NOTIFICATION OF ASBESTOS ABATEMENT Check 4 2 148

Date of Notification (Building Owner / O	perator (2)				
$\frac{07}{07} / \frac{07}{07}$	/14				AAK Street Ad	droop					
Agencies Notified	Type of No	tificat	ior			all Street, 5th Floor				100	3
Agencies Notified EPA	The state of the state of the state of	tificat Initial	1011		The second secon	e, Zip Code		_			, marile granife
		Amen	ded		Edison, N.	157					
☑ DOH	_	Amen	dment	#	Name of 0	Contact		Telepho	ne Numb	er	
☑ DOL				w/ justification	Kevin Do	/le					් .
		Cance	llation		ACILITY IN	FORMATION				-	er to
				17	NOILITT III	TORMATION				1102	
Name of Facility Who	ere Abatem	ent is	Taking	Place (3)		Type of Facility (4	1)				
AAK						□ Sahaal	(K 12)			ě	57
Street Address			-			School	apter 8 (Other	than K-1	2)	ì	.5
131 Marsh Street							I.e., private &				
							homes, etc.)		1941). 		
City (5)	County (6)			County Code	(7)	Square Feet	# Of Floor		Buildin		
Port Newark	Essex					8,000	1	-	4	40+	-
						Current Use (Prio Food Process	i ii being dem	onsnea)			
Name of Monitoring	Firm Hired	by Blo	la. Owi	ner (8)	ASCM NO	Name of Abateme	ent Contractor	(9)	1		
CARDNO ATC			J. J.			Inches and the same					
						LVI Demolition Ser	vices Inc.		_		
Street Address 104 E. 25TH Street						Street Address					
City, State, Zip Code						32 Williams Parkw	av				
NEW YORK, NY						City, State, Zip Co	The second name of the second na		_		
	ject Mngr. For Monitoring Firm Telepho					, , , , , , , , , , , , ,	8				
PATRICK SISK	FRICK SISK 212-353					East Hanover, Nj 0					
,	duled Start Date (10) Sched. Completetion I					Telephone Number	er	License	Number		
07 / 21	, , , , , , , , , , , , , , , , , , , ,					973-884-8682				0860	
Occupancy Status D	uring Abate	mont	/Chock	(Only 1)		Name of OSHA M	onitor			0000	
				tire Period of		LVI Demolition Ser	NG 1. 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18				
Abatemen						Street Address		-			
		d Outs	side of	Normal Facility							
Hours - De						32 Williams Parkw					
☑ Other - De	escribe:	5:00A	M - 1:3	OPM - MON - FRI	I	City, State, Zip Co East Hanover, Nj C					
Scope of Work (Che	ck All That	Annly				Last Hallovel, NJ C	77 930				
Scope of Work (one)	CK All Illac	L'hhil	,								
☐ Demolitio	n		√	Renovation		Full Containment	with Negative	Pressur	е		
						Mini - Enclosure					
	≥260 If					Glovebag Proced		bla Dras	ndura		
						Non-Exempted (*)	and Non-Fria	ible Proci	edure		
Location o	f		ls	T	Descript	ion of		Abateme	ent Type	-	
Asbestos Conta	aining	Loc	cation	As	sbestos - C	Containing	-	R		E	E
Material (AC		1200000	rmally	1	Material		Amount	E	R	N	N
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			ff (12)							┖	R
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		-	HH	+					1-	1 1	
Name of Registered	Waste Hau	terror 3		NJDEP Waste	Cubic	Name of Register	ed Landfill				
LVI Demolition Service				Hauler ID No.		GROWS					
					of Waste						
City, State					Disposal	City. State	007				
East Hanover, NJ					Date	Morrisville, PA 19	06/			(6	
Completed by (Print	or Type)			Title		Signat	ure	-(-		Date	
STEVEN STILES	,,,,			PROJECT MA	NAGER		1.	DO. 1	1		
						1. >	cen -	100	and it		07/07/14

CK TOBE MAILED MONDAY 7/9/14

REMEMBER - MAIL IN HARD COPY

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT DOL - 10 DAY (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Nonfication (1) 7/3/14 **PSEG** Type Notification Street Address Agencies Notified 4000 HADLEY ROAD EPA initial City, State, Zip Code DEP Amended × DOL Amendment # SOUTH PLAINFIELD, NJ 07080 Emergency (including Name of Contact X DOH ustification) DWIGHT THOMAS Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **PSEG** School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 188 BLOOMFIELD AVE etc.) City (5) Square Feet # of Floors Bldg Age APPX 70 APPX 1600 2 BLOOMFIELD County Code (7) Current Use (Prior if being demolished County (6) (STATE USE ONLY) SUBSTATION **ESSEX** Name of Abutement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. UNIQUE SYSTEMS OF AMERICA 0045 **ENVIRONMENTAL TACTICS** Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City State, Zip Code co SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 Telephone No License No. Project Manager for Monitoring Firm Telephone No. 732-292-2217 732-432-8350 01111 TOM GEIGER Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10)-UNIQUE SYSTEMS OF AMERICA 7/3/14 5 7/3/14 Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: NECESSARY OPERATORS ONLY City, State, Zip Code SOUTH RIVER, NJ 08882 × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Asbestos Containing Material (ACM) Location of Used Solely by Amount Asbestos-Containing Material (ACM) (i.e thermal systems insulation, Maintenance! (Specify Removal TO BE ABATED Custodial Staff? SF or LF) surfacing. VAT. or in Facility (12) other miscellaneous) (13) No N/A Yes 12 SF X TRANSITE PANELS X 2ND FLR. CONTROL ROOM Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. **GROWS NORTH** WASTE MANAGEMENT 1125 City State Disposal Date City, State MORRISVILLE, PA TBD ELIZABETH, NJ Date Signature Completed by 7/3/14 OFFICE MANAGER CAROL RAIMO

State of New Jersey

Or 26/

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

Date of Notification (1) 06/04/2014				Building Owner/ DEMOLITIO		(2) Jl	JL 8 2014		i.		
Agencies Notified	Type Notification		Street Ad 35 BRA	dress AINARD AVE		85 N. S.		*			
EPA DEP DOL	Initial Amended Amendment #			e, Zip Code H MONMOU	ΓΗ N.J.		4 N		=		
Ď DOH DCA	Emergency (in justification) Cancellation	ncluding	Name of JOHN		e e		Telephone No	umber			
			FACIL	ITY INFORMA	TION						
Name of Facility Where PRIVATE	Abatement is Taking	Place (3)				Type of Facilit	<-12)	40)			
Street Address 35 BRAINARD AV	E.					Other (i.e etc.)	ter 8 (Other than K- e. private & commer	cial build			s,
City (5) PORTH MONMOU	JTH N.J.					Square Feet 1,600	# of Floors	(dg. Aq 38	je 	
County (6)			County C (STATE U	Code (7) ISE ONLY)	-	YE		shed)			
Name of Monitoring Firm	n Hired by Building C	wner (8)	ASCM	No.		of Abatement (RON QUAL	Contractor (9) ITY CONSTRUC	CTION	LLC		
Street Address		T. 7-00				Address AN ORDEN	PLACE				
City, State, Zip Code			***			State, Zip Code KENSACK I	N.J. 07601	7187	**	c;	0
Project Manager for Mo	nitoring Firm		Telephor	ne No.		hone No. 708.4270	License 01135	No.			100 100
Start Date (10) 06/13/2014	2	Scheduled C 06/13/201		Date (11)		of OSHA Moni SL ANALITY		r.)		Ŧ
Occupancy Status Duri	ng Abatement (Check	(Only One)				Address					77.
➤ Facility Closed/Va	cated During Entire F med Outside of Norm	eriod of Abat	ement			TH.WEST 38 State, Zip Code		<u></u>			
Other – Describe: Scope of Work (Check					NY.	N.Y. 10018		čo			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ан тнаг Арріу)		ovation olition			Mini-Enclos Glovebag i					
		T				Non-Exem	pled () and Noti-1 ii	able 110	Abate	and the same	
			cation nally						70 <u>000</u>	ре	
Asbestos-Containin TO BE A In Fac						Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	EXTERIOR SIDING				NSITE S	SIDING	1,000 SF.	Х			
Name of Registered W			NJDEP W Hauler ID		oic Yards Vaste	F	e of Registered Land		<u> </u>		
SHARON QUALIT	Y CONSTRUCTI	ON LLC	0033967	7 T	BD		ERVA ENTERP	RISE	NC ——		
City, State HACKENSACK N.,	J.				posal Dat 3D	WA'	State YNERBURG OF			111	2011
Completed by CARLOS ESQUIV	EL	Title SAFET	Y MANA	GER	Signatu	Cynny	hereof 19	Date 06/04/	2014	8 	

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

Date of Notification (1)						Name	of Building	Owner/Operator (2)				1	
7 /	1	1_	14	_		E.·I.	Dupont			un - 001	t		- 1	
Agencies Notified	Type N	otificat	tion			Street	Address			JUL 8 201	1		1	
⊠ EPA	☑ Initia	al				250	Cheesed	quake Road	100				1	
□ DOLWD	☐ Ame					City, S	tate, Zip C	ode			(0)	:	-1	
□ DHSS □		ndme					lin, NJ 08			*:			-	
DCA (NJAC 5:23-8)	☐ Eme	rgenc ficatio		cluding	1	and the second	of Contact	Activities of the control of the con		Telephone Numb	er			
(NOAC 3.23-0)	☐ Can		3.5				hol Reinh			Total Tana				
						2.77.27		FORMATION						
Name of Facility Where Al	batemer	nt is Ta	akina	Place	(3)	1 //	JILIT III	OKINATION	Type of Facility	(4)			_	
Building 1820	00.0///0/			1 1000	(0)				School (K-12	X 4.				
Street Address									☐ Subchapter 8	(Other than K-12)				
250 Cheesequake R	oad								Other (i.e., property) homes, etc.)	rivate and commerc	ial bu	ilding	s,	
City (5)	ouu		3-27		-1				Square Feet	# of Floors	BI	dg. Ag	10	
Parlin									85000	1	1	.y. ∧ ⊦/- 5(5	
County (6)						Coun	ty Codo (7)(STATE USE ONLY)		or if being demolish		. ,- 3(
Middlesex						Coun	ty Code (/	NOTATE OSE ONET	Current Ose (Fr	of it being demoisi	ieu)			
Name of Monitoring Firm I	Hirod by	Buildi	ina C	humor	(0)	ASCM	No	Name of Abateme	nt Contractor (0)					
Cardno ATC	niieu by	Dullul	ing C	wner	(0)	ASCIVI	NO.							
The state of the s									mental Manag	ement, inc.				
Street Address								Street Address						
3 Terri Lane								8436 Enterpr						
City, State, Zip Code	_							City, State, Zip Co						
Burlington, NJ 0801					1			Philadelphia,	PA 19153	1				
Project Manager for Monit						phone		Telephone No.		License No.				
	John Lutz art Date (10) Scheduled (-7522	215-365-5810		1156				
Start Date (10)7 /16 / _			tion Da	10000	Name of OSHA N USA Environ	lonitor mental Manag	ement, Inc							
Occupancy Status During	Abatem		13000					Street Address			2.0.200			
☐ Facility Closed/Vacated						ment		8436 Enterpr	ise Avenue					
☐ Abatement Performed							cribe	City, State, Zip Co						8
Time of Abatement: 7:	30 AM-	<u>3:30</u> P	PM/_	F	PM	AM		Philadelphia,						
Scope of Work (Check all	that app	olv)												_
		.37							tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 					novati			Mini-Enc Cloveba	losure g Procedure					
☐ ≥100 St 01 ≥200 II					HIOHUC	М				n-Friable Procedure	е			
				Is	Locat	ion					Ab	atem	ent T	ype
Location of					Vorma			Description of				-		
Asbestos-Containing N		(ACM))		ed Sole			stos Containing Ma ., thermal systems		Amount (Specify	em	Repair	nca	nck
TO BE ABA				Cus	todial	Staff?	(1.6	surfacing, VAT		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	200			2000	(12)	Tomas	1	other miscellane					late	Ф
		- 1		Yes	No	N/A								
Bldg. 1820						\boxtimes	Pipe Ins	sulation		20 LF	\boxtimes			
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Name of Registered Wast	e Haule	Γ.	7		1000	IJDEP \		Cubic Yards of	Name of Regis	stered Landfill			-1.77	A)ZH-VHC
Veolia Es Technical	Soluti	ons				lauler II 08063		Waste 1	Waste Mai	nagement				
City, State						00000	71303	Disposal Date	City, State	-			-	
Middlesex, N.J. 0884	43							7/16/14	Model Cit	y				
Completed By (Print or Ty			Title	,				Signature /	1/	Da	te /	1	1	
Dilip Kumar	r = /		Program Manager					1 1	ASIN	100 =	7/1	11	4	
ASB-41			1							(11	1	/	
MAY 11			•	Do no	use ti	us torm	ior aspes	tos licensure exem _l	oţea activities.			(t)		

Project #		N	CATION	te of New OF ASBE O NJAC 8:	STOS	ABATE		г	Chec	k# :	2550		-	- Marine		
				Name of	Building O	wner/	Operator	(2)						-	<u> </u>	\vdash
Date of Notification (1)					unswick			(-)								1
07/03/2014	N 05 P			Street Ad		ВО					-		-	-		\vdash
Agencies Notified Type	Notification		1.00		dwin St	root				JUL	8	20	14		194	1
□ EPA □	Initial		177							001	- 0				_	2
DEP	Amended		- 1	****	e, Zip Coo		00004									44
DOL	Amendment # Emergency (in				unswick	(, NJ	08901			17.		· · · · · · ·				-
DOH _	justification)	oldding	- 1	Name of						Telep	none i	vumbe	er .			į.
DCA	Cancellation		J.		W. Goo			- 8		_						
				FACIL	ITY INFO	RMAT	ION	T	- of Facility /	4)			-	_		-
Name of Facility Where Abate		Place (3)				.0		e of Facility (4)						- 1
New Brunswick Middle	School	74.5							School (K-1	2)	41 I	(12)				
Street Address								H	Subchapter Other (i.e. p	8 (Other	tnan r	(-12) ercial l	ouildi	nas.	home	s.
1025 Livingston Ave								- Banner	etc.)	mvalo u c		., ., .,				- 1
City (5)								Squ	uare Feet	# of F	loors		Blo	ig. A	je	
New Brunswick,	NJ							70,	000	3		-	50	+		
County (6)			T	County C				Cu	rrent Use (Pri	or if being	demo	olished	i)	10,10		
Middlesex			- 1	(STATE L	ISE ONLY)											
Name of Monitoring Firm Hire	d by Building O	wner (8)		TASCM	No.		Name	of A	batement Cor	ntractor (9)			Sec. 10.		-
AHERA	a by ballalling o	(~,		0005					toration L							
				10000		-	Street									
Street Address									side Rd							
P.O BOX 385				-			12.		, Zip Code					-	_	\neg
City, State, Zip Code							100000000000000000000000000000000000000			CO						
Oceanville, NJ 08231									h NJ 078		Licens	o No	_	-	- 77.0	
Project Manager for Monitorin	g Firm			Telepho			Telep			31						
John Smoyer					52-1833		TOTAL ARTON		2550		113	3				
Start Date (10)					Date (11)				SHA Monitor							
07/14/2014		7/21/2			0.000				ironmenta	<u> </u>						
Occupancy Status During Aba	tement (Check	Only Or	ne)				Stree									
Facility Closed/Vacated	During Entire Po	eriod of	Abater	ment			2333									
Abatement Performed O Other – Describe: fasc	utside of Norma	al Facility	/ Hour	S					, Zip Code J 07083							
Scope of Work (Check All Tha	at Apply)						101110	,	0 07 000		_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	Renova Demoli						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	-				e	
		1	Loca	tion											ement	t
		0.000	Norma				escriptio	n of				1		Ту	ре	
Location of Asbestos-Containing Mate	erial (ACM)			ely by	Asbes				rial (ACM)	Arr	ount				ш	_
TO BE ABATEL			aintena todial	ance/ Staff?	(i.e.		al systen				ecify		Remova	æ	Encapsulate	Enclosure
In Facility		000	(12)				facing, V. r miscella			SF	or LF)		Von	Repair	nsd	losu
(13)		-		T	-	Ouic	THISOCILE	411000	.5,				<u>a</u>	_	late	- F
		Yes	No	N/A							_					
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					Exchar	nger	Insulat	ion								_
Boiler Room		x			Insu	ation			22 ea	LF		X			_	
													2003/1909			
Name of Registered Waste H	ne of Registered Waste Hauler NJDEP V						ic Yards		Name of	Register	ed Lai	ndfill				
Nick Restoration LLC		Hauler ID 33782	No.	of V	/aste)		G.R.O.	W.S								
City, State Randolph, NJ 07869						Disp TBI	oosal Dat	e	City, Sta	ite wn, PA						
Completed by					1.0	Signatu	re	/ / /	/		Date	3				
Elvira Mrda		Title President					g.,	El	vila Li	ida	_			014		

Project #	act#					OF ASBE	STOS	ABATE		Check:	# 255	1			
r rojost n				(Pt	ırsuant t	o NJAC 8	:60 an	d 12:120))		Tal				51111
Date of Notification (1)				- 1	Name of	Building C	Owner/C	perator	(2)	- 1					
07/03/2014				1	New Br	unswick	k BOE	=		,	1.	Ì			
Agencies Notified	Тур	e Notification			Street Ad	ddress					156	4	-2200		
□ EPA		Initial		2	268 Ba	ldwin St	treet		JUL (2014		<u> </u>			
DEP	IFI	Amended				te, Zip Coo			10 0 000, 20	<i>J</i>		1			
DOL		Amendment #	#	1	New Br	unswick	k, NJ	08901				١			
DOH		Emergency (i justification)	ncluding		Name of	Contact		100		Telephor	ie Numb	per			
DCA		Cancellation		J.	Harold	W. Goo	odlow			2	1700				
					FACI	LITY INFO	RMAT	ION				-	_		_
Name of Facility Where			Place (3)					Type of Facility	(4)					
Mc Kinley Commu	unity	School		5,00					School (K-		- K 10\				
Street Address									Other (i.e.	r 8 (Other that private & com	mercial	build	ings,	home	s,
15 Van Dyke Ave	nue	29 							etc.)						-
City (5)	le	N. I.							Square Feet	# of Floo	rs		dg. A	ge	
New Bruns	WICK,	, NJ		- 2000					470,000	2		50)+		_
County (6)					County (Code (7) USE ONLY)	1 0		Current Use (Pr	ior if being de	molishe	d)			
Middlesex		7.25							<u></u>						_
Name of Monitoring Fi	rm Hire	ed by Building C	Owner (8)		ASCN	0.00000000		4,000,000	of Abatement Co	Security Committee Co					
AHERA					0005	7			Restoration L	LC_					
Street Address	-			2000		Mason		1	t Address						
P.O BOX 385									rookside Rd	1.00		14 11			-
City, State, Zip Code								City,	State, Zip Code						
Oceanville, NJ 08	ceanville, NJ 08231								dolph NJ 078						
Project Manager for M	onitori	ng Firm			Telepho	ne No.		Telep	hone No.		ense No				
John Smoyer				- 1	(609)6	52-1833	3	973-	933-2550	011	33				
Start Date (10)			Schedul	ed Cor	npletion	Date (11)		1000000	of OSHA Monito						
07/14/2014			07/21/2					J&S	Environmenta	al					
Occupancy Status Dur	ring Ab	atement (Chec	k Only Or	ne)					t Address						
Facility Closed/Va	acated	During Entire F	Period of	Abater	nent				RT 22						_
Abatement Perform	rmed C	Outside of Norm	nal Facility	/ Hour	S	0nm 10		48	State, Zip Code						Ω.
Other - Describe	: <u>ras</u>	CHITY OCCUD	iea		اد.ن	0pm-12		Unio	n, NJ 07083						
Scope of Work (Check	All Th	at Apply)	E												
≥3 sf or ≥3 lf				Renova	ation					nent with Neg	jative Pr	essu	re		
2160 sf or ≥260 lf	f			Demoli	tion				Mini-Enclosu						
	*							Ē	Glovebag Pr Non-Exempt	ed (*) and No	n-Friable	e Pro	cedur	е	
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			100	Norma			_	escriptio	- of		1		Ty	ре	
Locat Asbestos-Containi		erial (ACM)		ed Sole		Asbes			Material (ACM)	Amou	nt			m	_
TO BE A	BATE	<u>D</u>		aintena todial		(i.e,		al systen	ns insulation,	(Speci		Removal	25	Encapsulate	CIICIOSUIE
	acility 3)			(12)				miscella		Sruit)	Nov.	Repair	usc	080
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Boiler Room			×		+	Fitting	Insul	ation		10ea LF		^	-	-	-
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Name of Dealth and Its	lasts 1	laulor		L_,	NJDEP V	Vacto	Cuk	c Yards	Name	of Registered	Landfill				L
Name of Registered W		nauler'			NJDEP V Hauler ID		of W				La railli				
Nick Restoration	LLC			1.0	33782		TBD)	G.R.O	,W.S					
City, State Randolp	h N	1.07869					Disp	osal Dat							
	ii, ive	, 0, 000					TBD	0: :	I ullyto	wn, PA	15-		_		_
Completed by								Signatu	Eloro L	101-	Dat 07/		2014		
Elvira Mrda									como 1	Wdg	0//	03/2	014		_

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

CL# 2649

D 1 (1) (C 1)	(4)		- 1		- (D	0	(0)							
Date of Notification	7/1/14						Owner / Operator of Education	(2)			-			
Agencies Notified	Type Notifica	tion		Street			OI Education		71					
EPA	Type Notifice	illon				spect	Street				, i			
□ DEP	☐ Initial					& Zip (1	1 1			
⊠ DOL	Amer					NJ 08		JUL	8	2014	3			
☑ DOH	☐ Emer	gency	-			ontact		001			lepho	ne N	umb	er
DCA		ellation	- 0.0				Collins			1				
200-02-0	04-24-04	·		EA	CII I	TV INIE	ORMATION						_	
Name of Facility W	hara Ahatama	nt is Taking P	ace (3		CILI	1 1 1141	Type of Facilit	v (A)	-		, ma			-
100 West End Av		ant is raking r	ace (c	,,				(-12) NON SU	JB-CHAP	PTER 8				
Street Address								er 8 (Other th						
100 West End Av	/e							. private & co			, hom	es, e	tc.)	
Too woot mild / to					9		Square Feet	# of Fl			lg. Age			-
City (5)		County (6)	Co	unty (Code	(7)	3250		1			60÷		
Trenton		Mercer					Current Use (I	Prior if being	demolish	ned)				
							Storage							
Name of Monitoring	Firm Hired b	v Building Owr	ner (8)		AS	SCM No		ement Contra	actor (9)					
Environmental C		, ,	` '				Bristol Envi							
Street Address							Street Addres	S						
120 North Warre	n Street						1123 Beaver							
City, State & Zip Co				Si.			City, State & Z							
Trenton, NJ 080							Bristol, PA							
Project Manager fo		irm	Telep				Telephone Nu			icense Nu	mber			
Dominick Derco	The same and the s		609-				(215)788-604		0	0509				
Scheduled Start Da	State and the second	Scheduled Cor			te (1	1)	Name of OSH							
7/14/14			7/17				Street Addres		inc.					
Occupancy Status		nent (Check of During Entire P			atem	ent	1123 Beave	5						
		utside of Norm												
Describe:	r enormed Ot	atside of North	ai i io	uis –	/ aiii	to opin	Bristol, PA							
	upied During	Abatement					2							
Scope of Work (Ch									-					
										nt with Ne	gative	Pres	sure	;
≥3 sf or ≥3	lf			Rer	novat	tion			nclosure					
≥160 sf ≥26	O If		\boxtimes	Der	moliti	ion			Bag Prod				- 22	
										and Non-				
	ocation of		Charles Street	Locat		.	Description			mount	Aba	iteme	ent I	ype
	tos-Containin terial (ACM)	9		nally olely		1	Asbestos-Cont Material (AC			pecify or LF)			Е	
	BE ABATED			tenar		r	(i.e., thermal sy		0.	01 21)	Re	Z,	nca	Enc
	n Facility		100000000000000000000000000000000000000	odial			insulation, surfac				Remova	Repair	psu	Enclsoure
	(13)			(12)			or other miscella	aneous)			/al	=	Encapsulate	Гe
			Yes	No	N/A	٩					-	_	_	_
Roof	0.00		\boxtimes]	Roof Flash			250 SF		Ц	Ц	Щ
Interior			\boxtimes]	Floor Tile & N			00 SF	\boxtimes	ᆜ	Ц	Щ
Exterior				\boxtimes			Window Cau	lking	15	50 SF		Ц	Ц	14
										-		Ц	닉	닏
											14	Ц	닉	븯
]	12	I	<u> </u>			Ш	Ш	
Name of Registered	d Waste Haul	er					Cubic Yards	Name of Re	gistered	Landfill				
Daintel Envisore					auler 3 706	ID No.	of Waste 12 cu yd	GROWS L	andfill					
Bristol Environn	ientai, inc.			10	3700				anum		-	_	_	
City, State							Disposal Date 7/17/14	City, State Morrisville	PΔ		55+			
Bristol, PA	d on Towns	-		TTI	Ho		The state of the s	MOTHSVIIIE	, . ^	_	Date			
[12] M. S. S. S. S. WARREST ST. M. S.	npleted By (Print or Type) Title Project					Signature	2	/	0	7/1/	11			
Gino Pizzigon	ш				anag		Sino K	wygor	ii /-	K	1111	7		
				***		J	10000	111	//	/				

NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Natification (1)		N	0/0	(2)				
Date of Notification (1) July 3, 2014		Name of Building		Construction Corp.		146	33	
	tion I Notification nded Notification	Street Address		nden Avenue		-0216	1	1
[x] DOL Amer	ndment # gency (including	City, State, Zip Co		ıa, NJ 08051	JUL 8	2014		-0.00
DCA	ication) ellation	Name of Contact Nick		Te	elephone Number		115	-
	FA	CILITY INFORM	IATION					
Name of Facility Where Abatement is Taking Residence				Type of Facility (4)	School (k-12)			
Street Address 222 Fernwood Dri	ive			[] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ldings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg. A	.ge 60	
Bayville	Ocean		,	Current Use (Prior if Residen		<u></u>		
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (Inc		
Street Address			Street A	idress	oute 9, Unit 61	mc.	- ili e i i -	
City, State, Zip Code			City, Sta	te, Zip Code	iver, New Jerse	ev 0875	5_1271	
Project Manager for Monitoring Firm	Telephone Number	r	11	ne Number 9-9932	License N 00624) - 12/1	
Scheduled Start Date (10) 7/3/14	Scheduled Comple 7/11/14	tion Date (11)		OSHA Monitor	. Analytical			
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated		atement	Street A	idress	elton Road			
	Outside of Normal Facility F		City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 08854		
Scope of Work (Check all that apply)		W1182-142-14-14-14	[]	Full Containment				
[] >3 sf or ≥3 lf	[] Renov	vation	[]	Mini-Enclosure Glovebag Procedur	re			
[X] ≥160 sf or ≥260 lf	[X] Demo	lition	[x]	Non-Exempted (*)	and Non-Friable I	rocedure		
						Abatem	ent Type	
Location of	Is Location Normally used		Description bestos-Con		Amount	R		E
Asbestos-Containing Material (ACM)	Solely by	1	Material (A	ACM)	(Specify SF	E F		N C
TO BE ABATED	Maintenance/Custodia		., thermal		or LF)	10 1		L
in facility (13)	Staff (12)	ins	ulation, su VAT, o			V F	123.55	OS
(15)	(12)	oth	er miscell			A	U	U
	YES NO N/A	8				L	L	R E
Exterior	X	Asbestos sidir	ıg		900 sf	Х		
								1
Name of Pagintanal W IV. I	NJDEP Waste Haule	TON- LOUIS	-10771	- N CD ::	11 160			
Name of Registered Waste Hauler Guardian Contracting, Inc.	er ID No. Cubic Ya	ards of Was	te Name of Register T.R.R.F.	ed Landfill				
City, State		osal Date	City, St	ate 1				
Toms River, New Jersey Completed by (Print or Type)	7/14 Title	Signature	1 I ullyt	own, Permsylvania		Date		
Nicholas Fernicola	Project Manager	Ι \Λ.	1/10	1 te		7/3/14		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) July 3, 2014		Name of Building		rator (2)	. 2.0	46	36	0	
Agencies Notified Type of Notifica [X] EPA [] Initia [] DEP [] Arne	ation al Notification ended Notification	Street Address	128 B	artlett Avenue			<i>-</i>		
[x] Emel	rgency (including	City, State, Zip Co		Creek, NJ 08092	JUL	8 20	14		İ
1 2 1 DOII	fication) cellation	Name of Contact Joyce		Т	elephone Number				
	FA	CILITY INFORM	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)				
Street Address 1123 Cape May D)rive			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)		125	ial buil	dings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg	, Age	50	
Forked River	Ocean	100		Current Use (Prior if Resider)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9) in Contracting,	Inc		v	
Street Address			Street Ad	ldress	oute 9, Unit 61		00.1000.0	2-11	
City, State, Zip Code			City, Stat	e, Zip Code			166 1	271	
Project Manager for Monitoring Firm	Telephone Number		Telephon 732-34	e Number	License N 00624		33-1	2/1	
Scheduled Start Date (10) 7/3/14	Scheduled Comple 7/11/14	tion Date (11)		OSHA Monitor	. Analytical	********			
Occupancy Status During Abatement (Check ([X] Facility Closed/Vacated	only one) I During Entire Period of Ab	atement	Street Ad	dress	elton Road				
Abatement Performed (Other – Describe	Outside of Normal Facility H	ours	City, Stat	e, Zip Code Piscatav	vay, New Jerse	ev 0885	54		
Scope of Work (Check all that apply)			[]	Full Containment	115810 12	56 (1000)			
[] >3 sf or ≥3 lf	[] Renov	ation	[]	Mini-Enclosure Glovebag Procedu	re				
[X] ≥160 sf or ≥260 lf	[X] Demo	lition	[x]	Non-Exempted (*)	and Non-Friable	Procedur	re		
		0				Abate	ment '	Гуре	
Location of	Is Location Normally used		Description bestos-Con		Amount	R	R	E	Е
Asbestos-Containing Material (ACM)	Solely by		Aterial (A		(Specify SF	Е	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custodial		, thermal s		or LF)	M O	A	Α	L
(13)	Staff (12)	inst	lation, sur VAT, or			v	I R	PS	O S
	(12)	oth	er miscella			A	K	U	U
	YES NO N/A				2	L		L E	R E
Exterior	X	Asbestos sidin	g		850 sf	Х			
						\vdash			
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Ya	rds of Waste	Name of Register	ed Landfill				
Guardian Contracting, Inc.	20223	2		T.R.R.F.	- ACCOUNTANT				
City, State Toms River, New Jersey	7/14		City, Star Tullyto	wn, Pennsylvania)	/				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature C	hol	tel		Date 7/3/2	2014		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) July 3, 2014	2 6	Name of Building		rator (2) ole Construction	4 20	.) r	16	3.5	5
[] DEP [] Ame	ntion Il Notification Inded Notification Indend #	Street Address City, State, Zip Co	ode	artlett Avenue	JUL	8 20	014		
[x] DOH justif	rgency (including fication) cellation	Name of Contact Joyce		Creek, NJ 08092	elephone Number	0 4	J1 +		4
[] BCA									
Name of Facility Where Abatement is Taking		CILITY INFORM	MATION	Type of Facility (4)			©1		
Residence	, 1 lace (5)			[]	School (k-12) Subchapter 8 (ot	her than	k-12)		
Street Address 196 Morris Blvd				[x]	Other (i.e., priva homes, etc.)		*	al build	lings,
City	County (6)	County Code (7) (STATE USE ONI	Y)	Square feet 1000 sf	# of Floors		. Age 6	0	
Beach Haven West	Ocean			Current Use (Prior if Resider)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)				
N/A Street Address		l	- Ct 4 /		in Contracting,	Inc.			
Sueet Address			Street Ad		oute 9, Unit 61				
City, State, Zip Code		Market St. St. St. St. St. St. St. St. St. St	City, Stat	te, Zip Code					
Project Manager for Monitoring Firm	Telephone Numbe	er .		e Number	Liver, New Jers		55-12	271	E.
Scheduled Start Date (10)	Scheduled Comple	etion Date (11)	732-34 Name of	9-9932 OSHA Monitor	00624				_
7/3/14	7/11/14				L. Analytical				
	only one) d During Entire Period of Ab Outside of Normal Facility F		Street Ad	1056 St te, Zip Code	elton Road				
Scope of Work (Check all that apply)			[]	Full Containment	way, New Jerse		54		-
>3 sf or ≥3 lf	[] Renov	vation	[]	Mini-Enclosure Glovebag Procedu		suic			
[x] ≥160 sf or ≥260 lf		olition	[x]	Non-Exempted (*		Procedu	re		
						Abate	ement 7	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	al (i.	Description Session Con Material (A Le., thermal sulation, sur VAT, o her miscella	ntaining LCM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X	Asbestos sidi	ng		850 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	2	ards of Wast	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey	osal Date 4/14	City, Sta	nte own,/Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature V	Ticho	own, remissivania		Date 7/3/2	2014		

07/03/2014 00:43

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REMEMBER - MAIL IN MANAGER

PAGE 02/04

DOL - 10 DAY

Jr 19462 STATE OF NEW JERSEY

					SE ESTOS ABAT .C. 8:50 AND 12:					4	
Date of Nothcation (1)	7/00						Operator (2)	101	3	2014	_
	7/03	/2014			Summit So	Participation of the Control of the		1	CLA	Market Contract	
Agencias Notified		Hotiscation	Турв		Street Addres				10.1		_
X SPA		Intellal			14 Beekma	an Terrac	:e	WAIVE	R APP	>RO₩	ED
X DEP		Amend	ed #		City, State, Z			ПАП	-17111		
X DOL	2:		Mcy (inclu	ding	Summit, N	-					N 40 MARIE MARIE
⊠ •••					Name of Con			Tel. Numb	-		
DCA		Cancell	stion.		Mr. Louis			I do larma	HOM		
Name of Facility Where Abate	T al Rigini	Ating Pinter	30	FACILITY	NEORWATION	174/21			9		
LCJ Summit Middle Sol			<u> </u>		Type of Facili			*	JUL #	- 8	201
Stroot Address	1001				Echool ((K-12) -noi	a subchap	ter 8 war		. 0	£01
272 Morris Ave		1.	•		Subchar	tter 5 (Oline	r than K-12)		1		
	uniy (s)						& commercial	h. Ildiana	1		
	מסור	•		Code (7) Es Only)	. nomes.	.s., phose: etc.)	e comunica	ohildings,	4		``
Name of Michigaring Firm Hirter		Owner (fi)	ASCMI	10	1 110000 01 0000	- T MI			1		
Karl Environmental Gro			1 44 44 1		MTM Metro	-	.o.		Topic State	-60	
Street Address							NION		1		
20 Lauck Road					135-137 M	~	re		4		
City, State, Zip Coda					City State. Zig	Code					
Mohnton, PA 19540					Paterson, I	Deleter to the last to the las					
Project Manager for Monitoring	g Finm	Telephone	Number		Telephone Nu			License N	um bir		
Michael Krisher		610-856-7	700		873-742-50	030		00809			
Schaduled Start Date (10)		SCANDUING I	Compleho	n Date (11)	Name of DSF			00000			
7/07/2014		7/21/2014			MTM Metro		ition				
Occupancy Status Dunne Aba	tement (C	hock only sal	<u> </u>		Street Address	3	-				
Facility Gloand/Vacated I	history Phys	olan Cardari - B			135-137 M	carde A	A.d.	64			
				t	City, State, Zi	p Cada					=
Abaloment Performed Or		formal Facility	Hours .		Ontono A	1169354					
	trades				Paterson, N						
Source of Work (Check all that	gipply) -	Deconti Renovation	minat:	ion of un	der stage	area-	basemen	t/crawl	space		
<u> </u>				☐ Ful	Containment wi	in Hegebya	Pressure	Mini-E	กตั้งธนาง		
> 160 sf or > 260 H		Demol/tion		☐ No	n-Exempted(*) &	Non-Frieble	a Procedura	Gloveb	ag Procedu	re	
Location of Assessor. Containing Meterial (ACM) in		bon Normany by Maint/Cus		Description of	ACM (LE.	Amount	Specify 6F of	LF) A	and mand Ty	₽	_
Facility (13)	Staff?			thermal system surfacing, VAT	ns insulation. Lor other			1		_	
Under Elege Disternment/crawitpiece	YES	NO	N/A	miscell.)				Re	m. Rep.	Encap E	relose
	×			Area secondiminatio	4	8 203 SF		-			
										1	_
Name of Reg. Waste Hauter	4	NUDEP Was	an Flyaner	De	Cubic Yards &	()America					
MTM Metro Corporation	,	28552			10	- VPENEUS		Name of R	ed. Leinghi		
City, State			-					Tullytown	-		/
Paterson, NJ 07501							7/21/2014		Cey, Star		
ompleted by (Print of Type)					Sinnature		116112419		Tullylown	- FA	_
				Signature	. 2000		Date		1000		
Elizabath Masiarkov	eth Masiarkov Business Administrator					Masla	rkov	7/03/2014			1
CD 44											

STATE OF NEW JERSEY

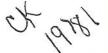
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)	7/03	/2014			Name of Build	ding Owner/	Operator (2)					-
	7700	72014			Summit Sc	hool Dist	rict		1) / /			1
Agencies Notified		Notification	Туре		Street Addres	SS			UL	8 2	U14	
		Initial			14 Beekma	an Terrac	e ·					
□ DEP		Amende	ed #		City, State, Zi	p Code						,
X DOL			ncy (includ	ling	Summit, N	J 07901					* .	i.
▼ DOH		justificat			Name of Con			Tel. No	umber		9 64	
DCA		Cancella	ation	EACHTYK	Mr. Louis	Pepe		250				
Name of Facility Where Abat	ement is T	aking Place (3	3)	FACILITY IN	FORMATION Type of Facili	tv (4)						
LCJ Summit Middle So												
Street Address					School (K-12) - nor	subchapt	er 8 v	work			
272 Morris Ave	9		#0		Subchar	oter 8 (Other	r than K-12)					
	ounty (6)		County (Code (7)			& commercial	buildings	,			
	nion			se Only)	homes,	etc.)						
Name of Monitoring Firm Hire	7.11.07.67	Owner (8)	ASCM N	10	Name of Cont	ractor (0)			_			
Karl Environmental Gro		· owner (o)	7.00.00	<u></u>	MTM Metro		tion					
Street Address ·					Street Addres							
20 Lauck Road					135-137 M		е					
City, State, Zip Code					City State, Zip	Code						
Mohnton,PA 19540					Paterson, N							
Project Manager for Monitorin	na Firm	Telephone N	Number		Telephone Nu			Licens	e Numb	er		
Michael Krisher		610-856-7			973-742-50			00809		-		
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH			-				
7/07/2014		7/21/2014			MTM Metro		tion					
Occupancy Status During Ab	atement (0	Check only one	9)		Street Addres	S						
					135-137 M	− cBride Av	/e					
Facility Closed/Vacated	During En	itire Period of /	Abatement		City, State, Zi	p Code						
Abatement Performed C	Outside of I	Normal Facility	Hours									
X Other-Describe: othe	r trades				Paterson, N	J 07501						
Source of Work (Check all that	at apply)	Deconti	minata	ion of un	der stage	2202	hagaman	- /axa	ul an	200		
> 3 sf or > 3 lf	[×		· ·		Containment wi	th Negative	Pressure	□ Mir	wi-Enclo	sure		
> 160 sf or > 260 lf	.	Demolition			-Exempted(*) &			☐ Glo	vebag F	Procedur	e.	
		_			S 44				_		0.00	
Location of Asbestos- Containing Material (ACM) in		ation Normally by Maint./Cus		Description of thermal system	900 [H. 1990] William William	Amount (Specify SF or	LF)	Abate	ment Typ	<u> </u>	
Facility (13)	Staff?	(12)		surfacing, VAT					Dom	Don	F	Castana
Under stage basement/crawlspace	YES	, NO	N/A	miscell.) Area decontiminatio		0.000.05			Rem.	Rep.	Encap	Enclose
				A ea decontinination		8,203 SF						
Name of Reg. Waste Hauler	D#	Cubic Yards o	f Waste		Name o	of Reg.	Landfill					
MTM Metro Corporation	,	26552			1'0			Tullytow	'n			
City, State							Disp. Date		T	City, Stat	e	
Paterson, NJ 07501							7/21/2014			ullytown,	-	
Completed by (Print or Type)		Title			Signature			Date			7	
Elizabeth Maslarkov		Business Adm	inistrator'		Elizabeth	Masla	rkov	7/03/20	14			

ASB-41

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



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

Date of Notification (1) 7/3/2014					wner/Operator D PUBLIC	SCHOOLS		11.11			-	
Agencies Notified	Type Notification		Street A		R DRIVE			<u> </u>	8 20	17		11
EPA DEP DOL	Initial Amended Amendment #		City, Sta	te, Zip Cod		0						
☑ DOH ☑ DCA	Emergency (ir justification) Cancellation	icluding		Contact SANDVE			Tele	nhone Ni.				
	A CONTRACTOR OF THE CONTRACTOR		FACI	LITY INFO	RMATION		11					
Name of Facility Where WEST MILFORD I		Place (3)				Type of Facility (School (K-1 Subchapter	2)	r than K-1	2)			
67 HIGHLANDER	DRIVE					Other (i.e. p etc.)						es,
City (5) WEST MILFORD						Square Feet	# of	Floors	В	ldg. A	ge	
County (6) PASSAIC			County (Code (7) JSE ONLY)		Current Use (Price PUBLIC SCH		g demolis	hed)			
Name of Monitoring Firm			ASCN	1 No.		of Abatement Cor BROTHERS			IG. IN	С.		
Street Address 20-21 WAGARAW		2000			Street	Address RUTHERFOR						
City, State, Zip Code		JL			City, S	State, Zip Code		υ.				
FAIR LAWN, NJ 07 Project Manager for Mo			Telepho	ne No.		FTON, NJ 0701 hone No.	14	License 1	No.			
FRED LARSON		Scheduled (36-9145		-956-8700 of OSHA Monitor		00494				
Start Date (10) 7/14/2014		7/28/2014		Date (11)		ME AS (9) ABO	VE					
Occupancy Status Durin	ng Abatement (Check	Only One)			Street	Address						
	cated During Entire Pened Outside of Norma OCCUPIED				City, S	State, Zip Code		+				
Scope of Work (Check A	All That Apply)						-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition		>	Full Containment Mini-Enclosure Glovebag Production Non-Exempted	e cedure				e	
		ls I o	cation				_ (/			Abate	ement	
Locatio	n of	Norr	nally		Description	n of				Ту	ре	-
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) <u>ATED</u> ility	Mainte Custodi (1	olely by nance/ al Staff? 2)	(i.e. t	es Containing I nermal system surfacing, VA other miscella	AT, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BOILER F	ROOM	Yes N	lo N/A	3 BOI	LERS; RIB,	GASKET,	90) SF	X			
				R	DPE, INSUL	_ATION						
									-			
Name of Registered Wa	ste Hauler		NJDEP W	/aste	Cubic Yards	Name of	Registe	red Landfi	II			
TWO BROTHERS	CONTRACTING		Hauler ID 18743	No.	of Waste 10	WAST	E MAN	IAGEM	ENT G	R.C).W.S	S.
City, State CLIFTON, NJ					Disposal Date 7/28/2014 /	City, Stat		E, PA				
Completed by		Title			Signatur	e c /)	7.1	ate			
VIVECA RAMOS		PROJE	CT COOF	RDINATO	OR W	ince t	in	n	/3/201	14		

NOTIFICATION OF ASBESTOS ABATEMENT

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

cle# 24630

					CE	1	TO.	50
Date of Notification (1) July 3, 201	4	Name of Buildin		rator (2) Johnstone		001/		
[] DEP [] An	tial Notification nended Notification	Street Address City, State, Zip C		ory Rd	JUL 8	2014		, v.
[x] En	nendment # nergency (including	ony, oute, sap		m, NJ 07932				لسيد
I A I DON	tification) ncellation	Name of Contact Glen	n Johnston		elephone Number			
, ,	T.	A CIT ITY DIEOD	MATION					
Name of Facility Where Abatement is Tak		ACILITY INFOR	MATION	Type of Facility (4)				
Residence	ing Frace (3)			[]	School (k-12) Subchapter 8 (ctl	or than k	12)	
Street Address 604 Bayview Dr				[x]	Other (i.e., priva homes, etc.)			ildings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1100 sf	# of Floors	Bldg. A	.ge 63	
Toms River	Ocean			Current Use (Prior if			- 03	
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	ASCM No.	Name of	Abatement Contractor		Inc		
Street Address			Street Ac		in Contracting,	mc.		
			Jacobin		oute 9, Unit 61			
City, State, Zip Code		×	City, Sta	te, Zip Code	iver, New Jers	ey 0875:	5-1271	
Project Manager for Monitoring Firm	Telephone Numb	per	Telephor 732-34	ne Number	License N 00624			
Scheduled Start Date (10) 07/03/2014	Scheduled Comp 07/11/2014	letion Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical			
Occupancy Status During Abatement (Che			Street Ac					
	ated During Entire Period of			1056 St	elton Road			
	ed Outside of Normal Facility	y Hours	City, Sta	te, Zip Code				
Other – Describe				Piscata	way, New Jerse	y 08854		
Scope of Work (Check all that apply)			[]	Full Containment Mini-Enclosure	with Negative Pre	ssure		
>3 sf or ≥3 lf	[] Reno	ovation	ו ז	Glovebag Proced	ire			
[x] ≥160 sf or ≥260 lf	[x] Dem	olition	[x]) and Non-Friable I	rocedure		
					I	Abatem	ent Type	
	Is Location		Descriptio			RR	Е	Е
Location of	Normally used	A	sbestos-Con		Amount	E E	N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodi	ol	Material (A e., thermal		(Specify SF or LF)	M P		C
in facility	Staff		sulation, su		01 217	O A	60	L
(13)	(12)		VAT, o			VR	100	S
		14	ther miscella	meous)		A	U	U R
	YES NO N/A	A .				L	Ē	E
Exterior	X	Asbestos sid	ing		750 sf	X		
							_	
Name of Registered Waste Hauler	NJDEP Waste Hau		Yards of Wast		red Landfill			
Guardian Contracting, Inc City, State		posal Date	City, Sta	T.R.R.F.				
Toms River, New Jersey		14/2014		wn, Pennsylvania	,	<u> </u>		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	101	10/		Date 7/3/20	14	
THOROIGS I CHINCOIG		orm for asbestos lice	ensure exem	pted activities.		775720		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building Owner/Operator (2)							
July 3, 2014			Kurt (Gebler	2°	163	2		
	eation al Notification ended Notification	Street Address	1.000	West End Avenu	ue, PO Box 961				
[x] DOL Am	ended Notification endment # ergency (including	City, State, Zip C		Heights, NJ 0873	32 JUL	. 82	014		
[x] DOH just	ification)	Name of Contact			Telephone Number		011		
[] DCA [] Can	cellation	Kurt	Gebler			₹%	, a		
		CILITY INFORM	MATION			- 1			
Name of Facility Where Abatement is Taki Residence	ng Place (3)			Type of Facility (4	School (k-12)				
Street Address				[] [x]	Subchapter 8 (oth Other (i.e., priva			ldings.	
131 Elizabeth Av				7. 7.	homes, etc.)				
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1015 sf	# of Floors	Bldg. Ag	ge 85		
Lavallette	Ocean				if being demolished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM No.	Name of	Abatement Contracto		Inc			
Street Address			Street A	ddress		me.			
City, State, Zip Code			City Str	1889 I ate, Zip Code	Route 9, Unit 61				
City, State, Zip Code				Toms	River, New Jers	ey 08755	-1271		
Project Manager for Monitoring Firm	Telephone Number	er	0.0000000000000000000000000000000000000	ne Number 19-9932	License N 00624	Number			
Scheduled Start Date (10) 07/03/2014	Scheduled Compl 07/11/2014	etion Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical				
	ck only one) ted During Entire Period of A d Outside of Normal Facility		Street A	1056 S ate, Zip Code	Stelton Road	ey 08854			
Scope of Work (Check all that apply)		-	[]		nt with Negative Pre	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	5 5	vation olition	[] [x]	Mini-Enclosure Glovebag Proce Non-Exempted (dure (*) and Non-Friable	Procedure			
	T			•		Abateme	nt Trimo		
	Is Location		Description	on of		R R	E E	Е	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Normally used Solely by Maintenance/Custodia Staff (12)	d (i.	Material (A Material (A e., thermal sulation, su VAT, (ACM) systems urfacing, or	Amount (Specify SF or LF)	E E E M P A I V R	N C A P S	N C L O S	
	YES NO N/A		her miscell	aneous)		A L	L E	U R E	
Exterior	X	Asbestos sidi	ng	The second secon	1250 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No. Cubic Y	ards of Was	te Name of Regist	tered Landfill				
City, State Toms River, New Jersey	Disp	oosal Date 14/2014	City, St	pwn, Pennsylvani	ia A				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Und	Te Te	l	Date 7/3/201	4		

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



STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)	12014		Name of Building Owner/Operator (2)						- 1			
. 7703	0/2014		Teaneck S	chool Dis	strict	- 11	11	0 20	1/			
Agencies Notified	Pacification Type Initial Amended # Emergency (including justification) Cancellation Cancel				s		CIL	7.3	9 (1)	144	-	
X EPA	Initial			One Merris	on Stree	t					į	
The state of the s	[<u>-</u>	ed # 1		City, State, Zi	p Code			-				
X DOL			ding	Teaneck, N	lew Jerse	ev 07666					}	
X DOH	justificat	ion)		Name of Cont			Tal Ni	imhor				
□ DCA	Cancella	ation	19	Mr. Anthon		elo						
Name of Eacility Where Abatement is	Taking Dlace /3		FACILITY IN	FORMATION Type of Facilit	by (4)							
Whittier Elementary School	raking riace (c	<u>//</u>										
Street Address				School (
491 West Englewood Avenue				Subchap	ter 8 (Othe	r than K-12)						
City (5) County (6)		County	Code (7)			& commercial	buildings					
Teaneck Bergen		(State U	se Only)	homes,	etc.)							
	. Owner (8)	ASCM N	lo.	Name of Contr	ractor (9)							
Environmental Design Inc.		95		MTM Metro		tion						
Street Address				Street Addres								
5434 King Avenue, Suite 101				135-137 Mc		re						
City, State, Zip Code				City State, ZipCode								
Pennsauken, NJ 08109		W.		Paterson, NJ 07501								
Project Manager for Monitoring Firm	Telephone N	Number		Telephone Number License Number								
Jay Murray	856-616-9	516		973-742-5030 00809								
Scheduled Start Date (10)	Scheduled C	Completion	Date (11)	Name of OSHA Monitor								
7/14/2014	8/11/2014			MTM Metro	Corpora	ition						
Occupancy Status During Abatement (check only one	e)		Street Address								
				135-137 McBride Ave								
				City, State, Zip	Code							
Abatement Performed Outside of	Normal Facility	Hours		Paterson, N	J 07501							
Other-Describe:					07001							
Source of Work (Check all that apply)			93-763									
> 3 sf or > 3 lf	Renovation		X Full	Containment wit	th Negative	Pressure	× Mir	i-Enclo	sure			
× > 160 sf or > 260 lf	Demolition		☐ Non	-Exempted(*) &	Non-Friable	Procedure	X Glo	vebag l	Procedu	re		
			Description of		Amount (Specify SF or	LF)	Abate	ment Ty	ре		
		todial	thermal system surfacing, VAT									
YES		. N/A	miscell.)					Rem.	Rep.	Encap	Enclose	
Basement Rooms .			Pipe Insulation		379LF			X		X		
Clam opace a runners	Pipe Insulation		1690 LF			×	-	 ^				
Name of Pea Wasta Hauler NIDED Wasta Hauler ID #												
		te Hauler I	<u>D#</u>	Cubic Yards of	Waste		Name o		Landfill			
	26552			60			Tullytow					
City, State				737		Disp. Date	(0)	1 1	City, Stat			
Paterson, NJ						8/11/2014		<u></u>	ullytown	PA		
Completed by (Print or Type)	Title			Signature		2000	Date					
Elizabeth Maslarkov ,	Business Adm	inistrator		Elizabeth	Masla	rkov	7/03/201	4				

ASB-41

Do not use this form for asbestos licensure exmpted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

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

3.7	**	7	4000-10-W-07-07-07-0							
Date of Notification (1) July 3, 2014		Name of Building	Owner/Operator (2) Mattia Building Contr	racting	246	37				
	tion I Notification nded Notification	Street Address	1702 A Grand Centra	l Avenue		, 1				
[x] DOH [x] Emer	ndment # rgency (including	City, State, Zip Co	Lavallette, NJ 08735	JUL 8	2014					
I DCA	ication) ellation	Name of Contact Sal M	attia	Telephone Number	*					
	FA	ACILITY INFORM	MATION							
Name of Facility Where Abatement is Taking Residence	Place (3)		Type of Facility (School (k-12)						
Street Address 1005 Bay Blvd.			[x]	Subchapter 8 (oth Other (i.e., priva homes, etc.)			ings,			
City	County (6)	County Code (7) (STATE USE ONL	, 100001	# of Floors		60				
Lavallette	Ocean			or if being demolished) dence						
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.		tor (9) rdian Contracting,	Inc.					
Street Address				Route 9, Unit 61						
City, State, Zip Code	=			s River, New Jers	ey 08755-1	271				
Project Manager for Monitoring Firm	Telephone Numb		Telephone Number 732-349-9932	00624	iumber					
Scheduled Start Date (10) 7/3/14	Scheduled Compl 7/11/14	etion Date (11)	Name of OSHA Monitor E.M	S.L. Analytical						
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated	only one) d During Entire Period of A	batement	Street Address	Stelton Road						
Abatement Performed (Other – Describe	Outside of Normal Facility	Hours	City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)		11	Full Containment with Negative Pressure							
[] >3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf		ovation olition	Mini-Enclosur Glovebag Proc X Non-Exempte		Procedure					
					Abatement	Туре				
	Is Location		Description of		R R	Е	Е			
Location of Asbestos-Containing Material (ACM)	Normally used		bestos-Containing	Amount (Specify SF	E E	N	N			
TO BE ABATED	Solely by Maintenance/Custodi		Material (ACM) ., thermal systems	or LF)	M P	C A	C L			
in facility	Staff		ulation, surfacing,	0.21)	OI	P	0			
(13)	(12)		VAT, or		V R	S	S			
	YES NO N/A		er miscellaneous)		A	L	R			
Exterior	X	Asbestos sidir	ıα	1050 sf	X	Е	Е			
Exterior	A	7 ISOCSIOS SIGN	-5	1030 31	1	+				
						+				
			770	+ + -						
Name of Registered Waste Hauler	NJDEP Waste Hau	er ID No Cubic V	ards of Waste Name of Reg	istered Landfill		لـــــــا				
Guardian Contracting, Inc.	20223	2	T.R.R.F.							
City, State Toms River, New Jersey		posal Date 4/14	City, State Tullytown, Pennsylva	Ω						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Jol Jo		Date 7/3/2014					

NO CK

Project #

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

A: "	0500
Check #	つらいる
CHECK #	2303

Date of Natification (1)					Nama	of Divildina	Oumorl	\naratar	(2)		na					17.77
Date of Notification (1) 06/23/2014						of Building		operator	(2)		60	Walley	-8	5 1	ο.,	pi
Agencies Notified	Typ	e Notification		\dashv		Lake E	OE							• •		1:
	Typ	e Nouncation				uttle Av	2						100			
EPA DEP		Initial Amended		-		ate, Zip C	3		_				-	-		
DOL		Amendment	#			Lake, I							- 3.5			
- DOLL		Emergency		T		of Contact	40				Te	ephone Nu	mber		-	
DOH DCA	П	justification) Cancellation				Leigh A	Illen									
	1=					ILITY INF	100000000000000000000000000000000000000	ION						-		
Name of Facility Where	Abate	ement is Takin	g Place (3)					Тур	e of Facility	(4)					
HW Mountz School	ol								П	School (K	-12)					
Street Address										Subchapte	er 8 (Oth	er than K-1		2022	25	
411 Tuttle Ave										Other (i.e. etc.)	private	& commerc	ial buil	dings	, hom	ies,
City (5) Spring Lake	N, e								Sqı	uare Feet	# 0	f Floors	E	Bldg. /	Age	
County (6)				— T	County	Code (7)			Cui	rrent Use (P	rior if be	ing demolis	hed)	-		
Monmouth						USE ONLY)									
Name of Monitoring Fire	m Hire	d by Building	Owner (8)	ASC	M No.		Name	of A	batement C	ontracto	(9)				
AHERA		, ,	,	554				1		toration l		105				
Street Address								Street					-			
P.O BOX 385								72 Br	ook	side Rd						
City, State, Zip Code								The state of the s		Zip Code					-	-
Oceanville, NJ 082	231									n NJ 078	869					
Project Manager for Mo		g Firm			Telepho	one No.		Teleph				License N	No.			
John Smoyer			(609)652-18					973-9	933-	2550		01133				
Start Date (10)			(609)652-183 Scheduled Completion Date (11						776	SHA Monito	ır					
06/24/2014			07/03/2	2014				J&S E	Envi	ironmenta	al					
Occupancy Status Durin	ng Aba	tement (Chec	k Only O	ne)				Street	Add	ress					7-1-10-1	
Facility Closed/Vac Abatement Perform Other – Describe:	ned O	Ouring Entire I utside of Norn	Period of nal Facilit	Abater y Hour	ment s				State,	Zip Code						
								Unior	1, N	J 07083						
Scope of Work (Check A	All Ina	it Apply)	1000					geno.								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demoli		1			N	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				re	
			1	Locat	lion						1		T		emen	it
Locatio	n of		200	Norma			Do	scription	f					T	уре	
Asbestos-Containing TO BE AB In Faci (13)	Mate SATED lity		Ma	ed Sole aintena stodial (12)	ince/ Staff?		tos Con therma surfa		Mater s insi T, or	•	(mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Calanas Cl		0.100 :	162		INA	_			-		-		-	-		-
Science Classroom			-	×		Drop C	Ceiling	Tiles			1,632	SF	X	_	_	
Classroom 304-Ro			-	x	-	Drop C	Ceiling	Tiles			720 8	SF	x	_		
Science -Classroor		Acceptable to		x		Soft C	rete	- 00			1,632	SF				x
Science Classroom	1 14000000			x		Soft C	rete				32 S	F	×			
Name of Registered Wa	ste Ha	uler			JDEP V			Yards		Name o	f Registe	ered Landfil	ı ·			
Nick Restoration LLC City, State				100	Hauler ID No. of Waste TBD					G.R.O						
Randolph, NJ					Disposal Date TBD			City, Sta Tullyto		Ą						
Completed by		*******************	Title					Signature	- /	2/1 . /	A.	1 .010 LD	ate			-
Elvira Mrda			Presi	dent					6	Wila	U	100 06	5/23/2	2014		

NOCK

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

Date of Notification	(1) 6/10/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS											
Agencies Notified	Type Notific	ation	-		Address	ALIAIOIAICA LIOIA	3			****				
⊠ EPA	Type Nounc	ation				th Orange Aver	1110							
DEP		Ē			tate & Zip		140	1 1 1 1 1				,		-
⊠ DOL		nded R#1-7/2/				New Jersey			9		. 1	ž K		
☑ DOH		rgency			of Contac		- 8		-	Te	elepho	ne N	ımbe	er
DCA		ellation	183		BAYLO					1.,	olopilo			
Name of Facility Wh	nere Abatem	ent is Taking P	lace (3)		Type of Faci	lity (4)							
South Orange Co				,		School (
Street Address				-			10.56	Other than K-	12)					
125 West South	Orange Ave	enue					100000 00 350	te & commer	A	ildina	s. hom	es. e	tc.)	
	J	21.77.5				Square Feet		# of Floors			dg. Ag		,	-
City (5)		County (6)	Cou	unty C	ode (7)	36665	1 9	4			0 0	75		
South Orange		Essex			` '			being demol	ished)				27-23-1016	
3.							77.5	ication cen	100					
Name of Monitoring		y Building Ow	ner (8)		ASCM N			Contractor (9						
TTI Environment	al					BRISTOL E	NVIR	ONMENTAL	INC					
Street Address						Street Addre								
1253 North Churc						1123 BEAV		and the second s						
City, State & Zip Co Moorestown NJ (City, State &								
Project Manager for		irm	Tolon	hone I	Number	BRISTOL, I Telephone N		107	Licon	se Nu	mbor			
Harold Baldwin	Mornioning i		908-8			215-788-60			Licei	ise ivu	0050	Q		
Scheduled Start Dat	te (10)	Scheduled Co				Name of OS		nitor			0000	_		
7/7/14			7/18/					ONMENTAL	INC					
Occupancy Status D						Street Addre								
		During Entire F		of Aba	tement	1123 BEAV								
		utside of Norm	al			City, State &								
Describe:						BRISTOL,	PA 190	007						
Facility Occi														
Scope of Work (Che	ck all that a	obià)					\boxtimes	Full Containn	ent w	ith Ne	gative	Pres	sure	
≥3 sf or ≥3 lf	f		\square	Reno	ovation		_	Mini-Enclosu			ganto		00.0	
≥160 sf ≥260	O If		Ħ		olition			Glove Bag Pr		ıres				
								Non-Exempte			Friable	Prod	edu	re
Lo	cation of		ls L	ocatio	on	Descriptio	n of		Amou	nt	Aba	teme	nt T	ype
	os-Containin	g		ally U		Asbestos-Cor			(Spec					
	erial (ACM)			olely b		Material (A			SF or L	_F)	Z Z	_	Enc	Щ
	E ABATED Facility		Maint Custo			(i.e., thermal sinsulation, surfa-					Remova	Repair	aps	icls
	(13)		Contract contracts	(12)		or other miscel					val	air	Encapsulate	Enclsoure
			Yes	No	N/A							. 1	ē	
Basement Stairw	ell		\boxtimes			VAT & Ma	stic		180 S	F				
Basement Corrid	or		\boxtimes			VAT & Ma	stic		640 S	F				
Basement Boiler	Room		\boxtimes			VAT & Ma	stic		1000	SF	\boxtimes			
Basement Meter	Room		\boxtimes			VAT & Ma	stic		800 S	F				
						-								
Name of Registered	Waste Haul	er		100000	DEP Wast		Name	of Registere	d Land	dfill				
SERVICE TRANS	DODT OD	NID INC		100000000000000000000000000000000000000	iler ID No. 20990	of Waste	Вигыс	RVA LAND	EILI					
	FURI GRU	JOP, INC.			20330				LIFF				_	
City, State NEW CASTLE, DI	= 19720					Disposal Date TBD	City, S	state NESBURG,	ОН			37		
Completed By (Print			-	Title		Signature	10001	,	/		Date			
Patrick T. DeCard					imator	D.L.	1	De Care	1.0	7	6/10/	14		
	12					atrick	1'	~ low,	1	50 00		10000000		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check # 2546 Project # (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 07/03/2014 Livingston Public Schools Street Address Agencies Notified Type Notification 11 Foxcroft Drive EPA Initial City, State, Zip Code DEP Amended DOL Amendment #_ Livingston, NJ 07039 Emergency (including Name of Contact Telephone Number justification) DOH Paul Ko DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Livingston High School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 30 Robert H. Happ Drive etc.) # of Floors Bldg. Age Square Feet Livingston NJ 07039 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Essex ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Nick Restoration LLC Street Address Street Address 72 Brookside Rd City, State, Zip Code City, State, Zip Code Randolph NJ 07869 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01133 973-933-2550 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 07/03/2014 J&S Environmental 07/06/2014 Occupancy Status During Abatement (Check Only One) Street Address 2333 RT 22 Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside Other – Describe: 4PM	e of Normal Facility	Hours					e, Zip Code NJ 07083					
Scope of Work (Check All That App ≥3 sf or ≥3 if ≥160 sf or ≥260 if	F	Renovati Demolitic					Mini-Enclosur		tive Pressu	ire		
		Locatio						ed (*) and Non-	Friable Pro	Abat	re ement ype	t
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACM) Use Ma	d Solely intenant todial St (12)	y by ce/		tos Cont thermal surfa	scription of caining Mate systems in cing, VAT, niscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF	R	Repair	Encapsulate	Enclosure
	Yes	No	N/A						_ -		ate	0
4 Toilet Room		X		asbest	os elb	ows Wra	p & cut	80		X		
										_		_
									-		-	\vdash
Name of Registered Waste Hauler Nick Restoration LLC		Ha	DEP Wouler ID	0711010100000	Cubic of Was		Name of G.R.O.	I f Registered La W.S	indfill		1	<u> </u>
City, State Randolph, NJ 078	69				Dispos TBD	sal Date	City, Sta	wn, PA				
Completed by	Title	dent			S	ignature			Date 07/03/2	2014		

Print Form

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



Date of Notification (1)						Owner/Ope						-		
06/30/14						e of Lisieu	rish	2512	# #	ο.		2		
Agencies Notified	Type Not				Address Jefferson	Ave.				00 <u>1</u>	-0 A	1 5	: : :8	
DEP DOL	Ame Ame	ended endment #		0.370	tate, Zip Ci skill, NJ (CA)			
▼ DOH		ergency (incli fication)	uding	-	of Contact			144.2	Te	lephone	Numbe	-		
X DCA		cellation		Shar	on Rabbi	it								
				FAC	CILITY INF	ORMATION	1							_
Name of Facility Where								Type of Facilit	y (4)					
The Academy of Si	t. Theres	e of Lisieu	IX .] [School (F	<-12)					
Street Address								Subchap Other (i.e				مناطنہ	h	
220 Jefferson Ave.	D.						1	etc.)	. private	a comm	ierciai b	illoin	js, nor	nes,
City (5)								Square Feet	1000	f Floors			. Age	
Cresskill			_	-				30.000		e		50-		
County (6) Bergen					Code (7) USE ONLY)		Current Use (F School	Prior if be	ing dem	olished)			
Name of Monitoring Firm			er (8)	ASC	M No.	N	lame o	f Abatement C	ontracto	r (9)				
Omega Environme	ntal Serv	ices Inc.		001	20	L	esco	Services In	nc.					
Street Address 280 Huyler St.						1 7		^{ddress} laple Ave.						
City, State, Zip Code								ite, Zip Code						-
South Hackensack	NJ 0760	06				0.00		gton, NJ 07	7057					
Project Manager for Mon	itoring Firm	n	Telephone No. Telepi							Licens	se No.			
Geiser Fajardo				201-4	189-8700	73-4	06-7341		0110	7				
Start Date (10) 07/14/14			neduled 0	Completion	Date (11)			OSHA Monito v Nalodka	or					
Occupancy Status During	Abatemer						200 (200) (100	ddress						
▼ Facility Closed/Vaca						1000		aple Ave.						
Abatement Perform	ed Outside	of Normal F	acility Ho	urs				te, Zip Code						
Other - Describe: _								gton, NJ 07	057					
Scope of Work (Check A	II That Appl	ly)	7.5							-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	ovation olition			×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				lire	
			Is Loc	ation		F. 1972		THOSE EXOTOPS	1	d Hon I	Tidole 1		atemer	nt
Location	of		Norn			Descrip	ntion o	f					Туре	
Asbestos-Containing	Material (A	CM)	Used Se Mainter			tos Containi	ing Ma	terial (ACM)	А	mount			m	
TO BE ABA			Custodia	al Staff?	(i.e.	thermal sys surfacing				Specify or LF)	Remova	7	Encapsulate	Enclosure
(13)			(1:	2)		other misc			0.	01 21)	nova	Kepair	usc	uso
		Y	es N	o N/A							=		ate	6
boiler ro	om		*			boiler br	eechi	ng	1	20sf.	*			
boiler ro	-		*			boiler e	xhau	st	6	60sf.	*			
boiler ro	om		*			pipe ins	sulatio	on	1	80lf.	*			
boiler ro	om		*		packin	g insulation	on ins	ide boiler	-	ГBD	*			
Name of Registered Was	te Hauler		1	NJDEP V	Vaste	Cubic Yar			f Registe		dfill			1
Newark Carting Inc.				Hauler ID 05409	No.	of Waste 20		G.R.C).W.S					
City, State						Disposal D		City, Sta		7.04				
Newark, NJ		-1277-11-05		20020		07/22/14		Morris	ville, P	A				
Completed by		1 23	tle			Signature Date								
Leslaw Nalodka		P	resider	IT.		L Nac 06/30/14								

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

Check # 1535

Date of Notification (1) 07/02/2014						f Building (perator	(2)		- 2	If JUL	- 8	Aist	٥. ؞	
Agencies Notified EPA	Type Noti				ASTORIA DISPLANTO	WMILL I					- 1	2018				i
DEP X DOL	Ame Ame	ended endment #_ ergency (in		_	ALLO\	ite, Zip Co NAY, N		1				· SAS	-K	- 1	1 23	
DOH DCA	justif	fication) cellation			DAVID	Contact BAILE				1.	Tele	ephone Nu	mber			
Name of Facility Where COWAN BUILDING		is Taking I	Place (3)		FACI	LITY INFO	ORMATI	ON		of Facility (4						
Street Address 37 SAWMILL ROA	D				. 7	, ;;-	. •		×	School (K-1; Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	es,
City (5) ALLOWAY, NJ 080	001									re Feet	# of	Floors	100.03	ildg. A	ge	
County (6) SALEM	-					Code (7) USE ONLY)				ent Use (Pric SIDENTIA		ng demolis	hed)			
Name of Monitoring Firm STRATEGIC ENVI			vner (8)		ASCN	No.				tement Con DENVIRO			ERVI	CES	INC	
Street Address 1634 S DELAWAR	E STREE	ĒΤ						570		IS RUN						
City, State, Zip Code PAULSBORO, NJ			3.1812							ip Code HILL, NJ	0806	2				
Project Manager for Mor ED KEEGAN	nitoring Firm				Telephone No. Teleph 856-423-5711 610-							License N 01145	No.			,
Start Date (10) 07/11/2014		C	8/04/20	014	EMSI					HA Monitor	×					
Occupancy Status Durin Facility Closed/Vac	ated During	Entire Pe	riod of At	atem					RT. 1	30 NORT	Н					
Abatement Perform Other – Describe:			Facility I	Hours			_	25.0		ip Code NSON, No	J 0807	77				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Appl	ily)		enovat emoliti				×	Min	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				Q	
				ocatio				-		II-Exclipted	() and		DIE I TO		ement	t
Location Asbestos-Containing TO BE AB In Faci (13)	Material (A ATED lity	ACM)	Used Main Custo	Solei	y by ice/	Asbesi (i.e.	tos Cont thermal surfac	scription aining N system cing, VA niscellar	Materia s insula T, or	I (ACM) ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
FIRST FL	OOR		Yes	No	N/A X	FLO	OOR T	ILE &	MAS	TIC	530	00 SF	X		e	
FIRST FL					X					EILING		77 SF	X			
							36	-								
Name of Registered Was SERVICE TRANSPO		OUP INC).	5250056	JDEP Wauler ID		Cubic of Was 40			Name of F						
City, State NEW CASTLE, DEL	AWARE	3 1	0					sal Date 1/2014)	City, State		RG, OHI	0			
Completed by RON SWANSON			Title PROJ	ECT	COOF	RDINAT		gnature	1016	202	EU4.	_	ate 7/02/2	2014		

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

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) July 1, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code X DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH Name of Contact Telephone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OLSON HALL, BLDG# 7229 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County (6) County Code (7) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC 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, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/14/14 07/15/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑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 ≥ 3 sf or ≥ 3 lf **X**Renovation 250 Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition X Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA Rooms 204, 206 X TSI - Pipe Fitting Insulation <9F X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Cubic Yards of Waste: Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 07/15/14 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # 20990 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT July 1, 2014 Raymand C. Pedalino MANAGER

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

Check # 8929

Date of Notification (1)		Name of Building Owner / Operator (2) Bank of America											
Agencies Notified Type Notificat	ion		_	Address	ca				-				
□EPA □DEP				nd Landi	s Aven	ues	2814 JUL	-8 AM 9:23					
DOL Initial American	dment #_	- :		tate & Zip le City, N		43	6 1985 3 1 8 F1	Bo C. AU.					
DCA Cance	ellation			of Contac Schnupp				Tel	ephor	ne Nu	mbe	er	
			FA	CILITY	INFO	RMATION							
Name of Facility Where Abatement is Bank of America	s Taking P	Place (3)				Type of Facili							
Street Address		HE 2, 17 W.				1-	oter 8 (Other tha	an K-12)					
63 rd and Landis Avenues						Other (i	.e., private &	commercial buildings			tc.)		
City (5)	- 100 %	-	5-10-10-10-10-10-10-10-10-10-10-10-10-10-			1,700		1	g. Age	48			
Sea Isle City							Prior if being de			-10	See		
County (6) Cape May	Co	ounty Code											
Cape May Name of Monitoring Firm Hired by Bu Environmental Testing Consultant	uilding Ow	ner (8)		ASCM	No.	Name of Abat Synatech, Inc	ement Contrac	tor (9)					
Street Address One Mall Drive, Suite 404						Street Addres	S						
City, State & Zip Code						City, State & 2	Zip Code						
Project Manager for Monitoring Firm	rry Hill, NJ 08002					Little Egg Ha Telephone Nu	rbor, NJ 0808	License Numb	oor				
Howard Zenobi	Cabadulad	85	lephone N 6-482-131	11		609-296-6916		License Num	0081	7			
July 12, 2014	Scheduled		on Date (st 14, 201			Name of OSH Synatech, Inc							
Occupancy Status During Abatement Facility Closed/Vacated Dur			Street Address Abatement 829 Radio Road										
Abatement Performed Outsi	de of Norr	mal Hours	3			City, State & 2	Zip Code						
Other – Describe: Facility Occupied During Ab	atement					Little Egg Ha	rbor, NJ 0808	7					
Scope of Work (Check all that apply)	Section of the sectio					l						_	
								ent with Negative Pressi	ure				
≥3 sf or ≥ 50 lf ∑ ≥160 sf or ≥260 lf		=	Renovation Demolition		20	=	Mini-Enclosure						
2 2100 St 01 2200 II			Demonito				Glovebag Proc	cedure d(*) and Non-Friable Pro	ocedu	ro			
Location of		Is Locati	on Norma	Ily Used		Descripti		u() and Nor-i hable in	_		ent T	Туре	
Asbestos-Containing Material (A TO BE ABATED	ACM)	Solely b	y Mainten dial Staff	ance or		Asbestos-Co Material (A		Amount (Specify SF or LF)				,,	
IN Facility		Ousid		(12)		(i.e., thermal	systems	OI OI LI)				$\overline{}$	
(13)					i	insulation, surfa or other misce			Re	Z	l ng	E	
						or other misce	ellarieous)		Removal	Repair	sqe	Enclosure	
		Yes	No	N/A				2	val	=	Encapsulate	ure	
Main Roof				Х	-	Roofing M	aterial	400 SF	Х				
Drive-through Roof				Х		Roofing M	aterial	200 SF	X				
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic \	rards of	f Waste	Name of Regi	istered Landfill					
		Hauler ID											
Synatech, Inc. City, State		27	429	8 Disposa	al Date		Grows Landf City, State	111		- 120-23			
				Decrease to the second		2.2							
Little Egg Harbor, NJ 08087 Completed By	Title		August 15, 2014 Signature			14	Morrisville, P	PA Date					
koma maka sa						alm							
Diane Aloia	Executiv	e Admini	strator	ALL	uris			July 2, 2014				i	

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

Date of Notification	on (1)		Name of Building Owner/Operator (2)												
6-30-14			Judy Rommes												
Agencies Notified []EPA	Type Noti:		S		Addre Thi		Street	Sea	Pera	No.					
[]DEP	Noti	fication.	n	City,	State,	Zip	Code		The Ju	"L -8 Aij					
[X]DOL	[]Amend			Cli	ffsi	de 1	Park,NJ,0	7010	A	- Fii j	2. 4	2			
[X]DOH	NOTI	fication		Name o	of Cont	act			Telephon	e Number					
[]DCA	[]EMERG	ENCY		Jud	ly Ro	mme	5		- 1	1	((v)	*			
[]501	[]Cance	llation			-										
					FACII	ITY I	NFORMATION								
Name of Facility Wh		ent is T	akin	g Pla	ce (3)			Type	of Facil	ity (4)					
Same as above	9							11]School						
Street Addres	100	-						100		ter 8 (Oth					
									cial b	uildings,	homes	з, е	tc.)		
				a. –				Squar	e Feet	# of Flo	ors	Blo	lg.	Age	
City (5		Coun	ty (6) Esse	ex		nty Code (7) ATE USE ONLY)								
						1	entertación en establishment acceleration de Es	Curre	nt Use (Prior if h	eing	dem	olis	ned,).
Name of Monitoring	Firm hired	by Buil	ding	ASC	M No.	- 6	Name of Abate	ment C	ontracto	r (9)					
Owner (8) N/A							AZTECH 1								
Street Address							Street Addres		01						
							86 Chris		500	•					
City, State, Zip Co	ode						Montcla:	25.775		42					
Project Manager for	Monitoring	g Firm	Tele N/	_	e Numbe	er	Telephone Num		nn		Licer	37		er	
Calland Tank Charact Park	(10)	2-2-2-0	o contect	16.63	D-1-	(11)		SE SECTION			00	· ·	•		
Scheduled Start Dat 7-10-14	e (10)	Sched. C	ompi		Date	(11)	Name of OSHA	MONITO	I						
	Year	Month		ay	Year		17.22								
Occupancy Status Du [X]Facility Clo of Abateme	osed/Vacate						Street Addres	ss							
[]Abatement Po Hours - Des []other - Des	erformed Ou cribe: <u>«Off</u> B	ours Des	crip	ot»		У	City, State,	Zip Co	de						
			шсу	Desci	<u> </u>		Ш						_	-	
Scope of Work (Chec		appiy)	ſχ	1Reno	vation		[]Full []Mini			th Negativ	e Pre	essu	re		
	or ≥260 lf			5	lition		[X]Glove	ebag Pr		Te					
TO THE STATE OF TH			т.	Is	,n							Aba	teme		
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TO BE A			te	Mair enance	2/	in	<pre>(i.e., therma sulation, surf</pre>			SF or LF)		O	A	PS	0
(13)				stodi aff (1			or other misce		100	,		A	I R	U	UR
		2	es	No	N/A	- ·		•		110 3				•	E
Basement			-		X	Pip	e Insulat	cion		110 1:		X			
Name of Registered AZTECH MANAGE		Section 201	Han	DEP Waler :	ID No.	100000	oic Yards Waste 1.5		of Regi	stered Lar S.	ndfill	L			
City, State			- '		7.7	Dis	sposal Date	City	, State						
Montclair, No	07042					7	7-14-14	Mor	risvi	lle, P	A 19	06	7		
Completed By (Print or Type) Title					Signature						Da	te			
Constantine V	lde	nt			CV	iùam	£.		6-	-30-	14	-			
								VIVI			-				

NJ Dept of Health & Senior Services (signature)		(Pan	ACECANI C	i de residente de la companya della companya della companya de la companya della	FIOS A 60 and	12-920)	l	11		62103		8	48	3
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6/25/14	<u> </u>	- 15	inct Ad		200	BEL	5	-	,		- California		********	
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DEP CAMERICAL		_[`		とのCSイ	Cw	DWEL	L >	3.5.	07006	}				
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Name of Facing Where American is Table 17.	ace (3)	Λ α					10.70	Product of				_		,
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County (1)	· 181 -	-10	Intuity C	ade (I)				e United Philo	rations of		0		· ·	
- MONMOUTH			ASCI	SECTION .		- Indonesia		(-ES)	DONT/AC	•		~ 5		
Novemora American Contract by Enthing Con	sir(s)		ASIA	MINGE	3	A.M	AZ Coni	the fac						
Sheat-Andress	NEW PROPERTY.						Arbites owell like							1
City, State, Zip Conte		ere in Vienn				City S	Section For	Code		111	-	Ġ	90%C	7
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Project descript du Mariana, Franc		.	Teloph	mari No.		201	100 No.	H	00	156 156	•	- 1,0		_
Seni Date (10) 6/26/14 5	cfedule	d Carr	o)31/	late (11) / 4		Name Om	of DSK	A RASSALISA FOSTALISADA	Senios in	<u>-</u>			-,	
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	Yes	No	PARA.						2010					-
BUILDING #6 BOILDE GU#3		- -	-1		PIPE	110	SULA-	100	SUL!		-			
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Final Tomopali:			20785			. 1		Kind Colo	geskrivene L e. Zip Code	***************************************	soder	nemb Pörr	-	
Chy Sinie, An Codo representation, and burner					LISPS (e	26/1	ų i	Deci-	PA LINE		No.		-	
Complicates Insolv Marking	Tallie Opera	Aug	***************************************			Signatur		/ frute	AM8	De	6/	25/	14	الومامات
						. B. Miller W.		THE RESIDENCE		-				S. C.

Check # 8783

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:129)

Date of Notification (1) 6/37/14		Name (Building Owner	r/Operator	(2)	N.J Dept	DI He	alth i	OVER	
Agencies Notified Type Notified EPA intified DEP Amer	nded	Street .	Address 10 WE (3B A	we	Date: 6	7	signatu •	rime:	
☑ DOR Emer	ndment # gency (including cation) ellation	Name	usin ElGa of Contact Etem	<i>[U]</i>	07661	Telephone No	mhar			
Name of Facility Where Abatement is けったらと Street Address		FAC	LITY INFORMA	TION	Type of Fedility	500000	40)			
2-10 WEBB A- CHY(5) Rush EAGR	₩£		· · · · · · · · · · · · · · · · · · ·		Other (i.e.) etc.) Square Feet	# of Floors	clæi bul	3kdg.	Age	185,
County (9)		County	Code (7) USE ONLY)			or if being demols	shed)	60		
Name of Monitoring Firm Hired by Bu	Illding Owner (8)	ASC	M No.	Name A. M	of Abatement Cor ac Contracting	ntractor (9)		•		
Street Address			***************************************	Temperature (1727)	Address Lowell Road		7			
City, State, Zip Code					tate. Zip Gode Rock, N.J. 07	452		_	3	
Project Manager for Monitoring Firm		Telepho	one No.		one No. 262-5841	License I 00156		-		
Start Date (10) 6 (3) (14	Scheduled 6	So / 150	Date (11)	Name Ome	of OSHA Menitor ga Environme	ntal Services I	inc.	(5	
Occupancy Status During Abatement Facility Closed/Vacated During I Abatement Performed Outside of	Entire Period of Abs	element ours	17840	Streat 280	Address Huyler Street				: :	
Other - Describe:					tate, Zlp Code Kensack, NJ 07	7606	Ç.		·· •>	
23 sfor>3 lf ≥160 sfor≥260 lf	Ren	ovation notition		N. W.	Mini-Enclosure Glovebag Proc					
Location of	Nor	cation maily		escription		() this regist that	JIG FIQ	Abate	ement /po	ŀ
Asbestos-Containing Material (AC <u>FO BE ABATED</u> In Facility (13)	Mainte Custodi	Solely by enance/ lal Staff?	Asbestos Co (i.e. therm surf	ntaining M	aterial (AGM) Insulation, I, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
ATTIC	Yes	io N/A	VERMI	curati	}	720	20		6	49
				-			-			
Name of Registered Waste Hauler Rovic Transport		NJDEF W Hauler ID 20785	Paste Gubi No. of W	c Yards		Registered Landfill Bethlehem La		Cor	р.	
City, State Riverdale, New Jersey 07457			Disp 6/	osel Date		em, PA 18015				
Completed by R. McDonald	Title Preside	ent		Signature	1 1 . 1		ite	20	1,0	۵

MO#21901440756

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

Date of Notification (1)			-	Name	of Buildin	g Owner/Operator	(2)					
07	02	14		Name	or Danair	ig Owner/Operator	(2)	x:				
					Waldrun	1						
Agencies Notified EPA	Type Notific	cation		Stree	t Address							
☑ DOLWD	☑ Initial ☐ Amende	vd.			ake Aver							
⊠ DHSS	Amenda			City,	State, Zip	Code				1.7		
DCA	Emerge	ncy (includi	ng		away, NJ							
(NJAC 5:23-8)	justifica	tion)		Name	of Conta	ct		Telephone N	lumber			
	Cancelli	ation		Luke	Waldrun	1						
				FA	CILITY I	NFORMATION						
Name of Facility Where A	batement is	Taking Pla	ce (3)				Type of Facility	(4)				-
Private home							School (K-1	2)				
Street Address		-					 Subchapter 	8 (Other than K	-1 2)			
63 Drake Avenue								private and com	imercial l	ouildir	gs.	
City (5)							Square Feet	# of Floors		3ldg.,	200	
Rockaway, NJ 07866							994151750	1 0 1 10013		J.0g. ,	nge .	
County (6)				Cour	ntv Code (7)	(STATE USE ONLY)	Current Use (F	rior if being der	nolished		-	_
Morris					,		Janon Joo (1	no. It bolling der	nonsnea,			
Name of Monitoring Firm	Hired by Bu	Ilding Owne	r (8)	ASCM	No.	Name of Abatem	nent Contractor (9	2)				
						Tes .	ient Contractor (s	")				
Street Address	-					Gr Tech LLC Street Address						
100000							110.00					
City, State, Zip Code						576 Valley Rd		-				
-1,1 -1010, Elp -0000						City, State, Zip (
Project Manager for Moni	foring Firm		. T.		N-	Wayne, NJ 074	70				-	
1 Toject Manager ID: Midil	willig Filli		lele	ephone	NO.	Telephone No.		License No	ks			
Start Date (10)		0-11				973-638-1777		01127				
07 / 15 /	5575555	Scheduled				Name of OSHA	Monitor					
		07	28	<u> </u>		Envirovision C	onsultants,Inc					
Occupancy Status During						Street Address		3000		Property Salashan		
▼ Facility Closed/Vacate ↑ Pacific Closed/Vacate	d During En	tire Period	of Abate	ment		20-21 Wagaraw	Road, Bldg .#	34A				
Abatement Performed Time of Abatement:	Outside of P AM-	Normal Fac	lity Hou PM	rs - De	scribe	City, State, Zip C	ode					
M.F.		i ivii				Fair Lawn, NJ (07410					
Scope of Work (Check all	that apply)					Clean	p and decontami	nation with nega	ative pres	ssure		
>3 sf or >3 if > 160 sf or >260 if		X	Renovat	ion		Full Cor Mini-En	ntainment with Ne	gative Pressure	9			
≥ 160 sf or ≥260 If			Demoliti				ag Procedure	Tent with Nega	ative Pres	ssure		İ
						■ Non-Exe	empted (*) and N	on-Friable Proc	edure			
			Is Loca						A	baten	ent T	ype
Location Asbestos-Containing N		un U	Norma sed Sole			Description			7	T _D	т	m
TO BE ABA		i t	Maintena	ince/	ASD6	estos Containing Ma e., thermal systems	iterial (ACM)	Amount (Specify	Remova	Repair	Encapsula	Enclosure
N Facilit	У	Ci	ustodial (12)	Staff?		surfacing, VAT		SIF or LF)	SV6	H.	psu)SU
(13)			1	T	1	other miscellane	eous)		=		late	Œ
		Ye	s No	N/A								
Basement				X	Pipe ins	ulation		140 LF	X			
Basement				\boxtimes	VAT flo	or tiles		400 SF	X	In		
				T	1		· · · · · · · · · · · · · · · · · · ·	.00 01		1	12	
		ㅡ무	1	닏	-				_	Щ		
Name of Registered Wast	e Hauler		NJ	DEP Wast	e Hauler ID No	Cubic Yards of Was	te Name of Regi	stered Landfill				
Gr Tech LLC			(003378	35	TBD	T.R.R.F. Inc					1
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, P	Δ				9
Completed By (Print or Ty	pe)	Title				Signature	/ Langtown, P	. 3	Date			-
	5 B					4	to he wer	100	270 CUAC			99.
N.Jevtic		Owner				//4	eurc wer	140	07/02/2	014	-,-	
10 × 11		* Do 1	ni use t	his for	n for achae	toe licaneura other	atad antivities					



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

CK 4200

Date of Notification (1) 7/2/14		1000		ne of Building (Risk	Owner/Operat	or (2)			10			
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment		50°	et Address 1 Kennedy I , State, Zip Co merdale NJ	de		P			Š		
■ DOH □ DCA	Emergency (i justification) Cancellation		Nan	ne of Contact U				Telephone	Number			
Name of Facility Where A Pinelands Regional Street Address 565 Nugentown Ro	School District	Place (3)	F	FACILITY INFO	PRMATION	Type	school (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than		ildings	, hom	es,
City (5) Tuckerton NJ 0808	7					100	are Feet 0+	# of Floors		Bldg. 35+	Age	
County (6) Ocean				inty Code (7) ATE USE ONLY)		Curr	ent Use (Prior	if being dem	olished)	0.01902		
Name of Monitoring Firm N/A	Hired by Building C	wner (8)	A	SCM No.	100000	ne of Ab rnaco	atement Contra Inc.	actor (9)				
Street Address						et Addre						
City, State, Zip Code					33333		Zip Code Iin NJ 0809	1				
Project Manager for Mon	nitoring Firm		Tele	ephone No.		ephone N 6-753-		Licens 0072				
Start Date (10) 7/3/14		Scheduled (7/9/14	Complet	tion Date (11)		ne of OS me	SHA Monitor		***********			
Abatement Perform Other – Describe:	ated During Entire P and Outside of Norm Area closed off from	eriod of Aba	ours			et Addre	ess Zip Code					
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Il That Apply)		ovation nolition			H M G	ull Containmen ini-Enclosure lovebag Proced on-Exempted (dure			re	
Location	n of		cation mally		D					100000000000000000000000000000000000000	temen ype	t
Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Mainte Custodi (1	12)	Asbesi	Description Containing thermal system surfacing, other miscel	Materia ms insu VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Room 151	& 152		х		mast	ic		2800 SF	x			
Name of Registered Was	ste Hauler		NJDF	EP Waste	Cubic Yards		Name of Pe	egistered Lar	ndfill			
United Containers				er ID No.	of Waste		G.R.O.W		м			
City, State Elm NJ			204-80		Disposal Da 7/9/14	ite	City, State Morrisville	e PA 1906	57		u timeste	
Completed by Anthony T Perna		Title Preside	nt		Signati	dîre	(Date 7/2/14			

CK 13451

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

Date of Notification (1) July 3, 2014	а		Nam MU	e of Building IND HILLB	Owner/Operato OROUGH L	or (2) .AND, I	LLC.						
Agencies Notified EPA	Type Notification Initial			et Address MARKET	STREET								
DEP DOL	Amended Amendment			State, Zip Co DDLE BRO	de OOK, NJ 076	663	į - T		-27		4.5		
DOH DCA	Ernergency (i justification) Cancellation	ncluding		e of Contact IAN ABBE	Y		710	Telenh	nne Nii-	nha-	•	.35745-15	
			F	ACILITY INFO	DRMATION			1					
Name of Facility Where FORMER KMART	Abatement is Taking % TRACTOR S	Place (3) JPPLY Co	Э.				of Facility (4						
Street Address 256 LAKESIDE DF	RIVE SOUTH				101111		School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other t			dings	hom	es,
City (5) HILLSBOROUGH							re Feet 500 SF	# of FI	oors		3ldg. <i>A</i> 1950		
County (6) SOMERSET		- Constraint		nty Code (7) TE USE ONLY		Curre FOF	nt Use (Prior RMER RE	if being	demolish	ned)			
Name of Monitoring Firm AIR CONSULTING	Hired by Building C	wner (8) C.	AS	SCM No.			tement Cont Touch Asb			ent (Corp.	, Inc).
Street Address 301 East Ward Stre	eet					et Addres	ss dway, Unit	A					
City, State, Zip Code Hightstown, NJ 088	520				City,	State, Zi	ip Code nch, NJ 07	740					
Project Manager for Mor David Kichula	nitoring Firm			hone No. 371-2489		ohone No 2.222.8		545-5	cense N 0040	0.			
Start Date (10) July 17, 2014		Scheduled (July 29, 2		on Date (11)	Name N/A		HA Monitor						
Occupancy Status Durin	g Abatement (Check				Stroo	t Addres		-					
Facility Closed/Vac	ated During Entire P led Outside of Norma	eriod of Aba		DC		State, Zi					999		
Scope of Work (Check A	Il That Apply)		-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation nolition			Min Glo	Containmer ii-Enclosure vebag Proce	dure					
		1.1.	_ w			1401	i-Exempled) and iv	OII-FIIAD	FIO	Abate		
Location	of		cation mally		Descriptio	n of						ре	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Mainte Custodi	Solely by enance/ ial Staff? (2)	(i a	thermal system surfacing, Va other miscella	Material ns insula AT, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
		Yes N	No N/									te	(b)
MAIN FLO			X		VAT			46,846	SF	X			
GARDEN C			X		VAT			2,760	SF	Х			
LOUNG	*****		X		VAT			800	SF	x			
ELECTRICA	L ROOM		X		VAT	5.440.0 100.000.0		88 5	SF	Х			
Name of Registered Was SAKOUTIS BROTH			NJDEF Hauler 21243		Cubic Yards of Waste 200 CY		Name of R			DFIL	L		
City, State COLTS NECK, NJ 0	7722				Disposal Date 7/29/14	е	City, State MORRIS	SVILLE	, PA				
Completed by JOSEPH P. MILLER		Title PRESII	DENT		Signatur	e due	m sc	will	Da Jl	te JLY 3	3, 20	14	

CK 68023

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

Date of Notification (1) 07/01/2014				Name o	f Building S	Owner/O	perator	(2)	-		104	,		
Agencies Notified	Type Notification	1	1	Street A		BROOK I	MALL	n.	711		·	. 5.1		
EFPA DEP DEP DOL	☐ Initial ☐ Amended Amendmen				ate, Zip C			<u> </u>		TU :			<u> </u>	
☑ DOH ☑ DCA	☐ Emergency justification ☐ Cancellation)			f Contact	FIORV	ANTI		1 744	nhana Nii	mber	31',2		
				FACI	LITY INF	ORMATIC	ON							
Name of Facility Where MACY'S STORE #3	Abatement is Takir 40038	ng Place (3)						Type of Facility ☐ School (K-	S 35					
Street Address 1400 WILLOWBROO	K MALL							☐ Subchapte ☐ Other (i.e. etc.)				ldings	, hom	ies,
City (5) WAYNE						100000		Square Feet 200,000		Floors 3	T	3ldg 50 :	Age ZEAR	S +
County (6)		2.			Code (7) USE ONLY	0		Current Use (Pri MACY'S SPAC		g demolis	hed)			
Name of Monitoring Fire PENNONI ASSOCIAT		Owner (8)		ASCN	/ No.			of Abatement Co						
Street Address 515 GROVE STREE	T SUITE 1B							Address 2 QUEENS PL	AZA SC	UTH				
City, State, Zip Code HADDON HEIGHTS,	NJ 08035						City, St	tate, Zip Code ISLAND CIT	Y, NY	11101				•
Project Manager for Mo JOSEPH ANELLO	nitoring Firm			Telepho 856-5	ne No. 47-050	5		one No. 349-0900		License N 00853	lo.			
Start Date (10) 07/14/2014		Scheduled 09/14/2			Date (11)			of OSHA Monitor IN MCREA						
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street	Address			-			
□ Abatement Perform	cated During Entire ned Outside of Norr	Period of Ab	aten Hours	nent			City, St	KENNEDY BLVI tate, Zip Code	»					
Other – Describe:						_	BAYON	NNE, NJ 0700	12				20	
Scope of Work (Check	All That Apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			nova	000000000000000000000000000000000000000			23 23 24 20	Mini-Enclosur Glovebag Pro	e cedure					
		lal	0006	ion.				Non Exempte	u () and	NOTE TIAL	1		emen	ít
Locatio	n of	No	ocati ormal	ly		Des	cription	of					ре	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	tena	nce/		stos Conta . thermal s	ining M systems ing, VA	aterial (ACM) insulation, T, or	(S ₁	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		te	Ф
1ST FLOOR			X		TAR				120	SF	X			
	-						(2000)							
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubic Y	'ards	Name of	Register	ed Landfill			L	L
ATC/TST				auler ID 4310/1		of Wast	RDS		are the first over the second	RPRISES	5			
City, State SHIRLEY, NY 1196	57/BRONX, NY	10464				Dispose 07/15	2014	H		OH 446	88			
Completed by ANN ALI	11	Title ADMINI	STR	ATIVE	~	Si	nature			Da 07,	te /01/	2014		
							V	71.1						

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

Date of Notification (1) 07/02/14 CK# 315	8 \$200			me of Building ak Knoll Sch				Doc.				
	Type Notification			eet Address	1001011	ne no		2314 1111	-2 /	11.0	: 6	
□ EPA	Initial	85	44	Blackburn								X
DEP X DOL	Amended Amendment			y, State, Zip Co ımmit, New		07901					NU!	
DOH DCA	Emergency (justification) Cancellation	ncluding	3937	me of Contact tye Jean Le		1		Telephone N	Number			17/2
L BON	Cancellation			FACILITY INF								
Name of Facility Where A				AOILITTINI	OKINATI		Type of Facility (4)) ,				
Oak Knoll School of	the Holy Child,	Connelly	Hall				School (K-12)				
Street Address 44 Blackburn Road								Other than K		ldinas	hom	20
							etc.)					
City (5) Summit, New Jersey	07901						Square Feet 50,000	# of Floors	1	3ldg. / 55+	Age	
County (6) Union				unty Code (7) ATE USE ONLY)		Current Use (Prior School	if being demo	lished)			
Name of Monitoring Firm I	Hired by Building (wner (8)	A	SCM No.		Name	of Abatement Contr	ractor (9)				-
T&M Associates						Lilich	Corporation	(4)	12			
Street Address 11 Tindall Road							Address McBride Avenue)				
City, State, Zip Code Middletown, New Jer	rsey 07748						tate, Zip Code dland Park, Nev	v Jersev 074	424			
Project Manager for Monit Kevin Burns				ephone No. 2-676-1725		Teleph	one No.	License	No.			
Start Date (10)		Scheduled		tion Date (11)			225-8400 of OSHA Monitor	01104	6			
07/11/14		07/14/14					Environmental l	_abs				
Occupancy Status During	Abatement (Check	Only One)					Address			8		
Facility Closed/Vacat Abatement Performe	ed During Entire P	eriod of Aba	atement				Route 22 West					
X Other – Describe: Fr	iday 4 PM start				_		tate, Zip Code n, New Jersey (7083				
Scope of Work (Check All	That Apply)	P*	1			-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation rolition				Full Containmer Mini-Enclosure	nt with Negative	e Pressu	ire		
						×	Glovebag Proce		abla Da		_	
		le Le	cation	7		Long	Non-Exempted) and Non-Fri	able Pro	0573-1	ement	
Location	of	Nor	mally		Des	cription	of				ре	
Asbestos-Containing N TO BE ABA		Used S Mainte	Solely by enance/	Asues	tos Conta	aining M	laterial (ACM)	Amount			Щ	m
In Facility		Custod	ial Staff 12)			systems ing, VA	insulation, T, or	(Specify SF or LF)	Remova	Repair	сар	nclo
(13)					other m	iscellan	eous)		oval	air	Encapsulate	Enclosure
				N/A							Ф	
Hallway, C	-10	- -	X		TSI W	√rap &	Cut	70 LF	Х			
			_									

Name of Registered Waste	Hauler		NIDE	EP Waste	Cubic `	Varde	Name of B	egistered Land	£11			
Lilich Corporation	11000			er ID No.	of Was			.S Landfill	titi			
City, State Woodland Park, New	Jersey 07424		1.5.2			al Date	City, State	o Donney to	nla			
Completed by	00100y 01424	Title				gnature		e, Pennsyla	Date			
Tatiana Kalenikova		Vice Pr	esider	nt	7	0/	ner 10		07/02/	14		

Check#1944 NOTIFIC

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

Date of Notification (1)					Name	of Building	Owner/C	nerator (2	·\				-		
07 :	03	14				_	Ownsire	operator (2	-1						
					The second second	Thomas									
Agencies Notified	Type Notifica	ition		1	Street	Address				2711		C	7.1		15
☐ EPA	Initial □ Assessed as defended.					ester Roa	200	Alle and in				0	1.1		ીઇ
☑ DOLWD ☑ DHSS	Amended Amendme				City, S	State, Zip C	ode								
DCA	☐ Emergend		udina		Monte	lair, NJ 0	7043				*				
(NJAC 5:23-8)	justification		4 019		Name	of Contact				Telephone N	Number			1	
	Cancellati	ion			Dick 7	Γhomas									
						CILITY IN	FORMA	TION					~~~		
Name of Facility Where A	hatement is T	aking	Place	(3)	200	012111111	. 0.01.		Type of Facility	(4)					
	(batoliiont is i	aming	1 1000	(0)					School (K-12	CONTRACTOR CO.					
Private home Street Address									Subchapter 8	(Other than K	(-1 2)				
									Other (i.e., p		nmercial	buil	dings	ò.	
14 Chester Road									homes, etc.)			-			
City (5)									Square Feet	# of Floors		Bid	g. Ag	ê	
Montclair, NJ 07043				11											
County (6)					Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	for if being der	molished)			
Essex				200000											
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)					7,7 (2,5%)	V
							Gr Tec	h LLC							
Street Address							Street /	Address							
							576 Va	lley Rd#	283						
City, State, Zip Code	7/							ate, Zip Co							
							Wayne	NJ 0747	70						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telepho			License No	٥.				
							973-63			01127					
Start Date (10)	5	Schedi	iled C	omple	tion Da	ite (11)		of OSHA M	Ionitor	01127					
07	1220-200-2					14	800000000000000000000000000000000000000								
				s discusses.			-		nsultants,Inc						
Occupancy Status During							Street /	Address							
☐ Facility Closed/Vacate ☐ Abatement Performed						ariba			Road, Bldg .#	34A					
Time of Abatement:	AM-	PN	-aumi /	PM	5 - Des	AM	City, St	ate, Zip Co	ode						
					52000		Fair La	wn, NJ 0							
Scope of Work (Check all	that apply)						Н		and decontamin			essu	ire		
			X Re	novati	on		H	Mini-Enc	tainment with Ne losure	gative Pressur	е				
2 160 sf or 2260 lf				molitic			\boxtimes	Glovebag	g Procedure	Tent with Neg	ative Pre	essu	ire		
								Non-Exe	mpted (*) and No	n-Friable Proc	cedure		1		
				Local							,	Aba	teme	nt Ty	/ре
Location	DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE	FV		Norma ed Sole				scription o			:	Z	ZJ	Ш	Ш
Asbestos-Containing I TO BE ABA		4		intena					terial (ACM) insulation,	Amount (Specify		B	Repair	ıca	iclo
IN Facili			Cus		Staff?			cing, VAT		SIF or LF) 8	Remova	₹	Encapsulate	Enclosure
(13)		-		(12)	1	-	other	miscellane	ous)		1			ate	æ
			Yes	No	N/A							_			
Basement					X	Pipe inst	ulation			180 LF	12				
					ĪП						1	7	Пİ	П	
	-	-			+-							=			
			Ш										Ш	Ш	Ш
											Ir] [
Name of Registered Was	te Hauler	i	-	NJ	DEP Wast	e Hauler ID No.	Cubic Ya	ards of Wast	e Name of Regi	stered Landfill				-	1
850									T.R.R.F. Inc						
Gr Tech LLC					00337	63	TB					_	negovinens	ar success	
City, State							Disposa		City, State						
Wayne, NJ 07470							TB		Tullytown, P	A					
Completed By (Print or T	ype)	Title				100 - 2	Si	gnature /	7 4 . 1	A.	Date		reWot		
N.Jevtic		Own	er					A	In New	rad	07/03/	20	14		
ASB-41		-				7/25 TEST	03	1/2		VAN # 15-00	1		20750		
MAY 11		4	Do no	t use t	his fori	n for asbes	tos licens	sure oftemp	nted activities.						

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

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11001
15011

Date of Notification (1) 7/2/14				Building (Owner/	Operator	(2)	2	<u>ال</u> 11ء :	10 -	٥	ا ر	Ø			
200000000000000000000000000000000000000	T N-464				/lajeski					44.5 F	~	8 ,	1 4 4	5. 0		
Agencies Notified	Type Notification		1	Street A	ddress								10.5		-8	
EPA DEP	X Initial Amended		-	City Sta	te, Zip Co	de				-			-	7		
× DOL	Amendmen		_ '	ony, ora	to, 2.p 00	40									10	
▼ DOH	Emergency justification)		h	Name of	Contact		2 022			Tele	phone	Num	ber			
DOH DCA	Cancellation			Mark N	/lajeski											
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where	Abatement is Takir	ig Place (3)						Туре	of Facility (4)						
Street Address									School (K-12			IZ 40\				
1087 Madison Ave	nue							×	Subchapter 8 Other (i.e. pr					lings,	home	es,
	iluc								etc.)		0.11.333 47.043 4.04					
City (5) Rahway								210	are Feet O	2	Floors		6	ldg. A J	ge	
County (6)			- 1	County (Code (7)				ent Use (Prior		na dom	oliche				
Union					ISE ONLY)	-		Cum	ent ose (Filo	i ii beli	ig dem	Ullatte	u)			
Name of Monitoring Firr	n Hired by Building	Owner (8)		ASCM	l No.		Name	of Ab	atement Cont	ractor	(9)			5.00		
									ronmental			LC				
Street Address							Street	Addre	ess			-			75	
3							PO	30x 4	83, 4 E Ga	ate Dr	ive					
City, State, Zip Code			2012/0			100	100000000000000000000000000000000000000		Zip Code		7					
3 54 Gr							Gler	wood	d, NJ 0741	8						
Project Manager for Mo	nitoring Firm		Telephor	ne No.		Telepi 973-	hone N 583-8			Licens	se No					
Start Date (10) 7/11/14		Scheduled 7/30/14	Com	pletion [Date (11)		Name	of OS	HA Monitor					1.	Davis	
Occupancy Status Durin	og Abatemant (Cha		\				Ctroot	Addre	200					í	it.	
-				-5-17-47-4 - 11			Sileet	Addre	:55							
Abatement Perform	cated During Entire ned Outside of Norr	Period of Ab nal Facility F	atem Hours	ent			City S	State 2	Zip Code				927	3 Y.		
X Other – Describe:							0.1,	, , ,								
Scope of Work (Check /	All That Apply)				===											
≥3 sf or ≥3 lf		Re	novai	tion] Fu	ull Containme	nt with	Negati	ve Pr	essur	e		
× ≥160 sf or ≥260 lf		De	moliti	on			>	Mi	ini-Enclosure							
Taite . "									lovebag Proce on-Exempted		Non-F	riable	Pro	cedur	е	
8 N		ls L	ocatio	on										Abate	ement	ŀ
Locatio	n of	No	rmall	у		De	escription	n of		100			١.,	Ту	ре	
Asbestos-Containing		Used Main	Solel			os Cor	taining I	Materia	al (ACM)		mount		_		Щ	m
TO BE AE		Custo		taff?	(i.e.		I system		lation,		pecify or LF)		Remova	Repair	icap	nclo
(13)	Y		(12)				miscella)		101400-10050		ova	oair	Encapsulate	Enclosure
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basem	nent			Х		pipe	insula	ation		30	0 LF		x			
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	iste mauler		10000	JDEP W auler ID	F200 570 .	of Wa	Yards aste		Name of R		red Lar	Idtill				
Freehold Cartage		2		5939	www.co.uc	10			GROWS			×			ed o	70
City, State						Dispo	sal Date)	City, State							
Freehold NJ									Morrisvil	le PA						
Completed by Andrew Scott Higgin	26	Title	ont				Signatur	e /				Date		22	1.0	10
Andrew Scott Higgil	15	Presid	ent				,	OL				112	/14			

MO#21901431846

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

December December	Date of Notification (1)			-	Nan	ne of Buildi	na Owner	Operator (21					
Signature Control C	07/02	1	4						.=1	97*4				
Signature Control C	Agencies Notified Type No	tification			Stre	et Address	1 & Aligi	moia		52.8	-5	50 F (1)	-	
Signature Control C												1	0: 3	> E:
Mendham, NJ 07945 Name of Contact Peter Shepard Facility (4) School of Name of Contact Peter Shepard Shepard Shool (K-27) School of Name of Contact Peter Shepard Shool (K-27) School of Name of Contact Peter Shepard Shool (K-27) School (K-27	1 111.01	nded												
Name of Facility Where Abstement is Taking Place (3) Religious facility, St. Joseph Church	□ DHSS Amer	ndment #	#											
Name of Facility Where Absternant is Taking Place (3)			ncludi	ng	Men	dham, NJ	07945							150
Peter Shepard		33			Nan	ne of Conta	ict			Telephone	Number			
Name of Facility, Where Absternent is Taking Place (3) Religious facility, St. Joseph Church Street Address Street Ad	Cano	ellation			Pete	r Shepard				12.33.153				
Name of Facility Where Abatement is Taking Place (3)								ATION			-			
Religious facility, St. Joseph Church Street Address Street Address Street Address New Street Cory (5) Covery (5) Mendham, NJ 07945 County (6) Morris Name of Monitoring Firm Hired by Building Owner (5) Name of Monitoring Firm Hired by Building Owner (5) Name of Monitoring Firm Hired by Building Owner (5) Name of Monitoring Firm Hired by Building Owner (5) Name of Monitoring Firm Hired by Building Owner (5) Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address No Orona Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address Street Address Street Address Street Address Vayare, NJ 07470 Telephone No Uccesse No Vayare, NJ 07470 Telephone No Uccesse No Vayare, NJ 07470 Telephone No Uccesse No Vayare, NJ 07470 Telephone No Uccesse No Vayare, NJ 07470 Name of OSHA Michitor Bio Terra Environmental Solutions, LLC Street Address Stree	Name of Facility Where Abatement	is Takir	ig Plac	e (3)					Type of Facilit	v (4)				
Street Address	Religious facility, St. Joseph Cl	nurch							200.0					
Source County Code (7) (STATE USE ONLY) Courrent Use (Prior if being demolished)	Street Address	dicii							Subchapte	12) f 8 (Other than	K-1 21			
City (5) County (6) Square Feet 9 of Floors Bidg. Age	6 New Street								Other (i.e.,	private and co	mmercial	buildin	as.	
Mendham, NJ 07945 County (6) County (7) County (7) County (8) County (8									homes, etc	o.)			9-1	
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	1 12108 BATT								Square Feet	# of Floor	rs	Bldg.	Age	
Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Gr Tech LLC														
Morrison Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address					Cou	inty Code (7) (STATE L	ISE ONLY)	Current Use (F	Prior if being d	emolished)		-
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Street Address Stre	Name of Monitoring Firm Hired by 8	3uilding	Owner	(8)	ASC	A No.	Name	of Abateme	ent Contractor (9)				
Street Address Stre	Bio Terra Environmental Solution	ons. LI	.C				A 1000 C 1000 C 20			٠,				
P.O Box 1224	Street Address	01.0, 02			_									
City, State, Zip Code	P.O. Box 1224													
Union, NJ 07083 Project Manager for Monitoring Film Rick Eustaquio O7 / 16 / 14 O7 / 17 / 14 Scheduled Completion Date (11) O7 / 16 / 14 O7 / 17 / 14 Bio Terra Environmental Solutions, LLC Street Address Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Abatement With Negative Pressure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Osciption of Abatement Type Abatement Type Osciption of Abatement Type Abatement Type Osciption of Abatement Type Abatement Type Osciption of Abatement With Negative Pressure Non-Exempted (*) and Non-Friable Procedure Osciption of Abatement Type Osciption of Abatement With Negative Pressure Non-Exempted (*) and Non-Friable Procedure Osciption of Abatement Type Osciption of Abatement Type Osciption of Abatement Hours - Describe Osciption of Abatement Type Osciption of Abatement Type Osciption of Abatement Hours - Describe Osciption of Abatement Type Osciption of Abatement Ty														
Project Manager for Monitoring Firm	The same of the sa	187					City, St	tate, Zip Co	ode					
Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. O1127							Wayne	, NJ 0747	0					
Rick Eustaquio		1		Te	lephone	No.				License N	10.			
Scheduled Completion Date (11) O7				973	3-494-	3762	973-63	8-1777			,			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM: PM. PM. AM Scope of Work (Check all that apply) Sope f Work (Check all that apply) Sop of Work (Check all that apply) Sop of Work (Check all that apply) Sop of Work (Check all that apply) Sop of Work (Check all that apply) Sop of Work (Check all that apply) Sop of Work (Check all that apply) Sop of Work (Check all that app		Scher	duled	Compl	etion D	ate (11)			onitor	01127				
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM- PM PM AM PM AM	Occupancy Status During Absterner						Bio Tei	ra Enviro	nmental Solu	tions, LLC				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM A	X Facility Closed/Vacated Dusing B	ntire De	K Only	one)			Street A	Address						-
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Clean up and decontamination with negative pressure						_Aivi	Union,	NJ 07083						
Saf or >3 If Poll Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) a	Scope of Work (Check all that apply)								nation with ne	gative pre	SSUIR		
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Secretary Procedure	☐ ≥ 160 sf or >260 lf						×			Tont with No.				
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (13) Boiler room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Boiler- wrap and disposal Abatement Type Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Boiler room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Boiler- wrap and disposal 24 SF Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIF or LF) Normally Description of Asbestos-Containing Material (ACM) Amount (Specify SIF or LF) Normally Description of Asbestos-Containing Material (ACM) Amount (Specify SIF or LF) Normally Description of Asbestos-Containing Material (ACM) Amount (Specify SIF or LF) Normally Description of Asbestos-Containing Material (ACM) Amount (Specify SIF or LF) Normally Description of Asbestos-Containing Material (ACM) Amount (Specify SIF or LF) Normally Description of Asbestos-Containing Material (ACM) Amount (Specify SIF or LF) Normally Descripti			Internal		J.11		H					ssure		
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Signature Sign	Asbestos-Containing Material (A	CM)	Us	ed Sol	ely by	Asbe				Amouni		N Z	面	m
Signature Sign			Cus	intena itodial	Stoff?	(i.e	e., thermal	systems in	nsulation.	[10] [10] [10] [10] [10] [10] [10] [10]	3	ape	ica	100
Yes No N/A Boiler room							surfa	cing, VAT,	or) Va	=	nsc	SUC
Boiler room Boiler room Boiler wrap and disposal Boiler-wrap and di	/			T	1 5	1	other n	niscellaneo	us)		1-		late	®
Name of Registered Waste Hauler Output Outpu	p ::		res	No	Name and Address of the Owner,									
Name of Registered Waste Hauler Output Disposal Date Wayne, NJ 07470 Completed By (Print or Type) NJEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill TR.R.F. Inc Disposal Date City, State TBD Tullytown, PA Signature NJevtic Owner Date O7/02/2014	Boller room		Ш		$ \times $	Boiler- v	wrap and	disposal		24 SF	X		П	
Name of Registered Waste Hauler Or Tech LLC City. State Wayne, NJ 07470 Completed By (Print or Type) N.Jevtic ASB-41 NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Inc Disposal Date City, State Date 07/02/2014			П	П							-	1=		
Name of Registered Waste Hauler Output Outpu					1								Ш	
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City, State Wayne, NJ 07470 Completed By (Print or Type) N.Jevtic ASB-41 Disposal Date City, State TBD Tullytown, PA Signature Date 07/02/2014										stered Landfill				
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Completed By (Print or Type) Title Signature N.Jevtic Owner Tutly town, FA Date 07/02/2014	3-5-0-0-4-0-0-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0						Disposal	Date	City, State			- Alexander		0-61
Completed By (Print or Type) N.Jevtic Owner Owner Signature Owner O7/02/2014	Wayne, NJ 07470						TBF)	Tullytown D	Δ				
N.Jevtic Owner Heart 07/02/2014	Completed By (Print or Type)	Title	5			***			, and with F		Data		_	
130-41	N levtic						0.9	10/	1 -	1				
	ASB-41	Own	er					Teul	ac Nevia	20	07/02/2	014		
	MAY 11	4	Do no.	use t	his form	for asbesi	os licensu	lexemnie	d activities					

Check#1943

MAY 11

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

								0		9.50				en la more
Date of Notification (1)	202	2.2		-	Name	of Building	Owner/Operator (2	2)						
	03	14		H	Karl K	avanagh		95.	1 00 - 2	e				
Agencies Notified	Type Notific	ation				Address				·	-2.	3.3		
⊠ EPA				13	39 Bar	berry La	ne							
X DOLWD	Amende			1		tate, Zip C						G.S.		
∑ DHSS	Amendm		_	h	New P	rovidenc	e, NJ 07974							
DCA (NJAC 5:23-8)	Emerger justificat	ioy (inclua ion)	ing	ľ		of Contac			Telephone	Numbe	r			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancella			1	Karl K	avanagh			1	Ā				
				-1,			IFORMATION	1100			-			
Name of Facility Where A	Anatement is	Taking Pla	ce /3	1			TORWATION	Type of Facility	(4)					
	ADDITION OF THE IS	ranning ric	.ce (5	,				School (K-12						
Private home Street Address								Subchapter		K-1 2)				
								Other (i.e., p		mmerci	al bu	lding	S.	
39 Barberry Lane Oity (5)								homes, etc.)			T 5:		333.	
	2024							Square Feet	# of Floor	S	Bio	ig. Ag	je	
New Providence, NJ 0' County (6)	7974				T 0.	0-1-7	ACTATE LIGHT CALLAR			1				
2006 Gr					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	for it being a	emolisn	ea)			
Union Name of Monitoring Firm	Hirad by Bui	Idina Own	NF / C'		10014	N.	T							
Name of Monitoring Firm	niled by bui	iding Own	si (o)	1	ASCM	NO.	Name of Abateme	ent Contractor (9)						
0							Gr Tech LLC	TO TOWN THE REAL PROPERTY OF						
Street Address							Street Address							
0: 0: = 0							576 Valley Rd #							
City, State, Zip Code							City, State, Zip Co	ode						
							Wayne, NJ 0747	70			un na rom			
Project Manager for Mon	itoring Firm			Tele	ohone	No.	Telephone No		License N	10.				
							973-638-1777		01127					
Start Date (10)		Schedule					Name of OSHA N	Monitor						
	14		. / _	15	_ / _	14	Envirovision Co	nsultants,Inc						1
Occupancy Status During			Section 1				Street Address							
☐ Facility Closed/Vacate							20-21 Wagaraw	Road, Bldg .#	34A					
Abatement Performed Time of Abatement: _	d Outside of N	Iormal Fac	ility I-	lours	s - Des	cribe	City, State, Zip Co					-		
Time of Absternant		PIVI/_				AIVI	Fair Lawn, NJ 0	7410						
Scope of Work (Check all	I that apply)		***				Clean up	and decontamin		-	oress	ure		-
⊠ >3 sf or >3 if		V	Reno	vetir	nn.		H Full Con Mini-Enc	tainment with Ne	gative Pressu	ire				
>3 sf or >3 if 2 160 sf or 2260 if			Demo				Gloveba	g Procedure	Tent with Ne	gative F	Press	ure		1
					25		Non-Exe	mpted (*) and No	n-Friable Pro	ocedure	3	¥(
AND 100 MARK			Is Lo	ocati mal							Aba	ateme	ent Ty	уре
Location Asbestes-Containing		un l	Jsed :		***	A-6-	Description of			æ	IJ	Z,	ū	Ш
TO BE ABA		***	Maint	enai	nce/		stos Containing Ma e., thermal systems		Amour (Specif		em	Repair	ncar	nclo
IN Facili	ity			lial 3 12)	Staff?		surfacing, VAT	, or	SIF or L		Remova	₹	Encapsulate	Enclosure
(13)						1	other miscellane	ous)			_		ale	(0)
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Outside siding			L	4	X	Transite	siding		1,100 SF		X			
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				1						C Decree				
Name of Registered Was	ste Hauler			NJD	EP Waste	Hauler ID No	Cubic Yards of Wast	Name of Regis	stered Landfil	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Gr Tech LLC				0	03378	35	TBD	T.R.R.F. Inc						-
City, State		1-7					Disposal Date	City, State					-	- 17,97
Wayne, NJ 07470							TBD	Tullytown, P	A					
Completed By (Print or T	ype)	Title					Signature /	7		Date				\neg
							201	Ac iler	1	1		1.4		
N.Jevtic		Owner					Me.	are wer	Lad	10 //0	3/20	14		
MAY 11		* Do	пот и	se th	is forn	for asbes	itos licensure efemp	nted activities.						

Check#1942

State of New Jersey

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

Date of Notification (1)				T	Name	of Building	Owner/C	perator (2	?)			-			
	03 /	14	_	(Carl L	aurin									
Agencies Notified	Type Notific	ation				Address				2000 -	9 R.		: 5	3	
□ EPA	X Initial			į.	l Woo	dley Roa	d				- 100	00 0			Ì
Toron 1	Amende			1		tate, Zip C						-	-	7	
X DHSS	Amendm			į,	11517	7/2 2/3									
	Emerger		luding	11		stown, NJ of Contact				Tologhana N	una la mar				
(NJAC 5:23-8)	justificat									Telephone Nu	ımber				İ
	Cancella	ation			Carl L	aurin									
	1.0				FAC	CILITY IN	FORMA	TION							
Name of Facility Where Ab	atement is	Taking	Place	(3)					Type of Facility						
Private home									School (K-12)	4.00				
Street Address				0.00					Subchapter 8 Other (i.e., p			buil	dinas		
1 Woodley Road									homes, etc.)		i ioi oiai	Dun	uniga		
City (5)		30							Square Feet	# of Floors		Bld	g. Ag	e	
Morristown, NJ 07960															
County (6)					Count	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	or if being dem	olished)			
Morris	it.					, , ,				3					
Name of Monitoring Firm F	dired by Bui	Idina O	wner /	8)	ASCM	No	Nama	f Abatama	ent Contractor (9)						
Trans of Montoning Finn F	ined by but	iuli ig O	MIIOI (0, ,	43CIVI	NO.	best ere in		ent Contractor (9)						1
							Gr Tecl	0.7.0.00 M T// 0.50							
Street Address							Street A	Address							İ
							576 Va	lley Rd#	283						
City, State, Zip Code					This is		City, St	ate, Zip Co	ode		3/3				Ì
							Wayne.	NJ 0747	70						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telepho			License No.					
							973-63	2 1777		01127					1
Start Date (10)		Sched	uled C	molet	ion Da	te (11)	-	of OSHA N	Agnitor	01127					
07 /17 _ /					/		A. W. C. C. C. C. C. C. C. C. C. C. C. C. C.								
							-		nsultants,Inc					Jan Street	
Occupancy Status During .		50	- 25	- 22			Street A	Address							-
Facility Closed/Vacated									Road, Bldg .#	34A					
Abatement Performed (Time of Abatement:	Outside of r	iomnov 10	rachity M	PM	s - Des	ΔM	City, St	ate, Zip Co	ode						ĺ
Time of Abatement.		—, "				- Alm	Fair La	wn, NJ 0							į
Scope of Work (Check all t	that apply)								o and decontamin			ess	ıre		
▼ >3 ef or >3 lf			▽ Pa	novati	an.		\forall	Full Con Mini-End	tainment with Ne	gative Pressure					
>3 sf or >3 lf > 160 sf or >260 lf				molitic			×	Gloveba	a Procedure	Tent with Nega	tive Pre	essi	ıre		ŀ
-			_					Non-Exe	mpted (*) and No	n-Friable Proce	edure		1		1
				Locat								Aba	teme	ent Ty	/ре
Location of	7.0			Vorma				scription of				ת	ZI	П	m
Asbestos-Containing M		M)		d Sole intena					iterial (ACM)	Amount	1 9	PR	Repair	nca	ncle
TO BE ABAT			10000000	todial		(1.6		i systems icing, VAT	insulation,	(Specify SIF or LF)	13	Remova	air	psu	Enclosure
(13)				(12)				miscellane		011 01 21 /	1 5	<u>u</u>		Encapsulate	ē
10.750 TV 10.			Yes	No	N/A									æ	
Basement			П	П	\boxtimes	Pipe ins	ulation			12 LF	Į.	X	П	П	
					1				-			-	_		
Basement			Ш		×	Boiler in	rsulation	l		30 SF	15	X	Ш		
			П								Г	7	П	T	T
Name of Registered Wast	e Haules		لسا	hi if	JED Wast	e Hauler ID No	Cubic V	ards of Man	te Name of Regis	stered Landfill					
ivaine of Registered Wasti	e nauier								1	otered Landini					
Gr Tech LLC				(003378	85	TB		T.R.R.F. Inc					DOM: DATE	a week
City. State							Dispos	al Date	City, State						1
Wayne, NJ 07470							TB	D	Tullytown, P	A					
Completed By (Print or Ty	pe)	Titie	9				1	gnature/)		Date				
	/							-10/	1 /	1	07/02	120	1.4		
N.Jevtic ASB-41		Owi	ner					Med	In ven	ao	07/03	20	14		
ASB-41 MAY 11		134	Do no	i use i	his fori	n for asbes	stos licen:	sure kxem	oted activities.						

MO#21901431857

Date of Notification (1)		-	-	Name	of Building	g Owner/Operator (2	2)		-	_			-
	02 / 14	W.		Daho	rah Khost								
Agencies Notified	Type Notification			-	t Address						350	· /	
☐ EPA				14 Ca	ton Terra	CA		2011	9	H.	Ŭ	· .)	Ś
⊠ DOLWD	☐ Amended				State, Zip (
⊠ DHSS	Amendment #			0.00	vell, NJ 0					is.			
DCA (NJAC 5:23-8)	Emergency (in justification)	cluain	9		of Contac			Telephone N	lumber				S. co
11020 5 5075 076	Cancellation			Debo	rah Khost			1					
			-			FORMATION			-				
Name of Facility Where A	batement is Taking	n Place	(3)	1.7	OILIII II	TOKINA HON	Type of Facility	(4)		_		_	
Private home	estorment to ramin	3 1 100	, (0)				School (K-1)	(A) (B)					
Street Address							Subchapter	8 (Other than K	-1 2)				
14 Caton Terrace							Other (i.e.,)	private and com	mercial	build	ding:	S.	
City (5)							homes, etc.	# of Floors		Dist	Λ -		
Caldwell, NJ 07006							Square Feet	# Of Floors		Bidg	j. Ag	ge	
County (6)				Cour	ty Code (7)	(STATE USE ONLY)	Current Use (P	slos if boing don	a stick a	IV.			
Essex				0001	11, 0000 (1)	(OTATE DOE ONET)	Current Use (F	nor ir being den	nonsneo	1)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme	ant Contractor (0	\					_
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			siit Commactor (9)					
Street Address						Gr Tech LLC Street Address					_	710	-
						80 0	202						
City, State, Zip Code		10 31 50-51				576 Valley Rd # City, State, Zip Co				_			
Project Manager for Moni	toring Firm	-	Tele	phone	No.	Wayne, NJ 0747 Telephone No.	0	License No			_		
ACCUMANT SERVICES AND ACCUMENT			1000	phone	NO.			Company of the Compan	¥.				
Start Date (10)	Sched	fuled (Comple	tion De	ite (11)	973-638-1777 Name of OSHA M	lanita.	01127					
07 /14 /	14 ()7	1.5	5 /	14		0.000						
Occupancy Status During						Envirovision Co	nsultants,Inc						
∑ Facility Closed/Vacate				meni		Street Address							
Abatement Performed	Outside of Normal	Facilit	v Hou	s - Des	scribe	20-21 Wagaraw	Road, Bldg .#	34A			8		
Time of Abatement:	AMP	W/	PM_		AM	City, State, Zip Co							
Scope of Work (Check all	that apply)					Fair Lawn, NJ 07							
59	that apply)					Full Cont	and decontaming ainment with Ne	nation with nega native Pressure	ative pre	essur	e		
>3 sf or >3 if > 160 sf or >260 if			novati			Mini-Encl	osure						
_ 100 01 01 _ 200 11			molitic)[]			Procedure mpted (*) and No			essur	e		
		l:	Local	ion	T					Abate	ama	nt T	(DO
Location	of		Norma			Description of		_					
Asbestos-Containing N TO BE ABA			ed Sole iintena		Asbe	stos Containing Mat	erial (ACM)	Amount	Constant	Demoi	D D	Encapsula	Enclosure
IN Facilit		Cus	todial	Staff?	(1.6	., thermal systems in surfacing, VAT,		(Specify SIF or LF)	Ş	2 2	<u>u</u> .	sde	uso
(13)			(12)			other miscellaned		0.1 0 2.7	2	2		ulate	re
		Yes	No	N/A								(Q	
Basement				X	Pipe inst	ılation		25 LF	P	9/5	71	П	-1
		П	П		1				F				
				1	 					J L			الن
				1									
Name of Registered Wast	e Hauler		NJI	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill	A STATE OF THE PARTY OF THE PAR				
Gr Tech LLC			(03378	35	TBD	T.R.R.F. Inc						
City, State						Disposal Date	City, State						-
Wayne, NJ 07470						TBD	Tullytown, P.	4					
Completed By (Print or Ty	pe) Title			11112		Signature /			Date	- 22		_	-
N.Jevtic	Own					201	In ver	1		20.			
SB-41						11		140	07/02/	2014	+	_	
AAY 11	ąr	Do no	use th	is form	for asbest	os licensure eijempt	ed activities.						

1110015	
CT# U11-)

Date of Notification (1)				Name of	Building	Dwnor/C	norator	(2)		I F	- 0	11		_
7-3-2014				Paul J	_	Jwilei/C	регатог	(2)	23	4.111	-8 /	111 8	: 5	
Agencies Notified	Type Notification		\dashv	Street A	ddress	- 22		V-4			-	20000		•
	[52]			68 Ste	even Ave	9.								
EPA DEP	X Initial Amended		-	City, Sta	te, Zip Co	de						4	لماعم	
X DOL	Amendment	#		(14개 14.55) [사이가 작 유위	alls, NJ		4							
	Emergency		-	1.0000000000000000000000000000000000000	Contact				To	lephone I	dumbor			
DOH DCA	justification) Cancellation			Paul J					16	iepriorie i	vullibei			
П вох	Caricellation											-		
Name of Facility Where	Ahatement is Takir	n Place (3)		FACI	LITY INFO	RMAII	ON	Type of Facil	ity (A)					
House	ribatomont is rain	ig i lacc (o)						MINISTER STATE OF THE STATE OF						
Street Address								School		41 1	(40)			
								Other (i	pter 8 (Oth e. private	er than K & comme	(-12) ercial bui	ldings	home	20
68 Steven Ave.								etc.)	o. piivate	a comme	noiai bui	idiriga	HOITH	cs,
City (5)								Square Feet	# 0	f Floors	E	3ldg. A	Age	
Little Falls											1	50+		
County (6)				County (Current Use	(Prior if be	ing demo	lished)			- 5
Passaic				(STATE L	JSE ONLY)			House						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		Name	of Abatement	Contractor	(9)				
n/a							10.00	nica Manage						
Street Address		100						Address		о.р				
n/a								roy Lane						
City, State, Zip Code							100000000000000000000000000000000000000	state, Zip Code			-			
n/a							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
								oln Park, N	0/035					
Project Manager for Mon	litoring Firm			Telephor	ne No.			none No.		License				
n/a				n/a			1	706-7950		01193	3			
Start Date (10)		Schedule		npletion [Date (11)			of OSHA Mon						
7-14-2014		7-15-20					Lozi	nica Manage	ement C	orp				
Occupancy Status Durin	g Abatement (Che	k Only One	∍)				Street	Address						
Facility Closed/Vac	ated During Entire	Period of A	batem	nent			22 T	roy Lane						
Abatement Perform	ed Outside of Norr						City, S	tate, Zip Code						
Other - Describe:	9 am - 5 pm				-	_	Line	oln Park, N.	J 07035					
Scope of Work (Check A	II That Apply)				*******									-
≥3 sf or ≥3 lf	3.7 5.6	V	enova	4:				1			_			- 1
≥160 sf or ≥260 lf			emolit				>	Full Contai Mini-Enclo		i Negativ	e Pressu	ire		
								Glovebag I	Procedure					
	-						L		pted (*) an	d Non-Fr	iable Pro	ocedu	е	
			Locati										ement	t
Location			ormal			De	scription	of				13	ре	-
Asbestos-Containing			l Sole					Material (ACM)	1 10 535	mount			Ш	г .
TO BE ABA			odial S		(i.e.		system cing, VA	s insulation,		Specify F or LF)	Reg	Re	ıca	nc
(13)			(12)				niscellar		0	O. L.	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>m</u>		ate	6
		103	140	INIA			1.00 		-			-		
Basem	ent			X	Ask	pestos	Pipe I	nsulation	1	20 LF	X			
1020 100022														\Box
		_							_		-	+		\vdash
Name of Registered Was	ste Hauler	1 1	N	JDEP W	aste	Cubic	Yards	Name	of Registe	ered Land	Hill			\vdash
			11/7/25	auler ID		of Was					4.111			
Jadar Contracting L	LC		0	033137	7	TBD		GRO	DWS Lai	natiil				
City, State						Dispos	sal Date	City, S	State					
Lincoln Park, NJ 070	035					TBD		Mon	risville P	A 1906	7			
Completed by		Title				S	ignature	0	5		Date			
E. Cirovic		Secre	etary				C.	Uni	no		7-3-20	14		

	- 94	
11.		
1114	~ 1111	
1 VIH	- ()/19	
1 /11		

Date of Notification (1)			1	Name of	Building Ow	ner/Operato	or (2)		mas.	11.11		25			
July 3, 2014				220 Pa	assaic Str	eet Assoc	iates C	orp	2317	UL -	8 A		}:	50	
Agencies Notified	Type Notification			Street Ac	idress			7							
□ EPA	× Initial			220 Pa	assaic Str	eet				231	7			-	
DEP	Amended		30		te, Zip Code					i e	/1				
X DOL	Amendment Emergency (- L		ic, NJ 070)55									
	justification) Cancellation	inologing		Name of	Contact				Tele	ephone N	umber				
				FACIL	ITY INFOR	MATION									-
Name of Facility Where	Annual Control of the						Type	of Facility (4	4)						
Commerical Buildi	ng Areas A1, A2	, A4, A4	, A5					School (K-1	2)						
Street Address								Subchapter Other (i.e. p				Idin	10	homo	
220 Passaic Stree	t						B	etc.)	rivate c	x comme	ciai bu	iuni	,5,1	ionie	,5,
City (5)							Squar	e Feet	# of	Floors		Bldg		ge	
Passaic												50-			
County (6)				County C	Code (7) ISE ONLY)		Currer	nt Use (Pric	or if bei	ng demoli	shed)				
Passaic					77 27										
Name of Monitoring Firr	n Hired by Building (Owner (8)		ASCM	No.	40,000		tement Con							
n/a								lanageme	ent Go	orp					
Street Address n/a						1000000	et Addres Troy La	0.70							
City, State, Zip Code							State, Zi		_	-					
n/a						1 100		ark, NJ 07	7035						
Project Manager for Mo	nitoring Firm			Telephor	ne No.	700000	ohone No			License		1			
n/a				n/a			370679			01193					
Start Date (10)		Schedule		pletion [Date (11)	1000		IA Monitor							
7-16-2014		7-23-20						lanageme	ent Co	orp					
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				et Addres	-							
	cated During Entire F ned Outside of Norm						Troy La State, Zi					_	_		_
X Other – Describe:		iai Facility	nours			2000		ark, NJ 07	7025						
Scope of Work (Check /	All That Apply)					Lili	CONTI	air, ind o	7000		-		_	-	_
-	macreply	По				1	П г	Containme		Negative	Droop				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ACCRECATION .	enova emolit					Containme ii-Enclosure		Negauve	Piess	ure			
								vebag Prod n-Exempted		d Non Eri	abla Dr		lue		= 1
		1					INOI	i-Exempled	ı () anı	J NOH-FIL	able FI		200	ment	
	828	1000	Locati ormal	8.5		_		1					Тур		
Locatio Asbestos-Containing		Used	d Sole	ly by	Ashestos	Descriptions Containing		(ACM)	А	mount				m	
TO BE AE	BATED		ntenar odial S	0,000,000		ermal syster	ms insula		(5	Specify	Re		0	nca	Enc
In Fac		Oust	(12)	, tuin ,		surfacing, V ther miscella			SF	or LF)	Remova	- volosii	3	Encapsulate	Enclosure
(10,	,	V	NI-	NUA		uloi illiooolii	ancous,				<u>a</u>	1		late	те
		Yes	No	N/A							-	+	-		
2nd fl, Section				X		Mastic &	7:00 M			50 SF	×		-		
East Side				X		k Insulation	577 347	ris	20.0	0 SF	X	+	-		
Exter	ior			Х		Vindow Ca	aulking			Vindows		1	1		
2nd fl, Tan				Х		ing Transi			200000000000000000000000000000000000000	50 SF	\rightarrow				
Name of Registered Wa	iste Hauler		5 00 29	JDEP W auler ID		Cubic Yards of Waste		Name of	Registe	ered Land	fill				
Loznica Manageme	ent Corp			033137	7	TBD		GROW		ndfill					
City, State	7005				1.75	Disposal Dat	te	City, State		A 1000	7				
Lincoln Park, NJ 07	7035	7.4				TBD		IVIOTRISV	rille P	A 19067					
Completed by E. Cirovic		Title	atan.			Signatu	ire	Dar	\ `~		Date July (2 2	11.	1	
E. CITOVIC		Secre	siary			(_	. U	JW	n		July (, <	J 14	T)	

Date of Notification (1) 7/3/2014		*			Owner/Oper hool Distr		2914 JU	L - 8	AM 8	: 49	1		
Agencies Notified	Type Notification	70	Street A 205 W	ddress /alnut St	reet					. 1			
DEP DOL	Amended Amendment			ate, Zip Co ı, NJ 080					:				
DOH DCA	Emergency (justification) Cancellation	including	1000000000000	f Contact Sassine-	Program	Officer		Telenh	one Nur	nher			
			FAC	LITY INFO	RMATION								
Name of Facility Where Salem Middle Scho		g Place (3)				Туре	of Facility (4) School (K-12))	14.14				
Street Address 51 New Market Stre	eet						Subchapter 8 Other (i.e. pri etc.)				dings,	home	es,
City (5) Salem						35,5	are Feet 500	# of Flo	oors	- 1	ldg. A 4	.ge	
County (6) Salem				Code (7) USE ONLY)	(- <u></u>		ent Use (Prior 1001/ Educa		demolish	ed)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)	ASCI N/A	M No.	30.75		atement Contr Invironment		rices, Ir	nc.			
Street Address N/A	2				10000	reet Addre 2 Ridge	77.70						
City, State, Zip Code N/A						ty, State, 2 hoenixv	Zip Code ille, PA 194	60					
Project Manager for Mor	nitoring Firm		Telepho N/A	ne No.	10000	elephone N 10-933-4		20273	cense N 0836	0.			
Start Date (10) 7/21/2014		Scheduled 0 8/16/2014		Date (11)	77353		SHA Monitor nte- School	Develo	pment	Auth	ority	Safe	ety
Occupancy Status Durin	g Abatement (Chec	k Only One)			St	reet Addre	ess						
	ated During Entire F	Period of Aba			2	2 E. Fro	nt Street		2	V.			
		an racinty rio					NJ 08625	1575					
Scope of Work (Check A	III That Apply)	Reno	wation			П	ull Containmen	st with No	antius F	rongu			
≥160 sf or ≥260 lf			ovation olition			M GI	ini-Enclosure lovebag Proce on-Exempted (dure	-			۵	
300000000000000000000000000000000000000		T				Record 190	bri-Exempled () and iv	on-i nab	1	Abate		
Location	n of		nally		Descrip	ntion of						ре	
Asbestos-Containing		Used S Mainte			tos Containi	ng Materia		Amo				Ш	
TO BE AB In Facil		Custodi		(i.e.	thermal sys surfacing		lation,	(Spec		Ren	Re	ncap	ncl
(13)	,	(1	2)		other misc)	0, 0,	/	Remova	Repair	Encapsulate	Enclosure
		Yes N	o N/A									ite	Ф
exteri	or		X		windov	/ caulk		2000) If	X			
Name of Registered Was	eta Haular		NJDEP V	laste	Cubic Yar	de	Name of Re	enistered	l andfill				
Freehold Cartage, Ir			Hauler ID		of Waste	43	Western	01 7 (01) 000		Auth	ority	e e	
City, State					Disposal [City, State						
Freehold, NJ		1			7-8/2014	·	Birdsbord	o, PA					
Completed by Jeffrey A. LaRiviere		Title V.P.			Signa	ture		_	7/3	te 3/201	4		
						/ \							

Date of Notification (1) 07/02/2014					f Building LOOMF				ASSOCI	ATES					
Agencies Notified	Type Notification			Street A	ddress LOOMF	IELD S	ST		2474	ini.	-8 L	∮ 8:4	8		
EPA DEP DOL	Initial Amended Amendment	#	_		ate, Zip Co		30			1			2 1.		
☑ DOH □ DCA	Emergency justification) Cancellation				f Contact		1			Tele	ephone N	Umher			
Ц					ILITY INF					-			- 30	-	
Name of Facility Where	Abatement is Takin	g Place (3	3)	1710		Ordiberri		Туре	of Facility ((4)	1,				-
PRIVATE								П	School (K-1	(2)					
Street Address								П	Subchapter	8 (Othe					
900 BLOOMFIELD	ST								Other (i.e. p	orivate 8	commer	cial build	lings,	home	es,
City (5)		******			Secreti di la la la la la la la la la la la la la				etc.) ire Feet	# of	Floors	IB	ldg. A	ne	
HOBOKEN N.J. 07	030								,000		3		96		
County (6)				County	Code (7)			- 2797	ent Use (Pri	or if hei	na demoli	isheri)			
HUDSON				(STATE	USE ONLY	o			N/A			oncu)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	VI No.				atement Cor QUALIT			CTION	LLC		
Street Address	15						Street / 22 V/		ss RDEN P	L.					
City, State, Zip Code							City, St	tate, Z	ip Code					***	-
							HACI	KEN	SACK N.	J. 0760	01				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 201-		lo. 4270		License 01135	No.			
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		E Consession		HA Monitor						
07/02/2014		07/02/	014				F (2000)		ALITYCA						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street /			Walter .					
Facility Closed/Vac Abatement Perform									EST 38S	Т.					
Other - Describe:		iai rauiti	riours	•			1 -		ip Code RK N.Y. 1	0018					
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		No.	Renova Demolit	A CONTRACTOR OF THE PARTY OF TH		69	×	Min	II Containm ni-Enclosure ovebag Prod	e cedure					
<u> </u>		-			1		×	No	n-Exempted	d (*) and	Non-Fria				
*		600	Locati									2	Abate	ement pe	t
Location Asbestos-Containing	of		Normal ed Sole		A - b		scription						,		П
TO BE ABA			intena				taining M systems			27,87	mount pecify	D	_	En	m
In Facili	ity	Cus	todial 5 (12)	sian?		surfa	cing, VA7	T, or			or LF)	Remova	Repair	aps	l Clos
(13)		-		т		other n	niscellan	eous)		7.40		oval	air	Encapsulate	Enclosure
		Yes	No	N/A					1					6	
First Floor Unit #	1 Bathroom	-	Х			Ceiling	Tile &	Glue)	12	0 SF.	х			-
										Ī					
V (D : 1 - 111)															
Name of Registered Was SHARON QUALITY	ESS CONTRACTOR AND AND AND AND AND AND AND AND AND AND	NC	Н	JDEP W auler ID)33967	No.	of Was	ste		Name of I				IC		
City, State HACKENSACK N.J							sal Date		City, State		SC UHI				
Completed by		Title					ignature	<u></u>	AAVIIAL						
CARLOS ESQUIVEL		233350	TY N	IANAG	SER	_ 3	igi iaitilia	PE	ywif	mfl	11/ -1)ate)7/02/2	014		
ASB-41 (R-06-08)						1	* Do not	use t	his form for	asbesto	os licensu	ire exem	pted	activit	ies.

B t Cı	Used Solel y Mai enanc istodi	y n- e/	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 L	REPAIR	ENCAPSUL	NCLOSUR
Yes No N/								E
		X	Pipe Insulation	80 lf	X			
			Boiler	18 sf	X			
			VAT	132 sf	X			
	B t Ci St	Used Solel By Mai tenanc Custodi Staff (Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A	Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A X Pipe Insulation Boiler	Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A X Pipe Insulation Boiler Amount (Specify SF or LF) SF or LF) 80 1f	Normally Used Solely By Main- tenance/ Custodial Staff (12) Yes No N/A X Pipe Insulation Amount (Specify M SF or O LF) A Strong Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) X Pipe Insulation 80 1f X Boiler	Normally Used Solely By Main- tenance/ Custodial Staff (12) Yes No N/A X Pipe Insulation Amount (Specify M P P P P P P P P P P P P P P P P P P	Normally Used Solely By Main- tenance/ Custodial Staff (12) Yes No N/A X Pipe Insulation R E E A

of Waste 1.5 17040 G.R.O.W.S. AZTECH MANAGEMENT, INC.

City, State Disposal Date City, State Morrisville, PA 19067 7-17-14 Montclair, NJ 07042

Signature Date Title Completed By (Print or Type) 7-1-14 Constantine Vivian President

City, State

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

Disposal Date
7-22-14

Morrisville, PA 19067

Signature

Oate
6-30-14

Date of Notification (1)							Owner/Operato				, · · · · · · ·			
6/30/2014	- 1	122			PEMB	ERTON	TOWNSHI	PB	OARD OF ED					1
Agencies Notified EPA	times)	otification itial			Street A		ST., PO B	ОХ	228	401	iJUL -	-8	ĥŸ	j: 3
EPA DEP DOL	Ar Ar	nended nendment		_		ite, Zip Co ERTON	de , NJ 08068						. //	
☑ DOH DCA	jus	mergency (stification) ancellation	including			Contact USTIN	W-1000			Telephone	Nlumber	14	ta:	*
					FACI	LITY INFO	ORMATION					100		_
Name of Facility Where A								T S	ype of Facility (4) School (K-12)					
Street Address 14 SCRAPETOWN	ROAD								Subchapter 8 Other (i.e. privetc.)	(Other than I		dings	home	es,
City (5) PEMBERTON								S	Square Feet	# of Floors	E	ildg. A	\ge	
County (6) BURLINGTON					County (Code (7) JSE ONLY)		C	Current Use (Prior	if being demo	olished)			
Name of Monitoring Firm CARDNO ATC	Hired by	y Building (Owner (8)		ASCM	No.			Abatement Contra BROTHERS C		ING, IN	IC.		
Street Address 3 TERRI LANE, SU	IITE 4								ddress UTHERFORD	BLVD.	954			
City, State, Zip Code BURLINGTON, NJ	08016						6533		te, Zip Code ON, NJ 07014					
Project Manager for Mor JOHN LUTZ	nitoring F	irm		T	Telephor	ne No. 79-8512	Tele	phor	ne No. 56-8700	Licens 0049				
Start Date (10) 7/9/2014	tart Date (10) Schedule						A CONTRACT		OSHA Monitor AS (9) ABOV	E				
Occupancy Status Durin	g Abaten	nent (Chec	k Only Or	ne)					idress					
Facility Closed/Vacility Abatement Perform Other – Describe:	ated Duri	ing Entire F de of Norm	Period of	Abater			City,	Stat	te, Zip Code					
Scope of Work (Check A	II That A	(vlan						-				-		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		PP-97	ACCRECATE AND ADDRESS OF THE PARTY OF THE PA	Renova Demoli					Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure				
			11000	Locat						j and Non-i	TIABLE T TO	Abat	ement pe	
Location Asbestos-Containing <u>TO BE AB/</u> In Facil	Material <u>ATED</u>	(ACM)	Use Ma	d Sole intena todial ((12)	ely by ince/ Staff?		Description tos Containing thermal syster surfacing, V	Mat ms ir /AT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscella	aneo	ous)		oval	air	sulate	sure
EXTER	IOR			X		TRA	NSITE SOF	FIT	PANEL	12 SF	Х			
X = 1 1			-		-						_			
	4.7													
Name of Registered Was TWO BROTHERS (H	NJDEP W Hauler ID 18743		Cubic Yards of Waste 1			egistered Lan MANAGEN		S.R.C).W.S	S.
City, State CLIFTON, NJ						-	Disposal Dat 7/15/2014		City, State MORRIS	SVILLE, PA				
Completed by VIVECA RAMOS			Title PRO	JECT	COOF	RDINAT	OR Signatu	ire	ess Co	~~	Date 6/30/20	014		

					1500 0.00			DA	1 10 P	1/1/		7	
Date of Notification (1) 06/27/2014			Na St	me of Bu evens	uliding Owne Institute o	er/Operator (2 of Technolo	ogy [טט	L - 10 D	AY		1	
Agencies Notified	Type Notification	17	Ca		oint on Hu	odson			h 27 7	14		1_	4
EPA DEP DOL	initiat Amended Amendment	#			Zip Code 1, NJ 0703	30		To	4/00				
DOH DCA	Emergency (justification)			me of Co	ontad Naffia, PE		N	ANE	Telephone N	TO THE)		19116
3 001			-	FACILIT	Y INFORM	ATION							-
Name of Facility Where Williams Library Street Address		g Place (3)					Subc Other	ol (K-12)	(Other than K- ate & commor	12) cial bulldi	ngs, h	ames	1. 9-7
Castle Point on Hu City (5)	dson		-				Square Fe	el	# of Floors N/A	BI	ig. Ag	8	-
Hoboken County (6)				ounty Co	de (7) E ONLY)		A-0.17	se (Prior	if being demoli	ished)		·. 	
Hudson Name of Monitoring Fire	n Hired by Building	Owner (8)	113	ASCM N			of Abateme					<u>. </u>	
Briggs Associates				0004		1	Address	ent, Inc.					-
Street Address 3 Crosswicks Stre	et					11 R	osengrer		16				
City, State, Zip Code Bordentown, NJ 0	8505						itale, Zip C wa, NJ07	-					
Project Manager for Mo Michael Hoodak				elephone 09-298			none No. 345-8685	5	License 00675				
Start Date (10)		Scheduled 06/30/20		oletion D	ate (11)	4.8	of OSHA M						
06/27/2014 Occupancy Status Dur	ing Abatement (Che						Address						
Facility Closed Na	cated During Entire med Outside of Nor	Period of Ab	atems	ent		City, S	Rosengre State, Zip C owa, NJ C	ode	<u> </u>				
Scope of Work (Check ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff			novat				Mini-E	nclosure			cedur	ė	
		3.50.5	ocatio			Descriptio	n of					ement rpe	, T
Asbestos-Containi TO BE /	ion of ng Material (ACM) ABATEO acility 3)	Custo	tenar	ice/	(i.e. th	s Containing ermai system surfacing, V other miscella	ns insulatio 'AT, or	CM) n,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		VAT		-+	1500 SF	- x	+	+	\vdash
Lib	rary		X	-		VAI		-	1000 01	Ť	\dagger		
													F
									Registered La	nd6ll	1_		
Name of Registered I			1	IJDEP W lauler ID 0996	No.	Cubic Yards of Waste TBD			Manageme		(
City, State						Disposal Da		City, Stat	wn, PA				
Totowa, NJ07512 Completed by		Title	ct NA	anager	1	Signate	nla N			Date 06/27	/201	4	
Susan Brkusanin		110,0		a luger				X		orura av		d noti	witte

CK 19/66

Date of Notification (1) 7/2/2014						Owner/Opera OARD OF								
Agencies Notified	Type Notification)		Street A		AVENUE			2814.	/UL -8	Ret	0. /		
DEP DOL	Amended Amendment		30 LINWOOD AVENUE City, State, Zip Code HAMBURG, NJ 07419										: C	
X DOH X DCA	Emergency justification) Cancellation		Name of BILL S	f Contact SABO				Telephone Number						
			278	FACI	LITY INFO	RMATION			- 19					
Name of Facility Where A		ig Place (3)					77	Type of Facility School (K-						
Street Address 30 LINWOOD AVE	NUE									er than K-1 & commerci		dings	hom	es,
City (5) HAMBURG								Square Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) SUSSEX					Code (7) USE ONLY)			Current Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm WESTCHESTER E				ASCN	ЛNo.	2000		f Abatement Co BROTHERS			G. IN	IC.		
Street Address 307 NORTH WALN	UT STREET			1		Stre	eet A	ddress						
City, State, Zip Code WEST CHESTER, I						City	y, Sta	ate, Zip Code		V D.	72.00			
Project Manager for Mon	itoring Firm		T	Telepho		Tel	epho	ne No.	14	License N	lo.			
JENNIFER LUTTRE Start Date (10)	ELL	Scheduled	d Cor		31-7545 Date (11)	77.00	2070 7	56-8700 f OSHA Monitor		00494				
7/16/2014 Occupancy Status During	Abatament (Char	7/31/20	3750.50					AS (9) ABC	VΕ				- 25	
Facility Closed/Vaca		100		nent		Sire	eerA	aaress						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility l	Hour	S		City	y, Sta	ite, Zip Code	e management	V-19-10-10-1				
Scope of Work (Check Al	That Apply)	-												
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Addresses.	enova				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				·e	
		ls L	ocat	ion				Tron Example	4 () 411	<u> </u>	1	Abat	ement	t
Location		No Used	orma Sole	,		Descript						Ty	ре	1
Asbestos-Containing TO BE ABA In Facili (13)	TED	Mair Custo	itena idial ((12)	nce/ Staff?		bs Containing thermal system surfacing, other misce	ems i VAT,	, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
CVM		Yes	No	N/A		EL OORIN	IC A	ND	4.5	F0.0F	-			
GYM			X	-		FLOORIN /APOR BA		WARRANCE TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	4,5	550 SF	X			
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									7 A 2					
Name of Registered Was	te Hauler		115.00	IJDEP W	ACCE.	Cubic Yards of Waste	s	Name of	Registe	ered Landfill				
TWO BROTHERS C	ONTRACTING	}	223	8743	140.	60				NAGEME	NT C	S.R.C).W.S	S.
City, State CLIFTON, NJ						Disposal Da 7/31/2014	-	City, Stat		LE, PA	i i			10
Completed by VIVECA RAMOS		Title PROJI	ECT	COOF	RDINATO	OR Signat	ture	wear t) an	Da 7/	ite 2/20	14		

Date of Notification (1)		ii N		Name	of Building	Owner/Operator (2	2)					
	_17	-		5	umn	nit po	Blic	52170	σÎ	10		
Agencies Notified Type Notif	ication			Street	Address			7.3.1	-3 :		: []	
☐ EPA ☐ Initial						Beckma					12012	F-11
☑ DOLWD ☐ Amend				City. S	tate, Zip C	ode	, , ,	1 1				- 10-00
DHSS Amend		2 1021					h . —	an Car	· i	-	47	4
□ DCA		luding	3		inn	; T	100	07701	- 1	/	ال ال	
(NJAC 5:23-8) justifica	- 25				of Contact			Telephone Num	iber			
☐ Cancel	lation			40	uis:	5 Pepe						5
				ATT THE RESIDENCE	Section of the Control of the Contro	FORMATION			•			
Name of Facility Where Abatement is	s Taking	Place	(3)				Type of Facility	(4)				
Summit mil	oni.		c .	110	-1		网 School (K-12)				
Street Address	1710	-	50	110	•		☐ Subchapter 8	Other than K-12	2)			
	¥ 0000	_	_					rivate and comme	rcial bu	uilding	IS,	
272 morri	<u>``S</u>	4 4	12				homes, etc.)					
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Summit							+500	a	1 5-	+ 2	5	
County (6)				Cour	tv Code (7	(STATE USE ONLY)		or if being demoli				
UNION C	all			-	,	,(011112 002 01121)			onou,			
							Control of the Contro	CHOOL				
Name of Monitoring Firm Hired by Bu	•			ASCM	No.	Name of Abateme	ent Contractor (9)				22	
K+A Environment	al co.	NICA	c Tors			K+A EW	VITONMEN	TAL CONT.	ACT	-00	2 .	In-
Street Address	We seem to					Street Address						
20 / 24/6	00	15)			20 /0	uck R	0				
City, State, Zip Code	FIU	4 1	0.			City, State, Zip Co	WC IC K	-04		-		
		r	.,			City, State, Zip Co	Ode	16 ~1				
mohatow, Pa		75	40			Telephone No. License No.						
						Telephone No. License No.						
Mike KAO)			1.10	.856	. 7700	700 610 - 856 - 7700 01107 Name of OSHA Monitor						
Start Date (10)	Schedu	iled C	comple	tion Da	te (11)	Name of OSHA M	Ionitor					
712114	-	7	7	3 /	161							
			No.	_ ′ -	1 7	(51	LABS					
Occupancy Status During Abatemen	t (Check	only	one)		7	Street Address					**************************************	
Facility Closed/Vacated During Er	ntire Peri	od of	Abate	ment		117	Va. 1 2-	dition	_			_
☐ Abatement Performed Outside of					cribe	City, State, Zip Co	do 20	111102	<u> </u>	<u></u>	<i>.</i> .	_
Time of Abatement: SEC AM-	100 PM	/	_PM-		AM	120 120		0 8 <u>220</u> 0				
						CAry	NC	27511				
Scope of Work (Check all that apply)												
₩ >3 of or > 2 lf		п.					ainment with Neg	ative Pressure				
			enovati emolitic			Mini-Enc	osure g Procedure					
	'		, month)II		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ıre			
		- le	Locat	ion				T T T T T T T T T T T T T T T T T T T			T	
Location of			Norma			Description			At	atem	ent i	/pe
Location of Asbestos-Containing Material (AC	CM		ed Sole		Ache	Description o stos Containing Ma		Amount	교	Repair	E	En
TO BE ABATED	1417	Ma	aintena	ince/		, thermal systems		(Specify	3	pa	car	clo
IN Facility		Cus	todial	Staff?	(surfacing, VAT,		SF or LF)	Removal	-	nsc	Enclosure
(13)	-		(12)			other miscellane		10	1		Encapsulate	Ф
		Yes	No	N/A								
1 1 1 1 1	2.		P		CZ.	LF .THermal	6 NET-	8 LF				
Science lat	2 5	<u> </u>		\perp	0	LT THEMAI	System	8 61		ш	ш	ш
					1		0.00					
										_		
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Name of Registered Waste Hauler			I N	JDEP V	Naste I	Cubic Yards of	Name of Regis	tered Landfill				
21,000				auler I	19-12-13-13	Waste						
K+A ENDITENINGITA	1 con?	TACI	015	00		Ya	SOUTHER	V Alleghe	wie:	م(د	Ω ند،	FR
City, State		_		100.00		Disposal Date	City, State	7	2020			
mohuton	F	A				7-30-14	0 0	e\1	PA	3		
	250	-0.0000				100	DAVIDS	Ville		۲.		
Completed By (Print or Type)	Title					Signature	10) D	ate		_	
ANTHONY J SANTARON	0	000	T	10~	,	(X	$L \cup X$	A	7.	-)	-1	4
ANTHONX J SANTAR EST.		FC	~ 1 !	· · ~		0.00	71/					
MAY 11	* D	o not	use th	is form	for asbesto	os licensure exemp	ted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Building	Owner/Oper	rator (2)			-			
July 2, 2014				Seminole Construction 4 2460 /								
Agencies Notified [X] EPA [] DEP [X] DOL	[] Ame	al Notification ended Notification endment #		Street Address City, State, Zip Co	City, State, Zip Code West Creek, NJ 08092							
f 1		rgency (including fication)										
[x] DOH [] DCA		cellation		Name of Contact Joyce			Telephone Number					
			FAC	CILITY INFORM	ATION							
Name of Facility Where Al- Res	atement is Taking idence	Place (3)				Type of Facility (4	School (k-12)	10. 10. 10.	OCATOWAY!			
Street Address	W. Navasink D	Drive		÷.		[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ildings,		
City		County (6)		County Code (7) (STATE USE ONL	Y) .	Square feet 1000 sf	# of Floors	Bldg. Age				
Mystic Island	d	Ocean		(011112 002 0112	-/	Current Use (Prior	if being demolished)		60			
Name of Monitoring Firm I	and the second s	Owner (8)		ASCM No.	No. Name of Abatement Contractor (9)							
N/A Street Address	<u> </u>				Street Ad		ian Contracting,	Inc.				
C': 0: 7: 0 l						1889	Route 9, Unit 61					
City, State, Zip Code					City, Stat	e, Zip Code Toms	River, New Jers	ev 0875	5-1271			
Project Manager for Monito	oring Firm	Telephon	e Number		Telephon 732-34	License N	License Number 00624					
Scheduled Start Date (10) 7/3/14		ion Date (11)		OSHA Monitor								
Occupancy Status During A [X] Facil [] Abat	ity Closed/Vacated	7/7/ only one) d During Entire Per Outside of Normal	iod of Aba		Street Ad	dress 1056 S e, Zip Code	L. Analytical Stelton Road					
							away, New Jerse		1			
: :	for ≥3 If sf or ≥260 If	[] [x]	Renova Demoli		[] [] [x]	Mini-Enclosure Glovebag Proces	t with Negative Pres lure *) and Non-Friable I					
					m m			Abaten	ent Type			
Location of Asbestos-Containing M TO BE ABAT in facility (13)	aterial (ACM)	Is Locati Normally Solely b Maintenance/C Staff (12) YES NO	ised y	Asi N (i.e insi	Description Destos-Con Material (A L, thermal s Lation, sur VAT, or er miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	E M O	R E N C A A P R S U L E	E N C L O S U R E		
Exterior		X	1	Asbestos sidir	ıg		1000 sf	Х	- L	1		
(0) 90										+		
Name of Registered Waste F Guardian Cor		NJDEP Wa	ste Hauler 20223	ID No. Cubic Ya	rds of Waste	Name of Regist T.R.R.F.	ered Landfill					
City, State Toms River, 1	Code:			al Date	City, Sta		. /					
Completed by (Print or Type Nicholas Fern)	Title Project Manag		Signature	hol	- Levinsylvani	a /	Date 7/2/20	14			
		*Do not use	this form	for asbestos licen	sure exem	oted activities.			1,000			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

D. CY CO. C. VID				[]	0 10	(2)							
Date of Notification (1) July 2, 2014	Name of Building		erator (2) Construction Cor	2 (1	70	11	^~						
					Ditto	- PA	P. Ch	۵,	160	<u> </u>			
Agencies Notified Type of Notified Type of Notified Init	Street Address 49 Linden Avenue												
	[] Initial Notification [] Amended Notification			3									
	Amendment #			City, State, Zip Co									
	ergency (i				Manti	ua, NJ 08051							
[] DCA just		Name of Contact			Telephone Number								
[] Car	ncellation			Nick									
			FAC	ILITY INFORM	MATION								
Name of Facility Where Abatement is Takin	g Place (3	3)				Type of Facility (4)				-		
Residence						[]	School (k-12)						
Street Address						[]	Subchapter 8 (otl	her than	k-12)				
14 N Forecastle	Drive					[x]	Other (i.e., privat	te & co	mmerc	al build	lings,		
City	T Causa	tr. (6)		County Code (7)	AN HOLD TO SEE	C C	homes, etc.)	l pu					
City	Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 700 sf	# of Floors	Bidg	g. Age	60			
Little Egg Harbor	Oce	an			-,		if being demolished)			,,			
						Resid	107						
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM No.	Name o	f Abatement Contract				2011			
N/A Street Address				todan to the second	Street A		lian Contracting,	Inc.					
Street Address					Street A		Route 9, Unit 61						
City, State, Zip Code					City, Sta	ate, Zip Code	route 5, Olic 01						
b					No.	Toms	River, New Jers		755-1	271			
Project Manager for Monitoring Firm Telephone Number						ne Number	License N	lumber					
Scheduled Start Date (10)	Tommloti	an Data (11)		49-9932 f OSHA Monitor	00624								
7/3/14	Jompien 1	on Date (11)	Name o		S.L. Analytical								
Occupancy Status During Abatement (Chec			Street A										
[X] Facility Closed/Vacar	ed During	Entire Period	d of Aba										
[] Abatement Performe	d Outside	of Normal Fa	cility Ho	urs	City. Sta	ate, Zip Code		10000					
Other – Describe					Jan.		taway, New Jerse	y 088	54				
Company of the second of the s			-		<u> </u>	1	. 'd N'. P	100					
Scope of Work (Check all that apply)					L	Mini-Enclosure	nt with Negative Pres	sure					
[] >3 sf or ≥3 lf		r 1	Renova	tion	F F	Glovebag Proce							
[X] ≥160 sf or ≥260 lf		[x]	Demoli		[x		(*) and Non-Friable	Procedi	ıre				
						<u> </u>							
								Abat	ement	Туре	_		
Location of		Is Location Normally us		۸.	Descripti bestos-Co		Amount	R	R	E	E		
Asbestos-Containing Material (ACM)		Solely by			Material ((Specify SF	Е	E P	N C	N C		
TO BE ABATED		ntenance/Cu			e., thermal		or LF)	M	A	A	L		
in facility		Staff			sulation, su			0	I	P	0		
(13)		(12)		-	VAT,			V	R	S	S U		
	XITTO O		37/4	oti	ner miscel	laneous)		A		L	R		
×	YES	NO	N/A					L		E	E		
Exterior		X		Asbestos sidi	ng		700 sf	X					
	1												
		+		 									
				 		***************************************		 	1	\vdash	-		
Name of Registered Waste Hauler		NJDEP Wast	e Hanler	ID No Cubic V	ards of Wa	ste Name of Regis	stered Landfill						
Guardian Contracting, Inc			0223	3	and or ma	T.R.R.F.	va Danoini						
City, State			Dispos	sal Date	City, S	tate ,			1997				
Toms River, New Jersey	1 = 1		7/8/1		Tully	town, Pennsylvan	ia/	T					
Completed by (Print or Type) Nicholas Fernicola	Title	ect Manage	er	Signature	1.01.0	11.1		7/2					

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

[5 AV 17 1 41				,	11									
Date of Notification (1) July 2, 2014					Name of Building Owner/Operator (2) DENJ Inc. 24603							3		
Agencies Notified [X] EPA	[] Initia	Type of Notification [] Initial Notification [] Amended Notification				P O Box 669						.,		
[] DEP [x] DOL	Ame	Amended Notification Amendment # Emergency (including				City, State, Zip Code Clarksburg, NJ 08510								
[X] DOH justification) [] DCA [] Cancellation						of Contact Gerry	Baldach	ino	Telephone N	Vumber				
				FA	CILITY	INFORM	IATION							
Name of Facility Where A	batement is Taking sidence	Place (3)					Type of Facility] School (k					
Street Address	5 North Ensign	Drive				17		[x] Subchapt] Other (i.e homes, e	e., privat		35	ial build	dings,
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Name of Monitoring Firm		Owner (8)		ASCM	No.	Name of	Abatement Contra	actor (9) ardian Contra	actina	Inc			
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Project Manager for Monitoring Firm Telephone Number							Telephor	1 01 ne Number	ns River, Ne	w Jerse icense Ni		/55-1	2/1	
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	er – Describe								cataway, Nev	v Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]	Full Contain Mini-Enclos	ment with Negat	ive Press	sure			
	of or ≥3 lf		[]	Renov	ation			Glovebag Pro						
[x] ≥16	0 sf or ≥260 lf		[x]	Demol	ition		[x]	Non-Exempt	ed (*) and Non-	Friable P	rocedu	re		
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Nicholas Fer	nicola	Proje	ect Manag	ger		1/10/	MK	Te-		- 1	7/2/	2014		

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

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STATE OF HEW JETTEY HOTHERATION OF ASBESTOS ABATEMENT (PUTIVENT TO NIAC \$160 and 12:134)

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