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

Date of Notification (1)	02 /	15				of Building resa Duk	Owner/Operator (2 es		1502-1955 Ch	nk. #390	15		
Agencies Notified ⊠ EPA	Type Notifica	tion				Address			Leaning or				
⊠ DOLWD	☐ Amended				100000000000000000000000000000000000000	Avenue			باز الاستام	Elion le		24	
☑ DHSS	Amendme	nt#		13		tate, Zip C			LIU	Elebie			
□ DCA	☐ Emergend	7217	ding		Wes	t Wildwo	ood, NJ 08260						
(NJAC 5:23-8)	justificatio Cancellati	n)			2007-200000-000	of Contact resa Poll	ard & Theresa D	Oukes	Telephone Nui	mber			
					EAC	II ITV IN	FORMATION						-
Name of Facility Where A	betament in T	okina DI	222 (2)		FAC	ILIII IN	FORWATION	Type of English /	4)				
Name of Facility Where A Residential Propert		aking Pi	ace (s)					Type of Facility (☐ School (K-12)	(0)			
Street Address				3				☐ Subchapter 8 ☐ Other (i.e., pr			ildina	9	
8 G. Avenue								homes, etc.)	ivate and comm	icroiai ba	namg	٥,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
West Wildwood								1250	1	7	70 ye	ars	
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demo				
Cape May					1.070000000	9	//	Residential		0000110011000100010 8 0			
Name of Monitoring Firm	Hired by Ruild	ina Own	ner (8)	1	ASCM I	No	Name of Abateme		-15.00				
Horizon Environme		ing Owi	ici (0)	1	NOCIVI I	V O.	The second consideration of the contraction of	d Mold Service	e Corn				
	iiiai						Street Address	a Word Service	s, corp.		-		
Street Address													
PO Box 336				SE			3859 Sylon B					000000	
City, State, Zip Code							City, State, Zip Co						
Thorofare, NJ 0808							Hainesport, N	NJ 08036					
Project Manager for Moni			T	Telephone No. License No.									
Dave or Steve Flani					6-848		609-702-0400		00862				
Start Date (10)	10000	chedule					Name of OSHA M		8				
02 /16 /	_15	02	- ' -	19	_ / _	15	EMSL Analyt	ical, inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	(325)					001 4	200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:							City, State, Zip Co						
Scope of Work (Check al	I that apply)								gative Pressure	FYAL	00.7	ra	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Reno Demo				☐ Mini-End	closure g Procedure empted (*) and No			(1) (A	مسالحه ا	9
		1	Is Lo	ooti	on		□ Non-Exe	impled () and 140	II-I Habie I 1000		atem	ant T	
Location Asbestos-Containing TO BE ABA IN Facili	Material (ACM ATED	,	Nor Used S Maint Custoo	mal Sole enai	ly ly by nce/		Description of stos Containing Ma ., thermal systems surfacing, VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Y	S 1 2	No.	N/A		other miscellane	ous)				ite	
Living Room						Floor T	ile		459 SF				
Kitchen] [\boxtimes	Floor T	ile		234 SF	\boxtimes			
Bathroom						Floor T	ile		35 SF				
Name of Registered Was	ste Hauler			970	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage, I	nc.			Н	auler II 02265		Waste 5	GROWS L	andfill				
City, State	0						Disposal Date	City, State					
Freehold, NJ							02/20/15	Morrisville	, PA 19067				
Completed By (Print or T	ype)	Title					Signature	/	_				
Kimberly A. Trumb	etti	Offi	ce Co	Coordinator Signature Date 2-2-15									

ASB-41 MAY 11

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

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

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	74 1 1	220			
	7/	15			WP	G Rocka	way Commons,	LLC an Indiana	a LLC/# 1501-19	47 Ch	k. #	NA	
Agencies Notified	Type Notifi	ication			Street	Address			1				-
⊠ EPA	☐ Initial				225	West Wa	ashington Street	:	ASSLE		7.07		
⊠ DOLWD				İ	City, S	tate, Zip C	Code			JUE N			
⊠ DHSS		ment # <u>2</u>			,		, IN 46204						-
□ DCA (NJAC 5:23-8)	☐ Emerge justifica		luding			of Contac	22		Telephone Numl	ner			
(NJAC 5.25-6)	☐ Cancell					Stocks,			relephone Num	561			
					FAC	CILITY IN	IFORMATION		-				
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility ((4)				
Proposed Nordstro								School (K-12)				
Street Address									Other than K-12				
343 Mt. Hope Aven	ue						2.*	homes, etc.)	ivate and commer	cial bu	ilding	S,	
City (5)	W				nice)			Square Feet	# of Floors	Blo	lg. Ag	je	
Rockaway								38.785	2	1	979		
County (6)					Cour	ty Code /7)(STATE USE ONLY)	10.10	or if being demolis				
Morris					000,	ity ocac (i	Norme one oner)	Vacant	or in being demone	niou,			
	Uirod by D	۰ - دالدان		0)	ACCDA	NI-	NI 6 A						
Name of Monitoring Firm	miled by bu	iliaing O	wner (0)	ASCM	NO.	Name of Abateme		_				
TRC								d Mold Service	s, Corp.				
Street Address	h						Street Address						
1430 Broadway 10 ^t	" Floor						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode		-51/-70			
NY, NY 10018							Hainesport, N	NJ 08036					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Dmitry Khimich				21	2-221	-7822	609-702-0400) i	00862				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	lonitor					
_1 / _21 /	15	2	/	3	/ _	15	EMSL Analyt	ical, Inc.					
Occupancy Status During	g Abatement	t (Check	only o	ne)			Street Address					00.000	
☐ Facility Closed/Vacate	ed During Er	ntire Per	iod of	Abater	ment		200 U.S. Rou	te 130 North					
Abatement Performed	d Outside of					cribe	City, State, Zip Co				7		-
Time of Abatement:	AM	PN	1/	2000000		AM	Cinnaminsor						
Scope of Work (Check a			19 1	メー	-15	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
							□ Full Conf	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re		0.00		Mini-End						
△ ≥100 St 01 ≥200 II			☐ De	molitic	n			g Procedure	n-Friable Procedu	re			
			is	Locat	ion		EZ TYOTI EXC	Imploa () and 140	Transit rooted	-	ateme	not To	vn0
Location	of			Norma			Description of	of			_		
Asbestos-Containing		CM)		d Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA				intena todial		(i.e	, thermal systems		(Specify	VOL	air	aps	losi
IN Facil (13)	ity		000	(12)	Juli :		surfacing, VAT other miscellane		SF or LF)	<u>a</u>	-	Encapsulate	лe
, , , , , , , , , , , , , , , , , , ,			Yes	No	N/A		outer misocilario	000)				e	
1 st and 2 nd floor						Floor T	ile and Mastic		4,130 SF	\boxtimes			
			П					-		In	П	П	П
					_							_	
Name of Desisters 2141	to Herris		Ш	Ц.		01	I 0 1 1 2 1 1 1				Ш	Ш	Ш
Name of Registered Was Freehold Cartage, I				1,000	JDEP I		Cubic Yards of Waste	Name of Regis					
					02265	5	8		arruini				
City, State							Disposal Date	City, State	m				
Freehold, NJ							2/3/15	Morrisville	, PA 19067				
Completed By (Print or T	ype)	Title					Signature		Da	ate			
Kimberly A. Trumb	etti	01	ffice (Coord	linato	r	YHXII)			1-31	- 1)	
ASB-41				-			1600			, , ,			

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

MAY 11

CK 10420

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

Date of Notification (1)			- 10	Nar	ne of Build	ing Owner/Operator (2)	FFR	E 00	45		- 177
	2 / _	15		E	xxonMob	oil Research and E	Engineering	FEB	5 20	10		
Agencies Notified	Type Notifica	tion		Stre	et Address	3						
⊠ EPA	☐ Initial			6	00 B <mark>illing</mark>	sport Rd.						
☑ DOLWD				City	, State, Zip	Code	= 10					
☑ DHSS	Amendme		dia a	P	aulsboro	, NJ 08066						
DCA (NJAC 5:23-8)	☐ Emergend		aling	Nar	ne of Conta	act		Telephone Nu	ımber			
	☐ Cancellati			E	mil <mark>S</mark> zym	czak		-				
					ACILITY	INFORMATION						
Name of Facility Where A	batement is T	aking Pl	ace (3)				Type of Facility	331				
Building #9							School (K-12		4.0\			
Street Address							Subchapter 8			ildina	S.	
600 Billingsport Rd.							homes, etc.)					
City (5)							Square Feet	# of Floors	BI	dg. Ag	ge	
Paulsboro, NJ 0806	6						125,000	2		40÷		
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			C
Gloucester							Research					
Name of Monitoring Firm	Hired by Build	ing Owr	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)	/				
Environmental Man	agement Inf	ernatio	onal	N/	4	Alliance Env	ironmental Sys	stems				
Street Address				-		Street Address						
34 E. Germantown F	Pike #204					550 East Uni	on St.					
City, State, Zip Code	collina de la co					City, State, Zip C	ode				1000	
E. Norriton, PA 1940	01					West Cheste	r, PA 19382					
Project Manager for Monit	toring Firm		T	elephor	ne No.	Telephone No.		License No.				
Ray Giordano				610-2	77-0405	610-701-9000)	00508				
Start Date (10)		chedule	d Com	oletion	Date (11)	Name of OSHA N	Monitor					
/	15	2	- / _	10	15	EMI						
Occupancy Status During	Abatement (0	Check or	nly one	1		Street Address						
☐ Facility Closed/Vacate						34 E. Germai	ntown Pike					
Abatement Performed					escribe	City, State, Zip C	ode					
Time of Abatement: 7/		1/ <u>3:30</u> P	VI	AIVI		E. Norrington	n, PA 19401					
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 If			Renov			☐ Mini-End	closure	30010011000010				
≥160 sf or ≥260 lf			Demo	lition			g Procedure empted (*) and No	n Frieble Dress	dura			
		- T	ls I o	cation		△ Noii-Exe	ampled () and No	III-FIIADIE FIOGE		atem	ont Ti	VD0
Location	of		Nor	mally		Description of	of		1	_		1
Asbestos-Containing N)		olely by nance/	7,3	bestos Containing Ma	aterial (ACM)	Amount	Rem	Repair	nc	inc
TO BE ABA				al Staff		i.e., thermal systems surfacing, VAT		(Specify SF or LF)	Remova	air	aps	Enclosure
(13)	У		(1	2)		other miscellane		SF OI LF)	=		Encapsulate	ľe
10 TV		Y	es N	lo N	A		**				(D)	
Lab 9030					Glue	700		10 SF				
		T							П	П	П	П
	7	-										
Name of Registered Wast	e Hauler		- -	NIDE	P Waste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management		9			r ID No.	Waste	Glouceste					
City, State						10 Disposal Date	City, State					
Paulsboro, NJ						TBD	Swedesbo	ro, NJ		*		
Completed By (Print or Ty	rne)	Title				Signature			Date			
Mark Griffin	F-7/		mator			Oignature	AA			\rightarrow	1	-
man Omin							111		2-1		/)

ASB-41 MAY 11 NOCK

State of New Jersey

		Γ	NOTI					60 and 5:16		\ [c		PW	Ī	3 [7
Date of Notification (1)					Name	of Building	1 Owr	ner/Operator (2	2)	1 1	- \-7 !!=		15	- 1		11
	2 /	15				yn New			-/		CED	F 201	5			
Agencies Notified ⊠ EPA	Type Notifi	cation				Address 7 East La	on di	- Aug	1.2		125	<u> </u>				1
⊠ DOLWD	☐ Amende	ed				ic - I muse on the firm	2550,0000	s Ave.			The state of the s			الم		1
☑ DHSS	Amenda		March 1			State, Zip C			E	A	SELECT	:	11.	à		1
□ DCA	☐ Emerge		luding		1000000	eland, No		567								_
(NJAC 5:23-8)	justifica Cancell	100				er Thoma				- 1	Telephone Nu	umber				
	EN Camoon	20011						MATION			-				-	
Name of Facility Where	Abatament is	Toking	Diese	/2\	FA	JILIIY IN	IFUR	RMATION	Tune of Feet	L. (A)						
Elwyn New Jersey		Taking	riace	(3)					Type of Facil School (K)					
Street Address									Subchapte		Other than K-	-12)				
1667 East Landia	Λνα								Other (i.e.		ate and comr	mercial	ouildi	ngs	,	
City (5)	-ve.								homes, et	.C.)	# of Floors		3ldg.	Δα		
Vineland, NJ 0836	1								3000		3	1	84.		6	
County (6)					Cour	nty Code (7	VSTA	TE USE ONLY)	Current Use	Prior		olished	, D. H.			
Burlington					000.	, (,	Λο	12 002 01121)	Vacant / I			01101100				
Name of Monitoring Firm	n Hired by Bu	ildina O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor							
VERTEX			*	S.F.	NA	Adolesia Adolesia	100000000000000000000000000000000000000		ironmental S		ems					
Street Address								eet Address		,						_
700 Turner Way							5	50 East Uni	on St.							
City, State, Zip Code					City	, State, Zip Co	ode			4-1-14-14-14-14-14-14-14-14-14-14-14-14-		12				
Aston, PA 19014					1000	Vest Cheste										
Project Manager for Mor		Tel	ephone	No.	Tele	ephone No.			License No.							
Don Heim				6	10-558	-8902	6	10-701-9000)		00508					
Start Date (10)		Schedu	aled Co	omple	etion Da	ite (11)	Nar	me of OSHA N	Monitor							
_ 2 / _ 3 /	15	2	/	_2	7_ /	15	Α	ET								
Occupancy Status Durin	ng Abatement	(Check	only o	ne)			Stre	eet Address	71			11-10-1				_
☐ Facility Closed/Vaca	ted During Er	ntire Peri	od of	Abate	ement		2	8 N. Pennel	Road							
☐ Abatement Performe			-			scribe	City	, State, Zip Co	ode						-	
Time of Abatement:	<u>/</u> AIVI	³ M/ <u>3:30</u>	PM	_	AM		IV	ledia, PA 19	063							
Scope of Work (Check a	all that apply)															
≥3 sf or ≥3 lf			□ Re	nova	tion			☐ Mini-End	tainment with I	Nega	tive Pressure					
			⊠ De	moliti	on			☐ Gloveba	g Procedure			000 4 00 00 00 00 00 00 00 00 00 00 00 00 00				
			I.	1	At	1		⊠ Non-Exe	mpted (*) and	Non-	Friable Proce					
Location	n of			Loca lorm:				Description of	,f .				Abate	T		_
Asbestos-Containing		CM)			ely by	Asbe	stos	Containing Ma			Amount	Keniova		Renair	Encapsulate	Enclosure
TO BE AB					ance/ Staff?	(i.e		rmal systems			(Specify SF or LF)	2		교.	aps	ISO
(13)			12111111	(12				surfacing, VAT her miscellane			SF OI LF)	1 =	-		ulati	Ге
			Yes	No	N/A										(D)	
Old Purchasing						VAT	- 24				50 SF	D				
Old Purchasing					\boxtimes	Pipe In	sula	tion			125 LF	D				
Old Purchasing						Transit	e Pip	ое			30 LF	D				
Old Purchasing						Wire W	rap	34			500 LF	D	3 [
Name of Registered Wa	ste Hauler			11.6	NJDEP '		Cut	oic Yards of	Name of Re	giste	ered Landfill					
Red Oak Disposal Services					Hauler I		Wa 9	ste 0	Cumber	land	Co. Impro	v. Autl	٦.			
City, State					.00-1			posal Date	City, State			30-109-in				
Elmer, NJ							T	BD	Millville	, NJ						
Completed By (Print or Type) Title								Signature	oto			Date				
Mark Griffin		Es	timat	tor					AVI			2.	. 0	Section 1	14	-
		-	1105,000					/	1/			~	4	-/	! ~	/

ASB-41 MAY 11

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

© -	<i>v</i>				FIEGE		ŴĮ.	E	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	ı.c-Removal	5 Repair	Encapsulate	Enclosure
	YES	NO	N/A		ASSECTO LIG	- 15 - 201	ir	e e	re
			X		Except noted of the last not not place and	X			
	U	Ц	X			X	Ш	Ш	Ш
Old Purchasing			X	Window Caulk	430 LF	X			
Old Purchasing			X	Roof Tar	3500 SF	X			
			X			X			
2			X			X			
			X			X		П	П
	П	П	X			X	П	П	П
			X		-	X			
			X		_	X			
			X		-	X			
			X			X			
		Ш	X			X	Ш	Ш	Ш
			X			X			
			X			X			
			X			X			
			X		= 8	X			
			X			X			
			X			X	П	П	П
			X			X		П	
			X			X			
			X		_	X			
			X			X			
			X			X			Ш
		Ц	X			X			
			X			X			
			X			X			

Page 2 - Notification - 1/4/13

mo 17-1188761911

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

							enemente seemente consulto			EFF	F	96		
Date of Notification (1) 01/29/2015							Operator (2 IERMEG							
Agencies Notified Ty	ype Notifica	ation			Address	200 41	/ _			ASDLE-	.,			3.
EPA × DEP	Initial Amende	nd.			ate, Zip C		/E.					1		
X DOL	Amend	ment #			VIA N.		5							
DOH DCA	justifica Cancell		g		of Contact PHANIE		ERMEGI	ER	Te	lephone N	umber			
Name of Facility Where Aba	toment in 7	okina Dlasa	(2)	FAC	ILITY INF	ORMAT							-	
PRIVATE	ternent is i	aking Place	(3)					ype of Facility						
Street Address 181 HIGHWOOD AVE		(8)						School (K-Subchapte Other (i.e. etc.)	r 8 (Oth	ner than K- & commer	12) cial bui	ldings	, hom	nes,
City (5) LEONIA N.J. 07605							S	quare Feet 2,500	# 0	of Floors		Bldg. 91	200	
County (6)					Code (7) USE ONL		C	urrent Use (Pr	ior if be N/A		shed)			
Name of Monitoring Firm Hir N/A	ed by Build	ling Owner (8	3)	ASCI	M No.			Abatement Co ON QUALIT			MOIT	LLC).	
Street Address							Street Ad	dress NORDEN P	L.					
City, State, Zip Code								e, Zip Code ENSACK NJ	. 0760	01				
Project Manager for Monitori N/A	ng Firm			Telepho	ne No.		Telephon 201-70	e No. 08 -4270		License I	Vo.			
Start Date (10) 01/31/2015		Schedu 02/01/		mpletion	Date (11)			OSHA Monitor ANALITYC		IC.	- 15500			
Occupancy Status During Ab Facility Closed/Vacated	4		3.57	mont			Street Ad 307 WE	dress EST 38TH S	TREE		-			
Abatement Performed C	Outside of I	Normal Facilit	y Hour	S			City, State	e, Zip Code ORK . N.Y.						
Scope of Work (Check All Th	at Apply)								10010					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Prod	e cedure					
**	-	le	Locat	ion				Non-Exempted	ı () and	u Non-Fna	Die Pro	Abate		t
Location of			Normal	lly		Des	scription of						pe	
Asbestos-Containing Mate TO BE ABATEI In Facility (13)		Ma Cus	ed Sole aintena todial ((12)	nce/	Asbes (i.e.	thermal surfac	aining Mate systems in: sing, VAT, o iscellaneou	sulation,	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	-	Yes	No	N/A		PIPE IN	ISULATI	ON	12	5 LF.	X		e	
						–			12		+			
Name of Registered Waste Ha TRI - STATE - ASSOC,	.0225545454		. H	JDEP W auler ID 9551		of Was				red Landfill		INC.		
City, State 1199 RANDAL AVE. BR	ONX NY					Disposa	al Date	City, State		RG OHIC)			
Completed by CARLOS ESQUIVEL		Title	ETY N	1ANAG	ER	16.700	gnature Ept	rumphu	A	7 On Da		015		
ASB-41 (R-06-08)		1				. /	//	e this form for	asbesto			<u> </u>	activit	ies.

State of New Jersey APPROVED: PAUL HORNER, NJDOH

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

111/	+	01	7-	7
Jen	7	d	12.	1

Date of Notification	(1) 2/2/15						g Owner / Opera	ator (2)	FEB	5 2	5		2/
Agencies Notified EPA	Type Notifica	ition		Stre	et Ad	dress	Road					1	10.4
DEP DOL	☐ Initial ☐ Amen	ded		City	, Stat	e & Zip	O Code 08060		ASSLE LICE LICE	ENSING.		1.	
☑ DOH ☐ DCA	⊠ Emer	-		Nan	ne of	Conta			1	Telephor	ne N	umbe	er
				1			ORMATION						-
Name of Facility Wh				1710			Type of Facili						
Street Address	ty Courtnot	ıse					Subchap	ter 8 (Other tha					
49 Rancocas Ro	ad						Other (i.e	e. private & com	nmercial building	gs, home lidg. Age		(C.)	_
City (5)		County (6)	Cour	nty Co	ode (7	7)	80,000		4		Yea	rs	
Mt. Holly		Burlington					Current Use (Prior if being de	emolished)				
Name of Monitoring Environmental C			r (8)		ASC	M No.		ement Contractironmental, I					
Street Address 120 North Warre							Street Addres	S					
City, State & Zip Co Trenton NJ 0860	ode						City, State & 2 Bristol, PA	Zip Code					
Project Manager for Rollie Jones			Feleph			er	Telephone Nu (215)788-60	ımber	License N 00509	lumber			
Scheduled Start Da 2/3/15	te (10)	Scheduled Comp		Date		8	Name of OSH						
Occupancy Status I			y one)	1-1004 10			Street Addres	S					
		During Entire Per utside of Normal					City, State & 2						
	3:00 PM — cupied During						Bristol, PA	19007					
Scope of Work (Che								☐ Full Cor	tainment with N	legative	Pres	sure	
≥3 sf or ≥3					ovatio olition			Mini-End		3			
≥160 sf ≥26	OU IT			Dem	Olltioi	1	A	⊠ Non-Exe	empted and Nor				
	cation of os-Containing		Is Loc Normal		555		Description Asbestos-Con		Amount (Specify	Aba	tem	ent T	ype
Mate	erial (ACM) E ABATED			ly by			Material (A)	CM)	SF or LF)	Re	ДI	Enc	En
	Facility	1 20	ustodi	al Sta		i	nsulation, surfactor of other miscell	ing, VAT		Remova	Repair	Encapsulate	Enclsoure
	(13)	Y		2) No	N/A		of other miscen	aneous)		=		ate	G,
Main Area: Bath						Pipe	Insulation (V	Vrap & Cut)	68 LF			R	
	1**	Floor [H	\Box						H	H	
											H	H	P
			=								d		
Name of Registered	d Waste Haule	er		1990 0000		Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
Service Transpo	rt Group, In	ic.		209			50	Minerva La	ndfill				
City, State New Castle, DE							Disposal Date	City, State Waynesbur	g, Ohio				
Completed By (Prin Patrick T. DeCar				Title	e timat	or	Signature	1.00	and il	Date 2/2/1	5		
PD 14107B									17				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

				(Pursuai	nt to NJAC	8:60 a	and 12:12	0)	展内层	N A	J E		
Date of Notification (1)	bruary 1, 201	5			Name of Bu	uilding (ator (2) ole Construction	ren O	61	5	1	
[X] EPA [] DEP	Amer	l Notific nded No	otification		Street Addre	30,717		artlett Avenue	ASSESTC.				
And the second s	[x] Emer	ndment gency (i ication)	including		Name of Co	10		Creek, NJ 08092	LICEN elephone Number	Sisi		and the second second	_
[X] DOH [] DCA		ellation		7.0		Joyce			elephone Number				
N CP 334 MD 41		DI (FAC	ILITY INF	FORM	ATION						
Name of Facility Where Abat Resid		Place (3)		4 ₹7			Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12\		
Street Address 212 I	Bryn Mawr A	venue	e					[x]	Other (i.e., privat homes, etc.)			al build	lings,
City		Coun	ty (6)		County Code (STATE USI		r)	Square feet 1000 sf	# of Floors		, Age	0	
Lavallette		Oce						Current Use (Prior if Resider	ice				
Name of Monitoring Firm Hi N/A	red by Building (Owner ((8)		ASCM No.	-			(9) an Contracting,	Inc.			
Street Address							Street Ad	1889 R	oute 9, Unit 61				
	City, State, Zip Code Toject Manager for Monitoring Firm Telephone N						City, Stat	e, Zip Code Toms R	iver, New Jers	ey 087	755-1	271	
Project Manager for Monitoring Firm Telephone Nu							Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 2/1/15	23		Scheduled 2/4/1		on Date (11)			OSHA Monitor	L. Analytical	/ 2 SE - LET 1/ 2			
Occupancy Status During Ab [X] Facility	atement (Check y Closed/Vacated			od of Aba	tement		Street Ad	dress	elton Road				
[] Abater	ment Performed (– Describe						City, Stat	e, Zip Code		000	51		
Scope of Work (Check all tha	it apply)						[]		way, New Jerse with Negative Pres		54		
[] >3 sfo	or≥3 lf		[]	Renova	tion		[]	Mini-Enclosure Glovebag Procedu					
5 5	sf or ≥260 lf		[x]	Demoli			[x]) and Non-Friable I	rocedu	re		
										Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12)				ised y		Ash N (i.e. inst	Description pestos-Conflaterial (A., thermal sullation, sur VAT, oer miscella	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	ENCLOSU
YES NO N				N/A					-	L		L E	R E
Interior X					Asbesto	s conta	aining she	eetrock	2400 sf	X			
					-								
Name of Registered Waste Hauler NJDEP Waste Ha					ID No. C	ubic Ya	rds of Wast	e Name of Register	red Landfill				
Guardian Contracting, Inc. 2022 City, State					sal Date	3	City Ct	T.R.R.F.					
Toms River, New Jersey					5	-3-0	City, Sta	own,∦ennsylvania	/				
Completed by (Print or Type) Nicholas Ferni	Toms River, New Jersey					ich	lol l	4.		Date 2/1/			

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

CK 1333

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

Date of Notification (1) Jan. 30, 2015					f Building ship of R			(2)) E					
Agencies Notified	Type Notification			Street A	Address Route 46	 3	1000000	-	l a s		FEB	5	20	5]]
EPA DEP DOL	Initial Amended Amendment			City, Sta	ate, Zip Co wood, N	ode	52		1	L ASE		4 2 1	-		.1	
□ DCA	justification Cancellation			Rick E	f Contact Blood, D			blic \	Vorks	Tel	ephone	Num	ber			
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILITY INFO	ORMATI	ON	Тур	e of Facility (4)						
House	2							П	School (K-1	2000						
Street Address 119 MAIN STREET						۰		×	Subchapter Other (i.e. petc.)	8 (Oth				lings,	home	es,
City (5) SUCCASUNNA								Squ 150	are Feet	# of	f Floors	4	7 2.2	ldg. A 20	ge	
County (6) Marris					Code (7) USE ONLY	,		Curi	rent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Brinkerhoff Environ	그 집에 시시 하는 아이를 하는데 사이에게 되었다고 했다.			ASCI ****	VI No.				atement Cor Construc			0				
Street Address 1805 Atlantic Avenu	ue	74					Street 205		ess 6 W, Suite	14						
City, State, Zip Code Manasquan NJ 087	'36								Zip Code New Jers	ey 07	512					
Project Manager for Mor Laura Brinkerhoff	nitoring Firm			Telepho 732-2	ne No. 23-2225	Telephone No. License No. 973-832-4244 01155										
Start Date (10) Feb. 13, 2015		Schedule Feb. 28			Date (11)				HA Monitor Construc	tion, I	nc.					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addr	ess							
Facility Closed/Vac Abatement Perform	ed Outside of Norn							tate, i	Zip Code							
Other – Describe:							****									
Scope of Work (Check A	II That Apply)						1	7	W. 12 W. W.							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				×	J M	ull Containm ini-Enclosure lovebag Pro	e cedure	_				2	
		1-	Locati			-	100	א ני	on-Exempte	a (*) an	a Non-F	riabi			e ement	
Location	n of	N	lormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED	Mai	d Sole intenar odial S (12)	nce/		tos Cont thermal surfa	aining N	fateria s insu T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
(1		Yes	No	N/A											ie	
House - 1s	st floor			X		FI	oor Til	е		1	,200		X			
Name of Registered Was Academy Construc			Н	JDEP V lauler ID 034422	No.	of Was	Yards ste		Name of GROW			ndfill				
City, State Totowa, New Jerse	ÿ						sal Date 28, 201		City, State Morrisy		A					
Completed by Frank Marino	.	Title Projec	ct Ma	nager		S	Signature		10			Dat Jar	e 1. 30	, 20	15	

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

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

Courtesy Notice

Date of Notification (1)	2/2/15	7 11 1 - W		e of Buildin	g Owner/Operator		PED Dix-Lakehurst	J = -	- M		السد
Agencies Notified	Type Notification		Stree	et Address	anh .	RT 547	ASSES OF	7.	- 1.	5.	_
EPA PLST DEP	Amended Amendment #		City,	State, Zip (akehurst, NJ					
M DOH □ DCA	Emergency (i justification) Cancellation	ncluaing	Nam	e of Contac			Telephone Num	ber			_
50	1		F.A		ORMATION	d IIIO.				-	_
Name of Facility Where						Type of Facility	/ (4)				
La	kehurst Naval	Base Bui	lding	# 355		School (K-1	2)	- 1			
Street Address	R'	Γ 547				Other (i.e., phomes, etc	8 (Other than K-1) orivate & commerci	2) ial buil	dings		
City (5)	Lakehurs	st NII 00'	722			Square Feet 10500	# of Floors	В	dg. A	72.5	
County (6)	Lakenur	St, INJ UO	Cou		7) (STATE		rior if being demoli	shed)	00	+/-	_
	Ocean			E ONLY)							
Name of Monitoring Fire (8) TTI F	m Hired by Building Environmental	Owner	ASCN	A No.		ment Contractor (S	e) mental Servic	es Ir	ıc.		
Street Address	311 v II O II II I O II II I				Street Address	VCIIS EMVIRON	inelital Belvie	03, 11			_
1	253 N. Church	Street		2 2		PO I	Box 322				
City, State, Zip Code	loorestown, NJ	08057			City, State, Zip C		n, NJ 08501	-23211-0			
Project Manager for Mo			elephone	e No.	Telephone No.	7 THOHOW	License No.				
	Guilardi	17 000		40-8800		59-9688		0492	3		
Start Date (10)	Sche	duled Comp		ate (11)	Name of OSHA		TOTAL				
2/11/15 Occupancy Status Dur	ing Abstament (Cha	4/3			Street Address		TTI				_
Facility Closed/Vaca		: 10 HOLES NOT 10 10 10 10 10 10 10 10 10 10 10 10 10	3		Street Address	1253 N. C	Church Street				
☐ Abatement Performe ☐ Other - Describe:	ed Outside of Norma				City, State, Zip C		vn, NJ 08057				
Scope of Work (Check	all that apply)					2000 000 000 000 000 000 000 000 000 00					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			☐ Mini-En ☐ Gloveb	ag Procedure	egative Pressure on-Friable Procedu	re			
		Is Loca Norma			123				bate:		
Location		Used Sol Maintena	ely by	Ashaa	Description o		A	-	ı yı		
Asbestos-Containing TO BE ABA	TED	Custoo	dial		tos Containing Ma thermal systems	insulation,	Amount (Specify	R	ת	Enc	핔
IN Facili (13)	ty	Staff (12)			surfacing, VAT other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes No	N/A			**		<u>a</u>		ate	Гe
lst Flo	oor	×			VAT/ Mas	tic	_3500 sf	×			
			+	-				-			
			1								
Name of Registered Was Stevens Environ		e Inc	NJDEP Hauler I	D No.	Cubic Yards of Waste	Name of Reg	stered Landfill GROWS Lan	4511			
City, State	mentar Service	0, 1110.	18	292	8 CU Disposal Date	City, State	GROWS Lai	IGIII			_
	Allentown, l	NJ			4/3/15	/_/	Morrisville,	PA			
Completed By Mahlon E. St	Title		ot 1 /-	no oc-	Signature	r 1 /	Date	2/2	/15		
iviamon E. St	evens	rroje	ci ivia	nager				2/2	13		

THERESAME

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

Check #9205

City, State New Egypt No Prince PA Completed by Title Disposal Date City, State PA Signature Disposal Date City, State PA Date	FED	1			, , , , ,		<u>.</u>					-
Agencias Notified Page Pa	Date of Notification (1) Feb a, a	015	Na	ime of i	Silver	perator (2	Home	S			1 %	
City County Color County Color County Color Color County Color Color County Color C		أحسد	St	reet Ad		- /		25				
DOH Different	□ DEP □ Amended	T = 40	Ci	ty, State	e, Zip Code			ED T.VI	10	08	370	11
Name of Facility Where Aboltement is Taking Place (3) Sirgle Family Deucling Street Addireds Welling County (6) County (6	☐ Emergency (ir		Na	01	Contact			Telephone Num	ber			
Street Address Street Address				V1 1		ON						_
Street Address City (5) A New Cond NJ O8701 County (6) County Code (7) (87ATE USE ONLY) Street Address Street Address Street Address Street Address Street Address City, State, 210 Code City, State, 210 Code City, State, 210 Code Coupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours Cother—Describe: Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Yes No N/A NAME of Registered Waste Hauler FOR Technologies NAME of Registered Landfill Name of Registere			زمر				*/					
County (6)	Street Address	Sta	ee'	+	(*)		Other (i.e. p	8 (Other than K-12) rivate & commercia	l buildi	ngs, I	nomes	5,
County (6) County (7) Strate Use Okury Name of Monitoring Firm Higd by Building Owner (8) Street Address Street Address City, State, 2jp Code Project Manager for Mespingforfirm Telephone No. 609 758-3345 Scheduled Completion Date (11) Scheduled Completion Date (11) Start Date (10) Start Date (10) Cocupancy Status During Abatement (Check Only One) Occupancy Status During Abatement (Check Only One) Other — Describe: Other — Describe: Other — Describe: Start Address Project Manager for Mespingforfirm Facility (Isoact Vasaed During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Othe	City (5)	ZU	- 7	80	701		Square Feet	# of Floors	Ble	dg. Ag	je	
Name of Monthorino Firm Hired by Building Owner (8) Street Address City, State, Zip Code New York Code Name of Monthorino Firm Hired by Building Owner (8) Street Address City, State, Zip Code New York Code Name of Monthorino Firm Hired by Building Owner (8) Street Address City, State, Zip Code New York Code Name of Monthorino Firm Hired by Building Owner (8) Street Address City, State, Zip Code Name of Registered Waste Hauler Name of Register	County (6)	14 21					A . 1	family	-	el	lin	.5
Street Address City, State, Zip Code New York (Check All That Apply) 2 as for 23 lf 2 af or 2260 lf Closesto-Containing Material (ACM) (Location of Asbestos-Containing Material (ACM) (Location of In Facility (13)) Asbestos-Containing Material (ACM) (13) Cexpending Manager for Work (Check All That Apply) 2 as for 23 lf 2 af or 23 lf 2 af or 24 lf 2 af or 25		wner (8)		ASCM	No.	Name o	Abatement Con	A 55	ies	8	Ln	2
City, State, Zip Code City, State, Zip Code	Street Address	37			9 - 8 - 5	Street A	ddress 0. Box		1			
Project Manager for Meadant of Firm	B F B	NZ	' (80	533	City, Sta		EN ta	0	35	3	3
Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) EPC Technologies Inc Coccupancy Status During Abatement (Check Only One)	Project Manager for Movif bri g Firm	<u>, , </u>	E					204	33	9	4	
Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Abatement Abatement Period of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 2 3 sf or 23 lf ≥ 160 sf or ≥260 lf Demolition Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Glovebag Procedure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Non-Exempted			Comp	oletion [Date (11)		f OSHA Monitor		I	ıc	-8	
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Coation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler EPC Technologies Renovation Demolition □ Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Normally Used Solely Waste Solely Waintenance/ Custodial Staff? (12) Yes No N/A NAME of Registered Waste Hauler Hauler ID No. 17000 Disposal Date City, State Completed by Title Completed by Title City State City State City State Disposal Date City, State City State Completed by Completed by Title City State City Sta	Occupancy Status During Abatement (Check						ddress	7				
Other - Describe: Scope of Work (Check All That Apply) Signature Sign	Facility Closed/Vacated During Entire F	eriod of Ab	ateme	ent -				33+				
Renovation Demolition Sale of various of State St		al Facility F	HOURS	et .				NJC	280	53	3	
Demolition Mini-Enclosure Glovebag Procedure Glovebag Procedure Glovebag Procedure Glovebag Procedure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exemp	Scope of Work (Check All That Apply)											
Secription of Asbestos-Containing Material (ACM) Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A							Mini-Enclosure Glovebag Pro	e cedure		10		
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Vest No N/A	-					×	Non-Exempte	d (*) and Non-Friad	le Pro			
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler EPC Technologies NJDEP Waste Hauler ID No. City, State New Egypt No N/A Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To Double In The Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME OF REgistered Landfill Waste Managenat of PIA City, State Disposal Date City, State Completed by Signature Date Date		95705								Ту	ре	
Maintenance Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF		Used	Solely	by by				Amount			m	m
Particular Name of Registered Waste Hauler Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Registered Landfill Hauler ID No. Name of Registered Landfill Waste Management of PIA City, State Name of Registered Landfill Waste Management of PIA Disposal Date Completed by Title Signature Date Date	TO BE ABATED	1110			(i.e. therma	al systems	insulation,	ACCURATION OF THE PROPERTY OF	Ren	Re	ncap	ncl
Particular Name of Registered Waste Hauler Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Registered Landfill Hauler ID No. Name of Registered Landfill Waste Management of PIA City, State Name of Registered Landfill Waste Management of PIA Disposal Date Completed by Title Signature Date Date		52.000.000.000						SF ULLI)	JOVE	pair	sula	osur
Exterior Walls X Siding Shingles 1000 SF X Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Waste Management of PA City, State Name of Registered Landfill Disposal Date City, State Normisuille PA Completed by Title Signature Date Date	(10)	Ves	No	N/A			T.		=		ite	0
Name of Registered Waste Hauler Registered Waste Hauler Registered Waste Hauler ID No. Registered Landfill Waste Management of PIA City, State Name of Registered Landfill Waste Management of PIA Disposal Date City, State Registered Landfill Waste Management of PIA Completed by Title Signature Date	01/10,10 11/10	100			Siding S	Shine	105	imosE	X	2		
Rame of Registered Waste Hauler ID No. EPC Technologies L7000 Disposal Date City, State New Egypt No Title Completed by Title Disposal Date Signature Signature Date Date	exterior mails		_		Old. I	O.A.	J	1000				
Rame of Registered Waste Hauler ID No. EPC Technologies L7000 Disposal Date City, State New Egypt No Disposal Date Completed by Title Signature Date Date Date										_		
Rame of Registered Waste Hauler ID No. EPC Technologies L7000 Disposal Date City, State New Egypt No Disposal Date Completed by Title Signature Date Date Date				-								
EPC Technologies 17000 5 Waste Management of MA City, State New Egypt NJ 2-20-15 Mornisville PA Completed by Title Signature CD Date Date Date	Name of Registered Waste Hauler		0.000	Control of the Contro						20	,	- A
New Egypt NJ 2-20-15 Mornisville PA Completed by		S	110		00	5	Was City. Sta	te		t 0	e t	H
Completed by Title Signature		NJ	×			20-1	5 MORE	risuille i				
			ارز	. +): 	Signature	Sel		J-	Q-	15	•

CX 3133

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

Date of Notification (1) 02/02/15					perator (2) NAGEME			FE	5	275			1		
Agencies Notified Type Notificati	on		Street Ad		IMOR	E AVENU	JE ,	ĺ							
EPA Initial Amended Amendm	ent #	1.0		te, Zip Coo VOOD, N		701	1	For	L	ČENSI					
□ Emergen justificati □ DCA □ Cancella		10 (0)		Contact ME INGE	BER				Tele	phone N	Number				
			FACIL	LITY INFO	RMATI					-19162423					
Name of Facility Where Abatement is Ta Street Address 23-33 ELLINGTON ROAD	king Place (3)					Ty] s	of Facility (4) chool (K-12) ubchapter 8 of ther (i.e. pri) (Othe			ıildi	ngs,	home	es,
City (5) FAIR LAWN, NJ						100		e Feet	# of 2	Floors	Bldg. Age				
County (6) BERGEN COUNTY				Code (7) ISE ONLY)			Current Use (Prior if being demolished) HOME								
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONAL					.500							
Street Address		Street Address 6 WHITE DOVE COURT													
City, State, Zip Code	14	City					Code D, NJ 08	701							
Project Manager for Monitoring Firm			Telephone No. Te				phone No. License No. 2-668-9078 1200								
Start Date (10) 02/12/15	Scheduled 02/12/15		pletion (Date (11)			Name of OSHA Monitor AAA LEAD PROFESSIONALS								
Occupancy Status During Abatement (C	heck Only One)				Street Ad									
Facility Closed/Vacated During Ent	ire Period of Al	atem	ent					OVE CO	URI				1.0		
Abatement Performed Outside of N Other – Describe:	Iormal Facility I	Hours			_	City, State		DD, NJ 08	701						
Scope of Work (Check All That Apply)	-														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Removal 1 1 1 1	novat moliti				×	Mini	i-Enclosure vebag Proce	edure		ative Pressure				
		5-10					Non	i-Exempted	(^) and	non-Fi	nable P			ment	
	20000	ocation all			-								Ту		
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Used Mair	ormally I Solely by ntenance/ odial Staff? (12) Descrip Asbestos Containin (i.e. thermal syst surfacing,				Containing Material (ACM) rmal systems insulation, urfacing, VAT, or ner miscellaneous)) Amount (Specify SF or LF)		Nemoval	Damoval	Repair	Encapsulate	Enclosure
INTERIOR	100	140	19/63		DIDE I	NSULAT	ION		Λ	0 LF	Х		-		
INTERIOR					11 🗀 1	NOOLATI	1014			0 11					
										d d					
							-								
Name of Registered Waste Hauler		NJDEP Waste Cubic Yards Name of Registered Landfill													
NEWARK CARTING	22557	auler ID 1509	No.	the transfer of	RDS		IESI								
City, State NEWARK, NJ				Disposal Date City, State BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN	ER		- 1	e Signature Date 02/02/15											

FER D A	<u></u> Jji	(Pursuar	it to NJA	BESTOS ABAT C 6:60 and 5:16	i) ·	Emerg	ency n	otific	ation	n
Date of Notification (1)	2:3 1 mm/ 1	****	Name	of Building	Owner/Operator (2	2)	APPROVED	H		-	
01 /	28 , 15		1	e Rock	,, -,, (.		pt/pf Health & Se		vices		
Agencies Notified	Type Notification		Street	Address		1466	(signature)		3		
EPA LINE	Initial		732 S	outh 12th	Street	ţ.	1/20/13	8.7	101	m	
☑ DOLWD ☑ DHSS	Amended Amendment #		City, S	State, Zlp C	Code	Date:	Time Time	10:			,,,,,,,
DCA (NJAC 5:23-8)	Emergency (in justification)			rk, NJ 07			Telephone Num	ber			_
(140/10 3.25-0)	Cancellation	×	1	es Holme			Traphono man	P41			
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Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No	Name of Abstern	ent Contractor (9	3		-		
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Project Manager for Moni	itoring Firm		Telephone	No.	Telephone No.	7.4	i License No.				
			50		973-638-1777		01127				
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	(Pursuant to	Mam	o of Riniding Owne	r/Operator (2) GIES INC.	a 5 - 2015		1	
ate of Notification (1)			SSON TECHNOLO	IGIES INC.	10 0			
		Stree	et Address SOUTH AVENUE E	AST				
gencies Notified Type Notification	**************************************			1 1				1
Initial Notif	ication	City,	State, Zip Code ANFORD, NEW JER	RSEY 07016	1			
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ame of Facility Where Abatement is Takin	9				(Other than K-12) .		1
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MIDDLESEX Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS INC.	y Owner (o)		17	Istraat Address				
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64 BROAD STREET				City, State, Zip Co SUFFERN, NEW	VORK TUBUT			
City, State, Zip Code MATAWAN, N	EW JERSEY 0774	7		Telephone Number	er Licen	se Num	nber	
Project Manager for Monitoring Firm	Telephone	Mattiner		845-369-7500	460			_
THOMAS GEIGER	732-290-2 Sched, Comple	etion Date	e (11)	Name of OSHA N	fonitor			
Expected State Date (10)	5 /	3	15	QUALITYENVIN	Orthon			
			Vanr					
1 / 16 / 713 Vear	Month	Day	Vanr	Street Address				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) ERICSSON TECHNOLOGIES INC. /15 Street Address Agencies Notified Type Notification 530 SOUTH AVENUE EAST EPA Initial Notification City, State, Zip Code DEP Amended Notification CRANFORD, NEW JERSEY 07016 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY No RICHARD SMITH **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **ERICSSON LABS** Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 ERICSSON DRIVE 70,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) MIDDLESEX MIDDLESEX (STATE USE ONLY) COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 1/ 16 / /15 30/ 15 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 5PM-1AM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAI ENCLOSURE REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 2ND FLOOR -NORTH EAST AREA X VAT & MASTIC 10,000 SF X BASEMENT- BREAK ROOM VAT & MASTIC 525 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill DJM TRANSPORT, LLC Hauler ID No. 80 GROWS LANDFILL 26981 City, State Disposal Date City State KEARNEY, NEW JERSEY 1/16-5/30/2015 MORRISVILLE, PA

Signature

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ



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

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			FAC		ORMATION		L				
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State of New Jersey NC

TIFICATION OF ASBESTOS ABATEMENT			
(Pursuant to NJAC 8:60 and 12:120)	OF	Ľ	-

Date of Notification (1) January 30, 2015	Name of Building Owner/Operator (2) David Flanagan Check # 1830															
Agencies Notified	Type Notification		- 32	reet Ado				Cutil	LED 6	3 4.0	1 E 1 1 1	4				
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EPA DEP	Amended				e, Zip Code	2024		ji bi	12314 2 110		andre Augus	-				
x DOL	Amendment : Emergency (85	Hill, NJ 08	3034			C; L, V		phone Nu	ımher				-
X DOH	justification)		202	ame of 0	Contact Tanagan					Tele	dinnera Mc	moer				
DCA	Cancellation			Action Control	ITY INFOR	MATIC	N			-					122	
Name of Facility Where	Abatement is Taking	Place (3)		TAOIL				Type of	Facility (4)						
Flanagan Resident								Sc	hool (K-12	2)						
Street Address								Su × Ot	bchapter 8 her (i.e. pr	3 (Othe ivate 8	er than K-1 k commer	12) cial bu	ildir	igs, h	omes	ŝ,
505 Douglas Drive								eto	5.)							_
City (5)								Square 1,500	Feet	# 01	Floors		810 45	g. Ag	е	
Cherry Hill					-de (7)			Current Use (Prior if being demolished)							\dashv	
County (6) Camden				ounty C	ode (/) SE ONLY) _			- Residence								
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.		Name	of Abate	ment Cont	tractor	(9)					
Management & En	viro. Consulting	Services	Shade Environmental, LLC													
Street Address	reet Address						Street Address									
PO Box 341	O Box 341					623 Cutler Avenue										
City, State, Zip Code	ity, State, Zip Code							tate, Zip		2052						
Chesterfield, NJ 08	8515			N					de, NJ 08	5002	T 1 1 2 2 2 2 2	No	_			
Project Manager for Mc	onitoring Firm		1 0	elephor	ne No. 8-4070			one No. 755-00			License 00842					
Bill Weisgarber		0 - 1 - 1						6-755-0099 00842 ne of OSHA Monitor								
Start Date (10) February 9, 2015		Scheduled February			Jale (11)				ytical, In	C.						
Occupancy Status Duri	na Ahatement (Che						Street	Address						-10		
				ont			200 F	Route	130 Nort	th						
Facility Closed/Va Abatement Perfor	cated During Entire med Outside of Norr	nal Facility F	dours	5111				state, Zip								
Other - Describe:						-	Cinn	amins	on, NJ 0	8077	X					
Scope of Work (Check	All That Apply)															
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City, State						D. M. Carrier Brown	osal Date /2015	ь	Birdsb		PA					
Freehold, NJ		Title	Date				S Annother									
Completed by Christina Lynch	perations Manager 1/30/2015															

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

Date of Notification (1)		of Building Owner/	Operator (2)	Par			- L		
Agencies Notified Type Notification	Street	Address	Irvine A	ve men	IR -5 F	-11 b			
EPA Initial DEP Amended Amendment #_		State, Zip Code	AIT	07091)		0.0		
☐ DOH justification) ☐ DCA ☐ Cancellation	Name	of Contact Plackis	, , , , ,	Tel	ephone Num	iber	NUL		
BCA Carlosiation	and the law reasons	CILITY INFORMAT	TION						
Name of Facility Where Abatement is Taking F Street Address	Place (3)	10		of Facility (4) School (K-12) Subchapter 8 (Oth	er than K-12)			
221 O Street			□ 6	Other (i.e. private atc.)	f Floors		dg. A		S,
City (5) SEONSIDE PARK			64	12	1			3	
County (6) OLCÂN	Count (STAT	y Code (7) E USE ONLY)	Curre	nt Use (Prior if bei HOME	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ow	ner (8) AS	CM No.	Name of Aba Brick Indu	tement Contractor	(9)				
Street Address			Street Address		-				
9			P.O. Box 9						
City, State, Zip Code			City, State, Zi Brick, Nev	v Jersey 08723	3				
Project Manager for Monitoring Firm	Telep	hone No.	Telephone No. (732)899-		License N 01196	0.		36	
Start Date (10)	Scheduled Completic	on Date (11)	Name of OSI	A Monitor					
Occupancy Status During Abatement (Check	Only One)		Street Addres	SS					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Abatement I Facility Hours		City, State, Z	ip Code					
Scope of Work (Check All That Apply)									-
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renovation Demolition		Mir Glo	Il Containment wit ni-Enclosure ovebag Procedure n-Exempted (*) ar				2	
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Location of	Normally		Description of	=		-	Ту	pe	
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Name of Registered Waste Hauler			oic Yards	Name of Regis	tered Landfil	I			
Brick Industries Inc.	Hauler 21602		Vaste 니	GROWS					
City, State Brick, New Jersey	· ·		posal Date	City, State					
Completed by Eric Plackis	Title President	,	Signature S	wl	D	ate 13	(0)	15	

State of New Jursuy NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 2:60 and 12:120)

0KH 1052

Date of Notification (1)					Name	of Building	Owner/Opera	han IPst		JUN 1	10.	16	_			
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DEP DOL		Amendmen					NJ 07440		_ rl	78/1	rynature)	7.5	144	1		
X DOH		Emergency		-		of Contact			Date:	-		2	工作	M		
DCA		justification) Cancellation		1						Teh	sphone Ni	Impor		-	ee:	
	[tag]	GBIICEIAUOI				o Abbru				1						
Name of Fecility When	e Abaten	nent is Taidr	o Piece (3)	-	FAC	ILITY INF	ORMATION	14	7 5 W		1000	0,0	V. 102			
House		,	S , idea (a)						e of Facility ((100)		-			000	
Street Address						-		B	School (K-1	2)				0		
272 Rockwell Ave	, p								Subchapter Other (I.e. p	B (Othi	ar than K-	12)	5	C":	3	
City (5)	<u></u>								Did')	n IVALG 6	z cottilitéti	adi bui	ibings	nom	ies,	
Long Branch	٧		#3					Squ	iare Feet	# 0	Floors		Bldg.	vge-	-	
	-									2			50+	J. 7	6	
County (8) Monmouth				1	County	Code (7)	-	CUI	fort Use (Pri	or if bai	ng demalie	ahed)		-	100	
		-			(GIAIL	USE ONL	7		ouse			,				
Name of Mordtoring Fli	m.Hired	by Building	Owner (8)		ASCM No. Name of Aba				stement Cor	tractor	(3)					
n/a	Address				n/a Loznica M:				Managem	ent Co	oro					
Street Address	ess				-	15-		at Addr			Г					
n∕a							22	Trov	Lane							
City, State, Zip Code	tata, Zip Code						22 Troy Lane City, State, Zip Code									
n/a										035						
Project Manager for Mo	onitoring	Firm			Telephone No. Telephone No.				Park NJ 07035							
.n/a					n/s			37067	-		01193	ND.	io.			
Start Date (10)			Scheduled	Con	noletlan	Date (11)			SHA Monitor		01132					
1-30-2015			2-1-201	5		(11)			Managema	· · · · · · ·		20				
Occupancy Status Dur	ing Abate	ment (Chec	k Only One	1	-			et Addr		ant Co	ир					
		4.			2000		100	Troy								
L. Abutament Perfor	med Orn	side of Nom	rad Facility H	-lours	ent				Zip Code			-				
Other - Describe:	3 स्थार - व	phy					1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			***						
Scope of Work (Check	All That	Apply)				·	L-11	icoin t	ark NJ 07	นสอ						
23 Sfor 28 If			Re Re					isa								
2180 af or ≥280 f				molft				Full Containment with Negative Practure Mini-Endepure								
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			IsL	ocati	an							T		ment	1	
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(13			1	(12)	an ances		surfacing, v	AI, OF Sheous	,	SF	or LF)	ternoval	Repair	capsulate	DECORURA	
			Yes	Na	N/A		12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		′			E A	7	38	DI G	
DAA	n-4	****		. 14	1									G		
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Name of Basisters 2007																
Name of Registered Wa				NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Weste				1	h							
Loznica Manageme	ant Cor	p		10000			of Weato	54				9				
City, State				The state of the s			GROWS Landfill									
Riverdale, NJ					Disposal Date City, State											
Completed by Title				TBD Merrisville PA 19067					- CONTRACTOR							
E. Cirovic				Date Date				Secretary Control of the Control of								
. Cirovic Secretar				1-28-2015					015							

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

RECEIVED

Date of Notification (1) 1/22/2015			Building O JRY TO				LS Sing		1-5 6	州 9:	K.C.	9-			
Agencies Notified	Type Notification			Street Ad	dress	IV/E				V v					
EPA DEP DOL	Initial Amended Amendment #			City, State	e, Zip Coc ASSUNN	ie	07876	3	45		TOS C ICENS		4111		
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of U	Contact ESCHM.	ANN				Tele	phone Nu	mber			
				FACIL	ITY INFO	RMATIC	N	T.	- f F = -106 - 74						_
Name of Facility Where ROXBURY HIGH S		Place (3)						× 5	of Facility (4) School (K-12))		0.			
Street Address 1 BRYANT DRIVE								Ħ	Subchapter & Other (i.e. pri etc.)				lings,	home	s,
City (5) SUCCASSUNNA		10						Squar	e Feet	# of	Floors	В	dg. A	ge	
County (6) MORRIS				County C (STATE U	ode (7) SE ONLY)		_	Curre	rrent Use (Prior if being demalished)						
Name of Monitoring Firm USA ENVIRONME			VC.	ASCM No. Name of Abatement Contractor (9) C. 00112 TWO BROTHERS CONTRACTING						NG, IN	C.				
Street Address 344 WEST STATE	treet Address 44 WEST STATE STREET					Street Address 250 RUTHERFORD BLVD.									
City, State, Zip Code TRENTON, NJ 086						City, Si CLIF				4					
Project Manager for Mon		- 22		Telephone No. Telep				Ohone No. License No. 3-956-8700 00494							
Start Date (10) 2/13/2015		Scheduled		mpletion D	Date (11)				A Monitor (9) ABO\	/E					
Occupancy Status Durin	ng Abatement (Check	Only One)					Addres							
Abatement Perform	cated During Entire P ned Outside of Norm Fri:3:30pm-11pm, Sa	al Facility H	Hour	S	m-3:30pm	1	City, S	State, Z	p Code			11111			
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	nova	ation tion				Mir	II Containment with Negative Pressure ni-Enclosure ovebag Procedure n-Exempted (*) and Non-Friable Procedur						
		1						NO	n-Exempled	() all	J NOH-FILE	DIE F10		ement	
		1000000		(5555)		Dos	ecription	of.					Т	ре	
Locatio Asbestos-Containin TO BE AE In Fac (13)	g Material (ACM) B <u>ATED</u> ility	Main Custo	ntena dial (12)	Asbestos Containin (i.e. thermal systems surfacing,				Description of ontaining Material (ACM) national systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
WOOD OU	OD 11474	Yes	No	N/A	TAD	PAPE	D 8 A	DHE	SIVE	2 5	79 SF	X			
WOOD SH	OP H1/4		X		IAK	PAPE	K & F	NDHE	SIVE	Z,:	1/9 3				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING				NJDEP Waste Hauler ID No. 18743 Cubic Yards of Waste WASTE MANAGEMENT					T G.R.O.W.S.		S.				
City, State CLIFTON, NJ				Disposal Date City, State 2/16/2015 MORRISVILLE, PA											
Completed by Title				OJECT COORDINATOR Week Cann 1/22/2015					015	i					

Jan 30 15 02:23p

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Retail Building

Street Address

160 Main Street

Streat Address

Berlin, NJ 08009

Mr. Jim Proctor

XX

P.O. Box 365

Hackensack NJ, 07801

City, State & Zip Code

02-02-2015

≥3 af or ≥3 II

2160 sf 2260 If

City (5)

01-30-2015

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N/	
214	State of Nev
217	NOTIFICATION OF ASBE

Sales of the sales Resource Management 8569144651 V Jersey ESTOS ABATEMENT DOL - 10 DAYS (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 150-170 Main St Hackensack NJ LLC Type Notification Street Address 150-170 Main Street Initial City, State & Zip Code 笝 Amended (Additional Hackensack NJ. 07601 Scope Found) Name of Contact Emergency Telephone Number Cancellation Mr. Shergoh Alkilani FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)
Other (I.e. private & commercial buildings, homes, etc.) Square Feet Bldg. Age 4 (including basement) County (6) County Code (7) 20,000 900 Bengen Current Use (Prior if being demolished) Retall Building Name of Monttoring Firm Hired by Bullding Owner (5) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address 21 15 Hamilton Ave, Suite 202 City. State & Zip Cods Tranton, NJ 08810 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 856-452-1311 609-977-5159 01185 Schaduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02-20-2015 J&S Environmental Laboratorias, Inc. Occupancy Status During Abatement (Check only one) Street Address Fecality Closed/Vacated During Entire Period of Abatement 2333 Roule 22 West Abatement Performed During 1st Shift Describe: 9em- to 600pm City, State & Zlo Code Facility Occupied During Absternant Union, NJ 07083 Scope of Work (Chack all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure Demolition Glove Bag Procedures Non-Exampted and Non-Frishle Procedure Location of la Location Description of Abatement Type 1rucmA Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SForLFI E-incappudidito Encisoure Browney TO BE ABATED MeIntenance or (i.e., thermal systems in Facility Insulation, aufacing, VAT Custodial Staff? (13)(92)or other miscellaneous) Yes No N/A Floor tile & Mastic 2,300°EF

Name of Registered Waste Heuler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group LLC 0035218 TAD Grows Lendill City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed By (Print or Type) THIS Signature Date Mr. Brian J. Haney President 01/30/2015

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

RECEIVED

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)	ine man re	D 1.3 50	777	
_1	24 /	201	7		4	106	Lundis	Blds	DELU -D	1 9	* (a) //.	
Agencies Notified	Type Notifi	ication			Street	Address						
□ EPA	☑ Initial				1)	701	1 - 10 - 10	LO A	SEES TOS	CUMI	HUL	
□ DOLWD	☐ Amend	ed			City	/UO	hands	Mac	0 / 5750			
□ DOH	Amend	7.70			100000000000000000000000000000000000000	state, Zip (the seal of the			
□ DCA	☐ Emerge	ency (inc	ludino		V	Inch	alb , NJ					
(NJAC 5:23-8)	justifica		,,,,,,,,,,			of Contac			Telephone Nu	mber		
(NJAC 3.23-0)	Cancell				, , , , , ,	0. 00			Totophone iva	111001		
	- Cariceii	ation			100							
					FAG	CILITY IN	FORMATION					
Name of Facility Where	Abatamant is	Taking	Place	/2)				Type of Facility ((4)			
			i iacc	(3)					50.5			
4706 L	andis A	AUE						School (K-12)			
Street Address								Subchapter 8				
1/7 - /	2 0							Other (i.e., pr		nercial bu	ildings,	
4706 Landi City (5)	SAVE		Contract					homes, etc.)				
City (5)								Square Feet	# of Floors	Blo	dg. Age	
1/								2500	2.5		7 100	V/2
Vineland County (6)		-			Carre	ty Codo /	7)(STATE USE ONLY)	Current Use (Pri			/ 100	11
A CONTROL OF THE STATE OF THE S					Cour	ity Code (i	HOTATE USE UNLY)	Current Use (Pfi	or it being demo	Justiea)		
Cumberland												
Name of Monitoring Firm		ilding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
	- 25			5 8	11				AND			
							EN12- CC	INTRACT	1003,666			
Street Address							Street Address					
							7.0.Bo	+70				
City, State, Zip Code				117/8/2018			City, State, Zip Co					4
City, State, Zip Code							City, State, Zip Ct	oue				
							Windle	CA COLO	I			
Project Manager for Mor	nitorina Firm	- 22.5		Tel	ephone	No.	Telephone No.	1	License No.			
, ,	3			1000000	O. #T					01		
							609-56	5-0005	30.	201		
Start Date (10)		Schedi	uled C	ompl	etion Da	te (11)	Name of OSHA M	Ionitor				
02 1051	15	0	1	0	5 1	15						
		1							- 4			
Occupancy Status Durin	g Abatement	(Check	only o	one)			Street Address					
Facility Closed/Vacat	ed During Er	ntire Per	iod of	Abate	ement							
☐ Abatement Performe	d Outside of	Normal	Facilit	у Ноц	irs - Des	cribe	City, State, Zip Co	nde				-
Time of Abatement:	AM	PN	1/	_PN	-	AM	Oity, Otato, Zip Ot	340				
		16	12		50.000000							
Scope of Work (Check a	ill that apply)											
			-/-					tainment with Neg	ative Pressure			
≥3 sf or ≥3 lf			Re				☐ Mini-Enc					
≥160 sf or ≥260 lf			☐ De	molit	ion			g Procedure	- F.:-bl- D	4		
							Li⊿Non-Exe	mpted (*) and No	n-r nable Proce			
					ation					Ab	atement 7	Гуре
Location	n of			Norma			Description of	of				1
Asbestos-Containing		(MC			lely by	Asbe	estos Containing Ma	iterial (ACM)	Amount	en	inc ep	nc
TO BE AB		over the			ance/	(i.e	e., thermal systems	insulation,	(Specify	Remova	Encaps Repair	los
IN Facil	lity		Cus		Staff?		surfacing, VAT		SF or LF)	a	Encapsulate Repair	Enclosure
(13)				(12	1	-	other miscellane	ous)			ate	W.
			Yes	No	N/A							
- 1 -	0				V	-	1 1		5.7			
Exterior Roo	+		П			5	hingles		Up to 3000			
			П								ПП	П
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					+=-							+=
Name of Registered Was	ste Hauler				NJDEP 1	Waste	Cubic Yards of	Name of Regis	tered Landfill			-
					Hauler II		Waste					
Bull Waste	+ Recycli	ng L	LC			135	30	Cumber la	nd County	IMP16.	EMENT /	Futhac.
City, State	J)					Disposal Date	City, State				
Berlin, NJ								Millville	, NJ			
Completed By (Print or T	ype)	Title					Signature			Date		
		_						7		1/24/	15	
	22	6	M							1/24/	13	
ASB-41												
IAN 13 T- R241	Jenys a	re *1	Do not	use t	his form	for asbes	tos licensure exemp	oted activities.				
	400 U.S.											

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

PECEIVED

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

CHECK # 1159

Date of Notification (1) 1/29/2015			Building Ov	vner/Operato	or (2)	10, 10, 40	* 1	вы ч : Е	ী			
Agencies Notified Type Notification		Street A	ddress			2015 FED	63	First Ale F	4 6 -			
× EPA × Initial			elton Ave					ADUTE	ni			
DEP Amended Amendment #_			ite, Zip Code nd Park, I	e NJ 08904		458LD	10E1	151RG	U 14			
	luaing -		f Contact Rovens	217	5		Telep	ohone Num	hor	1		
		FACI	LITY INFOR	RMATION	T.							
Name of Facility Where Abatement is Taking P Private Residence	lace (3)				Т	pe of Facility (4 School (K-12						
Street Address					-6	Subchapter	8 (Other	r than K-12)	91 10100 -	to a	
219 Felton Ave.					×	Other (i.e. pr etc.)						is,
City (5) Highland Park					100	quare Feet 900 +	# of I	Floors		dg. A)+	ge	
County (6) Middlesex			Code (7) USE ONLY)		Cı	ırrent Use (Prio	r if bein	g demolish	ed)			
Name of Monitoring Firm Hired by Building Ow	mer (8)	ASCN	/I No.			Abatement Con Contracting						
Street Address				10000000	et Add	dress easant Valle	y Way	/				
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052										
Project Manager for Monitoring Firm		Telephone No. Tele			phone	ephone No. License No.						
Start Date (10) S	cheduled Co	973-3 Completion Date (11) Name of				ne of OSHA Monitor						-
	/8/2015		,	En	virov	ision Consul	tants I	Inc.				
Occupancy Status During Abatement (Check C	Only One)		- 12°10'E		et Add	dress Vagaraw Rd	Bld	a 25E				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal						e, Zip Code	Diu	g.55L				-
Other – Describe: Normal Working Hours	1 dollity 1 loai					wn, NJ 074	10					50
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi				×	Full Containme Mini-Enclosure Glovebag Prod	edure	5			•	
	100-1200 Medical			4		Non-Exempted	(*) and	Non-Friad	T		ement	t
Location of	ls Loca Norma			Descript	ion of					Ту	ре	1
Asbestos-Containing Material (ACM)	Used Sol Mainten			s Containing	g Mate	erial (ACM)		mount pecify	7	200	田田	m
TO BE ABATED In Facility	Custodial (12)		(i.e. i	hermal syste surfacing,	VAT,	or		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		10 2004	-	other misce	llaneo	us)			val	=	ulate	ure
	Yes No	7.00		Dina Ina	ulatio		1	1LF	X			-
Basement		Х		Pipe Inst	Jiano	011	1	ILF	Δ.			
									-			
					-			<u> </u>				
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic Yard	S	Name of	Registe	red Landfill				
Unicorn Contracting Corp.		Hauler ID	No.	of Waste	S.	G.R.O.						
City, State West Orange, New Jersey			Disposal Da TBD	ate	City, Stat Morrisv		ennsylvar	nia				
Completed by Dimo Golcev	Title Project M	/ianage	r	Signat	ture	2/1	1	Da 1/	te 29/20	014		

Check#2099

State of New Jersey

}	TIFICA	TION	OF	ASB	ESTC	SA	BA	TE	1
	/Pu	remani	to	NIAC	8-60	200	E . 4	(2)	

CANCELLATION

Date of Notification (1)					Name	of Building	Owner/0	Derator (2	2)		7				
01 /	29	15						,	70 (44)						
						n Deshpar	nde		2015 FEE	-5 El 3:	7				
Agencies Notified EPA	Type Noti	rication				Address									
⊠ DOLWD	☐ Amend	ied				earny Av			ASSEST	OC CHUT	7777				
X DHSS		iment#			City, S	State, Zip C	ode		& 1	GS CONTR CENSING	WL				
DCA	☐ Emerg	ency (ind	luding			y, NJ 070									
(NJAC 5:23-8)	justific				Name	of Contac	t			Telephone Nu	ımber				
		llation			Mohai	n Deshpar	nde								
					FA	CILITY IN	IFORMA	TION							
Name of Facility Where A	Abatement	is Taking	Place	(3)					Type of Facility	(4)					
Private house									School (K-12						
Street Address					88					B (Other than K-1 rivate and comm		mile	linas	9	
806 Kearny Avenue									homes, etc.)		to out		9-		
City (5)									Square Feet	# of Floors		Bidg	, Ag	e	
Kearny, NJ 07032															
County (6)					Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	for if being demo	olished)				
Hudson															
Name of Monitoring Firm	Hired by E	Building C	wner i	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9))					
							Gr Tec	h LLC							
Street Address								Address							-
							576 Va	lley Rd #	283						
City, State, Zip Code							0.000	ate, Zip C	ACTUAL ROOM						
							355-6-8-55-6-6-6	, NJ 0747							
Project Manager for Mon	itoring Firn	1		Tele	phone	No.	Telepho			License No.					
							973-63	8-1777		01127					
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)		of OSHA N	Monitor	01127		-		No.	
01 / 29 /	15) /		F								
Occupancy Status Durin	n Ahatemei							Address	nsultants,Inc			-			-
☐ Facility Closed/Vacat			117	2.5	ment				D 1 D11 #	25.0					
Abatement Performed						scribe		wagaraw ate, Zip C	Road, Bldg .#	33 E					-50540
Time of Abatement: _	AM-	PI	W	PM_	-	AM	100000000000000000000000000000000000000								
Scope of Work (Check al	I that annly	7					Fair La	wn, NJ 0	7410 p and decontami	nation with nega	tive nre	cen	ro		
	i mat appry).					H		tainment with Ne			ssu	10		
>3 sf or >3 lf			X Re	enovati	on			Mini-End	losure						
≥ 160 sf or ≥260 lf			∐ De	emolitic	on		M	Gloveba Non-Exe	g Procedure empted (*) and No	n-Friable Proce	tive Pre	SSU	re		
			1 19	s Locat	tion	T		TON EXC	inploa () and m		-	hat	ome	ent Ty	rno.
Location	of			Norma	lly		De	escription of	of		-	_	_		
Asbestos-Containing		(CM)	100000	ed Sole			stos Con	taining Ma	iterial (ACM)	Amount	Neillova		Repair	Encapsula	Enclosure
TO BE ABA				aintena itodial		(i.e			insulation,	(Specify SIF or LF)	2		air	aps	1so
(13)	ity			(12)		1		acing, VAT miscellane		SIF ULLE)	<u>a</u>	-		ulate	Te
			Yes	No	N/A									(1)	
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Basement				1		Tipe ms	uiation			120 L1		7		-	
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	3 - 3 - 3 - 3 - 1				П		-1.87							П	П
Name of Registered Wa	ste Hauler			NJ	DEP Wast	e Hauler ID No	Cubic Y	ards of Was	te Name of Regi	stered Landfill		-	_	_	
Cr Took I I C					00227	0.5			T.R.R.F. Inc						
Gr Tech LLC City, State					00337	02	Disnos	al Date	City, State						
1.00									520						
Wayne, NJ 07470	- ,						TB		Tullytown, F	A					
Completed By (Print or 1	ype)	To it	9				Si	gnature	18 . 1	0.	Date				
N.Jevtic		Ow	ner					Hà!	Inc New	20	01/29/	201	15		
ASB-41			rv.		All S	f ==t		1/20	atad anticities	= 2-21					
MAY 11		, °	DO NO	ri use i	nis jori	m jor asbe.	stus ticen	surejexem	oted activities.						

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) *** EMERGENCY ***

B & G proj. #:	2015-15		(P		** EMERG			no free E	Check #	7060			_	_
Date of Notification	(1)	I I Nan	ne of Buildi	ing Owner/	Operator (2)		126.0	1	¥ 1-1-3.					
0 11 1/12 18			thel Smit				idae bod	_5	F# 9:50					
Agencies Notified	Type Notificatio	n Stre	et Address				2011							
☐ EPA	X Initial			eley Road	d		ASPES	1115	CONTROL					_
☐ DEP		City	, State, Zip	Code					431116					
X DOL	Amendm	ent (Orange, I	NJ 07050)									
X DOH			ne of Conta	act					Telephone	Number				
☐ DCA	☐ Cancellat	ion	Ethel Sm	nith					=				_	=
				FACILI	TY INFORMA	ATION								
Name of facility w	here shatement is	taking place	(3)					Ty	pe of Facility (4)	(17. 42)				
	Here abatement is	taking place	(-)						School		6 b.	n V 1	2)	
Ethel Smith								-	Subchar Subchar	oter 8 (Ot			4)	
Street Address									Bldgs./H	omes, etc). 			
382 Berkeley	/ Road							- 5	Square Feet #	of Floors		Blag	g. Age	
City (5)		County	(6)				ty Code (7) e use only)	1 -	Current Use (Pric	or if being	demo	olished	i)	==
Orange, NJ	07050	Esse	×			State	de only /	1 1	residential	31 11 0 0 m ig				
	ng Firm Hired by E	Bldg. Owner	(8)	T	ASCM No.	1	Name of Abatem	ent Cor	ntractor (9)				No see ou	
n/a							B & G Resto	ration	, Inc.					
Street Address							Street Address	n Poo	nd.					
							105 Ryerso		iu		-			
City, State, Zip Co	de						City, State, Zip Co Lincoln Pa		07035					
			I Bho	one Numbe	ar .		Telephone Numb			License	Numb	er		
Project Manager f	or Monitoring Firm		File	one Numbe	21		(973)696-6	8869		00	378			_
	(40)	ISched	Completio	n Date (11	\ <u></u>		Name of OSHA I							
Scheduled Start D			0/2015		,		B & G Resto	oration	n, Inc.					
01/29/2015							105 Ryerso	n Roa	ıd					
Occupancy Status	s During Abatement ed/vacated during	entire perio	ily one) d of abater	ment.			City, State, Zip C							
Abatement	performed outside	of normal f	acility hour	s-										
Describe: Other-Desc	cribe:					= $ $	LincolnPark	, NJ ()/035					
	check all that appl	y)										- Comment of the		
☐ Demolition	X	Renovation	1				ull Containment v	v/negat	ive pressure	Glove		proced		
\times >3 sf or >3	If \Box	≥160 sf or 3				X	/lini-enclosure			Non-n	TR	R	E	_
Location of	f	Is location	normally inance/cust	used solely	1				Amount	- 2	е	е	n	E
asbestos-c material to	307	staff(12)	nance/cus		Descript material		sbestos-containir	ıg	(Specify S	F or	o m	p a	ca	C
abated in fa		Yes	No	N/A					LF)		v e	i	р	L.
L				X	pipe insu	laton			48 If		X			
basement														L
											井	님	H	L
											뷰	井	분	누
.=						£\\\	Name of Regis	tered I	andfill		- _		Ш,	_
Registered Waste B & G Restor	e Hauler		P Hauler 19563	ID# C	ubic Yards o	vvaste	Tullyto	own R	Resource & Re	ecovery	Cen	ter		and the same of
City, State	ration, inc.			Disposal D			City, State	wn D	τΔ					
Lincoln Park				01/	30/2015		Tullyto		^	Date			- 1	_
Completed by (P Gordana Lui		Title Secreta	ry/Treas	urer	Signature		Gordana Lu	na		TO THE RESERVE TO THE	9/20	15		



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

GAC Project # 060-15											
Date of Notification (1) January 2	7. 2015	5			Name of Building Owner/C RUTGERS, THE ST		/ERSIT	Y OF I	۷J		
Agencies Notified EPA DCA		lotification Initial N	lotificat	tion fication #1	Street Address ENVIRONMENTAL I 27 ROAD 1, BLDG 4	HEALTH &	& SAFE	TY DE	PT.	V,	
☑ DOL ☑ DEP- No Longer REQUIRED	100	ypo on na J Emerc		ouilding ncluding	City, State, Zip Code PISCATAWAY, NJ 0	8854				25	
X DOH			ation)	9	Name of Contact MICHAEL SMITH, E HEALTH & SAFETY		Telenho	ene Num	ber		
				FACILITY INI			1	1	10 3 h	V	
Name of Facility Where Abatement RU GYM, BLDG# 3097	is Taking	Place (3)			Type of Facility (4) School (K-12)	1/ 40)		000 C	8	· a	
Street Address COLLEGE AVENUE CAN	IPUS				Subchapter 8 (other that Other (i.e. private & cor					1	
	inty (6) /IIDDLE	ESEX		/ Code (7) Use Only)	Current Use (prior if being	demolished): ACAD	EMIC		. € 2,	?
Name of Monitoring Firm Hired by Cardno ATC	Bldg, Owr	ner (8)	ASCM 0098		Name of Contractor (9)					7	030
			0000		GREENWOOD ABAT	EMENT C	ONSUL	TANTS	, INC.	ë	
Street Address 3 TERRI LANE					Street Address						
					268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08016					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fire BRIAN KEARNY		elephone 1			Telephone Number		License	Number			
					973-492-0477		00840				
Scheduled Start Date (10) 01/30/15		2/02/15		on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC						
Occupancy Status During Abater				75	Street Address	•					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside				nt	20-21 WARGARAW F	ROAD					
Describe Other - Describe: Shift Hou	irs: 5:0	00 PM -	5:00 A	M	City, State, Zip Code						
Education - Describe. Office Flori		hours a			FAIRLAWN, NJ						
Scope of Work (Check all that appl	<u>y)</u>							N 1 11			
≥ 3 sf or ≥ 3 lf				Renovation		Full Contain Mini-Enclos		n ivegati	ve Pres	sure	
□ > 160 sf or > 260) If			□ Demolition		Glovebag F)			
			-10-			Non-Exempte					ıre
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely b	tion Norma by Maint./C			bestos Containing Material nal systems insulation, surfacir	Amour ng, (Speci or LF)	fy SF	Abateme Remove			Enclose
	Staff? (YES	NO	NA	VAT, or other mis	scen.)	Of Li)					
Room 035A		X		VAT		75SF	. [X			
		-					-				-
Name of Reg. Waste Hauler	I	JDEP Was	ste Haule	r ID #	Cubic Yards of Waste:	5 CY	Name of	f Registe	red Lar	dfill	
See Hauler Below #1 & 2								.W.S. N			ill
NJDEP # 28969	Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990						ate	10 Re 19	ty, State 00 New d. Morri 0067 5-736-1	Ford N sville,	
Completed by (Print or Type) RAYMOND C. PEDALING	1000000	NIOR P		СТ	Signature Raymand C. Pea	lalino	Date Ja	ınuary	27, 2	015	

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) January 19, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **□**EPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA □Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including) City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 iustification) X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH: """ **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ HALL, BLDG# 3097 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS # of Floors: 3 Bldg. Age: 80+ years City (5) County (6) County Code (7) NEW BRUNSWICK (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/30/15 02/02/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf □ Renovation ■ Mini-Enclosure □ ≥ 160 sf or > 260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA Room 035A X VAT **75SF** X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State 100 New Ford Mill NJDEP # 28969 02/02/15 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymend C. Pedalino January 19, 2015 MANAGER

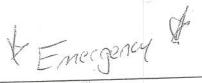
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

enge Stage

Date of Notification (1)	20, 2017				Name of	Building O	wner/Opera	ator (2) Contracting	9.20	FINI	*** F-1	, ,-	51	
	anuary 30, 2015						Cnamp	oion	Contracting	٠٠ حافلتك,	F Base D. M. A.	2(01)	U	
Agencies Notified [X] EPA [] DEP	[] Amen	Notificati ded Notifi dment #			Street Ac	ldress te, Zip Code			Egypt Road						
[x] DOL	[X] Emerg	gency (inc	luding				Lakew	ood.	, NJ 0870£	3723	はい しゅ	niti uc	U li-	0	
[X] DOH [] DCA		cation) ellation			Name of	Contact Vinny	Mettee			Teléphoi	ne Number		28 /		
				FACI	LITY I	NFORM	ATION								
Name of Facility Where Ab	atement is Taking on Motel	Place (3)						Туј	pe of Facility (4 []	School	ol (k-12) hapter 8 (oth	er than	k-12)		
Street Address 465	0 Route 9 Sout	h							[x]	Other	r (i.e., private es, etc.)			ıl buildi	ings,
City		County	(6)		County C	ode (7) USE ONLY	2	Sq	uare feet	# of	Floors	Bldg	Age 6	0	
Howell		Monn	nouth	'	(STATE)	OSE ONE I	,	Cu	6000 sf rrent Use (Prior Resid		demolished)		0	<u> </u>	
Name of Monitoring Firm I					ASCM N	0.	Name of	Abat	ement Contract	or (9)		T.			
Street Address							Street Ad	ldress		dian Co	ntracting,	inc.			-
188	1889 Route 9, Unit 61 ity, State, Zip Code									Route 9), Unit 61				
Tor	ns River, NJ 08				City, Stat		Toms	s River,	New Jerse		55-12	271			
Project Manager for Monito Nicholas Ferr		Telephone N 732-349-9				Telephon 732-34				License N 00624	umber				
Scheduled Start Date (10) 1/30/15	ncola		Scheduled C 2/2/15	Completio	n Date (1	1)			IA Monitor	S.L. An	707 D. 01				
Occupancy Status During A	Abatement (Check of lity Closed/Vacated		Entire Period	l of Abate	ement		Street Ad	ldress	S	Stelton					
	tement Performed (er – Describe	Outside of	Normal Fac	cility Hou	ırs		City, Stat	te, Zi		itaway, 1	New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[x]		Full Containme		legative Pres	sure		-	
[v] \2	f or ≥3 lf		гі	Renovat	ion		[]		Mini-Enclosure Glovebag Proc						
5 3	or ≥3 if 0 sf or ≥260 lf		[x]	Demolit			[]		Non-Exempted		Non-Friable I	Procedu	re		
												Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12)					T.	Asb N (i.e. inst	Description bestos-Converted (Augusta), thermal lation, su VAT, cor miscelle	ntain ACM syste rfaci or	ing () ems ing,	(S ₁	Amount pecify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R
- 1		YES	NO	N/A								L		E	E
Boiler Room X					Asbe	stos boile	er insulat	ion		86	sf	X			
				-	-										
					-							-			
Name of Registered Waste		N	JDEP Waste	l e Hauler 0223	ID No.	Cubic Ya	rds of Was	te	Name of Reg T.R.R.F.		ndfill			J	
City, State D					al Date		City, St		n Pennsylva		1		11 2032		
Completed by (Print or Type) Title					Signat	ure	chi	7	14	1		Date 1/30	0/201:	5	
							isure exen	npte	d activities.						



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

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L/MC.J.	Λ:		(D. 1)	ding Owner/	Operator		التا كموث	na.					7
ate of Notification (1) /29/15		Mis	ssy Fau	Private I	Home		FED.	633	M 5.51				+
gencies Notified Type Notification			eet Addres Nichols						JUM I KU				-
EPA Initial DEP Amended Amendment #		City	y, State, Z	ip Code ach NJ 08	751	F ()	& LI	JEN	SHE.				
Emergency (inclusion)	uding	Nai	me of Cor			× I		Telep	hone Numbe	r '		_	
DCA Cancellation		1000		INFORMA	TION						_		\dashv
lame of Facility Where Abatement is Taking Pl Wissy Faul Private Home Street Address	ace (3)					Subo	ol (K-12)	10tha	r than K-12) commercial t	ouilding	s, ho	mes,	
13 Nichols Ave						Square Fe	eet	253502	Floors	Bldg 35+	. Age		
City (5) Ortley Beach NJ 08751		TC	ounty Cod	le (7)		1000+ Current U	lse (Prior	2 if beir	ng demolished	0.000			
County (6) Ocean		(S	TATE USE	ONLY)		e of Abatem							
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM N	0.	Per	naco Inc.	en con	40101	(0)		•		
Street Address						et Address Box 329				.5			
City, State, Zip Code	11		-		City, We	State, Zip C st Berlin I	ode VJ 0809	91					
Project Manager for Monitoring Firm		Ī	elephone	No.		phone No. 3-753-980	00		License No 00727				
Start Date (10)	Scheduled	Com	pletion Da	ate (11)	Nam	ne of OSHA							
1/30/15	2/5/15				(500)	me et Address							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Ab	atem	ent		City	, State, Zip	Code	_					_
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Mini-	Enclosur	e cedur	th Negative P e and Non-Friab	le Prod	edure	ment	
	ls l	Locat	ion							1	Ty		ä
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	orma d Sole ntena	lly ely by ance/ Staff?	(i.e. th	ermal syst	ng Material (tems insulat	(ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosaio
	Yes	No			Evtorio	r Siding			1800 SF	x			T
Exterior Siding			X		Exterior	Olding							
												_	+
									· · · · · · · · · · · · · · · · · · ·				
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic Ya of Waste		G.R.C		istered Landf S.	ut			
United Containers			22459		3 Disposal	Date	City, S	tate					_
City, State Elm NJ					2/5/15	nature	Morri	sville	PA 19067	Date			
Completed by Anthony T Perna	Title Pres	sider	nt		Sigi	- C			_	1/29/1	15		_



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

REMEINERY

Date of Notification (1)			Nam	ne of Bui bert Vo	ilding Owner/O	perator (2)			M 9: W7				
	Type Notification		Stre	et Addre	ess	ō	(1) (1) (1)	F BOD S	¥ 45.	DETPOL				
EPA DEP DOL	Initial Amended Amendment #_		City	, State, I tley Be	Zip Code ach NJ 087	'51	P 35	& LIV	LINE) Hato				
DOH DCA	Emergency (in justification) Cancellation	cluding	Ro	ne of Co bert					Telep	hone Numbe				_
			F	FACILIT	YINFORMAT	ION	Type of F	acility (4)						\neg
Name of Facility Where A Robert Vosseller Pr Street Address	Abatèment is Taking ivate Home	Place (3)		į.	34		Scho	ool (K-12)	(Other	than K-12)	buildin	gs, ho	omes,	
202 8th Street City (5)							etc.) Square F	E	# of	Floors		3. Age		-
Ortley Beach NJ 08	3751		Co	unty Co	de (7)			Jse (Prior	1 if bein	g demolishe			81.71	
County (6) Ocean		(0)	(\$7	ASCM N	E ONLY)		House of Abatem	nent Contr	actor ((9)	7,0000 H			-
Name of Monitoring Firm	n Hired by Building O	wner (8)		AOUNI N	NO.	Perr	aco Inc.		PERSONN I	******		•		-
Street Address						PO	Box 329		+					
City, State, Zip Code				-	81	City, S Wes	State, Zip (st Berlin	Code NJ 0809	1					
Project Manager for Mo	nitoring Firm		Te	elephone	e No.		hone No. -753-980	00		License No 00727	•			
Start Date (10)		Scheduled 2/6/15	Comp	letion D	ate (11)	Name	e of OSHA ne	Monitor						
2/2/15 Occupancy Status Duri	11 1 1 (Chao					Stree	t Address							
Facility ClosedN/a	cated During Entire I med Outside of Norm	Period of Ab	ateme	ent		City,	State, Zip	- Valid - Hoo						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				Mini-	Enclosure	edure	h Negative P ad Non-Friab			9	
							INOIP	LACITIFICO	// /			Abate	ement	0
Locati Asbestos-Containi TO BE A In Fa (1	No Used Mair	Solelintenan odial S (12)	y by loce/ staff?	Asbestos C (i.e. there	mal syste urfacina.	Material (ms insulat	(ACM) ion,		Amount (Specify SF or LF)	Removal	Ty Repair	e Encapsulate	Enclosure	
		Yes	No	N/A		xterior	Siding		1	100 SF	x			
Exterio	r Siding			X		XIGHO	Olding_							
					1									-
						11.32	1-	Nome	Regi	stered Landf				1
Name of Registered V			H	IJDEP V Hauler ID 2459	140.0	ubic Yard f Waste	18	G.R.O	.W.S		<i></i>			
City, State Elm NJ					1,000	isposal D /6/15	ate	City, Sta Morris	_{ite} ville	PA 19067				
Completed by Anthony T Perna		Title Presi	ident			Signa	ture			1	0ate 1/30/1	15		

& Energency &

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Maryellen Mcinich Private Home

NJDEP Waste

Hauler ID No.

22459

Cubic Yards

of Waste

Title

President

Date of Notification (1)

1/30/15 Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address 108 Alhama Dr.

Brick NJ 08723

City (5)

N/A

County (6) Ocean

Street Address

Start Date (10)

2/2/15

×

City, State, Zip Code

Project Manager for Monitoring Firm

Scope of Work (Check All That Apply)

Living Room behind fire place insert

Name of Registered Waste Hauler

×

NOTIFIC (Pu

	Mas								51+		15000000	2000000	Control of the
Initial Amended Amen		25,	er he										
of Notification (1)									3 V 1	- 13			
cies Notified			1				GUE	FEB	-5 開	9: 6	2		
DEP	Amended						Pol	SESTA RESTA	es cut	TRE			
ООН	Emergency (ir justification)		Na	ame of C	Contact								
						ION							
		Place (3)											
t Address							Subchapter Other (i.e. p	8 (Other	r than K-12) commercial	buildi	ngs, h	omes	s,
								# of	Floors	Blo	lg. Ag	e	-
							1000+	2		35	-		
								or if bein	g demolishe	ed)			
e of Monitoring Firn	n Hired by Building C	wner (8)		ASCM	No.	144000000000000000000000000000000000000		ntractor ((9)				
et Address						1000							
							(5-20)188742777-1858			13/10/2			-
State, Zip Code					8			091					
ect Manager for Mo	nitoring Firm		T	elephon	e No.	0.0000000000000000000000000000000000000			License No 00727),			
	-		ed Com	pletion D	Date (11)		- 1- 11 - 11						
	na Abstamont (Chac		101			Stree	t Address				-		
77C E9				av.		0000	. 7 1001 000						
Abatement Perform	med Outside of Norm	Period of A nal Facility	Abateme Hours	ent		City,	State, Zip Code						
e of Work (Check	All That Apply)		-										
≥3 sf or ≥3 lf		□ F × D					Mini-Enclosu Glovebag Pro	re ocedure				e	
	*	10000		900000							Abate Ty		
Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Use Ma	ed Solel intenan todial S	y by ice/	Asbestos Co (i.e. therm sur	ntaining al syster facing, V	Material (ACM) ms insulation, 'AT, or	(5	Specify	Removal	Repair	Encapsulate	Enclosure
			No			Fine h	iale	-	DE SE	V			
Asbestos Containing Material (ACM) To Parallel (Check All That Apply) 28 In Mary Blancy Status During Abstement (Check All That Apply) 29 In Mary Blancy Status During Abstement (Check All That Apply) 20 In Street Address 108 Alhamad Dr. 20 In Amended Amendment # DOL Amended Amended # Dol Amended Amended # Dol Amended Amended # Dol Amended Amendment # Dol Amended Amended # Dol Amend		1											
		-											

Name of Registered Landfill

G.R.O.W.S.

United Containers

Anthony T Perna

City, State

Completed by

Elm NJ

1/12/15		San San	Suilding Owner/O	SIL	JEST T	al.	11	6		1
Agencies Notified Type Notification		Street Add		-1	2/2	1				-
EPA Initial Amended		Cily State	50 Zv e, Zip Code	gle.	-Avei	11				
DOL Amendment	#	1 1	naloux		Qew	Jersa	£ C	57(5	and a
DOH Emergency (i	including	Name of 0	Dist. Live grander of			Telephone N	urriber			
DCA Cancellation		+XX	CH HAS	200 E		1-1-1- W.				
Name of Facility Where Abatement is Taking	Place (3),	FACILI	ITY INFORMATI		pe of Facility (4)				
Englewood He	ral por	les .			School (K-1				_ i=k	
Street Address 350 Endle 5	Sheed	1		Q.		8 (Other than K- rivate & commen			home	28,
City (5)	07	0570	031		uare Feet	# of Floors	S- B	1-	Age	,
Centry (6)	010	County Co		1500	prient Use (Pri	or if being demoli	shed)	Lat	13	. 3
Bersen	1	(STATÉ US			Hosp	+AL			4	-7.
Name of Monitering Firm Hired by Building C	10	ASCM	0 0	Constitution and the second	batement Cor			li e		100
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City, State, Zip Code				City, State	, Zip Code				-	
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Project Manager for Monitoring Firm		Telephone	6-7800	Telephone	NO. 931-031	3 0114				
	Scheduled Com			Name of C	SHA Monitor	3 10114	0		-	-
1/28/15		2-11	2	N/A						
Occupancy Status During Abatement (Check				Street Add	Iress					
, Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:				City, State	, Zip Code				-	
Scope of Work (Check All That Apply)										
7	Renovat	ion		R.A.	Containe					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolitic			-	Vilni-Enclosure Glovebag Prod		Pressur	e		
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* Change hauler

Date of Notification (1)			Name	of Building Owner	Operato	(2)	\ ,				
Agencies Notified Type Notification			Stroot	Address		4-p26	HEL	-			HORSeason and
			الما الما الما	250 9.0	101	2/2	and a				
EPA Initial Amended			City, St	late, Zip Code	IN TE	- CHIL	231		-		
DOL Amendmen			9	mala		ne.	Jersa	20	57	(5	31
DOH Emergency justification			Name (of Contract	Later	2, 400	Telephone N	Alinar	-		
DCA Cancellatio			4	are the	hn		Totolatorie iv	minada		-	
			FAC	ILITY INFORMAT	ION						-
Name of Facility Where Abatement is Taki	ng Place (3)/	1		-	Type of Facili	ty (4)		-		
Street Address	00g	110				School ((-12)				
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ess rudge	210	25	77			Other (i.e etc.)	e. private & commen	CIEI DU	lang	s, ho	nes,
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Name of Monitoring Firm Hirad by Building	Ourmer (2)					HOZ).+AS		1	-	
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City, State, Zip Code	" Carried	Vitamon's	1			tate, Zip Code					
Union at o	7083	3		20	BOX		, NJ 0760	1			
Project Manager for Monitoring Firm			Telepho	ne No.		one No.	License I				
lan Kobino		17	108.6	86·7800	201	-931-03	13 0114	8			
Start Date (10)	Schedule			Date (11)	Name	of OSHA Monito					-
1/83/15	· State	1-1	12-1	0	N/A	7					
Occupancy Status During Abatement (Che					Street.	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	baten	nent				- 9				
Other - Describe:	nai raunty	nouts	s		City, St	tate, Zip Code					
Scope of Work (Check Ail That Apply)						-				-	
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Name of Registered Waste Hauler			JDEP W			Name of	Registered Landfill				
Global Waste Industri	.es	The state of	auler ID i	Vo. of Wast		Min	erva Ente	rpr.	ise	S	Inc
City, State				Disposa	I Data	City Ct-	to				
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ASS-41 (R-05-08)

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

Original votice

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

		NO			OF ASBE				0	hear.	# 18	P.	S	4	
Date of Notification (1)					Building C			2)		41 7		- 1		es.	
01/16/15					Terrace	e, LLC	,			All PET	1 700	Die	a.	1.	_
Agencies Notified	Type Notification			Street Ac		o Con	tor Drive	o 6th	Avenue	0,000	C.	1. 注	7:	54	
⊠ EPA	Initial				te, Zip Co		tel Dilv	e, ou	Avenue	den	120	P P.			
DEP DOL	Amended Amendment #	1		10000	ce, Zip Coi oridge, N		105			NOES 81	100	LU!	116	01	
(-240.094	Emergency (ir				Contact	10 070	J3J			Telephon	e Num	her			100
⊠ DOH	justification) Cancellation		1,000		ia Flemi	na				Leiebuou	CIVUIII	DCI			
DCA	Cancellation				LITY INFO		ION			Station					8
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITTINFC	KIVIATI	ION	Туре	of Facility (4)		7.			
Commercial Proper								_	School (K-12						
Street Address								T s	Subchapter	(Other than					
192 Bloomfield Ave	enue									rivate & com	mercia	build	ings,	home	s,
City (5)				<u> </u>					etc.) re Feet	# of Floor	'S	В	dg. A	ge	
Bloomfield								200,	000	2		5	0+-	-	
County (6) Essex					Code (7) JSE ONLY)				nt Use (Prio nmercial F	r if being de Property	molishe	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	1 No.		Name		tement Con						
N/A	Timod by Danaing C								Contracto	(6, 50)					
Street Address							Street								
Circorridatess							27 E	dsall	Drive						
City, State, Zip Code							City, St	tate. Z	ip Code						
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Project Manager for Mon	nitorina Firm		1-	Telephor	ne No.		Teleph	one No	0.	Lice	nse No	1,			
i rojost managor isi mor	intering i iiii						The State of	864-2		01	137				
Start Date (10)		Schedule	d Com	pletion l	Date (11)		Name	of OSH	A Monitor		300				
11/11/14		02/26/1					Ame	riSci							
Occupancy Status Durin	a Abatement (Check	Only One	e)	-			Street	Addres	3S						
	ated During Entire P			ont			1171	East :	30th Stree	et					
X Facility Closed/Vac Abatement Perform	ated During Entire Properties of Norma	al Facility	Hours	ent					ip Code						
Other - Describe:		-							, NY 100	16					
Scope of Work (Check A	II That Apply)		A D-1				S. S	1000 EVENTS							
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Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	c Yards		Name of	Registered L	andfill				
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Atlantic Carting			1	90713			440		G.R.O.						
City, State						1	osal Date		City, State						
Wayne, NJ							ompleti		Morrisv	rille, PA					
Completed by		Title	SSS 21 - 101				Signature		01		Da				
Marko Stankovic		Presi	dent				Acur	20	Heu	Me-	01	/16/	15		

Stanmark

Contractors, LLC

27 Edsall Drive, Sussex, NJ 07461 Phon.

October 31, 2014

Mr. Thomas Voorhees New Jersey Department of Labor Asbestos Contractor and Licensing Section 1 John Fitch Plaza, 3rd. Floor PO Box 949 Trenton, NJ 08625-0949

RE: 10-Day Notification:

Asbestos abatement at: 192 Bloomfield Avenue, Bloomfield, NJ

Dear Mr. Voorhees,

The following represents quantities and locations for the materials at the above referenced property location:

Location of ACM To be abated in facility	Is Location Normally Used solely by Maintenance	Description of ACM	Amount:	Removal
Throughout Building #1:	no	Pipe insulation	1,110 L.F.	X
Throughout Building #1:	no	Window glazing	4,225 S.F.	X
Throughout Building #1:	no	Floor Tiles	17,400 S.F.	X
Roof - Building #1:	no	Roofing -tar	900 L.F.	X
Roof - Building #1:	no	Flashing	4,590 L.F.	X
Roof - Building #1:	no	Roofing	16,350 S.F.	X
Throughout Building #2:	no	Pipe insulation	1,090 L.F.	X
Throughout Building #2:	no	Floor Tiles	4,580 S.F.	X
Throughout Building #2:	no	Window glazing	3,750 S.F.	X
Roof - Building #2:	no	Flashing	1,000 L.F.	X
Roof - Building #3:	no	Flashing	350 L.F.	X
Throughout Building #4:	no	Floor Tiles	5,460 S.F.	X
Roof - Building #4:	no	Flashing	160 L.F.	X
Roof - Building #4:	no	duct tar	120 S.F.	X
Roof - Building #4:	no	Window glazing	60 L.F.	X

Stanmark

Centractors, LLC

27 Edsall Drive Sussay NT 07461 Phone: 9

January 16, 2015

Mr. Thomas Voorhees
New Jersey Department of Labor
Asbestos Contractor and Licensing Section
1 John Fitch Plaza, 3rd. Floor
PO Box 949
Trenton, NJ 08625-0949

RE: 10-Day Notification:

Asbestos abatement at: 192 Bloomfield Avenue, Bloomfield, NJ

Dear Mr. Voorhees,

The following represents quantities and locations for the materials at the above referenced property location:

To be abated in facility	Is Locat <mark>i</mark> on Normally Used solely by Maintenance	Description of ACM	Amount:	Removal
Building 5, warehouse:	no	Pipe insulation	202 L.F.	X
Building 5, warehouse:	no	elbows	7	X
Building 5, warehouse:	no	Electric wire wrap	1,000 L.F.	X
Building 5, warehouse:	no	Floor tiles	8,325 S.F.	X
Roof - Building #5:	no	parapet cap tar	790 L.F.	X
Roof - Building #5:	no	flashing	2,375 L.F.	X
Windows - Building #5:	no	window glazing	20,000 L.F.	X
Building #6-lunch room:	no	floor tiles	450 S.F.	X
Windows - Building #6:	no	window glazing	10,000 L.F.	X
Roof - Building #6:	no	parapet cap tar	125 L.F.	X
Old Boiler House Building:	no	Floor Tiles	160 S.F.	X
Old Boiler House Building:	no	pipe insulation	2,930 L.F.	X
Old Boiler House Building: Old Boiler House Bldg. roo	no c	ementitious packing	25 L.F.	X
	f: no	flashing	200 L.F.	X

Location of ACM To be abated in facility	Is Location Normally Used solely by	Description of ACM	Amount:	Removal
Old Boiler House Bldg. roo		parapet cap	400 L.F.	X
Old Boiler House Building		window glazing	2,800 L.F.	X
Boiler Rm. Bldg.	no	flashing	75 L.F.	X
Boiler Rm. Bldg.	no	window glazing	1,000 L.F.	X
Production Bldg. throughout Production Bldg.	ut no	elbows	10	X
	no	window glazing	7,000 L.F.	X
Research Bldg.	no	pipe insulation	10 L.F.	X
Research Bldg. 1 st & 2 nd flo	oor no	transite lab hoods	1,350 S.F.	X
Research Bldg. roof	no	flashing	140 L.F.	X
Building 192	no	parapet cap	80 L.F.	X

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

Date of Notification (1)	T 30 0	21-	N	lame of	Building C		erator (2)		112						
	Jan 30, 2	015	_		19	4 C	onstr	uction	on LLC						
Agencies Notified	Type Notification			Street Ac	ĺ	302	MOR	ris	AUE						
EPA .	Initial Amended	City Ctata Tin Code						c Lake NJ 07762							
DOL	Amendment #_ Emergency (inc	cludina		Table 7	- 1 6	SPR	ing L	aKe			6	7	351		
DOH *	justification) □ Cancellation		l,	A	Contact	To	me	14	Telephone Num	iber					
DCA	Li Cancellation			and the same of th	ITY INFO		N		22	1		يبسن ا	- 1		
Name of Facility Where							Туре	of Facility (4) 201	U	j:	I V	I		
Street Address	imily She	sre	Ho	me				School (K-1 Subchapter	2) 8 (Other than K-12	, ,	3	سب پر	-		
	Deean Po	thu	16.1/			2	X		orivate & commercia		lings,	home	S;		
City (5)	2							e Feet	# of Floors	I BI	dg. A	ge	2		
Ocean	, GROVE	1	17		7750	0			3 5	32	10	W+	-		
County (6)	nouth			County C	Code (7) ISE ONLY)		Curre	nt Use (Pri	or if being demolish	ed)	.				
Name of Monitoring Fire	n Hired by Building Ov	/ner (8)	L	ASCM	No.		Name of Abar	tement Cor	tractor (9)	ies		In	2		
Street Address	200 25	7			800		Street Addres	Ray	337		3				
City, State, Zip Code	Day De	A/T	-	191	53	2	City State, Zi		711 sa	A	06	72	2		
Project Manager for Mo	ni geFirm	AF	1	Telephor			Telephone No	- W	License N	0. 5		L			
Steve S	chen Kea	b	6	909	758-3		609 758 - 3365 00 517 Name of OSHA Monitor								
Start Date (10) Tan 9. 201		Jan	ed Com	9 2	Date (11)				hnologies	T	~~				
Occupancy Status Durin				<u>ي</u> ر	0.0		Street Addres	SS	~	4	ic				
Facility Closed/Vac				ent			P-0.	BOX	337		- 05				
☐ Abatement Perform☐ Other – Describe:	ned Outside of Norma						City, State, Zi		117	300		~			
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≥160 sf or ≥260 lf			emoliti					ni-Enclosur ovebag Pro							
		11					No	n-Exempte	d (*) and Non-Friab	le Pro	188.0	11.			
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Basement		X	R		Seal		+ Chine	acy Dud	<15F	K					
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Steve Scho	en Kea	HRE	sid	ent		6	Deepe	w Che	oka -	an	<i>,</i>	30	-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED Ck /69/

Date of Notification	(1)		IN	Jame	of Rui	Idina (Owner / Operator	r (2)	. # 1 has 12	المتا مسط الله المسلم					
Date of Ivolineation	1/25/2015		100	Name of Building Owner / Operator (2) Lord and Taylor MS FFR -5 PM Q: 50											
Agencies Notified	Type Notific	ation	5	Street	Addre	SS									
⊠ EPA			F	Rout	e 17 N	lorth	and Ridgefield East Avenue								
☐ DEP ☐ DOL	☐ Initia		1.3				ode	ode #35E3 FU3 CORA NOL							
Ø DOH		rgency	man		mus, I				G L10		elepho	ne N	umh	or	
DON DCA		cellation	100		etriou					1.6	siepiio	HE IV	umb	31	
						7500	00111011								
Name of Facility Wi	horo Abatom	ont is Taking Di	000 /2		CILIT	Y INF	ORMATION Type of Facili	h. (1)					= 1100		
Lord and Taylor	iele Abatelli	SILIS TAKING FI	ace (3)			School (F								
Street Address									ther than K-	12)					
Rt17 North and F	Ridgfield Ea	ıst			15000					cial buildings	s, hom	es, e	tc.)		
							Square Feet	3	# of Floors	Blo	dg. Age	9			
City (5)		County (6)	Co	unty (Code (7)	20000		2			80÷			
Paramus		Bergen					Current Use (Prior if	being demo	lished)					
							Residence								
Name of Monitoring	Firm Hired b	y Building Own	ner (8)		ASC	M No.	Name of Abar ALPHA ENV			9)					
Street Address							Street Addres			3 1					
City, State & Zip Code							City, State & 2		le .						
only, on the dealer							Trenton, NJ								
Project Manager for Monitoring Firm Tele					Numb	er	Telephone Nu 215-295-100								
Scheduled Start Da	2000	Scheduled Con	npletio	n Da	te (11)		Name of OSH		itor	10					
2/3/2019 Occupancy Status I		2/4/2015	alı cana				Street Addres								
		During Entire P			atemer	nt	107 Haddor		116						
The second secon		utside of Norma						City, State & Zip Code							
Describe:							Westmont, NJ 08108								
	upied During														
Scope of Work (Che	eck all that ap	oply)													
≥3 sf or ≥3 I	f			Dor	ovatio	n		-	-ull Containr Mini-Enclosu	ment with Ne	gative	Pres	sure	f	
≥3 sf or ≥3 l			\boxtimes		nolition				olini-⊑riciosu Glove Bag P	1800					
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1,	ocation of		le l	ocat	ion		Description		von-Exempt	ed and Non- Amount			ent T	200820	
	tos-Containin	ıg	Norm		RECORD TO		Asbestos-Con	(Specify	Abe	iteim	-11L 1	ype			
	erial (ACM)	25.0		olely I			Material (AC			SF or LF)	72		En	ш	
	BE ABATED n Facility		Maint		ce or		(i.e., thermal synthesis)		т		Remova	Repair	Encapsulate	Enclsoure	
	(13)		Ousic	(12)	Jiaii:	- 1	or other miscella				ova	air	sula	oure	
			Yes	No	N/A				, l				e	(D	
AHU Room		12		\boxtimes			Pipe Insula	tion	301	f					
		ñ													
Name of Registered	d Waste Haul	er		1000			Cubic Yards	Name	of Registere	ed Landfill					
ALPHA ENVIRON	MENTAL				33330		of Waste	Grow	s Landfill						
City, State							Disposal Date	City, S							
Trenton							Various	Morri	sville, PA						
Completed By (Prin	t or Type)			Tit	le		Signature				Date				
Rod Richardson							Rod Richardson								

Chack# 11.441

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) January 30, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. □ DCA ■ Amended Notification #2 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code new start and completion dates ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 ■ Emergency (including X DOH Name of Contact justification) Telephone Number MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RU GYM, BLDG# 3097 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg Age: 80+ years County (6) County Code (7) NEW BRUNSWICK MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 02/03/15 02/04/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf **X**Renovation ☐ Mini-Enclosure □ ≥ 160 sf or > 260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES Room 035A X VAT 75SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 02/04/15 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) Signature Date Raymand C. Pedalino RAYMOND C. PEDALINO SENIOR PROJECT January 30, 2015 MANAGER

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) January 27, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ■Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA XAmended Notification #1 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL typo on name of building City, State, Zip Code X DEP- No Longer REQUIRED □ Emergency (including PISCATAWAY, NJ 08854 X DOH Name of Contact justification) Telephone Number MICHAEL SMITH, ENV. □ Cancelled HEALTH & SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RU GYM, BLDG# 3097 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK** (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/30/15 02/02/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf **X**Renovation ■ Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room 035A X VAT 75SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 02/02/15 100 New Ford Mill Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # 20990 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino January 27, 2015 MANAGER

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) January 19, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL Emergency (including City, State, Zip Code DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH ☐ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ HALL, BLDG# 3097 School (K-12) Street Address Subchapter 8 (other than K-12) COLLEGE AVENUE CAMPUS Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** License Number 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/30/15 02/02/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Room 035A X VAT 75SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 5 CY See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date NJDEP # 28969 City, State Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 02/02/15 100 New Ford Mill Rd. Morrisville, Pa NJ DEP# 20990 19067 Completed by (Print or Type) 215-736-1700 Title Signature RAYMOND C. PEDALINO SENIOR PROJECT Reymand C. Pedalino January 19, 2015 MANAGER

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

									i	of the f	: H 1 1/1	an 1 1					
Date of Notification (1) 1/28/15				Name of Adrian			perator	(2)	Mae		- 1 2a	wa fau'					
Agencies Notified	Type Notification			Street Ad 21 Ruf		14	16		6010	FLU	-J [M	9: 3	F.,				
EPA DEP DOL	Initial Amended Amendment		_	City, Sta North		ode n, NJ, 0	7508		Asc	尼51 & 11	US COX GENSIA	IR(and a				
X DOH X DCA	DOH justification) DCA Cancellation						Name of Contact Telephone Number										
				FACI	LITY INF	ORMATI	ON										
Name of Facility Where A Adrian Forbes	Abatement is Takir	ng Place (3)					Туре	of Facility (School (K-1								
Street Address 21 Ruff Ct								×	Subchapter Other (i.e. p etc.)	8 (Othe	er than K-12 & commerci	2) al buil	dings,	home	es,		
City (5) North Haledon								Squa	are Feet	# of	Floors	E	ldg. A	ge			
County (6) Passaic				County ()		Curr	ent Use (Pri	or if bei	ng demolish	ned)					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				atement Cor ement	ntractor	or (9)						
Street Address					-			t Addre	ess n Street S	Suite A4							
City, State, Zip Code					City, State, Zip Code North Bergen, NJ 07047												
Project Manager for Monitoring Firm					ne No.		Telep	hone N	none No. License No. 293-6305 01223								
Start Date (10) 02/07/15											ne of OSHA Monitor _MAMM CONSULTING LLC						
Occupancy Status During	g Abatement (Che	ck Only Or	ne)		1		0.000/1.00-00	reet Address									
Facility Closed/Vaca Abatement Perform							1000000000		UTE EAS	T SUI	TE 107			_			
Other – Describe: _									IJ 07083								
Scope of Work (Check A	ll That Apply)				183								-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli					M G	ini-Enclosure ovebag Pro	ontainment with Negative Pressure inclosure bag Procedure exempted (*) and Non-Friable Procedure							
		Is	Locat	tion					TVOTPEXEMPLE () and		o Non-i nac		Abatement				
Location		1	Norma	lly	Description							-	Туре				
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Ma Cus	intena todial (12)	ince/ Staff?		. thermal surfa	system cing, V	ining Material (ACM) systems insulation, ing, VAT, or iscellaneous) Amount (Specify SF or LF)				Repair	Encapsulate	Enclosure			
1-1-5-		Yes	No	N/A			VAT			00	00 SF	-	-				
1st flo	Of						VAI			90	JU 3F	Х					
	31 (1)						**************************************										
Name of Registered Was	ata Hautar			NJDEP W	lasto	Cubic	Yards		Name of	Parista	red Landfil						
SAN TON SERVICE			H	Hauler ID		of Wa		[1.17.77]									
City, State KENILWORTH, NJ					9	Dispo	sal Date	9	City, Stat		J						
Completed by Bryan Parra		Title Proje	ect M	Signatur Manager				Date 1/28/15									

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

2014-227

B & G proj. #:

Check # 7064

*** RESUME & EXTRA FOOTAGES *** Date of Notification (1) Name of Building Owner/Operator (2) 10 | 1 | / | 3 | 0 | / | 1 | 5 | Clara Maass Medical Center Type Notification Agencies Notified Street Address EPA 1 Clara Maass Drive ARAFRIMO PONTA Initial DEP City, State, Zip Code Amendment DOL Belleville, NJ 07109 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Luis Cacreres **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Main Hospital, Entrance (NON SUB 8) Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 1 Clara Maass Drive Bidg. Age Square Feet # of Floors County Code (7) County (6) (State use only) Current Use (Prior if being demolished) Belleville Essex Hospital NON SUB 8 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/22/2014 02/28/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: Occupied & start: 7:00am Scope of Work (check all that apply) X Glovebag procedure Demolition X Renovation Full Containment w/negative pressure Non-friable procedure ✗ Mini-enclosure >160 sf or >260 lf Is location normally used solely E Location of n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m п p staff(12) C (Specify SF or C material to be material (ACM) 0 a a LF) abated in facility (13) V N/A Yes No p V X pipe fittings / pipe fittings 10 / 1 fittings Ground fl lobby & adj to lobby X 4 fittings pipe fittings Ground fl fover 15 If / 4 fittings pipe insulation & pipe fittings 7 Ground floor next to sprinkler room Y X 125 lf X pipe insulation Ground fl adj to stairs X 50 lf pipe insulation Ground, fl former office Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler B & G Restoration, Inc. 19563 5 yards Tullytown Resource & Recovery Center Disposal Date City, State Tullytown, PA Lincoln Park, NJ 03/02/2015 Signature Completed by (Print or Type) Cordana Luna 01/30/2015 Gordana Luna Secretary/Treasurer

Re: One page attachment to 10-day initial notification dated 12/15/2014 for asbestos removal at: Clara Maass Medical Center, 1 Clara Maass Dr, Belleville, NJ 07109

Project RESUME start date: 02/02/2015

The following materials shall be abated:

Location of asbestos- containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
1 st fl. men's room in chase	NO	Pipe insulation	10 lf	X	
1 st fl. hallway	NO	Pipe fittings	25 fittings	X	
1 st fl. vault	NO	Floor tile & mastic	40 sf	X	



State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-2014-227 Check # N/A B & G proj. #: ****** ON HOLD ***** CEIVED Date of Notification (1) Name of Building Owner/Operator (2) Clara Maass Medical Center 0 11 1/12 18 1/11 15 215 FEB -5 EM 9: 54. Type Notification Agencies Notified Street Address ☐ EPA 1 Clara Maass Drive Initial ASBES FOS CONTROL DEP City, State, Zip Code Amendment Belleville, NJ 07109 DOL Telephone Number Name of Contact X DOH Cancellation Luis Cacreres ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Main Hospital, Entrance (NON SUB 8) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 1 Clara Maass Drive Square Feet | # of Floors County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Hospital NON SUB 8 Essex Belleville Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11 Scheduled Start Date (10) B & G Restoration, Inc. 02/28/2015 Street Address 12/22/2014 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Occupied & start: 8:00am Scope of Work (check all that apply) Full Containment w/negative pressure Demolition Renovation Non-friable procedure Mini-enclosure >160 sf or ≥260 lf >3 sf or >3 lf E is location normally used solely E e п Location of by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing C (Specify SF or staff(12) C 0 material (ACM) a material to be LF) V abated in facility (13) D N/A Yes No X 90 sf VAT X Ground fl closet behind entry 54 sf X mastic Ground fl closet behind entry 15 fittings pipe fittings X Ground fl sprinkler room 100 sf VAT & mastic X Groung fl mechanical room 25 lf TSI cover Ground fl mechanical room Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste i lauler Tullytown Resource & Recovery Center 19563 5 yards B & G Restoration, Inc. City, State Disposal Date Tullytown, PA 03/02/2015 Lincoln Park, NJ Date Signature Ciordana Luna Completed by (Print or Type) 01/28/2015 Secretary/Treasurer Gordana Luna

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

Date of Notification (1) 1/28/15	Name of	Building Ov	vner / Operator (2)	ZUIS FED	-5 C	HOUSE			
Type Notification		Chemical		#					
Agencies Notified	Street Adation 501 Jer	ddress sey Avenu	ie	ASSES	FOS UN TOERS	MING- ING			
DEP Initial Notification		te & Zip Coo							
X DOL Amended Notificat		unswick, l	NJ 08901						
X DOH Cancellation	Name of					Telephone Number			
DCA		pher Slow							
		LITY INFO	RMATION						
Name of Facility Where Abatement is Taking F			Type of Facility (4						
Production Locker R Street Address	coom		School (K-12) 3 (Other than K-	12)				
501 Jersey Ave						ings, homes, etc.			
301 Jersey Ave			Square Feet	# of Floors	olai bulla	Bldg. Age			
City (5) County (6)	County Cod	de (7)	50,000	1.5		80			
New Brunswick Middlesex	I	uo (1)	Current Use (Prio		ished)				
The state of the s			Chemical Manu	550					
Name of Monitoring Firm Hired by Building Ow Environmental Tactics, Inc	vner (8)	ASCM No.	Name of Abateme	ent Contractor (
Street Address 64 Broad Street			Street Address 443 Schoolhou						
City, State & Zip Code		-	City, State & Zip Code						
Matawan, NJ 07747			Monroe Township, NJ 08831						
Project Manager for Monitoring Firm Tom Geiger	Telephone No. 732-290-22		Telephone Number License Number 00714						
Scheduled Start Date (10) Scheduled Co 1/28/15	ompletion Date of 1/29/15	(11)	Name of OSHA Monitor Global Abatement Services, LLC						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire		ment	Street Address 443 Schoolhou	se Road					
X Abatement Performed Outside of Norm			City, State & Zip Code						
Describe: Area Isolated During A Other - Describe:	•		Monroe Towns		I				
Scope of Work (Check all that apply)									
Demolition X Renova	ation		Full C	ontainment with	Negative	Pressure			
Large Project				nclosure					
X Quantity is ≥ 3 SF or ≥ 3 LF ACM				pag Procedure					
Quantity is ≥ 160 SF or ≥ 260 LF ACM				Non-friable		Abstament Tuna			
Location of Asbestos-Containing	Is Location Normally Us	Control of the Contro	Description of Asbestos-Containi		mount Specify	Abatement Type (Specify: Removal,			
Material (ACM)	Solely by		Material (ACM)		are Feet	Repair, Encapsulation			
TO BE ABATED	Maintenance		(i.e., thermal syste		or	or Enclosure)			
in Facility	Custodial Sta		sulation, surfacing, or other miscellaneous		ear Feet)				
(13)	(12)		other miscellane	ous)					
Locker Room	N/A		TSI Pipe		3 LF	Removal			
			i¥						
Name of Registered Waste Hauler Freehold Carting	NJDEP Waste	e Hauler ID: 8693	# Cu. Yds. of	Waste Nam		istered Landfill			
City, State			Disposal Da		State				
Trenton, NJ			1/29	/15 Tull	ytown,				
Completed By (Print or Type) Title			Signature			Date			

CK 3714

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

								THIS FED		0	1	15			
Date of Notification (1)		Name of Building Owner/Operator (2) The Wendy's Company													
2-4-15						ly's Compa	ny						-		
Agency Notified	Type Notification				Address Gene:	ral Warre	en Boulev	Poblo vard 多!					0.		
CKEPA CKDEP	☑ Initial ☐ Amended				ate, Zip C		en Boulevard & LICENSING								
E DOL	Amendment #		- 1		Company of the Company	, PA 1935	55								
©KDOH	☐ Emergency (including justification)	ng	T	Name o	of Contac										
DKDCA	☐ Cancellation		1									_	- 1		
				FACIL	ITY INFO	DRMATION									
Name of Facility Where	Abatement is Taking Pla	ice (3)					Type of Facility	(4)							
Wendy's Res	taurant #13:	31					☐ School (K-12)					7		
Street Address								(Other than K-12)					-		
410 Route 2	2#430						homes, etc.)	ivate & commercial	builaing	S,					
City (5)							Square Feet	# of Floors	Bldg. A	Age	ś	_	\neg		
Hillside							2500	1	+/-	- 5	0				
County (6)				County	Code (7)	(STATE USE		rior if being demolis					-		
Union				ONLY)		•	restaur		and the second second						
Name of Monitoring Firm	Hired by Building Own	er T	ASCM	No		Name of Abatem							-		
(8) Vertex Com		, ,					7/	ntal Serv	ices) 900	Tr	10			
Street Address	·Larren					Street Address	TT TT OITHE	TOUT DOLV		1			-		
1120 Baltimo	re Pike Si	ite	20	1			aley Str	eet							
City, State, Zip Code	, ic line, be		20.	No.	City, State, Zip Code										
Glen Mills, PA	19342				Philadelphia, PA 19137										
Project Manager for Mor	itoring Firm	10000	lephon												
Don Heim		-0402			01166		-								
Start Date (10)	Scheduled C			le (11)		Name of OSHA Monitor Vertex Companies, LLC									
2-16-15		17-1	100k								_	_	_		
Occupancy Status During	g Abatement (Check on	iy one)				Street Address									
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Period Outside of Normal Fac	of Abate ility Hot	ement urs	t 1120 Baltimore Pike, Suite 201 City, State, Zip Code Glen Mills, PA 19342								-			
	II that and A					OTCH HILL	.10, 111 1					_			
Scope of Work (Check a	ii that apply)			ðí n				Negative Pressure	•						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$	81			□ Dem	ovation olition		Enclosure ebag Procedure								
Q_ 100 01 01 = 100 11				920.0000000				Non-Friable Proce	edure						
		Is	Location	on						Ab	Typ		it		
Locatio	nn of		Vormall		ŧ.	Description	of			T	1	Ī			
Asbestos-Containin			d Solel intenar			tos Containing Ma	aterial (ACM)	Amount		_	1	回	Е		
TO BE A			ustodia	al	(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
(13		38	Staff? (12)			other miscellane		3F 01 LF)		lova	oair	suls	Sur		
,			/	1						-		ile	0		
		Yes	No	N/A						1	4	4			
Roof				х	roof	flashing	sealer	500sf		X	4	_	_		
								1000000							
										T					
Name of Registered Was	ste Hauler	1000000		Vaste H	lauler	Cubic Yards of	Name of Regis	stered Landfill			-				
Service Tran	sport	ID	No.			Waste	A & L S	alvage							
City, State						Disposal Date	City, State								
Morrisville	, PA					p 68	Libson,	OH							
Completed by Jennifer Niv	Title		era	tio	ns /	Signature -			Date 2 - 4 -	-] !	5				
ASB-41		_			()	ensure exempted	activities								