CK # 5937

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) P.S.E.G. Type Notification Street Address 2015 4000 HADLEY ROAD EPA Initial City, State, Zip Code Amended DEP × SOUTH PLAINFIELD, NJ 07080 Amendment # DOL ASBESTOS OU LIHOL & Emergency (including Telephone Number Name of Contact DOH justification) HRIS Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) " Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.)-# of Floors Bldg. Age Square Feet 11,500 100 + YRS Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) SUB STATION INGTON Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. UNIQUE SYSTEMS OF AMERICA **ENVIRONMENTAL TACTICS** 0045 Street Address Street Address 396 WHITEHEAD AVE. 64-BROAD-STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TOM GEIGER 732-292-2217 732-432-8350 01111 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Messessy SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) Yes No N/A TRANSITE PANELS 2ND Floor 136 LF IST FLOOR CM WIRE SOCK Sock ROOFING MATERIALS 4600 SF NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS NORTH** WASTE MANAGEMENT 1125 130 Disposal Date City, State City, State MORRISVILLE, PA ELIZABETH, NJ

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Signature

OFFICE MGR.

Date

Completed by

CAROL RAIMO

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#### State of New Jersey

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Date of Notification (1) 12/31/14		Name o		Owner/Opera	ator (	2)		JAN 6	201	)		7				
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DOH justification)  DCA Cancellation	nodding	Dawn	f Contact Neville					Telephone Nu	Impat							
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATION		Type of	Facility (4	)	-							
Cook Substation Street Address	, , , , , , , , , , , , , , , , , , , ,				Entre Lindon	Sc St	hool (K-12	) 3 (Other than K-	12)							
98 Cook Rd					-	et et	3.)	ivate & commerc		- 11111		S.				
City (5) Nutley NJ 07110						Square n/a	reet	# of Floors n/a		lidg. A /a	ge					
County (6) Essex		County (	Code (7) USE ONLY)			n/a		r if being demolis	shed)			iiiwwee				
Name of Monitoring Firm Hired by Building C n/a	wner (8)	ASCN n/a	l No.	W	RS	Enviro	ment Cont onmenta	ractor (9)   Services Inc	<b>.</b>							
Street Address n/a		(*		17	' Old	ddress d Docl										
City, State, Zip Code n/a  City, State, Zip Code Yaphank NY 11980																
Project Manager for Monitoring Firm n/a		Telepho n/a	ne No.			one No. 24-81	11	License 01136	No.							
	Scheduled C 12/30/14	ompletion	Date (11)	1			Monilor iMaria									
Occupancy Status During Abatement (Check	(Only One)					ddress as ab	0110									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Abate al Facility Hou	ement urs		City	y, Sta	ate, Zip	Code					11				
Scope of Work (Check All That Apply)					same as above											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure											
	T			7	X	Non-	Exempted	(*) and Non-Fria	ble Pro	Abate						
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Loc Norm Used So Mainter	nally blely by nance/		Descriptios Containin	g Ma	aterial (/		Amount (Specify	Re		pe Enc	E				
In Facility (13)	Custodia (12	2)		surfacing, other misce			7	SF or LF)	Removal	Repair	Encapsulate	Enclosure				
Exterior Excavation	Yes No	o N/A	As	bestos Tra	ansi	te Pip	е	20LF	х		6					
Name of Registered Waste Hauler Yeoilia ES Technical Solutions Corp		NJDEP Waste Cubic Yards Hauler ID No. of Waste 20071 1						tegistered Landf Disposal Inc.	ili							
City, State Eden Lane, Flanders NJ 07863	I	20011		Disposal D TBD	ate		City, State Belleville	e, MI 48111	3111							
Completed by Vichael J DiMaria	Title Proj MG	R/Site Si	uperviso	signa r VIII	ture	red	119	1.0	ate 2/31/	14						
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Date of Notification (1)		Nan	ne of Bu	uilding Owner/Op Dickinson Ur	perator (2) niversity		HLVLI	¥ Las (	±8*			
Agencies Notified Type Notification		Stre	et Addr	ess		201	5 (III) -6	PM IO	: 5	7		
DEPA Initial Amended Amendment #		City	, State,	Zip Code , NJ 07666		AS	BESTOS'	4 10	_			
DOH justification)  Cancellation	ncluding	7285	me of C aig Go	ontact orczyca			TetephoneiNb	ingber ()				
		1	FACILI	TY INFORMATI	NC							-
Name of Facility Where Abatement is Taking  BECTON HALL  Street Address  1000 River Road	Place (3)					of Facility (4) school (K-12) subchapter 8 Other (i.e. privite.)	(Other than K-	12) cial build	ings	, ho	mes,	
City (5) Teaneck			-			e Feet	# of Floors	BI	dg. /	Age		
County (6) Bergen			unty Co	ode (7) SE ONLY)	Curre	nt Use (Prior	if being demoli	shed)			w.	
Name of Monitoring Firm Hired by Building (	Owner (8)	1	ASCM	No.	Name of Aba		actor (9)					
Street Address	E				Street Addres	SS						
5434 King Ave  City, State, Zip Code					City, State, Z Clifton, NJ	ip Code						
Pennsauken, NJ 08109 Project Manager for Monitoring Firm	7.		elephon	e No. 6-4545	Telephone N -973-253-8	0.	License 00704					
Tom Pruno Start Date (10)	Scheduled (	Zomp	letion D	ate (11)	Name of OSI	-IA Monitor						
01/13/2015	01/13	2/5	017		Street Addre	ipany, Inc.				70.0		
Occupancy Status During Abatement (Checo Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	ours	nt		City, State, Z							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati nolitic			H M	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custoo	enan	/ / by ce/	Asbestos Co (i.e. therm sur	escription of ntaining Material al systems insufacing, VAT, or miscellaneous	lation,	Amount (Specify SF or LF)	Removal	100	Тур	e Encapsulate	Enclosure
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BOILER ROOM	X				TINGS ZAP AN		U 6/-		1			
				WEAP AND CUT					-	-		
Name of Registered Waste Hauler		N	JDEP V	100.0	oic Yards	Name of	Registered Lar	ndfill				
Newark Carting, Inc.	Hauler ID No. of Waste GROWS											
City, State Newark, NJ		-		Dis	posal Date	City, Sta Morris	ville, PA	Deta				
Completed by Voytek Roszkowski	Title Presid	dent			Signature V	Signature Oscho Sei Oll 03 201						

				CATION	ate of New Jer OF ASBESTO to NJAC 8:60	S ABATE			EG	F		V		7
Date of Notification (1) 12/29/14				Name o	f Building Own	er/Operator	(2)		JAN	F	5 20	15		
Agencies Notified	Type Notification	on		Street A				i i			26	15	11	#
EPA	Initial				Hadley Road	1			80	*!h-c-				
DEP X DOL	Amended Amendme	ent # <u>1</u>			ate, Zip Code Plainfield				ASBESTUS LICE	NSII	VIR VG-	01.8	1	
▼ DOH	justification				f Contact				Telephone	Num	ber			1
☐ DCA	Cancellat	ion			ry Player									
Name of Facility Where	Abatement is Ta	king Place (	3)	FACI	LITY INFORM	ATION	Type	of Facility (4)	1					
PSEG Belleville Su		3,	,					School (K-12)						
Street Address 747 Main St.							X S	Subchapter 8	Other than vate & comm			dings,	home	es,
City (5) Belleville NJ 07109								e Feet	# of Floors		2772	ldg. A 0	ge	
County (6) Essex					Code (7) USE ONLY)			nt Use (Prior rol Buildin	if being dem	nolish	ed)	99		
Name of Monitoring Firm Environmental Tact		ng Owner (8		ASCN 0045			of Abat	ement Contr		lnc.				
Street Address 64 Broad St.							Addres							
City, State, Zip Code Matawan, NJ 07747	7				7		State, Zip	o Code IY 11980	= = 1011					
Project Manager for Mon Tom Geiger	itoring Firm								Licens		).		30	
Start Date (10) 12/22/14		Schedul 12/23/	ed Com	d Completion Date (11) Name				A Monitor ntal Tactio						
Occupancy Status During	Abatement (Ch		10,000	-			Address							
× Facility Closed/Vaca				ent			road S							
Abatement Perform Other – Describe:							State, Zip awan, I	Code NJ 07747						
Scope of Work (Check A	Il That Apply)						78							
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		promotion .	Renova Demoliti				Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Location			Normall ed Solel			Description			11 SEC11 / Auto (Nobio VI			ı y	ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intenar todial S (12)	nce/	SL	ontaining in nal system rfacing, VA er miscellar	s insulat AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Ф	
Exterior \	0.0027777			X	Asbestos				50 SF		Х			
	Interior Control room Floor					os Trans			3 SF		Х			
Exterior Exc	Exterior Excavation					tos Trans	site Pip	oe	34 LF		X			
Name of Registered Was	te Hauler		N	JDEP W	laste Cu	oic Yards	Т	Name of P	egistered Lar	ndfill		7.4		
ETGI	.c.iuuivi		H	auler ID 7107		Vaste			ga Landfill	IGIIII				
City, State Flanders NJ					Dis TB	posal Date D		City, State Morganto	own, PA				l The second	
Completed by Title Michael J DiMaria Proj Mgr/s					Mgr/Site Supervisor  Signature  Muchaella Man  Date 12/29/14									

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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Name of Facility Where	Abatement is Taking	Place (3)		3		School (K-12)	(Other than K-	12)			
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25. 75.)	>4000 C		7			1000	2_		10+		-
County (6)		140	Lou	onty Code (7	) (STATE	Current Use (Prior	or if being demo	olished)			
Name of Monitoring Firm	n Hired by Building C	wner	ASCM	No.	Name of Abatem	ent Contractor (9)	c,	**		1	-
(8) Number of Street Address	/A					3. SPRU	,	,	n		
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City, State, Zip Code						LE SHAT	I license No	•			$\exists$
Project Manager for Mo		_	elephone		856-7	79-0472	_ 000	144			=
Start Date (10)	11 1000000	Juled Comp			Name of OSHA  Jose	PKALEM	M		•		=
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Other - Describe:						ontainment with Ne				100	
Scope of Work (Check	(all that apply)	☐ Reno	vation		☐ Mini-E	nclosure					
≥160 sf or ≥260 lf					Non-E	ixempted (*) and N	- CAPTIBLE 1 10		Abates Typ		
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· KLEMO	O INC		17	904	Disposal Date					-	
City. State MAPLE SI		5,08	052		Signature	Woo	DBINE	ate /		14	
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Name of Monitoring Firm His	ed by Building Own	er ASCI	M No.	1		ment Contractor (	3)	≥ •	
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Street Address	i	.11			P.O. K	30x 814	••.		
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Project Manager for Marithi		1 7			732 2	3 8X + SUC	1 0000	<u> </u>	
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EXTERIOR				1111-	HOSIT			1	
		1 2000	P Waste H	ander	Cubic Yards	of Name of Re	egistered Landfill		
Name of Registered Waste	Hauler	DNO		CI	Waste	(6.R	.o.w.S.		
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City, State BRID	GE NIS	2.00	1000		Signature	7 11/	( ) -	Date 0	3/15
Completed by	Time				1 Vai	2 Amu	4/0	101/0	-
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ASB-41	- °De	noi use us	TENESTS SEL CO.				70		

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	(Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2) Brooke Rosenthal  Street Address 8 Iris Road															
Date of Notification (1) 12/29/14			Building C Rosent		perator	(2)		21	115 (1811)	-	-	× tui				
Agencies Notified		tification			Street Ad 8 Iris R				ů.			in dall	ó	PH	7: 4	8
× EPA × DEP × DOL	Am	ended endment		H	City, Stat	te, Zip Coo t, NJ 07				· · · · · · · · · · · · · · · · · · ·	A.S	是 是 上提	IS E	ON HAY	RQ	L
□ DOH     □ DCA	just	ergency tification) ncellation	including		Name of Brooke	Contact Rosent	thal				Tele	phone Nur	nhor	2 2 2 2 2 2	!	
					FACIL	ITY INFO	RMATIC	NC								
Name of Facility Where House	Abatemen	t is Takin	g Place (3	5)	11)					of Facility (4 School (K-12	2)					
Street Address 9 Iris Road									×	Subchapter 8 Other (i.e. pr etc.)				iings,	home	s,
City (5) Summit										re Feet	# of N/A	Floors	10.50	ldg. A I/A	ge	
County (6) Union					County C	Code (7) ISE ONLY)			Curre	ent Use (Prio	r if beir	ng demolish	ned)			
Name of Monitoring Firm N/A	n Hired by	Building	Owner (8)		ASCM	No.				ement Cont		(9)				
Street Address									Addre	ss gren Aven	ue		78723			
City, State, Zip Code	12								Annual Control of the	ip Code J 07512						
Project Manager for Mor	eject Manager for Monitoring Firm							Teleph	none N 345-8	lo.		License N	lo.			
Start Date (10) 1/13/15			Schedule		npletion [	Date (11)		Name	of OS	HA Monitor ement, Inc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Occupancy Status Durin	ng Abatem	ent (Ched	31,000	Z					Addre		·					
Facility Closed/Vac	ated Durir	ng Entire	Period of	Abatem	batement 11 Rosen						ue					
Abatement Perform  Other – Describe:		le of Norr	nal Facility	/ Hours												
Scope of Work (Check A	All That Ap	ply)	1710-1-172													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Asbestos-Containing TO BE AB In Faci (13)	BATED ility	(ACM)	Ma	intenar todial 3 (12)	nce/		thermal surface		s insul AT, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A				7-1-0-0						te	, a
basem	basement						pipe	insula	ation		3	5 LF	X			
											22-	***				
Name of Registered Wa		r		1000	JDEP W		Cubic of Was	Yards				ered Landfil		1		
D&S Abatement, Inc.					20996		TBD				93	gement c	of PA			
City, State Totowa, NJ					24		BD	sal Date	$\neg$	City, State Tullytow		4				
Completed by Deanna Brkusanin	ect Manager Sig					1000	110 Ril	live	en 1	ate 2/29/	14					

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Date of Notification (1) 12/29/14		100				Building Own	STANDARD COMPANY OF STANDARD CO.	or (2							
Agencies Notified		lotification		- 1	Street Ad 328 Me	ddress eadowbro	ok Lane	.07		2015	AH -6	間	7: 6	3	
X EPA X DEP X DOL		mended mendment				te, Zip Code Orange, N		1	é	459E	LICEN	CON 340	TR(	ìL	
▼ DOH DCA	ju	mergency ( stification) ancellation	including	- 1		Contact Spekma	n				enhone Nu	mhar	(-)		
					FACI	LITY INFOR	MATION								
Name of Facility Where A	Abateme	ent is Taking	Place (3	)					Type of Facility  School (K-						
Street Address 328 Meadowbrook	Lane								Subchapte Other (i.e. etc.)				dings	home	es,
City (5) South Orange								- 1	Square Feet N/A	# o N//	f Floors A		Bldg. A	\ge	
County (6) Essex			114		County (	Code (7) USE ONLY)			Current Use (Pri House	ior if be	ng demolis	hed)			
Name of Monitoring Firm	Hired b	y Building C	Owner (8)		ASCN	No.			of Abatement Co Abatement, Ir		(9)				
Street Address									Address sengren Ave	nue		Ť			
City, State, Zip Code							City,	Sta	ate, Zip Code /a, NJ 07512		4.				
Project Manager for Mon	Project Manager for Monitoring Firm						Tele	pho	one No. 45-8685		License N	lo.	32		
Start Date (10)   Scheduled Completion Date (1   1/14/15   1/15/15							Nam	ne o	of OSHA Monitor Abatement, Ir		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Occupancy Status During	g Abate	ment (Chec		8					Address	10.					
Facility Closed/Vaca	ated Du	ing Entire F	eriod of A	Abaten	nent		sengren Ave	nue							
Other – Describe:	Occupied	1							va, NJ 07512						
Scope of Work (Check A	II That A	pply)								-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
1			10.000	Locati	C01355-V-								Abat	ement rpe	t
Asbestos-Containing TO BE AB. In Facil (13)	Materia ATED ity	I (ACM)	Use Ma	d Sole intenal todial S (12)	ly by nce/	(i.e. th	Description Containing ermal syste surfacing, \ other miscell	ms /AT	aterial (ACM) insulation, , or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ent	+		X			pipe insu	lati	ion	7	'5 LF	X			
	basement						pipe				20 LF		X		
Name of Registered Was	ste Haul	er		IN	JDEP W	laste (	Cubic Yards		Name of	Registr	ered Landfil				
D&S Abatement, Inc.					Hauler ID No. of Waste					e of Registered Landfill te Management of PA					
City, State Totowa, NJ							Disposal Da	ite	City, Sta Tullyto		4				
Completed by Deanna Brkusanin  Title Project I					ect Manager Signature Date 12/29/14						14				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  January 2, 201:	5	Name of Building	Owner/Ope Cynth	rator (2) ia Nowicki & Mic	hael Copley	3	5	99	i/	
1 2 3	tion l Notification nded Notification	Street Address	18 Ma	nassas Drive	2015 JAN -6	BH .	7: 4	9	7	
[x] DOH [x] Emer	rgency (including	City, State, Zip C		River, NJ 08757	SHESTOS & LICEN	Coli ISTN(	TRO	L		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ication) ellation	Name of Contact Cynt	hia Nowic		Celephone Number	- 1//	U			
	FA	CILITY INFORM	MATION							
Name of Facility Where Abatement is Taking Residence	Place (3)		×	Type of Facility (4)	School (k-12)		9			
Street Address 16 Haines Cove D	rive			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,	
City	County (6)	County Code (7)		Square feet	# of Floors	Bldg	. Age			
Toms River	Ocean	(STATE USE ONI	-Y)	2500 sf Current Use (Prior if	heing demolished	<u> </u>	6	0		
A Control Control Control Control				Resider	nce	<u> </u>				
Name of Monitoring Firm Hired by Building ( N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor		Tura				
Street Address		-	Street Ad		an Contracting,	inc.				
City, State, Zip Code			City By		oute 9, Unit 61					
	Anna and a second a		City, Stat	e, Zip Code Toms F	River, New Jers	ev 087	55-12	271		
Project Manager for Monitoring Firm	Telephone Numbe	Г		e Number	License N			-		
Scheduled Start Date (10) 1/5/15	Scheduled Comple	etion Date (11)	732-34 Name of	OSHA Monitor	00624					
Occupancy Status During Abatement (Check of	1/7/15 only one)		Street Ad		L. Analytical			1	-	
	During Entire Period of Ab		1		telton Road					
Abatement Performed ( Other – Describe	Outside of Normal Facility F	Hours	City, Stat	e, Zip Code						
				Piscata	way, New Jerse	y 0885	54			
Scope of Work (Check all that apply)			[ ]	with Negative Pres	Pressure					
[ X ] >3 sf or ≥3 lf	[ ] Renov	vation	l J	Mini-Enclosure Glovebag Procedu	ire .					
[ X ] ≥160 sf or ≥260 lf	[ x ] Demo	lition	[ x ]	· · · · · · · · · · · · · · · · · · ·	) and Non-Friable I	Procedur	re			
						Abate	ment T	Type		
7	Is Location		Description			R	R	Е	Е	
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Con Material (A		Amount (Specify SF	E	E	N	N	
TO BE ABATED	Maintenance/Custodia	l (i.e	e., thermal s	ystems	or LF)	M	P A	C A	C	
in facility (13)	Staff (12)	ins	sulation, sur VAT, o			0 V	I R	P S	O S	
	(12)	oth	ner miscella			A	K	U	U	
-5	YES NO N/A					L		L E	R E	
Exterior	X	Asbestos roof	ì		2800	X				
Furnace room	X	Tar			100 sf	X				
N. CD. 14 AVI										
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	r ID No.   Cubic Y	ards of Waste	Name of Register T.R.R.F.	ed Landfill					
City, State	Dispo	osal Date	City, Sta	te		<u> </u>				
Completed by (Print or Type)	Title 1/8/		Tullyto	wn, Pennsylvania	/	**				
Nicholas Fernicola	Project Manager	Signature	ich	t'to/	7	Date 1/2/1	5			
	*Do not use this for	m for asbestos lice	nsure exemp	oted activities.		L				

N.Jevtic ASB-41

MAY 11

# State of New Jersey

MO#22302804835		NOT				ESTOS ABAT 8:60 and 5:16		F				
			(1 0					REV	4 J W	ė.		
Date of Notification (1)	00	1.5		Name o	of Building	Owner/Operator (2	2)			Shap Es	ar .	
		15		Mary A	Ann Sulliv	'an		2015 JAH -6	ВМ	-	na <b>B</b> aranango me	
Agencies Notified	Type Notifica	tion		Street	Address			2	EF	1:	49	
<b>⊠</b> EPA	⊠ Initial					vood Road		ASHFOTES & LICE	000			
DOLWD     DHSS	Amended Amendme			City, S	tate, Zip Co	ode		& 1-10E	U O T	MR	OL	
□ DCA	Emergence	No. of the last of	- 0	South (	Orange, N	IJ 07079	275-270-200-275			u		
(NJAC 5:23-8)	justificatio	n)	J	Name	of Contact			Telephone Numb	er			
	☐ Cancellati	ion		Mary A	Ann Sulliv	/an						
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Plac	e (3)				Type of Facility					
Private house							School (K-12	2) 3 (Other than K-1 2)				
Street Address							Other (i.e., p	rivate and commerc	cial bui	lding:	S,	
95 North Ridgewood	Road						homes, etc.)					
City (5)							Square Feet	# of Floors	Bio	ig. Ag	je	
South Orange, NJ 070	)79											
County (6)				Count	y Code (7) (	STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Essex												
Name of Monitoring Fir	m Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)				
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd #						
City, State, Zip Code						City, State, Zip C						
B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			~ .		.,	Wayne, NJ 074	70	License No.		_		
Project Manager for Mo	onitoling Firm		1 916	ephone		Telephone No 973-638-1777		01127				
Start Date (10)	13	Scheduled	Comple	etion Da		Name of OSHA	Monitor	10.1.2.				
01 / 11	7200	_01_				Envirovision Co	onsultants,Inc					
Occupancy Status Duri	ng Abatement (	Check only	one)			Street Address						7.
☐ Facility Closed/Vaca						20-21 Wagaraw	Road, Bldg .#	35 E				
Abatement Perform	ed Outside of N	ormal Faci	lity Hou	rs - Des	cribe	City, State, Zip C						
Time of Abatement:		PW/			AM	Fair Lawn, NJ (	7410					
Scope of Work (Check	all that apply)							nation with negative	e press	ure	biblio DO 4	
⊠ >3 sf or >3 lf		X	Renova	ion		Mini-En	ntainment with Ne closure	-				
>3 sf or >3 lf > 160 sf or >260 lf			Demoliti			Gloveba	ag Procedure	Tent with Negative	Press	ure		
			To London	11	_	☐ Non-Ex	empted (*)-and N	on-Friable Procedu		1		
Location	or of		Is Loca Norma			Description	of			atem:		T
Asbestos-Containin			sed So		Asbes	stos Containing M		Amount	Remova	Repair	Encapsula	Enclosure
TO BE A		100	Aainten ustodial		(i.e	., thermal systems		(Specify	Von	air	aps	losu
IN Fa	1000 F		(12	Charles and the Control of the Contr		surfacing, VAT other miscellan		SIF or LF)	<u>a</u>		<u>=</u>	@
	50	Ye	s No	N/A							(C)	
Basement				$\boxtimes$	Ceiling t	tiles -2'x2'		400 SF	X	П		
Dasement			H		Coming					In		15
				-					12	1	-	H
Name of Registered W	laste Hauler		N	JDEP Wast	e Hauler ID No.	Cubic Yards of Wa	ste Name of Reg	istered Landfill				
Gr Tech LLC				00337	85	TBD	T.R.R.F. Inc	<u> </u>			2	
City, State						Disposal Date	City, State			100		enida.
Wayne, NJ 07470						TBD	Tullytown, I	PA				
Completed By (Print or Type) Title					- 115-5	Signature /	7 8 2		ate			
N.Jevtic Owner						A.	the week	iad ni	/02/20	015		
11.00 100		O WITHOU				P.E	v	101		PACE TO SERVICE AND ADDRESS OF THE PACE AND ADDRESS OF		

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

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(Pı	ırsuant	to NJAC	8:60 and	12:120	))	Mine	R		35	0	1		
Date of Notification (1) 1/2/15				f Building Choudh		perator	(2)	90	15 11	187 . 6	5: 9		<del>(</del> -		
Agencies Notified Type Notification			Street A 964-98	ddress 34 Magie	e Avent	ue			pi.			7	: 5		
EPA   Initial   Amended   Amendment #	£		City, Sta Elizab	ite, Zip Co eth NJ	ode			4.0	8	计算	Cui Nan	11	ROI		
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding			f Contact Choudh	ry					ephone					
Emil —				LITY INFO	(5)	ON								-	
Name of Facility Where Abatement is Taking	Place (3	3)					Туре	e of Facility (4							
Street Address 964-984 Magie Avenue							×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Othe			ouilo	lings,	home	es,
City (5) Elizabeth			to	84			Squa 210	are Feet 0	# of 2	Floors		B 6:	ldg. A 5	.ge	
County (6) Union				Code (7) USE ONLY	)		Curr	ent Use (Prio	r if bei	ng dem	olished	)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.				atement Con ronmental			LC				
Street Address						Street PO E			7 P S					) <del></del>	
City, State, Zip Code							2000-0000000-00000	Zip Code	18						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	none N	lo.	1000	Licens	se No.				
								HA Monitor							
Occupancy Status During Abatement (Check		ne)				Street	Addre	ess							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:															
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	possesses.	Renova Demoliti				uon lunn	Mi Gi	III Containme ini-Enclosure ovebag Proc on-Exempted	edure					9	
	Is	Location	on			g (						-	Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenar todial S (12)	y by nce/		tos Conta thermal surfac	mal systems insulation, (Sp				mount Specify or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No ·	N/A											ite	Ф
Basement		X	clea	n and e	ncaps	ulate	pipe	15	50 LF			×			
Boiler room		Х			pipe			5	0 LF			X			
Basement		Х		flo	oor tile	)		15	0 SF	x					
Name of Registered Waste Hauler Freehold Cartage	Н	JDEP W auler ID	/aste	Cubic `of Was			Name of F	Registe	red Lan	ndfill			12		
City, State Freehold, NJ		15	5959	Į.	Dispos TBD	al Date		City, State	r						
Completed by A. Scott Higgins	Signature Date 1/2/14					14	4								