(K 4210

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

RECEIVED

Date of Notification (1) 2/11/2015		2 3	N	lame of I Passai	Building C c Count	Owner/Oper y Builldin	rator (2 ngs &	Grounds	FEB	20 sk				
Agencies Notified	Type Notification					ania Aver		£ 5.				1		
DEP DOL	Initial Amended Amendment	¥			e, Zip Coo on, NJ (			×.	4 4/5	TRIN	i KL	i.		
DOH DCA	Emergency ( justification) Cancellation	ncluding			Contact ck Nigro	)			Tele	phone Num	ber			
Lead						RMATION			1			177		
Name of Facility Where A Passaic County Bu Street Address							- Carallea	Type of Facility (4  School (K-12  Subchapter	?) 3 (Othe					
307 Pennsylvania	Avenue						E	Other (i.e. pr	ivate 8	commercia	l build	ings,	home	ss,
City (5) Paterson, NJ 0750								Square Feet 25000	# of	Floors		dg. A 0+	ge	
County (6) Passaic				County C	Code (7) ISE ONLY)		5 10 00	Current Use (Prio Office Buildin		ng demolish	ed)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No.	N	ame of	f Abatement Cont	ractor	(9)				
Langan Engineerin	ng & Env. Servic	es		0009	9	[	DIA G	ieneral Consti	ructio	n, Inc.				
Street Address								ddress						
619, River Drive C	enter, 4th Floor					The second second		Clifton Avenu	e, PIV	IB Suite 2	18			
City, State, Zip Code Elmwood Park, NJ	07407						The state of the s	ite, Zip Code n, NJ 07012			Vi			
Project Manager for Mor Vijay Patel	nitoring Firm			elephor 201-39	ne No. 98-4544	\$		89-0089		License No 00693	), 			
Start Date (10) 02/11/2015		Scheduled 02/12/2		pletion [	Date (11)	10000		f OSHA Monitor General Const	ructio	n, Inc.				
Occupancy Status Durin	g Abatement (Chec	k Only One	)					ddress						
	ated During Entire i			ent				Clifton Avenu	e, PN	IB Suite 2	18			
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility I	Hours					ite, Zip Code n, NJ 07012						
Scope of Work (Check A	All That Apply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property Co.	enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
		12.1						1			1	V5-27 7/7	emen	t
Locatio	f	1 "************************************	ocation or contraction of the co	3274		Docar	iption o	\f				Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) <u>ATED</u> lity	Mair	Solel stenan dial S (12)	ice/			ning Ma stems g, VAT	iterial (ACM) insulation, , or	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Œ	
Gara	ge			X	P	ipe/Elbov	w Insi	ulation		B LF				
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2	y te i													
						×								
Name of Registered Wa	ste Hauler		100000	JDEP W auler ID		Cubic Ya		anomal and a second		ered Landfill				
Service Transport (	Group			0990		3		Minerv		dfill ————				
City, State New Castle, DE						Disposal 02/12/2		City, State Wayne		, OH 446	88			
Completed by		Title	orat ner over				natuile		/	Da	te	045		
Krutarth Jagad		Proje	ct Ma	anager			1	Jan J		2/	11/2	015		

### State of New Jersey

	NC			to NJAC 8					her	k	1	30	04	5	
Date of Notification (1) 2/17/15	10,777,807			Building ( Constri		perator	(2)		F	EB 2	0 2	201	5		J
Agencies Notified Type Notification		111.0	Street A	<sub>ddress</sub> est Mair	Stree	t						0.15		.;	
X         EPA         X         Initial           DEP         Amended           X         DOL         Amendment #				te, Zip Co Brook,		805		1 - 1-		Liútin			-		
X Emergency (in justification)  DCA Cancellation	cluding			Contact					Tele	phone N	lumbe	r			
_ Cancellation				LITY INFO	RMATI	ON			1						
Name of Facility Where Abatement is Taking house	Place (3)						_	of Facility (4 School (K-1	41) 1919						
Street Address 117 South Stevens Avenue							×	Subchapter Other (i.e. p etc.)	8 (Other			uild	ings,	home	s,
City (5) South Amboy				3				re Feet	# of 2	Floors		BI 60	dg. A	ge	
County (6) Middlesex				Code (7) JSE ONLY)			Curre	ent Use (Pric	or if bein	g demo	lished	)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCN	1 No.				tement Con ronmental			_C				
Street Address			L				Addre	ss 83, 4 E G	ate Dri	ve					
City, State, Zip Code						City, S	state, Z	ip Code I, NJ 074			-1.00.1				
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none N 764-2	0.		License	No.	-			
	Scheduled	Com	pletion [	Date (11)			100000	HA Monitor							
Occupancy Status During Abatement (Check		)				Street	Addres	SS		heriotzen en V					can
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma  Other – Describe:						City, S	state, Z	ip Code					-4-27-		
Scope of Work (Check All That Apply)				7											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novat moliti	200			×	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure					3	
0.0000000000000000000000000000000000000		ocatio	2000									,	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Main Custo	Solel tenar	y by ice/		os Cont thermal surfac		Material s insula T, or	ation,	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
basement			X		pipe	insula	tion		15	0 LF	X				
Name of Registered Waste Hauler Freehold Cartage		H	JDEP W auler ID 5939	F. Charles	Cubic of Was TBD			Name of F	Register	ed Land	Ifill				
City, State Freehold, NJ					Dispos TBD	sal Date		City, State	9	1					
Completed by A. Scott Higgins	Title Presid	ent			S	ignature	1				Date 2/17.	/15			

			(P	ursuant	to NJAC	8:60 and 1	2:120	)) (	Lac	L	1	36	74	9		111
Date of Notification (1) 2/17/15		151			f Building Ia Dowe	Owner/Ope	erator	(2)		F	EB 2	2 0	201	5		
Agencies Notified	Type Notification			Street A	ddress antebury	y Road										
EPA DEP X DOL	Amended Amendmen				ite, Zip Co eld, NJ				1	· · · · · ·	Liča	I .		.1 3		
▼ DOH DCA	Emergency justification) Cancellation	_			f Contact e Natko,	, Realtor				Tolo	nhone	Numh	er	Comments Ing.		
				FACI	LITY INFO	ORMATIO	N			1						
Name of Facility Where house	Abatement is Takir	ng Place (3	3)					,	Facility (4)							
Street Address 329 Cantebury Roa	nd	0						☐ Sub	ochapter 8 er (i.e. pri	(Othe			build	lings,	home	es,
City (5) Westfield								Square F 2200	eet	# of 2	Floors		B 6	ldg. A O	ge	
County (6) Middlesex					Code (7) USE ONLY	)	_	Current I	Jse (Prior	if beir	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.			of Abaten Environ				.LC				
Street Address								Address Box 483,	4 E Ga	te Dr	rive					
City, State, Zip Code								tate, Zip (		8						
Project Manager for Mor	itoring Firm			Telepho	ne No.			none No. 764-227	6		Licens 703	e No.	9			
Start Date (10) 2/26/15		Schedule 3/19/15		npletion l	Date (11)	1	Vame	of OSHA	Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Address					<u> </u>			
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of A	Abaten Hours	nent s		0	City, S	tate, Zip C	Code							
Scope of Work (Check A																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п тпас Арргу)	- processes	Renova Demolit					Mini-E Glovel	ontainmen nclosure pag Proce xempted (	dure					9	
		Is	Locati	on											ment	
Location Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) ATED	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/		Descr tos Contair thermal sy surfacin other mis	stems	faterial (A s insulation T, or		(S	mount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									-		ate	e e
basem	ent			Х		duct in	sula	tion		6	0 LF		x			
												_				
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic Ya	ards	IN	lame of Re	anieta	red I an	dfill				
Freehold Cartage			Н	auler ID 5939	- CONTROL TO THE	of Waste			BD	91010	rou Lun	u iiii				
City, State Freehold, NJ	24	- 22				Disposal TBD	Date	С	ity, State							•
Completed by A. Scott Higgins		Title Presi	dent			Sign	nature	B				Date 2/1		8		

CK3554



Date of Notification (1)		1	Mame	of Building Owne	-IOnarata	vr (0)					
Feb 17th 2015			Maine	O Nen-L	- Bi	ilden	FEB 20	29	15		1)
Agencies Notified Type Notificati	ion			Address						-	_
☐ EPA ☐ Initial		1		310 40	The S	theet	77		ye e	, 1	
DEP Amended		Γ	City SI	ata Zin Cada				UH			
DOL Amendme	ent # cy (including	- [		en Isla	= N	J 08	234				
DOH justification Cancellation	n)		Name o	of Contact	IKE	ONERLA	Telephone N	umbe	T .		
11 12 11 11			FAC	ILITY INFORMA					***************************************	( e	
Name of Facility Where Abatement is Tal		3)				Type of Facility	7 (4)				
Street Address	W I					School (K	-12) er 8 (Olher ihan K-	40)			
323 44th Sta	47-1			2		Olher (i.e.	private & commer	cial bu	ullding	s, hor	nes
City (5)				-		etc.)	# of Floors		Philo	Age	_
SEA ISLE							3		Z		
County (6) Ocean				Code (7) USE ONLY)			rior if being demolt				
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCI	i No.	Name	of Abatement Co				-	
					1 /	2, Jet					
Street Address					Street	Address	lucton A				10.010
City, State, Zip Code							NT OF		i-		_
Project Manager for Monitoring Firm		Ιī	elephor	ne No	1 1 1	* *					
		1	0.001101	10 1701	609	346 091	6 License I	072	ģ.		
Start Date (10) 2-27-/5	Schedule	d Comp	oletion D	Date (11)		of OSHA Monlior					
Occupancy Status During Abatement (Che					Sireel	Address	38/				
Facility Closed/Vacated During Entire	Period of A	baleme	ini								
Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours			City, St	ate, Zip Code					
Scope of Work (Check All That Apply)					<u> </u>						_
	□ Re	enovalio	מו			Euli Containm	ant with Magather F	\			
≥160 sf or ≥260 lf		emolition				Wini-Enclosure	ent with Negative F e	ressu	ire		
						_Glovebag Prod	cedure d (*) and Non-Friab	la Dro	soods.		
	ls!	ocalion.	T			Tron-Lacinple	ו אוני וייטור וווא ( ) אוני	I PIC		emen	
Location of	No	ormally	1	Dat	scription o	· ·	×			pe	
Asbestos-Containing Material (ACM) TO BE ABATED		Solely tenance		Asbesios Cont	alning Mid	terial (ACM)	Amount			m	
In Facility	(1,17), (2,17), (3,17)	dlal Sta (12)	ff?	(i.e. thermal surface	systems i		(Specify SF or LF)	Rem	Repair	ncap	enck
(13)		(12)		olher m	iscellane	ous)		Removal	pair	Encapsulate	Enclosure
		No	N/A					1		6	60
	Yes	OPI	INA					1			-
outside	Yes	071	TVA	ACM S	ietus		1300SF	  i			
outside	Yes	140	TOTA	ACN S	resurç		1300SF	  i			
ovtside	Yes	No	19/2	ACM S	ichus		1300SF	i			
outside	Yes	No	IVIA	ACM S	ichne		1300SF	 	and the second s		
UNTSIDE  Name of Registered Waste Hauter	Yes		EP Was			Name of F		li-	and the state of t		
lame of Registered Waste Hauter	Yes	NJD Haui		ste Cubic \ o. of Wasi	'ards	Name of F	t 300 SF				
Name of Registered Waste Hauler  April Scre LLC	Yes	NJD Haui	EP Was	ste Cubic \ o. of Wasi	'ards	Name of R  W/K  City, State	Registered Landfill				
lame of Registered Waste Hauler	Tista	NJD Haui	EP Was	ste Cubic \ o. of Wasi	/ards le	WK	Registered Landfill  A of Ph  Clyfown Date		2-25		

CK# 2576		IFICATION	tate of New Jers N OF ASBESTOS to NJAC 8:60 at	ABATEME	NT			W		1 1
Date of Notification (1) Agencies Notified Type Notification		Name of Street A	of Building Owner,	Code	Henry	TU/nec	0			
EPA Initial Amended Amendment # Emergency (in justification)		130	ate, Zip Code	100 m.	New.	Je Se J Telephone Nui	mber		J %	
DCA Cancellation		500	ILITY INFORMA	TION						7
Name of Facility Where Abatement is Taking  M. R. + Turner Res  Street Address  R. Burlander Street	Place (3)		ILITY INPORTA					lings,	home	es,
City(5)				8	Square Feet	# of Floors	- 1	lag. A	3	
County (6)	(0)	(STATE	Code (7) USE ONLY)	]	Tresic	or if being demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.	Ace In	Abatement Consulation Co.					
Street Address					ntrose Road	i				
City, State, Zip Code				Colts I	te, Zip Code Neck, N.J. 07					195 112
Project Manager for Monitoring Firm			one No.		ne No. 94-1757 OSHA Monitor	License N 00029				
Start Date (10)  Occupancy Status During Abatement (Check	Scheduled (	)	Date (11)	Street A						
Facility Closed/Vacated During Entire Por Abatement Performed Outside of Normal Other – Describe:	eriod of Aba	tement ours	,0 -		te, Zip Code					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			Mini-Enclosur Glovebag Pro				e	
Location of	Nor	cation mally		Description of	of	18			ement rpe	i
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	(i.e. them sui othe	ontaining Ma nal systems facing, VAT r miscellane	, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Gutdoor	Yes 1	NO NIA	Sid	(1)		30012	K			
				<i>y</i>						
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Hauler I 12086		oic Yards Vaste	Name of Chrins	l Registered Landfi				
City, State Colts Neck, New Jersey			Dis	posal Date	City, Sta Eastor					
Completed by Bree McGuire	Title Secreta	ary Treas	surer	Signature	wf		ate 1	311	5	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2122 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 02 16 15 Otto Vopelins Type Notification Street Address Agencies Notified ☐ EPA X Initial 555 River Road X DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS Chatham, NJ 07928 DCA Emergency (including Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Otto Vopelins FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) 555 River Road # of Floors Square Feet Bldg. Age City (5) Chatham, NJ 07928 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 02 / 25 / 15 02 / 26 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 lf ⊠ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure = > 160 sf or >260 lf Demolition Is Location Abatement Type Normally Location of Description of Encapsulate Remova Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) No Yes N/A X 75 LF Pipe insulation Basement

Gr Tech LLC 0033785 TBD T.R.R.F. Inc Disposal Date City, State City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date 02/16/2015

NUDEP Waste Hauter ID No. | Cubic Yards of Waste | Name of Registered Landfill

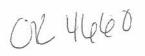
N.Jevtic ASB-41

MAY 11

Name of Registered Waste Hauler

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

Owner



Date of Notification (1)					Building C			(2)							1	
1/16/15		3	- 1		afferty P	rivate	Home			-5 /	0 00	-			1	
Agencies Notified  EPA	Type Notification		-	treet Ad 393 Wi	idress insor Dr.				-	2	- 0			-/		
EPA DEP DOL	Amended Amendment				te, Zip Co ur NJ 08				T.C.							
DOH DCA	Emergency justification) Cancellation		- 1	lame of	Contact			+	-	Tele	ephone N	umber	+			
L] DCA	Caricellation		1.	000000	LITY INFO	RMATI	ON			_	_		_			
Name of Facility Where Kim Rafferty Private		g Place (3)		TAOIL		TUNATI	ON		of Facility (4)					4111720		
Street Address	e rionie				*				School (K-12 Subchapter 8	(Othe	er than K-	12)				
393 Winsor Dr.								€	Other (i.e. pri etc.)	vale d	x commer	ciai bu	IIGII	igs, i	юте	S,
City (5) Bellmaur NJ 08031								Squar 1000	e Feet +	# of	Floors	- 1	Bld 35	ig. Ag +	je	
County (6) Camden					Code (7) ISE ONLY)			Curre	nt Use (Prior	if bei	ng demoli	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)	$\vdash$	ASCM	l No.		Display and		tement Contr	ractor	(9)					
N/A							, seasonay	aco Ir								
Street Address							25000000	Addres Box 32								-
City, State, Zip Code						32			ip Code n NJ 0809	)1						
Project Manager for Mor	nitoring Firm		T	elephor	ne No.			none No 753-9			License 00727	No.				
Start Date (10) 1/26/15		Scheduled 3/3/15	Com	pletion [	Date (11)		Name Sam		HA Monitor		<u> </u>					
Occupancy Status Durin	g Abatement (Che	ck Only One)					Street	Addres	SS							
(many	ated During Entire	Period of Aba	ateme	ent			City, S	State, Zi	ip Code							
Scope of Work (Check A	All That Apply)			_						-				50 E63		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second secon	novati				>	Mir Glo	I Containment ni-Enclosure ovebag Procented	edure					2	
		leli	ocatio	n n				- 110	LACITIPIO	1) 411				bate	ment	
Locatio	n of	No	rmally	/		De	scription	n of				_		Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) <u>IATED</u> lity	Used Maint Custoo	enan	ce/	Asbes (i.e.	tos Con therma surfa	taining Notes that the system acting, VA miscella	Material s insula AT, or	(ACM) ation,	(5	mount Specify F or LF)	Kemoval		Repair	Encapsulate	Enclosure
		Yes	No	N/A					40						(D	
Attio	0		-	Х		Pipe	e insula	ation		1	2 LF	x	-			
												+	+			
			2)													
Name of Registered Wa	ste Hauler		71 2355	JDEP Wauler ID		Cubic of Wa	Yards		Name of F	33.50	ered Land	fill				
United Containers			J	2459		1			G.R.O.V							
City, State Elm NJ						Dispo 1/27/	sal Date /15	9	City, State Morrisvi		A 19067	7				=
Completed by Anthony T Perna		Title Preside	ent				Signatur	e /			1.2	Date 1/16/	15			

			(P	ursuant	to NJAC 8	:60 and 1	2:120	)	Clos	n K	111	3(	al	-12	1	
Date of Notification (1) 2/16/15					f Building C ntangelo		erator	(2)			FER	2.0		015	1	1
	Type Notification			Street A 177 M	<sup>ddress</sup> ain Stree	et					1, 14, 17					
DEP × DOL	Amended Amendment		_	City, Sta Frankl	ite, Zip Coo in, NJ	de			1	F.	12. 81 U				1. 5.	
⊠ DOH DCA	Emergency ( justification) Cancellation	including	Ī		f Contact Schenk					Tele	ephone Nu	ımbc.				
				FACI	LITY INFO	RMATION	V									
Name of Facility Where Ab house	atement is Takin	g Place (3	3)					-	of Facility (4) School (K-12)							
Street Address 177 Main Street								X	Subchapter 8 Other (i.e. privatc.)				ildir	ngs,	nome	s,
City (5) Franklin									e Feet	# of 2	Floors		Bld 60	g. A	ge	
County (6) Sussex					Code (7) USE ONLY)			Curre	nt Use (Prior	if beir	ng demolis	shed)				
Name of Monitoring Firm H	lired by Building (	Owner (8)		ASCN	Л No.				tement Contr							
Street Address	-+			-		S	Street	Addres					-			
City, State, Zip Code					70	C	City, S	tate, Zi	p Code , NJ 0741							
Project Manager for Monito	oring Firm			Telepho	ne No.	Т	eleph	none No 764-2	0.		License 703	No.			7/ Mar 5/	
Start Date (10) 2/18/15		Schedule		mpletion	Date (11)				HA Monitor							
Occupancy Status During /	Abatement (Chec					S	Street	Addres	SS							
Facility Closed/Vacate Abatement Performed	ed During Entire f d Outside of Norm	Period of A	Abater			C	City, S	tate, Zi	p Code			<u> </u>				
Other – Describe:																
Scope of Work (Check All ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	That Apply)	and the same of	Renova Demoli		12		×	Min	I Containmen ni-Enclosure ovebag Proce n-Exempted (	dure					,	
Lauren			Locat Vorma				1-11-						Α	bate Typ	ment oe	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Ma	ed Sole intena todial (12)	ince/ Staff?		Descr tos Contair thermal sy surfacin other mis	ning M stems g, VA	Material s insula T, or		(S	mount Specify or LF)	Removal		Repair	Encapsulate	Enclosure
second floor livi	ng room	100	110	×	V	ermiculit	e ins	sulatio	in	25	55 SF	x	+			
													$^{\dagger}$			
<del>*************************************</del>		+										+	$^{\dagger}$			
		1										1	$\dagger$			
Name of Registered Waste Freehold Cartage	e Hauler		H	NJDEP V Hauler ID 5939		Cubic Ya of Waste TBD			Name of R	egiste	red Landf	ill				
City, State Freehold, NJ	W.					Disposal TBD	Date		City, State							
Completed by A. Scott Higgins		Title Pres	ident			Sign	nature	1/				Date 2/16/1	15			

Registered Waste Hauter

City, State Lincoln Park, NJ

Gordana Luna

B& G Restoration, Inc.

Completed by (Print of Type)

NJDEP Hauter IDS

02/19/2015

Signatura

19663

Secretary/Treasurer

State of NJ Notification of Asbestos Abatement

P-3-

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-29 B&G proj. S: Check # .7086 \*\*\* EMERGENCY \*\*\* NO HEAT \*\*\* Name of Building Owner/Operator (2) Date of Notification (1) 012/117/115/8 Lee Leung Agencies Notifies Street Address EPA 48 Hawthome Avenue initial DEP City, State, Zip Code Amendment Bloomfield, NJ 07003 E DOL Telephone Number Name of Contact E DOH Cancellation Lee Leung D DGA FACILITY INFORMATION Type of Pacility (4) Name of facility where obstement is taking place (3) 7 School (K - 12) Subchapter 8 (Other than K-12) Lee Leung (Private/Commercial Street Address Bidge./Homes, etc. BIGG, Age Square Feet | # & Floors 48 Hawthorne Avenue County Code (7) County (6) Olly (6) Current Use (Prior If being demolshed) (State use only) residential Essex Bloomfield Name of Abelement Contractor (9) Name of Monitoring Pirm Hired by Steg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Talaphone Number Phone Number Project Manager for Monstoring Firm 00378 (973)896-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Staff Date (10) B & G Restoration, Inc. 02/19/2015 02/18/2015 105 Ryerson Road Occupancy Status During Absternant (Check only one) Facility closed/vacated during entire period of abstement. City, State, Zp Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Renovation Demolition Non-frisble procedure Mini-anclosure 2160 sf or ≥280 lf 2 >3 sf pr >3 If is location normally used salely E É n Location of by maintenance/custodial Amount n Description of asbestos-containing m 0 esbestes-containing (Specify SF or CL staff(12) material (ACM) 6 material to be abated in facility (13) Yes No NA 72 1 pice insulaton basement 

CUDE Yarts of Waste | Name of Registered Landill

Tullytown, PA

Tullytown Resource & Recovery Center

Date

02/17/2015

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

B & G proj. #: 2015-29

\*\*\* EMERGENCY \*\*\* NO HEAT \*\*\*

Check # 7088

Date of Notification (1)	Name o	of Building Owner	er/Operator (2)			1 片 15 下	9 W7	110	1/5		
10 12 1/1 17 1/11 15		Leung						127		-	
Agencies Notified   Type Notificatio	n Street A	ddress				EED 0	0				
EPA Initial	48	Hawthorne A	venue			FEB 2	U 2010		211		
☐ DEP ☐	City, St	ate, Zip Code						714			
▼ DOL	ent Bloo	omfield, NJ 0	7003			Auli de III		11.1			
X DOH	Name o	f Contact				Telephor	ne Number				
☐ DCA ☐ Cancellat	ion Lee	Leung								_	
		FAC	ILITY INFORMA	ATION						to look	
Name of facility where abatement is	taking place (3					Type of Facility	(4) ol (K - 12)				
							.00		V	12)	
Lee Leung							napter 8 (Ot (Private/Co			12)	
Street Address		*					./Homes, etc				
48 Hawthorne Avenue						Square Feet	# of Floors		Bld	g. Ag	е
City (5)	County (6)				nty Code (7)				T-b-	41)	
Bloomfield	Essex			(Stat	e use only)	Current Use (F	Prior if being	aem	olisne	a)	
Name of Monitoring Firm Hired by B	Idg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					Cast Carrie
n/a					B & G Restorat	ion, Inc.					
Street Address				-11	Street Address						
					105 Ryerson F	Road				- CARDON	The second second
City, State, Zip Code					City, State, Zip Code						
	N. Carlotte				Lincoln Park,	NJ 07035					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number (973)696-686	9	License	Numi 378	er		
		= 4			Name of OSHA Mon			010			_
Scheduled Start Date (10)	Sched. Cor	npletion Date (1	1)		B & G Restora						
02/18/2015	02/19/20	015			Street Address						
Occupancy Status During Abatemen	t (Check only o	ne)			105 Ryerson R	oad					
Facility closed/vacated during	entire period of	abatement.			City, State, Zip Code						
Abatement performed outside	of normal facilit	y hours-									
Describe:				_	LincolnPark, N	J 07035					
Scope of Work (check all that apply	)										
☐ Demolition 🔀	Renovation			F	ull Containment w/ne	gative pressure	X Gloveb	ag pr	ocedu	re	
	≥160 sf or ≥260	If		X	fini-enclosure		☐ Non-fri	able	proced	dure	
Location of		mally used sole	ly				88	R	R	E	E
asbestos-containing	by maintenand staff(12)	e/custodial	499300000000000000000000000000000000000		sbestos-containing	Amount (Specify		m	p	n c	n
material to be abated in facility (13)		No N/A	- material	(ACM)		LF)		o v	a i	a	L
-			<del>                                     </del>			70.15		e	-		$\vdash$
basement	X		pipe insul	aton		72 lf			H	믐	ዙ
								H	H	H	計
								H	H	H	計
			-				- 10-	H	H	H	〒
Registered Waste Hauler	NJDEP H	auler ID#	Cubic Yards of	Waste	Name of Registered	Landfill					
B & G Restoration, Inc.	1956	33	1		Tullytown	Resource & F	Recovery	Cen	ter		
City, State Lincoln Park, NJ		Disposal 02	Date 2/19/2015		City, State Tullytown,	PA					
Completed by (Print or Type)	Title		Signature				Date				
Gordana Luna	Secretary/T	reasurer			Gordana Luna		02/17	7/20	15		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2020 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 20 14 Joe Sangenito Agencies Notified Type Notification Street Address ☐ EPA X Initial 36 Avenel Street ■ DOLWD Amended City, State, Zip Code X DHSS Amendment # Emergency (including DCA Avenel, NJ 07001 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Joe Sangenito FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 36 Avenel Street homes, etc.) Square Feet # of Floors Bldg. Age Avenel, NJ 07001 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 30 / 14 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 2 160 sf or 2260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Repair Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)other miscellaneous) Yes No N/A X Pipe insulation X 50 LF

Basement Name of Registered Waste Hauler NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print'or Type) Title Signature Date N.Jevtic Owner Werrao 10/20/2014 ASB-41 \* Do not use this form for asbestos licensure exampled activities. MAY 11

		N		CATION		STOS ABATE :60 and 12:12		VT.		And the second				
Date of Notification (1) 2/10/2015	heck#2723					wner/Operato		¥.						
Agencies Notified	Type Notification		4.3	Street Ad	ddress aywood	Avenue				7.10		18 7	2	
DEP DOL	Initial Amended Amendment	#	-	City, Sta	te, Zip Coo	ie			-		1	14		
DOH DCA	Emergency justification) Cancellation			470	Contact				Tele	phone *!				
				FACI	LITY INFO	RMATION						11755-00		
Name of Facility Where Our Lady Queen of		g Place (3	3)				Ty	pe of Facility (4)						
Street Address 404 Maywood Aver	nue						E	Subchapter 8 Other (i.e. pri etc.)	(Othe			dings,	home	ìS,
City (5) Maywood, NJ 0760	7						1000	quare Feet 0,000	# of	Floors		ldg. A	ge	
County (6) BERGEN	1				Code (7) USE ONLY)		Cı	urrent Use (Prior chool	if bein	g demolis	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		ne of A	Abatement Control		9)				
Street Address		-		1		Stree	et Ado	dress th Street						
City, State, Zip Code		-				City,	State	e, Zip Code perg, NJ 0709	23					
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.	Tele	phone		T	License N	lo.			
Start Date (10) Feb 13 - 2015		Schedule Feb14		pletion l	Date (11)	Nam	ne of (	OSHA Monitor as above		01074				
Occupancy Status Durin	og Ahatement (Chec							dress						
	cated During Entire ned Outside of Norn	Period of	Abatem	ent				e, Zip Code						
Scope of Work (Check A	All That Apply)													_
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		_	Renova Demolit			2	×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
Locatio	n of	1 20	Locati Normal		2 11	Danasinsi	6						ement pe	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) <u>AATED</u> lity	Ma	ed Sole aintenar todial S (12)	nce/		Description os Containing thermal system surfacing, V other miscell	Mate ms in /AT, o	erial (ACM) sulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			3						Ф	
Basement Girl	's Bathroom	-	×			Pipe Insu	Itaio	on	10	) LF	X			
	ė													
Name of B				10.55	ļ									
Name of Registered Wa Atlantic Carting	ste Hauler		Н	JDEP Wauler ID 3085		Cubic Yards of Waste tbd		Name of R	Register	red Landfil	I			
City, State Wayne, NJ			7			Disposal Da tbd	te	City, State Bethlehr						
Completed by Gina Salvador		Title Offic	e Mar	nager		Signatu	ле (	Bluas	<del>//                                   </del>		ate /10/20	015		

(Cp=crc # )

Date of Notification (1)		Name	of Building	Owner/Operator	(2) Je INC,					
Agencies Notified Type Notification		Chront	Addrass	OBBINATE O		RDr	Ji.			
□ PA		City S	tate 7 in C	ode				75		
DOL Amendment in Emergency (in justification)			of Contac	N V, GW, 1	W1J1 0023	Telephone Numb	er			=
DOH Justification)  DCA Cancellation		Name		-16					_	=
		FAC	ILTY INF	ORMATION	Type of Facility			-		$\dashv$
Name of Facility Where Abatement is Takin		* -			School (K-1)		) al buildi	ngs,		
Street Address 3201 S1m052	on 11	5-			homes, etc. Square Feet			g. Ag	e	$\dashv$
Drew of		T -0	0 4 6	ZI /CTATE	Current Use (Pi	nor if being demolis	hed)			=
County (6) CADE MAY			ONLY)	7) (STATE	VA C	DWT				_
Name of Monitoring Firm Hired by Building (8)	Owner	ASCM	No.	Name of Abaten	nent Contractor (S T_M CO TWO					
Street Address			77	Street Address	95,5040	ct las.				
City, State, Zip Code				City, State, Zip C	Code 1201E 541	1 p = , W IT : C	1603	で	100	
Project Manager for Monitoring Firm	T	elephone	No.	Telephone No.	79-0472	License No.	14	7		
Start Date (10) Sche	duled Comp	etion Da	te (11)	Name of OSHA	Monitor A					
	3/9/1			Street Address	//	(/1	-			=
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P.	eriod of Aba	tement						_	_	_
Abatement Performed Outside of Normal Other - Describe:	al Facility Ho	urs		City, State, Zip C	Jode				-	_
Scope of Work (Check all that apply)    3 sf or 23 lf   2160 sf or 2260 lf	Renov			☐ Mini-En	ntainment with Ne nclosure lag Procedure	egative Pressure on-Friable Procedu	ore.			
	Is Loca	tion		Non-E	cempled ( ) and 14	OFF TEBLET TOOGS	A	bater Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Norma Used So Mainten Custo Staf (12	ely by ance/ dial	Asbes (i.e.	Description of tos Containing Ma thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, *, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
A	Yes N	No.			>	1000 ф	×			
5/D/NG		1.7		TRAWSIS		COOO F2	1			
						_ 13.				
					I Name of Per	jistered Landfill				
Name of Registered Waste Hauler		NJDEP I		Cubic Yards of Waste	CMC	MUA				
City, State MAJE, NIV.	otosz			Disposal Date	City, State	b & 1 iv &	, μ	J	1	
Completed By Tib	e	V N 5	R	Signature	WUOU	Date Z	116 /	15		_

Date of Notification (1) Feb 12/2015 Check#2724				Building Oank Cond				ion	2				8		
Agencies Notified Type Notificati	on	1	Street Ad 440 Be	ldress ckerville	Roa	nd					2 1				
EPA Initial Amended Amendm	ent #			e, Zip Cod ester, N		759	-,				100	1			
DOH justification Cancellati		11.0	Name of Neil Sa	Contact Indler					Tele	phone Ni	umber				
			FACIL	ITY INFO	RMAT	TION									
Name of Facility Where Abatement is Ta Red Bank Manor	king Place (3)						□ s	of Facility (4) school (K-12)		2. 1002					
Street Address 1-179 Manor Drive- Unit 121-							×	Subchapter 8 Other (i.e. privitc.)				Idin	js, t	nome	s,
City (5) Borough of Red Bank, NJ 0770	1			*	=		Square 20,00		# of 2	Floors		Bldg 50+		je	
County (6) MONMOUTH			County C STATE U	ode (7) ISE ONLY)				nt Use (Prior dence	if beir	ig demoli	shed)				9
Name of Monitoring Firm Hired by Buildi BRINKERHOFF Environmental			ASCM	No.				ement Contr		(9)					
Street Address 1805 Atlantic Avenue						- MARKET 1	Addres 69th S								
City, State, Zip Code Manasquan, NJ 08736							State, Zij enberg	o Code g, NJ 070	93						
Project Manager for Monitoring Firm Jason Hooper			Telephor	ne No.		100000000000000000000000000000000000000	none No 295-17			License 01074	No.				
Start Date (10) Feb 23-2015	Scheduled Feb 25-2			Date (11)			of OSH	A Monitor bove							
Occupancy Status During Abatement (C	heck Only One	1				Street	Addres	S							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Starting 8 AM	ire Period of Ab	atem					State, Zij						7		
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor and the same of the	novat moliti				>	Min Glo	Containmer i-Enclosure vebag Proce	dure	70					
		_					INOT	n-Exempted	( ) and	I NON-FI	able Pi		-	ment	-
	1000000	ocation rmall	555-4									711	Тур		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar	y by nce/		os Co therm suri	escription intaining Nal system facing, VA miscellar	Material s insula AT, or		(S	mount pecify or LF)	Removal	100	0	Encapsulate	Enclosure
Attic	Tes	X	IN/A	Corr	ugat	ed Pipe	Insula	ition	2	5 LF	x	+	+		
Attic		ΧÍ	,	Deb	ris C	ontamin	ated A	Area	1	6 SF	x				
												+	-		
Name of Registered Waste Hauler		N	JDEP W	aste	Cub	ic Yards		Name of R	egiste	red I and	fill				
Atlantic Carting		Н	auler ID	4074 WWW	Unit - 34 45 45	laste		IESI	cgisto	red Larid					
City, State Wayne, NJ					Disp tbd	osal Date	•	City, State Bethlehe	m, P	Ά					
Completed by Gina Salvador	Title Office	Mar	nager			Signatur	e <i>(b)</i>	Muces			Date Feb 1	2-2	015	5	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) February 17, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH □ Cancelled Name of Contact Telaphone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SIMON DEWITT, BLDG# 3110 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years County (6) County Code (7) **NEW BRUNSWICK** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/16/15 01/19/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe SOther - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\geq$  3 sf or  $\geq$  3 lf **X**Renovation Mini-Enclosure □ > 160 sf or ≥ 260 lf ■ Demolition Glovebag Procedure ☑ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Room 109B X VAT 40SF X

Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City State 100 New Ford Mill NJDEP # 28969 03/16/15 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # 20990 19067 215-736-1700 Completed by (Print or Type) Signature

RAYMOND C. PEDALINO

SENIOR PROJECT MANAGER

Raymand C. Pedalino

February 17, 2015

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) February 17, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA □ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer\_REQUIRED justification) PISCATAWAY, NJ 08854 Telephone NI.... X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ENGINEERING, BLDG# 3558 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 2 Bldg. Age: 80+ years Sq. Feet: N/A City (5) County (6) County Code (7) **PISCATAWAY** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 2.0 **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/27/15 03/02/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure **X**Renovation  $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room A255 X VAT 820 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 03/02/15 Rd. Morrisville, Pa Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino February 17, 2015 MANAGER

CY 000364

,		(Pu	rsuant to	NJAC 8	:60 and	12:120	)		76.0%					
Date of Notification (1) 02-15-15			Name of E Susan <i>P</i>	Building O Andre	wner/Op	perator	(2)	70	nitis est	7 27				
Agencies Notified Type Notification	1		Street Add	dress derhill F	Rd					H	11.5	Q <b>\</b>		
EPA Initial Amended Amendment	nt #	11122	F-107-000 (1000)	e, Zip Coo Orange l		79			- H		ż i	: []		
Emergency justification	)	1	Name of C	Contact					Telephone N	diimhai	-			
	11			ITY INFO	RMATIC	)N			_					
Name of Facility Where Abatement is Taki Private Residence	ing Place (3	)					Тур	e of Facility (4) School (K-12)						
Street Address 281 Underhill Rd.									(Other than K vate & comme		ıildi	ngs,	nome	s,
City (5) South Orange							Squ	are Feet	# of Floors		Blo	dg. A	ge	
County (6) Essex			County Co	ode (7) SE ONLY)			Cur	rent Use (Prior	if being demo	lished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				ntracting LL						
Street Address			L			Street 522	Addr	ess						
City, State, Zip Code						City, S	tate,	Zip Code ty NJ 07087	7.					
Project Manager for Monitoring Firm		Π.	Telephon	e No.		Teleph	none	-	License 01206					
Start Date (10) 02-25-15	Schedule 02-26-		pletion D	ate (11)		Name	of O	SHA Monitor Intracting LL						
Occupancy Status During Abatement (Che						Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of /	Abatem				522 City, S		St. Zip Code						
Other - Describe: 7:00 AM- 5:00 PM					_	Unio	n Ci	ity NJ 07087	7					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	distance of the last of the la	Renova Demolit				-	N	Full Containment Mini-Enclosure Blovebag Proce Mon-Exempted	edure					
	1000	Locati	0.000				8878	VOIT EXCHIPTOR	( ) ( ) ( ) ( )				ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?		tos Conta thermal	system cing, VA	Mater s ins T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		N	\		-	140.05	157	-			
Basement		Х				VAT			140 SF	X				
			1055			Va		Name of F	Registered Lar	dfill				
Name of Registered Waste Hauler Delfa Contracting LLc		H	IJDEP Wa lauler ID I 5240		of Was				n Resource		ove	ery F	acili	ty
City, State Union City NJ					Dispos 03-02	sal Date 2-15	)	City, State Tullytow		9				
Completed by Jaime Delgado	Title Proj.	Mana	ager.		S	ignatur	e	) .		Date 02-1	5-1	5		

CHECK # 21697

Date of Notification (1) (1)02-16-15	Name of Building Owner/Operator (2) Kingston Education Holdings															
Agencies Notified	Type Notification	n		Street A	Address ark Place	e					3.	à à		~, J¥		
DEP X DOL	Amended Amendmer Emergency			Newa	ate, Zip C rk, NJ C	7102					E S			,UL		
DOH DCA	justification Cancellation	1)		Name of Contact Amy Blake						Te	lephone Ni	ımber				
Name of Facility Where Vacant Building	Abatement is Taki	ing Place (	3)	FAC	ILITY INF	ORMATI	ON	Туре	of Facility							
Street Address 129-165 Littleton A	venue							×	Subchapte Other (i.e. etc.)	er 8 (Oth	er than K- & commerc	12) cial bui	ldings	, hom	ies,	
City (5) Newark						Squa 12,0	are Feet 000	# of Floors 1.5				Bldg. Age 60+				
County (6) Essex		County Code (7) (STATE USE ONLY)					ent Use (Pr nmercial	ior if be	ing demolis	shed)						
Name of Monitoring Firm	)	ASCM No. Name of Abatement Cont Pinnacle Environme						ntractor nental	ntractor (9)							
Street Address								Addre	ess d Street							
City, State, Zip Code				10					Zip Code NJ 0707	·2						
Project Manager for Mon		Telepho	ne No.		Teleph		lo.		License 1	No.						
Start Date (10) 02-17-15(1)Project	ed Cor	mpletion	Date (11)		Name Ever		HA Monitor									
Occupancy Status During		-					Street									
Abatement Perform Other – Describe:	ated During Entire ed Outside of Nor	Period of mal Facility	Abaten / Hours	nent		-	City, S	tate, Z	kson Ave						_	
Scope of Work (Check A	ll That Apply)			Long Island City, NY 11101										_		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Min	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	<del>-</del>					
			Locati						II Exemple	u ( ) ain	u Non-i nai	JIE FIC	Abat	emen	t	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/		stos Conta thermal s	systems ing, VA	lateria s insula T, or		(S	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure	
Roof		Yes	No	N/A										te	, a	
Roof Para				X			Flash				62SF	х				
1,0011 an	apet			X		Parape	et Flas	sning		8	378SF	X				
Name of Decisions division	4-11-1															
Name of Registered Was Freehold Cartage	le nauler		H	JDEP W auler ID 3693		Oubic Y of Wast 40			Name of TRRF	Registe	red Landfill					
City, State Freehold, NJ				7		Disposa TBD	al Date	_	City, State Tullytov						$\dashv$	
Completed by Niamh Fleming	g 377	Title Office	Man	ager		Sig	gnature			~~~	Da	ite )02-1	6-15			

NO CK

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

CHECK # 21698

Date of Notification (1) (1)02-16-15	Name of Building Owner/Operator (2) Ashland School														
Agencies Notified	Type Notification	~	Street	Address ark Plac					25 h		7.4				
DEP X DOL	Initial  Amended  Amendmen			State, Zip ( ark, NJ (				1			ÚĮ.				
DOH DCA	Emergency justification) Cancellation			of Contac Blake	t			Tele	ephone Nu	mber					
Name of Facility Where Vacant Storefront Street Address 410-416 South Ora		ng Place (3)	FA	CILITY INI	FORMAT	ION	Type of Facility School (K Subchapt Other (i.e	-12) er 8 (Othe	er than K-1	2) ial bu	ildings	s, hom	nes,		
City (5) Newark							Square Feet 3,000	# of Floors Bldg. Age 1.5 60+							
County (6) Essex				Code (7)		_	Current Use (P Commercial		ng demolis	hed)					
Name of Monitoring Fire	m Hired by Building	Owner (8)	ASC	M No.	20.4		of Abatement Co acle Environr								
Street Address					reet Address 00 Broad Street										
City, State, Zip Code					state, Zip Code stadt, NJ 070	state, Zip Code stadt, NJ 07072									
Project Manager for Mo	Teleph	one No.			none No. 939-6565		License N 00756	lo.		1					
Start Date (10) 02-17-15(1)Project		Scheduled 02-28-15	Completion	Date (11)		110000000000000000000000000000000000000	of OSHA Monito n-Air Inc.	r							
Abatement Perform Other – Describe:	eated During Entire I	Period of Aba	tement ours			10-59 City, S	Address 9 Jackson Av tate, Zip Code 1 Island City, I		01						
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	All That Apply)		ovation polition			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure							
Location	n of	Non	cation nally		Description of							emeni /pe	t		
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mainte Custodi (1	olely by nance/ al Staff? 2)	Asbe: (i.e	stos Cont . thermal surfac	aining M	laterial (ACM) s insulation, T, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
Roof Par	rapet		×		Par	apet T	ar	1,2	00SF	x					
	<u> </u>		1												
Name of Registered Was	ste Hauler		NJDEP V	Vaste	Cubic	Yards	Name of	Register	ed Landfill						
Freehold Cartage	Hauler ID 18693		of Was		Name of Registered Landfill TRRF										
City, State Freehold, NJ					Dispos TBD	al Date	City, Sta Tullyto	te wn, PA							
Completed by Niamh Fleming	anager		Si /	ignature		Date (1)02-16-15									

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

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

Date of Notification (1) February 16, 2015						Name of Building Owner/ Sika Corporation	Operator (2	Σ								
Agencies Notified		Notification	Type			Street Address										
-			ial Noti	ficatio	n	875 Valley Brook Avenue										
X EPA DCA		□ Amende	ed Certi	ificatio	on	City, State, Zip Code						0L				
x DOL		■ Emerg	ency (	includ	ling	Lyndhurst, NJ 07071										
			cation)		Ü	Name of Contact Telephone Number										
X DEP		☐ Cance				Andrew Wilensky										
x DOH		- Carice	ilicu	F	ACILITY IN	FORMATION	,						-			
Name of Facility Where Abateme	nt is Tal	king Place (3)				Type of Facility (4)							-			
Sika Corporation						School (K-12)										
The state of the s						Subchapter 8 (other than K-12)										
Street Address						Other (i.e. private & commercial buildings, homes, etc.)										
875 Valley Brook Avenu	1e					Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years										
City (5)	ounty (6	1	County	y Code	/7\	- Og. reet. Olikhowii # Ol Floois. 2 Blog. Age: 50 years										
Name of Monitoring Firm Hirad by	Plda (	Junor (9)	ACCM	No		Name of Contractor (0)										
						Name of Contractor (9)										
Enviro vision Consult	allts	HIC.	0007	J		GREENWOOD ABAT	TEMENT	CONSI	JI TAN	ITS	INC					
Street Address						Street Address		-0.400		,	1140.					
	lda #	344				Officer Address										
	100 11	<u> </u>				268 MAIN STREET										
City, State, Zip Code						City State, ZipCode										
Fairlawn, NJ 07410						Butler, NJ 07405										
						Telephone Number		Licer	nse Num	ber						
Fred Larson	00001900					License Number										
						973-492-0477		008	40							
Scheduled Start Date (10)		Scheduled 0	Completic	on Date	(11)	Name of OSHA Monitor										
February 26, 2015		February	29, 20	015		C										
			3 (7			EMSL inc.										
						Street Address										
Facility Closed/Vacated D	ouring E	Entire Period	of Abate	ment		1056 Stolton Pood										
	utside	of Normal Fa	cility Ho	urs -		1056 Stelton Road										
						City, State, Zip Code										
February 26, 2015  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 5PM- 3AM					Dioastaway N I 09	OE A										
						Piscataway, NJ 08854										
Source of Work (Check all that an	nh()															
Source of Work (Check all that ap	DIV)						FII O 4		20 81	12	1					
> 3 of or > 3 If					Renovation		Full Conta			gative	Pres	sure				
								nclosur	-							
<u>□≥ 160 St 0r ≥ 260</u>					Demolition		x Gloveba			-						
Location of Ashestos Containing	Licto	ootion Normal	llu I lood	I Dasa	sintian of As	hantan Cantalalan Matarial	Non-Exer					roced	dure			
						bestos Containing Material nal systems insulation, surfaci	Amoi	int cify SF	Abate	ment	Type					
, , , , , , , , , , , , , , , , , , , ,					or other mis		or LF		Remov	ve Re	pair E	ncap E	Enclose			
	YES	NO NO	NA					5/1								
3 <sup>rd</sup> Floor-New			X	TSI			26 L	.F	X							
Construction Area			00/1049					10%								
		NJDEP Was	te Haule	r ID#	+	Cubic Yards of Waste:		Name	e of Reg	istere	dlan	dfill				
	W			10 11		5		- PORST Resemble	dowfill			umi				
						5			O.W.S		anil:					
	5							400000000000000000000000000000000000000	erva En		oio					
Lyndhurst       Bergen       (State Use O         Name of Monitoring Firm Hired by Bidg. Owner (8)       ASCM No.         EnviroVision Consultants inc.       ASCM No.         Street Address       20-21 Wagaraw Road, Bldg # 34A         City, State, Zip Code       Fairlawn, NJ 07410         Project Manager for Monitoring Firm       Telephone Number         Fred Larson       973-636-9145         Scheduled Start Date (10)       Scheduled Completion Date         February 29, 2015       Scheduled Completion Date         Occupancy Status During Abatement (Check only one)       Facility Closed/Vacated During Entire Period of Abatement         x Abatement Performed Outside of Normal Facility Hours - Describe       Other - Describe: 5PM- 3AM         Source of Work (Check all that apply)       ≥ 3 sf or ≥ 3 lf       Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA       Describe (AC VAT YES) NO NA         3rd Floor-New       Is Location Normally Used NA       Is Location Tormally Used NA       Is Location Tormally Used NA		c _ P	utlar NII	77405	Disposal D		orva El		State							
			u1110, 111	D	audi, NO	7700	Februar		1		te 2, B					
			0.4500	NIDE	P # 10551		2015	y 25,				, WVA	0			
Hauler #3) Tri State Brong N	JV DE	P # NV 1047	04309, 11 - NITI	UED T	10501		2015			304-	842-2	784	200			
Imaici # 3) III State-Bronx I	I DE	1 # 11 1 104 /	4-149 1	ULF #	17371					0000						
												rva Ro	3.5			
Completed by (Print or Type)	TT	Title				Signature		Date		vvay	HESDL	rg, OH	1			
	100	The second secon	RO IEC	т				Date		10	204	=				
am Gradie	1 656			<i>-</i> 1		Marin Graure		ren	oruary	10,	201	3				
	ľ	WANAGER	(			/ / / / / / / / / / / / / / / / / / / /										

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

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

Date of Notification (1) February 17, 2015		Name of Building Owner Lee Klimansky	/Operato	or (2)			3.42										
Agencies Notified		Notification  Initi		fication	n	Street Address Galaxy Towers- 70	00 Bo	ulev	ard F	ast	1	- 1°					
X EPA	WE.	□Amende				City, State, Zip Code		0.10	O(1 O) 100	401							
DCA x DOL	S.F	□ Emerg				Guttenberg, NJ						JU.					
X DEP			ation)		3	Name of Contact			Teler	phone Nu	mher						
x DOH	☐ Cance	333			_Lee Klimansky												
				FA	ACILITY IN	FORMATION			-								
Name of Facility Where Abatemer	t is Tak	ing Place (3)				Type of Facility (4)											
Galaxy Towers				☐ School (K-12)													
Street Address				☐Subchapter 8 (other than K-12)													
7000 Boulevard East						Sq. Feet: Unknown	comme of #	rcial b	uildings 's: <b>5</b>	s, homes, Blda. Ac	etc.) e: 50	vears	s				
	unty (6) Idsor	27		Code (7 Use Only		Sq. Feet: Unknown # of Floors: 5 Bldg. Age: 50 years  Current Use (prior if being demolished):											
Name of Monitoring Firm Hired by	Blda C	)wner (8)	ASCM	No		Name of Contractor (9)											
EnviroVision Consulta			0007			Ivanie of Contractor (a)											
	anto :	IIC.	000.			GREENWOOD ABATEMENT CONSULTANTS, INC.											
Street Address		Street Address															
20-21 Wagaraw Road, B	idg#	34A				268 MAIN STREET			Harris of Constitution								
City, State, Zip Code Fairlawn, NJ 07410		City State, ZipCode				97	2										
Project Manager for Monitoring Fir		Butler, NJ 07405															
Fred Larson	7elephone N 973-636-				Telephone Number	phone Number License Nu						umber					
. rou zaroon		373-030	3140			973-492-0477			0084	10							
Scheduled Start Date (10)		Scheduled C			11)	Name of OSHA Monitor											
March 2, 2015		March 14		j		EMSL inc.											
Occupancy Status During Abate						Street Address											
Facility Closed/Vacated D Abatement Performed Ou	uring E tside of	ntire Period of Normal Faci	of Abate ility Hour	ment rs -		1056 Stelton Road											
Describe - Day Shift 7	'am-6	pm	1100° 11000			City, State, Zip Code											
Other - Describe:						Piscataway, NJ 08	051										
Source of Work (Check all that app	olv)																
	211					x Full Containment with Negative Pressure											
≥ 3 sf or ≥ 3 lf				R	Renovation												
□≥ 160 sf or ≥ 260				D	emolition	= 10.000.0											
						Fig. 19				and Non	-Friable	Proced	dure				
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normally by Maint./Cu				bestos Containing Material nal systems insulation, surfaci	5.0	Amoun	66	Abatem	ent Type						
material (Figure ) in Facility (10)	Staff?		istoulai		or other mis			Specifor LF)	y 5F								
6	YES	NO	NA		.0.000000000000000000000000000000000000					Remove	Repair	encap E	Enclose				
Apartment 35F		X		Floo	r Mastic		7	750 S	F	X	-						
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	r ID#		Cubic Yards of Waste:			Name	of Regist	ered Lar	dfill					
See Hauler Below # 1 & 2		See Below	!			20			Name of Registered Landfill Meadowfill Landfill								
									G.R.	O.W.S							
**										rva Ent.							
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ NJ DEP # 12561 NY DEP #						07405	Dispos				ity, State oute 2,	-					
Hauler #2) Newark Carting, 1			0.4500	NIDED	# 10551		Marc	ทาบ	, 201	)   B	ridgepoi						
Hauler #3) Tri State-Bronx N	Y DEF	P # NV 1047.	04509, I 4 – N.I I	NJ DEF	# 19551						04-842-2						
J. J				PLI πI	,5,71					٥	000 Min	en/e Da	nad				
							/aynesb										
Completed by (Print or Type)		itle	1			Signature			Date								
Marin Graure		ENIOR PRIANAGER		CT		Marin Graure			Febr	uary 1	7, 201	5					
	7.4.00																

Check # 9579

					of Building		r / Opera	ator (2)		2127	9							
Agencies Notified	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	-			Address	ostai S	ervice		.,*.	To a second				110000				
EPA				5624 R	oute 9 N	orth					- 3							
A	Initial			City, St	ate & Zip	Code			0.	?	U							
DEP DDL DDL DDL DDL DDA DDA DDA DDA DDA DDA					retna, N.		4											
		Name	of Contac	\f				ITa	lephon	o Nu	mha							
	Cancell	alion		LANCE AND DESCRIPTION	idmyer	·L					iepiloi	e Nu	nibe					
				FAC	CILITY	INFOF	RMATIC	ON										
		Taking P	lace (3)				Type of I											
Street Address	011100	+			School (K-12) Subchapter 8 (Other than K-12)													
5624 Route 9 North										commercial building	s, hon	ne, e	tc.)					
	54 	117					Square F		# of FI		g. Age		,					
City (5)								1,000		1	70	) yea	irs					
New Gretna				Post Of		ior if being de	molished)											
County (6)		unty Cod											122					
	irm Hired by Buil				ASCM	No	Name of	f Ahater	nent Contract	or (9)								
Tiger Environmental		unig Owi	(0)		, tooki	No.2010	Synatec		Tierre Goritiade	01 (0)								
Street Address	wantio.						Street Ad 829 Rad		J									
							City, Sta											
Linden, NJ 07036		January C.					Little Eg	gg Harb	or, NJ 08087									
Project Manager for N Kelly Walton	Monitoring Firm			lephone N 8-862-430			Telephor		ber	License Num	ber 0081	7						
Scheduled Start Date		cheduled	Complet	ion Date (1	I1)		Name of		Monitor									
		Check o		h 20, 201	5		Synatec Street A											
Facility Close	ed/Vacated Durin	g Entire	Period of		ıt	- 1	829 Rad											
		e of Norr	nal Hour	S		- 1	City, Sta											
	30353	ement					Little Eg	уд наго	or, NJ 08087	6								
		.01110110																
	,			Full Containment with Negative Pressure														
≥3 sf or ≥ 50 lf				Renovation Mini-Enclosure														
≥160 sf or ≥26	O If			Demolition	edure													
										(*) and Non-Friable P								
The second secon		CM)		ion Norma by Mainten				scription os-Cont		Amount (Specify	Ab	atem	ent T	ype				
TO BE	ABATED	, , , , , , , , , , , , , , , , , , ,		odial Staff?			Mate	erial (AC	CM)	SF or LF)								
						i	(i.e., the nsulation				_		Ē	m				
							or other				Rem	Repair	cap	nck				
											Removal	oair	Encapsulate	Enclosure				
	Yes	No	N/A						-		ite	e						
Bathroom				Х			Floor T	ile and	Mastic	40 SF	Х							
									_									
Name of Registered V	Naste Hauler		NJDEP 1	Waste	Cubic Y	ards of	Waste	11	Name of Regis	stered Landfill								
	p9359 E55555		Hauler II	D No.										=				
Synatech, Inc.			27	7429	< 1 Disposa	al Date			Grows Landfi City, State	II								
Oity, Glate					Dishose	ai Dale			ony, orace		ži.							
Little Egg Harbor, N				1 7		21, 201	5	r	Norrisville, P									
Completed By		Title			Signatu	7	× /	20		Date								
Diane Aloia		Executiv	e Assista	ant	1 1	Men	e 11	100	*	February 17, 2015								

CIC# 5495

Date of Notification (1)	20 1					g Owner/Operator							
2/16	175			M	S.	SARRAU.	AUO			7.	-		
Agency Notified	Type Nouncation				Address	(20		0		O.E.	1.	, i	
□ EPA	☑ Initial				20	6. GRA	4500	YL					
D DEP	☐ Amended		Γ		tate, Zip	Code .		9	100		UL		
Z DOL	Amendment #	ti		1	EAN	JECIC , A	0, 01	7666					
☑ DOH	justification)	шч		Name	of Contac	#		Telephone Nun	nber			ity is	
□ DCA	☐ Cancellation			13	. 54R	RAULUO							
						ORMATION				1			
Name of Facility Where	Abatement is Taking Pl	ace (3)	-	1973/1975			Type of Facility	(4)					
	SARRAUALL									-			
Street Address	JA MANAUN				-		☐ School (K-1	2) 8 (Other than K-12	2) .				
	· 0							rivate & commercia		gs,			
6 600 C	RAYSON PI						homes, etc		150				
City (5) .						•	100000	# of Floors	Bldg.				
TEANER	ناد						2100	iii ka a na a 1820 Tarawaya a sa n	1	357	PEA	2	
County (6)	4 ±					) (STATE USE		rior if being demol	ished)				
Belle	EN.			ONLY	, .		1 CES	10evce	353				
Name of Monitoring Fin	m Hired by Building Own	er /	ASCM	No.		Name of Abater	nent Contractor	9)				gill a	
(8)				Best Re	emoval I	nc .							
Street Address	- 1					Street Address	14					-	
				25	450 South River St								
City, State, Zip Code					City, State, Zip Code								
						Hackensa	ack , N.	I 07601					
Project Manager for Mo	nitoring Firm	Te	lephor	ne No.		Telephone No.	ick , iv.	License No.				_	
						201-329-	-7444 -	003	88				
Start Date (10)	Scheduled C	Completio	on Da	te (11)		Name of OSHA	Monitor				-		
2/25/1	c 21-	2611	7	******		Omega Er	vironme	ntal Inc					
Occupancy Status Duri					-	Street Address	IVII OIIMC	arear inc			-	10	
				<		280 Huyl	ler St			1994			
☐ Facility Closed/Vacat ☐ Abatement Performe						City, State, Zip C							
2 Other - Describe: 7		, , , , , , , , , , , , , , , , , , ,		~		Hackensa		J. 07601	_	4.			
Scope of Work (Check								,	-4	-			
70.5	15015		32	PTDon	ovation		Containment with Enclosure	Negative Pressur	е				
_22 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf					nolition		ebag Procedure	38 - 58					
							☐ Non-Exempted (*) and Non-Friable Procedure						
		Is	Locati	ion		100					aten Type		
Locat	ion of	100	ormal	-	-	Description	of		-	T	1,500	T	
Asbestos-Containi			i Sole ntenar	-	Asber	stos Containing M		Amount		1_	n	0 0	
TO BE A	BATED	C	ustodi	al	(i.e	, thermal systems		(Specify		Removal	Da Cal	Enclosure	
IN_Fa	citity		Statt? (12)			other miscelland		SF or LF)		deniova	nh lr	INBC	
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