  Completed By (Print or Type)  Mark Griffin Estimator  Date  12-20-13							22/39/32/27	3	0		mperial					
Completed By (Print or Type)  Mark Griffin  Title  Signature  12-20-13										The state of the s	2 2					
Mark Griffin Estimator ## 12-20-13	287							Т	RD	Imperial, P	A					
Mark Griffin Estimator 1777 12-20-13	(	e)		900 gr					Signature	lake						
	Mark Griffin		Es	timat	or					1777		12	-	20	0.	13

Date of Notification (1)				- 10	Name of	Building	Owner/Operator (2	2)		2011	•	6	>,	
	31 /	14	_		PSE8	LG.			G.	ESTO LICER	À	*	1	1
Agencies Notified	Type Notifica	ation			Street A	ddress			0	950	4	^	- 5	. <
					105 H	low Lan	е		¢	10/2		14	' >	
□ DOLWD	☐ Amended				City, Sta	ite, Zip Co	ode			100	50		4	4
☑ DHSS	Amendme		ıdina		New	Brunswi	ick , NJ 08901				30	HI	10.10	
DCA (NJAC 5:23-8)	justification		ding	T	Name o	f Contact			Telenhone	Number	1.14	57	01	
(10.10.010.07	☐ Cancellat	tion		- 1	Keith	S. Wils	on				,		·.	
<del></del>					FACI	LITY IN	FORMATION					6	1	
Name of Facility Where	Abatement is 7	Taking F	Place (	3)				Type of Facility	(4)					100
PSE&G								School (K-12						
Street Address							-	☐ Subchapter 8 ☐ Other (i.e., p			d build	dinas		
5000 Bordentown	Avenue							homes, etc.)		mmercia	Dune	anigo,	1	
City (5)		-						Square Feet	# of Floor	s	Bldg	. Age	•	
Old Bridge, NJ 088	357							15000	1		25	5		
County (6)					Count	Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being de	emolishe	:d)	100	- 550	
Middlesex					Journe	, 0000 (.,	(011112 002 01121)	Office/ War			200			
Name of Monitoring Firm	a Hirad by Buil	ding Ov	vner (8	N 14	ASCM N	lo.	Name of Abatem					-		
Environmental He				222	NOCIVI IN	ю.	JVN Restora							
	aith investig	auons	, INC.				Street Address							_
Street Address							47 Foster Ro	hed						
655 West Shore Tr	all						City, State, Zip C							
City, State, Zip Code							Staten Island							
Sparta, NJ 07871							The state of the s	1 N 1 10305	License	No	-			_
Project Manager for Mo	nitoring Firm				phone N		Telephone No. 718-605-6256	•	00774					
William Kerbil				2871153	3-729-		Name of OSHA		00774	åi.				
Start Date (10)  2 / 14					tion Dat		Testor Tech	VIORITOI						
							Street Address							
Occupancy Status Durin					ment		10 59 Jackso	n Avenue						
☐ Facility Closed/Vaca	ted During En	Jormal I	acility	Hour	s - Desc	ribe	City, State, Zip C				-			565
Time of Abatement:	AM	PM	/3:30	PM- <u>1</u>	2:00AN	/I	LIC, NY 1110							
Scope of Work (Check	all that apply)													
							⊠ Full Cor ☐ Mini-En	ntainment with Ne	gative Press	ure				
	an that apply)		N 5											
☐ ≥3 sf or ≥3 lf	an arac app.yy		⊠ Rer				☐ Gloveba	ag Procedure						
≥3 st or ≥3 if     ≥160 sf or ≥260 if			⊠ Rer □ Der				☐ Gloveba	ag Procedure empted (*) and N	on-Friable Pr	ocedure				
\( \) ≥3 st or ≥3 if \( \) ≥160 sf or ≥260 lf			☐ Der	molitic Local	tion		☐ Gloveba	ag Procedure	on-Friable Pr	rocedure		ateme	nt Ty	уре
≥160 sf or ≥260 lf     Locatio	on of		□ Der	Local Local	ion illy	Asha	Gloveba Non-Ex	ag Procedure empted (*) and N of			Aba	$\neg$		
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≥160 sf or ≥260 lf  Location  Asbestos-Containin  TO BE AB  IN Fac	on of g Material (AC <u>BATED</u> cility )		Is N Use Mai Cust	Local lorma d Sole intena odial (12) No	tion Illy ely by since/ Staff?	Asbe (i.e	Description estos Containing M e., thermal systems surfacing, VA' other miscellan	ag Procedure empted (*) and N of aterial (ACM) s insulation, T, or	Amou (Spec	unt sify LF)	Aba Removal	Repair 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE At IN Fac  (13	on of g Material (AC <u>BATED</u> cility )		Is N Use Mai Cust	Local lorma d Sole intena odial (12)	tion illy ely by ence/ Staff?	(i.€	Description estos Containing M e., thermal systems surfacing, VA' other miscellan	ag Procedure empted (*) and N of aterial (ACM) s insulation, T, or	Amou (Spec SF or	unt sify LF)	Aba Removal	Repair 🔲 🔲		Enclosure
Location Asbestos-Containin TO BE At IN Fac  (13	on of g Material (AC <u>BATED</u> cility )		Is N Use Mai Cust	Local lorma d Sole intena odial (12) No	tion Illy ely by since/ Staff?	(i.€	Description estos Containing M e., thermal systems surfacing, VA' other miscellan	ag Procedure empted (*) and N of aterial (ACM) s insulation, T, or	Amou (Spec SF or	unt sify LF)	Aba Removal	Repair 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE At IN Fac  (13	on of g Material (AC <u>BATED</u> cility )		Is N Use Mai Cust	Local lorma d Sold intena codial (12)	ition Illy ely by since/ Staff?  N/A	(i.€	Description estos Containing M e., thermal systems surfacing, VA' other miscellan	ag Procedure empted (*) and N of aterial (ACM) s insulation, T, or	Amou (Spec SF or	unt sify LF)	Aba Removal	Repair 🔲 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE At IN Fac (13	on of g Material (AC <u>BATED</u> cility )		Is N Usee Main Cust	Local lorma d Sole intena odial (12) No	ition Illy ely by since/ Staff?  N/A	Floor T	Description estos Containing M e., thermal systems surfacing, VA' other miscellan	ag Procedure empted (*) and N of aterial (ACM) s insulation, T, or	Amou (Spec SF or 1,920	unt cify LF)	Aba Removal	Repair 🔲 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE AI IN Fac  (13)  1st Floor Office Area  Name of Registered W	on of g Material (AC BATED cility )		Is N Use Mai Cust	Local lorma d Sold intena odial (12) No	on  tion Illy ely by ence/ Staff?  N/A	Floor T	Description estos Containing Me., thermal systems surfacing, VA other miscellan	ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)	Amou (Spec SF or 1,920	unt cify LF)	Aba Removal	Repair 🔲 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE AS IN Fac (13  1st Floor Office Area  Name of Registered W WM of New Jerse	on of g Material (AC BATED cility )		Is N Use Mai Cust	Local lorma d Sold intena odial (12) No	on tion ally by since/ Staff?	Floor T	Description estos Containing Me., thermal systems surfacing, VA other miscellan liles  Cubic Yards of Waste 20	ag Procedure empted (*) and N  of laterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	Amou (Spec SF or 1,920	unt cify LF)	Aba Removal	Repair 🔲 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE AF IN Fac (13)  1st Floor Office Are  Name of Registered W WM of New Jerse  City, State	on of g Material (AC BATED cility ) a	M)	Is N Use Mai Cust	Local lorma d Sold intena odial (12) No	on  tion Illy ely by ence/ Staff?  N/A	Floor T	Description estos Containing Me., thermal systems surfacing, VA other miscellan	ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg	Amou (Spec SF or 1,920 istered Land S., Inc.	unt cify LF)	Aba Removal	Repair 🔲 🔲	Encapsulate	Enclosure
Location Asbestos-Containing TO BE AF IN Fac (13)  1st Floor Office Are  Name of Registered W WM of New Jerse  City, State 208 Patterson Ave	on of g Material (AC BATED cillity ) a aste Hauler y enue, NJ 080	M)	Is N Usee Main Cust	Local lorma d Sold intena odial (12) No	on  tion Illy ely by ence/ Staff?  N/A	Floor T	Description estos Containing Me., thermal systems surfacing, VA other miscellan liles  Cubic Yards of Waste 20 Disposal Date 02/18/14	ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	Amou (Spec SF or 1,920 istered Land S., Inc.	unt cify LF)	Aba Removal	Repair 🔲 🔲	Encapsulate	Enclosure
Location Asbestos-Containin TO BE AF IN Fac (13)  1st Floor Office Are  Name of Registered W WM of New Jerse  City, State	on of g Material (AC BATED cillity ) a aste Hauler y enue, NJ 080	M) 610	Is N Usee Main Cust	Local lorma d Sole intenacional (12) No	on  tion Illy ely by ence/ Staff?  N/A	Floor T	Description estos Containing Me., thermal systems surfacing, VA other miscellan liles  Cubic Yards of Waste 20 Disposal Date	ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	Amou (Spec SF or 1,920 istered Land S., Inc.	unt cify LF)  SF	Aba Removal	Repair	Encapsulate	Enclosure

40 work

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

Date of Notification (1)	22 /	14	nelo.			4.0000-1200-00000000000	Owner/Operator (Corporation Inc.	2) 1000	PA 2.	80				
Agencies Notified	Type Notificat	tion			Street	Address		<del>E//0</del>	7/2	-				
⊠ EPA	☐ Initial					1 Legacy	Drive	100	Con Ti	é,				
☑ DOLWD						tate, Zip C		.4	14/10	0	-	_		
☑ DHSS	Amendme	1000				no, TX 7			10 TO					
☑ DCA	☐ Emergence		uding			of Contact	100-100 To 100 To 1		Telephane N	lumber				
(NJAC 5:23-8)	justificatio				42.00	Thomas				·····iDEI	-			
	- Caricellati	011							-		_			
					FAC	CILITY IN	FORMATION							
Name of Facility Where		aking F	Place	(3)				Type of Facility (						
Ocean County Mal	II							☐ School (K-12) ☐ Subchapter 8		(-12)				
Street Address								Other (i.e., pri			l bui	lding	s,	
1201 Hooper Aven	iue							homes, etc.)						
City (5)		ter suit-literaute						Square Feet	# of Floors		Bld	g. Ag	je	
Toms River								150000	2		7	5		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being den	nolishe	d)			
Ocean								·						
Name of Monitoring Firm	n Hired by Build	ing Ow	vner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-	-
Hillmann Consulti				'	6225	2	JVN Restora							
Street Address	9						Street Address							
1600 Route 22 Eas	.4						47 Foster Ro	ad						
							City, State, Zip Co							
City, State, Zip Code							Staten Island							
Union NJ 07083				T 1			/-/	l	I Lianna Na					
Project Manager for Mon	nitoring Firm				phone		Telephone No.		License No	<b>)</b> .				
Tom Rubino				100	08-956		718-605-6256	8	00774			-		
Start Date (10)					tion Da		Name of OSHA N	lonitor						
1/26/	14	1	_ ′	30	_ / -	14	Testor Tech							
Occupancy Status Durin	ng Abatement (C	Check o	only c	ne)			Street Address							
☐ Facility Closed/Vacat							10 59 Jackso	n Avenue						
Abatement Performe							City, State, Zip C	ode						
Time of Abatement:	AM	PM/	10:0	<u>0</u> PM-	6:00AI	<u>M</u> AM	LIC, NY 1110	1						
Scope of Work (Check a	all that apply)							The state of the s						
		-	٦٥.					tainment with Neg	ative Pressure	е				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		F	⊒ Re ⊐ De	novati	on on		☐ Mini-End	g Procedure						
24 2 100 St 01 2200 II		_		TI TO ILLA	J.,		⊠ Non-Exe	mpted (*) and Nor	n-Friable Proc	edure				
	·		Is	Local	tion		•				Aba	ateme	ent T	ype
Location				Norma ed Sole			Description of				Ŗ	ZD.	ш	Ш
Asbestos-Containing		)		intena			stos Containing Ma ., thermal systems		Amount (Specify		emo	Repair	nca	nclo
TO BE AB IN Faci			Cus		Staff?	(1.6	surfacing, VAT		SF or LF		Removal	Ξ.	Encapsulate	Enclosure
(13)			3 527.	(12)	Arrest door.	-	other miscellane	eous)			0.00		late	æ
			Yes	No	N/A							_		_
Photo Studio & Opti	ical Center			$\boxtimes$		VAT/M/	ASTIC		2,360 SI	F	$\boxtimes$			
		1									П	П	П	П
		- 1				-				-	=	_		=
	4-15-5-69-5-5-6											Ш	Ш	
Name of Registered Wa	ste Hauler			IN	NJDEP Y	Vaste	Cubic Yards of	Name of Regis	tered Landfill					
Newark Carting				F	lauler II		Waste	IESI						
					NJ- 5	66	Disposal Date	City, State			200000			
City, State							2/28/14		DA					
Newark , NJ							1 / / / 1	Bethleham	, FA	1-		1		
Completed By (Print or	Туре)	Title					\$ignature	$\sim$ 1		Date	S	1	, 1	
John Tardy		Sei	nior	Proje	ect Ma	nager	1/270	uch		11	31	11	4	
ASB-41		- Agrades	1151			W1100000000000000000000000000000000000				1		1		
MAY 11		* D	o not	use ti	his form	for asbes	tos licensure exem	oted activities.						

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

Date of Notification (1)	22 / 14					Owner/Operator (2 Corporation Inc.	2) 452~	SON PH 2: 6	0			
Agencies Notified	Type Notification			Street	Address		<del>2</del> 6/	00 7/2				$\dashv$
⊠ EPA	☐ Initial		1	6501	Legacy	Drive	4/0	200	6			
☑ DOLWD			H		tate, Zip C			15/1/0-				
☑ DHSS	Amendment #2	N 20			no, TX 7		1000	NO TOL				
□ DCA     (NJAC 5:23-8)	Emergency (inc justification)	duding	+	*	of Contact			Telephone Numb	er			-
(NUAC 3.23-0)	☐ Cancellation				Thomas		1	6. 14				
									_			-
Nome of Facility Miles A		Diana	2)	FAC	ILITIN	FORMATION	Type of Facility (	4)			00000	
Name of Facility Where A						in the second	School (K-12)	1/2				
Ocean County Mall								(Other than K-12)				
Street Address						17		vate and commer	cial bui	ldings	3,	
1201 Hooper Avenu	16						homes, etc.)	1 7 =	1011			
City (5)							Square Feet	# of Floors		g. Ag	е	
Toms River							150000	2		5		
County (6)	ψ.			Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pric	or if being demolis	nea)			
Ocean	3											
Name of Monitoring Firm	명한 장면이 없는 10kg 5kg 10kg 10kg 10kg 10kg 10kg 10kg 10kg 10	wner (8	1)	ASCM I	No.		ent Contractor (9)					
Hillmann Consultin	g LLC	*		6225	2	JVN Restorat	tion Inc					
Street Address						Street Address	1 1					15
1600 Route 22 East	Ta 147					47 Foster Ro	ad					
City, State, Zip Code		-				City, State, Zip Co	ode		Helicina			
Union NJ 07083						Staten Island						
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Telephone No.		License No.				
Tom Rubino	200 000 000 000 000 000 000 000 000 000		90	8-956-	-1233	718-605-6256	5	00774				
Start Date (10)	Sched	uled Co	mple	tion Dat	te (11)	Name of OSHA M	Monitor			. U DOG-		
1 / 26 /	14	2 /	28	_ /	14	Testor Tech						
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate				ment		10 59 Jackso	n Avenue					
Abatement Performed					cribe	City, State, Zip Co	ode					
Time of Abatement: _	AMP	M/ <u>10:00</u>	PM-	1A00:8	MAM	LIC, NY 1110					5.	
Scope of Work (Check al	Il that apply)				200 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		tainment with Neg	etivo Broccuro	19			
☐ >3 sf or >3 lf		□ Rei	ovati	on		☐ Full Con		alive Flessure			S	
≥3 \$1 61 ≥3 11     ≥160 sf or ≥260 If		Der				☐ Gloveba	g Procedure					
						⊠ Non-Exe	empted (*) and No	n-Friable Procedu	-			
			Locat lorma						Ab	atem	ent T	ype
Location Asbestos-Containing				ely by	Ashe	Description of estos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABA			ntena			e., thermal systems	insulation,	(Specify	Removal	air	aps	Sos
IN Facil	lity	Cust	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)	3 2	Yes	No	N/A		Other miscelland					œ.	
Photo Studio & Optio	cal Center		$\boxtimes$		VAT/M	ASTIC		2,360 SF				
									ᆜ	닏	닏	
	15										Ш	
Name of Registered Was	ste Hauler		N	JDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Newark Carting			1	lauler II		Waste	IESI	**				
City, State				NJ- 5	00	15 Disposal Date	City, State					
Newark, NJ						2/28/14/	Bethleham	n, PA				
							/ i		ate	1	00_11.6.3	
Completed By (Print or T			D=- •	- 1 K + -		Signature	tourk		177	211	11	
John Tardy	\$	enior	- LOJE	: ५६ । <b>श</b> ात	Hadel	76	10001		11-	-11	-	_
ACD 44						~ \			100			

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\* Do not use this form for esbestos licens are exempted activities.

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	NC	TIFICA (Purs	TION O	of New J F ASBES NJAC 8:6	TOS AE	BATEN 12:120	MENT	K Ś	019	RE STOS	Co	`,		
Date of Notification (1)			me of B	uilding Ow	mer/Ope	erator	(2)	:	701	I FEB.	./	1/	ED	
Agencies Notified Type Notification			reet Add	iress ADLEY F	CAOS				ిఎ <sub>స్ట్రీ</sub>	\$100	4 P	4 2.	60	
☐ EPA ☐ Initial ☐ Amended ☐ Amendment #		Ci S	ty, State	e, Zip Code PLAINF	IELD,	NJ 0	7080			TCEN	SIE	TRO	*@ /	
Emergency (in justification)  DOA justification  Cancellation	cluding	N	Jo A	10			77	E	Talonh	ana Niumi	har <sup>e</sup> ls	٠,		
Name of Facility Where Abatement is Taking	Place (3)		FACILI	ITY INFOR	RIVIATIO	N.	,	f Facility (4			N.			
Street Address	- D/	-					F 9	chool (K-12 ubchapter l ther (i.e. pr	R (Other t	han K-12) ommercia	l buildi	ngs, t	omes	
Street Address  MANHOLE #2 - 420 M7.  City (5)	TIE	954,	NT A	71E.			Square	Feet	# of Fl		Blo	ig. Ag		$\dashv$
WEST ORANG	E			-d- (7)			Curren	N / A it Use (Prio		demolish	ed)	N	#	$\dashv$
County (6)			ounty C	ode (7) SE ONLY)		_		入	DIA					
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCM 0045			Name	of Abate QUE S	ement Con YSTEMS	tractor (9) S OF AN	MERICA				
Street Address 64 BROAD STREET				4.5			t Address WHITE	s EHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747							State, Zij JTH RI	o Code VER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER		- 1	elephon	ne No. 2-2217	72		hone No -432-83		3 0.55	icense No 01111	0.			
	Schedule	ed Com	pletion D	Date (11)				A Monitor YSTEMS	S OF AM	MERICA	١			
Occupancy Status During Abatement (Check	Only On	ie)	12/	//			t Addres	s EHEAD A	AVE		392			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: outlands	eriod of A al Facility	Abateme Hours	ent		_	City,	State, Zi							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renovat Demolitio					Min	Containm i-Enclosure vebag Prod n-Exempte	e cedure				<b>.</b>	
	5000	Locatio						PEXCHIPIO	2 ( ) una .				ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Normally de Solely intenantodial Solely (12)	y by ice/	Asbesto (î.e. l	os Cont thermal surfac	syster cing, V	on of Material ns insula 'AT, or aneous)	(ACM) ition,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
OUTSIDE MANHOLE	Yes	No ×	N/A	Acm.	Son	1 4.5	tic	<u>)</u>	5	LF	X			
CHISIDE MANHOIS											+			
	-									_	+			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Cu Hauler ID No. of 1125					i	A 200	Register	ed Landfi TH	II			
City, State ELIZABETH, NJ					Dispo	sal Da	ite	City, Sta MORR	te ISVILLI	E, PA				
Completed by CAROL RAIMO	Title	ICE N	IGR.			Signati	ure/	el K	tim		ate//3	1/	14	

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Print Form

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Date of Notification (1)			lame of P.S.E.	Building C G.	wner/O	perator	(2)	4.	79	EB L		E	)	
Agencies Notified Type Notification	44.6	1755	treet A	ddress HADLEY	ROAI	)	3.5		\$\frac{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\	105 C	PH	. ,		
EPA   X Initial   Amended   Amendment #				te, Zip Coo		), NJ 0	7080	-	-/	ENSI	WIR.	84		
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding		lame of	Contact		1 1		TE	\$	-1 NI.	Char	4	- 2.	-,
L DOA L Carcellation		Ш,		H NU	PMATI	ON	01	10	1				-	-
Name of Facility Where Abatement is Taking	Place (3)		1 40	LITT III O				of Facility (4 School (K-12 Subchapter 8	2)	r than K	12\			
Street Address  GIENN AVE	BR:	D6	E				X (	Other (i.e. pretc.)	ivate &	commer	cial build			es,
City (5) Mill BURN		-					Squa	re Feet N/A		Floors N/A	В	ldg. A	ge/A	
County (6)				Code (7) USE ONLY)	ŭ		Curre	nt Use (Prior		g demoli	shed)			
Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS	wner (8)		ASCN 004					tement Cont	ractor		 CA			
Street Address 64 BROAD STREET					0		Addres WHIT	ss EHEAD A	VE.			l/	n	
City, State, Zip Code MATAWAN, NJ 07747								ip Code IVER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			elephor	ne No. 92-2217			none N 432-8			License 01111				
Start Date (10)	Scheduled	Com	pletion I	Date (11)				HA Monitor SYSTEMS	OF A	MERIC	CA C			
Occupancy Status During Abatement (Check				TO A MANAGEMENT OF			Addres	ss EHEAD A	VE.					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: outlands			ent		_			ip Code IVER, NJ	0888	2				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novati	-	Sales 1 4 40 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Mir	I Containmeni-Enclosure ovebag Procen-Exempted	edure				e	
	Is L	ocatio	n									Abate	ement	
Location of	2000	ormally	200			scription					-	i y	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	Solely itenandial St (12)	ce/		thermal surfac	aining M systems cing, VA niscellar	s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
outdoors		X		Son	AST	ic ]	PIPE	ConTing	60	LF	X			
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Name of Registered Wests Havier		N.	DED IA	laste	Cubic	Yards		Name of R	Pagisto	red I and	T T			
Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	IDEP Wouler ID 125	A CONTRACTOR OF THE PARTY OF TH	of Was	ste	2	GROWS			ni			
City, State ELIZABETH, NJ						al Date		City, State MORRIS		E, PA				
Completed by CAROL RAIMO	Title OFFIC	EM	GR.		S	ignature	ar	I Ka	in	0	Date //	//	14	

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Date of Notification (1)	100000	Name of E P.S.E.G	Building Ow B.	ner/Opera	tor (2)		₹5 <sub>0</sub>	65	<b>Y</b>		(5)	2
Agencies Notified Type Notification		Street Ad	dress ADLEY R	OAD			¢	(10) (10) (10) (10) (10) (10) (10) (10)	-	24 2		
EPA Initial Amended	-	City, State	e, Zip Code		1.07000			TH	(NY)	<u>``</u>	الم الم	$\exists$
DOL Amendment #_ Emergency (incl	l alian as	SOUTH Name of	PLAINF	IELD, N	J 07080	); 	Tol.		NA.	<i>\</i> ?^		_
DOH justification)  Cancellation		Joh	10	MAK	2077	TE				-		1
Name of Facility Where Abatement is Taking P	lace (3)	FACIL	ITY INFOR	MATION	Туре	of Facility (4)		_				
P56+G						School (K-12) Subchapter 8	(Other)	han K-12	)			
Street Address  MANHO/EF1 - 34/ MI	PLEAS	SANT	AVE	5	1 5.51	Other (i.e. pri etc.)						5,
City (5) WEST ORANG			•		Squa	are Feet,	# of F	oors	BIG	D. Ag		
County (6)		County C	ode (7)		Curr	ent Use (Prior	if being	demolish	ed)			
Name of Monitoring Firm Hired by Building Ow		ASCM				atement Cont					-	
ENVIRONMENTAL TACTICS		004	5			SYSTEMS	OF A	MERICA				
Street Address 64 BROAD STREET			**		reet Addre 96 WHI	ess TEHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747		•			ty, State, OUTH I	Zip Code RIVER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 02-2217		elephone I 32-432-		I	icense N 01111	0.			
	cheduled Cor	mpletion [	Date (11)			SHA Monitor SYSTEMS	OF A	MERICA	4			
Occupancy Status During Abatement (Check C	Only One)	14	-/		reet Addr	ess TEHEAD A	VE					
Facility Closed/Vacated During Entire Pel Abatement Performed Outside of Normal	riod of Abater Facility Hour	nent s		Ci	ity, State,	Zip Code						
Other – Describe: auldocrs				_ S	OUTH	RIVER, NJ	08882					_
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Renova	ation			F	ull Containme	nt with N	legative F	ressur	е		
2160 sf or ≥260 lf	Demoli	tion				lini-Enclosure Glovebag Proc	edure		l- D			
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Location of	Is Locat Norma Used Sole	illy			ption of				$\vdash$	Ту		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Maintena Custodial	ance/		s Containi hermal sys	stems insu	ulation,	(Sp	ount ecify or LF)	Ren	Re	Encar	End
In Facility (13)	(12)			other misc	g, VAT, or cellaneous		311	ניין	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A									Ф	
OUTSIDE MANHOLE	×	1	Acmi	SOMA	sti	<u> </u>	5	LF	N.			
	/											
		+										
Name of Registered Waste Hauler		NJDEP V Hauler ID	7-734	Cubic Ya of Waste		Name of GROW			I			
WASTE MANAGEMENT		1125		Disposal	Date	City, Stat						-
City, State ELIZABETH, NJ				TB	BD	MORRI	SVILL		ate//			
Completed by CAROL RAIMO	Title OFFICE	MGR.		Sign	nature	ral Ka	in	0	13	[]	14	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey  NOTRICATION OF ABBISTOS ABATEMENT PURIATION OF ABBISTOS ABATEMENT PURITIC						PHE	507	7 ^			Print	Form
DOE   Control		NOTIFI (P	CATION	OF ASBESTOS A	BATEM 12:120)	ENT	,	MA TEN	CO.	1/2		
DOE   Control	Date of Notification (1)				perator (	2)	ేస్తే డి	5, 4	PL	5	0	
DOE   Control							4	1000	"é	2,		
South   County   Co		1						CASO	1/2	4/		$\dashv$
Second   Control   Contr	DEP   Amended		SOUT	te, Zip Code H PLAINFIELD	, NJ 07	7080		.40	70/			
DCA	Emergency (incl	luding -		Contact				lenhane Num	her		•	200
Name of Sacility Where Abatement is Teking Place (3)  Streak Address  MANHOLE 3 - 1073 PLEASANT VAILEY  Streak Address  MANHOLE 3 - 1073 PLEASANT VAILEY  Streak Address  MANHOLE 3 - 1073 PLEASANT VAILEY  Streak Address  Square Feet, 3* of Floors  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  Name of Monitoring Firm Hied by Building Owner (8)  OASCM No.  O045  UNIQUE SYSTEMS OF AMERICA  Street Address  396 WHITEHEAD AVE.  City, State, 276 Code  SOUTH RIVER, NJ 08882  Street Address  396 WHITEHEAD AVE.  City, State, 276 Code  SOUTH RIVER, NJ 08882  Scope of Work (Check Only One)  Abatement Performed Oggles on Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Asbestos-Containing Material (ACM)  In Eachly  Asbestos-Containing Material (ACM)  TOB BUILDING  Asbestos-Containing Material (ACM)  TOB BUILDING  Normally  Ves No N/A   Acknown A STICL  Question of Abatement  Normally  Name of Registered Landfill  Advanced Waste Hauler  WASTE MANAGEMENT  Title Completed by  Title  Occupancy Status  Name of Registered Landfill  GROWN NORTH  Type  Description of Abatement  Custodial Staff	DCA Cancellation		<u> </u>	4 W 1/1/	RO	116	14					4
School (K-12)  School (K-12)  Single Address  MAD Hole # 3 · 1013 Pleasant Valley  Square rises  MAD Hole # 3 · 1013 Pleasant Valley  Square rises  Square r	Name of Facility Where Abatement is Taking P	lace (3)	FACI	LITY INFORMATI	ON	Type of Fac	cility (4)					
Street Address  MADHOLE A 3 - 1073 PLEASANT VAILEY  City (5)  SQUARE Feet, MAY Bidg. Age, County (6)  E S E X  Name of Monitoring Firm Hread by Building Owner (8)  ENVIRONMENTAL TACTICS  Street Address  Street Address  Street Address  Street Address  Street Address  Square Feet, MAY  Name of Monitoring Firm Hread by Building Owner (8)  ENVIRONMENTAL TACTICS  Street Address  Street Address  Square Feet, MAY  Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  Street Address  Square Feet, MAY  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  Street Address  Square Feet, MAY  Square Address  Square Feet, MAY  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  Street Address  Square Feet, MAY  Square Feet, MAY  UNIQUE SYSTEMS OF AMERICA  Street Address  Square Feet, MAY  Telephone No.  732-292-2217  732-292-2217  732-292-2217  732-2432-8350  O1111  Street Address  Street Ad						School	I (K-12)	ner than K-12	2)			
Country (6)  Country (7)  Country (7)  Country (8)  Country (9)  Count	Street Address	7/-		Valle		▼ Other	(i.e. private	& commercia	al buildi	ngs, h	omes	
Country (6)  Country (7)  Country (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Hirad by Building Owner (8)  Name of Monitoring Frm Telephone No.  Name of Registered Waste Hauler  Name of Registered Landfill  Name of Regis	MANHOLE # 3- 10/13	YIEAS.	ANI	VH11EY			et, #		Blo	ig. Ag	9,	
County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMENTAL TACTICS  Street Address 64 BROAD STREET  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm TOM GEIGER  Start Date (10)  Scheduled Completion Date (11)  Start Date (10)  Scheduled Completion Date (11)  Start Date (10)  Scheduled Completion Date (11)  UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Couppany Status During Abatement (Check Only One)  Start Date (10)  Scheduled Completion Date (11)  UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Soppe of Work (Check All That Apply)  Soppe of Work (Che							IA			NI	1	4
Name of Montioning Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS  Street Address Street Address 396 WHITEHEAD AVE.  City, State, Zip Code MATAWAN, NJ 07747  Telephone No. 732-292-2217 Tolephone No. 732-232-2217 Tolephone No. 732-232-2217 Tolephone No. 732-232-2217 Tolephone No. 732-232-2217 Tolephone No. 732-332-232-217 Tolephone No. Telephone No. 732-232-2217 Tolephone No. 732-232-2217 Tolephone No. Tolephone	County (6)					Current Us	e (Prior if b	eing demolish	nea)			
Name of Montrolling Prim Fried by Bulliang White Is Environment Tactifics  Street Address 64 BROAD STREET  Street Address 64 BROAD STREET  City, State, Zip Code MATAWAN, NJ 07747  Froject Manager for Monitoring Firm Tolly Geliger  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cother Describe: Guthard Scheduled Completion Demolition  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  23 sf or 23 if Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Facility In In Facility In Facility In Facility In Facility In Facility In F	ESSEX	mor (9)	***************************************	040000 40 00000 400 -0.23	Name	of Abateme	nt Contracto	or (9)				
Street Address 64 BROAD STREET  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm TOM GEIGER  Start Date (10)  Cocupancy Status During Abatement (Check Only One)  Facility Ciosed/Accated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  23 sf or 23 lf 210 sf or 2260 lf  Asbestos-Containing Material (ACM) TOB E ABATED In Facility (13)  Name of Registered Waste Hauler  Name of	Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	niei (o)			UNIC	QUE SYS	TEMS OF	AMERIC	٩			
City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm TOM GEIGER  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/veated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe: Cultive Land Signature  Assets of cast if 2160 sf or 2260 if  Renovation Demolition  Is Location Normally Used Solely by Maintenancy (12)  Yes No N/A   Acms of Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State LizaBETH, NJ  Completed by  Title  Completed by  Title  City, State SQUTH RIVER, NJ 08882  City, State City, Sta	Street Address						AD AVE					
South River, NJ 08882   South River, NJ 08882   Telephone No.   Telephone No.   Tolephone No									200			$\neg$
Project Manager for Monitoring Firm Tolephone No. 732-292-2217 732-432-8350					SOU	JTH RIVE	R, NJ 088					
TOM GEIGER  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: Guide Scheduled Completion  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if  ≥ 160 sf or ≥ 260 if  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if    ≥ 160 sf or ≥ 260 if    Stocation of Asbestos-Containing Material (ACM) In Facility (13)    Normally Used Solely by Maintenance/Custodial Staff? (12)    Yes No N/A    Normally Custodial Staff? (12)    Yes No N/A    OUTSIDE MANHOLE    Name of Registered Waste Hauler WASTE MANAGEMENT    Name of Registered Waste Hauler WASTE MANAGEMENT    Name of Registered Waste Hauler WASTE MANAGEMENT    Title   Signature   Date   City, State   Morrisoville, paterial   Completed by   Title   Signature   Date   City, State   Morrisoville, paterial   Completed by   Title   Signature   Completed   City, State   City, Sta									lo.			
Start Date (10)    Cocupancy Status During Abatement (Check Only One)		Sahadislad C	1.000		Name	of OSHA M	onitor					$\neg$
Scope of Work (Check All That Apply)   23 sf or ≥3 lf   ≥160 sf or ≥260 lf   Demolition   Demolition   Demolition   Demolition   Description of Asbestos-Containing Material (ACM)   Maintenance/Custodial Staff? (12)   Yes   No   N/A   N/A   N/A   CUTS, DE MANAGEMENT   Name of Registered Waste Hauler   WASTE MANAGEMENT   Name of Registered Waste Hauler   WASTE MANAGEMENT   Title   Disposal Date   Date/R, LUSA   Date/R, LU	Start Date (10) 2/12/14	a cheduled C	//2	114	UNI	QUE SYS	TEMS O	AMERIC	Α			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours	Occupancy Status During Abatement (Check	Only One)	,,,,	/ /			=AD AVE					
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   □ Demolition   □ Demoli	Abatement Performed Outside of Norma	eriod of Abat I Facility Ho	ement urs		City, S	State, Zip Co	ode			-		
Renovation Demolition												
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Completed by  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  ACMS o M ASTIC  Q  In Facility (13)  ACMS o M ASTIC  Q  In Facility (13)  ACMS o M ASTIC  GROWS NORTH  City, State ELIZABETH, NJ  Completed by  Title  Signature  Signature  Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  ACMS o M ASTIC  ACMS o M ASTIC  GROWS NORTH  Date  City, State ELIZABETH, NJ  Completed by  Title  Signature  Signature  Normally Description of Abatement Type  Abatement Type	≥3 sf or ≥3 tf					Mini-En	closure		Pressu	re		
Secretarion of Normally Used Solely by Maintenance/Custodial Staff? (12)   Secretarian Manual (ACM)   Secretarian Material (ACM)   Secretarian Material (ACM)   Secretarian Material (ACM)   Amount (Specify Secretarian Material (ACM)   Secretarian Material (ACM)   Amount (Specify Secretarian Material (ACM)   Secretarian Material (ACM)   Secretarian Material (ACM)   Amount (Specify Secretarian Manual Material (ACM)   Secretarian Manual Material (ACM)   Secretarian Manual Material (ACM)   Secretarian Manual Material (ACM)   Amount (Specify Secretarian Manual Material (ACM)   Secretarian Manual Material (ACM)   Amount (Specify Secretarian Manual Material (ACM)   Secretarian Manual Material (ACM)   Amount (Specify Secretarian Manual Manu	2100 \$1 01 2200 11					Gloveb Non-Ex	ag Procedu cempted (*)	re and Non-Fria	ble Pro	cedur	e	
Normally Used Solely by Maintenance/Custodial Staff? (12)   Yes   No   N/A		Is Loc	ation							9115/5		
Asbestos-Containing Matenal (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Maintenance/ Custodial Staff? (12)  ACMS of AST C   Outroin  ACMS of AST C  Cubic Yards of Waste Hauler ID No. 1125  Disposal Date MORRISVILLE, PA  Date/ City, State ELIZABETH, NJ  Completed by  Title Signature  Date/ Custodial Staff? (13)  ACMS of LF)  Signature Custodial Staff? Custodial Staff? Custodial Staff? City State MORRISVILLE, PA  Date/ City Stafe City State City State MORRISVILLE, PA  Date/ City Stafe City St							·M	Amount		ĺ		
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Pes No N/A  ACMSo MASTIC  Gubic Yards of Waste Hauler ID No. of Waste Hauler ID No. 1125  Disposal Date MORRISVILLE, PA  Date  Signature  Date	Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	nance/	(i.e. therm	al system	ns insulation	,	(Specify	Ren	Re	ncap	Endo
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Pes No N/A  ACMSo MASTIC  Gubic Yards of Waste Hauler ID No. of Waste Hauler ID No. 1125  Disposal Date MORRISVILLE, PA  Date  Signature  Date	In Facility			othe	r miscella	aneous)		Si di Li j	loval	pair	sulat	sure
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  NJDEP Waste Hauler ID No. 1125  Disposal Date MORRISVILLE, PA  Date/3/144	(.5)	Yes N	lo N/A								0	
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  NJDEP Waste Hauler ID No. 1125  Name of Registered Landfill GROWS NORTH  City, State MORRISVILLE, PA  Date/3/144	moto's a manufala	>	<	Acmso	m AS	tic		9	X			
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Tittle  Signature  Signature  City Waste Hauler ID No. 1125  GROWS NORTH  City, State MORRISVILLE, PA  Date  Date	CHISIDE MANADIE											
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Title  Signature  Signature  City, State  MORRISVILLE, PA  Date										-	-	
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Tittle  Signature  Signature  City Waste Hauler ID No. 1125  GROWS NORTH  City, State MORRISVILLE, PA  Date  Date								integral lar	<del>6</del> 11	1_	_	
WASTE MANAGEMENT  City, State ELIZABETH, NJ  Completed by  Title  Signature  Signature  Date / 3 / 14									1411			
City, State ELIZABETH, NJ  Completed by  Title Signature  Date / 3 / 1 / 4	WASTE MANAGEMENT			400	x ó	×						
Completed by					BD	N	/ORRIS\		Data : 1		<del>,                                    </del>	
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Date of Notification (1)	14		1	ne of Br S.E.G.	uilding Owne	r/Ope	erator (	2)			30	THE STATE	<u>`</u>	3	4
Agencies Notified	Type Notification			eet Add 00 HA	ress DLEY RO	ΔA	G.				Çe X	8/2	*	۵,	
EPA DEP	Initial Amended		City	y, State	, Zip Code PLAINFIE	LD.	NJ 07	7080				COL	Ö,	7	ام!
ĭ DOH	Amendment # Emergency (inclination)	uding	30	me of C	Contact					Telenh	one Nun	nhar 0/	78		1
DCA DCA	Cancellation		a	JO H FACILI	TY INFORM			176					- a	je.	_
Name of Facility Where	Abatement is Taking P	lace (3)	•						Facility (4) nool (K-12)				Si.	B	
Street Address MANJOLE 77	1 100117	DICAS	-0,1		Alley	/		T 0	bchapter 8 ner (i.e. pri	(Other)	than K-12 ommerci	2) al buildir	ngs, h	omes	
City (5)			MN	<i>y</i>	HILY			Square	Feet	# of F	loors	Bld	ig. Ag	1 .	
W 6.57	ORANG	-E_	Co	ounty Co	ode (7) SE ONLY)				Use (Prior		*10. TO S	ned)	•		
Name of Monitoring Firm	n Hired by Building Ow	ner (8)	1	ASCM		T	Name	of Abate	ment Contr	ractor (9	)	^			7
ENVIRONMENTAL	TACTICS			0045		-		Address	STEMS	OF AI	VIERICA				$\dashv$
Street Address 64 BROAD STREE	ET				,,			WHITE State, Zip	HEAD A	VE.					-
City, State, Zip Code MATAWAN, NJ 07	747						SOU	ITH RIN	/ER, NJ						
Project Manager for Mo TOM GEIGER	nitoring Firm			elephon 32-29	ie No. 2-2217		732-	none No. 432-83			License N 01111	NO.			
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In Fac	0.0000000000000000000000000000000000000		(12)	21/2				aneous)				oval .	串	ulate	ure
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Name of Registered W	/aste Hauler			JDEP V			c Yards		Name of			fill			
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City, State ELIZABETH, NJ				14	1	+1	Sal Da		City, Sta	ISVILL		Date//	,		
Completed by CAROL RAIMO	4	Title OFFI	CE M	IGR.			Signati	Ar	el K	Ein	0	1/3	1/	14.	

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Print Form

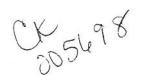
BEA Amended Am	Date of Notification (1)			Name o	f Building .G.	Owner/C	perator (	Sign FEB	<del>~</del>	1/SO				
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Name of Facility Where Abatement is Taking Place (3)  Street Address  MAD I A B I CHERRY ANE  Street Address  MAD I A B I CHERRY ANE  County Code (7)  Square Feet, of Floors  A J A J A J A J A J A J A J A J A J A	DOH justification)	loluding		Name o	f Contact HW	MA	2Ro7	15	*(1, ±, 1	,			-	_
Scheel Address  MAD ID I MERCY LANE  Street Address  MAD ID I MERCY LANE  County Code (7)  Square Feet, And	Name of Facility Where Abatement is Taking	Place (3	)	FAC	LITY INF		ON			B				
County (9)  County (9)  County Code (7)  STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 4 BROAD STREET  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm  Told GEIGER  Schwing Material (Ack) Only  Pacific Closedn/acated During Entire Period of Abatement Abatement Contactor (9)  Cocupancy Status During Afsterment (Check Only One)  Facility Closedn/acated During Entire Period of Abatement Abatement Performed Outgiste of Normally Facility Hours  Cother — Describe: Code  Asbestos-Containing Material (AcM)  TO BE ABATED  Location of Asbestos-Containing Material (AcM)  To BE ABATED  In Facility  (13)  Name of Registered Waste Hauler  NADEP Waste  Hauler ID No.  1125  Disposal Date  City, State  Name of Registered Landfill  Name of Registered Landfill  Renovation  Aspestos Containing Material (ACM)  (12)  Yes No NA  NAME of Registered Waste Hauler  WASTE MANAGEMENT  City, State  Disposal Date  City, State  City, State  Renovation  Description of Aspestors  Abatement (Specify  Abatement (Specif	PSE+G			) <sub>1/</sub>	1 0	41 E		School (K-Subchapte	12) r 8 (Othe			dings,	home	es,
County (6)  County (6)  County Code (7)  STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMENTAL TACTICS  ASCM No.  O045  Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA  Street Address 386 WHITEHEAD AVE.  City, State, Zip Code  SOUTH RIVER, NJ 08882  Project Manager for Monitoring Firm  Tom GEIGER  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code  SOUTH RIVER, NJ 08882  Project Manager for Monitoring Firm  Tom GEIGER  Start Daily (19)  Scheduling Completion Date (11)  Variance of SNA Monitor  UNIQUE SYSTEMS OF AMERICA  SUBJECT ON THE Project Manager for Monitoring Firm  Tom GEIGER  Start Daily (19)  Scheduling Completion Date (11)  Variance of SNA Monitor  UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  Cocupancy Status Buring Abetement (Check Only One)  Facility Closedr/acated During Entire Period of Abatement Abatement Performed Otigis for Monmal Facility Hours  City, State, Zip Code  SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  In Facility  (13)  Location of Asbestos-Containing Material (ACM)  Tomally  Used Solely by Maintenancor Custodial Staff?  (12)  Yes No N/A  ACM Tipe SomaStic Grows NoRTH  Name of Registered Wiaste Hauler  WASTE MANAGEMENT  Name of Registered Wiaste Hauler  WASTE MANAGEMENT  Disposal Date  City, State  City, St	City (5)	160	<u> </u>	7	<u> </u>	10 0		etc.)			В	-	-/	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS  ASCM No. 0045 UNIQUE SYSTEMS OF AMERICA  Street Address G4 BROAD STREET  City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882  Project Manager for Monitoring Firm Tolephone No. 732-292-2217 Tolephone No. 732-292-2217 Tolephone No. 732-432-8350 UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Project Manager for Monitoring Firm Tolephone No. 732-292-2217 Tolephone No. 732-432-8350 UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  Start Data (19) Schedular Completion Date (11) UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Asbestos Containing Material (ACM) I DE ABATED In Facility Mours  Other Describe: William William Removation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  ACM Lipe Somastic GROWS NORTH  City, State Lipe State MORRISVILLE, PA	County (6)	, 6-6				)		Current Use (Pri			hed)	10	171	
Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm Tolelphone No. 732-432-2217 T32-432-8350 City State, Zip Code SOUTH RIVER, NJ 08882  Project Manager for Monitoring Firm Tolelphone No. 732-432-8350 City State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Street Address South River, NJ 08882  Street Address South River, NJ 08882  City, State, Zip Code SOUTH RIVER, NJ 08882  Street Address Street Addre	Name of Monitoring Firm Hired by Building O	wner (8)									Α		05E35	
City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm ToM GEIGER  Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) VINIQUE SYSTEMS OF AMERICA  Occupancy Status During Adatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Culture of Normal Facility Hours Other — Describe: Culture of Normal Facility Hours Other — Describe: Culture of Normal Facility Hours  Says or 23 if Stocation Normally Used Solely by Maintenancy Custodial Staff? (12) Yes No N/A  Outside Staff (12)  Yes No N/A  Acm life Somastic  Cubic Yards Name of Registered Landfill GROWS NORTH  Office South Name of Registered Landfill GROWS NORTH  City, State Cuty, State Cubic Yards Name of Registered Landfill GROWS NORTH  City, State City, State City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State South Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State Monitor UNIQUE SYSTEMS OF AMERICA  The phonitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State City, State Monitor Monitor UNIQUE SYSTEMS OF AMERICA  The phonitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State City, State Monitor Monito		-					Street A	ddress						
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Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other — Describe: @uldown   Other — Describity   Other — Describity   Other — Describition   Other — De							Telepho	ne No.		License N	lo.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 150 sf or ≥260 lf  Renovation Demolition  Is Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Dut's: DE MANHole  Name of Registered Waste Hauler  Name of Registered Waste Hauler  WASTE MANAGEMENT    Application of Abatement Type   Procedure	Start Date (10)	Schedule	cd Corr	pletion	Date (11)	/		[18] [18] [18] [18] [18] [18] [18] [18]		AMERICA	——— 4			
Abatement Performed Outside of Normal Facility Hours Other – Describe:  Other – Describe:				<u> </u>					AVE.					
≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos-Containing Material (ACM)   Amount (Specify Maintenance/Custodial Staff? (12)   Yes   No   N/A   N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A	Abatement Performed Outside of Norma							1987 THE RESIDENCE OF THE PARTY	0888	2				
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Abatement Type  Abatement Type  Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Registered Landfill GROWS NORTH  Disposal Date  City, State  MORRISVILLE, PA	≥3 sf or ≥3 if	-						Mini-Enclosure Glovebag Pro	e cedure				a	
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13)  Yes No N/A   Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A   Acm life Somastic  Acm cut Siber Management  Name of Registered Waste Hauler  WASTE MANAGEMENT  City, State ELIZABETH, NJ  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Apple Waste Solely by Maintenance/ Custodial Staff? (12)  Acm life Somastic  Grows North  City, State ELIZABETH, NJ  Completed by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Apple Waste Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Apple Waste Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Apple Waste Solely by Maintenance/ City, State Morral Staff?  City, Stafe Morral Staff?  City Stafe Morral Staff.  City Stafe Morral Staff.  City Stafe Morral Staff.  City Stafe Morral Staff.  City Sta		P. J. 1990.							, , , , , ,		T	Abate	ment	
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Tels  No N/A  ACM life Somastic 6 4  NJDEP Waste Hauler ID No. 1125  Disposal Date MORRISVILLE, PA  Completed by  Completed by  Completed by  Completed by  ACM life Somastic  Grows Name of Registered Landfill GROWS NORTH  City, State MORRISVILLE, PA	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Used Mai Custo	d Solel ntenan odial S (12)	y by ice/ taff?		tos Conta thermal surfac	aining Ma systems i sing, VAT	terial (ACM) nsulation, or	(S	pecify	Removal			Enclosure
WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Hauler ID No. 1125  Disposal Date  MORRISVILLE, PA	OUTS; DE MANHOLE	Yes	No ×	N/A	ACI	m li	PE S	omastic	6	4	X			
WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Hauler ID No. 1125  Disposal Date  MORRISVILLE, PA							111							
ELIZABETH, NJ  TBD MORRISVILLE, PA	Name of Registered Waste Hauler WASTE MANAGEMENT		H	auler ID	9730737570000									
Completed by CAROL RAIMO Signature Signature Date / 31/14	City, State ELIZABETH, NJ					Dispos	al Date			E, PA			1.40	
	Completed by CAROL RAIMO	100000000000000000000000000000000000000	CE M	GR.		Si	ignature	ard Ka	in	Da	te/3/	//	4	

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Date of Notification (1)		Name of P.S.E.	Building Owner/0	Operator	(2)			ESTOS LICEN		1	80	
Agencies Notified		Street Ad 4000 F	ddress HADLEY ROA	D			<del>ان ن ''</del> و	ES/05	P	4 2.	3	
EPA   Milital   Amended   Amendment #			te, Zip Code H PLAINFIELI	), NJ (	07080			CEA	SINI	An.	39	
□ Emergency (in justification)     □ DGA    □ Cancellation		Name of	Contact HN MA	Ro	77	E	Tol-					
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORMAT	ION	Type o	f Facility (4	)					
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Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS		ASCN 004	l No.			ement Cont YSTEMS			CA CA			
Street Address 64 BROAD STREET		1	·		t Address	HEAD A	VE.					
City, State. Zip Code MATAWAN, NJ 07747				100	State, Zip	Code VER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 32-2217	Telep	hone No. -432-83	•		License 0111				
	Scheduled Con			Name	of OSH	A Monitor YSTEMS	OF A	MERIC	CA			
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Name of Registered Waste Hauler WASTE MANAGEMENT	ļн	JDEP W auler ID 1125		Yards iste		Name of R			fill			
City, State ELIZABETH, NJ			4	sal Date		City, State MORRIS		E, PA				
Completed by CAROL RAIMO	Title OFFICE M	IGR.		Signatur	0//	l Ka	in	0	Date //	//	14	

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			CATION	ate of New OF ASB to NJAC	ESTOS	ABATE		QK	50	08/	So			
Date of Notification (1)			Name o	f Building .G.	Owner/C	perator	(2)	4	رو. الري	FEB		1/1	·	
Agencies Notified Type Notification			Street A	ddress HADLEY	' ROA.	D		***************************************	و کی	100	PH	•	<del>)</del>	
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			Name o	f Contact		1A L					<del>~</del> ?			
Name of Facility Where Abatement is Takin	n Place (	3)		ILITY INFO				of Facility (	4)		61	etine s	in the second	
PSE+G Street Address MANHOLE#8-Sou	13		1 426	- A11	E COA	اردیم)		School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			dings	, home	es,
City (5)			n NO		الريك	310)		etc.) are Feet	# 0	Floors N/A		Bldg. /		
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Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8		ASCN 004					atement Cor			CA.			
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City, State, Zip Code MATAWAN, NJ 07747						City, S	tate, Z	ip Code		2				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 92-2217		Teleph 732~	one N	io.		License 0111				
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WASTE MANAGEMENT			1125	140.	or was			GROW		RTH				
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Completed by CAROL RAIMO	OFFICE MGR.  Signature  Atal Kainto 13										Date //	//	14	
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	1101	(Pu	rsuan	t to NJA	C 8:60 and 5:16	6)				0/2		(
Date of Notification (1)			Name	of Building	Owner/Operator (	2)			υ <sub>λ</sub> ,		Ŷ	)
1 / 31 / 1	14		Nev	v Jers	sey Depart	ment of T	ransport	ati	ÓĐ,	G,		7
Agencies Notified Type Notifica	ition		Street	Address					<	100	gr.	
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□ DCA □ Emergend □ Local □ Emergend □ Local □		g		of Contact			Telenhone No					, 7
■ Cancellati	ion		Andı	rew Yo	rke		11740	NO.	W-000			CF S
			FAC	CILITY IN	FORMATION		N					Ø!
Name of Facility Where Abatement is T						Type of Facility (						
Parcel M-56 - Former Dyna Street Address	amic ir	uckir	19			School (K-12) Subchapter 8	(Other than K					
125 Pennsylvania Avenue						Other (i.e., pr homes, etc.)	ivate and comi	merci	al bu	ilding	s,	
City (5)						Square Feet	# of Floors			ig. Ag	ge	
Kearny						38,400	2			)+		
County (6)			Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Prid Industrial	or if being dem	olish	ed)			
Hudson Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No	Name of Abatem	ent Contractor (9)				-	200 (2000)	
Shaw Environmental, Inc.	ing Owner	(0)	AGGIVI		Prism Resp							
Street Address	Street Address											
128 S. Tryon Street - Inters	state To	wer			102 Techno							
City, State, Zip Code Charlotta, NC 28202					City, State, Zip C Export, PA							
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	10002	License No					
Gary Wywra		1	5.0	9-3707	724-325-33	30	01121					
	Scheduled (	Comple	tion Da	te (11)	Name of OSHA N			17		3850-5-		
/			_ / -			ironmental,	Inc.					
Occupancy Status During Abatement (			mant		Street Address	Tryon Street,	Interetate	To	NA/O	r		
■ Facility Closed/Vacated During Entir  □ Abatement Performed Outside of No				cribe	City, State, Zip C		IIILEISIAIE	7 10	7000	1		
Time of Abatement:AM		PM-		AM	Charlotte, N							
Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		enovati emolitic		,	☐ Mini-End ☐ Gloveba	g Procedure						
		s Locat	ion	Т	∐ Non-Exe	empted (*) and Nor	n-Friable Proce	eaure	1	atem	ent T	vne
Location of		Norma	lly		Description of					_	T	
Asbestos-Containing Material (ACM TO BE ABATED		ed Sole aintena			stos Containing Ma		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility	Cu	stodial (12)	Staff?		surfacing, VAT other miscellane		SF or LF)		/al		sulat	ure
(13)	Yes	_	N/A	a.	Outor Intoonance						o o	
Throughout			x		Floor Tile & M	lastic	3800 SF		×			
Exterior of Structure			x	Exterior	r Caulking & Roo	of Tar Flashing	27 SF		×			
Along Elevated Loading Doc	ks 🗆		x	Exteri	or Expansion J	oint Material	254 LF		×			
, song Elerated Eddanig Boo		Ī										
Name of Registered Waste Hauler			JDEP	Waste	Cubic Yards of	Name of Regis						
Waste Management			lauler II W1724	O No.	Waste	Grows N	orth Land	llift				
City, State					Disposal Date	City, State						
Camden, New Jersey		722			0	Morrisvill	e, PA					
Completed By (Print or Type)	Title	Administrative Support Signature Support Susca Busch 1/31/2014										
Jessica Busch	Admir	nistr	ative	Supp	OTY Jess	un sol	MI	1/3	ו כ	201	-	
SB-41 IAY 11	* Do no	t use ti	nis form	for asbes	tos licer/sure exem	pted activities.	96					



Date of Notification (1) 0	1/29/14			Name of	f Buildi	ing Owne	r/Operator (2) etirement Commu	unity & S	, A	^	ठे				_
Agencies Notified	Notific	ation Type		Street A	100 May 100 Ma	162-160-00-00-00-00	etirement Commi	inity & O	20 /	7/2.				-	_
	85 5 75 S	3		309 Brid		Bilana mara		106	N.COM	8.0	2				
□ EPA □ DEP	Initial	x nended	ŀ	City, Sta	te, Zip	Co			1/1/0	Pa.					
X DOL		mendment#	d:==	Moorest	own, N	NJ 08057			٠.	101					
□ DOH		nergency (Includes stification)	aing	Name of		act			Tele	obidino_Nu	mbe	or_	0		_
☐ DCA	☐ Ca	ncellation	1	Jim Po	teet				302	-324-99	000				
				FAC	ILITY I	INFORM	ATION								
Name of Facility Where A	Abateme	ent is Taking Pla	ice (3)					Type of Facili	350565						
Street Address								☐ School (K-		r than K-	12)				
309 Bridgeboro Rd								Other (i.e.	private 8			buik	ding	gs,	
City (5)								homes, et Square Feet		Floors		Bldg	1 A	ne.	_
Moorestown								150000 +	2	10013		45	g. , ,	gc	
County (6)							de (7) (STATE	Current Use (	prior if be	eing demo	olish	ed)			
Camden						SE ONLY									
Name of Monitoring Firm Harvard Environmen			8)	ASCM N	10.		of Contractor (9) ty Environmer	ntal							
Street Address	itai iiit						Address	itai					-		_
760 Pulaski Highwa	У					461 N	New Churchma	ans Rd.							
City, State, Zip Code	200						ate, Zip Code	700						i de la companie de	
New Castle, DE 197 Project Manager for Mon		irm	Telenh	one No.			Castle, DE 19 none Number	720	Licer	nse Numb	er				_
Wesley Morrison			(302)	326-23	33		322-8946	2	005		Ci				
Scheduled Start Date (10 02/11/14	))	Scheduled Co	mpletio	n Date			of OSHA Monitor							1000	ď
Occupancy Status During	Abater		ly one)				ty Environmer Address	Ildi		1000		9	-17		*
☐ Facility Closed/Vacate			Primary sees	ment		461 N	New Churchma	ans Road							
Abatement Performed	Outside	e of Normal Fac	ility Hou	rs -			tate, Zip Code	700							
X Other – Describe:abate Scope of Work (Check al			ection of	building	11.00-11.00	New	Castle, DE 19	720						_	
	r triut up	P-07			<b>.</b>	nome (* nome		ment with Negat							
X ≥ 3 sf or ≥ 3 lf  2 ≥ 160 sf or ≥ 260 lf						ovation molition	X Mini-Enclo	npted (*) and No	ebag Pro on-Friable		re				
					8-93				·		_				
				Is Location	on								ater Typ	nent e	t
			n	Normall	The transport of the transport	Asha	Description		۸.,	nount		T	T		
Locati	ion of			sed Solel Iaintenar			stos Containing No. thermal systems		1998 N	pecify	-	.		7   1	п
Asbestos-Containi				Custodia	al		surfacing, VA		SF	or LF)	ém	Kebair	Cab	ncic	-
TO BE A				Staff? (12)			other miscellar	ieous)			Removal	Dair	Elicaboulate	Enclosure	
i.			Yes	No	N/A	-							ā	0	!
Crawl Space			X	+	1,42,	TSI			30 LF		+	x H	+	+	_
Orani Opado						101			00 2.		ľ				
				-		-					+	+	+	+	
Name of Reg. Waste Hau			0.000	JDEP Wa		auler	Cubic Yards of	1 (AN 1995)	eg. Landi	fill					
Service Transport C	3rp		IC	No.2099	90		Waste	Minerva		) 					
City, State New castle DE					F.		Disposal Date TBA	City, State Waynesbu	rg OH	5					
Completed by Ben Hodgdon	Title				8 8		Signature			Date 1/2	9/1	4		22-112-2	

D&S Proj. #: 2014-41

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

D&S Proj. #: 2014-41					estos	Abatement and 12:120)	** S & **	PA FER	SO,	5/1	<i>ا</i> ک،	
Date of Notification (1)	Na	ame of Bu	ilding Owne	er/Operator (2)			*5,3		4	<b>a</b> .	85	<del>)</del> —
0 1 /2 8 / 1 4		MIKE C	ASSERLY	7			ي ج	55/00		1/2	).	
Agencies Notified Type Notification		reet Addre						CEL	$C_{\mathcal{O}_{A}}$		45	
DEP Amended	- 11 :	815 12TI	H AVENU	JE			10	140	14	12/	)	
Amendment #:	Ci	ty, State, 2	Zip Code						-0		ζ	6%
DOL Emergency		The state of the s	R, NJ 07	7719						E	7	
DOH (including justification)	Na	me of Cor	ntact				Telephone	Number				
☐ DCA ☐ Cancellation		MIKE C	CASSERL	Y	11			MENSOR I				
			FACI	LITY INFORM	ATION				_			:90
Name of facility where abatement is	taking plac	ce (3)					Type of Facility (4					
							1 =	(K - 12)			40)	
MIKE CASSERLY Street Address							A Comment of the Comm	pter 8 (Oti Private/Co			12)	
Street Address						1		Homes, etc				
76 UNIONVILLE AVENUE							Square Feet	# of Floors	1	Blo	ig. Ag	e
City (5)	Coun	ty (6)				nty Code (7) te use only)	Current Use (Pri	or if being	demi	olishe	ed)	
SUSSEX	SUS	SEX			(Olai		Current ose (i ii	or in being	dem	JIIGITO	α,	
Name of Monitoring Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
		*************		(		D & S RESTOR	ATION, INC.					
Street Address						Street Address						
					_	20 California A		-				
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Firm		I PI	none Numb	er	-	Paterson, NJ 0' Telephone Number	/303	License N	Numb	er		_
Troject Manager for Monitoring Film		1	ione ramb	0.		973-345-8020		1	169			
Start Date (10)	ISched.	Completi	on Date (11	1)		Name of OSHA Mor	1.7.700				ACC. 10.	100
0.000 000 000 000 000 000 000 000 € 0.000 00€ 0.			3			D & S Restorat	ion, Inc.					
02/07/14 Occupancy Status During Abatemen	02/20					Street Address 20 California A	venué					
Facility closed/vacated during			ement.			City, State, Zip Code						
Abatement performed outside Describe:	of normal f	acility hou	rs-									
Other-Describe: NORMAL H	OURS				=11	Paterson, NJ 0	7503					
Scope of Work (check all that apply	')						Full Containment w	/negative	press	ure		
	Renovation	n					Mini-enclosure Glovebag procedur	·e				
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)			_	edure	
Location of		normally nance/cus	used solely	/	Vie				e e	R	E n	E
asbestos-containing material (acm) to be	staff(12)	nanoo, oac		Description material (		sbestos-containing	Amount (Specify S	For	m o	p a	С	n c
abated in facility (13)	Yes	No	N/A		(, ,		LF)		v	ĭ	a p	L
BASEMENT				PIPE INSU	ILATI	ON	95 L FT		e	Ó		
BASEMENT		X		BARE HEA			77 L FT					
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler	The state of the s	Cubic Yards of V 3 YDS	waste	Name of Registere	d Landfill , RESOURCE RE	COVER	Y			
City, State			Disposal D			City, State	,					
PATERSON, NJ 07503			02/2	1/14		TULLYTOWN	I. PA					
Completed by (Print c: Type)	Title	TO TO		Signature				Date 01/28/	1.4			
BOGDAN JOLDZIC	PRESID		for achort	on linnature ev	ramnta	d activities		101/20/	14			

UK 005483

D&S Proj. #: 2014-42

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

									45 / CB		5	5		
Date of Notification (1	1)	Na	me of Bui	Iding Owne	er/Operator (2)				ر ن کوم	PA		0		
0 1 /12 8		N	IARY F	LORIO					* 1/0°	17	æ.,	2		
	Type Notification	on Str	eet Addre	SS					1	WAY.	1/6	5		
	Amended	1 1	24 WAS	SHINGTO	ON STREET				, ,	NO PO	2,	3235		
	Amendment #:	Cit	, State, Z	Zip Code										
	Emergency		LODI, N	J 07644						1,	P.			
☑ DOH	(including justification)		ne of Cor	THE RESERVE OF THE PERSON NAMED IN					Telephone	Number				
☐ DCA ☐	Cancellation		JOHN T	URCO					1					
	_ Caricellation				LITY INFORM	ATION	1	-						
Name of facility when	re abatement is	taking plac	e (3)					Ту	pe of Facility (4					
			- 1-1						=	(K - 12)		· ·	Estado	
MARY FLORIO								-	Harata 및 기업 (H. 1987) 및	pter 8 (O			12)	
Street Address									Other (F Bldgs./F	Private/Co Homes, et	tc.	Ciai		
124 WASHINGT	TON STREET	Γ						_     s	quare Feet	of Floor	S	Blo	ig. Ag	ge
City (5)		County	/ (6)			127.012.01	inty Code (7)	_						
LODI		BER	GEN			(Sta	te use only)	119	Current Use (Pri	or if being	g dem	olishe	ed)	
Name of Monitoring	Firm Hired by E	_	-		ASCM No.	-	Name of Abateme	ent Con	tractor (9)		12.10			
<b>3</b>		J		- 1			D & S RESTO	ORATI	ON. INC.			2		
Street Address						=	Street Address							
							20 California	Ave.						
City, State, Zip Code							City, State, Zip Co	ode		***				
							Paterson, NJ							
Project Manager for N	Monitoring Firm		Ph	one Numb	er		Telephone Numb			License	Numb 1169	er		
							973-345-80 Name of OSHA N				1109		_	
Start Date (10)	CHARLE	Sched.	Completion	on Date (1	1)		D & S Restor		Inc	T.				
02/11/14		02/26/	14				Street Address	ration,	nic.			-	_	
Occupancy Status Du	uring Abatemen		-				20 California	Avenu	ie					
Facility closed/v							City, State, Zip Co	ode						
Abatement perf Describe:			cility hou	rs-		_								
Other-Describe	: NORMAL H	OURS	No.			_	Paterson, NJ							
Scope of Work (chec	ck all that apply	')						=	Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	$\boxtimes$	Renovation							-enclosure /ebag procedur	е				
≥160 sf or ≥260	O If	Demolition						Dispersion of the last of the	-Exempted (*)			_	edure	
Location of		Is location by mainter			/				28 22 82		R e	R	E n	E
asbestos-conta material (acm)		staff(12)	iai ice/cus	todiai	Description material		asbestos-containing	g	Amount (Specify S	For	m	р	c	n
abated in facilit		Yes	No	N/A	materiar	(ACIVI)			ĹF)		o v	a i	a p	L
BASEMENT			_	+	PIPE INSU	ПАТ	ION		20 L FT		e	ń	П	h
BASEMENT			<del>-</del>	₩	BARE HEA		The second secon		60 L FT		in		×	盲
BASEIVIETT											Ħ	ī	Ī	盲
				#										
Registered Waste Ha			P Hauler		ubic Yards of	Waste				COVET	v			
D & S RESTORA	TION, INC.	1350	0	Disposal D	l yd Date		TULLYTOW City, State	N, KE	SOURCE KE	CUVER	. 1			
City, State PATERSON, NJ	07503	2		02/12/1			TULLYTOV	VN. PA						
Completed by (Print of		Title			Signature	==	1 2022101			Date		_		
BOGDAN JOLD		PRESIDE	ENT							01/28/	14			
		Do not use	this form	for ashest	os licensure ex	emnte	ed activities	002227						

W 4519

Date of Notification (1) 01/29/2014		Na V	ame of E /arren	Building Ov County	wner/Op Board	oerator (	2) osen f	reeholde	ers	A	ber	FE	Ģ	74
Agencies Notified Type Notification		0.000	reet Add	dress unty Roa	ad 519	South	1				ريم <sup>ن</sup> ريم	5/2	4	P
X EPA   X Initial   Amended   Amendment #				e, Zip Cod re, NJ 0							74,	CE	500	4
Emergency (inclusion)  DOA  Emergency (inclusion)  Cancellation	uding		ame of C	Contact oher Pes	ssolan	0			Telephone	e Num	ber		MA	5
			FACIL	ITY INFO	RMATIC	N				and the last				
Name of Facility Where Abatement is Taking Pla Court Annex Building	ace (3)						S	f Facility (4) chool (K-12)	)	- K 40		i		
Street Address 199 Hardwick Street					- 83			ther (i.e. pri c.)	Other than	mercia	l buildi			i,
City (5) Belvidere							Square 27, C	00	# of Floor			Jg. Ag	) †	
County (6) Warren			ounty C	ode (7) SE ONLY)		_	Curren		r if being der	nolish	ed)			
Name of Monitoring Firm Hired by Building Own RK Occupational, Inc.	ier (8)		ASCM 0090	No.				ement Cont oany, Inc.						
Street Address 403 St. James Avenue					10		Addres: Piaget	Avenue						
City, State, Zip Code Philipsburg, NJ 08865							tate, Zip	Code 07011						
Project Manager for Monitoring Firm  Jon Gilbert	7		elephon	e No. 4-6316			one No 253-88		Lice 007	nse N	0.			
CONDITION TO THE CONTRACT OF T	heduled		Constitution of the second	Date (11)		Name		A Monitor						
Occupancy Status During Abatement (Check O	nly One)	01	10	219		Ž	Addres			+		-		$\dashv$
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other – Describe:			ent		_	City, S	tate, Zij	o Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati molitic				×	Min Glo	i-Enclosure vebag Proc						
		960					1 1/101	-Exempled	( ) and Noi	i-riiau	1	Abate		
		ocatio rmally	23.00									Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely tenan	y by ce/	(i.e.	os Cont thermal surfa	scriptior taining N system cing, VA niscella	Material s insula T, or		Amour (Special SF or L	fy	Removal	Repair	Encapsulate	Enclosure
Verious Is setions	Yes	No	N/A	Vinyl	achor	stos sh	oot flo	oring	1,095	SE	x		W .	
Various locations	+		X	VIIIyi	asues	5105 511	eet no	oring	1,030 (		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
										(C)				
Name of Registered Waste Hauler Freehold Cartage, Inc.		Ha	JDEP W auler ID 5939		of Wa	Yards iste		GROW:	Registered I S	_ariuiii				
City, State Freehold, NJ					Dispo	sal Date 0/2014		City, State Morrisv			-			
Completed by Voytek Roszkowski	Title Presid	lent				Signatur	1	201	00	10	ate 1/29/2	2014		

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

Date of Notification (1) 1/30/14			Name of E	Building Ov	vner/Op	perator (	(2)		- 2	ESTOS LICENS		1	Sn	
Agencies Notified Type Notification		5	Street Add	tress T MONT	GOM	ERY F	PLACE		ر م م	Espon	PA	12.	~	
EPA Initial Amended Amendment #_				, Zip Code URH, P		12		500		LICENS	ON	Pa	ું 	
Emergency (indiginal plants)  DOH DCA  Emergency (indiginal plants) justification) Cancellation	auding			EX BAY		10		*	Tele	phone Num	iber()	.07		
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	ITY INFOR	RMATIC	NC	Type of	f Facility (4	1)			100		
VERIZON Street Address							I SI	chool (K-1: ubchapter	8 (Othe	er than K-12	)			
789 WAYSIDE ROAD							et	c.)		commercia				5,
City (5) NEPTUNE		(6)	15.				Square 24910	)	2	Floors	8330	dg. Ag	je 	
County (6) MONMOUTH			County C (STATE U			_	COM	MUNICA	NOITA		ed)			
Name of Monitoring Firm Hired by Building Ov USA ENVIRONMENTAL MANAGEN	vner (8) IENT I	NC	ASCM	No.		Name BRIS	of Abate STOL E	ment Con NVIRO	tractor VMEN	<sup>(9)</sup> ITAL, INC	).			
Street Address 8436 ENTERPRISE AVENUE							Address BEAV	ER STF	REET					
City, State, Zip Code PHILADELPHIA, PA 19153							tate, Zip STOL,	Code PA 1900	7					
Project Manager for Monitoring Firm MARK JENKINS		100	Telephon 215-36			40	none No 788-60			License N 00509	0.			
Start Date (10)	Schedule 2/21/14		npletion D	Date (11)				A Monitor ENVIRO	NMEN	ITAL, INC	).			
Occupancy Status During Abatement (Check	Only On	e)					Address	S ER STF	REET					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 7:00 AM - 3:30 PM	riod of A I Facility	Hours	nent S			City, S	State, Zip							
Scope of Work (Check All That Apply)						Ditio	J 1 O L,	171 1001						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Decision 1	enova emoli					Min	i-Enclosur	e cedure	n Negative F			e	
	le	Locat	ion		od vonejš		3 1401	-Excinple	u ( ) u.,		T	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cusi	Norma d Sole intena	lly ely by ince/ Staff?	Asbest (i.e.	os Con thermal surfa	escription taining l I system acing, V miscella	Material is insula AT, or	(ACM) tion,	(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
BASEMENT BOILER ROOM	Yes	INO	IN/A		VAT	& MA	STIC		5	50 SF	x			
BASEMENT BOILER ROOM	X					TSI	Sec. 10. 10. 1		3	30 SF	х			
BASEMENT BOILER ROOM	X		+		PIPE	FITT	INGS			6 EA	x			
					10									
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, IN	IC.		NJDEP W Hauler ID 20990		of Wa			MINEF	RVA L	ered Landfi ANDFILL				
City, State NEW CASTLE, DE 19720						osal Dat			ESBL	JRG, OH		8		
Completed by PATRICK T. DeCARO	Title EST	IMAT	OR			Signatu	truck	e J.	Dela	w/2 1	ate /30/1	4		

ASB-41 (R-06-08) PD 14007 Long.

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

Date of Notification (	1) ober 15, 2	013					Owner / Operato			To Bear	\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	1	
	Type Notific	ation	100		t Addr			tem made		4,00	; /	مرد	1	7
☐ EPA							Road			100	''ن 'ن	7/3		
☐ DEP ☐ DOL	☐ Initia	l nded <b>R#5-1/29</b> /	manager of the contract of the			& Zip C				SA	1500	• • •	2	
□ DOL □ DOH	100000000000000000000000000000000000000	rgency				STOW ontact	N NJ							
DCA		cellation	100		Baylo						Teléphói	( Y	JIIIDE	#1
							ORMATION				4	, i .	-	-
Name of Facility Wh	ere Abatem	ent is Taking Pl	ace (3				Type of Facil	lity (4)						
WILLIAMSTOWN						Lector services	School (							
Street Address					1				Other than K-1					
707 SICKLERVILL	LE ROAD								ate & commerc				tc.)	
							Square Feet		# of Floors	E	Bldg. Age	9		
City (5)		County (6)	Co	unty	Code	(7)	20000		2					
WILLIAMSTOWN		Gloucester							f being demoli	3.5				10
					_	20			nication cent					
Name of Monitoring USA Environmer		by Building Owr	ner (8)		ASO	CM No			t Contractor (9 ONMENTAL					
Street Address 8436 ENTERPRIS	E AVE						Street Addre		TDEET					
City, State & Zip Coo	CINCRELL CARDINGS OF THE PARTY						City, State &							
PHILADELPHIA P							BRISTOL,					*		
Project Manager for	Monitoring F	irm	Telep	hone	Num	ber	Telephone N			License N	lumber			
MARK JENKINS			215-	000000000000000000000000000000000000000			215-788-60	40			0050	9		
Scheduled Start Date 1/30/14	e (10)	Scheduled Cor	npletic		te (11	)	Name of OSI BRISTOL E		nitor ONMENTAL	INC				
Occupancy Status D	uring Abate	ment (Check or	nly one	e)			Street Addre						-	
		During Entire P					1123 BEAV							
		utside of Norma	al Ho	urs –	7am t	o 3pm				X0-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Describe:							BRISTOL, I	PA 19	007					
Facility Occu														
Scope of Work (Che	ck all that a	ppiy)						$\square$	Full Containm	ent with N	legative	Pres	sure	
≥3 sf or ≥3 lf			$\boxtimes$	Rer	novati	on		Ħ	Mini-Enclosur		.0940		00.0	
≥160 sf ≥260	) If		Ħ	Der	nolitio	n		Ħ	Glove Bag Pr					
			_						Non-Exempte	ed and Nor	n-Friable	Pro	edu	re
700 10 775	cation of			Locat			Descriptio			Amount	Aba	teme	nt Ty	уре
	os-Containin rial (ACM)	ig		nally olely			Asbestos-Cor Material (A			(Specify SF or LF)			m	
	E ABATED				ice or		(i.e., thermal s			or Or Lr)	Re	Z	Encapsulate	En
	Facility	9			Staff?		insulation, surfa	cing, V	AT		Remova	Repair	psu	Enclsoure
	(13)		Vas	(12)	NI/A	-	or other miscel	laneou	s)		l a	7	late	Тe
Bassmant Emars	vanav Dav	or Boom	Yes	No	N/A		VATIBAAC	TIC		60065				$\neg$
Basement- Emerg	jency Pow	er Room		Η	H	1	VAT/MAS	TIC		680SF		뮈	H	뉘
			+	H	+	-		=401-=-			ᆂ	H	H	ㅐ
			H	Ħ	H							H	Ħ	H
			Ħ	Ħ	П			1005.7				Ħ	Ħ	Ħ
	7													
Name of Registered	Waste Haul	er		1000000			Cubic Yards	Name	e of Registered	d Landfill				
SERVICE TRANSI	DORT GRO	NID INC		100000	uler II <b>990</b>	D No.	of Waste	MINI	ERVA LAND	EII I			19	
City, State	OKT GKC	701 , INO.		20	330		Disposal Date		State	1166				
NEW CASTLE, DE	19720						TBD		NESBURG,	OH 4468	88			
Completed By (Print				Tit			Signature				Date	20		
PATRICK T. DeCA	ARO			Es	tima	tor	Patria &	)/	(2)		1/20	2/19	1	
							Januar D	ela	w (3)		1/2	11	53	

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

		ГОИ		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:16	EMENT	REE	5/1	1		20
Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	CO14 FFD	· ·	~/	)	
1 /	28 /	14		1		Princeton Unive	rsity 4	133-4	PA	_		
Agencies Notified  ☐ EPA  ☑ DOLWD  ☑ DHSS	Type Notific ☐ Initial ☐ Amended Amendm	d		E.A	State, Zip 0			2014 FEB-4 SECTION OF & LICENST	NO A	01	?	
☐ DCA	☐ Emerger		ng	1986		NJ 08544		T= 1		45		
(NJAC 5:23-8)	justificati			_ CONTRACTOR (CONTRACTOR)	of Contac			Telephone Num	ber	1		
	☐ Cancella	ition		Rol	bert Orte	go						
				FA	CILITY IN	IFORMATION						
Name of Facility Where A		10.70	100				Type of Facility  School (K-12		1			
Street Address 83 Stockton St								private and comme		ilding	s,	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge	
Princeton							7,500	2		50+		
County (6) MERCER				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)			
Name of Monitoring Firm	Hired by Buil	Iding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
Pennoni Assoicate	s, Inc.			0010	02		VIRONMENTA					
Street Address	4000 <u>22</u> 00					Street Address						
515 Grove St., Suit	e 1B	240 200				1123 BEAVE						-
City, State, Zip Code Haddon Heights, N	J 08035					City, State, Zip Co						
Project Manager for Mon			Te	lephone	No	Telephone No.	( 10001	License No.		-		
Alan Lloyd	itoring i iiii			856-547		215-788-6040		00509				
Start Date (10)		Scheduled	Comp	letion Da	ite (11)	Name of OSHA M	onitor				-75	
1/_27/				31 /	The state of the s		VIRONMENTA	L, INC.				
Occupancy Status During	ed During Ent	ire Period o	f Aba			Street Address 1123 BEAVE	R STREET		377-3-			
Abatement Performed Time of Abatement: 7						City, State, Zip Co BRISTOL, PA						
Scope of Work (Check al	I that apply)											
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emoli			Mini-End     Gloveba	g Procedure	gative Pressure on-Friable Procedu	re			
			ls Loc						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACN ATED	"'   M	lainter	olely by nance/ al Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes									35.0	
1 <sup>St</sup> Floor Family Room	m	$\Box\Box$		-		sulation		4 LF				
2 <sup>nd</sup> Floor Bedroom					Pipe In	sulation		36 LF				
2 <sup>nd</sup> Floor Bathroom					Pipe In	sulation		44 LF				
3 <sup>rd</sup> Floor Bathroom				LINE SAL		sulation		9 LF		Ш	П	
Name of Registered Was BRISTOL ENVIRON		NC.		NJDEP I Hauler II 18706	D No.	Cubic Yards of Waste	Name of Regi	stered Landfill NORTH LAND	FILL			
City, State BRISTOL, PA 19007	7					Disposal Date 2/1/2014	City, State MORRISV	ILLE, PA 19067				
Completed By (Print or Tr	ype)	Title Estima	ator	1		Signature	Status	Da	1/2	1/10	(	

ASB-41 MAY 11

BS 14009

Date of Notification (1)				Name	of Building	g Owne	er/Operator (2	2)	En				
	14	_		Har	tz Mount	ain In	dustries4	FEB -4 PM	/ Job # 1401	-1843 Ch	k. #3	465	5
Agencies Notified Type Notific	ation			Street	Address			EB-4 PHI STOS CONT LICENSING	2:50				
☑ EPA ☑ Initial				400	Plaza Dr	rive, F	O Box 515	Ston.	. 55				
☐ DOLWD ☐ Amender ☐ DHSS Amendm				City, S	tate, Zip C	Code	E	LICE CUNT	.00·			C-1/1-1	
□ DCA □ Emerger	1000	udina		Sec	aucus, N	J 070	94	- CEMSING	NUL				
(NJAC 5:23-8) justificati		uumg		Name	of Contact	t			Telephone N	umber			
☐ Cancella	tion			Mr.	Robert N	Mertru	iel						
				FAC	CILITY IN	IFORI	MATION						
Name of Facility Where Abatement is	Taking I	Place	(3)					Type of Facility	(4)				
Commerce Building								School (K-12		(40)			
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr			ildina	S.	
9101 91 <sup>st</sup> Street								homes, etc.)					
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	Native - 1
North Bergen								80,000	1		50 +		
County (6)				Cour	ty Code (7	)(STAT	E USE ONLY)	Current Use (Pri	V. 17.0	nolished)			
Hudson								Vacant Prop					
Name of Monitoring Firm Hired by Bui	ding Ov	wner (	8)	ASCM	No.			ent Contractor (9)					
Horizon Environmental						As	sbestos an	d Mold Service	s, Corp.				
Street Address						Stree	et Address						
PO Box 366							59 Sylon E						
City, State, Zip Code							State, Zip C						
Thorofare, NJ 08086					tro-		ainesport, l	NJ 08036		32			
Project Manager for Monitoring Firm			1	ephone		111111111111111111111111111111111111111	phone No.		License No	).			
Dave Flanigan				56-848	DA ARRONNI LINES AND A	2000	9-702-0400		00862				
Start Date (10) 2 / 18 / 14				etion Da		Usan	ie of OSHA N VISL Analyt	di Persatranya					
Occupancy Status During Abatement							et Address		-				
☐ Facility Closed/Vacated During Ent				ment				te 130 North					
☐ Abatement Performed Outside of N	ormal F	acility	/ Hou	rs - Des			State, Zip C						
Time of Abatement:AM	PM	/	_PM		AM	1 6620		n, NJ 08077					
Scope of Work (Check all that apply)								tainment with Neg	nativo Proceur	Eneli	Cur	· ·	
☐ ≥3 sf or ≥3 lf		⊠ Re	novat	ion			☐ Mini-End		gative Flessure	LILLI	JKI	U	
≥160 sf or ≥260 lf	[	☐ De	moliti	on				g Procedure	a Friable Dree	oduro.			
		le	Loca	tion			□ Non-Exe	empted (*) and No	n-rhable Ploc	Managed S	atem	ont T	
Location of			Norma				Description of	of			_		T
Asbestos-Containing Material (ACI	/I)			ely by ance/			Containing Ma	aterial (ACM)	Amount		Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility				Staff?	(i.e		mal systems urfacing, VAT		(Specify SF or LF	, lova	ai-	psu	uso
(13)			(12				er miscellane		01 01 11	/  =		ılate	6
		Yes	No	N/A									
Throughout				$\boxtimes$	Black F	Floor	Tile		400 SF				
Throughout				$\boxtimes$	White F	Floor	Tile		846 SF				
Throughout				$\boxtimes$	Brown	Floor	Tile		846 SF	$\boxtimes$			
Throughout				$\boxtimes$	Brown	& Wh	ite Floor T	ile	220 SF	$\boxtimes$			
Name of Registered Waste Hauler				NJDEP '			ic Yards of	Name of Regis					
Freehold Cartage, Inc.				dauler II 0226		Was	te	GROWS L	andfill				
City, State				30		100000000000000000000000000000000000000	osal Date	City, State	8		1,700		
Freehold, NJ						2/:	21/14	Morrisville	, PA 19067				
Completed By (Print or Type)	Title						Signature	ń		Date			
Kimberly A. Trumbetti	Of	fice (	Coor	dinato	r		MON	V		1-31	)- 1	+	

Date of Notification (1)	30 /	14			Name (	of Building z <b>Mount</b> a	Owner/Operator (2 ain Industries	2014 FER _ , I	Job # 1401-	1841 C	hk. ‡	3466	;
Agencies Notified	Type Notification	on	Period.		Street	Address		& LICENS	PH12:51				
⊠ EPA					400	Plaza Dri	ive, PO Box 515	ruses inc.	·				
☑ DOLWD	☐ Amended			-		tate, Zip C	ode	& LICEN	ONTROL	68			
☑ DHSS	Amendmen		_			aucus, N	1 07094	- OTA!	INGHOL				
☐ DCA	☐ Emergency		ng		0.10/05/05/	of Contact	0 07004		Telephone Nu	mher	-		
(NJAC 5:23-8)	justification				C 100 (40 ) (10 )				relephone ivo	iiiibei			
	Cancellatio	n				Robert M			- Committee	Make a second			_
			. (0)		FAC	ILITY INI	FORMATION	Tune of Facility	(A)	-			
Name of Facility Where	Abatement is Ta	king Pla	ce (3)					Type of Facility (					
Bokara Rugs								☐ School (K-12) ☐ Subchapter 8		12)			
Street Address	200-1-10 Hotel Gr 11-40							Other (i.e., pr			uildir	gs,	
50 Enterprise Aven	iue							homes, etc.)				CORP. (C.)	
City (5)								Square Feet	# of Floors	E	ldg.		
Secaucus		······································	4-000		10.00		32.5	20,000	2		30+	0	
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			- 5
Hudson								Occupied - I	Retail				
Name of Monitoring Firm	Hired by Buildin	ng Owne	er (8)	7	ASCM	No.	The state of the s	ent Contractor (9)					
Horizon Environme	ental						Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
PO Box 366			00 = 1/1000	-250			3859 Sylon E						
City, State, Zip Code							City, State, Zip C						
Thorofare, NJ 0808			17			NI.	Hainesport,	NJ 08036	License No.				
Project Manager for Mon Dave Flanigan	litoring Firm		,		phone 6-848		Telephone No. 609-702-0400	1	00862				
Start Date (10)	100	heduled	Com	7.35.25			Name of OSHA		00002				
/					_ / _		EMSL Analys						
Occupancy Status Durin	g Abatement (C	heck on	y one	:)			Street Address		7.				
☐ Facility Closed/Vacat	ed During Entire	Period	of Ab	ater	ment		200 U.S. Rou	ite 130 North					
☐ Abatement Performed							City, State, Zip C	ode					
Time of Abatement: _		PIVI/	'	-IVI-		Alvi	Cinnaminso	n, NJ 08077					
Scope of Work (Check a	Il that apply)						⊠ F <del>ull Cor</del>	tainment with Neg	ative Pressure	FW	r fu	Y 1	
≥3 sf or ≥3 lf			Reno				☐ Mini-End	closure	,	LITT	USIA	11	
≥160 sf or ≥260 lf			Demo	olitio	n		Gloveba	ig Procedure empted (*) and No	n Friable Brees	duro			
			la La			1	□ Non-Exe	empted (*) and No	n-Friable Proce		hata		Tuna
Location	o of		Is Lo				Description	of		-		ment	
Asbestos-Containing	7.07.1		Jsed S	Sole	ly by	Asbe	stos Containing M		Amount	Kemova	Kepaii		Enclosure
TO BE AB			Maint				., thermal systems	insulation,	(Specify	1 2	a	. aps	los
IN Facil	lity			iiai ( 12)	Staff?	1	surfacing, VAT		SF or LF)	<u>a</u>	.	Encapsulate	ure ure
(13)		Y		No.	N/A		other miscellane	eous)		10		6	
2 <sup>nd</sup> Floor, Area #1		16		7		Black N	flastic under VA	T	3338 SF		1 [		
2 <sup>nd</sup> floor, Area #1/Te	I. Closet		-	= 7		Black N	lastic under Til	e	12 SF		1 [		
2 <sup>nd</sup> Floor, Area #13 c			+	<u>-</u>		Mastic	under Tile		96 SF		-		
2 Floor, Area #13 C	Jorridor		-	_		Mastic	ander the				-		15
Name of Registered Wa	ste Hauler		_   L		JDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill		-   -	1 -	1-
Freehold Cartage,					lauler II	D No.	Waste	GROWS L					
City, State			: /14-049;-		0226	5	5 Disposal Date	City, State					
Freehold, NJ							2/18/14		, PA 19067				
Completed By (Print or 1	(vpe)	Title		-			Signature)	٨		Date			
Kimberly A. Trumb			e Co	oro	dinato	r	MA	1		1-3	BC -	14	

tool of

Date of Notification (1)	17 /	13			Name of Ben	of Building <b>jamin M</b> o	Owner/Operator (2 pore & Co. Drive	2) 2014 FEB	/ Job # 1312	1835 C	hk. I	A	
Agencies Notified T	Type Notificat	tion			Street	Address		ASBESTOS & LICENS	PHIO				
	☐ Initial				101	Paragon	Drive	\$ 5/700	112:51				
☑ DOLWD					City S	tate, Zip C	ode	- C/CF.	Ober	1			
☑ DHSS	Amendme	nt # <u>02</u>	2		100000000000000000000000000000000000000	itvale, N	1.07645	CNS	IN ROL				
	☐ Emergend		uding			of Contact	01040		Telephone Num	hor			
(NJAC 5:23-8)	justificatio							J.	relephone Null	ibei			
	Cancellati	on				nis Reco					_		
					FAC	ILITY IN	FORMATION						
Name of Facility Where Ab		aking I	Place (	3)				Type of Facility (4					000000000000000000000000000000000000000
Benjamin Moore - Bu	ıilding #11							School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri			ildino	s	
134 Lister Avenue								homes, etc.)	vato ana comme		9	<b>-</b> ,	
City (5)								Square Feet	# of Floors	Blo	ig. A	ge	
Newark								10,000	2	1	50+		
County (6)					Coun	tv Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demol	shed)			
Essex						,	,,,	Manufacturir					
Name of Monitoring Firm H	lired by Ruild	ling Ov	vner (8	<u>.                                     </u>	ASCM I	No	Name of Abateme		ig i iuiit				
Horizon Environmen		ing Ov	viiei (o	'	AGGIVI	<b>4</b> 0.		d Mold Services	Corn				
	Lai							u woid Services	s, corp.				_
Street Address							Street Address						
P.O. Box 336							3859 Sylon B				Jan 1		
City, State, Zip Code						,	City, State, Zip Co						
Thorofare, NJ 08086			1000				Hainesport, I	NJ 08036			20000		
Project Manager for Monito	ring Firm			Tele	ephone I	No.	Telephone No.		License No.				
Dave Flanigan				8	56-848	-0800	609-702-0400	)	00862				
Start Date (10)	S	chedu	led Co	nple	etion Dat	te (11)	Name of OSHA N	Monitor					
1 / 6 /	14	2	/	0	1_ / _	14	EMSL Analyt	ical, Inc.					
Occupancy Status During A	Abatement (C	Check	only or	e)			Street Address	X4					
☐ Facility Closed/Vacated					ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed C	977/					cribe	City, State, Zip Co						
Time of Abatement:	AM	PM		PM	/	AM	Cinnaminsor						
Scope of Work (Check all to	hat apply)						- Chimaninioon	.,					
			_					tainment with Nega	ative Pressure				
☐ ≥3 sf or ≥3 lf		10.2	⊠ Ren □ Dem				☐ Mini-End						
≥160 sf or ≥260 lf		L	_ Den	iOiiti	On			g Procedure mpted (*) and Non	-Friable Proced	ure			
			ls l	oca	tion			,			atem	ent T	vne
Location of	f		No	orma	ally		Description of	of			_		
Asbestos-Containing M		)			ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	in c	Enclosure
TO BE ABAT					ance/ Staff?	(i.e	., thermal systems		(Specify	10/1	a:	aps	lost
IN Facility (13)			0 4010	(12)			surfacing, VAT other miscellane		SF or LF)	<u> </u>		Encapsulate	<del> </del>
()			Yes	No	N/A			,				Φ	
Kettle Room						Pipe Ins	sulation		3 LF	$\boxtimes$			
Lab Area					$\boxtimes$	Transit	e from Hoods		110 SF	$\boxtimes$			
Kettle Room					$\boxtimes$	Roofing	9		2 SF	$\boxtimes$			
Exterior					$\boxtimes$	Roofing	g & Flashing		3,900 SF	$\boxtimes$			
Name of Registered Waste	Hauler			1	NJDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill	-12-5859			
Freehold Cartage, Inc				1	Hauler II		Waste	GROWS La					
City, State					02265		5 Disposal Date	City, State					-
Freehold, NJ							2/1/14	Morrisville,	DA 10067				
							1 0	MOITISVIIIe,	NT 1000 - 30152 00108				
Completed By (Print or Typ		Title					Signature			ate			
Kimberly A. Trumbet	ti	Of	fice C	oor	dinator	•		V		1-6	4-	14	

Job # 1401-1842 1994 #3464 E/JAPA E SESSION PAIR 164 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) 1 Beth & Stan Gittlen Type Notification Agencies Notified Street Address 3 South Argyle Avenue □ DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Margate City, NJ 08402 ☐ Emergency (including) □ DCA Name of Contact justification) (NJAC 5:23-8) Cancellation Stan Gittlen FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 3 South Argyle Avenue homes, etc.) City (5) Bldg. Age Square Feet # of Floors Margate City 2100 80 years 2 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Atlantic Residential Property Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental Asbestos and Mold Services, Corp. Street Address Street Address 16 West Elizabeth Avenue 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kelly Walton 908-862-4301 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_2 / \_\_17 / \_\_14 2 / 17 / 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/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure  $\boxtimes \ge 3$  sf or  $\ge 3$  If □ Renovation ☐ ≥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 Enclosure 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 Attic  $\boxtimes$ Pipe Insulation 50 LF  $\boxtimes$ П  $\boxtimes$ X П  $\Box$ X X П 

X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 Disposal Date City, State City, State Freehold, NJ 2/18/14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Kimberly A. Trumbetti Office Coordinator

ASB-41 MAY 11

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

				ICATIO	N OF ASE	ew Jersey BESTOS ABATE C 8:60 and 5:16		т	C	Ĵĸ					
Date of Natification (1)						ng Owner/Operato						200	- 1		)
Date of Notification (1)	31/14			INAIII	e or buildin			nael Rhein	hardt	4		18			<b>O</b> ,
Agencies Notified  EPA DEP	Type Notifica	ation		Stree	et Address		80 E	. Welling	Ave.	- 5 - 5	غ در در	5	, S.	Ç_0	10 10 10 10 10 10 10 10 10 10 10 10 10 1
□ DEP  IN DOL	Amended Amendm			City,	State, Zip 0				20524		7	2	5	1	<i>(</i> 2.
<b>⊠</b> DOH	☐ Emergen justificat	cy (includ	ng	Nam	e of Contac		nnıı	ngton, NJ	J8534 Telephone Nu	ımher	_	1	17		ش <sup>و</sup>
DCA DCA	Cancellat			Ivani	anner de l'entre de la constitución de la constituc	1. Rheinhardt	t	*	reiepiidie i v		•	* =	-64	~^A	2
				FA	CILITY IN	FORMATION			- Tarabasan			-	Ton		
Name of Facility Where A							1000	ype of Facility		3490				al	*
Chanat Address	Resid	lential I	rope	rty			JF	School (K-12	2) 8 (Other than K	(-12)					
Street Address	30 Ea	st Well	ng A	ve.					rivate & comme		uild	lings			
City (5)							S	quare Feet	# of Floors	Т	Blo	dg. A	ge	$\dashv$	
	Per	nningto	n, NJ					2000	2	_		8	0		
	lercer .				unty Code ( E ONLY)	(7) (STATE	_		ior if being dem Resident		d)				
Name of Monitoring Firm (8)		ding Owne	er	ASCN	/ No.	Name of Abate		37.3		ioss	T	0			
Street Address	MECS		_			Street Address		s Environr	nental Serv	ices,	m	C.			
Officer Address	PO Box	341				Olicel Address	.3	PO E	322 Sox 322						
City, State, Zip Code	osswicks,	11,000	15			City, State, Zip	Code		n, NJ 08501						
Project Manager for Mon		113 005	NV.	elephone	No.	Telephone No.		7 HIOHO W	License No.					=	
William We		r.	2000		98-4070	(609) 2	59-	9688		004	93	3		_	
Start Date (10)	15	Scheduled			ate (11)	Name of OSHA	Mon		EGG						
2/10/14 Occupancy Status Durin	a Abatement	(Check or	2/14			Street Address		IVI	ECS			_		_	
	_					Officer Address		PO B	ox 341						
Abatement Performed			ility Ho	urs		City, State, Zip								_	
Other - Describe:				-				Crosswick	s, NJ 0851:	5	_			_	
Scope of Work (Check a	ii that apply)	-	200						gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli			Mini-Er Glovet	oag P	rocedure	n-Friable Proce	dure					
		1	s Loca					( ) and 140		- adi U	Α		ment	$\neg$	
Location of	of		Norma ed Sol	ely by		Description of	of					Тур	e	_	
Asbestos-Containing N TO BE ABAT		M	aintena Custoo			stos Containing Ma , thermal systems			Amount (Specify		Re	Repair	Enc	Enc	
IN Facility (13)			Staff (12)		(	surfacing, VAT other miscellane	r, or	0.0000000000000000000000000000000000000	SF or LF)		Removal	pair	Encapsulate	Enclosure	
(13)		V	T		+	Julier Hisoelidhe	Jous)			'	<u> </u>		ulate	6	
***		Yes	No		-	m			15 10		_			=	
Kitche				×	-	Thermal P			15 lf	_	(			$\dashv$	
Dining Ro		_	+	X	-	Thermal P			8 lf 8 lf		(			$\dashv$	
Living Ro	ЮШ	_	+	×		Thermal P	tpe		0 11	-   '			-	$\dashv$	
Name of Registered Was	ste Hauler			NJDEP		Cubic Yards	1	Name of Regis	stered Landfill					$\dashv$	
Stevens Er	vironmen	tal		Hauler 18	ID No. 292	of Waste 1 CU			T.R.R.F.,	Inc.	2				
City, State		(250000)				Disposal Date	1	City, State						$\exists$	
Completed D	Allentow					2/14/141	1.	V /	Tullytown		_	_		_	
Completed By Mahlon E. Ste	vens	Title	Proie	ct Ma	nager	Signature		X	Date		31	/14			
20.44	. •		1010	J- 1/14							_				

CK # 25392

		N		CATION		EST	OS ABATEN 00 and 5:16)	IENT A	ECE					
Date of Notification (1)	31/14			Name	of Building	g Ow	ner/Operator	David Afid	as,	VEL	)			
Agencies Notified	Type Notific	ation		Street	Address			AL C	* P	M 12: 4				
EPA BED	Initial						54	North Main	Street	15:1	-			
DEP  DOL	Amended Amendm	ent #	<u>-</u>	City, S	State, Zip C	ode	Cr	anbury, NJ	58512	TRA				
M DOH ☐ DCA	justificat  Cancella	tion)	9	Name	of Contact	53.5	Allikas		1 1 51 1	ine Niimh	or			
		SUSPECTION OF THE PROPERTY OF		FAC	CILITY INF					47.200		-		-
Name of Facility Where								Type of Facility	335 Ai					
	Resid	dential P	ropei	ty		_	-	School (K-1		than K-12	)			
Street Address	54 N. 1	North Ma	in S	treet				Other (i.e., phomes, etc.	orivate & c			lings,		
City (5)	C1	NI	005	12				Square Feet 3000	# of F	loors 2	Blo	dg. A	ge 50	
County (6)	Crant	oury, NJ	083		nty Code (7	7) (S	TATE	Current Use (P	rior if bein		hed)	1.		_
	ddlesex				ONLY)	) (0				dential				_
Name of Monitoring Firm	그렇게 살아보다 하다면 주었다. 그리네요.	ding Owner		ASCM	No.	Na		nent Contractor (9		g .	. т			
	MECS						eet Address	vens Environ	mental	Service	s, m	c.		_
Street Address	PO Box	341				Str	eet Address	PO I	30x 322	2				
City, State, Zip Code	osswicks,	NJ 0851	5			City	, State, Zip 0	Code Allentow	n, NJ 0	8501				
Project Manager for Mor William W		ſr.	2,553	ephone 09) 29	No. 8-4070	Tel	ephone No. (609) 2:	59-9688	Licen	se No. 0	0493	}		
Start Date (10)		Scheduled	Compl	etion Da	ite (11)	Nai	me of OSHA							
2/10/14			2/14	/14		_		M	IECS					_
Occupancy Status Durin  Facility Closed/Vacat		<i>9</i> 2	76 B	ement		Str	eet Address	PO I	3ox 34					
☐ Abatement Performe						City	, State, Zip C	Code						
Other - Describe:								Crosswic	ks, NJ (	)8515				_
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)	<b>⊠</b> F	tenova emoliti	tion on			Mini-En	ntainment with Ne closure ag Procedure empted (*) and N			e			
			Locat								А	bate Typ	ment	
Location		Use	d Sole	ly by			Description o				$\vdash$	171		
Asbestos-Containing I TO BE ABA			intena Custod	ial			ontaining Ma mal systems		Amo (Spe	cify	Rer	Repair	Enc	Enc
IN Facility (13)			Staff?	•		su	rfacing, VAT er miscellane	, or ous)	SF or	·LF)	Removal	air	Encapsulate	Enclosure
(10)		Yes	No	N/A				,	4				ilate	roi
Baseme	ent		×			T	hermal P	ipe	22	0 lf	×			
Kitche	n		×				VAT		230	) sf	×			
A														
				×										
Name of Registered Wa	ste Hauler nvironmer	ntal		NJDEP Hauler II 1 8 2	100000000000000000000000000000000000000	00/040	bic Yards Waste 3 CU	Name of Reg		ndfill R.F., It	ıc.			
City, State	Allentov						posal Date 2/14/14 /	City, State	7	town,				
Completed By	Anchiov	Title	-				Signature /	T 1/	1 411	Date				_
Mahlon E. Ste	evens		roje	et Mar	nager		111				1/31	/14	8	_

04,490

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

1								· · · · · · · · · · · · · · · · · · ·		'y K	41				
Date of Notification (1)	20	4.4		1		f Building ( t <b>Harris</b>	Owner/	Operator (2	9 <b>4</b> 52	182	ś	8	0		
	/	14			SCOT	L HATTIS			ھ	C.C. *	D <sub>L</sub>				
Agencies Notified  EPA	Type Notification	on	2		T-15005000000000000000000000000000000000	ddress Elm Ave			4	CENCON	"\E.	وري			
☑ DOLWD	☐ Amended	8 59			City, Sta	ate, Zip Co	ode			"VIN"	TA	_			
☑ DOH	Amendmen	THE THE THE	_			way NJ				*G	10/				
DCA	☐ Emergency justification		ling	-		of Contact	- 12			Telephone Nu	ımber		*		
(NJAC 5:23-8)	☐ Cancellatio				Scot	t Harris					100		4		
					FAC	ILITY INF	ORM	ATION					100		
Name of Facility Where	Abatement is Ta	king Pla	ace (	3)					Type of Facility (	4)					
Residential House		8							School (K-12)						
Street Address									☐ Subchapter 8 ☐ Other (i.e., pri			build	dinas		
359 Elm Ave									homes, etc.)	vato and com	noroidi		gc		
City (5)									Square Feet	# of Floors		Bidg	. Ag	е	
Rahway															
County (6)					Count	y Code (7)	(STATE	USE ONLY)	Current Use (Prid	or if being dem	olished	1)			
Somerset															
Name of Monitoring Firm	n Hired by Buildi	ng Own	er (8	) /	ASCM N	No.	Name	of Abateme	ent Contractor (9)						
Bio Terra Solution			10				ALI	PRO MA	NAGEMENT LI	_C		500			
Street Address							Street	Address							
P.O. Box 1224							27 (	Outwater l	_ane						
City, State, Zip Code							City, S	State, Zip Co	ode						
Union, NJ							Gar	field, NJ	07026						
Project Manager for Mo	nitoring Firm			Tele	phone N	No.	Telepl	hone No.		License No					
Rick Eustaquio				97	3-494-	3762	973	-928-4888		1188					8
Start Date (10)	So	chedule	d Co	mple	ion Dat	e (11)	Name	of OSHA N	lonitor						
02 / 08	/ 14_	02	_ /	09	_ / _	14	ALI	L PRO MA	NAGEMENT L	LC					
Occupancy Status Durin		heck or	nlv or	ne)			Street	Address						-	
☐ Facility Closed/Vaca					nent		27	Outwater	Lane						
☐ Abatement Performe	ed Outside of No	rmal Fa	cility	Hour	s - Desc	cribe	City, S	State, Zip Co	ode						
Time of Abatement:	AM	PM/_		_PM-	/	AM		rfield, NJ							
Scope of Work (Check	all that apply)														
Coope of trom (chash		_							tainment with Neg	ative Pressure	9				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		H	Rer	novati				☐ Mini-End ✓ Gloveba	g Procedure						
☐ ≥160 Si 0i ≥200 li			1 001	, one				☐ Non-Exe	empted (*) and No	n-Friable Proc	edure				
				Locat				N. V. V. V. V. V.				Aba	teme	ent T	уре
Locatio				orma	lly ely by	Anhai		Description of	of aterial (ACM)	Amount		Re	Re	En	En
Asbestos-Containing TO BE AB		1		ntena				nal systems		(Specify		Removal	Repair	cap	Enclosure
IN Fac		(	Custo		Staff?		sur	facing, VAT	, or	SF or LF		<u>a</u>	330	Encapsulate	sure
(13)	)	_	,T	(12) No	N/A	1	othe	r miscellane	eous)					ate	3550
			res	6.650	0.00000000					70 LF		$\boxtimes$		$\boxtimes$	
Basement		L				TSI				/U LF					ᆜ
					$\boxtimes$								Ц	Ш	Ш
		Г	7	П	$\boxtimes$										
			_	_		-				-		П	П	П	П
					JDEP V	Masta	Cubia	Yards of	Name of Regis	stered Landfill			_		
Name of Registered W				10.70	lauler II		Wast		IESI Landi						
All Pro Manageme	ent —————				00348			Needed							
City, State	w						100000000000000000000000000000000000000	osal Date	City, State	. DA					
Garfield, NJ			-73-271				ТВ		Bethlehen	I, FA	T= :				
Completed By (Print or	Type)	Title	V.5					Signature	1/1		Date		30	-(	11
Zvonko Veskov		Pre	side	nt	8			2.	1021				X	1	7

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

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

, 10							8:60-7 AND 12:1	20-7		2	11		
ate of Notification	(1)						uilding Owner / O	perator (2)	45	Altemba	Ca		
1 / 31	/ 2014					Robert Solo	Company of the Compan		7.1	· Ch		4	
	/ —					Street Add			30	, ,	, .	LA.	
gencies Notified	Type of Noti	ificatio	n			69 Glenviev	The second secon		de C	5	_	<del>(,</del>	¥
☐ EPA	☑ ir	nitial				City, State			1	<b>1</b> 40	14.	C	/
□ DEP		mend	ed				ge, NJ 07079			Mrimho	<del>- (?</del>		
☑ DOH		mend				Name of C		13	elenhon	<u>a Milimha</u>	/	· 3	
☑ DOL		merge	ency v	w/ ju	stification	Robert So	lomon	_				4	
		ancel	lation								-		
					F	ACILITY IN	FORMATION				,		
lame of Facility Wh	ere Abateme	nt is T	aking	Pla	ce (3)		Type of Facility (	4)					
Solomon							□ Sebos	ol (K-12)					
								napter 8 (Other th	an K-12	١			
Street Address							Other	(l.e., private & c	mmercia	,			
9 Glenview Road								., homes, etc.)	illi i Ci Oic	•			
				10	t- Cada (	7)	Square Feet	# Of Floors		Building	Age		
City (5)	County (6)			10	ounty Code (		3,000	3			79 yr	rs	
South Orange	Essex				719		Current Use (Pri		lished)	1	-		
				_			residential			725		51 <u>2 - 275 -</u>	
		- DI	- 0	nc-	(8)	ASCM NO	Name of Abatem	ent Contractor (	9)		W-5 15 50	- S - 1/2	2
Name of Monitoring	Firm Hired b	y Bide	j. UW	iler aton	(o) nent	ACCIN NO	Steve Rich Envir	ronmental Contr	actors d/	b/a OPUS	3 Abaten	nent	
Steve Rich Env. Co	ntractors d/b/	a UPU	S AD	aten	Helit				- Constant N				
54 - 4 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-				Street Address						
Street Address 222 Delawana Avent	10						222 Delawanna	Avenue					
		17					1	1					
City, State, Zip Cod	e						City, State, Zip C	Code					
Clifton, NJ 07014 Project Mngr. For N	lanitarina El-	m		17	Telephone Nu	mber	Clifton, NJ 0701						
	ionitoring rii	111			73-458-1188								
Vinny Wojciech Sheduled Start Date	(40)	School	Con		tetion Date (1	1)	Telephone Num	ber	License				
	/ 2014		2	7	24	2014	973-458-1188		1219	9			
$\frac{2}{10}$	/ 2017	_		/	/								
Occupancy Status	During Ahate	ment (	Chec	k O	nly 1)		Name of OSHA	Monitor		Ible ODI	C Ahata	ment	
☐ Facility	Closed/Vacat	ed Du	ring E	ntir	e Period of		The second secon	ironmental Contr	actors o	/b/a UPU	5 Apatel	Hent	
Abateme							Street Address	_					
□ Abateme	ent Performe	d Outs	ide o	f No	rmal Facility		222 Delawanna	Avenue					
Hours -	Describe:							0.1.					
	Describe:						City, State, Zip	7014					
							Clifton NJ	7014					
Scope of Work (Ch	eck All That	Apply)											
							Full Cantainmo	nt with Negative	Pressur	e			
□ Demolit	ion	[	<b>J</b>		Renovation		Mini - Enclosur			7.			
							Glovebag Proc						
□ ≥160 sf	or ≥260 lf						Non-Exempted	(*) and Non-Fria	ble Proc	edure			
04/550							14011-Excilipade	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	,		Ic	_		Descrip	tion of		Abatem	ent Type	-		
Location	2000000 NA	1.	ls catio	,			Containing		R	1	E	E	
Asbestos Co	ntaining		rmall	300	·	Materia		Amount	E	R	N	N	
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			stodi					1	L	R	U	L F	
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Name of Register	ed Waste Ha			-	NJDEP Was	te 5 Cubic		stered Landfill					
Name of Register	ed trade ile				Hauler ID No	. Yards	IESI						
INCWAIN CAILING					45	09 of Wast							
City, State						Disposa							83
Newark, NJ						Date	Bethlehem, Pa	,			_		
Toman, 115	The latest the second					2/13/20		/	01	. , ,	Date	al	T
Completed by (Pr	int or Type)			-	Title		Sig	MULLY (	NY	11		131	114
Tracey O'Connell					Office Manag	ger	¥	1 May	U Cu	M	" 1/	101	/'
100							1	1	-	-	, ,		