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

		(Pursu	ant to	NJAC	8:60-	7 and	12:120-7)				-	
Date of Notificatio						Operator		13 1 1		7		7	
2-6-15			Ma:	rlie	s Dw	yer							2
Agencies Notified	Type Noti	fication	Stree	t Addr	ess				- 647				
[]EPA	[X] Initi	al fication	92	Parl	ker .	Ave.			FI FI	H 2.4			-
[]DEP	977 7 979 7 97 9 9 9 9 9		City,	State	, Zip	Code		-1					
[X]DOL	[]Amend	led fication	Maj	olew	ood,	NJ,			ASBE				<u>1</u>
[X] DOH	[]EMERG	PENOV		of Con				Telep	hone Number	L-1-1-			
[]DCA	[]Cance		Mai	rlie	s Dw	yer		1					
	. ,			FACT	ד. דייי ד	INFORMA	TTON						
Name of Facility Wh	ere Abateme	ent is Taki	ng Pla			LIVE OTCHE	TION	Type of Fa	cility (A)				
Same as above									ol (K-12)				
Street Addres									hapter 8 (Oth				
								100 100 100 100	r (i.e., priv l buildings,				
City (5		County	(6) Pag	0.75	Com	n h O	2- (7)	Square Fee	t # of Flo	ors B	ldg.	Age	
		Country	(0) ESS	ex		nty Cod	e (/) E ONLY)	Current Use	e (Prior if b	eing de	molis	shed)
Name of Monitoring 1	Firm hired	by Buildin	g ASC	M No.		Name o	of Abate	ment Contrac	ctor (9)				
Owner (8) N/A						AZI	ECH M	ianagemei	NT, Inc.				
Street Address							Addres Chris	stopher S	St.				
City, State, Zip Coo	de					100000000000000000000000000000000000000		Zip Code .r, NJ 0	7042	-			
Project Manager for	Monitorina	Tri was man	1	- M				7.54-7.41 SECTION N. MICH.	C 40-01-0070				
raojece Hanager 101	Mont corrig	N/	200	e Numb	er		one Num 3)744	-8800		License 003		er	
Scheduled Start Date	e (10) s	ched. Comp.	letion	Date	(11)	Name o	of OSHA 1	Monitor			1-1-		
2-16-15		2-17				N/A							
Month Day Y Occupancy Status Dur	ear ring Abatem	Month I ent (Check	only	Year		Stroot	Addres	-					
[X]Facility Clo of Abatemen	sed/Vacated	d During En	tire E	Period		btreet	. Addres:	>					
[]Abatement Pe	rformed Out	cside of No	rmal F	acilit	-y	City,	State, :	Zip Code			-		
Hours - Desc []other - Desc	ribe: «Office ribe: «Other	Occupancy	pt» Descr	ript»							**		
Scope of Work (Check											- 5		-
[X]>3 sf or []>160 sf o	A CONTRACTOR OF THE PARTY OF TH			vation lition] 	Mini- [X]Glove	Containment Enclosure bag Procedur riable Proce		Press	ure		
Location	of	T.	Is ocatio	n		0				Ab	ateme	the state of the s	
Asbestos-Con			ormall Used				scriptio tos-Cont		Amount	R	R	E	E
Material	- TO 100 100 TO		Solely y Main			Mai	terial (ACM)	(Specify	E M	E	CA	C
TO BE AB		t	enance	/				systems acing, VAT,	SF or LF)	0	PA	PS	OS
(13)	100.00 .4 0		aff (1					laneous)	1.5)	A	I R	U	U R
Basement		Yes	No	N/A	·	-					1	-	E
Desement			X	Pip	e In	sulat:	lon	85 lf	X				
		-			-								
Name of Registered W		DEP Wa			ic Yar		Name of Re	gistered Land	Eill				
AZTECH MANAGI		7040	D No.	of '	Waste	1.5	G.R.O.W	V.S.					
City, State				0.0001.000	posal I		City, Stat		n a 3				
Montclair, NJ				2	-18-	15	Morrisv	rille, PA	1906	57			
Completed By (Print	Title				Si	gnature		300	Date	,			
Constantine V:		Preside	nt				(1)	iven		Date 2-6-			

	,			to NJAC				Clo	0	1	36	71	17	
Date of Notification (1) 2/5/15				f Building rd Prep				ool				1		
Agencies Notified Type Notification			Street A	ddress mbus S	troot			100010000000000000000000000000000000000			7 1			
X EPADEPX InitialAmended	520		City, Sta	ite, Zip Co	ode						2	_67m //II		-3
DOL Amendment Emergency (-	200000000000000000000000000000000000000	town, N	J 07960	0			Tale	a b a a a Ni	S			00
DOH justification) DCA Cancellation		-		Cocuzz	а				lele	phone N	umber			-
			FACI	LITY INFO	ORMATIC	ON					157.4			
Name of Facility Where Abatement is Taking Shepard Preparatory High School	g Place (3)					Тур	e of Facility (4) School (K-12						
Street Address 8 Columbus Street								Subchapter 8 Other (i.e. pri etc.)	(Othe			ldings	, hom	es,
City (5) Morristown							Squ	are Feet	# of	Floors	1	Bldg.	Age	
County (6) Morris			County (Code (7) USE ONLY,	7		Curi	rent Use (Prior	if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.				atement Contr ironmental			С			
Street Address						Street PO E		ess 483, 4 E Ga	te Dri	ve		1-1-		
City, State, Zip Code								Zip Code d, NJ 0741	8					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-		No. 2276	1 -	License 703	No.	7/-		
Start Date (10) 2/7/15	Schedule 2/14/15		npletion I	Date (11)		Name	of OS	SHA Monitor					-	
Occupancy Status During Abatement (Chec	k Only Or	ie)				Street	Addr	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Hours	nent			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		lenova Iemolit				<u> </u>	M	ull Containmer lini-Enclosure lovebag Proce on-Exempted	dure			C	re	
	233	Locati		. 1									emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormal d Sole intenai odial S (12)	ly by nce/		tos Conta thermal s	system: ing, VA	Materia s insu T, or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										0	
business office			X		pipe i	insula	tion		8	LF	X			
				0							-			
				1										
Name of Registered Waste Hauler Freehold Cartage	Н	JDEP W lauler ID 5939		Cubic Y of Wast TBD			Name of R	egister	ed Landf	ill				
City, State Freehold, NJ				Disposa TBD	al Date		City, State							
Completed by A. Scott Higgins	Title Presi	dent			Sig	gnature	1	1			Date 2/5/15			

CK 1394

Date of Notification (1) 1/15/2015						g Owner/C					0.0			
Agencies Notified	Type Notification	n		Street	Address					TEO	Z 0.			
× EPA × DEP × DOL	Initial Amended Amendme	nt#		City, S	tate, Zip (mus NJ		ve 		! <u>L</u>			*****	1.8	<u>l</u>
X DOH X DCA	Emergence justification Cancellation	1)	9	Name	of Contac	pt .			Te	elephone N	lumbei			
				FAC	CILITY IN	FORMATI	ON							
Name of Facility Where a Bergen County Tec			(3)					Type of Fac	ility (4)					
Street Address 200 Hackensack A								Other (apter 8 (Ot	her than K	-12) rcial bu	iilding	s, hor	mes,
City (5) Hackensack NJ 07	301			Ti Ii				etc.) Square Feet	#	of Floors		Bldg.	Age	
County (6) Bergen					Code (7)			Current Use Technical		eing demol	ished)			
Name of Monitoring Firm TTI Environmental Ir		Owner (8)	ASC	M No.			of Abatement Enterprise		r (9)				
Street Address 1253 N Church St								Address Cumberlan	d ave					
City, State, Zip Code Moorestown NJ 085	507							tate, Zip Code son NJ 07						
Project Manager for Mon Michael R Stucko								one No. 9426924		License 01129	No.			
Start Date (10) 1-17-2015	ed Co	mpletion	Date (11))	Name o	of OSHA Mon	itor	1						
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street /	Address						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire ed Outside of Nor	Period of mal Facility	Abater y Hour	ment s			City, St	ate, Zip Code				-		
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		programma .	Renova Demoli				×	Full Contai Mini-Enclo Glovebag I Non-Exem	sure Procedure					
		Is	Locat	ion	1			Non-Exem	pied () an	u Nor-Fria	DIE FIC	Abat	emen	t
Location		f	Norma	liy		Desc	cription o	of				Ty	/pe	
Asbestos-Containing TO BE ABA In Facilit (13)	TED `	Ma	d Sole intena todial ((12)	nce/		, thermal s	ystems ng, VAT		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		ate	(D)
Boy's Locker Roc	m-Suit 018			Х	Р	Pipe Fittir	ng Insu	ulation	170) Each	×			
25 70														
									-		+			
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic Ya	ards	Name	of Registe	red Landfil				
DYV Enterprises LLC	200	auler ID 034140		of Waste 20yds	3		te Manaç							
City, State Paterson NJ						Disposal 1-23-20		City, S Tullit	tate own PA					
Completed by Yanet Carpio	er			Sign	nature	h 0.41	Min		ite 15/20	15				
					+	-	1	2 4 1	7	ER 1				

CK#24746

Date of Notification (1)	24/15			Name	of Buildin	g Owner/Operator	(2) Fayle	1.				1
Agencies Notified	Type Notification		-	Street	Address			Fact 3 2 5	. diQ.			T
EPA DEP	☐ Initial ☐ Amended						7 Village Ro	I East				1
⊠ DOL	Amendment #		_	City, S	State, Zip C		t Windsor, N	T 08550		-		1
⊠ DOH	Emergency (ir justification)	ncludin	9	Name	of Contac		t Willusof, IN	Telephone Numb	or.	2.		
DCA	Cancellation			Ivallie		. Owen Fayle	4	relephone Numb	-			
				EAG		ORMATION						-
Name of Facility Where	Abatement is Takin	g Place	e (3)	FAC	SILIT INF	ORWATION	Type of Facility	(4)				
rianio or raomy vinoro		denti					School (K-1					
Street Address							Subchapter	8 (Other than K-12)	ď		
	407 Villa	ige R	d Ea	st			homes, etc.	orivate & commercia	al Dulk	ings		
City (5)		7					Square Feet	# of Floors	BI	dg. A	70	
	West W	indsc	or, N.				2400	_ 2		80	+/-	
County (6)	1ercer				nty Code (7 ONLY)	7) (STATE	Current Use (P	rior if being demolis	hed)		2-90356	
Name of Monitoring Firm	Hired by Building	Owner	T	ASCM	No.	Name of Abaten	nent Contractor (9	9)			-1/4-1	
(8)	MECS					Stev	vens Environ	mental Service	s, In	ıC.		
Street Address	CHANNEL CONTROL CONTRO			1		Street Address	111-111-11-11-11-11-11-11-11-11-11-11-1	Man Parker Wass				
	PO Box 34	1						322 Box 322				
City, State, Zip Code	osswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mor		0051		phone	No	Telephone No.	Anchow	License No.			-	
	isgarber			h and a second	8-4070	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59-9688		0493	3		
Start Date (10)		duled C	-	tion Da		Name of OSHA						_
3/2/15			3/3/1				M	IECS				
Occupancy Status Durin	ng Abatement (Che	ck only	one)			Street Address			WEST TW			
								30x 341				
Abatement Performe		l Facili	ty Hou	rs		City, State, Zip C					7	
Other - Describe: 8							Crosswic.	ks, NJ 08515				
Scope of Work (Check a	all that apply)					☐ Full Coi	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			enovat			Mini-En	closure					
≥160 sf or ≥260 lf		Пре	emolitic	n		Non-Ex	ag Procedure empted (*) and N	on-Friable Procedu	re	20		
			Locatio						A	bate		
Location	of		omally Solel			Description of	f			Тур	e	
Asbestos-Containing i	vlaterial (ACM)	Mai	ntenan	ce/		tos Containing Ma	terial (ACIVI)	Amount			m	
TO BE ABAT IN Facility			ustodia Staff?	31	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Ren	Repair	ncar	Encl
(13)			(12)			other miscellane			Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A							ate	.ei
Baseme	ent		×			Thermal Pi	ipe	40 lf	X			
							_					
Name of Decision of M	Name of Registered Waste Hauler					Cubic Varia	I Nome of Dec	internal lendell				4
					Waste No. 292	Cubic Yards of Waste 1 CU	Name of Reg	istered Landfill GROWS Lan	dfill			
City, State					- 12	Disposal Date	City,/State					-
Allentown, NJ						3/4/15	401/	Morrisville,	PA	1731		
Completed By	Completed By Title					Signature	1/	Date	0 10			
Mahlon E. Ste	evens	P ₁	rojec	t Mar	nager	////			2/24	1/15		

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

Check 9227

Date of Notification (1) 2-33-1	5	Name of	Building Owner Ade 1		podine	J_ FEB_	2.6.	2015	-76	
Agencies Notified Type Notification		Street Ad	idress (a/a	Canni		OK PAR	Kwai	-		
☐ EPA Initial ☐ Amended		City, Stat	te, Zip Code	Carro	4.1	ASBLE OF	TAL.			
DOL Amendment #		Name of		1mmi	- N	J Telephone	01-			
DOH justification DCA Cancellation		Aa	lele C	odino)					+
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LITY INFORMA		pe of Facility (4	4)		200000		
Single family Du	velling				School (K-1	2)				
Street Address J Canoe BROO	K Dal	way			Other (i.e. p	8 (Other than K- rivate & commerc		dings,	home	es,
City (5)	_	7		Sq	etc.) uare Feet	# of Floors	В	ldg. A	ge	
County (6)		5,790 (County C		Cu	rrant I lea (Drin	or if being demolis	shed	70	1 +-	- 1
County (6) Union	10		ISE ONLY)		110111 030 (1 110	of it being defined	silvay			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.	Name of A	batement Con	tractor (9)	bia!		In	B
Street Address	77		6-80-	Street Add	ress	337	3.00		महिल्ल [,] श्री . प्र	100
City, State, Zip Code		10	522	City, State	, Zip Code	118	- A	06	72	7
Project Manager for Monitoring Firm	NO	Telephor	ne No.	Telephone	No.	License	No.	0		
Steve Schenken			758-3365	609 73	8-336	5 0	03	54	4	
Start Date (10) 3-5·15	Scheduled Co		Date (11)		SHA Monitor	hnologies	s I	nc		
Occupancy Status During Abatement (Check	Only One)			Street Add	iress	7				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal					, Zip Code	301				
Other – Describe:				New	Egypt	TU	083	53	3	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	□ Renov	vation		ó	Full Containme	ent with Negative	Pressu	ге		
□ ≥160 sf or ≥260 lf	□ Demo				Mini-Enclosure Glovebag Prod	2				
	1					d (*) and Non-Fria	able Pro		e ement	
Location of	Is Loca Norm	ally	С	escription of			-	Ту		
Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten	ance/		ntaining Mate al systems ins		Amount (Specify	Re	777	Enc	Ē
In Facility (13)	Custodia (12	5 + 1	sun	facing, VAT, o miscellaneou	ır	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A					<u> </u>		ate	ГÐ
Otility Room	X		Pipe :	Insulat	-107	50 LF	X			
			•					-		
70							-	-		-
Name of Registered Waste Hauler		NJDEP W		ic Yards	Name of	Registered Land	fill	1		
EPC Technologies	5	Hauler ID		/aste	Wast	e Manage	emen	40	e f	A
City Ctota	NJ .	,,,,	Disp	osal Date	City, Stat		PA	=		
Completed by	Title	Λ	1 7	Signature	-C.D		Date	12	1	5
Steve Schenker	Presid	dent		Dlees	e DOCKE	h	2-	d 5	-1	ノ

Date of Notification (1) 02/23/2015			Building C		perator ((2)		FEB	2 6	2015		
Agencies Notified Type Notification		Street Ad	ddress _EVELA	ND AV	/FNUF							
EPA Initial Amended Amendment #		City, Sta	te, Zip Coo	de			7	SULLUTO LIC	ENSI	4G	- 3	
Emergency (in justification)		Name of HERBI	Contact	13 072		-	Tel	ephone Nui	mber			
DCA Cancellation		\$1.00 miles (100 miles	LITY INFO	PMATI	ON		_				-	
Name of Facility Where Abatement is Taking	Place (3)	TAGI	LITT IN C	IXME	ON	Type of Facilit	y (4)					
Street Address						School (F		er than K-1	2)	i.		
771 CLEVELAND AVENUE			34			Other (i.e etc.)	. private	& commerci	al buil			es,
City (5) ELIZABETH, NJ						Square Feet 1500	2	f Floors	В	lldg. A	ge	
County (6) UNION COUNTY	7	County C	Code (7) JSE ONLY)			Current Use (F HOME	Prior if bei	ng demolis	ned)			
Name of Monitoring Firm Hired by Building Or	wner (8)	ASCN	No.			of Abatement C LEAD PROF						
Street Address					T. W. T. T. T. T.	Address	COURT					
City, State, Zip Code	F47				City, St	ate, Zip Code						
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph	one No.		License N	lo.			
	Scheduled Co	mpletion [Date (11)		Name	of OSHA Monit		5,654,004,754,145			50-11 may	
	03/08/15					LEAD PROF	ESSIC	NALS				
Occupancy Status During Abatement (Check						Address	COURT					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					F 100 C 100	ate, Zip Code EWOOD, NJ	08701	-		10		
Scope of Work (Check All That Apply)	740				L) (1 (L)	2,7000,710	00101					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Renov				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				e	
	Is Loca	ation					100 () 01			Abate	ement	t
Location of	Norm Used So	ally			scription				-	Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten Custodia	ance/		thermal	systems	aterial (ACM) insulation,	(-	Amount Specify	Re	7	Enc	En
In Facility (13)	(12		**		cing, VA' niscellan		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A							<u>a</u>		ate	Ге
BASEMENT					TSI		3	30 LF	X			
-									8.			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP W Hauler ID 04509		Cubic of Wa	Yards ste	Name IESI	of Regist	ered Landfil	l			
City, State NEWARK, NJ					sal Date	City, S	tate HLEHEN	и РА		**		
Completed by	Title			30	Signature			D	ate			
JOSEPH PERLSTEIN	OWNER		Ti					0	2/23/	2015		



Date of Notification (1) 2/20/15 Type Notification	Name of Bui		/ Operator (2)	ASH	
Agencies Notified X EPA Emergency Notific	Street Addre	ess	ue	L. LI	CENSING TO
DEP X Initial Notification X DOL Amended Notificat	City, State & Hasbrouck		N.I 07604		3 E
X DOH Cancellation DCA	Name of Cor John Kuce	ntact			Telephone Number
		Y INFORM	ATION		· · · · · · · · · · · · · · · · · · ·
Name of Facility Where Abatement is Taking F	30 VISA COLUMNIA (1971)				
Vacant Storefron		Lyp	e of Facility (4) School (K-12)		
Street Address			377	Other than K-12)	
197 Boulevard			Other (i.e., priva	ate & commercial buil	
City (E)	10 . 0			# of Floors	Bldg. Age
City (5) County (6)	County Code (7	2.53	5000	1.5	60
Hasbrouck Heights Bergen			rent Use (Prior i prefront	f being demolished)	
Name of Monitoring Firm Hired by Building Ow	/ner (8) \(\Delta \circ \circ \)		ne of Abatement	Contractor (0)	
Environmental Tactics, Inc	11.01 (0)	Contract of Contra		nt Services, LLC	
Street Address			eet Address		
64 Broad Street			Schoolhouse		
City, State & Zip Code			, State & Zip Co		
Matawan, NJ 07747	IT-11		nroe Townshi		
Project Manager for Monitoring Firm Tom Geiger	Telephone Numb 732-290-2217		ephone Number 2-605-9062	License	Number 00714
Scheduled Start Date (10) Scheduled Co 3/4/15	ompletion Date (11) 3/8/15		ne of OSHA Mor bal Abatemer	nitor nt Services, LLC	
Occupancy Status During Abatement (Check of X Facility Closed/Vacated During Entire I	only one)	Stre	eet Address		
X Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm		-	Schoolhouse		
Describe: Area Isolated During A			, State & Zip Co nroe Townshi		
Other - Describe:	and the state of t	11110	inoc rownsiii	p, 140 0000 i	
Scope of Work (Check all that apply)					
Demolition X Renova	ation		Full Con	tainment with Negative	e Pressure
Large Project			Mini-Enc		
X Quantity is ≥ 3 SF or ≥ 3 LF ACM			X Gloveba	g Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM			the state of the s	Non-friable	
Location of	Is Location		escription of	Amount	Abatement Type
Asbestos-Containing Material (ACM)	Normally Used Solely by		estos-Containing aterial (ACM)	(Specify Square Feet	(Specify: Removal, Repair, Encapsulation
TO BE ABATED	Maintenance or		thermal systems		or Enclosure)
in Facility	Custodial Staff?	insulati	on, surfacing, V	AT Linear Feet)	
(13)	(12)	or oth	er miscellaneous	5)	
Basement	N/A		TSI Pipe	150LF	Removal
Name of Registered Waste Hauler	NJDEP Waste Ha		Cu. Yds. of Wa	**************************************	l jistered Landfill
Freehold Carting City, State	18693	3	10	TRRF	Ţ
Trenton, NJ			Disposal Date 3/8/15	City, State Tullytown,	Da
Completed By (Print or Type) Title			Signature	i unytown,	Date
Dominick Tringali Pres.			Dominick I	ringali	2/20/15
SB-41 JUN 95 G4667					

CK 824747

Date of Notification (1)	/23/15			Name	of Buildin	g Owner/Operator Palmer S	(2) guare Manag	rement, LLC	0 4	J15		
Agencies Notified	Type Notification			Street	Address		40 Nassau St	reefs_ast_			i	
EPA DEP DOL	Initial Amended Amendment #		_	City, S	tate, Zip C	Code	inceton, NJ 0					
⊠ DOH	Emergency (in justification) Cancellation	cluding	-	Name	of Contac	t		Telephone Numb	er			_
□ DCA	Cancellation			FAC		Jim Elkingto	<u>n</u>					
Name of Facility Where	Abatement is Taking	Place	(3)	FAC	JILII T IINF	ORMATION	Type of Facility	(4)		00000		
Annual Control of the	Resid					35.	☐ School (K-1)			
Street Address	37 D Palmer	Squ	are V	Vest			Other (i.e., phomes, etc.	orivate & commercia	al build	e e e e e e e e e e e e e e e e e e e		
City (5)	Prince	ton	NI			aT/	Square Feet 10000	# of Floors	BI	dg. A 80	ge +/-	
County (6)	Mercer		- 10	Cour	nty Code (*ONLY)	7) (STATE		rior if being demolis	hed)			_
Name of Monitoring Firm		wner	_	ASCM	No.	Name of Abaten	nent Contractor (9	9)				_
(8)	MECS					A CARD IN DESIGNATION OF THE ACTIVITY OF THE PARTY.	na na mana ang ang kanang kanang kanang manang m	mental Service	s, In	c.		
Street Address	PO Box 341					Street Address	PO I	3ox 322				
City, State, Zip Code			5			City, State, Zip C		n, NJ 08501				
	Crosswicks, NJ 0851:					Telephone No.	7 HITOITEO W	License No.				
	oject Manager for Monitoring Firm Bill Weisgarber						59-9688	0	0493	3		
Start Date (10) 2/24/15	Sched		comple 2/24/	tion Da	te (11)	Name of OSHA		IECS				
Occupancy Status Duri	ng Abatement (Che			15		Street Address					_	_
▼ Facility Closed/Vaca								30x 341				_
☐ Abatement Performs ☐ Other - Describe:		Facili	y Hou	rs		City, State, Zip 0		ks, NJ 08515				_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat			Mini-En Gloveb	ag Procedure	egative Pressure	re			
			Location or mally						A	bate Typ	ment e	
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Mai C	d Solel ntenar ustodia Staff? (12)	ice/	Asbes (i.e.	Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Dothe		169	×	INA		Thermal P	ine	12 lf	×			
Bathro			~	-		Thermal P		6 lf	×		_	
Kitch	Kitchen					THEIMALI	100	011	_			
- (B-:		NJDEP \	Nests	Cubic Yards	I Name of Pea	istered Landfill						
	Name of Registered Waste Hauler Stevens Environmental Services, Inc.					of Waste	Name of Neg	GROWS Lan	dfill			
City, State						Disposal Date 2/25/15	City, State	Morrisville,	РА			
Completed By						Signature	(1//	Date		/15		
Mahlon E. St	evens	P	rojec	t Mar	nager				2/23)/13		_

02/23/2015 2:50PN FAX

/2015 2:50PN F	A×						NEG	E 11 W 18	3 /	000	03/	000
				B	itate of M	ew Jareey	11_1= 107		CK	1	14.	14
		N	OTIFI (P	CATK	ON OF ASE	DESTOS ABATE! C 8:60 and 5:16	FEB	2 6 2/15	OL	-1	0 [DAI
Date of Notification (1)	23/15			Nan	ne of Buildin	ng Owner/Operato	(2) guare Mana	I TO E	EB 3	1		_
Agencies Notified	Type Notification	ก		Stre	et Address			Tallowsky Dubb		1	20	5
EPA DEP DOL	initial Amended			_	4 11 2 11 2		40 Nassau S	Test WATE				
	Amendment Emergency Justification		ig	CTÀ	Shie, Zip i	-00a	inceton, NJ		TAI	PF	101	/El
DOH DCA	Cancellation			Nam	ne of Contac Mr	d . Jim Elkingto	77.	Telephone Nur				
		-		F.		FORMATION	*1			Sec.	-	-
Name of Facility Where	Abalament is Tak	ing Plac	78 (3)		COLUTT HE	TORBATION	Type of Facility	V (4)				
	Re	sident	ial	-	Nation and the same of the sam	,	School (K-	(2)				
Steet Address	37 D Palm	er Sa	lare '	Wes!			1 T Subchanter	orivate & common	12) dal buil	dings	,	
CIN (5)	Prin	ceion.	NI				Square Foot 10000	# of Floors	TB	idg. A		
County (6)	fercer	Z.E.J.T.123		Con	unty Gode (E CALLY)	T) (STATE	THE RESERVE AND PARTY OF THE PA	nor if being demo	shod)	au	<u>+/-</u>	Galla a
Name of Monitoring Pirm		Owner	T	ASCR	A No.	Name of Abaten	tent Contractor (i	3)		_	_	
(5) Street Address	ens Environ	mental Service	es, Ir	ic.	NEWS CALL	and the same of						
Sinct Austra	PO Box 3	41				Street Address	PO I	Box 322			Name of the	REPORTED TO
City, State, Zip Code Car	osswicks, NJ	0851	.5			City, State, Zip C	ode	n, NJ 08501	Vision	CHANGE S		THE PARTY NAMED IN
Project Manager for Mon			100000	phon	53.	Telephone No.		Lieense No.				
Start Date (10)	sgarber Sch	edulad (98-4070	(609) 25 Name of OSHA	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUM		0049	3		_
2/24/15 Occupancy Status Durin			2/24/		· · ·	:		ECS				
Facility Closed/Vapable	d During Entire P	eriod al	Abate	ment		Straet Address	PO F	Box 341	4			
Abstement Performed	Outside of Norm	al Facili	y Hou	ira.		City, Sinte, Zp C				No.		
Other - Describe: 7				A-1- / C			Crosswic	cs, NJ 08515				
Scope of Work (Check a ≥3 af or ≥3 k ≥160 ef or ≥260 if	i tust abbis)		enoval emolitic			Mini-End	a Procedure	gative Pressure				
			Locati		1	111011-20	ATOMON TO THE PARTY	PITTIMBRE FICESO		bater		
Lecation	(Uses	d Saled	y by		Description of			-	Тур	10	anti-tenese
Asbestos-Containing N 10 BE ABAT IN Facility (13)	ED	1 0	returnan Unitodia Staff? (12)	2		tos Containing Met themsal systems in aurtacing, VAT, other miscellaneo	nsuistion.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-		E	G
Bathroo			×		-	Thermal Pin	A CONTRACTOR OF THE PARTY OF TH	1215	x			
Kitche	I.	+		-	-	Thermal Pi	De	616	×	_	_	
·		-	-					1	+	-	-	Name of Street
ame of Registered Was	e Hauler			LIDEP		Cubic Yards	Name of Regi	stered Landill				
Stevens Environm	ental Service	es, Inc	<u>.</u>	fauter II	2 No.	of Waste		DROWS Lan	dfill			
ity, State	Allentown,					2/25/15	City, State	Morrisville.	PA.			
	TA	à.			ALL PRINCIPAL INC.	Bignesign /	the same of the sa	I Date		DALIMAGER	-	_

MAR 00

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

(C15000 H)

										11
Lare of Notification (1)			Name		ng Owner/Operator		TIN 25 -15		1	
Agencies Notified	Type Notification		Street	Address	-					1
7 P.	Z Inma			155	- Rr. 50	17	3040 31			1
25 por 図 26. 込 ex	Amended		City, S	State, Zip	Code		a laterited			
⅓ DOF	Amendment #				LEEN FIE	ELD, NI) .			4
_ 00a	justification)	Kibali ig	Name	of Conta	SI.		Telephone Numb	er		
	Cancellation		52.035039	Bn	uce BREG	IKIG	1			
	1.									
	1		FAC	ILIT IN	ORMATION	Type of Facility	(4)			
Name of Facility Where		g Place (3)								1
	DENCE					School (K-1	2) -8 (Other than K-12	ry.		
; veer Address	23 EM #	EN 50	n 1	VE,			nvate & commercia		ings	
17.75						Square Feet	# of Floors	Bic	ig Aç	X.
	TLANTIC	<u>L14</u>					1			
Launis (6) AT/	ARTIC			ity Code (ONLY)	7) (STATE	Current Use (P	nor if being demolis	shed		
*,ante of Moniforing Fin		Wher T	ASCM	No	Name of Abaten	nent Contractor (9	9)			
	The Hilled by Bullding C	V111101				EMCO I				
					Street Address	<u> </u>	9 1 1			
Piree: Adaress					2 L G	S, S Pruc	E DUT.			
					Cmy, State, Zip C	2000				
State Zip Code					City, State, 21p C	21 - S110	DE, N.J.	000	5- 7	
						PCE 2/-~	License No			
Project Manager for Mo	onitoring Firm	T,el	ephone	No .	Telephone No.	9-0472	004	44		
tan Date (10)	Sched	juled Comple	etión Dai	te (11)	Name of OSHA	Monitor				
3/5/		115		36	J 0 5	SEPH KI	EMM			
Jacobpane Status Duri					Street Address		1	-,		
∑ Family Closed Vaca	und Dunna Entire Pe	nod of Abate	emen!		369	S, SPI	204 Luc.			
Abstement Performs	ned During Entire 1 6	Facility Hou	ırs		City, State, Zip C	Code				
Diner - Describe	, Outside of Horrison				M	APLE S	HODE, N.		U A	- 5 %
Supplied Wrank (Check	all that apply)				Full Co	ntainment with No	gative Pressure			
3 1 51 20 - 1 tt		Renoval			. Min-En					
2160 81 51 2200 H		□ Demolist	on:		U Gloveb	ag Procedure cempted (*) and N	on-Friable Proced.	pr.		
		Is Locati	m 1						ala'e	
-		Nomal							'n	×:
- Location	at .	Used Sole			Description o	of	Amoun'			
Asbestos-Containing	Material (ACM)	Maintenar Custodi		Asbes	tos Containing Ma thermal systems	insulation	(Specify	2	T.	7
TO BE ASA		Staff?		(i.e.	surlacing, VAT	. 01	SF or LF)	Removal	Кирын	throater in
IN Faatr	· y	(12)			other miscellane	eous)		2.5	H	apsadate.
		Yes No	N/A							5
*		150 110					2200 1	-		
51D1	Na		X.	-I	RANSITE		2000 4	X	-	
			-							
					I Coho Valla	Name of Por	gistered Landfill			
rame of Registered-Wa	aste Hauler		NJDEP V Hauler 10		Cubic Yards of Waste					
K Lames	· INC.		179	04	3		, U, A 1			
Tab State					Disposal Date	City, State	2 5 2	-	1150	-
4 . O . T	SHADE,	N.J				6/6	DIANTVIL	Lt	K:	7
MARCO	Tibe				Signature	1/	Date	123,	1,-	
JOSEPH)	(=	V/	P		Joen	a Kelis	m _ 1	/		
- Sozakla t	<u> </u>									

Check#2127

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Nem	e of Buildin	g Owner/Operator (21					
02	23 , 1	5		140:11	e or buildin	g Owner/Operator (2)					
Approise National					Eagon							
Agencies Notified EPA	Type Notification	ì		Stree	et Address		0	4.0	44		7	
⊠ DOLWD	Amended			in the second	Devon Ter					h. /		
X DHSS	Amendment	#		City,	State, Zip	Code					A-014.74	
DCA	☐ Emergency (- a	Kear	ny, NJ 070	032		80				
(NJAC 5:23-8)	Justification)		3		e of Contac			Telephone N	lumber			
	Cancellation			Tom	Oakley			J				
						NFORMATION						
Name of Facility Where A	Abatement is Takir	no Place	e (3)	1.6	01211111	41 OKIMA HOR	Type of Facility	(14)				
Private house			0 (0)				-					
Street Address		-					School (K-1	8 (Other than K	-1 21			
							Other (i.e.,	private and com	mercial bu	uildin	ġs,	
172 Devon Terrace City (5)							homes, etc.					
							Square Feet	# of Floors	В	dg. A	ge	
Kearny, NJ 07032												
County (6)		~		Соц	nty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being den	nolished)			
Hudson												
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9	9)				
124						Gr Tech LLC						
Street Address				-		Street Address						
						576 Valley Rd #	283					
City, State, Zip Code			-5165W			City, State, Zip Co						-
						Wayne, NJ 0747						
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.	0	Liceńse No			-	
								- Announcement				
Start Date (10)	Scha	eduled (Someli	etion D	ate (11)	973-638-1777 Name of OSHA M	11	01127				
03/05/		03										
						Envirovision Co	nsultants,Inc	II.				
Occupancy Status During						Street Address						
☐ Abatement Performed	Outside of Norm	eriod of	Abate	ement	.,	20-21 Wagaraw	Road, Bldg .#	35 E				
Time of Abatement: _	AM-	arracını PM/	ту поц РМ	irs - De	SCRIDE AM	City, State, Zip Co	ode					
		.,				Fair Lawn, NJ 0'	7410					
Scope of Work (Check all	that apply)					Clean up	and decontami	nation with nega	ative press	sure		-
		V R	enovat	ion		Full Cont Mini-Encl	ainment with Ne	gative Pressure				
≥ 160 sf or ≥260 lf			emoliti			- Milli-Encl	Procedure	Tent with Nega	itive Press	ure		
				S.		Non-Exe	mpted (*) and No	on-Friable Proce	edure			
			s Loca						Ab	atem	ent T	vne
Location Asbestos-Containing I			Norma	elly ely by		Description o	-		1	1	Г -	1
TO BE ABA		Ma	inten	ance/	Asba	stos Containing Mai	terial (ACM)	Amount	Remova	Repair	Encapsula	Enclosure
IN Facilit		Cus		Staff?	(1.6	thermal systems in surfacing, VAT,	nsulation, or	(Specify SIF or LF)	VOL	air	SCIE	080
(13)			(12)			other miscellane		011 01 21 7	<u>n</u>		ulat	ē
		Yes	No	N/A							0	
Basement				X	Pipe inst	ulation		100 LF				
		In			pe ms			100 LF				12
		12	1	44						Ш	Ш	
									Newson N			
										H		
Name of Registered Was	te Hauler	I Comment	NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Waste	Name of Don	stered andtil				
Gr Tech LLC			100				Traine of Regi	SIGIOU LANGINI				
City, State				00337	85	TBD	T.R.R.F. Inc			111		
						Disposal Date	City, State	8.				
Wayne, NJ 07470)	TBD	Tullytown, P	A				
Completed By (Print or Ty	rpe) Tit	6				Signature /		d	Date			
V.Jevtic	Ow				10/	1	1	02/22/20	15			
ASB-41				20.000		Meu	ric went	20'	02/23/20	13		
MAY 11		· Do по	i use i	his fori	n for asbesi	ios licensure/exempi	ed activities.					

CK 522

Date of Notification (1)			1	lame of	Building Ov	wner/Op	erator (2)		22	SEFR	SE !	S P d		
2-20-2015				James	& Mariar	nne Ca	nnon					60 1	4.7	· 6.	2
Agencies Notified	Type Notification		1	Street Ad 558 Au	dress udubon A	ve	0							n	
EPA DEP	Initial Amended			City, Stat	te, Zip Code	e					3 8 6	35.0	-	11.0	i.
▼ DOL	Amendment		1000		on, NJ, 0										
ĭ DOH	Emergency justification)	including	N	lame of	Contact		-			Tel	ephone Ni	umber			
D DCA	Cancellation			Andrev	w Ricco					-	•				
				FACIL	JTY INFOR	RMATIO	N							0.00	
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4	1)			-		
Residence								S 8	School (K-12	2)					
Street Address									Subchapter 8				••		
558 Audubon Ave									Other (i.e. pretc.)	ivate 8	& commer	cial buil	dings,	nome	es,
City (5)									e Feet	# 01	Floors	E	ldg. A	ge	
Audubon										1.5	5				
County (6)					Code (7)			Curre	nt Use (Prio	r if bei	ng demoli	shed)			
Camden			(SIAIEU	ISE ONLY)		-	vaca	ınt						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ement Cont		115 50				
n/a							Ricco	Con	struction	Corp	•				
Street Address		3:32-2-3-1				1	Street A		-				141		
									Road						
City, State, Zip Code							A STATE OF THE PARTY OF THE PAR		p Code						
	roject Manager for Monitoring Firm								NJ, 0803	1			2		
Project Manager for Mor	Project Manager for Monitoring Firm						Telepho				License	No.			
						856-4		0.00 miles		01204					
Start Date (10)		Scheduled		pletion [Date (11)				A Monitor						
3-9-2015		4-9-2015					Andre								
Occupancy Status Durin	ig Abatement (Chec	k Only One)				- 1	Street A								
Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent					Road						
Abatement Perform Other – Describe:		nal Facility H	iours				City, Sta								
							Bellm	nawr,	NJ, 0803	7				- 35.76	
Scope of Work (Check A	All That Apply)	process.													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		10000	novat				H		Containme i-Enclosure		Negative	Pressu	re		
2100 \$101 2200 11		[N Del	пони	ж			×		vebag Proc						
							×	Nor	n-Exempted	(*) an	d Non-Fria	able Pro	cedu	е	
		ls L	ocatio	n										emen	t
Locatio	n of		rmally	5		Desc	cription (of				-	T	pe	
Asbestos-Containing		Used Maint				s Contai					mount	7		Ē	п
TO BE AB		Custo		taff?	(i.e. ti	hermal s surfacir	ng, VAT		illori,		Specify or LF)	Remova	Repair	cap	nclc
(13)			(12)			other mis	scellane	eous)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A										te	w
Exter	ior			X		transit	te sidi	ng		20	00 SF	X			
Interio			X		pipe ir	nsulati	on		1	5 LF	X				
Interio		Х		9x9 f	floor ti	le		10	00 SF	X					
				i i i i i i i i i i i i i i i i i i i	45.00000000			,							
Name of Registered Waste Hauler				JDEP W	1888 THE R. P. LEWIS CO., LANSING, MICH.	Cubic Y			Name of F	Registe	ered Landi	îl)			
Ricco Construction Corp.				auler ID 3909	10.000	of Wast	е		Salem (Count	ty				
City, State						Disposa	al Date		City, State						
Bellmawr, NJ						TBD			Alloway	, NJ					
Completed by		Title				Sig	gnature	1	11	1	Control of	Date	2.750		
Andrew Ricco		owner					2/	14	67.	190	2 2	2-20-1	5		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

CK#26251

Date of Notification (1)	Name of Building Owner/Operator (2) D N A Demolition																	
	bruary 23, 20			*			DNA.	De				11.						
Agencies Notified [X] EPA [] DEP	[] Ame	ıl Notific nded No	tification		Street Address 2156 Camplain Road City, State, Zip Code													
[x] DOH	[x] Eme		ncluding		City, 5	ate, Zip Co		rot	ugh, NJ 08844	, te		L						
[] DCA		ication) ellation			Name of Contact T Antonio. Dimuzio				elephone Number									
			<u> </u>	FACII														
Name of Facility Where Ab	oatement is Takin eral home	g Place (3)						ype of Facility (4)	School (k-12)								
Street Address	Henry St								[x]	Subchapter 8 (of Other (i.e., priva buildings, home	te & co							
City	ty (6)			Code (7) USE ONL	Y)	Sc	quare feet 1200 sf	# of Floors	Bldg. Age									
Orange Essex								Cı	urrent Use (Prior if Residen)							
Name of Monitoring Firm I N/A		ASCM 1	No.	Name of A	Aba	ntement Contractor Guardia	(9) in Contracting	Inc.										
Street Address				Street Add	dres	SS	oute 9, Unit 61		C. 2011 C									
City, State, Zip Code				-	City, State, Zip Code						New Jersey 08755-1271							
Project Manager for Monito		Telephone Number				Telephone		umber	License N 00624	Number								
Scheduled Start Date (10) 02/23/201:	5		Scheduled 02/24/2		on Date (11)	Name of (OSF	HA Monitor E.M.S.I	. Analytical								
[] Abate	batement (Check ity Closed/Vacate ement Performed r – Describe	ed During	g Entire Per				Street Add		1056 St ip Code	elton Road way, New Jerse	ev 088	354						
Scope of Work (Check all to	hat apply)]									ment with Negativ								
[x]_≥3 sf or ≥3 []≥160 sf or ≥				Renovat Demol					[] Mini-Enclose [] Glovebag Pro [x] Non-Exempt	ocedure	iable F	rocedu	re					
											Aba	tement	Туре					
Location o Asbestos-Containing Ma TO BE ABAT in facility (13)		Is Location Is Location Normally to Solely by tenance/C Staff (12)	ised y	Descriptio Asbestos-Con Material (A (i.e., thermal s insulation, sur VAT, o other miscella			Containing (ACM) al systems surfacing, , or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E					
Interior			X		Pipe	insulatior	1			70 lf	X							
			-					_	*				_	-				
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223						Cubic Ya	rds of Waste		Name of Register T.R.R.F.	ed Landfill								
City, State Toms River, 1					posal Date City, State 725/2015 Tullytown, Pennsylvania													
Completed by (Print or Type) Nicholas Fernicola Title Project Manager						ure	2			<u></u>	Date 2/23							

NO CK

Date of Notification (1)	23 /	15	1			of Building O)	215 FEB 26	<i>D</i> = -				
Agencies Notified	Type Notification					Address				1	<u> </u>	10 <	i ,c		
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended			L		George S					1	<u> </u>	Į.	_	
⊠ DHSS	Amendmen	t #002			City, State, Zip Code								E.		
□ DCA	☐ Emergency		ng			New Brunswick, NJ 08901 lame of Contact Telephone Number									
(NJAC 5:23-8)	justification)								Lelephone Num	iber			2	
375.1-2.7-2.	☐ Cancellation	n			Nan	dita Kamo	dar				8	_ ===			
					FAC	ILITY INF	ORMAT	TION		150					
Name of Facility Where	Abatement is Tal	king Plac	ce (3	3)					Type of Facility (4)					
Kilmer Museum									School (K-12)		2.				
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr	Other than K-12 ivate and comme	2) ercial bu	ildina	S.		
501 George Street									homes, etc.)	ivate and comme	,, 0,0,, ,, ,,		· ·		
City (5)									Square Feet	# of Floors	Blo	ig. Ag	e		
New Brunswick									9500	2	1	-/- 70)		
County (6)					Count	ty Code (7)(STATE US	SE ONLY)	Current Use (Pri	or if being demol	ished)				
Middlesex					Oodiii	., 0000 (. /(Vacant						
Name of Monitoring Firm	. I liss of his Divildis	a Ouna	r (9)	17	ASCM I	vio.	Name of	f Ahateme	ent Contractor (9)						
The state of the s	n mired by Buildii	ig Owne	21 (0)	' '	130IVI I	NO.			mental Manage	ement Inc.					
EHI, Inc.			_				Street A		morrear marrag						
Street Address									ise Avenue						
655 West Shore Tr	all												-	_	
City, State, Zip Code							5.00	ate, Zip Co	ia, PA 19153						
Sparta, NJ 07871									PA 19153	Lissana Na					
Project Manager for Mo	nitoring Firm				phone l		Telepho			License No.					
William Kerbel					3-729			365-5810		1156			0.00		
Start Date (10)		heduled				(/		f OSHA N							
_2 / _02 /	15_	3	. / .	10	_ / _	15	USA	Environ	mental Manag	ement, Inc					
Occupancy Status Durir	ng Abatement (C	heck on	ly on	ie)			Street A	ddress							
☐ Facility Closed/Vaca	ted During Entire	Period	of A	bater	ment		8436	Enterpr	ise Avenue						
Abatement Performe	ed Outside of Nor	mal Fac	cility	Hour	s - Des	cribe	City, Sta	ate, Zip Co	ode						
Time of Abatement:	7:30 AM-3:30P	IVI/	-PI	/1-5.3	AIVI		Phila	PA 19153							
Scope of Work (Check	all that apply)			-											
57 . 0 . 1 0 . 15			Don	ovati	on] Full Con] Mini-End	tainment with Neg	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				nolitic				Gloveba	g Procedure						
] Non-Exe	mpted (*) and No	n-Friable Proced					
				Locat							At	atem	ent T	_	
Locatio				orma	illy ely by			scription of	of aterial (ACM)	Amount	Re	Repair	E	Enclosure	
Asbestos-Containing TO BE AB			Mair	ntena	ince/				insulation,	(Specify	Removal	pair	cap	clos	
IN Fac		C	Custo		Staff?		surfa	cing, VAT	, or	SF or LF)	/al		Encapsulate	ure	
(13))	-		(12)	1	-	other r	miscellane	eous)				te		
		Y	es	No	N/A	FI. T	1- 0 B/I-	astic/Lin	alaum	5200 SF		-			
First Floor]		\boxtimes	Floor II	ie & ivia	astic/Lin	oleum						
First Floor						Pipe Ins	sulation	1		20 LF					
Basement		\boxtimes	Pipe Fit	ting Ins	sulation		40 LF								
Basement]		\boxtimes	Plaster				300 SF			Ш	Ш	
Name of Registered W	aste Hauler			1.73	JDEP	200000	Cubic Y Waste	ards of		stered Landfill					
Waste Manageme	ent			1	Hauler I	D INO.	40		GROWS L	andfill					
City, State							Disposa		City, State	5.4					
Morrisville, PA					2/16/15				Morrisville	e, PA	1				
Completed By (Print or		Signature				101		Date			_				
Dilip Kumar	n Ma	anagei	r		Shill	Millian 2-23-15									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CL#27
TEMENT

Date of Notification (Name of Building Owner / Operator (2) Macvs Inc.															
Agencies Notified	2/23/15	otion																	
EPA	Type Notific	ation			reet Address West Seventh Street								6						
□ DEP	⊠ Initia	i																	
□ DOL	☐ Initia					Zip C							7						
							45202												
□ DOH		rgency	1000											Telephone Number					
☐ DCA	☐ Cano	ellation	Ti	ia W	enri	icn													
				FAC	CILIT	Y INF	ORMATION												
Name of Facility Wh	ere Abateme	ent is Taking Pla	ce (3)				Type of Facil												
Macys Store							School ((K-12)											
Street Address							Subchar	oter 8	Other tha	an K-12)									
180 Route 35							Other (i.	e. priv	ate & com	nmercial	building	s, hom	ies, e	etc.)					
							Square Feet		# of Floo	ors	BI	dg. Ag	е						
City (5)	Cour	nty C	ode (7)						0 0									
Eatontown		Monmouth					Current Use	(Prior	if being de	emolishe	ed)								
							Retail	No. 10000	3		.=								
Name of Monitoring I	Firm Hired b	v Buildina Owne	r (8)	-	ASC	M No		temer	t Contrac	tor (9)									
Pennoni Associat	es, Inc.	,	. (-)				Bristol Env												
Street Address			-,1-3				Street Addres			101									
515 Grove St.							1123 Beave		eet										
City, State & Zip Cod		-83					City, State &												
Haddon Heights,	NJ 08035						Bristol, PA												
Project Manager for I	Monitoring F	irm T	eleph	one	Numb	er	Telephone N			Lic	ense Nu	ımber							
Alan Lloyd		8	56-68	56-2	6-2875 (215)788-6040 00509														
Scheduled Start Date	e (10)	Scheduled Comp	oletion	Date	e (11)		Name of OSI	НА Мо	nitor										
3/9/15			3/16/1			-	Bristol Env	ironn	nental In	c.									
Occupancy Status D	uring Abater	ment (Check only	one)			100	Street Addres	ss											
		During Entire Per			teme	nt	1123 Beave	er Stre	eet										
		utside of Normal					City, State &	Zip Co	ode										
		30 PM, 9:00 PM-	7:00 /	AM			Bristol, PA	1900	7										
Facility Occu				VI.															
Scope of Work (Ched	ck all that ap	ply)								. 14									
≥3 sf or ≥3 lf				D	4:_			\bowtie	Full Cont		with Ne	gative	Pres	ssure	1				
≥160 sf ≥260	If		Promont.		ovatio olitior			H	Mini-Enc		ă								
2100 31 2200	11			Dem	OIILIOI	1		H	Glove Ba			mai a la la	D						
100	cation of		Is Lo	ootic	n l	-	Description		and Non-Friable Procedure mount Abatement Ty										
	s-Containing	a 1	Norma				Asbestos-Con		,		ount ecify	ADS	item	ent i	ype				
	rial (ACM)			ely b			Material (A		,		r LF)			m					
	E ABATED	1	/lainte				(i.e., thermal s		s		,	Re	R	nca	Enclosure				
in	Facility	C	ustod	ial S	taff?	j	nsulation, surfac	cing, V	AT			Removal	Repair	ps	los				
	(13)			12)			or other miscell	aneou	s)			Val	=	Encapsulate	ure				
		Y	100000	Daniel I	N/A									е					
Lower & Upper Le	vels			X			VAT & Ma	stic		15,00	00 SF	\boxtimes							
														П					
Name of Registered \	Naste Haule	er		146.00			Cubic Yards	Nam	e of Regis	stered La	ındfill								
O					ıler ID		of Waste												
Service Transport	inc.				2099	0	60 Cu Yd		erva Lan	dfill									
City, State	사람이 주민이 되었다.						Disposal Date		State	7720000									
New Castle, Delaw							3/16/15	Way	nesburg	, OH									
Completed By (Print of	or Type)			Title	e ject		Signature					Date							
Gino Pizzigoni	ino Pizzigoni						Him P	non	earni	-1-10	7	2/23/15							
		ivrai	nage	r	porto 1 m	01	1	1	_										

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-33

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7097

Date of Notification (1)					a dinient					-				
5-500 000 400 000 00 000 000 000 000 000 0	NOTE:				er/Operator (2)			12/1	500						
0 2 / 2 3 Agencies Notified	Type Notificati				n Atkins						-	- 5			
EPA		1000	et Addres	100											
☐ DEP	X Initial		, State, Zi												
X DOL	Amendr	0.0000000000000000000000000000000000000			J 07052										
X DOH		1 2 2 2 2 2	ne of Cont	act			1	Telephor	ne Number		30300	at the same of			
☐ DCA	Cancella	ation	Brandi F	Rush									-		
				FACI	LITY INFORM	ATION	I	(4) 7							
Name of facility whe	re abatement i	s taking place	∋ (3)		•			Type of Facility	(4)						
Ryan Nolan & [Dan Atkins								ol (K - 12) napter 8 (O	ther ti	nan K	-12)			
Street Address								X Other	(Private/Co	omme		/			
11 Beech Road	d							Bldgs. Square Feet	/Homes, et # of Floors		Blo	dg. A	ge		
City (5)		County	(6)			Cou	inty Code (7)								
West Orange,	NJ 07052	Esse	×X			(Sta	te use only)	Current Use (P	rior if being	g dem	demolished)				
Name of Monitoring	Firm Hired by	Bldg. Owner	(8)		ASCM No.	-	residential Name of Abatement Contractor (9)								
n/a	3			-			B & G Restorat								
Street Address						_	Street Address	Pand							
							105 Ryerson R	load			na communication in the commun		encenamien		
City, State, Zip Code							City, State, Zip Code Lincoln Park,	NJ 07035							
Project Manager for N	Monitoring Firm	1	Pho	one Numb	er		Telephone Number	0	License		er	-			
							(973)696-686 Name of OSHA Moni		00	378			_		
Scheduled Start Date	(10)	Sched. (Completio	n Date (1	1)		B & G Restorat								
03/05/2015		03/06	/2015				Street Address								
Occupancy Status Du	(5/)						105 Ryerson R	oad							
Facility closed/ Abatement periods Describe:							City, State, Zip Code								
Other-Describe	:					-	LincolnPark, N.	J 07035					2 4		
Scope of Work (che	ck all that apply	y)													
Demolition	X	Renovation					full Containment w/neg	E 12	Gloveb	1200					
\times >3 sf or >3 lf		≥160 sf or ≥2	260 If		91	X	Mini-enclosure		× Non-fri			dure			
Location of		Is location in			1			Amount		e R	R	E n	E		
asbestos-conta material to be	aining	staff(12)			Description material (sbestos-containing	(Specify	SF or	m	p a	c a	C		
abated in facilit	y (13)	Yes	No	N/A		5		LF)		v e	i	p	L		
basement under	step closet			X	VAT			27 sf		X					
laundry room				X	VAT					X					
										띧					
		a particular and a second								님					
Designation of Marchall	ulor	INJEC	Laule- II	0# 10	ubic Yards of V	Nasta	Name of Registered	Landfill			Ш	Ш			
Registered Waste Ha B & G Restoration			Hauler II 9563	J# C	1	, vasie	Tullytown	Resource & R	ecovery	Cenf	er				
City, State Lincoln Park, N.				Disposal D	ate 06/2015		City, State Tullytown,		301				Vi.		
Completed by (Print of		Title			Signature		1		Date			<u> </u>			
Gordana Luna	, , , ,	Secretary	/Treasu	rer			Gordana Luna		02/23	3/201	5				

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

		NOTI		ATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 5:16)										
Date of Notification (1)	23 /	15				g Owner/Operator (t South Amboy,		2015 FEB 25	41					
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH ☐ DCA	Type Notifica Initial Amended Amendme	ent #	1	850 City, S	State, Zip (ute 1 North Code swick, NJ 08902								
(NJAC 5:23-8)	justificatio	on)		100000000000000000000000000000000000000	of Contac Lauro	t	Telephone Number							
				FAG	CILITY IN	IFORMATION								
Name of Facility Where A Residential House Street Address 165 John Street	Abatement is T	aking Place	(3)		×		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)							
City (5) South Amboy, NJ	08879	ň.					Square Feet	# of Floors	BI	dg. A	ge			
County (6) Middlesex						7)(STATE USE ONLY)			hed)					
Name of Monitoring Firm		ling Owner ((8)	ASCM	No.	Name of Abateme								
Bio Terra Solutions	3						ANAGEMENT LLC							
Street Address						Street Address								
P.O. Box 1224						27 Outwater								
City, State, Zip Code Union, NJ		*				City, State, Zip Co Garfield, NJ								
Project Manager for Mon Rick Eustaquio	itoring Firm			phone 3-494		Telephone No. 973-928-4888	3	License No.						
Start Date (10)	0.000	cheduled C				Name of OSHA N ALL PRO MA	Monitor NAGEMENT L	LC						
Occupancy Status During Facility Closed/Vacate Abatement Performed	ed During Entir d Outside of No	e Period of ormal Facility	Abater y Hour	rement 27 Outwater Lane urs - Describe City, State, Zin Code										
Time of Abatement: _ Scope of Work (Check al		PM/	PM-	MAM Garfield, NJ 07026										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	, and a party	-	novati molitic	2.600		☐ Mini-End ☐ Gloveba	ontainment with Negative Pressure inclosure bag Procedure xempted (*) and Non-Friable Procedure							
		10.000	Locat						Ab	atem	ent T	уре		
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM ATED) Use Ma	Normal ed Sole intena todial ((12)	ly by nce/		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Entire Roof		П			Entire	Roof - Wet Remo	oval	Removal	t_{m}	П	П	П		
								7.0						
		П	П	П						П				
Name of Registered Was	te Hauler		N	JDEP \		Cubic Yards of	Name of Regis	stered Landfill						
Newark Carting		¥8	Н	auler 10 04509		Waste As Needed	IESI Landi							
City, State				5 7505		Disposal Date	City, State							
Newark, NJ						TBD	Bethlehen	n, PA						
Completed By (Print or Ty	ype)	Title Project	Mana	ager		Signature	1	~ Da		31	15			

ASB-41 JAN 13

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

IOMITOR	21	MODE	.010	OM	3MIL	-11
(Pursuant	to	NJAC	8:60	and	5:16))

Date of Notification (1)			Name of Building Owner/Operator (2)											
	15		The	Villas a	t South Amboy,	LLG _{MS} FEB 2	6 AN 3:40	t						
Agencies Notified Type Notifica	ation		Street	Address			-1							
⊠ EPA			850	-870 Ro	ute 1 North	1	Colored EMATIG							
☑ DOLWD ☐ Amended ☑ DOH Amendment	76		City, S	State, Zip	Code	3.11	513115							
□ DCA □ Emergen		1	Nor	North Brunswick, NJ 08902										
(NJAC 5:23-8) justification	on)	4	120000000000000000000000000000000000000	of Contac	et		Telephone Number							
Cancellat	ion		Jim	Lauro			: 	29						
			FA	CILITY II	NFORMATION									
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility (4)							
Residential House						School (K-12)								
Street Address					7/2		(Other than K-12 ivate and comme		ilding	10				
131 South Broadway						homes, etc.)	ivate and comme	rolai be	zii Gir i g	, ,				
City (5)						Square Feet	# of Floors	BI	dg. A	ge				
South Amboy, NJ 08879														
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)	= ===					
Middlesex														
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-							
Bio Terra Solutions					ALL PRO MA	NAGEMENT L	_C							
Street Address					Street Address									
P.O. Box 1224					27 Outwater	Lane								
City, State, Zip Code		100011-11			City, State, Zip Co	ode								
Union, NJ					Garfield, NJ	07026								
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				1			
Rick Eustaquio		97	73-494	-3762	973-928-4888	3	1188							
Start Date (10)	Scheduled C	comple	tion Da	te (11)	Name of OSHA N	of OSHA Monitor								
03 / _04_ / _15_	4 /	25	5 /	15	ALL PRO MA	NAGEMENT LI	_C							
Occupancy Status During Abatement (Check only	one)			Street Address	S. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -								
☐ Facility Closed/Vacated During Entit			ment		27 Outwater	Lane								
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co				-					
Time of Abatement:AM	PM/	PM-		AM	Garfield, NJ									
Scope of Work (Check all that apply)					1									
						tainment with Neg	ative Pressure							
≥3 sf or ≥3 If≥160 sf or ≥260 If		enovati emolitic			☐ Mini-End	closure g Procedure								
23 = 100 31 01 = 200 11		arionu(Ji1			mpted (*) and Nor	n-Friable Procedu	иге						
		Locat						Ab	atem	ent T	vpe			
Location of	1.15	Norma ed Sole			Description of		120		1		T			
Asbestos-Containing Material (ACN TO BE ABATED		aintena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility	Cus	todial		(surfacing, VAT	, or	SF or LF)	oval	=	nsd	Sur			
(13)	Yes	(12) No	N/A	-	other miscellane	eous)				late	0			
	162	INO	-						_	_	-			
Entire Structure		Ш	\boxtimes	Entire	Structure - Wet F	Removal	Removal	Ш	Ш	Ш	Ш			
						77								
	П	П							П	П				
			-						=					
New (Decision 1997)		14.		10/1-11	To the Venters	I Norman of Desire				Ш				
Name of Registered Waste Hauler		135	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis								
Newark Carting			04509		As Needed	IESI Landfi	II							
City, State					Disposal Date	City, State								
Newark, NJ					TBD	Bethlehem	, PA							
Completed By (Print or Type)	Title				Signature	\^	D	ate	920	1 .	,			
Allen Monchik	Project	t Man	ager			VV		H	13	115	,			