							17.144						
Date of Notification (1)	1-18-14	1	\ \ \	lame of	Building Owner/C	perator (2)	De	luca					
Agencies Notified	Type Notification		S	treet Ac	Idress AA	Port	. 2	laca		5	3	1	4
D DEP	Initial Amended		C	ity, Stat	te, Zip Code	1021	<u> </u>	lace	خور د د م		5	,	
DOL DOL	Amendment #		_	10	n)c	ntcl	air.	NI	07	0	12	ر د	À
DOH DOH	justification)	noidanig	1	2	Contact	-1		Telenhon	o Numb	or.		0	_
D DCA	☐ Cancellation				ITY INFORMATI	eluca	<u> </u>	-		11 6			-
Name of Facility Where	Abatement is Taking	Place (3)		11	and the Oranization		pe of Facility (4)			550	2	~
Dingle	family		rec	lling	3						1	12	
Street Address	Porter	Place	ie	_)	2	Other (i.e. p	8 (Other than private & com	n K-12) mercial	buildi	ings, i	nome	5.
City (5) 00 1	1			A	70110	So	etc.) juare Feet	# of Floor	s	Ble	dg. Ag	je	
Proli	clair	N:		County C	7042		·.	2			00	+"	-
County (6)	sex				JSE ONLY)		urrent Use (Pri	or it being de	molishe	:a)			
Name of Monitoring Fir	m Hired by Building C	wner (8)		ASCM	No.	Name of A	Abatement Cor		9	• .	-	-	
Street Address	e une le	316)	<u></u>	MA	Street Add	dress.	thno	1091	ie s) 💆	ln	6
P.O.	Box 3.	37				P.O	. Box	337					
City, State, Zip Code	2 . 2 -	7.14	-	20	522	City State	e, Zip Code	A LA	71	1	36	2	2
Project Manager for M	mithri of Firm	14 6	, ,	relepho	ne No.	Telephone	e No.	DY N	nse No	U)0,	2
Steve S	chenker	2	10.0		758-3365	1	58-336	The state of the s	OC	3	19	4	
Start Date (10)	14.	Schedule	d Com	pletion	Date (11)		OSHA Monitor	, (-	
Occupancy Status Dur	19	2 -	ام ا	<u> </u>	14	Street Add	PC Tec	hnolog	ies	T.	nc		
HANCES IN 100 ALEA 09000						P.C		337					
Facility Closed/Va	med Outside of Norm					City, State	e, Zip Code						-
☐ Other – Describe			:			Neu	Egypt	こと	- 0	183	53	3	
Scope of Work (Check	All That Apply)						- (1						
≥3 sf or ≥3 lf ≥ ≥160 sf or ≥260 lf			lenova emoliti			/SC	Full Containm Mini-Enclosur		ative Pr	essur	е		
							Glovebag Pro Non-Exempte		-Friable	e Proc	cedure	e	
		Is	Locati	on				772			Abate	ement	
Locat	ion of	1	Normal	у		escription of					Ту	pe	
Asbestos-Containi	ng Material (ACM)		d Sole intenar		Asbestos Cor	ntaining Mate		Amour (Specif		æ		Enc	Ē
In Fa	cility	Cus	todial S (12)	Staff?	surfa	acing, VAT,	or	SF or L		Remova	Repair	Encapsulate	Enclosure
(1	3)			Τ	other	miscellaneo	ous)			val	=	ılate	ure
		Yes	No	N/A						-			_
Basemen	1	X		ļ	Pipe I	nsul	ation _	350	LF	À			
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			<u></u>		Vests Could	o Vordo	Nama	Registered I	andfill				
Name of Registered V	G 7			IJDEP V lauler ID	No. of W	c Yards aste					,	- 1	A.C
EPC Te	chnologie	<u>S</u>		170	OO	osal Date	City, Sta	te Mana	asen	へくつ	t 0	t 1	14
City. State New E	in at	NJ				-1.3-1		risville	P	A			
Completed by	-346c	Title	. 4			Signature			Dat	te	, ^	•	
Steve Sch	ien Keir	Pise	sid	ent		Stere	p) DCK	aka		! -	18	.j	4

CL# 2544

Date of Notification (1)		respect			Name o	of Building	Owne	er/Operator (2	?)	70	200	$\overline{\mathbb{Q}}$	7				
01_ /	15 /	14	-		Prin	ceton Un	iver	sity-Office	of Design and	Construction	金山豆(2	3	7				
Agencies Notified	Type Notificati	ion			Street	Address						5	-				
□ EPA					200	Elm Dr.				· 6		_	din.	·			
□ DOLWD □	☐ Amended				City, St	tate, Zip Co	ode		111111111111111111111111111111111111111	5	50	3	- 1.	-			
⊠ DHSS	Amendmer					ceton, N.		644			20	3	,	^			
DCA	☐ Emergency justification		luding	į.		of Contact				Telephone N	umber	£	_				
(NJAC 5:23-8)	☐ Cancellation					ert Orteg				40		C	,,				
	Gariociiatio					ILITY IN		MATION				-	-	-			
		11	Di	(2)	FAU	ILIITINI	FURI	WATION	Type of Facility	(4)			·	-			
Name of Facility Where				(3)					School (K-12								
Princeton Universi	ity-Firestone	Libra	ary						Subchapter 8	Other than K	-12)						
Street Address											commercial buildings,						
Washington Rd	The state of the s					H			homes, etc.)		16		7772				
City (5)									Square Feet	# of Floors	B	ldg. A	ge				
Princeton	(8)																
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pr	ior if being den	nolished)						
MERCER								3	Library								
Name of Monitoring Firm	n Hired by Buildi	ng O	wner (8)	ASCM I	No.			ent Contractor (9)								
ATC Associates In	ic.						В	RISTOL EN	L ENVIRONMENTAL, INC.								
Street Address							Stre	et Address									
Three Terri Center	•						11	23 BEAVE	R STREET								
City, State, Zip Code					City, State, Zip Code												
Burlington, NJ 080	16						В	RISTOL, PA	19007								
Project Manager for Mor				Tele	phone	No.	Tele	phone No.	License No.								
Michael Keehn	**************************************			6	09-386	-8800	21	5-788-6040	00509								
Start Date (10)	S	chedu	uled C	omple	tion Da	te (11)	Nan	ne of OSHA N									
1 / 30 /				10.5	1	10 TH 11	В	RISTOL EN	VIRONMENTA	L, INC.							
Occupancy Status Durin		heck	only o	ne)		7.	Stre	et Address	fa fa			-		-			
☐ Facility Closed/Vaca					ment			23 BEAVE	R STREET								
☐ Abatement Performe						cribe	- 33	State, Zip C									
Time of Abatement:							1	RISTOL, PA									
O 61Mark (Obsarks	all that applied							10101,17									
Scope of Work (Check a	all that apply)							☐ Full Con	tainment with Ne	gative Pressure	Э						
≥3 sf or ≥3 lf			⊠ Re					Mini-End									
			☐ De	moliti	on			☐ Gloveba	g Procedure empted (*) and No	n-Friable Proc	edure						
			le	Loca	tion	Γ						batem	ent T	vpe			
Location	n of		10.00	Norma				Description of	of			T	1	T			
Asbestos-Containing					ely by			Containing Ma	aterial (ACM)	Amount		Repair	nca	Enclosure			
TO BE AB			J 21(2) Co.		ance/ Staff?	(i.e		mal systems urfacing, VAT		(Specify SF or LF	, va	=	psu	unsc			
IN Faci			- Out	(12)				er miscellane		0, 0, 2,	, -		Encapsulate	e,			
(10)			Yes	No	N/A												
Throughout Levels	C. B and A		\boxtimes		\Box	Floor ti	le an	d mastic		1,465 SI	F						
Office A-7J						Windov				96 LF	×						
	0.0 14			-						1775 SF	_	-	$\frac{1}{1}$				
Throughout Levels	C, B and A										H	=					
						<u> </u>		is Vanda of	Nome of Deep	stered Landfill		111					
Name of Registered Wa				100	NJDEP I Hauler II		Was	ic Yards of ste									
SERVICE TRANSF	PORT GROUP	INC			20990				200000000000000000000000000000000000000	S. NORTH LA	MUPTILL						
City, State		0.00					Disp	osal Date	City, State								
NEW CASTLE, DE									MORRISV	ILLE, PA 190	067						
Completed By (Print or	Title					-	Signature	1	1 - 1	Date	1	/	,				
Brian Scafiro	on F ill state.	E	stima	tor				Bin	Scalino	1-1	1/	15/	14				
								10000	10		1	1					

A PPROVED CINDY MITCHELL
(NJDOH)

NT

CL# 2542

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

									CLT. 207	-0				
Date of Notification (1)	45 /	4.4					Owner/Operator (2	2)					-	
1 / _	15 /						tners, LP							
Agencies Notified ☐ EPA	Type Notificat	tion			Lace-Archive	Address	Daned					100		
⊠ DOLWD	Amended					2 Buckey	V			000	-	<u> </u>	_	
☑ DHSS	Amendme	nt #				tate, Zip C			40 VV	BYA JAR.		1.58		
☐ DCA	⊠ Emergenc		uding			naus, PA			Telephone Number			100	-	
(NJAC 5:23-8)	justificatio					of Contact			Telennone kumne	• •	•	~ .	-	
	Cancellation	on				ce Wagn			77.2	100	-0	16,		
				· · ·	FAC	ILITY IN	FORMATION	T	(1)	ī	PH 12:		LIVED	
Name of Facility Where A		aking P	lace (3)				Type of Facility ☐ School (K-12)	-8	3/-	7			
Buckeye Partners,	LP								8 (Other than K-12)	72	2	5		
Street Address 123 Derousse Ave.	RIVER ROA	D TEI	RMIN	AL				Other (i.e., p homes, etc.)	rivate and commerci	al bui	lding	s,		
City (5)				000				Square Feet	# of Floors	Bld	g. Ag	e		
Pennsauken								-	-					
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ed)				
Camden							VI. V.	Exterior						
Name of Monitoring Firm	Hired by Build	ing Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9))					
AET, Inc.							BRISTOL ENVIRONMENTAL, INC.							
Street Address	5						Street Address							
28 N. Pennell Road							1123 BEAVE	R STREET					V.75.00000-0	
City, State, Zip Code														
Media, PA 19063							BRISTOL, PA 19007							
Project Manager for Mon	itoring Firm	+		Tele	phone I	No.	Telephone No. License No.							
Dave Turotsy				6	10-891	-0114	215-788-6040							
Start Date (10)	S	chedul	led Co	mple	tion Dat	te (11)	Name of OSHA M	lonitor						
1/_16_/	14	1	_ /	16	3_/_	14	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During	57		23/2											
☐ Facility Closed/Vacate							1123 BEAVE	R STREET						
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip Co BRISTOL, PA							
Scope of Work (Check a	II that apply)							77 (1997)	antikus Denanusa					
≥3 sf or ≥3 lf		D	⊠ Rer	ovat	ion		☐ Full Con	tainment with Ne losure	gative Pressure					
☐ ≥160 sf or ≥260 lf] Der					g Procedure	E I II D					
						1	☐ Non-Exe	mpted (*) and No	on-Friable Procedure	1				
Location	of.			Loca orma			Description of	of.	is a second of the second of t			ent Ty		
Asbestos-Containing			Used	d Sol	ely by	Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc	
TO BE ABA	ATED				ance/ Staff?	(i.e	., thermal systems		(Specify	Removal	air	aps	Enclosure	
IN Facil (13)	ity		0 401	(12)			surfacing, VAT other miscellane		SF or LF)	<u>=</u>		Encapsulate	6	
			Yes	No	N/A							w .		
Exterior of boiler hor	use - River R	d. [\boxtimes	Pipe Ins	sulation		6 LF					
]												
]												
		1												
Name of Registered Was	ste Hauler			1000	NJDEP Waste				-					
BRISTOL ENVIRON	MENTAL IN	С		ŀ	lauler II		Waste	GROWS L	andfill.					
City, State	10				18706		Disposal Date	City, State						
BRISTOL, PA							1/17/2014		e, PA 19067					
Completed By (Print or T	'vpe)	Title					Signature	7 .	Dat			,	,	
Gino Pizzigoni	,,		timat	or				Mzegor	4		5-1	14	1	
2				237			June 1	La Sidos	a m	//	/	'/		

ASB-41 **MAY 11**

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

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Ck #30,	2543
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te of Notification (1)		-	Nan	ne of B	uilding Ow	mer/Operator (2)	f Doo	ion and Co	nstructio	n 25	PAIC.	(3	
01 / 15	/ 14		P	rincet	on Unive	ersity-Office of	Des	sign and oc	- C		P.		_	1
encies Notified Type	Notification		1000000	eet Add					10		16	ć		
FPA 🖾 Init	ial		1 3	00 Elr						1070	7.	5		1
DOLWD An	nended				, Zip Code					~~~~	10%			
	nendment # nergency (includi	na			ton, NJ 0	18544			Telephone	Number				1
DUA .	stification)	9	100000		Contact						97			
	ancellation				Ortega				V					7
			- 1	FACIL	ITY INFO	RMATION		of Engility (A	`					7
ame of Facility Where Abaten	ent is Taking Pla	ice (3)						of Facility (4 chool (K-12)	')					
Princeton University-Fire	estone Library								(Other than	K-12)	h. ildin	ac		1
treet Address						_	ПО	ubchapter of other (i.e., priviomes, etc.)	vate and co	mmercia	Dullulli	ys,		
Washington Rd								are Feet	# of Floor	rs	Bldg. /	Age		7
City (5)							Squa	ale reet	0					
Princeton						THE HOT ON W	Curr	rent Use (Price	or if being d	emolishe	d)			
County (6)			-	County	Code (7)(S	STATE USE ONLY)	100000000000000000000000000000000000000	ibrary						
MERCER						Name of Abatem	100000							
Name of Monitoring Firm Hired	by Building Own	ner (8)	100000	SCM No		BRISTOL EN	IVIDO	NMFNTAL	INC.					
ATC Associates Inc.				00098			AIII	JUNETAL	,				77-37	
Street Address						Street Address 1123 BEAVE	:D Q1	TREET						
Three Terri Center														
City, State, Zip Code						City, State, Zip C BRISTOL, P	A 19	007						
Burlington, NJ 08016							A 13		License	No.				
Project Manager for Monitorin	g Firm			hone N	7.00	Telephone No. 215-788-604	10		0050					
Michael Keehn			-	9-386-		Name of OSHA		tor						
Start Date (10)	Schedul	ed Cor	npleti	ion Date	∋ (11)	BRISTOL E	NVIR	ONMENTA	L. INC.					
1_ / _30_ / _1	4 4	_ / -	4	_ / _	14		14 4 11 4							
Occupancy Status During Ab	atement (Check	only on	e)			Street Address		TDEET						
or Interested F	uring Entire Peril	M TO DO	Daten	nent		1123 BEAV								
I D-farmed OI	teide of Normal r	achilly	I loui.	3 000	cribe	City, State, Zip								
Time of Abatement: 7:00	AM- <u>3:30</u> PM/	PIVI				BRISTOL,	PAIS							
Scope of Work (Check all the	at apply)					⊠ Full C	ontain	ment with Ne	egative Pre	ssure				
10-00 M		⊠ Ren	ovati	on		Mini-E	enclos	ure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Der	nolitio	on		⊠ Glove	bag P	Procedure oted (*) and N	Non-Friable	Procedu	re			
⊠ ≥160 \$1 01 ≥200 11									- 10		Aba	teme	nt Ty	ype
			Locat			Description	on of				Re	Repair	En	Enc
Location of	· · · · · · · · · · · · · · · · · · ·	Use	d Sol	ely by	Asbe	netos Containing	Mate	rial (ACM)	2.022.33	ount ecify	Remova	pair	cap	Enclosure
Asbestos-Containing Ma	teriai (ACIVI)	Mai	intena	ance/ Staff?	(i.	e., thermal syste surfacing, \	ms ins	sulation, or		or LF)	val		Encapsulate	2
IN Facility	-	Cust	(12)			other miscell	aneou	ıs)					te	
(13)		Yes	No		7						-			+
1		-		10	Floort	ile and mastic	:		71,1	98 SF	Ø	Ш	П	1
Throughout Levels C,	B and A		-	-					4,6	60 SF	\boxtimes			L
Throughout Levels C,	B and A				1 1000	nsulation			24.0	90 SF]
Throughout Levels B		\boxtimes			Joint	Compound								1
				П	Pipe F	Fittings				0 LF				Τ.
Throughout Level B				_	Waste	Cubic Yards	of	Name of Re	egistered L	andfill	DEII I			
Name of Registered Waste SERVICE TRANSPO	RT GROUP IN	c		Hauler 209	ID No.	Waste Disposal Dat	te	City, State	V.S. NOR					
City, State NEW CASTLE, DE								MORRI	SVILLE, F		Date			
	ne) Tit	le				Signatu	ıre	/ / .	1-0		1	/15	/10	4
						1		1 //	111		. /	/	1	200
Completed By (Print or Ty Brian Scafiro	pc)	Estim	ator			Dus	nº	Saliro	11/			- /		

D&S Proj. #: 2014-21

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

D&S Proj. #: 2014-21		(Pursi	uant to NJAC	8:6	0 and 12:120)	2014 JA	ECE	/12	.5						
		2			- 1944	2014	***	ME	30						
Date of Notification (1) 0 1 / 1 5 / 1 4	- 11	f Building Owl	ner/Operator (2)))	is JA	N 23 F	כו אל	. ,						
Agencies Notified Type Notification	on Street A		- 1 2 - 11 - 11 - 11 - 11 - 11 - 11 - 11			9-1/	170	12	1						
☐ EPA ☐ Initial ☐ Amended	314 (GEORGE ST	TREET			æ 1/6	FALCE.	NIA	n,						
Amendment #:	City, Sta	ite, Zip Code						G	* (<u>.</u>	1111111					
☑ DOL ☐ Emergency	FRA	NKLIN LA	KES, NJ 074	17											
DOH (including justification)	Name of	Contact				Telephone	e Number	0							
DCA Cancellation	DR.	FAHIMI													
		FAC	CILITY INFORM	IATIO	N										
Name of facility where abatement is	s taking place (3)					Type of Facility (4	4) (K - 12)								
DR. FAHIMI						Subcha	apter 8 (O	ther th	an K-	12)					
Street Address						Other (Private/Co	ommer							
314 GEORGE STREET							s./Homes, etc. # of Floors Bldg. Ag								
City (5)	County (6)	****	ior if boing	n dom	oliche)d)									
FRANKLIN LAKES	BERGEN	Ι		, (ate use only)	Current Use (Pr	ioi ii beiri	J dellik	JIISHE	u)					
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)									
					D & S RESTOR	ATION, INC.									
Street Address					Street Address										
01.01.7.0.1					20 California A City, State, Zip Code	5.00 March 1997									
City, State, Zip Code					Paterson, NJ 07										
Project Manager for Monitoring Firm		Phone Num	ber		1303	License	Numb	er							
1 Tojoot Managor for Montoring 1 min					Telephone Number 973-345-8020		0	1169							
Start Date (10)	Sched. Com	Name of OSHA Monitor D & S Restoration, Inc.													
01/27/14	02/14/14				D & S Restorati	ion, Inc.									
Occupancy Status During Abatemer	nt (Check only on	e)			20 California A	venue									
Facility closed/vacated during	entire period of a	batement.			City, State, Zip Code										
Abatement performed outside Describe:		hours-													
Other-Describe: NORMAL H	OURS			_	Paterson, NJ 07										
Scope of Work (check all that apply	1)					Full Containment w	/negative	press	ure						
	Renovation		*			Mini-enclosure Glovebag procedur	re								
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)		friable		_)				
Location of	Is location norm by maintenance		ely					e	R	E n	E				
asbestos-containing material (acm) to be	staff(12)		Descriptmaterial		asbestos-containing	Amount (Specify S	SF or	m o	р	С	n				
abated in facility (13)	Yes N	o N/A		(MOII	· y	ĹF)		v e	a i	a p	L				
BASEMENT			PIPE INST			240 l ft		X							
BASEMENT WATER TANK			WATER T	ANI	K INSULAITON	46 SQ FT			브	닏	븯				
								쁜	부	片	쓔				
								井	屵	片	卄				
Desired Wests Haules	NJDEP Ha	ular ID#	Cubic Yards of	Was	e Name of Registered	d Landfill		.	Ш	Ш					
Registered Waste Hauler D & S RESTORATION, INC.	13506		3 YDS	vvasi	TULLYTOWN,	, RESOURCE RE	ECOVER	ξY							
City, State		Disposa 01/28			City, State	T DA									
PATERSON, NJ 07503 Completed by (Print or Type)	Title		TULLYTOWN	, FA	Date										
BOGDAN JOLDZIC	Title PRESIDENT		Signature				01/15/	/14							
ASB-41	* Do not use this	form for asbe	stos licensure e	xemp	ted activities.										

JAN. 10. 2014 (FRI) 13:54	BRIBAR-DELVCO	. 1	19732784670	PAGE. 2/4
# 2014-18 ± 2014-18	Notification	State of MU of Asbestos Abatem NJAC 8:60 and 12: 2014 JAN 23 PH	DOL - 10	DAY
Date of Notification (1)	Name of Building Ownerroper	am (2)	13.10	Total
Agencies Notified Type Notification EPA Initial DEP Amended Amendment *:	ALFRED SCHWARTZ Street Address 233 DONALDSON STR City, State, Zip Code	& LIVENSINI	G WAIVED A	
DOL Emergency (Including justification)	HIGHT AND PARK, NJ Name of Contact ALFRED SCHWARTZ		Teleprione	Number
		VFORMATION		
Name of facility where abatement is to ALFRED SCHWARTZ Street Address	king piace (3)		Subchs 🔀 Other (1) (K - 12) apter 8 (Other than K-12) Private/Commercial Homes, etc.
233 DONALDSON STREET			Square Feet	# of Floors Bidg. Aga
City (5)	County (5)	County Oode (State use only		for if being demolished)
Name of Montering Firm Hired by Big	Middlesex 3. Owner (8) ABC		APPLIMENT CONVECTOR (9)	
Street Address		SWEETAD	61	5 - 1
City, amely suprepose		City, State	Aligorala Ave.	
Project Manager for Monitoring Firm	Phone Number	Telephon 973-	100 1 07503 10 mumber 1345-8020	Cl 169
Start Date (10)	Sched. Completion Date (11)		OSHA Monitor S Restoration, Inc.	
O1/13/14 Occupancy Status During Abatement (C Facility oldesd/wagsted during and Abatement performed outside of	lire period of abatement.		dress lifornia Avenue s, Zip Code	
Describe: NORMAL HOU		Peter	son, NJ 07503	
Scope of Work (check all that apply) >2 st or >2 if >150 st or >200 if Da	enevation emolition		Full Containment w	re and Non-Irlable procedure
entrestre partoloho		Description of asbestos-o naterial (ACM)	entaining Amount (Specify S	For o E E n n o c L
BASEMENT!		EINSULATION	A. SOLFT	
		1 1		
D & S. RESTORATION, INC.	NJDEP Reuler ID4 CORR Y 13506 1 yd	TULL	Tragistered Landfill LYTOWN, RESOURCE RI	BCOVERY
PATERSON, NJ 07503	Disposal Date 01/14/14	Gly, G		
ROGDAN JOLDZIC: P	RESIDENT	THE I'M	The state of the s	Date 01/10/2013
ARR-41 D	not use the form for as bestos libe	naure exempted activities	8. 7	

Jan 10 2014 05:10PM NJ Asbestos Control 609.633.0664

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

D&S Proj. #: <u>2014-18</u>				cation of Asl		I s Abatement and 12:120)		305 C	TOTAL SAN	₹? 3-	े		DI
Date of Notification (1)	Name	of Build	ding Owr	ner/Operator (2	2)			1	50	7	-	O	
0 1 / 1 0 / 1 3		FRED S	SCHWA	ARTZ					Chile.		<u>ج</u>	e.	
Agencies Notified Type Notification	Street	Addres	S						14:	12	~	2	
DEP Amended	233	DONA	ALDSO	N STREET					Ų.	10			
Amendment #:	City, S	state, Zi	p Code		2								
Emergency				RK, NJ 0890)4								
DOH (including justification)	Name	of Conta	act					Telephone	Number				
☐ DCA ☐ Cancellation	AL	FRED	SCHW	ARTZ									
			FAC	ILITY INFORM	MATION	ı							
Name of facility where abatement is	taking place (3	3)			12		Ty	pe of Facility (4	1)	- 100 - 100 - 100			
ALFRED SCHWARTZ									(K - 12)		********** *		
Street Address							4		pter 8 (O Private/Co			12)	
									Homes, e		Tolal		
233 DONALDSON STREET							<u>.</u> [s	quare Feet	# of Floor	s	В	ldg. A	ge
City (5)	County (6)			200700000	inty Code (7) ite use only)	-		la a la la ala		- link	1\	
HIGHLAND PARK	Middles	ex			1 (014	ic use only)	11,	Current Use (Pr	or ii bein	g den	Olish	ea)	
Name of Monitoring Firm Hired by B	ldg. Owner (8)			ASCM No.	<u>'</u>	Name of Abateme	ent Con	tractor (9)					
						D & S RESTO	ORATI	ON, INC.					
Street Address						Street Address							
						20 California							
City, State, Zip Code						City, State, Zip Co							
						Paterson, NJ							
Project Manager for Monitoring Firm		Pho	ne Numb	per		Telephone Number 973-345-80			License	1169	er		
						Name of OSHA M				1107			
Start Date (10)	Sched. Cor	npletion	Date (1	1)		D & S Restor							
01/13/14	01/30/14					Street Address							
Occupancy Status During Abatement		10-2001				20 California		ie	***				
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	de		(10)				
Describe:		J	61			Paterson, NJ	07503						
Scope of Work (check all that apply					-	Faterson, NJ			la a aatii sa	proce			
N	Renovation					ŀ	=	Containment wa -enclosure	negative	press	ure		
	Demolition						☑ Glov	ebag procedur					
	Is location nor	mallyus	lalos has	V			Non	-Exempted (*)	and Non-	friable I R	proc	edure E	-
Location of asbestos-containing	by maintenance				ion of a	sbestos-containing		Amount		e	e	n	E n
material (acm) to be	staff(12)			material		sbestos-containing	'	(Specify S LF)	For	m o	p a	c a	c
abated in facility (13)	Yes	No	N/A					Li)		v e	i	р	-
BASEMENT		X		PIPE INSU	JLAT	ION		80 L FT		X			
						14							
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Pogistared Wests Haules	In the second		11 17	Jubio Varda et	Mosts	INome of Desire	rod I -	dill			Ш		
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP H: 13506		.	Cubic Yards of 1 yd	vvaste	Name of Registe TULLYTOW			COVER	Y			
City, State			01/14/1			City, State							
PATERSON, NJ 07503		TULLYTOW	N, PA	<u> </u>	Dete								
	Title PRESIDENT			Signature					Date 01/10/	2013			
	Do not use this		or asbest	tos licensure ex	xemple	d activities.			1				

CK25467 D&S Proj. #: 2014-20

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

D&S Proj. #: 2014-20			아마다 하면 하면 하면 보다 가게 하다 하다 하다.		and 12:120)	2014 JAN 23 /	1/20	11			
Date of Notification (1)	11	of Building Own	er/Operator (2)		, ú	JAN 23	Dáy :-)			
Agencies Notified Type Notificati	on Street A				-	& LICELLO	6 HUL	9	-		
DOH Emergency (including justification) DCA Cancellation	Name o	EN ROCK, N. f Contact NE MARIE D	07452 DELEVANTE			Telephon				92	
- Cancellation			ILITY INFORMA								
Name of facility where abatement is	s taking place (3)				Т	Type of Facility (4)		277.01		
ANNE MARIE DELEVANTI	3		-14			Subcha	I (K - 12) apter 8 (O			-12)	
Street Address					15	Other (Bldgs./	Private/Co Homes, et		rcial		
160 HARDING ROAD	County (6)			Car	interCode (7)	Square Feet	# of Floor	s	Ble	dg. Ag	ge
City (5) GLEN ROCK	BERGE!	J			unty Code (7) ate use only)	Current Use (Pr	rior if being	g dem	olishe	ed)	
Name of Monitoring Firm Hired by I		<u>`</u>	ASCM No.	\neg	Name of Abatement	Contractor (9)					
				_	D & S RESTOR	ATION, INC.					
Street Address					Street Address 20 California A	ve.					
City, State, Zip Code					City, State, Zip Code Paterson, NJ 07				-		
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number 973-345-8020		License 0	Numb	er		
Start Date (10)	Sched. Com	pletion Date (1	1)	=	Name of OSHA Mon						
01/24/14	01/30/14				D & S Restorati	ion, Inc.					
Occupancy Status During Abatemer					20 California Av	venue					
Facility closed/vacated during Abatement performed outside Describe:	of normal facility				City, State, Zip Code		#8				
Other-Describe: NORMAL H					Paterson, NJ 07						_
Scope of Work (check all that apply	Renovation Demolition					Full Containment w Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be	ls location norm by maintenance staff(12)				asbestos-containing	Amount (Specify S	F or	ReEo	Repa	E n c a	E n c
abated in facility (13)	Yes N	lo N/A				LF)		v e	ir	p	L.
BASEMENT			PIPE INSU	LAT	ION	150 L FT		X			口
			1					╬	屵	片	쓔
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506		Cubic Yards of V 2 YDS	Vaste	Name of Registered TULLYTOWN,		ECOVER	Υ			
City, State PATERSON, NJ 07503		Disposal I 01/27/1			City, State TULLYTOWN	РΔ	28				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature		TOLLITOWN	,	Date 01/14/	2013			
ASB-41	Do not use this	ed activities.		01/1-1/	2010		_				

451,		NO			OF ASBES NJAC 8:				= 1	PEN	~				
Date of Notification (1) 01/14/2014		1			Building Ovi iver B.C		perator (2)	2014	JAN 23		E.	0		
Agencies Notified	Type Notification		1000	Street Add	dress coper Av	ve	3-2311		A538	~~ <i>~</i> 23	PM	12: :			
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod liver, NJ		3	15	æ.	LICENS	-/y/ /	4	9		
Ď DOH DCA	Emergency (in justification) Cancellation	ncluding	1000	Name of 0		=======================================				Telephone	Numb	ier);	7		
DCA DCA	Caricellation				ITY INFO	RMATI	ON								
Name of Facility Where west Dover Elemen		Place (3)						× s	of Facility (4) School (K-12)			35 E	i		
Street Address 50 Blue Jay Drive								Ħ	Subchapter 8 Other (i.e. privetc.)			buildi	ngs, h	ome	з,
City (5) Toms River	+8							Squar	e Feet	# of Floors		Blo	dg. Ag	je	
County (6) Ocean				County C	ode (7) SE ONLY)		_	Curre	nt Use (Prior ool	if being dem	olishe	ed)			
Name of Monitoring Firm Oxford Engineering		Owner (8)		ASCM	No.				tement Contr pany, Inc.	actor (9)		KI SAN			
Street Address 336 Point Street						14	Street 208 F	Addres Piage							
City, State, Zip Code Camden, NJ 08012	2								p Code 07011			71-111-3-1			
Project Manager for Mo Wayne Moran	nitoring Firm	,		Telephon 856-54	ne No. 1-0702			one N 253-8		Licens 0070					
Start Date (10) 01/24/2014		Schedule 01/25/2		npletion [Date (11)			of OSI Co.li	HA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only On	ne)				Street	Addres	ss						\neg
Abatement Perform	cated During Entire F ned Outside of Norm Fri. after 5pm-Sat.8p	al Facility	Abaten Hours	nent s			City, S	state, Z	ip Code	1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945			3		
Scope of Work (Check	All That Apply)			***************************************											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					Э		
	in the second se	100	Locat			_				#E				ment pe	
Location Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Use Ma	ed Sole iintena	olely by nance/ al Staff? Asbest (i.e.		Asbestos Cont (i.e. thermal surfac other n		is insul AT, or	ation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_			
Kitch	nen		X		F	Pipe fi	tting ins	sulatio	on	9 LF	-	х			
			1												
Name of Registered W Newark Carting, In-		× 5.0					c Yards Name of Registered Landfill GROWS								
City, State Newark, NJ			Disposal Date City, St					City, State Morrisvi	State rrisville, PA			N.			
Completed by Voytek Roszkowsk	i	Title Pres	ident				Signatu								

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500			NC		CATIO	N OF AS	BESTOS ABATEM 8:60 and 12:120		CASSES AND STATE OF THE STATE O	2		ر ارساد		
Date of Notification (1) 01/13/2	2014	_			1000,000,000,000,000		ng Owner/Operator mer Health Syste		\$ 1/s.	~	5.	N.	Ò	
Agencies Notified	Type Notifi	cation				et Address 8 Huntin	gdon Pike		CAS.		\(\frac{1}{2}\)	i) ja		
DEP DOL	Amende Amendr		ıdina	_		State, Zip adowbro	Code ok, PA 19046		7	57	O)	-		
DOH DCA	justifica	ation)	Juling		100000000000000000000000000000000000000	e of Conta Dempste	15G	-	Telephone Num	ber				
	L			_			FORMATION						_	
Name of Facility Where A		Taking P	lace	(3)				Type of Facility	3.35					
Street Address 352-362 Union Aver	nue							Subchapter	8 (Other than K-1 2 private & commercia		dings	,		
City (5) Elizabeth								Square Feet 19,500	# of Floors	Bldg. Age				
County (6) Union						inty Code ONLY)	(7) (STATE	Current Use (P Offices	rior if being demolis	shed)				
Name of Monitoring Firm (8) Langan Engineering	- 17	7.		1	ASCM No. Name of Abatement Contractor (9) N/A Valiant Associates, LLC									
Street Address	& Environme	mai Servio	ces		IN/A		Street Address					-		
619 River Drive Cer	nter 1						145 Mill Stre	et						
City, State, Zip Code Elmwood Park, NJ 0	7407						City, State, Zip C Paterson, N							
Project Manager for Mon	itoring Firm		T	Tele	phone	No.	Telephone No.		License No.					
Vijay Patel						-6900	973-553-53		01108					
Start Date (10) 1/27/2014		Schedule 2/28/2			tion Da	ate (11)	Name of OSHA N Valiant Asso							
Occupancy Status During		00.000		1000000			Street Address							
Facility Closed/Vacate Abatement Performed					100000000000000000000000000000000000000		145 Mill Stre							
Other - Describe:	Outside of N	voimai ra	Cirity	riou	15		City, State, Zip C Paterson, NJ							
Scope of Work (Check al	ll that apply)		20										_	
>3 sf or >3 lf >160 sf or >260 lf		X		novat			☐ Mini-End ☐ Goveba	g Procedure						
			Is Lo	ocatio	n	Г	X Non-Ex	empted (*) and	Non-Friable Proce		bate	ment		
Location	of.	11		rmally Solel			Description of				Тур	oe		
Asbestos-Containing M	aterial (ACM)		Maint	enan	ce/		tos Containing Mate	erial (ACM)	Amount			Ē	_	
TO BE ABAT IN Facility				stodia aff?	11	(i.e.	 thermal systems in surfacing, VAT, 	or	(Specify SF or LF)	Rem	Re	псар	Enclo	
(13)		-		12)			other miscellaneo	us)		Removal	Repair	Encapsulate	Enclosure	
See Attached		Ye	es	No	N/A					-				
Joo Milacited		_	+	-	-					-			_	
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Name of Registered Was	te Hauler			100000	JDEP 1		Cubic Yards	Name of Regi	stered Landfill			-		
Service Transport Gr	oup			- H	auler II 20990) No.	of Waste 50	Minerva La	ındfill				_	
City, State New Castle, DE							Disposal Date 2/28/2014	City, State Waynesbur	g, OH					
Completed By Title							I Signature	A	· Date					
Miodrag Stamenovic		Projec	t Ma	anag	er		Moisols	or coan	uen bondo	114				

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l du	alth & Senior Service (stypicatore) Sley Time: 24	MOL	(Pasi	KIN OF Eart to N	n nëw jer Aspesto UAC 8:60 :	ea as It boo	2:120)		2014 15	JAN	23	\$#_{\bar{\alpha}}	36)	9_	
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1/15/14	Type Nutitication		Shr	ed Addr	553			1	· · · · · · · · · · · · · · · · · · ·	25%	6	360			
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S DOF	Amendment#_ Z Emergency (inc	lucing.	Ne	me of G	MSEY,	N	<u> </u>	17.0		Tele	name Numbe	5.7		77.00	-
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I DON				FACELI	YINFORD	UFFA	N	Typeoff	acility (4)			-			7
Venie of Facility Where Al		තියස (3)				18	1	ry Pake	ME 18.420						1
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Street Address 34 S.	CENTLAL	AUE_						elc.)		Floors	-	Age		-
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County (E)			C	ounty Co TATE US	eomino "			1 (LES 100	חנה	AC -				_
Neure of Monitoring From	Hired by Building On	mer (8)		ASCM	ND.		Name A. M	of Abalian AC Contra	ent Contr cling lac	actor (9)				
Street Address							Shee	Address Lowell Roa	ed.						
								State, Zip (7
City, State, Zin Gode							Gler	Rock, NJ	07452		Licente No.			ial-wel-	ᅱ
Project Manager for Won	ining Firm	T. Carlotte		Telephi	one No.		Telep 201	hone No. 1-262-5841			00158	<u> </u>			\dashv
Start Date (10) , / /6 /	V I	Scheduled	Gong	oletion D	ate (11)		Natural	of OSHA nega Envir	onnental Monitor	Service	es Inc.	-			_
	at-A-mont/Char	k Only One	2)	1			Street	Address Høyer Sin	മല്				AV		
Company Status Multi- EX Facility Closed/Vaca D Abelement Perions D Other-Describe:	aled During Edice P ed Outside of Norma	eriod of Ab of Facility H	alene lous	nt	<u> </u>	_	City, Mac	Status, Zip kensack, l	Code U 07606						
Scope of Work (Credit	All Thet Apply)			W-V							Alexandra Sa	-			
cx es es or 23 lf		DE DE	norski norski	OTI				TI Milei-E	nciosure		Negative Pri	3000			
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TO BE A	SATED	Cush	odial S	STATES .	. (ger.	incari sun	arsysic Seize	nis insulati /AT, or izneous)	u.,		SF or LF)	Reprove	Repair Television	L L	Engpanta
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	1 - 1-1-1-1-1-1-1-1					IAL	ic Yard	<u>, '' ''</u>	Nament	Regis	tered Landfill		3	£	- Lame
Name of Registered W	este Hanter		11	WDEP V Souter ID			losta Josta (9	1		ehem Landill				
Revie Transport		<u> </u>		20785		100	need D	alba	Calle Sta	b. 76	Code				
City, State, Zip Code Streetme, NJ 07427	CONTRACTOR		24				1/16	14	Beihleh	om, P	A 18015	late	7	,	
Completed by		Title	dions	1			Signa		Josali	(i)		1	15	14	
Joseph Vocaturo								7							
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State of New Jersey

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Dat	e of Notification (1)	-				ilding Owr	ner/Operati nc.	or (2)			Ġ.	600	ن `	D/s	ς (3	
Age	encies Notified	Type Notification		Str	reet Addr							CA	6	~	2		
×	EPA	Initial Amended		1		Zip Code							0	0,	-C		
×	DEP DOL	Amendment #		N	orth Be	ergen, N	J. 07047	,					·	<u> </u>			_
	DOH	Emergency (i justification)	ncluding		ame of Co		_				Leler	hone N	Milmbe				
×	DCA	Cancellation		(Tabord	The second second										
No	me of Escility Where	Abatement is Taking	Place (3)		FACILII	TINFOR	MATION	Ту	pe of F	acility (4)	1						
	ason Davis	Abatomont is 1 and 3	, , ,						Sch	ool (K-12))		(40)				
Str	eet Address							×		chapter 8 er (i.e. pri	(Other	comme	ercial b	uildin	gs, h	omes	,
1	405-07 6th Stree	t							etc.)		Floors			g. Ag		-
	y (5)	270.47							quare i 10	-eet		SEME	NT	18		70 1	
389	orth Bergen, NJ.	07047		To	ounty Co	de (7)				Use (Prior	if bein	g demo	olished)			
93333	unty (6) ludson			(5	STATE US	E ONLY)											
		m Hired by Building	Owner (8)	1	ASCM N	No.				nent Cont							
100	I/A									TRUCT	ION L	LC	-				==
St	reet Address							n12 F		DWAY	AV. 2						
							3.25	ty, Stat				-					
Ci	ty, State, Zip Code						V	VEST	NEV	V YORK	, NEV	V JEF	SEY	070	93		
Pr	oject Manager for M	onitoring Firm	*	T	elephone	e No.		lephon				Licens					
	ojoot manag	_						01-29				0121	U				
1000	art Date (10)		Scheduled		pletion D	ate (11)				Monitor Consultin	na LLO	3					
)1/15/2014		01/16/2					reet Ac			·9						
0		ing Abatement (Che								Eadt S	uit 10	7					
×	Facility Closed/Vi Abatement Perfo Other – Describe	acated During Entire med Outside of Non :	mal Facility	Hours	eni			ity, Sta		Code 07083							
-	cope of Work (Check																
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L									Non-	-Exemple	u () ar	u Noir	Habit		Abate	ment	
			1000	Locati ormal	20014		Descri	iption o	o.f					_	Ту	ре	_
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-			-														
1	Name of Registered	Waste Hauler			NJDEP W		Cubic Ya			Name of	f Regis	tered L	andfill				
- 1	SAN TON SERV			- 1	Hauler ID 22430	NO.	of Waste	3				9					
	City, State KEN I WORTH, I						Disposa	l Date		City, Sta	ate						
	Completed by		Title				Sig	nature)				Da	te 1/13	/201	4	

PRESIDENT

01/13/2014

Print Form

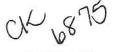
LETICIA TORRES

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2014-02

RE.	0~	
100	V.F.A	
	Check #536/	

2/07/2013						2016	1800 -				1991	
Date of Notification (1)	Nar	ne of Buildin	g Owner/0	Operator (2)		7017	JAN 23 PH	2: 31				
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Agencies Notified Type Notification	1	et Address	,			d	E LICENSING	์สิกเ				
☐ EPA Initial		-11 Berda		ie			- IOT WOLVE					
DEP DEP		, State, Zip		40								
DOL Amendm	11 -	air Lawn,		10			Telephone	Number			-	-
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☐ DCA ☐ Cancella	uon _	Kim & Ric	k Algera					-	_			_
			FACILI	TY INFORMA	TION		_					
Name of facility where abatement is	taking plac	e (3)					Type of Facility (4	+) (K - 12)				
Kim & Rick Algera							Subcha	apter 8 (Ot	ner tha	ın K-1	2)	
Street Address			_==				Other (Private/Co Homes, etc	mmer	ial		
9-11 Berdan Avenue							The second secon	# of Floors	_	Bldg	. Age	
	Count	v (6)		$\overline{}$	County	/ Code (7)						
City (5) Fair Lawn						use only)	Current Use (P	rior if being	demo	lished	i)	
0.00		rgen				(1)	residential					_
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		lame of Abatemen						
N/A						B & G Restorat	non, Inc.					_
Street Address		4771-00.			119	105 Ryerson R	oad					
					— c	ity, State, Zip Cod						
City, State, Zip Code					.	Lincoln Park,						
Project Manager for Monitoring Firm	1	Phor	ne Numbe	r	— _T	elephone Number		License	Numb	er		
1 Toject Managor To: Managor			#.			973-696-6869		0378		_	_	
Scheduled Start Date (10)	Sched.	Completion	Date (11)			Name of OSHA Mo B & G Restora						
01/30/2014	01/	31/2014			1 3	Street Address	aron, area					
Occupancy Status During Abateme	nt (Check o	nly one)				105 Ryerson R	Road					
Facility closed/vacated during	entire perio	d of abatem	ent.			City, State, Zip Coo	de					
Abatement performed outside	e of normal f	acility hours	•		_11	r: 1 Dele	NII 07025					34
Other-Describe:					<u>- 11</u>	Lincoln Park,	NJ 07033	□ wrap	& cu		_	=
Scope of Work (check all that app	ly)				ь а -	" O t - : t t	negative pressure	Glove			re	
☐ Demolition ☑	Si .				1	ini-enclosure	negative process	☐ Non-f				
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$						III-ericiosare	-T		R	R	E	E
Location of	ls location	n normally usenance/custo	sea solely odial		on of ac	bestos-containing	Amount		e m	e p	n	n
asbestos-containing material to be	staff(12)			material	(ACM)	bestos-comenting	(Specify LF)	SF or	0	a	a	C
abated in facility (13)	Yes	No	N/A				1 /		v e	<u> </u>	Р	1
1 - 1	-		X	VAT			180 SF			닏	닏	#
Laundry room Basement main room			X	VAT			440 SF		M	뷔	片	쓔
Dasement main room									井	片	片	쓔
									묶	片	片	卄
				ubic Yards of	Maste	Name of Registe	ered Landfill		14	الل	1-	1
Registered Waste Hauler		EP Hauler II 563	D# C	cubic Yards of 6 1/2	vvasie.	Tullytown Re	source & Recover	y Center				
B & G Restoration, Inc. City, State			Disposal I			City, State						
Lincoln Park, NJ 07035			02/0	3/2014		Tullytown, P		Date				
Completed by (Print or Type) Title Signature						Gordana Lun	a	01/1	6/201	4		
Gordana Luna	Secreta	ry/Treasure	ı									



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

0. 00					tion of Asb				~				
Paragon Job#			(P	ursuant	to NJAC 8:	60-7 a	nd 12:120-7)		Pen.				
								0.	^	11,			
			(B 11)	_	·(O			2874	/A .		7		
Date of Notification (1		Na	me of Buildi	ng Owne	r/Operator (2)				7.N 22				
$\frac{0}{1} / \frac{1}{5}$			hurch of S	acred H	eart			45.	10 b	he in			
	Type Notification	Stre	et Address	-				2014 J	100 .		31		
□ EPA □	Initial	1	71 Clifton	Ave.				- 4/	CFI, COA	170			
☑ DEP	Amendme		, State, Zip						NA/C.	inu	1		
DOL /	— Amendment# —		Newark, N							102	•		
	Emergency (in		ne of Conta						ne Number			-	
M DOH L	justification)	INAI	ne or Conta	Cl				1					
☐ DCA [Cancellati	on	Chris Tom	lan					-				
			*40	FACII	ITY INFORMA	ATION							
				17101	in in the order			Type of Facility	(4)				
Name of facility whe	re abatement is	taking plac	e (3)				1	Scho	ol (K - 12)				
Main School Sou	th Cido of the	Duilding	Boiler Boo	om			1		hapter 8 (Ot	her the	an K-	12)	
	im side of the	Dunuing .	Bollet Roc	<i></i>					(Private/Co			12)	
Street Address								Bldgs	/Homes, etc	5.			
1060-1066 South	h Orange Aven	ue						Square Feet	# of Floors		Bld	g. Ag	e
City (5)		Count	y (6)			Count	y Code (7)	16,000 sf	03		50		
						(State	use only)	Current Use (I	Prior if being	demo	olishe	d)	
Newark		Esse	X				• "	School					
Name of Monitoring	Firm Hired by Bl	dg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)					
Whitman Compa	nies				00110		Paragon Contrac	cting, Inc.					
Street Address	ines					-	Street Address		,				
7 Pleasant Hill R	. d					- 11	590 River Rd.						
City, State, Zip Code						-	ity, State, Zip Code						
							Clifton, NJ 070	14					
Cranbury, NJ 08 Project Manager for			I Pho	ne Numb	er	— -	elephone Number		License	Numb	er		
Project Manager for	Monitoring Firm						(973) 614-1600	0	00748				
Kevin Lovely				2-390-58		_	Name of OSHA Mo						
Scheduled Start Date	e (10)	Sched.	Completion	Date (1)		Paragon Contra	cting, Inc.					
01/24/2014		01/28	/2014			11:	Street Address	<u>U</u>		-			
Occupancy Status D	uring Abatement						590 River Rd.						
☐ Facility closed	/vacated during e	entire perio	d of abatem	nent.		1	City, State, Zip Code	e					
Abatement pe Describe: Wo	rformed outside	of normal f	acility hours	-									
Describe: Wo	ork to be performe	d after 5:00	PM			-11	Clifton, NJ 070)14					
Other-Describ											185		
Scope of Work (che						По	ıll Containment w/n	ogative pressure	☑ Gloveb	25 50	acedi	ITA	
Demolition	\boxtimes	Renovatio	n					20 <u>5</u> 18-77		•			a dura
\boxtimes >3 sf or >3 If		≥160 sf or	≥260 If			X M	ini-enclosure	Mon-Exe	empted (")	NON-II	lable	_	June
Location of			normally u		/	211-1-3		1940-0-00-00-00		e e	R	E n	E
asbestos-con	taining	by mainte staff(12)	nance/custo	odial			bestos-containing	Amount (Specify		m	p	c	n
material to be abated in faci	·	-		Ī	material	(ACM)		LF)	31 01	O V	a	а	L
abated in faci	lity (13)	Yes	No	N/A						e	r	р	
Basement Boiler Roo	m (2 tents)	X			Pipe Elboy	WS		8 EA		X			
1st Floor Office	III (2 telits)			X	VAT follo	wing w	all demo	10 SF					
1001 011100					1								
					1								
*					1					In		П	
Registered Waste H	auler	INID	P Hauler II)# 1 (Subic Yards of	Waste	Name of Registere	ed Landfill				_	
Paragon Contrac		221			1 cyds		Tullytown/GR						
City, State				Disposal			City, State						
Clifton, NJ 0701	14			TBD			Tullytown, PA	Λ					
Completed by (Print		Title			Signature	//	1.		Date				
Goran Lazevski	Common and Common National Common Com	Presiden	t		. /	4 -		5	01/15/	2014			

No check

MAY 11

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

Date of Notification (1)		Name of Building Owner/Operator (2)										
/	14		Verizon Street Address 621 william Street City, State, Zip Code									
Agencies Notified Type Notific	cation		Street	Address				00				
☑ EPA ☐ Initial			621	william S	Street			王二	5	•		
☑ DOLWD ☑ Amende			City, S	tate, Zip C	ode				- 6	n		
□ DHSS Amendn			Eas	t Orange	, NJ 07017			-				
☑ DCA		ng	Land British	of Contact			Telephone N	lumber				
☐ Cancella			Alex	x Baylor								
			FAC	CILITY IN	FORMATION			(IIII)				
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)					
Verizon						School (K-12						
Street Address						Subchapter 8						
621 William Street						Other (i.e., property) homes, etc.)		nmercial bu	ııldıngs	•		
City (5)						Square Feet	# of Floors	BI	dg. Age	•		
East Orange NJ						15000	2		75			
County (6)			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being der	nolished)				
Bergen												
Name of Monitoring Firm Hired by Bui	ilding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
TTI Environmental, Inc.	N. 1 (A. C. 242)	5744	15	JVN Restora	tion Inc							
Street Address				Street Address								
1253 North Church Street				47 Foster Ro	ad							
City, State, Zip Code					City, State, Zip Co							
Moorestown, NJ					Staten Island							
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No	ο.				
Harold Balwin		- 8	56-840	-8800	718-605-6256	i i						
Start Date (10)	Scheduled	Comple	tion Da	te (11)	Name of OSHA N							
1/_13_/_14_	1	/ _1	5_/_	14	Testor Tech							
Occupancy Status During Abatement	(Check onl	y one)			Street Address			***************************************		1		
☐ Facility Closed/Vacated During En					10 59 Jackso	n Avenue						
Abatement Performed Outside of N				cribe	City, State, Zip Co	ode						
Time of Abatement: 9:00AM-7:00	JP 101/	.FIVI	AIVI		LIC, NY 1110	1						
Scope of Work (Check all that apply)					□ Eull Con	tainment with Neg	rativa Praccur	•				
☐ >3 sf or >3 lf		Renovat	ion		☐ Mini-End		Jauve Flessur	е				
⊠ ≥160 sf or ≥260 lf		Demoliti	on			g Procedure	. Friekle Des					
	-	Is Loca	tion		⊠ Non-Exe	mpted (*) and No	n-Friable Proc			. t. T		
Location of		Norma			Description of	of			T T	nt Type		
Asbestos-Containing Material (AC		sed Sol			stos Containing Ma	iterial (ACM)	Amount	Ren	Repair	Enc Enc		
TO BE ABATED IN Facility	1.0	/laintena ustodial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF		ar	Enclosure		
(13)		(12)		1	other miscellane		01 01 21	/ =		Enclosure Encapsulate		
	Ye	s No	N/A									
Basement Power Room		\boxtimes		VAT/Ma	stic		1,650 S	F ⊠				
					1 2							
									П			
Name of Registered Waste Hauler			NJDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill					
Global Waste Industries Inc		322	Hauler II	D No.	Waste	G.R.O.W.S						
			NJ-22	2171	9 Disposal/Date /	City, State				~		
City, State					1/15/14	Morrisville	ΡΔ		41			
Hackettstown, NJ	Title					/ worksville	, , ,	I Detal	+			
Completed By (Print or Type)	r	6		Signature	1 do 1		Date	114				
John Tardy	or Proje	ect Ivia	nager	1/2/0	may		1/10/17					
ASB-41									510			

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

		13	Name of Building Owner/Operator (2) Verizon									
Agencies Notified	Type Notifica	ation		Stree	t Address				5	_	. 11	1
☑ EPA	Initial			62	1 william	Street		کتر	17:	Z	1	4
☑ DOLWD ☑ DHSS	☐ Amended			City,	State, Zip	Code				3		
☑ DHSS ☑ DCA	Amendme		-			e, NJ 07017		. 3	12.00	~)	4.5
(NJAC 5:23-8)	justification		g		of Contac			Telephone N	limber	- 3	-	
	☐ Cancellat	915.1.1.4		Ale	x Baylor			reiephone iv	adilined)	. 1	₩.	
E / X E / Y =	- 32 1.		-	FA	CILITY IN	NFORMATION	· · · · · · · · · · · · · · · · · · ·			50	0	
Name of Facility Where	Abatement is T	Taking Plac	e (3)			OKMATION	Type of Facility	(4)		4		
Verizon						_ 3-2	School (K-1)	•				
Street Address			-				☐ Subchapter	8 (Other than K	(-12)			
621 William Street	t				,		Other (i.e., phomes, etc.)	orivate and com	mercial	buildin	gs,	
City (5)		1					Square Feet	# of Floors		Bldg. /	100	_
East Orange NJ				(4)			15000	2		75	-ye	
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)		1 T	aglichae			_
Bergen					, (.	Nonne doe onen	Ourient ose (F)	ior ii being den	IOIISHEO	')		
lame of Monitoring Firm	m Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
TTI Environmental			`	574	45	JVN Restora		k es				
Street Address				Street Address						-		
1253 North Church			55	47 Foster Ro	ad							
ity, State, Zip Code			-			City, State, Zip Co						
Moorestown, NJ												
roject Manager for Mor	nitoring Firm		Tele	phone	No	Staten Island Telephone No.						_
Harold Balwin				56-840		718-605-6256						
tart Date (10)	S	Scheduled C	Comple	tion Da	ite (11)	Name of OSHA M	00114					_
20 Jan 19												
_1 / _13 /	14	2 /	24				ionitoi					
		2 /	of the same of the			Testor Tech						
Occupancy Status Durin	ng Abatement (C	Check only	one)	<u> </u>		Testor Tech Street Address				-		_
Occupancy Status Durin Facility Closed/Vacat Abatement Performe	ng Abatement (Cotted During Entired Outside of No	Check only re Period of ormal Facilit	one) Abate	ment	14	Testor Tech Street Address 10 59 Jackso	n Avenue					_
Occupancy Status Durin Facility Closed/Vacat	ng Abatement (Cotted During Entired Outside of No	Check only re Period of ormal Facilit	one) Abate	ment	14	Testor Tech Street Address 10 59 Jackso City, State, Zip Co	n Avenue		1			_
Occupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement:	ng Abatement (O ted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit	one) Abate	ment	14	Testor Tech Street Address 10 59 Jackso	n Avenue		22			_
Decupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: § Scope of Work (Check a	ng Abatement (O ted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit	one) Abate y Hou	ment rs - Des AM	14	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110	n Avenue ode 1	gative Pressure				
Decupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Scope of Work (Check a	ng Abatement (O ted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit PM/P	one) Abate by Hour	ment rs - Des AM	14	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110	n Avenue ode 1 tainment with Neglosure	gative Pressure				
Cocupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: cope of Work (Check a	ng Abatement (O ted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit PM/P	one) Abate y Hou	ment rs - Des AM	14	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110	n Avenue ode 1 cainment with Neglosure g Procedure					
Decupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: § Geope of Work (Check a	ng Abatement (O ted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit PM/P	Abate y Hour M	ment rs - DesAM ion on	14	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110	n Avenue ode 1 tainment with Neglosure		edure	Abatem	nent 1	
Occupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit PM/P	Abate y Hour M enovati emolitic s Local	ment rs - Des AM ion on	14 scribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe	n Avenue nde 1 cainment with Neglosure g Procedure mpted (*) and No		edure	Abatem	T -	-
Ccupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: \$ Cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P	Check only re Period of ormal Facilit M/P Re De	Abate y Hour M enovati emolitic s Local Norma ed Sole intena	ment rs - DesAM ion ion illy ely by ince/	14 scribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exer Description o	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No	n-Friable Proce	edure		T -	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 23 sf or 23 lf 2160 sf or 2260 lf Location Asbestos-Containing TO BE AB/ IN Facil	ng Abatement (Coted During Entired Outside of No. 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only re Period of ormal Facilit M/P Re De	Abate by House M- enovate molitic S Local Norma ed Sole intena	ment rs - DesAM ion ion illy ely by ince/	14 scribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exer Description o stos Containing Ma thermal systems is surfacing, VAT,	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	n-Friable Proce	edure		T -	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 3 sf or 3 lf 1 160 sf or 260 lf Location Asbestos-Containing TO BE AB/	ng Abatement (Coted During Entired Outside of No. 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only re Period of ormal Facilit M/P Re De	Abate by House movate enovate enovate sologia Norma ed Solo intena todial (12)	ment rs - Des _AM ion on lition illy elly by ince/ Staff?	14 scribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Glovebag Non-Exer Description o stos Containing Ma	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	n-Friable Proce	edure		t Encapsulate	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 23 sf or 23 lf 2 160 sf or 260 lf Location Asbestos-Containing TO BE AB/ IN Facil (13)	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only re Period of ormal Facilit PM/P Re De Is Use Ma Cus Yes	Abate by House enovati emolitic s Locat Norma ed Sole intena todial (12)	ment rs - Des AM ion ion illy ly by ince/ Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	edure	Repair	Encapsulate	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 23 sf or 23 lf 3 2160 sf or 2260 lf Location Asbestos-Containing TO BE AB/ IN Facil (13)	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only re Period of ormal Facilit PM/P Re De Use Ma Cus Yes	Abate by Hour M- enovati emolitic S Locat Norma ed Sole intena itodial (12) No	ment rs - Des AM dion on lly ely by ince/ Staff?	14 scribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	n-Friable Proce	edure	Repair	T -	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 23 sf or 23 lf 2160 sf or 2260 lf Location Asbestos-Containing TO BE AB/ IN Facil (13)	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only re Period of ormal Facilit PM/P Re De Is Use Ma Cus Yes	Abate by House enovati emolitic s Locat Norma ed Sole intena todial (12)	ment rs - Des AM ion ion illy ly by ince/ Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	edure	Repair	Encapsulate	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 23 sf or 23 lf 3 2160 sf or 2260 lf Location Asbestos-Containing TO BE AB/ IN Facil (13)	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only re Period of ormal Facilit PM/P Re De Use Ma Cus Yes	Abate by Hour M- enovati emolitic S Locat Norma ed Sole intena itodial (12) No	ment rs - Des AM dion on lly ely by ince/ Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	edure	Repair	Encapsulate	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 23 sf or 23 lf 2 160 sf or 260 lf Location Asbestos-Containing TO BE AB/ IN Facil (13)	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P all that apply) n of Material (ACM) ATED lity	Check only the Period of ormal Facility PM/P Record	Abate by Hour M- enovati emolitic S Locat Norma ed Sole intena itodial (12) No	ment rs - Des AM ion on tion llly by ince/Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue nde 1 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	edure /	Repair	Encapsulate	-
Cocupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement: Cope of Work (Check a 3 23 sf or 23 if 2 160 sf or 260 if Location Asbestos-Containing TO BE AB/ IN Facil (13) asement Power Ro	ng Abatement (Coted During Entired Outside of No. 9:00AM-7:00P) all that apply) an of Material (ACM) ATED lity	Check only the Period of Ormal Facility PM/P Record	enovatiemolitical School (12)	ment rs - Des AM ion on lition llly elly by ince/ Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exer Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue ode 1 sainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	edure	Repair	Encapsulate	-
Cocupancy Status Durin Facility Closed/Vacate Abatement Performer Time of Abatement: Cope of Work (Check a 3 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB/ IN Facil (13) asement Power Ro	ng Abatement (Coted During Entired Outside of No. 9:00AM-7:00P all that apply) In of Material (ACM) ATED lity Ste Hauler	Check only the Period of ormal Facility PM/P Record	Abate by Hourish enovati enova	ment rs - Des AM ion on tion llly by ince/Staff?	Asbe (i.e	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description o stos Containing Ma thermal systems i surfacing, VAT, other miscellane	n Avenue ode 1 sainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) Name of Regis	Amount (Specify SF or LF) 1,650 SF	edure /	Repair	Encapsulate	-
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Deccupancy Status Durin ☐ Facility Closed/Vacat ☐ Abatement Performer Time of Abatement: ☐ Scope of Work (Check a ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location ☐ Asbestos-Containing ☐ DE AB/ ☐ IN Facil ☐ (13) ☐ Sasement Power Ro ☐ ame of Registered Was ☐ Global Waste Indus ☐ ity, State ☐ Hackettstown, NJ	ng Abatement (Coted During Entired Outside of No 9:00AM-7:00P all that apply) In of Material (ACM) ATED lity Ste Hauler stries Inc	Check only re Period of ormal Facility PM/P Re De Use Mac Cus Yes	Abate by Hourish enovati enova	ment rs - Des AM ion on lily ely by ince/ Staff?	Asbe (i.e VAT/Ma	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Mau, thermal systems is surfacing, VAT, other miscellaneses Cubic Yards of Waste 5 Disposal, Date 2/24/14	n Avenue ode 1 sainment with Neglosure g Procedure mpted (*) and No feterial (ACM) insulation, or ous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 1,650 SF	edure /	Repair	Encapsulate	
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	4/14 pe Notification	n		f Building Ow Reich	ner / Operator (2))	& S/2	CONT. 14				
	pe Notification		Street A				4/00	60 16				
gencies Notified	V Emor	gency Notification		aritan Roa	d		-CA	SAM				
X EPA		Notification		ate & Zip Coo				TARROL				
X DEP	111111011			Plains, NJ				4 -7				
X DOL		ded Notification		f Contact	01010			Telephone Number				
X DOH	Cance	ellation					,					
DCA				Reich								
			FAC	ILITY INFO								
lame of Facility Wh	nere Abateme	ent is Taking Plac	e (3)		Type of Facility School (K-1							
	Re	esidence				8 (Other than	K-12)					
					Subchapter	princto & com	mercial huildir	ngs, homes, etc.				
	2090 F	Raritan Road			X Other (i.e.,	private & com	merciai ballali	Bldg. Age				
					Square Feet	# of Floor		60				
City (5)		County (6)	County Co	ode (7)	2,500		2	00				
Scotch P	aine	Union	per-servace an		Current Use (Prior if being demolished)							
SCOLUII PI	ailiə				Home							
Name of Monitoring	Firm Hired b	y Building Owne	r (8)	ASCM No.	Name of Abater Global Abate	ment Contract	or (9) es, LLC					
					Street Address							
Street Address					443 Schoolho	ouse Road						
	-1-				City, State & Zi			7.				
City, State & Zip Co	ode				Monroe Town	nship, NJ 08	831	28 E				
	- Manitorina [Firm F	Telephone	Number	Telephone Nun		License					
Project Manager fo	i wonitoring i	11111	Ciopilolic		732-605-9062			00714				
	1- (40)	Scheduled Com	olation Date	2 (11)	Name of OSHA							
Scheduled Start Da 1/15/1	,		1/16/14	- (11)	Global Abate	ment Service	es, LLC					
Occupancy Status	During Abate	ment (Check onl	y one)		Street Address							
X Facility Clo	sed/Vacated	During Entire Pe	riod of Aba	tement	443 Schoolh							
Abatement	Performed C	outside of Norma	Facility Ho	ours -	City, State & Zi	p Code						
Describe:	Area leals	ted During Ab	atement		Monroe Tow	nship, NJ 08	3831					
Other - De	Alea ISUIA	ited During As										
Scope of Work (neck all that a	ppiy)	n.		Full	Containment	with Negative	Pressure				
		X Renovation	n			i-Enclosure						
Demolition						vebag Proced	lure					
Demolition Large Proj												
Demolition Large Proj Quantity is	≥ 3 SF or ≥	3 LF ACM					hle					
Demolition Large Proj Quantity is	≥ 3 SF or ≥	3 LF ACM ≥ 260 LF ACM			X Oth	er: Non-fria		Abatement Type				
Demolition Large Proj Quantity is X Quantity is	 ≥ 3 SF or ≥ ≥ 160 SF or Location of 	≥ 260 LF ACM	Is Locat		X Oth Description	er: Non-fria	Amount	Abatement Type (Specify: Removal,				
Demolition Large Proj Quantity is X Quantity is	s ≥ 3 SF or ≥ s ≥ 160 SF or	≥ 260 LF ACM	Normally I	Jsed	X Oth Description Asbestos-Conta	er: Non-fria of aining	Amount (Specify	(Specify: Removal,				
Demolition Large Proj Quantity is X Quantity is Asbe	$s \ge 3$ SF or ≥ 160 SF or Location of stos-Containing aterial (ACM)	≥ 260 LF ACM	Normally Solely	Jsed by	Description Asbestos-Conta Material (AC	er: Non-fria of aining M)	Amount (Specify Square Feet	(Specify: Removal, Repair, Encapsulation				
Demolition Large Proj Quantity is X Quantity is Asbe	$6 \ge 3$ SF or $\ge 6 \ge 160$ SF or Location of stos-Containing	≥ 260 LF ACM	Normally Solely Maintenan	Jsed by ice or	Description Asbestos-Conta Material (AC (i.e., thermal sy	er: Non-fria of aining M) stems	Amount (Specify Square Feet or	(Specify: Removal,				
Demolition Large Proj Quantity is X Quantity is Asbe	$s \ge 3$ SF or ≥ 160 SF or Location of stos-Containing aterial (ACM)	≥ 260 LF ACM	Normally Solely Maintenan Custodial	Jsed by ice or	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci	er: Non-fria of aining M) stems ng, VAT	Amount (Specify Square Feet	(Specify: Removal, Repair, Encapsulation				
Demolition Large Proj Quantity is X Quantity is Asbe	s ≥ 3 SF or ≥ s ≥ 160 SF or Location of stos-Containi aterial (ACM) b BE ABATED	≥ 260 LF ACM	Normally Solely Maintenan	Jsed by ice or	Description Asbestos-Conta Material (AC (i.e., thermal sy	er: Non-fria of aining M) stems ng, VAT	Amount (Specify Square Feet or	(Specify: Removal, Repair, Encapsulation				
Demolition Large Proj Quantity is X Quantity is Asbe	s ≥ 3 SF or ≥ s ≥ 160 SF or Location of estos-Containi aterial (ACM) BE ABATED in Facility (13)	≥ 260 LF ACM	Normally Solely Maintenan Custodial (12)	Jsed by ice or Staff?	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella	er: Non-fria of aining M) stems ng, VAT neous)	Amount (Specify Square Feet or	(Specify: Removal, Repair, Encapsulation				
Demolition Large Proj Quantity is X Quantity is Asbe	s ≥ 3 SF or ≥ s ≥ 160 SF or Location of estos-Containi aterial (ACM) BE ABATED in Facility (13) Baseme	≥ 260 LF ACM	Normally Solely Maintenan Custodial (12)	Used by ice or Staff?	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella	er: Non-fria of aining M) stems ng, VAT neous)	Amount (Specify Square Feet or Linear Feet)	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair				
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Demolition Large Proj Quantity is X Quantity is Asbe M TC	s ≥ 3 SF or ≥ containing the store of the s	ng	Normally Solely Maintenan Custodial (12) N/A N/A	Jsed by ce or Staff? i	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella TSI Pipe TSI Pipe VAT	er: Non-fria of aining M) stems ng, VAT neous)	Amount (Specify Square Feet or Linear Feet) 15 LF 50 LF 500 SF Name of Reg	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair				
Demolition Large Proj Quantity is X Quantity is Asbe M TC	s ≥ 3 SF or ≥ containing the store of the s	ng	Normally Solely Maintenan Custodial (12) N/A N/A	Used by coe or Staff?	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella TSI Pipe TSI Pipe VAT D# Cu. Yds.	er: Non-fria of aining M) stems ng, VAT neous) of Waste 10	Amount (Specify Square Feet or Linear Feet) 15 LF 50 LF 500 SF Name of Reg TRRF	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair Removal				
Demolition Large Proj Quantity is X Quantity is Asbe M TC Name of Register Freehold Ca City, State	s ≥ 3 SF or ≥ 5 ≥ 160 SF or Location of Stos-Containing atterial (ACM) BE ABATED in Facility (13) Basement Basement Basement Ed Waste Hauntage	ng	Normally Solely Maintenan Custodial (12) N/A N/A	Jsed by ce or Staff? i	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella TSI Pipe TSI Pipe VAT D# Cu. Yds.	er: Non-fria of aining M) stems ng, VAT neous) of Waste 10 Date	Amount (Specify Square Feet or Linear Feet) 15 LF 50 LF 500 SF Name of Reg TRRF City, State	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair Removal Removal gistered Landfill				
Demolition Large Proj Quantity is X Quantity is Asbe M: TC Name of Register Freehold Ca City, State Freehold, N	s ≥ 3 SF or ≥ s ≥ 160 SF or Location of Stos-Containing atterial (ACM) BE ABATED in Facility (13) Basement Basement Basement But a story of the stos-Containing atterial (ACM) BE ABATED in Facility (13) Basement Basement Basement Basement Basement Basement	ent	Normally Solely Maintenan Custodial (12) N/A N/A	Jsed by ce or Staff? i	X Oth Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella TSI Pipe TSI Pipe VAT D# Cu. Yds. Disposal	er: Non-fria of aining M) stems ng, VAT neous) of Waste 10 Date /16/14	Amount (Specify Square Feet or Linear Feet) 15 LF 50 LF 500 SF Name of Reg TRRF	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair Removal Removal gistered Landfill				
Name of Register Freehold Ca City, State Freehold, N Completed By (Pi	s ≥ 3 SF or ≥ s ≥ 160 SF or Location of Stos-Containing atterial (ACM) BE ABATED in Facility (13) Basement Basement Basement Bayent	≥ 260 LF ACM ing ent Title	Normally Solely Maintenan Custodial (12) N/A N/A NJDEP Wa	Jsed by ice or Staff? aste Hauler II 18693	X Oth Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella TSI Pipe TSI Pipe VAT D# Cu. Yds. Disposal 1.	er: Non-fria of aining M) stems ng, VAT neous) of Waste 10 Date /16/14	Amount (Specify Square Feet or Linear Feet) 15 LF 50 LF 500 SF Name of Reg TRRF City, State Tullytown,	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair Removal Removal gistered Landfill				
Demolition Large Proj Quantity is X Quantity is Asbe M TC Name of Register Freehold Ca City, State Freehold, N	s ≥ 3 SF or ≥ s ≥ 160 SF or Location of Stos-Containing atterial (ACM) BE ABATED in Facility (13) Basement Basement Basement Bayent	≥ 260 LF ACM ing ent Title	Normally Solely Maintenan Custodial (12) N/A N/A	Jsed by ice or Staff? aste Hauler II 18693	X Oth Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella TSI Pipe TSI Pipe VAT D# Cu. Yds. Disposal 1.	er: Non-fria of aining M) stems ng, VAT neous) of Waste 10 Date /16/14	Amount (Specify Square Feet or Linear Feet) 15 LF 50 LF 500 SF Name of Reg TRRF City, State Tullytown,	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Repair Removal gistered Landfill Pa				

Noneak

Date of Notification (1)				Name of Building Owner/Operator (2) EV VON MIDDI Street Address 52 BY ACHAM STIPET City, State, Zip, Code CLASST MARK STIPET								
Agencies Notified	Type Notification			Chant		Stiret	- 1000 (7	412	The San)	
EPA DEP DOL DOH DCA	Initial Amended Amendment i Emergency (i justification) Cancellation	-	_ [City, Sta	ate, Zip Code (III MA) (Contact (IIII)	02149	Telephone Nu		~: Pa	(1)		
Name of Facility Where A	hatomost is Taking	Dines /3	1		LITY INFORMATION	Type of Facility	(4)					
Street Address / AWJ	ne Lubrica	2/100	mt	9.1	Plant	School (K-			dings	hom	65	
City (5)						Square Feet	# of Floors		ldg /			
County (6)	-					NIF	NA		Pije			
Hudson					Code (7) USE ONLY)	Current Use (Pr	rior if being demolis	hed)				
Name of Monitoring Firm				ASC		ame of Abatement Co	ontractor (9)	000400	1.			
ASSIT I usped	SXT Inspection Johnship Colored				7.	orra Aboute	MUNT SIUN	401	40			
Street Address	reel Address 123 N Fca RA POBOV ty, State, Zip Code					reet Address 5787 Stadi	1. arin	1				
City State 7 in Code	A 16.	COX	00	10								
O The All -	ton Nix	110	10		V	A A MA 7771	m1. 99	009				
Project Manager for Moni	itoring Firm	1176	-/	Telepho	ne No Te	ty, State, Zip Code ACAMA ZAU elephone No.	License N	Jo.				
					124	9-375-95	95					
Start Dale (10)	- 1	Schedule	ed Con	pletion	5 · /2/	10011111		!		-		
10-21-13-16)-22-13	9.30	2/5	s ²⁰	A	nacytical /	esting + Ca	2541	7 no	5 1/2	100	
Occupancy Status During					SI	reel Address	- 0		7			
Facility Closed/Vaca Abatement Performe Other – Describe:					Ci	ty State, Zip Code						
Scope of Work (Check Al	That Apply)			MINICESEE S		7						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		4	Renova Demolit			☐ Mini-Enclosu ☐ Glovebag Pro						
		Т.			T	- Non-Exemple	and Non-ina	Jie i io	1.00	emen	1	
Lacation	of	1	Locati Vormal		Descri	otion of			Ty	/pe		
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Ma	d Sole intenar todial S (12)	nce/	Asbestos Containi (i.e. thermal sys surfacing	ng Material (ACM) tems insulation, , VAT, or ellaneous)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A						F .		
Outdoor piping				X	thermal Siste	en Iwwation	51,8936	AX	1			
Warehouse				X	theemal Sister	a staculation	2,3976	AX				
Watchouse		-		X	Floorfile -M	Pastic - Caulk	35,755€	AX		ļ	<u> </u>	
Name of Registered Was	te Hauler	لـــــا	IN	JDEP V	Vaste Cubic Yar		f Registered Landfil			l	<u> </u>	
HAZMAT ENVIR		Gran	> H	auler ID		2 4196	Acres La	rd	+11	Z ^r		
City, State Profile Nigr					Disposal I	Date City, Sta	reart No	ン		-		
Completed by 4 Title					Signa	1 / / / /	, 10	ate	,			
Turon A.	n Tex	Dita	torn	Alset	mut Swices	Dugar	S.Mo(9,	/30	113		



Date of Notification (1)	Name of	Building Owner/Op	perator (2)					
Date of Notification (1)	14 Name of	Mich	1 \ 11-	van .			A	
Agencies Notified Type Notification	Street Ad	Idress 425	Facest	Road	20	2	1	H
☐ EPA ☐ Initial ☐ Amended Amendment #		ie, Zip Code Scotch	Diama	17 076	70	A	e ,	-
DOH Emergency (ir justification)			Tracas n	1 7-1	- F. A	<i>O</i>	ر٢.	1
□ DCA □ Cancellation		hae	Jullivan.	-			<u> </u>	19/
Name of Facility Where Abatement is Taking	Place (3)	III INI ONIMATI	Type of Facility (4)	<	(1)	(N)	. ાં
Street Address Family	Dwelling		School (K-12	2) 8 (Other than K-12)		-1	61	PO,
425 Forest	Road		Other (i.e. pretc.)	ivate & commercial				
Scotch Pla	ains NJ	07076	Square Feet	# of Floors	10000000	ig. Ag i 00		
County (6)	County (Code (7) USE ONLY)	Current Use (Prio	r if being demolishe	d)		,	
Name of Monitoring Firm Hired by Building O	_ 0	No.	Name of Abatement Con			-		\neg
Erc leennole	Sies	MA	Street Address	hnologi	es	4	n	6
P.O. Box 3	37		P.O. Box	337				
City, State, Zip Code	NZ 08	533	City State, Zip Code	TUN to	08	35	33	3
Project Manager for Monitoring Firm		758-3365	Telephone No. 366	License No.	3	9	4	
Start Date (10)	Scheduled Completion	Date (11)	Name of OSHA Monitor	_ (.),	į		•	
Occupancy Status During Abatement (Check	2-6-14 (Only One)		Street Address	nnologies	Lo	IC.		
Facility Closed/Vacated During Entire P			P.O. BOX	337				
☐ Abatement Performed Outside of Norm	al Facility Hours		City, State, Zip Code					
Other - Describe:			New Egypt	NJ O	85	33	3_	
Scope of Work (Check All That Apply)	Renovation		☐ Full Containme	ent with Negative Pr	essure	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Demolition	72 -	☐ Mini-Enclosure ☐ Glovebag Prod					
	1	T	□ Non-Exemple	() and Non-Friable		Abate		
Location of	Is Location Normally	De	escription of	7	<u></u>	Тур	oe T	_
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Con	taining Material (ACM)	Amount (Specify	20		En	m
TO BE ABATED In Facility	Custodial Staff? (12)	surfa	I systems insulation, acing, VAT, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		other	miscellaneous)		val	air	ulate	ure
	Yes No N/A			10 - 15				-
Basement/Crawlspa		Pipe 7	Insulation	120 LF	K			\dashv
								-
		-					1	-
			V-d- Name of	Registered Landfill		<u> </u>		
Name of Registered Waste Hauler	NJDEP \		acto			,	. 0	
EPC Technologie	\$ 170	000		te Managen	nent	ان ا	E 1	14
City State	NJ			risville F	A			
New Egypt Completed by	Title		Signature	Da	te /-/	8-	iv	
Steve Schenker	President		Steep Dele	oh 1	- /	ا " ق		

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te of Notification (1)			of Buildin	ng Owner/Oper	lo llent	ouc K	· · · · · · · · · · · · · · · · · · ·		2	70	
encies Notified Type Notification		Street	Address	446	Third	Sta	eet "	FR	_	4	1
EPA Initial Amended Amendment #		City, S	State, Zip	Dune	ller 1	TV	08812	,	Ü		4
DOL Emergency (Including justification) DCA Cancellation	ling	K	of Cont	e Hol	len back			1. 2		6	
DOA	ce (3)	FA	CILITY	INFORMATIO	Type of Fac	cility (4)		5	8	-0	•
Taking Plan	Dec	vell	ling			I (K-12) apter 8 (C	other than K-12) e & commercial bui	Idings	, hom	es,	
reel Address J446 Third	Sta	اد د ۲			etc.) Square Fe			Bldg.			1
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ounty (6) Middle Sex		(STA	TE USE	ONLY)	Name of Abateme	nt Contrac	ctor (9)				4
ame of Monitoring Firm Hired by Building Own	er (8)	A	SCM NO	A	EPC Street Address	rech	nologie	.\$	L	nL	
Street Address	7				P.O. B	ox 3	37		_		
city, State, Zip Code	v3	0	85	33	City State, Zip C	Syp	+ 1150	98	5.	33)
Project Manager for Monitaring Firm	10		ephone	No. 58-3365	Telephone No.	3365	License No.	3	95		
Start Date (10)	cheduled	Comple	etion Da	te (11)	Name of OSHA	Monitor	nologies	Inc			
Occupancy Status During Abatement (Check C	Jar Only One		1, 20	719	Street Address	Box					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	riod of Ab	patemer	nt-		City, State, Zip (Code		85	3	3	
Other - Describe: Scope of Work (Check All That Apply)		•				71	nt with Negative Pre	essure			
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Basement	X							-	-	-	+
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Agencies Notified	Type Notification		Street	Addre			ish !		Race	de or	/	A	41.	7
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D DCA	□ Cancellation		FA	CILIT	Y INFORMATIO	ON	3	÷÷	-				_	\exists
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County (6) Mide	desce				ONLY)	- ,	Single	e fai	mily	Durel		5		_
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Project Manager for Mo	shenker			ohone 97	No. 58-3365	609	one No. 758~	336	5	License No.	3	94	1	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

2014 AM 23 AM 11: 55 Name of Building Owner/Operator Date of Notification (1) Vincent Taconelli 1/17/2014 Street Address Notification Type Agencies Notified 15 Woodbine Avenue (X) Initial Notification (X) EPA City, State, Zip Code () Amended Certification Maple Shade, NJ 08052 (X) DEP () Cancelled (X) DOL ()DOH Name of Contact () DCA B. Taite FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) () Subchapter 8 (other than K-12) Un-named (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address # of Floors 1 27 West Main Street Sq. Feet 7,158 County Code (7) County (6) Bldg. Age 68 City (5) (State Use Only) Current Use (prior if being demolished)_ not in use **Burlington County** Maple Shade Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Neuber Environmental Services, Inc. Environmental Management International, Inc. Street Address Street Address 42 Ridge Road 34 East Germantown Pike City State, ZipCode City, State, Zip Code Phoenixville, PA 19460 East Norriton, PA 19401 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 610-933-4332 856-229-5369 Ray Giordano Name of OSHA Monitor Scheduled Completion Date (11) Environmental Management International, Inc. Scheduled Start Date (10) 2/3/2014 Street Address Occupancy Status During Abatement (Check only one) 34 East Germantown Pike (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code East Norriton, PA 19401 Describe Other -Describe Source of Work (Check all that apply) () Minor Proj. (<25 SF or <10 LF ACM) (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Glovebag Procedure () Full Containment with Negative Pressure (X) Mini-Enclosure Abatement Type Amount (Specify SF or LF) Description of ACM (i.e. Is Location Normally Used Location of Asbestosthermal systems insulation, Solely by Maint./Custodial Containing Material (ACM) in surfacing, VAT, or other Rep. Encap Enclose Rem. Staff? (12) Facility (13) miscell.) XXX YES 4,800 sf Floor tile and mastic XXX Main floor area Name of Reg. Landfill Cubic Yards of Waste NJDEP Waste Hauler ID # Western Berks Landfill Name of Reg. Waste Hauler 12838 Empire Wrecking Co. City, State Disp. Date Birdsboro, PA 1/2014 City, State Reading, PA Date Signature 1/16/2014 Completed by (Print or Type) Vice President Jeff LaRiviere C:\WORD\MYDOCS\ASBESTOS Telephone 609-984-6620 9/18/00 Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414



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/16/14 encies Notified Type Notification			reet Addre	ess rt Street		.,	다. 47/3	ECEIVE AMILE	5,5			
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county (6) Essex		(5	County Co	E ONLY)		Wareh e of Abater	ouse		500 50 			-0.57
lame of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	No.	Sta	nmark Co	ontractor	s, LLC				
Street Address					27	et Address Edsall Dr						_
City, State, Zip Code					Sus	State, Zip SSex, NJ	07461	11:	No			
Project Manager for Monitoring Firm		T	Telephone	e No.	973	phone No. 3-864-20		License 01137				
Start Date (10)	Scheduled 02/01/14		npletion D	ate (11)		ne of OSHA neriSci	Monitor	<i>*</i>				
01/27/14 Occupancy Status During Abatement (Che	eck Only One)				et Address 7 East 30		t				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Al	batem	nent s		City	, State, Zip ew York,	Code					20.50
Other – Describe:												
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				Mini	-Enclosure	edure				
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Outside of the building									-	+		+
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Wayne, NJ		Fitte Sign President A						nt	Date			

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lame of Monitoring Firm Hired by Building On	wner (8)	I	SCM N		Nam	e of Abatem	ent Contra	ctor (9)					
ENVIRONMENTAL TACTICS Street Address			0045		Stree	et Address WHITEH							
64 BROAD STREET					City	State, Zip C	Code						
City, State, Zip Code MATAWAN, NJ 07747		Tel	lephone	No.	Tele	UTH RIV		Li	cense No.				
Project Manager for Monitoring Firm TOM GEIGER	Scheduled	73	32-292	-2217	Non	2-432-835 ne of OSHA	Monitor)1111		-		
Start Date (10)	•	1/2	7/	14	UN	NIQUE SY	STEMS	OF AN	IERICA				_
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	k Only One) Period of Ab	atemer	nt		39	6 WHITE		VE.					_
Abatement Performed Outside of Norm Other – Describe:	al Facility F	lours	opeis	ilas onl	City SC	y, State, Zip OUTH RI\	/ER, NJ	08882					_
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City, State ELIZABETH, NJ		1				37	MORE	RISVILI	LE, PA	Date /	1.	. 7	,
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CK 034314

2014 JAN 23 AM 11. 32 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) Kamran Ali Street Address Type of Notification Agencies Notified 624 Maple avenue [X] EPA City, State, Zip Code [X] Initial DEP [] Teaneck NJ 07666 [] Amended [X] DOL Amendment# Emergency (including Name of Contact [X] DOH Justification) Esther Camaratte [] Cancellation [] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) [] Residence Subchapter 8 (Other than K-12) 1 1 Street Address Other (i.e., private & commercial [X] buildings, homes, etc.) 624 Maple Avenue Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Teaneck Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM J.R. Contracting & Environmental Consulting, Inc. Enviro Vision Consultants, Inc. Street Address Street Address 1141 Route 23 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Wayne NJ 07470 Fairlawn NJ 07410 License No. Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 973 628-9500 973-636-9145 Willie Morales Name of OSHA Monitor Scheduled Completion Date (11) Scheduled State Date (10) Enviro Vision Consultants, Inc. 0 1 2 7 0 1 2 4 / 1 Day Year Month Day Month Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code [] Abatement Performed Outside of Normal Facility Hours Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure Mini-Enclosure [X] Renovation Glovebag Procedure Demolition [X] [X] ≥ 3 sf or ≥ 3 lf [] Non-Exemted (*) and Non-Friable Procedure \geq 160 sf or \geq 260 lf Abatement Type E E Is N R N Description of Location C C E Amount Asbestos-Containing Normally T. Location of M E (Specify Material (ACM) Used 0 Asbestos - Containing SF or LF) 0 (i.e., thermal systems Solely by Material (ACM) v S insulation, surfacing, VAT, Maintenance / TO BE ABATED A U U or other miscellaneous) Custodial in Facility (13) L R R Staff (12) Yes No N/A 40 T.F pipe insulation Basement Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S 17819 J.R. Contracting & Environmental Consulting, Inc. City, State Disposal Date City, State Morrisville PA Wayne NJ 07470 Signature Title Completed by (Print or Type)

Project Manager

1/15/2014

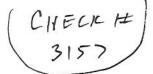
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	1	ASCM	No.				ment Con oration	tractor	(9)					
Street Address							Address McBrid	e Avenu	е						
City, State, Zip Code		*					State, Zip dland	Code Park, NJ	0742	4					
Project Manager for Monitoring Firm		T	elephon	e No.			hone No 641-82			License N 01104					
Start Date (10) 01/06/14	Scheduled 02/21/	/14						A Monitor nmental	r;						
Occupancy Status During Abatement (Che	ck Only One)						Addres	s e 22 Wes							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:			ent		_	City, S	State, Zi			3					
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Date of Notification (1) 12/27/13 Ck:295	6 \$200		Name of Building Owner/Operator (2) Infante Associates, Inc.												
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County (6) Bergen				County (STATE	Code (7) USE ONLY,				ent Use (Prior Dealership		ng demoli	shed)			
Name of Monitoring Firm Hir N/A	ed by Building	Owner (8)		ASC	И No.				atement Cont	ractor	(9)	T			
Street Address				-			Street	Addre		e			******		
City, State, Zip Code						-	City, S Woo	tate, i	Zip Code d Park, NJ	0742	4				
Project Manager for Monitori	ng Firm		T	Telepho	ne No.		Teleph 973-	none N	No.		License 01104	No.	- 33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		
Start Date (10) 01/06/14		Com	pletion	Date (11)		Name	of OS	SHA Monitor ronmental							
Occupancy Status During Ab	atement (Chec	k Only One)				Street								_
Facility Closed/Vacated	During Entire	Period of Ab	atem	tement 2333 Route 22											
Other – Describe:	Outside of Norn	nal Facility F	Hours	City, State, Zip Code Union, New Jersey 07083											
Scope of Work (Check All Th	at Apply)					-							-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CT COLORS	novat moliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Asbestos-Containing Mat <u>TO BE ABATE</u> In Facility (13)		Main Custo	tenan	lely by Asbestos Containing Mate (i.e. thermal systems ins					aterial (ACM) Amour insulation, (Speci			Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste H	lauler		N.	JDEP W	/aste	Cubi	bic Yards Name of Registered Landfill								
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City, State Woodland Park, New Je	ersey 07424	(A)	3			11000000	osal Date 4/14		City, State Morrisvill	e, Pe	ennsylva	ania			
Completed by Tatiana Kalenikova							Signature	-	- /	//		ate 2/27/	13		
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1/16/14	Manne of Building	NILAN	YTRYN	To Ap	20 6
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DEPA China		Name and Address of the Owner, where the Owner, which is the Owner, which		70	00
2700L Amendment #	Manne of Conta	et '	NJ. 076	Telephoto Hasib	\$ 100 E
B DCA B Camentation	MR. C	YTRYN			
	FACILITY III		Type of Facility (9	
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Stringt Address		30	FOR LA PR	(Chertha K-12) the & commonth	buildings,
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Project Manager for Managing Film Today	hone No	201-329-	7444 -	00388	
	Date (11)	Name of OSHA Omega En	Monitor Vironment	al Inc	9. * .
Company Status During Abstracts (Check only only)		Street Address 280 Huy			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)			Name of	Building C	enue (2)	1500	.,.				
	January 17, 2014			Street A	America		14.10.	80				
Agencies Notified	Type Notification			Sueel A	uuless	.1.	AN 22	50				
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DEP						رم	Corner	11.			_	-
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	Amende			Long B	ranch, NJ	07740	~4.77.17	φ_{α}				
⊠doh	Amendn			Name o	f Contact		(,	Telep	hone	Num	ber	
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					rate de to	FORMATION						
				FAC	ILITYIN	Type of Facility	(4)					_
Name of Facility Wh Bank of America	ere Abatement is T	Taking Pla	ace (3)			School (K-	·12)					
Street Address						Subchapte	er 8 (Other than k	(-12)				
25 Branchport Ave	nue					Other (i.e	e., private & cor	nmercial buildings,		e, etc	:.)	
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City (5)						1,700		1	-	48		
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				/7\		Bank						
County (6)			unty Code E ONLY _	(7)								
Monmouth Name of Monitoring	Firm Hired by Ruil				ASCM No	Name of Abate	ment Contractor	(9)	9)			
Environmental Tes	sting Consultants.	LLC	(•)			Synatech, Inc.						
Street Address					10	Street Address						
One Mall Drive, Su	ite 404					829 Radio Roa City, State & Zi						
City, State & Zip Co	ode					Little Egg Har	bor, NJ 08087					
Cherry Hill, NJ 080 Project Manager for	Monitoring Firm		Tele	ephone N	lumber	Telephone Nur	mber	License Numb		•		
Howard Zenobi		- contracts	856	-482-131	1	609-296-6916			00817		_	-
Scheduled Start Da	12.20 V (2.20 V)	cheduled	Completio			Name of OSHA Synatech, Inc.						
January 2	7, 2014	(Ob 1		ry 27, 20	14	Street Address						
Occupancy Status I	During Abatement osed/Vacated Durir	oneck of	my one) Period of A	batemer	nt	829 Radio Ros						
	t Performed Outsid					City, State & Z	ip Code					
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Scope of Work (Cit	eck all that apply/					\boxtimes	Full Containment	t with Negative Pressu	ıre			
	ı¢			Renovation	on		Mini-Enclosure					
≥3 sf or ≥ 50 × >160 sf or >			=	Demolitio		=	Glovebag Proced	dure				
2100 St 0f 2	200 11					\boxtimes	Non-Exempted(*) and Non-Friable Pro				
	ocation of		Is Location	on Norma	ally Used	Description			Ab	atem	ent 7	Type
	ntaining Material (A	CM)	Solely b	y Mainter	nance or	Asbestos-Co		Amount (Specify SF or LF)	1			
TO	BE ABATED		Custo	dial Staff	? (12)	Material (/		Or or Ery			L.,	
	IN Facility (13)					insulation, surfa	acing, VAT		Z		l in	g
	(13)				1	or other misce	ellaneous)		em	Repair	aps	응
								1	Removal	air	Encapsulate	Enclosure
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Main Area					X	Floor Tile and Mastic 1,700 SF X						1
maii Area											_	
Name of Registere	ed Waste Hauler		NJDEP '		Cubic Y	ards of Waste	Name of Regis	tered Landfill				
. Lario or regional			Hauler II		40		Grows Landfil					
Synatech, Inc.	and the same age to say seem		27	7429	40 Disposa	al Date	City, State					
Oity, State						i Date						
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Completed By Title Signature						re . 17 1		Date				
1 4			han Adami-	introto-	2()/	ane allora	<u>-</u> -	January 17, 2014				
Diane Aloia		Executi	ive Admin	istrator	1	are vine		, , , , , , , , , , , , , , , , , , , ,			-575	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) MO# 21382890120 Name of Building Owner/Operator (2) Date of Notification (1) Peter Burbela 17 01 Street Address Type Notification Agencies Notified X Initial 123 Magie Avenue ☐ EPA City, State, Zip Code ☐ Amended X DOLWD Amendment # Roselle Park, NJ 07204 Telephone Numbe X DHSS Emergency (including Name of Contact DCA justification) (NJAC 5:23-8) Cancellation Peter Burbela FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, Private home Street Address homes, etc.) Bidg. Age # of Floors Square Feet 123 Magie Avenue City (5) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Roselle Park, NJ 07204 County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Union ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants,Inc 01 / 29 / 14 01 / 28 / 14 Street Address Occupancy Status During Abatement (Check only one) 20-21 Wagaraw Road, Bldg .# 34A ▼ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM___AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Full Containment with Negative Pressure Scope of Work (Check all that apply) Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Renovation >3 sf or >3 lf Demolition > 160 sf or >260 lf Abatement Type Is Location Encapsulate Enclosure Remova Repair Description of Normally Amount Asbestos Containing Material (ACM) Location of Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ SIF or LF) TO BE ABATED surfacing, VAT, or Custodial Staff? other miscellaneous) IN Facility (12)(13)N/A No Yes 170 LF Pipe Insulation X

Completed By (Print or Type) Owner * Do not use this form for asbestos licensure exempted activities. N.Jevtic ASB-41 MAY 11

Title

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0033785

NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

TBD

Disposal Date

TBD

Signature

T.R.R.F. Inc

Tullytown, PA

Date

01/17/2014

City, State

Basement

Gr Tech LLC

Wayne, NJ 07470

City, State

Name of Registered Waste Hauler

No Next

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7: [Name of Building Owner/Operate

Date of Notification (1)			HESS C	ORPORATIO				MA J		ر	
i i 17 /14			Street Ad	Idress			في الكنوبية المؤلمات	V.	-	6	
Agencies Notified Type Notification	on		1 HESS	PLAZA				100		2	,
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X DOH X On Hold	#4 ENCY N		Name of DAVID C		-	ITelephone	Numbe	ır	(1) C		7.
		FACILI	TY INFOR	RMATION					Ċ,	7	, <u> </u>
Name of Facility Where Abatement is Tal	(ing Place (3)				Type of Facility School (K-					(60
HESS PLAZA					Subchapte	er 8 (Other th private & com			home	s. etc	c.)
Street Address 1 HESS PLAZA					Square Feet 187,000	# of Floo			Bidg. 42	Age	
City (5) County			County C		Current Use (Pri		emolish	ed)			
WOODBRIDGE MIDDLE		(5		SE ONLY)	COMMERCIAL						
Name of Monitoring Firm Hired by Buildi HILLMANN ENVIRONMENTAL	ng Owner (8)			ASCM No. 17	Name of Abates PAR ENVIRONS				N		
Street Address					Street Address	VILIVIALOC	/KI OIV	ATIO	14		
1600 ROUTE 22					313 SPOOK RC	CK ROAD					
City, State, Zip Code	V IEDOEV 070	NO.2			City, State, Zip C		204				7/
Project Manager for Monitoring Firm	V JERSEY 070	none Numb	ner		SUFFERN, NEV		Licens	e Nur	nher		_
MIKE NEHLSEN		77-5644	JC1		845-369-7500	DCI	460	CITUI	ibci		
Expected State Date (10)	Sched. Con		Date (11)		Name of OSHA	Monitor	100				
1 / 6 / /14	3 /		15	/14	QUALITY ENVI	RONMENTA	L				
Month Day Year Occupancy Status During Abatement (Chec Facility Closed/Vacated During B Abatement Performed Outside o	intire Period of	Abatement		Year	Street Address 1376 ROUTE 9	w					
	Friday 6pm - 2				City, State, Zip C						
S				7- "0 '		PPINGERS F		NY 1:	2590		
Scope of Work (Check all that apply) Demolition X	Renovation		X	Mini-Enclo	inment with Negat	ive Pressure					
X >3SF OR LF			X	Glovebag							j
>160 SF OR			L_		e Procedure	1	-	11/29/11	97.		
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TO BE ABATED	Maint/Custo	odial	Contract Contract	ation, surfacir		SF or LI	F)	2	£ ∥	APS	50
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Name of Degisters d'Maste Heules	NJDEP Was	da Cubi	- Vanda of	Masta	INches of Docisto	red Landfill					_
Name of Registered Waste Hauler DJM TRANSPORT , LLC	Hauler ID No 26981	D.	c Yards of 10		Name of Registe GROWS LAND	FILL					
City, State KEARNEY, NEW JERSEY			osal Date 5/13-03/15	/14 /	MORRISVILLE,	PA		1			,
Completed by (Print or Type) Titl BENJAMIN SANCHEZ DIF	e RECTOR OF O	PERATIO		nature	78K		Date	///	7/	14	f

Date of Notification (1)		73		Name HESS	of Building Ow CORPORATIO		2014 JAN 23		
	/13			Stree	t Address			Ø 1	<u>_</u>
12 / 6 Agencies Notified	Type Notification			1 HE	SS PLAZA			-11	Z
EPA DEP X DOL	X Initial Notific Amended N	otificatio	n	City, WOO	State, Zip Code DBRIDGE, NEW	/ JERSEY 07095		CER	
X DOH DCA	On Hold EMERGENO			DAV	e of Contact ID CERULO		elenhone Ni	ımher: C	
				FACI	LITY INFORMAT	ION	4)		
Name of Facility Where Al HESS PLAZA	patement is Taking	g Place	(3)			Type of Facility (School (K-1) Subchapter X Other (ie. pr		n K-12) ncl. bldgs	*
Street Address						Square Feet 187,000	# of Floors		Bld
1 HESS PLAZA City (5)	County (6) MIDDLESE				nty Code (7) E USE ONLY)	Current Use (Prio		molished)	
WOODBRIDGE Name of Monitoring Firm	Hired by Building		r (8)	(SIAI	ASCM No.	Name of Abatem PAR ENVIRONM	ent Contrac	ctor (9) RPORATION	ON
Street Address	ITAL	_				Street Address 313 SPOOK ROO			
1600 ROUTE 22 City, State, Zip Code	UNION, NEW	JERSEY	07083			City, State, Zip C SUFFERN, NEW	YORK 1090	01	
Project Manager for Monit		Te	elephone	Number		Telephone Numb	0 Tr. Co.	icense Nu	ımber
MIKE NEHLSEN			8-377-5			845-369-7500 Name of OSHA		60	
Expected State Date (10)	6 / /13	Sched. Mont	3 /	etion Date 1 Day		QUALITY ENVIR		-	
Month Day Occupancy Status During Facility Closed Abatement Pe X Other - Descril	Nacated During Enformed Outside of	only on ntire Per Normal	e) iod of A Facility	batement Hours - De	scribe:	Street Address 1376 ROUTE 9 V City, State, Zip C		ERS FALI	_S, NY 125
Scope of Work (Check all Demolition X >3SF OR LF >160 SF OR	that apply)	Renova	atior		X Mini-Enc X Glovebag	ainment with Nega lo: , g Procedure ble Procedure	tive Pressure	e .	2
Location Asbestos-con Material (A	ntaining CCM) ATED	norma sol Maint/	ocation ally used ely by Custodi aff (12)		Description of A Containing Mate (ie. Thermal s insulation, surfa or other misce	erial (ACM) systems cing, VAT,	Amoun (Specify SF or LF	y S	REPAIR
in Facility 1ST FLOOR MER ROOM		Yes N		PIPE FI	TTINGS		16 LF	X	i im
131 FEOOR MERRICON									
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			\perp			Name of Regist	bored Landfill		土土
Name of Registered Was DJM TRANSPORT , LLC	ste Haule	Haule	P Waste r ID No. 26981		ards of Waste 10	GROWS LAND			
City, State KEARNEY, NEW JERS	EY .			Disposa 12/16/1	3-03/15/14	City, State MORRESVILLE	, PA	Date	1.1
Completed by (Print or T BENJAMIN SANCHEZ	vne ITitl	e RECTOR	OF OP	ERATIONS	Signature			1	16/13

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Date of Notification (1)						CORPORATIO	wner/Operator (2 N	۶ ک	١٦١٥	JAK C		
12 / 30	/13				Street	Address		-		i	3	. 44
	ype Notification				1 HES	S PLAZA			20			12.0
igonolog i i a	Initial Notific	ation			City S	tate, Zip Code			700	Ť	18/11: 13	-
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X DOL X					Name	of Contact		Telephone Num	ber ^o	72	(,)	
DCA P	EMERGENO				DAVID	CERULO				9	-	
				FΑ	CILITY INF	ORMATION		-				-007
Name of Facility Where Abat	tement is Taking	Plac	e (3)	- 17	OILIT I IIVI	Or divir vivori	Type of Facilit	y (4)				
Name of Facility Where Abar	terriorit io raking	,	- 17				School (K					
UE00 DI 474							Subchapt	er 8 (Other than h	(-12)			
HESS PLAZA							X Other (ie.	private & commo	l. bldgs	s., hon	nes, e	c.)
Street Address			in a				Square Feet	# of Floors		Bldg.	Age	8
1-HESS PLAZA							187,000	13		4:	2	
City (5)	County (6)				Count	y Code (7)		rior if being demo	lished)	1		
WOODBRIDGE	MIDDLESE	X				USE ONLY)	COMMERCIAL					
Name of Monitoring Firm H			er (8)		,,,,,,,	ASCM No.	Name of Abat	ement Contracto	r (9)			
HILLMANN ENVIRONMENT	Al.	, 5000	(0			17		MENTAL CORP		ON		
Street Address	AL.						Street Address		- 400			
1600 ROUTE 22							313 SPOOK R	OCK ROAD				
City, State, Zip Code			_				City, State, Zip	Code	-			
City, State, Zip Sods	UNION, NEW J	ERSE	Y 07	083		and the second second		W YORK 10901				
Project Manager for Monitorin		- 1	Telep	hone	Number		Telephone Nu		nse N	umber		
MIKE NEHLSEN	3		908-3	77-56	44	*	845-369-7500	460				
Expected State Date (10)				CALL STREET	ion Date (1	11)	Name of OSH					
12 / 16 /	es asserte M		3		15	/14	QUALITY ENV	/IRONMENTAL				
Month Day	Year	Moi	nth	90. Y = 114	Day	Year						
Occupancy Status During Ab Facility Closed/Va Abatement Performance	acated During Er	itire P	eriod	of Ab	atement	oribe:	Street Address 1376 ROUTE					
X Other - Describe:		riday	6pm	- 2:30	am			PPINGERS FALI	S, NY	12590)	
Scope of Work (Check all tha	at apply)						ainment with Ne	gative Pressure				
Demolition	X	Reno	vatior			X Mini-Enc						
X >3SF OR LF						X Glovebag	g Procedure					
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Name of Registered Waste	Haule	NJD	EP W	aste	Cubic Yar	ds of Waste	Name of Reg	istered Landfill				
DJM TRANSPORT , LLC	i idulo		er ID			10	GROWS LAN					
DUN ITANOFORT, LLC			2698									
City, State					Disposal		City, State					
KEARNEY, NEW JERSEY		1/20 ==			12/16/13-		MORRISVILL	E, PA		1		_
Completed by (Print or Type	Title				DATIONS	Signature	1X	Da	ite/ Z	1/3	0/	13
DENLIAMINI CANCHEZ	DIR	FCTO	ROF	OPE	RATIONS	1 17 2	V/\		,	1	1	

								perator (2)						
Date of Notification (1)				HESS	COF	RPORATIO	N				من	S	2	1
1 / 2 /14				Street	A CHANGE						U	-		
Agencies Notified Type Notification				1 HES	S PL	AZA					Co (7	
EPA Initial Notif DEP X Amended X DOL Cancellation	Notifica	tion	#3	wool	DBRI	27	v JER	SEY 07095			LICE	(3)	JAN 23 F	,
X DOH On Hold EMERGEI	NCY N			Name DAVID				1_				I) C		11:13
4				ACILITY INF	ORN	MATION	_					0:	<u>n</u>	,-·
Name of Facility Where Abatement is Taki	ng Plac	:e (3)					Туре	of Facility School (K-					2	
HESS PLAZA							X	Subchapte	r 8 (Other the rivate & con			home	es, etc	s.)
Street Address	-			,				uare Feet	# of Floo				Age	
1 HESS PLAZA								187,000	13			4	2	
City (5) County (6				Count		Santa and Santa Assessment	11 (4.00) (4.00)	ent Use (Prid	11. H.	emolis	hed)			
WOODBRIDGE MIDDLES		n= /0\		(STATE		SCM No.		MERCIAL (actor	/9)	-	_	
Name of Monitoring Firm Hired by Buildin HILLMANN ENVIRONMENTAL	y Own	er (o)		*		17	PAR	ENVIRON				N		
Street Address								et Address SPOOK RO	CK ROAD					
1600 ROUTE 22 City, State, Zip Code	-							State, Zip C						
UNION, NEW	JERSI					<u> </u>		FERN, NEV						
Project Manager for Monitoring Firm				Number		*		phone Numb	er		se Nu	mber		
MIKE NEHLSEN	losts		377-56		4)			369-7500 e of OSHA	Monitor	460	_			
Expected State Date (10)	Scne		/	tion Date (11	1)	/14		LITY ENVIR		AL.				
Month Day Year		nth		Day		Year	1			. 11,52.5				
Occupancy Status During Abatement (Check	only on	ie)	< A				100000000000000000000000000000000000000	et Address ROUTE 9	iA/					
Facility Closed/Vacated During Er Abatement Performed Outside of	iure Pe Normal	noa o Facil	itv Ho	ement urs - Describ	e:		13/0	ROUTES	VV					
X Other - Describe: Monday -							City,	State, Zip C						
				г		Tr Canta	1		PINGERS		5, NY 1	2590	!	
Scope of Work (Check all that apply) Demolition	Reno	vation	1	1	X	Mini-Enck		t with Negat	ive Flessuic	•				
X >3SF OR LF					Χ	Glovebag	Proce							
>160 SF OR						Non-Friab			r -					
Location of Asbestos-containing		Locat				ription of As ning Materi			Amou	nt	-		ent Ty	_
Material (ACM)	2000	olely				Thermal sy			(Speci	-	REMOV	REPAIR	ENCAPS	ENCLOS
TO BE ABATED			todial	in		ion, surfaci			SF or L	0.70	8	R	PS	00
in Facility (13)		taff (1			or oth	her miscella	aneous	•)			P		Ē	URE
1ST FLOOR MER ROOM	Yes	No	N/A X	PIPE FITTI	NGS				16 LF		X	_	1111	m
TOT I EGOIC METCHOOM														
ADDITION TO SCOPE:											<u></u>		_	
	+	_	\ <u></u>	DIDE CITT	NOO				19 LF	-	X		┝	-
1ST FLOOR MER ROOM	+	-	X	PIPE FITTI	NGS	·			19 LF		<u> </u>		\vdash	\vdash
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	+	-	+								1			
	+	-	1											
Name of Registered Waste Hauler	_	EP W		Cubic Yards				e of Registe			3			
DJM TRANSPORT , LLC		er ID			10		GRO	OWS LAND	FILL					
City, State	<u> </u>	2698	1	Disposal Da		202	City	State SKISVILLE,					100	
KEARNEY, NEW JERSEY Completed by (Print or Type)				12/16/13-03		14 ature	IMO	XIRISXILLE,	'PA	Date	11	71	14	+
0 0 1 1 p 10 10 0 p 1		R OF	OPE	RATIONS	Jign	ature /	0	100		Date	1/0	4	/	

CK 00433051

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

13305	j											21		
K 0000				NOTIFICAT	FION OF ASBE	ESTOS ABATEMEN <u>.C.</u> 7:26-2.12)	T		2018	- P.	3 AM 10			
					1	Name of Building C	wner/Ope	erator (2)		AND	-	80		
ate of Notification (1) anuary 16, 2013						NUSTAR Energy			13.	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	3 A Ba	-0	-	
		Notif	ication Ty	<u>pe</u>		Street Address			F ()	(W)	"70			
A CELEBRATE		() Ir	nitial Notif	ication	-	4 Paradise Road	4-			Sep. C	17/2	1	\neg	
() EPA) DEP		(X)	Amended	Certification		City, State, Zip Co.				34	46' MO	,		
K) DOL	Notification (1) y 16, 2013 es Notified A P D D D D D D D D D D D D D D D D D		ancelled			Paulsboro, NJ 080 Name of Contact	66		-					
) DCA						Nick Antonio					-		-	
	Cies Notification (1) any 16, 2013 Cies Notified PA EP OL OCA FACILIT F	FACILITY INF	ORMATION Type of Facility (4)											
lame of Facility Where Aba	atement	is Taking	Place (3)			() School (K-12)		. V 12\						
JI ISTAR Asphalt Refinery						() Subchapter 8 ((X) Other (i.e. priv	otner than ate & com	mercial bldgs.,	homes,	, etc.				
Street Address						Sq. Feet								
4 Paradise Road				County Cod	le (7)									
City (5)	County	<u>(6)</u>		(State Use	Only)	Bldg. Age Current Use (prio	r if being o	demolished): In:	strumer	nt & We	lding Sho	ps		
Paulsboro	Glouces	ster Own	ner (8)	ASCM No.				Name of Contra	ctor (9))		9		
Name of Monitoring Firm F	lired by t	blug. Owi	101 101					Brandenburg In	dustria	Servic	e Compa	ny		
lone Street Address					Street Address									
Street Address						2217 Spillman Di	ive						_	
City State Zin Code						City State, Zip Co	<u>ode</u>							
City, State, Zip Gode						Bethlehem, Penr	sylvania	18015	icense	Numbe	r			
Project Manager for Monit	oring Fir	m Te	lephone N	Number		Telephone Numb	<u>ber</u>				-			
110,000						(610) 691-1800 Name of OSHA	Monitor	10	0721					
Scheduled Start Date (10))	So	cheduled (Completion [2014	Date (11)			- ios Company						
						Brandenburg Inc	lustriai Se	rvice Company						
						2217 Spillman D	rive.							
() Abatement Performed	Outside	of Norm	al Facility	Hours -		City, State, Zip	Code							
activities						Bethlehem, Per	nsylvania	18015						
Other -														
Describe	all that ar	oply)												
						200 LE ACM) (\ Minor F	Proj. (<25 SF or	<10 LF	ACM)				
1 ()			(X)SM	Proj. (>25<1 Mini-Enclos	60 SF or >10 < sure (x)	Glovebag Procedu	e	(Specify SF or L			ment Typ	e		
() Full Containment wit	n Negat	le Locatio	n Norma	lly Used	Description of	of ACM (i.e. ems insulation,	Amount	(Specify Si of I	-1 /					
Containing Material (AC	M) in	Solely by Staff? (1)	Maint./Ci		surfacing, V/	AT, or other	ri)			Rem.	Rep.	Encap I	Enclos	
			NO	Table	miscell.) Pipe Insulati	ion	30 lf			X	-		+	
West Bridge Area														
									Name	of Reg	. Landfill			
Name of Reg. Waste Hi	auler		NJDEP W	laste Hauler	ID#	Cubic Yards o	Waste							
		Co	21838			2			G.R.C (Wast).W.S., te Mana	gement)			
Brandenburg Industrial	Jei vice	00.						Disp. Date			City, Sta			
City, State								January 201			Morrisvil	e, PA		
Bethlehem, PA	Time\		Title			Signature	1/2		Date	. 28				
	(ype)			Administrato	or	1 na			Janua	ary 16,	2014			
Jennifer Strobel			Contract			1 11	20 0		C:\WORD\MYDOCS\ASBESTOS					

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

9/18/00

				NOTIFICATION	ATE OF NE	ESTOS ABA	TEMENT	al	eck		1108	35	
5 · · · · · · · ·	- 4151 41 14	,		_(PURSUAN	Name of Bu	ilding Own	er / Opera		WAS		, 60		1
Date of No	otification (1	/ 14		- 1	PSE&G				21/2		·		4
/	/ /				Street Addr 80 PARK PL				14	1/2	1. 1	٠.	
Agencies	Notified EPA	Type of No ✓	initial		City, State,				a p	(C)		<i>)</i>	٦
H	EFA		Amended		NEWARK, N	NJ 07101		15	elephone	Number			4
V	DOH		Amendment #		Name of Co			لل	elephone	Muttiper	3,	0	١
V	DOL		Emergency w/ j Cancellation	ustification	DAVIN NEV	ILLE				5.0		<i>F</i>	4
			Out to the total	FA	CILITY INF	ORMATION				Ğ*	~./	170	
Name of	Facility Whe	re Abatem	ent is Taking Pl	ace (3)		Type of Faci	ility (4)					*	
SUSQUE	HANNÁ - RO EADOWS SE	CTION	ROJECT				chool (K-						١
Street Ac		01.011				□ S	ubchapte	r 8 (Other t	han K-12)				١
SEE ATT	ACHED						itner (i.e., Idgs., hor	private & c	mmerciai			-	
City (E)		County (6)	10	County Code	(7)	Square Feet		# Of Floors		Building			٦
City (5)		County (o	'	• • • • • • • • • • • • • • • • • • •		N/A		N/A			N/A		١
						Current Use	(Prior it I	being demo	olisnea)				1
		Firm I lined	by Bldg Owner	r (8)		N/A Name of Ab	atement C	Contractor	(9)	_			٦
Name of	Monitoring IC ENVIRON	FIRM HIREQ EMENTAL	by Bldg. Owner	(6)									١
A I LAIVI	IO ENVIRON					LVI Demoliti		es Inc.					ㅓ
Street A						Street Addr	ess						-1
	BLACKWELL te, Zip Code					32 Williams	Parkway						4
DOVER,						City, State,	Zip Code						1
	Mngr. For Mo	onitoring F		Telephone Nu	ımber	East Hanove	or NI 079	36					
BOB SH		(40)	Sched. Comple	973-366-4660		Telephone		7	License N	lumber			٦
Shedule 01	d Start Date / 30	(10)	02 /	28_/	14_	ė.					2000		
	/ /	/—	/	/		973-772 Name of OS		for	4	- 00	0860		٦
	ncy Status D	uring Abat	tement (Check Cated During Enti	Only 1)		LVI Demoliti							
	Abatemer		ited Duning End	ie renou or		Street Add							
	Abatemer	nt Performe	ed Outside of N	ormal Facility			.						
	Hours - D					32 Williams City, State,							
V	Other - De	escribe: _	_7:00AM - 5:00F	'IVI		East Hanov							_
Scope o	of Work (Che	ck All That	t Apply)							-3			
	Demolitio	n .	[7]	Renovation		Full Contai	nment wi	th Negative	Pressure	•			
	>3sf or_>3		_			Mini - Encl							
	≥160 sf o	r ≥260 If				Glovebag F Non-Exemp	oted (*) ar	; nd Non-Fria	ble Proce	dure			
													_
	Location of		ls		Descripti sbestos - C				Abateme R	l	ΙE	ΙE	
As	bestos Cont		Location Normally	A	Material			Amount	E	R	N	N	
	Material (AC TO BE ABA		Used	(I.e., thermal	systems		(Specify	M	E	C	C L	
	in Facility		Solely	ins	ulation, sur	facing, VAT	,	SF or LF)	l °	A	P	6	
1	(13)		by Main- tenance/	_ 01	otner misc	ellaneous			À	î	s	s	
1			Custodial						L	R	U	U R	
1	82		Staff (12)					-	-	-	+-	-	_
			YES NO N/A	TAR/MASTIC				95 SF	V				
EXTER	TACHED		- 	TAIVINAOTIO									_
SEEAI	TACTILD								-	1 !	++	++	_
				NUDED Week	Cubia	Name of R	enistered	Landfill					_
Name o	of Registered MOLITION SI	Waste Ha	uler NC	NJDEP Wast Hauler ID No		GROWS	egisterea	Lunam					
LVI DEI	VIOLITION SI	LIVIOES I		-	of Waste								_
City, St					Disposal	City. State MORRISV							
EAST H	IANOVER, N	J			Date	IVIORRISV	ILLL, , I A						
Comple	eted by (Prin	t or Type)		Title			Signatur	е	01	n	Date		
	N STILES			PROJECT M	ANAGER		Oti	e uex_	St	les		01/20/	/14

407911612

For 2014 - Open F:	iling			NJAC 8:6				202	014	Annú	al_F	ili	.ng			
Date of Notification (1) January 16, 2014				Building Ow Bayonne	ner/O	perator	(2)	20/4	014 JAN	23	- = 2		9			
Agencies Notified Type Not		1000	treet Ad 50 Eas	dress st 22nd S	treet		G D		^-	4/3	9: ;	9				
X DOL Ame	ended endment #			e, Zip Code ne, New J		0700	-	- 4	· ICE	Vino.	$\partial_{\mathcal{U}}$					
DOH justi	ergency (including fication) cellation	163		Contact Hotard					Tele	phone Ni	imher					
			FACIL	ITY INFOR	MATIC	ON										
Name of Facility Where Abatement IMTT - Bayonne Street Address	is Taking Place (3)							of Facility (4 School (K-12 Subchapter	2)	er than K-1	12)					
250 East 22nd Street								Other (i.e. pr etc.)	rivate 8	commerc	cial build	lings,	home	s,		
City (5) Bayonne, New Jersey 0700	2						Squa	re Feet	# of	Floors		ldg. A 0+	ge			
County (6) Hudson			ounty C	ode (7) SE ONLY)		_	Curre	nt Use (Prio	r if beir	ng demolis	shed)		60611-7			
Name of Monitoring Firm Hired by I EnviroVision Consultants, Ir			ASCM 00079					tement Con s, Inc.	tractor	(9)		-	-			
Street Address 20 - 21 Wagaraw Road, Bld	g. 34A					Street 1101		ss ards Aver	nue		,					
City, State, Zip Code Fair Lawn, New Jersey 074	10		-200-10-000			City, S Hara		ip Code								
Project Manager for Monitoring Firm Guillermo Morales	n		elephon	e No. 6-9145		143999111	one N 733-5			License 01120	No.					
Start Date (10) open	Scheduled (Comp	oletion D	Date (11)				HA Monitor	Itants	. Inc.						
Occupancy Status During Abateme						Street	Addres	SS								
Facility Closed/Vacated During Abatement Performed Outside	of Normal Facility Ho		ent			0.000		agaraw R ip Code	oad, E	31dg. 34	Α					
Other - Describe: area unocc					-	Fair	Lawn	, New Jer	sey 0	7410						
Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Ren		olition Mini-Ei Glovet					ni-Enclosure ovebag Prod	edure		ative Pressure					
		catio	30000				15		Xempled () and Non-i			Abatement Type				
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACM) Used S Mainte Custod	Solely	by ce/	(i.e. th	ermal surface	system cing, VA	Material (ACM) ns insulation,		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes 1	Vo	N/A										Ф			
											-		-			
											+	-		-		
Name of Registered Waste Hauler		NJ	IDEP W	aste	Cubic	Yards		Name of	Registe	red Landi	<u>l</u>			_		
Freehold Cartage			uler ID I 2265		of Was			IESI								
City, State Dunmore, PA					Dispos	al Date	//	City, State Bethleh		PA						
Completed by Aubrey Hotard	Title Corpora	ate S	Safety	Director/	S	ignatur	Ď,	TAX	I		Date 01/16/	2014				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			Name of Building O	wner/Oper	ator (2)	E	1		
January 17, 2014	1			Bobby	Bobcat Excavating	3 J	251	ti	
[]	on Notification ded Notification		Street Address		Route 9	317.3	H 23	1	
[x] DOL Amen [x] DOH [x] Emerg	dment # gency (including cation)		City, State, Zip Cod		River, NJ 08753	Electronic Market	墨		
I I DCA I	llation		Name of Contact Bob		10	31e ⁻	•	-	
J. 1000 1100 1100 1100 1100 1100 1100 11		FACI	LITY INFORM	ATION					
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12)		a\ °	
Street Address 132 Ocean Bay Bl	vd.				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			lings,
City	County (6)		County Code (7) STATE USE ONLY	7)	Square feet 1200 sf	# of Floors	Bldg. Ag	ge 60	
Toms River Twp.	Ocean			. 2	Current Use (Prior if Residen	1.77		-00	
Name of Monitoring Firm Hired by Building (Owner (8)	- 1	ASCM No.	Name of	Abatement Contractor ((9)	T		
N/A Street Address		1_		Street Ac	idress	n Contracting,	inc.		
City, State, Zip Code				City, Sta	1889 Ro te, Zip Code	oute 9, Unit 61		1-0-00-0-0-00-00-0	
Project Manager for Monitoring Firm	Telephone N	Jumher		Telephor	Toms R	iver, New Jers		-1271	
			-	732-34	9-9932	00624			
Scheduled Start Date (10) 1/20/14	Scheduled C 1/22/14		n Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical			
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated		of Abata	ment	Street A		elton Road			
[X] Facility Closed/Vacated				City Sta	te, Zip Code		51° - 73°		
Other – Describe				0.13, 0.11		way, New Jerse	y 08854		
Scope of Work (Check all that apply)	1			[]		with Negative Pres	sure		
[] >3 sf or ≥3 lf	[]	Renovati	ion	[]	Glovebag Procedu	ire			
[X] ≥160 sf or ≥260 lf	[x]	Demoliti	ion	[x]	Non-Exempted (*) and Non-Friable	Procedure		
							Abateme	ent Type	
Location of	Is Location Normally us			Description of the Description o		Amount	R R E E		E N
Asbestos-Containing Material (ACM)	Solely by		N	Aaterial (A	ACM)	(Specify SF	M P	C	C
TO BE ABATED in facility	Maintenance/Cu Staff	stodial		, thermal		or LF)	o A	1 2000	L
(13)	(12)			VAT,	or		VR	S	S
80.80	YES NO	N/A	oth	er miscell	aneous)		A L	L	R
Exterior	X		Asbestos sidir	σ		1000 sf	X	E	E
LAKE IGI	A		Tibocotos sicia	·b		1			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Wast	e Hauler I 0223	D No. Cubic Ya	ards of Was	ste Name of Registe T.R.R.F.	red Landfill			
City, State		Disposa	al Date	City, S	tate				
Toms River, New Jersey Completed by (Print or Type)	Title	1/23/1	Signature	/ /	town, Pennsylvania	1	Date		
Nicholas Fernicola	Project Manage	er	1	1.1	10/		1/17/1	4	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			II Mana	-CD-:11: (2	. (2)	- ',	<i>Va</i>	<u>`</u>			
January 17, 201				of Building (Bellino	33 260	AN 23 DE	3/3	3	51	D
	tion I Notification Ided Notification		Street A		_0000	ox 537	"(E)	20 84/	<u> </u>	<i></i>	0	
[x] DOH [x] Emer	ndment # gency (including			tate, Zip Coo		NJ 07644		" Thorago	ر′.			
I DCA	ication) ellation		Name o	of Contact Tony	Bellino	2000	Tele	eph Y				
		FA	CILITY	INFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facil] 9	School (k-12)	100 × 100 × 100			
Street Address 1855 Monitor Driv	ve					[x] (Subchapter 8 (oth Other (i.e., privationes, etc.)		100		dings,
City	County (6)	-	County (Code (7) USE ONLY	r)	Square feet 1200 s		# of Floors	Bldg	g. Age	50	
Toms River	Ocean					R	esidence					
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM 1	No.				Contracting,	Inc.			
Street Address					Street Ac		889 Rou	te 9, Unit 61				
City, State, Zip Code			City, Star	e, Zip Code T	oms Riv	er, New Jers	ev 08'	755-1	271			
Project Manager for Monitoring Firm	e Number			Telephon 732-34	e Number		License N 00624					
Scheduled Start Date (10) 1/20/14	1/22		tion Date (11)	Name of	OSHA Monitor E		Analytical				
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated	atement		Street Ac		056 Stel	ton Road		MI COLO				
Abatement Performed (City, Star	e, Zip Code		y, New Jerse	., 000	51		
Scope of Work (Check all that apply)	1974				[]			th Negative Pres	. 2000/0109			_
				įį	Mini-Encl	osure	an regulive rres	suic				
[X] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[x]	Renov Demoi	NAME OF STREET		[x]	Glovebag Non-Exem		nd Non-Friable I	rocedu	re		
			T						Abat	ement	Туре	
Tandin 6	Is Locat				Descriptio			2.0	R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally Solely l				estos-Con laterial (A			Amount (Specify SF	E	E	N	N
TO BE ABATED	Maintenance/0				, thermal			or LF)	М	P A	CA	C L
in facility	Staff				lation, su	facing,			0	I	P	0
(13)	(12)			-41-	VAT, o				V	R	S	S
	YES NO	N/A		otne	er miscella	neous)			A L		L	R
Exterior	X	Т	Asbe	stos sidin	g	-	-	1100 sf	Х		Е	Е
						1000						
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Wa	ste Haule	r ID No.	Cubic Yai	rds of Wast		Registered	Landfill				
City, State			sal Date		City, Sta		17					-
Toms River, New Jersey	Tial.	1/23		W Company		wn Pennsy	lvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Mana	ger	Signat		hof.	Jes	<i>Y</i>		Date 1/17			

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) January 17, 201	4		Name	of Building Ow	ner/Operat Eileen F	or (2) Russell			23	50	9					
gencies Notified Type of Notifica	ition al Notificati		Street	t Address	6 Madd	ock Dri	ve		A SOOK	:	の コ つ		4			
] DEP [] Ame	ended Notification endment #_ ergency (inc	42	112-1700 27.33 47				dock Drive , NJ 08628 Telephone Number									
x] DOH just	fication) cellation			e of Contact Eileen		1	۱ ا									
Name of Facility Where Abatement is Takir Residence	g Place (3)		ACILIT	Y INFORMA	ATION	Type of	Facility (4)	School Subch	(k-12) apter 8 (other (i.e., private &	than k-l	2)	uildings				
Street Address 105 Waldron Ro	ad					Canara	[X]	homes	s, etc.)	Bldg. A			\dashv			
City	County		Cour (STA	nty Code (7) ATE USE ONLY	7)	Square root						60				
Toms River Name of Monitoring Firm Hired by Buildin	1		ASC	ASCM No. Name of			nt Contract	or (9)	ntracting, In	nc						
N/A Street Address			Street Address 1889 Route 9, Unit 6													
City, State, Zip Code											sey 08755-1271 Number					
Project Manager for Monitoring Firm Telephone N				Pate (11)	732-3	49-9932 of OSHA N	Monitor	A STATE OF THE STA	00624							
Scheduled Start Date (10) 1/20/14	ack only on	Scheduled Con 1/22/14	npietion D	7410 (11)		Address	E.M	S.L. An								
Occupancy Status During Abatement (Ch [X] Facility Closed/Va [] Abatement Perform [] Other – Describe_	ned Outside	g Entire reriod o	ity Hours	ent	City, S	tate, Zip C	`ode		New Jerse	y 0885	4		_			
Scope of Work (Check all that apply) 3 sf or ≥3 lf			Renovation		[[;] M	ini-Enclosi	ire ocedure	Negative Press		re					
[x] ≥160 sf or ≥260 l			\equiv							Abate	ement 7	уре	_			
Location of Asbestos-Containing Material (AC TO BE ABATED in facility (13)	M	Is Location Normally use Solely by aintenance/Cus Staff (12) ES NO	d	(i	Description of Asbestos-Containing Material (ACM) i.e., thermal systems nsulation, surfacing, VAT, or other miscellaneous)				Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior		X		Asbestos si	iding				1350 sf	X	-	-	+			
Exterior													#			
	\pm	NJDEP Wast	e Hauler I	D No. Cubi	c Yards of	Waste	Name of	Registered	Landfill							
Name of Registered Waste Hauler Guardian Contracting	, Inc.		0223 Dispos	al Date	Cir	ty, State	T.R.F	12124								
City, State Toms River, New Jer Completed by (Print or Type)	T	itle Project Manag	1/23/	Signature	Nid	10/:	, Pénnsy	1		Da 1/	te 17/14					
Nicholas Fernicola		*Do not use	this form	n for asbestos	licensure	exempte	d activitie	s.								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

e of Notification (1) January 17, 2014			Name	of Building	Owner/Opera Elite Co	onstruc	tion Corp). 	ا (در اله	1		1	4
encies Notified Type of Notification	on Notification		Street	Address	49 Lind	ien Ave	enue		1	73	78	12/10	4
DEP [] Amend	led Notificati		City, S	State, Zip Co	de Mantua	a, NJ 0	8051		1 To 1	- :	14.	<u>'</u> 0	-
[X] Emerging justification [] Cancel		mg	Name	of Contact Nick		Telephone Number							
		FA	CILITY	INFORM	MATION								\neg
ame of Facility Where Abatement is Taking I Residence	Place (3)					Type o	of Facility (4 [] [] [x]	School Subch	l (k-12) apter 8 (other (i.e., private &	than k-l	12) ercial b	uilding	s,
treet Address 113 West Pompane	o Way							homes	s, etc.)				700
City	County (6))	Count (STA	y Code (7) TE USE ON	LY)	Square	e feet 700 sf ent Use (Prio		1	Bldg. Age 60			
Toms River Twp.	Ocean						Resid	dence					_
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	Name of	f Abatem	nent Contrac Guar	tor (9) rdian Co	ntracting, L	nc.			_
N/A				-	Street A	ddress	1990	Route C	, Unit 61				
Street Address					City, St	ate, Zip (Code				· 100	1	
City, State, Zip Code							Ton	is River,	New Jersey License Nu	y 08/5 mber	3-12/	1	
Project Manager for Monitoring Firm Telephone Num					732-3	one Num 49-993	32		00624				_
Scheduled Start Date (10) Scheduled Com				ate (11)	Name (of OSHA	Monitor E.M.	1.S.L. Ar	alytical				_
1/20/14 Occupancy Status During Abatement (Check	only one)	1/22/14			Street	Address	105	6 Steltor	Road				
[X] Facility Closed/Vacate Abatement Performed	ed During Ei l Outside of	ntire Period of Normal Facili	ty Hours	nt	City, S	State, Zip	Code Pis	cataway,	New Jerse		54		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf		L 3	enovation Demolition		[[[:	j 1	Mini-Enclos Glovebag Pr	ure rocedure	Negative Press		re		
[x] ≥160 sf or ≥260 lf		[] -	==							Abat	ement 7	уре	_
Location of Asbestos-Containing Material (ACM TO BE ABATED in facility (13)	N	Is Location ormally used Solely by enance/Cust Staff (12)			Asbestos-G Materia (i.e., therm insulation	l (ACM nal syste , surfaci T, or	ing () ems ing,		Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	H CO
		X		Asbestos	siding				550 sf	X	-	-	+
Exterior	-	A								4-	+-	-	+
		-								4-	+	+-	+
	-	+							T - 4611				1
Name of Registered Waste Hauler Guardian Contracting, In	- 1	NJDEP Waste	0223		abic Yards of		Name of T.R.I	Registered R.F.	Landini				_
City, State Toms River, New Jersey	y		Disposa 1/23/1	4	T)	ty, State ułlytow	n, Pennsy	ylvánia //		Da			-
Completed by (Print or Type)	Title	ect Manage		Signature	lot	/	. /	· ·		1/	17/14	X	_