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

B & G proj. #:

2015-04

Check # 7037

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City, State, Zip Co	de						City, State, Zip Code	1.07005					
							Lincoln Park, N	J U/U35	TLicense	Numh	er		_
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-6869			378			
					25	_	Name of OSHA Monito	or					_
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Other-Desc						_	1)					1	_
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Lincoln Park,				01	/23/2015		Tullytown, F	^	Date			1-	-
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### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7035 2015-03 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Kathy Duke 10 11 1/10 19 1/11 15 1 Street Address Type Notification Agencies Notified 785 Hilton Place EPA Initial City, State, Zip Code DEP Paramus, NJ 07652 Telephone Number Amendment DOL X Name of Contact X DOH Cancellation Kathy Duke DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Kathy Duke Bldg. Age # of Floors Square Feet Street Address 785 Hilton Place County Code (7) Current Use (Prior if being demolished) County (6) (State use only) residential City (5) Name of Abatement Contractor (9) Bergen Paramus, NJ 07652 ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address n/a 105 Ryerson Road Street Address City, State, Zip Code Lincoln Park, NJ 07035 License Number City, State, Zip Code Telephone Number 00378 (973)696-6869 Phone Number Project Manager for Monitoring Firm Name of OSHA Monitor B & G Restoration, Inc. Sched. Completion Date (11) Scheduled Start Date (10) Street Address 01/21/2015 105 Ryerson Road 01/19/2015 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: ☐ Glovebag procedure Other-Describe: X Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure ▼ Renovation Mini-enclosure Demolition E Ε ≥160 sf or ≥260 lf n >3 sf or >3 If Is location normally used solely Amount m p C Description of asbestos-containing (Specify SF or by maintenance/custodial 0 a Location of LF) material (ACM) asbestos-containing staff(12) material to be N/A X No 175 sf abated in facility (13) Yes VAT & mastic ground floor family room Name of Registered Landfill Tullytown Resource & Recovery Center Cubic Yards of Waste NJDEP Hauler ID# 19563 Registered Waste Hauler City, State B & G Restoration, Inc. Disposal Date Tullytown, PA 01/21/2015 Date City, State 01/09/2015 Gordana Luna Lincoln Park, NJ Signature Completed by (Print or Type) Secretary/Treasurer Gordana Luna

2015-03

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

B & G proj. #: Check # 7036 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/10 19 1/11 15 1 Lori Moreau Type Notification Agencies Notified Street Address ☐ EPA 86 Hanover Road Initial DEP City, State, Zip Code Amendment Mountain Lakes, NJ 07046 DOL Telephone Number Name of Contact X DOH Cancellation ☐ DCA Lori Moreau FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Lori Moreau Subchapter 8 (Other than K-12) X Other (Private/Commercial Street Address Bldgs./Homes, etc. 86 Hanover Road # of Floors Bldg. Age Square Feet County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Morris Mountain Lakes residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 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 (973)696-6869 00378 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/20/2015 01/19/2015 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) ✗ Glovebag procedure Full Containment w/negative pressure Demolition X Renovation Non-friable procedure X Mini-enclosure >160 sf or ≥260 lf x >3 sf or >3 If E Is location normally used solely E e Location of n by maintenance/custodial Amount Description of asbestos-containing m asbestos-containing C staff(12) (Specify SF or material (ACM) 0 a material to be a abated in facility (13) N/A р Yes No X 1 If pipe insulation basement area 50 If X X basement area X 22 lf pipe insulation X crawl space X 30 If pipe X crawl space Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# 19563 Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 01/20/2015 Lincoln Park, NJ Signature Cordana Luna Completed by (Print or Type) Title 01/09/2015 Secretary/Treasurer Gordana Luna

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1012 Industrial Drive					3859 Sylon B	oulevard					
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West Berlin, NJ 08091					Hainesport, N						
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### CONCLUSIONS AND RECOMMENDATIONS 4.0

On October 24, 2014, ACER conducted an asbestos building survey at the former Buena Tavern located at 761 Harding Highway, in , New Jersey.

The purpose of the inspection was to locate, quantify, and assess the present condition of ACBMs at the property. No interior or exterior demolition was conducted for sampling purposes. <u>Suspect materials may be present inside wall cavities, electrical wiring, or that were</u> otherwise inaccessible were not included in the scope of findings for this inspection. following table summarizes the buildings materials confirmed through bulk sampling and analysis to be ACBMs (greater than 1% Chrysotile).

Basement Bar	Material	
Basement Bar	VVhite 12"x12" Floor Tile	Quantity
	Black Mastic Associated With Brown 12"x12" Floor Tile	365 SF
Basement Mechanical Room	Gray Transite Ceiling Panels	365 SF
Main Floor Bathroom	Yellow Linoleum	80 SF
Mezzanine Mens Bathroom		20 SF
	Gray 12"x12" Floor Tile	35 SF
Mezzanine Mens Bathroom	Tan Mastic Associated With Gray 12"x12" Floor Tile	35 SF
Mezzanine Hallway	Yellow/Green 12"x12" Floor Tile	157 SF
Building Exterior	Black Tar	60 SF
Building Exterior	Gray Transite Siding	600 SF

ACER recommends prior to any planned renovation activities at the facility, all ACMBs be removed by a licensed New Jersey Asbestos Abatement Contractor.

**END OF SECTION** 

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Project Manager for Mor	nitoring Firm		1	Teleph	none No.	- Alexandra	Telep	hone No.			License No.				
anne a para de la companya de la com	1 1	1					201	-262-584			00156	-		-	
Start Date (10) — 2	-/13/15	Scheduled ©	Comp 2// 6	letion D	Date (11)			of OSHA	Nionitor ronmental	Servic	es Inc.	_		-	
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Scope of Work (Check	All That Apply)		-		<del></del>		-	COMMUNICATION PAIN	DOI-10-10-10-10-10-10-10-10-10-10-10-10-10-						NAME AND DESCRIPTIONS
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			novatio nolition				j Z	⊠ Mini-E ⊠ Glove	Enclosure bag Proce	edure	Negative Pre				
		ls L	ocatio	n					the same of the sa	1		3141783776	Abate	ement rpe	
Location			ormally Solely		Vapos		criptio	n of Material	(1000)		Amount		1		į
Asbestos-Containin TO BE A In Fa	BATED cility	Mair Custo	itenano idial St (12)	ce/ aff?		thermal s	systen ing, V	ns insulati		(	Specify F or LF)	Removal	Flapalr	Encapsulate	Enclosure
		Yes	No	N/A		1 05						ļ	<u> </u>	l Mariana Ma Mariana Mariana Mariana Ma Ma Mariana Ma Mariana Mariana Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	
C-WING BA	SEMBUT			X	K K	IPE			AND		50 LR	X	-	220 (411) (22)	Transfer of the second
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le service de la constant de la cons												Thomas of the same		e and the same of	and the same
Name of Registered W	aste Hauler	, ,		IDEP W	No.	Cubic \ of Was		file a malabo reta questo			ered Landfill thlehem Land	Ifili Co	m		
Newark Carting, Inc City, State, Zip Code	and the second s			0450		Dispos	al Dat	e	City, Stat			.,	· P·		
Newark, NJ 07105								500			PA 18015				

Completed by R. McDonald

Title President C\* 19001

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

0				(Pu	rsuan	t to NJA	C 8:60 and 5:16	5)	in E G	E I	W	7 [5	j pau
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)			A-1-1	11-	=
2 . /	3 /	15					Property Manage		ruction				
Agencies Notified	Type Notific	nation			Stroot	Address			FEB	-6	201	-	
⊠ EPA	□ Initial	Jation					Street, 3rd Flr.						;
☑ DOLWD	☐ Amende	ed		-	- 0.0 - 0.0	State, Zip (						- 1-0-10-00	1
☑ DOH	Amendr	nent#		- 1		nton, NJ			ASSEST			UL 3	Še.
☐ DCA	⊠ Emerge		uding			of Contac			Telephone Num	CENS	ING	Ten 100 - 20	
(NJAC 5:23-8)	justifica  Cancella				(5)(3)(5)(5)(5)(5)	k Ferrera	7.2		Telephina				
			22-10021-1-		FAC	CILITY IN	IFORMATION						1
Name of Facility Where A	Abatement is	Taking F	Place	(3)				Type of Facility	(4)				
Residential House								School (K-12	?)				
Street Address				70=346=3					3 (Other than K-12				
26 Charles Street								homes, etc.)	rivate and comme	ercial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ne .	
Sayreville, NJ 0887	72							- Guaran and	01 1 10010		-9	, -	
County (6)					Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	l ior if being demoli	shed)			
Middlesex					1	.,(	N=::::==:=:/			73.10.76			
Name of Monitoring Firm	Hired by Bu	ildina Ov	vner (8	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions		9		'			The second secon	NAGEMENT L					
Street Address			11				Street Address						-
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code			- 11-7-22				City, State, Zip Co						-
Union, NJ							Garfield, NJ						
Project Manager for Mon	itorina Firm			Tele	phone	No	Telephone No.		License No.				
Rick Eustaquio	itomig i iiii			100000000000000000000000000000000000000	3-494		973-928-4888	3	1188				
Start Date (10)		Schedu	led Co				Name of OSHA N						-
2 / 5 /	15				/	100		NAGEMENT L	LC				
Occupancy Status During							Street Address						
☑ Facility Closed/Vacate					ment		27 Outwater	l ane					
☐ Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: _	AM	PM/		_PM-		AM	Garfield, NJ						
Scope of Work (Check al	I that apply)												
	, a loc opping							tainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			Rer				☐ Mini-End	closure a Procedure					
△ ≥ 100 SI 01 ≥ 200 II		k	M Dei	HOIR	111				n-Friable Procedu	ure			
				Locat						Ab	atem	ent Ty	уре
Location				lorma d Sole			Description of			70	Z	ш	m
Asbestos-Containing TO BE ABA		M)		intena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili			Cust		Staff?	, , ,	surfacing, VAT	, or	SF or LF)	¥ <u>a</u>	-	lusc	sure
(13)		-	Yes	(12) No	N/A	1	other miscellane	eous)				ate	
Foundation - Exterio	r			П		Tar Va	por Barrier		1,200 SF				П
Foundation - Exterio						-	astic Coating		1,200 SF				
Todification Exterio		-			_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		H		
				Ш								Ш	Ш
Name of Registered Was	te Hauler			300	JDEP		Cubic Yards of	Name of Regis	stered Landfill				
Yanuzzi Group Inc.					17467		Waste As Needed	IESI Landi	fill				
City, State	30300						Disposal Date	City, State					
Hillsborough, NJ							TBD	Bethlehen	n, PA				
Completed By (Print or T	ype)	Title					Signature	111	0	ate	_		
Allen Monchik		Pro	oject	Man	ager		1011	Mh	1	2-	3-	-15	)

ASB-41 JAN 13

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



JAN 13

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

Date of Notification (1)	3 /	15					Owner/Operator (2 Property Manage		uction	,		and the same of th
							roporty manage	mont a consti	TED 0	~~	111	
Agencies Notified  EPA	Type Notifi  Initial	cation			, seven ce ce ce	Address M State	Street, 3rd Fir.		1,50	.010	7	
⊠ DOLWD	☐ Amend	ed		}		tate, Zip C						
☑ DOH	Amend	ment#_			313330	Characteristic control de con			W 10 -			
☐ DCA			cluding			nton, NJ						
(NJAC 5:23-8)	justifica	S. C.				of Contac k Ferrera	78		Telephone Numb	er		
							FORMATION					1
Name of Facility Where A	Ahatamant is	Taking	Place	/3\	1 //	MEITT IIV	TORMATION	Type of Facility (	4)			
Residential House	ADDITION IS	raking	1 lacc	(5)				School (K-12)				
Street Address								Subchapter 8	(Other than K-12)			
89 Weber Avenue									vate and commer	cial buildin	js,	
								homes, etc.) Square Feet	# of Floors	Bldg. A	70	
City (5)	70							Square reet	# 01 110015	Blug. A	ye	
Sayreville, NJ 0887	12				T =				1			
County (6)					Coun	ity Code (/	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	nea)		
Middlesex			1 100			Manufacture (etc.)						
Name of Monitoring Firm	852	uilding C	wner (	8)	ASCM	No.		ent Contractor (9)				
Bio Terra Solutions	5						ALL PRO MA	NAGEMENT LI	_C			
Street Address							Street Address					
P.O. Box 1224							27 Outwater	Lane				
City, State, Zip Code							City, State, Zip Ci	ode				
Union, NJ							Garfield, NJ	07026				
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No.		License No.			
Rick Eustaquio				97	3-494	-3762	973-928-4888	3	1188			
Start Date (10)	740	Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor				
2 / 5 /	_15_	4	4/	_ 15	/	15	ALL PRO MA	NAGEMENT LI	_C			
Occupancy Status During	g Abatemen	t (Check	conly c	ne)			Street Address	······································				
☑ Facility Closed/Vacate	ed During Er	ntire Per	riod of	Abate	ment		27 Outwater	Lane				
☐ Abatement Performed							City, State, Zip Ci	ode				
Time of Abatement: _	AM	PN	Λ/	PM-		AM	Garfield, NJ	07026				
Scope of Work (Check al	II that apply)						57.5.0	and the bloom			2-23-00	
☐ >3 sf or >3 lf			ΠRA	novati	OD		⊠ Full Con	tainment with Neg	ative Pressure			
≥160 sf or ≥260 lf			⊠ De				☐ Gloveba	g Procedure				
							☑ Non-Exe	empted (*) and Nor	n-Friable Procedur	re		
				Locat Vorma			_			Abaten		уре
Location Asbestos-Containing		CM)		d Sole		Ashe	Description of estos Containing Ma		Amount	Remov	m	E
TO BE ABA		5141)	100000000000000000000000000000000000000	intena			e., thermal systems	insulation,	(Specify	Remova	Cap	Enclosure
IN Facil	ity		Cus	todial (12)	Stair?		surfacing, VAT other miscellane		SF or LF)	<u>8</u>	Encapsulate	ure
(13)			Yes	No	N/A		Otilei Illiscellarie	(5003)			6	
Throughout Interior					Ø	Sheetre	ock & Joint Com	pound	2,600 SF			$\boxtimes$
			П					×		Tota		
					-						1	
			Ш								1	14
Name of Registered Was	ste Hauler			13363	IJDEP !		Cubic Yards of	Name of Regis				
Yanuzzi Group Inc.				-	lauler II 17467		Waste As Needed	IESI Landf	II			
City, State		17			11-10		Disposal Date	City, State				
Hillsborough, NJ							TBD	Bethlehem	, PA			
Completed By (Print or T	vpe)	Title	9				Signature	1 11 1		ite		
Allen Monchik	3,000		roject	Man	ager		11/1	1 X 1/1 1.	_	2-3.	- 1Z	5
ASB-41		1					160	100		~ 0		~

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

CK 1000

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)					
2 /	3/	15			Divi	sion of F	Property Manage	ement & Constr	ruction FEB	6 2	015		IJ,
Agencies Notified   ☑ EPA	Type Noti	fication				Address	Ctroat 2rd Ele						10.000
☑ DOLWD	Amend	ded					Street, 3rd Flr.		ASDESTO		. 51.2	74	_
⊠ DOH		dment #_			POC PULL OF DESIGNATION	tate, Zip C			LICE!				
☐ DCA	⊠ Emerg		cluding			nton, NJ							
(NJAC 5:23-8)	justific					of Contact			Telephone Numb	er			
	☐ Cance	llation			Ricl	k Ferrera							
					FAC	CILITY IN	FORMATION						81
Name of Facility Where A	Abatement	is Taking	Place	(3)				Type of Facility (					
Residential House								School (K-12					
Street Address								Other (i.e., pr	(Other than K-12) ivate and commerce	cial bui	ilding	S,	
46 MacArthur Ave								homes, etc.)			9		
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
Sayreville, NJ 0887	72												
County (6)	0				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demotis	hed)			
Middlesex								3.5					
Name of Monitoring Firm	Hired by B	Buildina (	Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	8 8 .							NAGEMENT L					
Street Address							Street Address						-
P.O. Box 1224							27 Outwater	lane					
							City, State, Zip Co	10-10-10-10-10-10-10-10-10-10-10-10-10-1					
City, State, Zip Code													
Union, NJ				1= 1		<b>.</b>	Garfield, NJ	07020	I i i a a a a a a a a a a a a a a a a a	0400041100			
Project Manager for Mon	itoring Firm	1			ephone		Telephone No.		License No.				
Rick Eustaquio					73-494		973-928-4888	<u> </u>	1188				
Start Date (10)					etion Da		Name of OSHA N						
2 / 5 /		1			5_ /	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During							Street Address						
□ Facility Closed/Vacate	255						27 Outwater	Lane					
☐ Abatement Performed							City, State, Zip C	ode					
Time of Abatement: _	AM	P	M/	_PN	-	AM	Garfield, NJ	07026					
Scope of Work (Check a	II that apply	()											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re				☐ Mini-End ☐ <b>Gloveba</b>	g Procedure	n-Friable Procedu	re			
			l is	Loca	ation	T				-	atem	ent T	voe
Location				Vorm	ally		Description of						T
Asbestos-Containing		(CM)			lely by ance/		estos Containing Ma		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABA			0.000		Staff?	(1.6	e., thermal systems surfacing, VAT	nsulation,	SF or LF)	BAO	F	psu	nsc
(13)				(12		4	other miscellane		90-200 - 1 (200-200-200 to € 1)	_		late	œ.
	1	55-893-08-3	Yes	No									_
Exterior						Cemen	t Board Siding	Fransite	1,500 SF	$\boxtimes$			
Kitchen					$\boxtimes$	White S	Sink Coating		4 SF			$\boxtimes$	$\boxtimes$
				П									
Name of Registered Wa	ste Hauler			一	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Yanuzzi Group Inc					Hauler I		Waste As Needed	IESI Landi	HF				
City, State			()		1746	1	Disposal Date	City, State				11	
Hillsborough, NJ							TBD	Bethlehen	ı, PA				
		7.	lo:				Signature,	2 11 1	D:	ate -			
Completed By (Print or 1	ype)	Tit	e Projec	4 B.S	2000		Signature	10.10	21	2-	2 .	-12	5
Allen Monchik		1	Tojec	LIVIA	nager		1686	NA C			<u> </u>	1 -	

CK MOD

Date of Notification (1)	,	15					Owner/Operator (2 Property Manage	W	auction		1-1	ĪĢ,	
							Toperty manage	ment a consti	to an annual		A com		111
⊠ EPA ⊠	oe Notifica Initial					Address <b>V. State</b> :	Street, 3rd Fir.	-	F68	0 2	015		الأيا
	Amended				City, S	tate, Zip C	Code					- 1	
	Amendme Emergence		ding		Trei	nton, NJ	08608		ASDESTOLE	J		1	-
(NJAC 5:23-8)	justificatio		unig		Name	of Contact	:		Telephone Number				
	Cancellati				Rick	k Ferrera	l						
					FΔC	II ITY IN	FORMATION						1
Name of Facility Where Abate	ement is T	aking P	lace (	(3)	175	JIL 11 1 11 11 11 11 11 11 11 11 11 11 11	CHIMATION	Type of Facility (	4)				
Residential House	5,110,110,11	armig i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					School (K-12	1.45				
Street Address								Other (i.e., pr	ivate and commerc	ial bu	ilding	s,	
119 MacArthur Ave								homes, etc.)	1	La			
City (5) Sayreville, NJ 08872								Square Feet	# of Floors	Blo	ig. Aç	je	
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Middlesex						207.0	**						
Name of Monitoring Firm Hire	ed by Build	ling Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address	-1						Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monitorin	ng Firm		70-1	Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888		1188				
Start Date (10)	S	chedul	ed Co	mple	tion Da	te (11)	Name of OSHA N	lonitor	1				
_2_/_5_/_1	5	4	_ /	15	5_/_	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Ab	atement (C	Check o	nly o	ne)			Street Address						
☑ Facility Closed/Vacated D	uring Entir	e Perio	d of A	bate	ment		27 Outwater	Lane					
☐ Abatement Performed Ou							City, State, Zip Co	ode					
Time of Abatement:	_AM	PM/_		_PM		AM	Garfield, NJ	07026					
Scope of Work (Check all tha	t apply)				State Control							- 200	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Rer Der				Mini-Enc     Glovebag	g Procedure	ative Pressure n-Friable Procedure	e			
		T	ls	Loca	tion					1	atem	ent T	vpe
Location of				lorma			Description of			-			
Asbestos-Containing Mat TO BE ABATEI		1)			ely by ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	2		Custo		Staff?	(1.6	surfacing, VAT		SF or LF)	DVB	7	Encapsulate	Enclosure
(13)		-	V	(12)			other miscellane	ous)				ate	CD
1 <sup>st</sup> Floor		-	Yes	Nο	N/A	Mastic	/ Tiles		440 SF	$\boxtimes$		$\boxtimes$	$\boxtimes$
Exterior		-				-	w/Door Caulk		382 LF			$\boxtimes$	
Garage - Exterior		1	7				w Caulk/Glazing		80 LF				
1 <sup>st</sup> Floor - Ceiling			7			Tile Ma			200 SF	Ø	П	×	
Name of Registered Waste H	lauler				JDEP 1		Cubic Yards of	Name of Regis					
Yanuzzi Group Inc.	iaulei ,			1113	Hauler II		Waste	IESI Landf					1
					1746	7	As Needed	City, State	DC.5				
City, State Hillsborough, NJ							Disposal Date TBD	Bethlehem	ı, PA				
Completed By (Print or Type		Title			Southern		Signature/7	111	Da	te	200		
Allen Monchik	6	3100	ject	Mar	ager		1011	MO		2-	3-	15	)

CK 10001

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

(Pursuant to NJAC 8:60 and 5:16)

(5) (A) (7)					Mana	- f D:  J:	O	1	Ilm to a		110-	e   1	- 11
Date of Notification (1)	3	/15	:				Owner/Operator (2 roperty Manage		ruction	0.015			
Agencies Notified	Type No	tification				Address  V. State 5	Street, 3rd Flr.		Too les III	1 W			7
⊠ DOLWD	☐ Ame	nded				tate, Zip C						-	+
☑ DOH	10 5000000	ndment#_				nton, NJ			Pin Incite				
□ DCA		rgency (in	cluding			of Contact		* ***	Telephone Numbe	er		-	-
(NJAC 5:23-8)	Cano	ication)				k Ferrera		8	reconone rearribe	-1			
	☐ Caric	Cliation			0.000								
				7.4.1	FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatemen	t is Taking	Place	(3)			-	Type of Facility (					
Residential House								School (K-12)	(Other than K-12)				
Street Address								Other (i.e., pr	ivate and commerci	al bui	lding	5,	
47 Charles Street							Let	homes, etc.)		1 = 1			
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
Sayreville, NJ 088	72												
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Middlesex													
Name of Monitoring Firm	Hired by	Building C	)wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solution	s						ALL PRO MA	NAGEMENT LI	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code				200100			City, State, Zip Co	ode					
Union, NJ							Garfield, NJ						
Project Manager for Mor	nitorina Fir	m		Tele	ephone	No.	Telephone No.		License No.		-	-	
Rick Eustaquio	morning i ii				73-494		973-928-4888	3	1188				
Start Date (10)		Schen	fuled C	. 25	tion Da		Name of OSHA N	- Maria					
	15				5 /			NAGEMENT L	LC				
							Street Address						111000
Occupancy Status Durin					mont			Long					
□ Facility Closed/Vacat     □ Abatement Performe						cribe	27 Outwater					25-11-5	
Time of Abatement:							City, State, Zip Ci						
							Garfield, NJ	07026					
Scope of Work (Check a	all that app	iy)	□ Re	11000			☐ Mini-End ☐ Gloveba	g Procedure	pative Pressure n-Friable Procedure	9			
		-	Is	Loca	tion					Ab	atem	ent T	уре
Location				Norma		i i i ga sama	Description			-	_		1
Asbestos-Containing		(ACM)		ea Soi iinten:	ely by ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB IN Faci				todial	Staff?	(1.6	surfacing, VAT		SF or LF)	0Va	7	nsc	Sur
(13)	1.70			(12)	1	-	other miscellane	eous)				ate	(D
Throughout Interior			Yes	No	N/A	Sheetro	ock & Joint Com	pound	3.000 SF				
1 <sup>st</sup> Floor		y				Mastic		•	100 SF	×			$\boxtimes$
1 <sup>st</sup> Floor						Block \	Wall on Adj. Ext	erior Wall	800 SF	$\boxtimes$			
				П			2 41						
Name of Registered Wa	ste Haule	r		1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill	1		1	
Yanuzzi Group Inc					Hauler I	D No.	Waste As Needed	IESI Landf					
City, State					. 1 40		Disposal Date	City, State	DA.				
Hillsborough, NJ							TBD	Bethlehem					
Completed By (Print or	Type)	Titl		6 8 5			Signature 2	10. 1	lana Dat	te	2.	- \Z	-
Allen Monchik		F	Projec	ı Mar	ager			eun	1000	X	)	1 -	J

ASB-41 **JAN 13** 

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

CX 19001

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

O*				(P	ursua	nt to NJ	AC 8:60 and 5:1	6)			7 (	3	-71
Date of Notification (1)	3	/ 1:	5				ng Owner/Operator ( Property Manage		E Clay 1		70 (1)		
Agencies Notified	Type N								FE9	6	13		111
⊠ EPA	1 2 3						Street 3rd Ele			100			
☑ DOLWD	☐ Am	ended							Section 1. *			- 1	
☑ DOH	Am	endment #							41				
			ncluding	g	-				1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				1
(NJAC 5:23-8)	1000	and the second distribution of the second					,727 <del>1</del>		Telephone Num	ber			
Name of Facility Where	Abateme	nt is Takir	o Place	(3)	- 1 1	OILIT I	NI OKWATION	Type of Facility	(4)				
			g	(-)				School (K-1					
								☐ Subchapter	8 (Other than K-12	.)			
									orivate and comme	rcial bu	uilding	js,	
								homes, etc.	X	T =		verte s	
	72							Square Feet	# of Floors	BI	dg. A	ge	
		-			Cou	nty Code	TVSTATE USE ONLY	Current Has (D	ionif bains done!	,			
Middlesex					Cou	nty Code (	THOTATE USE UNLT)	Current use (P	rior if being demolis	snea)			
Name of Monitoring Firm	Hired by	v Building	Owner	(8)	ASCM	No	Name of Abatem	ant Contractor (0	)				
		, banding	OWNE	(0)	7100101	140.	The second second-second-second-	NAGEMENT L					
Street Address								MACCINETI					77.00
P.O. Box 1224							27 Outwater	l ane					
City, State, Zip Code			-							-			
Union, NJ							Garfield, NJ						
Project Manager for Mon	itoring Fi	irm		Tei	ephone	No.			License No.				
Rick Eustaquio				0.00			973-928-4888		1188				
Start Date (10)		Sche	duled C	Comple	etion Da	ate (11)	Name of OSHA N		7.00				
2/5/	15							NAGEMENT L	LC				
Occupancy Status During	Abaten	nent (Chec	k only	one)			Street Address	SOMETHER STATE OF THE STATE OF					
☐ Facility Closed/Vacate	ed During	Entire Pe	riod of	Abate	ement		27 Outwater	Lane					
							City, State, Zip Co	ode					
Time of Abatement: _	AN	/P	M/	PM		_AM	Garfield, NJ	07026					
Scope of Work (Check al	that app	oly)					_						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			-				☐ Mini-Enc ☐ Glovebag	g Procedure	R				
			I to	Loca	tion	T	⊠ Non-Exe	mpted (*) and No	on-Friable Procedu				
DOLWD	Description of	.f		Ab	atem								
Asbestos-Containing	Material	(ACM)				Asb			Amount	Reg	Repair	Enc	Enclosure
TO BE ABA IN Facili			9 26383		Staff?	(i.e	e., thermal systems i		(Specify	Remova	air	aps	dos
(13)	ty			(12)			surfacing, VAT, other miscellane		SF or LF)	8		Encapsulate	Jre
			Yes	No	N/A							6	
1st Floor-Ceiling					$\boxtimes$	Skimce	oat on drywall		1,500 SF			$\boxtimes$	
						1				ĪП	П	П	П
				П	П	1				1			
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Name of Decistered Men	4= 1.1=1=				П	10/	To the Market	Tu (5)	11 161		Ш	Ш	
Name of Registered Was Yanuzzi Group Inc.	te Haule	Г		1000	NJDEP ' Hauler li		Cubic Yards of Waste	IESI Land	stered Landfill				
City, State					17467	7	As Needed						
Hillsborough, NJ							Disposal Date TBD	City, State Bethlehen	ο ΡΔ				
	/n.c.\	74:1				15		Demienen	270-50-00-0				
Completed By (Print or Ty Allen Monchik	/pe)	Titl		Mar	200-		Signature	1/1/2.	Da	O_	2	15	-
Allen Worldlik		_ F	roject	IVIAN	ager		1/1/1	MICE		or	)	1	)

ASB-41 JAN 13

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

CK Road

**JAN 13** 

	int of Type)		4 850	nager		1/1	VC	11/1/1					-
Hillsborough,		itle		_		Signatt	#e//	1.110	4.00	Date	- 3	3-1	15
City, State						Disposal Da	le	Bethlehe	em, PA				
Yanuzzi Grou	p Inc.			Hauler 1746		As Need	ed_	City, State					
Name of Registere	d Waste Hauler				Waste	Cubic Yards Waste	of	Name of Reg					
								T., (D	istered Landfill		1		1
Exterior													+
				$\boxtimes$	Flashin	ng on Chimne	еу		2001		П		1
1 <sup>st</sup> Floor				$\boxtimes$	Mastic				20 SF				
100000	(13)	Yes	No	N/A				,	140 SF				
Asbestos-Contai	ation of ning Material (ACM) : ABATED Facility	Use Mai	Locati lormal d Sole ntena odial ( (12)	ly ly by	Asbes (i.e.	Description Description Containing Thermal system Surfacing, Nother miscell	Mate ms in: /AT, c	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
≥160 sf or ≥260 lf	i)					⊠ Non-E	xem	neu ( ) and 140	5.0m/ 1.0m/ 25.70x B	Aba	iteme	nt Ty	
Scope of Work (Chec		☐ Ren	ovatio	n n		☐ Mini-E	nclos	ure	ative Pressure n-Friable Procedu	ıre			
	cated During Entire Per med Outside of Normal nt:AMPN				ribe M	City, State, Zip Garfield, N.	J 07	026					
Occupancy Status Du	uring Abatement (Check	only on	e) natem	ent	1	27 Outwate	r Lar	ne					_
2 / 5		/ _			13	Street Address							
Start Date (10)	Schedu	iled Con	npletic	n Date	1	Name of OSHA	ANA	GEMENT LL	С				
Project Manager for IV Rick Eustaquio				-494-3		973-928-488		or	1100				
Union, NJ Project Manager for N	Ionitorina Firm			one No	200	elephone No.			1188				
City, State, Zip Code						Garfield, NJ	070	26	License No.				
P.O. Box 1224					C	city, State, Zip C	Code						
Street Address						27 Outwater		9					
Bio Terra Solutio	ns					treet Address							
lame of Monitoring Fir	m Hired by Building Ow	mer (8)	AS	O141 140.		ALL PRO MA	ANAC	SEMENT LLC					
Middlesex	5 7 5 - 0	mor /8)	TASI	CM No.	. N	ame of Abatem	ent C	ontractor (9)		2			
county (6)			C	ounty C	200e (1)(01.	/// 002 /							_
Sayreville, NJ 08	872			ounts C	ode 17\/ST	ATE USE ONLY)	Curr	ent Use (Prior	if being demolishe	ed)			
ity (5)							1	101001					
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reet Address							X O	ther (i.e., priva omes, etc.)	te and commercia	ıı bulluli l	go,		
ame of Facility Where Residential House								chool (K-12) ubchapter 8 (O	ther than K-12)	11			
	Abatement is Taking Pl	ace (3)				14		of Facility (4)					
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(NJAC 5:23-8)	justification)  Cancellation		R	ick Fe	rrera						=		1
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EPA BOLWD	<ul><li>☑ Initial</li><li>☐ Amended</li></ul>		1		Zip Code				AGDEST (*) LICENSII		N.		- August
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	3 / 15		1000	et Addre						-219		-1	
e of Notification (1)			Nam	e of Bui	of Prope	er/Operator (2) erty Managen	nent	& Construct	ion <sub>rrn</sub> 6	2015			
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CX 10/00

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Date of Notification (1)										12	Ŀ.,	11 1	¥
2 /	3	, .	15				ling Owner/Operator						
Agencies Notified	True M				-		f Property Manag	gement & Cons	truction	FEB	6	20	15
M FDA	i ype ivi ☑ Initia	otificatio	n		1000	eet Addres:	50.00		1 1	, = 0		- 20	J
E-3	Ame						e Street, 3rd Flr.						
☑ DOH		ndment	#		1000	y, State, Zip				31370		4 1 1 1	FEZ
□ DCA	⊠ Eme	rgency (	(includ	ing		renton, N			L	LIC	ENS	NE	
(NJAC 5:23-8)	justif	fication)			Na	ne of Conta	act		Telephone N	umber			
	Cand	cellation			R	lick Ferre	ra			GITIDGI			
					F	ACILITY	INFORMATION				-		
Name of Facility Where Aba	atemen	t is Taki	ng Pla	ce (3)				Type of Facility	(4)				
Residential House								School (K-12	*				
Street Address		,						Subchapter 8	3 (Other than K	-12)			
18 William Street								Other (i.e., p	rivate and com-	nercial	buildi	ngs,	
City (5)								homes, etc.)				250000	
Sayreville, NJ 08872								Square Feet	# of Floors		Bldg.	Age	
County (6)				-	TCo	unty Code	(7)(STATE USE ONLY)						
Middlesex					00	unity Code	(1)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)	)		
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Bio Terra Solutions	,	- 4.1.4.19	OWITC	(0)	ASCI	W 140.	Name of Abateme						- 750
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Project Manager for Monitori							Garfield, NJ	07026					
Rick Eustaquio	ing Firm	1			lephone		Telephone No.		License No.				
rtick Eustaquio					77 40	4 2700			The second second second				
Start Data (40)		_				4-3762	973-928-4888		1188				
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2 / 5 / Occupancy Status During Ab  Facility Closed/Vacated D  Abatement Performed Ou  Time of Abatement:  Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Mate  TO BE ABATED  IN Facility  (13)  Throughout Interior  ame of Registered Waste Hat  Yanuzzi Group Inc.  ity, State	patemer During E utside of _AM at apply)	nt (Chec Entire Pe f Normal PI	4   ek only eriod of I Facili M/   Re   De   Use   Ma   Cus	complete control one)  f Abate ty Hou PM  enovate moliti  s Loca Norma ed Sole intenatodial (12)  No  No  No	etion D  5 /  ement urs - De  tion on  tion ally ely by ance/ Staff?  N/A	ate (11) 15 scribe AM Asbes (i.e.	Name of OSHA MinALL PRO MAI Street Address 27 Outwater L City, State, Zip Cor Garfield, NJ 0  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous ck & Joint Composite As Needed Disposal Date	ane de 07026  sinment with Negalisure Procedure Intel (ACM) Sulation, or Just  Name of Register IESI Landfill City, State	Amount (Specify SF or LF)  2,000 SF	Ab Removal	_	Encapsulate	I ciconia
2 / 5 / Occupancy Status During Ab  Facility Closed/Vacated D  Abatement Performed Ou  Time of Abatement:  Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Mate  TO BE ABATED  IN Facility  (13)  Throughout Interior  ame of Registered Waste Hat  Yanuzzi Group Inc.  ity, State  Hillsborough, NJ	patemer During E utside of _AM at apply)	nt (Chec Entire Pe f Normal P!	4   ek only eriod of I Facili M/   Re   De   Use   Ma   Cus	complete control one)  f Abate ty Hou PM  enovate moliti  s Loca Norma ed Sole intenatodial (12)  No  No  No	etion D  5 /  ement urs - De  tion on  tion ally ely by ance/ Staff?  N/A	ate (11) 15 scribe AM Asbes (i.e.	Name of OSHA MinALL PRO MAI Street Address 27 Outwater L City, State, Zip Coo Garfield, NJ 0  Full Conta Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneout ck & Joint Component  Cubic Yards of Waste As Needed	ane de 07026  sinment with Nega sure Procedure Intel (ACM) sulation, or Jus)  ound  Name of Register IESI Landfill	Amount (Specify SF or LF)  2,000 SF	Ab Removal	_	Encapsulate	Licioadia
2 / 5 / Occupancy Status During Ab  Facility Closed/Vacated D  Abatement Performed Ou  Time of Abatement:  Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Mate  TO BE ABATED  IN Facility  (13)  Throughout Interior  lame of Registered Waste Hat  Yanuzzi Group Inc.  ity, State  Hillsborough, NJ  ompleted By (Print or Type)	patemer During E utside of _AM at apply)	mit (Checentire Performance Performance)  CM)	4	complete (12)  No N	etion D  5 /  ement  irs - De  tion on  tion ally ely by ance/ Staff?  N/A  D  JDEP V auler II 17467	ate (11) 15 scribe AM Asbes (i.e.	Name of OSHA MinALL PRO MAI Street Address 27 Outwater L City, State, Zip Cor Garfield, NJ 0  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous ck & Joint Composite As Needed Disposal Date	ane de 07026  sinment with Negalisure Procedure Intel (ACM) Sulation, or Just  Name of Register IESI Landfill City, State	Amount (Specify SF or LF)  2,000 SF	Ab Removal	Repair	Encapsulate 🛛 🗎 🗎	Enclosure
2 / 5 / Occupancy Status During Ab  Facility Closed/Vacated D  Abatement Performed Ou  Time of Abatement:  Scope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Mate  TO BE ABATED  IN Facility  (13)  Throughout Interior  ame of Registered Waste Hat  Yanuzzi Group Inc.  ity, State  Hillsborough, NJ	patemer During E utside of _AM at apply)	mit (Checentire Performance Performance)  CM)	4   ek only eriod of I Facili M/   Re   De   Use   Ma   Cus	complete (12)  No N	etion D  5 /  ement  irs - De  tion on  tion ally ely by ance/ Staff?  N/A  D  JDEP V auler II 17467	ate (11) 15 scribe AM Asbes (i.e.	Name of OSHA MinALL PRO MAI Street Address 27 Outwater L City, State, Zip Coo Garfield, NJ 0  Full Conta Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneout  ck & Joint Composite  Cubic Yards of Waste As Needed Disposal Date TBD	ane de 07026  sinment with Negalisure Procedure Intel (ACM) Sulation, or Just  Name of Register IESI Landfill City, State	Amount (Specify SF or LF)  2,000 SF	Ab Removal	Repair	Encapsulate 🛛 🗎 🗎	Enclosure

OK/WW

Date of Notification (1)				Nan	ne of Build	ling Owner/Operator	(2)					
	3 / _	15		D	ivision c	of Property Manag	ement & Cons	struction -	0			
Agencies Notified	Type Notificat	tion		Stre	et Addres	S	1 -	<u>FEB</u>	6 20	10		4
⊠ EPA ⊠ DOLWD	☐ Initial			20	W. Stat	e Street, 3rd Fir.	ě	ř.				
Ø DOH	Amended Amendmen	nt #			, State, Zip	AR SECTION		ASBLUTO			<u>ŝ</u>	
☐ DCA	⊠ Emergence		ina	Ti	renton, N	IJ 08608		LICEN	1 2	4	*	The Paris
(NJAC 5:23-8)	justification	٦)		Nam	ne of Cont	act		Telephone Nu	mher	100000	-211-20	
	☐ Cancellation	on		Ri	ck Ferre	ra		1	(non-mes)			
				F	ACILITY	INFORMATION		-				-
Name of Facility Where	Abatement is Ta	king Pla	ce (3)				Type of Facility	(4)				-
Residential House							☐ School (K-1	2)				
Street Address							☐ Subchapter	8 (Other than K-1	2)			
82 William Street							homes, etc.	orivate and comm	ercial b	ouildir	ngs,	
City (5)							Square Feet	# of Floors	Te	Bldg. ,	A 00	
Sayreville, NJ 0887	72							01 1 10013	-	nug. ,	-ige	
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	ished)			
Middlesex						-5557	,		iorica			
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	ASCN	No.	Name of Abatem	ent Contractor (9	)				
Bio Terra Solutions	3						NAGEMENT L					
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code			-			City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.	07020	License No.				
Rick Eustaquio				973-494		973-928-4888		1188				
Start Date (10)	Sch	neduled				Name of OSHA M		1100				
2/5/	15			15_/			NAGEMENT L	l C				
Occupancy Status During	Abatement (Ch.	eck only	one)			Street Address						
☑ Facility Closed/Vacate	d During Entire	Period of	Abat	ement		27 Outwater I	ane					
□ Abatement Performed	Outside of Norm	nal Facili	ty Hor	irs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM	PM/	PN	Λ- <u></u>	_AM	Garfield, NJ						
Scope of Work (Check all	that apply)					Carriera, 140	37020					
≥3 sf or ≥3 If							ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			enova emolit				osure					
1947 19 <del>75</del> 114 114 114		23 0	JIIIOII C	1011		☐ Glovebag	Procedure	n-Friable Procedu	IFO.			
			Loca				prod ( ) drid 145	II-i Hable i Tocedo			T	
Location of Asbestos-Containing N			Norma	ally lely by		Description of			-	1	ent T	T
TO BE ABAT	red	Ma	ainten	ance/	Asbe	estos Containing Mat e., thermal systems in	erial (ACM)	Amount	Remova	Repair	Enc	Enclosure
IN Facility	1	Cus		Staff?	1	surfacing, VAT,		(Specify SF or LF)	3701	<u>B</u> .	aps	lso
(13)		Yes	(12 No			other miscellaneo		/	=		Encapsulate	Fe
1 <sup>st</sup> Floor		_	110		T:1							
			Ш		Tiles			524 SF			$\boxtimes$	
Exterior				$\boxtimes$	Windov	w Glazing		320 SF				
Roof					Flashin	ıg		50.SF		П	$\boxtimes$	П
												7
Name of Registered Waste	Hauler		1	NJDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfil		Ш		Ш
Yanuzzi Group Inc.			1.25	lauler ID	No.	Waste	IESI Landfi					
City, State				17467		As Needed						
Hillsborough, NJ						Disposal Date TBD	City, State	DΛ				
Completed By (Print or Typ	oe) Tit	tlo					Bethlehem,					
Allen Monchik			Man	2025		Signature	111	Da	te	5	10	_
SB- 1		Project	IVIAN	ayer		1/1/1	4/1/2	m	2-	5	15	)
		* Do not	use th	nis form	for ashest	os licensure exempte	ad activities					
					. 5, 430631	oo noensure exemple	o activities.					

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

Date of Notification (1)	1)7			Name	of Buildin	g Owner/Operator (	2)	1 14				
	3 / _	15				Road, LLC	-,	F	ΕB	6	2015	)
	Type Notifica	ition		Street	Address			1 1				
				650	College	Road East		ASUL	 			
⊠ DOLWD	☐ Amended			City, S	State, Zip (	Code		ACDI	LIUE	-0.4	1 -1	
☑ DHSS ☐ DCA	Amendme			Prir	nceton, N	NJ 08540		land to other or trace				
(NJAC 5:23-8)	justification	on)	9	Name	of Contac	t		Telephone Numb	oer			
	☐ Cancellati	ion		Bob	Kupsch	1						
				FAC	CILITY IN	FORMATION	-					
Name of Facility Where Ab	patement is T	aking Plac	e (3)	17.15	71211111	ii Orani-arion	Type of Facility (	4)				
350 Carter Road			(3)				School (K-12					
Street Address							Subchapter 8	(Other than K-12				
350 Carter Road								ivate and commer	cial bu	ilding	IS,	
City (5)							Square Feet	# of Floors	BI	dg. A	90	200
Princeton, NJ 08540							76.000	1		47	90	
County (6)				Coun	ity Code (7	7)(STATE USE ONLY)	,	or if being demolis				
Mercer					,	No. 11 1 2 2 2 2 1 2 1 7	000 (11)	or it boing domone	nicu)			
Name of Monitoring Firm H	Hired by Build	lina Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)					
Accredited Enviror	5.50	-	5000	NA	140.		ronmental Sys	teme				
Street Address	imontal i	COMMON	,,,,,	117		Street Address	Tommental Sys	tems				
28 N. Pennell Rd.							on St					
City, State, Zip Code			550 East Union St. City, State, Zip Code									
Media, PA 19063						West Cheste						
Project Manager for Monito	oring Firm		Tale	ephone	No	Telephone No.	1, FA 19302	License No.				
Eric Sutherland	oring r intr		10000000	10-891		610-701-9000		00508				
Start Date (10)	To	cheduled (			The state of the s	Name of OSHA M		00506				
_ 2 / 18 /				) /		AET	IOUITOL					
					10	45,050,034						
Occupancy Status During				V		Street Address	5					
☐ Facility Closed/Vacated ☐ Abatement Performed (					cribe	28 N. Pennel						
Time of Abatement: 7A					CIDE	City, State, Zip Co Media, PA 19						
Scope of Work (Check all t	that apply)	***************************************				☐ Full Cont	tainment with Neg	ativo Proceuro				
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf $\square$ $\geq$ 160 sf or $\geq$ 260 lf			enovat emoliti			Mini-Enc     Mini-Enc		ative Flessure				
						☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
		40 000	s Loca						Ab	atem	ent T	уре
Location o Asbestos-Containing M		1.1-	Norma		Acho	Description o estos Containing Ma		Amazunt	Re	Re	ш	Щ
TO BE ABAT	078000 13 13 12	/ M	aintena	ance/		s thermal systems		Amount (Specify	Remova	Repair	cap	clos
IN Facility	/	Cus	stodial (12)		-	surfacing, VAT		SF or LF)	Val	,	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellane	ous)				ate	
Mechanical Room					Pipe Fi	tting Insulation		39 LF				
Outside Canopy					225 SF		П	П	П			
			П									Ħ
			H						12	H		H
Name of Registered Waste	Haular			JDEP /	Masta	Cubic Verda -f	Nome of Day	fored Landen		Ш	Ш	
David Geppert Recyc			1,55	lauler II		Cubic Yards of Waste	Name of Regis Western Be	tered Landfill erks Communit	y Lar	ndfill		
City, State						30 Disposal Date	City, State					
Hatfield, PA	532					TBD	Birdsboro,	PA				
Completed By (Print or Typ	oe)	Title				Signature	he d		ate	-		
Mark Griffin		Estima	tor			J.g.rataro	All I	A 15000		7	1	
A CR 41									2-2	5-	/	)

 $^{\star}$  Do not use this form for asbestos licensure exempted activities.

WO 33729484, 1241

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

			(, c				,		1.50 F		1 1/	T F	-	-1
Date of Notification (1) 02/03/15						wner/Oper hristians					4	- 15	1	The same
Agencies Notified Type Notifi	cation		1 8	Street Ad 659 Be	dress Imont A	ve				FEB 6	9 201		1	
EPA Initial Amen Amen	ided idment #_				e, Zip Coo laledon,	te NJ, 075	808		ASE	AST IN		77	į	The Contract of the Contract o
■	gency (inc cation) ellation	duding	14.0	Name of Sr. Ran	Contact nona Be	eltre				elephone Nu	mber			
DOA GARD	Chation			FACII	ITY INFO	RMATION	l.							
Name of Facility Where Abatement is	s Taking F	Place (3)		TAOIL		1 (11)	T	Type of I	acility (4)					
Mary Help of Christians Acad	lemy							Sch	ool (K-12)					
Street Address 659 Belmont Ave								Sub	ochapter 8 (O er (i.e. private			ings,	home	s,
City (5)			-1					Square F		of Floors	BI	dg. A	ge	
North Haledon														
County (6) Passaic				County C	ode (7) SE ONLY)		_  ,	Current	Jse (Prior if b	eing demolis	hed)			
Name of Monitoring Firm Hired by Bu	uilding Ow	vner (8)		ASCM	No.			of Abaten Abatem	nent Contract ∋nt	or (9)		1000		
Street Address						0 039		Address 87th S	treet Suite	A4				
City, State, Zip Code						C	ity, St	tate, Zip (	Code	0_707/				
ony, otato, zip occo									n, NJ 0704	7				
Project Manager for Monitoring Firm				Telephon	e No.	1.0		one No. 293-630	)5	License I	No.	00000		
Start Date (10) 02/13/15		chedule 2/29/20		pletion D	Date (11)			of OSHA	Monitor CONSULTI	NG LLC				
Occupancy Status During Abatemen	it (Check (	Only On	e)					Address						
Facility Closed/Vacated During				ent			1600	ROUT	E EAST SI	JITE 107				
Abatement Performed Outside Other – Describe:	of Normal	Facility	Hours					tate, Zip						
						_   '	UNIC	ON NJ (	1/083					
Scope of Work (Check All That Appl	y)	-					×	1	200		5			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			enova emolit				Ê	Mini-E Glove	ontainment w Inclosure bag Procedu	re				
								J Non-E	Exempted (*)	and Non-Fria	ble Pro		e ement	
			Locati Iormal	500500									ре	74
Location of Asbestos-Containing Material (A	CM)	Use	d Sole	ly by	Ashes	Descr tos Contair			CM)	Amount			П	
TO BE ABATED	Civi)		ntenai odial S	0.000000	(i.e.	thermal sy	stems	s insulation	n,	(Specify	Re	D.	nce	Enc
In Facility (13)		Ousi	(12)	Maii:		surfacin other mis				SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A							<u>a</u>	_	ate	Гe
Boiler Room						Т	SI			357 LF	X			
Boiler Room						Т	TSI			80 SF	Х			
Name of Registered Waste Hauler			33.50	JDEP W		Cubic Ya			Name of Reg	stered Landf	ill			
NEWARK CARTING			1,327,6	lauler ID 2430	No.	of Waste	•		.E.S.I.	k2				
City, State NEWARK, NJ						Disposal	Date		City, State BETHLEHI	EM, PA 18	105			
Completed by		Title				Sign	nature				Date			
Bryan Parra		Proje	ct Ma	anager				9			)2/03/	15		

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

PK 1476701690

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

RECEIVEN

Data of Natification (1)				Name of F	Building C	)wner/O	nerator	(2)			-10 Mg.				
Date of Notification (1) 1/28/15				Kate So		owner/O	perator	(2)	MIS PES	-6 D	1 9.	i (a			
Agencies Notified Ty	pe Notification			Street Ad		950				- Arm		(0).	4.		
X EPA X	lnitial			133 Oa	kview A	ve		, Ž	的能见到	<b>多</b> 名 (113)	With	7:	- 11		
× EPA × DEP × DOL	Amended Amendmen				e, Zip Coo rood, No		0		& L	DEMO	AC	JIL.			
ĭ DOH ☐ DCA	<ul><li>Emergency justification)</li><li>Cancellation</li></ul>			Name of 6						Telephor	e Num	ber			
	_ Odriociiatioi				ITY INFO	RMATIC	ON						-		
Name of Facility Where Aba House	tement is Takir	ng Place (3)	05					_	f Facility (4)						
							-		chool (K-12 ubchapter 8		n K-12)				
Street Address 133 Oakview Ave								× o	ther (i.e. pri	ivate & com	mercia	l build	ings,	home	s,
City (5) Maplewood								Square N/A		# of Floo N/A	rs		dg. Ai	ge	
County (6) Essex				County C	ode (7) SE ONLY)			Curren	t Use (Prior	if being de	molishe	ed)		-	
	- II D III	0(0)					Nama			ractor (0)					
Name of Monitoring Firm Hi N/A	red by Building	Owner (8)		ASCM	No.				ment Cont ment, Inc						
Street Address				20				Address	ren Aven	ue					
City, State, Zip Code							1 1001.413	state, Zip							
	2						Toto	wa, NJ	07512						
Project Manager for Monito	ring Firm			Telephon	ie No.			none No 345-86			ense No 0675	).			
Start Date (10) 2/10/15		Schedule 2/11/15		npletion [	Date (11)				A Monitor ment, Inc	).					
Occupancy Status During A	hatement (Che							Address							
Facility Closed/Vacate				nent			11 R	oseng	ren Aven	ue					
Abatement Performed							City, S	State, Zip	Code						
X Other - Describe: Occ	cupied	- S				_	Toto	wa, N.	J 07512						
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf		Пв	enova	ation				Full	Containme	nt with Nea	ative P	ressui	е		
× ≥160 sf or ≥260 lf			emoli				>	Mini	i-Enclosure						
							-		vebag Proc -Exempted		n-Friabl	e Pro	cedur	e	
		T :	S 1						ZXOIIIptou	( ) and 110	111100		97.5 - PH.	ement	
	- 87	1925	Locat Norma	PER 1997									Ty	ре	
Location o Asbestos-Containing M		Use	d Sole	ely by	Ashes	tos Con	scriptior taining f		(ACM)	Amou	nt			m	
TO BE ABAT	ED	0.000	intena todial	2000		thermal	system	is insula		(Speci		Re	R	nca	Enc
In Facility (13)		000	(12)	otan.			cing, VA			SF or L	-F)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		00.101						<u>a</u>		late	Гe
basemer	nt		X			pipe	insula	ation		78 L	F	X			
crawl spa	ce		X			pipe	insula	ation		9 LF		X			
										0					
Name of Registered Waste	Hauler			NJDEP W			Yards		Name of f	Registered	Landfill		10		
D&S Abatement, Inc.			100	Hauler ID 20996	No.	of Wa			_	Managem	nent o	f PA			
City, State Totowa, NJ		#				Dispo TBD	sal Date	е	City, State Tullytov						
Completed by		Title				1	Signatur	re	7)//	7.	Da				
Deanna Brkusanin		Proje	ect M	anager			1/1/	01824	Alle	elle	0.	1/28/	15		

2000						
	E .	1	1	14	Same	4. 1

Date of Notification (1) 1/28/15					Building Ow e Karmaz		erator (	(2)	15.02.46723.0	âns.	PEB-6	Fina	<u> </u>	9 .	
Agencies Notified	Type Notificat	ion	1 1 1 1 1 1	Street Add	dress einer Ro	ad				1	T Heb East Aug T	No.	30	15	į
× EPA × DEP × DOL	<ul><li>✓ Initial</li><li>✓ Amender</li><li>✓ Amender</li></ul>	ent #		City, State	e, Zip Code ester, NJ	l .	)		0		Eal SE & Line	1.43 1519	N N	OŁ.	÷
× DOH DCA	Emerger justificati Cancella			Name of C	Contact e Karmaz	zin				Tele	phone N	l			
	A1	-l-i Dl (2)		FACIL	ITY INFOR	MATIO	N	Type of	f Facility (4	1					1
Name of Facility Where . House	Abatement is 1	aking Place (3)						_	chool (K-12	5)					
Street Address						1000		T SI	ubchapter 8	(Othe	er than K-12 commercia	) Il buildi	inas, l	nomes	s,
157 East Stearns S	Street							Square	c.)		Floors		dg. Ag		-
City (5) Rahway								N/A	reet	N/A		N/	1970	ic.	
County (6) Union				County C	ode (7) SE ONLY)		_	Curren		r if bei	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Build	ing Owner (8)		ASCM	No.				ment Cont ment, Inc		(9)				
Street Address								Address	ren Aven	ue					
City, State, Zip Code								tate, Zip wa, NJ	Code 07512						
Project Manager for Mon	nitoring Firm			Telephon	e No.			none No.			License N #00675	0.			
Start Date (10) 2/09/15		Schedule		npletion D	ate (11)		Name	of OSH	A Monitor ment, In	c.					
Occupancy Status Durin	ng Abatement (			*				Address							
Facility Closed/Vac									ren Aver	iue					
Abatement Perform  Other – Describe:		Normal Facility	Hours	i.		_		state, Zip wa, N.	J 07512						
Scope of Work (Check)	All That Apply)									-1400					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit	777	USB G		>	Mini Glov	-Enclosure vebag Prod	e cedure					
			70. 00				L	_ Non	-Exempted	(*) an	id Non-Friat	le Pro	cedur Abate		
Locatio	un of		Locati Iormal			Des	scription	n of					Ту	pe .	
Asbestos-Containin TO BE AF In Fac (13	g Material (ACN BATED illity	Mai Cust	d Sole ntena odial ( (12)	nce/ Staff?	NA.52.03	os Conta hermal	aining N system cing, VA	Material s insula AT, or		-(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		nine	inoule	tion			10 LF	X			
basen	nent		. X			pipe	insula	allon			.10 LF	ΙΔ.			
# T						0 11	V		Ne	Dest	orod I sadel				
Name of Registered With D&S Abatement, In			1	NJDEP W	19910000000	of Was					ered Landfil agement c				
City, State			#	20996		TBD	sal Date	е	City, Stat						
Totowa, NJ						TBD	/	7	Tullyto	wn, P					
Completed by Deanna Brkusanin		Title Proje	ect M	anager	,	S	Signatur	lau	4 Kis	lus	ellin 0	ate 1/28/	15		

(K 7001332

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

MEULIFER

Date of Notification (1) 1/29/15					Name of Buildin Paulsboro Refi Street Address	ng Owner/C	operator (2)	E 100	11			
Agencies Notified		Notification	Гуре		Street Address 800 Billingspor	t Rd						
() EPA () DEP (X) DOL (X) DOH	Se .	(X) Initial No () Amended ( ) Cancelle	Certification	1	City, State, Zip Paulsboro, NJ	A STATE OF THE PARTY OF THE PAR	ASHFRIA & LR	ENST	HETRI NO	)L :		
() DCA					Name of Conta Ravi Jarecha	<u>act</u>		Tel. Nu	imber			
				FACILITY IN	FORMATION							
Name of Facility Where Aba Paulsboro Refining Compa		aking Place (3	3)		Type of Facility ( ) School (K-1 ( ) Subchapter (X) Other (i.e.	2) 8 (other th	an K-12)	as hom	os etc			
Street Address 800 Billingsport Rd			17)	1	Sq. Feet N/A	A:						
	County (6) Gloucester		County Co (State Use		Bldg. Age_ N/. Current Use (p	A	_					
No fMit-de- Circuit	ined by Dida	O.,,no. (8)	ACCM No		ourient ose (p	Tior ii boilig	Name of Cor				-	•
Name of Monitoring Firm H KA Industrial Services, LLC		Owner (8)	ASCM No	<u>.</u>	Ct t A -  -		K A Industria					
Street Address 800 Billingsport Rd					Street Address 800 Billingspor	t Rd						
Paulsboro, NJ 08066				1	City State, Zipo Paulsboro, NJ							
Project Manager for Monito Scott Dechant	ring Firm	Telephone 1 856-224-438			Telephone Nur 856-224-4392	mber		Licens 00857	e Numb	er		
Scheduled Start Date (10) 2/6/15		Scheduled ( 2/13/15	Completion	Date (11)	Name of OSHA K A Industrial S		LC					
Occupancy Status During A  ( ) Facility Closed/Vacated ( ) Abatement Performed C	During Entir	e Period of A	batement		Street Address 800 Billingspor				, ,			
(X) Other – Describe – Ren areas				rea in outside	City, State, Zip Paulsboro NJ							
Source of Work (Check all	that apply)											
(X) Demolition () Renova ( ) Large Proj. (160 SF or 2 () Full Containment with N	>260 LF ACM	M) (X) SM Pro	j. >25<160 ni-Enclosur	SF or >10 <260	LF ACM) () Nebag Procedure	Minor Proj. (	(<25 SF or <10	0 LF AC	M)			
Location of Asbestos- Containing Material (ACM)	in Solely	ation Normally by Maint./Cus	/ Used	Description of thermal system	ACM (i.e. ns insulation,	Amount (	Specify SF or	LF)	Abater	ment Ty	<u>oe</u>	
Facility (13)	Staff? _YES	(12) NO	NA	surfacing, VAT misc.)					Rem.	Rep.	Encap	Enclose
Crude Unit #6		X		Pipe Insulation	n .	Approx 5	0LF		Х			
Name of Reg. Waste Haule Waste Management, Inc.	<u>er</u>	NJDEP Wa: 17273	ste Hauler I	<u>D#</u>	Cubic Yards of	f Waste			ester Co	Landfill ounty Lar		
City, State South Harrison, NJ				-		0	Disp. Date Various			City, Star South Ha		NJ
Completed by (Print or Typ	oe)	<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER	- KA Indus	trial Services	- Ande Site &	Deperations S	Supervisor	1/29/1	5	*		

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

CK 000349

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Date of Notification (1) 01-22-15		0.1		:	wner/Opera / Care C				2018	TED .	, H E	<b>-</b> F≥F		
Agencies Notified Type Notification	n e	- 3	Street Ad 485 Oc	ldress ean Ave	0			j.	1.441	FEB-G	-En	9: 4	Ü	
DEP Amended Amendmen	the second second second	24	-	e, Zip Cod City NJ (					5	LICEN	SING	RO	1	
Emergency  DOH  DCA  Emergency justification Cancellatio	*		Name of Carlette						Tele	ephone Nur	mber			
			FACIL	ITY INFO	RMATION									
Name of Facility Where Abatement is Tak Baby World Day Care Center	ing Place (3	) -			ile.			f Facility (4 chool (K-1			30			
Street Address 485 Ocean Ave.						Į.	0			er than K-1: commerci		lings,	home	es,
City (5) Jersey City				W.	184		Square	Feet	# of	Floors	BI	ldg. A	ge	*
County (6) Hudson			County C	Code (7) ISE ONLY)		-	Curren	t Use (Prid	or if bei	ng demolis	hed)		i	
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCM	No.				ement Con racting L		(9)				
Street Address							Address th St.	3						
City, State, Zip Code					10000	16 and 16 company		Code NJ 0708	7					
Project Manager for Monitoring Firm		Telephon	ne No.	Te	elepho	one No 16-96			License N	lo.				
Start Date (10) 01-22-15	ed Con	npletion D	Date (11)				A Monitor	LC						
Occupancy Status During Abatement (Ch							Address						0017 200	
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of	Abaten			3	2000-1-15	th St.	o Code						
Other - Describe: 7:00 AM- 5:00 PM		, riour						NJ 0708	37					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				*	Min	i-Enclosure	e cedure	n Negative			e	
	7.7	Locat Norma	2177.75°									Abat	emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena stodial ( (12)	ely by ince/ Staff?		Descrips Containing Co	ing Ma stems g, VAT	aterial insula r, or		(3	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-	-		
Firts floor / boiler room	X		\	at debris	s cle	an up	)	4	8 SF			X		
								-						
Name of Davidson d Waster Hard		L .	NJDEP W	leate	Cubic Yar	rda		Nama of	Pagin <sup>4</sup>	ered Landfi	1)			
Name of Registered Waste Hauler Delfa Contracting LLc	1	Hauler ID 5240	Control Control	of Waste					esource F		ery F	acili	ity	
City, State Union City NJ				Disposal 01-28-1			City, Stat		A					
Completed by Jaime Delgado	Title Proj.	Man	ager.		Sign	ature	1	£.			ate 11-22-	15		

(K# 926)

Date of Notification (1)		1	lama of	Building Owner/C	perator	(2)					
2(3/1)			Dr	Daniel	201	2001	FFR	6 20	15	1.00	111
Agencies Notified Type Notification		1 8	Street Ad	and the second		1	1			1.0	
THE EPA IN Initial			45	N. Fasi	469	+ Hue	<u> </u>				
DEP Amended		10		e, Zip Code	J ,	V 150-	ASBLETE	K			
DOL Amendment #		-		masque	7.6	<u> 13・0年</u>	136		4-7		
DOH Justification)		1		Contact			Telephone	Number	~	~~	
DCA Cancellation		i_		Cavin.	2.45.5.4						
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFORMAT	IUN	Type of Facility	(4)				
	1 1005 (0)	ţ.									
Street Address						School (K-	r 8 (Other than K	(-12)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and t	- 2	10			Other (i.e.	orivate & comme	ercial bulk	dings,	homes	1
City (5)	1	- '				Square Feet	# of Floors	18	ldg. A	ge	
managues	U					1700	1	\$ 0.00 miles	201		
County (6)		1	County C	Code (7)		Current Use (Pri		lished)			-
monmuth			STATEL	JSE ONLY)			derce				
Name of Manitoring Firm Hired by Building C	wner (8)		ASCN	No.		of Abatement Co	100				
	100 (20					Insulation Co.	, Inc.				
Street Address					1	Address					
					A CONTRACTOR	Iontrose Road	d				
City, State, Zip Code						itate, Zip Code 3 Neck, N.J. 01	7722				
Project Manager for Monitoring Firm			elaphor	ne fido		none No.	Licens	nin a			_
Project Marragor for Morntoning 1 mm			Clopilo.			294-1757	00029				
Start Date (10)	Schedule	d Core	nietian f	Tate (11)		of OSHA Monitor		•			
	217		process	Date (11)	IVALITIES	or our in mornior					
Occupancy Status During Abatement (Check	Only On	e)			Street	Address					
Facility Closed/Vacated During Entire P			ent								
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	OIII.		City, 5	State, Zip Code					
77-	2.~										
Scope of Work (Check All That Apply)					Į.	જી					
23 sf or ≥3 If	PR-1010	enovat			1		ent with Negativ	e Pressu	re		- 1
≥160 sf or ≥260 lf	MD	emo!iti	on			Mini-Enclosur Glovebag Pro					
							d (") and Non-Fr	iable Pro	cedure	<b>;</b>	
	la	Locatio	no (						Abate		
Location of		ormati d Solei			escription				Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar	ice/			haterial (ACM) s insulation,	Amount (Specify	77		9	m
In Facility	Cust	odial S (12)	taff?	surfa	acing, VA	T, or	SF or LF)	Removal	Repair	Sdes	nclo
(13)	-	11-7		other	miscella	180US)		1 2	air	Encapsulate	Enclosure
4	Yes	No	N/A					į		0	
(K. +chin) Indus			M	Door +	(e		130 17	X			
Todios Phill			1/1	linoleu	~~		SOH!	11			
- I KIOU S LINEIT			4	TI: DIEC	1		0 - 30	- X			
	5									-	_
Name of Registered Waste Hauter	1	N:	IDEP W	aste I Cubir	Yards	Mama of	Registered Land	MEII	1 1		_
Ace Insulation Co., Inc.		H	auler iD		iste 7	Chrins		uilli			
		112	2086		×						
City, State Colts Neck, New Jersey				Dispo	sal Date	City, Star					1
Completed by	Title				iguature		1,1 FA	Doto			_
Bree McGuire		tary 7	reasu		nguallie 	1	1	Date	1		-
THE STATE OF THE S	1				1			df :	11)		

CK# 2561

(N# 90 6)	MC	OTIFIC: (Pur	ATION C suant to	F ASBES	60 and 1	12:120)	5,101		) B	P F	1 1	11.7	IP.	
Date of Notification (1)		N	ame of B	uliding Ov	vner/Op	erator (i	2)	-					5-7	7000
Agencies Notified Type Notification		S	treet Add		448	RC	1	12.		FEB	6 20	)15		
DEP Initial Amended Amendment #		C	ity, State	Zin Cori	0		h.	P. Ne	(5)	2-20	Y		-J	
Emergency (ir justification)		1	lame of (	Contact ()	. ,			1.	Teler	hone Nur	mber -		-1	
DCA L Cancellation			1	ITY INFO	RMATIC	N								
Name of Facility Where Abatement is Taking	Place (3)	)					Тур	e of Facility (	4)					
Street Address  Street Address								School (K-1. Subchapter Other (i.e. p etc.)	8 (Other	than K-12 commerci	2) al buildi	ngs, h	omes	š,
City (5) Cl. TOWNSh.	 V						Squ	are Feet	# of F	Loors		g. Ag		
County (6)		10	County Co	ade (7) SE ONLY)			Curr	rent Use (Price	or if bain		ned)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				patement Con		9)				
Street Address			a.			Street	Addr							
City, State, Zip Code						City, S	tate,	Zip Code ck, N.J. 07						
Project Manager for Monitoring Firm		1 1	el <mark>e</mark> phan	e No.		Telaph 732-		No. -1757		License N 00029	.0.			
Start Date (10)	Schedule	d Com	pletion D	ate (11)		Name	of OS	SHA Monitor						-
Occupancy Status During Abatement (Check		10)	1			Street	Addi	ress						-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: 170m 1	eried of A al Facility	Abatem Hours	ent		_	City, S	state,	Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat Iemoliti					1 6	full Containm Mini-Enclosur Novebag Pro Ion-Exempte	e Cedure					
		Locatio			D						4	Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole sintenar todial S (12)	ly by		los Cont thermal surfa		viater is ins AT, or	r	(8	mount pacify or LF)	Removal	Repair	Encapsulate	Enclosure
nesemont	Yes	No	I V	(1)	x+.	10			130	ith	10			
Dest vi				411-						* <i>U</i>				
Name of Registered Waste Hauler	1		JDEP W lauler ID		Cubic of Wa	Yards		S marenesses		red Landf	ill i			-
Ace Insulation Co., Inc.			2086		1	şal Datş		Chrins City, Sta	:			0.000	-	
City, State Colts Neck, New Jersey	7				2	1231	1)	Eastor			lato :			
Completed by Bree McGuire	Secr.	etary	Treasu	rer	S	lignatur	3	1			3/2	113	<u> </u>	

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State of hem servey NOTIFICATION OF ASSESTOS ASATEMEN P. -1210110 NJAC & 60 100 12: (20) FFR varie o suiding owner Opera (dati in CONTRACTING EMRTHIE Care of Mountailor .Z 1 85 Z ASBESTOS CONTROL &
O LICENSING Stree A551:54 क्ष पराज्यका Mences Nother S.ma Ort State Do Cook 08230 Amended N.J Amendment F. Emargency incurring \_ insuperior Name of Contac BREUNIG = 20-BRUCE Cancala: or FX0275 RF0FLW TON ige of Facility 14 Name of facility where Abasements "awry Place School (K-12) ( 55 DENCE Supprapier & Over then K.17. Oner (i.e., private & commercial outongs) JOURT - 5 UNWISTER Sies Address Blog Ag # of Floors Square Foot 1000 unent Use (Phor I being demovshed Down Doce MACONT 136 Or. 7 ROE MAY 20.7 . 5 yallerst you sue us connects (6) ESON SE 46600 INC Yarre of Harrioning Firm Sees Address 3005 5 SPRUCE Sies Acoress Sat 20 C∞: SHADE - 5 - 5 3 - € 20 0∞ € 256-779 अवस्य म्झान्ध्रकात्व सक्ता व्याप्त हान Name of OSHA Month Scheduki Chindejian Deve 2/23/15 Slan Date , 16/15 Sieel Address 3095, SPRUCENOS Standard Status During Abatement (Check only one E Facility Closed Vacated During Entire Penad of Abatemen \$13.1, Xu Coot J. 0005 SHADE. T Apaisment Performed Outside of Normal Factor, Hours ] Fut Contenment win Hegative Pressure \_ 0.04 - 0:200% Score of Ivons Check all that apply = W.n. Enclosure Mor Exempted (1) and Nor Frank Procedure \_ ಕಳುವೀತ್ರಾಮ ٠٥٠ IN Demakor 7 1 50 \$ Cr 3 250 . محد فقات د Description of מב שר Auter on Domaining Malena AOM Js 6 2 50 6 4 7 7 Specify : : 5 ma | 1:5 ms | r 5 ma | 27 ms | 2 5: 0 -: location of Aspesios Containing walend ACH 10 5E 456 E2 5 2 -5 T 6 - 7,5 CO & 7 8 CLS : 200 4.1 30000 \* # 5.5 TRADE 17E X 5171NG Hame of Registered Landill () Jaic Y 2168 JDE N≠4 7907 5: ^ 3 1 1 0 5 Name of Register & Waste Havior 0 5 00 541 0 813 Kiémco INC. Daie 2/15 s. S.a.t 5.762:00 ದ್ರಾಂಚಿಕ ಕಿ " Do not use this tom to aspessos Itempute exempled acombes 1:568

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State of New Jersey - Notification of Asbestos Abatement Check # 11448

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15									-0 11		111-
Date of Notification (1)					Name of Building Owner/O	perator(2)	FROM	A AF 1	F . T. 7	-111	-111-
February 2					RUTGERS, THE STA						-
Agencies Notified □EPA ☑ DCA	×	otification Initial N Amende	Votificat	000000000000000000000000000000000000000	Street Address ENVIRONMENTAL F 27 ROAD 1, BLDG 4	086, LI <u>VIN</u>	SAF		MPUS	1	
☑ DOL ☑ DEP- No Longer REQUIRED		Emerge justifica	ation)	ncluding	City, State, Zip Code PISCATAWAY, NJ 0		FET	OS COM CENSIN none Núm	g.	THUL	
X DOH		1 Cancel	led		Name of Contact MICHAEL SMITH, Et HEALTH & SAFETY	NV.	- Telepi	10110-17011		LE.	
				FACILITY INF							
Name of Facility Where Abatement is POWERPLANT, BLDG# 72		Place (3)	2		Type of Facility (4) School (K-12) Subchapter 8 (other that	an K-12)					
Street Address RBHS NEWARK CAMPUS					Other (i.e. private & com	mercial buildi				rs	
City (5) NEWARK	ty (6) ESSE	ΞX		Code (7) Jse Only)	Current Use (prior if being	demolished)	: POW	/ER PLA	NT		
Name of Monitoring Firm Hired by B Cardno ATC	dg. Own	ner (8)	ASCM 0098		Name of Contractor (0)  GREENWOOD ABAT	EMENT CO	וופמכ	TANT	SINC		
Street Address					Street Address	LIVILIVI O	71100		,		
3 TERRI LANE					268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08016					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Firm		elephone N			Telephone Number		Licens	e Number			
BRIAN KEARNY		609-386-		9	973-492-0477		0084	.0			
Scheduled Start Date (10) 02/13/15		12/23/15	completio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC						
Occupancy Status During Abatem  □Facility Closed/Vacated During				t	Street Address	•					
☒Abatement Performed Outside	of Norm	nal Facility	Hours -		20-21 WARGARAW F City, State, Zip Code	ROAD					
Describe Occupied by main					Oity, Otato, Zip Godo						
⊠Other – Describe: Shift Hou	rs: M-	F 3:00 P	'M – 5:	00 AM	FAIRLAWN, NJ						
Scope of Work (Check all that apply	)				×	Full Contain	ment w	ith Negati	ive Pres	ssure	
≥ 3 sf or ≥ 3 lf						Mini-Enclos					
□ ≥ 160 sf or ≥ 260	lf			☐ Demolition		Glovebag P		е			
	370				□ N	on-Exempted	d (*) and	d Non-Fri	able Pro	cedure	Э
Location of Asbestos-Containing		tion Normal			bestos Containing Iviateriai	Amour	(2)(4)(4)(4)	Abateme	ent Type		
Material (ACM) in Facility (13)	Solely b Staff? (*YES	oy Maint./Cu 12) NO	ustodial NA	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfacir scell.)	ng, (Specif or LF)	y SF	Remove	Repair B	ncap E	Enclose
B2 - MER		X		TSI	7	40 LF		X			
Name of Reg. Waste Hauler	IN	JDEP Was	te Hauler	r ID #	Cubic Yards of Waste: 2	20 CY		of Regist			
See Hauler Below #1 & 2		See Below						0.W.S. I		interest to the second	II
Hauler #1) Greenwood Abatement NJDEP # 28969 Hauler #2) S TG - 58 Pyles Lane, N NJ DEP # 20990				NJ 07405	-	Disposal Da 02/23/15	<u>te</u>	1 R	ity, State 00 New d. Morr 9067 15-736-	Ford M isville,	200000
Completed by (Print or Type) RAYMOND C. PEDALINO		ENIOR P		СТ	Signature Raymand C. Pea	lalino	Date F	ebruar	у 2, 2	015	

Date of Notification (1) 02/02/2015						Building (				pany, Ll	C	ET Ne			E		
Agencies Notified	5310	e Notification			Street Ad			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F	EB (	<u> 201</u>	Ō	_	/	1
EPA DEP DOL	×	Initial Amended Amendment	#			te, Zip Co en, NJ (					ASSI.,				3.5		1
× DOH □ DCA		Emergency (i justification) Cancellation	ncluding		Name of Patrick	Contact			-			ephone N	1 10	_	1 (m. 14m		
					FACII	LITY INFO	RMATI	ON									1
Name of Facility Where A Field House	Abate	ment is Taking	Place (3	)					Sound Sound	of Facility ( School (K-1							
Street Address 207 Van Vorst Stree	et	. =				g Cympac IV a th Michigan			X	Subchapter Other (i.e. p tc.)				ildin	ıgs,	home	s,
City (5) Jersey City									Squar 3,900	e Feet )	# of 2	Floors	- 1	Bld 90	g. A	ge	
County (6) Hudson					County C (STATE U	Code (7) ISE ONLY)				nt Use (Pri mercial	or if bei	ng demol	ished)				
Name of Monitoring Firm N/A	Hire	d by Building C	owner (8)		ASCM	l No.		100000000000000000000000000000000000000		ement Cor acting, Ll		(9)					
Street Address								524.784.7633	Addres Valle	s y Road,	Suite	K	e.	-0-			
City, State, Zip Code									State, Zip	o Code ew Jerse	y 0747	70					
Project Manager for Mon	itorin	g Firm			Telephor	ne No.		500000000000000000000000000000000000000	hone No ) 928-			License 00874	No.				
Start Date (10) 02/12/2015			Schedule 02/22/2		npletion [	Date (11)		THE RESIDENCE OF THE PARTY.		A Monitor acting, LL	_C						
Occupancy Status During	g Aba	tement (Check	Only Or	ne)				Street	Addres	S			50.5				
Facility Closed/Vaca Abatement Perform	ed O	During Entire Putside of Norm	eriod of A	Abaten Hours	nent S				Valle State, Zip	y Road, o Code	Suite	K					
Other – Describe:								Way	ne, Ne	ew Jerse	y 074	70					
Scope of Work (Check A	II Tha	it Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Participant of the Participant o	Renova Demoli				5	Mini Glov	Containmoi-Enclosure	e cedure				1		
			1					lif.	i Non	i-Exempte	o (^) and	a Non-Fri	able Pr			ment	
Location			1	Locat	lly		De	scription	n of						Ту		
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATEC ity		Ma	d Sole intena todial ( (12)	nce/		thermal surfa				(S	mount Specify or LF)	Removal		Repair	Encapsulate	Enclosure
			Yes	No	N/A									1		(D	
Root				Х					nbrane		2,8	00 SF	x				
Root		Х			Roo	f Flash	ning		62	20 SF	X	1					
							100000						-				
Name of Registered Was	-4- II.	ende e			LIBERIA												
Service Transport G				1	IJDEP W lauler ID 0990		of Wa	Yards ste		Name of Minerva							
City, State New Castle, Delawa	ire			11			Dispo: TBD	sal Date	2	City, Stat Wayne		Ohio					
Completed by Predrag Sarcev			Title Vice	Pres	ident		S	Signatur	е.				Date 02/02	/20	15		

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

Check 5483

- 10°			Name of	Building	Owner/Operator (	2)		39					
Date of Notification (1)			I,	A	RCIER		p=		A 00	100	$\dashv$		
2 - 1	Type Notification		Street Ac	dress									
Agency Notified	Type recusedos.		19 COLONIAL PARKWAY								-		
O EPA -	and Indial	t	City, Sta			7/-7							
DEP	Amended Amendment#		DU	Mon	J 0/620								
- BOL	D Emergency (includin	9	Name of			Telephone Number							
E DOH	justification)  ☐ Cancellation		T	AR	CIFRI						1		
DCA	7 Castoessaou				RMATION						1		
			FACIL	III IMPC	The state of the s	Type of Facility	(4)						
Name of Facility Where	Abatement is Taking Place	<b>≥</b> (3)											
I I ARO	CIERI				☐ School (K-12) ☐ Subchapter 8 (Other than K-12)								
Street Address						Other (i.e. pri	vate & commercial o	widing	<b>j</b> S,		-		
19 (20101)	IAC PARKO	NAY			3. 41	homes, etc.)		Bldg.	1/2		-		
City (5)	117C 1 171.C			٠,	9.7	Square Feet			YR	5			
						.1600.	2		10	_			
Du mon!			County	Code (7)	(STATE USE		nor if being demolish	ee)					
County (6)			ONLY)	4	*	RESID							
BERGEN	m Hired by Building Owne	F ASC	M No.		Name of Abatem	nent Contractor (S	9)		_				
Name of Montoring (%)	It timed by bearing own				Best Re	moval In	С						
					Street Address								
Street Address						th River	St						
					City, State, Zip	Code							
City, State, Zip Code				Hackensack, N.J. 07601									
	· · · · · · · · · · · · · · · · · · ·	Tolori	one No.	* *	Telephone No.		License No.						
Project Manager for Monitoring Firm Telep						9-7444 - 00388							
	Scheduled C	amplefea F	Pata (11)		Name of OSHA	Monitor							
Start Date (10)					Omega	Environm	ental						
2-13-15		1 1 1			Street Address								
	ng Abatement (Check on		st to		280 H	uyler St	270						
☐ Facility Closed/Vaca	ted During Entire Period	of Abateme	ni		City, State, Zip	Code							
Abatement Performs  Bi Other - Describe:	ad Outside of Normal Fac 8 AM 5 PM	M HOUIS	7.4		S. Ha	ckensack	,N.J. 076	06					
Scope of Work (Check							Negative Pressure						
	ets away wished)		→® Ren	overline '		Containment will Enclosure	I Medatine Liespeic						
2≥3500≥31 2≥150500≥2601			□ Den		ER Clas	mbas Decerise	IN Cable Desco	elauno.					
2 100 3 01 2 200 s				,	☐ Non	-Exempted (") an	d Non-Friable Proces	GGG	Aba	torne	ent		
		Is Loc	ation						1	ype	_		
	ti ef	Non			Description	of	W W			_			
TO BE ABATED Cus			nance/	Asbo	stes Containing M	laterial (ACM)	Amount (Specify SF or LF)		2 2	non	En		
			ocial	(i.e	surfacing, VA	T. or			Removal	Bole	olog		
	acilly (3)	(1:	1977 N		other miscellar	eous)			Val.	Encapaulate	uro		
	10)	. \		and						9	-		
		Yes N			<u> </u>		70	15	X	+	$\vdash$		
BASEMEN			X	THE	RMAL INS	ULAIDA	10	SP.	1	+	+		
Dita									-	+	1 7		
<u> </u>								4,4,	1	1	+		
										1	1		
Name of Registered V	faste Hauler	NJDE	P Waste I	lauter	Cubic Yards of		istered Landfill						
Rest Rem	oval Inc	ID No.			Waste	Minerv	a Enterpri	ses	, , I	,LC	,		
Desc Ren		1	7109		1240								
City, State					Disposal Date	City, State	-h 01-	1, 1, 4	22				
Hackensa	ck , N.J. 07	7601 .	S		12-14-15	Wayne	sburg, Oh,	Date	100	_			
Completed by	Title				Signature	0			3-1	5			
R. VELDRAN	Est	imato	r			dran	1		-1				
ASB-41	* Do n	ot use this t	form for a	sbestos	icensure exempte	eg aciyales.							

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

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

		(Pu	rsuar	nt to	o <u>N.J.</u>	A.C	<u>.</u> 8:60 and	12:12	20)	CR# 2	758					
Date of Notification (1)			Na	Name of Building Ov			wner / Operator	r (2)	1		100					
1/29/15				Trenton Board of Education							a sosa //					
	Type Notifica	ition	100000		Addres	- CONTRACTOR				1						
□ EPA	<b>5</b> 7			1490 Prospect Street												
DEP	Initial			City, State & Zip Code Trenton, NJ 08638												
⊠ DOL		ded R1-2/3/15					88			1						
□ DOH     □ Emergency     □ DCA     □ Cancellation					Name of Contact Telephone Number											
☐ DCA	☐ Canc	eliation	MI	r. E	erett (	O. Co	ollins			1.2						
				FAC	ILITY	INFO	RMATION									
Name of Facility Wh	ere Abateme	nt is Taking Pla	ice (3)				Type of Facili	ity (4)								
Trenton Central HS West																
Street Address					Subchapter 8 (Other than K-12)											
1001 West State Street							Other (i.e	Other (i.e. private & commercial buildings, homes, etc.)								
F)							Square Feet # of Floors Bldg. Age									
City (5)		County (6)	Coun	ounty Code (7)			70,000		60+							
Trenton		Mercer		(,)				t Use (Prior if being demolished)								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	85	incree:	İ				School									
Name of Monitoring	Firm Hired by	, Building Owne	or (8)		ASCM	No		tement	Contractor (	0)						
Environmental Co		y Dullulling Owille	1 (0)	ASCM No. Name of Abatement Contractor (9 Bristol Environmental, Inc.						. ,						
Street Address	Jiiicotioii	-			<u> </u>	-	Street Addres		ciitai, iiic.							
120 North Warren	Street							1077	et							
City, State & Zip Coo							1123 Beaver Street City, State & Zip Code									
Trenton, NJ 0801							Bristol, PA 19007									
				one l	Number		Telephone Number License Number									
				9-392-4200			(215)788-6040 00509									
Scheduled Start Date (10)   Scheduled Complet							Name of OSHA Monitor									
2/9/15 Scheduled Complete					()		Bristol Environmental Inc.									
Occupancy Status During Abatement (Check only or							Street Address									
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal He					tement		1123 Beaver Street									
						pm	City, State & Zip Code									
Describe: 4:00 PM to 12:30 AM							Bristol, PA 19007									
Facility Occu	pied During	Abatement														
Scope of Work (Che	ck all that ap	ply)														
							Full Containment with Negative Pressure									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>				Rend	vation		Mini-Enclosure									
				Dem	olition		Glove Bag Procedures									
								$\boxtimes$	Non-Exempt	ed and Non-	Friable Procedure					
Location of				catio			Description		Amount	Abatement Type						
	os-Containing	3		rmally Used			Asbestos-Cont		(Specify							
			Sole				Material (AC		SF or LF)	2 _ E E						
			Mainter		776 CT-00-		(i.e., thermal sy sulation, surfac			nclsour ncapsula Repair Remova						
10	(13)						or other miscella			Enclsoure Encapsulate Repair Removal						
	(10)	-			N/A		other miscene	aricous	"		ate e					
A-38				X			Nail Cret	fo	-	185 SF						
A-53				X	H					702 SF						
A-53				7	H		Nall Cret	Nail Crete		102 31						
			片ㅏ	┽┼	H -											
			井	=+	+											
				4												
N	VALUE TO THE T						2	INI.	( D ' - '	41 1011						
Name of Registered	vvaste Haule	2				A010000 100	Cubic Yards of Waste	Ivame	of Registere	eu Landill						
Briefol Environmental Inc						cu yd	ic .									
Bristol Environmental, Inc.							TANK TO STATE OF THE STATE OF T		vs Landfill							
City, State				100			2/11/15	sposal Date City, State								
Bristol, PA																
Completed By (Print or Type)				Title			Signature	~	. /	Date						
Gino Pizzigoni		Project Manager				Sino Pizzigori / 1/29/15										
				INISI	nager		barred 12 d	11	1							

GI 15011 - A 38 GI 15009 - A 53

Date of Notification (1)		Nam	e of Buildin	000000000000000000000000000000000000000				50 241 5				
1/29/15	Tren	ton Rose	ng Owner / Oper d of Education	rator (2)		FFD		7		11		
Agencies Notified Type Notification			et Address	d of Educatio	РП		FER A	2018		_/	11	
☐ EPA			t Street		1	1			-	1		
□ DEP □ Initia □ DOL5691 □ Ame		City.	1490 Prospect Street City, State & Zip Code									
□ DOL5681 □ Ame	nded	Tren	iton, NJ 0	8638		ASE.	LICEN				1	
□ DCA □ Eme	gency Name of Contact			†	036			U.			ĺ	
☐ DCA ☐ Cand	cellation		erett O					Telepi	none I	Viin	nhe	
		EA		FORMATION								
Name of Facility Where Abatem	ent is Taking Pla	ce (3)	OILI I II	Type of Fa								
Trenton Central HS West		100		School	ol (K-12)	NON SIID CI	ADTED O					
Street Address			□ Subch	School (K-12) NON SUB-CHAPTER 8  Subchapter 8 (Other than K-12)								
1001 West State Street				Other (i.e. private & commercial buildings, homes, etc.								
				Square Fe	(i.e. priva	te & comme				etc.	)	
City (5)	County (6)	County (	Code (7)			# of Floors		Bldg. A	ge			
Trenton	Mercer	Jane	- Jus (1)	70,0		3			60+	F.		
				Current Us	e (Prior if	being demo	ished)					
Name of Monitoring Firm Hired b	v Building Owner	(8)	IACCMAN.	School								
Environmental Connection	, Junuary Owner	(0)	ASCM N		The state of the s							
Street Address			-	Bristol Er	Bristol Environmental, Inc.							
120 North Warren Street					Street Address							
City, State & Zip Code					1123 Beaver Street							
renton, NJ 08010				City, State	City, State & Zip Code							
Project Manager for Monitoring Fi	rm IT2	elephone	Number		Bristol, PA 19007							
lim Frisbee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09-392-4	200		Telephone Number License Number							
Scheduled Start Date (10)	cheduled Compl	etion Date	0 (11)		(215)788-6040 00509							
2/9/15	2	/10/15	C(11)	Name of OS	Name of OSHA Monitor Bristol Environmental Inc.							
Abatement Performed Our Describe: 4:00 PM to Pacility Occupied During Acope of Work (Check all that approximation)	12:30 AM batement			City, State & Bristol, PA	19007							
	.37								3500			
≥3 sf or ≥3 If					Full Containment with Negative Pressure Mini-Enclosure						9	
≥160 sf ≥260 If	Demolition											
¥							Glove Bag Procedures  Non-Exempted and Non-Friable Procedure					
Location of		Is Locatio	in .	Descript'	⊠ N		d and Non Amount					
Asbestos-Containing		ormally Us			Description of Asbestos-Containing			Ab	ateme	nt T	ур	
Material (ACM)		Solely by	/	Material (A	Material (ACM)					_		
TO BE ABATED		aintenance		(i.e., thermal s	i.e., thermal systems			Z.	7	Enc	1	
in Facility (13)	Cu	stodial St	aff?	insulation, surfa	sulation, surfacing, VAT rother miscellaneous)			Remova	Repair	aps	1 1000	
(13)	Ye	(12)		or other miscel				oval	air	Encapsulate		
20	16:		N/A	0						e	'	
38				Nail Cre	te	1	85 SF			П	Г	
								Ī	H	Ħ	十	
								TH	H	H	十	
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68 11 111								11	井	+	十	
me of Registered Waste Hauler		NJDE		Cubic Yards	Name o	of Registered	Landfill					
istol Environmental, Inc.				of Waste								
		1870		1 cu yd	Grows	Landfill						
y, State istol, PA				Disposal Date	City, Sta							
mpleted By (Print or Type)		T111 -		2/11/15	Morris	ville, PA						
	Title	4	Signature Date									
no Pizzigoni		Proje		Gino Piggigoni / jl 1/29/15								
4 5044		Mana	ager	Dear Pin	man	e / Il		nantanit ida	ens <del>a</del> di			
15011				00	11	1			_	-	_	