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

0183-07									1,000,000,000,000	7.4				
Date of Notification (1)					Nam	e of Buildi	ng Ov	vner/Operator	(2)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	L. j ·		1 .	
	17 /	14	_							Shop			and .	
Agencies Notified	Type Notifi	cation			Stree	et Address	77 20 20 20 20				J - 23	fil.		7
☑ DOLWD	☐ Amende				City,	State, Zip	Code			ASSECT THE	00		0.00	
☑ DHSS		nent #	ding						93	1 & 11/15		1//	71	
DCA (NJAC 5:23-8)	☐ Emerge justificat	tion)	iang	3	Nam	e of Contai	ct			Telephone Nur	mber			
					FA	CILITY II	NFOF	RMATION						
Name of Facility Where A	batement is	Taking P	lace	(3)					Type of Facility	(4)				
ROOSEVELT HOSP									School (K-12		21			
Street Address		an a Alexan							Other (i.e., p	8 (Other than K-1 rivate and comm	∠ <i>)</i> ercial b	uildin	gs,	
1 ROOSEVELT DRIV	/E								homes, etc.)					
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
EDISON									>500,000			75÷		
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)		ior if being demo	lished)			
MIDDLE SEX									HOSPITAL					
Name of Monitoring Firm	Hired by Buil	ding Own	ner (8)	ASCM	No.			ent Contractor (9)					
EHS					266			ELTA/BJDS	, INC					
Street Address		-1112-1-122					100000000000000000000000000000000000000	eet Address	DIAL DIAD					
411 SOUTHGATE CO	DURT SUIT	TE E					45 63	345 INDUST						
City, State, Zip Code								, State, Zip Co						
MICKLETON, NJ 080									ON, PA 18966	License No.				
Project Manager for Monit	oring Firm			1	phone			ephone No. 15 322-2900		00783				
JACK CARNEY		0 1 1 1	10		56 224			ne of OSHA M	onitor	00700				
Start Date (10)		Schedule					20000000	RITERION L						
//						12		et Address				_		
Occupancy Status During					ment		377,733,73	370 PROGR	ESS DRIVE					
☐ Abatement Performed	During Enu Outside of N	ormal Fac	cility	Hour	s - Des	cribe		, State, Zip Co						
Time of Abatement: ZA	MPN	√ <u>11</u> PM	,	AN	Λ			ENSALEM, I						
Scope of Work (Check all t	hat annly)													
	пис арріј ј	_	_						ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati nolitic				☐ Glovebac	Procedure					
≥ 100 St Of ≥200 II								☐ Non-Exer	mpted (*) and Nor	n-Friable Procedu				
				Locat				- 2 2			-	atem		T
Location o				orma d Sole	lly ely by	Ashe	stos (Description of Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing M TO BE ABAT				ntena		(i.e	., ther	mal systems i	nsulation,	(Specify	SVOL	air	apsi	uso
IN Facility			usto	(12)	Staff?			urfacing, VAT, er miscellaned		SF or LF)	=		ulate	le le
(13)		Ye	es	No	N/A								u	
						PLEASI	ESE	E ATTACHE	D					
			П											
			П			-								
				П	П									
Name of Registered Waste	Hauler			IN	JDEP \	Naste	Cubi	ic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPOR				Н	20990		Was		MINERVA L	ANDFILL				
City, State 58 PYLES LANE, NE	W CASTI F	DE. 19	720				Disp	osal Date	City, State WAYNESB	JRG, OH 4468	8			
		Title					1	Signature		D	ate			
Completed By (Print or Typ Damian Lavelle	, ,	PRO	JEC	TM	GR.			_	: 2	100	10-	-14	1 - i	4
Daiman Lavene							-	Dame	an Win	*/ ^^			- 1	-

ASB-41 MAY 11

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

			1978 ADDITION BUILDING		1982 ADDITION BUILDING						A DOLL OF THE PARTY OF THE PART				N FACILITY	TO BE ABATED	ASBESTOS-CONTAINING MATERIAL ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA
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	< :	×	< >	< ;	×	× ;	× ;	× ;	×	×	×	N/A	Custodial Staff?	Maintenance/	Used Solely by	MALLY	IS LOCATION
LAB TABLES	I AB TABLES	ROOFING MATERIALS	13" FLOOR THE HALS	BOOTING MASTIC	12"ELOOR THE MASTIC	12" FLOOR THE AND OR MASTER	DOOR INSTITUTE & MASTIC	9" ELOOP THE STATE	GLASS	PIPE INSULATION ON FIBER	PIPE INSULATION	A	other miscellaneous)	surfacing, VAT, or	(i.e., thermal systems insulation,	Asbestos Containing Materials (ACM)	Description of
206 SF	6,500 SF	26,000 SF	18,500 SF	114,000 SF	66,000SF	8,800 SF	5,500 SF	480 SF	1,000 LF		14,500 LF				SF or LF	(Specify	Amount
×	×	×	×	×	×	×	×	×	×		×	+			ē	9.1	Abate
			_							1	1	1					Abatement Type
			1							-	+	1			·U		AUA

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

Date of Notification (1)				T NIO	ma of Duile	d: /	0 10	(0)	3.01	0.	$\underline{}$		4			
	17 / _	14			-0.000		Owner/Operator x County Imp		ority							
Agencies Notified EPA	Type Notifica	tion		500000	eet Addres 01 Interc	70	ge Plaza	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	JAN 30	AH I	2:	19				
☑ DOLWD		- smaar in	925	City	, State, Zip	p Cod	de	- Ajg i	STRO	0.0			CHOME			
☑ DHSS ☐ DCA	Amendme			1 23	ranbury,		08512	&	IFE	LUH!	R	01				
(NJAC 5:23-8)	justification	y (iriciud n)	iing		ne of Conta		The second second		SIOS LICEN Telephon	e Numf	her					
	☐ Cancellation	on							- Coprior	o reality	, ,					
				F	ACILITY	INF	ORMATION									
Name of Facility Where A		king Pla	ace (3)					Type of Facility (4)				10.			
ROOSEVELT HOSP	ITAL							School (K-12)								
Street Address 1 ROOSEVELT DRI	VE				0			Subchapter 8 Other (i.e., printed homes, etc.)	Other that vate and c	n K-12) ommer	cial I	buildii	ngs,			
City (5)								Square Feet	# of Floo	ors	TE	Bldg.	Age			
EDISON								>500,000	HAN STANFOLD	1150000	1	75+				
County (6)				Cot	unty Code	(7)(S	TATE USE ONLY)	Current Use (Price	Use (Prior if being demolished)							
MIDDLE SEX						9 15	,	HOSPITAL	reary and the second of the se							
Name of Monitoring Firm	Hired by Buildin	g Owne	r (8)	ASCN	I No.	N	ame of Abatem	ement Contractor (9)								
EHS				266	;	- 17	DELTA/BJDS	100								
Street Address						-	treet Address									
411 SOUTHGATE CO	OURT SUITE	E			1345 INDUSTRIAL BLVD											
City, State, Zip Code						-	ity, State, Zip Co		- 152 - 1 15 15 15 15							
MICKLETON, NJ 080								ON, PA 18966								
Project Manager for Monit							elephone No.		License N	No		75.75				
JACK CARNEY				ephone 56 224	1-0080	1	215 322-2900		00783							
Start Date (10)	Sch	neduled	Comple	etion Da	ate (11)		ame of OSHA M		00100							
_ 10 / 30 /					15	1	CRITERION L									
Occupancy Status During	Abatement (Che						reet Address									
☐ Facility Closed/Vacated				ment		3,652.0	3370 PROGRI	ESC DBIVE								
☐ Abatement Performed (Outside of Norm	al Facili	ty Hou	rs - Des	scribe	_										
Time of Abatement: 7A	MPM/ <u>1</u>	1PM	A	Λ		1 3	ty, State, Zip Co									
Scope of Work (Check all to	hat apply)					-	BENSALEM, F	A 19020								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	enovati emolitic				☐ Mini-Encl	ainment with Negat osure Procedure npted (*) and Non-l			2					
		1 1	s Locat	ion	7		Z Non-Exem	ipted () and right-	nable F10	cedure	A.I.	7	. ~			
Location of			Norma	lly			Description of			-		atem		1		
Asbestos-Containing Ma			ed Sole aintena				Containing Mate	erial (ACM)	Amount	t	Remova	Repair	Encapsulate	Enclosure		
TO BE ABATE IN Facility	<u>=D</u>	100000	todial		(i.e		ermal systems in surfacing, VAT, i		(Specify SF or LF	4	NOV:	air	aps	losu		
(13)			(12)				her miscellaneo		SF OF LF	,	<u>н</u>		ulat	пе		
		Yes	No	N/A									Ф			
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lame of Registered Waste	Hauler			IDED !	Vant-					Ц						
SERVICE TRANSPOR			(3/3)	NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste												
20						MINERVA LANDFILL										
City, State						Disposal Date City, State										
58 PYLES LANE, NEW CASTLE DE. 19720						WAYNESBURG, OH 44688										
completed By (Print or Type							Signature	Date								
Damian Lavelle	F	PROJE	CT MC	SR.												
D 41										PS - TOTAL T				1		

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

	I. NOTIF	ICATION INFORMAT	ION		
Date of Notification: ☐ Initial ☐ Amended Type of Work: ☐ Demo		☐ Emergency (must in	clude justification)		
	II. BUII	LDING INFORMATIO	N		
Name of Building Owner/O	perator:Th	e Middlesex Coun	ty Improvement A	uthority	
Street Address: 101 Inte Name of Contact:	rchange Plaza City	Cranbury,	State: N	J Zip:	08512
	III. FAC	CILITY INFORMATION			
Name of Facility Where Wo	rk Activity is to Take Place:	ROOSE	VELT HOSPITAL	CAMPUS	
Describe Facility Use:		HOSPITA	L		
Street Address: 1 ROOS	EVELT DRIVE City:	EDISON	State: No	J Zip:	07013
County Name: MIDDLES	EX		tate Use Only):		
Scheduled Start Date:1	1 / 07 / 2014			/ 31	/ 2015
☐ Activity Performed Outsid☐ Other—Describe: 7:00 Scope of Work (check all t		scribe:			
☐ Floor Tile	Square Footage:		Percentage Asbe	estos.	%
	Square Footage:		Percentage Asbe		
☐ Transite	Square Footage:		Percentage Asbe		%
Roofing	Square Footage:		Percentage Asbe		%
Siding	Causes Feetens		Percentage Asbe	-	%
Other:	Square Footage:		Percentage Asbe	estos:	%
	IV. CONTR	ACTOR INFORMATION	ON .		
Company Name:	DELTA/BJDS, INC	;	Telephone No.:	215 322	-2900
Street Address: 1345 IND	USTRIAL BLVD City:	SOUTHAMPTON	State: PA	Zip:	18966
New Jersey Asbestos Licens	e Number (if applicable):	00793			
Monitoring Firm (if applicable): EHS ENVIRON	MENTAL	Telephone No.:	856-224	-0080
	ν.	SIGNATURE			3.7476.30.30
Completed By (type or print legibly):	DAMIAN LAVELLE	Title:	PROJE	CT MGR.	
Signature:	W. S		Date: 11	/14/2014	

NO CK

MAY 11

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

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14-		*	1

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)	2016		· m. 60	ļ		
	17 / 14	1		The	Middlese	Owner/Operator (2 x County Impro	vement Autho	rity 13 JAN 30	AM	10			
Agencies Notified	Type Notification							ASBESTOS & LIDEN	111	<: ;	9		
☐ EPA	☐ Initial			101	interchar	ige Plaza	4	29105	Criss.				
□ DOLWD	☑ Amended	12		City, St	ate, Zip Co	ode		" LIVEN	SINO	KO.	L,		
□ DHSS	Amendment #			Cran	bury, NJ	08512	2307	5	1114		-		
DCA (NJAC 5:23-8)	justification)	loluding		Name o	of Contact			Telephone Numb	oer		eř.		
				FAC	ILITY INF	FORMATION							
Name of Facility Where	Abatement is Takir	g Place (3)			1 1 2	Type of Facility (4)					
ROOSEVELT HOS							School (K-12		\ .				
Street Address	900000000		- 100				☐ Subchapter 8	(Other than K-12) ivate and commer) cial buil	ldings	·,		
1 ROOSEVELT DR	IVE					7.	homes, etc.)	, valo and sommer					
City (5)							Square Feet	# of Floors	Bld	g. Ag	е		
EDISON							>500,000		7	5+			
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)				
MIDDLE SEX					, , ,		HOSPITAL						
Name of Monitoring Firm	n Hired by Building	Owner (8	3) /	ASCM N	Vo.	Name of Abateme	ent Contractor (9)						
EHS				266		DELTA/BJDS	S, INC						
Street Address						Street Address							
411 SOUTHGATE	COURT SUITE E												
City, State, Zip Code													
MICKLETON, NJ 0	8056					SOUTHAMP	TON, PA 18966	ON, PA 18966					
			Tele	phone N	No.	Telephone No.		License No.	5.0 11100.755				
JACK CARNEY	ect Manager for Monitoring Firm					215 322-2900 00783							
Start Date (10)	Sche	eduled Co	mple	tion Dat	te (11)	Name of OSHA Monitor							
10 / 30	14	03 /	_30	/	15	CRITERION	LABS						
Occupancy Status Durin	ng Abatement (Che	ck only o	ne)			Street Address							
☐ Facility Closed/Vaca	ted During Entire P	eriod of A	Abater	ment		3370 PROGE							
Abatement Performs Time of Abatement:	ed Outside of Norm 7AMPM/1	al Facility PM	Hour AN	s - Des	cribe	City, State, Zip C BENSALEM,							
Scope of Work (Check	all that apply)					-							
П. о. f о. !f		⊠ Rer	novati	on		⊠ Full Cor ☐ Mini-En	ntainment with Ne closure	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Der				☐ Gloveba	ag Procedure						
						⊠ Non-Exe	empted (*) and No	n-Friable Procedu					
		7517-201	Locat Norma						0.000	ateme	200		
Location Asbestos-Containin			d Sole		Ashe	Description stos Containing M		Amount	Removal	Repair	Enc	Enclosure	
TO BE A			intena			., thermal systems	insulation,	(Specify	VOU	air	aps	Isol	
IN Fac	ility	Cust	todial (12)	Staff?		surfacing, VA [*] other miscellan		SF or LF)	<u>a</u>		Encapsulate	Tre	
(13)	Yes	No	N/A		Other miscellan	eousj				Ф		
					PIFAS	E SEE ATTACH	IED						
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		ᆜᆜ							+=			-	
			Ш				-		ᆜᆜ	1	1	-	
							=			Ш			
Name of Registered W				Hauler I	D No.	Cubic Yards of Waste		stered Landfill LANDFILL					
City, State				2099	0	Disposal Date	City, State				-		
58 PYLES LANE,	NEW CASTLE	E 1972	0				WAYNES	BURG, OH 4468	88				
Completed By (Print or		itle				Signature			Date		77.4		
Damian Lavelle	, ype)	PROJE	CT N	/IGR.			nen-La	elle	1-6	29.	-21	210	
ASB-41													

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

		*					1978 ADDITION BUILDING	1962 ADDITION BUILDING	1083 ADDITION TO THE PARTY OF TH					aniping occ			IN FACILITY	TO BE ABATED	ASBESTOS-CONTAINING MATERIAL (ACM)
															Yes	ACCOUNT NAMED OF THE PARTY OF T			
															No	Custodial Staff?	Maintenance/	Used Solely by	IS LOCATION NORMALLY
r				×	×	×	×	×	×	×	× ;	×	×	×	N/A	13	_	<	
	3-			LAB TABLES	ROOFING MATERIALS	12" FLOOR TILE AND/OR MASTIC	ROOFING MATERIALS	12"FLOOR TILE MASTIC	12" FLOOR TILE AND/OR MASTIC	DOOR INSULATION (400 DOORS	9" FLOOR TILE & MASTIC	GLASS	PIPE INSULATION ON FIBER	PIPE INSULATION		other miscellaneous)	surfacing, VAT, or	(i.e., thermal systems insulation,	Description of
		4	•0	206 SF	6,500 SF	26,000 SF	18,500 SF	114,000 SF	66.000SF	8.800 SF	480 SF	1,000 LF		14,500 LF				(Specify SF or LF	Amount
				×	×	×	×	×	×	× ×	×	×	\dashv	×	+	=	-	9.1	Aba
				H	+	+	1	+	+	+	+	-	+	+	+	17000	_	9.1	temer
-				\Box	1	1	1	1	1	1	T		1		1			·u	Abatement Type
															1			u ₃	

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

	I. NOTIF	ICATION INFORMAT	TION		
Date of Notification: ☐ Initial ☐ Amended Type of Work: ☐ Demo	##. ———————————————————————————————————	Emergency (must i	nclude justification)		20
	II. BUII	DING INFORMATIO	N .		
Name of Building Owner/Op	perator:Th	e Middlesex Cour	nty Improvemen	t Authority	
Street Address: 101 Inte Name of Contact:	rchange Plaza City	Cranbury,	State: _	NJ Zip:	08512
	III. FAC	ILITY INFORMATIO	N		
Name of Facility Where Wo	rk Activity is to Take Place:	ROOS	EVELT HOSPITA	AL CAMPUS	
Describe Facility Use:		HOSPITA			. (2)
Street Address: 1 ROOS	EVELT DRIVE City:	EDISON	State:	NJ Zip:	07013
County Name: MIDDLES	EX		State Use Only):		
Scheduled Start Date:1	1 / 07 / 2014	Scheduled Cor	mpletion Date:	1 / 31	/ 2015
Other—Describe: 7:00 Scope of Work (check all the					
☐ Floor Tile	Square Footage:		Percentage A	.sbestos:	%
Mastic	Square Footage:			sbestos:	
☐ Transite	C	7		sbestos:	525076
Roofing	Square Footage:			sbestos:	%
Siding	Square Footage:		Percentage A	sbestos:	%
Other:	Square Footage:		Percentage A	sbestos:	%
	IV. CONTR.	ACTOR INFORMATI	ON		
Company Name:	DELTA/BJDS, INC		Telephone No.:	215 322	2-2900
Street Address: 1345 IND	USTRIAL BLVD City:		State:	and the second	18966
New Jersey Asbestos Licens	e Number (if applicable):	00793			
Monitoring Firm (if applicable): EHS ENVIRON	MENTAL	Telephone No.:	856-224	-0080
	V.	SIGNATURE			
Completed By (type or print legibly):	DAMIAN LAVELLE	Title:	PRO	JECT MGR.	
Signature:			Date:	11/14/2014	

NO CH

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

RECEIVED

			·				·	2015					
Date of Notification (1)	20	_		Name	of Building	Owner/Operator (2	2)	LC JAN	30 /	M	12.		
1 / 2	29 / 1	5		Firs	t State	es Investo	rs 5200, l	LC	•	21.1	16.	18	
Agencies Notified	Type Notifica			Street 550	Address Blair M	Owner/Operator (2 es Investo ill Road		& LIC	S CO	H	TR	OL.	
■ DOLWD ■ DHSS	Amended Amendme									. 4.	2		7
□ DCA	☐ Emergend	743 K. J.	g			A 19044	F-1			75	1		
(NJAC 5:23-8)	justificatio	C 9 30			of Contact by Webl			Telephone N	umber				
				FAC	CILITY IN	FORMATION							
Name of Facility Where	Abatement is T	aking Place	(3)				Type of Facility	(4)		-			
Bank of America							School (K-12						
Street Address							Subchapter Other (i.e., p			bui	ldina	S.	
367 Springfield A	venue						homes, etc.)			-		Ϊ,	
City (5)							Square Feet	# of Floors		Bld	g. Aç	je	27
Summit							100,000	2		80	+/-		
County (6)				Cour	ity Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Union							Bank			0.000			
Name of Monitoring Firm		ling Owner	(8)	ASCM	No.	Name of Abateme		2					
Hillmann Consul	ting, LLC												
Street Address													
1600 Route 22 E	ast	102 Technology Lane City, State, Zip Code											
City, State, Zip Code		City, State, Zip Code Export, PA 15632 g Firm Telephone No. Telephone No. License No.											
Union, NJ 07083		Export, PA 15632 ng Firm Telephone No. Telephone No. License No.											
Project Manager for Mor	nitoring Firm												
Craig Abrams	16		100000000000000000000000000000000000000			[[1] [[1] [1] [[1] [[1] [[1] [[1] [[1]		01121					
Start Date (10) 12 / 29 /				etion Da				110					
						Hillmann C	onsuming,	LLC		_	7-1-1		
Occupancy Status Durin				mont		Street Address 1600 Route	22 East						
Facility Closed/Vacat Abatement Performed					cribe								
Time of Abatement:						City, State, Zip Code Union, NJ 07083							
Scope of Work (Check a	Il that annly)					Officit, 140 C	7 000		-53-1-2-2-3				
Scope of Work (Check a	ii tilat apply)					Full Cont	tainment with Ne	gative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(enova emolit			☐ Mini-Enc	losure g Procedure						
<u> </u>			SITIOIL	OH			mpted (*) and No	n-Friable Proce	edure				
			s Loca			_				Aba	teme	ent T	уре
Location		Lle	Norm	ally lely by		Description of				Z.	Re	Щ	ш
Asbestos-Containing TO BE AB		M:	ainten	ance/		stos Containing Ma ., thermal systems		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facil		Cus	stodial (12	Staff?		surfacing, VAT	, or	SF or LF)	1	2		sula	sure
(13)		Yes	No	T	1	other miscellane	ous)					te	10000
			140		-	D: 1 1-4		25.15				П	
Basement - Mech	nent - Mechanical Room 🔲 🖾 Pipe Insulati						ion	25 LF	L	×			
				x			18		L			Ш	Ш
				x						х			
			П	T_{D}					Г				
Name of Registered Was	ste Hauler		1	NJDEP 1		Cubic Yards of	Name of Regis	stered Landfill					
Waste Manage				Hauler II		Waste			llift				
City, State	7110110		15	5VV1/24		Disposal Date			SCHAU!				
Morrisville, PA								le PA					
Completed By (Print or T	'una)	Title					14101110411	, . / \	Date				
159 596	ype)	Title Administrative Support Hauler ID No. SW1724 Waste Grows North Landfill Disposal Date City, State 2/14/2015 Morrisville, PA Date 1/29/2015 Date											
Jessica Wolfe		AUITIII	11511	alive	oupp	OIL EXXIL	CU MICH.	Al	1/23	112	-01		

ASB-41 MAY 11 * Do not use this form for aspessos scensure exempled activities. /
Prism will be off-site until further notice.

CK 24246

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

			(Fui	Suam	TO NUM	5 0.00 and 5.1	200	REM				100		
Date of Notification (1)	20 /	45				Owner/Operator	(2)	RECEI	VEL)				
	/	15		vven	dy's Cor	opration	20	15 18H 00						
Agencies Notified	Type Notificat	ion		Street /	Address	7/4		30 A	H 12:	37				
□ EPA				145	Broadwa	У	AS	BESTOS CO & LICENSI	:=:::T(t)	w 8				
⊠ DOLWD	Amended Amendmen	n+ #		City, St	ate, Zip C	ode		27/05 CO	HITR	71	i'ii			
☑ DHSS ☑ DCA	Emergence	-		Pate	rson, NJ	07503		CENSI	NG	J. L.				
(NJAC 5:23-8)	justification			Name	of Contact			Telephone Num	ber	10	V7:			
	☐ Cancellation	on		Anth	ony Mar	ngion								
	-		-	FAC	ILITY IN	FORMATION								
Name of Facility Where	Abatement is Ta	aking Place	(3)			115 0 11 12 13 13 13 13 13 13	Type of Facility (4)						
Wendy's							School (K-12)							
Street Address						The second secon	Subchapter 8	(Other than K-12 ivate and comme	!) rcial bui	Idinas	2			
145 Broadway							homes, etc.)	ivate and comme	rciai bui	iuii ig.	3,			
City (5)							Square Feet	# of Floors	Bld	g. Ag	e			
Paterson, NJ							5,000	1	7	5				
County (6)				Count	v Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being demolis	shed)					
Passaic, NJ						**************************************								
Name of Monitoring Firm	Hired by Buildi	ing Owner (B) /	ASCM I	No.	Name of Abaten	nent Contractor (9)							
Cuno Environment					110000	JVN Restor	ation Inc							
Street Address						Street Address								
19 Robins Avenue						47 Foster R	oad							
City, State, Zip Code						City, State, Zip	Code							
	msford, NY 10523					Staten Islan								
					No.	Telephone No.		License No.	-					
John Anuforo	oject Manager for Monitoring Firm John Anuforo				9003	718-605-625								
Start Date (10)	Is	cheduled C	omplet	tion Dat	e (11)	Name of OSHA Monitor								
2 / 09 /	O 0000	2 /				Testor Tech								
Occupancy Status Durin			7			Street Address		1000			-			
☐ Facility Closed/Vacat				nent		10 59 Jacks	on Avenue							
☐ Abatement Performe	9				cribe	City, State, Zip						-		
Time of Abatement:	<u>7</u> AM- <u>7</u> PM/	PM	_AM			LIC, NY 111								
Scope of Work (Check a	all that apply)					210, 111		And the second s		3000				
2-0-7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-						☐ Full Co	ntainment with Neg	ative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re	novati molitio	on		☐ Mini-Ei	nclosure ag Procedure							
☐ ≥160 SI 0I ≥200 II		Пре	montic	71.1			empted (*) and No	n-Friable Procedu	ure					
			Locat						Aba	atem	ent T	уре		
Location		1100	Norma d Sole			Description			Z,	Z,	Щ	Ш		
Asbestos-Containing TO BE AB			intena			stos Containing N ., thermal system		Amount (Specify	Remova	Repair	Encapsulate	Enclosure		
IN Faci		Cus	todial	Staff?	(,,,	surfacing, VA	T, or	SF or LF)	val	_	Sul	sure		
(13)		Van	(12) No	N/A		other miscellar	neous)				ate			
V 1507 BD		Yes		1				4005				\vdash		
Roof					Roofing	g Membrane		10SF		Ш		ш		
						-1								
		П	П											
Name of Registered Wa	ste Hauler			JDEP \		Cubic Yards of	Name of Regis	stered Landfill						
Newark Carting	10001100101		1000	lauler II	No.	Waste		tral Sanitary L	and Fi	II				
City, State				NJ-56	66	3 Disposal Date	City, State							
Newark NJ			27			2/9/15	Penargyl,	PA						
	+	T:41-				CONTRACTOR COLO			Date					
A S. S	npleted By (Print or Type) Title									-29-15				
ignatius Marraccir	10	Project	. widn	ayer		1×cme	len Man	iciesis	1-0	×9	-/)		

ASB-41 MAY 11

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

604-655-2154

NO CK

RECEIVED

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

1 John Fitchway	Plaze
P. C Bex 949	
Trenton, N. J.	645

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015 JAN 30 Date of Nodfication (1) Name of Building Owner/Operator (2) SINTROL 10179715 Agencies Notified Agencies Notification Street Address) Initial) EPA City, State, Zip Nodication K) DEP) Amended) DOL Telenhane Number Name of Contact Nodification DOH MIKE) DCA FACILITY INFORMATION Residentia Type of Facility (4) Name of Facility Where Absternent is Taking Place (3). Private) School (K-12) Street Address) Subchapter 8 (Other than K-12) (V) Other (i.e., private & commercial buildings) County Code (7) Building Age # of Floors (STATE USE ONLY) Square Feet 1560 SAFT Current Use (Prior if being demolished) Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Home Street Address Street Address City, State, Zip City, State, Zip Prigantine Telephone Number Telephone Number Project Manager for Monitoring Firm Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 12/2015 11/2015 Street Address Occupancy Status During Absternent (Check only one) (V) Facility Closed/Vacated During Entire Period of Abatement () Abstement Performed Outside of Normal Facility City, State, Zip Hours - Describe () Other - Describe Scope of Work (Check all that apply)) Renovation (V) Demolition) Full Containment with Negative Pressure (V) Large Project (> 160 SF or > 260 LF ACM) () Small Project (> 25 < 160 SF or > 260 LF ACM)) Mini-Enclosure () Glovebag Procedure () Minor Project (< 25 SF or < 10 LF ACM) Abstement Type Description of Is Location Normally Asbestos-Containing Amount Used Solely by Enclosure Location of Asbestos-Containing Material (ACM) (Le., (Specify Maintenance/Custodial Staff Material (ACM) in Facility (13) thermal systems insulation, SF or LF) (12)susfacing, VAT, or other miscellaneous) 1560 NYA No SF Yes Name of Registered Landfill Cubic Yards of Waste NIDEP Waste Hauler ID No. Name of Registered Waste Vd5 CUA P952 FRanstor City, State Disposal Date 2015 Completed by (Print of Type) Signature

When

mikelair

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

NO CK	N	OTIFI	CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 ar	y ABATE	MENT	E	EN	4		10-	36	
Date of Notification (1)				Building Owner/	- 3	(2) 2175	lan -	O PM S	-		00		
Jan 26, 2015			Court	and St Loft LI	.C		3	O PM ()a == .				
Agencies Notified Type Notification			Street A	, 2005년 전 100 mar 100 m 		Agaic	e :	CONT	. 46				
EPA Initial			958 M	lain Str Suite	3	- 14/2	S 4 . 63 .		•				
DEP X Amended			and the second	te, Zip Code		٠, ٠,	LIE	NA I	WI		-		
DOL Amendment Emergency			Paters	on NJ 07503			7	O MARC					
DOH justification) Cancellation			Name of	Contact			Te	lanhana Mu	mhar	-			
			FACI	LITY INFORMAT	ION								
Name of Facility Where Abatement is Takin	g Place (3)				Type of Facility	(4)						
Structure for Demo						School (K-	12)						
Street Address								er than K-1					
47-57 Camden Street						etc.) Square Feet		& commerc		dings		es,	
Paterson						Oquare i eet	7 0	1 10015		50+	\ge		
County (6)			County (Code (7)		Current Use (P	ior if be	ing demolis		-			
Passaic				JSE ONLY)	Abandoned								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	l No.	Name of Abatement Contractor (9)								
n/a			n/a			Name of Abatement Contractor (9) Loznica Management Corp							
Street Address				0, p									
n/a					WE W. S. P. C.	Address roy Lane							
City, State, Zip Code					233	state, Zip Code oln Park NJ 0	7035				-2.5		
Project Manager for Monitoring Firm		-	Telephor	ne No		none No.	7000	License N	lo				
n/a			n/a			7067950		01193					
Start Date (10)	Schedule	d Corr	pletion I	Date (11)	1000000	of OSHA Monito		01100			1000/15	-	
Jan 20 2015	Feb 6 2				110000000000000000000000000000000000000	nica Managen		orp					
Occupancy Status During Abatement (Chec	k Only On	e)		<u> </u>			-			-			
Facility Closed/Vacated During Entire			ont										
Abatement Performed Outside of Norm	nal Facility	Hours	CIIL		-								
Other - Describe: 9 am - 4 pm					1 22	tate, Zip Code oln Park NJ 0	07035						
Scope of Work (Check All That Apply)						XX WET M						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Total Control	enovat emoliti		7	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					°A	===		
	ie	Location	on.				1		1	10000000	ement		
Location of	2750	lormall	5200		escription	of				. Ty	/pe		
Asbestos-Containing Material (ACM)		d Solel ntenar				Material (ACM)	1	Amount			m		
TO BE ABATED In Facility	20,000	odial S			I system	s insulation,	1	Specify	Rei	Z	Encapsulate	Enclosure	
(13)		(12)		other	miscellar	neous)	5	F or LF)	Remova	Repair	psu	losu	
	Yes	No	N/A						a	-	late	Ire	
Roofing			x	To be wette	ed and	disposed of							
				as as	pestos	waste.							
				(separate	e from s	structure)				+		÷	
				undete	mined	amount							
Name of Registered Waste Hauler Rovic		1000	JDEP W auler ID				Regist	ered Landfil ndfill	I '	-			
City, State Riverdale, NJ				15.000	sal Date			A 19067			-		
Completed by	TBD Morrisville PA 19067												
E. Cirovic	1000000	retary				Jan 26, 2				5, 20	015		

NO C NOTIF

State of New Jersey FICATION OF ASBESTOS ABA Pursuant to NJAC 8:50 and 12:	VI C TEMENT 120)	PEL	J FOCA	1,00
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7	(Puisuain to it	0710 0101	1	10	1-9-1-1		_		1
Date of Notification (1),	Name of Bui	Iding Owner/Ope	rator (2)	e man file	Literal	ļ			
Jare of Modulication (1)	P.S.E.G.			195 1661	2 -				1
Agencies Notified Type Notification	Street Addre	DLEY ROAD			0 PH 9:				
EPA Initial Amended	City State.	Zip Code	- AS	BESTO	S CONTR	01			
Amendment#		PLAINFIELD,	143 01.000	the I I	phone Numbe				
□ DOH □ justification)	Name of Co	intact CiS D	ODA_	1 ,0.0					
DCA Cancellation	FACILIT	Y INFORMATIO	N		9 577			_	-
Name of Facility Where Abatement is Taking Pla			Type of Fac						
PS6+G-	.,		Subch	I (K-12) apter 8 (Othe	er than K-12) commercial t	ouilding	s, hoi	nes,	
Street Address 333-4AKES-0	= 415		etc.)-	AN - 155					
	5 71102		Square Fee	2 2	Floors	Bldg.		A .26	اج و
City (5) ORANGE			929	O (Prior if hei	ng demolished		2 9	n 24	
County (6)	County Co (STATE US	ide (7) E ONLY)	- Su		AT:ON				
ESSEX	per (8) ASCM N	No.	Name of Ahatemer	nt Contractor	(9)	2			
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	1er (8) A301111 0045	27000	UNIQUE SYS	TEMS OF	AMERICA				=
Street Address			Street Address 396 WHITEHE	EAD-AVE:					
64 BROAD STREET			City, State, Zip Co	nde	00				
City, State, Zip Code MATAWAN, NJ 07747			SOUTH RIVE Telephone No.	R, NJ 088	82 License No				-
Project Manager for Monitoring Firm TOM GEIGER	Telephone 732-292	e No. 2-2217	732-432-8350		01111				4
Start Date (10), S	cheduled Completion D	oate (11)	Name of OSHA M UNIQUE SYS	ionitor TEMS OF	AMERICA				
Occupancy Status During Abatement (Check C	4-5 #		Street Address 396 WHITEH	FAD AVE.					
Classed Vicested During Entire Pe	riod of Abatement		City, State, Zip C	ode					
Abatement Performed Outside of Normal Other – Describe:		ly!	SOUTH RIVE	ER, NJ 088	382				18 (G) 18 (
Scope of Work (Check All That Apply)				ontainment W	ith Negative P	ressure	ŧ		
≥3 sf or ≥3 lf	Renovation Demolition		Mini-E	nclosure					
≥160 sf or ≥260 lf			Glovet Non-E	pag Procedur xempted (*)	and Non-Fran	le Proc	edure		
					*	1	Abate Ty	ment	
	Is Location Normally	D	escription of			H	-]		
Location of Asbestos-Containing Material (ACivi)	Used Solely by Maintenance/	Asbestos Co	ntaining Material (A al systems insulatio	Civi) n.	Amount (Specify	Re	R	nca	Enc
TO BE ABATED In Facility	Custodial Staff?	suri	acing, VAT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)	other	miscellaneous)			al		ate	.6.
	Yes No N/A	60000	ite Pane	e i	6 3 F	×			
CONTRA REOM		TRANS	ITE ITE	5					
				Name of Reg	gistered Landf				322
Name of Registered Waste Hauler	Hauler II	DNO. OF V	Vaste	EQ-L	UAYNE	LA	ND	Fil	1,
City, State	. 000	Dis	poss	City, State	11/11:1	1=	N	12	٠.
FLANDERS, NJ	3	7	Signature		11616	Date /	Ei-	1	
Completed by CAROL RAIMO	Title OFFICE MGR.		- Six	I Kaz	(2300)	1/0	26/	13	5
CAROL PAINTO								22	200

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

	Date of Notification (1)		Name	of Building	Owner/O	perato	r (2)			7 -		15/1967	
	12/17/14		P.S.I			,	. //	2015	利 30	PH	9:	50	
	Agenciés Notified Type Notification EPA Initial	7		Address HADLEY	/ ROA!)			ESTOS				100
	DEP Amended Amendmen	37		State, Zip Co TH PLAIN		NIIA A	77000	å	LICE	NSIA	i G	111	-
	DOH Emergency justification	(inclúding	Name	of Contact		, NJ (Te	lephone N	umber			-
	DCA Cancellation		(S)	HRis	5 2) et .	DA				-	<u> </u>	
	Name of Facility Where Abatement is Takin	ng Place (3)	FA	CILITY INFO	JRIVIATIO	JIN	Type of Facilit	y (4)					
	Street Address	,					School (H						
-	333 LAKES	DE -/	FIRE				Other (i.e	. private	er than K- & commer	12) cial bui	ilding	s, hom	es,
	City (5) ORANGE	/		0	THE RES		Square Feet	# 0	f Floors	T	Bldg.	Age	
	County (6)		County	Code (7)			9210 Current Use (F		2	\ <u>{</u>	3000	60	yRs
	ESSEX		(STATE	USE ONLY)	-		Sus		AT.O		.50		
	Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASC 00	M No. 45		Name	of Abatement C	ontractor	(9)				
	Street Address 64 BROAD-STREET					Street	Address						
	City, State, Zip Code						WHITEHEAD	-AVE:-					
	MATAWAN, NJ 07747					SOU	tate, Zip Code TH RIVER, N	4J 0888	2				
	Project Manager for Monitoring Firm TOM GEIGER			one No. 92-2217			one No. 432-8350		License 1				
Ī	Start Date (10)	Scheduled Co	mpletion	Date (11)		Name	of OSHA Monito				2000		
	Occupancy Status During Abatement (Chec	k Only Oné)	31/1	5			QUE SYSTEN	AS OF	AMERIC	A			
	Facility Closed/Vacated During Entire F	Period of Abater	ment				VHITEHEAD	AVE.					
	Abatement Performed Outside of Norm Other – Describe:	nal Facility Hour Apractics	s 9 (2-7)	rly!			tate, Zip Code TH RIVER, N	J 0888	2				
	Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	Ø -					1				13		
	≥160 sf or ≥260 lf	Renova Demoli				7	Full Contains Mini-Enclosu Glovebag Pro	re ocedure					
-		Is Locat	ion			-	Non-Exempte	eu () and	Non-Friat	DIE Pro	Versilian III	ement	
	Location of Asbestos-Containing Material (ACM)	Normal Used Sole	ly by	Ashesto		ription	of aterial (ACM)				Ту	pe	
	TO BE ABATED In Facility	Maintena Custodial		(i.e. th	nermal sy surfacir	stems	insulation.	(S	nount pecify or LF)	Rei	Z.	Enca	Enc
	(13)	(12)	1		other mis	cellane	eous)	31	oi Lr)	Removal	Repair	Encapsulate	Enclosure
-	A 1570 1 B	Yes No	N/A				- 1					te	(D
H	CONTEL ROOM			TRAI	US:72	5 1	ANGI	6	SF	X			_
												-	-
	Name of Devictor Mar.												
	Name of Registered Waste Hauler	н	JDEP W auler ID	No.	Cubic Ya of Waste		Name of	D & 20	ed Landfill	,			
(City, State	. '0	8063	37369	Disposal	Date	City, Stat		INE	LA	NDI	Fill	
F	FLANDERS, NJ.					5	Sity, Sta	Elle	EVille	<u></u>	M	9-	_
	Completed by CAROL RAIMO	OFFICE M	GR.		Sign	nature	8 1 1 K	7 .	Da	te //-	1/.	. /	
-		1			1	-	CALLE ILE	Carried State	(1) 188	31/	1 1 3	25	

CKH 5855

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

RECEIVED

Date of Notification (1)		Name of Buildi P.S.E.G.	ng Owner/Operati	or (2) ZIII) .	JAN 30 BH	9: 5	9		
Agenciés Notified Type Notification EPA Initial DEP Amended	n'	Street Address 4000 HADL	EY ROAD	ক্ ডিট	ESTOS CON LICENSIN	HIRL IG			
DOL Amendmen	nt #_/		AINFIELD, NJ	07080			- 10	91	
DOH justification DCA Cancellatio)		is Du	DA	Telephone N	lumbei	г		
Name of Facility Where Abatement is Taki	ng Place (3)	FACILITY IN	FORMATION	Type of Facility				-	
Street Address 333 LAKES. City (5)	NE A	-16		Other (i.e.	12) er 8 (Other than K- private & comme	-12) rcial bu	ilding	s, hon	nes,
LURANGE	00 /1			Square Feet 92.10	# of Floors	T	Bldg.		
County (6)	1	County Code (7 (STATE USE ON			ior if being demoli	shed)	E FINE	4 96) yr
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address	Owner (8)	ASCM No. 0045	Name UNI	of Abatement Co	ntractor (9)		7		
64 BROAD-STREET City, State, Zip Code			396	t Address WHITEHEAD-	AVE:				
MATAWAN, NJ 07747 Project Manager for Monitoring Firm				State, Zip Code JTH RIVER, N.	J 08882				
TOM GEIGER Start Date (10)		Telephone No. 732-292-221	7 732-	hone No. -432-8350	License 01111				
Occupancy Status During Abatement (Chec	Scheduled Com	pletion Date (11		of OSHA Monitor QUE SYSTEM		;A			
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Closed/Vacated Outside of Norm	Period of Abatema	ent	396	Address WHITEHEAD	AVE.				
Other – Describe: Macroscope of Work (Check All That Apply)	apendity Hours	only!		State, Zip Code JTH RIVER, No	J 08882				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renovati Demolitio			Mini-Enclosure Glovebag Prod	cedure				
Location of	Is Location Normally		Description		i (*) and Non-Fria	ble Pro	Abat	re ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely Maintenand Custodial Sta (12)	ce/ Asbe	stos Containing N e. thermal systems surfacing, VA other miscellan	faterial (ACM) s insulation, T. or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
CONTRA ROOM	Yes No	N/A TR	ANSITE :	Panel	6 s F	X		te	0
				7, 100 1		100			
News							•		
Name of Registered Waste Hauter	Hau	DEP Waste uler ID No. 30637369	Cubic Yards of Waste	0	Registered Landfill	10	- 12	ا ا	
FLANDERS, NJ.		10671067	Disposal Date	City, State	- /	~H	100)	3	. (
Completed by CAROL RAIMO	Title OFFICE MG	BR.	Signature	1 DE	Da	te 2/m	1/1	1	-

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

RECEIVE

	Date of Notification (1)			Name	of Buildir	ng Owner	/Operat	or (2)	L. Lui		11							
	12/4/14	/ (/ · /						P.S.E.G. Street Address ACCOMMAND TO ACCOM										
	Agenciés Notified Type Notification	1		#	Address HADLE	EY ROA	d A											
	DEP Amended DOL Amendmen	t#		City, S	State, Zip	Code	D N.I	07080 Ĝ	LIC	S GONT NSING	RUI							
	□ Emergency □ justification □ DCA □ Cancellation)	9		of Contac		20	No. 20	Te	lephone N								
	- Carloshatol		_	FA	CILITY IN	FORMA		DA	_									
	Name of Facility Where Abatement is Takin	ng Place ((3)					Type of Facilit	y (4)									
	Street Address	1 2 20	(=(+)+)+	N 22 EV				School (F						S 20 10 10				
	333 LAKES:	1)E		1-118	- 			Subchap Subchap Other (i.e	ter 8 (Oti . private	ner than K- & commer	12) cial bu	ilding	s, hor	nes,				
	ORANGE							Square Feet 92.70		of Floors	1	Bldg.		a 18.				
	County (6) ESSEX			County (STATE	Code (7)	.Y)		Current Use (F	rior if be	ing demoli:	shed)	がなり	. 96) yes				
	Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8))	ASC 00	M No.	17.93	Nam	e of Abatement C	ontractor	\$7.0. (9)								
	Street Address 64 BROAD-STREET			- 00	0		Stree	QUE SYSTEM										
	City, State, Zip Code							96 WHITEHEAD AVE.										
	MATAWAN, NJ 07747 Project Manager for Monitoring Firm							r, State, Zip Code DUTH RIVER, NJ 08882										
	TOM GEIGER				one No. 92-221	7		hone No. -432-8350		License I 01111								
	Start Date (10)	12	7/	mpletion	Date (11))		of OSHA Monito		AMERIC	Λ							
	Occupancy Status During Abatement (Chec	k Only On	ié)		-		Street	Address		TUILITO								
	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	ol Facility	Harris	-	a i			WHITEHEAD State, Zip Code	AVE.									
-	Other - Describe: Massessage of Scope of Work (Check All That Apply)	- SAAA	200	000	The !	7	The Same Section Co.	JTH RIVER, N	J 0888	2								
	≥3 sf or ≥3 If	M P	enova	tion			Г	7		9000 20 70								
	≥160 sf or ≥260 lf		emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
Ī		le	Locati	ion			75	Non-Exempted (*) and Non-Friable P					le Procedure Abatement					
	Location of Asbestos-Containing Material (ACM)	N	lormal d Sole	ly		Des	scription	of					pe					
	TO BE ABATED	Mai	ntenar odial S	nce/	Asbes (i.e.	tos Cont thermal	aining N system:	Naterial (ACM) s insulation,	F 100 100	nount pecify	70		9	ш				
	In Facility (13)	J	(12)	idi:		surfac other m	cing, VA	T, or		or LF)	Remova	Repair	Encapsulate	Enclosure				
	0	Yes	No	N/A							/al	=	ilate	ure				
-	CONTROL ROOM		X		TRA	MSi	TE .	PANEL	6	SF	X							
I														_				
								N N				-						
1.	Name of Registered Waste Hauler			JDEP W		Cubic	Control Control	Name of	Register	ed Landfill				-				
L	VEOLIA	55			37369	of Was	te [EQ	-WAY	NE	LA	NNI	=;11					
10/	City, State FLANDERS, NJ.		-	Disposi	al Date	City, Stat		-17:11	LA	N/	0.							
1	Completed by CAROL RAIMO	Title OFFIC	E 1.6	GP.		-	gnature	7	3.	Dat	e ,	1,4	1	-				
		OI-FIC	ı⊏ IVI	GR.			6	teral Ke	200	20 /0	2/4	//6	1					

Check#2104

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

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4 4	and the

Date of Notification (1)				Name	of Building	Owner/C	perator (2)		Anne	20~		B //	× 1.,
01 /		15		Expres	s Display	Real E	state Asso	ociates LLC	ans,	3	0 6	M (D. 1
Agencies Notified	Type Notification	on			Address	100. 2			ASSE &	e	1-0	10	FO 1
⊠ EPA	Initial			1440 F	East State	Street				910S	CO	WY	#%
⊠ DOLWD	Amended				tate, Zip Co				<u> </u>	LICE	174	300	10
□ DHSS	Amendmen			250							CI- 878	11 1	
☐ DCA	☐ Emergency		g		ton, NJ 08 of Contact				Telephone Num				
(NJAC 5:23-8)	justification								,				
	Cancellatio	ID			ander Vli				,		-		_
				FA(CILITY IN	FORMA	TION						
Name of Facility When	e Abatement is Ta	king Place	e (3)					Type of Facility	(4)				
Warehouse non-occu	mied							School (K-1		21			
Street Address	-P							Subchapter Other /i.e.	8 (Other than K-1 3 private and comme	z) ercial bui	Idinas		
105 Avenue L								homes, etc.		noidi bui	unigo		
City (5)								Square Feet	# of Floors	Bid	g. Ag	e	_
Newark, NJ 07105 County (6)				Coun	ty Code (7) (STATE U	SE ONLY)	Current Use (P	rior if being demol	ished)			200
Essex													
Name of Monitoring F	irm Hired by Buildi	ng Owner	(8)	ASCM	No.	Name	of Abateme	nt Contractor (9)				
Envirovision Consu	ltants, Inc			00079		Gr Tec	h LLC						
Street Address	ituritis, mo			000,7			Address						
20-21 Wagaraw Roa	d Bldg #35 F					576 Va	illey Rd#	283					
City, State, Zip Code	id, Didg .# JJ L						tate, Zip Co						
	0					10000	, NJ 0747						
Fair Lawn, NJ 0741 Project Manager for N			Told	ephone	No		one No.	0	License No.				_
	totatoring 1 and			The second of					10 (10 to 10 to				
Guillermo Morales		ale and charact	5000000000	-636-9		THE PERSON NAMED IN	8-1777 of OSHA M	lanitar.	01127				
Start Date (10) 02 /04		cheduled 03				100000000000000000000000000000000000000		nsultants,Inc					
Occupancy Status Du							Address	iisaitaiits,iiio					_
▼ Facility Closed/Val				ment				D J DIJ- #	25 E				
Abatement Perform					scribe		wagaraw tate, Zip Co	Road, Bldg .#	33 E				_
Time of Abatemen	t:AM	PM/	PM		AM								
F101 (10)	11.11					Fair La	iwn, NJ 0		nation with negati	uo proce	LIFO	-	-
Scope of Work (Check	(all that apply)					Н			egative Pressure	ve press	uic		
>3 sf or >3 lf > 160 sf or >260 lf		⊠ F	Renovat	ion		\boxtimes	Mini-Fnc	neure	3-10-10-10-10-10-10-10-10-10-10-10-10-10-				
≥ 160 sf or ≥260 lf)emoliti	on			Gloveba	g Procedure	Tent with Negation	ve Press	ure		
							Non-Exe	mpted (*) and N	on-Friable Proced		-1-		
			Is Loca Norma				20.22			Ab	ateme	ent I	ype
Local Asbestos-Containi	tion of no Material (ACM)	U	sed Sol		Apho		escription o	ot terial (ACM)	Amount	Re	Re	E	П
	ABATED	£	lainten				al systems		(Specify	Removal	Repair	сар.	Eliciosore
	acility	Ct	ıstodial (12)				acing, VAT		SIF or LF)	\sigma_a	7	Encapsulate	2
(1	3)		1	V	-	other	miscellane	ous)				ē	100000
		Ye	s No						-		_		-
First floor				\boxtimes	Pipe inst	ulation-	wrap and	repair	4,000 LF		\boxtimes		L
						-							
			-	+-	-				1				1
												Ш	L
	(1)												
Name of Registered	Waste Hauler		N	JDEP Was	te Hauler ID No.	Cubic Y	ards of Was	te Name of Reg	istered Landfill			t e	phonen
								T.R.R.F. Inc					
Gr Tech LLC				00337	80	TE		City, State		-		-	
City, State						Dispos	sal Date	1					
Wayne, NJ 07470						TE	3D	Tullytown,	PA				
Completed By (Print	or Type)	Title				S	ignature /) , ,	1.	Date			
N.Jevtic		Owner					10/	1. 16	100	1/26/20	015		
ASB-41							- HE.	the wer	car a				-0.00
MAY 11		* Do	noi use	this for	m for asbes	stos licer	isure fexem	oted activities.					

(K 110

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

RECEIVEN

Date of Notification (1) January 26, 2015	7				f Building (uated Eq			17	2015 J	4N 30	ou o	Š		
Agencies Notified	Type Notification		114	Street A				1			11 3	07		
X EPA	× Initial			56 Sp	arta Ave	nue		4	188F	SIMC O	C			
EPA DEP X DOL	Amended Amendment				ate, Zip Co on, New		07860		و	HOS C LICENS	ING	ROL		
⊠ DOH □ DCA	Emergency (justification) Cancellation	including		National services	f Contact Photopo	ulos			Te	lephone Nu	mber	- 22		
_				FACI	LITY INFO	RMATIC	NC							
Name of Facility Where a Street Address 91 Sparta Avenue	Abatement is Taking	g Place (3)	r E				T,	Subchap	(-12) ter 8 (Oth	ner than K-1 & commerc		dings,	home	es,
City (5) Newton								quare Feet ,550	1	of Floors		ldg. A	ge	
County (6) Sussex					Code (7) USE ONLY)			urrent Use (Rental hom		eing demolis	hed)			
Name of Monitoring Firm Environmental Con		Owner (8)		ASCN	И No.			Abatement (N Environr						
Street Address 2002 Renaissance	Boulevard, Suit	e 110					Street Ad	dress enwood D	rive					
City, State, Zip Code King of Prussia, PA								e, Zip Code ngton Cros	sina. P	A 18977				
Project Manager for Mor Richard S. Werner				Telepho	ne No. 79-7070		Telephon	15 m 1		License I	No.			
Start Date (10) 2/12/15	Schedule 2/19/15		pletion	Date (11)		Name of Same	OSHA Monit	or		-				
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street Ad	dress			-			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	Period of A	batem	ent		_	City, State	e, Zip Code		==				
Scope of Work (Check A	II That Apply)				_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedure	í				
		1		8000				14011-EXCITIE	Tou () an	id 14011-1 fla	0.0 1 10	Abate		
2 12			Locati ormal			-							ре	
Locatior Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) A <u>TED</u> lity	Mair	i Sole ntenar odial S (12)	ice/		tos Conta thermal surfac	scription of aining Mate systems in sing, VAT, niscellaneo	erial (ACM) sulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						22.25			le	
Basem	ent			X	9-inch b	by 9-inc	ch brown	and tan f	(4	80 SF	X			
First floor	Foyer			X	12-inch	by 12-	inch Fla	gstone Lir	c (66 SF	X			
											+			
Name of Registered Was	ste Hauler	+ T + 1	1 000	JDEP W		Cubic \		Name	of Regist	ered Landfi	11 -	1		-
Service Transport G	roup, Inc.			auler ID N2117		of Was	ste			erprises				
City, State New Castle, DE 197	20	8 9		2		Dispos TBD	al Date	City, S Wayr	tate nesburg	g, OH				
Completed by		Title	· · · · · · · · · · · · · · · · · · ·	102 V 10 - 2 - 2		Si	ignature	111	/	D	ate	0-	7	-
Elizabeth Gosek	-	Presid	dent				Ü,	491			1-	27	- 4	7

CK 110

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

Date of Notification (1) January 26, 2015				Name o	of Building uated E	Owner/ quilibri	Operator (2 um, LLC	2)2011	5 JAN 36	PR	G. E.	_			
Agencies Notified	Type Notification	1		Street A	Address arta Ave										
EPA DEP DOL	Initial Amended Amendmer		1	City, Sta	ate, Zip Co on, New	ode	y 07860	. 100	ESTOS & LICE	MSI)	YTROL IG	•			
☑ DOH DCA	Emergency justification Cancellatio)	10.00		of Contact Photopo	oulos				Tele	ephone N	umber			
				FAC	ILITY INF	ORMAT									
Name of Facility Where	Abatement is Taki	ng Place (3)						Туре	of Facility (4	-)					
Street Address 87-89 Sparta Aven	iue						land flavor		School (K-12 Subchapter (Other (i.e. pr etc.)	8 (Othe			ilding	s, hom	nes,
City (5) Newton							0.00		e Feet	# of 2	Floors	1.00	Bldg. > 65		
County (6) Sussex					Code (7) USE ONLY)			nt Use (Prior	r if beir	ng demoli	ished)		ř.	
Name of Monitoring Fire Environmental Cor		Owner (8)		ASC	M No.				tement Cont						
Street Address 2002 Renaissance	Boulevard, Su	ite 110					Street A 150 G		s ood Drive	,					
City, State, Zip Code King of Prussia, PA	A 19406						City, Sta Washi		p Code n Crossin	g, PA	18977				
Project Manager for Mor Richard S. Werner		8		Telepho 310-27	ne No. 79-7070		Telepho				License 01225	No.			
Start Date (10) 2/12/15		Scheduled 2/16/15	Com	pletion	Date (11)		Name of Same	f OSH	IA Monitor						
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street A	ddres	s						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor			ent		_	City, Sta	ite, Zij	p Code						
Scope of Work (Check A	All That Apply)		1-3113-												
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		The state of the s	novati				X	Mini	Containmer i-Enclosure vebag Proce i-Exempted	edure				re	
		Is I	ocatio	n						7 4110	110111111	1	10.65%	temen	t
Location		No	mally	/			scription o							уре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Custo	tenan	ce/	Asbes (i.e.	thermal surfa	taining Mail systems in cing, VAT, miscellaneo	nsulat or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										6	
Basem				X	Plast	er on b	pasemen	t cei	lings	73	0 SF	X			
Basem		X	Ai	r Cell F	Pipe Insu	ulatio	on	12	0 LF	X	-				
												+	-	+	
Name of Registered Was	ste Hauler		0.0000000	DEP W			Yards		Name of Re	egister	ed Landfi	ill	1		
Service Transport G		uler ID V2117		of Waste TBD			Minerva Enterprises								
City, State New Castle, DE 197					Dispos TBD	sal Date		City, State Waynest	ourg,	ОН					
Completed by Elizabeth Gosek	Title Preside	ent			S	Signature	//	lal	(1975 N)	D	ate /_	27	7-1.		
								14	11			1 6	1	1	/

CK 110

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

RECEIVE

Date of Notification (1) January 26, 2015				f Building C				901c		-11			~	
Agencies Notified Type Notification		Str	reet A	ddress arta Aver				Accor		30 07	9: 6	7		
DEP Amended Amendment				ite, Zip Coo n, New J		07860		- MORE	LIC	S GUA ENSIA	IRD	L.		
□ DOH	including	11000	District Killing	Contact	ılos				Tel	ephone N	umber	±1.		
N- (5 W 10 N 10			FACI	LITY INFO	RMATI	ION								
Name of Facility Where Abatement is Taking Street Address 83 Sparta Avenue	Place (3)		+					of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			Idinas	, home	es.
City (5) Newton		11					<u> </u>	etc.) re Feet		Floors	П	3ldg. /		
County (6) Sussex		Co (S1	unty (Code (7) USE ONLY)			Curre	nt Use (Prical home		ng demoli:	shed)			
Name of Monitoring Firm Hired by Building C Environmental Consulting, Inc.	Owner (8)	1	ASCM	No.				ement Cor						
Street Address 2002 Renaissance Boulevard, Suite	e 110					Street /		s ood Driv	e			-	-	
City, State, Zip Code King of Prussia, PA 19406						City, St Wash		p Code n Crossi	ng, PA	A 18977				
Project Manager for Monitoring Firm Richard S. Werner				ne No. 79-7070	12	Telepho 267-2				License 01225	No.			
Start Date (10) 2/9/15	Scheduled 2/12/15	Comple	etion [Date (11)		Name o		IA Monitor						
Occupancy Status During Abatement (Check	Only One)					Street A	Addres	s						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	atemen ours	ıt			City, St	ate, Zi	p Code						
Scope of Work (Check All That Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Transporter.	ovation nolition				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				'A	
	Islo	cation							1/ 5			1000000	ement	
Location of	Nor	mally			Des	scription	of	ĺ				Ty	/ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custodi (1	enance ial Staf (2)	ff?	(i.e. t	s Cont hermal surface	aining Ma systems cing, VAT niscellane	aterial insula r, or		- (5	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	No 1	N/A							<u> </u>			е	
First Floor		-	X	Plaster o	n Firs	st floor	walls	and ce	2,3	00 SF	X			
Name of Registered Waste Hauler		NID	EP Wa	aste	Cubic	Varde	Т	Name of F	Dogist-	rod 5-25	311			
Service Transport Group, Inc.		Haul	er ID I	No.	of Was			Minerva						
City, State New Castle, DE 19720					Dispos TBD	sal Date		City, State Waynes		ОН				
Completed by Elizabeth Gosek	Title Preside	nt	55		S	ignature	les	HOR		D	ate /-	27.	- / j	

(K13236

JAN 13

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

RECEIVED

Date of Notification (1)	23 /	15					Owner/Operator (2 O VIRGINIA PER		2015 JAN 3			GI	
Agencies Notified EPA	Type Notifica	ation			Street A		S AVENUE		ASSESTO.	s en	MIT		
⊠ DOLWD	☐ Amended			İ	City, St	ate, Zip Co	ode		& LICE	INS!	NG	UL	
☑ DOH ☑ DCA	Amendme		ina		TOM	S RIVER	, NJ 08753						
(NJAC 5:23-8)	justification		9		Name o	of Contact			Telephone Numb	ber			
2	☐ Cancellat	tion			VIRO	SINIA PE	RLE						
					FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is 7	Taking Pla	ace (3)				Type of Facility					
RESIDENCE							*	School (K-1)	2)	1			
Street Address								Other (i.e., p	8 (Other than K-12 private and comme	<i>)</i> rcial bu	ildings	ŝ,	
88 TENNYSON AV	ENUE							homes, etc.					
City (5)								Square Feet	# of Floors	Blo	ig. Ag	е	
TOMS RIVER								1072	2	- 7	75 YF	RS	
County (6)			- 100		Count	y Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
OCEAN								RESIDENC					500
Name of Monitoring Firm	n Hired by Buil	ding Own	er (8)	ASCM N	No.	Name of Abateme	ent Contractor (9	9)				
N/A							RICH-MARK	CONTRACTIN	IG, INC.				
Street Address							Street Address						
							170 U.S. HW	Y 9					
City, State, Zip Code			-				City, State, Zip C	ode					
only, otato, a.p. ovac							BAYVILLE, N	J 08721					
Project Manager for Mo	nitorina Firm			Tele	phone I	No.	Telephone No.	-	License No.				
1 Tojoot Manager for the						20392	732-349-3771	ľ	01244				
Start Date (10)		Schedule	d Co	mple	tion Dat	te (11)	Name of OSHA N	Monitor				710	
2 / 9		2				52 58	NEIL MARZA	NO					
Occupancy Status Durin							Street Address						
□ Facility Closed/Vaca					ment		138 SENECA	BLVD.					
☐ Abatement Performs	ed Outside of N	lormal Fa	cility	Hou	rs - Des	cribe	City, State, Zip C	ode			-		
Time of Abatement:	AM	PM/_		_PM		AM	BARNEGAT,						
Scope of Work (Check	all that apply)								5 89				
	an (1.51 app.))	_							egative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rer Der				☐ Mini-End	g Procedure					
⊠ ≥160 St 01 ≥200 II			DO	1101111	011		⊠ Non-Exe	empted (*) and N	Ion-Friable Proced	ure			
			ls	Loca	ition					At	atem	ent T	уре
Locatio	n of			lorma		in in the second	Description		A	Re	Re	E	田田
Asbestos-Containin		M)			ely by ance/		stos Containing M thermal systems		Amount (Specify	Removal	Repair	cap	Enclosure
TO BE A			Cust		Staff?	(1.0	surfacing, VA	r, or	SF or LF)	va Va	,	Encapsulate	ure
(13				(12			other miscellan	eous)				te	
		,	es/	No	N/A				0500 05				
OUTSIDE SIDING				\boxtimes		ASBES	TOS SIDING		2500 SF		Ш	Ш	L
		Г	7	П									
] [1	-							Г
				Ц			I Out Water	Nema of D	gistered Landfill				
Name of Registered W		10			NJDEP Hauler I		Cubic Yards of Waste	The state of the s	gistered Landfill NORTH LANDF	ILL			
RICH-MARK CON	IRACING, II	VC.			0776		15		NORTH LANDI				
City, State							Disposal Date	City, State	WILE 54				
BAYVILLE, NJ							2/12/15	MORRIS	VILLE, PA				
Completed By (Print or	Type)	Title					Signature	7/0	7//	Date /	/	/ .	
NEIL MARZANO	800 VB	SU	PER	VIS	OR		114	1/1	//100	1/3	73/	15	
ASB-41				1 2 2 2			90		Will and the second	/	1		
JAN 13		* D	o not	use	this forn	n for asbes	tos licensure exen	npted activities.					