Print Form

	Name of P.S.E.(Street Ac 4000 F City, Star SOUTH	ddress HADLEY ROA te, Zip Code H PLAINFIELD Contact STOPHER MO	ABATEI d 12:120 Operator	(2) (2)	30 30 S S S S S S S S S S S S S S S S S	RE 14 14	C.	LA	ò	
Agencies Notified Type Notification EPA	P.S.E.G Street Ad 4000 F City, Sta SOUTH Name of CHRIS	G. ddress HADLEY ROA te, Zip Code H PLAINFIELD Contact STOPHER MO	D, NJ 0	(2)	Socs CICE	2500	Thy S	L.S.	ò	
EPA DEP Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3)	Street Ad 4000 H City, Star SOUTH Name of CHRIS	ddress HADLEY ROA te, Zip Code H PLAINFIELD Contact STOPHER MO		7080	\$\log \\ \log	300	PAY S	``	0_	
DEP Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3)	City, Sta SOUTI Name of CHRIS	te, Zip Code H PLAINFIELD Contact STOPHER MO		7080		2.00		-		
Emergency (including justification) Cancellation	Name of CHRIS	Contact STOPHER MO				SIN	ر کم	O CO		
Name of Facility Where Abatement is Taking Place (3)						one Num	14			
		LITY INFORMATI		-						
				Type of Facility						
Street Address 422 UNIVERSITY AVE.				School (K-1 Subchapter Other (i.e. petc.)	8 (Other t			lings,	home	≥s,
City (5) NEWARK				Square Feet 17291	# of FI	oors	200	ldg. A 5 YF	•	
County (6) ESSEX	County C	Code (7) USE ONLY)		Current Use (Pri SWITCH STA		demolish	ed)	-		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM 004		100000000000000000000000000000000000000	of Abatement Co					4	
Street Address 64 BROAD STREET				Address WHITEHEAD	AVE.		-			
City, State, Zip Code MATAWAN, NJ 07747				State, Zip Code TH RIVER, N	J 08882					
Project Manager for Monitoring Firm TOM GEIGER	Telephor 732-29	ne No. 92-2217	5.0	none No. 432-8350		icense No 01111).			
Start Date (10) Scheduled Con	mpletion [,	100000000000000000000000000000000000000	of OSHA Monitor		1ERICA				
Occupancy Status During Abatement (Check Only One)		,		Address WHITEHEAD	AVE.					
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour Other – Describe: OCCUPIED BY NECESSARY OPER	S	ONLY	1	tate, Zip Code TH RIVER, N.	J 08882				-	
Scope of Work (Check All That Apply)				_						
X ≥3 sf or ≥3 lf X Renova ≥160 sf or ≥260 lf Demoli			×	Glovehag Pro	е	egative P	essui	e		
		<u> </u>	×	Non-Exempte	d (*) and N	on-Friabl		cedur Abate		
Location of Used Sole Ashestes Containing Material (ACM) Used Sole	lly	Des	scription	of				Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Asbestos-Containing Material (ACM) Maintena Custodial (12)	nce/ Staff?	Asbestos Cont (i.e. thermal surfar other n		s insulation, T, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Yes No	N/A			2001	100				œ .	
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WASTE MANAGEMENT	Hauler ID 1125	100 T	0.00	Harman Sarah	Registered S NORT					
City, State ELIZABETH, NJ			sal Date		e ISVILLE	PA				,
Completed by Title OFFICE N	MGR.	S	Signature	ent Ra	em	Dat	e / /	8		14

Date of Wotification (1)

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Management & Enviro. Consulting Services

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Amended

Amendment # Emergency (including

justification)

Cancellation

January 9, 2014

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Residence Street Address

City (5) Runnemede County (6)

Camden

Street Address P.O. Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm

Bill Weisgarber

January 27, 2014

Other - Describe:

≥160 sf or ≥260 lf

≥3 sf or ≥3 lf

Scope of Work (Check All That Apply)

Start Date (10)

221 Phillips Avenue

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wner (8) Services		ASCM		N		of Abate	ement Con ironment					5350
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Only One)	ateme	ent				Addres: Haddo	s n Ave					
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						7	+-					
	Ha	JDEP Wauler ID		Cubic Ya of Waste			Name of Grows	Registered Lar	ndfill			
				Disposal	Date		City, State			-		

Print Form

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

ASSESTOS CONTRO Name of Building Owner/Operator (2) Date of Notification (1) Charles Acker 1-9-14 Street Address Type Notification Agencies Notified 280 Washington Street [X]Initial []EPA Notification City, State, Zip Code []DEP []Amended Glen Ridge, NJ, 07028 [X]DOL Notification Telephone Na Name of Contact [X] DOH []EMERGENCY Charles Acker []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) # of Floors Bldg. Age Square Feet County (6) Essex County Code (7) 1800 2 City (5 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 N/A (973) 744-8800 Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) N/A 1-24-14 1-23-14 Month Day Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]Mini-Enclosure [X] Renovation [X]>3 sf or >3 lf []Glovebag Procedure []>160 sf or >260 lf []Demolition []Non-Friable Procedure Abatement Type Is Location Description of Location of Normally NCLOSUR NCAPSUL Asbestos-Containing Amount REPAIR Asbestos-Containing Used (Specify Material (ACM) Solely MOVAL Material (ACM) SF or By Main (i.e., thermal systems TO BE ABATED tenance/ insulation, surfacing, VAT, LF) In Facility Custodial or other miscellaneous) Staff (12) (13)N/A Yes No X 50 sf Ductwork Insulation X Basement Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste 1.5 Hauler ID No. G.R.O.W.S. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Morrisville, PA 19067 1-27-14 Montclair, NJ 07042 Signature Date Completed By (Print or Type) Title 1-9-14 President Constantine Vivian

		NOTI (Pursu	FICA:	TION OF	ASBES	TOS ABATEMENT 7 and 12:120-	7)	D-					
Date of Notification	on (1)		Name	of Bu	ilding	Owner/Operate	or (2)	TECO	-,-	_		_	
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Name of Facility Wh Same as above	ere Abatement :	is Taki	ng Pl	ace (3	()		Type of Faci	(K-12)					
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Name of Monitoring P Owner (8)	Firm hired by E	duilding	I AS	CM No.			ement Contracto						
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City, State, Zip Coo	le					L		•					
1, <u>-</u> -						Montcla	Zip Code ir, NJ 070	42					
Project Manager for	Monitoring Fir	m Tel	ephor	ne Numb	per	Telephone Nur			Lice	DCC	Mann	h	
		N/	A			(973) 74				37		Del	
Scheduled Start Date		. Compl		Date	(11)	Name of OSHA	Monitor						
1-25-14 Month Day Yo	CONTRACTOR OF THE PROPERTY OF	-30-1			1	N/A							
Occupancy Status Dur [X] Facility Clos	ing Abatement sed/Vacated Dur	(Check	ay only tire	Year one) Period		Street Addres	58					-	
of Abatement []Abatement Per	formed Outside	of No	cmal	Facili	tv	City, State,	Tin Code						
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Scope of Work (Check			Desc	ript»									
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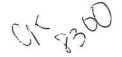
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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Street Address										her St.						
-							ity, St	ate,	Zip (ode						
City, State, Zip	Code									NJ 07042		Licens	se Nu	mber		
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Project Manager	for Monitoring Fir		/A	lorre 1		11	(973									
		d. Comp	23	on Da	te (1	1)	Name of	OSHA	Moni	tor						
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1-19-14	_		Date		Year		Street	Addr	955			5/3(-0.00-0				
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City, State	27 07042						1-27	-14	Ŀ	MOTITES V.						
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County (6)	1			County C	ode (7) SE ONLY)		Prior if being demolished	ed)			
Name of Monitoring Firm	Jen Building O	upor (8)		ASCM		Name of Abatement	- Building				
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Street Address	0 9	7-				Street Address	0				
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City, State, Zip Code		Z.W	- (280	5.33	City State, Zip Code	TIA FALL	0	25	13	3
Project Manager for Mo	eit ri g Firm	110	1	elephor	ne No.	Telephone No.	License No	2. 9	2	A A	
Steve S	chen ken	<u> </u>	6	1900	758-3365	609 758-3		2	LC	1	
Start Date (10)	1	Schedule			Date (11)	Name of OSHA Mon	ichnologies	I			
Occupancy Status Duri				-14		Street Address	crinologies		nc		
Facility Closed/Va				ent		P.O. Bo					
Abatement Perform	med Outside of Norma	al Facility	Hours			City, State, Zip Code		- 01 6		_	
☐ Other – Describe:			=			New Egyp	+ 111 C	18:	<u>ک</u> د	3	
Scope of Work (Check	All That Apply)			liaa		☐ Full Conta	inment with Negative P	ressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enclo	sure	.0000			
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Steve Sch	en Ker	HRe	Sid	lent		Just 1-16	Mech	1 1	ľ	0 6	

Date of Notification (1) January 9, 2014				Name o	f Building Owner/etate of NJ, De	Operator	(2) Z	a V	16. N	lamt	Leh	eck	# 70	162	
Agencies Notified	Type Notification			Street A	ddress	1200		€ (J.)	14	9.11.	(3			
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DEP X DOL	Amended Amendment	#			ate, Zip Code on, NJ 08625			CAS	CON	´ .	(P)				
DOH DCA	Emergency (justification) Cancellation	including	,	Name o	f Contact	1			Cell	(Propne	Numb	er			
				FAC	ILITY INFORMAT	ION	-						-		
Name of Facility Where CRRNJ Terminal B	Abatement is Takin uilding, Liberty	g Place (State F	⁽³⁾ Park					of Facility (4) School (K-12)							
Street Address 200 Morris Pesin D	rive	eta .					×	Subchapter 8 Other (i.e. pri etc.)	(Othe			build	dings,	home	es,
City (5) Jersey City								re Feet	# of	Floors			ldg. <i>A</i>	ge	
County (6) Hudson					Code (7) USE ONLY)			ent Use (Prior minal Buildi		ng dem	olishe	i)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCN	И No.			tement Contr							
Street Address	-						Addre	ss Ave.							
City, State, Zip Code						City, S	State, Z	ip Code ade, NJ 08	3052						
Project Manager for Mon	nitoring Firm			Telepho	ne No.	Teleph	none N)755-	0.		Licens 0084				<u> </u>	
Start Date (10) January 20, 2014				npletion 2014	Date (11)		of OSI	HA Monitor	12	0004					
Occupancy Status During	a Abstement (Chec		. 50	2014	* 2002		Addres								
Facility Closed/Vac			acoces cale					on Ave							
Abatement Perform	ed Outside of Norm	al Facilit	y Hour	nent S		City, S	state, Z	ip Code	-			_	0.00	- 77.53	
Other – Describe:			W-1			Wes	tmont	, New Jer	sey	0810	8				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Il That Apply)	CONTRACT.	Renova Demoli			×		l Containmen	t with	Negati	ve Pre	ssur	e		
			Demon	uon				vebag Proce	dure						- 1
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Location Asbestos-Containing		Use	ed Sole	ly by	De Asbestos Con	scription	of Naterial	(ACM)	Δ,	nount	T				\Box
TO BE ABA	ATED	U-17,000	aintena stodial		(i.e. thermal	systems	s insula		(S	pecify		Re	R	Enca	Ē
In Facil (13)	ity		(12)			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								/al	-	late	ıre
Exterio	or		XXX		Windo	w Sill	Caulk		15	8 LF		Х			
Exterio	or		XXX		Expansi	on Joir	nt Cau	ılk	7:	2 LF		Х			
									1000	-					
Name of Registered Was	te Hauler			JDEP W		Yards -		Name of Re	egiste	ed Lar	dfill				
Freehold City State				lauler ID 2253	10		491	Grows La	andfil	1 2			5		
City, State Mount Holly, New Je	rsey 08060			,	Dispo:	sal Date 14		City, State Tullytown	, PA	1 =					
Completed by Christina Lynch	id .	Title Offic	e Mar	nager		ignature	ha	le	\		Date 1/9/2	201	4	es es un per	

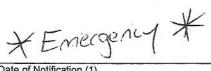


at 3360		NC		(Pur	FION suant	to NJA	SES C 8	TOS ABAT :60 and 5:16	3)	ENT	4	ANA SERVICE	140	200	\ <u>\</u>	,
Date of Notification (1)			7-23		Name o	f Building	Ow	ner/Operator (2	2)			500	.4	2	á	0
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Agencies Notified	Type Notificat	tion				Address						C	3		9.	
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☐ DCA	☐ Emergence		ding		Car	aden		News	er	sey (18101		3		~	
(NJAC 5:23-8)	justificatio		APAGE TO								Telephone	e Numbe	r			1
	☐ Cancellation	on			VA	lerie		BradFo	05	<i>D</i>						
					FAC	ILITY IN	FOI	RMATION								
Name of Facility Where A	Abatement is Ta	aking Pl	lace (3	3)				The National Control	1	oe of Facility (
Benjami	N FrA	NKI	in		Br,	dee				School (K-12) Subchapter 8		n K-12)				
Street Address						,				Other (i.e., pr			al bui	ldings	s,	
	Elm ST	ree	7					00-		homes, etc.)			1 = : :			
City (5)				_	~	2 1 - 1	e.			uare Feet	# of Floo	ors		g. Ag		
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County (6)					Count	y Code (/	1011	ATE USE ONLY)		rrent Use (Prid						
Cand Name of Monitoring Firm	e ~	ina O	205 (0)	\ T	ASCM N	lo.	A1-	ame of Abateme	ort C	IrA; NO	IFAC	K 4	Pgr	10 C	e	_
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Street Address Dela				, ,	1 PA	cx	Su				^					
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Newark, Project Manager for Mon	UE pitoring Firm	19	//3	Teler	> & / ohone N	/ / /	Te	NohuTonelephone No.	,	IAI	License	No.		-		
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JeFFrey Start Date (10)	Is	chedule	ed Cor	mplet	ion Dat	e (11)	Na	ame of OSHA N	/lonit	tor		., .				
1 124 1							100000	~			T-	(2-				
Occupancy Status During			- 22					BATTA reet Address								>
Facility Closed/Vacate					nent		"	,	-	GANFIE						
☐ Abatement Performed	10 harrier - 10 harrier - 17 harrier - 18 ha					cribe	Cit	ty, State, Zip Co		O.A.C.F.LC	= 1 U u	الم في ا	- 1101			$\overline{}$
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Scope of Work (Check a	Il that apply)			34.40				TO END A	1. 3	1 1 9		112		31		-
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☐ >3 sf or ≥3 lf ☑ >160 sf or >260 lf		<u> </u>	Ren	ovatio				☐ Mini-End								
E 2100 31 01 2200 11		_	J DO!!	iontio						ed (*) and No	n-Friable P	rocedure				
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Location Asbestos-Containing		,	Used	ormal Sole		Acho	etor	Description of Containing Ma		al (ACM)	Amo	unt	Re	Repair	E	5
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(13)		,	Yes	No	N/A		0	mei miscellane	Jous	1					œ	
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City, State	ental Co	DO TEA	cTec	5 6	20 8	13	Di	sposal Date	0	Dity, State	1771 293	ENIE	> C	ヘンシ	1 1/1	,=~
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* Emergency *

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C	ity, Sta	ate, Z	ip Code ach NJ 080	008		CAS	AVA	20				
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	ASC	CM N	0.				ractor ((9)		/ • 3		
ä				City, We	State, Zip st Berlin	Code NJ 0809	91					
	Telep	hone	No.			00		License No 00727).			
	mpleti	on Da	ate (11)			Monitor						
				Stre	et Address							
Abater	ment 's			City,	State, Zip	Code						
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	Haul	ler ID	No.	f Waste		G.R.C	.W.S					_
					Date	City, St	ate	PA 19067				
			1	/17/14		IVIOITIS	sville i		Date			_
	N S S S S S S S S S S S S S S S S S S S	Name of Sandy Street 5 Eas City, St Spray Name of Steve Steve FAC Count (STAT AS Teleparate Abatement ty Hours Renovation Demolition Is Location Normally Solid Substituting Normally Substituting Normally Normal	Name of Buil Sandy & S	Name of Building Owner/C Sandy & Steve Rubin Street Address 5 East 30th St City, State, Zip Code Spray Beach NJ 080 Name of Contact Steve FACILITY INFORMAT County Code (7) (STATE USE ONLY) ASCM No. Telephone No. Illed Completion Date (11) Abatement ty Hours Renovation Demolition Is Location Normally sed Solely by Maintenance/ ustodial Staff? (12) N) N/A NJDEP Waste Hauler ID No. 22459 NJDEP Waste Hauler ID No. 22459 NJDEP Waste Hauler ID No. 3	Name of Building Owner/Operator (Sandy & Steve Rubin Private (Street Address 5 East 30th St City, State, Zip Code Spray Beach NJ 08008 Name of Contact Steve FACILITY INFORMATION County Code (7)	Spray Beach NJ 08008 Name of Contact Steve FACILITY INFORMATION Type of F Sub	Name of Building Owner/Operator (2) Sandy & Steve Rubin Private Horn Street Address 5 East 30th St City, State, Zip Code Spray Beach NJ 08008 Name of Contact Steve FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 Other (i.e. privetc.) Square Feet 1000+ County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Cont Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 0803 Telephone No. S56-753-9800 Iteled Completion Date (11) Abone) Street Address City, State, Zip Code West Berlin NJ 0803 Telephone No. S56-753-9800 Iteled Completion Date (11) Abone) Street Address City, State, Zip Code West Berlin NJ 0803 Telephone No. S56-753-9800 Abatement Ty Hours Full Containmy Mini-Enclosur Glovebag Pro Non-Exempte Is Location Normally sed Solely by Maintenance/ Justodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Sed Solely by Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NJDEP Waste Hauler ID No. 22459 Name of Aspectory Name of Name of Aspectory Name of Name of Aspectory Name of Aspectory Name of Aspectory Name of Name o	Name of Building Owner/Operator (2) Sandy & Steve Rubin Private Hoons Street Address 5 East 30th St City, State, Zip Code Spray Beach NJ 08008 Name of Contact Steve FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other Other (i.e. private & etc.) Subchapter 8 (Other Other (i.e. private & etc.) Square Feet 1000+ 2 County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (Pernaco Inc. 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Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. S56-753-9800 O7227 Name of OSHA Monitor Same City, State, Zip Code West Address City, State, Zip Code West Borlin NJ 08091 Telephone No. S66-753-9800 O7227 Street Address City, State, Zip Code West Borlin NJ 08091 Telephone No. S66-753-9800 O7227 Street Address City, State, Zip Code West Borlin NJ 08091 Telephone No. Street Address City, State, Zip Code West Borlin NJ 08091 Telephone No. S66-753-9800 O7227 Street Address City, State, Zip Code West Borlin NJ 08091 Telephone No. S66-753-9800 O7227 Non-Exempted (*) and Non-Friable Procusiodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NJDEP Waste Hauler ID No. Street Address Name of Registered Landfill G.R.O.W.S Name of Registered Landfill G.R.O.W.S	Name of Building Owner/Operator (2) Sandy & Steve Rubin Private Hoop Street Address 5 East 30th St City, State, Zip Code Spray Beach NJ 08008 Name of Contact Steve FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K	Name of Building Owner/Operator (2) Sandy & Steve Rubin Private Hoops Street Address 5 East 30th St City, State, Zip Code Spray Beach NJ 08008 Name of Contact Steve FACILITY INFORMATION Type of Facility (4) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subcha





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Date of Notification (1) 1/9/14					Building O a & Larn				Home	Y						
Agencies Notified EPA DEP	Type Notification Initial		2		khill Lan			(1								
DEP DOL	Amended Amendment # Emergency (ir		_ 5	Sickler	te, Zip Cod ville NJ (1					5		200	-	2
☑ DOH □ DCA	justification) Cancellation	icidanig	29	Name of Baraba	Contact Ira					Tolo	nha	A I		-	ı	-
Name of Facility Where A	batement is Taking	Place (3)		FACIL	ITY INFO	RMA"	TION	Туре о	f Facility (4)		100	2	=	-	111
Barbara & Larry Hol	comb Private Ho	ome						F 0	chool (K-12 ubchapter 8	10th	er than I	Z W	CO	ATI	5	III
27 Parkhill Lane	24							X O	ther (i.e. pr tc.)	ivate 8	comm	ercia	3000			s,
City (5) Sicklerville NJ 0808	1							Square 1000-		# of 1.5	Floors		35	ag. Ag	Je	
County (6) Camden			(County C	Code (7) ISE ONLY)	_		Curren	t Use (Prior	r if bei	ng dem	olished)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCM	No.		100000	of Abate	ement Cont	ractor	(9)					
Street Address				L				Address					•			
City, State, Zip Code							City, S	State, Zip	<u> </u>	91						
Project Manager for Mon	itoring Firm		1	Telephor	ne No.		Telepi	hone No 753-98			Licens					
Start Date (10) 1/10/14		Schedule		pletion [Date (11)		Name Sam		A Monitor					7		
Occupancy Status During	Abatement (Check	Only On	e)				Street	Address	S	9			-885-100			
Facility Closed/Vaca Abatement Perform Other – Describe: _	ated During Entire Po ed Outside of Norma	eriod of A al Facility	batem Hours	ent		_	City, S	State, Zip	Code							
Scope of Work (Check A	II That Apply)						, le	7				9 2000				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Mini	Containme i-Enclosure vebag Proc i-Exempted	edure						
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Location	\$ 1.50 T		lormall d Solel		Ashant		escription		(ACM)	^	mount	-		Ту	2075	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED		intenar odial S (12) No			therm sur	al system facing, V/ r miscella	ns insula AT, or		(5	Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
First Flo	oor	100		x		Flo	or Tile	only	-	70	30 SF	-	ς .	-		
	-															
Name of Registered Was	te Hauler		l N	JDEP W	/aste	Cub	ic Yards		Name of F	Registe	ered I a	ndfill				
United Containers	i maior		Н	auler ID 2459	STEEL STATE OF STATE	100000000000000000000000000000000000000	/aste		G.R.O.V		. Ju Lui					
City, State Elm NJ							osal Date 3/14	9	City, State Morrisvi		A 1906	67				
Completed by Anthony T Perna		Title Presi	dent				Signatur	e				1/9/				

* Emergency *

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

DOUC

Emergen				NJAC 8:60				CK	2	845.			,E	_
Date of Notification (1) 1/10/14		Nai	me of Bunthony	uilding Owr Canale	ner/Opera Private	ator (2 Hon) ne				2			
Agencies Notified Type Notification		177.50	eet Addr Harry							25.		7		
EPA Initial Amended Amendment #_		Cit	y, State,	Zip Code wkin NJ		9				80 CS.	JAN I	;	1	
Emergency (inclusion) DCA Emergency (inclusion) Cancellation	iding		me of C						Telen	houe Numb	oer *		5	1
DCA Carrottation		_	FACILI	TY INFOR	MATION					UL	-	ڡ		-
Name of Facility Where Abatement is Taking Pla Anthony Canale Private Home	ace (3)					١.	Sch	Facility (4) nool (K-12) ochapter 8	(Other	than K-12)	TROL	5		
Street Address 56 Harry					70	- 1	etc	.)		commercia				6
City (5) Manahawkin NJ 08050		-					Square 1000+		1.5	Floors	35-	g. Ag	2	
County (6) Ocean		Co (S	ounty Co	ode (7) SE ONLY)			Current Home	Use (Prior	if bein	g demolishe	ed)			
Name of Monitoring Firm Hired by Building Own N/A	ner (8)		ASCM I	No.	0.00		of Abater aco Inc	ment Cont	ractor (9)		•		
Street Address							Address ox 329							
City, State, Zip Code							ate, Zip Berlin	Code NJ 0809	91					
Project Manager for Monitoring Firm		T	elephon	e No.	10.00		one No.	00		License No 00727	0.			
Clarit Zana (1.5)	cheduled	Comp	pletion D	ate (11)	1		of OSHA	Monitor	1					
1/13/14 1/2 Occupancy Status During Abatement (Check C	/17/14						Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Ab	ateme	ent		_	City, S	tate, Zip	Code	5					
Scope of Work (Check All That Apply)							1 5.0	Cantainm	ant with	Negative F	Pressur	·e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					Mini	-Enclosure	ecdure					
						>	⊴ Non	-Exempted	d (*) an	d Non-Friat		Abate		
*		ocatio										an according	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	ly by nce/	Asbest (i.e.	Desc os Conta thermal s surfaci other mi	systeming, VA	Material is insula AT, or	(ACM) tion,	(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
*	Yes	No	N/A					- 2		100.05	-	-		-
Exterior Siding			Х		Exter	rior Si	iding		1	100 SF	×	-	-	-
			-											
Name of Registered Waste Hauler			JDEP V lauler ID		Cubic `of Was			G.R.O		ered Landf	ul			
United Containers		0.000	2459		3 Dispos	al Dat		City, Sta						
City, State Elm NJ					Dispos 1/17/1	14				A 19067	Date			
Completed by Anthony T Perna	Title Presid	dent		3	S	Signatu	re)				1/10/1	14		

* Emergency X

Date of Notification (1) 1/10/14					uilding Owne	r/Operator ate Hord	(2) (2)	AN,	1/	Én				
Agencies Notified	Type Notification			reet Add 7 Sout	ress n Spinnake	er	& S	Un I	14 9.	(E)				
EPA DEP DOL	Amended Amendment				, Zip Code g Harbor N	J 08070	10	TASON.						
DOH DCA	Emergency (i justification) Cancellation	ncluding	329	ame of C	Contact			200	/ Teler	ohone Num	ber			
				FACILI	TY INFORMA	ATION		= 10: 71						
Name of Facility Where Scott Gillispie Priva		Place (3)					☐ Sc	Facility (4 chool (K-12	2)	r than K-12)	Ý			
Street Address 57 South Spinnake	er						× Ot	her (i.e. pr c.)	ivate &	commercia	l buildi			š,
City (5) Little Egg Harbor	NJ 08070		- 1000000				Square 1000+	*** **********************************	1	Floors	35	lg. Ag	е	
County (6) Ocean			C (S	ounty Co	ode (7) SE ONLY)		Home)		g demolish	ed)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCM	No.		of Abate aco Ind	ement Conf	ractor ((9)				
Street Address							Address Box 329							
City, State, Zip Code			8				State, Zip	Code NJ 080	91			-		
Project Manager for Me	onitoring Firm		Т	elephon	e No.	227-270	hone No -753-98			License N 00727	0.			
Start Date (10) 1/13/14		Schedule		pletion D	ate (11)	Name		A Monitor						
Occupancy Status Dur	ing Abatement (Che					Stree	t Address	s						
Facility Closed/Va	acated During Entire rmed Outside of Norr	Period of A	bateme	ent		City,	State, Zip	Code					-	
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Section 1	enovat emoliti			٠	Min Glo	i-Enclosure	e cedure	Negative F			е	
·		T							_ (/				ement	t
Locat	ion of	1	Location Normall d Solel	y		Description					-	Ту	ре	
TO BE A	ing Material (ACM) ABATED acility 3)	Ma Cus	intenar todial S (12)	ice/ staff?	(i.e. the	Containing rmal syster surfacing, V her miscell	ns insula 'AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			··	- J	- 11	100 SF	-	-	-	-
Exterio	r Siding			X		Exterior S	siding			100 SF	x			
											+			-
Name of Registered V	Waste Hauler		I	JDEP V	Vaste (Cubic Yards		Name of	Regist	ered Landfi	11	1		
United Containers			2.50	lauler ID 2459	3	Section of the sectio		G.R.O		×				
City, State Elm NJ			-20			Disposal Da /17/14	te	City, Sta Morris		A 19067				
Completed by Anthony T Perna	-	Title Pres	ident			Signat	are			100	oate 1 /10 /1	14		*

Check# 10056

Data of Notice of the CO		-						011	EGG		U		9
Date of Notification (1) 12–4–13			Name	of Buildin .nhard	g Owner/C Manor	perator LLC ((2) C/O MBI 1	Devoe	opment	Com	ed a n	,	34
Agencies Notified Type Notification	n		Street	Address		,	-/ O I I I	DCVCI	Concinc	COM	2111	7	<u> </u>
图 EPA			725	Cuth	pert Bl	lvd.			ر	S		1	$\overline{\Omega}$
□ DEP □ Amended			City, S	State, Zip (Code				- Se	1	圣		<u> </u>
Z DOL Amendme	nt#		Che	erry Hi	ill, No	080	002			-	-		-
XI DOH justification	/ (incluaing	3		of Contac				1	Telephone	Harabe			Si Aires
□ DCA . □ Cancellation			Bru	ice Mor	rgan			-53			0 19		-
Name of Facility Where Abatement is Tak	na Diana /	2/	FA	CILITY IN	FORMATI					77	-	Ġ	
Reinhard Manor	ng Place (3)					Type of Facili			0.	RC	S)
Street Address							□ School (□ Subchap		ther than K	(-12)	-		
16 Outlook Avenue							Other (i.e	e. privat	e & comme	rcial bu	ıilding	s, hon	nes,
City (5)							etc.) Square Feet	#	of Floors		Bldg.	Age	
Woodbridge							35,000 S		2			rs.	
County (6)	10-10-10-10-10-10-10-10-10-10-10-10-10-1			Code (7)			Current Use (I	Prior if b	eing demo	lished)			
Middlesex				USE ONL	^(Y)		school						
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.			f Abatement C			20/1	521.5		
EHS Environmental, Inc.							outh Env	riron	mental	Co.,	Inc		
411 Southgate Court, Sui	te E					Street A 923	^{ddress} Haws Ave	nue					
City, State, Zip Code					-		te, Zip Code						
Mickleton, NJ 08056							istown,	PA 1	9401				
Project Manager for Monitoring Firm		T	Teleph	one No.		Telepho			License	No.			
Jack Carney				224-00		610-	239-9920		003				
Start Date (10) 12/19/13	Schedule 1/3	ed Cor 1/14	npletior 1	Date (11))		OSHA Monito		nental	Co	Tna		
Occupancy Status During Abatement (Cher	10000000					Street Ad		LLOIM	icital	CO.,	IIIC.		
▼ Facility Closed/Vacated During Entire	Period of A	Abaten	nent				Haws Aver	nue					
□ Abatement Performed Outside of Norr	nal Facility	Hours	S		.	City, Sta	te, Zip Code			-		5-0-2011	-
						Norri	stown, I	PA 19	401				
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova				N	Full Contains	ment wit	th Negative	Pressu	ire		
2 2100 St 0r 2260 IT	⊠ D	emolit	ion			⊠ ⊠	Mini-Enclosu Glovebag Pr	ıre					
							Non-Exempt	ed (*) a	: nd Non-Fria	ble Pro	cedur	e	
	Is	Locati	on								Abate	ement	t
Location of		lormal d Sole			Desc	ription of					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ntenar		Asbes	tos Contai	ning Mat	erial (ACM)	10 00	Amount	_		ш	
In Facility	Custo	odial S (12)	Staff?	(i.e.	thermal sy surfacir	ng, VAT,			Specify F or LF)	₹em	Repair	cap	nde
(13)		(12)		-	other mis	scellaneo	us)			Removal	oair	Encapsulate	Enclosure
	Yes	No	N/A							-		le	Ф
Bldg. 16-throughout			х	pipe	insula	tion		2,	550 LF	x			
-Boiler room			x	breec	hing i	nsula	tion		600 SF	х			
-throughout			Х	VAT &	masti	С		10,	500 SF	х			
Bldg. #2-Boiler Room			х	breecl	hing i	nsula	tion	2	225 SF	x			
Name of Registered Waste Hauler		100000	JDEP W	50,400,000,000 C	Cubic Ya	2,000,000	Name of	Registe	ered Landfil	1			
Newark Carting		10000000	auler ID 509	No.	of Waste 120yd		IESI	Lan	dfill				
City, State					Disposal		City, Sta						
Newark, NJ					1/31/	14			m, PA				
Completed by	Title					nature	110			ate			-
Timothy E. Bryan	Vice-	-Pre	side	nt ¿	//	w	11/2		1	2-4-	-13		

State of New Jersey

30					0. / /	LI.				v	5	201	I	3
•			NOTI	FICATI	ON OF A	New Jers SBESTOS AC 8:60 a	SABATE	EMENT	ha	1 Poot		蓝	10/	3
Date of Notification (1)				Name	of Buildi	ng Owner	/Operato	r (2)	118	CLAI	1	닏	ÛĢ	E 1
12-17-13				Tr.		- T		c/o MBI I)evel		GOM COM	naæ	w	2
Agencies Notified	Type Notification			Stree	t Address					7	100			- [7
X EPA	☐ Initial			725	Cuth	bert E	Blvd.			=	ZZ	, '	9. 99	9
□ DEP		1			State, Zip				-		6		3	
덮 DOL	Amendment :	#l		Che	erry H	ill, N	30 U	3002			4	_		
⊠ DOH	justification)	ii icidali	ıg		of Conta				T	elephone N	lumbe	r	-	
□ DCA ·	☐ Cancellation				ice Mo:			_	2000					
Name of Facility Where A	batement is Taking	Place	(3)	FA	CILITY IN	IFORMAT	TION	Type of Facilit	h. (4)					
Reinhard Manor		, 1400	(0)	10										
Street Address 16 Outlook Ave	enue							☑ Other (i.e	ter 8 (Ot	her than K- & commer		ilding	s, hor	nes,
City (5)								etc.) Square Feet	1#	of Floors		Bldg.	Age	
Woodbridge								35,000	Action to the second second	2		_	rs.	•
County (6) Middlesex	=				y Code (7 E USE ONL			Current Use (F	Prior if be	eing demoli	shed)			
Name of Monitoring Firm I	Hired by Building O	wner (8)	ASC	M No.		Name	of Abatement C	ontracto	r (9)				
EHS Environmen	tal, Inc.							mouth Env.			Co.,	Inc		
Street Address		200						Address	_		-		Aler Associ	
411 Southgate	Court, Suit	e E					923	Haws Ave	nue					
City, State, Zip Code								tate, Zip Code		orania di				
Mickleton, NJ								ristown, 1	PA 19	401				
Project Manager for Monitor Jack Carney	oring Firm				one No.	000		one No.		License I				
Start Date (10)		Sohodi	lad Car	18.0	-224-0 Date (11			-239-9920		0039	78 ———			
1-6-14	- 1		4–14		i Date (11) .		of OSHA Monito Nouth Env:		ental (70	Tno		
Occupancy Status During	Abatement (Check						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Address		entar (.,	1110	•	
				nent				Haws Aver	nue					
Abatement Performed Other – Describe:	Outside of Norma	l Facilit	ty Hours	3			City, St	ate, Zip Code ristown, I		401				
Scope of Work (Check All 7	That Apply)							•				8 19		
☐ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			Renova Demolit				XI XI XI XI	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				·	
		Is	s Locati	on							T		emen	t
Location of	f		Normal			Des	cription of	of .				Ту	pe	
Asbestos-Containing Ma TO BE ABATI			ed Sole aintenar			stos Conta	aining Ma	aterial (ACM)	2000	mount			ш	
In Facility		Cus	todial S	taff?	(1.e		systems ing, VAT	insulation, , or		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)				iscellane				Nova	pair	sula	osur
		Yes	No	N/A					7.8"		-		ıte	e
Bldg. 16-through	out			х	pipe	insul	ation		2.5	50 LF	x			
-boiler	room			х		ching			•	00 SF	x			
-through	out			х	1	2 mast				00 SF	X			
Bldg. #2-Boiler	room			x	breed	ching	ingul	ation	-					
Name of Registered Waste I			I NI	IDEP W		Cubic Y			1016-74	25 SF	Х			
Newark Carting			Ha	uler ID 509		of Wast			Land	ed Landfill fill				
City, State		-				1	7.0							-
Newark, NJ	rk, NJ Disposal Date City, State 2-14-14 Bethlehem, PA													

Completed by

Timothy E. Bryan

Title

Vice-President

Date 12-17-13

No hear

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

10 check	٨		ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATEM		458x	THE SAN	100 C				
Date of Notification (1) 1–10–14			Name o	of Building hard M	Owner/C	Operator (2) c/o ME	BI Dev	e lopme	ently	Zomp	carr) Y	
Agencies Notified Type Notification				Address Cuthbe	ert Bl	lvd.			13.00	£ >	<u>ج</u>	þ		
■ EPA ☐ Initial □ DEP ■ Amended ■ DOL Amendment □ Emergency justification) □ DCA □ Cancellation	(including	-	Cher Name o	ate, Zip Cory Hill of Contact ee Morg	Ll, No	J 080	002		Telephon	PO/ ne Num	nber			
			FAC	ILITY INF	ORMATI				-					
Name of Facility Where Abatement is Takin Reinhard Manor Street Address 16 Outlook Avenue	g Place (3)					□ Subo	ol (K-12) hapter 8 (i r (i.e. priva	ate & com	mercia	l build			es,
City (5)						- 1	Square Fe 35,000	10	# of Floor 2	S		81dg. A 90yz		
Woodbridge County (6) Middlesex				Code (7) USE ONLY			Current Us	se (Prior if		molish		JOY1	.5.	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name	f Abateme	nt Contrac	ctor (9)					
EHS Environmental, Inc.	(0)					1	outh E		200	1 Cc).,I	nc.		
Street Address						Street A							-	
411 Southgate Court, Sui	te E					923	Haws A	venue						
City, State, Zip Code							ate, Zip Co		855 855 2754					
Mickleton, NJ 08056	D3 10101													
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho	one No. 239–99		1 77777	nse No				0-1-1-1
Jack Carney	Carney 856-224								0	0398	3			
Start Date (10) 1–20–14	2–28–	-14	npletion	Date (11)	*	Plym	f OSHA M outh E		menta	1 Cc	o.,]	inc.		
Occupancy Status During Abatement (Chec	k Only On	e)				Street A								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	baten Hours	nent S		-	City, Sta	Haws A ate, Zip Co istown	de	0401					
Scope of Work (Check All That Apply)						NOLL	ISCOWI	, PA	3401			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolii				拉 拉 双	Mini-En	ntainment v closure ng Procedu empted (*)	ıre				e	
	Is	Locat	ion										ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sol Maintena Custodial (12)						aterial (ACI insulation, , or		Amount (Specify SF or LF	,	Remova	Repair	e Encapsulate	Enclosure
	No	N/A								_		lte	е	
Bldg. 16-throughout			х	pipe	insul	lation	ı	2	2,550	LF	х			
-boiler room			X	breed	hina	insul	ation		600	SF	х			
-throughout	+		x	VAT 8			acion	10	,600	SF	x			
Bldg. #2-boiler room	+		x			insul	ation		225		x			
Name of Registered Waste Hauler		LN	JDEP V		Cubic			me of Reg			^			
Newark Carting		10.0	auler ID 4509		of Was		I	ESI La						
City, State					A SHARON AND AND AND AND AND AND AND AND AND AN	sal Date		y, State						
Newark, NJ	7				2-28		Be	ethleh	em, PA					
Completed by James Kelly	Title	esid	ent		ignature M/17	11014	Dl.		Date 1-	e 10–	14			

bo not use this form for asbestos licensure exempted activities.

-020			Sta	te of New Jersey			% .	ON Y	75	Rrin	t Form
'D'	NC		ATION	OF ASBESTOS A o NJAC 8:60 and			Se Les	The	E	0	2
Date of Notification (1),		N		Building Owner/Op			100	20	-		(1)
1/10/14			TJ	cat Vo	DORI	HEES L	LC B	0	3	_	P
Agencies Notified Type Notificati	on	S	treet Ad	dress			Ĺ	1		٠.٠	
□ EPA 🛱 Initial			60	3 FIRST	AUI	ENVE		20%	à	0	
DEP Amended	i	C	ity, Stat	e, Zip Code		0/	0		0		
DOL — Amendm	SVII COD MOST IN LOCK TO SERVICE	_ ~	RAI	SITAN.	NJ	0880	M		č		
DOH Emergen justification	cy (including	N	lame of	Contact			Telephone Num	hor	-		
DCA Cancella			AN	DREW R	1100	0					
				ITY INFORMATIO						-	
Name of Facility Where Abatement is Ta						Type of Facility (4)				
VACANT HOUSE,	GATLAGE	= 5	BAR	N		School (K-1					
							8 (Other than K-12 rivate & commercia		inae k	nome	. `
218 KRESSON 616	SBORC	12	DAD			Other (i.e. p etc.)	rivate a commercia	ai buliu	iriga, i	iome	3,
City (5)						Square Feet	# of Floors	BI	dg. Ag	ge	
VOORHEES											
County (6)			County C				or if being demolish	ned)			
CAMPEN		(-	SIAIEU	ISE ONLY)	-	VAC					
Name of Monitoring Firm Hired by Build	ng Owner (8)		ASCM	No.		of Abatement Cor					^
EHS ENVIRONME	NTAL_				R	1000 CO	NSTRUCT	NOF) (,	OR	4.
Street Address					Street	Address					
411 SOUTH GATEC	DURT, 5	Su i	TE E		2	32 CR	EER RO	AD	· _		
City, State, Zip Code	/				City, S	tate, Zip Code		3			
MICKLETON, NI	0805	6			B	ELLMA	J.C. NU	20	8)	31	
Project Manager for Monitoring Firm		1	elephor	ne No.	Teleph	one No.	/License N	0.			
72					856	46664	52 01	90	14-	S	
Start Date (10)	Scheduled			Date (11)	Name	of OSHA Monitor					
1/20114		2/2	20/1	4		***************************************					
Occupancy Status During Abatement (C	check Only One	e) '		- 1	Street	Address					
Facility Closed/Vacated During En Abatement Performed Outside of N	tire Period of Al Normal Facility	batem Hours	ent		City, S	tate, Zip Code					_
Other – Describe:					152						
Scope of Work (Check All That Apply)								X- 6 8			
	ПВ	enovat	ion		F	Full Containm	ent with Negative F	Pressur	·e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoliti				Mini-Enclosure	е	10000			
7	—				7	Glovebag Pro	cedure d (*) and Non-Friat	do Pro	odur		
					<u> </u>	I Non-Exemple	u () and Non-i had		Abate		
5E 55F6 A6F6	100	Location ormalis	G .						Ту		
Location of	Lines	Solel		Des Asbestos Cont	scription		Amount			_	
Asbestos-Containing Material (ACM TO BE ABATED	INIGII	ntenan		(i.e. thermal			(Specify	₽.	7	nca	Ē
In Facility	Custo	odial S (12)	tati?		cing, VA		SF or LF)	Remova	Repair	apsı	Enclosure
(13)		, -,		other n	niscellar	ieous)		Va.	=	Encapsulate	ure
1	Yes	No	N/A				110=5=	1		J.	
MIDDLEBARN		X		ASSUMEDT			1600SF	· V			
GARAGE		A				BITSIDING		1			
REAK BARN		X		ASSUMEDY	14151	-SIDINGEBRI	s 1205F	X			
REDHOUSE		X			MAN	SITSIDING	600SF	X			
Name of Registered Waste Hauler			JDEP W	/aste Cubic	Yards	Name of	Registered Landfil	I		errer me	
DIAGO NOW STALLAL	2000 (000)		auler ID		ste	SAI	EM COU	NT	J		
RICCO CONSTRUCT	1010 CDIC		1890		sal Date			.01	7		
City, State				Dispos				11-1	_		
BELLMAUN, NJ	Title				Signature		LOWAY,	ate		_	
Completed by		111	NE	2250		drew ld	IRAN .	1	1	111	
ANDREW RICL) (100		WIV	NUW IN	UNU I	1-1	U	17	



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

x8007			NOTIFICA (Pu	TION OF ASB rsuant to N.J.	ESTOS ABATEME A.C. 7:26-2.12)	NT		RE	CA			
Date of Notification (1) Dec 7, 2014		8 3			ESTOS ABATEMEI A.C. 7:26-2.12) Name of Building C PSEG Street Address 80 Park Plaza)wner/O	perator (2) 20)	JAN	14	VEL		
Agencies Notified	T	Notification T	уре		Street Address 80 Park Plaza		458	STOS	AA	9: ;	4	
(X) EPA (X) DEP (X) DOL		(X) Initial Not () Amended () Cancelled	Certification		City, State, Zip Co Newark, NJ 07102	de	4588	LICEA	SING	ROL		
(X) DOH (X) DCA					Name of Contact Sean Cassidy			Tel. Num	ber	_		
=				FACILITY IN								
Name of Facility Where Aba	tement is Ta	aking Place (3	3)	PACIENTIN	Type of Facility (4		on K 12)					
ESSEX GENERATING Star					() Subchapter 8 (X) Other (i.e. priv	rate & co	mmercial blogs					
Street Address 155 Raymond Blvd					Sq. Feet1,000,	000		of Floor	s 8			
CILVIO	County (6) Essex		County Coo (State Use	de (7) Only)	Bldg. Age 65 Current Use (prior	r if being	demolished) E	lectric C	Senerati	ng Stat	ion	
Name of Monitoring Firm H	ired by Bldg	. Owner (8)	ASCM No.)			Name of Con Absolut Ace	tractor (S	9)			
Name of Monitoring 1 mm :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, ZipCo	ode K, NJ 0	7932					
					Telephone Num				Numbe	ŗ		
Project Manager for Monitor	oring Firm	Telephone	Number		(973) 410-9217			00225				
Scheduled Start Date (10) Jan 17, 2014		Scheduled March 30,	Completion 2014	Date (11)	Name of OSHA MECS	Monitor						
Occupancy Status During () Facility Closed/Vacate	Abatement	(Check only of	one) Abatement		Street Address 5 Linwood Ct							
() Facility Closed/Vacate () Abatement Performed	Outside of I	Normal Facilit	y Hours -		City, State, Zip Hamilton, NJ 0	Code 8690						
Describe					nammon, no o							
Other - Describe Two Si	hifts, 12 ho	urs each, 24	hour plant c	overage								-
Source of Work (Check a									A CN4)			
	novation or >260 LF	ACM)()SM	Proj. (>25<1	60 SF or >10	<260 LF ACM) () Glovebag Proced	ture	Proj. (<25 SF o			ment Ty		
() Full Containment with	Is Lo	cation Normally by Maint./	ally Used	Description thermal sys	of ACM (i.e. tems insulation,	Amour	nt (Specify SF o	r LF)	Abate	ment Ty		
Containing Material (ACN Facility (13)	Staf	f? (12)		surfacing, V miscell.)	/AT, or other				Rem.	Rep.	Encap	Enclos
Yard Area	YE X	S NO	INA_	Electric Du ground	ict Banks in	10,000) square feet					+
				9.02		-						#
					Cubic Yards o	f Maste		Name	e of Reg	Landfil	 !	
Name of Reg. Waste Ha Waste Management of	nuler New Jerse		Waste Hauler	· ID #	200	il vvaste	(4)	Tully	town R	esource	Recov	ery
City. State							Disp. Date Jan-Dec 2	2014		City, St Tullyto	ate wn, PA	19007
Elizabeth, NJ 07114-24	77-35-55	T:tlo			Signature			Date				
Completed by (Print or	Type)	<u>Title</u>			1/	\		1/7/1	4		J. 3754	-7208210
ROBERT GROGAN		VF.										

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

Initial Friable Notification Check #5706

Date of Notification	OD (1)		IIW-		5	372			14		() <u>,</u>	_		
0 1 1/10		14.1	Na	me or	Bull	aing	g Owner/Operat	or (2) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	CICKNOT	V,	1	1		
Agencies Notified			_ H	amilto	on Tov	wnsl	hip School Dist	rict of	· (C)	14		_<	<u>\</u>	
· (X)EPA	Type Noci	1.500.500	1150	reet	Madre	:85			1005	•	The way		محين	
74-17.	[X]Init		11		Ave				CAS	G.	بد	,		
[X] DEP		fication					p Code		0/	4/	ò	3	100	
[X] DOL	[]Amend	ded fication	ŧ 1.		on, NJ					Ç	0			
(X) DOH	[]Cance	ellation	Na	me of	Cont	act		Tel	ephone	Numb	er			
DCA			Jo	hn M	iranda	а								
				FA	CILIT	II Y	NFORMATION			escr				
Name of Facility W	here Abater	ment is I	aking	Plac	e (3)			Type of Facil	ity (4)				-	
Kuser Elementary So	chool	*						[]Schoo	L (K-12	2)	•	10 <u>4</u> 1 1950 15		
Street Address								Subch	(i.e.,	pri	vate	& 0	omme	2) 5-
70 Newkirk Avenue								Square Feet	buildir	OS.	home	2. 0	(.)	
City (5)		Count	y (6)			Cou	nty Code (7)	50.000		2		9	0	
Hamilton N.I.00600						(ST	ATÊ USE ONLY)	Current Use (Prior i	f be	ing	demo.	Lish	ed)
Hamilton, NJ 08629	Firm Hire	Merce d by Buil	er dina	TASCM	No.		Name of Abste	School	= /81					
Owner (8)				1.00			Maine Of Hoge	ment contracto	() ()					
Westchester Environ	mental, LL	<u>C</u>		0001	127	-	Four Strong B	uilders, Inc.						
307 North Walnut St	reet					1	180 Sargeant	Avenue						
City, State, Zip Co	ode					-	City, State,	Zip Code						_
West Chester, PA 19 Project Manager for	380 Monitoria	g Firm	Telep	hone	Numbe	F	Clifton, NJ 070	013-1935		Lice	nse	Jumpi	<u>-</u>	
Matt Abraham		Į,	610-4	31-75	45		973-614-0377			0080				
Scheduled Start Dat	e (10)	Sched.Com	pleti	on Da	te (1	II	Name of OSKA	Monitor		0000		_	-	
0 1 / 1 7 / Month / Day / Occupancy Status Du	Year	0 1 / Month /	2 2 Day	1/1	14		Four Strong B	uilders, Inc.						
[X] Facility Close of Abatement [] Abatement Perf Hours - Descri	d/Vacated	During E	ntire	Peri	od		180 Sargeant	Avenue						
[]Other - Descri						1	Clifton, NJ 070	112						
Scope of Work (Chec	k all that	apply)												
[]Demoliti []>3 sf or [X]∑160 sf	>3 1f		[X]1	Renov	ation	i.	[]Mini []Glov	Containment w -Enclosure ebag Procedure Friable Proced		ativ	e Pre	25541	re	
1.5				s	T						Aba	eme	it T	/pe
Asbestos-C Material TO BE A In Faci	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					(i	Description Asbestos-Cont Material (A i.e., thermal sulation, surf or other misc	aining CM) systems acing, VAT,	Amou (Spec SF LF	ify or	REMOVAL	REPAHR	EZCAPSUL	N C I O S U R
Classroom 204				No N		oor 7	File and Mastic		770 SF		X		•	E
										-	/ \		-	
				+	+									_
			-	-	+				-					
Name of Registered	Waste Haul	er	ולאן	EP W	aste		Cubic Yards	Name of Regis	tered L	andfi	11			
Four Strong Builders	Inc				ID No	. 0	of Waste			50				
City. State	, IIIC.		1120	309		-	Disposal Date	G.R.O.W.S., In	IC.					
Oliffon N.I.														
Clifton, NJ Completed By (Print	or Typel	Title					Terme	Tullytown, PA						-
	-15-1						Signature	1		,	Da	te		
Bilyana Kulakovska		Office A	aminis	strato	[100	ker	//		1/	7/14		
The Q5														



-000119	NO	TIFICA (Pun	ATION C	of New F ASBES NJAC 8:	STOS A	BATEM 12:120)	IENT	4.5.5 &	2014	REC	15/V		Print	Eor
Date of Notification (1)				uilding O	wner/O	perator ((2)	رم.	Es,	4	PA	J		
01-06-14			Kevin H						40	25	79.		_	\dashv
Agencies Notified Type Notification		_	treet Add	iress ctown Te	errace				. 64	NOW	,	9		
EPA Initial				, Zip Cod						NG.	10,			
EPA Initial Amended Amendment	#			ton NJ 0						•	٠٧.			
Emergency	including	100	ame of (Tele	ephone Nu	mber			
DOH justification) DCA Cancellation		1	Kevin F									_		
	a Dlace (3)		FACIL	ITY INFO	RMATI	ON	Type	e of Facility (4)					
Name of Facility Where Abatement is Takin Kevin Harris	g Place (3)							School (K-12						
Street Address		-						Subchapter 8 Other (i.e. pr	3 (Oth	er than K-1	2)	nae h	omes	•
13 Yorktown Terrace							• Ž.	Other (i.e. pr etc.)	ivate d	s commerc				2,
City (5)							Squ	are Feet	# of	Floors	Bi	dg. Ag	je	
Livingston							_	- (D)	- if h = i	domolis	bod)			
County (6)		C	County C	ode (7) SE ONLY)	II SSEALONIA		Cur	rent Use (Prio	r it bei	ng demois	neu)			
Essex	- (0)		ASCM			Name	of At	patement Cont	ractor	(9)				_
Name of Monitoring Firm Hired by Building	Owner (8)		ASCIVI	NO.				ontracting L		(-7		68		
N/A	Street Address													
Street Address								Street						
City, State, Zip Code				-				Zip Code	-					
						1100000		ity NJ 0708		License	No			
Project Manager for Monitoring Firm		77	Telephon	e No.		Telepi		No. -9603		01206	NU.			
	Schedule	d Com	nletion [ate (11)				SHA Monitor						
Start Date (10) 01-07-14	01-08-1		piedon	rate (11)		100000000000000000000000000000000000000		ontracting L	LC					
Occupancy Status During Abatement (Che		Sec. of				Street								
and the second of the second o			ent			0		Street				_		
Abatement Performed Outside of Nor	mal Facility	Hours						Zip Code	.7					
Other – Describe:						Uni	on C	ity NJ 0708	57		-			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				; !		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
	Т.											Abate	ement	t
	N	Locati Iormal	ly			escriptio				g		T ,	pe_	
Location of Asbestos-Containing Material (ACM)		d Sole intena		Asbes	tos Co	ntaining	Mate	rial (ACM) sulation,		Amount (Specify	٦		Enc	Ē
TO BE ABATED In Facility		odial S		(1.e.	surf	acing, V	AT, o	or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	L	(12)			other	miscella	aneou	18)			Va.	=	late	E E
	Yes	No	N/A									-	-	\vdash
Basement		x				VAT				80 SF	X	_		-
												1	_	1
				*									_	_
	+	_	+											
Name of Registered Waste Hauler			NJDEP V		1000000	ic Yards		1		stered Lan				
Delfa Contracting LLC			Hauler ID 35240	No.	of W	/aste		Tullyto	wn F	Resource	Reco	very	Faci	lity
			55240			osal Da	te	City, Sta	ite					
City, State Union City NJ 07087					27629	10-14		Tullyto	own,	PA				
Completed by	Title				1	Signatu	ıre	10			Date	4.4		
			nager		- 1			A STATE OF THE STA			01-06	-14		

	1.00	1000						2	2 India	X # 5	334		
Date of Notification (ro established				Owner / Operato of Education	r (2)	4	11.	1	50		
Agencies Notified	Type Notificati			Street A		OI Education		9.5-	THE STATE OF THE S	- 2	× ×		-
EPA	Emergency	OII						مي ري	JAN 14 AM	,	0		**
DEP	,			104 Gra	y Street			1	250	9.			
⊠DOL	Initial			City Sta	ate & Zip	Code			CASON.	-	0		-
	Initial Amend	heh		7.00		NJ 07006			MAGA	2	(7 55		
⊠DOH	Amen	dment #								phone		ahor	_
DCA	Cance	eliation		Frank E	f Contac	ı.			Tele	priorie	: Nui	ibei	
						INFORMATION			T-				\dashv
		T.11 - D	(0)	TAC	,ILIII							_	\dashv
Name of Facility Wh Grover Cleveland		a raking Pi	ace (3)			Type of Fa							
Street Address				8			hapter 8 (Other th	500 P. C.					
36 Academy Road						☐ Othe	er (i.e., private &	commer	cial buildings,	hom	e, et	c.)	
						Square Fe	et # of F	loors	Bldg	Age	100,000		
City (5)							,000	3			50		
Caldwell							se (Prior if being d	emolished	d)				
0 1 (0)		To-		(7)		School						-	-
County (6) Essex			unty Code	(1)									
Name of Monitoring	Firm Hired by Bu	ilding Owr	ner (8)		ASCM		batement Contrac	ctor (9)					
Hillman Consulting						Synatech,		10000					-
Street Address	Cto 407					Street Add	5000 St.						
1600 Route 22 East City, State & Zip Co							& Zip Code						\neg
Union, NJ 07083	uc						Harbor, NJ 0808	37					
Project Manager for	Monitoring Firm		VI010-V	ephone N		Telephone			License Numb		9		
Brian Nemetz				3-686-263		609-296-6				00817			_
Scheduled Start Dat January 11		Scheduled	AND THE PERSON NAMED IN COLUMN	on Date (1 ry 13, 201		Synatech	OSHA Monitor						
Occupancy Status D		(Check o		19 10, 201	-	Street Add	MARKET COLOR	-					
Facility Clo	sed/ <u>Vacated</u> Dur	ing Entire	Period of A	Abatemen	t	829 Radio							- 1
	Performed Outsi	de of Norn	nal Hours			City, State	& Zip Code						
Other - De	scribe:					Little Egg	Harbor, NJ 0808	37					
Facility Occ	cupied During Ab	atement											
Scope of Work (Che	eck all that apply)										N		
							Full Containm	ent with N	legative Pressu	ıre			
≥ 3 sf or \ge If			\boxtimes	Renovatio	n		Mini-Enclosur	е	•				
>160 sf or >2	60 If			Demolition			Glovebag Pro						
							=		Non-Friable Pro	cedur	e		
Lo	ocation of		Is Location	on Norma	lly Used	Desc	ription of			Aba	atem	ent T	уре
	aining Material (A	ACM)		y Mainten			s-Containing		ount (Specify				
	BE ABATED		Custo	dial Staff?	(12)		ial (ACM) mal systems		SF or LF)		_		_
- 11	N Facility (13)						surfacing, VAT			_		En	ш
	()						iscellaneous)			Removal	Repair	Encapsulate	Enclosure
								- 1		l ova	oair	sul	มรเ
	Yes No				N/A					=		ate	œ
Rooms 104 and 20	A			X		Wali	Plaster		2 – 5 SF		Х	_	
NOOMS 104 and 20		-									^		
Name of Registered	Waste Hauler -		NJDEP V	Vaste	Cubic '	Yards of Waste	Name of Reg	gistered L	andfill	-			
2			Hauler ID	No.			100 miles 100 mi						
Synatech, Inc.			27	429	< 1		Grows Land	itill					
City, State					Dispos	al Date	City, State						
Little Egg Harbor,	NJ 08087				Jan	uary 14, 2014	Morrisville,	PA					
Completed By		Title			Signat			Date					
			Iminietrat	221	1	ane allo	· c	lanus	ry 9. 2014				
Diana Alaia		ILVOC AC	mainietrat	O.F	1 / \ /	~ - U/A/V (Lania	V 3 ZU14				

		•					9 -	Che	ock#	9354		
Date of Notification (1) January 5, 201	A				g Owner / Operator (of Education	(2)					
Agencies Notified	Type Notificat	weeklik and the second			Address	a randidall		ATIENDONEETO				
EPA DEP	Emergency				ray Strael		Dept of	APPROVED Health & Schior Serv	rices	1115		7/2
⊠DOL.	(nitial			City, S	tate & Zip	Code	.14	(signaturo)	23			t
⊠рон	Amer Amer	dmont #_		0.000		NJ 07006	Date: 119	14Timo: 2:3	刑	ME		£,
DCA	Canc	ellation		Name	of Contac	Ł		Te	Legip Inon	e Nu	mber	
	<u> </u>			Frank	Ennis							
	Market 4			FA	CILITY	INFORMATION			ZZ ZZ	À	ڣ	
Name of Facility Who Grover Cleveland M	ere Abatement i Ilddie School	B Taking F	Place (3)			Type of Facil	lty (4) (K-12)		10	2	03	
Street Address					************		pter 8 (Other than	K-12)				
38 Academy Road						Other (i.e., private & c	ommercial building			ia)	
City (5)						Square Feet	# of Flo	9 anor	g. Age			
Caldwell							(Prior If being der			60		
						School)	0			
County (6) Essex		U	ounly Code SE ONLY	a (7)			19					-3000
Name of Monitoring F	irm Hired by Br	illding Ow	mer (8)		ASCM		tement Contracto	or (9)		-		
Hillman Consulting Street Address						Synatech, In						
1600 Route 22 East,	Sta. 107					Street Address 829 Radio R						
City, State & Zip Cod	0					City, State &				· ·		
Union, NJ 07083						Little Egg Ho	arbor, NJ 08087		ı.			
Project Manager for f Brian Nemetz	4. 5 .		90	laphone N 8-686-262	6	Telephone N 609-296-691		License Num	ber 0081	7		
Scheduled Start Date		Scheduled	Completi			Name of OSI						
January 11, Occupancy Status Di		Man-k-		ry 13, 20	14	Synatech, In						
Facility Clos	od/Vacated Dur	ing Entire	Period of		nt	Street Address 829 Radio Re						
The state of the s	etuO bermona?	ide of Non	mal Hour	3		City, State &	Zip Code					
Other - Des	cribe: Jpled During Ab	atement				Little Egg Ha	arbor, NJ 08087					
Scope of Work (Chec												
≥3 st or ≥ 17	9		-	Renovetic			Full Containmen	it with Negative Press	ure			
≥160 of or ≥26	0 lf			Damolitio	n		Glovabag Proce	erub				
			7					(*) and Non-Friable Pr				
Asbasios-Conta	ation of Ining Material (/ E ABATED	ACM)	Solely b	on Norma y Mainten dial Staff	ance or	Descript Asbestos-C Material	ontaining	Amount (Specify SF or LF)	Ab	atom	ent T	урв
IN	Facility				`-'	(i.e., therms	systems	5, 6, 4,				
	(13)					insulation, sur			ام	_	E	ū
			1	1 1	1	or other misc	eliaveors)		Remova	Repair) E	ğ
	You No				N/A				oval	<u> </u>	Encapsulate	Enclosure
Rooms 104 and 204	9 104 and 204 X					Wall Pl	ester	2-5SF	\vdash	X	تا	_
									1 1			1
Name of Registered 1	Nasta Hauler		NJDEP I	Nonta	Cubic	ards of Waste	Name of Regio	Parad Landell	\Box		<u></u>	
Synatech, Inc.			Hauler II			लास न मा इद्या शि	a company of the comp					
City, State			1 21	***	<1 Dispose	ol Dolm	Grows Landtll City, State	l .		•		
					Proposi	AI DEMILIO	Oity, State					
Little Egg Harbor, N	J 08087	Ten-				iary 14, 2014	Morrisville, Pi					
Completed By		Title			Signatu	re - //		Date				
Diano Alola		Exec. A	ianjelnimb	tor	1	are allow		January 9, 2014				

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Date of Notification (1) 1/06/14				Building O Rerez	wner/Op	perator	(2)		0	Phone Phone	10.	45	<u>م</u>		
Agencies Notified Type Notification EPA Initial		-	treet Ad 203-20	dress 5 Devon	Stree	t		2	رگ ^{ار} مہ	ČC.	1/	4	1	())
DEP Amended Amendment #				e, Zip Cod , NJ 070					4	10	SCO	4/	٠,		
Emergency (ir justification) DCA Cancellation	icluding		lame of Manuel	Contact Contact					Tele	phone	Numi	红、	5	5	
			FACIL	ITY INFO	RMATIC	ON				Anna des		*	ς		
Name of Facility, Where Abatement is Taking House	Place (3)			100			☐ s	f Facility (4 chool (K-12	2)						
Street Address 203-205 Devon Street							対。	ubchapter to ther (i.e. prote.)					ings, l	nome	s,
City (5) Kearny		0					Square N/A	Feet	# of N/A	Floors		Bi N	dg. Aq 'A	je	
County (6) Hudson			County C	ode (7) SE ONLY)		_	Currer	t Use (Prio	r if beir	ng dem	olishe	ed)		55	
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCM	No.				ement Cont		(9)					
Street Address							Addres: osena	s ren Aven	ue						\neg
City, State, Zip Code						City, S	tate, Zip								\neg
Project Manager for Monitoring Firm		T	elephon	e No.	1	Teleph	one No 345-86			Licens #006			n		
	Scheduled 1/21/14	Com	pletion D	Date (11)				A Monitor ement, Inc	C.						
Occupancy Status During Abatement (Check	Only One)						Addres	77							\neg
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe: Occupied			ent			City, S	tate, Zip		iue	-		00000			-
			2.			loto	wa, N	J 07512				-			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novat				×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure						
	1	820			100		<u> </u>	-Exempled	() all	u NOII-I	Парк		Memorities	ment	
100000000000000000000000000000000000000		catio			D			1		6			Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enan	ce/		os Conta thermal	system cing, VA	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ö	
basement		X			pipe	insula	ition		3	10 LF		X			
News of Decision of Wester Head	NJDEP Waste				Cubia	Varda		Name of	Dogista	rod l o	ndfill				
Name of Registered Waste Hauler D&S Abatement, Inc.		H	auler ID 20996	(charter)	of Was TBD			Waste I				PA			
City, State Totowa, NJ					Dispos	sal Date	•	City, State Tullytov		Α .					
Completed by Deanna Brkusanin	Title Projec	t Ma	nager		S	ignatur	e lille	3/1	ulu	in	Dat 1/0	te 06/14	ļ		

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72000 A.		NO		ATION C	e of New C OF ASBES O NJAC 8:6	TOS AB	ATEM 2:120)	0-	PE	CO	<i>/</i> ,				
Date of Notification (1) 1/08/14		-			Building Ov Bramble	wner/Ope	erator (2) 4522	AN 14		E	0			
Agencies Notified Type	Notification			Street Add	dress wood Av	venue		\$ (11	05	414	9. 2.				
DEP DOL	Initial Amended Amendment #_				e, Zip Code dge, NJ				RS/A	NTR	- 0			60	
⊠ DOH	Emergency (inc justification) Cancellation	cluding		Name of 0	Contact Bramble	Yi			7			}. ?			
				FACIL	ITY INFOR	RMATION	١ .								
Name of Facility Where Abaten Home Street Address	nent is Taking P	Place (3)		8			_	Type of Facility (School (K-1 Subchapter	2) 8 (Othe	r than	K-12)				
9 Ridgewood Avenue			-					Other (i.e. petc.) Square Feet		comm	ercial b		ngs, h		5,
City (5) Glen Ridge	16.1							N/A	N/A		aliabad	N/	-		
County (6) Essex				County C	ode (7) SE ONLY)	-50	_	Current Use (Pri House			olisned	,			
Name of Monitoring Firm Hired N/A	by Building Ow	vner (8)		ASCM	No.			of Abatement Co Abatement, Ir		(9)					
Street Address								Address osengren Ave	nue	82		5.5			
City, State, Zip Code	Totowa, NJ 07512														
Project Manager for Monitoring	Firm			Telephon	ne No.			one No. 345-8685		Licen: #006	se No. 375			20.2	
Start Date (10) 1/22/14		Schedule 1/23/14		pletion D	Date (11)	1 1		of OSHA Monitor Abatement, Ir				3			
Occupancy Status During Abar								Address osengren Ave	nue						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Occup	itside of Normal	Facility	Hours	nent				tate, Zip Code wa, NJ 07512							
Scope of Work (Check All That															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tenova emolit				>	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	(477.0)				9	
			Locati			95111	T.							ment	
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma	Normal d Sole intena todial s (12)	ly by nce/	Asbesto (i.e. f	os Conta	ystem ng, VA	Material (ACM) s insulation, T, or	(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes No N/A basement X									=	_			-	
basement	12		pipe i	nsula	ation	4	0 LF		X						
	25						22-11-								
Name of Registered Waste Ha D&S Abatement, Inc.	auler		H	NJDEP W Hauler ID 20096	-5200-5400-6	of Was TBD	te	Waste	f Registe Mana			PA			
City, State Totowa, NJ	- 100 m					Disposi TBD	al Date		ate own, P	4	(4		2.33		
Completed by Deanna Brkusanin	*	Title Proje	ect Ma	anager		Si	gnatu	Tellus B	llu	eii	1/0	8/14	1	00	

MO#21382889387		NOT	FICA (Pur	TION suant	OF ASB	ESTO 8:60	S ABATE and 5:16) ఎఎ.	MENT /	Emerg	ency	Not	ifica	tion	
Date of Notification (1)	08 /			Name o	of Building	Owner/	Operator (2)	S C IN DEPART	APPROVEI	D nior S	ervi	290	:	
Agencies Notified	Type Notification	n		Street /	Address		~<	45/100	F HO	Me	4	_	1.2	
⊠.EPA	⊠ Inital		2	26 Twi	g Lane	_,		101.34	(Signature)	- Or	£ \$ 1	1	-iAn	
DOLWD	Amended Amendmen	#		City, SI	tate, Zip Co	gae		Date:	18114 TIN	ne: 8	.1	11	MA	
⊠ ohss □ dca	Emergency	-	ı l		gboro, NJ		i		Telephone Nun					
(NJAC 5:23-8)	justification)		1/22/1	of Contact) elabuone inti	INCI				
	Cancellatio	п	1		Smith									
		2		FAC	CILITY IN	FORM	ATION	-0.10						
Name of Facility When	e Abatement is Ta	king Place	: (3)		a.J			Type of Facility (4						
Private house							for .	School (K-12) Subchapter 8		2)				
Street Address								Other (l.e., pr	vete and comm	ercial I	build	iกฐร.		
26 Twig Lane						-010100-1-001		homes, etc.)						
City (5)								Square Feet	# of Floors		Bldg	. Age	,	
Willingboro, NJ 080)46								J					
County (6)				Coun	ty Code (7)	STATE	USE ONLY)	Current Use (Pri	or if being demo	ilished)			ê
Burlington														£
Name of Monitoring F	irm Hired by Bulldi	ng Owner	(8)	ASCM	No.	Name	of Abateme	ont Contractor (9)						
		W. W					ch LLC							_
Street Address	(4)						t Address							7. T
90.5							alley Rd #					20.79.29.49		-
Gity, State, Zip Code				*			State, Zip C							
			·				e, NJ 0747	70	- 10 Tanana Ma					
Project Manager for N	Manitoring Firm		Tel	ephone	No.	Telep	hone No.		License No.					e t
	45 15						38-1777		01127		-			<u>.</u>
Start Date (10)	1100	chedulad				Nam	A AHRO to 5	Agnitor						
01 / 09	_ / _14	01	1 _1	0 /	14	Envir	rovision Co	msultants, Inc						1
Occupancy Status Du	iring Abatement (C	heck only	one)	0.00		Stree	t Address		.,,,,,,,					
☑ Facility Closed/Va	icated During Entir	e Period (of Abate	ement		20-2	Wagaraw	Road, Bldg #	34A					_
Abatement Perform	med Outside of No nt:AM	rmal Faci	lity Hou PM	ırs - De	scribe AM	City,	State, Zip O	ode						
Time of Abatemen	JE	PIVU	—' ''	·	_/\/\/	Fair 1	Lawn, NJ	7410						1.0
Scope of Work (Chec	k all that apply)					1	Clean u	p and decontamin	lation with nega	tive pr	essu	re		i
M >3 sf or >3 if		⊠ i	Renova	tion		t	Mini Co.	alacuta						ž
≥ 3 sf or >3 if ≥ 160 sf or ≥260 lf			Demolit	поі		-	Gloveba	ig Procedure empted (") and No	Tent with Nega	tive Pr	essu	ile		į
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	ation of		Is Loc				Description	nf		-				
	ing Material (ACM		sed So	dely by		estos C	ontaining M	aterial (ACM)	Amount		Removal	Repair	Enci	300
TO BE	ABATED		vetodia	tanon/	(i.		mai systems		(Specify SIF or LF)		AOT	100	sde	PUCIOSVIE
73	acility 13)		(12			oth	rfacing, VA er miscellan	eaus)	Bit u cr)		125		Encapsulate	G
,	,	Ye	s N	o N/A	<u> </u>									
O-4-1111	-feba house		П	×	Transit	e Sidir	nd.	***************************************	400 SF		X			E
Outside siding-rear							<u> </u>				S	٢٦		F
Dining, family, lau	ndry room				Floor ti	iles			350 SF					늗
											لسا	<u></u>	Щ	1
				ПП										E
Name of Registered	Waste Hauter			NUDEP Wa	ste Havier iD h	la. Cubi	c Yards of Wa	ste Name of Reg	stered Landfill					
1	. rawy i maio							T.R.R.F. Inc						•
Gr Tech LLC				0033	140		TBD osal Date	City, State						
City, State									DA					1
Wayne, NJ 07470		. 1				سلس	TBD	Tullytown,	<u> </u>	Date	2			10
Completed By (Print	t or Typ⊕)	Title					Signature	1 -1	7 1	70.75		114		
N.Jevtic	=	Owner		200-1-				who We	mad	01/0	16/20	114		:_
ASB-d1		4 //	אט נסא ו	e ihis fo	orm for ash	esios li	consurvexe	apted activities.						
MAY 11		100					230	0.554						

MAY 11

Ch#	5 1074
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1 1	(Pursuant to reace	C - Floorist		Co. 15	1
Date of Notification (1)	Name of Building	VIEW.	GARde	NESCO 1	20
Agency Notified Type Nyministron	Ti A A Adminis	JEN TE	OP .	CASON	22
S EDA - D INTERI	City, State, Zip.C			C PO	
DDEP Amended	I DO. A	RTINGION	CIN C		
institution)	Name of Contac	BallER			7 1
O DCA Cancellation	FACILITY INF	DRMATION .		1.	
Name of Facility Where Abatement is Taking Place			Type of Facility	(4)	
BLD #1 API IL			D School (K-12	II William Brown Man /)
Street Address			of Other (i.e. pri	vale & commerce	i buildings,
			Square Feet	# of Floors	Bidg. Age
No ARLINGION			800	ior if being demot	
No. HRLINGION	County Code (7	(STATE USE	Current Use (P	ZESIDEN	<u> </u>
SELLEN		Name of Abates	nent Contractor (1)	
Name of Mordoring Firm Hired by Building Owne	ASCINIC	NOVAIG	ch linc		· · ·
(8) Street Address		P.O. 130		÷	
City, State, Zip Code			NDGE K	I at a plan	857
Project Manager for Monitoring Firm-	Telephone No.	Telephone No.	38×7500	008	06.
StartiDate (10) Scheduled C	moletion Date (11)	Name of OSHA NOVAL	Afternoon (ρc ·	
11101111		Street Address	x 814	•	
Occupanty Status During Abatement (Check on	of Alsohement	Cay, State, Zo	71:		0:0.0
Di Facility Closed/Vacated During Entire Period of Di Abatement Performed Outside of Normal Facility Other - Describe:	By Hours	1010 E	RIDGE	0 C14	
Scope of Work (Check all that apply)	X Renovation	. OFd	Containment will i-Enclosure websg Procedure	h Negative Press	
M≥3500 ≥3 F	D Demolizion	D No	webag Procedure n-Exampled (*) a	nd Non-Friehle Pi	Ahatement
10 ≥ 160 sf or ≥ 260 lf	is Location .		•	-	Type
	Normally Head Solely by	Description estos Containing	Meterial (ACM)	Annous	2 7 7 7
Location of Ashestos-Containing Material (ACM)	Maintenance Ass Custodial (i	e, thermal system suifacing, V	UP SIPPRETURE	(Speci SF or L	Removal
IN Facility	Staff? (12)	other miscall	meous)		2 86
(13)	Yes No N/A	•			
	100		T(OA)	4 60	LIF XIII
INSIDE APTIL	XIV	E TUSULA	HOIO		
105122 17				150	
	NJDEP Waste Hauter	Cutic Yards of Waste		gistered Landfill	
Name of Registered Waste Hauter	18501	20		0.65	A .
1 10001712CV		Dispose Date	Pareis	OTIVE Y	H. 11
OID BRIDGE NO. 085	157	Salame	A (1910E)		Date 1914
Title	Variation .	1141	5 Hours	<u>~</u>	
CANTOS AMEIDA !-	of use this form for asbestos	icensule examp	ted activities.		j i w

SBESTOS AM 9:27 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#21382889398 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 01 Heston Roberts Agencies Notified Type Notification Street Address X Initial **⊠** EPA 62 Eastgate Ln. X DOLWD Amended City, State, Zip Code Amendment # X DHSS Willingboro, NJ 08046 Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Cancellation Kevin Matis 609-929-8122 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 62 Eastgate Ln. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Willingboro, NJ 08046 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 18 / 14. 01 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM- _PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥ 3 sf or >3 if ≥ 160 sf or ≥260 if Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Enclosu Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF)

(13)			1000	other miscella	neous)	Stor William Ma	=		late	Œ
	Yes	No	N/A						te	
Outside siding			\boxtimes	Transite siding		650 SF	X			
										Ī
										П
e Care							П	П	П	
Name of Registered Waste Hauler		NJD	EP Waste	Hauler ID No. Cubic Yards of Wa	aste Name of Regis	stered Landfill				
Gr Tech LLC		0	03378	35 TBD	T.R.R.F. Inc					
City, State	0			Disposal Date	City, State					-
Wayne, NJ 07470				TBD	Tullytown, P.	A				

Completed By (Print or Type) N.Jevtic

Title

Owner

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

Signature

Date

01/09/2014

(

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

B & G proj. #: 2014-03

Check #6354

Date of Notification (1)	-11	Name of Build	ing Own	er/Operator (2)					. (厚		7					
0 1 / 1 0 / 1 4		Verna Mcl	Kay						3			-					
Agencies Notified Type Notifica	tion	Street Address	5	Α.					/		i. i.	1					
DEP Initial		125 Ches	tnut Av	enue			JAN	1 4	2014								
		City, State, Zip Code															
		Bernards		J 07924			Maria de		17.1			1					
DOH DOH	1.1	Name of Conta						28				-					
DCA Cancel	ation	Scott McI	Kay														
			FAC	ILITY INFORMA	ATION												
Name of facility where abatement	is taking p	lace (3)					Type of Facility (
Verna McKay						- 11	=	I (K - 12)		V	40)						
Street Address								apter 8 (0 Private/0			-12)						
125 Chestnut Avenue							Bldgs./	Homes, e	etc.								
Oit. (5)	Cou	inty (6)			0	-1-0-1-(7)	Square Feet	# of Floo	rs	В	dg. A	ge					
City (5) Bernardsville, NJ 07924		4				nty Code (7) te use only)	Current Use (Prior if being demolished) residential										
Demardovine, No 07024	5	Somerset			,	, ,											
Name of Monitoring Firm Hired by	Bldg. Own	ier (8)		ASCM No.		Name of Abatement Contractor (9)											
N/A			B & G Restoration, Inc.														
Street Address		Street Address															
		105 Ryerson Road															
City, State, Zip Code						City, State, Zip Code											
						Lincoln Park, NJ 07035 Telephone Number License Number											
Project Manager for Monitoring Firm Phone Number						973-696-6869 0378											
5	10-1-	1 0 1-1:	Data /4/			Name of OSHA Monitor											
Scheduled Start Date (10) Sched. Completion Date (11)						B & G Restoration, Inc.											
01/20/2014		1/21/2014				Street Address											
Occupancy Status During Abateme						105 Ryerson Road											
Facility closed/vacated during Abatement performed outside						City, State, Zip Code											
Describe:		,			-11	Lincoln Park, NJ	7025					37					
Other-Describe:	· · ·	_			-Ш	Lincoll Fark, NJ		=	Pr 011								
Scope of Work (check all that app Demolition	y) Renovati	0.0			П	ull Containment w/nega	_	wrap Glove									
≥ 3 sf or >3 lf						lini-enclosure	iive piessuie [Non-f									
	≥160 sf or	on normally us	ad calab		- IV	iiiii-ericiosure			TR	R		Т					
Location of asbestos-containing		enance/custo				bostos containino	Amount		е	e	E n	E					
material to be	staff(12)	т т		material (/		sbestos-containing	(Specify S	F or	o	p a	c	C					
abated in facility (13)	Yes	No	N/A				LF)		v e	i	p	L					
Garage			Х	pipe insulat	tion		45 lf										
		2															
									ᆜ	ᆜ	브	부					
				ubia Varda af 18	Mosts	Name of Desisters 11	andfill			Ш	Ш	Ш					
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler ID# 563	F	ubic Yards of V 1	vaste	Name of Registered L Tullytown Resource		Center									
City, State			sposal D			City, State											
Lincoln Park, NJ 07035			01/2	1/2014		Tullytown, PA											
Completed by (Print or Type)	Title			Signature	(Gordana Luna	1 8	Date	1204	4							
Gordana Luna	Secretar	y/Treasurer				Gordana Luna 01/10/2014											

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

Date of Notification (1) 01-13-14		Name of Building Owner/Operator (2) Vikining Plumbing Street Address UAN 1 4 2014															
Agencies Notified	Type Notification			Street Address 107 Columbus PI.													
DEP DOL	Initial Amended Amendment				e, Zip Cod e Park,N		204	204									
DOH DCA	Emergency (i justification) Cancellation	ncluding	Name of Contact Troy Malko														
				FACIL	ITY INFO	RMAT	TION							1-00 - C			
Viking Plumbing									e of Facility (School (K-1	2)		K 40)					
Street Address 107 Columbus Pl	A	Subchapter Other (i.e. p etc.)	orivate 8	comm	ercial		- 22	2000	s,								
City (5) Roselle Park									uare Feet O	1	Floors		7	dg. A 5+	ge 		
County (6) County Code (7) (STATE USE ONLY)									rent Use (Pri ommercial	or if bei	ng demo	olishe	d)				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				batement Cor rrow Indus		(9)						
Street Address	<u> </u>						Street 144										
City, State, Zip Code							City, State, Zip Code Paterson, NJ,07501										
Project Manager for Mor							lephone No. License No. 1183										
Start Date (10) 01-24-14	d Com	ompletion Date (11) Name of OSHA Monitor Indian Arrow Industries															
Cooupandy States Daning reasonness (Silvers 2111) 2110)								Street Address 144 Mill St									
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	eriod of Al al Facility	batem Hours	ent			City, S	City, State, Zip Code Paterson,NJ.07501									
							1 40		11,110.07.00								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	N-78 N-78 N-78 N-78 N-78 N-78 N-78 N-78							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		le	Locati	on										Abate	ement		
Locatio Asbestos-Containing TO BE AB In Faci	g Material (ACM) BATED	N Used Mai	ormali Sole ntenar odial S (12)	ly ly by nce/		os Co therm surf	ntaining I al system facing, V	ription of ning Material (ACM) ystems insulation, ng, VAT, or			mount Specify For LF)		Removal	Repair	e Encapsulate	Enclosure	
(13)		Yes	No No	N/A		other	r miscella	neou	s)				val	#	ulate	ure	
Roc	of		х			Ro	ofing A	CM			600		x				
	***	1 1															
										7							
Name of Registered Wa Atlantic Carting	iste Hauler		Н	JDEP W lauler ID 6085			ic Yards /aste D	[18] 14] [18]					0				
City, State Wayne,NJ				_		Disp	osal Date	е	City, Sta Tullyto				-	76			
Completed by Goran J.Igev		Title Secre	etary	54			Signatur	Date 01-11-14									

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

Date of Notification (1) 01-13-14			Building Ow cobson	ner/Opera	ator (2	2)			,	4 .								
	pe Notification		1	Street Ad 725 Ra	dress ahway Ave	9				JAN	1 4	4 20	14	×				
DEP DOL	Initial Amended Amendment		_	City, State, Zip Code Elizabeth, NJ, 07202					is and			and a second						
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Ron Ja	Contact acobson					Tolo	nhan	ė Milm	her					
			FACIL	ITY INFOR	MATION													
Name of Facility Where Abar Jacobson Distributing Street Address		***		_ so	f Facility (4 chool (K-1) ubchapter	2)	er than	n K-12)									
725 Rahway Ave									ther (i.e. p	rivate 8	com	mercia	al build	ings,	home	s,		
City (5) Elizabet				Square 2000	Feet	# of 2	Floor	s		dg. A	ge							
County (6) Union				County C (STATE U	code (7) ISE ONLY)				t Use (Prio mercial	or if beir	ng der	molish	ed)	8	Ŗ			
Name of Monitoring Firm Hir	red by Building (Owner (8)	-	ASCM	No.			ment Con w Indus		(9)								
Street Address		· · · · · · · · · · · · · · · · · · ·						ddress										
City, State, Zip Code						ate, Zip	Code IJ,07501						-					
Project Manager for Monitor	Т					elephone No. License No. 173-653-9652 1183												
Start Date (10) 01-25-14	d Con	npletion [Date (11)			A Monitor w Indus	tries											
Occupancy Status During Al			St	reet A	ddress	3				-								
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours					ement				4 Mill St State, Zip Code									
Other – Describe:				54			aterson,NJ.07501											
Scope of Work (Check All T	hat Apply)						_											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Ren						2	Mini	Containme -Enclosure rebag Prod	edure					4				
					LI N					d (*) an	d Non	-Friab	le Pro	Abate				
**************************************		1	Locat orma															
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Nor Used 5 Maint Custod				ely by nce/ Staff?	(i.e. th	s Containi nermal sys surfacing	scription of aining Material (ACM) systems insulation, sing, VAT, or niscellaneous)			(8	moun Specif or Li	y	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											Ф			
Crawl Space	ce				TSA Pipe Ir			sulation 72					x					
Name of Registered Waste Hauler Atlantic Carting				NJDEP W Hauler ID 26085	No.	Cubic Yar of Waste TBD)C					
City, State Wayne, NJ						Disposal I	Date		City, Stat	e wn,PA	1							
Completed by Goran J.lgev	-	Title Secr	etary	,		Sign	ature											