RECEIVED Ch#3994

Date of Notification (1) 02/02/2016					Building O				2016	FFR	-5 A	/ 10				
Agencies Notified	Type Notification			Street A		200110	ar Oriui				JA	1個	6	1	_	
□ EPA	× Initial				ooper Ave	Э			ASB	EST	GS C	MIT	-0			
X DEP	Amended Amendment	#	_		ite, Zip Code lair, NJ 07			200000000000000000000000000000000000000	é	ELI	OS CENS	VG	ti.	L		
■ DOH	Emergency (-	Name of	f Contact					Tel	enhone N	nber				-
DCA	Cancellation			Ann A	yre					١						
Name of Facility Where A	hatement is Takin	a Place (3	5)	FACI	LITY INFOR	RMATI	ON	Type o	F English (4)							
Union Congregation		y Flace (3)				38.1		f Facility (4)							
Street Address 176 Cooper Ave								X O	chool (K-12 ubchapter 8 ther (i.e. pri	(Othe			/ ildin	gs,	home	es,
City (5) Montclair								Square	c.) Feet	# of	Floors		Bldg	g. Ag	je	
County (6) Essex			T		Code (7) USE ONLY)		_	Curren	t Use (Prior h	if bei	ng demoli	red)				
Name of Monitoring Firm Detail Associates,In		Owner (8)		ASCN	Λ No.			of Abate Corpo	ment Controration	ractor	(9)					
Street Address 300 Grand Ave							Street	Address McBrid								
City, State, Zip Code Englewood, NJ 076	31						City, S	State, Zip		0742	1					
Project Manager for Moni Anthony Valentine		30.	T	Telepho	ne No. 39-6708		Telepi	hone No. 225-84		0742	License	0.				
Start Date (10)		Schedul	ed Cor		Date (11)				A Monitor		01104					
02/16/2016		02/18/2	2016				J&S	Enviro	nmental l	abo	ratories	, .LC				
Occupancy Status During		650					(1989)	Address	22 West							
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire I ed Outside of Norn	Period of a nal Facility	Abater / Hour	nent s		8		State, Zip			1002 11-					
						_		n, NJ (
Scope of Work (Check Al	l That Apply)						low									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Department	Renova Demoli					Mini- Glov	Containmer Enclosure ebag Proce	dure	ă					
		1					L	∐ Non-	Exempted	(*) and	d Non-Fri	le Pr			ment	
Location	of		Locat Norma			D ==	scription						/11	Ту		
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Ma	ed Sole intena todial (12)	nce/	(i.e. ti	s Cont hermal surfa	taining N	Material (is insulati AT, or	ACM)	(8	mount Specify For LF)	Removal		Repair	Encapsulate	Enclosure
		Yes	No	N/A											ė	
bathroo				Х			T&mas			7	5 SF	x				
archive ro				X		VA	T&mas	stic		6	0 SF	х				
archive bu	ilding			X		pipe	insula	ation		1	0 LF	х				
Name of Registered Was	to Haudor			JDEP W	Vente	Cubia	Yards		Name of D							
Lilich Corporation	te i laulei	×	1	Hauler ID 8724	No.	of Was			Name of R			[:]				
City, State Woodland Park, NJ						Dispos	sal Date	:	City, State Morrisvil		Α					+
Completed by Momo Glavatovic		Title vice	presi	dent		S	Signatur	e C				ate 2/02	/20	16		

NO CX		NOTI		TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16			RE()F	11/		
Date of Notification (1)						Owner/Operator (2		201	1	-	- 	EL	J
04/	13 / 1	5		New	Jersey	Schools Develo	pment Authorit	y -01	IFEB -	5	Ale.		
Agencies Notified	Type Notification	1		171714711711	Address			ASA	ESTOS LICE	,	477]: ê	2
☑ EPA ☑ DOLWD	☐ Initial ☐ Amended				. Front S			- لم	-0100	0	- <u> </u>	~	
☑ DHSS	Amendment #	<u> 4003</u>			ate, Zip C				LICE	NSI	MO	MOL	
☐ DCA	☐ Emergency (i	ncluding	-		iton, NJ			- 1 1		,	10	2	
(NJAC 5:23-8)	justification) Cancellation			6	of Contact ert Zeide	5		i elepno	e Numbe	er -			
	☐ Cancellation											p	_
NI		- DI	(0)	FAC	ILITY IN	FORMATION	T /	41					
Name of Facility Where A		ng Place	(3)				Type of Facility (-						
Trenton Central Hig	jn School						Subchapter 8		ın K-12)				
Street Address	-4						Other (i.e., pri			al bui	lding	s,	
400 Chambers Stre	et 						homes, etc.)	4-651		DI	I A		
City (5) Trenton							Square Feet	# of Flo	ors	1000000	lg. Ag -/- 8 5		
				Count	. Codo /7	VOTATE LISE ONLY	450000 Current Use (Price		domolish		-1- 03)	
County (6) Mercer				Couri	y Code (7)(STATE USE ONLY)	Vacant	or it being	Jemonsh	eu)			
	Llicad by Duilding	Ourse /	0)	ASCM N	le.	Name of Abateme			-				
Name of Monitoring Firm		Owner (°) ′	43CIVI I	NO.			mont l	•				
CB&I Government Street Address	solutions, Inc.					Street Address	mental Manage	ment, ii	·				
	Davilariand						ica Avanua						
200 Horizon Center	Boulevard					8436 Enterpr							
City, State, Zip Code						City, State, Zip Co							
Trenton, NJ 08691			T - 1			Philadelphia,	, PA 19153	111	•				
Project Manager for Moni	itoring Firm			ohone N		Telephone No.		Licens					
Mike Vollo				9-584-		215-365-5810		001	56				
Start Date (10)		eduled C				Name of OSHA N							
04 /16 /		2/		_ ′ -	10		nmental Manag	jement,	nc.				
Occupancy Status During						Street Address							
☐ About and Body	AND A CAMERA WAS A SECOND OF THE SECOND OF T					8436 Entperp			<i></i>				
☐ Abatement Performed Time of Abatement: 7			y Hour: 'M-	s - Desc AM	cribe	City, State, Zip Co							
						Philadelphia,	PA 19153			.,			
Scope of Work (Check al	I that apply)					□ Eull Con	tainment with Neg	ativa Bro	21150				
≥3 sf or ≥3 lf			novatio			☑ Mini-End		auve i ie.	Juic				
≥160 sf or ≥260 If		□ De	molitio	n			g Procedure						
		la la	Locati			⊠ Non-Exe	empted (*) and Nor	1-Friable	rocedure				
Location	of	1000	Vormal			Description of	of				ateme		
Asbestos-Containing			d Sole		Asbe	stos Containing Ma		Amo	unt	Ren	Repair	Enc	-nc
TO BE ABA			intena todial S		(i.e	e., thermal systems			LF)	Removal	air	aps	Enclosure
IN Facili (13)	ty		(12)			surfacing, VAT other miscellane		31 0	Lr)	=		Encapsulate	Ге
		Yes	No	N/A								(D	
SEE ATTACHED													

ASB-41 MAY 11

City, State

New Castle, DE

Dilip Kumar

Completed By (Print or Type)

Name of Registered Waste Hauler

Service Transport Group

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

Cubic Yards of Waste

12/31/2015

Signature

250 Disposal Date Name of Registered Lan Ifill

Date

GROWS

Morrisville, PA

City, State

NJDEP Waste Hauler ID No.

Title

Program Manager

RECEIVED

Date of Notification (1) 2/2/2016						wner/Opera PAPER C			Y 20	16 FL	EB -	i Al	1 10			
Agencies Notified	Type Notification			Street Ad		STREET	_		£			Al	TIE	: 62	2	
EPA DEP DOL	Initial Amended Amendment			City, Stat	te, Zip Cod	Mark thinks to result		07	د به	& L	ICE	CU1	VIII	ROL	2	
DOH DCA	Emergency (justification) Cancellation	including		Name of ED KN						Tele	ephone	Numb	er			
N. 65 W. 180	AL	DI (0)		FACIL	ITY INFO	RMATION		T	of Facility (4)			720				
SOUNDVIEW PAP				41					or Facility (4) School (K-12) Subchapter 8)	or than	(12)				
	REET							X (Other (i.e. pri	vate 8	k comn	ercial I	-			s,
City (5) ELMWOOD PARK								Squa	re Feet	# of	Floors		Ble	dg. A	ge	
County (6) BERGEN				County C (STATE U	ode (7) ISE ONLY)		-	Curre	nt Use (Prior	if bei	ng den	olished	1)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)	1	ASCM	l No.	11.11.00			tement Contr DTHERS (TING				
Street Address								Addres	ss LAND AVE	NUE	:					
City, State, Zip Code						100000			ip Code , NJ 07512	2						
Project Manager for Mor	nitoring Firm			Telephor	ne No.	1 22		none N		-	Licen 004	e No.				
Start Date (10) 2/13/2016		Schedule		npletion [Date (11)				HA Monitor S (9) ABOV	/E						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Addres								
	ned Outside of Norn					Ci	ity, S	State, Z	ip Code			-				4
Scope of Work (Check A	All That Apply)											-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					Mir Glo	II Containmer ni-Enclosure ovebag Proce n-Exempted	edure	J				Q.	
		le le	Locat	ion			_	_ 110	II Exempted	<u> </u>	4 14011	Hubio		31.02 (31)	ement	
Location	n of	N	lorma	lly		Descri	ption	n of				-		Ту	pe	
Asbestos-Containing TO BE AB In Faci	n Material (ACM) ATED lity	Mai	d Sole ntena odial (12) No	nce/ Staff?		thermal sys surfacing other misc	ing N stem g, VA	Materia is insula AT, or	ation,	(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
MEZZAI	VINE	100	X	1377		PII	PE				0 LF	-	Х			
IVILZZAI	VIIVE					(WRAP	46.00	CUT)					**	-		
Name of Registered Wa	ste Hauler		l N	NJDEP W	/aste	Cubic Yar	rds		Name of R	Registr	ered La	ndfill				
		}	ŀ	Hauler ID 18743		of Waste			WASTE	NAMES OF S			T G	.R.C).W.	S.
City, State TOTOWA, NJ	of Facility Where Abatement is Taking Pla NDVIEW PAPER COMPANY - BU Address MARKET STREET (b) WOOD PARK (c) (d) GEN Of Monitoring Firm Hired by Building Owne Address State, Zip Code (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					Disposal 2/17/20		9	City, State MORRI		LE, P	4				
Completed by VIVECA RAMOS		Title PRO	JEC ⁻	г соог	RDINAT	OR Sign	atur	e LCA	Kar	7	~	Date 2/2/		6		

CK 2261

Date of Notification (1)		Name of	Building (Owner/C	perator	(2)	nes	1	(_				
Agencies Notified Type Notification		Street A	ddress	1	$\frac{1}{2}$	~ I	01			> 0°	01.07	2		
EPA Initial		CW Sta	te, Zip Co	de	2/1	ON.	Ra	•		20 [7]		7	73 M	
DEP Amended Amendment #			151	adt	-11	JJ	070)76	2			5	\bigcirc	
DOH justification)	iciuaing	Name of Eric P	Contact		1			Tele	epho	e Num	oer (Л	- 1	- I
DCA Cancellation			LITY INFO	RMATI	ON			1.	•	<u> </u>	-	E .		
Name of Facility Where Abatement is Taking	Place (3)	1				Туре	of Facility (4	1)		TO X				
Street Address	$\mathcal{I}_{\mathcal{I}}$						School (K-1 Subchapter		er tha		y	ලා ජා		
600 Musicial F	24.					4	Other (i.e. p					ings,	home	es,
City (5) 0 0 1 () d 1	10						re Feet	# of	Floo		В	dg. A	ge	
CONT 5100+		County (20do (7)			Curre	nt Use (Pric	or if hei	2		rd)			
County (6)			JSE ONLY)	-			MALAS	Hye	X	HIOHSH	u)			
Name of Monitoring Firm Lived by Building O	wner (8)	ASCN	1 No.				tement Con		(9)					
					Brick Street	- Control of the Cont	stries Inc	•						
Street Address					P.O.									
City, State, Zip Code							ip Code				-			
		Talaaba	N-		Brick Teleph	21	v Jersey ()8723	-	nse No			-	
Project Manager for Monitoring Firm		Telepho	ne ivo.		(732)					196				
	Scheduled Co	mpletion	Date (11)		Name	of OSH	HA Monitor							
Occupancy Status During Abatement (Check	Only One)	MILE)		Street	Addres	ss							\dashv
Facility Closed/Vacated During Entire Pe	eriod of Abate	ement												
Abatement Performed Outside of Norma Other – Describe:	I Facility Hou	rs			City, St	tate, Zi	ip Code							
Scope of Work (Check All That Apply)										-	10. 14			
23 sf or ≥3 lf	Renov	ation/				Ful	l Containme	ent with	Neg	ative Pr	essui	e		
2160 sf or ≥260 lf	Demo	lition			E		ni-Enclosure ovebag Prod							
						Nor	n-Exempted	i (*) an	d No	-Friabl		cedur Abate		
	Is Loca Norm											Ту		
Location of Asbestos-Containing Material (ACM)	Used So Mainten	lely by	Asbes	tos Cont	scription taining M	aterial	(ACM)		mou		_		m	m
TO BE ABATED In Facility	Custodial (12	Staff?	(1.e.	surfa	systems cing, VA	T, or	ation,		Spec or I		Remova	Repair	Encapsulate	Enclosure
(13)				other r	niscellan	eous)					val	air	ulate	sure
	Yes No	N/A	0	∞	101	9		100		· · ·				
			11	W.	41	10		181	<u> </u>	3F	1			
								- 1/12/2-	-	-				
Name of Registered Waste Hauler		NJDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	ered	andfill	_			
Brick Industries Inc.	12	Hauler ID 21602	No.	of Wa	ste	\sim	GROW	S Inc						
City, State				Dispos	sal Date	111	City, State	Э						
Brick, New Jersey Completed by	Title			2	- / IV Signature	116	PA			Dat	A.			
Eric Plackis	Presiden	t			(PX	W			12	1)	116	2	

RECEIVED

Ch# 3993

Date of Notification (1) 02/01/2016		1	lame of nterna	Building Owner tional Flavo	r/Operator	(2) rance 2016	FER _5	81.			¥		
Agencies Notified Type Notification		8	Street Ac	ldress state Highwa	ay 36	458F	STOO	AM ID	05				
EPA X Initial Amended Amendment #		0.00		te, Zip Code Beach, NJ (7735	E	STOS	SING	OL				
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	100		Contact Stapperfenr	ie		Tel	ephone N	umbe	r			
,			FACIL	LITY INFORM.	ATION								
Name of Facility Where Abatement is Taking International Flavors&Fragrance	Place (3))				Type of Faci School	(K-12)				*		
Street Address 1515 State Highway 36							pter 8 (Oth .e. private				ings,	home	es,
City (5) Union Beach						Square Feet	# 0	f Floors		BI	dg. A	ge	
County (6) Monmouth				Code (7) USE ONLY)		Current Use factory	(Prior if be	ing demo	shed)			
Name of Monitoring Firm Hired by Building C Garden State Environmental	wner (8)		ASCN	1 No.	1,000,000,000,000,000	of Abatement Corporation		(9)					
Street Address 555 S. Broad Street					1000000	Address McBride Av	/e						
City, State, Zip Code Glen rock, NJ 07452						State, Zip Code		24			-		
Project Manager for Monitoring Firm Lauren Adrion	72		Felephor	ne No. 52-1119	Telep	hone No. 225-8400		Licens 0111(
Start Date (10) 02/12/2016	Schedule	ed Com		Date (11)	Name	of OSHA Mor Environme				`			
Occupancy Status During Abatement (Check		00 E0 UX VEC		-		Address	Tital Labo		,	_		-	
Facility Closed/Vacated During Entire P		200 W	ont			Route 22	West						
Abatement Performed Outside of Norm Other – Describe: frid,sat,mon unoccup	al Facility	Hours	- CITE			State, Zip Code							
Scope of Work (Check All That Apply)							220			even			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demoliti										е	
	le	Locati	nn		Ŧ		1				Abate	men	t
Location of	1	Normall	у		Descriptio	n of			_	_	Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	ice/	(i.e. ther	Containing	Material (ACM ns insulation, AT, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
lab area	100	140	X		VAT		3	00 SF	- x				-
lab area	-		×	tr	ansite pa	nels		75 SF	- ×				-
lab area			×		elbows			6ea		· .			-
lab area	1		×		duct			30 LF	- x			_	-
Name of Registered Waste Hauler		IN	JDEP W	/aste Ci	ubic Yards	Nam	e of Regist						
Lilich Corporation	*	Н	auler ID	1000	Waste	1	OWS, La						
City, State Woodland Park, New Jersey				Di n/a	sposal Dat		State rrisville, F	PA					
Completed by Momo Glavatovic	Title vice p	presic	lent		Signatu		*		Date 02/0		016		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of l	Building O	wner/Opera					γ	\$ S	-	
F	ebruary 1, 2016	5					Palisad	le Partners				0	00	12	0
Agencies Notified [X] EPA [] DEP	[] Initial [] Amen	Notifica ded Not	ification		Street Add	dress e, Zip Code	:	niversity Pla		07					
[x] DOL	[x] Emerg	gency (ir					Hacker	nsack, NJ 07			Z.		3		
[] DCA					Name of		Schechter		Teleph	one N	mber 1		77 171 -	(III	
				FACI	ILITY II	VFORM	ATION						51	77	
)					Type of Facil] Sch	ool (k	12) 72 r 8 (other		700	<	1
Street Address	Garrison Avenu	ıe]	×] Oth		, private	& com	mema	l buildi	-
City		Count	y (6)		County Co	ode (7) JSE ONLY	,	Square feet	c many	of Flo	rs	Bldg.	Age 80		
Jersey City		Huds	son		(STATE C	JSE UNL I	,		SI (Prior if being Apartment]				01)	
	February 1, 2016 Initial Notification).	Name of	Abatement Co	ntractor (9)						
Street Address	February 1, 2016						Street Ad		Guardian C	ontra	eting, I	nc.	-		-
	89 Rte. 9, Unit 6	51						1	889 Route	9, L	1it 61				
City, State, Zip Code	ma Divor NI 00	755					City, Star	te, Zip Code	Toms River	Ne	v Terse	v 087	55-12	71	
Project Manager for Monit	oring Firm	,733	Telephone 732-349-					ne Number 9-9932	OHIO TOTO	L	ense Nu 1624				
Scheduled Start Date (10)	Type of Notification [] Initial Notification					1)	Name of	OSHA Monito	or E.M.S.L. A	nalsz	cal				
Occupancy Status During A	ility Closed/Vacated tement Performed (d During	;) ; Entire Perio	d of Abat			Street Ad	ldress 1 te, Zip Code	056 Stelto	n Ro	ıd	y 088:	54		
Scope of Work (Check all	that apply)						[]	Full Cont	ainment with	Nega	ve Press	sure	- Lille 13		
			[X] []	Renova Demoli			[×] []	Glovebag	Procedure mpted (*) and	Non-	riable P	rocedu	re		
					T							Abate	ement 7	уре	
Asbestos-Containing N <u>TO BE ABA</u> in facilit	Material (ACM)	Maii	Staff (12)	sed y		Ash N (i.e inst	Description Descri	ntaining ACM) systems arfacing, or	(Amo Spec or]	y SF	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X		Asbe	stos pipe	insulatio	on	2	00 li		X			
							N								
							,		6D	10					
Guardian Co				20223		Cubic Ya	City, S	T.R.	f Registered I .R.F.	Landi					
City, State Toms River	, New Jersey			2/5/1	sal Date			town, Penns	ylvania		_				
Completed by (Print or Ty Nicholas Fer	pe)	55000000	ect Manag	ger	Signat	ure	~ ~ ~	10	N			Date 2/1/	2016		

(17 41 17)	N		CATION	te of New Jers OF ASBESTO o NJAC 8:60 a	SAE		ENT				On.	R	E(DE.	IVED
Date of Notification (1) 02/02/16				Building Owner	г/Оре	erator (2	2)				{ 	_	0 -	5	
Agencies Notified Type Notification			Street Ad 31 WE	dress ST 34TH ST	rre	ET, S	UITE	1012			35 &	ES	ÜS	no.	HID: EL
EPA X Initial DEP Amended Amendment	#			e, Zip Code ORK, NY 1	000	1						41	CEA	SIA	GROL
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding		Name of ZVI PIN					15	Teleph	none	lumb	per			
E			FACIL	ITY INFORMA	ATIO	N			1		_	og.Ker			
Name of Facility Where Abatement is Taking SHOPPING CENTER Street Address	Place (3))						of Facility (4) School (K-12 Subchapter 8) 3 (Other t						
1235 WEST CHESTNUT STREET				_			×	Other (i.e. prietc.)	3 100 110 20 20 20 20		rcial		11110 -2 130021		S,
City (5) UNION, NJ							100,	re Feet 000 SF	# of FI				dg. A	ge 	
County (6) UNION COUNTY			County C	Code (7) ISE ONLY)		1.3		nt Use (Prior PPING C			lishe	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.				PROFES		Control of the same					
Street Address					- 1	Street A		ss DOVE CO	URT						
City, State, Zip Code			F :					ip Code DD, NJ 08	701						
Project Manager for Monitoring Firm			Telephor	ne No.		Telepho 732-6			20 00 00	icens 200	∍ No		1 15		
Start Date (10) 02/12/16	Schedule 04/29/1		npletion [1. 1		HA Monitor PROFES	SSION	ALS	m.1-4-	н	E1-11*		
Occupancy Status During Abatement (Chec								SS OVE CO							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	nent s	4				ip Code OD, NJ 08	3701	W.		- 1			
Scope of Work (Check All That Apply)								,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
		Locat										-		ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma d Sole intena todial (12)	ely by ince/ Staff?	Asbestos C (i.e. them	conta mal s urfaci	cription lining M systems ing, VA iscellan	ateria insula T, or	I (ACM) ation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											· O	
SKATING RING KITCHEN				LAMIN					2,00	_		X			
FURNITURE STORE CEILING				A STATE OF THE STATE OF		ISULA	21110 1000			LF		Х			
EXTERIOR				ROOF					93,00		_	X			
HALLOWEEN STORE				MAST	ΓIC	UNDE	RTI		9,00			X			
Name of Registered Waste Hauler NEWARK CARTING		- I	NJDEP W Hauler ID)4509	No. of	Was	Yards te ARDS		Name of F	Registere	ed La	dfill				
City, State NEWARK, NJ	8				spos: /29/	al Date /16		City, State BETHLI		PA	9			1000	
Completed by JOSEPH PERLSTEIN	Title OWN	NER			Si	gnature			E		Dat 02	te /02/	16		

MO#23037701084

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11.9	1 -	2 10		
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Date of Notification (1) 02 /	02 , 16				of Building a Kupacz		erator (2)	2016	EB -5			ij	
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(NJAC 5:23-8)	justification)			Name	of Contact	60			Telephone	Number				
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				FAC	ILITY IN	FORMAT	ION			_				
Name of Facility Where A	Ahatement is Takin	o Place	(3)					Type of Facility	(4)					
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Residence					-			Subchapter 8	Other than	(-12)				
Street Address								Other (i.e., p	rivate and co		buil	dings	15	
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Summit, NJ 07901														
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Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM I	No.	Name of	Abateme	ent Contractor (9))	\ <u>-</u>		-		
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Project Manager for Mor	nitoring Firm		Tel	ephone l	No.	Telephor	ne No.		License	lo.				
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Scope of Work (Check a	ill that apply)					Н		p and decontami tainment with Ne			ress	ure		
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2016-20

B & G proj. #: *** EMERGENCY *** Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/12 19 1/11 16 1 Elizabeth Hughson Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP П City, State, Zip Code Amendment X DOL Netcong, NJ 07857 Telepho ie Number X DOH Name of Contact Cancellation ☐ DCA Elizabeth Hughson **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) Schol (K - 12) Elizabeth Hughson Subc lapter 8 (Other than K-12) Othe (Private/Commercial X Street Address Bldg: /Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use ('rior if being demolished) Netcong, NJ 07857 Morris 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 Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/01/2016 02/02/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Full Containment w/negative pressure Renovation X Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely E Location of e by maintenance/custodial asbestos-containing Description of asbestos-containing m n p C staff(12) (Specify SF or C material to be material (ACM) 0 a LF) abated in facility (13) N/A ٧ Yes No X pipe insulation 65 lf boiler room pipe insulation 33 lf X crawl space X pipe insulation 27 lf basement Name of Registered Landfill NJDEP Hauler ID# 19563 Cubic Yards of Waste Registered Waste Hauler B & G Restoration, Inc. Tullytown Resource & Fecovery Center Disposal Date State City, State Tullytown, PA Lincoln Park, NJ 02/02/2016 Signature Completed by (Print or Type) Gordana Luna 01/29/2016 Gordana Luna Secretary/Treasurer

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) check # 6011 Date of Notification (1) Name of Building Owner/Operator (2) 2-2-16 GINA KOURTESIS Agency Notified Type Notification Street Adds Q EPA Initial 17 ALC: O DEP ☐ Amended 119 E DOL P ITT Amendment # E8 GLENROCK, NJ 07452 S D Emergency (including 0 F Name of Contact E DOH justification) Telephon Minmber D DCA O Cancellation GINA KOURTESIS FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) M Type of Facility (4) 9 GINA KOURTESIS (1) ☐ School (K-12) Street Aririross OF ☐ Subchapter 8 (Other than K-12) Other (i.e. private & com vercial buildings, homes, etc.) Square Feet # of Floor * N. F GLEN ROCK Bidg. Age 2 1560 .. 1935 County Code (7) (STATE USE Current Use (Prior if being a molished) BERGEN ONLY RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. Project Manager for Monitoring Firm Telephone No. Telephone No. License No 201-329-7444 003 8 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2-12-2016 2-13-2016 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address C Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St Abatement Performed Outside of Normal Facility Hours City, State, Zip Code III Other - Describe: 8 Am 5 pm S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure #23sfor≥3ff Renovation ' D ≥ 160 sf or ≥ 260 F → Mini-Enclosure □ Demolition - Giovebag Procedure ☐ Non-Exempted (*) and Non-Friable | rocedure Is Location Abatement Normally Type Location of Used Solely by Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) TO BE ABATED Amos it Enclosure (i.e., thermal systems insulation, CustodialIN Facility (Spec iv. Removal Ropair S stafacing, VAT, or (13) SF or F other miscellaneous) (12)No N/A BASEMENT THEREMAL INSULATION LF Name of Registered Waste Hauter NUDEP Waste Hauter Cubic Yards of Name of Registered Landfill Best Removal Inc ID No. What Minerva Enterprises ,LLC 17109 12405 City, State Disposal Date City, State Hackensack , N.J. 07601 2-13-16 Waynesburg, O1,44688 Completed by

Signature

Do not use this form for asbestos licensure exempted activities.

2-2-16

Title

Estimator

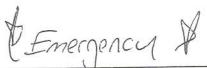
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Date of Notification (1) 2/1/16				Building Cancini Pr			(2)		9 E	1 5	E	- McComment		
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Name of Facility Where Abatement is Taking	Place (3)		FACIL	LITY INFO	RMATIC	N	Type	of Facility (4)		-				
Joe Mancini Private Home	(-)							School (K-12))					
Street Address		-3					X	Subchapter 8 Other (i.e. pri etc.)	vate & c	mmercia		lings,	home	s,
City (5) Beach Haven NJ 08008		25,					Squar 1000	re Feet)+	# of FI	ors		ldg. A 5+	ge	
County (6) Ocean				ode (7) ISE ONLY)				nt Use (Prior se & Gara		emolish	ed)		8	25
Name of Monitoring Firm Hired by Building O'N/A	wner (8)		ASCM	No.				tement Conti						
Street Address							Addres			-				
City, State, Zip Code			-	4				ip Code n NJ 0809)1			-		
Project Manager for Monitoring Firm	21	Т	elephor	ne No.			none No 753-9		4,000	ense No).			
	Scheduled 2/5/16	Com	pletion [Date (11)		Name Sam		HA Monitor		-				
Occupancy Status During Abatement (Check	Only One)				Street	Addres	SS						
Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other – Describe:			ent		_	City, S	State, Z	ip Code				-		
Scope of Work (Check All That Apply)	Sec. Heat										- 16			
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Street Address							-	Other (i.e. pri	wate & co			g. Ag		•
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name		tement Cont	ractor (9)					
N/A Street Address			-			Street PO B		**************************************						
City, State, Zip Code						City, S	tate, Z	ip Code						
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Project Manager for Monitoring Firm						856-	753-9	008	0	727				
Start Date (10) 2/3/16	Schedule 2/8/16	d Com	pletion D	ate (11)		Name		HA Monitor						
Occupancy Status During Abatement (Ch	eck Only One	e)		- C-V,		Street	Addre	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of A	batem	ent		_	City, S	State, Z	Zip Code						
Scope of Work (Check All That Apply)														
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City, State Elm NJ					Disp. 2/8/	osal Dat 16	ie	City, Sta Morris	te ville PA					
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Date of Notification (1) 02/01/2016			of Building O Forman	wner/O	perator (2)		FE		Ş	201	6	5 5	
Agencies Notified X EPA X DEP X DOL X Initial Amended Amendment #_		City, St	Address tate, Zip Coon Orange,		7079			7 (42)			4,4			
Emergency (ind justification) DCA Emergency (ind justification) Cancellation			of Contact	110, 01				Teleph	or	Numb	er			
Name of Facility Where Abatement is Taking R	Place (3)	FAC	ILITY INFO	RMATI	ON	Type of F	acility (4)							
Mark Forman Street Address						Subo	ool (K-12) chapter 8 er (i.e. priv	(Other t			build	ings,	home	s,
City (5) South Orange						Square F N/A	eet	# of Flo N/A		790	N	dg. A	ge	
County (6) Essex			Code (7) USE ONLY)		_	HOUSE				nolishe	d)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	ASC	M No.			of Abatem ABATE		All the transfer of the same						
Street Address						Address OSENG	REN AV	/E						
City, State, Zip Code						tate, Zip C DWA, N		2						
Project Manager for Monitoring Firm		Teleph	one No.		1 3	one No. 345-868	5		ice Of 7	nse No. 75				
	Scheduled C 02/13/201	Section in Contract of the Con-	n Date (11)			of OSHA N ABATE		NC.						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		ement			S. Sandilland Control	Address OSENG	REN AV	/E						
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City, State TOTOWA, NJ				Dispo TBD	sal Date		City, State	OWN,	Р	\				
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Waste Management City, State	Vaste Management					rds	Name of I	937		andfill				
Name of Registered Waste Hauler											**			
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Location		s Locati					Non-Exempte	d (*) and	N	n-Friab	le Pro	Abat	emen	it
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				X	Full Containm Mini-Enclosur Glovebag Pro	e cedure						
Describe.	ormal Facili	ty Hour	S		_		ate, Zip Code minson, NJ							
Occupancy Status During Abatement (C Facility Closed/Vacated During Enti Abatement Performed Outside of N Other — Describer	heck Only C	One)	ment			Street A		uth	-					
Start Date (10) 2 22 16	Schedu 3/4	uled Co	mpletion	Date (11)		Name o	72-8884 of OSHA Monito	г	0 1	161				
Project Manager for Monitoring Firm Eric Houseknecht			Teleph	one No.		Telepho	n, PA 19341 one No.			cense N	lo.			
City, State, Zip Code Lima, PA							Vest Lincoln tate, Zip Code	Highwa	зу	Suite	500		*	
Street Address 28 Pennell Road	37					Street	ervices, LLC Address							
Name of Monitoring Firm Hired by Build Accredited Environmental Tech	ing Owner ((8)		CM No.		Name	Chemical pl		(9					
County (6) Bergen			Count	y Code (7) E USE ONL	n		Current Use (F	rior if bei	ing (demolis	hed)			
City (5) Newark							etc.) Square Feet 120,000	# 0	f F	oors	П	Bldg.	Age	
Street Address 400 Doremus Avenue							School (H Subchap Other (i.e	(-12) ter 8 (Oth	ner ;	han K-1	12) cial bu	ıilding	s, hor	nes,
Name of Facility Where Abatement is Former Reichhold Chemical	Taking Place	e (3)	FA	CILITY IN	FORMATI	ION	Type of Facilit	v (4)				_		_
DOH justifica		ling	Name	e of Contac n Turkieh	t t	1		Te	le	none No	umbe	r		
DEP Amend	ment# \		City, Broo	State, Zip (oklyn, NY	Code / 11223	3		10 (e) .	-			20 1		
EPA Initial				Avenue	W							i		
Agencies Notified Type Notific	ation		Contract of the Contract of th	ue Indust	try, Inc.		100.	1 1 2		J W	ib			
Date of Notification (1)			Nam	e of Buildin	g Owner/	Operato	r (2)	FEU						



Date of Notification (1)					Name	of Building	g Owi	ner/Operator (2)		933	2.6	40	19	
	2 / _	16	_		PSI	E&G / Jol	b # 1	509-4953 CI	heck#	FEE	5	20	10		
Agencies Notified	Type Notifica	ation			Street	Address									
⊠ EPA	☐ Initial				400	0 Hadley	Roa	ad		13.000	- 6				
☑ DOLWD					City, S	State, Zip C	ode	4.000	8		-				
☐ DHSS	Amendme	_			100			NJ 07080							
DCA (NJAC 5:23-8)	☐ Emergen		uaing			of Contac	200			Telephone	lumbe	r			
(140/10 0.20-0)	☐ Cancellat				Mat	tt Dandur	and			1					
		1000000			FA	CILITY IN	FOF	RMATION							
Name of Facility Where A	batement is T	aking F	Place	(3)	-72.000				Type of Facility	(4)	-				
PSE&G New Freedo	m								School (K-12		((0)				
Street Address									☐ Subchapter ☐ Other (i.e., p	8 (Other than	(-12) imerci	al bu	ildino	IS.	
552 Erial Road									homes, etc.						
City (5)									Square Feet	# of Floor		Blo	ig. A	ge	
Sicklerville, NJ 0808	31														
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if being de	nolish	ed)			
Camden									Switching S	Station					
Name of Monitoring Firm	Hired by Build	ling Ov	vner (8	3)	ASCM	No.	Nar	me of Abateme	ent Contractor (9))					
Health and Safety	f Facility Where Abatement is Took Government Performed Outside of Note of Abatement:AM						Α	bateTech, I	nc.						
Street Address		7.0					Stre	eet Address			-				
PO Box 365							3	0 Maple Ave	e. PO Box 25						
City, State, Zip Code							City	, State, Zip Co	ode						
Berlin, NJ 08009							L	umberton, N	NJ 08048						
Project Manager for Monit	oring Firm			Tele	phone	No.	Tele	ephone No.		License N).	-			
Jim Proctor				85	6-452	-1311	6	09-265-2107	*	00529					
Start Date (10)	5	chedu	led Co	mple	tion Da	te (11)	Nar	me of OSHA N	Monitor			1000			
1 /25 /	16	2	_ /	5	/	16	E	MSL Analyt	ical						
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address				. 10			
☐ Facility Closed/Vacated	d During Entir	e Perio	od of A	bate	ment		2	00 Route 13	0 North						
							City	, State, Zip Co	ode		1				
Time of Abatement:	AM	PM/		_PM-		AM	С	innaminsor	n, NJ 08077						
Scope of Work (Check all	that apply)								tainment with Ne	active Process					
☐ >3 sf or >3 lf			⊠ Rer	novati	on			☐ Mini-Enc		gative Flessu	3				
≥160 sf or ≥260 lf] Der	nolitio	n				g Procedure	F: 11 B					
			100		·0.20	1		Non-Exe	mpted (*) and No	n-Friable Pro	edure		7		
Location	.f		1/6/23	Locat orma				Description of	\f				_	ent T	
)	Used	Sole	ely by	Asbe	stos (Containing Ma		Amoun		Removal	Repair	Encapsulate	Enclosure
TO BE ABA				ntena	nce/ Staff?	(i.e		rmal systems		(Specif		VOV	ai.	aps	lso
IN Facility (13)	/		Oubti	(12)	otun.			urfacing, VAT ner miscellane		SF or Li	2	<u>m</u>		ulat	re
(,		133	Yes	No	N/A		V251,000		,					Ф	
Control House]		\boxtimes		Windov	v Ca	ulk		50 LF		\boxtimes			
Butler Building				\boxtimes		Windov	v Ca	ulk		34 LF		A			
Butler Building				\boxtimes		Door Ca	aulk		(,	- 32 LF			Þ		
				П									古		
Name of Registered Waste	e Hauler			N	JDEP \	Vaste	Cub	oic Yards of	Name of Regis	stered Landfil					
Waste Management				Н	auler II		Was	3.5.74	G.R.O.W.S						
City, State					18750	J	Disp	oosal Date	City, State						
Camden, NJ								/5/16	Tullytown	, PA					
Completed By (Print or Ty	pe)	Title						Signature	1		Date	,	. 1	9.20	
Gwendolyn Trumbet		Ор	eratio	ons (Coord	inator		Ox	mt			2	21	16	,

ASB-41 MAY 11

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



Date of Notification (1)	40					Owner/Operator (2		4000 05	C.T. #				
				IA	Project	Development L	LC/ Job #1510-	4960 CF	€CK #	5 2	1016	3	-
Agencies Notified Type Notifica	ation				Address	NEW BOX OF PRODUCE							
☐ EPA ☐ Initial	C 9			746	E Winch	ester, Suite 150		- 4 - 2			1 2 2 32		
☑ DOLWD ☑ Amended ☑ DHSS Amendment				City, S	tate, Zip C	ode							
□ DCA □ Emergence		dina		Mur	ray, UT 8	4107							
(NJAC 5:23-8) justification		unig	Ī	Name	of Contact			Telephor	Numbe	er			
☐ Cancellat	ion			Tam	nmy Swee	eris, VP- Constr	uction						
				FAC	ILITY IN	FORMATION				10000			
Name of Facility Where Abatement is T	aking Pl	ace ((3)				Type of Facility (4)				1,500	
Former Trenton Times Building	9						School (K-12)						
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr			al hu	ilding	c	
500 Perry Street							homes, etc.)	ivate and t	Jimilero	ai bu	ilding	٥,	
City (5)							Square Feet	# of Flo	rs	Blo	lg. Ag	ge	
Trenton													
County (6)				Coun	tv Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being	lemolish	ed)			
Mercer							Office Buildi			CT000#0			
Name of Monitoring Firm Hired by Build	lina Own	ner (8	8) [ASCMI	No	Name of Abateme		5		-			-
Acer	ing Own	101 (0	,	100111		AbateTech, In							
Street Address						Street Address	10.			_			_
1012 Industrial Drive						30 Maple Ave	DO Boy 25						
							Particular and the second seco						
City, State, Zip Code						City, State, Zip Co							
West Berlin, NJ 08091					LI-22	Lumberton, N	NJ U8U48	Time					
Project Manager for Monitoring Firm				ohone I	_	Telephone No.		License					
Matthew DePalma	/.			6-809	/	609-265-2107		0052	3				
Start Date (10) Start Date (10	Schédule 2			ion Dat		Name of OSHA M EMSL Analyti							
Occupancy Status During Abatement (0						Street Address							
☐ Facility Closed/Vacated During Entire	1		1000	nent		200 Route 13	0 North						
☐ Abatement Performed Outside of No					cribe	City, State, Zip Co			-				
Time of Abatement:AM						Cinnaminson							
Scope of Work (Check all that apply)						Oliliallilison	, 140 00077						
						☐ Full Cont	tainment with Neg	ative Pres	ure				
□ ≥3 sf or ≥3 lf			ovatio			☐ Mini-Enc							
⊠ ≥160 sf or ≥260 lf	Ц	Den	nolitio	n		☐ Glovebag Non-Exe	g Procedure mpted (*) and Noi	n-Friable F	ocedure				
		Is I	Locati	on		2					atem	ent T	vne
Location of		N	ormal	ly		Description o	of						
Asbestos-Containing Material (ACM			l Sole			tos Containing Ma	terial (ACM)	Amo		Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility			odial S		(i.e.	 thermal systems surfacing, VAT, 		(Spe SF or		ova	air	sde	nso
(13)			(12)			other miscellane		01 01	-1 /	-		Encapsulate	Гe
	Y	es	No	N/A								(D	
Throughout]	\boxtimes		Glue Do	ts		250	3F				
Throughout] [Fire Doo	ors		100 t	tal	\boxtimes			
Throughout]	\boxtimes		Window	Caulk & Glazin	g	2,500	LF	\boxtimes			
Boiler Room		1			Boiler Ir	sulation		30 5	F	\boxtimes			
Name of Registered Waste Hauler			7/7/7	JDEP V		Cubic Yards of	Name of Regis	tered Lanc	ill				
Service Transport			4,054,75	auler II 2099 0	(C. CC-1185-4)	Waste 20	G.R.O.W.S	Landfill					
City, State				20550		Disposal Date /	City, State		-				
New Castle, DE					(2/29/16	Tullytown,	PA					
Completed By (Print or Type)	Title					Signature			Date	<u> </u>			
Gwendolyn Trumbetti	3.5	ratio	nne (oordi	nator	Olgitatule	ann T		Date	11	20	11	,
ASB-41	Operations Coordinator											116	/
MAY 11	* Do	not u	ise th	is form	for asbesto	os licensure exemp	oted activities.			1			

CK#25043

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

Date of Notification (1)	/2/16			Name	of Buildin	g Owner/Operator	(2) The Hun Sch	iool			-5		
Agencies Notified	Type Notifica	ation		Street	Address	17	6 Edgerstoun	e Rd.			77.	etal.	
DEP DOL	Amended Amendme	ent #	-	City, S	state, Zip C	Code	inceton, NJ 0						
M DOH □ DCA	Emergen justificati	ion)		Name	of Contac			Telephone	Numb	er)	
				FAC		ORMATION							
Name of Facility Where							Type of Facility	(4)					
	Buck Build	ding- Mi	ddle	Schoo	ol		School (K-1		V 10				
Street Address	176 E	dgerstou	ne R	d.			Other (i.e., phomes, etc.	orivate & com)	nercia) I build	dings		
City (5)	Prince	eton, NJ	0854	2	33		Square Feet 10000	# of Floo	S	BI	dg. A 55	ge +/-	
County (6)	1ercer			Cour	nty Code (TONLY)	7) (STATE	Current Use (P	rior if being o	molis	hed)			
Name of Monitoring Firm		ding Owner		ASCM	No.	Name of Abatem	nent Contractor (9	9)					
(8)	MECS						ens Environi	mental Se	vice	s, Ir	ıc.		
Street Address	PO Box	341	-			Street Address	PO I	30x 322					
City, State, Zip Code	rosswick, l	VI 08515	;			City, State, Zip C	ode Allentow	n NI 084	01	100			
Project Manager for Mor		10 00010	1-03-20-0	phone	No.	Telephone No.	1110110	License					
	Weisgarber		0.679233		8-4070	(609) 25	59-9688	4	0	0493	3		
Start Date (10) 3/7/16		Scheduled C	comple 3/18/		te (11)	Name of OSHA		ECS					
Occupancy Status Durin	ng Abatement			10		Street Address							
▼ Facility Closed/Vacat							PO E	341 Box 341					
☐ Abatement Performed ☐ Other - Describe:	d Outside of N	ormal Facili	ty Hou	rs		City, State, Zip C	Crosswicl	ks, NJ 08.	15				
Scope of Work (Check a	all that apply)					1 - 199 20000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic			☐ Mini-End ☐ Gloveba	ntainment with Ne closure ag Procedure empted (*) and No	-		e			
			Locatio							Α	bate		
Location Asbestos-Containing N		Used	Solel	y by	Ashes	Description of tos Containing Mat		Amoun					
TO BE ABA	TED `	C	ustodia Staff?			thermal systems i	nsulation,	(Specif		Re	æ	Encapsulate	Enc
IN Facility (13)	/		(12)			surfacing, VAT, other miscellaned		SF or LF		Remova	Repair	nsd	Enclosure
Ø 194		Yes	No	N/A						<u>a</u>		ate	e
Exterio	or			×	Ex	terior Transite	Panels	800 s	_	X			
	EXICIOI												
Name of Registered Wa		JDEP \	N/acto	Cubic Yards	Name of Regi	stered Land							
- C- C- AT-1	Stevens Environmental Services, Inc.					of Waste 6 CU		GROWS		dfill			
City ₇ State			292	Disposal Date 3/18/16 /	City, State	Morries	ille	РΔ					
Completed By	Allentown, NJ					Signature	11//	Morrisy	te te	Α			_
Mahlon E. Ste	evens	P	ojec	t Mar	ager	111	\swarrow		_	2/2	/16		_

ASB-41

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



Date of Notification (1)					Building O				1, 3,	F	- F D		0.04	_	1	
02/03/16			-	Glenwo	od Apart	ment	s & Cou	inty C	lub	İ	EB	9	201)		
Agencies Notified	Type Notification		12855	Street Ad												
X EPA	X Initial				y Hill Lan					• •		1 (44)	- 17	- 10.00		
DEP	Amended		- 1	2000	e, Zip Code											
X DOL	Amendment # Emergency (i			X1	lge, NJ 08	8857			* Transit	500						
DOH DCA	justification)	liciduling	1000	lame of						Tele	phone	Numb	er			
DCA	Cancellation			The state of the s	ette Popp											
		DI (0)		FACIL	ITY INFO	RMATI	ON	T	of Footile (A)		-					
Name of Facility Where		Place (3)						-	of Facility (4)							
Glenwood Apartme	nts	Union and							School (K-12) Subchapter 8		r than	K-12)				
Street Address							1		Other (i.e. priv				build	ings, l	nome	s,
2-4 Aspen Mall									etc.)	# 05	Floor		DI	dg. Ag	70	_
City (5)								2,00	re Feet	2	FIOOR		1700	ug. A(5+	je	- 1
Oldbridge, NJ											- dor	oliobo	~	ЭТ		
County (6)				County C STATE U	SE ONLY)				ent Use (Prior ertment	ii beli	ig dei	Ulistie	u)			
Name of Manifesian Circ	a Uisad bu Duilding (humor (0)		ASCM	No		Name		tement Contr	actor	(9)	_				-
Name of Monitoring Firm	n Hirea by Building C	wner (8)		ASCIVI	INO.		A STATE OF THE PARTY OF THE PAR		eral Constru							
N/A							Street	.00.30000	Action Connections	1000		-				
Street Address									on Avenue	PM	B St	te 21	8			
014 04-4- 71- 0-4-									ip Code	, , , ,						
City, State, Zip Code									J 07012							
Project Manager for Mor	nitoring Eirm		15	Telephon	ne No		V 0-20-000	none N			Lice	se No				
Project Manager for Mor	intoring raint		1	cicprior	IC 140.		7723	-389-			006		2.50			
Start Date (10)		Scheduled	Com	nletion [)ate (11)			and the same of th	HA Monitor							
02/18/16		02/22/16		piedon	Jaic (11)				eral Constru	uctio	n, In					
Occupancy Status Durin	ng Abatement (Chec						12000	Addre			-					
Land St. Co.				200					on Avenue	, PN	IB St	ite 21	8			
Facility Closed/Vac	cated During Entire F ned Outside of Norm	eriod of Ab	atem lours	ent			The state of the s	47 3-30 TIDE	Zip Code			_				
Other – Describe:							1993		J 07012							
Scope of Work (Check A	All That Apply)						70.000									
☐ ≥3 sf or ≥3 lf		X Re	novat	tion			E] F	ıll Containmer	nt with	Nega	ive Pr	essur	e		
≥3 St or ≥3 it ≥160 sf or ≥260 lf		-	moliti					Mi	ni-Enclosure		riogi					
							2	—	ovebag Proce on-Exempted		d Non	Eriable	Pro	radur	9	
		T	<u> </u>	T				INC	DI-Exempled	() all	u Non	Habit			ement	
			ocati												pe	
Locatio		Used	rmall Sole		Ashsat		escription taining I		I (ACM)	^	moun					
Asbestos-Containing TO BE AB		Main		11.000.000.00			ıl system				Specif		Re	ת	nc	E
In Fac		Custo	dial S (12)	staff?		surfa	acing, VA	AT, or	* 8	SI	or LI)	Removal	Repair	apsı	Enclosure
(13))		()			other	miscella	neous,)				val	=-	Encapsulate	ure
		Yes	No	N/A											(D	
2 A-D Aspen Ma	II-Crawl Space	x			P	ipe/El	bow In	sulation	on	1	80 LF		K			
4 A-D Aspen Mal	4	x			P	ine/Fl	bow In	sulatio	on	1	50 LF		X			
4 V-D Vaheli Mai	- Clawi Space	1				P-/-1					70	_		-		
Name of Registered Wa	aste Hauler		1 3 3	JDEP W	All the second	Cubic of Wa	c Yards		Name of R	Regist	ered L	ındfill				
Service Transport Gr	oup		1 300	lauler ID 0990	NO.	6 CY			Minerva	Land	lfill					
City, State							osal Date	9	City, State		_					
New Castle, DE 1972	20						22/16	(20)	Waynesl		OHY	4688				
Completed by		Title					Signatur	re\	٨	+	-	Dat	e			
Krutarth Jagad		Presid	ent					/	X _	1		02	/03/	16		
								-	1	_		_				



Date of Notification (1) 02/02/2016					f Building Amboy		Operator	r (2)			· F	EE		5	2016	
Agencies Notified	Type Notification			Street A		01 1						_		~		
EPA DEP	X Initial Amended		-		arracks ate, Zip Co		3						40 mg to 10 mg	.,		
DEP DOL	Amendment				Amboy,		861						# 1 #			- 74.5
DOH DCA	Emergency justification) Cancellation			Name o Mario	f Contact Cofini					Tel	ephone N	Jm	per			
Name of Facility Where	Abatement is Takir	n Place (3	8)	FACI	ILITY INFO	ORMATI	ON	Tuno	of Facility (4	-						
Perth Amboy High I	School	ig i idoc (c	,,						School (K-12							
Street Address 300 Eagle Avenue	S+								Subchapter 8 Other (i.e. prietc.)	(Oth			build	dings,	home	es,
City (5) Perth Amboy									re Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Middlesex				County (STATE	Code (7) USE ONLY)		Curre Scho	nt Use (Prior ool	if bei	ng demo	she	d)			
Name of Monitoring Firm Ahera Consultants	Hired by Building Inc.	Owner (8)		ASCN 0005					tement Cont pany Inc.	ractor	(9)					
Street Address PO Box 385			6				7.10.10.10.10	Addres Piage	ss t Avenue							
City, State, Zip Code Oceanville, NJ 0823									p Code IJ 07011							
Project Manager for Mon Joseph Capone	itoring Firm			Telepho 609-65	ne No. 52-1833			hone No 253-8			License 00704					
Start Date (10) 02/12/2016		Schedule 02/15/2		mpletion	Date (11)				A Monitor pany Inc.							
Occupancy Status During	g Abatement (Ched	ck Only Or	ne)					Addres								_
Facility Closed/Vaca Abatement Perform Other – Describe: 3	ed Outside of Norr	nal Facility	Abaten Hours	nent s			City, S	State, Zi	p Code						14 (II) 11 11 11 11 11 11 11 11 11 11 11 11 11	
Scope of Work (Check A	II That Apply)		-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		printering.	Renova Demoli				<u> </u>	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	dure						
	4*	ls	Locat	ion				<u> </u>	i-Exempted	() aiii	u NOH-FT	IDIE			ement	
Location Asbestos-Containing	of		Vormal d Sole				scription						-	Ту	ре	
TO BE ABA In Facili (13)	ATED .	Ma	intena todial s (12) No	nce/				s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Room 2	224	165	X	INA		Pipe fitt	ina ina	ulatio	_	- 1	E I E					
			^	-	Г	ipe iitt	ing ins	sulation			5 LF		X			
										-		-	_			
										-	-	-		_		
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red Land	11		V-1111		
Newark Carting Inc.				lauler ID 4509	No.	of Was	ste		GROWS							
City, State Newark, NJ						Dispos	sal Date		City, State Morrisvill	e, P	Α					
Completed by Voytek Roszkowski		Title Presi	dent			S	ignatuke	\	SSIGN	الم	85	ate		016		

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)		-		44		1
/	16		We	stward P	harmaceuticals/	Job #1602-498	8 Check	-		20		
Agencies Notified Type Notific	ation		Street	Address				+EB		5 6	010	14
☑ EPA ☑ Initial			2 E	sterbroo	k Lane							
☑ DOLWD ☐ Amended			City, S	State, Zip (Code		0	1.5				
□ DHSS Amendm	_		100		NJ 08003			2.1	- 5			
DCA Emergen (NJAC 5:23-8)	cy (including	-		of Contac			Telephone	Numb	er			
Cancella	10000	1		n Reber	38 · · · · · · · · · · · · · · · · · · ·		rotopitotic	TTGTTIE	0.			
b			FAC	CILITY IN	IFORMATION							
Name of Facility Where Abatement is 7	Taking Place	(3)				Type of Facility (4)					
Westward Pharmaceuticals						School (K-12)						
Street Address						☐ Subchapter 8 ☐ Other (i.e., pri			ial bi	م زامانی د		
2 Esterbrook Lane						homes, etc.)	ivale and co	Timero	iai Di	manig	5,	
City (5)						Square Feet	# of Floor	;	BI	dg. A	ge	
Cherry HIII, NJ 08003												
County (6)			Cour	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being d	molish	red)			
Camden						Office Buildi	ng					
Name of Monitoring Firm Hired by Build	ding Owner (8	3) A	SCM	No.	Name of Abateme	ent Contractor (9)		1				
One Source Safety & Health												
Street Address			-									
140 South Village Ave, Suite 13	30											
City, State, Zip Code						: C						
Exton, PA 19341					Lumberton, N	J 08048						
Project Manager for Monitoring Firm		Telep	hone	No.	Telephone No.		License 1	0.				
Brian Hovendon		610)-524	-5525	609-265-2107		00529					
0.00	Scheduled Co	1.53		25	Name of OSHA M	onitor	92					
2/16 /16	/	29	_ / _	16	EMSL Analyti	ical						
Occupancy Status During Abatement (\$	Street Address							
Facility Closed/Vacated During Entil				29	200 Route 13	echtaromy both		_				
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co							
Scope of Work (Check all that apply)							D					
☐ >3 sf or >3 If	⊠ Ren	ovation	n		☐ Mini-Encl	ainment with Nega losure	ative Presst	е				
≥160 sf or ≥260 lf	☐ Dem				☐ Glovebag	Procedure	EESENSISSE VAN					
					☐ Non-Exer	mpted (*) and Non	-Friable Pro	edure				
	*******	ocatio							Ab	ateme	ent T	уре
Location of Asbestos-Containing Material (ACM	111	ormally Solely		Acho	Description of stos Containing Mat		Amour		Re	Re	En	四
TO BE ABATED	Mair	tenan			., thermal systems i		(Specif		Removal	Repair	cap	Enclosure
IN Facility		dial St (12)	aff?		surfacing, VAT,		SF or L		Val		Encapsulate	sure
(13)	Yes	No	N/A		other miscellaned	ous)					ate	
Throughout			\boxtimes	Ероху,	floor tile & mast	ic	2,800 \$	F		П	П	П
								-		П		
N (5 :			Ш						Ш	Ш	Ц	Ш
Name of Registered Waste Hauler		3.00	DEP V uler ID		Cubic Yards of Waste	Name of Registe						
AbateTech, Inc.		9.6753	8750		40	G.R.O.W.S.	Landfill				11	
City, State					Disposal Date	City, State						
Lumberton, NJ					2/29/16	Tullytown, F	PA					
Completed By (Print or Type)	Title	Signature										
Gwendolyn Trumbetti	Operatio	ns Co	ordi	nator	(X	WI		0	43	116		
ASR-41					A			-	-	-		

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)	100	112	109	, V O		
2 /	4 /	16	_			of Camo		3.00	- E	В	5 2	016		
Agencies Notified	Type Notificat	tion			Street	Address				2	J =			
⊠ EPA	☑ Initial				PO	Box 9512	20					n		
☐ DOLWD	☐ Amended				City, S	tate, Zip C	ode					1.15		
⊠ DOH	Amendme		udina		Can	nden, NJ	08101							
DCA (NJAC 5:23-8)			uang		Name	of Contact			Telephone	Numbe	r			
(1.0.10 0.00 0)	Cancellation	8.5			Joh	n Bond			1.					
					FAG	CILITY IN	FORMATION							
Name of Facility Where	Abatement is Ta	aking l	Place	(3)				Type of Facility	(4)					
ROWE STREET RE	SIDENCE							School (K-12		V 10\				
Street Address								Subchapter 8 Other (i.e., potential) homes, etc.)	rivate and co		al bui	lding	5,	
City (5)								Square Feet	# of Floo	3	Blo	g. Ag	e	
Camden								varies	varies			0+	70	
County (6)					Cour	ty Code (7	(STATE USE ONLY)		ior if being d	molish	ed)			
CAMDEN					Cour	, 5000 (7	MOTHER OF OHE!	HOUSING D						
Name of Monitoring Firm	Hired by Build	ing Ov	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					-	-
Health and Safety S		9			117		Controlled E							
Street Address					a district		Street Address							
PO Box 365							1121 N. Beth	uite 60						
City, State, Zip Code							City, State, Zip Co							
Berlin, NJ 08009							Spring House	e, PA 19477						
Project Manager for Mor	itoring Firm			Tel	ephone	No.	Telephone No.		License	lo.				
Jim Proctor	100			C	609-8	39-2432	215 542 7000	Œ	00847					
Start Date (10)	S	chedu	ıled Co	omple	etion Da	te (11)	Name of OSHA N	Monitor						
2/5/	16	3	/	1	5_/	16	CES							
Occupancy Status Durin	g Abatement (C	Check	only o	ne)			Street Address				0.000	10/16/20		
□ Facility Closed/Vacat	ed During Entire	e Peri	od of A	Abate	ement		1121 N Bethi	ehem Pike -Su	ite 60					
Abatement Performed						scribe	City, State, Zip C Spring Hous							
Scope of Work (Check a	Il that apply)									11				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			□ Re 図 De				☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and No	104-04-0105-01-0)			
			Is	Loca	ition	T					Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB. IN Faci (13)	Material (ACM ATED)	Use Ma	inten	lely by ance/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amou (Spec SF or	y	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								300	
SEE ATTACHED						SEE AT	TACHED		200 YD p	er res				
	le .													
Name of Registered Wa	ste Hauler				NJDEP		Cubic Yards of	Name of Regi	stered Land	II				-
Waste Managemer					Hauler I		Waste	GROWS						
City, State					1727	3	200/residence Disposal Date	City, State						
Fairless Hills, PA							3/15/16	Tullytown	PA					
Completed By (Print or 1	Type)	Title					Signature	1		Dat	e	7	,	
Patricia Visco	*F-/		ffice I	Vlan	ager		Vatur	co		2/	4/	16		

CH 378

Date of Notification (1)			-	Name	of Building	Owner	/Operato	(2)		-		-		~	
2/1/2016				Commence of the same	cord Prop										
Agencies Notified	Type Notification	1		Street	Address	-				FI		-	1 1		
☐ EPA	M Initial			298	Delancy	Stree	t								
DEP	Amended				tate, Zip C	ode				-		_	-		
DOL	Amendmer Emergency		-	Newa	ark NJ				39				10		
DOH	justification)		Name	of Contact				Tele	hone	e Numb	er			
☐ DCA	Cancellatio	n			Fereira				973	901	1-2233	3			
Name of Facility When	e Abatement is Taki	na Dione /	21	FAC	CILITY INF	ORMA	TION								
Private Property	e Abatement is Taki	ing Place (3)					Type of Facility	(4)		A-751 FA . 114.5 . 11 PC				
Street Address	1 (94) (9 14							School (K-	12)						
								Subchapte Other (i.e.	r 8 (Othe	than	K-12)	mente.	di	6	
City (5)								etc.)	private &	OHI	nercial i	DUIR	ungs	, non	nes,
Elizabeth NJ 0720	12							Square Feet	# of I	loors	š	B	ldg.	Age	
County (6)	/2							4200	3				50		
Clerk County				(STATE	Code (7)	1		Current Use (Pr	ior if bein	den	nolished	1)			
Name of Monitoring Fir	m Hired by Ruilding	Ouman /0\			M No.					-					
N/A	m rined by Building	Owner (8)		N/A				of Abatement Co)		- Water			
Street Address				IVA	<u> </u>			go Environme	nt LLC						
N/A								Address							
City, State, Zip Code	411		-					afayette St							
N/A							1	tate, Zip Code ark NJ 07015							
Project Manager for Mo	onitoring Firm			Telenho	one No.			one No.		_					
N/A				N/A	J110 140.			191-0877			se No.				
Start Date (10)		Schedule	ed Co		Date (11)			of OSHA Monitor		124	·U				
2/10/2016	81.5	2/15/20			Date (11)			Environmental							
Occupancy Status Duris	ng Abatement (Chec	k Only On	e)					Address	Corp	_					
emma.	cated During Entire	(1945) (1945) (1945)		mant				Route 22 We	et						
	ned Outside of Norn	nal Facility	Hour	S			1	ate, Zip Code				_			
Other - Describe:								NJ 07083							
Scope of Work (Check /	All That Apply)	Secretaria de la composición della composición d			-					-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ R	enova	ation				Full Containme	omé wiéh ki	· mati	D				
≥160 sf or ≥260 lf			emoli	tion			XX	 Mini-Enclosure 	3	gau	ve Pres	sur	9		
							A	Glovebag Prod	cedure				170200		
		le	Locat	ion	I			Non-Exempted	() and r	on-r	nable F			emeni	
Location	n of		orma			D-	scription of					,	Ty		
Asbestos-Containing	Material (ACM)		l Sole ntena	ely by	Asbesto	os Con	taining Ma	aterial (ACM)	Amo	int		T		_	
TO BE AB In Faci			dial s	Staff?	(i.e. t	thermal	systems cing, VAT	insulation,	(Sp€	cify	2	0	Z)	nca	En
(13)			(12)			other r	niscellane	ous)	SF o	LF)	Kemova		Repair	Encapsulate	Enclosure
		Yes	No	N/A							2	2	7	late	re
Baseme	ent	+		\ \ \			im a val a 41			_		+			
		+ +		X		pipe	insulati	on	150	3F	х				
												+			
-											+	+		-	
Name of Registered Was	ste Hauler	1	N	JDEP W	aste	Cubic	Yards	Name of F	Registerer	Lan	46II				
Newark Carting Inc			Н	auler ID		of Was	2000 mm		12.76 an 12.00 and						
City, State		-	04	4509				ISES Be	iniehan	lan	idtill				
only, state o Box 5670 Newart	k N.I 07105					Dispos	al Date	City, State							
Completed by		Title				7 2		2335 Ap	prebutte	r rd	Bethle	ehe	em f	PA	
Carlos Gomes		Presid	ent			Si	gnature	///	/		Date				
			J. 11					m d			2/1/20	116			