						11.7						
Date of Notification (1)	Nam	ne of Buildin	g Owner/C	perator 4550) Ci Q	tes	F	EB 9	201	633		9
Agencies Notified Type Notification	1.0	et Address (04 M	1/1	Stre	et	L				4	-
EPA Initial Amended Amendment #	City	State, Zip	Code	バ	180	60-	/NO.	ЦČЕН.	100			
☐ DOH justification) ☐ DCA ☐ Cancellation	Nam	ne of Conta	DION	\iS			Teleph	one Numb	er	- 14	'n	
	F	ACILITY IN	FORMATI	ON								
Name of Facility Where Abatement is Taking Place ((3)				☐ Sch	Facility (4 nool (K-12	2)					
Street Address	MC			u.	Oth etc.	er (i.e. pr	rivate & co	han K-12) ommercial			masses and	s,
City (5) SOUTH Drange	,				Square f		# of Fly	3		ig. Ac	je)	
County (6) ESSEX		inty Code (7 ATE USE ON			Current	1	rifbeing OM/14	demolishe 4 H l	id) IMC	,		
Name of Monitoring Firm Hired by Building Owner (8	3) A	SCM No.		Name	of Abaten	nent Con	tractor (9)	ies7/	し、			
Street Address				Street	Address	ox of	-					
City, State, Zip Code				City, S	State, Zip	Code	108	723				
Project Manager for Monitoring Firm	Tele	ephone No.		Telep	hone No.	-748		icanca No	96			
Start Date (10) Schedu	uled Comple	tion Date (1	1)	Name	of OSHA	Monitor		,				
Occupancy Status During Abatement (Check Only C	One)	1		Street	Address							
. /						5						
Facility Closed/Vacated During Entire Period o Abatement Performed Outside of Normal Facil Other – Describe:	T Abatement ity Hours			City, S	State, Zip	Code						
Scope of Work (Check All That Apply)							-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition				Mini-E Glove	Enclosure	e cedure	egative Pr				
					Non-E	Exempted	d (*) and N	Non-Friabl				
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Location of	Normally sed Solely b	W		escriptio							8000	
Asbestos-Containing Material (ACM)	Maintenance	d As	bestos Cor (i.e. therma					ount ecify	R	ת	Enc	En
In Facility Co	ustodial Staf (12)	f?	surfa	acing, V	AT, or			r LF)	Remova	Repair	apsu	Enclosure
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	1 110	EP Waste	Cuki	c Yards,		Name of	Registers	ed Landfill				
Name of Registered Waste Hauler SICK NOWSTIPS INC	1,227,170	ler ID No.	of W		0	(JRC	XV.S	46			
City, State S(\UK, N)			Disp	osal Dat	e 5	City, Stat	e PS) .				
Completed by Plauhis Title	Presi	dent		Signatu	re EUS	0~		Da Z		115	-	

				to NJAC				1			C	1#	84	66
Date of Notification (1)9 2015 February 4th, 2015				f Building f Paterso		Operator	(2)			M62411114111241118804				
Agencies Notified Type Notification	-		Street A 850 M	Address ladison A	Ave.			THE RESERVE TO SERVE THE PARTY OF THE PARTY	I Parallel Land					
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DOH justification) Cancellation	including		Name o	f Contact J.McDer	Maria de la companya	-			Tele	ephone Num	har			
			FACI	ILITY INFO	DRMATI	ION		Name and Address of the Control		***************************************			arkene are a	-
Name of Facility Where Abatement is Taking Burn Home	g Place (3	3)				10000000000000000000000000000000000000	Тур	e of Facility School (K-						
Street Address 10 Redwood Ave.							×	Subchapte	er 8 (Othe	er than K-12 3 commercia		dings,	home	es,
City (5) Paterson,							Squ	lare Feet	# of 2	Floors		ldg. A	ge	
County (6) Passaic				Code (7) USE ONLY				rent Use (Pr	ior if bei	ng demolish	ed)		ar ilancora	
Name of Monitoring Firm Hired by Building C CSA Consulting	Owner (8))	ASCN	И No.		1 5-5-7 17		oatement Co Constructio		(9)				
Street Address 26 Lorenzo Court						Street 164		ress y Ave.			7			
City, State, Zip Code Matawan, New Jersey 07747			-					Zip Code Vew Jerse	v 0701	1-1802				
Project Manager for Monitoring Firm Mr. Michael Chain			Telepho 732-92	ne No. 21-9223		Teleph	none			License No),	-		
Start Date (10) February 5th, 2015	Schedul			Date (11)		THE STATE OF THE STATE OF		SHA Monitor						
Occupancy Status During Abatement (Check			1, 2010			Street			711 1110.					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of all Facility	Abatem Hours	nent					y Ave. Zip Code						
Other - Describe: 7:30am-3:30pm						Clifto	on, N	lew Jerse	y 0701	1-1802				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	AND COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE OF	Renova Demolit					N G	full Containm fini-Enclosur Blovebag Pro Ion-Exempte	e cedure				e	
	10000	Locati											ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole hintenar todial S (12)	lý by nce/		tos Cont thermal surfac	scription taining N system cing, VA niscellar	/lateri s insu T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Citile Home	Entire Home X								48000	ıbic yard	x			
										St				
Name of Registered Waste Hauler		11200	JDEP W	0.001 (0.001)		Yards		Name of	Registe	red Landfill	-			
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City, State Linden , Pa			TBD	sal Date		City, Sta Wayne		Ohio 446	88					
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Date of Notification (1), 2/13/1			Name of Bu	Iding Owner Operal	0 (2) 1 C U / K C = S	EED O	מחוב
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	Amendment I		Cry, State,	NOODA 1	NE , KIT	508270	
	Emergency (in: justification)	dwing	Name of Co			Telephone Numbe	!
	Cancellation		<u>L1</u>	SA FISHEI			
1			FACILITY	INFORMATIO'N	- 10		
Name of Facility Where Abate		Place (3)			Type of Facility (
LES 17E	NOE				School (K-12)	(Other than K-12)	
Street Address	u 4 St.				- Q On € (I pr	vale £ commercial	
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City (5)	= Hann	301			1000	2	40 -
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County (6) Cx 05 M	14		USE ONLY)		DNT.	
Name of Marrioning Firm Hired		WTIE!	ASCA HO.	Name of Abate	meni Convagor (9)	C1	·.
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Cay State Zip C∞te				Cry. State. Zip	PL? SHAD	E NJO	805 - ==
51) July De 0444			·.	THEPTONE NO.	Tre Shirt	License No	
Practimenager for Montoning	Firm	, , , , , , ,	ilephone No.	856-7	79-0472	0044	4
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2/16/14				Sue et Addres	3	- 1 =	
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Scope of Work (Check all that	apply)			□ Fux (Containment with Ne	gative Pressure	
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Name of Registered Waste H	aulor		Hauler D No.	01 43316	C,M	, C , M , C	
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Compete By	Tio			Signaliu	"osiph I Se	Z	13/15
TOSEPH KLEM	m	0 1	NER				

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Name of Facility Nerve Abatement is Taking Place (3) State Astroses Server Address State				la constant					720						4	11 1	1
Second Process Seco	Date of Notification (1) February 3, 2015						Owner/O			# 1843	FE		1 20	ij		IJ,	
Dob				1.93			et										1
Emergency (including Including Inclu	DEP	Amended	#	1923		일 (1986년 시간 기간 기간 1일 1일 시간 기간		2711-220-7		A				101	Z &		
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Hines Residence Street Address County (6) Mt. Holly County (7) County (8) Street Address Street Address County (8) Management & Enviro. Consulting Services Street Address PO Box 341 City, State. Zip Code Chesterfield, NJ 08515 Froject Manager for Monitoring Firm Street Address Project Manager for Monitoring Firm Street Address Stree	X DOH	justification)	including						*		Tele	ephone N	Numbe	r			
Name of Facility Where Abstement is Taking Plaza (3)		- Carronation			FACII	LITY INFO	RMATI	ON						_			_
City (5) Curry (6) Square Feet	Hines Residence	Abatement is Takin	g Place (3)							School (K-12	2)	or than V	12\				
Mt. Holly County (6) Surfington Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Welsgarber Steet Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Welsgarber Steet Address Bill Welsgarber Steet Address Po Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Welsgarber Steet Address Bill Welsgarber Bi									×	Other (i.e. pr				uild	ings,	home	s,
Burlington Residence Re									5 - 1			Floors			8000	ge	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Bill Weisgarber Ster Date (10) February 12, 2015 Cocupancy Status During Abatement (Check Only One) February 13, 2015 February 13,		1									r if bei	ng demo	lished)			
PO Box 341					ASCN	1 No.											
Chesterfield, NJ 08515																	
Project Manager for Monitoring Firm Telephone No. 809-298-4070 856-755-0099 00842		515									3052						
Start Date (10)	Project Manager for Mor	X11.0/11.0/892.1			50.00			Telep	hone No	D.							
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Abatement Demolition Scope of Work (Check All That Apply)	Start Date (10)			Com	pletion [c						
Abatement Performed Outside of Normal Facility Hours		g Abatement (Chec	- 10 The second of the second		, 2010			Street	Addres	SS							
Scope of Work (Check All That Apply)	Abatement Perform	ned Outside of Norm						000000000000000000000000000000000000000	110000000000000000000000000000000000000		.n						
Same of Registered Waste Hauler Signature Signa	Other – Describe:							Cinr	namins	son, NJ 0	8077						
Demolition Description of Asbestos Containing Material (ACM) Amount (Specify Pendolity Pen		All That Apply)							_								
Secretarion of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A								3	Mir Glo	ni-Enclosure ovebag Proc	edure						
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A First Floor Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Completed by Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Normally Desc			T					L	_ No	n-Exempted	(*) an	a Non-Fr	rable		20 - 1 - Ye	-3-7	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 02265 City, State Freehold, NJ Completed by Title Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other	1	5	(V2775002		(C)		De	a asiatia.	o of				L		1000		
First Floor XXX Duct Insulation (Wrap & Cut) 25 SF X Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 02265 Name of Registered Landfill Western Berks Community Landfill City, State Freehold, NJ Completed by Title Signature Date	Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED lity	Main' Custo	tenar dial S (12)	nce/ Staff?		tos Cont thermal surfa	taining ! system cing, V	Material is insula AT, or		(5	Specify		Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Freehold Cartage Name of Registered Waste Hauler Name of Registered Landfill			007 district		27.500.0010	-	- Landard Control	/1		0 1)			-				
Freehold Cartage Hauler ID No. 02265 of Waste 1 Western Berks Community Landfill	First Fi	loor	X	XX		Duct	insula	tion (v	vrap 8	k Cut)		5 51		X			
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Freehold Cartage Hauler ID No. 02265 of Waste 1 Western Berks Community Landfill																	
Freehold Cartage Hauler ID No. 02265 of Waste 1 Western Berks Community Landfill										LM			1611				
City, State Freehold, NJ Completed by Title Disposal Date 2/13/2015 City, State Birdsboro, PA Date	100 mm 1	ste Hauler		Н	auler ID		of Wa			TIBELPTERONUOPEROOTEEN				ity	Land	dfill	
Completed by Title Signature Date		*					100000000000000000000000000000000000000		9			Α			-		
	Completed by			tions	s Mana	ager .	. 8	Signatur	e Wh	a P	(201	5		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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11/10/2014	tion (1):	N	ame of	Buildin	g Owner/Operator (2))		AE I		11/2	- 11	
Agencies -Tyne	Notification	IVI	iain Liib	rary, Fr	ee Library of Jersey (City		17		D +0	اليا .	
Notified FED		SI	reer Ad 2 Jerse	idress:				All Mou	17			
DEPA BAN	nended	Cí	tv. Stat	e, Zip C	oda:			4H NOV	1/	AM	1: 11	B
DER_ Amer	ndment#:	Jei	rsey C	ty, NJ 0	7302			A Common				0
DOLAS DEM	ergency	Na	ame of	Contact				AUDEST	#S (()M	FAN.	1
DOOH jus	iding tification)	Pri	iscilla (Gardner.			Telep	hana Mirenten I	CEY.	31160))	-
© DCA □ Can	ncellation						T.			- 1	J	
G D C A										9		
Name of Facility	Jersey City F	Zrae D	ulalia I	11.	FACILITY INF							-
472 Jersey Avenu		100 11	none L	ibrary		- 7	ype of Facility (4):					
	10				5		School (K-12)					
City/ (5)	Coun	nty (6)	1:	TCo	unty Code (7);	-	Subchapter 8 (Other tha	in K-12)				
Jersey City	Huds			073			Other (i.e., private & co	mmercial buildings	, homes	, etc.)		
						So	quare Feet:	# of FI	nors:			
				1		BI	dg. Age		00.0.			
Name of Monitor	ing Firm III	J 1 7	D !!!!				arrent Use : Library					
Name of Monitori WHITMAN	ng rum Hire	a by E	∃uildin	g Owne		N	ame of Abatement Co	intractor (9).				
					00110 -							
Street Address:						A	pex Development, eet Address:	Inc.				
7 Pleasant Hill F	load					Sti	eet Address:		2002			
						65	O Data Di					
City, State, Zip Co	ode:					0.5	8 Rutgers Plac	e				
Cranbury, NJ 08	510					Ci	y, State, Zip Code:					
roject Manager fo	DIZ	D.				Pa	ramus, NJ 07652					
Kevin T Lovely	or ivionitoring	g Firm	ı;		Telephone No.:		ephone No.:	License No.:				
					732-390-5858		(3) 350-0101	- No. 200 Co. 1				
Start Date (10):	S	Schedu	iled Co	inpletion	n Date (11):	Na	me of OSHA Monitor	01215			20000	
	0	12/01/	15	Col.	-3H2016	Me	tro Analytical Labora	l':				
Decupancy Status Du	ıring Abatemer	nt (Che	ck only	one)			eet Address:	itories				
Facility Closed/vac	ated During Fr	ntire De	eriod of	å botan.	ent		West 36th Street, Si					
Augustient Periorit	ned Outside of	Norma	al Facilit	y Hours	411			uite 203				
Describe:						Nes	y, State, Zip Code:	10010				
Other						110	v York, New York,	10018				
escribe:						1						
cope of Work (Chec	k all that apply	/):										
\geq 3 sf or \geq 3 lf				-/	AND A CONTRACTO		□ Full	Containment	N. 1			
₹ 160 sf or ≥ 260	lf			□ Dem	ovation			Containment with i-Enclosure	Nega	tive Pi	ressur	е
							Glov	ebag Procedure				
Location of			Locat			V28 1		Exempted (*) and I	Yon-Fr	iable F	roced	nre
sbestos-Containin		Lice	Vorma d Sole	lly Jackson	A sheetes Canto	script	ion of				emen ype	t
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TO BE ABAT	red	C	Custodi	al/	surrac	ling,	VAT, or	Amount	R	2.0	E	10
IN Facility	/		Staff?		other n	niscel	laneous)	(Specify	em	Re	ıca	1 5
(13)	-	Ver	(12)	T 311			15.00 	SF or LF)	Removal	Repair	Encapsulat	PHOTOSUIC
FLOOR		Yes	No X	N/A	DI O O V				1	1	lat	11.6
			^		FLOOR TILE			7,675 SF	*			1
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ame of Registered	SFER ASSOC	C. IN	C	MIDE	P Waste Hauler ID N	0.:	Cubic Yards	Name of Regis	tered I	andfil		
ame of Registered U-STATE TRANS		-, -, 1	~·				of Waste: 30	MINERVA		ENTE	RPRI	SF
U-STATE TRANS				4		1		1 10000			- tot 1 1 1 1	-
J-STATE TRANS			Dispo	sal Date			Cir. D	ASSOC, INC.				
RI-STATE TRANS ty, State: onx, NY 10474			Dispo	sal Date			City, State:		7.			
ame of Registered RI-STATE TRANS Ty, State: onx, NY 10474 mpleted By: Ivester Oraegbuna	•		Dispo	sal Date		Signat	Waynesburg, OH 44					

CX4629

Date of Notification (1) 2/2/15			Name of	of Building Of Atlan	g Owner	/Operator	(2)	p= p=	n 0			1	111
Agencies Notified Type Notification			Street A	Address		ulevaro		FE	<u>5</u> 5	405		_	
➤ EPA			City, St	ate, Zip C	Code		1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Jan Jan			1	.1	
□ DOH			Name o	of Contac Anders	t	4		Te	lephone	Numbe	r		
Name of Facility Where Abatement is Takin	n Place /3	2/	FAC	ILITY IN	ORMA	TION	- :-	1					
Vacant Row Home	g i lace (c	2)					Type of Fac	15/13 51					
Street Address 1306 Adriatic Ave					2		Subcha	(K-12) apter 8 (Oth i.e. private	ner than & comm	K-12) ercial b	uildir	gs, h	nomes,
City (5) Atlantic City NJ							Square Fee 1000+	t #0	of Floors		Bld	g. Ag	е
County (6) Atlantic			County (STATE	Code (7) USE ONL	r)		Current Use Row Hous	(Prior if be se	ing dem	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.			of Abatement	Contracto	r (9)				
Street Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Sox 329						
City, State, Zip Code						City, S	tate, Zip Code Berlin NJ						
Project Manager for Monitoring Firm	-		Telepho	ne No.		Teleph	one No. 753-9800		Licens				
Start Date (10) 2/16/15	Schedule 2/27/15		npletion	Date (11)		-	of OSHA Mor	nitor	0072		-	_	
Occupancy Status During Abatement (Chec	k Only On	e)		**			Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abaten Hours	nent s				ate, Zip Code	9					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Innered	enova emolit				×	Mini-Enclo Glovebag	inment with sure Procedure apted (*) an				luca	
	Is	Locati	on				- HOIT EXCIT	pico () ari	u Non-i	Table F		atem	ent
Location of Asbestos-Containing Material (ACM)		ormal d Sole				scription				-	-	Туре	1
TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/		thermal surfa			(8	mount Specify or LF)	Kemova	Napall Napall		Enclosure
100-15	Yes	No	N/A									1	D CD
1&2nd Floor			X		Ceili	ing Plas	ter	10	50 Sf	x			
Roof		X		F	Roofing		65	50 SF	х	-	-		
Name of Registered Waste Hauler		l N	JDEP W	aete	Cubic	Yards							
Earth Tech		Н	auler ID I 8429		of Was		ACU	of Registe A	red Land	11111			
City, State Greenfield NJ		e denim			Dispos 2/27/	sal Date 15	City, 8	State Delilah	Rd, E.H	Н.Т.			
Completed by Anthony T Perna	Title Presid	lent			S	ignature	1			Date 2/2/15	;		

CK 26/160

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

									T-1 - 19			-
Date of Notification (1) February 2, 201	5			Name of Building (Owner/Oper Danilo		niro (i		,	- W	B	3
	ion Notificatio ded Notific			Street Address	2000-2000 0000	est Bo	ourne Road	FEB	9			4
[x] DOL Amen	dment # gency (inclu			City, State, Zip Cod		ville, l	PA 19438	ASSINGER	E SING	NUL 1911	8	
I DCA	cation) ellation			Name of Contact Danilo	Casimir	0	Те	lephone Number				
		F	EA CII	LITY INFORM	ΔΤΙΟΝ							
Name of Facility Where Abatement is Taking Residence	Place (3)	1	71011	on i in ordin	MITON	Туре	of Facility (4)	School (k-12)				
Street Address 158 West Beach W	/ay						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al buildi	ings,
City	County (6)		County Code (7) STATE USE ONLY	r)	Squar	e feet 900 sf	# of Floors	Bldg	. Age 6	0	
Chadwick Beach	Ocean					Curre	nt Use (Prior if Residen	being demolished) ce				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	Ta .	A	ASCM No.	Name of	Abatem	ent Contractor (Guardia	9) n Contracting,	Inc.			
Street Address					Street Ac	ldress		oute 9, Unit 61				
City, State, Zip Code		7-11-22-22-22-22-22-22-22-22-22-22-22-22-			City, Stat	te, Zip C	Code	iver, New Jerse	ev 087	755-12	271	
Project Manager for Monitoring Firm	Te	elephone Num	iber		Telephon 732-34		per	License N 00624				
Scheduled Start Date (10) 2/3/15	So	cheduled Com 2/5/15	pletion	Date (11)	Name of	OSHA		. Analytical				
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated			Abater	ment	Street Ac	dress	D-140 (C-10-12) (C-10-12)	elton Road				
Abatement Performed (Outside of N	Normal Facilit	y Hour	TS .	City, Sta	te, Zip C		vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)		V)		<u>'</u>	[]		Il Containment v	with Negative Pres	sure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			novatio molit <mark>i</mark> c		[x]	Glo	ovebag Procedu	re and Non-Friable I	rocedu	re		
			1						1	ement '	-	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Location of Location of Normally used Asbestos-Containing Material (ACM) TO BE ABATED Maintenance/Custod in facility Staff					on of ntaining ACM) systems arfacing or aneous	S ,	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S U
81 16	YES	NO N	/A	Otti	or imiscon	arroous,	,		L		L E	R E
Exterior		X	1	Asbestos sidir	ng	7770		800 sf	X			

				4			1					
Name of Registered Waste Hauler Guardian Contracting, Inc.	auler II 23	O No. Cubic Ya	ards of Was	te N	lame of Register	red Landfill	1					
City, State Toms River, New Jersey		D	isposa /6/14	l Date	City, St		Pennsylvania				vm - 91-32-11A	
Completed by (Print or Type) Nicholas Fernicola	Title Project	Manager		Signature	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jane Jane	=	Date 2/2/	2015		
			forma	for appeared lines	210	untad a	ativitias					

Date of Notification (1)			Jame of	Building C)wner/On	erator	(2)	10000						#
February 4, 2015		100	_ovez,		, wilding p			# N/A	F	EB 9	2015			
Agencies Notified Type Notification EPA Initial	-		Street Ad 10A Je	ldress nnings f	Road						ectorio et a			
DEP Amended Amendment #				te, Zip Coo d, NJ 08		2000			ASEL	ETUS L LICENS	VIIII G) L 0x		
Emergency (ir justification) DCA Cancellation	cluding	/ 56		Contact Sarando	ulias				Tele	phone Nun	ber			
			FACII	ITY INFO	RMATIO	N								
Name of Facility Where Abatement is Taking Yale School, Former Queen of Hear			Bu <mark>i</mark> ldir	ıg)			×	of Facility (4	2)					
Street Address Route 70 and Connecticut Avenue			.55				Ħ	Subchapter Other (i.e. p etc.)	rivate 8	k commercia	al build			es,
City (5) Cherry Hill							7,77		2	Floors	6:	ldg. A 5	ge	
County (6) Camden				Code (7) USE ONLY)		_	Curre	nt Use (Prid rch	or if bei	ng demolish	ied)			
Name of Monitoring Firm Hired by Building O TTI Environmental, Inc.	wner (8)		ASCN	l No.				tement Con vironmen						
Street Address 1253 N. Church Street							Addre: Cutler	ss Avenue						
City, State, Zip Code Moorestown, NJ 08057								ip Code ade, NJ 0	8052					
Project Manager for Monitoring Firm Jim Guilardi		100	Telephor	ne No. -0-8800		Teleph 856-	none N 755-C			License N 00842	0.			
	Schedule N/A	ed Com	pletion	Date (11)				HA Monitor poratories						
Occupancy Status During Abatement (Check	Only Or	ne)					Addre							
Facility Closed/Vacated During Entire P	eriod of	Abatem	ent		_			130 Nor	th					
Abatement Performed Outside of Norma Other – Describe:	at Facility	/ Hours						ip Code son, NJ 0	8077					
Scope of Work (Check All That Apply)	[V] =					Ex	7 -							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti					Min	II Containme ni-Enclosure ovebag Prod	e cedure	8				
	1	1 1				L	NO L	n-Exempted	1 (*) an	a Non-Friac		Abate		
Location of	1	Location Normall	у		Des	cription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Solel iintenar			tos Conta thermal s	aining M	// ateria			mount Specify	D Z		Enc	m
In Facility	Cus	todial S (12)	staff?	(1.6.	surfaci	ing, VA	T, or	ation,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other m	iscenar	neous)				val	=	Jlate	ure
Basement, Kitchen & Restrooms	103	XXX	INA		Р	laster			1.4	130 SF	X			
Name of Registered Waste Hauler	1	100000	JDEP W		Cubic Y			Manager 1999		ered Landfil				
Freehold Cartage		4.200	2253		40 Disposa					ks Comm	unity	Lan	dtill	
City, State Freehold, NJ								City, Stat Birdsbo		Α '				
Completed by Christina Lynch	Title Oper	rations	s Mana	ager	Si	gnatur AAA	M	X.		100000	ate 4/201	15		

630

Date of Notification (1) 2/2/15			Name of Mary A	Building Owner	er/Operator vate Hom	(2) ne	1 14 T	FEB	a	20	Ē	
Agencies Notified Type Notification X EPA Initial	1			Broadway			13.	S. E. J., Sept. Seed			3	
DEP Amended Amendmer				e, Zip Code /lay NJ 0820)4	1	16	Sansi Lic	ÉNSI			ž.
□ Emergency justification □ DCA □ Cancellatio)		Name of Mary	Contact		->/////	Tel	ephone N	lumbe	-	Participant Comp	
				ITY INFORMA	TION		_					
Name of Facility Where Abatement is Taki Mary Andrews Private Home	ng Place (3	3)				Type of Facility School (K-						
Street Address 407 S. Broadway						Subchapte Other (i.e.	er 8 (Oth	er than K	-12) rcial bu	ilding	s, hor	nes,
City (5) Cape May NJ 08204						etc.) Square Feet 1000+	# 0	f Floors		Bldg.	Age	
County (6) Cape May		(County C	ode (7) SE ONLY)		Current Use (Pr	1.00	ng demol	ished)	33+		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	Name Perna	of Abatement Co	ntractor	(9)				
Street Address	2			1)	Street	Address Ox 329						
City, State, Zip Code					City, St	ate, Zip Code Berlin NJ 080	201					
Project Manager for Monitoring Firm		1	Telephone	e No.	Teleph	one No.	J9 I	License	No.			
Start Date (10) 2/13/15	Schedule 2/27/15	d Com	pletion Da	ate (11)	Name o	53-9800 of OSHA Monitor	3	00727				
Occupancy Status During Abatement (Chec					Same Street A							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	hatama	ent			ate, Zip Code		i				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	enovati emolitic			×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					
Location of	N	Locatio					u () and	Non-Fila	ble Pro	Abat	re emen ype	it
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solely ntenand odial Sta (12)	aff?	Asbestos Cor (i.e. therma surfa	escription on taining Ma al systems acing, VAT miscellane	iterial (ACM) insulation, , or	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Crawl Space	Yes	No	N/A								te	(D
Same	-		X		nall Boile			SF	х			
Jamo		X	Pipe	insulati	on	20) LF	х				
Name of Registered Waste Hauler	KLIF	DEP Was	to 10	V								
Jnited Containers		uler ID No		Yards iste	Name of F		ed Landfil	l				
City, State Elm NJ					sal Date	City, State Morrisvi		19067				
Completed by anthony T Perna	Title Presid	ent			Signature.	/ /////////////////////////////////////	- TA	Da	ate /2/15			

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

		57	- 10			s.oo and n		Millet	No. 200 0		0.000			
Date of Notification (1) 02/04/15					The Control of the Co	Owner/Ope E MANA	rator (2) GEMENT		ttt	5 5	ZU13		٧	
Agencies Notified EPA	Type Notification	16	- 1	Street Ad 1970 S		HMORE	AVENUE,	#5 AS	i DEc;	(1)		- 44	4	
DEP X DOL	Amended Amendment				te, Zip Cod VOOD, I	_{de} NJ 0870	1	L	L	OE 100	L. 2			1
DOH DCA	Emergency justification) Cancellation	974		Name of DOV S	Contact PITZER	?			Tele	nhone N	lumbor			
and an analysis of the second				FACII	LITY INFO	RMATION				_				
Name of Facility Where	Abatement is Takir	ng Place (3)				Туре	of Facility (4)				4716-	
Street Address 1550 CEDARVIEW	AVENUE			_				School (K-12 Subchapter & Other (i.e. pri	(Othe			dings	, home	es,
	AVENUE							etc.) re Feet	# of	Floors		Bldg.	٨٥٥	
City (5) LAKEWOOD, NJ							1200)	1			oluy. i	nge -	
County (6) OCEAN COUNTY				County (Code (7) JSE ONLY)		- HON	nt Use (Prior ME	if bein	g demoi	ished)		PROGRAM	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	63		tement Cont PROFES						
Street Address							treet Addres WHITE	ss DOVE CO	URT	is.				
City, State, Zip Code	29	× 5					ity, State, Z AKEWO	ip Code OD, NJ 08	701					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		elephone N 732-668-9			License	No.			
Start Date (10) 02/18/15		Schedule 02/20/1		npletion l	Date (11)		lame of OSI	HA Monitor	10128	NALS				
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				treet Addre							
Facility Closed/Vac Abatement Perform							WHITE Sity, State, Z	DOVE CO ip Code	URT		-			
Other - Describe:						- 1	LAKEWO	OD, NJ 08	701					
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		MATERIAL PROPERTY.	enova				Mir Glo	Il Containme ni-Enclosure ovebag Proce n-Exempted	edure				ıre	
		ls	Locat	ion								100000	tement	t
Location	n of	1	lorma	lly		Descr	iption of					T	уре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Sole intena odial ((12)	2		tos Contair thermal sy surfacin	ning Materia stems insula g, VAT, or cellaneous)	ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1		
EXTER							DING		250500	00 SF	X			
INTER	IOR				J	OINT CO	OMPOUN	D	150	00 SF	X	-	-	
				-	100000000000000000000000000000000000000							-	-	
	N. C. Contraction		-			, 5	12.26							
Name of Registered Wa NEWARK CARTING			H	NJDEP W Hauler ID 4509		of Waste		Name of F	Register	red Land	dfill			
City, State NEWARK, NJ				A MANAGEMENT		Disposal 02/20/1	Date	City, State		PA				
Completed by JOSEPH PERLSTE	IN	Title	IER			Sign	nature				Date 02/04	/15		
2		i l							_					

Print Form

								1	1					:!!!
Date of Notification (1) 02/04/2015			Name o	f Building (KSTON	Owner/ E MA	Operator NAGEN	(2) //ENT		FEI	В	9	2015		
Agencies Notified Type Notification			Street A	ddress SWARTH	HMOF	RE AVE	NUF.	#5						
EPA X Initial Amended			City, Sta	ate, Zip Co	de				AGDEST	ICEN			Lä	
DOL Amendment : Emergency (i				WOOD,	NJ 08	701			Telephone			<u> </u>		
DCA justification Cancellation			DOV S	SPITZER					1 releptione	Num	-			
N			FACI	ILITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking	Place (3	3)						of Facility (4) School (K-12)						
Street Address 1301 GEORGE STREET								Subchapter 8 Other (i.e. pri	(Other than	K-12) nercia	build	dings,	home	es,
City (5)							е	etc.)				CONTRACTOR		
POINT PLEASANT BORO, NJ							1000	e Feet	# of Floors	3	B	ldg. A	ige	
County (6) OCEAN COUNTY	14			Code (7) USE ONLY)			Currer	nt Use (Prior 1E	if being dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.		M 100 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ement Contr		 S				
Street Address							Addres	s DOVE COL	URT					
City, State, Zip Code						City, S	tate, Zi _l	p Code						
Project Manager for Monitoring Firm			Telepho	ne No.			one No	DD, NJ 087		se No				
0:10						732-6	368-90	078	1200					
	02/17/		npletion	Date (11)				A Monitor PROFES	SIONALS	3				
Occupancy Status During Abatement (Check							Addres		IDT					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent			City, S	tate, Zij	OOVE COL Code OD, NJ 087			_			
Scope of Work (Check All That Apply)						LAKE)D, NJ 00	701	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PERSONAL PROPERTY.	Renova Demoliti				×	Mini Glov	Containmen i-Enclosure vebag Proce	dure				e.	
	ls	Locati	on								-	Abate	ement	
Location of		Normall			De	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solei intenar codial S (12)	nce/		therma surfa	taining M I systems icing, VA miscellan	insulat T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	100	110	1,47	J(OINT	COMP	OUNE)	1500 SF	:	X			-
INTERIOR						OORIN			300 SF	-	Х			
EXTERIOR						SIDING			1000 SF		Х			
	9													
Name of Registered Waste Hauler		1000	JDEP W			Yards		Name of Re	egistered Lar	ndfill		1		
NEWARK CARTING			auler ID 1509	No.	of Wa	ste ARDS	.:	IESI						
City, State NEWARK, NJ		Disposal Date City, State 02/17/15 BETHLEHEM PA												
Completed by JOSEPH PERLSTEIN	Title OWN	ER			3	Signature			17.	Date 02/		015		

HMEUDED NOTIFICA	State of New J TION OF ASBEST	os ABATEMENT Chand 12:120) ot ch	ech 5442
OWNER DELAY	Name of Building O		117 FB 9 2015 -1
DONER DECKT	Name of Building	AHR	FLO
Date of Notification (1)	100		10
7-4-6010 Westing	Street Address	BERT TO	AD ASSISTANCE I
Agency Notified	City, State, Zip Co	9 . 11	77423
Les amorded	1 1 1 1 1 1	US, N+	Telephone Number
	Name of Contact	10	
DOL DEP American American	1 11 51	7H1K	
R DOH Cancellation	FACILITY INFO	MATION Type of Fac	By (4)
□ DCA			
Name of Facility Where Abatement is Taking Place (3)		D School (f	ter 8 (Other than K-12) her 8 (Other than K-12)
Name of Facility White PAHR		Las Other (L	, pinow
100		homes. Square Fe	Blac Age
Street Address 22 GILBERT ROAD)		
		2600	COMPLE DESIGN
CAY SO HOKUS	County Code (STATE USE	SIDENCE
170 110	ONLY) ,	Name of Abatement Contra	dux (9)
County (6) 3 ERGEN From History Busining Owner	ASCM No.	Best Removal	Inc
Name of Monitoring Firm Hired by Building Owner		S. A discoses	
(8)		450 South Ri	ver St
Street Address		City, State, Zip Code	7 07601
		Hackensack,	N.J. 07001
City, State, Zip Code	Telephone No.	- Samo No	20200
Project Manager for Mondaring Firm	Telephone Ivo.	201-329-7444	
Project Manager	repletion Date (11)	Name of OSHA Monitor Omega Envil	onmental
1400	-2015_	Omega Bill VIII	
Start Date (10) 2 - 9 - 20 5 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 2	(one)	280 Huyle:	St
Occupancy Status Daily	f Alextement	City, State, Zip Code	N I 07606
Cosed/Vacated During Emile Peace	By Hours	G Hacken	sack ,N.J. 07606
BADDETTER SAM - SPI	1	D Self Contain	ment with Negative Pressure
Scope of Work (Check all that apply)	Renova	CA STREET PROCESS	20
	☐ Demos	OU Sour-Exerne	
= ≥ 3 sf or ≥ 3 ff □ ≥ 160 sf or ≥ 260 ff			Type
	is Location Normally	Description of	Amount Z 8
	Head Solely by		(ACM) Amount Rencioeura (Specify Gen. Gen. Gen.
Location of Acheetne-Containing Material (ACM)	Maintenance/ Custodial	file methics system VAT. of	(ACM) Amount Renciosure Renciosure Specify Specify Specify Specify Specify Specify Specify Specify Reputition
TO BE ABATED	Shoff?	other miscellaneous)	
(13)	. (12)	\$	51-jul 145 LF X
	Yes No N/A	I I FRMAL I NSULF	110W 173
BASEMENT BOILER RM/CRAWL	X	11 Cacherra	
BASEMENT ISOTOR SPACE			
			- Description of Landill
	NJDEP Waste I	user Cubic Yards of N	ame of Registered Landill
Name of Registered Waste Haufer	ID No.	13/4 YD 1	inerva moor
Name of Registered Val Inc	17109	Dimeral Date	Sty. State 05 44688
	,	2-10-2015	Waynesburg, Oh, 44688
Tackensack , N.J.	07601	Signature	2-4-2015
ackensus Tale	- imator	RVOUNDE	M Spillers
PAN E	o not use this form for :	bestos licensulre exempled ad	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Description to N.IAC 8:60 and 12:120)

INITIAL	(1-52)	ISUAINE BU	MUAL-	0.00 200 12.0	zo, eu	ech 27	42	1				
Date of Notification (1)	-	Name	of Building	O O ILP	(2)							
1-8-2015		100	Street Address									
Agency Notified Type Notification		2 7		SILBER	T Tron	10						
D EPA B INITIAL D Amended			tate, Zip (1 +			
D DEP LI Amended Amendment #		Ho	140	KUS. 1	77 6	74243	101	1	100	15		
☐ Emergency (incl	uding	Name	of Contac	ż .		Telephone Nun	niber					
B DOH justification) D DCA D Cancellation		(X	. SF	PAHR								
		FAC	ILITY INF	ORMATION								
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility	(4)						
No SPAHR	* *		-		☐ School (K-1	2)	21 -					
Street Address				:	Subchapter (i.e. p	8 (Other than K-12 rivate & commerci	al building	3 5,				
22 GILBERT PC	DAO		**		homes, etc)				_		
City (5)				A	Square Feet		Bidg.		RS			
Ho Ho KUS			204		2600.	. 2	100	1	1C -	د		
County (6)) (STATE USE		Prior if being demo	esned)	1				
BERGEN		ONLY) ₍		1 - 1 -	DENCE		+				
Name of Monitoring Firm Hised by Building O	wner A	SCM No.			ment Contractor			-				
(8)				Best Re Street Address	moval Ir	10		-	-			
Street Address		20			th River	- S+						
City, State, Zip Code				City, State, Zip		. 50		1				
Cay, State, Zip Code					ack, N.J	. 07601						
Project Manager for Monitoring Firm	Tel	ephone No.		Telephone No.		License No.						
				201-329		00388						
	d Completio)	Name of OSHA								
1-19-2015 11-2	10-2	015			Environm	ental		-		_		
Occupancy Status During Abatement (Check	only one)	1.1 4.		Street Address								
☐ Facility Closed/Vacated During Entire Peri	od of Abate	ment		City, State, Zip	uyler St			+	-	_		
☐ Abatement Performed Outside of Normal F						,N.J. 0	7606					
Scope of Work (Check all that apply)	- 1											
23 sf or ≥ 3 if		_■ Re	novation		Containment wit -Enclosure	h Negative Pressu	re					
□ ≥ 160 sf or ≥ 260 lf		D De	molition	—Ⅲ Glov	rebag Procedure	nd Non-Friable Pro	codima					
	T		T	U 800	-Laurenter () di	NA STORY THEMS FIG			teme	ent		
		ocation armally	1 2 2	20				1	уре	Т		
Location of Asbestos-Containing Material (ACM)		Solely by	Asbe	Description stos Containing M	laterial (ACM)	Amount	7.		m	E		
TO BE ABATED	Ç	stodial	(Le	., thermal systems surfacing, VA	s insulation,	(Specify SF or LF)		Removal	Encapaulate	Enclosure		
(13)		(12)	1	other miscellan		0, 42		OVA	- Bulle	Sur		
	Yes	No N/A	-			- 01			0			
BASEMENT BOILER RM/CRAW		X X	-	RMAL INS	SULATION	145	LF	X	1			
SPACE / SPACE		+^	111101	CHINY TIUS	or africa	1 /3	-1	\dagger	1			
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Name of Registered Waste Hauler	NJD	EP Waste	Hauler	Cubic Yards of	Name of Reg	istered Landfill			1	1		
Best Removal Inc	IDN			Waste	1 .	a Enterpr	ises	,I	LC			
		17109		13/4 10								
Hackensack , N.J. (7601			Disposal Date 1-20-2015	City, State	sburg, Oh	446	22				
Completed by Title	77001	<u> </u>		Signature	паупе	SDULE, OH	Date			_		
- Complete - /	timat	or		P. Voll	ran		1-8-	20	15			
			sbestos lit	censure exempted	activities.							

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Burguent to NIAC 9:50 and 12:120)

			N		OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1) 02-03-2015			1,			Building O				1	**************************************	FEB	9	2015		المت
Agencies Notified		e Notification			Street Ad 4 YOU	ddress INGS RO	DAD			All discounts and the second	Ė.	re en				
× EPA × DEP × DOL	×	Initial Amended Amendment				te, Zip Co TON,NJ)		E	J. 183	шсь				
DOH DCA	×	Emergency (justification) Cancellation				Contact CARROL	_L				Tel	ephone Nu	umber			
_					FACI	LITY INFO							-			
Name of Facility Where DEMOLITION SITE		ement is Takin	g Place (3)					Тур	school (K-	12)			×		
Street Address 1625 EAST STAT	E ST	REET							×							es,
City (5) HAMILTON, NJ										uare Feet 000+/-	# 0	f Floors		3ldg. <i>F</i> 50+	\ge	
County (6) MERCER					County (Code (7) JSE ONLY)				rent Use (Pri SIDENTIA			shed)			
Name of Monitoring Firm	n Hire	ed by Building	Owner (8)		Control of the contro					batement Co), INC.	ntracto	r (9)				
Street Address	eet Address							Street 173		ress RKUS AVE						
City, State, Zip Code	City, State, Zip Code							City, State, Zip Code WOODBRIDGE, NJ 07095								
Project Manager for Mo	nitorir	ng Firm			Telepho	ne No.		Teleph 732-		No. -3111	License No. 0065					
Start Date (10) 02-04-2015			Schedule		npletion I	Date (11)		Name N/A	of O	SHA Monitor		1				
Occupancy Status Durin	ng Aba	atement (Ched	k Only On	e)		1900		Street	Addi	ress					- VT1272 V	- 0
Facility Closed/Vac Abatement Perform Other – Describe:	cated ned O	During Entire	Period of A	baten		011 600-00-00-00		City, S	State,	Zip Code					Į.	
Scope of Work (Check /		at Apply)		7 7 - 7												
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Asbestos-Containing TO BE AB In Fac (13)	g Mate BATEL ility		Ma	d Sole intena todial 9 (12)	nce/		therma surfa	taining I system cing, VA niscellar	is ins AT, or	r	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A										е	.575.6
EXTERIOR OF	EXTERIOR OF BUILDING						SBES	STOS S	SIDI	NG		50 SF	X			
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Name of Registered Wa	eta L	auler		T N	JDEP W	Vaste	Cubic	Yards		Name of	Regiet	ered I and	fill .			
NEWARK CARTING				H	Hauler ID 509	0.75000000	Maste			Name of Registered Landfill G.R.O.W.S. INC.						
City, State NEWARK, NJ							1000	sal Date 5-2015		City, Sta MORR		LE, PA				
Completed by DAVID T. TOLCHIN	SIDE	NT		1	Signatur	e ,	eli (7	Fla	hi !	Date 02-03	-201	5				

Print Form

* Emergency &

NOTIF

State of New Jersey	
FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)	CK 4631

Date of Notification (1)				Name	of Building	Owner	Operato	r (2)	0,				-11/	Ng.	1	
2/2/15			Name of Building Owner/Operator (2) M. Moonan Private Home													
Agencies Notified EPA	Type Notification	1-	*		Address 17th S	treet			İ	1	-	9	1117	10.		
EPA DEP X DOL	Initial Amended Amendmer		_		tate, Zip C Beach		NJ 080	008	THE PERSON NAMED IN	ASD	ESTU:	COT.	NOL	<u> </u>	-	
DOH DCA	Emergency justification Cancellatio)			of Contac					Te	lephone			-		
Nt. (5 W. 141					ILITY IN	ORMAT	ION			-						
Name of Facility Where M. Moonan Private Street Address	Abatément is Taki Home	ng Place (3)		K		15		of Facility School (K- Subchapte	12)	er than I	K-12)				
126 E 17th Street								×	Other (i.e. etc.)	& comm	commercial buildings, home					
City (5) North Beach Have	n NJ 08008								re Feet	# 0	f Floors		Bldg. 35+	Age		
County (6) Ocean				County (STATE	Code (7) USE ONL	y)		Curre	ent Use (Pr	ior if be	ing demo	olished)				
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCI	M No.				tement Co	ntractor	(9)					
Street Address							1 1 1 1 1 1 1	Addre				100-2-0				
City, State, Zip Code							City, S	State, Z	ip Code in NJ 080	091			2000			
Project Manager for Mo	nitoring Firm			Telepho	one No.		Telephone No. License No. 856-753-9800 00727									
Start Date (10) 2/3/15		Schedule 2/6/15	d Cor	npletion	Date (11)			of OSI	HA Monitor		00721					
Occupancy Status Durin	ng Abatement (Che		e)					Addres	20							
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of A	baten	nen <mark>t</mark>												
Scope of Work (Check A						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпас Арргу)	processor .	enova emolit				×	Mir Glo	l Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				re.	0	
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Location Asbestos-Containing TO BE AB	Material (ACM) ATED	Used Mair	ormal Sole ntenar odial S	ly by nce/	Asbes	tos Cont thermal	systems	Material s insula	(ACM)	mount Specify	- R		/pe Enc	Щ		
In Faci (13)			(12)			surfac other m	cing, VA niscellar	T, or neous)	-	SF	or LF)	Removal	Repair	Encapsulate	Enclosure	
Extorior 6	Pidina.	Yes	No	N/A										e		
Exterior S	Siding			X		Exte	rior Sic	ding		20	00 SF	х				
Name of Registered Was	ste Hauler		N	JDEP W	laste	Cubic `	Vards		Name of	Do=!-+	rod!	IEII				
United Containers			H	auler ID		of Was			Name of G.R.O.		reu Land	HIII				
City, State Elm NJ			Disposal Date City, State 2/6/15 Morrisville				te rille PA 19067									
Completed by Anthony T Perna President							gnature	-0) (Date 2/5/15				
				(1				_/0/10						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	February 2, 20	15			Name of Building Owner/Operator (2) Disantis Contracting, LLC Disantis Contracting, LLC										
Agencies Notified		30.00				Disan	tis Contracting, LI	C EFP 0	عال	13	7				
[X] EPA	Type of Notifica	anon al Notifi	ication		Street Address	313 H	lalyard Road	, pp 9 :		1,0	2				
[] DEP			otification		City, State, Zip Co			NA CONTRACTOR	11207 12	1					
[x]DOH	102,000 50,000	endment ergency (t# (including		ony, oute, zip co		Beach, NJ 08751	BESTOS CO. LICENSING	Filip <u>i</u> e-	4.					
[] DCA	justi	fication)		Name of Contact	170		Telephone Number	and the same of the same of	The San Landson		-107			
* ************************************	[] Cano	cellation			Frank	Disantis									
N				FAG	CILITY INFORM	ATION									
Name of Facility Where A	batement is Taking sidence	g Place (3)				6.1.1.0.10								
Street Address							School (k-12) Subchapter 8 (or	-12) er 8 (other than k-12)							
	E. Dune Way						[x]		ate & commercial buildings,						
City		Cour	nty (6)		County Code (7)		Square feet	homes, etc.) # of Floors Bldg. Age							
T 11					(STATE USE ONL	Y)	700 sf	1			60				
Lavallette		Oce	an				Current Use (Prior if)						
Name of Monitoring Firm		Owner	(8)		ASCM No.	Traine of Floatement Contractor (5)									
N/A Street Address	A					Street Ac		an Contracting,	Inc.						
City State 7: Co.	31					Street Ac		oute 9, Unit 61							
City, State, Zip Code						City, Star	iver, New Jersey 08755-1271								
Project Manager for Monit	Telephone 1	Number		Telephon		ise Number									
Scheduled Start Date (10)			Scheduled	Complet	ion Date (11)	00624									
2/3/15			2/4/15		Ion Date (11)	Name of	L. Analytical								
Occupancy Status During	Abatement (Check ility Closed/Vacated			d of Abo	tament	Street Ad	ldress								
[tement Performed							elton Road							
[] Other	er – Describe					City, Stat	e, Zip Code Piscata	way, New Jerse	v 088	54					
Scope of Work (Check all t	that apply)					Г٦									
-	11.57					[]	Full Containment Mini-Enclosure	with Negative Pres	sure						
2 1	of or ≥3 lf 0 sf or ≥260 lf		[]	Renova		[]	Glovebag Procedu								
[X] 210	0 Si 0i 2200 II		[x]	Demoli	tion	[x]	Non-Exempted (*	and Non-Friable	Procedu	ire					
			T- 1						Abat	ement	Туре				
Location			Is Location Normally us			Description estos-Con		Amount	R	R	Е	E			
Asbestos-Containing M TO BE ABA) (-:	Solely by		N	faterial (A	CM)	(Specify SF	E M	E P	N C	N C			
in facility		Mair	ntenance/Cu Staff	stodial		, thermal s		or LF)	0	A	Α	L			
(13)			(12)		11150	VAT, o			V	R R	PS	S			
					oth	er miscella			A		U	U			
		YES	NO	N/A					L		L E	R E			
Exterior	X		Asbestos sidin	g		400 sf	X								
Name of Registered Waste	NIDED Wast	ID No. California	J CIII	131											
Guardian Contracting, Inc. 20223					ID No. Cubic Ya	ds of Waste	Name of Register T.R.R.F.	ed Landfill							
City, State Disposal Toms River, New Jersey 2/5/14						City, Sta	te								
Completed by (Print or Type) Title					Signature	1 ullyto	wn, Pennsylvania	1	Date						
Nicholas Ferr	ect Manage	r	YE	Ind	'te	/		2015							

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

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CK# 92/2

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

Agericies Notified Type Notification Street Address 43 (4 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	S. C. Marife atton (1)		Name o	f Building Ov	mer/Operator	(2)	11111	EED O	2035			///			
Speech Address	Date of Notification (1)		TED JAN									4			
Per			Street A	ddress		-1	-								
County (6) County Cate (7) County Cate (7) County Cate (7) County (8) County Cate (7) Co			4	3 (91	ayet H	2 57		ASBESTOE CO	-grit	, i. X		+			
Country Code (7) Country Cod	DEP Amended		City, Sta	ate, Zip Code	A 201	100		LICENSI	NG						
County Code (7) Street Address Str		luding	Roma	ms 3/7	, pen) (1	Suy	Telephone Number							
Name of Facility Where Abjatement is Taking Place (3) School (K-12) Scho	DOH justification)		Name 0	$\overline{}$											
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Schedules (City of City of Cit	Name of Facility Where Abatement is Taking P	lace (3)	1710	U		Type of	f Facility (4)								
Street Address City (3) County (6) County (7) County (8) County (9) County (8) County (9) County (9) County (8) County (9) Coun	Carana Residade	2.				J□ so	chool (K-12)) (Other than K 12)							
Super Feet # of Floors Bidg. Age	Street Address					Ho	ther (i.e. pri	vate & commercial	buildi	ngs, h	omes	,			
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Country (Sole (T) Country Code (T) Cumerit Use (Prior it being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address St	City (5)					-		1 01110013		-					
County (6) STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J., 07722 Telephone No. Telephone No. Tolephone No. Tolepho	Rysson		Count	Code (7)		Curren	t Use (Prior	if being demolished		<u>J</u>					
Ascentified by Building Owner (8) AscM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc.						1									
Sireet Address Street Address 95 Montrose Road City, State, Zip Code Cotts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. 732-294-1757 O0029 Stant Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code City, State Cit	Monmu th	mer (8)	LASC	M No.	Nam										
City, State, Zip Code City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. 732-294-1757 Colts Neck, N.J. 07722 Start,Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address City, State, Zip Code Colts Neck, N.J. 07722 License No. 00029 Start,Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address City, State, Zip Code City, State City, State City, State City, State Custic State Custic State Custic State Custic State Custic State City, State City, State City, State Cotts Neck, New Jersey Completed by Title City, State Completed State Custic State City, State Cotts Neck, New Jersey Completed by Title	Name of Monitoring Firm Hired by Building Ow	iller (o)	1		Ac	e Insula	tion Co.,	Inc.							
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Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. Talephone N	Street Address											_			
Project Manager for Monitoring Firm Telephone No. Telephone No. 732-294-1757 Scheduled Completion Date (11) Name of OSHA Monitor Street Address Street Address City, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Normally Yes No N/A NAME of Registered Waste Hauler Ace Insulation Co., Inc. City, State Cubic Yards Of Waste Cubic Yards Of Waste Completed by Title Completed by Title Completed by Title Completed by Title Containing Material (ACM) To Scheduled Completion Date (11) Name of Registered Landfill Chrins Clig, State Cubic Yards Of Waste Cubic Yards Of Waste Campleted by Title Completed by Title Completed by Title Completed by Title Colts Neck, New Jersey Completed by Title Colts Neck, New Jersey Completed by Title Colts Neck, New Jersey Completed by Colts Neck, New Jersey Completed by Colts Neck, New Jersey Colts Neck, New Jersey Completed by Colts Neck, New Jersey Colts Neck, New Jersey Colts Neck, New Jersey Completed by Colts Neck, New Jersey Completed by Colts Neck, New Jersey Clubic Yes Address Clubic Yes Address	City, State, Zip Code							722							
Project Manager for Monitoring Firm Talephone No. Taleph									1			-1			
Start Date (10) 2	Project Manager for Monitoring Firm		Teleph	none No.		7.			510						
Street Address Street Address Street Address)	n Data (11)											
City, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:	Start Date (10)	Scheduled C	dipiello	II Date (11)	1	01 00.									
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Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Title Signature Disposal Date City, State Easton,, PA Date	100 80		lement												
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≥3 sf or ≥3 if	Other - Describe: 3AM	- TPM													
Same of Registered Waste Hauler Ace Insulation Co., Inc.	Scope of Work (Check All That Apply)														
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Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF	Location of			Aches			L(ACM)	Amount			п				
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Ace Insulation Co., Inc. Hauler ID No. 12086 Chrins	Name of Registered Waste Hauler					ds	Name of	Registered Landfi	I						
City, State Colts Neck, New Jersey Completed by City, State Easton,, PA Date City, State Faston,, PA			100000000000000000000000000000000000000		of Waste	4	Chrins								
City, State Colts Neck, New Jersey Completed by Title Title Title Title			12000		Disposal D	Date	City, Stat	te							
Completed by Title Signature Date					The second secon	1									
Completed by		Titlé			1114	1 /	M.	. D	ate	1	_				
		ary Tre	asurer		15	X		2/	4)					

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

CK# 9209

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Date of Notification (1)		Na	ame of E	Building C	wner/O	perator (2)	11					
214115			5 0 -	11 (1.	ed by	FEB	_0	201	2	-
Agencies Notified Type Notification Type Notification Initial Amended Amendment Emergency justification) Cancellation	(including	Ci	ame of	e, Zip Coo		on A fork	he her	ASB Telepho	LICE()] (99	3 =	
			FACIL	ITY INFO	RMATI			_					
Name of Facility Where Abatement is Takin Su-11 LC Proper Street Address Slo-11 Hudson A	g Place (3)						Type of Facility (- School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Other the private & cor	mmercial		151547411		3,
City (5)							Square Feet	# of Floo	ors)	RE	ig. Ag	je L	
County (6) HUCSON	(0)			SE ONLY)			Current Use (Prior	en+b		1) 1)	. ر		
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	140.			of Abatement Cor nsulation Co.,			U			
Street Address						Street A	Address ontrose Road						
City, State, Zip Code						3-350	ate, Zip Code	7722					
Project Manager for Monitoring Firm		17	elephon	e No.			Neck, N.J. 07		ense No.				
1 toject Manager to Monitoring 1 min						13.53	294-1757	00	029				
Start Date (1.0)	Scheduled 2/16	1 -	letion D	Date (11)		Name o	of OSHA Monitor						
Occupancy Status During Abatement (Che	ck Only One)				Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab mal Facility F	ateme Hours	ent			City, SI	tate, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Santagard .	novati molitic					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				÷	
	ls L	ocatio	n							1	Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely stenan- dial St (12)	by ce/		tos Con therma surfa		laterial (ACM) s insulation, T, or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
1	+		P	-		VEX.14		220L	=				
hosenen+				b, t	X (O)	recinc	j	~ g\w(.		7			
Name of Registered Waste Hauler		N	IDEP W	laste	Cubic	Yards	Name of	Registered	Landfill				
Ace Insulation Co., Inc.		Ha	auler ID		of Wa		, tamo o		ESI				
City, State Colts Neck, New Jersey		12	.000		Dispo	sal Date	City, Sta	te	3eth	leh	2.~	7. P.	A
Completed by Bree McGuire	Title Secre	tan/	Treasi	ırer		Signature		-	Dat		15	,	
Diee MicGuile	Secre	car y				12	1		.10	7	113		

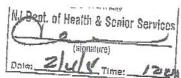
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Data of Natification (4)	157	Name of Pullding Owner/Operator (C)																
Date of Notification (1) 2/2/15		Name of Building Owner/Operator (2) City Of Atlantic City FEB 9 2015												1				
Agencies Notified		e Notification	1		Street A	Address Bachara	ach Boi	ulevaro	 d			AC TIE				احد		
EPA DEP DOL	×	Initial Amended Amendmen	at #		City, Sta	ate, Zip C	ode			1.		ASDI		EIN DEIN		ox		
		Emergency	(including	-				J I										
DOH DCA		justification) Cancellation				f Contact Anders					1	Telepi	hone N	umber				
None of Facility Ann					FACI	ILITY INF	ORMAT	ION				-50000						
Name of Facility Where A Vacant Row Home	Abate	ment is Takir	ng Place (3)					Ty	ype of Facili	351 3333							
Street Address 1310 Adriatic Ave					8.7			***	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								ies	
City (5)									_	etc.)					ar buildings, nomes,			
Atlantic City NJ	35 15								100000	quare Feet 000+		# of FI	loors		Bldg. 35+	Age		
County (6) Atlantic					County (Code (7) USE ONLY	0			urrent Use (I		f being	demol	ished)				
Name of Monitoring Firm N/A	Hired	d by Building	Owner (8)	ASCN	/ No.				Abatement (Contra	ctor (9))					
Street Address								Street	Add	dress								
07 01 1 77 0	ty Ctata Zin Cada							PO E										
City, State, Zip Code							-	City, State, Zip Code West Berlin NJ 08091										
Project Manager for Mon	itoring	g Firm			Telepho	ne No.	- 22 N C 22	Teleph					icense	No.	100			
Start Date (10)			Cabadii					100000	100	3-9800		0	0727					
2/16/15			2/27/1	5	ompletion Date (11) Name San					OSHA Monit	or							
Occupancy Status During	Aba	tement (Ched	ck Only O	ne)				Street	Add	dress								
Facility Closed/Vaca Abatement Performe Other – Describe:	ated D ed Ou	ouring Entire Itside of Norr	Period of mal Facilit	Abaten y Hours	nent			City, S	state	e, Zip Code								
Scope of Work (Check Al	I That	(vlqqA					-					-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		7.77	personne	Renova Demolit				×		Full Contain Mini-Enclos Glovebag P Non-Exemp	ure roced	ure				re.		
			10	Locati	on					THE EXCITE	1	, and in	0111111	abic i ic		emen	t	
Location				Normal	ly		De	scription	of							уре		
Asbestos-Containing TO BE ABA In Facilii (13)	TED	ial (ACM)	Ma Cus	ed Sole aintena todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	taining M	Mate s ins T, c			Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure	
			Yes	No	N/A											te		
2nd Floor ba		om			Х		200	oor Tile				50 8		x				
Roof					X		F	Roofing				550	SF	×				
Name of Registered Wast	la 11-	de.																
Earth Tech	ie Hai	uler		Н	JDEP W auler ID 3429		of Was	Yards ste		Name of ACUA	_	gistered	d Landf	ill				
City, State Greenfield NJ							sal Date		City, St 6700		ah Da	- E LI	т					
Completed by Title							ignatüre		0700	Delli	ali no							
Anthony T Perna Title Preside							0	guature	1	7			1 3	ate 2/2/15				

Print Form

(K 2215

Date of Notification	(1) 2-04-2015			Name of Building Owner / Operator (2) Mr. Harry Kenevil, Jr.										4			
Agencies Notified	Type Notific	ation		Street	Ado	dress		30 100		P. C. C.							
⊠ EPA □ DEP	│					Avenu			- /-	10 5	. "						
□ DOL		ı ided(additional				& Zip (od, NJ											
	scop	e & end date)		127.00		30	07031										
□ DOH		rgency cellation				Contact					Telep	none	Num	iber			
L DOA	L Canc	ellation				Kenevil											
Name of Facility MA	A L t		N1 //	F/	ACIL	ITY INF	ORMATION							-			
Name of Facility Wi	nere Abatem	ent is Taking F	lace (3	3)			Type of Faci										
Street Address									(Other than	K-12)							
34 Williams Street							Other (i.	e. priv	ate & comm	ercial build		gs, homes, etc.)					
City (5)		County (6)	10-		2-1-	(7)	Square Feet										
Bergenfield, NJ		County (6) Bergen	100	unty (Joae	(1)	2,000 Current Use					9	3				
9		Dorgon					Residential	(1101	ii being den	ionsneu)							
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)			SCM No											
Health and Safety S Street Address	ervices				11	7	Resource Ma		ment Group,	LLC							
P.O. Box 365							Street Addre 2115 Hamilto		Suite 202								
City, State & Zip Co	de	(I the fi					City, State &					-					
Berlin, NJ 08009	M . 11 . 1		I				Trenton, NJ 08619										
Project Manager for Mr. Jim Proctor	Wonitoring F	·irm		hone 452-13		nber	Telephone N 609-977-615	Number License Number 59 01185									
Scheduled Start Da	te (10)	Scheduled Co				1)	Name of OS	Contract of the latest	nitor		01	100					
1/22/2015(Original	Start Date)	2/28/20	15(Ne	w End	d Da	te)	J&S Environ			s, Inc.							
Occupancy Status D	During Abate	ment (Check o	nly on	e)	000000000000000000000000000000000000000	20.7.200	Street Addre										
		During Entire Furing 1st Shift	erioa	ot Aba	atem	ent	2333 Route 2 City, State &							4-7-1-1			
Describe:	10:00am to 6	6:00pm					Union, NJ 07		Jue								
Facility Occ	upied During	Abatement															
Scope of Work (Che	eck all that ap	oply)						\boxtimes	Full Contai	nmont with	Monotin	, D-					
≥3 sf or ≥3 land				Ren	ovat	ion			Mini-Enclos		Negath	e Pi	essui	re			
≥160 sf ≥26	O If		\boxtimes	Den	noliti	on		\boxtimes	Glove Bag		S						
1.	ocation of		1			_			Non-Exemp		and the same of th						
	os-Containin	a	50.00	Locati nally (nent	Type			
Mate	erial (ACM)	5	S	olely b	ру		Material (A	CM)		(Specify SF or LF)		_	0	, m			
	BE ABATED Facility			tenan			(i.e., thermal s	ystem	S	**************************************		Veball	Encapsula	nclsoure			
11	(13)		Cusio	odial 5 (12)	Stail:	•	insulation, surfa- or other miscell				i con	Pall	psu	nos			
			Yes	No	N/A	A T			.5/		1	-	lat	- G			
Exterior				\boxtimes			Exterior Si	ding		2,400 SF		ITC					
			H	H	H	-								井井			
				T									H	HH			
N (5)																	
Name of Registered	Waste Haule	er					Cubic Yards	Nam	e of Registe	red Landfill							
Resource Managem	ent Group, L	LC			3521	ID No. 8	of Waste TBD Grows Landfill										
City, State							Disposal Date	1	State								
Trenton, NJ							TBD /		isville, PA								
Completed By (Print Mr. Brian J. Haney	or Type)			Title		-4	Signature	101	1.4		Date						
Dilait 3. Hailey				President					14/		02/0	4/20	15				
								VIA	/ /					1			



State of New Jorsey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 5:60 and 12:120).

CK#1058

Date of Notification (1)		of the second				nar/Operator	(2)	4L)	hell)	9 6		10 6	Ci.
Feb 4, 2015	- W #=				Moore ·			OI PER DIT		-	(F) (
Agencies Netfied	Type Notification		100	Street Ad 294 Cli	idress inton Plac	26		- 15.3	4.50				
DEP DOL	Initial Amended Amendment	#	4.00		e, Zip Gode k, NJ 071					-			
E DOH	Dmergency Justification)		T	Verne of				Tel	ephone Nur	nber			•
DCA	Cancellation				INDOFE	MATERIA .				7.0		-	
Name of Facility Where	Abatement is Takin	g Place (3)		PRICE	ATT INFOR	MAILM	Type of Facility	(4)					_
House					34		C School (K		9	100			
Street Address 294 Clinton Place							Other (l.e.	ar 8 (Oth private	er than K-1: & commerci	2) al build	lings,	home	s,
City (5)				-			etc.) Square Feet	1 # 0	f Floors	B	dg, A	90	
Newark		_					2000	2			0+	4	
County (6)				County C	ode (7) SE ONLY)		Current Use (P	rior if be	ing demolisi	ned)		*	
Essex Name of Monitoring Firm	When the Carles	Owner (C)	,	ASCA		None	House		. (0)	-	-		
n/a	unled by soliding	Owner (E)		n/a	NG,		of Abatement Co nica Managen						
Street Address		-		177-41			Address	14111				-	-
n/a	S. 40 Sec. 10					22 T	roy Lane						1
City, State, Zip Code							itate, ZIp Code			**			
n/a	the base Cine		T 4	"alaskau	- 11-		oln Park NJ 0	7035	Tal				
Project Manager for Mor	menng rum			ielephon n/a	e Na.		none No. 7067950		License N 01193	io.			1
Start Date (10)		Scheduloc		pletion D) ats (11)		of OSHA Monito						
Feb 5, 2015		Feb 7 2					nica Managen	nent-C	orp				
Occupancy Status Durin	and the second second second second		ti como Ci			V. 100 M.	Address Yoy Lane						
Fadility Closed/Vac Abatement Perform	ated During Entire red Outside of Nort	nal Facility I	ncons Hours	ent.			State, Zip Code					-	\dashv
other - Describe:	8 flm ≈ 4 btm		_			1	oln Park NJ 0	7035					
Scope of Work (Check A	U That Apply)					_							
23 sf or ≥3 ff ≥160 sf or ≥260 lf	# F		noval Moliti				Full Contains Mini-Enclosu Glovebag Pr Nan-Exempt	ire ocedure					=
		lel	ocsti	*m			Trail Chair	T	14 144111 114	1		ment	
Location	n of	Ne	mel	y		Description	n of		(9)		Ту	pė	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Custo	tenat	ice/	(l.a. #	e Containing to cornel system auriacing, V/ other miscella	AT, or	1	Amount Specify F or LF)	Removal	Rapeir	Encaps	Endosure
		Yes	No	N/A	,	TRIAL HISCORD	neodej			WB.	. =	egazinsefe	ana
Basem	ent			x	Asbe	estos Pipe	Insulation	1	00 LF	×	-		
2nd Fl	oor			×		VAT		1	00 SF	75			
Name of Registered Wa	ste Hauler		N.	JOEP W	aste	Cubic Yards	Name	f Regist	ered Landfil	1			
Loznica Manageme				auler ID 1 333137	No.	of Waste		WS La					
City, State					-	Disposal Date							
Riverdale, NJ Completed by		1 445				TBD		sville F	A 19067				
E. Cirovia		Secre	tary			Signatur	Diour	`~	100	ate ab 4,	201	5	
		-	_				MINIM	-		-	_		

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

Date of Notification (1)		N	ame of	Building (Owner/Operator (2)					
2 / 2 / 1	5		Princ	eton Uni	versity						
Agencies Notified Type Notification	1	S	treet A	ddress		梅	15 FEB -9 1	N 9:	21		V.
⊠ EPA ☐ Initial			EAN	/lacMillar	Building			agus er	& J.		
□ DOLWD □ Amended		C	ity, Sta	te, Zip Co	de	-4	1 - 1 4	12.1			
		N	Princ	eton, NJ	08544						
□ DCA □ Emergency ((NJAC 5:23-8) □ instification)	including	N	lame of	f Contact		9	Telephone Numb	er.			
☐ Cancellation			Bob (Ortega							
			FACI	LITY INF	ORMATION						
Name of Facility Where Abatement is Taki	ng Place (3)				Type of Facility (
701 Forrestal Road (Print and Mai	il Shop					School (K-12)) (Other than K-12	i			
Street Address						Other (i.e., pr	ivate and commer	cial build	dings	,	
701 Forrestal Road						homes, etc.)		l Bu			
City (5)			158			Square Feet	# of Floors	1	g. Age	9	
Princeton						3200	1	60	J		
County (6)			County	y Code (7)(STATE USE ONLY)	A CONTRACTOR OF THE PARTY OF TH	or if being demolis	shed)			
Mercer						(Empty)					
Name of Monitoring Firm Hired by Building	g Owner (8) A	SCM N	lo.	Name of Abateme	ent Contractor (9)					
Cardno ATC	100		00098	3	Luzon, Inc.						
Street Address					Street Address						
3 Terri Lane					8451 Executi						
City, State, Zip Code					City, State, Zip C						
Burlington NJ. 08016					Philadelphia	, Pa. 19153					
Project Manager for Monitoring Firm		Telep	hone N	10.	Telephone No.		License No.				
Michael R. Keehn			9-386-		267-284-1050		01109				
Start Date (10) Sch	neduled Co				Name of OSHA N						
11 /7 /14	/	15	_ ' _	15_	Joseph Marc	onski					
Occupancy Status During Abatement (Ch					Street Address						
☐ Facility Closed/Vacated During Entire	Period of A	Abatem	nent		8451 Execut						
☐ Abatement Performed Outside of Norr Time of Abatement: 6:30AM-4:00PM	nal Facility //PN	Hours /	AM	cribe	City, State, Zip C Philadelphia						
Scope of Work (Check all that apply)											
□ >3 sf or ≥3 lf	⊠ Rei				☐ Mini-En	ntainment with Ne closure ag Procedure	gative Pressure				
≥160 sf or ≥260 lf	☐ Der	molitio	n		☐ Glovesa	empted (*) and N	on-Friable Proced	ure			
	ls	Locati	on					Aba	ateme	ent T	уре
Location of	N	lormal	ly		Description			R	Re	En	En
Asbestos-Containing Material (ACM)		d Sole intenai			stos Containing M		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		odial S		(1.6	surfacing, VA		SF or LF)	val		Suls	sure
(13)		(12)	T comment		other miscellan	eous)				te	
	Yes	No	N/A				4 000 05				
First Floor Rooms 27,29,33			\boxtimes		ile and Mastic		1,200 SF				片
First Floor Men's Room			\boxtimes	100	Tile and Mastic		16 SF		片		
First Floor Men's Restroom			\boxtimes		on Fiberglass		26LF				
First Floor Entryways 27,29,33					ile and Mastic		20 SF				
Name of Registered Waste Hauler		1.000	JDEP \		Cubic Yards of Waste		istered Landfill				
Luzon, Inc.			32587		40 CYS.	Grows La	uridiiii				
City, State					Disposal Date	City, State					
8451 Executive Avenue, Phila., I	PA 19153				2/15/15	Tullytown	20.				
Completed By (Print or Type)	Title				Signature	h #1		Date		_	
Piyush Patel	Progra	m Ma	nager		Sugal	N Carly	ı	2-2	- /	5	

ASB-41 MAY 11

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

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Date of Notification (1) 2/5/15				Building C d Prepa					*	ear i			
Agencies Notified Type Notification		1 -	treet Ad Colur	dress nbus St	reet		- 4.15 t		g M	9: 5	1		
DEP Amended X DOL Amendment #_				e, Zip Coo own, NJ)	17,	t _i	14	L			
	ciuaing	522		Contact Cocuzza	ì			Tel	ephone Nu	umber			
			FACIL	ITY INFO	RMATIC		0				3		
Name of Facility Where Abatement is Taking I Shepard Preparatory High School	Place (3))				T	ype of Facility (School (K-1						
Street Address 8 Columbus Street							Subchapter Other (i.e. p	8 (Oth			dings	, home	es,
City (5)		<u> </u>				S	duare Feet	# 0	Floors	1	Bldg.	Age	
Morristown													
County (6) Morris			County C	Code (7) ISE ONLY)		_ 0	urrent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.	-		Abatement Cor nvironmenta			.C			
Street Address						Street Ac	Committee of the Commit		1				
City, State, Zip Code						City, Stat	e, Zip Code ood, NJ 074						
Project Manager for Monitoring Firm		T	elephor	ne No.		Telephor			License 703	No.			
Start Date (10)	Schedule	d Com	oletion [Date (11)			OSHA Monitor		703		-		
2/7/15	2/14/15	5		, , , ,									
Occupancy Status During Abatement (Check						Street Ac	idress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe:	riod of A I Facility	Abateme Hours	ent			City, Stat	e, Zip Code						
Scope of Work (Check All That Apply)	-												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovati emolitic	7.00			X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
	S	Locatio	n								Aba	temen	it
Location of	N	Vormally	,		Des	cription o	f					уре	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solely intenan					terial (ACM)		mount Specify	71		m	Ш
In Facility	Cust	odial St (12)	aff?	(1.6.	surfac	ing, VAT,	or		F or LF)	Remova	Repair	caps	Enclosure
(13)	Yes	No	N/A		other m	iscellane	ous)			oval	air	Encapsulate	sure
business office		.,,0	X		pipe	insulatio	on		8 LF	X	+	+-	
												+	
					±1								
No. of Decides of Wests Harden		LAI	DED 14		l 0 - - 1	/I-	1 11			CII.			
Name of Registered Waste Hauler Freehold Cartage		Ha	IDEP W auler ID 939		of Was		TBD	regist	ered Land	1/11			
City, State			505		Dispos	al Date	City, Sta	te					-
Freehold, NJ	Title				TBD	ianat :				Det-			
Completed by A. Scott Higgins	Presi	dent			51	ignature	1	w*.		Date 2/5/15	0	11 12	

NO CH

State of New Jersey

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

Check # 7668 Date of Notification (1) Name of Building Owner/Operator (2) 2/4/15 Stevens University Agencies Notified Type of Notification Street Address Castle Point on Hudson **EPA** Initial DEP [] Notification City, State, Zip Code [] Emergency [X] DOL Hoboken, NJ 07030 Amended [X] DOH Notification. Name of Contact Telephone Number [] DCA [] Cancellation David Hernandez **FACILITY INFORMATION** Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Name of Facility Where Abatement is Taking Place (3) Stevens University - Howe Center Street Address Castle Point on Hudson # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 160000 13 ~ 60 Current Use (Prior if being demolished) Hoboken (STATE USE ONLY) Hudson Office/lab/classroom Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) TTI Environmental 0003 Jupiter Environmental Services, Inc. Street Address Street Address 9 East Stow Road 323 Changebridge Road City, State, Zip Code City, State, Zip Code Marlton, NJ 08053 Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Gerardi 856-985-8800 973-575-8700 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12/5/14 12/31/15 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Other - Describe: partially vacated Union, NJ 07083 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure \geq 3 sf or \geq 3 lf Glovebag Procedure [] [x] ≥160 sf or ≥260 lf [X] Non - Friable Procedure Is Location Abatement Normally Used Description of Type Asbestos - Containing Location of Solely by Amount R R Asbestos - Containing Maintenance/Cus Material (ACM) E N (Specify E P Material (ACM) todial Staff (12) C (i.e., thermal systems SF or LF) C M TO BE ABATED insulation, surfacing, VAT, 0 A A L In Facility P or other miscellaneous) V 0 (13)Yes No N/A S A R S U Various X TSI 200 LF X X Various 5000 SF X VAT and covebase X Various X 4000 SF X Ceilings and spray-on Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 40 City, State City, State Disposal Date Lincoln Park, NJ Waynesburg, OH 12/29/14 + Completed By (Print or Type) Title Signature Date General Manager Pane Repic 2/4/15





															-
Date of Notification (1) 4/2/15			Na N	me of Bu eri's Co	uilding Ow onstructi	ner/Op on &	erator (2 Rental	²⁾ (City o	f Millville	e.,),	⊖ <u>L.1</u>	0,10			
Agencies Notified	Type Notification			reet Add	ress rton Roa	ıd .			TAULE	SU.	الأليا الاس	30 11,			
EPA DEP DOL	Initial Amended Amendment	#	Ci	ty, State,	Zip Code town NJ		94								
ĭ DOH	Emergency justification) Cancellation	(including		ame of C	ontact					Tele	phone Nu	mber			
☐ DCA	Caricellation				TY INFOR	MATIC	ON								
Name of Facility Where A	Abatement is Takir	g Place (3)							Facility (4)						
Street Address				4 1				Sul	ochapter 8	(Othe	r than K-1	2)		hama	
321 North High Stre	eet							etc			Floors		dg. A		:5,
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Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abater	ment Cont	ractor	(9)		*	#1	
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City, State, Zip Code								tate, Zip t Berlin	Code NJ 0809	91					
Project Manager for Mo	nitoring Firm		T	elephon	e No.			none No. 753-98			License 00727	No.			
Start Date (10) 2/19/15		Schedule	d Com	pletion D	ate (11)		Name		A Monitor						
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Scope of Work (Check	All That Apply)							_							
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Conference ro		-		1 100	TSI	Tidotio			25 SF		+	1			
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City, State Greenfield NJ						Disp TBE	oosal Da D	te	City, Sta Millville		08332				
Completed by Anthony T Perna		Title Pres	ident	-			Signatu	ire		_s		Date 2/4/15	5		2



Emergency

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

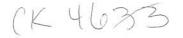
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Date of Notification (1) 2/5/15					Building C					, E	-		2	9		
Agencies Notified	Type Notification			treet Ac		VOICI	i iivate	1 101116	2-	1						
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DEP X DOL	Amended Amendment				te, Zip Coo ton NJ (7		tit i	7.5						
DOH	Emergency justification)		1	lame of	Contact				N.	Tele	ephone I	Vumbe	er	i i	1	
DCA	Cancellation				ITY INFO	DBAAT	TION						Ц		-	
Name of Facility Where		g Place (3)		FACIL	LITT INFO	AWA	HON	Туре	of Facility (4))						
Frank Kowalewski	Private Home				(6)				School (K-12							
Street Address 266 Heron Rd.								X C	Subchapter 8 Other (i.e. pri				ouild	ings,	home	s,
City (5) Tuckerton NJ 0808	7								etc.) re Feet)+	# of	f Floors			dg. A	ge	
County (6) Ocean					ode (7) ISE ONLY)			Curre	nt Use (Prior	r if bei	ng demo	olished	1)		47	
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N/A							1 3 5 5	aco Ir						٠		
Street Address							100000000000000000000000000000000000000	Addres Box 32								
City, State, Zip Code									ip Code in NJ 0809	91						
Project Manager for Mon	nitoring Firm		T	elephor	ne No.			none No 753-9			Licens 00727					
Start Date (10) 2/6/15		Scheduled 2/9/15	Com	pletion [Date (11)		Name		HA Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street	Addres	SS							
Abatement Perforn	cated During Entire ned Outside of Norr Home owner Home	nal Facility F	Hours	ent		_	City, S	State, Z	ip Code							
Scope of Work (Check A	All That Apply)															
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(13)			28 //2			othe	r miscella	neous)					val	air	Encapsulate	sure
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City, State				1.		1000	osal Date	9	City, State Morrisvi		A 1906	7				
Completed by		Title				1	Signatur	en	1			Date				
Anthony T Perna		Presid	lent				<u></u>	2				2/5/	15			



Emergency

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Date of Notification (1) 2/5/15				Building Google				The Con		기념 이: (
	Notification	- 1	Street Ad 68 Por	ddress nd lane				100100		<u> </u>				
DEP X DOL	nitial Amended Amendment #			te, Zip Co boro NJ			,				2.5	10		
DOH j	Emergency (including ustification) Cancellation	- 1		Contact			A Property March		Tele	ephone Nu	ımber			
Tomas I			-	LITY INFO	DRMATIC	ON.			-1					
Name of Facility Where Abatem Juliet Holliday Private Ho	ent is Taking Place (3 me	3)					Тур	e of Facility (
Street Address 68 Pond lane							×	Subchapter Other (i.e. p	8 (Othe	er than K-1 commerc	(2) cial buil	dings,	home	es,
City (5) Willingboro NJ 08046		A.					Squ 100	etc.) are Feet	# of	Floors		3ldg. <i>A</i>	ige	
County (6) Burlington			County C	Code (7) JSE ONLY	1			rent Use (Pri		ng demolis				
Name of Monitoring Firm Hired	by Building Owner (8)		ASCM		<u> </u>			atement Cor	tractor	(9)				
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						Street PO E								
City, State, Zip Code					88			Zip Code Iin NJ 080	91					
Project Manager for Monitoring	Firm		Telephor	ne No.		Teleph 856-		No. 9800		License I	No.	 		1.
Start Date (10) 2/6/15	Schedule 2/9/15	ed Con	npletion [Date (11)			of OS	SHA Monitor						
Occupancy Status During Abate		ne)				Street	-	ess					-	
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Scope of Work (Check All That	Apply)					-							_	
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Location of		Normal ed Sole				cription		16			-	Ty	ре Г	
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City, State Elm NJ			_ 100		Disposi 2/9/15			City, State		19067				
Completed by Anthony T Perna	Title Presi	ident				gnature	 ار	e		D	ate 2/5/15			



Date of Notification (1) 4/2/15					f Building Constru				y of Millvil	lle.)	ń C:	. 0.	r			
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DOH DCA	Emergency justification) Cancellation			Name of	f Contact				<u> </u>	Tel	ephone N	lumbe	er		î	
	1-			FACI	LITY INF	ORMATI	ON			1	-		20.00	-		
Name of Facility Where Vacant Property	Abatement is Takir	ng Place (3)						_	of Facility (4							
Street Address 320 N 2nd Street									School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth			uilo	lings,	home	es,
City (5) Millville NJ 08332					-				re Feet	# o 2	f Floors			idg. A	ge	
County (6) Cumberland					Code (7) USE ONLY	"			nt Use (Prio		ng demo	iished)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	/ No.				tement Con		(9)	7777				
Street Address								Addres								
City, State, Zip Code							City, S	State, Zi	ip Code n NJ 0809	01						
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.		Teleph	hone No	0.		License					
Start Date (10) 2/19/15		Scheduled	l Cor	mpletion I	Date (11)		Name	of OSH	A Monitor		00727					
		3/6/15					Sam									
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Earth Tech	9 E)		10000	lauler ID 6429	No.	of Was	ste		CCIA				0			
City, State Greenfield NJ						Dispos TBD	sal Date		City, State Millville		3332					
Completed by Anthony T Perna	Ti.	Title Presid	ent			S	Signature			2		Date 2/4/1	5			

Date of Notification (1) 4/2/15				Name of Neri's	f Building Constru	Owner/O	perator (Renta	(2) I (City of	f Millville)=	T THE				
Agencies Notified X EPA	Type Notification			Street A 849 Cl	ddress layton P	load				12.13	-LU	91	.)	Jo E	1
EPA DEP DOL	Amended Amendment				ite, Zip Co nstown		94			75.14	T. B			100	lu L
DOH DCA	Emergency justification) Cancellation			Name of Tony	f Contact					Teleph	one Nu	mber			į,
N				FACI	LITY INFO	ORMATIC	ON								
Name of Facility Where Vacant Property	Abatement is Takin	g Place (3)				12		Type of F	acility (4)						
Street Address									ool (K-12)		nt ko es nyagong				
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City (5)	Otroct							etc.)							00,
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County (6) Cumberland					Code (7) USE ONLY				lse (Prior i & garage		demolis	ned)			
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Project Manager for Mon	nitoring Firm		T	Telephor	ne No.		Telepho	one No.	IJ 08091	Li	cense N	lo.			
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Start Date (10) 2/19/15	- O	Schedule 3/6/15		npletion (Date (11)		Name of Same	of OSHA N	Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One	∍)				Street A	Address							
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Earth Tech				auler ID 3429	INO.	of Was	2002		CIA						
City, State Greenfield NJ						Disposa TBD	al Date		ty, State illville N	J 0833	2				
Completed by Anthony T Perna		Title Presid	lent			Si	gnature.	e			Da 2/	ite 4/15			

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b)			FA	CILITY INF	ORMATION			-		- 20	
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Start Date (10) 2-18-15	2	-3	0-7	Care (11)	ivalli	e di Odha iyidili	Sulf				1
Occupancy Status During Abatement (Chec					Sires	el Address	32-8-				
Facility Closed/Vacated During Entire	Period of	Abater	neni								
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Scope of Work (Check All That Apply)	_				_	_					
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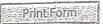
(K 3540

Date of Notification (1)			Name	of Building Owner	r/Operator		7				
Z-4-/) Agencles Notified Type Notificatio			0)1	CH	eic	Athth					
EPA Initial	11		Street	Address 20	C E	walish	L 9 1	17.02	J.	100	12
DEP Amended Amendmen	at #		City, S	itate, Zip Code	,		inger				Ť
Emergency	(including		Name		Itas		Telephone M		0		
DOH justification Cancellation	n n		Name	of Contact of Steve	. Ant	heory	1 sebuare w	ilman -			
Name of Facility Where Abatement is Taki	no Place /3	(1)	FAC	CILITY INFORMA	TION	Type of Facilit					
Rosides		7				School (F	50.5050				
Street Address So Watton A	me :					Subchap!	ter 8 (Other than K- . private & commerc	12) cial bi	ıllding	s, hor	mes,
City (6) Ocean City						Square Feet	# of Floors		Bldg	Age	
County (6) Delah		Patricia salving		Code (7) USE ONLY)		Current Use (F	rior if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	•	ASC	M No.	Name o	Abatement C					27
Street Address					Street A		7 /	La	,		
City, State, Zip Code					City, Sta	ale, Zip Code	311-	0	-	7,	~
Project Manager for Monitoring Firm			Telepho	ne No.	Telepho	ne No.	License N		.7/	. (-
Start Date (10), 6-/5	Scheduler		nplelion			f OSHA Monito	self	- G-	16		
Occupancy Status During Abatement (Chec					Street A	ddress	261				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe:	Period of Al ral Facility I	oaten -lours	neni i		City, Sta	le, Zip Code					N.
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti				Mini-Enclosur Glovebag Pro				70.	
	ls L	ocali	no			Troil Entollisto	5 () tale 1(0)1-1 (180	I		emen	t
Location of Asbestos-Containing Material (ACM)	No Used	rmall Solel		Des	scription of			-	T:	rpe	1
TO BE ABATED In Facility (13)	Main	tenan	ce/	Asbestos Cont (i.e. thermal surfac other m	aining wat systems ir cing, VAT, niscellaneo	nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			-				ate	0
putside			1/	Siding	Me	em	30000	~			
*		_					<i>U</i>				
		_		-							
Name of Registered Waste Hauter	<u> </u>	Ha	DEP Wa	lo. of Was			Registered Landfill				
City, State S. L. C. A.	7		3563	Disposa	al Date	/ City, State	2, 1	1			_
DEIANCO IV	Title		**************************************	The second secon	ラシ gnature	1 70	lly town B	n .			
J Hill	V			315	griniui e	#	Date	-4	1-1	5	

Date of Notification (1)		Name of Building Owner/Operator (2) Steve Anthoracy Denie										
2-4-15				Stev	e A	nthwa 4	Deni	2	.n. /		25555	
Agencles Notified Type Notification			Street	Address 26		lish ha	CMATCD	Lati		11		
EPA Initial Amended		l	City, State, Zip Code									
DOL Amendment Emergency			Egg HAREDON NJ									
DOH justification) DCA Cancellation			Name of Contact Steve A Telephone Number									
			FAC	ILITY INFORMAT	TION		-	ب			_	
Name of Facility Where Abatement is Takin	g Place (3)				Type of Facility	(4)					
Street Address 65 Walten		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homesetc.)										
City (5)				Square Feet # of Floors Bldg. Add.								
County (6) Olersh			Code (7) USE ONLY)		Current Use (Pr	ior if being demoli	shed)					
Name of Monitoring Firm Hired by Building ()	ASCI	M No.	Name of Abatement Contractor (9) And Society LLC								
Street Address					Street /	Address	/ /	1				
0" 0) 1 7 0					1212 Bushington Apre							
City, State, Zlp Code					City, State, Zip Code 20005							
Project Manager for Monttoring Firm		Telephone No. Telephone No. License No. CONTROL CONTROL							Ć			
Start Date (10)		Impletion Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement (Check			Street Address									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe:	Abaten Hours	nent		City, State, Zlp Code								
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 If ≥160 sf or ≥260 If	tenova Jemolit	Ten outstanding indicates a recourse										
	Locali	0n		- 1	Tron Exemple	a () and Roll-1 lis	1	Abatement				
Location of	1	iormal	y	De	scription o	nf .	Si Si		Ty	pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Custodial 3				Asbestos Cont	taining Material (ACM) I systems insulation, cing, VAT, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)	Yes	(12) No	N/A	olher n	niscellane	ous)	SOUTH OUNTERSTEEN	oval	air	sulate	sure	
outside	100	-110	-	E. 1.0	. A	A MA	2800	12				
o v i siere				Sidin	/ //	HM 2800			_	_		
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								+-				
Name of Registered Waste Hauter		IN	JDEP W	aste Cubic	Varde	Name of	Registered Landfill					
Am Sio LLC	H	suler ID	No. of Was			MOFP	/					
City, State Ofthere 1	UJ			Dispos	BD Date	City, State	11 6	1	7			
Completed by - JAE Hill	Title	P		Si	ignature	PH	Da	ite Z —	1-1	15	-1	
4		· ·			(1						



Date of Notification (1) 2-4-	10	Name of	Building Owner/Or	perator (2) Blue				- 1			
GEV 63	5	Street Ad	LOW/	en .	1 10	nu o m	130	ç.				
		73 WHAUT KA										
EPA Initial Amended		City, State, Zip Code AII 038234										
DOL Amendment #	cludina	Name of Conject (Telephone Number / 100 /										
DOH justification)		Name of Conjact 18-en April - S										
DCA Cancellation		FACIL	ITY INFORMATIO	ON	<u> </u>				- 11	-		
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (4)						
Lesiden	r				School (K-1	a (Other than K-12)						
Street Address					Other (i.e. p	rivate & commercial	buildi			5,		
City (6)			Square Feet # of Floors						Bldg. Age			
OC_		County C	Code (7)		100	or if being demolishe	d) ,	é_		-		
County (6) A reserv		(STATE L	USE ONLY)			Resider	rt					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCIV	l No.	Name 3	of Abatement Cor	niracior (9)						
K A				Street	Address .	1 1 /						
Street Address				1	1212 B. Helixtan Hel							
City, State, Zip Code				City, S	late, Zip Code	11/4 118	7571	-				
				Teléphone No. License No.								
Project Manager for Monitoring Firm		Telepho	ne No.	(ACA)	9 34 0916 01070							
Start Date (10)9_14-15	Scheduled C	ompletion	Date (11) 20-15	Name	of OSHA Monitor							
124 BU2 - US	R-1	8-0	Date (11) 25-15	Clearl Address								
Occupancy Status During Abatement (Officer		Sireet Address										
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe:	eriod of Abat al Facility Ho		City, State, Zip Code									
Scope of Work (Check All That Apply)					_							
23 sf or ≥3 lf 2160 sf or ≥260 lf		ovation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
1000,01,000	-				Non-Exemple	id (*) and Non-Friabl	le Procedure Abatement Type					
	ls Loc	alion										
Location of	Nom	nally	De	scriptio	n of	Amount	TI					
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	nance/	 fi.e. therma 	system	Material (ACM) as insulation,	(Specify	Rer	Re	inca	Encl		
In Facility	Custodia (1	al Staif? 2)	surfa	icing, V miscella	AT, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)		T			10 - 10 10 10 10 10 10 10 10 10 10 10 10 10		1 2		ate	0		
	Yes N	lo N/A	(AAMI)	Col		2800SF	V					
00451dE		V	(mun)	Sich			Ė					
							-					
							-					
		Waste Cubic	yards	Name o	 Registered Landfill		- 1	10	1			
Name of Registered Waste Hauter		Hauler ID	No. of Wi	aste _	. /	MINER IN	u . 1	41	17			
Am SOE LLC		1356	35 Disne	osal Dat	C4 City, Str	ale, / O	14.71	1.1	1	\neg		
Oity, State D. D. June NJ			1	SD	1 1	Mytern Pa	+					
Completed by	Title	15		Signatu	re Oll	/ Da	ite	2210	b .	2-0		
() Hull	1	JF			- TEN	1 4	A SUL	L'S	3 4	5- 5		



Date of Notification (1)	Nar	Name of Building Owner/Operator (2)										
2-4-15		-	AMERICAN DENd HON									
Agencies Notified Type Notification EPA Initial		Stre	eel Address 2	Engli	ISL LA CIBFED 9 EN 9:7							
DEP Amended Amendment		City	State, Zip Code	44607	NJ							
DOH justification) DCA Cancellation		Nan	ne of Contact		Telephone Number							
DGA		ATION										
Name of Facility Where Abatement is Taking			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Street Address Ancho	Λ	1	School (K-12) Subchapter 8 (Olher than K-12) Olher (i.e. private & commercial buildings, I									
City (5)	5 /			Square Feet # of Floors Bldg. A								
County (6) Baeran		Cou (STA	nly Code (7)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building C	Owner (8)	A	SCM No. Name of Abatement Contractor (9)									
Street Address												
City, State, Zip Code				Street Address 1212 Burling for Ance City, State, Zip Code DelAnco NJ 88875								
Project Manager for Monitoring Firm		Tele	phone No.	Telep	phone No. License No. 9-346 0916 01070							
Dist Date (40)	Schodulad I	Complei	ion Daie (11)	Name	`							
2-20-15	2-3											
Occupancy Status During Abatement (Check	(Only One)			Street Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	itement ours		City, S	City, State, Zip Code							
Scope of Work (Check All That Apply)												
23 sf or ≥3 If ≥160 sf or ≥260 If	Ren Den		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
			- Phin	1 Molt-Exemple	Abatement							
	1	cation mally			_		Туре					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	lolely by enance/ al Staff? (2)	Asbestos C (i.e. them su oth		riaterial (AGM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes h	lo N	IA Male		d.m	7/00		<u> </u>				
OUTSIDE		_	FTCM	516	Siding 35508 V							
							_			_		
						5 - 1-1 1 2511						
Name of Registered Waste Hauter Am Jut LLC		Cubic Yards of Waste Scu WM of A										
City, State Delignes 1	Dis	sposal Date / City, State TBD Date / TUTY town PA										
Completed by	Title	VP		Signature Date 2-4-15								
V . [- (1	7						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 2/4/2015				Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.												
Agencies Notified Type of Notification [X] EPA [] Initial Notification [] DEP [] Amended Notificat					Street Address 50 Houston Avenue, Suite 1											
[x] DOL [x]	Amend Emerge	ndment # gency (including			City, State, Zip Code Jackson, NJ 08527											
[X] DOH []	justification) [] Cancellation					Name of Contact Telephone Number Irving Perlstein										
	ILITY INF	FORM	ATION													
Name of Facility Where Abatement is Taking Place (3) Residence											School (k-12) Subchapter 8 (other than k-12)					
Street Address 1518 Tangl			private & commercial buildings,													
City County (6)					County Code (7) Square feet (STATE USE ONLY) 1000 sf				# of Floors	Bldg. Age 60						
Lakewood	Lakewood Ocean					being demolished)										
Name of Monitoring Firm Hired by E N/A	uilding Ov	wner (8)			ASCM No.		Name of	Abatement	Resider Contractor Guardia	(9)	Inc					
Street Address							Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61									
City, State, Zip Code							City, State, Zip Code Toms River, New Jersey 08755-1271									
Project Manager for Monitoring Firm Telephone Number					732-349-9932 0						License Number 00624					
Scheduled Start Date (10) Scheduled Complete 2/5/15 2/9/15					tion Date (11) Name of OSHA Monitor E.M.S.L. Analytical											
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho					Tours											
[] Other – Describe						City, State, Zip Code Piscataway, New Jersey 08854										
Scope of Work (Check all that apply)							[]		ontainment Enclosure	with Negative Pres	ssure					
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥26	0 If		[] [x]	Renova Demoli	vation [] Glovebag Procedure											
			L				F 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	_					
											Abat	Abatement Type				
Location of			ls Locatio ormally u				Descriptio estos-Con			Amount	R	R	Е	E		
Asbestos-Containing Material (A	ACM)		Solely by	у			faterial (ACM)			(Specify SF	E M	E	N C	N C		
TO BE ABATED	-	Mainte	enance/C	ustodial			thermal s			or LF)	O	A	Α	L		
in facility (13)			Staff (12)			insu	lation, sur VAT, o				v	I R	P	O S		
(15)			(12)			othe	r miscella				A	10	U	U		
8 9		YES	NO	N/A				,			L		L E	R E		
Exterior		-	Х		Asbestos	s siding	σ			720 sf	X			1		
										1	1					
										-	-	-				
Name of Registered Waste Hauler Guardian Contracting	z, Inc.	N.	JDEP Was 2	te Hauler	ID No. Ci	ubic Yar	ds of Wast	940 P. CONTROL OF THE PROPERTY	of Registe R.R.F.	red Landfill				L		
City, State Disposal Date City, State Toms River, New Jersey 2/10/15 Tullytown, Pennsy										g						
Completed by (Print or Type) Nicholas Fernicola		Title Projec	t Manag	er	Signature	iture Di						Date 2/4/2015				

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building		erator (2) Bubser	7	61	1.0	ĺ				
[X] EPA [[] Amen	Notifica	ification		Street Address City, State, Zip Co	de	Loyola Court irk, MD 20754	EM Stat	4 1	Y -			
[] DCA		cation)	icidumg		Name of Contact Beth 1	Bubser		Telephone Number					
				FAC	CILITY INFORM	MATION			7555				
Name of Facility Where Abate Resid		Place (3)			, , , , , , , , , , , , , , , , , , ,		Type of Facility (4)	School (k-12)					
Street Address	Vest Osprey V	Vay					[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				dings,	
City		County	(6)		County Code (7) (STATE USE ONL	Y)	Square feet 1800 sf	# of Floors	Bld	g. Age	60		
Toms River Tv		Ocea					Current Use (Prior in Resider	1,000)		00		
Name of Monitoring Firm Hire N/A	ed by Building O	wner (8)		ASCM No.	Name of	Abatement Contractor		Inc				
Street Address						Street Ad		an contracting,					
City, State, Zip Code		#11 - S. T.	-			City, Sta	1889 R te, Zip Code	oute 9, Unit 61					
Project Manager for Monitorin		Telephone	Number				River, New Jers License N		755-1	271			
Scheduled Start Date (10)		Commence of the commence of th	on Date (11)		9-9932 OSHA Monitor	00624							
Scheduled Start Date (10) 2/4/15 Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of A [] Abatement Performed Outside of Normal Facility I [Other – Describe						Street Ac	ldress 1056 Ste, Zip Code	L. Analytical telton Road way, New Jerse	ey 088	54			
Scope of Work (Check all that $ \begin{bmatrix}] & >3 \text{ sf or} \\ $			[] [x]	Renovat Demolit		[] [] [x]	Mini-Enclosure Glovebag Procedu	with Negative Pres are) and Non-Friable I		re			
									Abat	ement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A				stodial	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)					R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X		Asbestos sidin	g		1550 sf	X						
									\vdash				
										*			
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223 City, State					3	rds of Waste	T.R.R.F.	red Landfill					
Toms River, New Jersey 2/6/15						City, Sta		,					
2.00					Signature Date 2/4/15								

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

Date of Notification (1)				125 11000		ng Owner/Operato	r (2)	(E) 9 S1	Pie F	-			
2/4/20				Ow				ray of Cyl	34 F.				
Agencies Notified	Type Notification Initial				et Address Dory Dr		E 17.				Y		
DEP DOL	Amended Amendment #				State, Zip	Code NJ 08226					1		
DOH DCA	Emergency (in justification) Cancellation	nciuain	g	Nan	ne of Con	tact		Telephone Num	ber				
Прох	Cancellation			Leon	ard Fogl	io		4					
			(0)	FA	CILITY IN	FORMATION	1 7	/4)					
Name of Facility Where Residence	Abatement is Takin	ig Place	e (3)				Type of Facilit	12)	0)				
Street Address 128 Dory Drive								8 (Other than K-1) private 8 commerci		dings	1		
City (s) Ocean City, NJ 0822	16						Square Feet 1800 SF	# of Floors	1000	ldg. Ovrs			
County (6) Cape May				Cot	inty Code(7) (STATE		- I	-	Oyis		=	
Name of Monitoring Firm	Hired by Building	Owner	_	ASCM	No.	Name of Abater	nent Contractor (-	-				
(8)	, ,	***********				AEi2, LLC							
Street Address						Street Address 300 S. Lenola	Pood						
City, State, Zip Code						City, State, Zi							
						Maple Shade,							
Project Manager for M	oject Manager for Monitoring Firm					Telephone No. 609-481-212	22	License No. 00689					
Start Date (10) 2/14/15	1					Name of OSHA AEi2, LLC	Monitor					400	
Occupancy Status Durin			one)			Street Address							
□ Facility Closed/Vacat	ed During Entire P	eriod o	f Aba			300 Lenola I							
Abatement Performed Other - Describe:	Outside of Norma	I Facilit	y Hou	rs		City, State, Zip C Maple Shade	Code e, NJ 08052						
Scope of Work (Check al	l that apply)		10.72.2			Full Co	ntainment with N	legative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic				ag Procedure						
		ls L	ocati	on	Ι	△ Non-Ex	rempted (*) and N	lon-Friable Procedu		Abate	ment		
Location	of	No User	ormall Sole	y y by		Description o	f			Тур			
Asbestos-Containing M	aterial (ACM)	Mair	ntenar	ice/		tos Containing Mai	terial (ACM)	Amount	R	R	E n	E n	
TO BE ABAT IN Facility	ED		Staff?		(i.e.,	thermal systems i surfacing, VAT	or	(Specify SF or LF)	m o	e P	a P	1 0	
(13)			(12)	1		other miscellane	ous)		v a	a i	u 1	s u F	
		Yes	No	N/A					1	r	a t	e	
Exterior		X	Transite	Siding		2,500 sf	X		с				
				-					-	-			
Name of Registered Was	te Hauler			IJDEP		Cubic Yards	Name of Red	stered Landfill					
AEi2, LLC					No.	of Waste 10	TBD						
City, State						Disposal Date	City, State						
Maple Shade, NJ						TBD	TBD						
Completed By Title Wm Minnick Program Mor				r		Signature	(my)	Date 2/4/15					
Wm. Minnick Program Mg						100	0 11,000	-/					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7741 Date of Notification (1) Name of Building Owner/Operator (2) 2/4/15 New Jersey Department of Military Affairs Agencies Notified Type of Notification Street Address 101 Eggerts Crossing Road [] EPA Initial DEP [] Notification City, State, Zip Code [X] DOL Lawrenceville, NJ 08648 Amended DOH [X] Notification Name of Contact Telephone Number [] DCA [] Cancellation William McBride **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Lawrenceville Armory Street Address 151 Eggerts Crossing Road Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 20000 ~65 Current Use (Prior if being demolished) (STATE USE ONLY) Lawrenceville Mercer armory Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Whitman Companies, Inc. 00110 Jupiter Environmental Services, Inc. Street Address Street Address 7 Pleasant Hill Road 323 Changebridge Road City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Kevin Lovely 732-390-5858 973-575-8700 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 2/17/15 J & S Environmental Laboratories, LLC 2/28/15 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure \geq 3 sf or \geq 3 lf Glovebag Procedure Non - Friable Procedure ≥160 sf or ≥260 lf Is Location Abatement Normally Used Description of Type Location of Solely by Asbestos - Containing Amount R R Asbestos - Containing EP Maintenance/Cus Material (ACM) (Specify E N N Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) C M C TO BE ABATED insulation, surfacing, VAT, 0 A A L In Facility or other miscellaneous) V 1 P 0 Yes R S (13)No N/A S

			10000000					L	1	U	U
Offices and conference room		х		VAT and	mastic		990 SF	- x	T		
								-	+		
Name of Registered Waste Hauler Jupiter Environmental Services	На	IDEP Vauler ID	No.	Cubic Of Wa	Yards aste	Name of Registered Land Minerva Landfill	dfill				
ity, State line Brook, NJ				Dispo	sal Date	City, State Waynesburg, OH					
Completed By (Print or Type) Title				Signature	/	Date					

General Manager

ASB-41 **JUN 95**

Pane Repic

2/4/15

State of New Jersey

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

Check # 7740 Name of Building Owner/Operator (2) Date of Notification (1) 2/4/15 Montclair Board of Education Agencies Notified Type of Notification Street Address 22 Valley Road [] EPA Initial [X] [] DEP Notification City, State, Zip Code Emergency DOL Montclair, NJ 07042 Amended DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation Len Saponara **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, Watchung School Street Address homes, etc.) 14 Garden St. Square Feet # of Floors Bldg. Age City (5) 90000 County (6) County Code (7) ~ 60 (STATE USE ONLY) Current Use (Prior if being demolished) Montclair Essex educational Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. 00 Jupiter Environmental Services, Inc. Street Address Street Address 300 Grand Ave. 323 Changebridge Road City, State, Zip Code City, State, Zip Code Englewood, NJ 07631 Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Stephen J. 201-569-6708 973-575-8700 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 2/14/15 12/31/15 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: evenings/weekends Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure [x] \geq 3 sf or \geq 3 lf Glovebag Procedure [X] Non - Friable Procedure ≥160 sf or ≥260 lf [x] Is Location Abatement Normally Used Description of Туре Location of Soleiv by Asbestos - Containing Amount R Maintenance/Cus Asbestos - Containing Material (ACM) (Specify N todial Staff (12) P С Material (ACM) (i.e., thermal systems SF or LF) C M TO BE ABATED A insulation, surfacing, VAT, 0 Α In Facility or other miscellaneous) V 0 S Yes No N/A R (13)Α S U 9 LF Basement storage and room 21 Pipe insulation X 120 LF Various Pipe insulation X X Various 300 SF X. Floor tile X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 City, State Disposal Date City, State Pine Brook, NJ 2/28/15 plus Waynesburg, OH Completed By (Print or Type) Title Date Signature Pane Repic General Manager 2/4/15

Note: Phased Project. First phase is scheduled to start on 2/14/15 and be completed on/by 2/17/15. It involves removal of 9LF of pipe insulation from Room 21 and basement storage. Amendments will be sent for other phases.

ASB-41

CK 5482

Date of Notification (1)				Name	of Buildir	g Owner/Operator	r (2)	FEB -9 DA	1 70.0			
2/3/15				Ft.	R. D	AUE KE	YORKIA	15 9 B	1 3. 1		- 3	
Agency Notified	Type Notification			Street	Address	PARK	AJE	175		41		
□ EPA □ DEP	☐ Initial☐ Amended		-							-		
₽ DOL	Amendment #			-1.7	= 1	Code .	. NJ.	07072				
⊒-то́н	☐ Emergency (includi	ng	-	Name	of Conta	et c		Telephone Num	ber			-
DCA	justification) □ Cancellation			N	R. 10	EU OXUCLA		1				**
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Name of Facility Where	Abatement is Taking Pla	ice (3)		1701		Oldmariole	Type of Facility	(4)				
	KEVORKI			-								
Street Address	100001010	14:0					Subchapter	i) 3 (Other than K-12)				
	PARK AL)5			22			ivate & commercia		s,		
City (5) 0 TAIR	6					*12	Square Feet	and the same of th	Bldg. A	-		
- FAIR	VIEW				**		2200.	2	80	7	EA	13
County (6)) (STATE USE		ior if being demolis				
	reen		- [ONLY)	,,		4	-ESIDEN	s Œ			
Name of Monitoring Firm	n Hired by Building Own	er A	SCM	No.		Name of Abater	nent Contractor (9	9)				
(8)		-				Best Re	emoval In	ı c				
Street Address						Street Address						
				- 1		450 Sout	th River	St				
City, State, Zip Code						City, State, Zip	Code					
	*					Hackensa	ack , N.	. 07601				
Project Manager for Mo	nitoring Firm	Tek	phon	e No.				1				
2.5						201-329-		0038	88		1000	
Start Date (10)	Scheduled C			e (11)		Name of OSHA	Monitor					
2/12/15		13/1.	1				nvironmer	ital Inc				
Occupancy Status Durir	ng Abatement (Check on	ly one)	1			Street Address						
	ed During Entire Period				- f3	280 Huy]		1		-		
☐ Abatement Performed ☐ Other – Describe: 7	d Outside of Normal Fac りひいても 5 りい	lity Hour	2	*		City, State, Zip C	come ack , N.J	. 07601				
Scope of Work (Check a	all that apply)						,					
ZI≥3sfor≥3lf			4	E Ren	ovation		Containment with -Enclosure	Negative Pressure				
□ ≥ 160 sf or ≥ 260 lf					nolition	D Glov	rebag Procedure					
			-		1	□ Non-	-Exempted (*) and	Non-Friable Proce	edure	Ah	atem	ent
030		1000000	ocatio			94.0%					Туре	
. Locati		Used	Sole!		1 -	Description						
Asbestos-Containin TO BE A		Main	tenan	ice/		stos Containing M		Amount (Specify		2	Ranhir] []
IN Fa			stodia		100	surfacing, VA	r, or	SF or LF)		Removal	Ranhir	Enclosure
(1:	3)		(12)			other miscellan	eous)			<u> </u>	I BIG	ure
25.0		Yes	No	N/A			1				1	
BASELLEN	77				HEAL	YAL SYSTEM	ומכויםדושנו	200 L	F	X	T	T
332300		-			11104	. 10 34 310.11				+	1	+
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Name of Registered Wa	esta Haudar	NED	ED IA	Vaste F	lattler	Cubic Yards of	Name of Regis	tered Landfill				1
		ID N		LL DICEL	-GUICI	Waste	, I make the same					
Best Remo	oval inc	17	109	9		307	Minerva	Enterpri	ises.	LI	LC	
City, State	-	1 - 1				Disposal Date	City, State					Decis
Hackensa	ck ,N.J. 07	601				12/13/15	Waynesb	urg ,0h .	4468	88		
Completed by	Title					Signatuire	0		Date ,	1		
J.Maioran	o Estim	ator		000		1 /	faisnon	3	4.	3/	17	
100 44	* Da ==	t sana this	- Sara	- for ac	Inacted li	consure exempted	activities					

			**		15			,			C	KF	t D.	241	F9=
Date of Notification (1) 02/03/15					of Building ny Linds		Operator	(2)							
Agencies Notified X EPA	Type Notification			Street A	Address is Terrac	ce									
EPA DEP DOL	Amended Amendmen		_		ate, Zip Co										
⊠ DOH □ DCA	Emergency justification		,		of Contact orothy L	indsav	,			Tolo	nhone No	ımber			
					ILITY INFO					- 1					
Name of Facility Where Residential	Abatement is Takir	ng Place (3)	.,,,,,		J. (11)		Туре	of Facility				1		
Street Address 55 Beechwood Ave	enue					N	35	×	School (K-1 Subchapter Other (i.e. p	8 (Othe			ldings	, hom	es,
City (5) Lake Hiawatha									etc.) are Feet	# of 2	Floors		3ldg. /	Age	- 171
County (6) Morris					Code (7))		Curre	ent Use (Pri	1977-10	g demolis	111			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN					atement Cor racting &			Con	o. Iltin	a la	
Street Address							Street	Addre	ss	EHVILOI	Interita	CON	Sulli	ig, in	ic.
City, State, Zip Code							City, S	tate, Z	te 23 Zip Code						
Project Manager for Mon	nitoring Firm		Telepho	ne No.		Wayr Teleph		J 07470 lo.		License I	No.				
Start Date (10)	led Cor	mpletion	Date (11)		973-6	0.000-10-0-10-10-10-10-10-10-10-10-10-10-1	9200 HA Monitor		00408						
02/13/15 Occupancy Status During	- Ab-tot (Ob-	02/17/	15				Envir	o Vis	ion Cons	ultants	, Inc.				
Facility Closed/Vaci	ated During Entire led Outside of Norr	Period of nal Facilit	Abater	S				l Wa	ss garaw Ro 'ip Code	ad, Blo	dg. #34/	4			
Other - Describe:	Hours: Mon - Fri - 7	:00 a.m	3:30 p	.m.			1000000		, NJ 074	10					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mi	II Containmoni-Enclosure ovebag Prodon-Exempted	e cedure					
		15	Locat	ion				140	III Exemple	y and	TVOIT-I TIG			ement	
Location			Norma	lly		De	scription	of					T	/pe	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	Ma	ed Sole aintena stodial ((12)	nce/		thermal surfa	taining M systems cing, VA niscellan	insula T, or	ation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	,							1		te	10
Garage and Lau		X		Du	ıct Wra	р		15	SF	X					
Name of Registered Was J.R. Contracting & E		onsul.,	inc F	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 17819 Grand Central Landfill											
City, State Wayne, New Jersey	*		EE '			1080	sal Date		City, State		nsvlva	nia			
Completed by Jerry Bijelonic	e Signature Date 02/03/15						5								

CK 27135

Date of Notification (1)					e of Building O	wner/Operator (2)		A L		
1 / 3 /15						DEOGIES INC.				- 1
Agencies Notified Type Not		-			t Address SOUTH AVENU	FACT	415 Fi	TB - 9	Die	_
	ial Notif	ication				ERSI	5.12	£4		3: 3:
DEP X Am	ended Nacellation	otificat		11 20 11 11 11 11 11 11 11 11 11 11 11 11 11	State, Zip Code NFORD, NEW .	JERSEY 07016	15.9			
X DOH On	Hold ERGEN				e of Contact		Telephone N	lumber		4
		2000 1000	FA	CILITY INFO						
Name of Facility Where Abatement is	Taking	Place	(3)	1012.11.111.0	TOWN TO THE	Type of Facility	y (4)			
ERICSSON LABS						School (K Subchapte	er 8 (Other that	n K-12)		
Street Address						X Other (ie. Square Feet	private & comm			
1 ERICSSON DRIVE						70,000	# 01 71001	5		. Age 14
	unty (6) DLESE	<			ty Code (7) E USE ONLY)	Current Use (Pr COMMERCIAL	ior if being den	nolished)		
Name of Monitoring Firm Hired by Bu	uilding C	wner	(8)		ASCM No.	Name of Abate		tor (9)		
ENVIRONMENTAL TACTICS INC.					17	PAR ENVIRON			ION	
Street Address 64 BROAD STREET						Street Address				
City, State, Zip Code			-			313 SPOOK RC				
MATAWA	N, NEW	JERS	EY 0774	7		City, State, Zip C SUFFERN, NEV		1		
Project Manager for Monitoring Firm			elephone			Telephone Num		icense N	Jumbe	ar
THOMAS GEIGER		7	32-290-2	217		845-369-7500	1	160	TO THE	**
Expected State Date (10)	and and a	Sched		tion Date (11)	Name of OSHA	1			
1 / 16 / /15 Month Day Year		Moni	5/	30/	15	QUALITY ENVI	RONMENTAL			
Occupancy Status During Abatement (C	heck only	Moni	n	Day	Year	Street Address				
Facility Closed/Vacated Duri Abatement Performed Outsi	ng Entire de of Nor	Perior	cility Hou	ırs - Describe	:	1376 ROUTE 9	W			
X Other - Describe: Monday-S	aturday 5	pm-1a	m/Saturo	lay & Sunday	7am-3:30pm	City, State, Zip C				
Scope of Work (Check all that apply)				Г	X Full Conta	WAPP	INGERS FALL	S, NY 12	2590	
Demolition	XF	Renova	tion		Mini-Enclo	ainment with Neg s	ative Pressur	е		
>3SF OR LF					X Glovebag I	Procedure				
X >160 SF OR					Non-Friabl	e Procedure	2			
Location of Asbestos-containing	The state of the s		cation		Description of As			Aba	ateme	nt Type
Material (ACM)	***************************************		illy used ely by	C	ontaining Materia (ie. Thermal sys		Amount	REMOV	REPAIR	ENCLO
TO BE ABATED	Name of the last		Custodial	in	sulation, surfacir		(Specify SF or LF)	NO.	PAI	150
in Facility (13)			f (12)		or other miscellar		31 01 117)	\AL	R	JSC
	Y	es N	o N/A							SURE
2ND FLOOR -NORTH EAST AREA	-	1	X	VAT & MAS	TIC		10,000 SF	×		
BASEMENT- BREAK ROOM		_	X	VAT & MAS	TIC		525 SF	X		
1ST FLOOR MER ROOM 3-1		1	X	PIPE FITTIN	IGS		4 LF	X		
ADDITION TO SCOPE:	-+	+	+						-	
								-	+	
1ST FLOOR MER 1			X	PIPE FITTIN	IGS		14 LF	X		
Shortest -										
2ND FLOOR NORTHEAST AREA		-	X	PIPE FITTIN	IGS		70 LF	X		
		-						-	+-	
									\vdash	
Name of Registered Waste Hauler DJM TRANSPORT , LLC			Waste	Cubic Yards		Name of Register				
BOW TRANSPORT, LLC	H	auler II 26) No. 981		80	GROWS LANDF	ILL			
City, State		20	551	Disposal Date	e	City, State				
KEARNEY, NEW JERSEY				1/16-5/30/20	15	City, State	PA	1	,	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title		E ODER		Signature	XX		ate) / 2	11	5
- I TO MAIN OF MYOTILE	DINEC	UK U	F OPER	ATIONS		1100		9	1 1	50

Agencies Notified EPA DEP X DOL X DOH		Street Address		李 两副	To .		- 1
Agencies Notified EPA DEP X DOL Type Notification Initial Notification Amended Notification Cancellation	1		1000 ACC				
DEP X Amended Notification	1		E EAST		EB -9	图 9:	2
IX DOH On Hold	ion #1	City, State, Zip Code CRANFORD, NEW	JERSEY 07016				
DCA EMERGENCY N		Name of Contact RICHARD SMITH		Telephone N 732-699-470			
	FACI	LITY INFORMATION					
Name of Facility Where Abatement is Taking Place			Type of Facility School (K-	12)	- K 10)		
ERICSSON LABS				r 8 (Other than private & comm		homes,	etc.)
Street Address 1 ERICSSON DRIVE			Square Feet 70,000	# of Floor		3ldg. Age 44	
City (5) County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Pri		nolished)		
Name of Monitoring Firm Hired by Building Owner	(8)	ASCM No.	Name of Abater		tor (9)		\dashv
ENVIRONMENTAL TACTICS INC.	_/-	17	PAR ENVIRONI			N	
Street Address			Street Address	CKBOAD			
64 BROAD STREET City, State, Zip Code			City, State, Zip C				-
MATAWAN, NEW JERS	SEY 07747		SUFFERN, NEV		1		
Project Manager for Monitoring Firm	Telephone N	lumber	Telephone Numb	per I	License Nu	ımber	
	732-290-221		845-369-7500		460		
	•	on Date (11)	Name of OSHA				
1 / 16 / /15 Month Day Year Mor	5 / nth	30/ 15 Day Year	QUALITY ENVI	RONWENTAL			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Peric Abatement Performed Outside of Normal F	od of Abaten	nent	Street Address 1376 ROUTE 9	W			
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR		X Full Con Mini-Enc Glovebag	tainment with Neg	INGERS FALI		590	
Location of Is I	_ocation	Description of A			Aba	tement T	уре
5	nally used	Containing Mate	50 1.50	Amount	RE	REPAIR	
	olely by Custodial	(ie. Thermal s insulation, surface		SF or LF		ENCLOS REPAIR	
	aff (12)	or other miscel		Of GILE	REMOVAL	SURE	
2ND FLOOR -NORTH EAST AREA	X	VAT & MASTIC		10,000 SF	X		
BASEMENT- BREAK ROOM	X	VAT & MASTIC		525 SF	X		
1ST FLOOR MER ROOM 3-1	Х	PIPE FITTINGS		4 LF	X		
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	-			-		+	
DJM TRANSPORT, LLC Haule	P Waste r ID No. 26981	Cubic Yards of Waste 80	Name of Registe				
City, State KEARNEY, NEW JERSEY		Disposal Date 1/16-5/30/2015	City/State/ MORAISVILLE,	PA		,	
Completed by (Print or Type) Title	OF OPERA	Signature /	AXX		Date /	29/1	5

Date of Notification (1)		Name of Building O ERICSSON TECHN)	- 1	Anc	
1 / 7 /15		Street Address		- Mark Did in	0 -	77.	
Agencies Notified Type Notifica	tion	530 SOUTH AVENU	IF FAST	外的作品	-3	H 9:	32
	77777	City, State, Zip Code CRANFORD, NEW		Telephone N	umber		
DCA EMERC	SENCY N	RICHARD SMITH		1 elephone W	GITTI JE-		
Name of Facility Where Abatement is Ta	FA	CILITY INFORMATION					
ERICSSON LABS	king Place (3)		Type of Facilit School (K	(-12) ter 8 (Other than	ı K-12)		
Street Address			X Other (ie. Square Feet	private & comm		Bldg. /	
1 ERICSSON DRIVE City (5) County	(2)	1 0 1 0 1 0	70,000	2		44	200
MIDDLESEX MIDDLE	ESEX	County Code (7) (STATE USE ONLY)	Current Use (Pi	rior if being dem	olished)		
Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS INC.	ng Owner (8)	ASCM No.	Name of Abate	ment Contract	or (9)	ON	
Street Address			Street Address	WENTAL OOK	OKATI	OIV	
64 BROAD STREET City, State, Zip Code			313 SPOOK RO				
	NEW JERSEY 07747		City, State, Zip	W YORK 10901			
THOMAS GEIGER	Telephone 732-290-2		Telephone Num		icense N	lumber	
Expected State Date (10)	Sched. Comple		845-369-7500 Name of OSHA		60		
1 / 16 / /15	5 /	30/ 15	QUALITY ENVI				
Month Day Year Occupancy Status During Abatement (Chec Facility Closed/Vacated During B Abatement Performed Outside o X Other - Describe: MONDA	Intire Period of Abate	rs - Describe:	Street Address 1376 ROUTE 9 City, State, Zip 0				
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR	Renovation	Mini-Enclo	WAPF ainment with Neg	PINGERS FALL	S, NY 12	2590	
Location of Asbestos-containing	Is Location	Description of As		1 5 5	Aba	atemen	
Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodial Staff (12) Yes No N/A	Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCLOSURE
2ND FLOOR -NORTH EAST AREA	x	VAT & MASTIC	elected to the landstoom	10,000 SF	x		
BASEMENT- BREAK ROOM	x	VAT & MASTIC		525 SF	1 _X	\Box	
				020 01	1		
				-	-	++	
					+	+	
				-	-		
			7				
Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 80	Name of Registe GROWS LANDE			L	
City, State KEARNEY, NEW JERSEY		Disposal Date	City State				
Completed by (Print or Type) Titl		1/16-5/30/2015 Signature	JUNGIRRISVILLE,	PA Da	tp / >	11	-
DIF	LOTOR OF UPERA	TIONS /	100		///	11)

CK 27137

Date of Notification (1)		# 350 A B C L L A	ne of Building ON RCK SHARP & D	wner/Operator (2) OHME CORP					11	
2 / 4 /15		Stre	et Address		AFAR I	開始的		DDGC Ve-		
Agencies Notified Type Noti	fication	126	E. LINCOLN AVE	ENUE	475		3		9: 2	2
DEP Ame	al Notification ended Notification cellation		State, Zip Code IWAY, NEW JEF	RSEY 07065	7- 4					
	Hold ERGENCY NOTIFIC		e of Contact E LATRONICA		Telephone	Numbe	er		,	
		FACILITY IN	FORMATION							
Name of Facility Where Abatement is	s Taking Place (3)			Type of Facility School (K-						
MERCK SHARP & DOHME CORPOR	ATION			Subchapte	er 8 (Other the orivate & cor			, home	es, etc	c.)
Street Address 126 EAST LINCOLN AVENUE - 80 CC	MPLEX BLDG. M			Square Feet 68,300	# of Flo			Bldg	. Age 19	
RAHWAY			nty Code (7) E USE ONLY)	Current Use (Pri	ICAL					
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG			ASCM No.	Name of Abates PAR ENVIRONS				NC		
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK RC						
City, State, Zip Code	, NEW JERSEY 078	271		City, State, Zip C		901				
Project Manager for Monitoring Firm		one Number		Telephone Numl		Licens	se Nu	ımber		
WILLIAM S. KERBEL, CIH	973-72	9-5649		845-369-7500		1101				
Expected State Date (10)		pletion Date (Name of OSHA						
2 / 13 /15 Month Day Year	Month 4 /	Day) /15 Year	AMERISCI LAB	ORATORIE	SINC		#11	1480	
Occupancy Status During Abatement (CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Check only one) ing Entire Period of A	\batement		Street Address 117 EAST 30TH	I STREET					
X Other - Describe: MO	NDAY-FRIDAY 7AM	-3:30 PM		City, State, Zip C	ode V YORK, NI	EW VO	DK 1	0016		
Scope of Work (Check all that apply) Demolition	X Renovation		Full Conta	inment with Negat			MK I	0010		
X >3SF OR LF >160 SF OR 260 LF	T. T. G.		Glovebag	Procedure le Procedure						
Location of	Is Location	The state of the s	Description of As	sbestos-				patem		/pe
Asbestos-containing	normally us		Containing Materi	:	Amou	nt	REMOVA	REPAIR	ENCAPS	ENCLOS
Material (ACM) TO BE ABATED	solely by Maint/Custo	1	(ie. Thermal sy		(Speci	fy	NO.	PAI	CAF	CLC
in Facility (13)	Staff (12)		insulation, surfaci or other miscella		SPOIL		VAL	R	SULE	SURE
1ST FLOOR ROOM M-136	X	TRANSIT	E TABLE TOP		50 SF		X			
		The state of the s								
					-					
	der enter									
	THE REAL PROPERTY.									
						1				
Name of Registered Waste Hauler	NJDEP Was	te Cubic Yar	ds of Waste	Name of Registe	red Landfill					
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No 15939		5	LYCOMING CO 447 ALEXANDE	UNTY RES			NAGE	EMEN	TSE
City, State		Disposal D		City, State	/ DA 47777	,				
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	2/13-4/30/	2015 Signature	MONTGOMER	, PA 1//52	Date_		11	1	
BENJAMIN SANCHEZ	DIRECTOR OF OF	PERATIONS		/		2	2/	4/	15	

-CHECK # 21698

Date of Notification (1)		Nama	4 D:(1-11	0	2	(0)		1350	neck .	# 21	090)				
02-04-15			of Building nd Scho		Operator	r (2)		L.+L.								
Agencies Notified EPA	Type Notification			Street A	ddress rk Place)			學中	a el	-9		Ø;	G.		
DEP X DOL	Amended Amendment				ate, Zip Cork, NJ 0				W	7F. S				132		
☑ DOH □ DCA	Emergency justification) Cancellation			Name o	f Contact Blake				*		ephone		per			
					ILITY INF	ORMAT	ION			1					100	
Name of Facility Where A	Abatement is Takin	g Place (3))					-	of Facility (School (K-1	015						
Street Address 410-416 South Oral	nge Avenue								Subchapter Other (i.e. p	8 (Oth			buile	dings	hom	es,
City (5) Newark				5				е е	etc.) e Feet	# of	f Floors		30	ldg. A	\ge	
County (6) Essex					Code (7)	1		Currer	nt Use (Pri			olishe	1 . 3	U+		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN		/	Name	351(555-151	mercial ement Cor	tractor	(9)					
					Y		Pinn	acle E	nvironm							
Street Address							F 777 5477	Addres Broad	s Street							
City, State, Zip Code							200000000000000000000000000000000000000	State, Zip	p Code NJ 07072	2						
Project Manager for Mon	oject Manager for Monitoring Firm					1	Telepi	hone No).		Licens					
Start Date (10)							Name	of OSH	A Monitor		00756	o .			-	
Occupancy Status During	Abatement (Chec	02-28-1 k Only One					1000-010000	Address								
➤ Facility Closed/Vaca	ated During Entire F	eriod of A	batem	nent			10-5	9 Jack	son Ave	nue						
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hours					State, Zip g Island	o Code d City, N	Y 111	01					
Scope of Work (Check Al	l That Apply)			Zeng retails only,												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		patricine, and a second	enova emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		16.1	Locati					i Non	-Exempled	(-) and	Non-Fi	riable		20 E	e ement	
Location	of	N	ormall	у		Des	scription	n of							ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Mair	d Solei ntenar odial S (12)	nce/				s insulat T, or	ulation, (mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Roof Para	apet		2000	X		Par	apet T	ar		1 2	200SF	-	· ·			
1,0017 41		^		1 41	apet 1	aı		1,2	.003F		х					
-																
Name of Registered Was	te Hauler		NJDEP Waste Co				Yards		Name of F	Registe	red Land	dfill				
Freehold Cartage			Hauler ID No. of Waste 20				TRRF									
City, State Freehold, NJ				Disposal Date TBD				City, State Tullytown, PA								
Completed by Niamh Fleming	e Manager Signature					70	Date 02-04-15									

. CHECK # 21697

Date of Notification (1)								-	÷ (5		.neck	# 2.	.03			
02-04-15			of Building ton Edu						è	*						
Agencies Notified	Type Notification	(1)			Address irk Place	9			The State of the S	18 - S		00	3 6			
DEP DOL	Amended Amendmen				ate, Zip C rk, NJ 0				" OF.				e!		1.91	
DOH DCA	justification) Cancellation			Name of	of Contact Blake				· · · · · · · · · · · · · · · · · · ·	Tel	ephone	Num	ber			
	_			FAC	ILITY INF	ORMATI	ON				-		-			
Name of Facility Where Vacant Building	Abatement is Takir	ng Place (3)						of Facility (
Street Address 129-165 Littleton A	Avenue							×	Subchapter Other (i.e. p	8 (Oth				dings	, hom	es,
City (5) Newark									etc.) re Feet 00	# o	f Floors			8ldg. /	Age	
County (6)					Code (7)	0		Curre	ent Use (Pri			olishe	- 1 - 2	101		
Name of Monitoring Firm	m Hired by Building	Owner (8)		M No.	,		of Aba	nmercial tement Cor							
Street Address	_						Street	Addres	1994	ental	Corp.					
City, State, Zip Code		_			S.C.	-	222522		Street ip Code							
Project Manager for Mo	nitorina Firm			Telepho	no No		Carl		NJ 0707	2	Fire	- 11				
	Project Manager for Monitoring Firm Start Date (10) Scheduled						201-	939-6	565	Ť	Licens 00756					
02-17-15		03-15-	15	mpletion	Date (11)			of OSH	IA Monitor NC.							
Occupancy Status Durin	ng Abatement (Checoated During Entire	- 6	97	nont				Addres 9 Jacl	s kson Ave	nue						
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	/ Hours	3					p Code d City, N	V 111	01					
Scope of Work (Check A	All That Apply)						20116	Jiolai	ia Oity, iv	st total	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure						
		lo	Locati	ion				1 1401	-Exemple	J () all	u NOII-F	Habie	PIO		e ement	t
Location Asbestos-Containing		1	Normal ed Sole	liy	A = h = -		scription		// 010						rpe	· T
TO BE AB In Faci (13)	ATED	Cus	intena todial 5 (12)		Asbestos Containin (i.e. thermal syste surfacing, other misce			s insula T, or		(S	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ф	
Roo				X			f Flash				362SF		Х			
Roof Pa		X		Parap	et Flas	shing		8	378SF	-	х					
Name of Registered Waste Hauler					U U											
Freehold Cartage					NJDEP Waste Cubic Yards Hauler ID No. of Waste 18693 40				Name of I	Registe	red Lan	dfill				
City, State Freehold, NJ					Disposal Date City, State TBD Tullytown, PA				-							
Completed by Title Niamh Fleming Office Mar					Signature Date					5						