F B F F	M E	1											bronou munic	
. IN EGEL	W E			Stade of t	New Jers									
164 2 3 2	INS I	NOTE	TCATIO	on of a	BEESTO: LC 1:60 a	TARATE	EMENT (0)	r	nu	#10	12	/ .		
Date of Nothbasion (1)	1112		Name	of Buildh	ig Owner	Operato	r (2)	- 1	THE REAL PROPERTY.	-	1	0		
Jan 19 2015 Agencies Notified Type Notification			Con	rtland S	it Loft L	LC		Don	APP	HOVED			1	
Asencies Notified Type Notification		1		Address Mehr S	tr Suite	0		Jow	Casare	House the	er Sor	Vises		-
DEP Amended				Ame, Zip		a			(Sign	nature)				_
DOL Amendme	nt #_ y (including		Pate	rson N.	107503			Date:	0/15	Time	7:4	191	M	
DOH Justification	1)	1	Name	of Conta	3				Tel	ephone N	umbe		1 44	
			FA	CILITY IN	FORMAT	rieni.								
Name of Facility Where Abstement is Tele Structure for Demo	ing Place (3)			is excessive	POR	Туря	of Facility	(4)				-	
Street Address			-	-				School (K-	[2]					
47-57 Camden Street								Subchapter Other (i.e.)	8 (Oths	than K	12)	II-Dan	- bos	
City (S)		-	-			-		etc.) ere Feet		Floors				THE STATE OF THE S
Paterson County (6)							-4		# 64	LINGIS	1	Bldg. 50+		
Passaic			County	Code (7))		CUM	ent Use (Pri	ar if beir	ig damoli	shed)			-
Name of Manitoring Firm Hired by Building	Owner (8)		er menere	M No.		Maine		endoned ment Cor				-		
n/a			n/a			Lozi	olica N	Aznagem	mactor ant Co	(8)				
Strust Address .			-			Street	Addre	\$8	DS IL OQ	(h			-	
City, State, Zip Code					****		roy L		*		<u>*</u> 2			
tv/s						City, S	tate, Z	ip Code ark NJ 07						- Marine
Project Manager for Monitoring Firm	-	1.	Telepho	one No.		Teleph			035	11			-	
n/a . Start Dale (10)			n/a				0679	7월 2.	1	License 01193	MO.			
Jan 20 2015	Jan 26	or Com	pletion	Date (11	1			1A Monitor			-			-
Occupancy Status During Abatement (Che	ck Only On	(a))		- marida	Lozn		lanageme	ent Co	p				100
Facility Closer/Warsted Dating Entire	***************************************		ent			22 Ti								
Abatement Performed Outside of Non Other - Describe: 3 nm - 4 pm	nal Facility	Hours			•			p Code			-			
Scope of Work (Check All That Apply)						Linco	in Pa	ark NJ 07	035					
☐ ≥3 sf pr≥3 f	По	enovet	lau.				XX	WET MAT	ERLAL	1				
≥160 sf or ≥260 tr		ewojije			,		Gitz	Containme I-Enclosure Vebag Proc	adure					
	le le	Locatio			-		Nor	-Exempled	(*) and	Non-Fria	sie Pro			
Location of	N	omely	,	1	Des	scription o	-6					ADE!	pe enen	į.
Asbestos-Containing Meterial (ACM) TO BE ABATED	Maria	d Scien	col less	Asber	Stott Cont	sining Me	Inimate	(ACM)		ount			1	
in Facility (13)	Char	රක්ක් පැ (12)	317	f-max	. thermal surfac	Ing. VAT	OF.	eon,	(Sp	edify or LF)	Ren	2	(Inchira)	End
	Yes	No I	N/A	}	other in	riscellane	sonn)			. – /	Remove	Rupair	Encapsulate	Епфовин
Roofing													Se I	8
	. Housing						-	ed of						
44							aste.							
	-	-	-	parate										
lame of Registered Wests Hauler	NJE	DEP W	U actina	ndeterm Oubic 1	nined a			1-1						
lovic		Ha	Jar 1D I	No,	MWES	ie		Name of R						
ity, State liverdate, NJ	77/2		-		Dispos	d Date	+	City, State			-		-	
ompisted by	(DHII)				TBD		_	Morrisvil	e PA	19067				1
. Cirovic	Title Secret	tan/			Sir	Hamb			1	Da		-		-
		A remain			1/	1 6	my may be	110	1	S.	D 40	THE !	106	

CK 1804

Date of Notification (1)	Ro	me of E	Building Owner/O	perator (al Restor	ation			E.	17
Agencies Notified Type Notification	Stre	pet Adr	dress Demot			JAN	2.3	2015		
EPA Initial Amended Amendment #_ Emergency (incl	City	v State	e, Zip Code Messet			1	100			
Emergency (inclination)	luding Na		Contact	1100	01015	Telephone Nu	mber			
DCA Cancellation		FACIL	IC V 10100	ON (1)		-				
Name of Facility Where Abatement is Taking P					Type of Facility (School (K-1					
Street Address 105 Kendall Div	L				Subchapter	8 (Other than K-1 private & commerc	I2) cial buildi	ngs, I	nome	s,
City (5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Square Feet	# of Floors		dg. Ag	je	
County (6) MiddleSex			ode (7) SE ONLY)		Mom	or if being demolis	shed)			
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCM	No.	Name	of Abatement Co	mtractor (9) MJW (2)	Inc.			
Street Address				Street	Address O.Box	of Proce				
City, State, Zip Code					tate, Zip Code		123			
Project Manager for Monitoring Firm	Te	elephon	e No.	Teleph	2-899-7	LICENSE C	No.	>		
Start Date (10) S	cheduled Compl	letion D	Date (11)	Name	of OSHA Monitor					
Occupancy Status During Abatement (Check C	Only One)	10		Street	Address					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Abatemer Facility Hours	nt		City, S	State, Zip Code					
Scope of Work (Check All That Apply)	_/		N		7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition				Mini-Enclosu Glovebag Pro				a.	
	Is Location	1			_ Non-Exempte	Jana Hom 11		Abate		
Location of Asbestos-Containing Material (ACM)	Normally Used Solely	by		escription	n of Material (ACM)	Amount		ı y		
TO BE ABATED In Facility (13)	Maintenanc Custodial Sta (12)	50000	(i.e. therma surfa		s insulation, AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A		<u> </u>					e	
		8	(Abesto)	+6.	7 file	500+SF	X			
		Z	17 pc/to) M	ast, c	500 SP				
Name of Registered Waste Hauler	Hai	DEP Wuler ID	No. of W	c Yards aste	Name o	f Registered Land	J.S.			
City, State & (\UK) NJ			-	osal Date	City, St	YIH.				
Completed by Pauhis	Title P(C);	der	17	Signatu	"END		Date 700	115		



Date of Notification (1) 1/21/15					Building C				me		JAN	1 2	23	2015		
Agencies Notified	Type Notification		11 13	Street Ac 5700 A	idress Itlantic A	ve				- Charles					-	
EPA DEP DOL	Amended Amendment				te, Zip Coo ood Cres		8260			<i>F</i>	الله الله	CEN	Silv	G,		
DOH DCA	Emergency (i justification) Cancellation	ncluding	19.	lame of Joseph	Contact				-1 a* 0 13 (3) (6 0 - 2)	Tele	ephone N	Numb	er			
Name of Facility Where				FACIL	ITY INFO	RMATIO	ИС	Туре о	of Facility (4	-)						
Joseph T Smugere: Street Address 5700 Atlantic Ave	sky Private Hori			- <u> </u>				S	chool (K-12 ubchapter l ther (i.e. pr	B (Othe			ouild	ings,	home	s,
City (5) Wildwood Crest NJ	08260			-					tc.) e Feet		Floors		3	dg. A		
County (6) Cape May				County C	Code (7) ISE ONLY)				nt Use (Prio		ng demo	lished			the beautiful to	
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.			of Abate	ement Cont	tractor	(9)					
Street Address					3-2-12-14-1-12			Address ox 32	70.00							
City, State, Zip Code								tate, Zip Berlir	Code NJ 0809	91						
Project Manager for Mor	nitoring Firm		7	elephor	ne No.			one No 753-98			License 00727					
Start Date (10) 2/3/15		Scheduled 2/10/15	Com	pletion [Date (11)		Name Same		A Monitor							
Occupancy Status Durin	g Abatement (Chec	Only One)				Street	Address	S						229/11/12	
	ated During Entire F ned Outside of Norm			ent			City, S	tate, Zip	Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		programming .	novat moliti				×	Mini Glov	Containme i-Enclosure vebag Proc i-Exempted	edure	π.					
		le I	ocatio	nn l		<u>Levinous</u>		14011	Lxciiipted	() un	4 1401111	Tubic		Abate	ment	
Location	n of	No	ormall	y		Des	scription	of				-		Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Mair	Solei itenan dial S (12)	ce/		thermal surfac	aining M systems cing, VA niscellan	insulat T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											O .	
Crawl sp	oace			X		pipe	insula	tion		1:	30 LF	- 2	2			
												_				
*												-	_			
Name of Registered Wa	N.	JDEP W	laste.	Cubic	Yards		Name of F	Registe	ered Lan	dfill						
United Containers	Name of Registered Waste Hauler United Containers						ste		G.R.O.\							
City, State Elm NJ	W	12				Dispos 2/10/	sal Date 15		City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presid	lent			8	Signature	l				Date 1/2				

D Emergency &

		17.7		200	10.00		11111
	1.	. 15				1,3	1 60
1	HY	1/	1-	- 11			
/	N	It of	10	Tiggin .			
1	1	100		6.			

Date of Notification (1) 1/21/15				Building Overing			2)	1		JAN	2 3	2015		
Agencies Notified Type Notification			reet Add	dress st 18th 9	Street	t			L					1
EPA Initial Amended Amendment #		1 000		e, Zip Code ettom NJ		08				LIC	Ezwileti.			
DOH justification) DCA Cancellation	cluding	888	ame of C	Contact					Tele	ephone Nun	nber			
			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Chris Heins Private Home	Place (3)					*	☐ s	of Facility (4) chool (K-12)					
Street Address 230 West 18th Street							×	ubchapter 8 ther (i.e. pri tc.)				ngs,	nome	s,
City (5) Ship Bottom NJ 08008							Square 1000		# of	Floors	35 35	dg. Aq	ge	
County (6) Ocean			ounty C	ode (7) SE ONLY)				nt Use (Prior e & garaç		ng demolish	ned)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.		10,400	of Abate	ement Conti	ractor	(9)				
Street Address						2000	Addres							
City, State, Zip Code						0.700.700.000		o Code n NJ 0809	91		10.04			
Project Manager for Monitoring Firm	***	Т	elephon	e No.	,	Teleph	one No).		License N	lo.			
Start Date (10)	Scheduled	Comp	pletion D	Date (11)		Name	of OSH	IA Monitor		00727				
1/22/15	1/26/15					Sam	Addres	6				-		-
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	ent		_			p Code						
Scope of Work (Check All That Apply)						1								
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enovat emoliti					Mir	Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
		co accompany					i NOI	II-Exempled	() ai	id North Tid			ement	t
		ocation or mall				escription	o o f					Ту	ре	7.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solel ntenan odial S (12)	ice/ taff?		os Cor therma surf	ntaining to al system acing, VA miscella	Material is insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			: 0:	din =		2	500 SF	x			
Exterior Siding	1		X			erior Si					-		-	
Through out			X			Floor Ti	ie			800 SF	x			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of	Reais	tered Landf	ill			
United Containers		Н	auler ID		of W			G.R.O.\						
City, State Elm NJ					Disp 1/26	osal Date 6/15	Э	City, State Morrisv		A 19067				
Completed by Anthony T Perna	Title Presid	dent				Signatur	e L			100	Date 1/21/1	5		



			100						CK.	1.76	000				11	111
Date of Notification (1) 1/21/15					Building O						JAN 2	23	201	5		1
	Notification		1000	treet Ad 04 Ch	dress erry Tree	e Ln.					and the second second				- Andrews	A CONTRACTOR OF THE PERSONS ASSESSED.
DEP A	nitial Amended Amendment #				e, Zip Cod Hill NJ 0					AS	LICE	NSIN				-
☑ DOH ☐ ji	Emergency (ir ustification) Cancellation	cluding	10000	ame of			e e		-	Te	lephone N	Number				
				FACIL	ITY INFO	RMATIO	N							_	-11-5	
Name of Facility Where Abatem Thomas Rawls Private He		Place (3)						Туре	e of Facilit	77403 30						
Street Address 104 Cherry Tree Ln.	***			(5)				×			her than K & comme		uildir	ngs, h	nome	s,
City (5) Cherry Hill NJ 08002								Squ 100	are Feet 00+	2	of Floors	ار	Bld 35	g. Ag +	je	
County (6) Camden				ounty C	ode (7) SE ONLY)		_	Curr	rent Use (Prior if be	eing demo	lished)				
Name of Monitoring Firm Hired N/A	by Building O	wner (8)		ASCM	No.		Name		atement (Contracto	or (9)					
Street Address							Street PO B									
City, State, Zip Code							200		Zip Code rlin NJ 0	8091						
Project Manager for Monitoring	Firm		Т	elephor	ne No.		Teleph 856-7		No. 9800		License 00727					
Start Date (10) 1/31/15		Scheduled 2/3/15	Com	pletion [Date (11)		Name		SHA Moni	tor				(5)		
Occupancy Status During Abate	ement (Check	Only One)				Street	Addr	ess				-		-	
Facility Closed/Vacated Di Abatement Performed Out Other – Describe: week er	uring Entire P	eriod of Ab	ateme	ent			City, S	tate,	Zip Code	1						-
Scope of Work (Check All That	Annly)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, , , , , , , , , , , , , , , , , , , ,		novat				×	N G	Mini-Enclos Blovebag I	sure Procedur	ith Negative e and Non-F				è	
		T				40				1	7				ment	
		170.00	ocation		*						1			Ту	pe	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Used Main Custo	Solel itenan idial S (12)	y by ce/ taff?		os Conta thermal surfac		Mater s insi			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				1			200 SE			-		
Den				Х		FIOC	or tile o	only		-	300 SF	X	-			
										+		+	+			
Name of Registered Waste Ha	uler	1	N.	JDEP W	/aste	Cubic	Yards		Name	of Regi	stered Lan	ndfill				
United Containers			1000000	auler ID 2459	No.	of Was	ste		(2.5)	.O.W.S						
City, State Elm NJ	8					Dispos 2/3/15	sal Date 5)	City, Mor		PA 1906	67				
Completed by Anthony T Perna		Title Presid	lent			S	Signatur	e -	2		د	Date 1/21	/15			

7 Emergency &

25 g FC	,			"-" 0		(2)	HIVE	I Will,		111	111	
Date of Notification (1) 1/20/15		Ke	en Prick	ket priva	ner/Operator te home	(2)		JAN 23	2015		ᆀ	
Agencies Notified Type Notification		1.000	eet Addr 20 Mari			* 1	in the second	·				
EPA Initial Amended Amendment #				Zip Code n NJ 08			AS	BESTOS COL LICENSIN	TROL IG	. &		
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	Na ke	me of Co	ontact				Telephone Num	ber			
_ BCA _ Garisonation			FACILIT	TY INFOR	MATION							_
Name of Facility Where Abatement is Taking Ken Pricket private home Street Address	Place (3)					Sc Sc	Facility (4) chool (K-12) ubchapter 8 ther (i.e. priv	(Other than K-12 rate & commercia	t) al buildir	ngs, h	omes,	,
120 Marlin City (5)		1				Square	c.) Feet	# of Floors	Bld	g. Ag		\exists
Tuckerton NJ 08070						1000-		1 if being demolish	35	+		-
County (6) Ocean			ounty Co	ode (7) SE ONLY)		Home	9		ieu)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM N	No.		e of Abate naco In	ement Contr	actor (9)		•		
Street Address					10000	et Address Box 32						
City, State, Zip Code		-				State, Zip	Code NJ 0809	1				
Project Manager for Monitoring Firm	*	Te	elephone	e No.	Tele	phone No 3-753-98		License N	10.			- 1
Start Date (10)	Scheduled 1/26/15	Comp	oletion D	ate (11)		ne of OSH	A Monitor					
1/21/15 Occupancy Status During Abatement (Check					Stre	et Addres	S					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	ent		City	, State, Zi	p Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				Mir	ni-Enclosure ovebag Proc				e	
	T .					140	II Exemples	() =		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan dial S (12)	y y by nce/ staff?	Asbest (i.e.	Descript os Containin thermal syste surfacing, other misce	g Materia ems insula VAT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
T-6	Yes	No	N/A		Floor	Tile		1000 SF	· x			
on slab	-		X	-	1 1001	1110						
												_
(B. 11 - 196-7 11-3)-		N	JDEP W	Vaste	Cubic Yard	ds	Name of	Registered Land	lfill		_	
Name of Registered Waste Hauler United Containers		H	lauler ID 2459		of Waste	70.704	G.R.O.				Heeling Ser	
City, State					Disposal E 1/26/15	Date	City, Star Morrisv	ie ville PA 19067	7			
Completed by Anthony T Perna	Title Presi	dent			Signa	ature)	2		Date 1/20/1	5		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120.7)

		(1	Pursuan	t to N.J.A.C. o	:00-/ and 12.120 //	-	JE	(G 15	\	// F	10
GAC Project # 060-15					Name of Building Owner/Ope	erator (2)	カビー	er en titlemente a ar in	The state of	* * * 1 July 2 1 1 1 1 1 1 1 1 1	7111
Date of Notification (1)	2015			1	RUTGERS, THE STA	TE UNIVE	ERSITY	OF N	j		1111
January 19 Agencies Notified □EPA	No.	Initial No	otificatio	2960 25	Street Address ENVIRONMENTAL HE 27 ROAD 1, BLDG 40	EALTH &	SAFET	TYDEP	T 3 20	15	
□ DCA ☑ DOL ☑ DEP- No Longer REQUIRED		Amended Emerge justifica	ncy (inc	luding	City, State, Zip Code PISCATAWAY, NJ 08	854	ASE	BESTOS Ne-Numb	CONT	ROL 8	k
⊠ DOH		I Cancelle			Name of Contact MICHAEL SMITH, EN HEALTH & SAFETY		2				
				FACILITY INFO	RMATION			-			
Name of Facility Where Abatement NJ HALL, BLDG# 3097	is Taking	Place (3)			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than	K-12)					
Street Address COLLEGE AVENUE CAM	PUS				VI Other /i a private & com	mercial buildi f Floors: 3	ings, hom Bldg. A	nes, etc.) Nge: 80	+ years	5	
City (5) NEW BRUNSWICK	nty (6) /IIDDLE	ESEX	County C (State Us	ode (7) se Only)	Current Use (prior if being o	demolished)	: ACAD	EMIC			
Name of Monitoring Firm Hired by	Blda Owr	ner (8)	ASCM N	0.	Name of Costractor (C)						
Cardno ATC			0098		GREENWOOD ABATE	EMENT CO	ONSUL	TANTS	, INC.		
Street Address		2007			Street Address						
3 TERRI LANE		til			268 MAIN STREET City State, ZipCode	<u> </u>			- <u> </u>		
City, State, Zip Code					BUTLER, NJ 07405						
BURLINGTON, NJ 08016		Telephone N	lumher		Telephone Number		License	Number			
Project Manager for Monitoring Fir BRIAN KEARNY	_	609-386-	8800		973-492-0477		00840)			
Scheduled Start Date (10) 01/30/15		Scheduled 0 02/02/15	Completion	Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC						
Occupancy Status During Abate	ment (C	heck only o	ne)		Street Address						
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outsid	g Entire	Period of A	batement		20-21 WARGARAW F	ROAD					
Describe Other - Describe: Shift Ho	urs: 5: (24	:00 PM – 4 hours a	5:00 Al s need	M ed)	FAIRLAWN, NJ						
Scope of Work (Check all that app	oly)					Full Contai		ith Negat	ive Pres	sure	
≥ 3 sf or ≥ 3 li				▼Renovation		Mini-Enclo Glovebag		ITO			
□ > 160 sf or ≥ 2				■ Demolition		Non-Exemp	ted (*) ar	nd Non-Fi	riable Pi	rocedu	re
			eller I laced	Description of As	shestos Containing Material	Amou	unt	Abatem	ent Type		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely Staff?		Custodial	(ACM) (i.e. then VAT, or other mi	mal systems insulation, surract	ing, (Spec or LF	cify SF	Remove	Repair E	Encap E	Enclose
Room 035A	YES	NO X	NA .	VAT		75S	F	X			
Room USSA		[23							-		
				ID #	O Links de el Mentes	5 CY	Name	e of Regis	tered La	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa		r IU #	Cubic Yards of Waste:		G.R.	.O.W.S.	North City, Stat	Landf	111
Hauler #1) Greenwood Abatem NJDEP # 28969 Hauler #2) S TG – 58 Pyles Lan				NJ 07405		Disposal 02/02/1			100 New Rd. Mori 19067	Ford I	
NJ DEP # 20990 Completed by (Print or Type) RAYMOND C. PEDALII		Title SENIOR		CT	Signature Raymand C. F.	edalino	Date		y 19,		N. C.
KATIMOND C. FLDALII		MANAGE			Together C. The						

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15			(Pursu	iant to N.J	<u>.A.C</u> .	8:60-7 and 12:120-7)		n l	E C	E	W	EF
Date of Notification (1)	ry 19, 2	015				Name of Building Owner/ RUTGERS, THE ST			TY OF	- NJ	CORNERS OF THE LABOR	
Agencies Notified DEPA DCA DOL	, , , , ,	Notification Initial Amende	Notifica ed Notif	ication#		Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH	& SAF	ETY DON CA	23 DEPT. AMPUS	S	
☑ DEP- No Longer REQUI	RED	☐ Emergi justific	ation)	ncluding		City, State, Zip Code PISCATAWAY, NJ	08854		LI	OP CU CENSIN		L&
⊠ DOH		□ Cance	lled			Name of Contact MICHAEL SMITH, E		l elep	hone N	umber		
		1		54 OU !!	T) (I) (5	HEALTH & SAFET	<u>′</u>				_	
Name of Facility Where Abate	ment is Ta	aking Place (3)		FACILI	I Y IIVF	ORMATION Type of Facility (4)						
SCHOOL OF DENTAL			G# 725	3		School (K-12) Subchapter 8 (other th	on 1/ 12)					
Street Address RBHS NEWARK CAN	IPUS					Other (i.e. private & co	mmercial bui				050	
City (5) NEWARK	County (6) SSEX		Code (7) Use Only)		Sq. Feet: N/A # Current Use (prior if being	of Floors:		5.00=3.44749.000		ars	
Name of Monitoring Firm Hire			ACCIA	Ne		Name of Contractor (9)						
Cardno ATC	а ву віад.	Owner (6)	0098			GREENWOOD ABA	TEMENT (ONSII	II TAN	דפ ואור		
Street Address			1			Street Address	LIVILIAL	01100	LIMI	10, 1110		
3 TERRI LANE						268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08	016					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitorin BRIAN KEARNY	g Firm	Telephone 1 609-386				Telephone Number			se Numb	er		
Scheduled Start Date (10)		Scheduled (ompletio	n Data (11)	-	973-492-0477 Name of OSHA Monitor		0084	10			
02/04/15		03/02/15		III Date (11)		ENVIROVISION, INC	C.					
Occupancy Status During A				a)		Street Address						
□Facility Closed/Vacated □ □Abatement Performed Ou				it		20-21 WARGARAW City, State, Zip Code	ROAD					
Describe Other – Describe: Shift	Hours:	M-F 5:00 F	PM – 5:	00 AM		City, State, Zip Gode						
PHASE I		1670		1 2/11 - 3	3/2	FAIRLAWN, NJ						
Scope of Work (Check all that		24 hours a	s need	lea)								
				02.052			Full Contain		ith Nega	tive Pres	ssure	
□ ≥ 3 sf or ≥				⊠Renov			Mini-Enclos					
≥ 160 sf or	≥ 260 If			☐ Demo	olition		Glovebag Non-Exempte			riable D	rocodu	50
Location of Asbestos-Contain	ing Is L	ocation Norma	lly Used	Description	of Asb	estos Containing Material	Amou		_	nent Type		10
Material (ACM) in Facility (13)	Sta	ely by Maint./C ff? (12)		(ACM) (i.e. VAT, or oth		al systems insulation, surfactell.)	ing, (Spec		Remove	e Repair I	Encap	Enclose
VARIOUS LOCATIONS C- LEVEL, D-LEVEL	YE	S NO	NA	VAT			5,50	0SF	X	T	Т	
LEVEL, D-LEVEL										+		
										1		
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was See Belov		r ID#		Cubic Yards of Waste:	40 CY			North		ill
Hauler #1) Greenwood Abate	ement Cor	sultants, Inc	Butler, l	NJ 07405			Disposal D			City, Stat		A:11
NJDEP # 28969 Hauler #2) S TG – 58 Pyles L NJ DEP # 2099		Castle, De 197	20				03/02/15			Rd. Morr 19067	risville,	
Completed by (Print or Type)		Title				Signature		Date		215-736-	1700	
RAYMOND C. PEDAL	.INO	SENIOR P		T		Raymand C. Per	dalina		Januai	ry 19, 2	2015	
	- 1	MANAGER	5			· mymum O. 1 K						

CK 2413

Print Form

Date of Notification (1) 01-20-2014			111111111111111111111111111111111111111		Building O	wner/Op	erator	(2)		JAN 2	3 201	5		
Agencies Notified	Type Notification		1		IMBY S		Γ			SBESTOS F		2. 2		
× EPA × DEP × DOL	Amended Amendment #				e, Zip Cod IELD, N		90			LICENS	SING			
DOH DCA	Emergency (in justification) Cancellation	ncluding	- 01	ame of 0	Contact KENS					Telephone Nu	mber			
				FACIL	ITY INFO	RMATIO	N	Time	of Facility (4)				-	_
Name of Facility Where A COMMERCIAL BUI Street Address		Place (3)							chool (K-12) subchapter 8) (Other than K-1				
109 QUIMBY STRE	ET							e e	tc.)	vate & commerc	ial build	ings,	nomes	à,
City (5) WESTFIELD, NJ								5,000		# of Floors	50	dg. A() +	je	
County (6) UNION				County C	ode (7) SE ONLY)			RET	AIL SPAC		shed)			
Name of Monitoring Firm		Owner (8)		ASCM 00003				of Abat PRO, I	ement Contr NC.	ractor (9)				
Street Address 1253 NORTH CHU	RCH STREET							Addres KARK	s US AVEN	UE				
City, State, Zip Code MOORESTOWN, N	IJ 08057								p Code IDGE, NJ	07095				
Project Manager for Mor	itoring Firm	-	- 0.32	elephon 356-84	ne No. 0-8800			none No 726-3		License 00615	No.			
Start Date (10) 02/03/2015		Scheduled 02/04/20		pletion [Date (11)				A Monitor	TAL, INC.			V 2-32 PW	
Occupancy Status Durin	g Abatement (Chec	k Only One)						Addres		RCH STREE	_			
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of Aba nal Facility H	ateme ours	ent			City, S	state, Z	p Code TOWN, N					
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1000000	novat					Mir	ni-Enclosure ovebag Proc	nt with Negative edure (*) and Non-Fria			0	
		lo la	ocatio	an					ri-Exempled	() and Non-i ne	JUIC 1 TO	Abate	ement	6
Location	n of	No	rmall	y		Des	scription	n of				Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity		enan	ice/		tos Cont thermal surfac other n	system cing, V	is insuli AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEM	FNT	X	140	107	THER	MAL P	IPE II	NSUL	ATION	105 LF	X			
D, IOLIVI								ll.						
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registered Land	fill			
NEWARK CARTING			7/2/2/2	auler ID 509	No.	of Was				W.S. INC.				
City, State NEWARK, NJ		11					sal Date 5/2015		City, State MORRI	SVILLE, PA				
Completed by DAVID T. TOLCHIN	I	Title PRESI	DEI	NT		2	Signatur Dec	e Ús	QT. T.	_ // //	Date 01/20/	2015		

1	1	153	100	17	11/7	1	prim
1500	-	1 -	1.5	113	11//	1,55	1 24 .
11	1	100		. 11	111	157	11
		CHEC	K #	- 21	661		11

Date of Notification (1) 01-19-15				Name of The Pr	Building (Owner/C	perato ance (r (2) Com	pany of Am	erica'	AN 23	201	5		
Agencies Notified	Type Notification		1	Street A					1		7117 2 0	201	<i>J</i>		owner/bedace
DEP DOL	Initial Amended Amendment			City, Sta	te, Zip Co k, NJ 07	de		12		48BE	LICENS:	VÚ.	i de de		actural and a second
X DOH □ DCA	Emergency (in justification) Cancellation	including	- 1		Contact ance L. I	Patere	k			Tel	ephone Nu	mher			
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where Washington Buildir		Place (3)						Ту	pe of Facility (4 School (K-12	2)					
Street Address 213 Washington St	treet							×	Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) Newark						Marchan II an		Sq	uare Feet	# 0	f Floors	E	Bldg. A	.ge	
County (6) Essex				County (Code (7) JSE ONLY)				irrent Use (Prio ommercial	r if bei	ing demolisi	ned)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	l No.				Abatement Cont e Environme						
Street Address							Stree 200		tress ad Street						
City, State, Zip Code									z, Zip Code dt, NJ 07072	!	=				
Project Manager for Mon	nitoring Firm		T	Telephor	ne No.		Telep	hone			License N	0.			
Start Date (10) 01-23-15		Scheduled		npletion (Date (11)				OSHA Monitor r Inc.						
Occupancy Status Durin							Stree		iress ackson Aver	nue					
	cated During Entire F ned Outside of Norm						City,	State	, Zip Code	********	104			1175	
Scope of Work (Check A							Lon	175 (t)	land City, N		101				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ні тпас Арріу)		enova emolit	100000000000000000000000000000000000000				×	OSHA Class Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	ent with					
		1,000,000	ocati						Non-Exempled	() an	u Non-i Hat	1	Abat	ement ype	t
Asbestos-Containing TO BE AB In Faci	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is I No Used Mair Custo					tos Con therma surfa		Mate ns ins AT, c		(3	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement: Kicher	n Servery Area			Х		Pipe	Insul	atio	n	(60LF	x			
	basement. Nichen Gervery Area											-			
				VI-10											
Name of Registered Wa ATC, Inc. / JBT (500		To	Н	JDEP W auler ID 4310		of Wa	Yards ste	×	Name of F Minerva		ered Landfil erprises				
City, State Shirley, NY / Bronx,	NY						sal Dat	e	City, State Waynes		, OH 446	88			
Completed by Kevin Moriarty		Title Projec	et Ma	anager		5	Signatu	re/((000	L	100	ate 1-19-	15		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

					2.0					11 15 60 1	1 L	17	15-7	
Date of Notification (1)	anuary 16, 2015			N	lame of Bu	ilding Owner W		or (2) Homes, L	LC) 6	20	86	2	
Agencies Notified [X] EPA	L 3	on Notificat ded Notif			treet Addre	41	l Bern	ard Terra	ce	1				
[] DEP [x] DOL	Amend	dment #_ ency (inc			City, State,		ittle S	ilver, NJ (3.703		ENSI		i. à	
[x] DOH	justific [] Cance	San San San		1	Name of Co	ontact Mike W	ilson		Tel	ephone Number				
. ,				FACIL	ITY INI	FORMATI	ON							
Name of Facility Where A	batement is Taking l sidence	Place (3)						Type of Fac	[]	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address	Cedar Avenue									Other (i.e., private homes, etc.)	& con	mercia	l buildir	ngs,
City		County	(6)		ounty Code STATE US			Square feet 1200	sf	# of Floors	Bldg.	Age 60)	
Fair Haven		Parti Paler	nouth			11 31			Residence					
Name of Monitoring Firm		Owner (8)	A	SCM No.		reet Ad	Abatement C		n Contracting,	Inc.			
Street Address								A 1-1	1889 Ro	oute 9, Unit 61				
City, State, Zip Code								e, Zip Code	Toms R	iver, New Jerse		55-12	71	
Project Manager for Mon	itoring Firm		Telephone 1	Number		73	32-349	e Number 9-9932		License No 00624	umber			
Scheduled Start Date (10) 1/19/1:	5		Scheduled 0 1/20/1		Date (11)			OSHA Mon		. Analytical				
[] Ab	Abatement (Check cility Closed/Vacated patement Performed her – Describe	d During Outside o	Entire Perio	ecility Hou	rs		reet Ad	e, Zip Code		elton Road way, New Jerse	y 088	54		
Scope of Work (Check al	l that apply)						[]		ntainment on	with Negative Pres	sure			
L .	sf or ≥3 lf 60 sf or ≥260 lf		[] [x]	Renovati Demoliti	(A. 17)		[x]		ag Procedu xempted (*)	re) and Non-Friable l	Procedu	ıre		
											Abat	ement 7	Гуре	
Location Asbestos-Containing TO BE AB in facil (13)	Material (ACM) ATED ity		Is Location Normally used Solely by the nance/Custaff (12) Solely by the nance/Custaff (12)	sed y		Asbesto Mate (i.e., th insulat	erial (A ermal ion, su VAT, o	ntaining ACM) systems rfacing,		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSULE	E N C L O S U R E
Exterior			X		Asbest	tos siding				1000 sf	X		-	-
		-									-		-	-
							-						-	-
							0777	. 131	CD	ered Landfill				
Name of Registered Was	ste Hauler Contracting, Inc.		NJDEP Was	20223		Cubic Yards		T.	R.R.F.	ered Landilli				
City, State	Mary Innor			Dispos 1/21/	al Date	9	City, S Tully	tate town,,Pen	nsylvania	1 .				
Completed by (Print or 7 Nicholas F		Title Proj	ect Manag		Signatu		ha	P.	Ļ	1	Dat 1/1	e 6/201	5	
Thomas I					n for asbe	stos licensu	re exei	mpted activ	rities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

	NOI			t to NJAC 8:60		20)) E G F	3 []	W (
Date of Notification (1) January 16, 2013	January 16, 2015 Icies Notified Type of Notification						on	JANO	1 361	218	7	
[X] EPA [] Initial [] Amen				Street Address City, State, Zip Co	ode	Camplai	1	ASSESTO:	NSING			
[X] DOH [X] Emery justifit	gency (inc cation) ellation	cluding		Name of Contact Anto	Hillsb nio Dimuz		NJ 08844 -	lephone Number	101110			
	DI (2)		FAC	ILITY INFORM	MATION	Tyme o	f Facility (4)					
Name of Facility Where Abatement is Taking Residence Street Address 415 Everson Place	30E 0 5-0					Лурео	[] [x]	School (k-12) Subchapter 8 (oth Other (i.e., privat homes, etc.)			l buildi	ngs,
City	County	(6)		County Code (7)	V)	Square		# of Floors	Bldg.	Age 6	<u> </u>	
Westfield	Union	1		(STATE USE ON	J1)		500 sf t Use (Prior if b Residence	peing demolished)			<i>-</i>	
Name of Monitoring Firm Hired by Building N/A	Owner (8))		ASCM No.	Name of	f Abateme	nt Contractor (Inc.			
Street Address					Street A	ddress	1889 Ro	ute 9, Unit 61				
City, State, Zip Code			City, Sta	ate, Zip C	ode Toms R	iver, New Jers	ey 087	55-12	271			
Project Manager for Monitoring Firm	Number		0.0000000000000000000000000000000000000	ne Numb 49-9932		License N 00624	Number					
Scheduled Start Date (10) 1/19/15		Scheduled		on Date (11)	Name o	f OSHA N		. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed	d During	Entire Peri			Street A	ddress		elton Road				
Other – Describe					City, Su	ate, Zip C		vay, New Jers	ey 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} $		[] [x]	Renova Demoli		[[[[x] Mi] Glo	ni-Enclosure vebag Procedu	with Negative Pre re and Non-Friable		ıre		
[1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		. 1							Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custor Staff (12) YES NO N				Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) O A O I R					E N C A P S U L E	E N C L O S U R E		
Exterior		Asbestos sid	ling			2200 sf	X					
		-				-			-			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP W	20223	3	Yards of Wa		ame of Registe T.R.R.F.	red Landfill				1
City, State Toms River, New Jersey	Dispo		City, S Tully	State ytown, A	enpsylvania	/						
Completed by (Print or Type) Nicholas Fernicola	nger	Signature	1. d	hel	te	/	1/1	e 6/201	5			

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

NO (K

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

			(Pur	suant	to NJAC	8:60 and 5:16) P	FOLIVE	100	660000	725 67	
Date of Notification (1)			1)wner/Operator (2)	C 6 6 6	1		-	
05 / 01 /	14			Merc	k Sharp a	and Dohme Cor	poration one	TARTON STATE				
Agencies Notified Type Notifica	tion			Street A	ddress		6913	IAU 29 FME	١ ا	j		
⊠ EPA	11011				E. Lincoln	Avenue	'X r					
☑ DOLWD ✓ ☑ Amended				City. Sta	ate, Zip Coo	de	2.50	ESTOS COR	HO			
□ DHSS Amendme	0.000				vay, NJ 0		č	LICENSIN	3			
□ DCA □ Emergen		ding			f Contact			Telephone Numbe	er			
(NJAC 5:23-8) justification [Cancellai	2.5				y Stankov	/itz	1					
						ORMATION				2.75		
Name of Facility Where Abatement is 7	aking Pl	ace (3)	1 AO	L 1 1 1141	OKMIZETION	Type of Facility (4	4)				
Building 80Y	aking i i	acc (.	0)				☐ School (K-12)					
Street Address							Subchapter 8	(Other than K-12) vate and commerc	ial buil	dinas		1
126 E. Lincoln Avenue							homes, etc.)	vate and commerc	iai buli	uniga	1	
							Square Feet	# of Floors	Bld	g. Ag	е	
City (5) Rahway							115000	4	5	0		
County (6)			**	Count	v Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demolish	ned)			
Union				-	, , /,	•	Vacant					
Name of Monitoring Firm Hired by Buil	dina Owr	ner (8) [/	ASCM N	lo.	Name of Abateme	ent Contractor (9)					
EHI, Inc.	3	100				USA Environ	mental Manage	ment, Inc.				
Street Address				Street Address								
655 West Shore Trail				8436 Enterprise Avenue								
City, State, Zip Code						City, State, Zip C	ode					
Sparta, NJ 07871						Philadelphia	, PA 19153					
Project Manager for Monitoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Lisa Liloia			97	3-729-	5649	215-365-5810)	1156				
	Schedule	ed Co	mple	tion Dat	e (11)	Name of OSHA N	/lonitor	125 200		185-04		
5 / 26 / 14_	_ 3	_ /	_26	_ / _	15	USA Environmental Management, Inc						
Occupancy Status During Abatement	Check o	nly o	ne)			Street Address						
				ment		8436 Enterp	rise Avenue					
☐ Abatement Performed Outside of N	lormal Fa	acility	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement: 7:00 AM-3:3)PM/	PI	M	AM		Philadelphia	, PA 19153		- 11			
Scope of Work (Check all that apply)								ativa Deceause				
100 d* 100 to 10	_	7 00.	novati	ion		☐ Full Cor Mini-En	ntainment with Neg closure	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitic			☐ Gloveba	ag Procedure					
2 _ 100 5 1 1 1 2 1 1						⊠ Non-Ex	empted (*) and No	n-Friable Procedur				
			Loca							-	ent T	
Location of	0.40		lorma d Sole	ely by	Ashes	Description stos Containing M		Amount	Remova	Repair	Enc	Enclosure
Asbestos-Containing Material (AC TO BE ABATED	IVI)	Mai	intena	ance/	(i.e.	, thermal systems	insulation,	(Specify	VOU	air	aps	losu
IN Facility		Cust	(12)	Staff?		surfacing, VA other miscellan		SF or LF)	777	N	Encapsulate	ře
(13)		Yes	No	N/A		Other moderan					(D	
Laboratory Rooms		П	П		Transite	e Table Tops ar	nd Fume	12,870 SF				
					Mastic			51,560 SF				
2 nd and 3 rd Floors		1100000		anna Caulka		30,000 LF				П		
All Floors						ange Caulks		6,640 SF				
Roof			Ц	\boxtimes	Flashin		Name of Regis				ш	
Name of Registered Waste Hauler				NJDEP ' Hauler I		Cubic Yards of Waste						
Freehold Cartage Inc.				15939		1200		County RMS				
City, State						Disposal Date	City, State	m, DA				
Freehold, NJ						1/26/2015	Montgome					
Completed By (Print or Type)	Title					Signature	1	Da	ate		/	
Dilip Kumar	Pr	ogra	m M	anager		Nel	pun	21	1.66	1-1	5	

ASB-41 MAY 11

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

CK#24677

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

Date of Notification (1)	11/21/14 Agencies Notified Type Notification					g Owner/C	Operator	(2) Ollek	S JAN	23 PM	9:	52	1		
Agencies Notified				Street	Address		32	E. Wayne P	EST!	M Cm	uro				
DEP DOL	Amended Amendment #		,	City, S	tate, Zip C	ode		ngswood, NJ	& LIL	ensm	E	0 1.			
DOH DCA	justification) Cancellation	roidding	,	Name	of Contac Mr.	t Stanley	20.00-00-00-00-00-00-00-00-00-00-00-00-00			nne Nijimh	or			_	
				FAC	LITY INF	ORMATIC	N								
Name of Facility Where		g Place denti:		a a				Type of Facility ☐ School (K-1	2)	a 1000 0000					
Street Address	32 E. Wa	yne T	`erra	ce				☐ Subchapter Cother (i.e., page 1) Cother (i.e., page 2)	orivate & c			dings			
City (5)	Collingswo	od, N	IJ 08	108				Square Feet 1800	# of F	loors 2	BI	dg. A	ge +/-		
County (6)	Camden			Cour	nty Code (7 ONLY)	7) (STATE	===	Current Use (P	rior if bein	g demolis	hed)			_	
Name of Monitoring Fir		Owner	= T	ASCM	No.	Name of	f Abatem	ent Contractor (9	9)					_	
(8)	MECS		_					ens Environ	mental	Service	s, In	c.			
Street Address	PO Box 341 Sity, State, Zip Code					Street A	ddress	PO I	30x 322	2					
City, State, Zip Code	city, State, Zip Code Crosswicks, NJ 0851 Project Manager for Monitoring Firm					City, Sta	ite, Zip C		vn, NJ 08501						
I (5)					No.	Telephor		0.000	License No. 00493						
Start Date (10)	Bill Weisgarber				8-4070 te (11)	9-9688 Monitor	00493								
11/24/14										MECS					
Occupancy Status Dur	ring Abatement (Che	ck only	one)	Street Address											
☐ Facility Closed/Vac															
Other - Describe:		ii i aciiii	.y 1 10 u	Crosswicks, NJ 08515											
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
			_ocatio								A	bate			
Location Asbestos-Containing		Used Mair	Solel ntenan	y by ice/		tos Contair		erial (ACM)	Amo						
TO BE AB. IN Facil (13)	ity	300000	ustodia Staff? (12)	al	(i.e.,	thermal sy surfacin other mis	ng, VAT,	or	(Spe SF or		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									ate	Гe	
Basen	nent		×		Th	ermal P	-		24		×				
Basen	Basement					Boiler	Insula	tion	30	SF_	×				
Name of Registered Waste Hauler				JDEP V	Naste	Cubic Ya	ards	Name of Reg	istered La	ndfill					
Stevens Environmental Services, Inc.				c. Hauler ID No. of Waste 1 CU T.R.R.F., Inc.											
City, State				Disposal Date City, State Tullytown, PA											
Allentown, NJ Completed By Michlan F. Stavians Pro-				Project Manager Tullytown, Date Date				Date							
Ivianion E. S	Allentown, NJ			ı ıvıar	lager	_/	11/1				11/2	1/14	-		

CK#24625

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

Date of Notification (1)	3/28/14			Name	of Buildin	g Owner/Operator	(2) Hari Ohm, I	2015 JAH 23	PH	9:	59	
Agencies Notified	Type Notification			Street	Address			ASHESTES				7
DEP DOL	Amended Amendment #			City, S	state, Zip (Code	nesburg, NJ	& LICE				
☑ DOH □ DCA	justification) Cancellation	icidali ig		Name	of Contac			Telephone Numb	er			12
				FAC	ILITY INF	ORMATION						
Name of Facility When		g Place dentia					Type of Facility School (K-1	2)				
Street Address	155 Gat	zmer	Ave				Subchapter Other (i.e., homes, etc	8 (Other than K-12 private & commerci	2) al buil	dings	,	
City (5)							Square Feet 2500	# of Floors	В	ldg. A	ige +/-	
County (6)	James Iiddlesex	burg,	INJ		nty Code (7) (STATE		rior if being demolis	hed)	10	+/-	
Name of Monitoring Fit (8)		Owner	_	ASCM				9) mental Service	es. Ir	nc.		
Street Address	PO Box 34	1	— L			Street Address		Box 322	201 22			
City, State, Zip Code	ty, State, Zip Code Crosswicks, NJ 0851					City, State, Zip C	Code	n, NJ 08501				
	oject Manager for Monitoring Firm					Telephone No.	384024 - 1110-1410-14100	License No.		V 100		_
	Lou Laureti				8-4070		59-9688		049	3		
Start Date (10) 9/4/14	Sche		отрк 9/5/1		te (11)	Name of OSHA		IECS .				
Occupancy Status Du				Street Address								
☐ Facility Closed/Vac☐ Abatement Perform☐ Other - Describe:												
Scope of Work (Check	k all that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure						
			_ocati			12				Abate		
Locatio Asbestos-Containing TO BE AB IN Faci (13)	g Material (ACM) ATED lity	Mair	Sole ntenar ustodi Staff? (12)	nce/ al		Description o tos Containing Ma thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	11						ite	
Crawls	space		×		Th	ermal Pipe In		30 lf	×			
					-	(Wrap and (ut)	<u> </u>				
Name of Registered W			1995	JDEP V	No.	Cubic Yards of Waste	Name of Reg	istered Landfill	-			
Stevens Environmental												
City, State Allentown, NJ						9/1/14 /	N. State	Tullytown,	PA			
Completed By Mahlon E. S	ompleted By Title				ager	Signature	1/	Date	8/28	3/14		
						111			-	-	-	_

CK#2555

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

Date of Notification (1)	Na	me of Bu		ner/Operator AUM C	(2)	f	2015 JAA	123	PM	9: 6	te	
Agencies Notified Type Notification Initial Amended Amendment # Emergency (i justification) DCA Type Notification Initial Cancellation	Cit	eet Addr 14) y, State, ma, of C	Zip Code	itts	t.	بره بر م	A 5 8 E		COS BJR	T-R(兒.	
Name of Facility, Where Abatement is Taking HOOPTO (FESTOR) Street Address (4) Street Address	Place (3)	FACILIT	TY INFOR	RMATION		Other (I.e. pretc.)	2) 8 (Other tha rivate & com	nmercia	bulldi			S,
County (6)		ounty Co	ide (7)		Curren	e Feet On Use (Price)	# of Floo)	6	lg. Ag		
Some Set Name of Monitoring Firm Hired by Building (Owner (8)	ASCM	No.		e of Aba	tement Con ation Co.,	ntractor (9)					
Street Address City, State, Zip Code				95 City,	State, Z	se Road						
Project Manager for Monitoring Firm	Scheduled Comp	elephone		Teler 732	ohone No 2-294-1	0.	Lico 00	ense No 029).			
Start Date (10) 1 3-1 1) Occupancy Status During Abatement (Chec	2517 k Only One)		ate (11)		et Addre							-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other - Describe:	nal Eacility Hours	ent		City,	State, Z	ip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition				Min Glo	ni-Enclosure ovebag Pro					Э	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	is Locatio Normally Used Solely Maintenan Custodial St (12)	by ce/		Description Containing thermal syste surfacing, \ other miscel	Materia ms insul VAT, or	ation,	Amou (Spec SF or	ify	Removal	Abate Ty Repair	e Encapsulate	EHOLOSOIG
100	Yes No	N/A	D 100	2/20 100			1300	F			ē.	
bisenent outside		9	209	~~	Y		1700	M	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey	Ha	IDEP Wa auler ID I 2086		Cubic Yards of Waste	7	Name of Chrins City, Sta Eastor	ate	Landfill				
Completed by	Secretary 7	Francii		Signati	ure /			Da	ate o	0/1	5	-

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) January 19, 2015		Name of Building Owner/Operator (2) Andrew Murray Name of Building Owner/Operator (2) Andrew Murray								
[] DEP [] Amend	Notification led Notification	Street Address City, State, Zip Co		entral Blvd. JAN	23 PM D G	16				
[X] Emerg	dment #ency (including		Brick,	O#51151000511	CENSING					
[X] DOH justific		Name of Contact	Andre	w Murray	lephone Number					
	F	ACILITY INFORM	ATION							
Name of Facility Where Abatement is Taking F Residence				Type of Facility (4)	School (k-12)					
Street Address 99 Channel Drive				[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			ıl build	ings,	
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 1000 sf	# of Floors	Bldg.	Age 6)		
Brick	Ocean			Current Use (Prior if t						
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM No.	Name of	Abatement Contractor (Guardia	9) n Contracting,	Inc.				
Street Address			Street Ad		uta O IInit 61					
City, State, Zip Code			City, Stat	te, Zip Code	oute 9, Unit 61	ev 087	y 08755-1271			
Project Manager for Monitoring Firm	Telephone Numl	рег	Telephon	e Number	License N 00624		JJ-12	. / 1		
Scheduled Start Date (10) 1/20/15	Scheduled Comp 1/21/15	pletion Date (11)		OSHA Monitor	. Analytical					
I	nly one) During Entire Period of A Dutside of Normal Facility		Street Ac	1056 Ste te, Zip Code	elton Road vay, New Jerse	y 088:	54			
Scope of Work (Check all that apply)			[]	Full Containment v	with Negative Pres	sure				
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	5 5	novation nolition	[x]	Glovebag Procedur Non-Exempted (*)		rocedu	re			
						Abate	ement '	Гуре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	lial (i.	Description Descri	ntaining ACM) systems irfacing, or	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 house	Asbestos sidi	ing		280 sf	X			.e.		
Exterior garage	Asbestos sidi	ing		280 sf						
									-	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha	3 2	'ards of Was	T.R.R.F.	ed Landfill					
City, State Toms River, New Jersey		sposal Date 22/15	City, St Tullyt	ate wwn, Pennsylvania	,					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol	te		Date 1/19	9/201:	5		

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



CA	4599
	RECEIVED

Date of Notification (1) 1/19/15					Building Ov Schimpt				ns.		AN AO	DI	EC.				
Agencies Notified	Type Notification			treet Add	dress x Court	8			26	10 0	AN 23	rm	IU.	61			
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod gg Harbo		08070		Á,	56E	STES LICEI	VSII	il-	RO			
DOH DCA	Emergency (in justification) Cancellation	nciuaing	1000	ame of Gordy	Contact					Tele	ephone No	umber					
				FACIL	ITY INFO	RMATI	ON	T (F106-74							_	
Name of Facility Where Virgina Schimpt Pr	E 2011	Place (3)						☐ Sc	Facility (4 chool (K-12	2)							
Street Address 102 Flax Court								Su Su Ot etc	ibchapter 8 her (i.e. pr	(Oth	er than K- & commer	12) cial bu	ildir	ngs, h	nomes	۶,	
City (5) Little Egg Harbor N	IJ 08070							Square 1000+	Feet	# 0	Floors		Bld 35	lg. Ag +	je		
County (6) Ocean				County C	ode (7) SE ONLY)			Current	t Use (Prio	r if bei	ng demoli	ished)			944		
Name of Monitoring Firm	m Hired by Building C	Owner (8)		ASCM	No.		1000	of Abate	ment Cont	ractor	(9)	•					
Street Address							Street	Address									
City, State, Zip Code							City, S	O Box 329 y, State, Zip Code							-		
Project Manager for Mo	ject Manager for Monitoring Firm							Berlin	NJ 080	91	License	No.	_			_	
	oject Manager for Monitoring Firm art Date (10) Sched						856-	753-98	800		00727						
Start Date (10) 1/20/15						Completion Date (11) Name of OSHA Monitor Same											
Occupancy Status Duri	ng Abatement (Chec	k Only One)	Street Address													
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of At nal Facility I	atem Hours	ours City, State, Zip Code													
Scope of Work (Check	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				e					
								1 14011	Lacinple	. ()	10 1101111				ment		
			ocation or mall					6						Ту	ре		
Location Asbestos-Containir TO BE A In Fac (13	ng Material (ACM) BATED cility	Used Mair	Sole ntenar odial S (12)	ly by nce/	Asbesi (i.e.	tos Cor therma surf	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)				Amount (Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
Exterior	Sidina	165	INU	X		Ext	erior Si	iding		1	000 SF	×	:				
Name of Registered W	aste Hauler			JDEP V		0000000	ic Yards		Comme serio		tered Lan	dfill					
United Containers				22459 3				G.R.O.W.S.									
City, State Elm NJ	Disposal Date City, State Morrisville PA 19067																
Completed by Anthony T Perna	n NJ ompleted by						Signature Date 1/19/15										

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) January 15, 2015	5	Na	ame of Building (ator (2) 1/2 Econstruction Corp.	CEIVE	D	6:0	18	7		
	Notification	St	reet Address	49 Lin	den Avenue 2015 J	IN 23 PM IO	:01					
[x] DOL Amen	ded Notification dment # gency (including		ity, State, Zip Coo	le Mantu		STBS CONT LICENSINE	ROL					
I DCA	cation) ellation		ame of Contact Nick		Te	elephone Number						
		FACILI	ITY INFORM	ATION								
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)				
Street Address 11 Toms Court					[x]	Other (i.e., private homes, etc.)	& com	mercia	l buildi	ings,		
City	County (6)		ounty Code (7) TATE USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg.	Age 6	00			
Little Egg Harbor	Ocean				Current Use (Prior if Residen	f being demolished)						
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	AS	SCM No.	Name of	Abatement Contractor (Inc.	·		•		
Street Address	U COMPANY			Street A	ddress	oute 9, Unit 61						
City, State, Zip Code				City, Sta	te, Zip Code Toms R	iver, New Jerse	er, New Jersey 08755-1271					
Project Manager for Monitoring Firm	Telephone Nu		6./	732-34	ne Number 19-9932	License Number 00624						
Scheduled Start Date (10) 1/16/15	Scheduled Co 1/20/15	mpletion I	Date (11)			. Analytical						
	d During Entire Period			Street A		elton Road						
Abatement Performed Other – Describe	Outside of Normal Faci		0	City, Sta	ate, Zip Code Piscata	way, New Jerse	y 088:	54				
Scope of Work (Check all that apply)				[Full Containment Mini-Enclosure	with Negative Pres	sure					
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	L J	Renovatior Demolition		[[x	Glovebag Procedu	re) and Non-Friable l	rocedu	re				
		T					Abate	ement '	Гуре			
Location of Asbestos-Containing Material (ACM)	Is Location Normally use Solely by			Descripti bestos-Co Material (ntaining ACM)	Amount (Specify SF	R E M	R E P	E N C	E N C		
TO BE ABATED in facility	Maintenance/Cust Staff	todial		e., thermal		or LF)	0	A I	A P	L		
(13)	(12)			VAT,	or	-	V	R	S U	S		
	YES NO	N/A	ot	ner miscel	laneous)		A L	2	L E	R E		
Exterior		Asbestos sidi	ng		1050 sf	X						
			3							-		
						-	-			-		
Name of Registered Waste Hauler	NJDEP Waste	Hauler ID	No. Cubic V	ards of Wa	ste Name of Registe	red Landfill	1					
Guardian Contracting, Inc.		223	. 3		T.R.R.F.							
City, State Toms River, New Jersey	Disposal 1/21/15		City, S	tate town, Ponnsylvania	1,							
Completed by (Print or Type) Nicholas Fernicola	1/21/12	Signature	// -/	14	/	Date 1/1:	5/15					

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



I I I I I I I I I I I I I I I I I I I		
(Pursuant to NJAC 8:60 and 12:120)	9	CEIVE

Date of Notification (1) 01-05-15			Name of Building Owner/Operator (2) Puccio III, LLC Street Address Public CA Street Address												
Agencies Notified	Type Notification							1	CHIA CHIA	20 III					
EPA DEP DOL	Initial Amended Amendment #	i.		P.O. Bo City, State Norwoo	e, Zip Coo		11	==	ASBES & L	TBS CON ICENSIA	HRO 16	L			
DOH DCA	Emergency (in justification) Cancellation		1	Name of Gerry P	Contact				Te	elenhone Nui	mhar				
				FACIL	ITY INFO	RMATIC									
Name of Facility Where		Place (3)	(T	ype of Fa	acility (4)						
Commercial Proper	пу								ol (K-12)	her than K-1	21				
Street Address 25 Sullivan St.								Othe etc.)	r (i.e. private	& commerci	al build			s,	
City (5) Westwood							S	Square Fe	eet #	of Floors	BI	dg. A	ge		
County (6) Bergen				County Co			_	Current U	se (Prior if b	eing demolis	hed)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.				ent Contract ting LLC.	or (9)		DOI:12:01/01/04			
Street Address							Street Ad 522 7tl								
City, State, Zip Code								te, Zip Co	ode						
2.13)	olect Manager for Manitoring Firm						Union City NJ 07087								
Project Manager for Mo	roject Manager for Monitoring Firm				e No.		Telephor 201 21	ne No. 16-9603	3	License N 01206	10.				
Start Date (10) 01-08-15					ate (11)			OSHA M	Monitor ting LLC		100-00-00				
Occupancy Status Durin	ng Abatement (Check	Only On	e)	Street Address											
	cated During Entire P						522 7t								
Abatement Perform Other – Describe:	ned Outside of Norm 7:00 AM- 5:00 PM	al Facility	Hour	s		_	5.5	ite, Zip Co City NJ	ode J 07087						
Scope of Work (Check /	All That Apply)	promety.													
23 sf or ≥3 lf ≥160 sf or ≥260 lf		programming.	enova emoli			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu							Lange of the state		
		Τ.					N.	NOII-EX	templed ()	and North na	DIE 1 10		ement		
Locatio	n of	1040	Locat lorma	572.27.5362		Des	scription o	√£				Ту	ре		
Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED illity	Mai	intena	Staff?		tos Cont thermal surfac	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or ner miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Gt.	Yes	No	N/A									W.		
Roo	of		Х			roof	materia	als	1	8,000 SF	Х				
Exterior v	window		Х			trans	site pane	els	2	2,000 SF	X				
Exterior Windows						С	aulking			1,200 LF	X				
Name of Registered Waste Hauler				N IDEB W	aste	Cubic	Yarde	I N	ame of Regi	stered Landf	<u>l</u>				
Delfa Contracting LLc				NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 35240 30 Tullytown Resource Recover			ery F	acili	ty						
City, State Union City NJ						Dispo:	sal Date 3-15	0.00	ity, State ullytown,	PA					
Completed by Title Jaime Delgado Proj. M				ager.		8	Signature	B			ate)1-05-	15			
						-//					-	-			

MO 22252829040

State of New Jersey

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

		(Pu	ırsuant t	o NJAC 8	:60 and	12:120)		Q D	CFI	VE	E STATE OF THE PERSON NAMED IN			
Date of Notification (1) 01/13/15		4	- 17	Name of Carla E	Building C Brandt	Owner/Op	erator	(2)				-			
Agencies Notified	Type Notification		1.3	Street Ad 11 Mist	idress ty Moun	tain Ro	ad		21	الله وا	N 23	THE	j. e	Ža .	
EPA DEP DOL	Initial Amended Amendment				te, Zip Coo lph, NJ (A	5世S	STUS LICEN	CON	TRO G	L	
DOH DCA	justification) Cancellation	1270		Name of	Contact						hone Ni				
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where Carla Brandt	Abatement is Takin	g Place (3)						of Facility (4) School (K-12)						
Street Address 11 Misty Mountain	Road							X (Subchapter 8 Other (i.e. pri etc.)	vate &	commerc	ial build			s,
City (5) Randolph									re Feet		Floors		ldg. A	ge	
County (6) 07869				County C	Code (7) ISE ONLY)	-	_	Curre	nt Use (Prior	if being	g demolis	hed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	l No.			of Aba Abate	tement Contr ment	actor (9)				
Street Address								Addres	ss Street Su	ite A4					
City, State, Zip Code									ip Code gen, NJ 07	047	W				
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Telepl	none N	0.		License N	No.			
Start Date (10) 01/30/15		Schedule		npletion [Date (11)				HA Monitor	TING	LLC				
Occupancy Status Durin	ng Abatement (Che							Addres				10-20			-
Facility Closed/Vac	cated During Entire	Period of	Abaten	nent				er ann an ann	JTE EAST	SUIT	E 107				
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	8		_	5.00		ip Code J 07083				0		
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		Renova Demolit				5	Mir	II Containmer ni-Enclosure ovebag Proce on-Exempted	edure				е	
			Locat	UBACY						77				ement pe	
Locatio Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED illity	Use Ma	Normal ed Sole intena todial ((12)	ely by nce/ Staff?	Asbes (i.e.	tos Conta	system sing, V	Materia is insula AT, or	ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											
Kitch						10000000000	VAT				4 SF	X			
Roo					VAT			81	6 SF	X	1				
				-							Name of the second				
Name of Registered Wa	aste Hauler		1	NJDEP W	/aste	Cubic `	Yards		Name of R	teaister	ed Landfi	H			
SAN TON SERVIC			+	Hauler ID		of Was			MEDOV	VLAN			IISIC	N	
City, State KENILWORTH, NJ						Dispos	al Date	9	City, State KEARN						
Completed by Bryan Parra		ect M	anager		S	ignatur 1997	e m	P			ate 1/13/	15			

		I CO TO	· · · · · ·	5	tate of N	ew Jorsey								
Check#2098	P	AD L	(P)	ATIOI Irsua	N OF AS	BESTOS A	ABA	CEMENT	F	Inerge	DCV.	notif	i anti a	<u> </u>
Date of Notification (1)										anci pu	n n	NI.		
01 / 19 /	15			1		ig Owner/Oper			ROVED		-	in or sure	2015	
Agencies Notified Type Notific				Mich	acl Dwy	r	17	Libent of Healt	Senior S	ervices	10	et .	4	,
☐ EPA	เลขาดก			100000000000000000000000000000000000000	d Address		-	The state of the s	nature)		00	17	3	2
S DOLWO ☐ Amende	rd				lendel A			1/20/1	5 7:	471	WA	0-	5	3
☑ DHSS Amenda	-				State, Zlp		1 2	1.32	I rime:	15	17	50	9	
□ DCA 🗵 Emerge	ncy (incl	uding		North	Arlingto	n, NJ 0703 J						1	-	-
(NJAC 5:23-B) Justifical				Name	of Conta	ct		West, L.	Telephone	Numb	ar	(1)	Carr	
Cancella Cancella	ation			Mich	ael Dwye	r						1		4
				FA	CILITY I	NFORMATIC	N						-	5
Name of Facility Where Abatement Is	Taking I	Place	(3)					Type of Facility						~
Private house								School (K-1	2)		\$3°			
Street Address			35					Subchapter Subch	8 (Other than	K-12)	يط احد	tidiaa	Sec.	
128 Hendel Avenue								homes, atc	Directo Filo C	omneto	ומן מנ	Matuā	S.	
City (5)						-		Square Foet	# of Floo	rs	BI	dg. A	ge	-
North Arlington, NJ 07031													•0000	
County (6)				Cou	nty Code (7	(STATE USE C	DNLY)	Current Uso (P	rior if being o	lemolisi	ned)		-	
Bergen									-	3	1			
Name of Monitoring Firm Hirod by Bui	láing Ov	Muat	(8)	ASCM	No.	Name of Al	patem	ent Gentractor (8	1)	-	-			
						Gr Tech L	LC							
Street Address						Street Addr				-				
						576 Valley	Rd #	¥283						
City, State, Zip Code						City, State,	Zip C	≎de						-
The state of the s						Wayne, NJ	074	70						
Project Manager for Monitoring Firm			Tele	sphone	No.	Telephone	No.	-	License	No.	-			
		#8. 				973-638-17	77.7		01127					
Start Date (10)					ote (11)	Name of O	SHA N	Monitor	-		7			
01 / 19 / 15	01			0 /	15	Envirovisio	on Co	nsultants, inc						
Occupancy Status During Abatement	(Check	only	(פרוג			Street Addr	ess	And the same of the year		-		-		-
Facility Clased/Vacated During Ent	tire Perio	od of	Abate	mont		20-21 Was	araw	Road, Bldg #	35 E					
Abatement Performed Outside of N Time of Abatement AM-	i ismaov Me	acilit	y Hou PM	is - De	scribe	City, Stato,	Zip C	ode.	20 12		W- II		-	8
		_			AM	Fair Lawn,	NJ 0	7410						
Scope of Work (Check all that apply)						T T CI	ean u	and decontame	nation with ru	gativo	bles:	ure		-
≥3 sf or >3 if	5	RI Re	noval	lon		L Fu	II Con	tainment with Ne losure	gative Press	410				
≥ 180 sf or ≥280 lf	Ĺ		molitic			∵ ⊠ Gl:	oveba	g Procedure	Tent with No	gative I	Press	ure		
			-			No	n-Exe	mpted (*) and N	on-Friable Pr	ocedure	:	3	***	
Location of	1		Local Vorma								Ab	atema	ent Ty	pė
Asbestos-Containing Material (ACI	u()	Use	d Sole	aly by	Asbe	inseed Anistros contain	otion c	of terial (ACM)	Amou		Ħ	U	m	П
TO BE ABATED IN Facility			intens	Ince/ Staff?	(1	s thermal sys	tems	insulation,	(Speci		Remova	Repair	ICap	ola
(13)			(12)			surfacing other misc	, VAT	. 07	SIF or L	Ė)	Wal	3	Encapsulate	Enclosure
		Yes	No	N/A	1	Opigi misc	ettral fe	ous)			_		6	.p
Basement	T	7		X	Dina la -						mers .		yea	_
	- 1		-	-	Pipe ins	niation			30 LF				Ш	
The state of the s	- 1		1	10				11 140 Land By						
												Ī	П	П
	1										F	-		Ξ
Name of Registered Waste Hauler	L		NJ	DEP West	e Hauler ID No	. Cubic Yards o	of Wast	Name of Regi	Slered Lands	li .		Lum	الا	
Gr Tech LLC			1	00337	85	TBD	2015	T.R.R.F. Inc	m musinali	55				
City, State				1 (200)		Disposal Da	rte.	City, State						mu _{al} a
II SILOGIA	- 7							100			2			
Wavne Niciani				***		TBD		Tullytown, P	A	1			Ŷ.	
	Tist_					1 10000			in in the same of the same of	-				_
Completed By (Print or Type)	Title					Signatu	TIE!	S . P	1.	Date	е			
Wayne, NJ 07470 Completed By (Print or Type) N. levtic	Title	T				Signatu	UTE /	to iver	ad.	1000000	e 9/20	I E	*	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Check#2099		(Purs	uant i	to NJAC	8:60 ai	nd 5:16)		TO THE ENGINEER	19			
Date of Notification (1)			N	ame of	Building O	wner/Op	perator (2)		CEIVE	j.			
	19 / 15		N	Johan I	Deshpand	A		***, #** *******************************		. 61			
Agencies Notified	Type Notification		2000	treet A		-		2015 J	AN 23 PM ID	- 64			
EPA			80	06 Kea	rny Aven	ue				0.03			
☑ DOLWD	Amended				ite, Zip Coo			ASBE	STOS CONT	MUL			
DHSS	Amendment #		K	earny.	NJ 07032	2		č	LICENSING	1			
☐ DCA (NJAC 5:23-8)	Emergency (incli	uding			f Contact				Telephone Number	er			
(113/10 3.20-0)	Cancellation		N	1ohan	Deshpand	le					- 15		
			- Inc		LITY INF		TION						
Name of Facility Where	Abatement is Taking	Place (3	3)					Type of Facility (4	4)				
Private house								School (K-12)	(Other than V 1 2)				
Street Address								Subchapter 8	(Other than K-1 2) ivate and commerc	ial build	dings,		j
806 Kearny Avenue								homes, etc.)		7770-10			
City (5)								Square Feet	# of Floors	Bidg	j. Age)	
Kearny, NJ 07032													
County (6)				County	Code (7) (S	TATE US	SE ONLY)	Current Use (Pri	or if being demolis	ned)			
Hudson												-	
Name of Monitoring Fir	m Hired by Building O	wner (8) [SCM N	lo.	Name o	f Abateme	ent Contractor (9)					
						Gr Tech	n LLC	1000					
Street Address				17.00.07.00		Street A							
31.301,1.11.11.1					1	576 Va	lley Rd #	¥283					A -111
City, State, Zip Code							ate, Zip C						
9191931931						Wayne.	NJ 074	70					
Project Manager for Me	onitoring Firm		Tele	ohone N		Telepho			License No.				
	195					973-63	8-1777		01127				3
Start Date (10)	Sched	uled Co	mplet	ion Dat	e (11)	Name o	of OSHA I	Monitor					
01 / 29	1 15 0	1/	30	_ / _	15	Enviro	vision C	onsultants,Inc					
Occupancy Status Dur	ing Abatement (Check	only o	ne)			Street	Address						
∑ Facility Closed/Vac				nent		20-21	Wagaraw	Road, Bldg .#	35 E				
Abatement Perform	ned Outside of Normal	Facility	Hour	s - Des	cribe		tate, Zip C						
Time of Abatement	::PI	W/	_PW_		AM	Fair La	wn, NJ	07410					
Scope of Work (Check	all that apply)					П	Clean	ip and decontamin	nation with negativ	e pressi	ure		
N. 0 . 1 2 14		✓ Do	noveti	00		Н	Mini En	ntainment with Ne closure					
>3 sf or >3 lf > 160 sf or >260 lf		X Rei De	molitic	ON ON		X	Cloveb	an Procedure	Tent with Negative	e Press	ure		
							Non-Ex	empted (*) and No	n-Friable Procedu	ile	4		
			Locat							Aba		ent Ty	ype
Locat Asbestos-Containi	ion of		Norma d Sole		Ashor		escription	of laterial (ACM)	Amount	R _e	Repair	Enc	Enc
TO BE A		Ma	intena	ince/				s insulation,	(Specify	Removal	pai	Encapsula	Enclosure
IN Fa	acility	Cust	todial (12)	Staff?			acing, VA		SIF or LF)	val	325	ula	ē
(1	3)	-	T	1,,,,	-	otner	miscellar	leous)				0	
		Yes	No	N/A					120 1 5	X	П	П	1
Basement				\boxtimes	Pipe inst	ulation			120 LF		1		-
					1					14	Ш		1
		П											
				1-								П	
El Control	Masta Haulas		À	DEP Wast	le Hanier in No	Cubic	Yards of Wi	aste Name of Reg	istered Landfill				and the same
Name of Registered	vvaste nauter					1		T.R.R.F. Inc					
Gr Tech LLC				00337	85	5.00	BD Data	City, State			-		
City, State						Dispo	sal Date	(A)					
Wayne, NJ 07470						TI	BD	Tullytown,		- /			
Completed By (Print	or Type) Ti	le				5	Signature	[n] A . 1		Date			
N.Jevtic	Ov	vner					7	feate we	raad 0	1/19/2	015		
ASB-41		W. 163		200 82			11						

CK 3481

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

Date of Notification (1) 01/20/15 CK # 3481 \$200				Building O			(2)	9015	AN 23 F	MI): 0	S		
Agencies Notified Type Notification			treet Add	dress /escott D	rive			**************************************	_STQS_					
EPA Initial Amended Amendment #_		100		e, Zip Cod gton, Ne		ey 08	822	ASU	LICEN	<u>21</u> M	G			
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	cluding	- 0.00	lame of 0						Tolonha					
			FACIL	ITY INFO	RMATIC	N								
Name of Facility Where Abatement is Taking F Hunterdon Medical Center	Place (3)						S	of Facility (4) chool (K-12)					
Street Address 2100 Wescott Drive							× o		(Other than vate & comm			ings,	home	s,
City (5) Flemington, New Jersey 08822							Square 30,00		# of Floors 3			dg. A	ge	
County (6) Hunterdon	10		County C	ode (7) SE ONLY)		<u> </u>		nt Use (Prior cal Cente	if being dem	olishe	ed)			
Name of Monitoring Firm Hired by Building Ov Briggs Associates	vner (8)		ASCM	No.				ement Contr oration	ractor (9)					
Street Address 3 Crosswicks Street							Address McBric	s de Avenue	9					
City, State, Zip Code Bordentown, New Jersey 08505							state, Zip dland		v Jersey 0	7424				
Project Manager for Monitoring Firm Michael Hoodak		1000	elephon	e No. 8-5520		7/10/06/06/06/06/06/06/06/06/06/06/06/06/06	none No 225-84		Licens 0110		4			
	Scheduled ()2/14/15	Com	pletion D	ate (11)				A Monitor Inmental l	_abs				77	
Occupancy Status During Abatement (Check							Address Route	s e 22 West	t					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 7am Start			ent				State, Zip	o C Je w Jersey (07424					
Scope of Work (Check All That Apply)							.,,							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Parents and Parent	novati				×	Mini Glov	i-Enclosure vebag Proce	nt with Negati edure (*) and Non-F		201			
	1-1-1						1 14011	-Lxempleu	() and ivoir	Habit		2001 00	ement	
Location of		catio	2012		Dos	cription	of.					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod (enan	ce/		os Conta thermal :	aining N system ing, VA	Material s insula AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
MainCorridor, AudioCorridor 5105GM		No X	N/A	VCT	& Mas	tic un	der ca	rpet	1,380 SF	=	X			
4th & 5th Floor		X			pe Fitti				60 each		X			
741 4 0411 1001		X			po 1 111									
Name of Registered Waste Hauler		N	JDEP W	aste T	Cubic '	Yarde		Name of R	Registered La	ndfill				
Lilich Corporation		Ha	auler ID	200000	of Was				V.S Landfil					
City, State Woodland Park, New Jersey 07424					Dispos 02/17/			City, State Morrisvil	lle, Pennsy	lvan	ia			
Completed by Momo Glavatovic	Title Vice Pr	esic	dent		Si	ignatur	6	160)		Dat 01	e /20/	15		

(K3478

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of	of Building	Owne	er/Operator (2						
01/19/	15	_		Unic	on Count	y Col	lege	inte IAM OR	佛姬嗣8	H.	2003		
Agencies Notified Type Notific	ation			Street	Address					P	200		
☐ EPA 🛛 Initial				225	Rooseve	It Av	enue	ASBESTAS & LICE	PARTROL				
☑ DOLWD . ☐ Amende	i			City. St	tate, Zip C	ode		P. SUE STICE	WRING				
□ DHSS	_			100000000000000000000000000000000000000			ersey 07060	à Libe	1501:10				
DCA Emerger		luding			of Contact			<u> </u>	Telephone Num	ber			
(NJAC 5:23-8) justificat	30000						dina Co. Pr	eter DeBlasi		-			
Ganocine								0101 2021401	- :				_
		D.	(0)	FAC	ILITY IN	FURI	VIATION	Time of Facility	(4)			-	
Name of Facility Where Abatement is								Type of Facility					
Union County College, Health	& Sci	ences	Bui	laing				School (K-12	:) 8 (Other than K-12	2)			
Street Address								Other (i.e., p	rivate and comme	rcial bu	ilding	3,	
225 Roosevelt Avenue								homes, etc.)		To			
City (5)								Square Feet	# of Floors		ig. Ag	е	
Plainfield, New Jersey 07060								20,000	3		55+		
County (6)				Coun	ty Code (7)	(STAT	E USE ONLY)		ior if being demoli	shed)			
Union								College					
Name of Monitoring Firm Hired by Bu	ding C	wner (8)	ASCM I	No.	Nam	e of Abateme	ent Contractor (9)					
Saban Engineering						Li	lich Corpor	ation					
Street Address						Stree	et Address						
1001 Avenue of the Americas	12th	FI				60	6 McBride	Avenue					
City, State, Zip Code						City,	State, Zip Co	ode					
New York, New York 10018						W	oodland Pa	ark, New Jerse	y 07424				
Project Manager for Monitoring Firm			Tele	phone l	No.	Tele	phone No.		License No.				
Steven Pharai			2	12-320	-0203	97	3-225-8400)	01104				
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Nam	ne of OSHA N	Monitor					
01 /29 /15	_ 0	2_/	02	2_/_	15	J8	S Environ	mental Labs					
Occupancy Status During Abatement	Check	conly c	one)			Stre	et Address						
☐ Facility Closed/Vacated During En				ment		23	33 Route 2	22 West					
Abatement Performed Outside of I					cribe	City	State, Zip Co	ode		-			
Time of Abatement: 7AM-StartPN	1/	_PM		_AM		1 20	0.50	Jersey 07083					
Scope of Work (Check all that apply)										-	- 155		-
S-22 88 1553 (1958)								tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re	novat moliti				Mini-End Gloveba	closure g Procedure					
□ ≥100 si di ≥200 ii			inonti	OH			☐ Non-Exe	empted (*) and N	on-Friable Proced	ure			
		Is	Loca	tion		-25 (1.5%)					atem	ent T	уре
Location of			Norma	ally ely by			Description of			Z.	R	m	m
Asbestos-Containing Material (AC TO BE ABATED	M)		inten				Containing Ma mal systems	aterial (ACM)	Amount (Specify	Removal	Repair	nca	ıclo
IN Facility			todial	Staff?	(1.6		urfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)			(12)		-	oth	er miscellane	eous)	=			ate	
		Yes	No	N/A									
Boiler		\boxtimes			Boiler I	Patch	ning		60 SF	\boxtimes			
					1	- 125				П	П	П	
	7000000	-							-		\vdash		\vdash
			14							\perp	12		
							-2015						
Name of Registered Waste Hauler				NJDEP '		350700000	ic Yards of		istered Landfill				
Lilich Corporation		*		Hauler II		Was	old	G.R.O.W.	S Landfill				
City, State							osal Date	City, State					
Woodland Park, New Jersey						0:	2/03/15	Morrisvill	e, Pennsylvania	а			
Completed By (Print or Type)	Title	е				_	Signature	- 1 1	[Date	1. 1	_	
Momo Glavatovic	The state of the s									11	19/	15	
				continue.				$\mathcal{A}(X)$		'//	11		

	2		_	_	
1	- 10	E	CIC	+	E
	3	6	15		
1	_	_		_	

						POST MAN S	2 PM HI III	-			
Date of Notification (1	1/20/15		Na	ame of Build	ing Owner/Operator	(2)010 0000 -	ENTER PR	150	50		
E 80						777.00	U/V BASSAIL	- 13			-
Agencies Notified	Type Notification	ЭN .	St	reel Addres	(w. C , n =	21	ENERGRO	1			
PAC CO	[X], Initial Amended		-	ty, State, Zip		N.S. Garage			10-		December 1
(Manager of the particular o	Amendmen	t #	1 04	ry, State, 210	cope	· · · · · · · · · · · · · · · · · · ·	5,08210				
	☐ Emergency					02,10~	Telephone Numb				
EDOH C	justification Cancellation		Na Na	ame of Conta					20	0	
500 cm		,		15	nnsann				77		_
	(4			FACILITY IN	FORMATION						
Name of Facility When	e Abatement is Tak	ing Place (3)			Type of Facility	(4)				
	I DEN.CC					School (K-1		v.			
Street Address	BANA	Lie					8 (Other than K-12 private & commercia .)		fings,		
City (5)						Square Feet	# of Floors	B	dg. A	ge	
	- 17 WOUL					1500	1	1_	40	54	
County (6)			To	Jounty Code	(7) (STATE	Current Use (P	rior if being demotis	hed)			-
ATLA:	1,510			ISE ONLY)		VA	ONNY	50)			
Name of Monitoring Fir		1 Owner	I ASI	CM No.	Name of Abaten	nent Contractor (S			-		
(8) Name of Montioning Fir		9 0111101		- Contract	10.16±0.174±0.270.070.000.000.000	5 M CO I	*				
	/*		= =		Street Address						
Street Address							price Ace	_			_
City, State, Zip Code					City, State, Zip C			15			
	47					15 21	ADE, NIJ.	00	0) (=
Project Manager for Mi	onitoring Firm		Telepho	ine No.	Telephone No.	~ F = 1/1-	License No.				
N/	β						2 0049	4			=
Start Date (10)	Sch	eduled Con	npletion	Date (11)	Name of OSHA	Monitor					
1/30/1	5	2/6	1/	5		V/A					
Occupancy Status Dur	ing Abatement (Ch	eck only or	ne)		Street Address	×					
Facility Closed/Vaca	ated During Entire F	Period of At	atemer	nt							_
Abatement Perform	ed Outside of Norm	nal Facility h	Hours		City, State, Zip C	Code					
Other - Describe:											
Scope of Work (Check	all that apply)				Π- ii Ω	-1 -4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	neth in Deseasies				
					☐ Full Col	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	25	Demk	olition		Gloveb:	ad Procedure					
		23	T300000000		Non-Ex	empted (*) and N	on-Friable Procedu				_
			cation					1	wbate Typ		
**************************************		Nom Used S			Description o	f		-	.,,,	-	_
Location Asbestos-Containing		Mainte		Asbe	stos Containing Ma	terial (ACM)	Amount			ū	Г
TO BE ABA		0.70000	leibo	(i.e	, thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Removal	Re	Encapsulate	Cholosula
IN Facility	ty		iff? 2)		other miscellane		31 0 11 7	nov	Repair	usu	3301
(13)		11	-/	-				<u>a</u>		ale	a
4 . 7		Yes	No N	/A							_
SIDIM			-		TRAMSTE	e	15.00,00	X			
51D1W	· w	+	-	-							
				_=				1			
								+-	-		
								1_			
Name of Registered Wa	aste Hauter		4.0	P Waste	Cubic Yards	Name of Reg	istered Landfill				
KLEMCO			Hause	7 9 0 4	of Waste	CA	1 CM-U1	7			
	2100		1 //	144	Disposal Date	City, State				_	
City, State		× 3 .	-2				ODBINE	= ,,	N.	5-	
	T. M. FOOD				Signature		Date	1	074-0	1/	,
Completed By	Trt	e O Willy	50		2000	of Kilian	ıř	12	U	17	_
JOSEPHIL	· UF raph	40.16	V 10					1			

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

Date of Notificatio					Owner/Operator			U.					
1-20-15			Jur	nyor	& Le	esa Kellma	an	RECEI	VE				£3
Agencies Notified	Type Notifica	tion	Street	t Addre	ss		127						3)
[]EPA	[X]Initial		219	Nor	th 1	Maple Ave.	90	15 JAN 23	DH I	0.	. 6.		
[]DEP	Notifica	tion	City,	State,	Zip	Code	20	IN URIN CO	1111	0	: 19		
[X] DOL	[]Amended		_		-	e,NJ,07017	7 A =	SBESTOS	rau	TE	101		
[X] DOH	Notifica	tion		of Cont	355.0		proje	ne Mumbet			UL		
	[]EMERGENCY	7	A STATE OF THE STA			esa Kellma		ie wombef	4 - 114	C			
[]DCA	[]Cancellat	ion		-2			1						
			-	FACIL	ITY I	NFORMATION							
Name of Facility Wh		is Taki	ng Pla	ce (3)			Type of Facil	ity (4)					
Same as above	≜						[]School	(K-12)					
Street Addres								ter 8 (Other					
Street Addres								i.e., privat uildings, ho					
							Square Feet	# of Floo:		-	0.00000		
City (5	(County	(6) Ess	ex	100000000000000000000000000000000000000	nty Code (7)	1					-	
					(ST	ATE USE ONLY)	Current Use (Prior if be:	ing d	lemo	olis	hed))
Name of Monitoring	Firm hired by	Buildin	g ASC	M No.			ment Contracto						
Owner (8) N/A						AZTECH M	MANAGEMENT	, Inc.					
Street Address						Street Addres	s		***				200000-1
						86 Chris	stopher St						
City, State, Zip Co	ty, State, Zip Code					City, State,	Zip Code						411
	out, state, sip ode					Montclai	Lr, NJ 070	42					
Project Manager for	Monitoring Fi	rm Te	lephon	e Numbe	r	Telephone Num	ber	Ţ.	icens	se l	Numb	er	
		N	/A			(973) 744	1-8800		003	371	L		
Scheduled Start Dat	e (10) Sche	d. Comp	letion	Date	11)	Name of OSHA	Monitor						
1-29-15		1-3	0-15			N/A							
	Year Mon		Day	Year									
Occupancy Status Du [X] Facility Clo	ring Abatement osed/Vacated Du					Street Addres	S						
of Abateme													
	erformed Outsic cribe:«OffHours			Facilit	Y	City, State,	Zip Code						
	cribe: «Other Oc		_	ript»									
Scope of Work (Chec	k all that app	ly)							Accesses to the				
[X]>3 sf or	r >3 lf	9	VI Rond	ovation			Containment wi -Enclosure	th Negative	Pres	ssu	re		
	or >260 lf			olition			ebag Procedure						
1573 S an a marina a marina a marina a	500.6 		Is			[]Non-E	Friable Procedu	ire	72	had		n+ F	Type
Locatio	on of		Locati			Description	on of		3		ceme	E	E
Asbestos-Co	5억(1) 항상(1) [1] [1] (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	1 '	Normal. Used	· ·		Asbestos-Con		Amount		RE	R	N C	C
Material TO BE A			Solely By Mai:			Material (i.e., thermal		(Specify		M	E	A	LO
In Faci			tenance	e/	in	sulation, surf		LF)	(9)	V	A	S	S
(13)	S	taff (12)		or other misce	ellaneous)			A L	R	L	R
Pasamant		Yes	No	N/A	Dir	o Tranlat	ion	160 1:	f X		-		E
Basement				X	E T [e Insulat		100 1.	- 6	-			-
			1	1									+
Mana of Desire	TT		TDED T	In a h -	10-	hia Vondo	Name of Regi	stored Isad	fill				
Name of Registered			JDEP Wauler	ID No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bic Yards Waste 1.5	G.R.O.W.						
AZTECH MANAC	JANUARY I, IN		7040								-		
City, State	T 07040				1	sposal Date	City, State	אמ פון	100	16	7		
Montclair, No	0 / 0 4 2				4	2-1-15	Morrisvi	.i.e, PA	エン	00	,		
Completed By (Print or Type) Title						Signature	9		Dat	ce	37317		
일당한다면 12구 14.00 전 및 12 14.00 = - 14.50 = 1, 170.10 EARLINGS	Constantine Vivian President					u //	(iam		1-	20-	15		
	onstantine Vivian Presid					\ \ \ \	1000						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CHECK # 8477 (Pursuant to NJAC 8:60 and 5:16)

		(Pu	rsuan	t to NJA	C 8:60 and 5:16	6)	CENT					
Date of Notification (1)			Name	of Building	Owner/Operator (2)	176-176	and James	-			
01 /16 /	15		R.A	.S. Jerse	y City, LLC		III AO BW	in. U	e			
Agencies Notified Type Notificati	on	-	Street	Address		2015 J	副 23 P 所	IU .	9			
☐ EPA ☐ Initial			-	Newark	Avenue			DIT DY	17			
□ DOLWD □ Amended			0.000	State, Zip C		ASEE	STOR CA	HITCE SIC	12	_	-	
☐ DHSS Amendmen			55.8	100000	NJ 07306	ဝိ	LICENSI	Mu				
DCA Emergency justification		ř.		of Contac			Telephone N	umbor				
Cancellatio					perty Manager		relephone N	umber				
			2000		FORMATION							
Name of Facility Where Abatement is Ta	king Place	(3)	FAC	SILIT IN	IFORNIATION	Type of Facility	/A\		- 111-			
2877 Kennedy Blvd.	King i lacc	(0)				School (K-12	4					
Street Address						Subchapter		-12)				
2877 Kennedy Blvd.						Other (i.e., p	rivate and com		build	ding	S,	
City (5)					4	homes, etc.)			51.1			
Jersey City						Square Feet	# of Floors		30000	j. Ag	je	
County (6)			Cour	tu Cada /7)(STATE USE ONLY)	30,000 SF	3)+		
Hudson			Cour	ity Code (/)(STATE USE ONLY)	Current Use (Pr	for it being dem	iolished)			
Name of Monitoring Firm Hired by Buildir	na Owner /	(8)	ASCM	No	Name of Abateme	ant Contractor (0)						
Langan Engineering	ig Owner (,0)	AGGIVI	INU.		laz Mat Remov						
Street Address					Street Address	iaz iviat Keniov	ai, iiic.					
River Drive Center 1					494 E. 41 Str	oo é						
City, State, Zip Code					City, State, Zip Co							
	ty, State, Zip Code Elmwood Park, NJ 07407											
Project Manager for Monitoring Firm		Tele	phone	No	Paterson, NJ Telephone No.	07304	License No		_			
Mr. Paul Klich			73-493		973-345-0022	,	00507					
	heduled C				Name of OSHA M		00307					
01 / _30_ / _15	02 /					az Mat Remov	al Inc					
Occupancy Status During Abatement (Ch						az wat Kemov	ai, iiio.					
☐ Facility Closed/Vacated During Entire			ment		Street Address							
☐ Abatement Performed Outside of Norm	mal Facility	v Hour	s - Des	cribe	494 E. 41 Str							
Time of Abatement: 8:00AM-5:00PM					City, State, Zip Co							
Scope of Work (Check all that apply)					Paterson, NJ	07504						
S (M. 1.55)					☐ Full Cont	tainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	⊠ Re	novati molitic			☐ Mini-End	losure						
Z = 100 31 01 = 200 11	□ ре	ПОшис	ш		☐ Non-Exe	g Procedure mpted (*) and No	n-Friable Proce	edure				
	Is	Locat	ion		4				Ahat	eme	ent T	vne
Location of		Norma			Description of			-				1
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intena			stos Containing Ma		Amount	2	3	Repair	nca	nck
IN Facility	Cust	todial	Staff?	(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	9	Domouo	=	Encapsulate	Enclosure
(13)		(12)	T		other miscellane	ous)			-		late	e)
	Yes	No	N/A									
Basement - Various Room Location	n 🛛			Pipe Ins	sulation		160 LF	D				
							D	1		П	П	
		П							7	7	$\overline{\Box}$	
	$\dashv \exists$		1						1	=	_	ᆜ
Name of Posistared Maste Heads		Ц.	IDED.	N/	1011111111	1		L			Ш	Ш
Name of Registered Waste Hauler		100	JDEP \ auler ID		Cubic Yards of Waste	Name of Regis						
East Coast Haz Mat Removal, Inc			18602		8		NC. W/M of P	ennsy	Ivai	nia		
City, State					Disposal Date	City, State	o was times to specify a second					
Paterson, NJ 07504	<u> </u>				02-05-2015	Morrisville	PA 19067					
Completed By (Print or Type) Title					Signature	A.L		Date		,	1-	
Lelsie Olszewski	Project	Man	ager		Į M	My MMW	N.	1	- (6-	じ	
A CD 44												

CK 2225

Date of Notification (1/16/15					Owner/C den	perator	(2)	Total Comp.	ULIV	\$ I	F		
Agencies Notified	Type Notification			Street A	ddress Rm.403	P.O.Box	95120	20	15 JA	123 P	MIO	: 97		
XDOL	Amended Amendment#			City, Sta Camd	ite, Zip Co en N.J	ode . 0810	1	۵	SBES	TES C	UH7	ROL		
X DOH DCA	x Emergen justification) Cancellation	cy (includ	ling L	Name of (Contact	James R	lizzo		Tele	phone Nu	nber	1		
				FACI	LITY INF	ORMATI	ON		-					
name of Facility Where Residence	Abatement is Taking	Place (3))					Type of Facility (School (K-1 Subchapter	2)	rthan K-1	2)			
1510 Louis St								X Other (i.e. etc.)	private 8	& commerc	ial bu	iildings	, hom	es,
City (5) Camden								Square Feet	# of	Floors		Bldg. <i>A</i> 100 +	\ge	
County (6) Camden				County C	Code (7) USE ONLY)		Current Use (Prio Residence	or if bein	ng demolisi	ned)	-		
Name of Monitoring Fin N/A	m Hired by Building C	Owner (8)		ASCN	No.		Name Trico	of Abatement Cor on Enterprises	tractor ((9)		1		
Street Address								Address Beers St						
City, State, Zip Code							City, S Keyp	tate, Zip Code oort N.J. 0773	35	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
Project Manager for Mo	et Manager for Monitoring Firm						Teleph 732-	none No. 739-1200		License N 01095	lo.			
Start Date (10) 1/20	art Date (10) Scheduled 1/31/						Name n/a	of OSHA Monitor						
Occupancy Status Duri x Facility Closed/Vaca Abatement Perforn Other – Describe:	ted During Entire Per med Outside of Norm	iod of Aba	atemer				87/11/20/20/20	Address tate, Zip Code						
Scope of Work (Check	All That Apply)							-1						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enovat)emolit					Containment with Mini-Enclosure Glovebag Pro Non-Exempted	cedure			edure		
	,ki	00000	Locat	2.3			5, 19		V			Abat	ement	t
Location Asbestos-Containin TO BE At In Fac (13	g Material (ACM) BATED illity	Ma	Solely I intena todial S (12)	by nce/		stos Cont thermal surfa		faterial (ACM) s insulation, T, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(10	,	Yes	No	N/A		Othern	moochan	(2003)			a	=	llate	ure
WET DEMOLIT	TON													
Name of Parishard VIII	oto Lloudes			IIDED!!	not s	10	Vendo	NI= 5	Decisi				at l-	
Name of Registered Wa R&B	iste nauter		H	IJDEP W lauler ID 9439		of Was		Name of	Register	ed Landfill	Gr	ows no	rtn	
City, State Hainesport, N.J.							sal Date 1/15	City, State	e Morris	sville, P.A.				
Completed by James Mahoney Title Project man				iger		S	ignature	W 2 11	alm	ren Da	ate	1/16/15	5	
ASB-41 (R-06-08)	SB-41 (R-06-08)					(Do no	t use this form for	asbesto	s licensure	e exer	mpted :	activiti	ies,

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

RECEIVENCY

Date of Notification (1)		Name	of Buildin	g Owner/Operator	(2)	2015 JAN 23	PM	10:	09	
Agency Notified Type Notification		Street	Address			- X				
Ø EPA □ Initial			25	HIDOLE	SEX ES	SEXETP	(4)	11	UL	
DDEP Z Amended DDL Amendment # 1		City, S	State, Zip	Code . NC	5. 088	30 & LICE	TIGM	V C		
☐ Emergency (including justification)	g	Name	of Contac	d		Telephone Num	rer			
□ DCA □ Cancellation		100	Y SEE	BURGER						
		FAC	ILITY INF	ORMATION						
Name of Facility Where Abatement is Taking Place	≥ (3)		•		Type of Facility	(4)				
BASF Street Address			- ,,		School (K-1	2) 8 (Other than K-12)				
25 MODLESEX ESDE	FYT	-PC				rivate & commercia		gs,		
City (5)					Square Feet	# of Floors	Bidg.			
· ISEUN			*		100,000		6€	7	EA	NS
County (6)		Count) (STATE USE		rior if being demolis	995 9320			
MIDDLESEX	1400	1	<u> </u>	T	RDOM		BS			
Name of Monitoring Firm Hired by Building Owne (8)	r ASC	M No.			nent Contractor (50.50				
Street Address				Street Address	emoval I	nc				
655 WEST SHORE TRALL		82		450 Sout	th River	St				
City, State, Zip Code				City, State, Zip (Code					
SPARTA. NJ. 0.7871				Hackensa	ack , N.	J. 07601				
Project Manager for Monitoring Firm		one No.		Telephone No. 201-329-	7/1/1	License No.	2.8			
B. KERGEC Start Date (10) Scheduled Co				Name of OSHA		1 003	70			-
	5/15	100000000000000000000000000000000000000				ntal Inc				
Occupancy Status During Abatement (Check only	one)			Street Address	2					
☐ Facility Closed/Vacated During Entire Period of		ent		280 Huyl						
D Abatement Performed Outside of Normal Facility Other – Describe: 744 TO 5				City, State, Zip (Hackensa		I. 07601				
Scope of Work (Check all that apply)						V .				
Q≥3sfor≥3 if			novation	E Mini-	Containment with Enclosure	Negative Pressure				
.21 ≥ 160 sf or ≥ 260 lf		☐ Der	notition		ebag Procedure	d Non-Friable Proce	dine			
	Is Loc	ation	T	16.0					atem	2000
Location of	Non	ally	-	Description	of			\neg	Туре	\forall
Asbestos-Containing Material (ACM)	Used So Mainter	nance/		stos Containing M	aterial (ACM)	Amount		72	En	E
TO BE ABATED IN Facility	Custo		(tre	., thermal systems surfacing, VAT		(Specify SF or LF)		Removal	Encapsulate	Enclosure
(13)	(12	2)		other miscellane	eous)			Val	ulate	ure
ÿ	Yes No	N/A								Ш
LAB 207		P	TRAN	ISITE PA	NEC	120 5	-	×		
MAT LAB FIRST FLOOR		17	THERM	AL SYSTEM I	NSULATION	350		X		Ш
HRSF FLOOR ROOM JO		7		YAT/	MASTIC	450	SF	7	+	\sqcup
No. of Dogistand Mr. Chad	T at man	2146-1-1	laula -	Oshia Vanda of	Name of Regi	dared Landell				1
Name of Registered Waste Hauter	ID No.	Waste !	nauter	Cubic Yards of Waste	maine of regi	seered Faterin				1
Best Removal Inc	171	09		1207		Enterpri	ses	.LI	JC_	
City, State	0.1			Disposal Date	City, State		, ,	0.0		
Hackensack , N. J. 076	UI			Signature /	Waynesh	ourg ,Oh .	446 Date	7	-	-
J.Maiorano Estima	tor				سامس		1/19	/2	215	
		orm for as	sbestos lic	ensure/exempted				-		

CK 5455

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

RECEIVED

1			Name of Building Outpat/Operator (2)									
Date of Notification (1)			Nan	Name of Building Owner/Operator (2) BASF 2015 JAN 23 PM In: 99								
Agency Notified Type Notification			Street Address									
DERA	1 2	25 MIDDLESEX ESSENTIFIES CONTROL										
□ EPA □ Initial □ Amended				, State, Zip (Code .	& LICENSING						
JZ DOL	DOL Amendment#				NJ.	08830 & LICENSING						
Z DOH	DOH Emergency (including justification)						Telephone Num	per .		0		
□ DCA	10	TOH SEEBULGER										
	FA	FACILITY INFORMATION										
Name of Facility Where Al			3.0	Type of Facility (4)								
BASF						☐ School (K-12)						
Street Address					£2	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,						
25 HIDOUESE		* * *		homes, etc.)								
City (5)	3.7		***** g g			Square Feet # of Floors Bidg. Age						
iseun			4.4			100,000	0 3 604EAB					
County (6)			(STATE USE	Current Use (Prior if being demolished)								
MIDDLES			ONI	LY)	FICE/ LAB	LAGS						
Name of Monitoring Firm I	lired by Building Owner	ASC	M No.		Name of Abatement Contractor (9)							
(8) € HI					Best Removal Inc							
Street Address	0				Street Address							
655 WEST SHOR	ETRALC				450 South River St							
City, State, Zip Code					City, State, Zip C							
SPARTA, NJ	1.07871					nsack, N.J. 07601						
Project Manager for Monit	-	Teleph			Telephone No.							
B. KERBEL	Scheduled Comp			2041		329-7444 · 00388						
Start Date (10)	AR (I	(11) Name of OSHA Monitor Omega Environmental										
Occupancy Status During				Street Address						3215.7		_
				uyler St								
□ Facility Closed/Vacated During Entire Period of Abatemes □ Abatement Performed Outside of Normal Facility Hours			City, State, Zip C									
DOther - Describe: 74		10010	**		S. Had	ckensack ,N.J. 07606						
Scope of Work (Check all	that apply)											
□≥3sfor≥3#				lenovation '	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure							
☑ ≥ 160 sf or ≥ 260 lf				emolition	E Glove	ebag Procedure	ure and Non-Friable Procedure					
					U Non-	Exempted (*) an	d Non-France Proce	Aba			tement	
		Is Loc						_		Туре		
. Location	STATION OF THE STATE OF THE STA	sed So		/	Description		Amount			1	_	
Asbestos-Containing Material (ACM) Mainter TO BE ABATED Custo					stos Containing Ma , thermal systems		(Specify SF or LF)		Re	20	noe	Enc
TO BE ABATED Custo IN Facility Staff					surfacing, VAT	, or			Removal	8	180	dos
(13)			2)		other miscellane	eous)			/ <u>a</u>	Ropair	late	Enclosure
	Ye	s No	N	/A								
LAB 207			1	/ TRAN	SITE PLNEL		120 SF		×	1	T	
MATLAB FIRST FLOOR			1		AR SYSTEMS!						X	
1		+	1	11 010 0	1- 273(01107	D- 1411 G-	220	4,7		1	1	,
		+	+	1						1	7	
Name of Registered Wast	e Haufer	NJDEP	Wast	e Hauler	Cubic Yards of	Name of Regi	stered Landfill					
Best Remov	746		Waste	Minarus Enterprises IIC								
		1	710	9	1004				,			
City, State					Disposal Date	- 1						
Hackensack , N.J. 07601					2/5/15	Waynesburg, Oh, 44688						
Completed by Title					Signature	Maiorone 1/6/15						
J.Maiorano	Estim			achaetae lie	L X ()	1		10	, ,		-	

ASB-41

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

UIA U.S. MAIL
Ch# / 1/0

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

(Pursuant to NJAC 8:	(b) and (2.120)
Date of Notification (1) 10016 Name of Building (
A the circle courses Iaali	Real Estate Morallias
	ND ST
DEP DAMENSED	
D Emergency (including Name of Contact	Telephone Number
Gencellation 10 111	The state of the s
TIDEA FACILITY INFO	Type of Facility (4)
Name of Facility Where Abatement is Taking Place (3)	☐ School (K-12) ☐ Subchapler 8 (Other than K-12)
Street Address DY SECOND 51	Other (i.e. private & commercial businings, homes, etc.)
CAY (5) ELIZABETH N.O. 07206	3 006 3 85
County (6) County Code (7)	STATE USE Quirent Use (Prior if being damalished) RESIDENTIAL
	Name of Abatement Contractor (9)
Name of Monitoring Firm Hired by Building Owner ASOM No. (8)	Street Arisbess
Street Address	City State Zip Code
City, State, Zep Code Telephone No.	Telsolione No. 2 2 2 240 License No. 2 2 2
Project Hanager for Internating	A A A A A A A A A A A A A A A A A A A
Start Date (10) 29 15 Scheduled Completion Date (11) .	NOVATECH INC
Occupancy Status During Abstrament (Check only one)	6.0 Pox 814
E Facility Closes/Avarated During Enfire Period of Abetement Of Abetement Performed Outside of Normal Facility Hours Other – Describe:	OID BRIDGE NO 08857
Scope of Work (Check all See supply)	O Full Containment with Negative Pressure
B≥3 ≤ 01≥3 F /D Demolian /D≥160 ≤ 01≥260 F	D Non-Exempted (*) and Non-Friable Procedure. Absternant Type
is Location	
Ashesins-Gontaining Malarial (ACM) Gushnizal (Ls	Description of Amount (Specify Specify Strategy, VAT, or other miscellaneous)
IN Facility (12)	(ether mismelaneous)
Yes No NUA	
X Huo	
151 HOOR API	
	Cubic Yents of Name of Registered Lending
Name of Registered Wasto Haufer D No. 9.50	Waste 0 G.12.0.005
NOVATECH INC 18501	Disposal Date City State 3/8/15 / ODD/450/11 E Date
OID BRIDGE 1013, DOCKS,	Sometime 12015
CANUS AMEIDA PO not use this form for asbestos	licensure exempted activities.

ASB-41

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

Charle 5456

Name of Building Owner/Operator (2) Date of Notification (1) DOBBINS -19 SZ MAR CIUS Street Address Agency Notified Type Notification BROOK OAD D EPA leifini III City, State, Zip Code DEP ☐ Amended MORRIS F Amendment # -EDOL C Emergency (including Name of Contact justification) B DOH DOBBINS ☐ Cancellation D DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) M. DOBBINS School (K-12) Q Subchapter 8 (Other than K-12) Street Address Cities (i.e. private & commercial buildings BROOK ROAD homes, etc.) Bldg. Age Square Feet # of Floors 88 4RS 100 .. MORRIS Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) RESIDENCE ONLY) MORRIS Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Project Manager for Monitoring Firm Telaphone No. 201-329-7444 00388 Name of OSHA Monitor Z-3-15 Scheduled Completion Date (11) Omega Environmental 2-4-15 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Flours S. Hackensack , N.J. 07606 5Pm 18 Other - Describe: 8AM -Scope of Work (Check all that apply) ☐ Puli Containment with Negative Pressure - B Renovation -# Mini-Enclosure 23 sf or ≥ 3 f O Demobion -III Glovebag Procedure □ ≥ 160 sf or ≥ 260 F ☐ Non-Exempted (*) and Non-Frieble Procedure Abatament Is Location Type Normally Description of Location of Used Solely by Encapsulate Rephir Ashestos Centaining Material (ACM) Amount Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation. (Specify TO BE ABATED Custodial surfacing VAT, or SF or LF) N Facility Staff? other miscellaneous) (13) (12) No 176 THERMAL INSUCATION BASEMENT Name of Registered Landill Cubic Yards of Name of Registered Waste Hauler NUDEP Waste Haufer ID No. Mada Best Removal Inc Minerva Enterprises , LLC 2 YDS. 17109 Disposal Date City, State City, State 2-4-15 Waynesburg. Oh. 44688 Hackensack , N.J. 07601 Signature Completed by Title 1-19-15 eldran RNELDRAN Estimator

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

(X 23797

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

Date of Nationaline (4)			IN	lame of	Building C	wner/Operator (2)	L. Crames		31			
Date of Notification (1) 1 / 16 / 15				Name of Building Owner/Operator (2) Johnson & Johnson 7015 JAN 23 PM 10: 13									
Agencies Notified EPA	Type Notification Initial				ieo <mark>rge S</mark> t								
■ DOLWD	☐ Amended					Street Address 501 George Street City, State, Zip Code & LICENSING							
☑ DHSS	Amendment #			New Brunswick, NJ 08901							## F	_	
☐ DCA (NJAC 5:23-8)	justification)	Cluding	N	Name of Contact Telephone Number									
(110/10 0.20 0)		Nandita Kamdar											
				FACI	LITY INF	ORMATION							
Name of Facility When	e Ahatement is Takin	n Place (3)				Type of Facility (4	.)					
Name of Facility Where Abatement is Taking Place (3 Kilmer Museum							School (K-12)						
Street Address							☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings,						
501 George Street							homes, etc.)						
City (5)	,,				_		Square Feet	# of Floors	Bldg	g. Ag	Э		
New Brunswick							9500	2	+	- 70			
County (6)				County	Code (7)	STATE USE ONLY)	Current Use (Prior if being demolished)						
Middlesex				2000	4000	23	Vacant						
	irm Hired by Building	Owner (8	S) [A	SCM N	o. T	Name of Abateme	ent Contractor (9)						
Name of Monitoring Firm Hired by Building Owner (8)							nmental Management, Inc.						
EHI, Inc.						Street Address							
655 West Shore		8436 Enterprise Avenue											
		City, State, Zip Code											
City, State, Zip Code						Philadelphia							
Sparta, NJ 0787	Contract the second second second second		Teler	phone N	lo l	Telephone No.		License No.					
1 toject manager for memoring				3-729-	300	215-365-5810							
AAIIIISIII I COIDOI				oletion Date (11) Name of OSHA									
Start Date (10) Scheduled Comp					, ,		mental Manage	ement, Inc					
						Street Address							
Occupancy Status Du	Occupancy Status During Abatement (Check only one)						rise Avenue						
☐ Facility Closed/Va	☐ Facility Closed/Vacated During Entire Period of Aba ☐ Abatement Performed Outside of Normal Facility H				cribe	8436 Enterprise Avenue City, State, Zip Code							
Time of Abatement: 7:30 AM-3:30 PM/PM-			M- <u>5:3</u>	0AM			nia, PA 19153						
						111100001	, , , , , , , , , , , , , , , , , , , ,						
Scope of Work (Check all that apply)				 ⊠ Full Containment with Negative Pressure ation									
1.1.				ion			Abatement Ty						
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)				Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A	-		1	5200 SF	157				
First Floor						ile & Mastic/Lir	noleum						
First Floor				\boxtimes		sulation		20 LF					
Basement					Pipe Fi	tting Insulation							
Basement							300 SF ⊠ □ □ □						
Name of Registered Waste Hauler			100	NJDEP		Cubic Yards of Waste							
Waste Manager	ment		. 1	Hauler I	D NO.	40	GROWS L	andtill				, at 10 mg	
City, State Morrisville, PA						Disposal Date City, State 2/16/15 Morrisville, PA							
				Signature / / // Date									
Dilip Kumar	ompleted By (Print or Type) Dilip Kumar Title Program Manager						lipklines	/ -	1-1	6-	15	:	