CK 1084

Date of Notification (1)				Name	of Building	Oumorl	Opprotor	(2)		_				_		
12/03/2015					STORS			(2)				19 U	e e	2016		 
Agencies Notified	Type Notification	1			Address								1			المال المار المال المار المار المار الم
× EPA					JFK. PI	KWY.						801	31	MAN		(7)
DEP	Initial Amended				tate, Zip C					-		5	3	3		
× DOL	Amendmen				RT HILL		07078					4	0			- Salar
ĭ DOH	Emergency justification		g	Name	of Contact	t				Tele	ephoi	e Nite	C	A		TTI
DCA	Cancellation			JENII	FER WH	HITE.				1	риог			. X 2	80	Can
Bloom of The Name				FAC	ILITY INF	ORMAT	ION					- 0	-		<u>n</u> _	
Name of Facility Where A PRIVATE. INVEST	Abatement is Takir	ng Place	(3)					Type of Fa	cility (4)				-			
Street Address	ORS BANK.						827		ol (K-12)							
3 E. MAIN, STREE	-							Subc	napter 8	(Othe	er tha	K-12	)			
	=1							Other etc.)	(i.e. priv	/ate &	com	nercia	il bui	dings	hom	ies,
City (5) SUSSEX. NJ.								Square Fe	et	# of	Floo	3	E	Bldg. A	Age	
County (6)								1.704			2			115		
SUSSEX				(STATE	Code (7) USE ONL	y)		Current Us YES	e (Prior i	if beir	ig de	nolish	ed)			
Name of Monitoring Firm EMPIRE. ENVIRON	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abateme	nt Contra	actor	(9)					
Street Address								RON QUA	ALIIY.	CO.	LL(					
435. MAIN. RD. St	JIT. 200						22 V	AN ORDE	N PL.							
City, State, Zip Code TOWACO, NJ. 07	082							tate, Zip Co								
Project Manager for Mon				Talaah	N			KENSAC	K. NJ.							
MIKE. BOGGI	normy ritti			Telepho	one No. 3 <b>4-</b> 5641	1		one No.		1		se No				
Start Date (10)		Schedu	led Co	2	Date (11)			708-4270 of OSHA Mo	-14		011	55				
12/12/2015		12/16			Date (11)			DNO. AT								
Occupancy Status During	Abatement (Chec							Address								
X Facility Closed/Vaca			50000000	ment			A STATE OF THE PARTY OF THE PAR	24.THST	10.TH	FLC	OF					
Abatement Performe	ed Outside of Norm	nal Facilit	y Hou	rs				ate, Zip Coo								
Other – Describe: _		************						IY. 10010								
Scope of Work (Check Al	That Apply)											-			-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renov	ation				Full Cont	ainment	with I	Vega	ve Pr	255111	·a		
× ≥160 sf or ≥260 lf		×	Demol	ition			×	Mini-Enc	osure		roge	1011	0000			
							×	Glovebag Non-Exe	Proced	ure ) and	Non-	riable	Pro	redur	2	
		Is	Loca	tion						7 0.10		1	38	Abate		
Location			Norma			Des	scription (	of						Ту	pe	
Asbestos-Containing I TO BE ABA	Material (ACM)		ed Soli	ely by ance/	Asbes	tos Cont	aining Ma	aterial (ACN	1)	Am	ount				т	
In Facilit			todial	Staff?	(i.e.	thermal	systems sing, VAT	insulation,			ecify or LF		Rer	Re	nca	Enc
(13)			(12)			other m	niscellane	eous)		0, (	JI L1		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>		ate	re
EXTERIOR PI			X		EXTE	ERIOR	WALL	PLASTER	3	1.20	0 SI		Х			
BASEME	X		Pipe Ir	nsulatio	n. Resi	idual debi	is	2	5. LI		Х					
Front Closet & Kito	X		VAT.	FLLOR	TILE 8	& MASTIC		2	5. LI		Х					
Name of Registered Wast	-11-1															
			10000	NJDEP W Hauler ID	77.7.7.7	Cubic of Was		Nam	e of Reg	gistere	ed La	dfill				
TRI. STATE. ASSOC	. INC.			9951		TBD		MIM	IERVA	EN	TER	PRIS	E. I	VC.		
City, State						Dispos	al Date	City,	State							-
BRONX. NYS						TBD		74 (	YNES	BUR	G. (	HIO.				
Completed by		Title				Si	gnature	_	11	11	2	Date				
CARLOS ESQUIVEL		SAF	ETY	MANAG	SER.		1/2	Jum	bruy	K	0	12/0	03/2	015		
* OD ## /D OC OO						/	/.		./.	1				u 242	i. i.	

/ CK 1086

Deta -511-4541 (4)		1 8/-	- 45 D. 1141 6	10	(0)					5	
Date of Notification (1) 12/11/2015			me of Building O PONTE CON			ERS		₩ C	d d	JAM	
Agencies Notified Type Notificati	on	3 550	eet Address	_							1
EPA Initial Amended			5. FROM RE					CE	2	2	-
X DOL Amendm	ent #	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	y, State, Zip Co ARAMUS NJ					NS.		至	
DOH justification Cancellate	cy (including on)	3 (2)	me of Contact				1 ma 1.1.		-	9	
DCA Cancellat	ian		EZA M. HAS			191	J. UJU.J	UU	20	UT CO	
Name of Facility Where Abatement is Ta	king Place (3)		FACILITY INFO	RMATION	Type	of Facility (4)		-			
PRIVATE	mig i iacc (c)										
Street Address						school (K-12) Subchapter 8 (Oth	er than K-	2)			
625. FROM RD						other (i.e. private tc.)	& commer	lal build	dings,	home	3,
City (5)						to the same of the	f Floors	В	ldg. A	ige	
PARAMUS NJ. 07652					26,0	000	2		42		
County (6) BERGEN			unty Code (7) ATE USE ONLY)		Currer	nt Use (Prior if be YES	ing demoli	hed)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	1	ASCM No.	Name	of Abat	ement Contracto	r (9)				_
N/A		and the second		SHA	RON	QUALITY CO	NSTRU(	TION	LLC		
Street Address					Addres	s RDEN PL.					
City, State, Zip Code					State, Zi						
5.19, 5.11.15, 2.19 55115					-0.10	ACK NJ. 076	01				1
Project Manager for Monitoring Firm		Tel	lephone No.	Telep	hone No	).	License	ło.			$\overline{}$
N/A				201.	708.42	270	01135				
Start Date (10) 12/17/2015	Schedule 12/18/2		etion Date (11)			A Monitor PROBE LAB.			8		
Occupancy Status During Abatement (C	heck Only One	9)			t Addres						
Facility Closed/Vacated During Ent	ire Period of A	batemen	it	108	LIBER	TY ST.					
Abatement Performed Outside of N Other – Describe:	lormal Facility	Hours			State, Zi						
Scope of Work (Check All That Apply)											-
☐ ≥3 sf or ≥3 lf	X R	enovation	n	I	] Foll	Containment wit	h Negative	Pressu	re		
X ≥160 sf or ≥260 lf		emolition			Min	i-Enclosure			1.50		
						vebag Procedure n-Exempted (*) at		ble Pro	cedu	re	
	Is	Location					-		Abat	ement	
Location of	N	ormally		Descriptio	n of				T	ype	
Asbestos-Containing Material (ACM)		i Solely t ntenance	Aspes	tos Containing thermal system	Material		Amount	_		E	п
TO BE ABATED In Facility	Custo	odial Stat	ff? (i.e.	surfacing, V			Specify F or LF)	Remova	Repair	cap	nclo
(13)		(12)		other miscella	ineous)	ŀ		oval	air	Encapsulate	Enclosure
	Yes	No	N/A							е	
First Floor & 2nd Floor											
Electrical Room		Х		Floor Tile	9X9	1 4	18 SF.	X			
Storage Room		X		Floor Tile	9X9	1	12 SF.	X			
Stairs	Х	Flo	or Tile 9X9 a	and 12:	x12 8	30 SF.	Х				
Name of Registered Waste Hauler		NJD	EP Waste	Cubic Yards		Name of Regist	ered Land	II		11	
TRI-STATE- ASOCC INC.		Hau 199	ier ID No. 51	of Waste TBD		MINERVA E	NTERPI	ISE,	INC.		
City, State BRONX NY.	····			Disposal Date	е	City, State WAYNESBU	IBG UH	2			
Completed by	Title			Signatu	ref >	WATNESDO.	200	ate			
CARLOS ESQUIVEL		TY MA	NAGER	Signatu	1 King	mofunt	2/2	2/10/	15		
			************		7	+/	/				
ASB-41 (R-06-08)				/- Dor	not use t	his form for asbe	stos licens	re exer	npted	activit	ies.

# Emergency #

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

T CK 5270

Date of Notification (1) 12/29/15		Name Marth	of Building Ov na Branson	vner/Operator Private Ho	r (2) ome		<b>*</b>	13	2		
Agencies Notified Type Notified  EPA Initial DEP Amen		Street	Address tate, Zip Code				BES	LINE GIRZ		TO CO	
X DOL Amend	dment #ency (including	. Port i	Monmouth of Contact				TOS	(	J.	[1]	
DOH justific		Chad				Teleph	Me Nun		K	< [1	
Name of Facility Where Abatement is Martha Branson Private Home	Taking Place (3)	FAC	CILITY INFOR	MATION	Type of Facility  School (K-	12)	GROL		e e e	C	J.
Street Address  City (5)					Other (i.e. etc.)	private & c	mmercia	l bui			ies,
Port Monmouth NJ 07758 County (6)					Square Feet 1000 +	# of FI		13	31dg. / 35+	\ge	
Monmouth		(STATE	Code (7) USE ONLY)		Current Use (Pr House	ior if being	emolish	ed)			
Name of Monitoring Firm Hired by Bui N/A	Iding Owner (8)	ASC	M No.	Name Pern	of Abatement Co aco Inc.	ntractor (9)					
Street Address					Address Box 329		-				
City, State, Zip Code					State, Zip Code t Berlin NJ 080	 091					
Project Manager for Monitoring Firm		Telepho	one No.	Telept	none No. 753-9800	Li	ense No	).			
Start Date (10) 12/30/15	Scheduled ( 1/4/16	Completion	Date (11)	Name same	of OSHA Monitor						
Occupancy Status During Abatement	(Check Only One)			Street	Address						_
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of Aba Normal Facility Ho	tement urs		City, S	tate, Zip Code						
Scope of Work (Check All That Apply)							i de				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition		×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	ls Loc					o ( ) and n	TTTGDK	2110	Abate	ement	t
Location of Asbestos-Containing Material (ACI)	Norr Used S	olely by	Ashestos	Description	of laterial (ACM)			_	T I y	pe	
TO BE ABATED In Facility (13)	Mainte Custodii (1	al Staff? 2)	(i.e. the	ermal systems surfacing, VA her miscellan	insulation, T, or	Amor (Spec SF or	fy	Removal	Repair	Encapsulate	Enclosure
dining room	Yes N									O .	370): (7
Kitchen		X		floor tile		90 9		х			
		X		floor tile		85 9		х			
Living Room		X		floor tile		100	f	x			
Name of Registered Waste Hauler		NJDEP W	Vaste C	ubic Yards	Name of	Registered	andfill				
United Containers		Hauler ID 22459	No. of	Waste	G.R.O.	: 00-0 <del>-</del> 200-0-0-0					
City, State Elm NJ				isposal Date 4/15	City, State Morrisv	e ille PA 19	)67				
Completed by Anthony T Perna	Title Presider	nt		Signature			Date	29/1	5	-	

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

ch#3941

Date of Notification (1) 12/28/2015		Name	of Buildin V Critchle	g Owner/( OW	Operator	(2016 JAN -5	lu.					
Agencies Notified Type Notifi	cation	Stree	t Address			ADMFSTOR	rie]	9:5	-			
Emer	ded dment #	_ Millb	State, Zip ourn,NJ (	07041	N.	ASHESTOS & LICEN	CONT	ROL				
□ DOH  justifice     in justifi	cation) ellation		of Contact y Critchle	2,20,0			Tele	nhone	_46			
Name of Facility Where Abatement is	Taking Place (3)	FA	CILITY IN	FORMAT	ION	Time of Facility /	4)		_			
Residence Street Address City (5)						Type of Facility (4) School (K-1) Subchapter Other (i.e. p	2) 8 (Other	r than h comme	12) cial bu	ilding	s, hon	nes,
Millburn						Square Feet	# of F	Floors	22	Bldg.	Age	
County (6) Essex		Count (STAT	ty Code (7) E USE ONL	.y	_	Current Use (Prioresidence	or if being	g demc	shed)			
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (8)	AS	CM No.		Name Lilich	of Abatement Con Corporation	tractor (	9)	-			
Street Address						Address McBride Ave						
City, State, Zip Code						tate, Zip Code dland Park, NJ	07424					
Project Manager for Monitoring Firm			none No.			one No. 225-8400		License 01104	No.			
Start Date (10) 01/06/2016	Scheduled 01/07/20	Completio 16	n Date (11	)		of OSHA Monitor Environmental	l ahora	torios				
Occupancy Status During Abatement					Street	Address						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of Aba Normal Facility Ho	itement ours			City, S	Route 22 Wes	t					
Scope of Work (Check All That Apply)					Unio	n, NJ 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Property Co.	ovation nolition			×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure					
	Market 1	cation		5		THOSE EXCHIPTION	( ) and i	VOITE II	DIE FI	Abat	emen	t
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility	VI) Used S Mainte	mally solely by enance/ al Staff?	Asbe (i.e	stos Conta thermal:	systems	aterial (ACM) insulation,		ount ecify	Z)		ype Enc	ū
(13)	(1	2) lo N/A	-		ing, VAT iscellan		SF o	r LF)	Removal	Repair	Encapsulate	Enclosure
basement area						ion	70	15		_	é	ļ
						iori	70	LF	x			
New (2)									+			
Name of Registered Waste Hauler Lilich Corporation	*	NJDEP 1 Hauler II 18724		Cubic Y of Was		Name of R	000		ī			14141
City, State Woodland Park, NJ		A. T.		Disposa	al Date	City, State Morrisvill	e, PA					
Completed by Momo Glavatovic	Title vice pre	sident		Sig	gnature	COA			ate 2/28/2	2015		

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

hede Date of Notification (1) Name of Building Owner/Operator (2) 12/29/15 Canoe Brook Country Club Agencies Notified Type Notification Street Address × FPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Summit NJ 07901 Emergency (including Name of Contact Telephone Numbe DOH justification) Cancellation Albert Costantini DCA 208-211 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) South Employee House School (K-12) Street Address Subchapter 8 (Other than <-12) Other (i.e. private & comr ercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Summit 1500 County (6) County Code (7) Current Use (Prior if being den plished) Union (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. Licen e No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/11/15 2/20/15 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negat 'e Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A basement pipe insulation X 30 LF X exterior Х roofing 300 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Lar Ifill Hauler ID No. of Waste Freehold Cartage Western Berks Lan Ifill 15939 TBD City, State Disposal Date City, State Freehold NJ TBD Birdsboro, PA Completed by Title Signature Date A. Scott Higgins President 12/29/15

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/28/15 Professional Development Corp. Agencies Notified Type Notification Street Address PO Box 515 EPA Initial DEP City, State, Zip Code Amended X DOL Amendment # Kearny NJ 07032 Emergency (including DOH Name of Contact Telephor : Number justification) D DCA Cancellation John Kwap FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 00 MO School (K-12) Street Address Subchapter 8 (Other tha Kd2) Other (i.e. private & com nercial buildings, homes, I 48 Boiling Springs Avenue etc.) City (5) Square Feet # of Floo Bldg. Age East Rutherford 2200 2 County (6) County Code (7) Current Use (Prior if being de nolished) Bergen (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. Lice se No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/6/15 2/6/15 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Nega ve Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-riable Procedure Abatement Is Location Normally Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF (12)(13)other miscellaneous) Yes No N/A exterior exterior siding 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered La dfill Hauler ID No. of Waste Freehold Cartage 15939 Western Berks Lar dfill TBD City, State Disposal Date City, State Freehold NJ TBD Birdsboro, PA

Completed by

A. Scott Higgins

Title

President

Date

12/28/15

Signature

CK 358

78 A C 1 S C									A F	4 My 1				
Date of Notification (1)			of Building			(2)				CE	1 6	F	- 4	
10/20/2015			Queen C	ity Re	alty			2018 4 Sar	+ -	,		- 6	p <sup>2</sup>	
Agencies Notified Type Notification		Street A						- 10	JI I	V -5	LA	n.		
□ EPA □ Initial			ark Ave					4 STE			* 44.3	9:	39	
DEP Amended	9,		ate, Zip Co		_8			و	31	081	Ou	7.		
DOL Amendment #		Scoth	Plains N	IJ 070	76			Œ	Ly	CEN	SIL	IRE	L_	
DOH justification)	riduding		of Contact					Tele	pt )	ne Nun	nber	3		
DCA Cancellation		Bill Fla	•								į.			
	Di (0)	FAC	ILITY INFO	ORMAT	ION	7	of Facility (	41						
Name of Facility Where Abatement is Taking	Place (3)			ii.				01:50 2:50:						
Private Property						H	School (K-1 Subchapter		rt s	n K-12	2)			
Street Address						V	Other (i.e. p	rivate &	СП	nmercia	al bui	dings	hom	es,
							etc.)			200		1,991.07		
City (5)							are Feet	# of	FI C	rs	100	Bldg. /	Age	
Elizabeth NJ						165		2				-50		
County (6)			Code (7) USE ONLY	)		Curr	ent Use (Prid	or if beir	ng le	emolish	ied)			
Clerk County									-					
Name of Monitoring Firm Hired by Building C	wner (8)		M No.	50	1		atement Con		0.00					
N/A		N/A				•	nvironmer	T LLC						
Street Address					Street									
N/A							ette St							
City, State, Zip Code					1		Zip Code							
N/A							IJ 07015							
Project Manager for Monitoring Firm		Telepho	one No.		Teleph				No.	ense N	0.			
N/A		N/A			973-				0 2	240				
	Scheduled Co						HA Monitor	_						
11/30/2015	11/16	120	/0				ronmental	Corp						
Occupancy Status During Abatement (Check		V.			Street		ss te 22 Wes							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal						duli kali dala		SL .				-		
Other – Describe:	al radility noul	15		-	// 5.55		Cip Code							
Scope of Work (Check All That Apply)					Unio	נאו ח	07083							
						7								
≥3 sf or ≥3 lf ≥ ≥160 sf or ≥260 lf	Renov Demoi				-		ill Containme		Ne 3	ative P	ressu	re		
2100 31 01 2200 11	EM DOING					] G	ovebag Proc							
	: 1				2	9 No	n-Exempted	(*) and	N	-Friab	le Pro	cedu	e	
	is Loca	333											ement rpe	t
Location of	Norma Used Sol			a summer or management of the selection	scription		1				-	1	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ance/			taining N systems				no n	57.6	77		E	m
In Facility	Custodial (12)		(	surfa	cing, VA	T, or			or .		Remova	Repair	Encapsulate	Enclosure
(13)	()		1	other r	niscellan	eous)					oval	air	sula	Sun
	Yes No	N/A											6	9
FELIVING & DINNING BOOM	4	X	P	arto	er v	NID	1/5	250	70	SF	×			
7,7,7,7,7	1 -	1		1-01				700			14.	1	-	-
		+									-		_	
		-												
				ti.					The second					
Name of Registered Waste Hauler	100	NJDEP W Hauler ID		Cubic of Was		=7:=7101	Name of F	Register	ed _	andfill				
Newark Carting Inc		4509	NO.	or was	216		ISES Be	ethleha	an I	andfil	1			
City, State				Dispos	sal Date		City, State	7	-					
Po Box 5670 Newark NJ 07105							2335 Ap		te ·	rd Be	thle	nem	PA	
Completed by	Title			S	ignature			- 1		Dat			,	_
Carlos Gomes	President				6.1.	160	20					14/	201	15
					- 6					1	- 1	11	- 1	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

D . CN .: C .: (1)		_			11								
93.	ecember 31, 20				Name of Building		rator (2) n Corporation		2	8	50	9	
Agencies Notified  [ X ] EPA  [ ] DEP		l Notific	eation		Street Address		hrewsbury Avenu	e					
[x] DOL	Ame [ X ] Emer	ndment gency (	#including		City, State, Zip Co		r Falls, NJ 07724		ש	. 5	3	anger.	
[ ] DCA		ication) ellation	\(\text{}\)		Name of Contact Lou I	Bianchini		Telephone	Number		- M-5	17	)
				FA	CILITY INFORM	ATION				-1	10	ŧ	
Name of Facility Where Ab Res	patement is Taking ridence	Place (	3)				Type of Facility (4)	School	k-12)	100	30	E	m
Street Address							[ x ]		ter 8 (off				dings,
City		Coun	ty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 1000 sf	# of F	-	Bldg	Age	55	
Surf City		Oce					Current Use (Prior i Reside	nce	nolished)				
Name of Monitoring Firm I N/A Street Address		Owner (	8)		ASCM No.			(9) ian Cont	acting,	Inc.			
						Street A	1889 F	Route 9,	Jnit 61				
City, State, Zip Code								River, N			755-1	271	
Project Manager for Monito	oring Firm		Telephone	***************************************		11	ne Number 9-9932		icense N 0624	umber			
Scheduled Start Date (10) 12/31/15			1/8/		ion Date (11)	Name of	OSHA Monitor E.M.S.	L. Anal	tical				
Occupancy Status During A  [ X ] Facil	Abatement (Check of lity Closed/Vacated			od of Aba	itement	Street A		stelton R	ad				
	rement Performed ( er – Describe	Outside	of Normal l	Facility H	ours	City, Sta	te, Zip Code				21		
Scope of Work (Check all the								iway, Ne	-		54		
	17.77.75					[ ]	Full Containment Mini-Enclosure	with Neg	tive Pres	sure			
5 5	f or ≥3 lf ) sf or ≥260 lf		[ ] [x]	Renova		[ ] [x]	Glovebag Proced Non-Exempted (		Friable I	rocedu	re		
									-				
			Is Locati	on		Description	n of			Abat	ement '	Гуре	
Location o	of	]	Normally i		As	besios-Cor		Arr	ount	R	R	E	E
Asbestos-Containing M			Solely b			Material (A		4000	fy SF	E	E P	N C	N C
TO BE ABAT		Mair	itenance/C	ustodial	The state of the s	., thermal			LF)	M	A	A	L
in facility	* 6		Staff		ins	ulation, su				0 V	I	P	0
(13)			(12)		oth	VAT, oner miscella				A	R	S	S U
	N/A	00	ici illiscen	aneous)			L		L E	R E			
Exterior			X		Concrete wall	S		1600	f	Х			
						1		1					
				1				+-	-				
			1			-		+-					
Name of Registered Waste I	Hauler		NJDEP Wa	ste Hauler	ID No.   Cubic Y	ards of Wasi	e Name of Registe	ered Landf	ī		-		
Sakoutis Brot	thers Disposal			20223	1/11/10	5	T.R.R.F.						
Colts Neck N	- 5.000000						nte D	/					
Completed by (Print or Type		Title		120	Signature	Tullyt	own, Pennsylvania	7	-	Date			
Nicholas Fern		100	ect Manas	er	o ignature	· ·	1 /1			25 10 E1 CV	1/201	5	

(K# 2830

		(Pt	usuant	to NJAC 8:60 and	d 12:120	))		2	05	1.1		
Date of Notification (1)		.	$\wedge$		Perator ( ne		2016	HAN.	E .	V		
Agencies Notified Type Notification		4	SHESLA	daless 1	J.,		ASAS		· 5 /	图度	: 6	2
DEP Amended Amendment	#		City, Sta	te, Zip Code	. (1)	ewin	South		Seg4	NT	201	
SOH Emergency justification)	*			f Contact	10			ine Nu	miler !	AU.	UL.	1
Cancellation		- 1		LIR CY HITY INFORMAT	ION					11	U	/_
Name of Facility Where Abatement is Takin  Weiner Du Side Cl  Street Address	y Place (3	)				Type of Facility  School (K- Subchapte Other (i.e.)	12) r 8 (Other t			lings,	tions	)S,
Olypy In floor						Square Feat	# of Fit	ifs .	5	(ig. A	<del>)</del>	
County (e)			County (	Cade (7) USE ONLY)		Current Use (Pr	or if being	imolisi	186}			
Name of Contoring Firm Hired by Building	Owner (8)		ASC	Vi No.	4	of Abatement Co Insulation Co		)				
Street Address					f	Address					1 10015	
City, State, Zip Code					City, S	Itate, Zip Code		-				
Project Manager for Monitoring Firm		1 -	Telepho:	ne No.		Neck, N.J. 01		nse iv	O.			
) Topost Internation for	-	i			732-	294-1757	10	)29				
Start Date (10)	Schedula	of Com	pietion i	Date (11)	Name	of OSHA Identifor						
Organicy Status During Abatement (Chec			1		Street	Address		2			-	
Facility Closed/Vacated During Entire I Abatement Performed Cutside of Norm Other - Describe:	Period of A	Hours Hours	ient M		City, 8	State, Zip Code		-				
Scope of Wark (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emokt				Full Containin Limi-Enclosur Glovebag Pro Non-Exempte	e cedure					
	1	Lecafe lorma'i							1	Abate Ty		
Location of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility (13)	Use i.ia	d Sole Intenat todiai S (12)	ly by 1ce/	Ashestos Con (i.e. therms surfa		faterial (ACM) s insulation, (T, or	Arno (Spa SF cr	fy	Romoval	Kopar	Encapsulare	Enologius
1 6	Yes	í-to	NOA			ī	6.0		10/			
indoors				pipeis	2710.	100	801	L	X	-	!	
						agraes					- Control of the Cont	
Name of Registered Waste Hauter And Insulation Co., Inc.		111	JDEP Wauler ID		Yerds ste	Rame of G.R.O	Registered	.andfill				1
City, State		1 32	2086	Disgo	sal Date			-				
Colts Neck, New Jersey	i Tito				(S)		wn, PA	1 /-		-		
Completed by Bree fvicGuire	4	etary	Treasu	rer	H. GATT	5ml		Da	2	11	5	
ASS-41 (R-05-08)					* Da no	t use this form for	ashastos li	ensure	exem	Totad (	ctiviti	98.



*			8:60 an					/*	15	Or				
Date of Notification (1) 12-17-2015				of Building esex Co			(2)		20	5.4	l in	- 6-	14	EL
Agencies Notified Type Notification  X EPA Initial				Address Woodbi	rige ave	<del></del>			A S S		in -	5	HI	7: 0
X DEP Amended Amendment				tate, Zip C					4	LI	CFA	Ca,	VIO	
□ Emergency     □ justification)     □ DCA     □ Consollation		9		of Contact					Telenhon	Mur	- V	SIL	6	ÐĮ
DCA Cancellation			Fuchs		ODMAT	1011		1						
Name of Facility Where Abatement is Takin Middlesex County College Central			77.00	ILITY INF	ORMAT	ION	Type of Fac	cility (4)						
Street Address 2600 Woodbrige Ave							☐ Subch	apter 8 (	Other thar ate & comi	K-12 ercia	!) al buil	dings	, home	es,
City (5) Edison NJ							Square Fee	t	# of Floor		E	Bldg. /	Age	
County (6) Middlesex			County (STATE	Code (7) USE ONLY	n		Current Use College	e (Prior in	f being der	olish	ed)			
Name of Monitoring Firm Hired by Building ( TTI Environmental Inc	Owner (8	)	ASCI	M No.			of Abatemen Enterprise		ctor (9)					
Street Address 1253 Church st	-						Address Cumberlan	d ave						
City, State, Zip Code Moorestown, NJ 08057							tate, Zip Cod son NJ 07							
Project Manager for Monitoring Firm Jim Calari			Telepho 856-8	one No. 408815			one No. 9426924	2	Licer 001		).			
Start Date (10) 1-08-2016	Schedul 1-11-2		npletion	Date (11)		Name	of OSHA Mor	nitor						
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent			City, St	ate, Zip Code	е						
Scope of Work (Check All That Apply)														_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-Enclo Glovebag	osure Procedi	with Negat ure and Non-l				۵	
	Is	Locati	on							1000		Abate	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall ed Sole intenar todial S (12)	ly by nce/		tos Conta thermal surfac		aterial (ACM) insulation, 「, or	)	Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure
=	No	N/A										te		
Electrical room Bldg#229		X	Flo	or tile/r	mastic	removal	-	45SF	_	х				
Name of Registered Waste Hauler		N	JDEP W	aste .	Cubic \	Varde	Non	of Pa-	intered I s	1EII				
DYV Enterprises LLC		Ha	auler ID 34140	No.	of Was		100000000000000000000000000000000000000		istered Lar egment	<b>1</b> [11]				
City, State Paterson NJ					Dispos 1-15-2	2016	1 1	State town N	IJ	-				
Completed by Dorian Carpio	Title Mana	iger			Si	gnature	uou	)		Date 12-		2015		

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

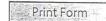
(Pursuant to N.J.A.C. 8:60 and 12:120) CHECK #2 281

Date of Notification	(1) <b>12/31/2105</b>								wner / Operator				CIVE				
Agencies Notified	Type Notific		-			Add			Renewal, LL		2016	JAN -	5 AM IB				
⊠ EPA	Type Ivoline	ation		1000				335	Road, Suite 20	00		-3414 -	JATIB	63			
SECURE INDUSTRIAL		ıl						Zip Co		00	ASHI	070	-	5.11.5500	700		
□ DEP □ DOL		nded						NJ 08			2007	310	CONT	रेगा			
□ DOH	☐ Eme	rgency				of C			3000		Œ	LIL	NSING	olopho	no N	umh	or
☐ DCA		cellation		10		m F							CONT	cichilo	116 11	J	101
					-	-	_		RMATION					-	1 - 10	0	
Name of Facility Wh	nere Abatem	ent is Taking P	lace	(3)					Type of Facilit	tv (4)		-					
Former Westmor	nt Theater								School (K								
Street Address			-	61				+2000	Subchap	ter 8 (0	Other th	an K-1	2)				
49 Haddon Ave													al building	s, hom	es, e	etc.)	
Haddon townshi	p, NJ																
									Square Feet		# of Flo	ors	BI	dg. Ag	е		
City (5)		County (6)	C	our	nty C	code	(7)	)	16000			2		0 yea	rs		
Haddon Townshi	ip	Camden							Current Use (	Prior if	being o	demoli	hed)				
									Unoccupied	1							
Name of Monitoring	Firm Hired b	by Building Own	ner (8	3)		AS	CIV	ΛNo.	Name of Abat								
n/a Street Address									Enterprise N		rk Res	olutic	ns Contr	acting	j, Ll	_C	
Street Address									Street Addres		• 00.000000000000		_				
City, State & Zip Co	de								PO Box 70,			ollow	Road				
ony, orate a zip oo	uc								City, State & Z Winslow, N.								
Project Manager for	Monitoring F	irm	Tele	eph	one	Num	nbe	er	Telephone Nu		,,,		icense Nu	mher		_	
				-			120		609-567-067				.icerise ivi	0126	3		
Scheduled Start Dat	te (10)	Scheduled Cor	mplet	tion	Dat	e (11	1)		Name of OSH		itor			0.20	_	_	
1/11/2016			3/11		16	- 22			EMSL Analy								
Occupancy Status E									Street Addres								
		During Entire F							200 Route 1								
	Performed O	utside of Norm	al H	our	s – 7	am	to 3	3pm	City, State & Z								
Describe:	uninal Duratura	A l 4 4							Cinnaminso	n NJ	08077						
Scope of Work (Che	upied During					_											
ocope of work (Che	ck all that a	opiy)							9		Eull Cor	atainm	nt with No	active	Dros		
≥3 sf or ≥3 lf	f			f O	Ren	ovati	ion				Mini-En		nt with Ne	galive	ries	Sure	ł.
X ≥160 sf ≥260	O If		X			olitic							cedures				
									1	$\square$		•	and Non-	Friable	Pro	redu	ire
	cation of		1	s Lo	catio	on			Description				mount		teme		
	os-Containin	g	No		lly U				Asbestos-Conta			(	pecify	- 100	-		7,00
	erial (ACM) BE ABATED		Ma		ely b nanc	515	1		Material (AC			S	or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_	Enc	ш
	Facility			stod	ial S	taff?			(i.e., thermal sy sulation, surfaci		т			Remova	Repair	aps	icls
	(13)		Yes		12) No	N/A			or other miscella					oval	air	Encapsulate	Enclsoure
			103	,	NO.	19//										е	
Entrance Area			Щ	$\rightarrow$	Х	Ц			floor tile and			425		Х			
Upstairs area			Щ	_	X	Ц			ed ceiling/wa	all mat		722 s		X			
Boiler room and I	Rear of Bu	ilding	Щ	_	X	Ц			nsulation			754 l		х			
Boiler room	e1		Щ	_	X	Ц	_		Insulation			200 s		X			
Office Area – 2 <sup>nd</sup>	Ц		X	Ц	1:	2" sq	floor tile			154 s		X					
Throughout ceilir			X	Щ	1		Duct insular			400 I		X					
Name of Registered	vvaste Haui	er				ıler I			Cubic Yards f Waste	Name	of Regi	stered	Landfill				
Bull Waste & Rec	vclina. LL	C				586		(CO) (CO) (CO)		Salar	n Cour	atu I a	dfill				
City, State	, og,			_	70	1000	_		isposal Date	City, S		ity La					_
Berlin, NJ									/11/15								
Completed By (Print	or Type)				Title				-1463/m-1563/016	Allow	ay To	wnsni	), NJ	<b>D</b> :			
Theodore S. Budzynski						es/C	FO		ignature		5	>		Date			
	-y				. 16	310		1	///					12-	2/2	11	
						/		-				10	711	U	-1-1-		

(K 2386

					<u>C.</u> 8:60 and		20)		ECF	11.	***		
Date of Notification	(1) 12-31-2015			Building Bolanos	Owner / Operato	or (2)	2016	S . /	EOE V-5	1 /	=b		
Agencies Notified  EPA	Type Notification			ddress			ASR	En	4-5	AHI	): <b>3</b> 5	5	
□ DEP     □ DOL     □ DOH	☐ Initial ☐ Amended	Mt	t. Laure	te & Zip ( el, NJ 080			458 6	F	OS C	ONT	ROL		
□ DOH □ DCA	☐ Emergency ☐ Cancellation	5-504		Contact Bolanos					I He	eleba A	ne Mi	Impl	er
Name of Facility Wh	nere Abatement is Taking P	lace (3)	FAC	ILITY INF	ORMATION Type of Facil								
Single Family Dwell Street Address	ing					oter 8 (0	Other than K-1		uildings	hom	200	fo \	
City (5)	County (6)	Cour	nty Cod	de (7)	Square Feet 2,500		# of Floors	idi		lg. Ag		lG.)	
Ocean City, NJ 087			,	ao (1)			being demoli	she	)		- 00		
Health and Safety S	Firm Hired by Building Own Services	ner (8)		ASCM No 117	. Name of Aba Resource Ma	tement anagem	Contractor (9 ent Group, LL						
Street Address P.O. Box 365 City, State & Zip Co	do				Street Addres	n Ave,							
Berlin, NJ 08009 Project Manager for		Teleph	one Ni	umher	City, State & Trenton, NJ ( Telephone N	08619	de	Lic	nse Nu	mher			
Mr. Jim Proctor Scheduled Start Da		856-45	2-1311	1	609-914-4279 Name of OSH	9	nitor	LIC	- IISC IVU	0118	5		_
1-11-201 Occupancy Status I	6 During Abatement (Check o	1-15-20 nly one)	)16		J&S Environr Street Addres	mental ss	Laboratories I	nc					
Abatement   Describe:	sed/Vacated During Entire F Performed during Normal H 8:30pm-5:30pm	Period of ours:	Abate	ment	2333 Route 2 City, State & Union, NJ 07	Zip Co							
Scope of Work (Che	upied During Abatement eck all that apply)						Full Containm		with No	a ativo	Drag		
<ul><li>≥3 sf or ≥3 l</li><li>≥160 sf ≥26</li></ul>	S 48	1000	Renov Demol				Mini-Enclosur Glove Bag Pr	e oce	ures				
	ocation of os-Containing	Is Lo	ocation	Contractor of	Description	n of		Am	unt		ateme		
Mate TO E	erial (ACM) BE ABATED Tacility (13)	Sole Mainte Custod	ely by nance lial Sta 12)	or	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	CM) systems cing, VA	AT S		cify LF)	Removal	Repair	Encapsulat	Enclsoure
Exterior of Dwelling				3	Transite Si	ding	2	2,00	SF				
					A					H		블	
Name of Registered	Waste Hauler			P Waste er ID No.	Cubic Yards of Waste	Name	of Registered	d La	ndfill	1 🗆			
Resource Managem City, State	nent Group, LLC		00352	218	TBD Disposal Date	Grows City, S	s Landfill	9/	-				
Trenton, NJ 08619			I		TBD		sville, PA						
Completed By (Print Mr. Brian Haney	or Type)		Title Presid	dent	Signature	W	211			Date 12/31	/2015		

CK 1658



		NOTI (	FICATIO	N OF AS	BESTOS C 8:60 an	ABATE	MEN <sup>-</sup>	г			PS	C	EI	YED 410: 0
Date of Notification (1) 12/28/2015				of Building	g Owner/o aro	Operator	(2)			2016	JAN	,		* = 0
Agencies Notified  Type Notification  EPA DEP Amended Amendmen			City, St	Address ate, Zip ( Brunsw						458t	STU	es En	CÚP	TROL
■ Emergency justification     □ DCA     □ Cancellation	(includin	g	Name o	of Contac	t				Te	lephone	Jumb	er	0/14	G OL
Name of Facility Where Abatement is Takir house	ng Place	(3)			FORMAT	ION	Тур	e of Facility (4	)				California	
Street Address  City (5)							×	School (K-12 Subchapter of Other (i.e. pretc.)	B (Oth	ner than I & comm	-12) rcial b	ouild	ings, l	nomes,
New Brunswick NJ County (6)							Squ	are Feet	# 0	f Floors		Bl	dg. Ag	е
				Code (7) USE ONL			Curr	ent Use (Prio	r if be	ing demo	ished	)		
Name of Monitoring Firm Hired by Building Competent Supervisor Street Address	Owner (8	)	ASC	M No.		Name Acad	of Ab emy	atement Cont Constructi	ractor on Ir	· (9)				
						Street . 205 F		ess e 46 West						
City, State, Zip Code				4				Zip Code J 07512						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 973 8				Licens 01155					
Start Date (10) 01/08/2016	led Co 2016	mpletion	Date (11)	)			HA Monitor above							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abater	ment s			Street /		ss lip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demoli		1		×	Mi	II Containmer ni-Enclosure ovebag Proce n-Exempted i	dure					
Location of	10.00	Locat Norma			10 MG10	W. Care			/ 4/11	41101111	TOIC !		baten Type	7
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Use Ma	ed Sole intena todial ( (12)	ely by nce/	Asbes (i.e	stos Conta thermal surfac	cription of aining Ma systems ling, VAT aiscellance	ateria insula , or	(ACM) ation,	(S	mount specify or LF)	Nothoya	Domail		Enclosure
Basement	No	N/A X		Pine	Insulat	ion		1.0	30 LF	-	1	_	e e	
				1 ipc	modiat	1011		1.0		X		X		
Name of Registered Waste Hauler Academy Construction		H	IJDEP W lauler ID 033442	No.	Cubic Y of Was 4			Name of Re			II			
City, State Fotowa					Disposa TBD	al Date	P	City, State Morrisville	e PA					
Completed by Zlate Geleski	Title VP				Si	gnavure	0	Helm-	~		ate 2/28	/20	15	
ASB-41 (R-06-08)						Do not	use t	nis form for as	sbesto	s licens	e exe	empt	ed ac	tivities.