

	a   =						,						1.00			
Date of Notification (1) 1-6-15			100		Building O evelopn			2)			JAN	The C		2015		
Agencies Notified	Type Notification		100	Street Ad 57 Rive						1					. Introduction	
EPA DEP  DOL	Amended Amendment				e, Zip Coo ley, MA					A.S	BES L	OENS CENS			L&	
	Emergency (	including		Name of	Contact					Telep	ohone N	lumbe	-			
DOH DCA	Cancellation			Marc S	teinberg	3				413	388 0	076				
				FACIL	ITY INFO	RMATIO		_	CE '''' //							
Name of Facility Where House Street Address	Abatement is Takin	g Place (3	)					Туре	e of Facility (4 School (K-12 Subchapter	2)	r than K	-12)				
83 Quincy Ave.								×	Other (i.e. pretc.)	rivate &	comme			######################################		es,
City (5) Kearney								Squa	are Feet	# of 1	Floors		Bl	dg. A	ge	
County (6) Hudson County				County C	ode (7) SE ONLY)		_	Curr	ent Use (Pric	r if bein	g demol	lished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name o	f Ab	atement Con	tractor (	9)					
AZ Solution Consu				5410	5		Sunn	Ent	terprise Gr	oup Ll	_C					
Street Address 7007 60th St.							Street A		ess Pleasantvie	w Ave	., Ste.	2-32	9			
City, State, Zip Code							City, Sta	ate,	Zip Code							
Ridgewood, Ny 11	385						Hacke	ens	ack, NJ 07	601						
Project Manager for Mor				Telephon			Telepho				License					
Aleksandar Zivano	V			ANGELOS AND PROPERTY	2 1572		862 5	Salesta 8	13961607800		01229	3				
Start Date (10) 1-16-15		Schedule 1-16-1		pletion L	Date (11)		AZ So	oluti	SHA Monitor ion Consul	ting Ll	_C					
Occupancy Status Durin	ng Abatement (Ched	k Only Or	ie)				Street A									
Abatement Perform	cated During Entire ned Outside of Norr							ate, i	Zip Code							
Other – Describe:						-	Ridge	ewo	od, NY 11	385						
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit	T. (17) (10) (1)			×	M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	edure					0	
			20 83					14	On-Exempled	( ) and	I NOTI-I I	lable t		W-07-3000	ement	
		1755	Locati Normal	440000										Ту	ре	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Conta thermal s surfac		ateri insu r, or	25-10-20-05	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	ens w	Yes	No	N/A							20 6					
2nd fl kitchen a		_		X		-	floor ti				30 sf	X	_			-
windows at				X.			and gl	aze	1		90 If	X	-			-
roof edge and p				X			roof			1000	0 sf	Х	_			_
2nd fl bed				X		ling coa		hee			00 sf	X	9			
Name of Registered Wa L. Simon Industries			H	IJDEP W lauler ID IJ-929		Cubic of Was			Name of 110 Sa	84.						
City, State Rochelle Park, NJ			1.			Dispos	al Date mpletic	on	City, Stat West B		n, NY					
Completed by		Title		1			ignature	W-25		-		Date			-	
Bogdan Markovski			of Op	erations	S							1-6-	15			

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2015-03	_		(Pursua	int to N	IJAC 8:	60-7	and 12:120-7)		Check	#7035				
Date of Notification			ame of B	Building Own	ner/Ope	rator (2)					en e		V		
Agencies Notified	Type Notification		reet Add					to a visit of visit of		£	UF HV	10 30	445		U
☐ EPA	X Initial		785 Hi	Iton Place	е				•		**			i	
DEP DOL	☐ Amendm			, Zip Code nus, NJ 0	7652					il As	PER LIGE	NSinc	PO:	\$	
₩ DOH	_	N:	ame of C						management of the same	Telephor	e Numbe	r			PORTOLOGIA -
□ DCA	Cancella	- 11		Duke				\$0		_					
				FAC	CILITY I	NFORMA	ATION								
Name of facility wh	nere abatement is	taking pla	ice (3)					8	Тур	e of Facility School	(4) ol (K - 12	)			
Kathy Duke											napter 8 (		an K-	12)	
Street Address									7		(Private/0/ /Homes,		rcial		
785 Hilton Pla	ace								Sq	uare Feet	# of Floo		Blo	g. Ag	ge
City (5)		Cour	nty (6)					nty Code (7) te use only)	_	urrent Use (F	Prior if bei	na dem	olishe	d)	
Paramus, N.	J 07652	Ве	rgen				(0.0	10 000 011177	1	sidential				*	
Name of Monitorin	ng Firm Hired by I	Bldg. Owne	er (8)		ASC	M No.	T	Name of Abatem	ent Contr	actor (9)				OU TO BE	
n/a	æ							B & G Resto	oration,	Inc.				_	
Street Address								Street Address 105 Ryerso	n Road						
City, State, Zip Coo	de						-	City, State, Zip C		7005					
1500							_	Lincoln Pa		17035	Thicens	e Numb	er	_	
Project Manager fo	or Monitoring Firm	1	c	Phone Nun	nber			Telephone Numb	6869			0378			
Scheduled Start Da	ate (10)	Sched	d. Compl	etion Date (	(11)		-	Name of OSHA B & G Rest		Inc					
01/19/2015	2010-1- <b>4</b> 100- <b>4</b>	01/	21/201	5		North College		Street Address	oration,	1110.					
Occupancy Status								105 Ryerso							
Facility close Abatement p	ed/vacated during performed outside	entire per of normal	iod of ab	atement. ours-				City, State, Zip C	ode						
Describe:  Other-Descr							_	LincolnPark	c, NJ 07	035					
Scope of Work (cl		y)									W				Marie Co.
☐ Demolition	X	Renovati	on				X	Full Containment v	w/negative	e pressure		ebag pr			
>3 sf or >3 l	f 🗶	≥160 sf or	≥260 lf					Mini-enclosure			∐ Non-	-friable			
Location of			n norma	illy used sol	1					Amount	10	e R	R	E n	E
asbestos-co material to b		staff(12)				Description material (		asbestos-containir	ng	(Specify	SF or	m o	p a	c	n c
abated in fac		Yes	No	N/A						LF)		v e	i	p	-
ground floor far	mily room		1	T X	TVA	AT & ma	stic			175 sf		X			Jo
ground noor lai	Tilly 100111	-			=										
												ᆜᆜ			1.
												믐	片	H	누
					<u> </u>	V15	Masta	IN of Dogies	torod Lan	4611		_ _		Ш	
Registered Waste B & G Restora	Hauler ation, Inc.	NJC	19563			Yards of 3	vvaste	Tullyto	own Res	source & F	Recover	y Cen	ter	market 1/kels	Considerate at a
City, State	KI I			Disposa	al Date 01/21/2	015		City, State Tullyto	wn, PA						,
Lincoln Park,		Title				nature					Date				
Completed by (Prin		Title Secreta	ary/Trea	asurer				Gordana Lu	na		01/	09/20	15		

# M D A 2015-04 B & G proj. #: 2015-04

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

batement		
nd 12:120-7)		
Francisco de Carlos d	Check# 4037	

									T. F. F. S.		ARISE		
Date of Notification (1)	1.1	ne of Buildin		Operator (2)					JAN	1 3	2015		-
0 11 1/10 19 1/11 15		m Donker	sloot										-
Agencies Notified   Type Notification	Stre	et Address						-	LS.:				
☐ EPA 🔀 Initial	F	O. Box 2	41						116		-		_
☐ DEP	City	, State, Zip	Code										
DOL Amendme	ent \	Naitsfield,	VT 056	73						-		NO. PAGE	et report
▼ DOH	Nan	ne of Contac	x					Telephon	e Number				
☐ DCA ☐ Cancellati	on	Jim Donke	ersloot					I.				_	=
			FACILI	TY INFORMA	TION								
			TAOILI	11 // 01 // 01			Туре	of Facility	(4)				
Name of facility where abatement is	taking plac	e (3)							ol (K - 12)				
Jim Donkersloot									apter 8 (Ot			2)	
Street Address						TV III		X Other Bidgs	(Private/Co /Homes, et	mmero c.	iai		
307 Birch Parkway							Sau	are Feet	# of Floors		Bldg	. Age	
307 Birotti artivay		(0)			Coun	ty Code (7)	1   -"						-
City (5) .	Count	y (6)				e use only)	Cur	rent Use (F	Prior if being	demo	lished	)	
Wyckoff	Berg	gen			N=-0000			idential					
Name of Monitoring Firm Hired by B	idg. Owner	(8)	T	ASCM No.		Name of Abateme	nt Contra	ctor (9)					
n/a	Ĭ					B & G Restor	ration, Ir	nc.					=
Street Address					<b>=</b>	Street Address	D						
Street Address	-					105 Ryersor	STREET, SQUARE,		-	ng man man ka di Alba	NATIONAL VALUE OF	AND DESCRIPTION OF THE PERSON NAMED IN	ROWERST
City, State, Zip Code						City, State, Zip Co		7025					
Oity, Otato, E.p.						Lincoln Par	A THE STATE OF THE		License	Numb	ar .		
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone Number (973)696-6	er 8889		III PARAMAN AND AND AND AND AND AND AND AND AND A	378	CI		
						Name of OSHA N							
Scheduled Start Date (10)	Sched	Completion	Date (11)	)		B & G Resto		nc.				eletiones.	
01/22/2015	01/2	3/2015			11	Street Address							
Occupancy Status During Abatemer	100000000000000000000000000000000000000		-		-	105 Ryersor	n Road						
Occupancy Status During Abatement  Facility closed/vacated during	entire perio	od of abatem	nent.			City, State, Zip Co	ode						
Abatement performed outside	of normal f	facility hours	-										
Describe:					_	LincolnPark	, NJ 070	)35					
Other-Describe:	1							-					
Scope of Work (check all that apply	() Renovatio				П	ull Containment w	/negative	pressure	✗ Glove	bag pr	ocedu	re	
☐ Demolition					X	/lini-enclosure			☐ Non-f	riable (	oroced	ure	
<b>X</b> > <u>3</u> sf or > <u>3</u> lf	≥160 sf or		d aninh							TR	R	E	E
Location of	by mainte	n normally u enance/custo	sed solely odial		tion of a	sbestos-containin		Amount		e m	e p	n	п
asbestos-containing material to be	staff(12)			material	(ACM)	3003100 00111411111		(Specify	SF or	0	a	а	C
abated in facility (13)	Yes	No	N/A							v e	r	р	-
	F		X	pipe insu	lation	ıl .		12 lf		X		<u> </u>	1
above drop ceiling tiles			X	pipe insu				75 If		X		Ц.	빌
basement			X	pipe inst				45 If		X		ᆜ	븯
crawl space				1						14	님	ᆜ	11
	-											Ш	
Registered Waste Hauler		EP Hauler II	D# C	ubic Yards of	f Waste	Name of Regist	ered Land	afill	Recover	/ Cen	ter	871	
B & G Restoration, Inc.		19563		3		City, State	JVVII NES	ouroe a	. (000 01)	331	THE REAL PROPERTY.		EXMINITE
City, State			Disposal Dis	Date /23/2015		Tullyto	wn, PA						
Lincoln Park, NJ	1			Signature					Date	0.000		a socilla	
Completed by (Print or Type)	Title Secreta	ary/Treasu	ırer	J.g.i.atara		Gordana Lu	na		01/0	09/20	15		
Gordana Luna	0001010												

NO CK 2015-03

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

B & G proj. #:	2015-03	3.11 (-1)	(1	ursuarr	10 110/10 0			Checket	7036 V		7	
Date of Notification (1)		I I Ne	mo of Buildi	ing Owne	r/Operator (2)				4 4 4 4 4 4			
[0   1   / 10   9   /	11 15 1		ori Morea		/Opolato: (=)			I A KI	1 3 2015		ᆀ	
	ype Notification		et Address									
□ EPA	33		36 Hanov									
DEP DEP	Initial		y, State, Zip					1 110	DEM STATE		1	
X DOL	Amendme				NJ 07046			hard	-		.,	
X DOH		Nar	me of Conta	act				Telephone	Number			
DCA C	Cancellati	ion	Lori More	au								
			LOIT WICK		ITY INFORM	ATION						
				FACI	LIT INFORM	ATION		Type of Facility (4	4)			
Name of facility where	abatement is	taking plac	æ (3)					School	(K - 12)			
Lori Moreau									apter 8 (Other		12)	
Street Address									Private/Comm Homes, etc.	ercial		
86 Hanover Roa	ad								# of Floors	Bld	ig. Ag	e
City (5)		Count	y (6)				ty Code (7)					_
5		Mor	rio			(Stat	e use only)	Current Use (Pr	ior if being de	nolishe	d)	
Mountain Lakes					ADOM No	L	Name of Abatement	residential t Contractor (9)				_
Name of Monitoring F	irm Hired by B	ldg. Owner	r (8)	1	ASCM No.		B & G Restora					
n/a ————————							Street Address	ition, mo.				_
Street Address				82			105 Ryerson	Road	(*)			
City, State, Zip Code							City, State, Zip Code					
Oily, Oldio, Ep over							Lincoln Park,			No.		
Project Manager for M	onitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-68	69	License Nun			
							Name of OSHA Mo					
Scheduled Start Date	(10)	Sched.	Completio	n Date (1	1)		B & G Restora					
01/19/2015		01/2	0/2015				Street Address					
Occupancy Status Dur							105 Ryerson I					_
Facility closed/vi	acated during	entire perio	od of abater	nent.			City, State, Zip Cod	е				
Describe:		OI HOITHAI I	aomity nour			-11	LincolnPark, I	NJ 07035				
Other-Describe:		<u> </u>									- 1	
Scope of Work (chec	K all that apply	) Renovatio	n			□F	ull Containment w/n	egative pressure	<b>X</b> Glovebag	procedi	ıre	
		>160 sf or :				X	fini-enclosure		Non-friable	e proce	dure	
>3 sf or >3 lf			normally u	sed solel	vI				R		E	E
Location of asbestos-contai	ining	by mainte	nance/cust		Descript		sbestos-containing	Amount (Specify S	e m	e p	n	n
material to be		staff(12)		T	material	(ACM)		LF)	0 0	a	a p	L
abated in facility	/ (13)	Yes	No	N/A					e	1	F .	-
basement area				X	pipe insu	lation		1 If 50 If	IX.	╫	X	늗
basement area				X	pipe	Iletion		22 lf	X	╁	H	卡
crawl space				X	pipe insu	liation		30 lf		ili	X	亡
crawl space				X	pipe		and the second of the second of	77		言		E
Registered Waste Hau	iler	INJDE	P Hauler I	D# 1 (	ubic Yards of	Waste	Name of Registere	ed Landfill				
B & G Restoration	n, Inc.		19563		1			n Resource & R	ecovery Ce	nter		
City, State				Disposal 01	Date /20/2015		City, State Tullytowr	n, PA				
Lincoln Park, NJ		Title		- 01	Signature				Date			
Completed by (Print of Gordana Luna	i Type)		ry/Treasu	irer			Gordana Luna		01/09/2	015		

mo 222528 24013

				A. * C. C. C.		LO NOAC					-	×			2//	
Date of Notification (1) 01/08/15						Building one Pac						JAN 1	3 20	15		
Agencies Notified		e Notification		- 1	Street A	ddress acramen	nto Stre	eet		1					1-	7
EPA DEP DOL	×	Initial Amended Amendment	#			te, Zip Co		ornia			ASBI	ESTUE ( LICENS	J (1) SING	IOL 8	ź	
X DOH X DCA		Emergency justification) Cancellation		- 1	Name of	Contact				i de la composition della comp	Tel	ephone No	ımber			
<u>N</u> 36/1		Carloonation				LITY INFO	DRMATI	ON								_
Name of Facility Where Sun National Bank		ment is Takin	g Place (3	)	7,101			<u> </u>	Processor.	of Facility (						
Street Address 2637 Main Street										Subchapter Other (i.e. p	8 (Oth			dings	home	es,
City (5) Lawrenceville			-2/2-1911							re Feet	# 01	f Floors		Bldg. A	\ge	
County (6) Mercer						Code (7) USE ONLY)			Curre	ent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm Partner engineering					ASCN	No.		Name	of Aba	atement Cor	ntractor	(9)				
Street Address 10 Mountainview R	load							Street	Addre	ss						
City, State, Zip Code Upper Saddle Rive	r Ne	w Jersey 0	7058					City, S	State, Z	ip Code						
Project Manager for Mor William Lopez	nitorin	g Firm			Telepho 646-79	ne No. 94-5963		Telepi	hone N	0.		License	No.			
Start Date (10) 01/18/15			Schedule 01/28/1		npletion	Date (11)		Name	of OS	HA Monitor			-			
Occupancy Status Durin	g Aba	tement (Chec	k Only On	e)		-		Street	Addre	ss						
Facility Closed/Vac Abatement Perform	ned Ou							City, S	State, Z	ip Code						_
Other – Describe:																
Scope of Work (Check A	All Tha	t Apply)						_	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enova emolit					Mi Gl	II Containmoni-Enclosure pvebag Propon-Exempter	e cedure					
			Т.						_ INC	ii-Lxeiiptei	u ( ) all	u NOII-I III	DIETT		ement	t
Location Asbestos-Containing		rial (ACM)	l N	Locati Iormal d Sole	ly	Ashas	Des	scription		I (ACM)	Δ	mount		G0000000000000000000000000000000000000	уре	
TO BE AB In Faci (13)	ATED lity			intenar odial S (12)			thermal surface		s insul AT, or	ation,	(8	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A										· ·	1000
Basem	ent				х		Vat a	and Ma	astic		17	00 SF	x			
Name of Registered Was	ste Ha	auler	1	N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landf	ill			
Rovic				100000	JDEP2		of Was	ubic				source F	Recov	ery		
City, State Riverdale, New Jers	sey						2-20-	sal Date 15	)	City, Stat		source F	Recov	ery		
Completed by			Title			12	S	Signatur Sul	. /	one	)		Date 01/08/	15		
							Marin Service	1	-							

### State of New Jersey

				NC				SBESTOS AE 8:60-7 and 12:		DE			W/ eck	[		1
Date of Notification (1)	1/9/15							erator (2) ent of Milita	ary Affairs		JAN 1	:	015			1
Agencies Notified [X] EPA [ ] DEP	Type of No		on S	treet A	ddress ggerts	Cross		g Road	•	ASI	BESTOS	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	en e e e e e e e			j
[X] DOL	[x] Ame				ate, Zip C encevil		080	648		The state of the s	LICE	NSINO	3			-
[X] DCA	Amend #2	•	1 33		of Contact m McE					Telephone Nur	nber -					
			_			FACILIT	TY IN	IFORMATION								-
Name of Facility Where Cherry Hill Armo		t is Tak	king Pla	ce (3)					Type of Facil	ity (4) ool (K-12) chapter 8 (Other er (i.e. private an	than K-12	2)	02005			
Street Address									[x] Oth	er (í.e. private an nes, etc.)	d comme	rcial bu	ildir	gs,		
Park Boulevard (	@ Grove		County					Code (7)	Square Feet	# of Floor	rs	Bldg.	Age			
City (5) Cherry Hill		2 (Prior if being der	molished)	~65		_										
Name of Monitoring Fir Whitman		<sup>(9)</sup> ronmental S	ervices	, Inc.												
Street Address																
7 Pleasant Hill R	load						_			bridge Road	l, Suite	100				
City, State, Zip Code Cranford, NJ 085			Tala		NI L				Pine Brook,	NJ 07058	· · · ·					
Project Manager for Mo Kevin Lovely			732	-390	Number 0-5858				973-575-87	00	Licens	se Num		85	2	
Scheduled Start Date ( 12/22/14 1/		Sched		letion 8/15	Date (11	)	N	lame of OSHA N		onmental La	borator	ies, l	LC	,		
Occupancy Status Duri [] Facility Closed [] Abatement Per	d/Vacated D	uring E	ntire Pe	eriod o	of Abatem		S	treet Address 2	333 Route	22W						
Descr [x] Other – Descr	ribe:			1 4011	ty riouis		C	ity, State, Zip C	ode Union, NJ 0	7083				201420-00	+	
Scope of Work (Check	all that appl	ly)							fv1 E	Full Containment	with Nogs	stino Dr		ıro	1	14
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	260 If				[]	Renova	ation		[] N	lini – Enclosure dovebag Procedu on – Friable Proc	ıre	alive Fi	622	uie.		
				Locat mally	AUTO COLOR			Descr	iption of				Aba		nent	
Location	30(50)		S	olely	by			Asbestos -	- Containing		Amou	nt	R	R	EE	Ξ
Asbestos – Co Material (A			111111111111111111111111111111111111111	enand al Staf	ce/Cus				al (ACM) nal systems		(Speci		E	E	NN	
TO BE ABA			touis	ai Otai	(12)				urfacing, VAT,		3F 01 L	.୮)	M O	PA	CAL	
In Facili (13)	ity		Yes	No	N/A			or other mi	scellaneous)				V A	I R	P C S S	0
Club and Museum				X		VAT					1900 SF		L	+	UL	J
Club and Museum				ster			2900 SF		x	+	_	-				
Club and Museum				x		Pipe in					90 LF	_	x	$\forall$		-
Name of Registered Wa Jupiter Environm			<sub>S</sub> Ha	DEP \ uler II 4782	Vaste ) No.	2777033	ubic \ f Was	Yards ste 40	Name of Re Minerva	gistered Landfill Landfill						
City, State		-				Dis	spos	al Date	City, State				-			-
Lincoln Park, NJ						2/	/27/		Waynest	ourg, OH						
Completed By (Print or Pane Repic	Type)		Title Gen	eral	Manag	er		Signature	1	~	1/9	/15				_

ASB-41
12/19/14: Amendment #1 – Start date has been postponed. Waiting for building permit. 1/9/15: Amendment #2 – New start date has been set for 1/26/15.

### State of New Jersey

			NOT			ASBESTOS AB JAC 8:60-7 and 12:				∏ \// Che	ck#	771	6	The second second
Date of Notification (1)	1/9/15			Building		Operator (2)			IΔN 1 3	g gride	5			TO COMMO
Agencies Notified	Type of Notificat	188	treet A		,			14-1		2-1	-		1	T
[] EPA	to a laction	1	0 Co	urt Stre	eet							İ		
[] DEP	[x] Initial Notification							AGE	57024	21131	32.8			+
	[] Emergency	C		te, Zip C		200 0000			LICENS	alvG.				1
	[] Amended		lorris	town,	NJ U/S	963-0900								
[x] DOH	Notification	N	ame of	Contact				Telephone Nu	mber					
[] DCA	[] Cancellation	1 0	hris \	Nalkei	-									
				F	ACILITY	INFORMATION								
Name of Facility Where	e Abatement is Ta	king Pla	ce (3)				Type of Facilit	ty (4)						
Morris County C							[] Scho	ool (K-12) chapter 8 (Other	than K-12	2)				
Street Address							7 [] Othe	r (i.e. private ar	nd comme	rcial bui	ilding	s,		
32 Washington S	St.						nom	ies, etc.)						
		0 1	(0)		0	-t · O - d ÷ (7)	Square Feet 120000	# of Floo	ors	Bldg. ~ 90	Age			
City (5)	3.	County				nty Code (7) ATE USE ONLY)		Prior if being de	molished)			_		
Morristown		Department of the Control					Courthouse, o	offices						
Name of Monitoring Fin			10000	SCM No		Name of Abatem			`	Inc				
Omega Environr	nental Servic	es	0	00	-		lupiter Envir	onmental S	ervices	i, inc.	8			_
Street Address	<b>.</b> 4					Street Address	323 Change	bridge Roa	d Suite	100				
289 Huyler Stree	<b>3</b> L					City, State, Zip C		bridge real	a, Caite	100				
S. Hackensack,	NJ 07606						Pine Brook,	NJ 07058						
Project Manager for M		Tele	phone	Number		Telephone Numb	per		Licen	se Num			_	
Geiser Fajardo				-8700			973-709-02	00			00	85	2_	
Scheduled Start Date (		d. Comp	letion [ 31/15	Date (11)		Name of OSHA I	Monitor J & S Enviro	nmental La	aborato	ries I	10			
Occupancy Status Dur			9.517			Street Address	O G O LITVIII	Jilliontal L	aborato	.,,,,,		-		-
[ ] Facility Close	ed/Vacated During	Entire F	Period o				2333 Route	22 W						
	erformed Outside ribe: holidays and			ty Hours	-	City, State, Zip C	ode	OF .				17		_
[] Other – Descri		evening	2				Union, NJ 0	7083						
Scope of Work (Check	all that apply)								t with Non	etius D		ıro		
[] Demolition				[X]	Renova	ation		Full Containmen //ini – Enclosure		alive P	iessi	ire		
[] ≥3 sf or ≥3 lf				E 4			įj G	lovebag Proced						
[x] ≥160 sf or ≥2	160 If						[] N	lon – Friable Pro	ocedure					
7			Locat			D						tem	nent	1
Location	n of		rmally I Solely I				ription of – Containing	9.0	Amou	int	R		E	E
Asbestos – C			itenanc			Mater	ial (ACM)		(Spec		E	E	N	N
Material (		tod	ial Staf	f (12)			mal systems		SF or	LF)	M		C	C
TO BE AB In Faci			T	-			surfacing, VAT, iscellaneous)				0	A	A P	L
(13)		Yes	No	N/A							Α	R	S	S
		-	-								L	+	U	U
Basement storage		+	x		Ceiling	plaster - cleanup	of furnishings	s/surfaces	1700 SF	. 3		х		
							T.,							
Name of Registered V			JDEP \ auler IE		2.772	ibic Yards Waste		gistered Landfil						
Jupiter Environn	nental Servic	es   n	04782			3	Minerva	Lanuilli						
City, State						sposal Date	City, State	611						
Lincoln Park, NJ					_   1	/30/15	vvaynest	ourg, OH		to				-
Completed By (Print o	r Type)	Title	2025	1/05-	105	Signature	/		Da	te 9/15				
Pane Repic		Ger	ierai	Manag	yer	1/2			173	0110			-1.11	
ASB-41						/								

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Date of Notification (1) 1/05/15				lame of I Joh Co	Building C rgan	wner/O	perator	(2)			.IAN 1	3	2015	1	
Name of the second seco	e Notification		1 7	Street Ad 105 Wa	dress alnut Ave	enue						-5	20,0	TO THE REAL PROPERTY.	
EPA DEP DOL	Amended Amendment #		- 1		e, Zip Coo d, NJ 0				į	AS	BESTOS LICEN			8	
DOH DCA	Emergency (in justification) Cancellation	cluding	1	Name of O		9				Tele	phone Num	ber		-	
				FACIL	ITY INFO	RMATIC	ON	-		1					
Name of Facility Where Abate House	ement is Taking	Place (3)	41					Тур	e of Facility (4 School (K-12						
Street Address 412 South Elmer Street	t							×	Subchapter of Other (i.e. pr	(Othe			lings,	home	s,
City (5) Westfield								Squ N/A	etc.) iare Feet	# of	Floors	- 1	ldg. A	ge	
County (6) Union		•		County C	ode (7) SE ONLY)			Cur	rent Use (Prio	r if bei	ng demolishe	ed)			
Name of Monitoring Firm Hire	ed by Building O	wner (8)	-	ASCM	No.			of At	patement Con atement, Inc		(9)				
Street Address					8		Street	Addr							
City, State, Zip Code									Zip Code	uc				-	-
									NJ 07512						
Project Manager for Monitorin	ng Firm			Telephon	ie No.			345	-8685		#00675	).			
Start Date (10) 1/20/15		Scheduled 1/21/15	Com	pletion D	Date (11)				SHA Monitor atement, In	C.					
Occupancy Status During Ab				ont			Street 11 R		ress ngren Aver	ue					
Facility Closed/Vacated Abatement Performed C Other – Describe:	Outside of Norma	I Facility F	lours	ent			10000-000		Zip Code NJ 07512	i is					
Scope of Work (Check All Th	at Apply)						. 0.0	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ас Арруу		novat moliti					× N	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				ą	-
	<del></del>	Γ.,									- 11011		Abate		
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		No Used	tenar	ly ly by nce/		tos Con thermal surfa		Mater ns ins AT, or	1.696	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A										te	(0
basement			Χ			pipe	insula	ation	1	6	0 LF	X			
												-	-		
		-										-			
Name of Registered Waste H	Hauler		12000	JDEP W		100-100-100-100-100-100-100-100-100-100	Yards		Name of	Regist	ered Landfill				
D&S Abatement, Inc.			0.000	lauler ID 20996	No.	of Wa	3003430				gement o	f PA			
City, State Totowa, NJ	7.					TBD			City, Stat				W.		
Completed by Deanna Brkusanin		Title Projec	t Ma	anager			Signatur	re Da	riens &	Ru	Da 1/	ite 05/1	5		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

CK 6774002963

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Date of Notification (1) 1/05/15					Name of I John W	Building O arren	wner/O	perator	(2)			JAN 13	201	F)		
Agencies Notified	Тур	e Notification	- 53	100	Street Ad	<sub>dress</sub> Vesbit S	traat		-50	in the same	i	2011 1 2	701	3	12	4
× EPA	×	Initial				e, Zip Cod					1.000	national designation of the second section of	#*0 an a sail a			+
EPA DEP DOL		Amended Amendment				City, NJ		7		Ĺ	ASBE	STOS CO LICENSII	NTAL	DL &	-	
ĭ DOH □ DCA	Ц	Emergency ( justification)		1	Name of			-			Tele	ephone Num				
DCA		Cancellation			John W						<u> </u>					_
Name of Facility Where	Abate	ment is Takin	g Place (3)		FACIL	ITY INFO	RMATIC	ON	Тур	e of Facility (4	4)					$\dashv$
House			3						П	School (K-12						
Street Address 12 1/2 Nesbit Stree	t								×	Subchapter	8 (Oth	er than K-12) & commercia		ings,	nomes	s,
City (5) Jersey City									Squ N/A	are Feet	# of N/A	Floors	200707	dg. A	ge	
County (6)					County C	ode (7) SE ONLY)			Cur	rent Use (Pric	7					
Hudson  Name of Monitoring Firm	Lliro	d by Duilding	Oumar (9)		ASCM			Name	. 200	patement Con	tractor	(9)				_
N/A	Inne	d by Building	Owner (6)		ASCIVI	NO.		D&S	Aba	atement, In		(0)				
Street Address								Street 11 R		ess ngren Aver	nue					
City, State, Zip Code										Zip Code NJ 07512						
Project Manager for Mor	nitorin	ng Firm		_	Telephor	ne No		Teleph				License No	١.			
1 Toject Manager for Mor	iitOrii	g r iiii			теюрию	10 110.		973-	345	-8685		#00675				
Start Date (10) 1/21/15			Schedule 1/22/15		mpletion [	Date (11)				SHA Monitor atement, In	c.					
Occupancy Status Durin	ng Aba	atement (Che	ck Only On	e)		08		Street								
Facility Closed/Vac	ated	During Entire	Period of A	baten	nent					ngren Aver	nue					
Abatement Perform  Other – Describe:	Occu	pied	nai Facility	nour	5		_	100 to 100 to 1		Zip Code NJ 07512						
Scope of Work (Check A	All Th	at Apply)														
≥3 sf or ≥3 lf		ů.	-	enova				3		Full Containme		n Negative P	ressu	е		
≥160 sf or ≥260 lf				emoli	tion			É	] ;	Mini-Enclosure Glovebag Prod	cedure					
				-				L		Non-Exempted	d (*) ar	d Non-Friab			e ment	
200.000 0000 0000 0000 0000			10.75	Locat		42		3							ment pe	1
Locatio Asbestos-Containing		erial (ACM)	Use	d Sole	ely by	Asbest		scription taining I		rial (ACM)	-	Amount			Page 1	
TO BE A	BATE		0.000	intena odial	staff?		thermal		ns ins	ulation,		Specify F or LF)	Ren	Re	neal	Encl
(13)				(12)				niscella			·	. 0. 2. )	Remova	Repair	REn Babsulate	Enclosure
			Yes	No	N/A								1	ر	6 0	-
basen	nent			х			pipe	insula	atior	1	1	00 LF	X			
basen	nent			Х				pipes				40			X.	
N	-1 1				LIDES:	14-		V		l No.	D1:					
Name of Registered Wa D&S Abatement, In		iauler		1	NJDEP W Hauler ID		of Wa					ered Landfill agement o				
City, State				#	20996		TBD	sal Date	e	City, Sta						
Totowa, NJ							TBD		<u> </u>	Tullyto		Α				
Completed by			Title					Signalu	re	an 7 //			te	_		
Deanna Brkusanin			Proje	ect M	lanager			VIL	llle	in Rille	Leel	ca 11	05/1	5		

CK 2391736

				1550					-			A T TANK LANGE	- and drages	1	
Date of Notification (1) 1/05/15						Building Coordinates			(2)		141.	113	3 20	115	
Agencies Notified	Тур	e Notification			Street Ad					14	T OAN		,		17
X EPA	×	Initial				est Aver					Au america	00.0	1 12 78	2:11.	2
EPA DEP DOL	П	Amended Amendment #				ell, NJ 07					ASSEST LHO	MEN	MG	005	
☑ DOH		Emergency (in justification)	ncluding		Name of	Contact				Tel	ephone Nun	nber		hadro, Str. an.	
DCA		Cancellation			Grace I	Kerrigar	1								
Name of Facility Where	Ahata	mont in Takina	Diago (2)		FACIL	ITY INFO	RMATIC	ON	Type of Easili	h. (4)					
House	Abale	ment is raking	Place (3)	W.					Type of Facili						
Street Address									School ( Subchap		er than K-12	2)			
20 Farrington Stree	t								Other (i.e	e. private	& commercia	al build	ings,	home	s,
City (5) West Caldwell									Square Feet N/A	# o	f Floors A	100000	dg. A	ge	
County (6)				T	County C	ode (7)			Current Use (	Prior if be	ing demolish	ned)		2	
Essex					STATE U	SE ONLY)			House		7.000				
Name of Monitoring Firm N/A	Hire	d by Building O	wner (8)		ASCM	No.			of Abatement ( Abatement,		(9)				
Street Address									Address osengren A	venue					
City, State, Zip Code							_	0.000	tate, Zip Code		-		_		
92.00 00 00°C 92								Toto	wa, NJ 0751	12					
Project Manager for Mor	ect Manager for Monitoring Firm					ne No.		110000000000000000000000000000000000000	none No. 345-8685		License N #00675	0.			
Start Date (10) 1/26/15			Schedule 1/27/15		pletion D	Date (11)			of OSHA Moni Abatement						
Occupancy Status Durin	g Aba	atement (Check	Only On	e)				Street	Address		<del>/////////////////////////////////////</del>				
Facility Closed/Vac									osengren A						
Abatement Perform  Other – Describe:	ned O Occup	utside of Norm	al Facility	Hours					tate, Zip Code						
Scope of Work (Check A								1010	wa, NJ 075	12					_
× ≥3 sf or ≥3 lf	di ilic	л дріу)	Пр	enova	tion				] Full Contai	nment wit	h Negative F	Precein	·e		
≥160 sf or ≥260 lf				emolit				×	Mini-Enclo	sure		103341			
									Glovebag I Non-Exem		nd Non-Friat	ole Pro	cedur	е	
			- Is	Locati	on								Abate	ment	
Location			(SSEC)	lormal d Sole	(*) ()			scription					l y	pe	
Asbestos-Containing TO BE AB			Mai	ntena	nce/				Material (ACM) s insulation,		Amount Specify	D	_	Enc	ᄪ
In Faci	lity		Cust	odial 8 (12)	Staff?	,	surfac	cing, VA	T, or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)					T		other m	nscenar	neous)			val	=	ulate	ure
			Yes	No	N/A			Samuela	4'	<del></del> ,	2015	1		3000	
basem	ient			X			pipe	insula	ation		20 LF	X			
												-			
Name of Registered Wa		auler		5030	IJDEP W lauler ID		Cubic of Was				tered Landfil				
D&S Abatement, Inc	C.				20996		TBD				agement o	I PA			
City, State Totowa, NJ							Dispos	sal Date	V (1000000000000000000000000000000000000	State /town, P	A				
Completed by			Title				/s	ighatun	e /) //	7		ate			
Deanna Brkusanin			Proje	ct Ma	anager			1 WU	luggel	well	u 1	/26/1	)		

	N	2000		OF ASBES NJAC 8:6				-	A IE	GE		$\mathbb{V}$		M
Date of Notification (1) 1/05/15		13		Building Ow Burnham		erator	(2)			1441 1	2 2	015		
Agencies Notified Type Not			Street Add	dress e Road				1		UAN T	Ú -	010	The second second	
	al ended endment #	1		e, Zip Code nd Park,		7424		1 1 1 1 1 1	AS	BESTOS			&	
X DOH justi	ergency (including ification)	N	lame of 0						Tele	phone Num		-		
DCA Can	ncellation			ITY INFOR		)N								
Name of Facility Where Abatement House	t is Taking Place (3)	)	1,7012				Туре	e of Facility (						
Street Address 524 Highland Ave							×	Subchapter	8 (Othe	r than K-12) commercia	build	ings, l	nome	s,
City (5) Upper Montclair							Squ N/A	are Feet	# of N/A	Floors	2022	dg. Ag	ge	
County (6) Essex	10		County Co	ode (7) SE ONLY)			Curr	rent Use (Pri USE	or if beir	ng demolishe	ed)			
Name of Monitoring Firm Hired by I	Building Owner (8)		ASCM	No.				atement Contemporate		(9)				
Street Address						Street 11 R		ess ngren Ave	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm	m		Telephon	e No.		Teleph 973-		No. 8685		License No #00675				
Start Date (10) 1/21/15	Schedule 1/22/15		pletion D	ate (11)				SHA Monitor atement, Ir		88				
Occupancy Status During Abateme	ent (Check Only On	ie)				Street								
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe: Occupied					-	City, S	tate,	Zip Code						
	-h A					1000	wa,	NJ 07512		-				
Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ F	Renoval Demoliti				×	N G	full Containm fini-Enclosur Blovebag Pro Ion-Exempte	e cedure				9	
	Is	Locati	on									Abate	ment	
Location of	1	Normalled Sole	y			cription			335			ıy	pe	
Asbestos-Containing Material ( TO BE ABATED In Facility (13)	(ACIVI) Ma	intenar todial S (12)	nce/	(i.e. th	nermal surfac		s insu T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
basement		x			pipe	insula	tion		1	0 LF	Х			
basement		Х				pipes				120			Х	
basement		Х		- L- L-	pipe	insula	tion		3	0 LF	Х			
								0						
Name of Registered Waste Hauler D&S Abatement, Inc.	r se	Н	JDEP Wauler ID 20996	No.	Cubic of Was TBD			110000000000000000000000000000000000000		ered Landfill gement of	PA	12	Avenue and	
City, State Totowa, NJ					Dispos TBD	sal Date		City, Sta		A				
Completed by Deanna Brkusanin	Title Proje	ect Ma	anager		S	ignatur	lea	elela H	hlle	illu 1/	te 05/1	5		

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

Date of Notification (1)				(Pur	suant 1	to NJAC	8:60 and 12:120	) IK					
DPA   DRP   Amended   Amendment #   Maple Shade. NJ 08052   Name of Facility Where Abatement is Taking Place (3)   Maple Shade. NJ 08052   Name of Facility Where Abatement is Taking Place (3)   Street Address   Street Addres		15						(2)	JAN 13	2015	)	L	归
Dear	Agencies Notified	10.50	on										$\exists$
Annendment #   Maple Shade N J 08052   Name of Contact   Telephone Number   Wallace Anderson   Street Address   Street Addr					_				, 10 m m		DL 8		_
Emergency (including   Indications)   Name of Contact   Mallace Anderson   Telephone Number   Telephone Nu			ıt#			100		L	LICENSII	VG			_
		Emergency	(including	g					T Talankana Nime			_	_
Name of Facility Where Abatement is Taking Place (3)   Screet Address   Scheduled Completion Date (11)   Scheduled Completion Date (11)   I/19/15	DCA					(하시하시) (하시하시)	(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(		l elephone Numb	er			
School (K-12)   Street Address   Stre					FA	CILITY IN	FORMATION						
Street Address   Stre		Abatement is Ta	king Place	(3)				School (K-1	2)				
Country (S)	5.5%										din an		
Maple Shade. NJ 08052	26 5th Avenue							homes, etc	private 8 commercia .)	a Dulic	ings		
County (6) Burtington Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  Street Address  City, State, Zip Code  Maple Shade, NJ 08052  Froject Manager for Monitoring Firm  Telephone No.  Glephone No.  Glephone No.  Glephone No.  Glephone No.  Gloy-481-2122  Cocupancy Status During Abatement (Check only one)  Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: Contained area  Scope of Work (Check all that apply)  Demoition  Screet Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Street Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Street Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Street Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Street Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Street Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Street Address 300 Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Asbestos-Containing Material (ACM)  TO BE ABATED  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos-Containing Material (ACM)  Non-mally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAMStic  Cubic Yards of Waste  TBD  TBD  Completed By  Title  Street Address 300 Lenola Road  City, State  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement												Age	
Name of Monitoring Firm Hired by Building Owner (8)   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.		052							-	-	yrs		_
AEI2, LLC   Street Address   Street Address   300 S. Lenola Road					USE	nty Code( ONLY)	(7) (STATE		rior if being demolis	shed)			_
Street Address  Street Address  Street Address  30 S. Lenola Road  City, State, Zip Code  Maple Shade, NJ 08052  Project Manager for Monitoring Firm  Telephone No. 609-481-2122  Start Date (10) 1/19/15  Scheduled Completion Date (11) 1/23/15  Occupancy Status During Abetement (Check only one) Facility Closed/Vacated During Entire Period of Abetement Abatement Performed Outside of Normal Facility Hours Other - Describe: Contained area  Scope of Work (Check all that apply)  Pall Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Absestos-Containing Material (ACM) 1 Staff? (12)  Yes No N/A  Nastic  Cubic Yards Name of Registered Landfili TBD  TBD  TBD  TBD  TBD  TBD  TBD  TBD		Hired by Buildir	ng Owner	T	ASCM	No.		nent Contractor (	9)				
City, State, Zip Code    City, State, Zip Code   Maple Shade, NJ 08052	(8)			_			AEi2, LLC						
City, State, Zip Code    City, State, Zip Code   Maple Shade, NJ 08052	Street Address												3375
Maple Shade, NJ 08052													
Project Manager for Monitoring Firm	City, State, Zip Code												
Start Date (10)  1/19/15  Scheduled Completion Date (11)  1/23/15  Scoupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: Contained area  Street Address 300 Lenola Road  City, State, Zip Code Maple Shade, NJ 08052  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  Mini-Enclosure  Slovebag Procedure  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Lower level  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Landfill  TBD Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (Specify  Asbestos Containing Material (ACM) (	Drainet Manager for A	tonitoring Firm		I Tal		M-		143 08032	License No				_
ABILD   ABARTED   IN Facility   Clase	Project Manager for N	ionitoring Firm		Tele	epnone	No.		22					_
Occupancy Status During Abatement (Check only one)       Street Address         ☐ Facility Closed/Vacated During Entire Period of Abatement       Abatement Performed Outside of Normal Facility Hours       300 Lenola Road         ☐ Other - Describe:       Contained area       Maple Shade, NJ 08052         Scope of Work (Check all that apply)       ☐ Ill Containment with Negative Pressure         ☐ Mini-Enclosure       ☐ Glovebag Procedure         ☐ Slovebag Procedure       ☐ Normally         Used Solely by Maintenance/ Custodial       Asbestos-Containing Material (ACM)       Amount (Specify energy and a significant of the procedure)         In Facility (13)       Yes No N/A       Mastic       SF or LF)       SF or LF)       The procedure of the procedur		1 1900		omple	tion Da	ite (11)		Monitor					
Facility Closed/Vacated During Entire Period of Abatement   Aba	A STATE OF THE STA												_
Abatement Performed Outside of Normal Facility Hours    City, State, Zip Code Maple Shade, NJ 08052	The state of the s	A CONTRACTOR OF THE PROPERTY O											
Scope of Work (Check all that apply)													_
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf				у пои	15		Maple Shade	e, NJ 08052					_
Secondarion	Scope of Work (Check a	ill that apply)					Full Co	ntainment with N	legative Pressure				
Second   S	Dag of or ag If		Re	enovat	ion								
Secretary   Secr	≥160 sf or ≥260 lf		De	emolitic	n				las Eriabla Dragadi				
Normally   Used Solely by   Maintenance/   Custodial   Staff?   (12)   Yes   No   NI/A   Normally   Used Solely by   Maintenance/   Custodial   Staff?   (12)   Yes   No   NI/A   Normally   Normally   Used Solely by   Maintenance/   Custodial   Staff?   (12)   Yes   No   NI/A   Normally   Used Solely by   Maintenance/   Asbestos Containing Material (ACM)   (Specify   SF or LF)   SF or LF)   Second or containing Material (ACM)   (Specify   SF or LF)   Second or containing Material (ACM)   (Specify   SF or LF)   Second or containing Material (ACM)   (Specify   SF or LF)   Second or containing Material (ACM)   (Specify   SF or LF)   Second or containing Material (ACM)   Second or containing Material (ACM)   (Specify   SF or LF)   Second or containing Material (ACM)   Amount   Second or containing Material (ACM)   A			lel	ocati	O.D.	l	I NON-EX	(empted (*) and r	ion-rhable Procedu		hate	ment	_
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Lower level  Name of Registered Waste Hauler AEi2, LLC  City, State Maple Shade, NJ  Completed By  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  P			N	ormall	У					'			
Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler  AEi2, LLC  Name of Registered Waste Hauler  AEi2, LLC  City, State  Maple Shade, NJ  Custodial Staff? (12)  Custodial Staff? (12)  Name of Registered Landfill  TBD  City, State  Maple Shade, NJ  Completed By  Custodial Staff? (12)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e., thermal systems insulation)  (i.e., thermal systems insulation)  (i						Achae			Amount	_		E	
Name of Registered Waste Hauler   AEi2, LLC   LLC   Ltc			C	ustodia	al		, thermal systems i	insulation,	(Specify	e		c	n c
Ves   No   N/A		1	1 3						SF or LF)	0	P	P	0
Name of Registered Waste Hauler AEi2, LLC City, State Maple Shade, NJ  Title  No N/A  Mastic  Cubic Yards of Waste Hauler ID No. 21376  Disposal Date TBD  Date  Signeture  Date  Date	(13)		-	(12)		-	Outer miscendite	ousj		a		u	u
Name of Registered Waste Hauler  AEi2, LLC  City, State  Maple Shade, NJ  Completed By  Title  X Mastic  ABABTIC  ABATIC  ABABTIC  ABABTIC  ABABTIC  ABABTIC  ABABTIC  ABABTIC  ABATIC  ABAT			Yes	No	N/A					1		a t	e
AEi2, LLC  City, State  Maple Shade, NJ  Completed By  Table  AEi2, LLC  Disposal Date  TBD  City, State  TBD  TBD  TBD  Date	Lower level				X	Mastic			600 SF	X		0	
AEi2, LLC  City, State  Maple Shade, NJ  Completed By  Table  AEi2, LLC  Disposal Date  TBD  City, State  TBD  TBD  TBD  Date													
AEi2, LLC  City, State  Maple Shade, NJ  Completed By  Table  AEi2, LLC  Disposal Date  TBD  City, State  TBD  TBD  TBD  Date													
AEi2, LLC  City, State  Maple Shade, NJ  Completed By  Table  AEi2, LLC  Disposal Date  TBD  City, State  TBD  TBD  TBD  Date			_										
AEi2, LLC  City, State  Maple Shade, NJ  Completed By  Title  Disposal Date  TBD  TBD  TBD  TBD  Date	Name of Registered Wa	ste Hauler	_1	1.055				Name of Reg	istered Landfill				
Maple Shade, NJ  Completed By  Title  Signeture  Date	AEi2, LLC			1.000		O No.	1	-	•		210-0-14		
Completed By Title Signeture Date	The second secon								. /		×		
		15	Title				- / /	77.	Date				
Will. Whillied	Wm. Minnick			n Mg	r.		11/2	MIM	1/9/15				

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

Data distribution (1)			Name	of Building	Owner/Operator	(2)		2 2	nt	-	+1
Date of Notification (1) 1/9/20	15		Unkr		g Owner/Operator	(2)	JAN 1	3 2	CIU		1
Agencies Notified	Type Notification	n .		Address			7			i	$\exists$
TEPA	Initial	м	#1 B1	rookmea	d Drive	\$	ROTHERRA		700	1 2	_
DEP	Amended		City, S	tate, Zip C	Code		LICE	151140	á		$\neg$
<b>⊠</b> DOL	Amendment Emergency	/including		ry Hill, 1							_
⊠ DOH	justification	(including	Name	of Cont	act		Telephone Number	ar			
DOH DCA	Cancellation	i	Willia	m Hargi	rove						_
			FAC	ILITY INF	ORMATION			-			
Name of Facility Where	Abatement is Tak	dng Place (3)				Type of Facility	(4)				
Residential/Comme	rcial Building	ung mass (s	S.):			School (K-12					
Street Address							8 (Other than K-12)				
#1 Brookmead Driv	е					Other (i.e., p	rivate 8 commercia				
City (s)						Square Feet	# of Floors	1	ig. A	ge	
Cherry Hill, NJ						1700 SF	. 2	-	yrs		_
County (6)					7) (STATE	And the second s	ior if being demolis	hed)			
Camden			-	ONLY)		Vacant				_	_
Name of Monitoring Firm	n Hired by Buildin	g Owner	ASCM	No.		ent Contractor (9	)				
(8)					AEi2, LLC				_		-
Street Address					Street Address	Dand					
					300 S. Lenola						=
City, State, Zip Code					City, State, Zip Maple Shade,						- 1
				<u> </u>	Telephone No.	143 00032	License No.			_	=
Project Manager for I	Monitoring Firm		elephone	NO.	609-481-212	2.	00689				_
	1.00	heduled Com	nlation Da	to (11)	Name of OSHA						$\neg$
Start Date (10)		23/15	pienon Da	ite (11)	AEi2, LLC	wormer.					
1/19/15 Occupancy Status Duri			e)		Street Address						
Facility Closed/Vaca					300 Lenola I	Road					
Abatement Performe	d Outside of Nor	mal Facility H	lours		City, State, Zip C	Code					
Other - Describe:		250			Maple Shade	e, NJ 08052					_
Scope of Work (Check	all that apply)				Full Co	ntainment with N	egative Pressure				
		□ Bono	votion		☐ Mini-En	closure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demo	vation dition			ag Procedure					
Z3 2 100 S1 01 2200 11					Non-Ex	kempted (*) and N	lon-Friable Procedu		hatai	nent	$\dashv$
		Is Loc						′	Typ		
Location		Used S	olely by		Description of	of	Amount			E	E
Asbestos-Containing			nance/ odial	Asbes	stos Containing Ma thermal systems	insulation.	(Specify	R	R	n c	n
TO BE ABA		Sta	aff?	(,,,,,	surfacing, VAT	, or	SF or LF)	m	p a	a p s	0 5
(13)		(1	2)		other miscellane	ous)		v a	i	u 1	u
100		Van	No N/A					1	r	a	e
Exterior		Yes	No N/A	Siding			1,450 SF	X		c	
EXTELLO		=	- A	Diding				1			$\vdash$
			_	-				+	_		$\vdash$
				-				+	-	-	$\vdash$
		-L	LNISES	\	Cubic Yards	I Name of Peo	istered Landfill	_			_
Name of Registered W	aste Hauler		NJDEP Hauler I		of Waste		notored Editoriii				
AEi2, LLC			21376		4	TBD					
City, State					Disposal Date	City, State	1				
Maple Shade, NJ					TBD	TBD	Date			_	-
Completed By		Title			Signature	min					
Wm. Minnick		Program	Mgr.		1111	Milm	1 11113		_		

NOOR

				(1"	ursuarit	to NJAC	0.00 an	iu 12.120	,,	(""			-				
Date of Notification (1) 1/9/15					Name o	f Building	Owner/0	Operator	(2)		11.2		JAN	T	3-7	2015	1
Agencies Notified  X EPA DEP	Тур	e Notification Initial Amended				ddress ast 32nd ate, Zip Co		et				ASBES ASBE	LICE	NS	JICT ING SIN	CHO	8 8
× DOL		Amendment			Paters	son, NJ	07504	1							-		
DOH DCA		Emergency (injustification) Cancellation	riciuality			f Contact Grisez					Tele	phone N	Numbe	r			
					FAC	LITY INFO	ORMAT	ION									
Name of Facility Where	Abate	ement is Taking	Place (3	3)					Тур	e of Facility ( School (K-1							
Street Address 20-21 Wagaraw Ro	ad								×	Subchapter Other (i.e. p etc.)				uild	ings,	home	es,
City (5) Fairlawn									Squ 210	are Feet 00	# of 2	Floors		BI 65	dg. A	ge	
County (6) Bergen						Code (7) USE ONLY	)		Curr	rent Use (Prid	or if beir	ng demol	lished				
Name of Monitoring Firm	Hire	d by Building C	Owner (8)		ASCN	ЛNo.				atement Con ironmental			_C				
Street Address								Street PO E		ess 483, 4 E G	ate Dr	ive					
City, State, Zip Code										Zip Code d, NJ 074	18						
Project Manager for Mor	nitorin	g Firm			Telepho	ne No.		Teleph 973-		No. 8500		License	No.				
Start Date (10) 1/16/15			Schedul 2/16/1:		mpletion	Date (11)		Name	of OS	SHA Monitor					-81F21P.	<del></del>	
Occupancy Status Durin	g Aba	atement (Check	Only Or	ne)				Street	Addre	ess						4-1	
Facility Closed/Vac Abatement Perform Other – Describe:	ed O						_	City, S	tate, i	Zip Code	¥						
Scope of Work (Check A	II Tha	at Apply)							October 1975							-	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			(presented)	Renova Demoli						ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					9	
			ls	Locat	ion						1				Abate	ment	
Location			20000	Norma ed Sole		20.00	De	escription	of				-	_	Ту	pe	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity		Ma	intena todial (12)	nce/		therma surfa	taining N I systemacing, VA miscellar	s insu T, or		(S	nount pecify or LF)	. Kolliokai	Domousi	Repair	Encapsulate	Enclosure
hanna hanna			165	NO	- 3000						- 40	0.1.5	-	-			
basem	ent				X		pipe	insula	tion		13	0 LF	X	+			
Name of Posistered Min	ete III-	ulor		1.	LIDED 14	lants	Cut	Ve		News	Decision 1		(E)				
Name of Registered Was Freehold Cartage	ste Hä	2U/61		H	IJDEP W lauler ID 5959		of Wa	Yards iste		Name of I							
City, State Freehold, NJ		<u>'                                    </u>				Disposal Date TBD				City, State Newbur							
Completed by A. Scott Higgins			Title President					Signature									

										Che.	The same		20	7	$\sigma$		
Date of Notification (1) 1/8/15						f Building o's Pharr		perator	(2)		-	JAN	1 1	3 2	2015		IJ)
Agencies Notified  EPA	Тур	e Notification			Street A 851 El	ddress izabeth	Avenu	е		1		****	en en en en en	11.15%	* * ***		
DEP DOL		Initial Amended Amendment	#			ite, Zip Co eth, NJ				Ĺ	AS	the ball is	CEN	SINC	HU	. &	-
DOH DCA		Emergency justification) Cancellation	1 17		Name of	f Contact					Tel	ephone	Num	ber			
	_				FACI	LITY INFO	ORMATI	ON						-			
Name of Facility Where A Colton's Pharmacy		ment is Takin	g Place (3	3)					Туре	e of Facility ( School (K-1							
Street Address 851 Elizabeth Aven	iue			18.					×	Subchapter Other (i.e. p	8 (Oth				dings,	home	es,
City (5) Elizabeth									100000	are Feet 500	# o	f Floors	5		ldg. A	ge	
County (6) Union						Code (7) USE ONLY	)		Curr	ent Use (Prid	or if bei	ing den	nolish	ed)			
Name of Monitoring Firm	Hired	d by Building	Owner (8)		ASCN	I No.				atement Con ironmental			LLC				
Street Address								Street PO E		ess 183, 4 E G	ate D	rive					
City, State, Zip Code								1000	0.00	Zip Code d, NJ 074	18						
Project Manager for Mon	nitoring	g Firm			Telepho	ne No.		Teleph 973-		No. 8500		Licen 703	se No	).			
Start Date (10) 1/17/15			Schedul 1/31/1		npletion I	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status Durin	g Aba	tement (Chec	k Only Or	ne)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform	ed Ou							City, S	State, 2	Zip Code							
Other – Describe:													-	17.1			
Scope of Work (Check A	II Tha	t Apply)						-	-			70.7.3.4.17.		252 11/7/07	720 min		
≥3 sf or ≥3 if  × ≥160 sf or ≥260 if				Renova Demolit				2	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure						
			le	Locati	ion					OII-EXEMPLE	( ) an	u Non-	Habi	6110	Abate		
Location	of			Vormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED		Ma	ed Sole intena todial s (12)	nce/		tos Cont thermal surfa	taining N	Materia s insu T, or		(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A											Ф	
baseme	ent		-		X		pipe	insula	ition		3	5 LF		х			
Name of Registered Was Freehold Cartage	ste Ha	uler		H	IJDEP W lauler ID 5959		of Wa	Yards ste		Name of I							
City, State Freehold, NJ							200000	sal Date	);	City, State							
Completed by A. Scott Higgins			Title Pres	ident		Signature				41			Dat 1/8	te 3/15			

			(r u	ii Suaiit t	O NOAO O	.oo ana	12.120)		J. J.	CR	. 15	74			Ш
Date of Notification (1) 1/8/15					Building O Enviror			2)		ı	JAN 1	3 20	15		
	e Notification Initial			Street Ad 2 E Bla	dress ckwell S	Street					manan di ana salah di sa		la companya di sangan da sanga Sangan da sangan da s		
X EPA X DEP DOL	Amended Amendment	#			e, Zip Coo NJ 078					AGD:	LICEN	SING	i ing ban l	X	
DOH DCA	Emergency justification) Cancellation	*C.10.40% C.110.5% C.42**C		Name of Bob Sh						Tele	phone Nu	ımber			
	Cariochation			200120000000000000000000000000000000000	ITY INFO	RMATIC	ON								
Name of Facility Where Abate	ment is Takin	g Place (3)		17.0.2				Type of	Facility (	4)					
house								So	thool (K-1	2)					
Street Address 192 Morris Avenue									her (i.e. p		er than K-1 commerc		dings,	home	es,
City (5) Dover								Square 2100		# of 2	Floors	1.0000	ldg. A	ge	
County (6) Morris	-			County C	ode (7) SE ONLY)			Current	Use (Prid	or if beir	ng demolis	shed)			
Name of Monitoring Firm Hire	d by Building	Owner (8)		ASCM	No.				ment Cor nmenta		(9) ces, LL				
Street Address								Address ox 483	3, 4 E G	ate Dr	rive				
City, State, Zip Code							City, Sta	ate, Zip							
Project Manager for Monitorin	a Firm			Telephor	ne No			one No.			License	No.			
1 Tojest Wallager for Worldon	9						973-5	83-85	00		703	192.578 			
Start Date (10) 1/23/15	Scheduled Completion Date (11)  2/23/15  Name of OSHA Monitor														
Occupancy Status During Aba	atement (Che	ck Only On	e)				Street A	Address	2						
Facility Closed/Vacated Abatement Performed C Other – Describe:							City, St	ate, Zip	Code	9	(9				
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		STREET, STREET	enova emolit				×	Mini- Glov	Enclosure ebag Pro	e cedure	Negative			e	
		le	Locati	ion									Abat	ement	t
Location of		l N	lormal	lly		Des	scription	of				-	T	ре	_
Asbestos-Containing Mat TO BE ABATEI In Facility (13)		Ma	d Sole intena odial ( (12)	nce/		tos Cont thermal surfac	taining M systems cing, VAT niscelland	laterial ( s insulat T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
basement & crawl		×		pipe	insulat	tion		9	00 LF	x	-				
												_			-
					Le .										
Name of Registered Waste F Freehold Cartage	lauler		H	NJDEP W Hauler ID 5959		Cubic of Was TBD	Yards ste				ered Land Landfill	fill			
City, State Freehold, NJ			Disposal Date TBD				City, Sta Newbu								
Completed by A. Scott Higgins		Title Presi	ident			S	Signature	11	1		1 '	Date 1/8/15			

### MO#22302819753

Date of Notification (1)	15			Name	of Building	Owner/Operator (2	2)				n (F	
		_		Rober	t Hanes			JA	N 13	3 4	115	
	e Notification			Street	Address		50					,
12222200 USB 0134 conse	Initial Amended			STATE AND ADDRESS.	entral Ave			<u> </u>		- J.5	3-	- A
	Amendment #			0.000	State, Zip C				LICET			
□ DCA □	Emergency (in	cluding			lle Park, 1			T= 1				
	justification) Cancellation				of Contact			Telephone Nun	nber			
	Cancellation				t Hanes							
				FA	CILITY IN	FORMATION						
Name of Facility Where Abate	ment is Takin	g Place	(3)				Type of Facility					
Private house							School (K-1) Subchapter	2) 8 (Other than K-1 :	2)			
Street Address							Other (i.e., ;	orivate and comme		ilding	IS,	
128 Central Ave							homes, etc.					
City (5)							Square Feet	# of Floors	Bit	dg. A	ge	
Rochelle Park, NJ 07662 County (6)				C	to Codo (7) /	CTATE LICE ONLY	Owenet Head (D	is being densely	inhad)			
				Coun	ty Code (7) (	STATE USE ONLY)	Current Use (P	rior if being demol	isnea)			
Bergen Name of Monitoring Firm Hire	d by Building	Swner i	8) [	ASCM	No	Name of Abateme	nt Contractor (0	\				
Hante of Montoring Chin Time	a by banding	O 871:01 (	٠,	ASCIVI	NO.		ent Contractor (a	)				
Street Address						Gr Tech LLC Street Address						
Olicel Address							1202					
City, State, Zip Code						576 Valley Rd #						
,,						Wayne, NJ 0747						
Project Manager for Monitoring	g Firm		Tele	phone	No.	Telephone No.	70	License No.		-		-
	Ĭ		1	15100000000		973-638-1777		01127				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA N	Monitor	01127				
01 /19 /1	No. of the last of				15	Environision Co	maultanta Ina					
Occupancy Status During Aba						Envirovision Co Street Address	onsultants, inc					
▼ Facility Closed/Vacated D				ment			Pood Plda #	25 E				
Abatement Performed Out	side of Norma	I Facilit	y Hour	s - Des	cribe	20-21 Wagaraw City, State, Zip C		33 E				
Time of Abatement:	_AMP	M/	PM_		_AM	Fair Lawn, NJ 0						
Scope of Work (Check all that	apply)							nation with negative	ve press	sure		-
		□ p.						gative Pressure				
≥ 160 sf or ≥260 lf			enovati emolitic			Mini-End Gloveba	a Procedure	Tent with Negativ	ve Press	sure		
		52550				☑ Non-Exe	mpted (*) and N	on-Friable Proced	ure	1		-
1		100	s Locat Norma				-		Ab	atem	ent T	ype
Location of Asbestos-Containing Mate	rial (ACM)		ed Sole		Ashe	Description of stos Containing Ma		Amount	Re	Re	m	Ē
TO BE ABATED		7.0	intena todial			., thermal systems	insulation,	(Specify	Removal	Repair	сар	Enclosure
IN Facility (13)		Cus	(12)	Olaii!		surfacing, VAT other miscellane		SIF or LF)	val	7	Encapsulate	E
. (10)		Yes	No	N/A	1	other miscenane	lous				ф	
Basement		П	П	X	Ding ing	Mation was Provi		50 LF	X	П		
		+-		1000000	1	ılation-wrap&cu	L					
Basement		<u> </u>		X	VAT flo	or tiles		900 SF	X		Ш	
Roof-garage				$\boxtimes$	Tar pape	er		150 SF	X			
									П	П	П	
Name of Registered Waste H	auler	1	NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Was	te Name of Reg	istered Landfill			-	du-more
Gr Tech LLC				00337		TBD	T.R.R.F. Inc					
City, State				30337	00	Disposal Date	City, State					
Wayne, NJ 07470						TBD	The same and	ο Δ -				
Completed By (Print or Type)	Tit	e				Signature /	Tullytown, F		Date			-
						2/0/	1. 1	#		015		
N.Jevtic ASB-41	Ov	ner				The	the Wev	190	1/09/20	015		
MAY 11		* Do no	oi use i	his for	n for ashes	tos licensure exem	oted activities.					

### State of New Jersey NOTIFICATI

CATION OF ASDESTOS ADATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)			N	ame of	Building (	)wner/Operator (2	)			3.INI
01 /	09 _ / _ 15	_	M	arv A	nn Sulliva	an				
Agencies Notified	Type Notification		_	-	ddress			JAN 1	3 2015	
⊠ EPA	Initial		9	5 Norti	h Ridoew	ood Road		-		
⊠ DOLWD	Amended				ite, Zip Co					
▼ DHSS	Amendment #		S	outh O	range, N.	1 07079	1	ASBESTOS	POTAUL &	×
DCA	Emergency (incl	uding			f Contact	3 07072		Telephone Numb		二二寸
(NJAC 5:23-8)	▼ Cancellation		N	1arv A	nn Sulliv	an	***			-
			14.4			ORMATION				
Name of Facility Where A	Ahatement is Taking	Place (3	5)				Type of Facility (4	1)		
		**************************************				3	School (K-12)			
Private house Street Address							Subchapter 8	(Other than K-1 2) ivate and commen	) cial buildings	
	S						homes, etc.)	ivate and commen	olai bollalliga	
95 North Ridgewood F	Coad						Square Feet	# of Floors	Bldg. Ag	е
City (5)	70						1			
South Orange, NJ 070	19			County	Code (7) (5	STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)	
County (6)				o o u i i i j	0000 (.) (.		( Sec. )			
Essex Name of Monitoring Firm	Hired by Building O	wner (8)	IA	SCM N	lo.	Name of Abateme	ent Contractor (9)			
realine of workering the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				- 1	Gr Tech LLC				
Street Address						Street Address				
Street Address						576 Valley Rd #	±283			ļ
City. State, Zip Code				-		City, State, Zip C				
City. State, Lip Code						Wayne, NJ 074				
Project Manager for Mor	nitorino Firm	1	Taler	none N		Telephone No.	70	License No.		
Project startager for wor	itomig i iiii		, 5,0,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35553	973-638-1777		01127		
Start Date (10)	School	uled Co	maleti	on Dat		Name of OSHA	Monitor	01127		
	15 0				15					
						Envirovision Co Street Address	onsultants, inc			
Occupancy Status Durin						550-550	n 1 D11 //	25.5		
					rihe		Road, Bldg .#	33 E		
Time of Abatement:	AM- P	Al acinty	PM_	, - 203	ΔMA	City, State, Zip C				
						Fair Lawn, NJ (	p and decontamir	ation with negative	e pressure	
Scope of Work (Check a	ili that apply)					Full Cor	ntainment with Ne	gative Pressure		
>3 sf or >3 lf > 160 sf or >260 lf		Rer				Mini-En	closure ag Procedure	Tent with Negativ	e Pressure	
≥ 160 sf or ≥260 lf		☐ Der	nolitio	n		H Gloveba	ag Procedure empted (*) and No	n-Friable Procedu	ure ,	
		ls	Locati	on	T					ent Type
Locatio	n of	N	ormal	ly		Description	of	50000 000	Z Z	m m
Asbestos-Containing	Material (ACM)		d Sole			stos Containing M		Amount	Remov	nclo
TO BE AB				Staff?	(I.e	., thermal systems surfacing, VA		(Specify SIF or LF)	Removal	Enclosure Encapsulate
(13)			(12)			other miscellan		35553 523550	=	ate
		Yes	No	N/A				<u>a</u>		
Recement				$\boxtimes$	Ceiling	tiles -2'x2'		400 SF	X	
Basement			$\overline{\Box}$						Thin	ПП
			<u> </u>			_				
Name of Registered W	aste Hauler		NJ	DEP Wast	e Hauler ID No	. Cubic Yards of Wa	ste Name of Reg	stered Landfill		
Gr Tech LLC			1	003378	85	TBD	T.R.R.F. Inc		ture contract of the	
City, State						Disposal Date	City, State			
						TBD	Tullytown, I	PA		
Wayne, NJ 07470 Completed By (Print or	Type) Titi	e				Signature	7 1 2	1.	Date	
	.,,,,,					4	la la ver	190	1/09/2015	
N.Jevtic	Ои	ner				///	EUR COUNT	10	11/03/2013	

**MAY 11** 

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

		210	TIT10	A TIO	State of N	lew Jer	sey						
MO#22302804835		NO			nt to NJ			TEMENT	ui a	iti	AL	s r	,15
Date of Notification (1)				Name	e of Buildir	ng Owner	/Operator	(2)	1 Hay 1 7	-			
	02 /	15		Mon	Ann Sul	livon		8					
Agencies Notified	Type Notification	n			t Address	nvan			JAN	13	-20	15	_
<b>⊠</b> EPA							D J		1			, ,	1
□ DOLWD	☐ Amended			City	orth Ridg State, Zip	Code	Koad		L				-
⊠ DHSS	Amendment		<del></del>				70		ASBEST	OS C	! !	IUL	&
DCA (NJAC 5:23-8)	Emergency justification)		g	Name	Orange,	NJ 0 /0	/9		Manager Manager Company of the Compa	CEN5	ING		
(110/10 0.20-0)	Cancellation								Telephone Nur	nber			
				-	Ann Sul								1
No. 20 (5 10) 10)				FA	CILITY I	NFORM	ATION						
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facility	10010-01				
Private house								School (K-	12)				
Street Address								Subchapter  Other (i.e.	8 (Other than K-1 private and comme	2) ercial h	ildin	ac.	
95 North Ridgewood	Road							homes, etc		JI GIGI D	unum	gs.	
City (5)					1. F 1. F 1.			Square Feet	# of Floors	B	ldg. A	ge	
South Orange, NJ 070	179												
County (6)		11-04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		Cour	nty Code (7)	(STATE	JSE ONLY)	Current Use (F	Prior if being demol	ished)			
Essex							65 83						
Name of Monitoring Firm	n Hired by Buildin	g Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (	9)				_
							ch LLC	8 HOL O 1984 SECTION S	*				
Street Address						-	Address						-
						576 V	alley Rd	#282					
City, State, Zip Code							state, Zip C						
						100000	e, NJ 074						
Project Manager for Mor	nitoring Firm		Tele	ephone	No.		one No.	70	License No.				
Start Date (10)	I Sch	eduled (	Comple	tion Da	to /11\	-	38-1777 of OSHA I	Manitar	01127				
01 /11 /	15	01				300000000000000000000000000000000000000							
								onsultants,Inc				1	
Occupancy Status Durin	od During Entire I	еск опіу	one)			Street	Address						
Abatement Performe	d Outside of Norm	al Facili	ty Have	ment c Doc	corilos	20-21	Wagaraw	Road, Bldg .#	35 E				
Time of Abatement:	AM-	PM/	PM_	s - Des	AM	City, S	tate, Zip C	ode					-
						Fair La	awn, NJ (						
Scope of Work (Check a	II that apply)						Clean u	p and decontam	ination with negativ	e pres	sure		ee
>3 sf or >3 lf		X R€	enovati	on		$\overline{\mathbf{x}}$	Mini-End	itainment with Ne closure	egative Pressure				
≥ 160 sf or ≥260 If			emolitic				Gloveba	g Procedure	Tent with Negativ	e Press	sure		
					_		Non-Exe	empted (*) and N	on-Friable Procedu	ire	1		
Location	n of	7.7	s Locat Norma				7 (24 (2 XX <b>4</b> (2 XX <del>4</del> XX 1 XX			Ab	atem	ent T	ype
Asbestos-Containing		Us	ed Sole	ely by	Ashe		escription (	of uterial (ACM)	Amount	Z	R	m	
TO BE AB			aintena		(i.e	e., therma	systems	insulation,	Amount (Specify	Removal	Repair	Encapsulate	1010
IN Facil (13)	ity	Cus	stodial (12)	Statt?		surfa	acing, VAT	, or	SiF or LF)	ova	₹.	uso	Enclosure
(10)			T	T	1	other	miscellane	eous)		-		ale	9
		Yes	No	N/A								200	
Basement				X	Ceiling 1	tiles -2'x	(2'		400 SF	X			I
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													I
Name of Registered Was	ste Hauler		NJE	EP Waste	Hauler ID No.	Cubic Ya	ards of Was	te Name of Regi	stered Landfill		A CANCELLO		
Gr Tech LLC				03378	35	ТВ	D	T.R.R.F. Inc					
City, State						Disposa		City, State			-	NETTERNE P	1 29
Wayne, NJ 07470						ТВ		100 000 - 000 000 000 000 000 000 000 00	. A .				
Completed By (Print or T	ype) T:	tle					gnature /	Tullytown, P		-4-		_	
	6.5 16 1 13	50.5				3:	griatule /	/ /	-A D	ate			

Signature /

Date

01/02/2015

Owner



Date of Notification (1) 1-9-2015		a	- 111-4-0-111-1			Building O Associa		Operator	(2)	-	1.0	7.1.3			- 1.4	1	The state of the s
		Notification			Street A					54		. 141	1 1	3	2015		
DEP DOL	×	Initial Amended Amendment				te, Zip Coo utherfor		07073			f4	DEC.	ČEN	GIN		1.8	
ĭ DOH ☐ DCA ☐		Emergency (i justification) Cancellation	ncluding		Name of A.J Ro	Contact yce					Tele	ephone					***************************************
Name of Facility Where Ab	oater	ment is Taking	Place (3)		FACII	LITY INFO	RMAT	ION	-	of Facility (	- 53						
Street Address 2 Morton Street						0				School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				lings,	home	es,
City (5) East Rutherford, NJ (	070	73								e Feet	# of	Floors		100000000000000000000000000000000000000	dg. A )+	ge	
County (6) Bergen					County C	Code (7) ISE ONLY)		_	Curre	nt Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm H	Hired	by Building C	wner (8)		ASCM	l No.				tement Cor vironmen			LLO	2			
Street Address								Street 235 \		s ia Avenu	е					- 100	
City, State, Zip Code										p Code y, NJ 073	304					1000	
Project Manager for Monito	oring	Firm			Telephor	ne No.		Teleph 201-3	one No 333-8		S0.	Licens 01174					
Start Date (10) 1-19-2014			Scheduled Completion Date (11) 1-21-2014  Name of O Same as														
Occupancy Status During /  Facility Closed/Vacate Abatement Performed Other – Describe:	ed D	uring Entire P	eriod of A	batem	nent			Street /		p Code				-1900			*
Scope of Work (Check All	That	(vlqqA															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		7,	-	enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	,			Locati	34700				en e	1					Abate Ty	ment	8
Asbestos-Containing N TO BE ABAT In Facility (13)	/later	rial (ACM)	Use Mai Cust	d Sole ntenar odial S (12)	ly by nce/ Staff?		os Con therma surfa	escription taining M I systems icing, VA miscellan	laterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Storage ro	om		Yes	No X	N/A		pipe	insula	tion		50	00 LF		x		17.0	
Storage ro				X				stos de				0 SF		x			
Name of Registered Waste	е На	uler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Lar	dfill				
Green Environmental Services				1000000	Hauler ID No. of Waste 0034889 4				G.r.o.w	.s. No							
City, State Jersey City, NJ						sal Date -2015		City, Stat Morrisv		A							
Completed by Liliana Serrano			Title Signature Office Manager					ت ت	Date 1-9-2015								

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Date of Notification (1) 1 / 1 / 15	HAPPARI	REALT	y, LLC %	11966	Z, 1///
Agency Notified Type Notification	Street Atkiress		1006	7	CORTAIN
The state of the s	172 Sch	16NCK	AGE AGE	LIGH SING	4 1
Amended	City, State, Zip Co	MICK	TT YCH	UZI	
B DOL Amendment -	Name of Contact	FOLCIA	1 11	elephone Number	- 1
DOH justification)		CARIAN		-	
DCA Cancalation	FACILITY INFO	RMATION .			
Name of Facility Where Abstement is Taking Place (3)	:		Type of Facility (4)	-	
Name of Lorant Assessed			O School (K-12) O Subchapter 8 (C	Wher than K-12)	
Street Address			homes, etc.)	le & commercial but	ldings,
1084-1086 EUZABETH A	ÜE		Square Feet	of Floors B	dg_Age
(Gay (5)			5,600	1 - 1	80
FLIZABETH NIJ.	County Code (7)	(STATE USE	Current Use (Prior	is being demolished	1)
County (6)	ONEX			ESIDENI	
Name of Monitoring Fam Hised by Building Owner ASC	M No.	and the same of th	ment Contractor (9)		Antiber
(8)		NOUGIE Street Address	CFI - IPC	•	
Strest Address	and and their disks	40.160	x 814	-	
City, State, Zo Code	-	City, Sets, Zo	BID OF I	10: 0885	st
Project Manager for Manifolding Firm-	one No.	Telephone No.	De nean	CO 200	
		TOO O	1 VOCTX 3 C		
Start Date (10)		DOVALL	ECH INC		
Occupancy Status During Abatament (Check only one)		Street Address	218 X 8		
E-E- Daniel of Shotellie	ent -	City, Ship, Zip		· 0.00	000
© Facility Closed Vendad During Entire Period of Abeteme Ci Abetement Performed Outside of Normal Facility Hours		CIO R	MUDGE	101.5	257
Scope of Work (Check all that expir)		. <u>D</u> F	2 Continuent with mi-Enclosus	Negative Pressure	
Q23 st 023 f	C Resovation C Demotizion		ovebag Procedure in-Exempted (*) and	Non-Frishie Proce	kre.
E≥160 sior≥260 li	A. I	· 0 No		-	Abatement Type
is Lo	raidy .	Description	- utilian	1. The state of th	100
i lienis	winiv by	Continue	Market (ALM)	Amouni (Specify	Enoug Res
Achestral Calcium Metala (ALM)	indial (Le	e, venierska v	AT. OF	SFOLF)	Repair Removal
IN FEMILY	2677		anaous)	al ,	
(13)	to I NUA	•			
Yes				< 200	SIFIXIL
	X KOC	SF MAIS	E141H	2 100	
Koch	-				Uly American
		Cubic Yards	of Name of Regi	stered Landfill	
Name of Registered Waste Hauter D No.	P Wash Hader	Waste	160	000.50	· ·
MOJATEN INC	18501	1 20	e City, State	7112 17	HI
1000/TICCY	2000	Disposal Del	5 VIGNAS	oille t	Data   1 2 =
CID BRIDGE NO. O	4080	Signature	Lillali.	1.	Date 9 15
· CmIndustriant .	form for asidesios	Townson Cryster	nted activities.		
HALLOS HITCHOIL I. CONTROL ISSENTE	form for asbesios	INCELISURE EXERT			1 1

CK# 5944

Print Form

Date of Notification (1)		Name o	of Building Owner/C	Operator	(2)	No. Seed 9	to take dist		1		
Agencies Notified Type Notific	ation	Street A	Address		2015 <u>UAR</u>	113	PH 9: 4	6			-
☐ EPA ☑ Initial			HADLEY ROA	D	ASSES	Ten /	CHTE	11			
DEP Amend	ed ment #		ate, Zîp Code "H PLAINFIEL!	D, NJ 0	0 1	ICEN		d has	*		
DOH justifica		Name o	of Contact	( / /		Tele	phone Nur	nher	7		-
DCA Cancel	lation	Ja FACI	ILITY INFORMATI	LL	ian	c					
Name of Facility Where Abatement is	A - 199 /1	1 110	0	[	Type of Facility	(4)					
Street Address	1-1339	MAK	Othor C:	Reuit	School (K-		r than K-12	2)		2/32/2	
630 NORTH	MIDLA	1.1.A	AVE.		Other (i.e.	private &			dings,	home	es,
City (5)	028	100	1100.		Square Feet		Floors	В	ldg. A	ige 1	
SANDIE B	ROOK	County	Code (7)		N/A Current Use (Pri	A.	1/A	1000	N,	1/4	
BERGE	EN		USE ONLY)		A)		ig demonsi	ieu)			
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS		ASCN 004			of Abatement Co	ntractor (		\			
Street Address		1 004	+0	_	Address	3 OF F	AIVIERIO	1			
- 64-BROAD-STREET	2 T TO ST THE	m) s. em		1-0-20000000000000000000000000000000000	WHITEHEAD.	AVE:	** **		-		
City, State, Zip Code MATAWAN, NJ 07747					State, Zip Code UTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217		one No. 132-8350		License N 01111	0.			
Start Date (10) / 21 / 15	Scheduled Co	mpletion 3/	Date (11)		of OSHA Monitor QUE SYSTEM		MERICA	\ \			
Occupancy Status During Abatement					Address						
Facility Closed/Vacated During E Abatement Performed Outside of	Normal Facility Hou			12000150100	VHITEHEAD . tate, Zip Code	AVE.				<u> </u>	-
Other - Describe: OUTS	96			SOU	TH RIVER, N	J 0888	2				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If	A Renov	ration		Г	Full Containm	ont with	Megative E	raccin			
≥160 sf or ≥260 if	Demo				Mini-Enclosur Glovebag Pro	e cedure					
	ls Loca	ation		6	Non-Exempte	u ( ) anu	Non-Friad		Abate	ement	
Location of	Norma Llead Sol	ally		scription	33.5			-	Ту	pe	
Asbestos-Containing Material (ACI TO BE ABATED In Facility	Mainten Custodial	ance/	Asbestos Coni (i.e. thermal		insulation,	(S	nount pecify or LF)	Ren	Re	Encapsulate	End
(13)	(12)	)		miscellan		0.	Of Lr y	Removal	Repair	sulai	Enclosure
	Yes No	N/A								6	
ouiloors	×		Pipe So	o m as	Tic	200	LF	X			
Name of Registered Waste Hauler		NJDEP W	Vaste   Cubic	Yards	Name of	Register	ed Landfill				
WASTE MANAGEMENT		Hauler ID 1125		ste	GROW	5,550					
City, State ELIZABETH, NJ			Dispos	sal Date	City, Stat		E, PA				
Completed by CAROL RAIMO	Title OFFICE I	MGR.		Signature	hal L	T.	Da	te//9	0/	15	s

Print Form

Date of Notification (1)	Name of Buil P.S.E.G.	ding Owner/Operator (2	2)	2015 JAN	3 1	DM I	7. 1	
Agencies Notified Type Notification  EPA Initial Amended Amendment	City, State, Z	LEY ROAD	7080	ASSESTS & LIC	SI	na in	-00	
□ Emergency (	including Name of Cor		AN	Telephone Num	ber			
Street Address	g Place (3)	RCuiT-	Other (i.e. pr		) Il build	ings,	home	s,
City (5) FAIR LAWN	)		Square Feet	# of Floors  N/A		dg. A	ge A	
County (6)  BERGE  Name of Monitoring Firm Hired by Building ( ENVIRONMENTAL TACTICS		ONLY)Name o	f Abatement Cont					
Street Address -64-BROAD-STREET	0040	Street A	Address VHITEHEAD A			-		
City, State, Zip Code MATAWAN, NJ 07747			ate, Zip Code ΓΗ RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephone N 732-292-2	217 732-4	one No. 32-8350	License No 01111	o.			
Start Date (10) /2/ //5	Scheduled Completion Date	UNIQ		OF AMERICA				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Abatement nal Facility Hours	396 V City, St	Address VHITEHEAD A ate, Zip Code					
Other - Describe: OUTS: Do Scope of Work (Check All That Apply)		— SOU	TH RIVER, NJ	08882				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosure Glovebag Proc				9	
	Is Location	passa				Abate	14. 15-1-16	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A	Description Asbestos Containing M (i.e. thermal systems surfacing, VA' other miscellan	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
outloors		ips Somas	Tic	200 LF	X			
	NJDEP Wastr	e Cubic Yards	Nome of I	Registered Landfill				
Name of Registered Waste Hauler WASTE MANAGEMENT	Hauler ID No.		Walter Company	S NORTH				
City, State ELIZABETH, NJ		Disposal Date		SVILLE, PA				×
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature	ral K	LESSE DE	1/9	3/	15	j,

						4 % hand Pauge	Take 3	-			
Date of Notification (1)		Name of P.S.E.	Building Owner/G	Operator (2)		o'a sa					
Agencies Notified Type Notification		Street Ad	ddress	40		2015 JAN 1	3 1	H	3: 4	5	
☐ EPA 🔀 Initial		*	ADLEY ROA	D		ASSETT	e n	C14 IC	- 150	e.	
DEP Amended  Amended  Amendmen	t#		te, Zip Code H PLAINFIELI	D. NJ 0708	30	ASSESTS & LIC	ENE	un UNI	KU }	L.	
Emergency justification	(including	0	Contact			Telephone Num			-		
DCA Cancellatio		50	HN K.	LLIA	N						
Name of Facility Where Abatement is Taki	ng Place (3)		LITY INFORMAT	ION Typ	ne of Facility (4	-)					
PSEXE-1	339-(	JiR(	Luit		School (K-12			4.41			
Street Address	0 / A a	. 1	1-	×	Subchapter Other (i.e. pr	8 (Other than K-12 ivate & commercia	) ıl build	ings,	home	es,	
City (5)	DLAN.	DH	VE.		etc.)——— uare Feet	# of Floors	B	dg. A	ge		
SADDLE BE	LOOK				NA	NIA		N)	A		
County (6)		County (	Code (7) USE ONLY)	Cu	0.1	r if being demolish	ed)		-		
RERCEN Name of Monitoring Firm Hired by Building	Owner (8)	ASCN		Name of A	batement Con	/ 0			-		
ENVIRONMENTAL TACTICS		004				OF AMERICA					
Street Address -64-BROAD-STREET				Street Add	ress ITEHEAD-A	VE		-			
City, State, Zip Code					, Zip Code						
MATAWAN, NJ 07747						R, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217	Telephone 732-432		License No.	0.				
Start Date (10) / 2 / / =	Scheduled Co	ompletion	Date (11)		SHA Monitor SYSTEMS	OF AMERICA	(				
Occupancy Status During Abatement (Che		01/1		Street Add		· · · · · · · · · · · · · · · · · · ·	***	100000			
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	Period of Abate	ement		7. 0.000 CONCRETE OF COLUMN 1	TEHEAD A	\V <b>E.</b>					
Other - Describe: 6 47 S i	E	112		1 10 1 2 T 3 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RIVER, NJ	08882					
Scope of Work (Check All That Apply)	- 2										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	vation			Full Containme Mini-Enclosure	ent with Negative P	ressu	re			
2160 St 01 2200 II	beine	nition:			Glovebag Prod		le Pro	cedur	e		
	Is Loc	ation			NOT-Exemples	( ) and North Hab	1	Abate	ement	t	
Location of	Norm Used Sc	ally		escription of			_	17	pe		
Asbestos-Containing Material (ACM)  TO BE ABATED	- Mainter Custodia	nance/		al systems in	sulation,	Amount (Specify	Re	Z	Encapsulate	Enc	
In Facility (13)	(12			acing, VAT, o miscellaneou		SF or LF)	Remova	Repair	psul	Enclosure	
	Yes No	o N/A					=		ate	.e	
outbooks	ı.×	/	Pipe S	omast	ic	200 LF	X				
04130013			1110								
Name of Registered Waste Hauler		NJDEP V Hauler ID		c Yards aste		Registered Landfill					
WASTE MANAGEMENT		1125	APP			S NORTH					
City, State ELIZABETH, NJ				osal Date	City, Stat	SVILLE, PA					
Completed by CAROL RAIMO	Title OFFICE	MGR.	1	Signature	00	Venta Da	ite //	9/	15	j <sub>i</sub>	
				1800	1 46	0000	1 1	1	-		

CK# 5948

State of New Jersey

./(1/0//	NOT	TIFICATION (Pursuant)	OF ASBES to NJAC 8:	STOS AE :60 and 1	BATEMENT ( 2:120)	No		FICA			<i>)</i>	14
Date of Notification (1)	U1	Name of P.S.E.	Building O	wner/Ope	erator (2)		14	CEIV	To 1	S. Carrie		
Agencies Notified Type Notification		Street A	ddress HADLEY	POA N		201	5 JAA	13 PM	0.			
EPA Initial			ite, Zip Cod		-	A C			3:	46		_
DEP Amended Amendment	=2				NJ 07080	~ w	2 1	es com	TRI	71	65	
Emergency (i	ncluding		Contact	11	11110		Telé	entrick Nilani	Jer.	L.	,	
DCA Cancellation			HU LITY INFO	PRIATIO	LLiA	R)	٦			7 8		
Name of Facility Where Abatement is Taking	Place (3)	PAG	LITT IN C	TUBIA TIO		of Facility (4	+)					
PSEXG M	H. 6	50-A		*****		School (K-12	2)	r than K-12)			41.02	939
Street Address		AA				Other (i.e. pr	rivate &	commercial	buildi	ngs, I	nomes	à,
	NS	RA	3			etc.) re Feeţ	# of	Floors	Blo	ig. Ag	e	_
City (5) FAIRLAU21						NIA	1	) /4		J)/	1	
County (6)			Code (7) USE ONLY)		Сипе	nt Use (Pric	or if bein	g demolishe	ed)			
BERGER	)	ASC	200000000000000000000000000000000000000		Name of Aba	#√/ tement Con	fractor (	(9)				100
Name of Monitoring Firm Hired by Building ( ENVIRONMENTAL TACTICS	Milei (0)	004			UNIQUE S							
Street Address 64 BROAD:STREET					Street Addres 396 WHIT		VE.					
City, State, Zip Code MATAWAN, NJ 07747					City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217		Telephone No. License No. 732-432-8350 01111							
Start Date (10)	Schedu'-1	Completion	Date (11)		Name of OSI UNIQUE S		SOF	AMERICA				
Occupancy Status During Abatement (Chec	k Only One)				Street Addre		\\/E					165-160
Facility Closed/Vacated During Entire	Period of Ab	atement		-	396 WHIT		√V ⊑.					
Abatement Performed Outside of Norm Other – Describe:	igi Facility F	10015		_	SOUTH F		0888	2				
Scope of Work (Check All That Apply)								U.				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				ill Containm ni-Enclosure ovebag Prod	€	Negative P	ressur	e		
			1		⊠ No	n-Exempted	d (*) and	d Non-Friabl		cedur Abate		
	1.00	ocation ormally									be	
Location of Asbestos-Containing Material (ACM)	Used	Solely by itenance/	Asbest	tos Conta	cription of aining Materia	I (ACM)		mount			En	m
TO BE ABATED In Facility	Custo	dial Staff?	(i.e.		systems insul ing, VAT, or	ation,		Specify For LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)		other m	iscellaneous)				oval	air	ulate	e.
	Yes	No N/A										_
Out Loors		X	11:05	So	MAST:	C.	20	OLF	X			
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						1.77						
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP I Hauler II 1125		Cubic of Was	ite	GROW		ered Landfill RTH				
City, State ELIZABETH, NJ	10				al Date	City, Sta MORR		LE, PA				
Completed by	Title			1	ignagare	10/	7	- Da	ite /	-	/	

OFFICE MGR.

Completed by

CAROL RAIMO

MOJEN NOTIFICATION 11

Date of Notification (1)	Name of B	Building Owner	Operator (2)				No.				
Agencies Notified Type Notification	Street Add 4000 HA	iress ADLEY ROA	ND								
EPA Initial Amended Amendment #_	City, State	, Zīp Code PLAINFIEL	D, NJ. 07080		T						
DOH justification)  DGA Cancellation	Name of C	Contact	L'ILIAN	]	Telephone Numi	per	- ,	^ _			
Name of Facility Where Abatement is Taking F  Street Address  17 - 61 NE  City (5) FA; & LAWA	t 60 A Lins R	TY INFORMA	Type of Solution Solu	ther (i.e. prit c.)	(Other than K-12) rate & commercial # of Floors	Blo	ngs, I	je	S,		
County (6) BERGEN	County Co (STATE US				if being demolishe						
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8) ASCM 1		Name of Abate UNIQUE S'								
Street Address 64 BROAD STREET		<b>.</b>	Street Address 396 WHITE		/E.						
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip SOUTH RIV		08882						
Project Manager for Monitoring Firm TOM GEIGER	Telephone 732-292		Telephone No. License No. 732-432-8350 01111								
Start Date (10)	cheduled Completion D	ale (11)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	Only Offe) riod of Abatement		Street Address 396 WHITE	HEAD A	VE.						
Abatement Performed Outside of Normal Other – Describe: 6 4 7 6 6 8	Facility Hours S		City, State, Zip SOUTH RI		08882						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini Glov	-Enclosure rebao Proce	nt with Negative P dure (*) and Non-Friabl			0			
	Is Location		0 55		-a F		Abate Ty	ement pe			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A	Asbestos Co (i.e. them	Description of ontaining Material ral systems insulatificating, VAT, or or miscellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Rapalr	Encapsulate	Enclosure		
outbooks	X	Acm	Pipe Sa	MASTIC	20 LF	X					
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Will Hauler ID 1125	No. of	oic Yards Vaste PIX A		Registered Landfill S NORTH						
City, State ELIZABETH, NJ		Dis	posal Date		SVILLE, PA						
Completed by CAROL RAIMO	Title OFFICE MGR.		Signature (Ara	e Ru	Lenia 1	ie 2/	19	//	4		

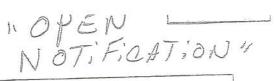
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Date of Notification (1)	Name of Bu P.S.E.G.	ilding Owner/Operator	(2)					
Agencies Notified Type Notification	Street Addre	ess DLEY ROAD						
EPA   Initial   Amended   Amendment #	City, State,		07080	-				
DOH justification Cancellation		ontact / /: i		Telephone Num	iber		5.	
	FACILIT	YINFORMATION						
Name of Facility Where Abatement is Taking  Street Address	Place (3) 4 60 A		Type of Facility (4		1			
17-01 NE	lins Ri	٥.	Other (i.e. p etc.)	rivate & commercia	l build			s,
City (5) FAIR LAWN			Square Feet	# of Floors	1	dg. Ag		
County (6)	County Cod			or if being demolish	- 1	10/1	5	
SECGEN  Name of Monitoring Firm Hired by Building Ov			of Abatement Con	1				
ENVIRONMENTAL TACTICS	0045		QUE SYSTEMS	S OF AMERICA				
Street Address 64 BROAD STREET	÷	- 1	t Address WHITEHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747			State, Zip Code JTH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephone I 732-292-	100000	hone No. 432-8350	License No 01111				
Start Date (10)	Scheduled Completion Dat		of OSHA Monitor QUE SYSTEMS	OF AMERICA	l			
Occupancy Status During Abatement (Check		Stree	t Address WHITEHEAD A	\\/E				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	I Facility Hours		State, Zip Code					
Other - Describe: 6 LT Dan R		SOL	JTH RIVER, NJ	08882				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	Renovation Demolition	21 - 11 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	Mini-Enclosure Glovebag Prod	cedure				
		<u>D</u>	Non-Exempted	i (*) and Non-Friabl	7	edure Abate		$\dashv$
Location of	Is Location Normally	Description	n of	-		Тур		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing (i.e. thermal system surfacing, V. other miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
TO COMPANY OF THE PARTY OF THE	Yes No N/A						0	
outbooks		tem PipE	Somastic	20 LF	X	1		
Name of Registered Waste Hauler	NJDEP Wasi	te   Cubic Yards	Name of	Regislered Landfill	1			
WASTE MANAGEMENT	Hauler ID No 1125		GROW	S NORTH				
City, State ELIZABETH, NJ		Disposal Date  TBN	e City, Stat	sVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR.		e Atal K	Da Da	ie /	12	//	4

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Date of Notification (1)	U 20	Name of	Building Ov	ner/Opera	ator (2)	to book	Constant		2		
Agencies Notified Type Notification	15	Street Ad	ddress		9	2015 JAN	13 PM 9: 8	16			
EPA Initial Amended	1	City, Sta	te, Zip Code	)	1107000		TOS CONTR	OL.			
DOL Amendment Emergency justification)	(including		H PLAINF Contact			UE E	Telephone Num	nber			-
DCA Cancellation		JO!	H N LITY INFOR		Lhio						
Name of Facility Where Abatement is Takin	ig Place (3)				Туре   - -	of Facility ( School (K-1					8 88
Street Address	2 0 1				×	Subchapter Other (i.e. p	8 (Other than K-12 rivate & commercia	) al build	ings,	home	s,
City (5) FA', RLAWN	SAU				Squa	are Feet	# of Floors	BI	dg. A	ge / /	
County (6) BERGEN			Code (7) USE ONLY)		Сип	ent Use (Pric	or if being demolish	led)	1	15	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASCN 004				atement Con					
Street Address		004		St	reet Addre						
64 BROAD-STREET City, State, Zip Code	if a fact the interest for transfer			Ci	ty, State, 2	Zip Code					
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Telepho		Te	elephone i		License N	0.			
TOM GEIGER Start Date (10)	Scheduled Com		92-2217 Date (11)		32-432- ame of OS	8350 SHA Monitor	01111				1177
Occupancy Status During Abatement (Che	3/3	31/1	15		INIQUE		S OF AMERICA	4			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Abatem				96 WHI	TEHEAD A	AVE.				
Other - Describe: BUTSID						RIVER, N.	1 08882				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renova Demoliti				₩ G	ini-Enclosure Iovebag Pro	cedure				
	ls Locati	OD			N	on-Exempted	d (*) and Non-Friab	le Pro	Abate	ment	
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TO BE ABATED In Facility (13)	Maintenar Custodial S (12)			surfacing	stems insug, VAT, or cellaneous		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	. N/A	N.				a			o o	
outbooks	X		Pips	50 B	1AST		200 LF	×			
	1										
Name of Registered Waste Hauler WASTE MANAGEMENT	H	JDEP W lauler ID 1125	No.	Cubic Yar of Waste	rds	THE STREET AND THE	Regisiered Landfill S NORTH				
City, State ELIZABETH, NJ				Disposal I	Date	City, Stat	e ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE M	iGR.		Sign	atore	02	De De	ite //	9/	15	b



Date of Notification (1)	1		uilding Own	er/Operator (	(2)							
12/19/14	1	P.S.E.G Street Add										
Agencies Notified Type Notification			ADLEY RO	DAD								
EPA Initial DEP Amended Amendment#_	,	City, State	, Zīp Code PLAINFIE	ELD, NJ. 0	7080							
Emergency (inc	75	Name of C				Telephone Num	iber		1			
DOH justification)  DGA Gancellation		Joh		Kill	IAN		-					
	inco (3)	FACIL	ITY INFORM	IATION	Type of Facili	ity (4)						
Name of Facility Where Abatement is Taking P	lace (5)	2			School (	(K-12) oter 8 (Other than K-12	)					
	iNS	3	RD.		Other (i. etc.)  Square Feet	e. private & commercia		gs, non	ies,			
City (5) FA; R LAWN				T)	W/A		A	1/1				
County (6) BERGEN		County C (STATE U			Guient Ose	U/A						
Name of Monitoring Firm Hired by Building Ov. ENVIRONMENTAL TACTICS	mer (8)	ASCM 004		Name UNI	of Abatement QUE SYSTE	Contractor (9) EMS OF AMERICA	٩					
Street Address 64 BROAD STREET		1			Address WHITEHEA	D AVE.						
City, State, Zip Code MATAWAN, NJ 07747				NJ 08882								
Project Manager for Monitoring Firm TOM GEIGER		Telephor			Telephone No. License No. 01111							
	cheduled Co	mpletion I	Date (11)	Name	itor EMS OF AMERICA							
Occupancy Status During Abatement (Check	Only One)	21/1	<u> </u>	Stree	t Address							
Facility Closed/Vacated During Entire Pe	riod of Abate	ment			WHITEHEA							
Abatement Performed Outside of Norma Other – Describe: Autipack	Facility Hou	TS			State, Zip Code JTH RIVER							
Scope of Work (Check All That Apply)				Г	7		N		1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	区 Renor				Mini-Enclo	Procedure						
	ı		1	<u>ľ</u>	<u>划</u> Non-Exer	mpted (*) and Non-Fria		bateme	ent			
	Is Loca Norm			Descriptio	n of			Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used So Mainten Custodia (12	lely by ancel I Staft?	(i.e. th	Containing	Material (ACM ns insulation, 'AT, or	) Amount (Specify SF or LF)	Removal	Repair	Enclosure			
(13)	Yes No	N/A					-	100	d (0			
outbeers	1 7	<	Acm	P: 0=	Samar	Tie Lo LF	X					
OUI DOOKS	1		1:101		. 007,12			an artistan				
			I									
					A							
Name of Registered Waste Hauler	1	NJDEP V	.00.0	Cubic Yards	Nan	ne of Registered Landi	TH.					
WASTE MANAGEMENT		Hauler ID		15	07	ROWS NORTH						
City, State ELIZABETH, NJ				Disposal Da	S MC	DRRISVILLE, PA	) ain	·V				
Completed by CAROL RAIMO	Title OFFICE	MGR.		Signati	lital_	Rainio	) ate	191	14			

CK# 5728

Date of Notification (1)		ame of B	Building Ov	mer/Oper	rator (2)						
Agencies Notified Type Notification		treet Adi	dress ADLEY F	ROAD							
EPA Initial Amended Amendment #_			e, Zip Code		J. 070	80					
DOH justification)  DGA Cancellation	Ludina	ame of			1/1		Telephone Num	ber	71	`~	
			ITY INFOR				-				_
Name of Facility Where Abatement is Taking F	lace (3)	2	~ \			School (K-12 Subchapter 8		) J buildi	nas i	nme	9
17-01 NEV	INS		RD		X	etc.)					-,
City (5) FAIR LAWN					Sq	uare Feet	# of Floors N/A	300000	dg. Aq	100	
County (6) BERGEN		County C	ode (7) SE ONLY)		- Cu	rrent Use (Prio	if being demalish	ed)			
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8)	ASCM 004		I N	lame of A JNIQUE	batement Cont E SYSTEMS	Post of the second	١		0000000	
Street Address 64 BROAD STREET	•		770		Street Add	iress IITEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747						, Zip Code RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		elephor	ne No. 2-2217	- T	elephone	No.	License N				
	cheduled Com		Date (11)	1	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
Occupancy Status During Abatement (Check		1 1 1	1	.   5	Street Add	iress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility Hours	ent		0	City, State	ITEHEAD A	Vindelan (URVINE)				
Other - Describe: But Dan R					SOUTH	RIVER, NJ	U886Z				_
Scope of Work (Check All That Apply)  ≥3 sfor≥3 If  ⇒160 sfor≥260 If	Renovati Demolition					Mini-Enclosure				9.	
	1. 1					INOII-LACINDICO	( ) ( ) ( ) ( ) ( ) ( )		Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely Maintenant Custodial S (12)	y y by ice/	Asbesto (Le. t	os Contai hermal sy surfacir	ription of ning Mate ystems in ng, VAT, o scellaneo	or \	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
- + > & & &	163 140	1	1 1000	D =	0- 0	Sa Ma-Tia	20 LF	TX			
outbooks		-	ACM	1 )	PE.	211ZBM 0.0	500/				
								T	İ		
Name of Registered Waste Hauler		JDEP V		Cubic Y of Wast			Registered Landfil	1			3
WASTE MANAGEMENT		1125		计净水	2		S NORTH				
City, State ELIZABETH, NJ				Dispose	33		SVILLE, PA				
Completed by CAROL RAIMO	OFFICE IV	IGR.		Sig	gnature	tal K	2 D	ate   0   3	22	11.	4

NOPEN BATEMENT NOTIFICAT

Print Form

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

Name of Building Owner/Operator (2) Date of Notification (1) P.S.E.G. Agencies Notified Type Notification Street Address 4000 HADLEY ROAD Initial **EPA** City, State, Zip Code DEP Amended SOUTH PLAINFIELD, NJ 07080 × DOL Amendment # 1 Emergency (including Telephone Number Name of Contact × DOH justification) DCA Cancellation 10% FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K=12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)-# of Floors City (5) Square Feet RODK NA NIA Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** UNIQUE SYSTEMS OF AMERICA 0045 Street Address Street Address 64 BROAD-STREET 396 WHITEHEAD-AVE.-City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. TOM GEIGER 732-292-2217 732-432-8350 01111 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 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
Other – Describe: City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e. thermal systems insulation, Remova Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) Yes No N/A 200 LF X out DooRS Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. **GROWS NORTH** WASTE MANAGEMENT 1125 Appx19 Disposal Date City, State City, State ELIZABETH, NJ MORRISVILLE, PA Date Completed by Signature OFFICE MGR. CAROL RAIMO

Date of Notification (1)	Name o	of Building Owner/C	Operator (2)							
Agencies Notified Type Notification	Street A	Address HADLEY ROA	D							
EPA Initial Amended Amendment	City, Sta	ate, Zip Code "H PLAINFIELI								
DOH Emergency (in justification)  DCA Cancellation	To	f Contact HNK	ILLIA	N	Telephone Num	iber	ر	-		
Name of Facility Where Abatement is Taking	Place (3)	ILITY INFORMAT	Type	of Facility (4)	)					
Street Address  280 North	1339 Mid Land	. /		School (K-12 Subchapter 8 Other (i.e. pri	) 3 (Other than K-12 ivate & commercia	) Il build	dings,	home	es,	
City (5) SADDLE BRE		7 1 7 La.,	Squar	e Feet	# of Floors	В	Ildg. A	ige A	Ð	
County (6) BERGEN	County	Code (7) USE ONLY)	Сипе	nt Use (Prior	rior if being demolished)					
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8) ASCN 004		Name of Abat		ractor (9) OF AMERICA					
Street Address 64 BROAD-STREET		Street Address 396 WHITEHEAD-AVE:								
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip SOUTH RI							
Project Manager for Monitoring Firm TOM GEIGER	Telepho 732-29	one No. 92-2217	Telephone No 732-432-83	).	License No	)_	1			
Start Date (10)	Scheduled Completion	Date (11)	Name of OSH UNIQUE S		OF AMERICA					
Occupancy Status During Abatement (Check	Only One)	Street Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of Abatement al Facility Hours	ement 396 WHITEHEAD AVE.  City, State, Zip Code								
Abatement Performed Outside of Normal Other – Describe:		SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition		Mini Glov	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	Is Location		E29 11011	-Excinpted	( ) and Non-i habi	0110	Abate	emeni	t	
Location of Asbestos-Containing Material (ACM)	Normally Used Solely by		scription of taining Material	(ACM)	Amount		1 1 1	pe _		
TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (12)	(i.e. thermal surfa	systems insulated systems insulated systems insulated systems insulated systems (systems)		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes No N/A	100 11.			<b>A</b>		_	(U		
eut Doors	X	ACM P.F	e Jamas	Tic	80 LF	X				
Name of Registered Waste Hauler	NJDEP W	Vaste Cubic	Yards	Name of R	egistered Landfill					
WASTE MANAGEMENT	Hauler ID 1125	No. of Wa	-	GROWS	NORTH		<u> </u>	ga vermusa		
City, State ELIZABETH, NJ		Dispo:	sal Date Bi)	City, State MORRIS	VILLE, PA					
Completed by CAROL RAIMO	Title OFFICE MGR.						3/	12	5	



Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator (	2)							
12 /31 /	14			Ci	ty of Jers	sey City Job #14	12-4858 Chec	k #69 (Z)						
Agencies Notified Type Noti  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend				Stree	et Address 4 Central	Avenue								
☑ DHSS Amend	lment # <u>′</u>	-		Section 1995	State, Zip	Code , NJ 07307		-040						
□ DCA     □ Emerg     (NJAC 5:23-8)		cludin	g		e of Conta			Telephone Num	ber					
☐ Cance				2000	ian Welle			reseptions train	-					
		76		FA	CILITY II	NFORMATION		1			-			
Name of Facility Where Abatement i	s Taking	Plac	e (3)					Type of Facility (4)						
Jersey City- City Hall							School (K-1)							
Street Address						;		8 (Other than K-12 private and comme		uildin	as			
280 Grove Street							homes, etc.		rolal b	anam	90,			
City (5)			1				Square Feet	# of Floors	В	ldg. A	ge			
Jersey City, NJ														
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)	-111				
Hudson							City Hall	(S)						
Name of Monitoring Firm Hired by Bu	uilding C	wner	(8)	ASCN	No.	Name of Abateme		)						
Briggs Environmental			.			AbateTech, I	100							
Street Address						Street Address								
3 Crosswicks Street						30 Maple Ave	PO Box 25							
City, State, Zip Code	-					City, State, Zip Co		***************************************						
Bordentown, NJ						Lumberton, N								
Project Manager for Monitoring Firm			Tale	ephone	No	Telephone No.	10 000-10	License No.	-		77.00			
Mike Hoodak			2000	Bar were	3-5520	609-265-2107								
Start Date (10)	Schad	ulad C			ate (11)	Name of OSHA M								
01 /02 /15					15	EMSL Analyt								
Occupancy Status During Abatement	(Check	only	one)			Street Address								
☐ Facility Closed/Vacated During En	ntire Per	iod of	Abate	ment		200 Route 13	0 North							
☐ Abatement Performed Outside of	Normal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	ode		-00=-08			-		
Time of Abatement: 1/2/15 6pm 11:30pmPM/1/4/15 8am-3:30			1/3/15	8am	:	Cinnaminson								
Scope of Work (Check all that apply)						M Full Cont	ainment with Neg	native Pressure						
≥3 sf or ≥3 if     ≥160 sf or ≥260 if			enovati emolitio			☐ Mini-Enc ☐ Glovebag	losure g Procedure	n-Friable Procedu	re					
		Is	Locat	ion			inprod ( ) director			atem	ent T	vne		
Location of			Norma	lly		Description o	f			1		T		
Asbestos-Containing Material (AC	M)		ed Sole			estos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure		
TO BE ABATED IN Facility			todial		(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	≝.	psu	nso		
(13)			(12)			other miscellane		01 01 21 )	_		ılate	re		
		Yes	No	N/A							(D			
Basement					Floor T	ile		90 SF						
, , , , , , , , , , , , , , , , , , ,														
								941	П	П	П	П		
Name of Registered Waste Hauler			N	JDEP	Vaste.	Cubic Yards of	Name of Regis	tered Landfill			_			
AbateTech, Inc.			U 5 6 7 5	auler I	D No.	Waste	G.R.O.W.S							
City, State				18750	)	Disposal Data								
Lumberton, NJ						Disposal Date	City, State	DΛ						
	1					1/5/15	Tullytown,		_					
Completed By (Print or Type)	Title		7.7.			Signature	. 6 . 1	Da	te /	. /	1			
Jim Mullarkey	Sa	ies 8	Warl	keting	es CSTS Ur	XINL	alfarke	W : 1/6	1/5,	1//	4			
SB-41 MAY 11	* [	o not	use th	is form	for ashes	tos licensure exemp	ted activities	1	/	6 6				

NO CK

Date of Notification (1)				Name	e of Buildir	ng Owner/Operator (	2)	TOSP -care				
1/7	/1	5		Go	ya Food	ng Owner/Operator ( s, Inc. / Job #141	2-4857 Check	#6914 AN I	3 FM	9:1	of 2	2
Agencies Notified Type No	otification			Stree	t Address							
				350	0 County	Road					8	
☑ DOLWD ☑ Ame	-	4	4		State, Zip			12				
	náment # rgency (ii	NAME OF TAXABLE PARTY.	)	Jei	rsey City	, NJ 07307						
	rgency (II fication)	ıcıuair	ig		e of Contac			Telephone Nu	mber		2.273.774	Ť
	ellation			Ma	tthew Mo	ontour						
				FΔ	CUITY	NFORMATION		1				
Name of Facility Where Abatemer	t is Takin	g Plac	e (3)	.,,	.012.111	VI OTAM/TITOIT	Type of Facility	(4)			-	
Goya Maintenance Garage		9					☐ School (K-12					
Street Address	-	-				<del></del>	Subchapter 8					
390 New County Road							Other (i.e., p homes, etc.)		nercial b	uilding	gs,	
City (5)				-			Square Feet	# of Floors	IR	ldg. A	na.	
Jersey City							Oquale 1 eet	# 011 10015		nug. A	ge	
County (6)				Cou	nty Codo /	7)(STATE USE ONLY)	Current Use (Pr	ior if boing dome	aliahad)			
Hudson				Cou	nty Code (	THOTATE OSE ONET)	Current Ose (Fr	or it being demo	Jiloneu)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No	Name of Abateme	ant Contractor (0)					
Omega Environmental	Dunuing !	OWITE	100	ASCIVI	INO.	AbateTech, In	,					
Street Address				_		Street Address	iic.					
280 Huylar Street				/		-1.3317 1331333	DO B-4 25					
		27.05.0			/	30 Maple Ave						
City, State, Zip Code	00					City, State, Zip Co						
South Hackensack, NJ 076			1= 1			Lumberton, N	NJ 08048					
Project Manager for Monitoring Fir	m			ephone	1	Telephone No.		License No.				
Geiser Fajardo				a transmission	1-6209	609-265-2107		00529				
Start Date (10)1 /15					ate (11) 15	Name of OSHA M EMSL Analyti						
Occupancy Status During Abateme	ent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During	11.53		- 23	ment		200 Route 13	0 North					
☐ Abatement Performed Outside	of Norma	Facili	ty Hou	rs - Des		City, State, Zip Co				1		
Time of Abatement:AM-	P	W	PM		_AM	Cinnaminson						
Scope of Work (Check all that appl	v)					- Chinianini Con	, 110 00011					
1000 1000 1000 1000 1000 1000 1000 100	,	_					ainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovat emolitic			☐ Mini-Encl	losure Procedure					
⊠ ≥100 si 0i ≥200 li			emond	JII			mpted (*) and No	n-Friable Proced	dure			
		ls	s Loca	tion						atem	ent T	vpe
Location of			Norma			Description of	f		-	_		T
Asbestos-Containing Material (A	ACM)		ed Sole aintena			estos Containing Mai		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility			stodial		(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	=	nsd	nusc
(13)			(12)	T	-	other miscellane		) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			late	O
Entrance to Restroom, Lunch	Poom	Yes	No	N/A						_		_
#1	ROOM	Ш			Floor ti	ile & Mastic		190 SF		Ш	Ш	Ш
Throughout					Sheetro	ock joint compou	ind	6,000 SF				
Exterior					Roof fla	ashing/mastic		500 SF	$\boxtimes$			
1 <sup>st</sup> FI. Northern Offices					Floor T	ïle		900 SF				
Name of Registered Waste Hauler			100	JDEP \		Cubic Yards of	Name of Regis	tered Landfill		-	5-1122	227
AbateTech, Inc.			H	18750		Waste 20	G.R.O.W.S.	Landfill				
City, State				10/30		Disposal Date	City, State					
Lumberton, NJ						1/30/15	Tullytown,	PA				
Completed By (Print or Type)	Title	1				Signature )			Date	1		
Gwendolyn Trumbetti			ione (	Coordi	inator	oignature -	11 A		1	7/1	5	
ASB-41		Perat	.0113	Jooru	inatoi	7	WW.			1 1 1	J	
MAY 11	*	Da not	use th	is form	for asbest	tos licensure exemp	ted activities.					

Date of Notification (1)	7 /	18	5				g Owner/Operator ( , Inc. / Job #141		FM 9: §7 #6914	ž.	2	of 2	)
Agencies Notified	Type Noti	fication				t Address							
⊠ EPA	☐ Initial	ncation				County	Poad		¥1				
☑ DOLWD	⊠ Amend	ied		_		State, Zip C							
□ DHSS     □	Amend			)									
□ DCA	Emerg		ncludin	ig			NJ 07307		T-1 NI	as la sau			
(NJAC 5:23-8)	justifica Cancel	2.5				of Contact tthew Mo			Telephone Nur	mber			
							FORMATION						
Name of Facility Where A	hatamant i	c Tokin	a Dian	~ /3\	FA	CILITIN	PORIVIATION	Type of Facility (	4)				
Goya Maintenance		S I akiii	ig Flac	e (3)				School (K-12)					
Street Address	Jarage							Subchapter 8		12)			
390 New County Ro	o al							Other (i.e., pr			uildin	gs,	
	au							homes, etc.)	1				
City (5)								Square Feet	# of Floors	E	Bldg. A	lge	
Jersey City													
County (6)				*** ****	Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Hudson				William	-	2							
Name of Monitoring Firm I	Hired by Bu	uilding	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Omega Environmen	tal					/	AbateTech, I	nc.					
Street Address						1	Street Address						
280 Huylar Street							30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
South Hackensack,	NJ 07606	6					Lumberton, N	J 08048					
Project Manager for Monit	oring Firm			Tele	ephone.	No.	Telephone No.		License No.				
Geiser Fajardo					01-481		609-265-2107	* 1	00529				
Start Date (10)		Sche	duled (	Comple	tion Da	ite (11)	Name of OSHA M	onitor					-
1 / 19 /	15				_ /		EMSL Analyt						
Occupancy Status During	Abatement	t (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated			7		ment		200 Route 13	0 North					
Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement:							Cinnaminson						
Scope of Work (Check all	that anniv)						Ommaninison	, 110 00077			_		
ocope of work (offect all	iriai appiy)							ainment with Nega	ative Pressure		10.7		
≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf				enovat			☐ Mini-Enc	osure					
≥160 sf or ≥260 lf				emolitio	on		☐ Glovebag	g Procedure mpted (*) and Nor	-Friable Proced	ure			
			1	s Locat	tion		ZZ TVOII-EXC	inpica ( ) and Nor	-i Habie i Tocca	T	batem	ont T	'uma
Location o	f			Norma			Description o	f		10000		T	1
Asbestos-Containing M		CM)		ed Sole			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABAT				aintena stodial		(i.e.	, thermal systems i		(Specify	VOL	음.	aps	losu
IN Facility (13)	(ea		000	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>B</u>		Encapsulate	Ire
(1-)			Yes	No	N/A	1						n	
Throughout						Fire dod	ors		18 total				
Canopy over Office Ma	ain Entra	nce				built up	roofing and flas	shina	60 SF			П	П
Interior Perimeter Wall							Barrier Mastic	9	3,200 SF		Ħ		
			П			rapo. 2	arrior mades				H		
Name of Registered Waste	Hauler				JDEP V	Nacto	Cubic Yards of	Name of Regist	ared Landfill				
나는 그 사람이 모르겠다면 하는데 보다 그 그리네요 ㅋ	riaulei			1000	auler IE		Waste						
AbateTech, Inc.					18750	STATE OF THE PARTY	20	G.R.O.W.S.	Lanunn				
City, State							Disposal Date	City, State					
Lumberton, NJ							1/30/15	Tullytown, I	PA				
Completed By (Print or Typ	e)	Title	Э				Signature	1	D	Date	. 1	_	
Gwendolyn Trumbet	ti	0	perat	ions (	Coordi	nator		11 A		11	111	5	
ISB-41							XX				11	_	
1AY 11		*	Do not	use th	is form	for asbesto	os licensure exemp	ted activities.					

MAY 11

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)			
1 /7	15			PS	E&G	/ Job #150	1-4861 Check	#6842	FM 9: 37	
				Street	Address		-		V-2	
				400	0 Hadley	Road				
				City, S	State, Zip (	Code		12 14 9 4		
				Sou	ıth Plain	field, NJ 07080				
		Cluding	3	Name	of Contac	t		Telephone Num	ber	
				Mic	hael Luc	iani		1		
				FΔC	II ITY IN	JEORMATION.				
Name of Facility Where Abatement	is Taking	Place	(3)	1 //	ZIEIT I II	II ORWATION	Type of Facility	(4)		
§	is raining	1 1000	(0)							
						<u> </u>	☐ Subchapter 8	(Other than K-12		
									rcial buildings,	
							100		Dida Ago	
							Square Feet	# 01 110015	bldg. Age	
				10	b O d d = /	ZVOTATE LIGE ON VO	Comment Head /Da	lay if basings dans ali	- h - d\	
Land to the state of the state				Cour	ity Code (/	(STATE USE ONLY)		100	sneu)	
			ray I			T.,				
	Building C	)wner	(8)	ASCM	No.	4.000				
1										
National State   1   1   1   1   1   1   1   1   1										
City, State, Zip Code										
Berlin, NJ 08009						Lumberton, N	VJ 08048			
Project Manager for Monitoring Firm	n		Tele	phone	No.	The state of the s		License No.		
Jim Proctor			- 2750			609-265-2107		00529		
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Ionitor			
1/20/14		2/	4	/ _	15	EMSL Analyt	ical			
Occupancy Status During Abateme	nt (Check	only o	one)			Street Address				
☐ Facility Closed/Vacated During I	Entire Pe	riod of	Abate	ment		200 Route 13	0 North			
						City, State, Zip Co	ode			
Time of Abatement:AM-	P	Λ/	_PM-		AM	4				
Scope of Work (Check all that apply	/)									
	1							ative Pressure		
₩ 2100 St 01 2200 tt			inontic	21.1				n-Friable Procedu	re	
		ls	Locat	ion					Abatement T	уре
Location of						Description of	of			-
	(CM)	11 2000			Asbe	estos Containing Ma	iterial (ACM)		nca epa ema	Enclosure
			todial		(1.6				ir oval	sur
			(12)		-				late	Ф
4		Yes	No	N/A						
Exterior of Control House				$\boxtimes$	Stucco			1,000 SF		
Floor of Control House					Floor P	anels		60 SF		
Control House Roof					Roofing	g Materials		300 SF		
Control House Door					Fire Do	or		1 total		
Name of Registered Waste Hauler			13.00				Name of Regis	tered Landfill		
Waste Management			H		No.		G.R.O.W.S	. Landfill		
City, State				1125			City, State			
					9	1	116	PA		
	Title					Notice Species	1		ate .	-1
			ione (	`~~~d:	nator	Signature	1		ILALIE	
		perati	ons (	Joordi	nator		M		11110	)
ASB-41 MAY 11	*	Do not	use th	is form	for asbes	tos licensure exemi	nted activities.			

Cancelled

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

2015 JAH 13 FM 9: 37

Date of Notification (1)								er/Operator (2		0.002				
- 12 /	11/	14	1		Kes	sler Inst	itute	for Rehabi	litation / Job	#1412-4851 C	heck #	5842		
Agencies Notified	Type Notif	ication			Street	Address								
⊠ EPA					. 1199	Pleasar	nt Val	ley Way						
☑ DOLWD	☐ Amend				City, S	tate, Zip C	ode							
□ DHSS	Amend				Wes	t Orange	e, NJ	07052						
DCA (NJAC 5:23-8)	Emerge justifica		nclualing	İ	Name	of Contact				Telephone Nu	ımber			
(140/10/0.20/0)	☐ Cancel				Will	iam O'Co	nnor							
					FAC	ILITY IN	FORM	NATION						
Name of Facility Where A	hatement is	s Takir	no Place	(3)					Type of Facilit	y (4)				
Kessler Institute for					Area				School (K-					
Street Address									☐ Subchapte	r 8 (Other than K- private and comn	12) nercial bu	ildina	ıs	
199 Pleasant Valley	Wav								homes, etc		noroidi be	and and	,	
City (5)				-0-					Square Feet	# of Floors	BI	dg. A	ge	
West Orange									1,200					
County (6)		-			Coun	ty Code (7)	)(STAT	E USE ONLY)	Current Use (I	Prior if being demo	olished)			
Essex						-57 550-0 01.05			Rehabilita	tion Facility				
Name of Monitoring Firm	Hired by Bu	uilding	Owner (	8)	ASCM I	No.	Nam	e of Abateme	ent Contractor (	9)				
Partner Engineering							At	ateTech, li	nc.					
Street Address							Stree	et Address						
611 Industrial Way \	Nest						30	Maple Ave	e. PO Box 25					
City, State, Zip Code		0					City,	State, Zip Co	ode					
Eatontown, NJ 0772	4						Lu	ımberton, l	NJ 08048					
Project Manager for Monit	530			Tele	phone l	No.	Tele	ohone No.		License No.				
Patrick Lorimer				73	32-380	-1701	60	9-265-2107		00529				
Start Date (10)		Sche	eduled C	omple	tion Da	te (11)	Nam	e of OSHA N	Monitor					
12 / 12 /	14		1_/	_ 16	_ / _	15	EN	/ISL Analyt	ical					
Occupancy Status During		t (Che	ck only o	one)			Stree	et Address						
☐ Facility Closed/Vacate					ment		20	0 Route 13	0 North					
☐ Abatement Performed	Outside of	Norma	al Facilit	y Hour	s - Des	cribe	City,	State, Zip Co	ode					
Time of Abatement:	AM	F	PM/	PM-		AM	Ci	nnaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)	)						П- " с						
D > 2 of or > 2 If			M Re	novati	on			□ Mini-Enc		legative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Barrer .	molitic				Gloveba	a Procedure		out our and			
								☐ Non-Exe	empted (*) and i	Non-Friable Proce				
			1 0.55	Locat Norma				D 1 . 61				_	ent T	
Location Asbestos-Containing N		CM)		ed Sole		Asbe		Description of containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA	TED	O)		intena	nce/ Staff?		., ther	mal systems	insulation,	(Specify SF or LF)	3401	<u>a</u> :	sde	nso
IN Facilit	У		Cus	(12)	otan:		St. oth	ırfacing, VAT er miscellane	, or eous)	SF OI LI)	-		Encapsulate	l e
(13)			Yes	No	N/A									
Pharmacy Area		-7-55				Ceiling	Plas	ter		420 SF				
Pharmacy Area						Floor ti				340 SF				
- Filanniacy Area					H									
												Ī		T
					JDEP V		Cubi	c Yards of	Name of Re	gistered Landfill				
Name of Registered Wast	e Hauler			4	lauler II		Was			.S. Landfill				
AbateTech, Inc.					18750	)	3 Dian	anal Data						
City, State								osal Date 16/14	City, State Tullytow	rn PΔ				
Lumberton, NJ							11		Tullytow	an, 1 A	Dete			
Completed By (Print or Ty		0.00	tie					Signature	· Al		Date	1/11	<i>(.</i>	
Gwendolyn Trumbe	tti		Operat	ions	Coord	inator		011	NU		15/1	111	٢ <u> </u>	30.5

NO CK

MAY 11

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

D												
Date of Notification (1)	2 /	15				ng Owner/Operator ( sey City Job #14	12-4858 Check	k #6912				
Agencies Notified	Lype Notific	otion			et Address	5-0415 05-450	2215	MH 13 F1	1 9.	20		
	□ Initial	alion		10000		I Avenue						
⊠ DOLWD	Amender     Amender	d	->									
□ DHSS	Amendm			The state of the s	State, Zip				63			
	☐ Emerger		ling		e of Conta	, NJ 07307		I = 1 1 1 1				
(NJAC 5:23-8)	justificati ☐ Cancella	25						Telephone Nu	mber			
L	_ Cancella	LIOTI			ian Welle							
				FA	CILITY	NFORMATION						
Name of Facility Where Aba		Taking Pla	ace (3)				Type of Facility	(4)				
Jersey City- City Hall							School (K-12		10)			
Street Address							Other (i.e., p	B (Other than K-1 rivate and comm	(2) ercial b	uildin	as	
280 Grove Street							homes, etc.)		010101		9-1	
City (5)							Square Feet	# of Floors	В	lidg. A	ge	
Jersey City, NJ												
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Hudson							City Hall					
Name of Monitoring Firm Hi	ired by Buile	ding Owne	er (8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
Briggs Environmenta	d					AbateTech, I	nc.					
Street Address			- File			Street Address						<del>(</del>
3 Crosswicks Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co						_
Bordentown, NJ						Lumberton, N						
Project Manager for Monitor	rina Firm		Te	lephone	No	Telephone No.	10 000 10	License No.	-		5	
Mike Hoodak				609-29		609-265-2107		00529				
Start Date (10)		Scheduled				Name of OSHA M		00323				
	15	01		12 /		EMSL Analyt						
Occupancy Status During A		2										
☐ Facility Closed Acated				Some nt		Street Address	0 N //					
☐ Abatement Performed O					ecribe	200 Route 13	2_08333315					
Fime of Abatement: 1/9/	15 6pm-2	:00amAN	N-1/10	/15 8an	n-)	City, State, Zip Co						
11:30pmPM/11/11/15 Scope of Work (Check all th	8am-3:30	DMPM- A	AM			Cinnaminson	, NJ 08077					
≥3 st or ≥3 lf			Renova	tion			ainment with Neg	ative Pressure				
\( \geq \leq 160 \text{ sf or \geq 260 lf} \)			Demoli			☐ Mini-Enc ☐ Glovebag						
						☐ Non-Exe	mpted (*) and Nor	n-Friable Proced	ure			- 1
			Is Loc						Ab	atem	ent T	уре
Location of	1 1/4 014	. 11	Norm	ally lely by		Description o		7 mm27 v22 m24	Z	Z	ш	ш
Asbestos-Containing Ma TO BE ABATE			/lainter		Asbe	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair	пса	nclo
IN Facility		Ct		Staff?	(	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		V-	(12	-	-	other miscellane	ous)				late	e
Basement		Ye	s No	N/A	Floor T	ilo.		90 SF				
<u> </u>					1 1001 1	116		30 31			ш	Ш
									П	П		П
										1		
Name of Registered Waste I	Jaulor	JU		L	Mosts	Cubia Vanda	Now- : FD : :				Ш	Ш
	lauler		100	NJDEP ' Hauler I		Cubic Yards of Waste	Name of Regist					
AbateTech, Inc.				1875		20	G.R.O.W.S.	Landfill				
City, State						Disposal Date	City, State	53				
Lumberton, NJ					8	1/12/15	Tullytown,	PA				
Completed By (Print or Type)	)	Title				Signature		D	ate 1	.	_	-
Jim Mullarkey		Sales	& Ma	rketing					1	211	5	
SB-41			- 1									

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

(K 6912

Date of Notification (1)			- 40	Name o	f Building (	Owner/Operator (2	2015	JAN 13 PM	0.0	CT.		
12/	30 / 14	4		City	of Jersey	City Job #141	2-4858 Check	#6912	J. 3.	J		
Agencies Notified	Type Notification			Street A	ddress			5.4	773	7		
	☐ Initial			394 (	Central A	venue			ia i <sup>rr</sup>			
⊠ DOLWD	Amended		-	City, Sta	ate, Zip Co	de						
□ DHSS	Amendment #	-			ey City, N							
	Emergency (i	ncluding			f Contact			Telephone Numb	er			-
(NJAC 5:23-8)	justification)				Weller			relephone manne				
	Cancellation				To 1207020 120202	ODMATION			-			$\dashv$
Name of Facility Where Ab	atament is Tokir	ag Diago	/2)	FAC	LITTINE	ORMATION	Type of Facility (4	1)				$\dashv$
[[경기 ] [[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		ig Place	(3)				School (K-12)					
Jersey City- City Hal	ı						Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., pri	vate and commerc	cial buil	dings	,	
280 Grove Street							homes, etc.)					
City (5)							Square Feet	# of Floors	Bldg	g. Age	9	
Jersey City, NJ												
County (6)			1200	Count	y Code (7)	STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Hudson							City Hall					
Name of Monitoring Firm I	Hired by Building	Owner (	8)	ASCM N	lo I	Name of Abateme	ent Contractor (9)					
And the second of the second o		Owner (	, ,	1001111		AbateTech, I						
Briggs Environment	.dl					Street Address		-				_
Street Address							DO Day 25					
3 Crosswicks Street							e. PO Box 25					
City, State, Zip Code						City, State, Zip C						
Bordentown, NJ						Lumberton, I	NJ 08048					
Project Manager for Monit	oring Firm		Tele	phone N	No.	Telephone No.		License No.				
Mike Hoodak			60	9-298-	5520	609-265-2107	7	00529				
Start Date (10)	Sch	eduled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor	(0)				
01 / 02 /	7000000	01_/			20	EMSL Analyt	tical					
Occupancy Status During	Abatement (Che	eck only o	ne)			Street Address						
□ Facility Closed/Vacate				ment		200 Route 13	30 North					
☐ Abatement Performed					cribe	City, State, Zip C					11-1-1	
Time of Abatement: 1/	2/15 6pm-2:00	amAM-	1/3/15	8am-	2002	Cinnaminson						
11:30pmPM/1/4/15		M- AM				Cilliaiiiiisoi			-			
Scope of Work (Check all	that apply)					⊠ Full Cor	ntainment with Nec	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re	novati	ion		☐ Mini-En	closure	• <del></del>				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	on		Gloveba	ag Procedure	- Crickle Dropodu				
						□ Non-Exe	empted (*) and No	n-Friable Procedu		-1	-4 T.	
			Loca				9 4		Aba	ateme	ent i	_
Location	Thins was the same of	Lise	Norma ed Sole	elv bv	Anha	Description stos Containing M		Amount	Re	Re	Enc	Enc
Asbestos-Containing I TO BE ABA			intena			thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit		Cus		Staff?	(	surfacing, VA	T, or	SF or LF)	/al		sula	ure
(13)	,		(12)		-	other miscellan	eous)				ate	2555
		Yes	No	N/A					-	_	_	-
Basement			$\boxtimes$		Floor T	ile		90 SF		Ш	Ц	Ш
								-9				
			П									
				+=						П	П	П
				ПП	Nests	Cubic Yards of	Name of Regis	stered Landfill				
Name of Registered Was	te Hauler		1.55	NJDEP I Hauler II		Waste	G.R.O.W.S					
AbateTech, Inc.				18750	)	20 Disposal Date	City, State					
City, State						Disposal Date	Tullytown	DA				
Lumberton, NJ					-	1/5/15	4			,		
Completed By (Print or T	ype)	Γitle				Signature	1 1 11		ate /	2	1. 1	
Jim Mullarkey		Sales	& Ma	rketing	I	YAM	e Mulla	rkey ,	18/2	50/	14	
ASB-41						11	1	1	/	1	1	
MAY 11		* Do no	t use i	this form	for asbes	tos licerísure exer	npted activities.	0				

(K 6913

Date of Notification (1)				T	Name	of Buildin	g Owner/Operator (2	2) 550	Paren				
1/2	/ _	15			Kes	sler Inst	titute for Rehabil	itation / Job #1	412-4859 Che	k #69	£3,		
Agencies Notified Typ	oe Notifica	ation			Street	Address			- 1				
⊠ EPA □	Initial				119	9 Pleasa	nt Valley Way						
☑ DOLWD □	Amended	i			200-1-	tate, Zip (							
☑ DHSS	Amendme	ent #											
□ DCA 🛛	Emergen	cy (inclu	ding			Out of the second	e, NJ 07052					.10	
	justification			9	Name	of Contac	t		Telephone Num	ber			
	Cancellat	ion				iam O'C							
Name of Equility Where Abete		Talaia a Di	/	11	FAC	CILITY IN	FORMATION						
Name of Facility Where Abate								Type of Facility (					
Kessler Institute for Re	enabilita	tion- Pi	narm	acy	Area			School (K-12	) (Other than K-12	٥١			
Street Address									ivate and comme		ildino	is.	
199 Pleasant Valley Wa	ay							homes, etc.)	Trate and comme	TOIGH DE	munig	, ,	
City (5)								Square Feet	# of Floors	BI	dg. A	ae	
West Orange								1,200			~g. / (	90	
County (6)					Cour	ty Codo (	7)(STATE USE ONLY)		or if boing domest	-11\			
Essex					Cour	ty Code (	(STATE USE UNLY)		or if being demoli	snea)			
								Rehabilitation					
Name of Monitoring Firm Hire			er (8)	F	ASCM	No.	Name of Abateme	ent Contractor (9)					
Partner Engineering So	cience, l	nc.					AbateTech, I	nc.					
Street Address							Street Address						
611 Industrial Way Wes	st						30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					-
Eatontown, NJ 07724							Lumberton, N						
Project Manager for Monitorin	a Firm		- 1	Teler	ohone	No	Telephone No.		License No.				
Brian Nemetz	19 1 11111					-9565	609-265-2107		AN - 1-70 A LONG A LONG A				
Start Date (10)		Schedule	10						00529				
_1_ / _5_ / 1		1					Name of OSHA M EMSL Analyt						
Occupancy Status During Aba							Street Address						
☐ Facility Closed/Vacated Du					nont			0 N a					
☐ Abatement Performed Out						cribe	200 Route 13						
Time of Abatement: 7AM-						CIDE	City, State, Zip Co						
							Cinnaminsor	ı, NJ 08077					
Scope of Work (Check all that	t apply)												
≥3 sf or ≥3 If			Reno	watio			☐ Full Conf	tainment with Neg	ative Pressure				
25 \$1 01 ≥5 11 2160 sf or ≥260 lf			Dem					g Procedure					
		کا	Dom	Ontio				mpted (*) and No	n-Friable Procedu	ıre			
			Is L	ocati	on		100000000000000000000000000000000000000			774.25	atem	ent T	vne
Location of				rmall			Description of	of			-		
Asbestos-Containing Mate	erial (ACM	1)	Jsed				estos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED	<u>)</u>		Main			(i.e	e., thermal systems		(Specify	VOU	air	aps	los
IN Facility (13)		,		(12)	nan:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Suls	ure
(13)		_		No	N/A	1	other miscellane	ous)				te	
Pharmacy Area		-   ·		X		Ding In	sulation		230 LF				П
amaoy Area						i ihe ili	SuiduOH		230 LF				
			1   [							44	Ш	Ш	Ш
			] [										
Name of Registered Waste Ha	auler			0.000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				16
AbateTech, Inc.				1,000	auler II		Waste	G.R.O.W.S	. Landfill				
City, State					18750	)	15 Disposal Date	City, State		-			
Lumberton, NJ									DΛ				
**************************************							1/9/15	Tullytown,	FA				
Completed By (Print or Type)		Title					Signature -	10/ 11	, / D	ate /	1		
Jimmy Mullarkey		Sale	s & 1	Vlark	eting		HAN	Mull	Arken!	1/2	1/1		
ASB-41				-	100		1//		1	1-1	1.		m/12m-1
MAY 11		* Do	not u	se thi	is form	for asbes	tos licensure exemp	oted activities.	//	/			

Date of Notification (1) 12 / 29	/ 14				of Building	Owner/Operator () / Job #14	2) 40 M 2 42 4867 Chec	115 14N 13 k#6911N 13	<sup>®</sup> M c	). A		
Agencies Notified Type No  ☐ EPA ☐ Initia	otification				Address 5 Rockle	edge Dr. Mail Sto			41 3	10 36	,	
□ DOLWD □ Ame				City, S	State, Zip C	Code				7		
	ndment #_ rgency (in		,	Bet	heda, MD	20817			11.5			
	ication)	Cidding	3	Name	of Contac	t		Telephone Numb	per			
	cellation			Ed	Beeler							
				FAG	CILITY IN	IFORMATION						
Name of Facility Where Abatemer	t is Taking	Place	(3)				Type of Facility	(4)				
Atlantic Travel Plaza			100				School (K-12					
Street Address							Subchapter 8	Other than K-12	)	*****		
Mile Marker 41.1 GSP							homes, etc.)	rivate and commer	ciai bu	illaing	IS,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ae	
Galloway Township							oquaio i ooi	"		-9	5-	
County (6)			OV. 200-1-00	Cour	ty Code 17	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)		121-11-1	
Atlantic				Cour	ity code (/	22	Plaza		illeu)			
Name of Monitoring Firm Hired by	Building (	Dwner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
EHS Environmental						AbateTech, I	nc.					
Street Address						Street Address						
411 Southgate Court, Suite	E					30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Mickelton, NJ 08056						Lumberton, I	NJ 08048					
Project Manager for Monitoring Fir	m		Tele	phone	No.	Telephone No.		License No.				
Jack Carney			8	56-224	-0080	609-265-2107		00529				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OSHA M	Ionitor	19				-
12 /31 /14		1	2	/	15	EMSL Analyt	ical					
Occupancy Status During Abatem	ent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Outside						City, State, Zip Co	ode					
Time of Abatement:AM	PI	VI/	PM		AM	Cinnaminsor						
Scope of Work (Check all that app	ly)						•					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovat emolitic				g Procedure	gative Pressure on-Friable Procedu	re			
		Is	Loca	ion		18.			Ab	atem	ent T	уре
Location of			Norma			Description of			D	D	Ш	Ш
Asbestos-Containing Material ( TO BE ABATED	ACM)	170000	aintena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(	surfacing, VAT		SF or LF)	val	-	nsc	sure
(13)			(12)	Τ	-	other miscellane	ous)				ate	LU.
exterior		Yes	No 🖂	N/A	huriod	duct insulation		60 If				
exterior				1	buried	duct irisulation		00 11		-		
			Ш							Ш	Ш	Ш
Name of Registered Waste Hauler			1	JDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill		-		
AbateTech, Inc.			F	lauler II		Waste	G.R.O.W.S	. Landfill				
City, State				18750	,	20 Disposal Date	City, State					
Lumberton, NJ						1/2/15	Tullytown	PA				
Completed By (Print or Type)	Title	2				Signafure			ate /		o e	
Jim Mullarkey			& Mar	keting		Signature	a Mull	when 1	2/2	9/	14	
ASB-41 MAY 11	*	Do no	t use ti	nis form	for ashes	tos licensure exemp	oted activities		/	1		2000

check # 1376 Page 1 of 1

Date of Notification (1) 1-6-2015					Building of Educ				Edison							
Agencies Notified	Type Notification			Street Ad	Size To Contract				2015	JAH	13 [	H S	3: 3	1		
EPA DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Co	de					( ) ( ( ) ( )		11.	L		
▼ DOH DCA	Emergency (in justification)  Cancellation	ncluding			Contact romslar	nd			-4	-	phone					
				FACIL	LITY INFO	DRMATI	ON									
Name of Facility Where John P. Stevens Hi Street Address		Place (3)			2			×	of Facility (4 School (K-12 Subchapter 8	2)	er than	K-12)				
855 Grove Avenue								<u></u>	Other (i.e. pretc.)	N. 1 5 24 1 DECOM-11.		ercial				₹S,
City (5) Edison								Squa 50,0	re Feet 00+	# of 2	Floors			ldg. A 0+	ge	
County (6) Middlesex				County ( (STATE L	Code (7) USE ONLY)			Curre	nt Use (Prio ool	r if beir	ng dem	olishe	ed)			
Name of Monitoring Firm Detail Associates	Hired by Building O	wner (8)		ASCM 0001			100000000000000000000000000000000000000	of Aba Group	tement Cont , Inc	tractor	(9)					
Street Address 300 Grand Avenue							#778E.000000	Addres Hamb	ss ourg Turnp	ike						
City, State, Zip Code Englewood, NJ 076	331					361			ip Code dale, NJ 0	7403						
Project Manager for Mor Anthony Valentine				Telephor	ne No.		Telepi	none N 710-9	0.		Licens 0108					
Start Date (10) 1-6-2015		Schedule		npletion [	Date (11)		187	of OSI	HA Monitor							
Occupancy Status Durin								Addres								
Facility Closed/Vac	ated During Entire P	eriod of A	batem				0,000,000,000		urg Turnp	ike						
Other - Describe:	ned Outside of Norma work performed in iso						11.550		ip Code dale, NJ 0	7403						
Scope of Work (Check A	II That Apply)						-	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				>	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure					۵	
		le l	Locati	on				140	II-Excilipted	( ) unc	3 140111	Habit		Abate	ement	t
Location	n of	N	ormal	ly		De	scription	n of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mair	d Sole ntenar odial S (12)	nce/		thermal surfa	taining M I system icing, VA miscella	s insula AT, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler R	oom	X		1		Pine	Insula	ation		Ç	) LF		X			
Bollet 10			-			1 ipc		20011			,					
								334541								
Name of Registered War	ste Hauler		H	JDEP W lauler ID 033034	No.	of Wa	Yards ste		Name of F	Registe	red Lar	natili				
City, State Bloomingdale, NJ						Dispo TBD	sal Date		City, State Morrisvi		Ą					1.1
Completed by Elena Solakov		Title Presid	dent			5	Signatur	e &	lesu Slo	lla	,	Dat	e 6-20	15		

CK 3674

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

### RECEIVED

Date of Notification (1) 1-9-15		8		of Building Ov CK-FIL-A, IN		(2) 20	15 JAN 13 P	料 9	: 44	·····	-
Agencies Notified  X EPA  X DEP  X DOL	Type Notification  Initial Amended		5200 City, S	Address BUFFINGT		) As	& LIGENS	laur	ROL		
▼ DOL ▼ DOH ▼ DCA	Amendmen Emergency justification Cancellation	(including	Name	ANTA, GA 3 of Contact GHT WIRIC			Telephone Nu	0.00		505	
		107		CILITY INFOR						-	
Name of Facility Where CHICK-FIL-A	e Abatement is Takir	ng Place (3)			a:	Type of Facility	(4)				
Street Address 1040 US HIGHWA	AY 1 NORTH					School (K Subchapte Other (i.e. etc.)	-12) er 8 (Other than K-1 private & commerc	12) cial bui	ldings	, hom	es,
City (5) WOODBRIDGE						Square Feet 23,000	# of Floors		3ldg. / +/-50		
County (6) MIDDLESEX				Code (7) USE ONLY)		Current Use (P PET WARE	rior if being demolis HOUSE	shed)			
Name of Monitoring Fir EHS ENVIRONME	m Hired by Building ENTAL	Owner (8)	ASC	CM No.		of Abatement Co PER ENVIRO	ontractor (9) DNMENTAL SE	RVIC	ES.	NC.	
Street Address 9 SOUTH MAIN S	TREET			VI	Street	Address FRALEY ST					
City, State, Zip Code MULLICA HILL, N	J 08067				City, S	tate, Zip Code ADELPHIA, I			-20 1		
Project Manager for Mo JACK CARNEY	onitoring Firm		5/15/16/15/A18/35	one No. 223-0080	Teleph	none No. ) 533-5155	License I	Vo.	10.78-		
Start Date (10) 1-21-15		Scheduled 1-23-15	Completion	n Date (11)	Name	of OSHA Monito	Г				
Occupancy Status Duri					Street	Address					
Facility Closed/Val Abatement Perform	cated During Entire med Outside of Norn	Period of Aba	ntement			UTH MAIN S tate, Zip Code	TREET				
Other – Describe:						LICA HILL, N	J 08067				
Scope of Work (Check) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply) * A	X Ren	PRIOR TO ovation nolition	DEMO*		Mini-Enclosu Glovebag Pro				·e	
Locatio	n of	Non	cation mally							emeni /pe	t
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Mainte Custodi	Solely by enance/ al Staff? 2)	(i.e. the	Description Containing M rmal systems surfacing, VA her miscellan	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	lo N/A					<u>n</u>		ate	ē
ROC	)F		X	R	OOF SEAL	.ANT	2600 SF	X			
								X			
Name of Registered Wa	ste Hauler		NJDEP V	Vaste C	ubic Yards	Name of	Registered Landfil	<u> </u>			
SERVICE TRANSP	ORT GROUP		Hauler ID	No. of	Waste	0.0000000000000000000000000000000000000	RVA LANDFILL				
City, State NEW CASTLE, DE				D	sposal Date	City, Sta WAYN	te ESBURG, OH				
Completed by DENISE M. NIVEN		Title ADMINI	STRATI	VE ASST.	Signature		/ . Da	ate -9-15			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Check H 2323 (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification	,				Name of E	Building Ow IY	ner / Oper	ator (2)	OFI	UEN		
$\left  \frac{-01}{} \right  \frac{12}{}$	/15				Street Add				the same t			
Agencies Notified	Type of Noti	ficatio	n		76 South S	Street		2015 14	H			
☐ EPA DEP		nitial mende	ed		City, State Akron, Ohi	e, Zip Code o 44308		-ann chil	113 /	M 12: 8	1.6	
☑ DOH	1000000		ment _		Name of C			A a of S	Telephor	e Numbe	er 🦂	
☑ DOL		merge ancell			Jim Halse			å.	· = 11 17 3	HAG	4	
				FA	ACILITY IN	FORMATIO	N					
Name of Facility Wh	ere Abateme	nt is Ta	aking F	Place (3)			School (K					
Street Address MONROE AVE & MA	IN STREET IN	NTERS	SECTIO	N			Other (I.e.	er 8 (Other i , private & o mes, etc.)				
City (5) ASBURY PARK	County (6) MONMOUTH	Н		County Code (	(7)	Square Fee		# Of Floors		Building	g Age	
	1					Current Us Telephone	10.7	being dem	olished)			
Name of Monitoring	Firm Hired b	y Bldg	. Owne	er (8)	ASCM NO							
F - :	ta sa atta atta a					NODTHET	A D CONTE	PACTING G	POLID IN	C		
Environmental Health Street Address	Investigations	5			L	Street Add		RACTING G	ROUP. IN	<u> </u>		
655 West Shore Trail						Oli CCI Add	1000					
City, State, Zip Code	)			7		32 Williams	Parkway					
Sparta, NJ 07871						City, State	Zip Code					
Project Mngr. For M	onitoring Firr	n		Telephone Nu 212-682-9271	mber	East Hanov	or NI 070	36				
Dino Nappi Sheduled Start Date	(10) IS	ched	Compl	etetion Date (1	1)	Telephone			License	Number		
01 // 27	/ 15	0		28 /	15	Totophiono						
			_/			973-88				0	0860	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	losed/Vacate						AR CONTE	tor RACTING G	ROUP. IN	C.		
				ormal Facility		Street Add						
	escribe:	nuay	0.00 an	1 to 5,00 pm		City, State						
		nnlu)				East Hanov						
Scope of Work (Che	CK All That A	ppiy)										
☐ Demolitio		4	]	Renovation				th Negative	Pressure	9		
						Mini - Encl Glovebag						
	<u> 2</u> 200 II							d Non-Fria	ble Proce	dure		
Location o	of T	ls	S		Descript	ion of			Abateme	nt Type		
Asbestos Cont	201 Company of the 1	Loca	ition	As	sbestos - C	ontaining			R		E	E
TO DE 404		Norn		71	Material (			Amount (Specify	E M	R	N C	N C
TO BE ABAT in Facility		Sol			*0.	facing, VAT		SF or LF)	0	P	A	L
(13)		by M				ellaneous)	,		V	A	P	0
	1	tena							Α	1	S	S
	1	Custo							L	R	U	U R
			d N/A							-	+	-
Exterior Telephone P			_	Transite Condu	uit			40 LF	V			
									- Lung			
Name of Book	10/			NUDED W	ICubia	Name of R	onictored	Landfill				
Name of Registered NEWARK CARTING	Waste Haule	r		NJDEP Waste Hauler ID No.		I.E.S.I.	egistered	Landilli				
City, State		-		4505	Disposal	City. State						
NEWARK, NJ					Date	BETHLEH	EM, PA 18	105				
Completed by (Print	or Type)			Title			Signature	(	<u>C</u> .		Date	
Steven Stiles				Project Manage	er		He	nd		) i	0	1/12/15

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

Check # 2322

Date of Notification (1)	45		Name of I	Building Ov	ner / Oper	ator (2)	RE	13 AM	N.	
$\frac{01}{-01} / \frac{12}{-12} / \frac{1}{-12}$	15		Street Ad				1	the state of	die in	
Agencies Notified Ty	pe of Notification		76 South			21	ne .	5. 1	-	
□ EPA			City, Stat	e, Zip Code			HALL BY	12 .		
DEP	Amended		Akron, Oh				· · · · · · · · · · · · · · · · · · ·	13 AR	112. ~	
☑ DOH	ies Notified		Name of	Contact		40	Telepho	ne Numb	er 🔻	25.0
	Emergency w	/ justification	Jim Halse	<b>э</b> у						
							严制的	ENGIN	TROI	
		F	ACILITY IN	FORMATIC	N			A POPULAR	G C	
Name of Facility Where	Abatement is Taking	Place (3)		Type of Fa	cility (4)					
					School (K	-12)				
Street Address				1 7		er 8 (Other	than K-1	2)	27	
ROUTE 46 & FRANKLIN	AVENUE					, private &				
						mes, etc.)				
City (5)	ounty (6)	County Code	(7)	Square Fe	et	# Of Floor	S	Building	g Age	
			10.7						70° 450	
				Current Us	se (Prior if	being dem	olished)	7		
				Telephone		•				
Name of Monitoring Fir	m Hired by Blda. Own	er (8)	ASCM NO						-	
	-,	1-1								
Environmental Health Inv	estigations			NORTHST	AR CONTE	RACTING G	ROUP. IN	VC.		
Street Address				Street Add	ress					
655 West Shore Trail										
City, State, Zip Code				32 William:	s Parkway					
Sparta, NJ 07871				City, State	, Zip Code			~~~		
Project Mngr. For Monit	toring Firm	Telephone Nu	mber	1						
Dino Nappi		212-682-9271		East Hano	ver, NJ 070	36				
Sheduled Start Date (10	) Sched. Comp	letetion Date (1	11)	Telephone	Number		License	Number		
01 / 22 /	15 01	23/	15							
// /				973-88	4-8682			0	0860	
Occupancy Status Duri	ng Abatement (Check	Only 1)		Name of C	SHA Moni	tor				
Facility Close	ed/Vacated During En	tire Period of		NORTHST	AR CONTR	RACTING G	ROUP. IN	VC.		
Abatement				Street Add	Iress					
				32 Williams						
Other - Desc	ribe:			City, State						
Scope of Work (Check	All That Apply)	- CALL AND		East Hano	ver, NJ 070	36			***************************************	
coops of many (enough)										
Demolition	$\checkmark$	Renovation		Full Conta	inment wit	h Negative	Pressur	е		
≥3sf or ≥3lf				Mini - Enc	losure					
≥160 sf or ≥2	.60 If			Glovebag	Procedure	6				
	5:		1	Non-Exem	pted (*) an	d Non-Fria	ble Proce	edure		
			<u> </u>				LAT.			
	D D T T T T T T T T T T T T T T T T T T		Descript	tion of Containing			Abateme R	I I I I I I I	ΙE	ΙE
Aspestos Containi		As				Amount	E	R	N	N
TO RE ARATED	5 (2.00)	n	Material e., therma	2.5		(Specify	M	E	C	C
			기가 살아야 하는 것이 없는 것이 없는 것이 없는데 어느 것이 없다면 없다.	facing, VAT	5	SF or LF)	0	P	A	L
				cellaneous)	•	0. 0. 1.	V	A	P	0
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		1						1	<b>†</b>	1
Exterior Telephone Pole	The same of the sa	Transite Condu	uit			20 LF	V		1 1	
		1						1 7	十一	十一
	James - printer - printer	†					H	1	1	
		1					T	1	1 7	TH
Name of Registered Wa		NJDEP Waste	Cubic	Name of R	eaistered	Landfill				
NEWARK CARTING	iste Hadiei	Hauler ID No.		I.E.S.I.	.ogiotoi ou					
City, State		4505	Disposal	City. State						
NEWARK, NJ			Disposal	BETHLEH		105				
INLVVARIA, INJ			Date	DETTILEN	INI, PA 10					
Completed by (Print or	Type)	Title			Signature				Date	
	. , , , ,					+ 1	20			
Steven Stiles		Project Manage	er	2	u	to			1 01	/12/15