CK 217 41

Date of Notification (1)				200-200			ner/Operator (2)			3			
	45				et Addr								1
6 / 30 Agencies Notified Type	15 Notification						L ROAD, K-15-1	1480		を発力と	22.60		
The state of the s	Initial Notific	ation		City	, State,	Zip Code				#15	JUL	-6	AHII:
	Amended N		ation			생물하게 하는 어느 없었다.	JERSEY 07033			_			
	Cancellation	1							A	1 [4]		1100	1.1000
	On Hold	OV N	OTIFICAT	100	ne of Co HN VOG			Telephone Num	ber	4	2	CFI	CONTRA VSING
DCA L	EMERGEN	CYN	JIFICAT	CHESTOCK A VICENCIA		decreased.	ION					1	T 12 / 19 Ed
Name of Facility Where Abateme	ant is Takin	n Pla	ce (3)	FAC	ILII Y II	NFORMAT	Type of Facility	(4)					
Name of Facility Where Abateme	ent is rakin	gila	CC (0)				School (K-	8.5					
MERCK SHARP & DOHME CORP	PORATION						Subchapte	r 8 (Other than K	(-12)				
								rivate & commo	. bldg	s., hor		_	
Street Address	IIII DINO 6		ED LEVEL				Square Feet 115,000	# of Floors 3			BIC	ig. Age 44	ž.
2000 GALLOPING HILL ROAD/ B City (5)	County (6)	LOVV	EH LEVEL		inty Co	de (7)	Current Use (Pri		ished	1			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNION				7.7	ONLY)	Current Coo (i ii	or in coming control					
Name of Monitoring Firm Hired	MEAN THE CONTRACT	Own	er (8)			SCM No.	Name of Abater	ment Contracto	(9)	1200			
ENVIRONMENTAL HEALTH INVI	IESTIGATIO	NS, I	NC.			17	PAR ENVIRON	MENTAL CORPO	DRAT	ION			
Street Address							Street Address	CK BOAD					
655 WEST SHORE TRAIL City, State, Zip Code							313 SPOOK RO City, State, Zip C						
A REPORT OF THE PROPERTY OF TH	RTA, NEW	JERS	EY 07871				SUFFERN, NEV						
Project Manager for Monitoring Fire			Telephon				Telephone Num		nse N	umbe	r		
WILLIAM KERBEL			201-489-8	(2) (2) (2)			845-369-7500	110	1				
Expected State Date (10)		Sche		etion Date	(11)		Name of OSHA						
	/15 ear	Мо	11 /	30/ Day		15 Year	AMERISCI LABO	DRATORIES INC	<i>3</i> .				
Occupancy Status During Abatem				Day	·	1 Cui	License Number				120		
X Facility Closed/Vacate	d During En	tire P	eriod of Al				11480						
Abatement Performed					scribe:								
X Other - Describe:	MONDAY -	FRID	AY 7AM-3	3:30 PM			State / phone nu	mber New Jerse	v/ 973	-279-	5649		
Scope of Work (Check all that app	olv)					Full Conta	I inment with Nega		<i>j.</i> 0.0				
X Demolition		Reno	vation			Mini-Enclo							
>3SF OR LF	ESS:				X		Procedure						
X >160 SF OR 260 L	_F				x		le Procedure				Abasa	mont?	Fumo
Location of Asbestos-containing			Location nally used			iption of As ning Materi		Amount	B			ment T	ype
Material (ACM)			olely by			Thermal sy		(Specify	REMOVAL	REPAIR	NS.	NCT.	
TO BE ABATED		100	t/Custodia	I		ion, surfaci		SF or LF)	100	E	PS	SO	
in Facility (13)		_	taff (12)	-	or oth	er miscella	neous)		1		ENCAPSULE	ENCLOSURE	
		Yes	No N/A	-					+	1	1	111	
		_							1.0	+	+		
KEN 006		X		PIPE FIT	TINGS			4 LF	Х	1	+	-	
KEN 006		x		PIPE MA	STIC			10 SF	Х	-	+	-	
KEN 006		x		VAT & M	IASTIC			535 SF	X	-	-	-	
*27 (8 -							_				
						38							
8													
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N		NIE	D \\\-	Cubin V	red - 11	Mosts	Name of Deal-t	ared Landfill		1		-	
Name of Registered Waste Haule FREEHOLD CARTAGE, INC.	er		EP Waste er ID No.	Cubic Ya	ards of V 80	vvaste	Name of Register	ered Landfill UNTY RESOUP	CF M	ANAG	SEMF	NT SF	RVICES
825 HIGHWAY 33		Andreas	15939		30			R DRIVE/ROUT					
City, State				Disposal			City, State						
FREEHOLD, NEW JERSEY				7/14/15-1			MONTGOMERY			,	1		1
Completed by (Print or Type)	Title	OTO	205055	DATIONS		ature	1/1/	Dat	e I	6	12	111	16
BENJAMIN SANCHEZ	DIKE	U I U	1 OF OPE	RATIONS		100	//XX			-/		/	1 >
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UIA U.S. MAIL
"Ch# 1119

fr anse	Subject to replace of the pro-	
Date of Notification (1) 6/30/15	Mame of Sulling Owner/Opera	HOHES 3 3 3
Agency Notified Type Notification	Street Address	noido C. AUEU F. O
E EPA Dinied	City, State, Zip Code	DRIGGE TO MAGGET
DDEP Amended	Highland	PARK, NOW ZO S
G Emergency (including	Name of Contact	Telephone Humber
D DCA Cencellation	FACILITY INFORMATION .	72 0
Name of Facility Where Abatement is Taking Place (3)	:	Type of Facility (4)
Name of Paging Terminal		Q School (K-12) Q-Subchapter 8 (Other than K-12)
Street Address	e and the second	homes, etc.)
850 WALLBERG AVE		Square Feet # of Floors Bidg. Age
WESTFIELD N.O.	County Code (7) (STATE USE	Current Use (Prior if being demolished)
County (6) () NION	ONE Y)	HUNE.
		etement Contractor (9) ATECN INC
(8)	Street Adds	TILCIA
Street Address	City, State,	50X 819
City, State, Zip Code	- 101D	BRIDGE 11500000 MD
Project Manager for Memining Firm-	phone No. Telephone	238x7500 00806.
Scherblad Completion	Deta (11) Name of OS	SA Monitor
3 3 4 1	15 N.O.O.V	AICUI INC
Oceanon States During Abatement (Check day care)	P.O.	130x 814 .
O Abatement Performed Outside of Normal Partitly Hour	City, State.	BRIDGE N. 2 0885+
Other - Describe: Scope of Work (Check all Such spoly)	. 0	Full Containment with Negative Pressure
N>350238	Demokran	Mini-Enclosuse Clovebag Procedure Non-Encoded (*) and Non-Enable Procedure Abatement
D≥160 sigr≥260 F	1	Rem-Darger Type
- N	ocalion Krasily Descri	pion of Amount 2
Localistical (ACM) Mair		ing Material (ACM) ing Material (ACM) Specify Stems insulation, Amount (Specify Stems insulation)
IN Facility	State? - Cher miss (12)	VAT. or Steel L')
(13) Yes I	No N/A	
1100		16 4 150 UF X
RICHEN	X FLOOR	NE 2 150 95 M
		ds of Name of Registered Landfill
	DEP Waste Hauter Cutic Yarr	ds of Name of Popularies Land
Name of Registeren Waste Front DI	125011 3	017.00
10001110011	8857 BIR	15 Horaisville P.A.
1010 10100E 1786 1	Signature	Q Nonel 6 6 30 K
Commission is	is form for asbasios ficensure exe	
ASB-41 Do not use th	IS NOT IN 250 COLUMN TO STATE OF THE STATE O	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#22142189477			(Pui	suan	t to NJA	C 8:60 a	ind 5:16	i).	Emer	gancy	Notif	icati	on			
Date of Notification (1)			Name of Building Owner/Operator (2) APPROVED									-				
06	30 /15		,	ludith						-						
Agencies Notified	Type Notification		-		Address	ME DUM		ING DE	pt of Health & Se		vices					
	Initial Initial				erdale A			7000	(Signature)	W/1/2						
	Amended		F		tate, Zip (Date:	6/0/15	7.7	7 01					
☑ DHSS	Amendment #_		,				7750	Dille	(10)	ne: D ruc	VIII	1				
☐ DCA (NJAC 5;23-8)	Emergency (inc justification)	cluding	1		of Contac	ich, NJ 0	//50 .		Telephone Nur				=			
(110/10 0/110-0)	Cancellation								I salebrone (41)	nder-	44	٢				
	_				Sullivan								خ			
Name of Facility Where Ab	stement in Toking	Dines	(2)	FA	JILI (Y IN	FORMA	TION		7	F	AU!		par-rent)			
Private house	oteliaciti is takiliy	FIACE	(5)					Type of Facilit		-	かって		5			
Street Address	***							School (K-	12) r 8 (Other than K-1	21	Z:	-	=			
AND AND THE STATE OF THE STATE			20.5					Other (i.e.,	private and comm	ercial bu	Il aling	5,0	6			
34 Riverdale Avenue City (5)								homes, etc	75.6			2				
	7750							Square Feet	# of Floors	BI	dg. Ag	le.				
Monmouth Beach, NJ 0' County (6)	(130		_	Coule	الاز Pade الما	(STATE US	E ON W	Current the f	Delay if hal	II de la						
Monmouth				5001	, page (1)	POINTE DO	· 4/41.7 J	CALLEIN DEG (Prior if being demo	hzueg)						
Name of Monitoring Firm F	lired by Building C	wner (₿)	ASCM	No.	Name o	f Abateme	(0)								
=		0.00	.	oiii		Contract Contract Contract		in contractor (9)							
Street Address						Gr Tech Street A							.1			
City, State, Zip Code						576 Val										
						135.0										
Project Menager for Monito	oring Firm	_	Tele	phone	No	Telepho	NJ 0747	70	Lidense No.							
			1000	p110/10		973-638										
Start Date (10)	Sched	uled C	omolei	ion Da	te (11)		foshan	01127			——					
07 7 01 /	15 0			1		235000000000000000000000000000000000000										
Occupancy Status During	Abstament (Check	0.015.55	100000			Street A		nsultants,Inc								
Facility Closed/Vacated				nent			Cathert Common		ll n de							
Abatement Ferformed (Dutside of Normal	Facility	новг	s - Des	cribe	City. Sta	ragaraw ate, Zip Co	Road, Bldg .	F 33E		-					
Time of Abatement:	P	Ŵ <u></u>	PM		MA		vn, NJ 0									
Scope of Work (Check all t	hat apply)					1 30 23			unation with negati	ve press	t irin		W 27			
100 >3 Stor >3 H		0 .					Full Con	tainment with N	legative Pressure							
			novati: molitic			Н	Mini-End		Tent with Negati	m Drace	I IMA					
						\times	Non-Exe	mpted (*) and I	Yon-Frieble Proced	iura						
7			Locat		113.50					Ab	ateme	ent T	vpe			
Location o Aspestos-Containing M	r aterial (ACM)		Vormal d Sole		Ache		scription o			100	9 1 1 1 1 1 1 1					
TO BE ABAT	ED	Ma	intena	nce/	Aspe (Le	stos com e., thermal	aining Ma Systems	terial (ACM) Insulation,	Amount (Specify	c ma	Repair	nca	ncto			
IN Facility (13)		Cus	todfal ((12)	ian'r		surfa	cing, VAT	, or	SIF or LF)	Removal	air.	Encapsulate	Enclosure			
(12)		Yes	No	N/A	1	other n	niscellane	ous)				2 6	· œ			
Exterior siding	******	T T	140													
Executor straing	*/	<u> </u>		×	Transite	siding			1,300 SF							
			Ш						137			П	П			
9											П	-	H			
		П	П	П	1				 		-	_	-			
Name of Registered Waste	Heuler		N.IF	EP Wasta	Hauler ID No	Cubia V-	rrin of late -	Nom4 P	Liste and Listen				Ш			
			1			1 1/1101/1010			gistered Landfill							
Gr Tech LLC City, State			10	03378	5	TBI		T.R.R.F. In	e :							
						Dispose	Date	City, State				9.				
Wayne, NJ 07470				Mante		TBI)	Tullytown,	PA:							
Completed By (Print or Typ	te) Title	3		v - 0.1 (C		\$ig	nature /	1.		Date						
N.Jevtic	Own	ner					14	ente wen	ad	6/30/20	114					
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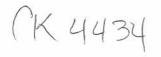
Check# 2828

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 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 30, 2015 Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. Notification Type Agencies Notified ☑ Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS □ Amended Notification # DCA City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 & ☑ DEP- No Longer REQUIRED justification) Telephone Number Name of Contact X DOH ■ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) HILL CENTER, BLDG. # 3752 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 8 Bldg. Age: 60+ ye Sq. Feet: N/A County Code (7) County (6) City (5) Current Use (prior if being demolished): ACADEMIC-(State Use Only) **MIDDLESEX PISCATAWAY** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 BRIAN KEARNY 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 07/10/15 07/13/15 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ■ Mini-Enclosure ■ Renovation \geq 3 sf or \geq 3 lf Glovebag Procedure ■ Demolition ≥ 160 sf or ≥ 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) NO NA YES X 240SF Rooms 101 & 130 VAT X Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 07/13/15 NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalino June 30, 2015 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

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

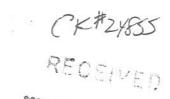
GAC Project # 060-15 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 30, 2015 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification **DEPA** 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS □ Amended Notification # DCA City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) -5 Telephone Number Name of Contact X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Z-RU STUDENT CENTER, BLDG. # 3133 ☐ School (K-12) ZZ ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.); COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County (6) County Code (7) City (5) (State Use Only) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number BRIAN KEARNY 609-386-8800 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 07/13/15 07/10/15 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ■ Mini-Enclosure ≥ 3 sf or ≥ 3 lf ▼Renovation Glovebag Procedure ■ Demolition > 160 sf or > 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO NA X 431 Suite X VAT 1400SF Name of Registered Landfill NJDEP Waste Hauler ID # 15 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City. State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 07/13/15 N.IDEP # 28969 Rd. Morrisville, Pa Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalino June 30, 2015 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER





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Date of Notification (1) 6/30/2015			4 2		Building (w Towr						, 002	0 1	4111.	. 6	3	
Agencies Notified	Type Notification			Street Ac	glat, proposition	•			1	40	HEST	11.31.	1 194	HΩ	1	
□	П			40 Cod	oper Fol	llv Roa	ıd		1		& LII	CFN	INC		24	
EPA DEP DOL	Initial Amended				te, Zip Co						-		1000	2		
DOL	Amendment	#			4J 0800								19			
□ DOH	★ Emergency in a tile		_	Name of						Tel	ephone N	lumber	_			
DCA DCA	justification) Cancellation				th Rutte	er				,						
			-		ITY INFO		ON			1		_	-			
Name of Facility Where	Abatement is Takir	g Place (3)						Туре	of Facility (4	y (4)						
Blue Anchor Buildin	ng							П	School (K-12	2)						
Street Address								Ħ	Subchapter l	(Oth						
113 and 115 East (Central Ave								Other (i.e. pr etc.)	ivate 8	& comme	rcial bui	ldings	, hom	es,	
City (5)									re Feet	# of	Floors		Bldg. /	Age		
Winslow Township													25+			
County (6)				County C				Curre	ent Use (Prio	r if bei	ng demol	ished)				
Camden			(STATE U	ISE ONLY)			n/a								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Aba	tement Conf	ractor	(9)					
Health and Safety	Services						Site	Enter	rprises, Ind	О.						
Street Address					0.000		Street	Addre	SS							
PO Box 365							211	East	Essex Ave	9						
City, State, Zip Code							City, S	tate, Z	ip Code							
Berlin, NJ 08009							Linw	ood,	NJ 08221							
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Teleph	one N	0.		License	No.				
James Proctor				856-45	52-1311		609-	09-567-1250 01172								
Start Date (10)		Scheduled	Com	pletion E	Date (11)		Name	ne of OSHA Monitor								
6/30/2015		7/7/201	5	Health & Safety S							s, Inc.					
Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Addre	ss							
Facility Closed/Vac	ated During Entire	Period of Ab	atem													
Abatement Perform	ned Outside of Norr						City, S	tate, Z	ip Code							
Other – Describe:	vacant			Berlin, NJ 08009												
Scope of Work (Check A	III That Apply)	11-7-24						_								
≥3 sf or ≥3 lf			novat				×	7 1 4	II Containme		Negative	e Press	ure			
≥160 sf or ≥260 lf		X De	moliti	on			×	7	Mini-Enclosure Glovebag Procedure							
							×	•	n-Exempted		d Non-Fri	iable Pr	ocedu	re		
		ls I	.ocatic	on l										emen	it	
Location	n of		ormall	1444		De	scription	of				_	Т	уре	_	
Asbestos-Containing	Material (ACM)		Solel			tos Cont	taining N	1ateria		А	mount			D	_	
TO BE AB. In Facil		Custo			(i.e.		system: cing, VA		ation,		Specify or LF)	Remova	Re	Encapsulate	Enclosure	
(13)			(12)				niscellar			0.	0, 2, 7	SVOL	Repair	Sul	unso	
		Yes	No	N/A								-		ate	e,	
Basem	ent			X		FI	oor Til	е			20 sf	х				
Kitche	en			X			r Linole	21.77			75 sf	X				
	Restroom						oor Til	297001100			50 sf	X		1		
Main Door	Main Door Frame						Caulk				15 lf	Х	1			
Name of Registered Was			N	JDEP W	aste		Yards	1	Name of F		Martin Co.	3,200				
Site Enterprises Inc			Ha	auler ID	No.	of Wa	ste		ACUA	-59.00		101111				
City, State	0035220 20 Cy					City, State										
211 East Essex Ave	Disposal Date City, State 7/1/2045 Egg Harbor, NJ						90									
Completed by		Title			-	Signature, Date										
Eric Keys OM						O	0 .	10	1) 0			6/30/2	2015			
				-	1		My									
ASB-41 (R-06-08)							* Do no	ot use	this form for	asbes	tos licens	ure exe	mpted	activ	ities.	

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



Date of Notification (1)) 7/1/15			Name	of Buildin	g Owner/Operator	Ms. Hsu		-6	PA	12:	Si i
Agencies Notified	Type Notification	1		Stree	t Address		26 Murray Pl	1 -0.23 /	17-1	ال الريا	i i fi	-01
DEP DOL	Amended Amendment		_	City, S	State, Zip C	Code	rinceton, NJ (-	<u> </u>	100	G	324
M DOH □ DCA	Emergency (justification) Cancellation		9	Name	of Contac			Telephone Num	ber			
				FAG	CILITY INF	ORMATION						
Name of Facility When		10.20					Type of Facility	/ (4)	-		_	
Street Address	Res	identi	al	a l			School (K-1	2) 8 (Other than K-1: private & commerci	2)	al:		
	26 Mu	rray I	Place				homes, etc	.)				
City (5)	Princ	eton,	NJ				Square Feet 2000	# of Floors	В	ldg. A	ge +/-	
County (6)	Mercer			Cour	nty Code (* ONLY)	7) (STATE	Current Use (P	rior if being demoli	shed)			
Name of Monitoring Fir (8)	rm Hired by Building MECS	Owner		ASCM	No.		nent Contractor (9	ental Servic	ac I1	nc		_
Street Address	PO Box 34	11				Street Address		Box 322				
City, State, Zip Code						City, State, Zip C	Code					
	Crosswicks, NJ	0851					Allentown, NJ 08501					
Project Manager for M	onitoring Firm Veisgarber		100000000000000000000000000000000000000	ephone	No. 8-4070	Telephone No.	59-9688	License No. 00493				
Start Date (10)		eduled (_			Name of OSHA			/UT).	<i></i>		_
7/10/15			7/15/			IECS	CS					
Occupancy Status Du						Street Address	70.7	2 2 4 1				-
☐ Abatement Perform ☐ Other - Describe:				City, State, Zip Code								=
							Crosswicks, NJ					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	call that apply)		enovat emolitio			☐ Mini-En	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					
Sound of replaced in		N	Location Location	/					1	Abate		
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED lity	Mai	d Solel ntenan ustodia Staff? (12)	ice/		Description of tos Containing Mathermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
**************************************		Yes	No	N/A					/al	-	ilate	ure
Basen	nent	×			The	ermal Pipe In	sulation	140 lf	×			
									-			
Name of Registered W	asta Hauler			JDEP V	Masta	Cubic Yards	Name of Regi	stered Landfill				
Stevens Environ		es, Inc	1	lauler ID		of Waste 2 CU	Name of Negr	GROWS Lar	dfill			
City, State	Allentown,					Disposal Date 7/15/15	City, State	Morrisville,				_
Completed By Title						Signature	7 1/	Date	FA			
Mahlon E. St	tevens	P1	ojec	t Man	ager.	1/1/1	. /	1 = 1	7/1	/15		

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

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

	Name of Building Owner/Operator (2)	2 200
Date of Notification (1) 0 7 / 0 1 / 5	Phillips GG	- ()
Agencies Notified Type Notificati	Street Address	PH 12: 24
⋉]EPA	1400 Park AVENUE	111-5-54
[X]DEP [X]Initial Notification	City, State, Zip Code	UNISAL
[X]DOL []Amended	Linden NJ 0706 EN	ilka
[X]DOH Notificati	Name of Contact Telephone Number	
[]Cancellati	Ben Hines	
_/'	FACILITY INFORMATION	
Name of Facility Where Abatement	Taking Place (3) Type of Facility (4)	
on Phillips 66	[]School (K-12) []Subchapter 8 (Other than	n K-12)
Street Address	[]Other (i.e., private & cial buildings, homes,	etc.)
14.00 Par	Avenue Square Feet # of Floors Bldg	. Age
	(STATE USE ONLY) Current Use (Prior if being dem	olished)
- 100	100 oil Refinery	
Name of Monitoring Firm Hired by F Owner (8)	Iding ASCM No. Name of Abatement Contractor (9)	
79 A	New States Contract in	19
Street Address	2400 Min St Extension	1
City, State, Zip Code	City, State, Zip Code	7-
148 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	Sayreville NJ 088	12
Project Manager for Monitoring Fir	Telephone Number Telephone Number License Num	ber
Scheduled Start Date (10) Sched.	732-525-0100 007 mpletion Date (11) Name of OSHA Monitor	<u> </u>
	1/17/1/151 Tiger Environme	stal
Month / Day / Year Month Occupancy Status During Abatement	Day / Tear	1191
[]Facility Closed/Vacated Durin		2
of Abatement []Abatement Performed Outside of Hours - Describe:	- 11 1	
[X]Other - Describe: Denc Noc	19/ Factity Brick 107 087	24
Scope of Work (Check all that appl	[]Full Containment with Negative Press	ure
[]Demolition []>3 sf or >3 lf	[X]Renovation []Mini-Enclosure	47
\(\frac{1}{2}\)\(\fr	Non-Friable Procedure	ent Type
	Location	E E N N
Location of Asbestos-Containing	Used Asbestos-Containing Amount E R	CC
Material (ACM) TO BE ABATED in Facility	Sofety Material (ACM) (Specify M (i.e., thermal systems SF or O P tenance/ insulation, surfacing, VAT, LF) V A	P 0 S S
(13)	Custodial or other miscellaneous) Staff(12) A I L R	L R
F-Cat F-231	Yes No N/A	X
Ductwork	X Mastic over a 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	gunite Surfacing 30 SF	+
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Name of Registered Landfill	
Horwith Trucking	STILO OF Waste Advanced Dis	posal
City, State Nacth	Disposal Date City, State	-011
PO Box 7	7-15-15 Kersey PA	2846
• 100	Signature Date	
Completed By (Print or Type) Titl		1 1 -
Kurt Nale Se	perintendent bent hale 7	-1-15

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

CR# 2838

Date of Notification (1)					Name	of Building	Own	er/Operator (2	2) heast District	·	-	Ū			
	/	15	_		Buc	keye Par	tner	s, LP - Norti	heast District	JUL - F M					
Agencies Notified EPA	Type Notificat	tion			Street	Address Cliff Roa			.455		11/2:	2	4		
☑ DOLWD	☐ Amended			-		tate, Zip C				112501	Se 1 - 5				
☐ DHSS	Amendme	nt #				Reading		07064	~	LIVENSIA		11			
☐ DCA			luding	-				07004		Talanhana Ni	· (j				
(NJAC 5:23-8)	justificatio				0-15	of Contact n Philbin				Telephone Nu	mber				
					170.700	ILITY IN		MATION		1					
Name of Facility Where A	Abatament is Tr	okina	Dlace	(3)	FAC	ILII T INI	FUR	IVIATION	Type of Facility	'A\		_			
Buckeye Partners,		aking	riace	(5)					School (K-12						
Street Address									Subchapter 8	Other than K-	K-12)				
123 Derousse Ave.									Other (i.e., proposed homes, etc.)		nercial	bui	laing	s,	
City (5)									Square Feet	# of Floors	ors Bldg. Age			e	
Pennsauken									-			-			
County (6)					Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Camden								~	Exterior						
Name of Monitoring Firm	Hired by Build	ing O	wner ((8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
RJB Environmenta	ıl, Inc.						В	RISTOL EN	VIRONMENTA	L, INC.					
Street Address							Stre	et Address							
56 East Bridge Stre	eet						1	123 BEAVE	R STREET						
City, State, Zip Code					City, State, Zip Code										
Morrisville, PA 190	67						В	RISTOL, PA	19007						
Project Manager for Mon	nitoring Firm			Tele	phone	No.	Tele	ephone No.	License No.						
Jim Frisbee				26	7-991	-9212	00509	0							
Start Date (10)					etion Date (11) Name of OSHA Monitor 1 / 15 BRISTOL ENVIRONMENTAL, INC.										
7 / 15 /					_ ′ -	15			VIRONMENTA	L, INC.					
Occupancy Status Durin	T							et Address							
☐ Facility Closed/Vacate ☐ Abatement Performed						ariba		123 BEAVE						_	
Time of Abatement:						Cribe		, State, Zip Co RISTOL, PA							
Scope of Work (Check a	Il that apply)									native Procesure					
☐ >3 sf or >3 lf			⊠ Re	novati	on			☐ Mini-End	tainment with Neg closure	gative Flessule					
≥160 sf or ≥260 lf				molitic					g Procedure	- Friehle Droop	dura				
						1		☐ Non-Exe	mpted (*) and No	n-Friable Proce		Λ h.		at T	
Location	of			Locat Norma				Description of	of		-			ent T	
Asbestos-Containing)		ed Sole				Containing Ma	aterial (ACM)	Amount		₹em	Repair	nca	ncl
TO BE ABA	ATED			intena todial		(i.e		rmal systems urfacing, VAT		(Specify SF or LF)	- 1	Removal	air	sde	Enclosure
IN Facil	iity		0.00	(12)				ner miscellane		Si Gi Li)		=		Encapsulate	ਜ
			Yes	No	N/A										
Condensate tank					\boxtimes	tank Ins	sulat	tion		900 SF		X			
] [
											1				
Name of Registered Was	ste Hauler		11/2 - (3°	7.5	NJDEP Waste Cubic Ya				Name of Regis	stered Landfill					
SERVICE TRANSP		, INC) .	Hauler ID No. Waste GROWS Landfill 20990 6											
City, State							Disposal Date City, State								
NEW CASTLE, DE	19720						7.	/22/2015	Morrisville	, PA 19067	/				
Completed By (Print or T	Гуре)	Title					-	Signature	0-1	Date					
Gino Pizzigoni	*0* //									7					

ASB-41 MAY 11 G-I 15167 014006049

D&S Proj. #: 2015-222

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

RECEIVED

							2815	nu				
Date of Notification (1)	Name of Bu	ilding Owne	er/Operator (2)					<i>nu</i>	OP	11/2	21	
0 6 /12 9 /1 5	kevin sm	alls					ASS	LICE	· 4.	5 - 10E		
Agencies Notified Type Notification	on Street Addr	ess						LIGH	MEI	117	RUL	
DEP Amended	266 fran	klin road							-1101	₹ (3		
Amendment #:	City, State,	Zip Code									9	
DOL Emergency	englewo	ood, nj 07	7631									
DOH (including justification)	Name of Co	ntact					Telephone	Number				
DCA Cancellation	kevin si	nalls										
		FACI	LITY INFORMA	ATION								
Name of facility where abatement is	s taking place (3)					Ту	pe of Facility (4	1) (K - 12)				
kevin smalls							=	pter 8 (O	ther th	nan K-	12)	
Street Address						11	Other (Private/Co	omme		,	
266 franklin road								Homes, e		Blo	dg. A	ge
City (5)	County (6)			Cour	nty Code (7)	$\cdot \mid \; \mid \; $	quale reet	# 01 1 1001	•	Div	· ·	90
Oily (o)	3335 (57				te use only)		Current Use (Pr	ior if bein	g dem	olishe	ed)	
englewood	bergen								-			
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abateme	nt Con	tractor (9)					
					D & S RESTO	RATI	ON, INC.					
Street Address				\neg	Street Address							
W					20 California	A (44) 15 (14) 15						100
City, State, Zip Code					City, State, Zip Coo							
					Paterson, NJ			License	Niconh			
Project Manager for Monitoring Firm	P	hone Numb	er		Telephone Numbe 973-345-802				1169	er		
·					Name of OSHA Me				1107			
Start Date (10)	Sched. Complet	ion Date (1	1)		D & S Restora		Inc.					
07/16/15	08/10/15				Street Address							
Occupancy Status During Abatemen					20 California	Avenu	e					
Facility closed/vacated during					City, State, Zip Coo	de						
Abatement performed outside Describe:		118-		_								
Other-Describe: NORMAL H				- 11	Paterson, NJ							
Scope of Work (check all that apply	/)				_		Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation				L	_	-enclosure rebag procedur	e.				
≥160 sf or ≥260 lf	Demolition				Ľ		-Exempted (*)		friable	proce	edure	9
Location of	Is location normally by maintenance/cu		/						l R	R	E n	E
asbestos-containing material (acm) to be	staff(12)	Stoulai	Description material (sbestos-containing		Amount (Specify S	For	m	р	C	n
abated in facility (13)	Yes No	N/A	material (ACIVI)			ĹĖ)		O V	a i	a	L
■ 1084000 12 001000 1914 100			DEED DIGIT	T A (T) T	ON		10016		e	r		-
basement	L X	4	PIPE INSU	LAII	UN		100 l ft			片	片	胎
		-	1						ዙ	片	片	+=
			1						ዙ	屵	片	+
		-	II II						쓹	片	片	+
Registered Waste Hauler	NJDEP Hauler	ID# I C	Cubic Yards of V	Vaste	Name of Register	red Lar	ndfill		<u>.[L]</u>	Ш		
D & S RESTORATION, INC.	13506	W	l yd.		TULLYTOW			COVER	RY			
City, State		Disposal D	Date		City, State							
PATERSON, NJ 07503		07/17/1			TULLYTOW	N, PA		T =				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 06/29/	2014			
ASB-41	Do not use this form	n for asbest	os licensure ex	empte	d activities.			00/29/	2010			

(K 000050

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

			125	State o		1							
						Abatement			7 = 1				
D&S Proj. #: 2015-225			(Pursua	nt to NJAC	8:60	and 12:120)			T.C.	14	En		
								2815 ASA-	11 21				
Date of Notification (1)	Name	e of Build	ding Owne	r/Operator (2)					105 - 2	PH	12.0		
0 6 / 2 9 / 1 5	ravi	mond lu	ıck					452	7		4.6	1	
Agencies Notified Type Notification		t Address						ê.	1100	Way	100		
EPA Initial Amended	541	l edgar	road						LIVEN.	SING	NU		
DEP Amended Amendment #:		State, Zij											
N DOI I			ELD, NJ (7000									
DOH Emergency (including		of Conta		77090			1.00	Telepho	ne Numbe	1	-		- Charles
justification)								1					
☐ DCA ☐ Cancellation	ra	ymond l	luck					_1	6				
			FACIL	ITY INFORMA	TION								
Name of facility where abatement is	taking place ((3)					Ту	pe of Facility					
								=	ol (K - 12)				
raymond luck									hapter 8 (C			12)	
Street Address									(Private/C ./Homes, e		rciai		
541 edgar road							S	quare Feet	# of Floo	rs	Blo	lg. Ag	ge
City (5)	County (6)		T		nty Code (7)	_						
					(Sta	te use only)	(Current Use (F	Prior if beir	ig dem	olishe	d)	
WESTFIELD,	UNION	3.0						tt (0)					
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatemen							
						D & S RESTOR	RATI	ON, INC.					
Street Address						Street Address							
					_	20 California A						-	
City, State, Zip Code			8			City, State, Zip Code	е						
					_	Paterson, NJ 0		5	T1:	N			
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone Number							
						Name of OSHA Mo	_			1109		_	
Start Date (10)	Sched. Co	ompletion	n Date (11)		D & S Restora		Inc					
07/28/15	08/20/15	5				Street Address	tion,	me.					
Occupancy Status During Abatemen	t (Check only	one)				20 California A	venu	ie					
Facility closed/vacated during			nent.			City, State, Zip Cod							
Abatement performed outside	of normal facil	lity hours	§-										
Describe: NORMAL H	OURS				_	Paterson, NJ 0	7503	3					
Scope of Work (check all that apply							Full	Containment	w/negative	e press	ure		
	Renovation						=	i-enclosure		20			
≥160 sf or ≥260 lf	Demolition					№		vebag proced					
	Is location no	rm ally u	and pololy			L	Nor	n-Exempted (*	') and Non	-triable	Proce	E	_
Location of asbestos-containing	by maintenar	nce/custo	odial			-1		Amount		е	е	n	E n
material (acm) to be	staff(12)			material (A		sbestos-containing		(Specify	SF or	m	p a	c a	C
abated in facility (13)	Yes	No	N/A	,				LF)		V	i	p	L
basement		$\overline{\nabla}$		PIPE INSUI	ΙΔΤΊ	ION		100 l ft		e	1	П	In
Dasement				THERVOO	LAII	1014		100110		H	뉴	片	片
							_			╁	H	Ħ	H
					-					卄	H	片	H
										╬	H	片	一
Registered Waste Hauler	NJDEP	Hauler IF)# Ci	bic Yards of W	Vaste	Name of Registere	ed Lar	ndfill		_			1-
D & S RESTORATION, INC.	13506		187	yd.		TULLYTOWN			ECOVE	RY			
City, State	1		Disposal D	ate		City, State							
PATERSON, NJ 07503			07/29/1:			TULLYTOW	N, PA	A					
Completed by (Print or Type)	Title			Signature	Date 06/29/15								
BOGDAN JOLDZIC	PRESIDEN					d a attrib!			06/2	7/15	-		
ASB-41	Do not use th	is form to	or aspesto	s licensure exe	empte	u activities.							

(K 666048

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

D&S Proj. #: 2015-223			(Pursua	nt to NJAC	8:60	and 12:120)		\		14	-				
								SATE I	1 <u>11</u>		A				
Date of Notification (1)	Na	me of Bu	ilding Owne	r/Operator (2)						54	12.	ì.a			
10 6 / 2 6 / 1 5		osalie ci	ffelli									E			
Agencies Notified Type Notification Initial	on Str	eet Addre	ess					ć. ;		1. 14	171				
DEP Amended			bassaice av	enue					- 17.	1 4/2					
		y, State, 2													
Emergency			IFIELD, N	J 07003				LTolophono	Number				-		
justification)	Na	me of Cor	ntact					Telephone	Number						
DCA Cancellation		susan ho	rowitz												
			FACIL	ITY INFORMA	ATION	1									
Name of facility where abatement is	taking plac	ce (3)					Ty	ype of Facility (4	·) (K - 12)						
rosalie ciffelli								=	pter 8 (Of	her th	an K-	12)			
Street Address							11	Other (F	Private/Co	mmer					
05							_		Homes, et		Blo	g. Ag	0		
85 west passaice avenue City (5)	Count	n/ (6)			Col	inty Code (7)	٤ ١	Square Feet	of Floors		Dic	y. Ay	5		
City (5)	Count	.y (O)				ate use only)	-	Current Use (Pri	or if being	dem	olishe	d)			
BLOOMFIELD	essex														
Name of Monitoring Firm Hired by E	Bldg. Owner	r (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.									
					_	D & S RESTO	RAT	ION, INC.							
Street Address							A								
City, State, Zip Code			7)		_	20 California City, State, Zip Co									
only, claic, zip code						Paterson, NJ		3							
Project Manager for Monitoring Firm		Ph	none Numbe	er	_	Telephone Number			License	Numb	er				
						973-345-80			0:	1169					
Start Date (10)	Sched.	Completi	on Date (11)	_	Name of OSHA M		T							
07/14/15	07/30/	/15				D & S Restor	ation,	inc.				_			
Occupancy Status During Abatemen		-	11-20-11-20			20 California	Aveni	ue							
Facility closed/vacated during						City, State, Zip Co									
Abatement performed outside Describe:		acility hou	rs-		_										
Other-Describe: NORMAL H					-	Paterson, NJ							_		
Scope of Work (check all that apply	5.00 					[=	Containment w. i-enclosure	/negative	press	ure				
	Renovation	1					_	vebag procedur	е						
≥160 sf or ≥260 lf	Demolition					[Nor	n-Exempted (*)	and Non-f	riable	proce				
Location of asbestos-containing	by mainter		used solely stodial		on of c	aboatos containing		Amount		е	е	E n	E n		
material (acm) to be	staff(12)			material (asbestos-containing	1	(Specify S LF)	For	m o	p a	c a	c		
abated in facility (13)	Yes	No	N/A					LF)		v e	i r	р	L		
BASEMENT		X		PIPE INSU	LAT	ION		47 l ft							
BASEMENT CRAWL SPACE		X		PIPE INSU	LAT	ION		16 l ft		\boxtimes					
basement soffit 2 locations		X		PIPE INSU	LAT	ION		41ft		븯		ᆜ	H		
										片	뷰	井	片		
Registered Waste Hauler	INIDE	P Hauler	ID# I Ci	ubic Yards of \	Vaste	Name of Registe	red I a	J			Ш	Ц	Ш		
D & S RESTORATION, INC.	1350			yd.		TULLYTOW			COVER	Y					
City, State			Disposal D			City, State	D.7								
PATERSON, NJ 07503 Completed by (Print or Type)	Till		07/15/15	Signature		TULLYTOW	N, PA	<i>A</i>	Date						
Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT									06/26/	15					
			for asbesto	s licensure ex	empte	ed activities.			1.						

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-120 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 0 | 6 | / | 3 | 0 | / | 1 | 5 | Learning Community Charter School Type Notification Agencies Notified Street Address T EPA 2495 Kennedy Boulevard Initial DEP City, State, Zip Code Amendment DOL Jersey City, NJ 07305 Telephone Number Name of Contact DOH Cancellation 0, Dave/Louis Gargiulo Company DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Learning Community Charter School - NON FRIABLE Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 2495 Kennedy Boulevard Square Feet | # of Floors Bldg. Age County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) Jersey City Hudson charter school (non sub 8) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0079 Enviro Vision Consultants, Inc. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 20-21 Wagaraw Road City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 973-636-9145 Guillermo Morales Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 07/13/2015 07/18/2015 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Demolition Renovation Non-friable procedure Mini-enclosure >3 sf or >3 If >160 sf or >260 lf Is location normally used solely E Location of e e n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C staff(12) (Specify SF or C material to be material (ACM) 0 a a LF) abated in facility (13) Yes No N/A p e V VAT (no mastic) 530 sf Locker room 1,100 sf V VAT (no mastic) 2nd fl Admin offices & hallway

Cubic Yards of Waste

20 yds

Signature

Disposal Date

07/20/2015

NJDEP Hauler ID#

19563

Secretary/Treasurer

Title

Registered Waste Hauler

City, State

B & G Restoration, Inc.

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Name of Registered Landfill

City, State

Tullytown, PA

Ciordana Luna

Tullytown Resource & Recovery Center

06/30/2015

State of NJ Notification of Asbestos Abatement

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

B & G proj. #:	201	15-118			(P	ursuant	to NJAC 8:	60-7	and 12:120-7)	fra:	L Check	¥728	3,1,				_
Date of Notification O 6 / 2 9 Agencies Notified	1/1	5 Notification			awn	Board o	r/Operator (2) of Education	1	2. A:	15 J	UL -6 P	M IO.					
☐ EPA ☐ DEP	V	Initial				1124 (1951) (1150)	Avenue			& [TOS CO ICENSH	MIR	101				
☑ DOL		Amendn		Fair L		Code , NJ 07	410		5.			· Q					
☑ DOH ☐ DCA		Cancella	3.	Tom							Telepho	ne Nun	nber 6				
						FACIL	LITY INFORMA	NOITA						C SHAP			
Name of facility wh	here ab	atement is	taking pla	ace (3)						Тур	e of Facility School	(4) ol (K -	12)				
Transportation	n Buil	ding-NO	N FRIAE	BLE									8 (Othe	r th	an K-	12)	
Street Address	•								- 1			(Privat	te/Com	mer	cial		
5-01 Bergan	Avenu	ne er								Sc	uare Feet	# of F		T	Blo	g. A	ge
City (5)			Cour	nty (6)					nty Code (7)	_				_L			
Fair Lawn			Berg	en				(Sta	e use only)	0	urrent Use (F	Prior if I	being d	emo	olishe	d)	
Name of Monitorin	ng Firm	Hired by E	Bldg. Owne	er (8)		T	ASCM No.		Name of Abatemen	t Cont	ractor (9)						
Enviro Vision	Cons	ultants,	Inc.				0079		B & G Restorat	ion, I	ic.						
Street Address					22				Street Address								
20-21 Wagara		pad							105 Ryerson Ro								
City, State, Zip Cod		10							City, State, Zip Code								
Fair Lawn, NJ					-			_	Lincoln Park, N)35	Illian	nse Nu	ma la			
Project Manager fo		oring Firm				ne Numbe			Telephone Number 973-696-6869			03		ITID	31		
Guillermo Mora			[O-b	0		636-91		_	Name of OSHA Mo	nitor							
Scheduled Start Da 07/09/2015	ate (10)			. Comp. /09/20		Date (11)		B & G Restorat	tion, I	nc.						
Occupancy Status	Durina	Abatemer							105 Ryerson Ro	oad							
Facility close Abatement po	d/vacat	ted during	entire peri	od of ab	atem				City, State, Zip Code	е							
Other-Descri	ibe:							-	Lincoln Park, N	NJ 070)35			_			
Scope of Work (ch		\square	Renovation					_	ull Containment w/ne	egative	e pressure	GI	rap & lovebag on-friab	pro	cedu	*	
$\sqrt{}$ >3 sf or >3 lf			≥160 sf or Is locatio		lheus	ad calaly		Ц"	IIII-criciosurc			M IV		रा	R	E	Т
Location of asbestos-cor material to be abated in fac	е		by mainte staff(12)		custo				sbestos-containing		Amount (Specify LF)	SF or	6	n	e p a	n c a	E n c L
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bathroom					-	X	VAI, VOI,	IIIasi		-	100 saft		b	4	+	片	ዙ
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														5			
Registered Waste F B & G Restorati		c.		EP Hau	er ID	# C	ubic Yards of V 1 yds	Vaste	Name of Registere Tullytown Reso			v Cen	ter				
City, State	2.0, 244				Di	isposal D		City, State									
Lincoln Park, N	NJ 070	35			_ .	07/1	0/2015		Tullytown, PA								
Completed by (Prin	nt or Ty	pe)	Title	v/Trees	nirer		Signature	Gordana Luna Date 06/29/2015									

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

RECEIVED

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

Date of Notification (1) 6/19/2015					Building C Brigatine		perator	(2)		22		6		12:	ip
Agencies Notified	Type Notification		1000	Street Ad 1417 V	ddress Vest Brig	antine	e Ave			2		TOS.	1.2	7.5	
DEP DOL	Initial Amended Amendment			City, Sta Brigan	te, Zip Coo tine nj	ie					EE []	LEH		Q	5.2
DOH DCA	Emergency (in justification) Cancellation	ncluaing			Contact tevens					Tele	ephone N	lumber			000
Name of Facility Where	Abatement is Taking	Place (3)		FACII	LITY INFO	RMATI	ON	Туре	of Facility (4	4)					
Former Residence									School (K-1	2)					
Street Address 435 Lafayette Boule	evard								Subchapter Other (i.e. p etc.)				lding	s, ho	mes,
City (5) Brigantine								290	re Feet	2	Floors		3ldg 50	Age F	
County (6) Atlantic					Code (7) ISE ONLY)				nt Use (Prio dential	or if bei	ng demo	lished)			
Name of Monitoring Firm ACER Associataes		Owner (8)		ASCN	l No.				tement Con Environm			es, Inc			
Street Address 1012 Industrial Dr							77.71.77.75	Addres Kinne	ss Ion Rd						
City, State, Zip Code West Berlin NJ 080	91						1000000		ip Code NJ 07405						
Project Manager for Mor Scoot Horn	nitoring Firm			Telephor 856-80	ne No. 19-1203			none No 218-0			License 01228				
Start Date (10) 7/06/2015	**	Schedule 07/09/2		pletion I	Date (11)				HA Monitor Environm	ental	Service	es, Inc			
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Addres							
Facility Closed/Vac Abatement Perform	ated During Entire F	eriod of A	batem	ent					lon Rd ip Code						
Other – Describe:	condemned					_			NJ 07405						
Scope of Work (Check A	II That Apply)						lie.	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Mir	I Containme ni-Enclosure ovebag Prod	edure	57.0				
		la la	Location					1 1/10/	n-Exempted	(°) an	u Non-Fr	lable Pr		ure atem	ent
Location	n of	l N	lormall	y		Des	scription	of						Туре	
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Mai	d Solel intenar odial S (12)	ice/		thermal surfac	aining N systems cing, VA niscellar	s insula T, or		(5	mount Specify or LF)	Remova	Kebaii	. Independent	Enclosure
		Yes	No	N/A										i	d o
1st Floor/k	Citchen			Х	Gray	/Blue '	12"x12	"Floo	r Tile	10	00SF	x			
1st Floor/Laur	ndry Room			Х	Yell	ow Lir	oleum	Floo	ring	4	0 SF	x			
Exteri	or			Х	Win	dow G	lazing	Caul	king	3 W	indows	x			
2nd Floor/Bacl				Х		Finish	12"x1	2" Flo	or Tile		50 SF	x			
Name of Registered Was			1000	JDEP W auler ID		Cubic of Was			Name of	Section 1	ered Land	dfill			
Yannuzzi Group, Inc			17	467		M. 1865	CY		GROW						
City, State Kinnelon NJ						07/09	sal Date 1/2015	1	City, State Morrisv		A				
Completed by John Mucha		Title Proje	ct Ma	nager		S	Signature	A	1			Date 6/30/2	015		

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

PECEIVED

Date of Notification (1)							Operator (2)		*						
6/19/2015	Type Notification			Street A	Brigatin	e 			72	15 .11	1 -6	Die	7	1 1		
Agencies Notified	Type Notification Initial		1	100000000000000000000000000000000000000	Vest Brig	gantin	ne Ave									
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DOH DCA	Emergency (i justification) Cancellation	ncluding			Contact						ephone N			0	5 -	
	_	- 10		FACI	LITY INFO	RMAT										
Name of Facility Where At Former Residence	patement is Taking	Place (3)					personal .	of Facility (4 School (K-1							
Street Address									Subchapter	8 (Othe						
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City (5) Brigantine								Squar 1770	e Feet SF	# of 1	Floors			ig. A 60+	ge	er (Veres)
County (6) Atlantic					Code (7) USE ONLY)	9			nt Use (Prid dential	or if bei	ng demo	lished)				
Name of Monitoring Firm H	Hired by Building C	wner (8)		ASCN	1 No.				ement Cor							
ACER Associataes		(1,700,0							Environm	ental	Service	es, In	С.			
Street Address 1012 Industrial Dr							Street A		s on Rd							
City, State, Zip Code West Berlin NJ 0809	1						City, Sta Kinne	400	p Code IJ 07405							
Project Manager for Monitors	oring Firm		1 1	Telepho	ne No. 09-1203		Telepho 908-2				License 01228					
Start Date (10) 7/08/2015		Schedule 07/13/2		pletion	Date (11)		The state of the s		IA Monitor Environm	ental	Service	e In				
Occupancy Status During	Abatement (Chec						Street A		. The title of the section	Cillai	Sel Vice	55, 111	J.			
Facility Closed/Vacat				ent			135 K									
Abatement Performer Other – Describe: CO	d Outside of Norm						City, Sta	Maria sadili		:						
							Kinne	lon N	IJ 07405		2725					
Scope of Work (Check All	тпат Арріу)		Renovat	ion			×	E. II	Containme	ant with	Monotiv	o Dron	0115			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			emoliti					Min	Containme i-Enclosure	9	i Negativ	e ries	Suit	=		
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Location			Normalled Solel			De	escription	of					-	Ту	pe	
Asbestos-Containing N TO BE ABA		Ma	intenar todial S	ice/	Asbest (i.e.	therma	ntaining Ma al systems	insula	(ACM) tion,		mount Specify	1 2	D	zo	Enc	En
In Facility (13)	у	Cus	(12)	lall?			acing, VAT miscellane			SF	or LF)	Kollova		Repair	Encapsulate	Enclosure
(1.5)		Yes	No	N/A								2	<u> </u>	7	late	IГе
Exterio	r	1		X	G	Gray T	ransite :	Siding	q	1,2	00 SF	2				
1st Floor Living				Х			or Tile(B	200000000000000000000000000000000000000			00SF	2		-		
1st Floor/Middle				Х			or Tile(E		100	12	20 SF	x				
1st Floor Kit	tchen			X			oorTile (I		- 10.01	15	50 SF	x				
Name of Registered Waste			N.	JDEP W			c Yards		Name of			dfill				
Yannuzzi Group, Inc.	er some even dermont.		10000000	auler ID '467	No.	of Wa	aste 0CY		GROW							
City, State Kinnelon NJ							osal Date 3/2015	2	City, Stat Morrisv		A					
Completed by John Mucha		Title Proje	ct Ma	nager			Signature	\rightarrow	M			Date 6/30/	20	15		

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

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Separation Type Notification Initial I	Date of Notification (1) 6/19/2015			100		Building Own Brigatine	er/Opera	tor (2)	6	exa exa exa exa exa exa exa exa exa exa	in _c	Fhar	400			
Initial member Init	Agencies Notified	Type Notification			Street Ad	idress					OL - C		Sun.	-	ļ	
DOL Amendment \$\frac{1}{2}\$ Dot Cancellation Display Display	☐ EPA					_	itine Av	е	<u>\$</u>		103	115		चारा		
DOH	DEP DOL	Amendment #		100		기막하는 경기가 깨끗하는 전성으로 살아하다 하는				CC	LICE	NO A	Ġ.	142	**	
FACILITY INFORMATION Former Residence Street Address Couplet (19) Facility Where Abatement is Taking Place (3) Former Residence Street Address Couplet (19) Former Residence Figantine County Code (7) County Code (7) County (16) Atlantic County (6) Atlantic Atlantic Active Street Address Couplet (19) For Placet Manager for Menitoring Firm School (M-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapt		justification)	ncluding							Tele	ephone N				- 4	
Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) School (Kr.12) Subchapter 8 (Other than Kr.12) Subchapter 9 (Other than Kr.12) Subchapter 8 (Other than Kr.12) Subchapter 8 (Other than Kr.12) Subchapter 9 (Other than Kr.12) Subchapter 8 (Other than Kr.12) Subchapter 9 (Other than Kr.12) Subchapter	DCA	Cancellation					IATION			1		00				
Street Address 401 Sheridan Place County Code (7)		Abatement is Taking	Place (3)		1 AOII	ITT IN OKW	ATION	Ту	pe of Facility (4	4)						
A01 Sheridan Place City (5)	THE ALL MODE AND RESIDENCE OF THE SECOND PROPERTY OF THE PROPE										ar than K	(-12)				
Square Feet # of Floors Bldg, Age 50+	01100171001000	9						×	Other (i.e. p				ildir	ngs,	home	s,
County (6)									quare Feet		Floors			70 S	ge	
Atlantic STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc. Street Address 135 Kinnelon Rd City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Scoot Horn Scheduled Completion Date (11) O7/14/2015 O7/14/				- 10	Causty (`ede (7)				• •	na domo	liabod)	50	0+		
ACER Associataes Street Address Street Addr										or ii bei	ng demo	ilisrieu)				
Street Address 1012 Industrial Dr			wner (8)		ASCN	No.						Inc				
1012 Industrial Dr City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Scoot Horn Scoot Horn Scheduled Completion Date (11) 7/19/2015 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Kinnelon NJ 07405 Name of OSHA Monitor Yannuzzi Environmental Services, Inc. Street Address 135 Kinnelon Rd Name of Registered Waste Hauler Yannuzzi Group, Inc. 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ Name of Registered Landfill GROWS Name of Registered Landfill Facility Hours 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 107/14/2015 136 Kinnelon Rd City, State, Zip Code Kinnelon Rd License No. 01228 License No. 01228 License No. 01228 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ Abatement Type Renovation Secope of Work (Check All That Apply) Abbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Abatement Visual Start? (12) Yes No N/A Bathroom/Utility Room X Tan Wall Mastric 35 SF x Drywall Abatement Abatement Type Resource Rinelon NJ Abatement Type Abatement Type Resource Rinelon NJ Abatement Rinelon NA Abatement Rinelon NA Abatement Rinelon NA Abatement Rinelon N		- 12								entai	Service	es, inc				
Project Manager for Monitoring Firm Scoot Horn Telephone No. 856-809-1203 Start Date (10) 7/09/2015 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Oliver — Describe: condemned Assestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Renovation Scope of Work (Check All That Apply) Saft or 23 If Saft or 22 for 1 Facility (12) Yes No N/A Bathroom/Utility Room Renovation Bathroom/Utility Normally Vannuzzi Environmental Services, Inc. Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Street Address 135 Kinnelon Rd City, State Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Tan Wall Mastic 35 SF x Disposal Date Of/14/2015 Name of Registered Landfill Of/14/2015 Of/14/2015 Of/14/2015 Of/14/2015 Of/14/2015 Of/14/2015 Office Registered Landfill Of/14/2015 Office Registered Landfill Office Reg																
Scoot Horn Start Date (10)		91									a					
7/09/2015 Or/14/2015 Or/14/2015 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: condemned Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Is Location of Asbestos-Containing Material (ACM) In Facility In 13) Vannuzzi Environmental Services, Inc. Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Bathroom/Utility Room Bathroom/Utility Room Normally Vanded Solely by Normally Used Solely by Normally Use		nitoring Firm					999-3309				\$50 PARTY (11 PAY)					
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Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Bathroom/Utility Room Bathroom/Utility Name of Registered Waste Hauler Yannuzzi Group, Inc. City, State Kinnelon NJ Location of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) Amount Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abotement Type Abatement Type Abotement Type Abatement Type Abotement Type Abotement Type Abotement Type Abatement Type Abotement Type Find Of Specify SF or LF) Abotement Type Abotement Type Abotement Type Abotement Type Find Of Specify SF or LF) Abotement Type Find Of Specify SF or LF) Abotement Type Abotement Type Find Of Specify SF or LF) Abotement Type Find Of Specify SF or LF) Abotement Type Find Of Specify SF or LF) Abotement Type	Scope of Work (Check A	All That Apply)			917		-	process of								
S Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/									Mini-Enclosure Glovebag Prod	e edure	ă.					
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Bathroom/Utility Room Rame of Registered Waste Hauler Yannuzzi Group, Inc. Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Amount (Specify SF or LF) Republic In Facility (13) Yes No N/A Tan Wall Mastic 35 SF x Drywall 40 SF x Name of Registered Waste Hauler Yannuzzi Group, Inc. Name of Registered Waste Hauler Yannuzzi Group, Inc. Disposal Date O7/14/2015 Morrisville, PA Completed by Title Signature Date			T					Ш	Non-Exempted	d (*) an	d Non-Fr	riable Pr				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Bathroom/Utility Room Name of Registered Waste Hauler Yannuzzi Group, Inc. Name of Registered Landfill GROWS City, State Kinnelon NJ Completed by Title Nabestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Page 1 Page 1 Page 2 Page 2 Page 2 Page 2 Page 2 Page 3 Page 3 Page 4 P	Location	n of	100				Descrin	tion of	8							
Bathroom/Utility Room	Asbestos-Containing	Material (ACM)					Containin	g Mate				1			E	Е
Bathroom/Utility Room	In Faci	lity	Cust		Staff?	Š	urfacing,	VAT, o	or			čemo		Repa	caps	nclos
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Name of Registered Waste Hauler Yannuzzi Group, Inc. NJDEP Waste Hauler ID No. 17467 City, State Kinnelon NJ Completed by Name of Registered Landfill GROWS Cubic Yards of Waste 40CY Disposal Date 07/14/2015 Morrisville, PA Date													+			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 6/19/2015					f Building		perator	(2)			-				
Agencies Notified	Type Notification			Street A	Brigatir	i c				O. P.	15.11	-6	PK.	2: 1	2
			100		Nest Bri	gantine	e Ave			9	a - v z	* ,			
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co tine nj	de					& L	ÖĚH			3
DOH DCA	justification) Cancellation				f Contact Stevens					Tele	ephone N	imber 300			
				210.67509 001	LITY INFO	DRMATI	ON			1	- 00	#UT-UT-U			
Name of Facility Where Former Residence	Abatement is Takin	g Place (3)						Туре	of Facility	(4)					
Street Address									School (K-1 Subchapter		or than V	12)			
40 Heald Rd.				•				×	Other (i.e. p				dings,	home	es,
City (5)					2411				etc.) re Feet	# of	Floors	TE	Bldg. A	\ae	
Brigantine								2800	0	2			50+		
County (6) Atlantic					Code (7) USE ONLY)			ent Use (Pri idential	or if beir	ng demoli	shed)			
Name of Monitoring Firm ACER Associataes		Owner (8)		ASCM	/I No.				tement Cor Environn			s, Inc.			
Street Address 1012 Industrial Dr			***				Street	Addre							
City, State, Zip Code West Berlin NJ 080	001						City, S	State, Z	ip Code NJ 07405						
Project Manager for Mor	NEW 2		- 1 -	Telepho	no No		10.000000000000000000000000000000000000	none N	supercustral attacks)	License	No			
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Occupancy Status Durin	ng Abatement (Chec	k Only One	=)				700000000	Addre							
Facility Closed/Vac	ated During Entire I	Period of Al	batem	ent					lon Rd						
Abatement Perform Other – Describe:		nal Facility	Hours						ip Code NJ 07405	i					
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≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovat emoliti				×	Mir	II Containm ni-Enclosur ovebag Pro	е	Negative	Pressu	re		
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TO BE AB		222222	ntenan odial S			thermal		s insula			pecify or LF)	Ren	Re	Encapsulate	Enclosure
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		Yes	No	N/A								-		te	CD
1st Flo	oor			×		Joint	Comp	ound		2,1	60 SF	x			
2nd Fl	oor			х		Joint	Comp	ound		64	0 SF	x			
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8															
Name of Registered Wa Yannuzzi Group, Ind			Ha	JDEP Wauler ID 467		Cubic of Was			Name of GROW		red Landf	ill			
City, State			1.7				sal Date		City, Stat	e					-
Kinnelon NJ						07/09	/2015		Morrisv	rille, PA	4				
Completed by John Mucha		Title Projec	t Ma	nager		S	ignature	7				ate 3/30/20	015		
ASB-41 (R-06-08)						0	* Do no	ot use t	this form for	asbesto	os licensu	ire exer	npted	activi	ities.

Parsuant to NJAC 8:50 and 6:16)			-	,	eren,	248 pm	PE			5)	60 and 5:16	C 8	to NJA	suant	Pur	(
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Name of Facility Where Abatement is Taking Place (3)											MATION	IFO	II ITY IN	FAC			_							
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Name of Monitoring Firm Hired by Building Owner (8) Whitman Street Address 7 Pleasant Hill Road 27 West Street City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely Telephone No. (732) 644-5418 Street Address 7 Jeasant Hill Road Telephone No. (732) 644-5418 Street Address 7 Pleasant Hill Road Telephone No. (732) 644-5418 Street Address 7 Pleasant Hill Road City, State, Zip Code Bloomfield, NJ 07003 Telephone No. (732) 644-5418 Street Address Telephone No. (973) 680-0088 357 Start Date (10) 07 / 13 / 15 07 / 14 / 14 / 15 07 / 14 / 15 07 / 14 / 14 / 15 07 / 14					ě	/						1,01	, 0000 (- Juli								59		
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Project Manager for Monitoring Firm Kevin Lovely									7003															Committee of
City Start Date (10)				_	_		No	License No	, 000				lo.	hone N	eler	17			orina Firm	Service Annual	VISIT 1 34 11 11			
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ASB-41 JAN 13 * Do not use this form for asbestos licensure exempted activities.	/-	1	/	1	16	1	-4/		1000	110	10	_/-	f., - 1	i_ r_			* -	-						

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

RECEIVER

Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	- 22 1	· Land by	time of	<u>; </u>	
	1 / 15	<u> </u>		Ma	plewood	g Owner/Operator Urban Renewal	LLC (Avalon N	vá jiji kodot)	-6 PH			
Agencies Notified	Type Notification			Street	Address				O PA	15:	25	
	Initial					one South, Suite	5500	ASUESTI & LIC	The services			
	Amended			City, S	State, Zip (Code		8110	F. LU.	TR	OI.	
□ DOH	Amendment #			Ise	lin, NJ 08	3830			CHOLA	G		
DCA (NJAC 5:23-8)	Emergency (ir justification)	iciuaing	3		of Contac			Telephone N	Number			
	Cancellation			Wa	rren Spra	ake			1010			
				FA	CILITY IN	FORMATION						
Name of Facility Where Ab	atement is Takin	g Place	(3)				Type of Facility	(4)				
PSE&G Building							School (K-12	2)				
Street Address							Subchapter					
186-238 Boyden Ave							Other (i.e., p		imerciai i	Juliair	igs,	
City (5)					7.		Square Feet	# of Floors	E	Bldg. /	Age	
Maplewood, NJ 0704	10									3	3	
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being der	nolished)			-
Essex				1 23.5	., (.	,,,,,,,,	ounding doo (i.i.	ioi ii boilig doi	nononea)			
Name of Monitoring Firm H	lired by Building (Owner	(8)	ASCM	No	Name of Ahatem	ent Contractor (9)				-	
Bio Terra Solutions	mod by banding .	OWITO	(0)	ACCIVI	140.		NAGEMENT L					
Street Address						Street Address	RNAGEWIENT	LC				
P.O. Box 1224						Section and Control of the Control	1					
						27 Outwater						
City, State, Zip Code Union, NJ						City, State, Zip C						
8/	-1 pm:		T= .			Garfield, NJ	07026					
Project Manager for Monito	iring Firm		1	phone		Telephone No.		License No).			
Rick Eustaquio				73-494		973-928-4888		1188				
Start Date (10)7 /13 _ /	THE PARTY OF THE P			tion Da	te (11)	Name of OSHA						
							NAGEMENT L	LC				
Occupancy Status During A		C				Street Address						
 □ Facility Closed/Vacated □ Abatement Performed C □ Abatement Performed C 					watte w	27 Outwater						
Time of Abatement:						City, State, Zip C						
						Garfield, NJ	07026					
Scope of Work (Check all the	nat apply)					M Full Con	talaanaantith blac					
≥3 sf or ≥3 lf		☐ Re	novati	on		⊠ Mini-End	tainment with Neg	gative Pressure	Э			
≥160 sf or ≥260 lf		⊠ De	molitio	n		☐ Gloveba	g Procedure					
		1.	1	•2000		⊠ Non-Exe	empted (*) and No	n-Friable Proc	edure			
Location of		10000	Locat	277/1/62		Danadatia			Α	baten	nent T	уре
Asbestos-Containing Ma		Use	d Sole	ly by	Asbe	Description of stos Containing Ma		Amount	Re	Re	E	E
TO BE ABATI		FI	intena todial			., thermal systems	insulation,	(Specify	no	Repair	cap	Enclosure
IN Facility (13)		Cus	(12)	Jian !		surfacing, VAT other miscellane		SF or LF)) <u>a</u>		Encapsulate	ure
()		Yes	No	N/A		other miscellane	.003)				te	
Basement - Electrical F	Room				Electric	al Panels		15 Panel	s 🗵			
Basement - Electrical F	Room			\boxtimes	Circuit	Brakers/ Condu	it Cables	123 LF				\boxtimes
Basement - Boiler Roo	m			\boxtimes	Pipe Ins	sulation & Elbo	ws .	700 LF				
1st Main Fl-Throughout					VAT & I	Mastic		7600 SF				
Name of Registered Waste	Hauler		N	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
ATC			Н	auler II		Waste	Minerva E					
City, State				S-243	10	As Needed Disposal Date	City, State					
Shirley, NY						TBD	Waynesbu	ra OH				
Completed By (Print or Type	e) Title					2	Allesbu	.9, 011	D-4:			
Raymond Blum			N/I			Signature	1		Date			
	P	roject	iviana	iger		1/1			17-	1	15	2
ASB-41 JAN 13	*	Do not	use th	is form	for asbest	os licensure exem _l	oted activities.					

State of New Jersey

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

		-	-	CONTINUATION SHEET		-	-	-	nemonana v
				186-238 Boyden Ave., Maplewood, NJ		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Maint	Solely by ntenance/Cust dial Staff (12) No N/A No X VA X VA X Fu X Pip X Fir X Fla X Bree		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	Encapsulate	E n c I o s u r
	Yes	No	_						
2nd Fl-Throughout	hroughout hroughout hroughout			VAT, Mastic & Adhesive	15,850 SF	Х		X	X
3rd Fl-Throughout	Throughout Throughout d, 3rd FlsThroughout			VAT & Mastic	18,550 SF	Х		Х	X
3rd Fl-Throughout	Throughout Throughout Throughout Throughout Throughout Throughout Throughout Throughout			Fume Hood System(interior lining)	2 Hoods	Х		Х	X
1st, 2nd, 3rd FlsThroughout			Х	Duct Vibration Cloth	150 SF	Х		Х	Х
1st, 2nd, 3rd FlsThroughout			X	Pipe Insulation & Elbows	4,750 SF	X		Х	Х
1st, 2nd, 3rd FlsThroughout			X	Fire Doors	20 Doors	X		X	Χ
Roof			X	Flashing/ Tar	4,000 SF	X		Х	
Roof			X	Break Pads/ Circuit Breaker	100 LF	X		Х	
Exterior			Х	Window Caulking	269 Windows	X		X	

Completed by: (Print or type) Raymond Blum	Title:	Project Manager	Signature:	Date:

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

RECEIVEN

Date of Notification (1)					Mana	-f D!!-!!	- 0	10	2)	\$ 5w	1 9 F	CP	1	
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		15	-		Pul	te Group				2815 JUL -	5 82/			
Agencies Notified	Type Notifica	ation			Street	Address					AN	11:	57	
⊠ EPA	☐ Initial				222	Mt. Airy	Roa	d - Suite 21	0	ASUESTOS & LICE	100			
☑ DOLWD	Amended Amendme	Umagadam.			City, S	State, Zip C	ode			& 110c	LUIA	TRA	71	
□ DCA	Emergen			•	Bas	sking Rid	ge,	NJ 07920	•	LICE	ROIM	G		
(NJAC 5:23-8)	justification		Juding	3	Name	of Contac	t			Telephone Nur				
	☐ Cancellat	ion			Joe	l Lipman	1			Na e				
					FΛ	CILITY IN	EOF	RMATION		1			-	
Name of Facility Where	Ahatement is T	akina	Place	(3)	FA	CILITIN	FOR	KIVIATION	Type of Facility	(4)	-			
Commercial Building		aking	riace	(3)					School (K-12					
Street Address	iig			100						5) 8 (Other than K-1	(2)			
107 - 1376- COLUMNO PASCINE VICTORE MACIN									Other (i.e., p	rivate and comm		ilding	js,	
1 County Road									homes, etc.)					
City (5)	•								Square Feet	# of Floors	BI	dg. A	ge	
Cresskill, NJ 0762	b													
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Bergen														
Name of Monitoring Firm		ding O	wner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Bio Terra Solutions	3						A	LL PRO MA	NAGEMENT L	LC				
Street Address						100	Str	eet Address						
P.O. Box 1224							2	7 Outwater	Lane					
City, State, Zip Code							City	y, State, Zip Co	ode					
Union, NJ							0	Sarfield, NJ	07026					
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Tel	ephone No.		License No.				
Rick Eustaquio				9	73-494	-3762		73-928-4888		1188				
Start Date (10)		Schedi	uled C	omple	etion Da	te (11)	Nai	me of OSHA M	lonitor					
_ 7 / 10 /	A DESIRED				5_/		A	LL PRO MA	NAGEMENT L	LC				
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Scope of Work (Check al	i that apply)							□ Full Conf	ainment with Neg	nativa Praecura				
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Location	of			Vorma				Description o	.F		Ab	atem	ent T	уре
Asbestos-Containing	Material (ACM	1)			ely by	Asbe	stos	Containing Ma		Amount	Re	Repair	Enc	Enc
TO BE ABA	ATED	. 1			ance/ Staff?		., the	rmal systems	insulation,	(Specify	Removal	oair	cap	Enclosure
IN Facili (13)	ty		Ous	(12)				surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A	1	O.	ner miscenarie	ous)				te	
1st FI - Throughout						Fittings	/ Pir	oe Insulation	,	85 each			\boxtimes	\boxtimes
1 st FI - HVAC Room		-					50	Pipe Insulat		12 SF				
1st FI - Garden Section	on .					Transite		33		64 SF				
2 nd FI - Office at top of	of stairs					VAT & I	Mas	tic		100 SF				
Name of Registered Was					NJDEP N	1.00000		oic Yards of	Name of Regis				_	
All Pro Managemer				100	dauler II	O No.	Wa		IESI Landf					
City, State					00040	,,,,	_	posal Date	City, State					
Garfield, NJ							Т	BD	Bethlehem	ı, PA				
Completed By (Print or Ty	vpe)	Title	V. C					Signature/)	1	0.0000000000000000000000000000000000000	Date			
Raymond Blum	,,,,,		oject	Man	ager			Signature/	18			S		/
			الاحادات	wiai	-3c1			1//	1		7-	1-	15	

Chak # 997

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)			- 1.5		
7 / 1 /	15		Stat	e of New	Owner/Operator (2	ment of Correc	tions	Eta.		20	
Agencies Notified Type Notificat	ion	1	Street	Address				120 1 1	1: 4	P	
⊠ EPA ⊠ Initial					load, PO Box 86		M.SAF The			40	
☐ DOLWD ☐ Amended			City, S	tate, Zip C	ode	F.	& LICEN	وم لي من	THE	1	
☑ DOH Amendmei		-		nton, NJ		=	ME TIEF	S He	-		
		g	Name	of Contact			Telephone Numb	er			
Cancellatio			Jos	eph May							
					FORMATION	No.			****		
Name of Facility Where Abatement is Ta	king Plac	e (3)				Type of Facility (4)				
Garden State Youth Corrections						School (K-12					
Street Address						Subchapter 8	(Other than K-12)	atat kan		20	
98 Highbridge Rd						homes, etc.)	ivate and commerc	ciai bu	naing:	٥,	
City (5)						Square Feet	# of Floors	Blo	ig. Ag	e	
Chesterfield						282,000	2	5	50÷		
County (6)	-		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Burlington					•••	Correctiona	()				
Name of Monitoring Firm Hired by Buildi	na Owner	(8)	ASCM	No.	Name of Abateme						
USA Environmental Manageme		(-)	0011			nvironmental S	Systems				
Street Address	,		100000000000000000000000000000000000000		Street Address						
344 West State						lehem Pike - S	uite 60				
City, State, Zip Code					City, State, Zip C						-
Trenton, NJ 08618					Spring Hous						
Project Manager for Monitoring Firm	W	Tele	phone	No	Telephone No.	-,	License No.	-			
William Weisgarber, Jr			9 656		215 542 7000	rî:	00847				
I	cheduled				Name of OSHA N						
7 / 19 / 15	7)/		CES						
Occupancy Status During Abatement (C	heck only	one)		-	Street Address						
☐ Facility Closed/Vacated During Entire			ment		1121 N. Beth	lehem Pike - S	uite 60				
Abatement Performed Outside of No	rmal Faci	ity Hou	s - Des		City, State, Zip C	ode					
Time of Abatement: Sun-MonAM-9	:00PM/_	PN	1- <u>5:00</u> A	MA	Spring Hous						
Scope of Work (Check all that apply)						7 . C	E - D				
	⊠ F	enovat	ion		☐ Full Con	tainment with Neg closure	jative Pressure				
☐ ≥160 sf or ≥260 lf	-	emoliti			☐ Gloveba	g Procedure					
					☐ Non-Exe	empted (*) and No	n-Friable Procedur				
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Location of Asbestos-Containing Material (ACM	U	sed Sol		Asbe	Description of estos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED	N	laintena			e., thermal systems	insulation,	(Specify	Remova	air	aps	Enclosure
IN Facility	(1	stodial (12)			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	lre.
(13)	Yes		N/A	1	other miscellane	.003/				O	
E-Wing Closet				Pipe In	sulation		6 LF				
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Name of Registered Waste Hauler			JUEP V	Maste	Cubic Yards of	Name of Regis	stered Landfill		1		
Geppert Recycling			Hauler II		Waste		erks Communt	iy Lar	ndfill		
City, State	*				1 Yards Disposal Date	City, State	-				
Hatfield, PA					7/30/2015		, PA 19508				
Completed By (Print or Type)	Title				Signature	7)	Da	ate /	j		
Patricia Visco	Office	Mana	ger		Patu	dalls	co -	1/1	//	5	7



Date of Notification (1) June 29, 2015		22	ame of E m Her	Building Owner/C	perator	(2)		Che	ck # N/A	4			
Agencies Notified Type Notification			reet Ad				11.	47					
EPA Initial				ide Road	<i>p</i>								
DEP X Amended Amendment # 1				e, Zip Code d, NJ 08084				7.5.1					
Emergency (incl	uding	1 2 3 3		Contact		72.		Tele	phone Nu	mber			
DCA Cancellation		Ji	im Her	nry									
	(0)		FACIL	ITY INFORMATI	ON	Tuno	of Facility (4)					-	
Name of Facility Where Abatement is Taking Pl Residence	ace (3)					Туре	.5 203						
Street Address						H	School (K-12 Subchapter 8		r than K-1	2)			
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City (5)						Squa	etc.) are Feet	# of	Floors	BI	dg. A	ge	
Stratford						1,72	20	3		80)		
County (6)			ounty C				ent Use (Prior	r if beir	ng demolis	hed)			
Camden		(S	TATE U	SE ONLY)		Manager	sidence				72170		
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.	100000000000000000000000000000000000000		atement Cont nvironment						
Management & Enviro. Consulting Se	ervices				Street			ai, LL					_
Street Address PO Box 341					C. W. W. W. C. W.		er Avenue						
City, State, Zip Code							Zip Code						
Chesterfield, NJ 08515							ade, NJ 08	3052					
Project Manager for Monitoring Firm Bill Weisgarber		1 55	elephon 09-29	e No. 8-4070	100 TO 10	hone N -755-	No. 0099		License I	No.			
	cheduled (Date (11)	Name		SHA Monitor						
Occupancy Status During Abatement (Check C					Street	t Addre	ess						
Facility Closed/Vacated During Entire Pen		teme	ent		200	Rout	e 130 Nort	h					
Abatement Performed Outside of Normal	Facility Ho	ours					Zip Code						
Other – Describe:					Cinr	namir	nson, NJ 08	3077					
Scope of Work (Check All That Apply)					-	_							
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TO BE ABATED In Facility	Custod	ial St	C1000000000000000000000000000000000000	(i.e. therma surfa	acing, V				or LF)	Remova	Repair	caps	Enclosure
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Crawlspace	X	XX		Pipe	e Insul	ation			1 LF	X			
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Name of Registered Waste Hauler		100 (20)	IDEP Wauler ID						County		II		
Freehold Cartage, Inc.		02	265	2			- 1000000000000000000000000000000000000		Journey	Landii	utos.		
City, State Freehold, NJ					osal Dat /2015	e	City, State Newbur						
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	County (6)	Courabe Code	∍(T) (STATE	3000	_ _ 3	_ 20	2
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	Name of Municiping From Hiredby Building Owner AS (8)	SOU NO	Neme of Aire		9)		
	Street Address		1 Stract Advisor	11 Sat C			
	City, State, Zip Cooke		/2	212 Bin	Instea ,	Ane	- Parties
-44			City, State, Zo Con	Imio A	15 20	025	- Internation
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Do not use this form for esbestos licensure exempled activities.

State of New Jersey NOTEFICATION OF ASSESTOS ABATEMENT (Pursuet to NJAC 8:69 and 12:120)

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Agencies Notified Time News	
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City (a)	-12) 302 billiones
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(8) Name of American Form Fired by Earling Occasion (9)	_
Street Address	7
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Start Date 19m 609-346 0916 Transition	777
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Cherryson	Date of Notification (1) (Fursuant to NJAC 8:60 and 12:120)
- Allerton	6-30-1 Name of Building Owner Comment of the Commen
THANKS	The Notice Transfer The Isa
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THE PERSON	
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THE STATE OF	HALL - CE-11
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS														
Agencies Notified	6/9/15 Type Notifica	ation		Street	_		MUNICATIONS)								
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DCA DCA		ellation				YLOR			A LIDE	13.XC II	elepho	ne N	umb	er		
				FA	CII I	TY INF	ORMATION				95			_		
Name of Facility Wh	nere Abateme	ent is Taking Pl	ace (3				Type of Facili	ty (4)								
Verizon Ewing C	0	=======================================	200				School (F									
Street Address							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
1606 Pennington	Road							e. priva	# of Floors				etc.)			
City (5)		County (6)	Cor	unty (Code	(7)	Square reet		# 01 110015	DI	dg. Ag	3				
Ewing		Mercer			5040	(.)	Current Use (Prior i	I f being demoli	ished)				-		
5							Communica									
Name of Monitoring		y Building Own	er (8)		AS	CM No			t Contractor (9							
USA Environmer Street Address							ONMENTAL	INC								
8436 Enterprise					Street Addres		TREET									
City, State & Zip Co Philadelphia pa 1						City, State & Zip Code BRISTOL, PA 19007										
Project Manager for		irm	Telep	hone	Nun	ber	Telephone Nu									
Mark Jenkins			267-7				215-788-604				0050	9				
Scheduled Start Da 7/1/15	te (10)	Scheduled Con	npletio		te (1	1)	Name of OSH		nitor ONMENTAL	INC						
Occupancy Status I			nly one)			Street Addres	s								
		During Entire P					1123 BEAVE							-1		
Abatement Describe:		utside of Norma	ai Hot	ırs –	/am	то зрт	E 37-2367									
	upied During			BRISTOL, PA 19007												
Scope of Work (Che		and the second s														
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	erial (ACM) BE ABATED		Maint	olely l			Material (AC (i.e., thermal sy			SF or LF)	Re	Z	nca	E		
	Facility		Custo				insulation, surfac	ing, V	AT		Remova	Repair	Encapsulate	Enclsoure		
	(13)		Yes	(12) No	N/A	_	or other miscella	aneou	s)		/al	=	ilate	лге		
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					-											
Name of Registered	Waste Haule	er		200		Waste ID No.	Cubic Yards of Waste	Name	e of Registere	d Landfill						
BRISTOL ENVIRONMENTAL INC					706	ID IVO.	OI Waste	GRO	WS LANDF	ILL						
City, State							Disposal Date		State	24						
BRISTOL, PA	-			J			Ci	MOF	RRISVILLE, I	PA	D-t-					
Completed By (Print or Type) Patrick T. DeCaro					e tima	tor	Signature	Signature Patrick J. O'Caro / J. Date 6/9/15								
					Patrick	1.	Olaro,	17		570						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1) 6/9/15				Owner / Operator	r (2)									
Agencies Notified Type Notifica	ation	Street /	Address	RY PLACE	751	5 111 - 5	(計) 11-12			-				
☐ DEP ☐ Initial	I		tate & Zip						_					
	nded R#1-6/24/15			PA 15212	10.0									
	rgency		of Contact		We t				NI	la				
	cellation		BAYLOR				11	Telephone Number						
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NI SECULIAR ALL	= =		ILITY IN	FORMATION	Y									
Name of Facility Where Abateme	ent is Taking Place	(3)		Type of Facili										
Verizon Ewing CO Street Address				School (I		Other than K-	40\							
1606 Pennington Road				rz) cial building	a ham		٠.٠١							
1000 i eminigion Road				Square Feet		# of Floors				ic.)				
City (5)	County (6)	County C	ode (7)	- Square Feet	e Feet # of Floors Bldg. Age									
Ewing	Mercer	Journey C	.oue (1)	Current Llee	Prior	l if being demoli	inhad)							
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Name of Monitoring Firm Hired b	y Building Owner ((8)	ASCM N			nt Contractor (9))							
USA Environmental	ry Building Owner ((0)	ASCIVITY			ONMENTAL	· ·							
Street Address				Street Addres	SS									
8436 Enterprise Ave				1123 BEAV		A DOLLAR STORY								
City, State & Zip Code				City, State &										
Philadelphia pa 19153 Project Manager for Monitoring F	-: IT-1	1	Month		PA 19007									
Mark Jenkins		lephone I 7-784-8		Telephone No 215-788-604	[12] (12] [14] (14] (14] (15] (15] (15] (15] (15] (15] (15] (15									
	Scheduled Comple				f OSHA Monitor									
7/1/15		10/15	e (11)			ONMENTAL	INC							
Occupancy Status During Abate			20.00	Street Address	ss									
Facility Closed/Vacated	H													
Abatement Performed O		Hours – 7	am to 3pr											
Describe: 7:00 AM -			BRISTOL, PA 19007											
Facility Occupied During														
Scope of Work (Check all that ap	obià)				\boxtimes	Full Containn	nent with Na	anativa	Dros	curo				
≥3 sf or ≥3 lf		7 Rend	ovation		A	Mini-Enclosus		galive	1 163	Suic				
≥160 sf ≥260 lf		7	olition		H	Glove Bag Pr	1000							
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TO BE ABATED in Facility		aintenand Istodial S		(i.e., thermal sinsulation, surface				Remova	Repair	Encapsulate	Enclsoure			
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Name of Registered Waste Haul	er	100000		e Cubic Yards	Nam	e of Registere	d Landfill							
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BRISTOL ENVIRONMENTAL	_ INC	187	706		2000	DWS LANDF	ILL							
City, State BRISTOL, PA				Disposal Date		State RRISVILLE, I	PA							
Completed By (Print or Type)	e	Signature				Date			-					
Patrick T. DeCaro		timator	0-0-1	1 /	7. De Caro	Life .	6/9/1	5						
en summerina terras conserva conserva Citato del Geno en Citato del Ge				Jarrick		·10 000	1/							

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Date of Notification (1)	Name of Building Owner/ PSEG	Name of Building Owner/Operator (2) PSEG										
Agencies Notified Type Notification	Street Address 4000 HADLEY ROA	ND.	2115 JUL -6	EM II:	S							
EPA DEP DEP DOL Amended Amendment # Emergency (includ justification)	City, State, Zip Code SOUTH PLAINFIEL	D, NJ 07080	A 35 S S S S S S S S S S S S S S S S S S	UNIR								
DCA Cancellation	RAFER 1	DE CAIRES			-	7						
Name of Facility Where Abatement is Taking Plac	FACILITY INFORMAT	Type of Facility	(4)									
PSE&G Street Address		School (K-	12) r 8 (Other than K-12)									
1932 TONNELLE A	116.	Other (i.e. petc.)	private & commercial	buildings	, home	es,						
City (5) NORTH BERGE	``	Square Feet	# of Floors	Bldg.	Age							
County (6)	County Code (7)	Current Use (Pri	or if being demolishe	App ×	5.	SYR						
HUDSON	(STATE USE ONLY)	- Sur	- Substation									
Name of Monitoring Firm Hired by Building Owner ENVIRONMENTAL TACTICS	(8) ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA										
Street Address		Street Address	Street Address									
64 BROAD STREET City, State, Zip Code		396 WHITEHEAD /	396 WHITEHEAD AVE.									
MATAWAN, NJ 07747		SOUTH RIVER, NJ 08882										
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-2217	Telephone No. 732-432-8350	License No. 01111									
7//	duled Completion Date (11)	Name of OSHA Monitor UNIQUE SYSTEMS	S OF AMERICA									
Occupancy Status During Abatement (Check Only	10113	Street Address										
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac	of Abatement	396 WHITEHEAD /	AVE.									
Other - Describe: Melessary a	Devalus only	SOUTH RIVER, N.	J 08882									
Scope of Work (Check All That Apply)	_											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Mini-Enclosure Glovebag Prod			۵							
	Is Location		a () and ivon i habit	Abate	ement							
ASDESIOS-COMBINING WISTERIAL (ACJUIT	Jsed Solely by Ashestos Con	escription of staining Material (ACM)	Amount	1 1 1	pe	-						
TO BE ABATED	sustodial Staff? (i.e. therma surfa other	I systems insulation, acing, VAT, or miscellaneous)	(Specify SF or LF)	Repair	Encapsulate	Enclosure						
		- 01	26 5-	V -								
CONTROL ROOM	X TRAWS; 7	E PANEIS	26 SF.			-						
N. CO												
Name of Registered Waste Hauler	NJDEP Waste Cubic of Wa NJ Do 8 06 31369 App		Registered Landfill	2 LA	NNA	=; ()						
City, State FLANDERS, NJ	Dispo	sal Date City, State	е	Λ	<u> </u>	.,						
Completed by Title CAROL RAIMO OF		Signature /	CAN TOWN Date		/	-						

NO CK

						Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION								
Date of Notification (1)	2000000 4000000						J. IVIL GOLLFORA							
6 / Agencies Notified	30 15 Type Notification		_		Street Addre		LL ROAD, K-15-1	1480			SEYE	11 50		
EPA	Initial Notifi				City, State, 2	Zip Code					12 1 1	-101	-5 A	MH: i
DEP	x Amended		tion	#4			JERSEY 07033			,	3			
X DOL	x Cancellatio	n								ŕ	١., ,		13500	40.00
X DOH	On Hold			0.4710	Name of Co		1	Telenhann Num	ber .		3	é L	CEUC	40
DCA	EMERGEN	ICY N	OTIFI	CATIC				30				-		72
		DI-	(2)		FACILITY IN	FORMAT	Type of Facility	(4)	_					-
Name of Facility Where	Abatement is Takii	ng Pia	ce (3)				School (K-1							
MERCK SHARP & DOH	ME CORPORATION	J						r 8 (Other than K	(-12)					
WENOX SHALL & DOL	inic oom or an and						X Other (ie. p	rivate & commol	. bldgs	., hor				
Street Address	50.50						Square Feet	# of Floors			Blo	dg. Age	Э	
2000 GALLOPING HILL							115,000	3	1-1			44		-
City (5)	County (6))			County Cod (STATE USE		Current Use (Price	or it being demoi	isnea)					
KENILWORTH	IILWORTH UNION ne of Monitoring Firm Hired by Building Owner (8)						Name of Abaten	nent Contractor	(9)					┥
ENVIRONMENTAL HE	ALTH INVIESTIGATION	ONS. I	NC.		7.0	CM No. 17	PAR ENVIRONN		0.000	NO				
Street Address							Street Address							
655 WEST SHORE TR	AIL						313 SPOOK RO							-
City, State, Zip Code		7074			City, State, Zip C SUFFERN, NEW									
Desirab Manager for Manager	SPARTA, NEW JERSEY 07871 roject Manager for Monitoring Firm Telephone						Telephone Numb		nse Ni	ımbe				-
	NTON REZIN 201-489-8						845-369-7500	110						
	NTON REZIN 201-489-57 spected State Date (10) Sched. Complet						Name of OSHA	Monitor						7
7 / 1	/15		11		30/	15	QUALITY ENVIP	RONMENTAL SO	DLUTI	SNC	& TEC	CH.		
Month Da		15000	nth		Day	Year	0							-
Occupancy Status Duri	ng Abatement (Check	c only o	ne)	af Aba	tomont		Street Address 1376 ROUTE 9							
X Facility Clos	ed/Vacated During E Performed Outside of	ntire P	eriod al Ear	of Aba	nurs - Describe:		1376 HOUTE 9							
X Other - Des							City, State, Zip C	Code						٦
A Journal Date							1	WAPPINGER	SFAL	LS, N	Y 125	90		
Scope of Work (Check	all that apply)	7-					ainment with Nega	tive Pressure						
X Demolition	_	Reno	vatio	n	-	Mini-Enclo	o:, Procedure	(WRAP AND C	UT)					
>3SF OR LI X >160 SF OF							le Procedure	(,					
Locati	Control of the Contro	ls	Locat	ion	Descrip	ption of As	sbestos-				1	ment -	Туре	
Asbestos-c	containing		nally			ing Materi	and the second second	Amount	Æ	REPAIR	ENCAPSULE	ENCLOSURE		
Material		Y 125/29	olely	by todial	**********	hermal sy on, surfaci		(Specify SF or LF)	REMOVAL	MAC	SAF	150		
TO BE A in Facili			taff (1	1977		er miscella		0. 0. 2. /	AL	۳.	US	US		
Will down	(10)	Yes		N/A						_	m	품		_
KEN 006			X		METAL RADIATO	OR COVE	RS-UNDERSIDE	5,056 SF	×					
112.11 000					MASTIC COATIN	NG. 316 C	OVERS@165 SF	-	T					
	0	+			EACH	,								7
-		+-		\vdash		AL ANT O	ND EL 12 ET A	50 SF	x		1	1		7
KEN 006		+-	X	-	DUCT SEAM SE	ALAN 1-2	ND FL 12 F1 @	30 31	1	1	1	+		\dashv
		-		-	4 DUCTS					+-	-	+		-
KEN 006		1	X	_	INTERIOR SIDE	LIGHT W	INDOWS WITH	360 LF	X	-	-	+-		-
					FRAME, 4,300 F	T X1"(215	WINDOWS)		-			+		_
KEN 006			Х		PIPE INSULATION	ON SADD	LES 340 @3 LF	1,020 LF	X			1		
ADDITION TO SCOPE	E;			1										
-	/ER LEVEL)		Х		PIPE MASTIC			10 SF	×					
	EMENT)		X	1	VAT & MASTIC			535 SF	X					
A Secretary and the second		1	x	1	PIPE FITTINGS			4 LF	×					
KEN 006 (BAS Name of Registered W	EMENT) (aste Hauler	NID	EP W	aste	Cubic Yards of V		Name of Regist		1/1			+		
FREEHOLD CARTAG	The set of the second second	_	er ID		80		LYCOMING CO	OUNTY RESOUR		ANAC	SEME	NT SE	RVICES	
825 HIGHWAY 33			1593		A-127507		447 ALEXANDE							
City, State					Disposal Date		City, State	(DA 1777)			1			
FREEHOLD , NEW JE	AND DESCRIPTION OF THE PARTY OF				3/30/15-11/30/20		MONTGOMER	X, PA 17752 Dai	to	0	70	1/1		\dashv
Completed by (Print or	200 0		B 05	OPE	RATIONS Signa	ature	1 WHI	> ^{Da}	. (01	30	1/1	5	1
BENJAMIN SANCHEZ	- IDIF	IEUIC	IN OF	OFE	IATIONS				-	1	-	1		

Date of Notification (1)		20					ner/Operator (2) HME CORPORA	TION					- 4
					t Addre	03.534179 XV2.025230.400		STORY MAN					
6 / 23 15 Agencies Notified Type Notification	n						L ROAD, K-15-1	1480			5 1	11{	5 4411
TEPA I Initial Noti	fication			City,	State, 2	Zip Code							
DEP x Amended		tion #	#3	1			JERSEY 07033			4	4	41.) UUN I
X DOL Cancellati	on							1 11	NSINE				
X DOH On Hold	NOV NO	TICIO	> A T I C		e of Co	ONICA	- 1	Telephone *			er		_ 15 4 1140
DCA EMERGE	NCY NC	JIIII	ATIC			FORMATION	N I						
lame of Facility Where Abatement is Tak	ing Plac	ne (3)		FACIL	_11 Y IIN		Type of Facility	(4)					
value of Facility Where Abatement is Tak	ing i ide	JC (0)				İ	School (K-1						
MERCK SHARP & DOHME CORPORATION	N							8 (Other tha		s., ho	nes, e	etc.)	
Street Address							Square Feet 115,000	# of Floor	S		Bio	ig. Age 44	
2000 GALLOPING HILL ROAD City (5) County (6)	2)			Cour	ity Cod	de (7)	Current Use (Price	3473	molished)			
City (5) County (6 UNION	,)			(STATE				9	3				
Name of Monitoring Firm Hired by Buildin					AS		Name of Abaten						
ENVIRONMENTAL HEALTH INVIESTIGAT			17	PAR ENVIRONM Street Address	MENTAL CO	RPORAT	ION						
Street Address S55 WEST SHORE TRAIL							313 SPOOK RO	CK ROAD					
City, State, Zip Code					City, State, Zip C					1007-010-05			
SPARTA, NEV					SUFFERN, NEW								
Project Manager for Monitoring Firm		Number			Telephone Numb		license N	umbe					
ANTON REZIN	89-87	ion Date (11)		845-369-7500 Name of OSHA I		101		_				
Expected State Date (10) 7 / 1 /15		30/	11)	15	QUALITY ENVIR		SOLUT	IONS	& TEC	CH.			
Month Day Year	Mor			Day		Year							
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During 6	k only o	ne)	of Aho	toment			Street Address 1376 ROUTE 9						
Abatement Performed Outside of	f Norma	al Fac	ility Ho	ours - Desi	cribe:		13701100123						
X Other - Describe: MONDAY							City, State, Zip C						
						Canto	nment with Nega	WAPPING		LS, N	Y 125	90	
Scope of Work (Check all that apply) X Demolition	Reno	vation	í.			Mini-Enclo		live i ressure					
>3SF OR LF					X	Glovebag	Procedure	(WRAP AN	D CUT)				
X >160 SF OR 260 LF					1		e Procedure						120 D
Location of	10000	Locati nally ι	019000			iption of Asl ning Materia		Amount	-	B		ment T	ype
Asbestos-containing Material (ACM)		olely b				Thermal sys		(Specify	1.00	REPAIR	NO.	NCI	
TO BE ABATED	- 1	t/Cust	200	i	nsulati	on, surfacir	ig, VAT,	SF or LF) \	E	PS	SO	
in Facility (13)		taff (1	-/		or oth	er miscella	neous)		1		ENCAPSULE	ENCLOSURE	
	Yes		N/A					5 050 05	×	+	1	1111	
KEN 006	+	X					RS-UNDERSIDE	5,050 5F	^	+	+	1	
	-		-		COATI	NG, 316 CC	OVERS@165 SF		-	+	+	-	
	-			EACH					-	+-	+	-	
KEN 006		X		DUCT SE	AM SE	EALANT-2N	ID FL 12 FT@	50 SF	X	+	+	+	
				4 DUCTS						-	+	-	
KEN 006	+-	Х					NDOWS WITH	360 LF	X	+	+	-	
	-	V			de la companya de la	Management of the Control of the Con	WINDOWS)	1,020 LF	×	+	+	-	
KEN 006	+	X		PIPE INS	ULAII	ON SADDE	ES 340 @3 LF	1,020 LF	^	+	+		
ADDITION TO SCOPE:	-	V	-	DIDE	STIC			10 SF	X	+	+	1	
KEN 006 (LOWER LEVEL)	+	X	-	VAT & M				535 SF	X	+			
KEN 006 (BASEMENT)	+	X	-					4 LF	X	+	1	1	
KEN 006 (BASEMENT) Name of Registered Waste Hauler	NID	EP W	aste	PIPE FIT Cubic Ya			Name of Regist		1^				
FREEHOLD CARTAGE, INC.	_	er ID		Dobio ra	80	- work	LYCOMING CO	UNTY RESC			GEME	NT SEF	RVICES
825 HIGHWAY 33		1593			.0.00000		447 ALEXANDE		OUTE 15				
City, State				Disposal		015	City State MONTGOMER	V PΔ 17750				/	1
FREEHOLD , NEW JERSEY Completed by (Print or Type) Tit	le		_	3/30/15-1	_	ature	THE REPORT OF THE PERSON OF TH	1,17,17/32	Date	1	7/	7	7/17
		R OF	OPER	RATIONS		1	1100			V	//	1	2//5

NO CK

Date of Notification (1)		Nam NEV	ne of Building On V JERSEY INSIT	wner/Operator (2) TUTUTE OF TECH	NOLOGY	EN	ED					
7 / 1 /15 Agencies Notified Type Notification	nn.		et Address WARREN STRE	FT	2815 JUL	-6 A	111: 28					
EPA	tification Notification #3	City, NEV	, State, Zip Code VARK, NEW JEF		& Li	BESTOS CORTROL & LICENSING						
X DOH On Hold DCA EMERGE	ENCY N	100000000000000000000000000000000000000	ne of Contact XANDER CARRE	ERAS	•	number 10						
Name of Facility Where Abatement is Tak		CILITY INFO	ORMATION	Type of Facility	(4)							
NEW JERSEY INSTITUTE OF TECHNOLO				School (K- Subchapte	12) er 8 (Other tha		gs., homes, et					
Street Address				Square Feet 134,040	# of Floo		Bldg. Age 53					
161 WARREN STREET City (5) County ((6)	Соц	nty Code (7)			emolished	535					
NEWARK ESSEX	(0)		E USE ONLY)		rrent Use (Prior if being demolished) MMERCIAL OFFICE							
Name of Monitoring Firm Hired by Buildi CTSI Street Address	ng Owner (8)		ASCM No.	Name of Abate PAR ENVIRONI Street Address 313 SPOOK RC	MENTAL CO		ION					
237 WEST 35TH STREET City, State, Zip Code		<u> </u>		City, State, Zip	Code	01						
Project Manager for Monitoring Firm	NEW YORK 1000	e Number		SUFFERN, NEV Telephone Num		License N	Number					
KYLE KRUG	212-971-			845-369-7500		460						
Expected Start Date (10)	Sched. Comp	COUTUS OF The	(11)	Name of OSHA	Monitor							
6 / 30 / /15 Month Day Year	7 / Month	01/ Day	15 Year	QUALITY ENVI	ONMENTAL							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Abatement Performed Outside Other - Describe: MONDA	Entire Period of A	Hours - Des		Street Address 1376 ROUTE 9 City, State, Zip WAPP tainment with Ne	Code INGERS FAL		2590					
Demolition X >3SF OR LF X >160 SF OR	Renovation		Mini-Encl Glovebag		(HEAT ME							
Location of	Is Location		Description of A				atement Type					
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodi Staff (12)		Containing Mater (ie. Thermal sy insulation, surfact or other miscell	ystems sing, VAT,	Amour (Specif SF or L	y EM	ENCLOSURE					
iii aciiity (10)	Yes No N/A	A .					R					
3RD FLOOR ROOM 308	X	VAT			462 SF	X						
			8									
					-		+					
Name of Registered Waste Hauler EXPRESS WASTE LLC	NJDEP Waste Hauler ID No. 26981	Cubic Ya	ords of Waste 50	Name of Regist 110 SAND CO.								
City, State	100000000000000000000000000000000000000	Disposal		City State	11704	6.	11					
NEWARK, NEW JERSEY Completed by (Print or Type) Tit	tle RECTOR OF OPI		3/31/2015 Signature	INCLASION OF THE PARTY OF THE P	11794	Date	11/1					
BENJAMIN SANCHEZ DI	NEUTUR OF OPI	-HATIONS	1	00		11						

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

								7 01						
Date of Notification (1) 07 / 02 / 20)15		Name of Building Owner/Operator (2) NJ TURNPIKE AUTHORITY											
Agencies Notified Type Notification	ın			Address	KE AUTHUR	111		-			_			
☑ EPA ☑ Initial				AAIN S	TREET		ě	LICE		in No	7.0			
□ DOLWD	#			ate, Zip Ci						-				
□ DCA □ Emergency	(including	3			GE, NJ 07095									
(NJAC 5:23-8) justification) Cancellation				of Contact E DECO	NDF		Telephone Nur	nber						
					FORMATION						-			
Name of Facility Where Abatement is Tak	ing Place	(3)	1 70	121111111	ORMATION	Type of Facility (4)							
NJTA TMD-5						School (K-12		-						
Street Address 950 ROUTE 9 NORTH						Subchapter 8 Other (i.e., pr homes, etc.)			ilding	s,				
City (5) WOODBRIDGE	1					Square Feet 1,600	# of Floors		ig. Aq i0+	je				
County (6) MIDDLESEX COUNTY			Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri ELECTRICA	[1400] - 이유민(1415] [2] [140] [40]							
Name of Monitoring Firm Hired by Buildin N/A	g Owner	(8)	ASCM N	No.	Name of Abateme	ent Contractor (9) ARMS CONS	TRUCTION	CO., II	VC.					
Street Address					Street Address 62 YELLOW	BROOK ROA	AD							
City, State, Zip Code					City, State, Zip Code HOWELL, NJ 07727									
Project Manager for Monitoring Firm		Tele	ephone i	No.	(732) 751-2089 01055									
Start Date (10) Sc 07 / 16 / 2015	heduled (Comple / 2:		te (11) 2015	Name of OSHA N SAME AS ABO					7				
Occupancy Status During Abatement (Ch	neck only	one)			Street Address									
☐ Facility Closed/Vacated During Entire				C00 01 00000										
Abatement Performed Outside of Non Time of Abatement:AM					City, State, Zip C	ode								
Scope of Work (Check all that apply)					□ F./II C	talassast vitta Nas								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova emolit			☐ Mini-End ☐ Gloveba	Itainment with Neg closure ig Procedure empted (*) and No		dure						
		is Loca	ation			simpled () and ive	ITT Habie 1 1000		atem	ent T	ype			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	IV	lainten	lely by ance/ Staff?		Description estos Containing Management of the store Containing Management of the store of the s	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
(10)	Yes	1			Other miscelland	=0us)				te				
VAULT/OFFICE/BOILER ROO	M			TILEF	LOORING IN	BUILDING '	300 SF							
BOILER ROOM	X			PIPE II	NSULATION		4 LF	X						
EXTERIOR WINDOW/DOORS	X			EXTE	RIOR WINDO	W CAULK	40 LF	X						
Name of Registered Waste Hauler			NJDEP		Cubic Yards of Waste	Name of Regi					-			
GEORGE HARMS CONSTRUCTION	CO., INC	J.	Hauler II 058		< 1	WASTE MAN	NAGEMENT							
City, State HOWELL, NJ					Disposal Date TBD	City, State TULLYTOW	N, PA							
Completed By (Print or Type) JIM DUFFE	Title VICE PR	ESID	ENT		Signature	(2)	/	Date 7/2/20	15					
ACD 41					- fre	Welled								

JAN 13

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

Date of Notification (1) 09/01 /20/5			Building C	wner/Operator	LEYSKI	A Lorn Novi Perm	7	- L		
Agencies Natified Type Notification		Street Ac	idress		1 _	2015 111 -6	M	11:	19	
EPA Initial Amended			HA M	BERLA		de top one per top or in the	0.00	170	Δ1	_
DOL Amendment #_ Emergency (inc	huding		WOD	D PA	RK, N.	07407	UU!	46 414	UL.	
DOH justification Cancellation	auding	Name of	Contact COLCE		EYSKI	Telephone Numi	per		,5)
				RMATION					7 -	
Name of Facility Where Abatement is Taking F	Place (3)				Type of Facility (
Street Address		95				2) 8 (Other than K-12) rivate & commercial		ings,	home	s,
City (5)					Square Feet 500	# of Floors	200000	dg. A	-	
County (6)		County C	Code (7) JSE ONLY)		77/1/25/25	or if being demolishe	ed)			
Name of Monitoring Firm Hired by Building Ow		ASCN	No.		of Abatement Cor	ntractor (9)	//			
ZABE LA ENVIROMENT	as LU			HAZ Street	MAT DIAG	NOSTIC L	1			
27 WILLARD AVE						AVE STE	103	3		
City. State. Zip Code	7026			City, S	State, Zip Code	7 07053	_			
Project Wanager for Monitoring Firm		Telephor	ne No.	Teleph	hone No.	License No				
BOBAN MICHOVSKI		862-			3 928 399	15 01/6	3/			
	cheduled C		Date (11)		of OSHA Monitor	ABOVE				
Cocupancy Status During Abatement (Check	- (/ -	0/ 10			Address	1000				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other - Describe:	riod of Abate Facility Hou	ement urs		City, S	State, Zip Code					
Scape of Work (Check All That Apply)										
≥3 sf or ≥3 if ≥100 sf or ≥260 if	Reno	vation plition			Mini-Enclosur Glovebag Pro				e	
	Is Loc	ation		LE.	Z Non Exemple	G () G. I.G. I.		Abate	ement	t
Location of	Norm Used Sc	nally	A - I	Description		Amount		1 9	pe	
Aspestos-Containing Material (ACM) TO BE ABATED In Facility	Mainter Custodia	nance/		tos Containing I thermal system surfacing, VA	ns insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12	2)		other miscella			oval	air	sulate	sure
	Yes N		i 			1015	N		, and	
GARAGE	X		WIN	DOW CA	ILIK/4G	48 LF	X			
		-						-		
Name of Registered Waste Hauler		NJDEP V		Cubic Yards	Name of	Registered Landfill				_
NEWARK CARTING /	YC	0450		of Waste 2	9	20WS				
O.ty. State NEWARK NJ				Disposal Date		te LISVILLE, 7	A	K	106	7
Campleted by	Title	1000		Signatur		' Da	,	. 1		-
Den NAYMOVSKY	HEM	BER) 0:	10,	//_	15	

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1 12 1	17/6
CICII	101)

Date of Notification (1)		١	lame of	Building C)wner/Op	perator ((2) .	-6 AM		5					
July 1, 2015 Agencies Notified Type Notificatio			Street Ad		CITICILL	F 4 1 0	- writer	4 90 1	75	E					-
Agencies Notified Type Notificatio	T.				ton Ave	a 6 4 2	[.]	US 601	4 24	01					
EPA X Initial			ity Stat	e Zin Cor	de :	· (ž II	CENSI	VI.						
DEP Amended X DOL Amendment	nt#		*******	ston, NJ			time ter 1	021101	- 62						
Emergenci			lame of	0.00					Tele	phone No	umber				
DOH justification		188	John	Contact					loic	priorie i vi	umbor				
DOA Carrectiant	""		AND A PRIOR	ITY INFO	RMATIC)N									
Name of Facility Where Abatement is Tak	ing Place (3)		I AOIL		TOMATIO		Туре о	f Facility (4)						
Chilton Towers Apt. 8D								chool (K-12	2)						
Street Address							S	ubchapter i	(Othe						
220 W. Jersey Street								ther (i.e. pr	ivate 8	commer	cial bu	ldir	igs, l	nome	s,
City (5)	***					-	Square	c.) Feet	# of	Floors		Bld	g. Ag	je	
Elizabeth							10,00		15			50			
County (6)		(County C	ode (7)			Curren	t Use (Prio	r if beir	ng demoli	shed)				
Union		(STATE U	SE ONLY)			Apar	tment Bu	ilding						
Name of Monitoring Firm Hired by Buildin		ASCM	No.		Name	of Abate	ement Con	ractor	(9)						
n/a		n/a			Lozn	ica Ma	anageme	ent Co	orporation	on					
Street Address					Street	Address	S								
n/a					22 T	roy La	ne							8	
City, State, Zip Code					City, St	tate, Zip	Code								
n/a				Lincoln Park, NJ 07035											
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	one No			License	No.				
n/a ·			n/a			973-	706-7	950		01193					
Start Date (10)	Schedule	Com	pletion [Date (11)		Name	of OSH	A Monitor			(#				
July 11, 2015	July 12	, 201	5			Lozn	ica Ma	anageme	ent Co	orporation	on				
Occupancy Status During Abatement (Ch	eck Only One	2)				Street	Address	S							
➤ Facility Closed/Vacated During Entir	e Period of A	batem	ment 22 Troy Lane												
Abatement Performed Outside of No	rmal Facility	Hours				City, St	tate, Zip	Code	150 VI0/10 Pa						
Other – Describe:					_	Linco	oln Pa	rk, NJ 07	7035						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	× Re	enova	ion				Full	Containme	tainment with Negative Pressure						
2160 sf or ≥260 lf	☐ De	emoliti	on			×	Mini-Enclosure Glovebag Procedure								
								-Exempted		d Non-Fri	able Pr	OCE	edure)	
	le l	ocati	an.									Α		ment	
Location of		ormall			Des	scription	of					_	Ту	ре	
Asbestos-Containing Material (ACM)		Solel Solel			tos Conta	aining M	faterial			mount				Ш	
TO BE ABATED	1,000	nenar odial S		(i.e.	thermal	systems		tion,		Specify or LF)	K en		Re	ncaj	ncl
In Facility (13)	0-04000	(12)	0.000			niscellan			01	OI LI)	Remova		Repair	Encapsulate	Enclosure
AND STATE OF THE S	Yes	No	N/A								<u>m</u>			ate	9
	103	140	1.47.1		-) / A T						+	- XX		
Kitchen Apt 8D						VAT			9	5 SF	_	+			
N		100													
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Yards		Name of I	Reaiste	ered Land	Ifill				
100	2	Н	auler ID	No.	of Was			GROW			10000				
Loznica Management Corporatio	0	033137	7	TBD					iuilli						
City, State				100	sal Date		City, State		A 4000	7					
Lincoln Park, NJ 07035				TBD		_	Morrisv	ille P.	A 1906						
Completed by				S	ignature	7, .)		Date		201	-		
E.Cirovic	etary			July 1, 2015											

CK 2309

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification	(1) 07-01-	2015			Name Route				wner / Operator	r (2	2) 22	15 JUL -6	8 54 1			
Agencies Notified	Type N		ation	5	Street	Ad	dres	3								
⊠ EPA	_				Oak						A	BESTUS	CAN	TOI	YI	
☐ DEP ☐ DOL		Initia Ame Scor	nded(additional		City, S Living							& LICE	KSIN	G	1	
□ DOH			rgency	r	Name	of	Cont	act				T	elenho	ne M	ımbe	er
☐ DCA		Can	cellation	ī	Иr. H	owa	rd Ka	aye				ĺ			т	
					F	ACI	LITY	INFO	DRMATION							
Name of Facility Will Bowlmor, AMF	nere Ab	oatem	ent is Taking Pl	ace (3	3)				Type of Facili							
Street Address											8 (Other than K-		, hom		۱ ۵۰	
380 US Highway 22	2								Square Feet		private & commer # of Floors		dg. Age		ic.)	
City (5)			County (6)	Co	unty (Cod	le (7)		42,830		1		J - J	55		
Greenbrook, NJ 088	812		Somerset						Current Use (Bowling al		ior if being demo	lished)				
Name of Monitoring	Firm F	Hired I	by Building Own	er (8)		A	SCM	No.			nent Contractor (9)				
Bureau Veritas Nor									Resource Ma	na	gement Group, L					
Street Address 110 Field Crest Plan	za-1								Street Addres		Ave, Suite 202					
City, State & Zip Co Edison, NJ 08837									City, State & . Trenton, NJ 0	Zip	Code					
Project Manager for	r Monito	oring	Firm	Telep				г	Telephone No	um		License Nu		_		
Kirit Vora Scheduled Start Da	to (10)		Scheduled Cor	732-2					609-914-4279 Name of OSH	-	Monitor		0118	5		
7-2-201				8-10-2		ite (11)				ntal Laboratories	Inc				-
Occupancy Status I			ement (Check or During Entire P			atei	ment		Street Addres 2333 Route 2	500	West					
	Perform	med C	outside of Norma	al Hou			10,000,000		City, State &	Zip	Code					
			30am & weeker Abatement	nds	-				Union, NJ 07	083	3					
Scope of Work (Ch														2		
≥3 sf or ≥3	ıŧ			\boxtimes	Pos	2014	ation			F	Full Contain Mini-Enclose		gative	Pres	ssure	
23 \$1 01 23 □ ≥160 sf ≥26					0.00		ition			X						
E POSENSTAM AND AND AND STORE			· · · · · ·								Non-Exempt					
	ocation tos-Co		20		Locatinally				Description Asbestos-Con			Amount (Specify	Aba	atem	ent T	ype
	terial (A		ig		olely		, u		Material (A			SF or LF)	l z		E	Ш
	BE ABA				tenar				(i.e., thermal s				em	Repair	cap	ncls
1	n Facili (13)	ity		Cust	odiai (12)		Π?	1	nsulation, surfactor or other miscell				emoval	pair	ncapsulat	nclsoure
	(10)			Yes	No		/A						=		at	Ø
Storage Area					\boxtimes	1	工		Pipe Insula			8 LF				
Kitchen, Storage, Ball	return a	areas	& Restroom	-		1	4		pipe fittin	gs		35 each		님	H	H
				H	H	1	=			0-0-0			廿廿	H	H	H
						Ī	1								H	
Name of Registered	d Wast	е Нац	ıler		IN.	JDE	P W	aste	Cubic Yards	IN	lame of Register	ed Landfill			Ш	
Resource Manager					Ha	aule	r ID 1 218		of Waste TBD	18	Brows Landfill					
City, State		1.7							Disposal Date	C	City, State					
Trenton, NJ 08619									TBD		Morrisville, PA					
Completed By (Prin Mr. Brian Haney	nt or Ty	pe)				tle esid	dent		Signature		XInu		Date 07/01		5	
		200000							100	1	1 10/		1			

Ch#3689

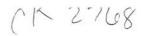
Date of Notification (1) 06/29/15					f Building -Union				sion :	MIS JUL	-6	R M	11:3	٦١.	
Agencies Notified	Type Notification			Street A	ddress entral A	ve				h					
X EPA X DEP X DOL	Amended Amendment				ate, Zip C Provider		07974	1			UEN	7 1.	G	UL	
X DOH X DCA	Emergency justification) Cancellation				f Contact ammero					Telephon		nber 00			
				FACI	LITY INF	ORMATI	ON						-		
Name of Facility Where		ng Place (3)					Тур	e of Facility (4)					
Developmental Le	arning Center								School (K-1						
Street Address 330 Central Ave								×		8 (Other that rivate & com			dings	, hom	es,
City (5) New Providence								Squ	uare Feet	# of Floor	rs	Е	lldg. A	∖ge	
County (6) Union					Code (7) USE ONLY)			rent Use (Pricarning cente		molish	ied)			
Name of Monitoring Fir Partner Engineering)	ASCN	/ No.	,			patement Con rporation	tractor (9)					
Street Address 611 Industrial Way	/ West							t Add	ress Bride Ave						
City, State, Zip Code Eatontown, NJ 07	724			-			City,	State,	Zip Code id Park, NJ	07424					
Project Manager for Mo Brian Nemetz	onitoring Firm			Telepho	ne No. 30-1700	1	Telep	hone			nse No	0.			
Start Date (10) 08-14-2015		Schedul 08-17-		mpletion l			Name	e of O	SHA Monitor						
Occupancy Status Duri	ng Abatement (Che	1505 110						t Addr	ironmental	Laborator	ies, i	nc			
		8:	16				100000000		ess ute 22 Wes	st .					
Abatement Perform	cated During Entire med Outside of Norr friday start 3:30pm,	nal Facility	y Hour	S			City,	State,	Zip Code IJ 07083						
Scope of Work (Check	All That Apply)						Orne	JII, IV	07003	2000					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	2 F	Someone and	Renov Demoli					N G	ull Containme Ini-Enclosure Blovebag Proc Ion-Exempted	edure				e	
		Is	Loca	tion									Abat	emen	t
Location			Norma			De	scriptio	n of				_	Ty	/ре	
Asbestos-Containin TO BE AF In Fac (13	BATED	Ma	ed Sole intena todial (12)	nce/ Staff?	Asbes (i.e	. thermal	system cing, V	ns insu AT, or		Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										o.	
boiler r		X				boile	r insul	lation		200 s	f	х			
boiler r	room	X		-		pipe	insula	ation		20 lf		х			
				+										-	
Name of Registered Wa	este Hauler	1		NJDEP W	laste	Cubic	Varda		Name of I	Domintore d 1	4611				
Lilich Corporation	aste i ladiei		H	Hauler ID 8724		of Was			The same of the sa	Registered La V.S Landfi					
City, State Woodland Park, NJ				-8		Dispos n/a	al Date	3	City, State Morrisvi						
Completed by Momo Glavatovic		Title vice	presi	dent		S	ignatur	e (A			Dat 06	te /29/1	5		

Ch#3642

Date of Notification (1) 06/08/2015					f Building -Union				on	ting.	15 JE	11 -	ŝ	AM I	1.0	· .
Agencies Notified	Type Notification			Street A	ddress entral A	V0										
X EPA X DEP X DOL	Initial Amended			City, Sta	ate, Zip Co	ode					11:15 7:1	1 :	1		LAC.	1
	Amendment Emergency		-		Providen	ce, NJ	07974							1913	1	
DOH DCA	justification) Cancellation				f Contact ammero	lahl				Tel	ephone	Num 30				
Name of Facility Where	Ahatement is Takin	n Place (3)		FACI	ILITY INFO	ORMAT	ION	Tuno	of Facility (41						
Developmental Lea		g i lace (5)						Туре	of Facility (School (K-1	37						
Street Address 330 Central Ave									Subchapter Other (i.e. p etc.)	8 (Oth				dings	, hom	es,
City (5) New Providence								Squa	re Feet	# 01	Floors		E	Bldg. A	\ge	
County (6) Union				County (STATE	Code (7) USE ONLY,) ·		Curre	ent Use (Prid	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Partner Engineering				ASCN	M No.				atement Con poration	tractor	(9)					
Street Address 611 Industrial Way	West						Street 606		ss ide Ave							
City, State, Zip Code Eatontown, NJ 077	24				38				ip Code I Park, NJ	0742	4					
Project Manager for Mor Brian Nemetz	nitoring Firm		100	Telepho 732-38	ne No. 30-1700		Teleph 973-				Licen 0110					
Start Date (10) 06/19/2015		Scheduled 06/22/20		npletion	Date (11)				HA Monitor onmental	Labo	ratorie	es				
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addre	SS							
Abatement Perform	ated During Entire F led Outside of Norm	al Facility I	Hours						te 22 wes	t 						
Scope of Work (Check A	riday:start 5pm, sa	iturday and	sund	ay work :	standard h	rs			07083							
23 sf or ≥3 lf	ш тпат Арргу)	X Re	enova	fion			×	J	II C 4 - 1		K 1	-				
≥160 sf or ≥260 lf			emolit	70.00				Mir	II Containme ni-Enclosure ovebag Proc		ivegati	ve Pre	essu	re		
								No	n-Exempted	(*) and	Non-F	riable				
Location		No	ocati ormal	у		De	scription	of							pe pe	
Asbestos-Containing TO BE AB		Main	Sole tenar	nce/	Asbest	tos Con	taining N	lateria	I (ACM)	1.572	mount		71		En	ш
In Facil (13)	ity	Custo	(12)	Staff?	,,,,,,	surfa	cing, VA	T, or	1		or LF)		Remova	Repair	Encapsulate	Enclosure
70-1-20	4	Yes	No	N/A				,					/al	-	ilate	лге
boiler ro		Х				boile	r insula	ition		20	0 SF		x			
boiler ro	om	X				pipe	insula	tion		2	0 LF		x			
Name of Registered Was	te Hauler		1 200	JDEP W			Yards		Name of F	Registe	red Lar	ndfill				_
Lilich Corporation				auler ID 3724	No.	of Wa	ste		G.R.O.V	V.S						
City, State Woodland Park, NJ					-	Dispos n/a	sal Date		City, State Morrisvi		Ą					
Completed by Momo Glavatovic		Title vice pr	esid	ent		S	Signature					Date 06/0		2015		

Ch#3687

Date of Notification (1) 06/29/2015					Building (ence/Lin			(2)	8. p. c =	10.04	e = 117	11.0			
	Time Netification					ua Ca	Sazza		2615	JUL -	6 AM	11:0	4		
Agencies Notified	Type Notification X Initial			Street Ad 29 Oak	cview A	/enue			*		510	47 R). H		
X DEP X DOL	Amended Amendment				te, Zip Co wood, N		40								
X DOH	Emergency justification)	including	-	Name of	Contact					Tolon	h 11	'er	, market to the		
DCA	Cancellation			Linda (Casazza	1				010	104-04	228			
	1			FACI	LITY INFO	RMAT	ION								
Name of Facility Where Residence	Abatement is Takin	g Place (3)						Туре	e of Facility (4)					
									School (K-12			0)			
Street Address 29 Oakview Avenu	0							×	Subchapter 8 Other (i.e. pr				dinas,	home	es.
									etc.)						
City (5) Maplewood								Squi	are Feet	# of F	loors		ldg. A	.ge	
County (6) Essex					Code (7) USE ONLY)			Curr	rent Use (Prio	r if being	demolis	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name	100000	atement Cont	ractor (9	3)				
n/a	76				=		11120000 101		rporation		.,				
Street Address							Street 606		ess ride Ave						
City, State, Zip Code									Zip Code d Park, NJ	07/2/					
Project Manager for Mon	nitoring Firm		Т	Telepho	ne No.		Telepi	hone I	No.	1	License I	No.			
Start Date (10)		Scheduled			D-1- (44)				8400	C	01104				
07/12/15		07/13/15	5	npietion i	Date (11)		100000000000000000000000000000000000000		SHA Monitor ronmental	Labora	atories,	Inc			
Occupancy Status Durin		25 1					Street		ess e 22 West						
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of At	aten	nent											
Other - Describe:		iai i aoiiity i	Tours	•					Zip Code J 07083						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	¥	-	nova				2	M G	ull Containme lini-Enclosure lovebag Proc	edure	1.50				
		1		27				J N	on-Exempted	(*) and I	Non-Fria	ble Pro			
			ocat											ement rpe	
Locatio Asbestos-Containing	FANTS	Used	Sole	ly by	Asbes		escription		al (ACM)	Am	ount		T		
TO BE AB	BATED	Main Custo	itena		(i.e.	therma	l system	s insu	ılation,	(Sp	ecify	Re	R	Encapsulate	Enc
In Faci		1250505050	(12)				cing, VA miscella			SF c	or LF)	Remova	Repair	nsd	Enclosure
		Yes	No	N/A					,			al	=	late	ıre
basem	nent			х	a	asbest	os pap	er/du	uct	56	3sf	x			
												-			
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registere	ed Landf	ill			
Lilich C orporation				lauler ID 8724	No.	of Wa n/a	iste		G.R.O.V	e permoverno vo					
City, State Woodland Park, NJ	(08)				5).	Dispo n/a	sal Date)	City, State Morrisvi						
Completed by		Title	1000				Signatur	e	00 -			ate			
Momo Glavatovic		vce pr	esid	lent				(C	6/29/	2015		



			(Pt	ırsuant t	o NJAC 8:	60 and	12:120))			I Fr.		. ,		
Date of Notification (1) 6/30/2015	Check# 2768				Building O										
Agencies Notified	Type Notification			Street Ad 350 Ra	ddress aritan Roa	ad					JUL -				
DEP X DOL	Amended Amendment			City, Stat Roselle	te, Zip Cod e, NJ	е				***	E LICE	KON	TR	0L	
DOH DCA	Emergency (justification) Cancellation	including	- 1	Name of Pat Hig						Tele	ephone Nu	mber 27			
				FACIL	LITY INFO	RMATIO	N								
Name of Facility Where Roselle Catholic H		g Place (3)		B			Ty		2)					
Street Address 350 Raritan Road									Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Roselle, NJ 0720	3								quare Feet 0,000	# of 2	Floors		ildg. A	ge	
County (6) UNION				County C	Code (7) ISE ONLY)		_	3523	urrent Use (Prio	or if bei	ng demolis	hed)			
Name of Monitoring Fir N/A	rm Hired by Building	Owner (8)		ASCM	l No.				Abatement Corvices Corpo		0.911.082				
Street Address							Street 426		dress th Street						
City, State, Zip Code							100 miles		e, Zip Code berg, NJ 070)93					
Project Manager for Mo	onitoring Firm			Telephor	ne No.		Teleph 201-		e No. 5-1700		License 1	No.			
Start Date (10) July 10th-2015		Schedule July 13			Date (11)				OSHA Monitor vices Corpo	ration		: Nee			
Occupancy Status Dur	ing Abatement (Chec						Street		•		-	50. (5)////			
	acated During Entire I rmed Outside of Norm Starting 12 PM					_			s above e, Zip Code		-				
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				>	K	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				· A	
		Is	Locat	ion					Tron Exemple	4 () 411	0 140111 110	1		ement	t
Locati	on of	1	Normal	lly		Des	cription	n of					T	ре	
Asbestos-Containir <u>TO BE A</u> In Fa (13	BATED cility	Ma	ed Sole intena todial ((12)	nce/	(i.e. t	hermal s	system ing, VA	ns in		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										CD	
Gym Corrid	dor ceiling			X	F	Pipe w	rap ai	nd	cut	5	60 LF	x	-		
						•									
Name of Bosistans 110	lasta Haular		1.5	LIDED VA	losts	Cubi- Y	Vord-		Marca	Don!-	rod Lende				
Name of Registered W Freehold Carting In			H	IJDEP W fauler ID 5939	No.	Cubic \ of Was tbd			200700000000000000000000000000000000000		ered Landfi th Landf				
City, State Freehold, NJ						Dispos	al Date	9	City, Stat		A				
Completed by Gina Salvador		Title Offic	e Mai	nager		Si	ignatur	e /	Blue	1_		ate 5/30/2	015		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June	30, 2015			Nam	e of Buil	ding O	wner/Opera Veroni		reenlow		2-5	//	4	
[X] EPA [of Notification	otificatio		Stree	et Addres	SS	120 Gc	olf Vi	iew Blvd.	JUL-6 A	1 IG:	S		
[] DEP [X] DOL [X	Amende Amendn Emerger	nent#_		City,	, State, Z	ip Code		River	A 3 d , NJ 08753	LSING CO & LICENSI	H13 HG	ÛL		
[x] DOH [] DCA	justifica Cancella			Nam	ne of Con	tact	Veroni	ica G	reenlow	ephone Number	529)		
			FA	ACILIT	Y INFO	ORMA	ATION							
Name of Facility Where Abatemer Residence		ace (3)						Тур		School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 46 Mead	ow Street								[x]	Other (i.e., private homes, etc.)	e & con	nmercia	ıl buildi	ings,
City		County ((6)		ty Code (TE USE				are feet 1200 sf	# of Floors	Bldg.	Age 8	0	
Toms River		Ocean	8						rent Use (Prior if b Residenc	e				
Name of Monitoring Firm Hired b	y Building Ov	vner (8)		ASC	M No.		Name of	Abate	ment Contractor (9 Guardian	n Contracting,	Inc.			
Street Address							Street Ad	ldress	1889 Ro	ute 9, Unit 61				
City, State, Zip Code	F						City, Stat	te, Zip	Code Toms Ri	ver, New Jerse	ey 087	55-12	271	
Project Manager for Monitoring F	irm	1	Telephone Numb	er			Telephon 732-34			License N 00624	umber			
Scheduled Start Date (10) 7/1/15		5	Scheduled Comp 7/3/15	letion Da	te (11)		Name of	OSHA	A Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatem							Street Ac	dress	10550	1. P. I				
			ntire Period of		t				1056 Ste	elton Road				
Abatement		itside of	Normal Facility	Hours		_	City, Star	te, Zip		vay, New Jerse	y 088:	54		
Scope of Work (Check all that ap	ply)						[]		full Containment v	vith Negative Pres	sure			1
[] >3 sf or ≥3) 1£		[] Per	ovation			L J		Mini-Enclosure Glovebag Procedur	re.				
[x] ≥160 sf or				nolition			[x]		Non-Exempted (*)		rocedu	re		
											A bate	ement '	Type	
		1	s Location			1	Descriptio	n of				8		
Location of			ormally used				estos-Cor		ng	Amount	R	R E	E N	E N
Asbestos-Containing Materia	al (ACM)		Solely by				Iaterial (A			(Specify SF	M	P	C	C
TO BE ABATED		Mainte	enance/Custod	ial			, thermal			or LF)	0	A	A P	L
in facility (13)			Staff (12)			inst	ılation, su VAT, o		1g,		V	R	S	S
(13)			(12)			othe	er miscell		is)		A		U	U
a		YES	NO N/	A							L		L E	R E
Exterior house			X	A	sbestos	sidin	g	2		1100 sf	X			
Name of Registered Waste Haule Guardian Contrac		N	JDEP Waste Ha		lo. Ci	ubic Ya	rds of Was	ite	Name of Register T.R.R.F.	ed Landfill				
City, State			D	sposal Da	ate	-	City, St							
Toms River, New Completed by (Print or Type)	Jersey	Title	17/	6/15	ignature	^	Tullyt	lown,	Pennsylvania	/	Date			
Nicholas Fernicol	a		t Manager	31	Suature	1	cho	1-	to 1		1000000	0/15		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building			CORINE	1	. y		
June 30, 2015				ssociates	7	7	11	3	
	ion Notification ided Notification	Street Address City, State, Zip Co	de	Rte. 33, Suite 1001					
[X] Emer	ndment # gency (including		Hamil	ton Square, NJ 080		์ เหมีย			
I X I DOH	cation) ellation	Name of Contact Bob	o Murdza		elephone Number	0:	5		
		CILITY INFORM	IATION			100			
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)				
Street Address 1610 Northstream	Parkway			[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City	County (6)	County Code (7)	**	Square feet	# of Floors	Bldg	. Age		
Point Pleasant	Ocean	(STATE USE ONL	Υ)	1500 sf Current Use (Prior if Resider			6	0	
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor		Inc.			
Street Address			Street A	ddress 1889 R	oute 9, Unit 61				
City, State, Zip Code			11093		River, New Jerse	_	755-12	271	
Project Manager for Monitoring Firm	Telephone Numbe		732-34	ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 7/1/15	Scheduled Comple	tion Date (11)	Name of		L. Analytical				
	only one) I During Entire Period of Ab Outside of Normal Facility F			1056 S	telton Road				
Other - Describe	Outside of Normal Lability L		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 Press	sure			
[] >3 sf or ≥3 lf	L J	vation	[]	Glovebag Proced	ure				
[X] ≥160 sf or ≥260 lf	[X] Demo	olition	[x]] Non-Exempted (*) and Non-Friable I	rocedu	re		
						Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12)	d (i.d	Description bestos-Co Material (A e., thermal sulation, su VAT,	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S U
	YES NO N/A		her miscell	ianeous)		A L		L E	R E
Exterior	X	Asbestos sidi	ng		1300 sf	X			
Name of Registered Waste Hauler	NJDEP Waste Haul	The same of the sa	ards of Was		ered Landfill				
Guardian Contracting, Inc.	CONTROL CONTROL	oosal Date	City, S						
Toms River, New Jersey Completed by (Print or Type)	7/3	/15 Signature	Tully	town, Pennsylvania	a	Date			
Nicholas Fernicola	Project Manager	1 No	hot.	te"		6/30	0/201	5	
	*Do not use this fo	rm for asbestos lice	nsure exer	npted activities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	June 30, 2015				Name of I	Building O	wner/Opera	ator (2) nent L	easing Specia	おき() alists, LLC		45,1		
Agencies Notified [X] EPA	Type of Notificati	Notificat			Street Add	iress		II.	1 Avenue	2015 JUL -		4 10:	64	
[x] DOL [x] DOH	Amen [X] Emerg	ded Notifi dment #_ ency (inc				e, Zip Code		River,	143 00755	AsdESTOS & LICE	NSH	45 18	OL_	
[] DCA	justific [] Cance	llation)			Name of 0	Contact Lou Sa	ntora		le	lephone Number	560)		
				FACI	LITY I	FORM	ATION	_						
Name of Facility Where A	batement is Taking l sidence	Place (3)						Туре	of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address	5 W Colony Roa	ıd							[x]	Other (i.e., private homes, etc.)	e & con	nmercia	l buildi	ngs,
City	,	County	r (6)		County Co (STATE U	de (7) ISE ONLY)		re feet 1000 sf	# of Floors	Bldg.	Age 6)	
Lavallette		Ocean	n					Curre	ent Use (Prior if) Residen	peing demolished)				
Name of Monitoring Firm		Owner (8)		ASCM No).	Name of	Abaten	nent Contractor (Inc.			
Street Address	•						Street Ac	idress	1889 Ro	oute 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip (Code Toms R	iver, New Jerse	ey 087	55-12	71			
Project Manager for Moni	toring Firm	umber			Telephor 732-34	9-993	ber 2	License N 00624		201				
Scheduled Start Date (10) 7/1/15			Scheduled C 7/2/15	1.0	on Date (11		Name of	OSHA	Monitor E.M.S.L	Analytical				
Occupancy Status During	Abatement (Check cility Closed/Vacated			of Abat	ement		Street A	ddress	1056 St	elton Road				
[] Ab	atement Performed her – Describe	Outside o		cility Ho	urs		City, Sta	te, Zip		vay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]	100	ull Containment	with Negative Pres	sure			
1 5 5	sf or ≥3 lf 60 sf or ≥260 lf		[] [x]	Renovat Demolit			[]] G	lovebag Procedu	re and Non-Friable	Procedu	ге		
					T						Abat	ement "	Гуре	
			Is Location	1		1	Description	on of			R	R	Е	Е
Location		N	Normally us				estos-Co		ng	Amount (Specify SF	E	E	N	N
Asbestos-Containing TO BE AB		Main	Solely by tenance/Cu				Material (A , thermal		ns	or LF)	M	P A	C A	C L
in facili		21,444	Staff				ılation, sı	ırfacin			O V	I R	P S	OS
(13)			(12)			oth	VAT, er miscell		5)		A	K	U	U
		YES	NO	N/A		Otti	or miscon	iunoou	3)		L		L E	R E
Exterior			X		Asbes	stos sidir	ıg			1000 sf	X			
		14												
					-						-			
Name of Registered Wast	te Hauler		NJDEP Waste	e Hauler	ID No.	Cubic Ya	ards of Was	ste	Name of Registe	red Landfill				
Guardian C	Contracting, Inc.			0223		3			T.R.R.F.	V.				
	r, New Jersey			7/3/1			City, S Tully	town,	Pennsylvania		Τ-			
Completed by (Print or Ty Nicholas Fe		Title Proje	ect Manage	er	Signati	THE \	ichi	0	+	1	6/3	0/201	5	

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

State of New Jersey

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

				(Purs	uant	to NJ	AC 8:60-7 and 12:	:12	20-7)	·	Che	ck#	78	35	3	,
Date of Notification (1)) 6/24/15						Operator (2)			- T-W T-W		1				
Agencies Notified	Type of Notificat			nty Col	lege	011	VIOTTS		Seis	1111 6	Elsin	7 M			1120	
[] EPA	70 BOOK			Center	Gro	ove I	Road .		CEIG	JUL -6	WH IR:	€J				
[] DEP	[] Initial Notification								A	for the second						
[X] DOL	[x] Emergency	C		ate, Zip			.0		نـــة ديـه ، ٣٠٠	ELICEI	U. MIM Jedun	UL				
[X] DOH	[] Amended Notification		anc	dolph, i	NJ U)/8b	99		`	it between	4511473					
[] DCA	[] Consultation			of Contac					Tele	phone Nun	nber					
70 Barrier - Grand Control Control	[] Cancellation	J	ose	ph Por	nturc)			1	=						
					FAC	ILITY	INFORMATION									
Name of Facility When CH Building - CO		king Pla	ce (3)						Type of Facility (4) [] School (K-	-12)						
Street Address	0111							+	[] Subchapte [] Other (i.e.	-12) er 8 (Other 1 private and	han K-12) Commerci	ial bu	ilding	IS,		
214 Center Grov	ve Road								homes, e	(C.)						
City (5)		County	(6)			Cour	nty Code (7)	-	Square Feet 80000	# of Floor 2	CO	Bldg. ~ 60	Age			
Randolph		Morris					TE USE ONLY)		Current Use (Prior			- 00				
Name of Monitoring Fi	rm Hired by Buildir			ASCM N			Name of Abatem		educational						_	_
Whitman Compa		ig owne	100	00110					piter Environn	nental Se	ervices.	Inc.				
Street Address		-27721117507					Street Address	0-0-500	contribution - an as expense	7371m /m	10-22 075 2					
7 Pleasant Hill R	Road								3 Changebrid	ge Road	, Suite	100				
City, State, Zip Code Cranbury, NJ 08	3512						City, State, Zip C		^{de} ne Brook, NJ (7058						
Project Manager for M		Telep	ohone	Number	rs.	1	Telephone Numb	_		7,000	License	Nun	nber		_	
Kevin Lovely	9			0-5858					73-575-8700				00	85	2	
Scheduled Start Date 6/27/15			letion 1/15	Date (11	()		Name of OSHA		onitor & S Environm	ental I a	horatori	ا ء	10			
Occupancy Status Dur	H					-	Street Address	U	a o Environin	Critar La	DOTATOTIC	CS, 1				
	d/Vacated During I	Entire Pe	eriod (of Abater			2	23	33 Route 22 V	V						
Descr	ribe: evenings an ribe: partially vacat	d weeke				2	City, State, Zip C		_{de} nion, NJ 0708	3						
Scope of Work (Check																_
[] Demolition	11.22			r 1	Don	novatio				ntainment v	vith Negati	ve Pr	essu	re		
[] ≥3 sf or ≥3 lf				[]	Ren	iovali	Off		[] Gloveb	Enclosure ag Procedu						
[x] ≥160 sf or ≥2	60 If	,							[x] Non –	Friable Pro	cedure					
			Loca mally	tion Used			Descr	rint	tion of				Aba Typ		nent	t
Location		S	olely	by			Asbestos -	_ (Containing		Amount	3	R	R		E
Asbestos – Ca Material (A		11 10 10 10 10 10 10 10 10 10 10 10 10 1		ce/Cus ff (12)	-				(ACM) al systems		(Specify SF or LF		E M	E	-	N
TO BE AB	ATED			. ()			insulation, s	sur	facing, VAT,		-, -, -,	'	0	32.1	Α	L
In Facil (13)		Yes	No	N/A			or other mi	isc	cellaneous)				V A	l R	200	0
		23000000						_				_	L	1	100000	U
								_				-	+	+	+	_
CH 12 Lecture			Х		Flo	or tile	e/mastic				300 SF		X			
Name of Registered W	looto Uoul	I NI	DED	Waste		01	i- Manda		Manage of Design	al 1 ac -1500						
Jupiter Environm		s Ha		D No.			ic Yards Vaste 3		Name of Registere Minerva Land							
City, State			J-1102		-	Disp	oosal Date	+	City, State							
Pine Brook, NJ							13/15		Waynesburg,	ОН			1-17-1-17			
Completed By (Print or	Type)	Title		1./-			Signature	/	1		Date	145				
Pane Repic		Gen	eral	Manag	ger		1 /-				6/26	/15				

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT

			110	(Pursu	ant to NJ	AC 8:60-7 and 12:1	120-7)			Check	# 7	85	52
Date of Notification (1)	6/26/15				Owner/C ty Colle	operator (2) ege	51		- 44				
Agencies Notified	Type of Notificatio			ddress Spring	field Av	/e.	£ :	336811	AH ID: 66				
[] DEP [X] DOL [X] DOH	Notification [x] Emergency [] Amended Notification			te, Zip C ord, N.	ode J 07016	6		& LICIN	N. G. WINT				
[] DCA	[] Cancellation	10.000.000		Contact Cado				Telephone Nur	nber }				
			-		FACILITY	INFORMATION							_
Name of Facility Where Science Building Street Address							1 [] Othe	ity (4) pol (K-12) chapter 8 (Other er (i.e. private and nes, etc.)	than K-12) d commercial	buildir	gs,		
1033 Springfield	Ave.						Square Feet	# of Floo	1993	lg. Ag	9	stort.	_
City (5) Cranford	1 433	County (Union				nty Code (7) ATE USE ONLY)	60000 Current Use (armory	2 (Prior if being de	~6 molished)	5			
Name of Monitoring Fir The Saban Engi			Α	SCM No).	Name of Abatem	ent Contractor	⁽⁹⁾ ronmental S	ervices, Ir	ıc.			
Street Address 171 Windsor St.								ebridge Road	d, Suite 10	0			
City, State, Zip Code Kearney, NJ 070		T = 1		h1			Pine Brook	, NJ 07058	License N	lumhe			
Project Manager for M		30		Number		Telephone Numb	973-575-87	700	License		085	52	_
Scheduled Start Date (6/27/15	5	7/3	1/15	Date (11	,			onmental La	boratories	s, LL	0		
[] Abatement Pe	d/Vacated During E rformed Outside of	ntire Pe	riod o	f Abaten ty Hours	nent -		2333 Route	22W					
Desci [x] Other - Desc	ribe: ribe: <u>partially vacan</u>	<u>t</u>					Union, NJ (07083					
Scope of Work (Check [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2				[]	Renova	tion	[x] [Full Containment Mini – Enclosure Glovebag Proced Non – Friable Pro	ure				
Location Asbestos – C Material (/ TO BE AB	ontaining ACM) ATED	Norr S Maint	Locat mally li solely li enanc al Staf	Jsed by ce/Cus		Asbestos Materi (i.e., then insulation, s	ription of - Containing ial (ACM) mal systems surfacing, VAT,		Amount (Specify SF or LF)		R E P A	E N C A	E
In Faci (13)		Yes	No	N/A		or other m	iscellaneous)			A	R	S	S
Various Areas			X		VAT ar	nd mastic			450 SF	X			
Name of Registered W Jupiter Environn		S Ha	DEP V uler ID 4782	Vaste No.	1 100000	bic Yards Waste 4	Name of Re Minerva	egistered Landfill Landfill					
City, State Pine Brook, NJ						sposal Date 13/15	City, State Waynes	burg, OH	La				
Completed By (Print or Pane Repic	Type)	Title Gen	eral	Mana	ger	Signature	, (l	6/26/	15			

CK 1572

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

		400		
i i	100		-	1
	*		-	San B

Date of Notification (1)						g Owner/Operator	(2)	2015 JUL -	. e:	111		_
6/29/1:	5			Gina	Mignog	na		RUID JUL) A:	111	Q.Y	_
Agencies Notified	Type Notificat	ion			Address Adrienne	e Avenue		455 (1.	3 /	T.	201	
DEP DOL	Amended Amendme		_		state, Zip (kwood, 1			ii Çili.	14.	12		
⊠рон	Emergenci justificato	y (includini n)	9		e of Cont			Telephone Num	per			=
DOH DCA	Cancellation				Mignogr			1				
						ORMATION						
Name of Facility Where Residence	Abatement is Ta	aking Place	e (3)				Type of Facility					
Street Address							Subchapter	8 (Other than K-12				
116 Adrienne Ave.							Other (i.e.,)	orivate 8 commercia				
City (s)							Square Feet	# of Floors		dg. A	200	
Blackwood, NJ							1900 SF	_ 2		yrs)		_
County (6) Camden		5		USE	nty Code(ONLY)	7) (STATE	Residence	rior if being demoli	snea)			
Name of Monitoring Firm	n Hired by Buildi	ng Owner		ASCM	No.		nent Contractor (9	9)				
(8) <u>N/A</u>						AEi2, LLC				_		_
Street Address						Street Address 300 S. Lenola	Road					
City, State, Zip Code						City, State, Zi					_	_
Oity, State, 21p Code		_				Maple Shade,						
Project Manager for N	Monitoring Firm	n	Tele	ephone	No.	Telephone No. 609-481-212	22	License No. 00689				
Start Date (10)	l s	cheduled C	Comple	tion Da	te (11)	Name of OSHA	Monitor					
6/30/15		/8/15				AEi2, LLC						_
Occupancy Status Durin				ur-compose-yang		Street Address						
Facility Closed/Vaca	ted During Enti	re Period (of Aba	tement		300 Lenola 3 City, State, Zip (i i		
Other - Describe:	d Outside of No	IIIIai Facili	ty Hou	15		Maple Shade	e, NJ 08052					_
Scope of Work (Check	all that apply)							legative Pressure				
		⊠ R	enovat	ion		Mini-Er						
≥160 sf or ≥260 lf			emoliti	on			ag Procedure xempted (*) and N	Non-Friable Proced	ure			
			Locati							bate		
Location	of		lormall d Sole			Description of	of			Ту	e	
Asbestos-Containing I	Material (ACM)	Mai	ntena	nce/	Asbes	tos Containing Ma	terial (ACM)	Amount (Specify	R e	R	2 0	E n
TO BE ABA			ustodi Staff?		(i.e.	, thermal systems surfacing, VAT	, or	SF or LF)	m	e p	a P	1 0
(13)	*		(12)			other miscellane	eous)		v a	a i	s u 1	s u
		Yes	No	N/A					1	r	a	e
Crawl Space		163	140	X	Duct W	Vrap		20 sf	X		c	
			1									
			\top									
								1				
Name of Registered Wa	aste Hauler			NJDEP		Cubic Yards of Waste	Name of Reg	istered Landfill				
AEi2, LLC			- 1	Hauler II 21376	D NO.	.1	TBD					
City, State						Disposal Date	City, State	0				
Maple Shade, NJ		I				TBD /	TBD	Date				
Completed By		Title Program	m Ma	nτ		Signature /	Mm		5			
Wm. Minnick		1 Togra	11 141 5	· ·		No // "	//0///	-				

CK#2792

Date of Notification (1)				Name NEW	e of Building O	wner/Operator (2 FUTUTE OF TECH	NOLOGY		()	
6 / 29 /1					et Address	20	15 JUL -6	AM II	. 65	>
EPA Ir	otification litial Notificat mended Notifi ancellation		#2		WARREN STRE State, Zip Code 'ARK, NEW JEF			742-		
	n Hold MERGENCY	N		Name	e of Contact KANDER CARRE		Telephone Nun			
			FAC	CILITY INFO	RMATION		1			
Name of Facility Where Abatemen NEW JERSEY INSTITUTE OF TEC		lace (3))			Type of Facility School (K-		(10)		
NEW JENSET INSTITUTE OF TEO	INOLOGI						private & commo		s., ho	mes, e
Street Address 161 WARREN STREET						Square Feet 134,040	# of Floors		3ldg 53	
	ounty (6)			Cour	ity Code (7)	75.000 - 300	ior if being demo	lished	117	
	SSEX				USE ONLY)	COMMERCIAL		iloi ieu		
Name of Monitoring Firm Hired by CTSI	Building Ov	vner (8))		ASCM No. 17		ment Contractor		ON	
Street Address 237 WEST 35TH STREET						Street Address 313 SPOOK RC	OCK ROAD			
City, State, Zip Code	ODK NEWS	ODK 1	0001			City, State, Zip (
Project Manager for Monitoring Firm	ORK, NEW Y			Number		SUFFERN, NEV		nse N	umbe	r
KYLE KRUG			971-70			845-369-7500	460			
Expected Start Date (10)	2014		140	tion Date (1	300	Name of OSHA				
6 / 30 / /1 Month Day Yea	75	8 Ionth	1	30/ Day	15 Year	QUALITY ENVI	RONMENTAL	028		
Occupancy Status During Abatemer Facility Closed/Vacated Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply	Ouring Entire utside of Norr ONDAY - FR	Period nal Fac	ility H AM-3:	ours - Desc	Full Cont	ainment with Neg	Code NGERS FALLS,	NY 12	2590	
>3SF OR LF X >160 SF OR	X Rer	iovatioi	1			Procedure le Procedure	(HEAT METHO	D)		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	no Ma	s Locat rmally usolely b int/Cusi Staff (1	used by todial	C in	Description of Assontaining Materi (ie. Thermal synsulation, surfacion other miscella	al (ACM) stems ng, VAT,	Amount (Specify SF or LF)	-	REPAIR	t Type ENCLOSURE
3RD FLOOR ROOM 308			Х	VAT			462 SF	X		
					24					
Name of Registered Waste Hauler EXPRESS WASTE LLC	Cubic Yard	s of Waste 50	Name of Registe 110 SAND CO.	Lered Landfill						
City, State		26981		Disposal D		City, State				
NEWARK, NEW JERSEY Completed by (Print or Type)	Title			6/24/15-8/3		MEKVILLE, NY			,	
BENJAMIN SANCHEZ	DIRECTO	R OF (OPER	ATIONS	Signature	78	Date	1/	20	156



RICCHES

Date of Notification (1) 7/1/15			nd Seja	Owner/Operati	or (2)			RETE	- 11 12					
	Notification		+	Street A		. Gillii				2613	JUL	<u>-b</u>	_#	Ш
					iddlesex	Ave				200	A	10.00		7 % 50
	Initial Amended		-	City, Sta	te, Zip Co	de				40.01	8. L	100		1
∑ DOL ⊟	Amendment				NJ 0883						6. L	16t	ħ'n	v.G
	Emergency (justification)	including			Contact				Tel	ephone Nu	mber			
	Cancellation			Amit							3			
Name of Equility Whose Abaton	mont in Taking	Dless (2	`	FACI	LITY INFO	RMATION	Tues	a of Facility	(4)					
Name of Facility Where Abaten Parikh Residence	HEIR IS TAKIN	y riace (s)				Тур	e of Facility						
Street Address			-				\dashv H	School (K-1 Subchapter		er than K-1	(2)			
123 Middlesex Ave							×	Other (i.e. p				dings,	, home	es,
City (5)							Sar	etc.) Jare Feet	# 01	f Floors	I E	Bldg. A	Age	-
Iselin							15		1		1.00	55+	.5-	
County (6)				County (Code (7)		Cur	rent Use (Pri	or if bei	ng demolis	shed)			
Middlesex				(STATÉ L	JSE ONLY)			sidence						
Name of Monitoring Firm Hired	by Building (Owner (8)		ASCN	No.	Nam	e of Al	patement Co	ntractor	(9)				
								lation Co.						
Street Address							et Addı							
								rose Road	t L				3	
City, State, Zip Code								Zip Code	7700	-				
				- /				ck, N.J. 0	1122					
Project Manager for Monitoring	J Firm		1	Telepho	ne No.	7.77	ohone	No. -1757	5.4	License I 00029	No.			
						13		A CALIFORNIA CONTRACTOR OF THE PARTY OF THE		00029				
Start Data (10)		Cahadula	d Com	nalation I	Data (111)	Mon	a af O	CLIA Manitor						
				npletion I	Date (11).	Nam	e of O	SHA Monitor						
Start Date (10) 7/10/15 Occupancy Status During Abat	tement (Chec	7/15/1	5	npletion I	Date (11).	S 55		20					-127	
7/10/15 Occupancy Status During Abat		7/15/18 k Only On	e)	14 14 (A)	Date (11).	S 55	e of O	20					-1-1	
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out	uring Entire F	7/15/18 k Only On Period of A	e) batem	nent	Date (11).	Stre	et Addr	20		61				
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out	uring Entire F	7/15/18 k Only On Period of A	e) batem	nent	Date (11).	Stre	et Addr	ress						
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out Other – Describe: 7am-7pm	ouring Entire F Itside of Norm	7/15/18 k Only On Period of A	e) batem	nent	Date (11).	Stre	et Addr	ress		to .				
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out Other – Describe: 7am-7pm	ouring Entire F Itside of Norm	7/15/15 k Only On Period of A nal Facility	e) batem	nent	Date (11).	Stre	State,	ress		ı Negative	Pressu	ıre		
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out Other – Describe: 7am-7pm Scope of Work (Check All That	ouring Entire F Itside of Norm	7/15/15 k Only On Period of A nal Facility	e) Abatem Hours	nent	Date (11).	Stre	State,	Zip Code Full Containm	ent with	ı Negative	Pressu	ıre	2	
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out Cother – Describe: 7am-7pm Scope of Work (Check All That ≥3 sf or ≥3 lf	ouring Entire F Itside of Norm	7/15/15 k Only On Period of A nal Facility	e) Abatem Hours	nent	Date (11).	Stre City,	State,	Zip Code	ent with				re	
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Out Cother – Describe: 7am-7pm Scope of Work (Check All That ≥3 sf or ≥3 lf	ouring Entire F Itside of Norm	7/15/15 k Only On Period of A pal Facility	e) Abatem Hours	ment s	Date (11).	Stre City,	State,	Zip Code Full Containm Jini-Enclosur Glovebag Pro	ent with			cedur	ement	
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Oul Other – Describe: 7am-7pm Scope of Work (Check All That	ouring Entire F Itside of Norm	7/15/15 k Only On Period of A pal Facility Is	denova demoliti	ment s	Date (11).	Stre	State,	Zip Code Full Containm Jini-Enclosur Glovebag Pro	ent with			cedur		
7/10/15 Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Oui Other – Describe: 7am-7pm Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater	ouring Entire F ttside of Norm n t Apply)	7/15/15 k Only On Period of A lail Facility Is Use	Abatem Hours denova emoliti	nent stion ion ly by by	Asbest	City, Descriptions Containing	State, State,	Zip Code Full Containm Jini-Enclosur Glovebag Pro Jon-Exempte	ent with e cedure d (*) and	d Non-Frial	ble Pro	cedur	ement /pe	
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RECLIMED

Date of Notification (1) 7/1/15		10	e of Building (Owner/Operator	r (2)	在教育生	11.15		**	
Agencies Notified Type Notification	an .		et Address			2015.	TH	-11	411	11:4
	n1		McLean St							
EPA Initial Amended Amendme						\$ - 1/1 6	37	173		113
DEP Amended	- 4 - 44	100	State, Zip Co			8		- 1	1.0	0
X DOL Amendme	nt # y (including	ıse	lin, NJ 0883	30		0.000		V/ 42 + 1	1 1000	-2
× DOH justificatio		Nam	ne of Contact			Telephone Nur	mber			
DCA Cancellati		Am	nit				9			
		F	ACILITY INFO	RMATION						
Name of Facility Where Abatement is Tal	king Place (3)				Type of Facility (4)				
Patel Residence					School (K-12	2)				
Street Address					Subchapter 8	Other than K-1:				
27 McLean St						ivate & commerci	al buil	dings,	home	es,
City (5)					etc.) Square Feet	# of Floors	TE	Bldg. A	ne.	
Iselin					1500	1	10.5	55+	igo	
							,,,,,,	,,,,		
County (6)			nty Code (7) TE USE ONLY)		Current Use (Prio residence	r if being demolish	nea)			
Middlesex		(0.77								
Name of Monitoring Firm Hired by Buildir	g Owner (8)	A	SCM No.	U. C. S.	e of Abatement Cont					
				Ace	Insulation Co.,	Inc.				
Street Address				Stree	t Address					
				95 N	Montrose Road					
City, State, Zip Code				City.	State, Zip Code					
Chy, Clate, Elp Code				7000	ts Neck, N.J. 07	722				
Designat Manager for Manifestor Firm		Tale	nhana Na		hone No.	License N	la.			
Project Manager for Monitoring Firm		rele	phone No.		-294-1757	00029	ю.			
						00029				
Start Date (10)		Complet	ion Date (11)	Name	e of OSHA Monitor					
7/11/15	7/17/15									
Occupancy Status During Abatement (Ch	eck Only One)			Stree	t Address					
Facility Closed/Vacated During Entir	e Period of Aba	atement								
Abatement Performed Outside of No				City,	State, Zip Code		- 55			
X Other – Describe: 7am-7pm				_						
Scope of Work (Check All That Apply)										
				Г	7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation		T I	Mini-Enclosure	nt with Negative F	ressu	ire		
Z 2100 SI 01 2200 II	N Del	HOHIDH			Glovebag Proc	edure				
						(*) and Non-Friat	ole Pro	cedur	e	
	le l	cation						Abat	ement	
l		mally		Description				Ty	/pe	
Location of Asbestos-Containing Material (ACM)	Used S	Solely by	Ashes	Description tos Containing	Material (ACM)	Amount			m	
TO BE ABATED		enance/	(ie	thermal systen		(Specify	R	71	inc	m
In Facility	1	lial Staff 12)	· ` · · · · · · · · · · · · · · · · ·	surfacing, V	AT, or	SF or LF)) ji	Repair	aps	Clo
(13)		12)		other miscella	ineous)		Removal	a-	Encapsulate	Enclosure
	Yes	No N	VA.		1				te	
Quitdooro			,	oidina		1500sf	V			
outdoors			X	siding		150051	X			
					1					
			-				+-	+		
Name of Registered Waste Hauler		1000 2000000	P Waste	Cubic Yards	Name of F	Registered Landfil	I			
Ace Insulation Co., Inc.		1208	r ID No.	of Waste	Chrins					
		1200			0:4: 0:-1-					
City, State				Disposal Date						
Colts Neck, New Jersey	Title			7/17/15	/Easton,					
Completed by		Signatur	9/1		ate					
Bree McGuire	Secreta	ary Tre	asurer	121		7.	/1/15			

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Project	#		

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Check # 2980

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Date of Notification (1)				Building (3400 3400400	7817	381 6	Pii	11.	47	
06/25/2015				oint reg	ional	Schoo	l Dis	strict			-	=111	2:21	
Agencies Notified Type Notification EPA Initial			Street A 199 Pig	^{ddress} geon Ro	i				₩ D D	ESTUS 是 LICE	NSI	NG	TUL	10
DEP Amended				ite, Zip Co							7.5-30			
DOL Amendment Emergency (k, NJ 07	461									
DOH justification)	including			f Contact					Tele	ephone Nurr	iber			
DCA Cancellation		IV.		el Parigi							_1ر			
Name of Facility Where Abatement is Taking	Place (3	1	FACI	LITY INFO	ORMA	TION	Tvr	e of Facility	4)					
High Point Regional School	g i lace (c	,					1_							
Street Address								School (K-1 Subchapter		er than K-12)			
299 Pidgeon Hill Rd									orivate 8	& commercia	al build	dings,	home	es,
City (5)							Squ	etc.) uare Feet	# of	Floors	ТВ	ldg. A	ge	
Sussex, NJ											1)			
County (6) Sussex				Code (7) USE ONLY			Cui	rent Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	ΛNo.		Name	of A	batement Co	ntractor	(9)				
Aero Environmental						Nick	Res	toration L	LC					
Street Address						Stree	t Add	ress						
275 Rt 10 East						72 B	rook	side Rd						
City, State, Zip Code	12.00					City,	State,	Zip Code						
Succassuna, NJ 07876								n, NJ 0786	39					
Project Manager for Monitoring Firm		- 1	Telepho			Telep				License N	٥.			
Michael Berta		100		0-9061		9739				01133				
Start Date (10)			pletion	Date (11)				SHA Monitor						
06/27/2015 Occupancy Status During Abatement (Chec	2015				J& S Stree		rironmenta	31		_				
								22 West						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	eriod of A	Abatem Hours	ent			10000000		Zip Code				_		_
Other - Describe: 3pm						100		IJ 07083						
Scope of Work (Check All That Apply)						1011101	. ,					_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demoliti						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
	le	Locati	on								T		emen	
Location of	1	Vormall	у		Г	escriptio	n of				_	Ty	ре	
Asbestos-Containing Material (ACM)		d Solel intenar			tos Co	ntaining I	Mater	ial (ACM)		mount	_		Ш	ш
TO BE ABATED In Facility		todial S		(i.e.		al system facing, V				Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)				r miscella					ova	pair	sula	sure
	Yes	No	N/A										fe	· ·
Rooms below Science Labarotory				Elbows	wra	p & cut	t		Les	then 10LF				
				-										
Name of Registered Waste Hauler			JDEP W		55177200	ic Yards		Name of	Registe	ered Landfill				
Nick Restoration LLC	1 10000	auler ID 03378		TBE			G.R.O.	W.S						
City, State Randolph, NJ					Disp	osal Date	Э	City, Sta		3				
Completed by Title					1	Signatur	e'/	1	, , , , ,	Da	te			-
Elvira Mrda	President							liva le	10	, 06	25/2	2015		

check 5697 VFO

								1.5	-	_	_
Date of Notification (1) (0 - 2 9 - 15				of Building	Owner/Operator	(2)	0092 1111				
Agency Notified Type Notification		-	Street	Address							_
			24	5 HA	miltow	WIENNE	 #532510	-			
☐ DEP ☐ Amended			City, S	State, Zip C	ode	- 74	152% LIC	o uu FMS	INC INC	MU.	_
Amendment #	ding	-	GL	of Contac	OCK, N	7 01-	Telephone Nun	bor	1110		
■ DOH justification	ā			LANI				J.	,2	9	
3500		16			ORMATION		1				
Name of Facility Where Abatement is Taking I	*ace (3)					Type of Facility	y (4)				
E. LANIK	• •					☐ School (K-1	2)				
Street Address .				***	:	Subchapter Other (i.e. p	8 (Other than K-12 rivate & commerci	a) al buildi	ings,		
245 HAMILTON AVER	100					homes, etc	# of Floors	Rick	L Age		
City (5)				÷.	···	1800		1	4 4		
GLEN ROCK, N. I.		1	Count	v Codo (7	(STATE USE		Prior if being derno		1/		
BERGEN			ONLY			RESI	DAUCE				
Name of Monitoring Firm Hired by Building Ov (8)	mer	ASCM	No.		Name of Abates		5.7		-		
Street Address					Best Re	moval In	ıc				_
Select Address			£3			th River	St				
City, State, Zip Code		100			City, State, Zip C	Code		-			
						ack, N.J	. 07601				
Project Manager for Monitoring Firm	Te	elephon	e No.	a	Telephone No. 201-329-		00388				
Start Date (10) Scheduled		ion Dat	e (11)		Name of OSHA						
7-/0-/5 7-// Occupancy Status During Abatement (Check of					Omega i	Environm	ental				
						ıyler St					
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fa	cility Hos	ement urs			City, State, Zip C	ode		d n	1.1		
Scope of Work (Check all that apply)					S. Hac	ckensack	,N.J. 07	606		2000012	
Scope of Front (Girect as that apply)					Q Pull C	Containment with	Negative Pressure	2			
#23sfor≥3f □≥160sfor≥260f				ovation '	→ B Mini-l	Enclosure abag Procedure		2			
							d Non-Prizble Proc	edure	1		
		Locatio lormally								atem Type	, ,
Location of	Used	d Solely	by		Description o		Amount				\prod
Asbestes-Containing Material (ACM) TO BE ABATED		ntenan ustodia			os Containing Ma thermal systems		(Specify		3	nos	5
(13)		927			seriacing, VAT,		SF or LF)		Removal	100	000
. (15)	·	(12)			other miscellane	ous)	F.X		9		Enclosure
	Yes	No	N/A								
CRAWL SPACE			X		MAL INSULAT			2F	X	1	
CRAWL SPACE	+	-	×	THRAM	AL TOUSULATION	PAPER	lo	LF	-	K	1
		-				-		2,2	+	+	H
Name of Registered Waste Hauler	NJE	EP W	aste H	auler	Cubic Yards of	Name of Regis	tered Landfill				\dashv
Best Removal Inc	D	%. 171	00	-	Waste		Enterpri	ses	, I	LC	
City, State		1/1	09		1 Y0 Disposal Date	City, State	-				-
Hackensack , N.J. 07	601				7-11-15	200	burg, Oh,	446	88		-
Completed by Title					Signature			Date			7
minutes and the state of the st	imat	-			R. Veldes			6-20	7-1	5	
ASB-41 * Do ao	it use this	s form	for ast	rectos lice	nsure exempted a	ctivilies.					

CR# 2836

Date of Notification (1)			Na	me (of Building	g Ow	ner/Operator ((2)			300		-		
6/								of Design and	Construction		et e				
Agencies Notified EPA	Type Notifica				19570.00	SUCH IN	Address Elm Dr			5, 60	13 JUL -6	AH II:	12		
⊠ DOLWD			0.100		Cit	y, St	tate, Zip C	Code		4					
□ DHSS	Amendm				F	rin	ceton, N	1J 08	8544	#	A Chris	UNT	M		
(NJAC 5:23-8)	justificati		Gluding	J	Na	me (of Contac	t			Telephone Nur				
**************************************	☐ Cancellat				F	Rob	ert Orte	go				11			
					F	AC	II ITY IN	IFOF	RMATION		J				
Name of Facility Where A	Abatement is 7	Takino	Place	(3)		710	/ILIT I III		MATION	Type of Facility	(4)			77 FE	
Princeton Universit				(-)						School (K-12					
Street Address		-	-	_						Subchapter	8 (Other than K-1				
Washington Rd										Other (i.e., p homes, etc.)	rivate and comm	ercial bi	ilding	JS,	
City (5)										Square Feet	# of Floors	В	dg. A	ge	
Princeton															
County (6)					C	ount	ty Code (7	r)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
MERCER															
Name of Monitoring Firm	Hired by Build	ding C)wner ((8)	ASC	1 M	No.	Na	me of Abatem	ent Contractor (9)					
ATC Associates Inc								E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address								Str	eet Address						
Bromley Corporate	Center-Thr	ee Te	erri La	ane				1	123 BEAVE	R STREET	2				
City, State, Zip Code								City	y, State, Zip C	ode					
Burlington, NJ 0801	16							E	BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			Te	elepho	ne N	No.	Tel	ephone No.		License No.				
Michael Keehn					609-3	86-	8800	2	15-788-6040)	00509				
Start Date (10)	200						e (11)	Na	me of OSHA N	Monitor					
7 / 2 /	15	7	7 /	_	10_	/	15	E	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Check	only	one)				Stre	eet Address						
☐ Facility Closed/Vacate								1	123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7							cribe		y, State, Zip Co						
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re	- 3	202				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		lure			
					ation							Ab	atem	ent T	уре
Location		:08:			nally olely b	,		100	Description of			R	R	Щ	ш
Asbestos-Containing I TO BE ABA		1)			nance/				Containing Ma ermal systems		Amount (Specify	Remova	Repair	ıcar	Enclosure
IN Facilit	ty		Cus	todia (12	al Staff	?	,	S	surfacing, VAT	, or	SF or LF)	Val	-	Encapsulate	sure
(13)			Yes	N		/Δ		oti	her miscellane	ous)				ate	
Room 602					1 1000		Floor ti	le			30 SF				
Room 1208			-		Floor ti	le			30 SF						
					74										
	П	T	П						$\forall \Box$	П	П	П			
Name of Registered Wast	NJDE	PW	Vaste	Cut	oic Yards of	Name of Regis	stered Landfill				1-				
							No.	Wa		100-100-100-100-100-100-100-100-100-100	. LANDFILL				
City, State					187			Dis	posal Date	City, State					
BRISTOL, PA 19007										MORRISVI	LLE, PA 19067	7			
Completed By (Print or Ty	rpe)	Title							Signature	0 0	/.	Date	/		
Brian Scafiro	stima	tor					brian	Scafiro	/fl	6/2	6/1	15			

ASB-41 MAY 11 BS 15 0 65

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		N		CATION	OF ASBES	STOS A	ABATEN		d	200	R	14	0	3	3
Date of Notification (1) 6/30/15			111 0		Building O		perator	(2)			11: 44				
Agencies Notified	Type Notification			Street Ad 4932 W	ldress /est Parl	k Drive	——— е	t		0 1000					
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod w Park,		4126	į.		<u> </u>	*	*.			
☑ DOH DCA	Emergency (in justification) Cancellation			Name of						Tele	enhone Nu	mber			
П рох	Caricellation			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where house	Abatement is Taking	Place (3)				0.1		Тур	School (K-12 Subchapter	2)	or than K. 1	2)			
Street Address 329 Hillside Avenu	е							×	Other (i.e. pretc.)	rivate 8	k commerc	ial build			es,
City (5) Livingston								Squ 210	are Feet 00	# of 2	Floors	6:	ldg. A 5	ge	
County (6) Union				County C (STATE U	ode (7) ISE ONLY)			Curi	rent Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	l No.				atement Con ironmental			0			
Street Address							Street PO E		ess 483, 4 E Ga	ate Di	rive				
City, State, Zip Code									Zip Code d, NJ 074	18					
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Telepi 973-		No. -2276		License 1	No.			
Start Date (10) 7/13/15		Schedule 7/27/15		npletion [Date (11)		Name	of Os	SHA Monitor						
Occupancy Status Durin	ng Abatement (Check	e)				Street	Addr	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	baten	nent S			City, S	State,	Zip Code	-					-		
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чіі Гпат Арріу)		lenova emolit					× 0	ull Containme Mini-Enclosure Blovebag Prod Jon-Exempted	edure				e	
		ls	Locat	ion										emen /pe	t
Locatio Asbestos-Containin <u>TO BE AB</u> In Fac (13	Norma d Sole intena todial ((12)	elý by nce/	Asbest (i.e.	os Con thermal surfa	escription taining I I system acing, VA miscella	Mater ns insi AT, or	· .	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										(D)	
basen	nent			Х		pipe	insula	ation		8	35 LF	х			-
						2017						-			-
			-					-							-
Name of Registered Wa	aste Hauler		1	NJDEP W	/aste	Cubic	Yards	- 100	Name of	Registe	ered Landf	ill			
Freehold Cartage				tauler ID 5939	No.	of Wa	0.5.87.004				ks Landf	îll			
City, State Freehold, NJ						Dispo TBD	sal Date	е	City, Stat Birdsbo		A 19508	3 .		- SOC 1950	
Completed by A. Scott Higgins	dent			3	Signatur	re	A		54 32	Date 6/30/1	5				

Date of Notification (1)				r / Operator	(2)	يرا هاڪ ڪ ٿا. م								
Agencies Notified	July 1, 2015 Type Notification	on			Morris Address	sey		7#15 II	L-6 斛川:					
□EPA	7,700.100000				tham St	reet								
DEP				0.000	ciidiii Oc			AJOES	TUS CONTR	Al				
DOL	Initial			City, St	ate & Zip	Code		. Č	LICENSING	UL				
⊠doh	Amend	led Iment #		Chatha	ım, NJ (07928								
DCA	Cance	llation		Name o	of Contac	ct				Telepho	ne l	lum	ber	
				Michae	el Morris	sey				,		,9		
				FAC	CILITY	INFOF	RMATION							
Name of Facility When Residence	e Abatement is	Taking Pla	ice (3)				Type of Faci							
Street Address		14						pter 8 (Other th	an K-12)					
81 Chatham Street								.30 - 30	commercial build	dings, ho	me,	etc	.)	
							Square Feet	# of F	loors	Bldg. Ag	е			
City (5) Chatham							1,80		3 + Basement		33 y	ears	S	
				-			Residence	(Prior if being d	emolished)					
County (6) Morris		USE	nty Code											
Name of Monitoring Fi N/A	irm Hired by Bui	lding Owne	er (8)		ASCM	No.	Name of Aba Synatech, In	atement Contrac	ctor (9)					
Street Address							Street Addre							
City, State & Zip Code	1						829 Radio R City, State &	Zip Code						
Project Manager for M	lonitorina Firm		Те	ephone N	lumber		Little Egg H Telephone N	arbor, NJ 0808	License	Number				
	6 5 8			3		-	609-296-691	6	Licerise	800	17			
Scheduled Start Date July 20, 20		cheduled C		on Date (1 st 31, 201			Name of OS Synatech, In							
Occupancy Status Du Facility Close	ring Abatement d/Vacated Durin			Abatemen	t		Street Addre							
	erformed Outsid	VF					City, State &	Zip Code					_	\neg
Other – Desc	ribe: pied During Aba	tament						arbor, NJ 0808	37					
		itement											_	
Scope of Work (Check	(all that apply)						г	Trull Cantainn	ant with Nanative F					
≥ 3 sf or ≥ 50 If				Renovatio	n			Mini-Enclosure	ent with Negative F	ressure				
≥160 sf or ≥260) If		=	Demolition				Glovebag Pro						
							F	-	d(*) and Non-Friab	le Proced	ure			
	ation of			on Norma		i	Descrip	tion of		A	bate	mer	nt T	/pe
Asbestos-Contai	ning Material (A ABATED	CM)		y Mainten dial Staff?			Asbestos-C Material		Amount (Spe SF or LF)					
	acility		Custo	diai Otali :	(12)		(i.e., therma		GI GI EI)		Т	Т		\neg
((13)						nsulation, su			2	,			g
		- 1					or other miso	cellaneous)		Kemova	-	Renair	aps	clos
	No	N/A			×		ž a	-	≝	Encapsulate	Enclosure			
Attic						Fiberg		n with Vermicul	ite 12 SF	X	t	+	J	П
							Trac	es	1201					
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.					Cubic \	Yards of	Waste	Name of Reg	istered Landfill					
Synatech, Inc 27429 <					< 1			Grows Land	fill					
City, State Dis					Dispos	al Date		City, State						
Little Egg Harbor, NJ					Septer	nber 1,	2015	Morrisville, I	PA					
Completed By		Title			Signatu		17 0	1	Date					
Diane Aloia Executive Administrator						One	alen		July 1, 2015					

							+ 1 1 1 1 1 1					
Date of Notification (1)		Building Own	er / Operator (2)	,								
Agencies Notified	July 1, 2015 Type Notification	on		Street A		981	15 JUL -6 1	MII: 17				\neg
ПЕРА				100 Pov	verville Road							ĺ
DEP	-					A.	BESTUS C	ONTROL				
⊠dol	Initial			City, Sta	ite & Zip Code	i i	& LICEN	SING				
⊠рон	Amend			Boonto	n, NJ							- 1
DCA	Cance	dment # ellation		Name of	f Contact			Tele	phone	Num	ber	\neg
				Jim Kal	afsky			1		0		1
				FAG	CILITY INFO	ORMATION						
Name of Facility Where	e Abatement is T	aking Place	(3)			Type of Facility						\neg
Bank of America Street Address						School (K	er 8 (Other than h	(-12)				- 1
100 Powerville Road								nmercial buildings, ho	me i	etc.)		
100 Fowerville Road						Square Feet	# of Floo			010.7		-
City (5)						1,600		1		60		
Boonton						Current Use (P Bank	rior if being demo	lished)				
County (6)			nty Code	(7)								
Morris Name of Monitoring Fir	en Lineal by Dvila		ONLY_		ASCM No.	Name of Abate	ment Contractor	(0)			-	_
Environmental Testin	m Hired by Building Consultants,	LLC	>)		ASCIVI NO.	Synatech, Inc.		(9)				
Street Address 413 North Black Hors	o Diko					Street Address 829 Radio Roa						- 1
City, State & Zip Code	e Pike					City, State & Z						\neg
Runnemede, NJ 0807							bor, NJ 08087	Tree tree				
Project Manager for M Howard Zenobi	onitoring Firm		1 2 2 2 2 2 2	ephone Nu 3-482-1311		Telephone Nur 609-296-6916	nber	License Numbe	er 00817	7		
Scheduled Start Date		Scheduled C				Name of OSHA	A Monitor					
July 11, 20				st 31, 2015	5	Synatech, Inc.		.,				
Occupancy Status Dur Facility Close	ring Abatement (ed/Vacated Durin			atement		Street Address 829 Radio Roa						
	erformed Outsid					City, State & Z	ip Code					
Other – Desc						Little Egg Har	bor, NJ 08087					
Facility Occu	pied During Aba	tement					W. 150,000					
Scope of Work (Check	all that apply)											
								with Negative Pressure				
≥3 sf or ≥ 50 lf			=	Renovation		=	Mini-Enclosure					
≥160 sf or ≥260) IT			Demolition			Glovebag Proced		dues			
1 00	notion of		la Lagati	on Normal	ly Head	Descripti) and Non-Friable Proce	Ah	ateme	ent T	vne
	cation of aining Material (A	0.00000000		y Mainten		Asbestos-Co		Amount (Specify SF	,,,,	atom		,,,,
	E ABATED		Custo	dial Staff?	(12)	Material ((i.e., thermal		or LF)	_		_	
IN	Facility (13)					insulation, surf					En	т
	3.55					or other misce	ellaneous)		Removal	Repair	Encapsulate	Enclosure
			Vaa	No	N/A				ova	air	ulat	Sure
			Yes	NO	N/A						е	w
Unisex Bathroom					х	ACM Dr	ywall	250 SF	Х			
Coupon Booth					х	ACM Dr	ywall	100 SF	Х			
Break Room / Storag			х	Floor 7	-ile	245 SF	Х					
Women's Room					х	ACM Dr	ywall	140 SF	Х			
Vestibule					х	ACM Dr	ywall	120 SF	Х			
Name of Registered Waste Hauler NJDEP Wast					Cubic Yards	of Waste	Name of Regist	ered Landfill	-		the same of the sa	
Hauler ID No.					20		Grows Landfill					
Synatech, Inc. 27429 20 City, State Dispos				Disposal Da	te	City, State	<u> </u>					
							I consider the constant of the					
99					September	1, 2015	Morrisville, PA	Date			_	
Completed By Title Si				Oignature	: 110		To the contract of					
Diane Alois		Executive	Adminie	trator	4////	LIAVALE.	- 1	July 1, 2015				

(K 3752

State of New Jersey NUTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:68 and 12:129)

(T)

	NOTE	EFECATION O	of New Jersey FASSESTOS ARA		Đ)	F		- Sur L
Details	(7	Purseant to 1	NJAC 8:60 and 12	2:129)		F	a ee	
Date of Nationalism (1) 6-3/	-13	Name of t	REGING ORMANOPE	(2) P	-1.21. 1 7	eis nA		Mij:
Laborated Liber	decion .	Street Act	iress	1(1)6	Transl-7	chsta	ichic	nll
		Writish.		300 77	4 5%		115	CLIMI
A E LICE	ವರ್ಷ <u>ಕ</u> ಕ್ಷ	City, See	Zip Code	7 -1	The state of the s	A. Think		
= 500 ES	- ඉනැදෑ (ගණ්ග්ල මැතිවිතා)	None = 50		ea . Isle	City N		0023	
	walcon.	Name of Co	med Fan	h K	Telephon	ie Numbe		-
		FACEUR	IN-CRUATION		6		. 99	7=
Name of Facility Winere Abelemen	tis Telling Pece (3)		. HE CICEARCER	Type of Fee	-163	5	al road road	Ó
Street Advisess				School 84	491		ŽÇ:	70
108 36	th St				TS French	m (C-12)		=
City (5) Sep Isle (ni			fromes, et Square Feet	الوه			apric
Carmination	ary			3000	ed Fine	TS	Brig Ag	a gr
ltthatic		USE ONLY	(I) (STATE	Curent Use (F	ion i being d			-
Name of Manhating Form Hared by E. (8)	Eding Ozasa	ASOM No.	: Name of Atata	ant Consector (S	Keskles	11		
Street Address	Charactery			Ani Just	LC			
The state of the s			Street Address	1212 Buplin	ctor A	.0		-
City, State, Zip Code								
Spring Manager Co. 14			City, State, Zo Co	Delisne	NTO	5075		- I
Project Manager for Monitoring Farm	Teleph	rane No.	Telephone No.	1611	License No).		
Start Date (10)	Scheiniced Completio	n Date Hai	Name of OSHA MA		010	26		
1-10-15	1-50-10			Self	7			- Tonne
Company Sietes During Abstanced [2] Feolity Closed/Veoebel During Bell [3] Abstance Property	المعتن من المعتال المع		Street Address	301				_
	mai feely Hous	DE d	City, Sielle, Zip Con					- Marthage
Other - Describe:			Octy, 0155, 219 Cit					The same of the sa
Scope of Work (Check all that exply)								_
				المحدث بدكة الأعربية عدد	ive Pressure			Malbant
			Circley i	roceine isi (7) and Nor-P	irinkin Francis			Alternation of the same
	is Location Namedy	PUT TO THE				l Aba	tement	-
Location of Asbestos-Containing Metalai (ACM)	Used Solely by Meintenance	i i i i i i i i i i i i i i i i i i i	Description of				ype	
TO SE ARATED SV Family	Outried Steam	(10,0)	Containing Malana Samuel systems insur	(ACU)	Amount (Specify	A TOTAL SE	H	
(13)	(12)	Ē.	surizong, VAT, or Oran miscelerance)		SF or LF)	Repair	edba	endologue Endologue
	YS NO NA	14Thracou		- Sheepengari		Mal Marian	Bucabana	O.III.
outside	A CANIES (A CANIES)	(ACIU) Siding		400 S	1	1 1	_
	Application of the particular		0		7000 3-		1 1	4
	***************************************	- Ferrin		ALL		and with		4
me of Registered Waste Hauter	THE PARTY						TE STATE OF THE ST	-
ANI JOE LCC	NEE C		bio Yerts Ne Waste 34	ine of Registered WH of	Lance		3	
Delianco No				01.	terva K	?		-
Total By	· VP		Signature		Date & -			America (Statement
					6 0	1113		ž.

[°] Do not use this form for esbestos licensure exempled activities.