& Emergency &

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

CK 4662

Date of Notification (1) 2/18/15					Building C McClinc						==					1
	Type Notification		1 35	Street Ad	ddress st Susqu	iehan	na Dr.							_		
EPA DEP DOL	Initial Amended Amendment				te, Zip Cod		08087				441.5			- 5		
☑ DOH ☐ DCA ☐	Emergency (i justification) Cancellation	including	100	Name of Laurie	Contact					Tele	ephone N	lumbe	ег			
				FACIL	LITY INFO	RMAT	ON			1						
Name of Facility Where Al Laurie McClinchy Pri		Place (3)							of Facility (4)							
Street Address 65 West Susquehan	na Dr.							X C	ubchapter 8 other (i.e. prote.)				ouild	ings,	home	s,
City (5) Little Egg Harbor NJ	08087							Square 1000	e Feet	# of	Floors		100	dg. A	ge	
County (6) Ocean					Code (7) USE ONLY)			Currer	nt Use (Prior	r if bei	ng demo	lished	1)			
Name of Monitoring Firm I	Hired by Building C	Owner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)					
Street Address							100.000000	Addres	1072.0				100 F			
City, State, Zip Code			24	,		-	City, S	State, Zip	o Code n NJ 0809	91						
Project Manager for Monit	toring Firm		T	Telephor	ne No.		Teleph	none No 753-98).		License					
Start Date (10) 2/19/15		Schedule 2/20/15		pletion [Date (11)		Name Sam		A Monitor		,					
Occupancy Status During	Abatement (Checi	k Only On	e)				Street	Addres	S							
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire F	Period of A	batem	ent			City, S	State, Zip	o Code							
Scope of Work (Check All	That Apply															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттат Арргу)		enovat emoliti					Min Glo	Containme i-Enclosure vebag Proce	edure					5	
		Τ.						1401	r-Exempled	() an	d North	labic			ment	
Landing			Location Location			Б.								Ту	ре	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Mai Cust	d Solel ntenar odial S (12)	y by nce/ staff?		os Cor therma surfa	escription staining N I system acing, VA miscellar	Material is insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Si	iding	Yes	No	N/A X		Exte	erior Si	ding		10	00 SF	2	(
through-				Х		200-200-20	loor Til			6	00 Sf	2	C			
Name of Registered Wast United Containers	te Hauler		Н	JDEP Wauler ID		Cubic of Wa	Yards aste		Name of F G.R.O.V		ered Lan	dfill				
City, State Elm				- 100		22	sal Date)	City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presi	dent			(Signatur	e 2	The language of the language o	خــ		Date 2/18		;		

* Emergency *

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

CK 4663

Date of Notification (1) 2/18/15			24.75	lame of E		wner/Operat	tor (2)			FEE	2.3			
Agencies Notified	Type Notification			Street Add	dress nnedy B	lvd								
EPA DEP DOL	Initial Amended Amendment	¥	C	City, State	a, Zip Cod	le	***************************************	i.						
▼ DOH DCA	Emergency (justification) Cancellation			Name of 0	Contact			2-17	Tele	ephone Nu	ımber			
				FACIL	ITY INFO	RMATION								
Name of Facility Where A Paulsboro High Sch		Place (3)			() ()		Typ	School (K-12 Subchapter	2)	er than K	12)			
Street Address 670 North Delaware	e Street						H	Other (i.e. pretc.)	rivate 8	& commer	cial build			S,
City (5) Paulsboro NJ 0808	6						10	uare Feet 00+	2	f Floors	3	ldg. A 5 +	ige	
County (6) Gloucester				County C	ode (7) SE ONLY)		Cu	rrent Use (Pric	r if bei	ing demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		me of A ernacc	batement Con Inc.	tractor	(9)		٠		
Street Address 1253 N Church Str	eet						eet Add O Box							
City, State, Zip Code Moorestown NJ 08	057	1.						, Zip Code erlin NJ 080	91					
Project Manager for Mon	nitoring Firm			Telephor 856-84	ne No. 0-8800		lephone	No. 3-9800		License 00727				
Start Date (10) 2/18/15	\	Schedule 2/19/15		npletion [Date (11)		me of Came	SHA Monitor						
Occupancy Status Durin	ng Abatement (Che	k Only On	e)			Str	reet Add	iress						
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norr night work after 5 pr	Period of A	batem	nent		Cit	ty, State	e, Zip Code						
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	\		tenova emolit					Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure)			ire	
		1-	1	102				Troit Exempte	- () -			Aba	temen	t
		1000	Locati Vormal			Dogosir	otion of					_ 1	ype	1
Asbestos-Containin TO BE Af In Fac (13	g Material (ACM) BATED illity	Use Ma	d Sole intena todial S (12)	ely by nce/ Staff?		tos Containi thermal sys surfacing other misc	ng Mate stems in s, VAT, o	sulation, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Server	Room	X	110	1,07,		Floor tile	& mas	stic	3	350 SF	х			
				-										
Name of Registered W	aste Hauler		2.1	VJDEP V		Cubic Yai	rds	Name of	Regis	stered Lan	dfill			
Pernaco Inc.	e ²		100	Hauler ID	NO.	of Waste	Det-	G.R.O						
City, State W Berlin NJ						Disposal 2/19/15		City, Sta Morris		PA 1906				
Completed by Anthony T Perna		Title Pres	ident			Sign	nature		-		Date 2/18/	15		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Cneck#2123			(Pu	rsuan	t to NJA	C 8:60 and 5:16	5)		- 41	117	15	<#c
Date of Notification (1)				Name	of Building	Owner/Operator (2)		H	1.0	150	
02	18 /15			Keith	Riordan			FEB 2	3	2015		
Agencies Notified	Type Notification			Street	Address			Y				
☐ EPA □ DOLWD					ast Edgar		ŧ					
⊠ DHSS	Amendment #			City, S	State, Zip 0	Code	i	ASSESTOR	TE. NSIIV	1	2	Ì
☐ DCA	Emergency (ir	ncluding		TO SHARE THE PARTY OF THE PARTY	n, NJ 070	10.000 7	41.					
(NJAC 5:23-8)	Justification)			Name	of Contac	t		Telephone Numb	er			
	Cancellation			Keith	Riordan						0.000	
				FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)				
Private house			,				School (K-12					
Street Address								8 (Other than K-1 2) private and commer		ilding	IS.	
151 East Edgar Road							homes, etc.					
City (5)							Square Feet	# of Floors	Bi	dg. A	gė	
Linden, NJ 07036												
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Union												
Name of Monitoring Firm	n Hired by Building	Owner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)				
						Gr Tech LLC						
Street Address						Street Address	.*					
0						576 Valley Rd #						
City, State, Zip Code						City, State, Zip C						
Project Massacras for Mass	Harrier Fran			The second second		Wayne, NJ 074'	70			lewijes.		
Project Manager for Mor	ntoring Firm		Leié	phone	No.	Telephone No.		License No.				
Start Date (10)	10.1	1 1 1 0				973-638-1777		01127				
	CONTRACTOR	duled C				Name of OSHA N	Aonitor -					
		02/		_ / -	13	Envirovision Co	onsultants,Inc					
Occupancy Status Durin						Street Address						
	ted During Entire Pe	eriod of	Abate	ment	autha a	20-21 Wagaraw		35 E				
Time of Abatement:	AM- F	M/	PM_	2 - Des	AM	City, State, Zip C	ode					
						Fair Lawn, NJ 0						
Scope of Work (Check a	ii triat apply)						p and decontami tainment with Ne	nation with negative	press	ure		
>3 sf or >3 if		⊠ Re	novati	on		Mini-End	closure	5				
2 160 sf or 2260 if		∐ De	molitic	n		Gloveba Non-Eve	g Procedure	Tent with Negative on-Friable Procedur	Press	ure		
		Is	Loca	ion			subted () and 14th	Jiri Hable Flocedui	_	1	- Т	
Location		1	Norma	lly		Description (of			-	ent T	T
Asbestos-Containing			ed Sole intena			stos Containing Ma	aterial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE AB. IN Facil			todial		(1.6	e., thermal systems surfacing, VAT		(Specify SIF or LF)	vou	oair	aps	losu
(13)	St. St.		(12)			other miscellane		Oil Oilli	<u>a</u>		Encapsulate	0
		Yes	No	N/A							(0)	
Basement				\boxtimes	Pipe ins	ulation		200 LF	X	П	П	
		П			1				1			
		+=		+							=	H
		14								Ш	Ш	
Name of Registered Was	ste Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Yards of Was	te Name of Regi	stered Landfill		-		
Gr Tech LLC			(03378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, P	Α				
Completed By (Print or T	ype) Titi	e			+	Signature		. 00	te			
N.Jevtic		ner				LP.	In New			1.5		
ASB-41	IOW	nel		olino isa		//è.	ure wer	02/	18/20	113		

MAY 11

CK14128032-19

Date of Notification (1) 2/11/15				Building C sulation		perator	(2)			0				
Agencies Notified Type Notification X EPA X Initial		1,000	Street Ad Van F	dress Riper Pla	ace			141.2	¥-	FED Z	3 22	197		-1
X DEP Amended X DOL Amendment				e, Zip Coo NJ 071				1	ASE			100	78	100
X DOH	including	33.55	lame of Richard	Contact Pesci				L	- -Tele	phone Nun	ber			
			FACIL	ITY INFO	RMATIC	N								
Name of Facility Where Abatement is Takin House	g Place (3)						_	of Facility (4 school (K-12						
Street Address 39 Martin Ave				×.			X O			er than K-12 commercia		lings,	home	s,
City (5) Clifton							Square N/A		# of N/A	Floors	927	ldg. A	ge	
County (6) Passaic			County C	ode (7) SE ONLY)		_	Currer		r if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				ement Con ement, Inc		(9)				-
Street Address		53.9					Addres	s ren Aver	iue		-			
City, State, Zip Code						City, S	tate, Zip							
Project Manager for Monitoring Firm			Telephor	e No.		Teleph	none No).		License N #00675	0.			
Start Date (10) 2/12/15	Scheduled 2/13/15	d Com	pletion [Date (11)		Name	of OSH	A Monitor ement, In						
Occupancy Status During Abatement (Chec		:)					Addres							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr			ent				oseng state, Zij	ren Aver	iue					
X Other – Describe: Occupied	nai Facility	iouis			_			J 07512						
Scope of Work (Check All That Apply)						Г	7			_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.000	enovat				×	Min Glo	i-Enclosure vebag Prod	edure	Negative F			•	
	le l	ocatio	nn.			_	TON L	i-Exempled	i () an	d Non-Friat	T PIO		ement	t
Location of	N	ormall Solel	у			cription		na orași Wilcom			-	Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntenan odial S	ice/		tos Conta thermal	system	s insula		(5	mount Specify	Re	_Z	Enca	Enc
In Facility (13)	Cusic	(12)	italir		surfact other m	cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
× · · ·	Yes	No	N/A				32				30		ate	Ġ
EOILER ADOM		X			pipe	insula	ition		1	5 LF	X			
				10										
Name of Registered Waste Hauler		2350	JDEP W		Cubic `			Name of	Registe	ered Landfil	1			
D&S Abatement, Inc.		0.000	auler ID 20996	INO.	of Was					gement o	f PA			
City, State Totowa, NJ					Dispos TBD	sal Date))	City, Stat Tullytov		4				
Completed by Deanna Brkusanin	Title Proje	ct Ma	nager		S	ignatur	e Willie	1 Pull	i Will		ate /11/1	5		

1/2015 13:20 FA	1973348933	8	* 1 **	DS A	BATEMENT				EFE		Ø 00		100
		NO	fifica (Purs	TON O	of New Jarsey F ABBESTOS / MJAC 8:60 snd	ABATEN	ENT		FEB 2	3 20	15		G
nets of Notification (1) 2/11/15					ulation T	DETRIOR	35L-	100	A 10 10 10 10 10 10 10 10 10 10 10 10 10		1		
gencies Notified	ype Notification			est Add	per Piace				100	\			
EPA DEP DOL	Amended Amendment #		ČK	y, State	Zio Code NJ 07110	1	- In	Sall					
DOH DCA	Emergency (In justification) Cancellation	gributing	1000	me of C	Pesci	1	MKINE	RAPI	Foliabilidad Hum	bet			
Name of Facility Where A	hatament la Taking	Place (3)		FACILI	TY INFORMAT	IDN	Type of	Facility (4)			1	_	1
House Street Address	Data He A LO Vaking	F (800 (3)					Solt Suit	nool (K-12)			
39 Martin Ave	(E)						etc	1				<u> </u>	
City (5) Clifton	The state of the s						N/A		# of Floors N/A	NI	A. A.		_
County (6)				TATE U	ods (7)	_	House		If being demolish	\$Q)	- 100		
Name of Monitoring Firm	Hired by Building C	wmar (8)	1	ASCM	No.		of Abaten				Transfer of the		
Siree(Address						11 F	Address		Ue				
City, State, Zip Code						Tolic	State, Zip LN, ewo	07512			The state of the s		
Project Manager for Mor	itoring Firm		1	elaphon	e Na.		hone No. -345-B6	B5	#00575	0.	12		
Start Date (10) 2/12/15	X	Schadule 2/13/15		alation D	pale (11)	D&5	of OSHA Abater	nent, in	G.		1		
Occupancy Status Durk	g Abstement (Chec	k Only On	n)			Stree	Address Rosengr	en Aver	niia				
Facility Closed/Vac Abstement Perform Other - Describe:	ated During Entire f and Ottalda of Norm Occupied	eriod of A	balens Hours	sat		City,	State, Zip	Code			The state of		
Scope of Work (Check A ≥3 si or ≥3 if ≥160 sf or ≥250 if	III That Apply)		anovat amoliti				Mini-	Englosum			ædur		-
	- 4		Location			Description	an of			_	Abste		-
Lecation Asbestos Containing TO BE AF In Fac (13)	Material (ACM) IATED lifty	Ma	d Solei Intenantodial S (12)	ice/	Asbestos Co (i.e. therm	ontakning	Material insulation	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
BOILER	MOON	Yes	No	NA	pi	pa insu	lation		15 LF	×			
witch	, ivuit											-	-
		-		-						-	-	-	-
Name of Registered Williams Absternent, In				JDEP V	100	bic Yards Weste	•	1	Registered Lendi Management				_
City, State Totowa, NJ		-	17	2000		aposal Di	<u> </u>	1	wn, PA				_
Campleted by		THE		enage		Signiti	I A Com	12		2/11/1	5		

CK 1459

		,			ng Owner/C		2)	1 10	*				
e of Notification (1) 16-2015			Env	ironmer	ntal Reme	diation	Experts		FED 2	3 ZUI	5	-1	
encies Notified Type	Notification		Stree 269	t Address 3 Resea	s arch Park	Drive, S	Suite 201					,	1
EPA DEP	Initial Amended Amendment #		City, Fito	State, Zip hburg, V	o Code WI 53711				ASSESTO: 1		-4-5		
DOT X	Emergency (including justification)	9	Nam	ne of Cont ry Trepa	tact				Telephone Number				1
DCA 🔲	Cancellation				INFORMAT	ION		7.15					1
ame of Facility Where Abate	ement is Taking Place	(3)	-	71012			Type of Fa						1
esidential	SINOTI LE							ol (K-12) hapter 8 r (i.e. priv	(Other than K-12) vate & commercial b	uildings	s, hon	nes,	
reet Address 9 Hamilton Road							Square Fe		# of Floors	Bldg.			
ity (5)							2334		2				-
Hillsborough NJ 08844 County (6)			Co	unty Code	e (7) ONLY)		10		if being demolished	1)			
Somerset Jame of Monitoring Firm Hir	red by Building Owner	(8)	1	ASCM No).	Name	of Abatem en Enviro	ent Cont nmenta	ractor (9) al Services, LLC				
Street Address						Stree 235	t Address Virginia	Avenue)				
City, State, Zip Code						City,	State, Zip C sey City,	Code NJ 073	04				
Project Manager for Monito	ring Firm		Te	elephone	No.	Teler	ohone No. -333-885		License No 01174	•			
Start Date (10)	Sche			oletion Da	te (11)	Nam	ne of OSHA me as ab	Monitor					
2-17-2015		8-201					et Address						
Occupancy Status During	- J During Entire Period	d of Aba	ateme	ent				Codo					
Abatement Performer Other – Describe:	d Outside of Normal Fa	acility H	lours			City	, State, Zip	Code					-
Scope of Work (Check All	That Apply)								nent with Negative F	ressure	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				Mini	-Enclosu	re				
X 2100 31 01 2200 11							× Non	-Exempte	ed (*) and Non-Friat	ole Proc	Abate	ment	
		ls l	ocati	on							Ту		
Location Asbestos-Containing <u>TO BE AB/</u> In Facil	Material (ACM) ATED	No Used Mair	ormal Sole ntena	ly by nce/	(i.e. th	ermal sys surfacing	ng Material tems insula	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(13)		Yes	No	N/A					1000.05			(0	+
Garag	ge		Х			Transite	panels		1200 SF	X	-		+
										-	1		1
							4.2	Nama	of Registered Land	fill	-		1
Name of Registered Wa	ste Hauler			NJDEP V Hauler II		Cubic Ya of Waste		GP	O.W.S. North la	ndfill			
Green Environmen	tal Services			003488	9	3 Disposa	Date	City,	State				
City, State Jersey City, NJ	, , , , , , , , , , , , , , , , , , ,					2-18-20			risville, PA	Date	004		_
Completed by LilianaSerrano		Title Office	се М	lanager			Luu	Der	raio	2-16-	2013)	

Date of Notification (1) 2-11-2015				Name	of Building O Remodelin	wner/Opera	ator (2	ction, LLC	FEB	2 3	20	5	
Agencies Notified EPA DEP	Type Notification	1		118 5	Address South Valle				1				1
≥ DOL	Amended Amendmer	nt #		West	tate, Zip Cod Orange, N	e IJ 07058		É	EBC	HN.			
▼ DOH DCA	iustification Cancellatio)	9	Name	of Contact				Telephone N	limbo			
					Doggett	MATION			Ü		_		
Name of Facility Where A Residential	Abatement is Taki	ng Place (3)		TENT MI OF	WATON	T	ype of Facility (
Street Address 40 Woodland Avenu	ıe							Other (i.e. p	2) 8 (Other than K- rivate & commer	·12) cial bu	ıilding	s, hon	nes,
City (5) East Orange, NJ 07	017	1	81				100	etc.) quare Feet 99	# of Floors		Bldg. 65+	Age	
County (6) Essex					Code (7) USE ONLY)		C	urrent Use (Prid	or if being demoli	ished)	001		
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.	Nar Gr	me of	Abatement Con	tractor (9) al Services, L	10			
Street Address						Stre	eet Ad						
City, State, Zip Code						City	, State	e, Zip Code city, NJ 0730					
Project Manager for Moni	toring Firm			Telepho	one No.	Tele	ephon		License 01174	No.			
Start Date (10) 2-12-2015		Schedul 2-12-2		mpletion	Date (11)	Nan	ne of (OSHA Monitor as above	01174				
Occupancy Status During	Abatement (Chec	1000H 2000 0000					et Ad						
× Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norr	Period of a	Abater / Hour:	ment s				e, Zip Code					
Scope of Work (Check All	That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-Enclosure Glovebag Proci	nt with Negative edure (*) and Non-Fria			_	
	4	ls	Locati	ion				Non-Exempled	() and Non-Fila	Die Pr		re emen	t
Location Asbestos-Containing N	of Material (ACM)		Vormal d Sole			Descripti				-	T	ype	-
TO BE ABA In Facility (13)	TED		intenar odial S (12)		(i.e. the	Containing ermal syste surfacing, \ ther miscell	ms ins	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Pagana		Yes	No	N/A								fe	е
Baseme	nt		X		-	pipe insu	latior	1	36 LF	х			
Name of Registered Waste	Hauler		LN	JDEP W	- 1 -								
Green Environmental			Н	auler ID 034889	No. o	ubic Yards f Waste			egistered Landfil /.S. North Ian				
City, State Jersey City, NJ					D	isposal Dat		City, State Morrisvill	e PA				
Completed by		Title				Signatu				ate			
-iliana Serrano		Office	Man	ager		Lite		wer		-11-2	015		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Name of Building Owner / Operator (2) Date of Notification (1) Mondelez International 09 02 14 Street Address Type of Notification 2211 Route 208 North Agencies Notified City, State, Zip Code 2 **EPA** Initial Fairlawn, New Jersey, 07410 Amended DEP Name of Contact Telephone Number DOH Amendment # 6 1 DOL Emergency w/ justification JOHN LISSY Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Mondelez International School (K-12) Subchapter 8 (Other than K-12) Street Address V Other (I.e., private & cmmercial 2211 Route 208 bldgs., homes, etc.) Square Feet # Of Floors **Building Age** County Code (7) City (5) County (6) 1,000,000 Fairlawn Bergen Current Use (Prior if being demolished) 40 ÷ Bakery/WAREHOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NON NORTHSTAR CONTRACTING GROUP, INC. AET Street Address Street Address 907 Doolittle Drive 32 Williams Parkway City, State, Zip Code City, State, Zip Code Bridgewater, NJ 08807 Project Mngr. For Monitoring Firm Telephone Number 908-218-1108 East Hanover, NJ 07936 Eric Houseknecth Sched. Completetion Date (11) License Number Telephone Number Sheduled Start Date (10) 15 03 30 00860 973-884-8682 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) NORTHSTAR CONTRACTING GROUP, INC. Facility Closed/Vacated During Entire Period of Street Address Abatement Abatement Performed Outside of Normal Facility 32 Williams Parkway Hours - Describe: City, State, Zip Code Other - Describe: __ 7:00 AM - 3:30PM ~ East Hanover, NJ 07936 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Demolition 4 V >3sf or >3lf 7 Mini - Enclosure Glovebag Procedure 1 >160 sf or >260 lf V Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Location of Asbestos - Containing Location R Asbestos Containing N N E R Amount Material (ACM) Normally C E C M (Specify (I.e., thermal systems Used TO BE ABATED L 0 P SF or LF) Solely insulation, surfacing, VAT, in Facility P 0 or other miscellaneous) V A (13)by Main-S S A 1 tenance/ U Custodial R Staff (12) YES NO N/A SEE ATTACHED Name of Registered Landfill NJDEP Waste Cubic Name of Registered Waste Hauler I.E.S.I. Hauler ID No. Yards NEWARK CARTING 4509 of Waste City. State Disposal City, State Date BETHLEHEM, PA 18105 NEWARK, NJ Date Title Signature Completed by (Print or Type) 02/18/15 Project Manager Steve Stiles

Location of	T	ls		Description of		Abateme	nt Type	1	1-
Asbestos Containing	Lo	ocati	on	Asbestos - Containing		R		E	E
	No	orma	ally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED		Used	ď	(I.e., thermal systems	(Specify	M	E	C	C
in Facility	1 5	Sole	ly	insulation, surfacing, VAT,	SF or LF)		P	A	L
(13)	b	у Ма	in-	or other miscellaneous)		V	A	P	0
	te	nan	ce/	Annual Company of the		A	1	S	S
	Cı	usto	dial			L	R	U	U R
	St	taff (12)					L	R
	YES	-	N/A		1,005.05		-	+	+
BAKERY - 2ND FLOOR		V	Ш	DUCT INSULATION	1,025 SF	7	-	++	++
BAKERY - 2ND FLOOR		V		GASKET	1500 SF		+-	+-	+-
BAKERY - 2ND FLOOR		1		TRANSITE			+ +	+	-
BAKERY - 2ND FLOOR		~		WIRING	3,000 LF		+-	+	+-
BAKERY - 2ND FLOOR		1		PIPE & FITTING INSULATION	4,265 LF	V	1-1-	++	+-
BAKERY - 1ST FLOOR		7		PIPE & FITTING INSULATION	175 LF	V	1-1	+	-
STAIRWELL #1		V		PIPE & FITTING INSULATION	10 LF	V	1	+	1
STAIRWELL #2		7		PIPE & FITTING INSULATION	20 LF	V	1-1-	+ +	1 -
2ND FLOOR PAINT SHOP		V		VAT & MASTIC	1050 SF	V	1	+	1
1ST FLOOR SHOP AREA		1		DUCT INSULATION	200 SF	V			
1ST FLOOR SHOP AREA		1		PIPE & FITTING INSULATION	150 LF	7			
BAKERY - 2ND FLOOR	10	V		PIPE & FITTING INSULATION	2 LF	7			
BAKERY COLUMN M-5	TD	V		PIPE & FITTING INSULATION	16 LF	V			<u> </u>
BAKERY COLUMN M-7		[]		PIPE & FITTING INSULATION	16 LF	V			
LADIES ANNEX	TO	V		VAT & MASTIC	2400 SF				
COLUMN P-23	TO	7		PIPE & FITTING INSULATION	20 LF	V			
BAKERY DRAIN LINES	TO	V		PIPE & FITTING INSULATION	130 LF	V			
BAKERY RACK CORRIDOR		V		PIPE & FITTING INSULATION	270 LF	7			
SPIRAL COOLER AREA	T	1		PIPE & FITTING INSULATION	300 LF	V			
BAKERY WATER LINE	T	1		PIPE & FITTING INSULATION	8 LF	V			
BAKERY DRAIN LINES	T	1		PIPE & FITTING INSULATION	190 LF	V			
2ND FLOOR SUGAR WAFER	TI	1		VIBRATION CLOTHES	20 SF	7			
2ND FLOOR LOCKER ROOM	IT	V		DUCT INSULATION	3000 SF	V			
2ND FLOOR OREO	T	1		PIPE & FITTING INSULATION	300 LF	V			
2ND FLOOR ICING	一			PIPE & FITTING INSULATION	120 LF	V			
2ND FLOOR LOCKER ROOM	tō	[7]	Ī	PIPE & FITTING INSULATION	85 LF	V			
1ST FLOOR WATER PIPING	TH	[7]		PIPE & FITTING INSULATION	120 LF	V			
MEZZANINE	TH	[7]		PIPE & FITTING INSULATION	100 LF	V			
BOILER ROOM	Th	1	T	PIPE & FITTING INSULATION	20 LF	V			
BAKERY PACKAGING	IT	1	T	PIPE & FITTING INSULATION	20 LF	V			
EXTERIOR	In	7	T	TRANSITE WINDOW PANELS	2,000 SF	V			
BAKERY WAREHOUSE	T	1	Ħ	PIPE & FITTING INSULATION	15 LF	V			
D. M.C.I.I. VV. M.C.I.IOOOL	TH	T	Ħ	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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State of New Jersey APPROVED: PAUL HORNER,
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N. LA.C. 2000)

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	(Pursuant	to N.J.A	.C. 8:60	and 12:	120)	2715

Date of Notification	(1) 2/18/15						Owner / Operato			FEE	0.2.0	Y1535		1
Agencies Notified	Type Notific	ation			Addre		partment of Co	rrect	ions		F V L	-10		-/
EPA	Type Notine	ation			ox 11					į				
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□ DOH	⊠ Eme	rgency			of Co						Telepho	ne N	lumb	er
☐ DCA		cellation	A	Alan	Ciesl	ik								
				FAC	CILIT	Y INF	ORMATION							-
Name of Facility Wh			Place (3)			Type of Facil							
Mountainview Co	rrectional	Facilty					School (K-12)						
Street Address			1/4						(Other tha					
31 Petticoat Lane							Name and Address of the Control of t			nmercial build			etc.)	
							Square Feet		# of Floo	ors	Bldg. Ag	e		
City (5)		County (6)	Cou	unty C	Code (7)	20000			2		30+		
Annadale		Hunderton					Current Use		if being d	emolished)				
							Correctiona							
Name of Monitoring		y Building Ow	ner (8)		ASC	M No								
Environmental Co	onnection						Bristol Env		nental, l	nc.				
120 N. Warren St							Street Addres							
City, State & Zip Coo	40						City, State &							
Trenton, NJ 0860							Bristol, PA							
Project Manager for		irm	Telep	hone	Numb	er	Telephone N			License	Number			-
Jim Frisbee		00.900	609-3				(215)788-60			00509	100000000000000000000000000000000000000			
Scheduled Start Dat 2/18/15	e (10)	Scheduled Co	mpletio		te (11)		Name of OSH			-				
Occupancy Status D	uring Abate	ment (Check o	100000000000000000000000000000000000000				Street Addres		nentai ir	ic.				
		During Entire F			ateme	nt	1123 Beave	E.S. (1975)	eet					
Abatement F	Performed O	utside of Norm	al Hou	ırs — 7	7am to	3pm	City, State &	Zip Co	ode					
	3:00 PM -	11:30 PM					Bristol, PA							
Facility Occu	ipied During	Abatement												
Scope of Work (Che	ck all that a	oply)						_	====			2		
M .0 (.0)								\sqcup		tainment with	Negative	Pres	ssure	ĺ.
≥3 sf or ≥3 lf			\bowtie		ovatio				Mini-End					
≥160 sf ≥260) IT			Dem	nolitio	1				ag Procedure		- D		
10	cation of		le l	ocati	on		Description		NOII-EXE	empted and N Amount			ent T	
1000 00	os-Containin	a	Norm				Asbestos-Con		a	(Specify	700	T	CIIL I	ype
	erial (ACM)		Sc	olely b	ру		Material (At	CM)		SF or LF)	-		Щ	ш
	E ABATED		Maint				(i.e., thermal s				₹em	Repair	cap	nck
In	Facility (13)		Custo	idiai S (12)	staff?		insulation, surfactor or other miscella				Remova	pair	Encapsulate	Enclsoure
	(13)		Yes	No	N/A		or other miscen	aneou	15)		=		ate	ന്
Housing Unit 2				X			Pipe Insula	tion		5 LF		\vdash		
Conference Rm					H		Pipe Insula			4 LF		H	H	H
Comerence Kill			H	H	H		ripe ilisula	LIOII		4 L1		H	H	H
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			H	Ħ	H						᠆	H	Ħ	Ħ
Name of Registered	Waste Haul	er		NJI	DEP V	Vaste	Cubic Yards	Nam	e of Regi	stered Landfil				
					uler II		of Waste							
Service Transpor	t Inc.			209	990		1 Cu yd	Min	erva Lar	ndfill				
City, State							Disposal Date		State					
New Castle, DE							2/18/15	Way	nesburg	g, OH				
Completed By (Print	or Type)			Title			Signature				Date			
Gino Pizzigoni				1002003	oject		21. 0	` '	. /	- 0	2/18	3/15		
				Ma	ınage	r	Geno Reg	rego	n /-	gl				
GI 15021		19					00	0	0					

MO 22252829016

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Data of Natification (4)						111 10 1107				7.5					1	
Date of Notification (1) 02/17/15					Name Ryar	of Buildir Stanle	ng Owner Y	/Operato	r (2)		3 2 3 2	3015			Mary American	
Agencies Notified EPA	Type No	otification	1		C-22001-2200	Address Voods E	nd Roa	d	I		M of the sec		100	and a	A COLUMN TO SERVICE A COLU	
× DEP × DOL	☐ Am	nended nendmen	t #		City, S	State, Zip t Orang	Code		; ;	15: L	Chica		<u> </u>	· · · · · · · · · · · · · · · · · · ·	Strate Contract	
X DOH X DCA	jus	nergency tification) ncellation		g		of Contac					Telepho	ne Nun	nber			
Name of Facility 14/1-					FA	CILITY IN	FORMAT	TION			-			-		
Name of Facility Where Ryan Stanley	Abatemen	it is Takir	ng Place	(3)						f Facility (4				To the same of		
Street Address 16 Woods End Roa	ad								Si X O	chool (K-12 ubchapter 8 ther (i.e. pri	(Other tha	ın K-12 nmercia) Il bui	ildina	s. hor	nes
City (5) West Orange									Square	C.)	# of Floo			Bldg.		
County (6) Essex County					County	Code (7)) (Y)		Current	t Use (Prior	if being de	molish	ed)			
Name of Monitoring Firm	Hired by	Building	Owner (8)		M No.		Name	of Abate	ment Contr	actor (9)			Artin Artin		
Street Address								Street	Abatem					2		
City, State, Zip Code				-				City, S	tate, Zip							
Project Manager for Mon	itoring Firm	n			Telepho	one No.		Teleph	one No.	en, NJ 07		nse No		-		-
Start Date (10)			Schedul	ed Co	mpletion	Date (11)		293-63 of OSHA	05 Monitor	012					
02/26/15			03/06/	15			33			CONSUL	TING LL	С				
Cocupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ated During	Fntire F	Period of	Ahata	ment rs			1600 City, St	ate, Zip		SUITE 1	07				
Scope of Work (Check Al	I That App	lv)						UNIC	N NJ (07083						
≥3 sf or ≥3 if ≥160 sf or ≥260 if			The same of the sa	Renov Remoli				×	Mini-E Glove	ontainment Enclosure bag Proced	ure					
Location			1	Locat	lly		Doc	scription		xempted (*) and Non-	гларіе		Abate	ement pe	t
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	CM)	Ma	ntena	Staff?	Asbes (i.e	stos Cont thermal surfac	aining Ma	aterial (A insulatio . or	CM) n,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A							- 1	<u>a</u>		ate	re
Baseme	nt							VAT			434 SF	2	2			
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Name of Registered Waste	a Manda a												+			
SAN TON SERVICES				H	IJDEP W lauler ID 2430	30100000000	Cubic \ of Was		10 2000	ame of Reg			////	ISIO	N	
City, State CENILWORTH, NJ		Part of the second			55		Disposa	al Date	C	ity, State			~11411			-
Completed by Bryan Parra			Title	× 1.4	anager		Si	gnature	K	EARNY,	NJ	Date				_
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Date of Notification (1) 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		himmen no	Didleting O	marlOr	Town Law F	or (2) Na Dept of Health & Senior Services						+
2/18/15	in the second	ma	S REE		eraior (2) ~~	M Deb	of Health &	Seni	or Ser	vices	
Agencies Notified Type Notification EPA E Initial DEP Amended Amendment #		City, Stal	Idress IfILL e, Zip Cod E, Well	ė		***************************************	Date:	(signatur		8:4	811	1
□ DOH justification □ DCA □ Cancellation		Name of J らん	Contact ルル・产品へ	-		*** *** ****	1 T	elephone Num	ber	,		
Name of Pacility Where Abatement is Taking Place (3)		FACI	JIY INFO	RMATIC	NC.							
REED (5)					1	Type of Fat	5000			5.0		
Street Address 757 HILLCRUSST POIGN		- 1 A TO THE PERSON NAMED IN				☐ School ☐ Subcha ☑ Other	apter 8 (Otf	ter than K-12) & commercial	build	inas. I	omes	s.
City (5)	· · · · · · · · · · · · · · · · · · ·	-				etc.) Square Fea		of Floors				ment's mare
RIOFEWONS			-		-	1800		2		ildg. A		-
County (6) BENGEN			ISE ONLY)			Current Lis	Prior if be	eing demolishe	d)			
Name of Monitoring Firm Hired by Bullding Owner (8)		ASC	M No.		Name A, M/	of Abatemer AC Contracti	t Contracto ig Inc	or (9)		- 05	SECUSION.	m-grane-ov-
Street Address	21-Lunt 19-20-2	i Line of the same	· ·	Programme Control (1988) Projection (1988) Control (1988) Projection (1988) Projecti		Address reeland Ave	elizardak Spiritarik 1225 dan			unner a C	1	
City, State, Zip Code						tato, Zip Coo nd Park, NJ			3			
Project Manager for Monitoring Firm	İ	Telepi	ione No.			ione No. 262-5841	. ,	License No 00159				
Start Dale (10) — 2/18/15 Schedule	ed Con ∂-/∂	apletion i	Date (11)			of OSHA Mo		rices Inc.	=	1.3	63	
Occupancy Status During Abatement (Check Only Or IXI Facility Closed/Vacated During Entire Period of A During Entire Period of A Abatement Performed Outside of Normal Facility Cher - Describe:	batem	ent	20.000.00		280 h City, S	Address luyer Street fate, Zlp Coo ansack, NJ (
Scope of Work (Check All That Apply)						TOTAL SALES						
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	Locati				1	446	§ .	Printer Comments	0	Abat	emant	t
Location of Use Asbastos-Conteining Material (ACM)	Normal ad Sole	ly Iv bv	h - t		scription		week poor	_	ļ	1)	rpe .	7
TO BE ABATED WE	ilntenar todial 9 (12) No			thermal surfa				Amount (Specify SF or LF)	Rəmüvai	Repair	Ecapadala	Exclosure
BASEMENT	140	-		0	PE				-	-		-
DADEMENT .		×		100	/" /2 **********			14525	X	-		-
National Section Control of the Cont				-					-	J.		
		1			Contract of the Contract of th	WY YVI		04-5-1		1		-
Name of Registered Waste Hauler) Fil	NUDER Waste Cubic Yards					to of Page	tored Louden		-		1
Newark Carting, Inc	Hauler ID No. of Waste				i dai		itered Landfill ethlehem Land	illi Co	rp.			
City, State, Zip Code Newsrk, NJ 07105	مي المنحدات	- viences et la	rivetti Kibil debi a sem	Dispos	al Date	ow City	, State, Zip Bethichen	Code n, PA 18015		MATTER STATE OF THE STATE OF TH	MATERIAL ACT	(E.jecji zluppy)
Completed by R. McDonald President	Bent	[Signature				PMS	De let	Dai	e //8	15		, 1111-1-1

State of New Jersey

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

Chook #7744

Date of Notification (1)	2/17/15	W. W. W.						erator (2) ducation		ne	It said		- 10 to	necr	#11	44	
Agencies Notified	Type of Notif		Str	eet A	ddress lley R					70.2	E-e p	il il i	3 63				
[] DEP [x] DOL [x] DOH	Notifica [] Emerge [] Amende	ncy ed			ite, Zip (lair, N		7042			92			21	8			
[] DCA	200	100	1,5,5,5,5,5	interest	f Contac	NEW COLUMN		161			Telephone	Numbe	er				
	[] Cancella	ation	Le	n S	apona	ara											
						FACI	LITY IN	NFORMATION									
Name of Facility When Hillside School Street Address	e Abatement is	s Taking	g Place	e (3)						Type of Facili	ity (4) ool (K-12) chapter 8 (C er (i.e. privat	other that	an K-12) ommercial	ouildi	nas.		
54 Orange Road	d									hom	nes, etc.)						
City (5)		100	ounty (6	21			County	/ Code (7)	-	Square Feet 120000	# of	Floors	Bio	g. Ag	е		
Montclair		9 92300	ssex	2)				E USE ONLY)	ŀ	Current Use (g demo	and the second second	0		05,000	
Name of Monitoring Fi		uilding (Owner	A	SCM N	0.		educational Name of Abatement Contractor (9)									_
Detail Associate	s, Inc			C	00				Jupiter Environmental Services, Inc.								
Street Address 300 Grand Ave.								Street Address		23 Change	hridae P	oad '	Suita 10	0			
City, State, Zip Code		City, State, Zip Code									bridge is	.oau,	ouite 10	0			_
Englewood, NJ	07631									ine Brook,	NJ 070	58					
Project Manager for M	lonitoring Firm				Number			Telephone Num			00		License N			-0	
Stephen J. Scheduled Start Date	(10)				0-6708 Date (11			Name of OSHA		73-575-87	00			U	085)2	_
2/27/1		onou. c	12/3			',		realine of oor in		& S Envir	onmenta	Labo	oratories	, LL	С		
Occupancy Status Dur [x] Facility Close [] Abatement Pe	ed/Vacated Du	iring En	tire Pe	riod (of Abate		1	Street Address		333 Route	22 W		101				
	ribe: evening			auiii	ty riours	, –		City, State, Zip		_{de} Inion, NJ C	7083						
Scope of Work (Check	(all that apply))											r . k r				
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	260 If				[]	Reno	ovation	1		[x] N	ull Containr Mini – Enclo Glovebag Pi Non – Friabl	sure ocedure	Э	Press	sure		
	M8-70.0		ls l	ocat	ion				200	00000 NOO				1000000		men	nt
Locatio Asbestos – C Material (TO BE AB	ontaining ACM)	-	Mainte	olely enanc				Asbestos Mate (i.e., the	s – erial erm	otion of Containing I (ACM) al systems rfacing, VAT,			Amount (Specify SF or LF)	R E M	E	E N C A	E N C L
In Faci (13)			Yes	No	N/A			or other r	mis	cellaneous)				V A L	I R	P S U	0 S U
Various areas, (sub)basement X						Pipe	e insu	lation				25	5 LF		Х		
														-			
					-									+			
Name of Registered Waste Hauler Jupiter Environmental Services NJDEP Waste Hauler ID No. 04782							Cubic Of Wa	Yards aste 1		Name of Re Minerva		ndfill	77				
City, State						_		osal Date 4/15 +		City, State Waynesh	oura OL	OH					
Pine Brook, NJ Completed By (Print o	r Type)		Title				3/ 14	Signature		vvaynesi	July, On		Date			_	-
Completed By (Print or Type) Pane Repic Title General Manager Signature									2/17/	5							

*Note: Work to occur in phases. First phase is scheduled to start on 2/27/15 with expected completion on/about 3/2/15. It involves repair of 10 LF of pipe insulation at subbasement. Amendments will be sent for other phases.

State of New Jersey

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

						1741				140	Check	# //	45		
Date of Notification (1) 2/19/15			Building on Cour		Öper	ator (2)		P	10 A 17 A 12 A	,					
Agencies Notified Type of Notification [] EPA [] Initial			ddress ewark /	Ave.					And	1-72	19 A	2.7			
[] DEP Notification [x] Emergency [] Amended			te, Zip Co / City, N		306)			ia.	181 11					
[x] DOH Notification			Contact					Telep	hone Nur	mber			_		
[] DCA [] Cancellation	Kii	n R	iscart	rc											
			F	ACILITY	INF	FORMATION									
Name of Facility Where Abatement is Takin	ng Place	(3)					1	Type of Facility (4)	2)						
Hudson County Admin. Bldg.	3000	10.73						School (K-1	8 (Other	than K-1	12)	ildin	90		
Street Address 595 Newark Avenue								Other (i.e. p homes, etc		a comme	erciai bu	main	ys,		
	ounty (6	5)		Cou	ntv (Code (7)			# of Floo 13	rs	Bldg. ~ 50	Age			
T 20 T 11 T 12 C 12 C 12 C 12 C 12 C 12 C 12	ludso			(STA	ATE	USE ONLY)		Current Use (Prior if Office building	being de	molished	1)				
Name of Monitoring Firm Hired by Building	Owner	- 1	SCM No.		Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.										
Whitman Companies, Inc.									ental S	ervice	s, Inc				
Street Address 7 Pleasant Hill Road									e Road	d, Suit	e 100				
City, State, Zip Code Cranbury, NJ 08512	City, State, Zip Code								7058						
Project Manager for Monitoring Firm	Telepi	none	Number		Te	elephone Numb				Lice	nse Nur	nber			
Kevin Lovely			-5858					3-575-8700				00	85	2	
	Comple 12/3		Date (11) 5*		N	ame of OSHA N		nitor & S Environme	ental La	aborato	ories.	LLC)		
Occupancy Status During Abatement (Che [] Facility Closed/Vacated During Er	ck only	one)		ent	S	treet Address		33 Route 22 W		A Marie Constitution (1987) (1987)					
[x] Abatement Performed Outside of Describe: evenings and/o	Normal or week	Facil			С	ity, State, Zip C	Cod					15			<u> </u>
Scope of Work (Check all that apply)							_								
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[X]	Renova	ation			[x] Mini – E [x] Gloveba	ntainment Enclosure ag Proced Friable Pro	dure	gative P	ress	ure		
		ocat										100000000	aten	nen	t
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TO BE ABATED In Facility		-				or other mi						V	1	Р	0
(13)	Yes	No	N/A									A L	R	S	S U
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Various – courtrooms, offices		X		TSI*						100 LF		X	X	_	
Name of Registered Waste Hauler	NJE	DEP V	Naste	Cubic Yards Name of Registered Landfill											
Jupiter Environmental Services Hauler ID No. 04782						Of Waste Minerva Landfill									
						al Date		City, State	011						
THIS BISSING THE						Various Signature	1	Waynesburg,	UH		ate				
							_	- Cu		1000	/19/15	5			

*Note: Work to occur in phases. First phase is emergency cleanup of water damaged plaster at room 106, starting evening of 2/19/15 with expected completion on/about 2/24/15. Amendments will be sent for other phases.

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	& Senior Services				Sta	ate of N	lew Јегвеу									
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[] DCA	[] Cancellation	1 3 3 3 3		Contact scart			The second secon			Telephone Nu	mber					
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Name of Facility When		ing Plac	e (3)					Typ	pe of Fac	llity (4) 1001 (K-12)		40)				
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			- 100 P				5-7-7-7		uare Fee	eet # of Floors Bldg. Age						
City (5) Jersey City	Hudson (STATE USE ONLY) Current Office to									(Prior if being di	emolish				41.4	
Name of Monitoring Fi	rm Hired by Bulldin	uliding Owner ASCM No. Name of Abatement Co.								r (9)		¥277628				
Whitman Compa	anies, Inc.	00110 Jupiter En								rironmental S	Servic	es, Inc.				
7 Pleasant Hill F	Road	323 Chang								ebridge Roa	d, Su	ite 100				
Cily, State, Zip Code Cranbury, NJ 08	3512					· C	lty, State, Zip (e Broo	k, NJ 07058						
Project Manager for M				Number		T	elephone Num	ber	A.L.A.LEPTO	ALTERNATION IN THE STREET IN T	Lic	ense Nur		852)	
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2/19/1	5	12/	31/1					J &	S Env	ironmental L	abora	tories,	LLC			
Occupancy Status Du [] Facility Close	ed/Vacated During I	Entire Pe	eriod o	f Abaton	nont	5	treet Address	2333	3 Rout	e 22 W						
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City, State Pine Brook, NJ							ol Date Narious		city, Stat Wayne	sburg, OH						
Completed By (Print or Type) Title Signature									/	27		Date 2/10/1	<u> </u>	8	2	
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*Note: Work to occur in phases. First phase is emergency cleanup of water damaged plaster at room 106, starting evening of 2/19/15 with expected completion on/about 2/24/15. Amendments will be sent for other phases.

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

CK 5512

Date of Notification (1)		Name o	of Buildin	g Owner/Operato	r (2)	J	-						
2/19/15		MR	MR. GOZDON PEEPAU										
Agency Notified Type Notification					4.15	•							
D EPA Ø Initial					R AJE	8	76.1						
□ DEP □ Amended		City, St	tate, Zip	Code .	15 0	2/12							
Amendment#	lim <i>a</i>	. M	JALO	will,	MJ. O	1463							
☐ Emergency (included justification) ☐ DCA ☐ Cancellation	mig	Name	of Contac	= PALC		Telephone Nur	nber	-					
		FACI	LITY INF	ORMATION									
Name of Facility Where Abatement is Taking Pl	ace (3)	2002-0	-		Type of Facility	(4)							
MR. PEEPAU													
Street Address			,-		☐ School (K-12 ☐ Subchapter 8	.) 3 (Other than K-1:	2)						
SZ WANA MAKE A City (5) WALDWICK	_ A-	JE			homes, etc.)								
City (5)	52			*.2	Square Feet		Bldg.						
WALDWICK			(6)		Z100.	2		0	PE	M			
County (6)) (STATE USE		rior if being demo	lished)						
County (6) BERGEN		ONLY	**		KES	1000 CE							
Name of Monitoring Firm Hired by Building Own	er AS	CM No.		Name of Abates	ment Contractor (9	9)							
(8)				Best Re	emoval In	10							
Street Address				Street Address									
		98		450 Sou	th River	St							
City, State, Zip Code				City, State, Zip	Code		1			_			
				Hackens	ack , N.	07601							
Project Manager for Monitoring Firm	Telep	shone No.		Telephone No.	dek , A.c	License No.							
				201-329-	-7444 -	003	388						
Start Date (10) Scheduled 0	completion	Date (11)		Name of OSHA Monitor									
3/2/15 3	13/1	5		Omega Er	/								
Occupancy Status During Abatement (Check or	1			Street Address									
☐ Facility Closed/Vacated During Entire Period	of Abotom	ont		280 Huy	ler St								
Abatement Performed Outside of Normal Fac	cility Hours	ici il		City, State, Zip	Code			10					
DOther - Describe: 71M TO 5	PM			Hackensa	ack , N.J	. 07601							
Scope of Work (Check all that apply)				DE	Containment with	Nagativa Pracess	F0						
₽23 stor≥3 if		Ren	ovation		i-Enclosure	regauve i iessa							
☐ ≥ 160 sf or ≥ 260 lf		□ Den	nolition		vebag Procedure	I Mir Frieble Bre	andrea.						
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TO BE ABATED		todial	(t.e	., thermal system surfacing, VA		SF or LF		Removal	aps	Enclosure			
(13)	23	12)		other miscellar	5045(1.2.10)			Val	ulat	ure			
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Name of Registered Waste Hauler	NJD	EP Waste I	lauler	Cubic Yards of	Name of Regi	stered Landfill				N == -			
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Best Removal Inc	109		2 1/20	/ 1111101 10	Enterpr	ises	. LL	C					
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Hackensack , N.J. 0			3/3/15	Maynesh	ourg ,Oh	. 446	88						
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MU 22252829005

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

Date of Notification (1) 2/16/2015			201	Name of Sin-Ya	Building C n Na	Owner/O	perator	(2)	9						
Agencies Notified	Type Notification		-	Street Ad						150	102	1	. 7		
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Coo awken, I		86					200	Na .		
X DOH X DCA	Emergency justification) Cancellation				Contact					Tele	ephone Nur	nber			
<u> </u>				FACII	LITY INFO	RMATIC	ON								
Name of Facility Where Sin-Yan Ng	Abatement is Takir	ng Place (3)						Тур	oe of Facility (School (K-1						
Street Address 64-46th Street								×	Subchapter Other (i.e. p etc.)				lings,	home	es,
City (5) Weehawken								Sq	uare Feet	# of	Floors	В	ldg. A	ge	
County (6) Hudson					Code (7) JSE ONLY)		_	Cu	rrent Use (Pri	or if beir	ng demolisi	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.				batement Cor tement	ntractor	(9)				
Street Address							Street 1009		ress 'th Street S	uite A	4				
City, State, Zip Code	Ý	V					1 12 - 3 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, Zip Code ergen, NJ (7047					
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph 201-		No. 3-6305		License N 01223	lo.			
Start Date (10) 2/26/2015		Schedule		npletion	Date (11)		Name	of C	SHA Monitor		GLLC				
Occupancy Status Durin	ng Ahatement (Che	2010 MARCH 2010					Street	11340015-0	areas ned secondar						
2000 M W				ant					OUTE EAS	T SUI	TE 107				
Abatement Perform Other – Describe:	cated During Entire ned Outside of Nor	mal Facility	Hours	3					, Zip Code NJ 07083						
Scope of Work (Check /	All That Apply)			-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
		le	Locati	ion									Abatement		
Locatio	on of	N	ormal	lly		Des	scription	n of					Т	ре	
Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED ility	Mai	d Sole ntena odial ((12)			tos Cont thermal surfa	aining N	r	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								ļ_		te	(0)
Inter	ior					Misc	cellane	ous	S	12	00 SF	X			
Kitch					VAT			42	20 SF	X			_		
		-								-			-		
Name of Registered Wa	N	NJDEP V	Vaste	Cubic	Yards		Name of	Registe	ered Landfi	II	*				
SAN TON SERVIC	H	lauler ID 2430		of Wa					NCHES C		IISIC	N			
City, State KENILWORTH, NJ				Dispos	sal Date	9	City, Sta KEARI		J						
Completed by				ع ا	Signatur	e		\geq	1 22	ate /16/20	115				
Bryan Parra	ct IVI	anager			By	V.	m/Co.	Done	> ²	/ 10/20	010				

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

Check#2124

State of New Jersey

	20.00)
ABATEMENT	BESTOS ABATEMENT
d 5:16)	C 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/O	perator (2	2)		1.					
02/19		_		John (Connlly			A.							
	Notification			Street	Address				7 7 6 6 4 1	The second	100				
☑ EPA ☑ Init			4	40 Co	llinwood	Road									
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					Connlly										
No. of Facility Address of the Control of the Contr			(0)	FA	SILITY IF	NFORMAT	ION	F= 6= 100							
Name of Facility Where Abatem	ent is Taking	Place	(3)					Type of Facility							
Private house								School (K-12 Subchapter 8		4.2)					
Street Address								Other (i.e., p			nuildir	nas.			
40 Collinwood Road								homes, etc.)							
City (5)		The Atlanta	2000-20				1	Square Feet	# of Floors		Bldg.	Age			
Maplewood, NJ 07040															
County (6)			,,	Coun	ty Code (7)	(STATE US	E ONLY)	Current Use (Pr	ior if being den	nolished)))				
Essex															
Name of Monitoring Firm Hired t	y Building C	wner (8)],	ASCM	No.	Name of	Ahateme	L ent Contractor (9)	T.		-				
	ă X				110.			5.11 O5115 05101 (5)							
Street Address						Gr Tech	1 2 - 1 - 1 - 1 - 1								
Oli Col Fide: 535						Street A									
0						576 Val	-								
City, State, Zip Code						City, Sta	te, Zip Co	ode							
						Wayne,	NJ 0747	70							
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephor	ne No.		License No						
						973-638-1777 01127									
Start Date (10)	Sched	uled C	omplei	tion Da	te (11)	Name of	OSHA N	fonitor							
02/28/15	_ 0	3 /	03		15	Envirov	icion Co	nsultants,Inc							
Occupancy Status During Abate						Street A		msurtaints, mc		200 00 000					
▼ Facility Closed/Vacated During				nent			ny taona mandra ao	B 1 B11 0							
Abatement Performed Outsid	le of Normal	Facility	/ Hour	s - Des	cribe		agaraw te, Zip Co	Road, Bldg .#	35 E						
Time of Abatement:A	MP	/I/	PM_		AM	2-14-2-10-22-2-2-2-2									
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Scope of Work (Check all that a	oply)							p and decontaming tainment with Ne			ssure				
		X Re	novati	on		A	Mini-Enc	losure							
≥ 3 sf or >3 If ≥ 160 sf or ≥260 If			molitic				Gloveba	g Procedure	Tent with Nega	ative Pre	ssure				
					-		Non-Exe	mpted (*) and No	on-Friable Proc	edure	1				
			Locat Vormal			NA ACTION				A	bate	nent T	уре		
Location of Asbestos-Containing Materia	I (ACM)		d Sole		Anh		cription o		A manusia k	1 2	J Z	回	四		
TO BE ABATED		10000000	intena			e., thermal		iterial (ACM) insulation.	Amount (Specify	= =	Repair	Ca	Cdo		
IN Facility		Cus	todial ((12)	Staff?		surfac	ing, VAT	, or	SIF or LF		=	Encapsula	Enclosure		
(13)			T .		-	other m	iscellane	ous)		-		(a)	10		
		Yes	No	N/A											
Attic				X	Vermic	ulite insul	ation		600 SF						
			П				-			Г	1				
		+=	-							J L	+=				
		Ш	Ш							L		ЩЦ			
Name of Registered Waste Hau	ler		NJE	EP Waste	e Hauler ID No	. Cubic Yar	ds of Wast	te Name of Regi	stered Landfill						
Gr Tech LLC			0.00			1 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS		33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3							
City, State			10	03378	53	TBD		T.R.R.F. Inc							
						Disposal	Date	City, State							
Wayne, NJ 07470	-					TBD)	Tullytown, P	A						
Completed By (Print or Type)	Title					Sig	nature /	18 . 1	1	Date					
N.Jevtic	Owi	ner					Hi.	the went	Lad	02/19/	2015				
ASB-41						etas licensi	1/2								

CK 3169

Date of Notification (1) 02/19/15			Name of Building Owner/Operator (2) ALC ENVIRONMENTAL													
Agencies Notified	Type Notification			Street Ad 121 W	ddress EST 27	TH ST	REET,	SUIT								
DEP DOL	Initial Amended Amendment				te, Zip Co YORK, N		001	6								
X DOH DCA	Emergency (justification) Cancellation	including			Contact V KLEIN						ephone 2-675-					
			_	FACII	LITY INFO	RMATI	ON						-			-
Name of Facility Where Street Address	Abatement is Taking	g Place (3)						Ä	of Facility (4 School (K-12 Subchapter 8	, 2) 8 (Oth						
352-360 AVON AV	ENUE .								Other (i.e. pr etc.)	ivate a	& comm	ercial	build	lings,	home	es,
City (5) NEWARK, NJ									re Feet	# 0	f Floors	Š.	В	ldg. A	ge	
County (6) ESSEX COUNTY				County (Code (7) JSE ONLY)			Curre	ent Use (Prio ME	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	No.		1000		tement Cont		0.0					
Street Address					11		100000000000000000000000000000000000000	Addre	ss DOVE CO	URT	•		202			
City, State, Zip Code	8				-				ip Code OD, NJ 08	3701						
Project Manager for Mon	Project Manager for Monitoring Firm						Teleph	none N 668-9	0.		Licens					
Start Date (10) 03/02/15	1. 7						Name	of OSI	HA Monitor	SSIO						
Occupancy Status Durin	ng Abatement (Chec							Addres	14 E E=1	00.0	1 11 120	1 1		1		
Facility Closed/Vac	cated During Entire F	eriod of A	bater	nent			50,800,0		DOVE CO	URT						
Other – Describe:	ned Outside of Norm	al Facility	Hour	S		_			ip Code OD, NJ 08	3701						
Scope of Work (Check A	All That Apply)	NG0000047														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		**********	enova emoli				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
			Locat												ement pe	i
Locatio			lorma d Sole	lly ely by			scription							1 9	pe	
Asbestos-Containing TO BE AB In Faci (13)	BATED	Mai Cust	ntena odial (12)	nce/ Staff?				s insula T, or		Amou (Spec SF or			Removal	Repair	Encapsulate	Enclosure
INTER	100	Yes	No	N/A			200 =	=								
INTER					-		OOR T				0 SF		Х			_
INTER				PIPE I	NSULA	TIOITA	N),	2 LF-		X					
	_					14.5			- 1							
					/aste	10 15 15 15 15 15 15 15 15 15 15 15 15 15	Yards	15-1	Name of F	Registe	ered Lar	ndfill				
NEWARK CARTING		Hauler ID 4509	No.	of Wa 2 yar	ds		IESI		8.5		66					
City, State NEWARK, NJ					Disposal Date 03/02/15				City, State		ЛРА					
Completed by JOSEPH PERLSTE	ER	Signature Date 02/19/15						5								