NOCK

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

Date of Notification (1)			Name of Building Owner/Operator (2)										
July 1, 2014		Bristol Myers Squibb - Building #8											
Agencies Notified	Type Notification		Street Ad	ldress	H. W. M. H. W.					4			
X EPA	Initial		3	11 Penn	ington Rocky	Hill Ro	ad	1					
X DEP	Amended		City, Stat	e, Zip Coo	de								
☐ DOL	Amendment :				NJ 08534								
☐ DOH	justification)	ricidanig	Name of	Contact			,Te	elephone Nu	mber				
☐ DCA	Cancellation		K	en May -	Project Man	ager		•					
		Di (0)	FACIL	ITY INFO	RMATION	I Time of	F Coalliby (A)	- 1					
Name of Facility Where		Place (3)				_	Facility (4)	- 1					
Bristol Myers Squib	b Building #8						chool (K-12) ubchapter 8 (Ot	har than K 1	2)				
Street Address							ther (i.e. private			lings,	home	es,	
311 Pennington Ro	cky Hill Road					et et	c.)	3.					
City (5)						Square	The second second second	of Floors	B	dg. A	ge		
Hopewell, New Jers	sey 08534					53,00		3 to 4		30			
County (6)			County C	code (7) ISE ONLY)			Use (Prior if b	eing demolis	shed)		-		
Mercer County							nercial						
Name of Monitoring Firm			ASCM	No.			ment Contracto						
Eagle Industrial Hy	giene Assoc. Inc.						fing Corpora	tion					
Street Address						t Address							
359 Dresher Rd.							State Street						
City, State, Zip Code						State, Zip							
Horsham, PA 1904			T=				J 08609	111	VIa.				
Project Manager for Mo	nitoring Firm		Telephor	ne No.	1000000	hone No.		License I	VO.				
Mark Hays				72-6088		9) 586-3		1 - 3				_	
Start Date (10)		Scheduled (of OSHA	A Monitor Boratories In						
July 15, 2014			er 15, 201	4				·					
Occupancy Status Durin	ng Abatement (Chec	k Only One)				t Address							
Facility Closed/Vac	cated During Entire F	Period of Aba	tement		3,000,000,000		ess Dr., Suite	e J					
	ned Outside of Norm Removal of Car			ACM		State, Zip							
		1 144/11 1144		Bensalem, PA 19020									
Scope of Work (Check /	All That Apply)				r	_			2 <u>-0</u> -000 0000000000000000000000000000000				
23 sf or ≥3 lf		-	ovation		- 1	Full Containment with Negative Pressure Mini-Enclosure							
≥160 sf or ≥260 lf		☐ Den	nolition		t	Mini-Enclosure Glovebag Procedure							
							Exempted (*) a		ble Pro	A 12 (1) A 1			
		Is Lo	cation-							Abate	ement pe	į	
Location	n of		mally		Descriptio	n of			-	.,		Г	
Asbestos-Containing	g Material (ACM)		Solely by enance/		tos Containing			Amount	-		m	m	
TO BE AF			ial Staff?	(i.e.	thermal system surfacing, V.	ns insulat AT or	ion,	(Specify SF or LF)	\en	Re	cap	l S	
(13		(12)	-	other miscella			· · · - ,	Remova	Repair	Encapsulate	Enclosure	
93332		Yes I	No N/A				İ		-	l	te	0	
		100 1						000 SF	1 _x	-		1	
Roof			X Base Flashing 2000						 ^	├-	_	-	
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		-							-	1			
N (5) : : : : : : : : : : : : : : : : : :			I MIDED!	loots	Cubia Vanda	— т	Name of Regi	etered I and	RH				
Name of Registered Wa	aste Hauler		NJDEP W		Cubic Yards of Waste	1							
Horizon Disposal Se	10416		30		Waste Mar	nagement-	GROW	/S					
City, State	1		Disposal Dat	te	City, State								
235 Gibbs Ave., Trenton, NJ 08611						2.0	Morrisville	, PA 19067	7	N. F.			
Completed by		Title			Signatu	ire /	2/7-		Date /	1.			
Darren R. Begg		Sr. Vi	ce Preside	ent	100				1111	114	0)	200	
					1 6 9	1			-		- Hilling		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Tom Jakositz July 8, 2014 Type of Notification Street Address Agencies Notified 1470 Woodacres Dr. [X] EPA Initial Notification] DEP Amended Notification City, State, Zip Code Amendment # [x] DOL Mountainside, NJ 07092 Emergency (including [x] justification) Telephone Number Name of Contact [x] DOH 1 Cancellation Tom Jakositz] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial buildings, [x]22 East Harborside Dr.. homes, etc.) # of Floors Bldg. Age County Code (7) Square feet City County (6) (STATE USE ONLY) 60 800 sf Current Use (Prior ifbeing demolished) Ortley Beach Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor E.M.S.L. Analytical 07/08/2014 07/10/2014 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x]≥160 sf or ≥260 lf [x]Demolition [x]Abatement Type Description of Is Location R E Asbestos-Containing Amount Location of Normally used E N

Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Main YES	Solely by tenance/Cu Staff (12) NO			(i.e.,	aterial (ACN thermal syst lation, surfac VAT, or r miscellane	tems cing,	(Specify SF or LF) 900 sf	M O V A L	P A I R	C A P S U L E	C L O S U R E
Exterior		X		Asbe	stos sidinį	3		900 sf	X			
							ou,					
Name of Registered Waste Hauler Guardian Contracting, Inc.]	NJDEP Wast 2	te Hauler 1	ID No.	Cubic Yar	ds of Waste	Name of Registe	ered Landfill	1			
City, State Toms River, New Jersey			Disposa 07/11			City, State Tullytow	n, P e hnsylvania	4	Ye			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager			Signature Albert Herri					7/8	: /2014		
	*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)

CK# 24648 Date of Notification (1) Name of Building Owner/Operator (2) July 8, 2014 David Tritto Agencies Notified Type of Notification Street Address [x] EPA 81 Grand St, Unit 4B. Initial Notification] DEP Amended Notification City, State, Zip Code Amendment # [X] DOL Hoboken, NJ 07030 Emergency (including [x]justification) [x] DOH Name of Contact Telephone Number Cancellation David Tritto] DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 302 Lanyard Rd. homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 800 sf 1 50 Current Use (Prior ifbeing demolished) Ortley Beach Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/08/2014 07/10/2014 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address [x]Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code 1 Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x]≥160 sf or ≥260 lf [x]Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of R R Ε E Location of Normally used Asbestos-Containing Amount Ε E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C P C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A L 0 in facility Staff insulation, surfacing, P 0 T V S S (13)(12)VAT, or R U IJ other miscellaneous) A L R YES NO N/A E Exterior X Asbestos siding 900 sf Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 07/11/2014 Tullytown, Hennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 7/8/2014

*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)

			(Pt	ırsuant t	o NJAC	8:60 and 12	2:120)				*.				10	
Date of Notification (1) 7/7/2014					Owner/Ope BOARD O			ION	pres	1111	,		5	-950		
Agencies Notified	Type Notification		10.0	Street Ac 500 NC		BROAD S	TREE	=====================================			<u> </u>	11.		32		
EPA DEP DOL	☐ Initial ☐ Amended ☐ Amendment #		_		te, Zip Co BETH, N	ode NJ 07208				¢	- 10					
▼ DOH ▼ DCA	Emergency (in justification) Cancellation	ncluding	111	Name of					- Ale	Tele	ephone Nu	umber		10		
M DON	Gancellation					ORMATION				1	_			000		
Name of Facility Where A)					-	Facility (4							
Street Address 27 MARTIN LUTHE	R KING JR. PLA	AZA			and the second			Su	bchapter ner (i.e. p	8 (Othe	er than K-		dings,	home	es,	
City (5) ELIZABETH							5	Square		# of	Floors	В	ldg. A	ge		
County (6) UNION				County C	Code (7) ISE ONLY)	_ (Current	Use (Prid	or if bei	ng demoli	shed)				
Name of Monitoring Firm DETAIL ASSOCIAT		wner (8)		ASCM	No.	17.00			ment Con		(9) RACTII	NG. IN	C.			
Street Address	,						treet A									
300 GRAND AVEN	UE						250 R	RUTHE	RFOR	D BL\	D.					
City, State, Zip Code ENGLEWOOD, NJ	07631					100	11/00/2	ate, Zip FON, 1	Code NJ 0701	4						
	Manager for Monitoring Firm HEN JARACZEWSKI				ne No. 9-6708		elepho 973-9	ne No. 56-87	00		License 00494	No.	-50-14-0			
Start Date (10) 7/15/2014		Schedule 7/31/20		npletion [Date (11)	·			Monitor 9) ABO	VE						
Occupancy Status During	g Abatement (Check	Only On	e)			S	treet A	ddress	•							
Facility Closed/Vaca Abatement Perform	ed Outside of Norma			tement												
Other - Describe:																
Scope of Work (Check A	II That Apply)						(5)									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	Mini-E Glove	Enclosure bag Proc	e edure	Negative d Non-Fria					
	12	1-	1 1					NOTE	zemptec	() ain	I NOTE THE	100	Abat	en umanostro	t	
Location	2000	N	Locati Iormal d Sole	ly			iption o				27	-	Ту	ре		
Asbestos-Containing TO BE AB/ In Facil	ATED	Mai	ntenai odial S (12)	nce/		tos Contain thermal sys surfacing other mise	stems i g, VAT,	insulatio , or		(5	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		other misc	Cellalle	ious)				val	=	ılate	ure	
2ND FL HALLWAY	X		DUC	CTWORK	INSU	JLATIO	NC	3,0	00 SF	Х						
AUDITORIUM & A				PIPE INS	SULAT	TION		25	50 LF	Х						
MEZZAN																
					aste	Cubic Ya		1	Vame of I	Registe	red Landf	ill				
TWO BROTHERS O	CONTRACTING			auler ID 8743	NO.	of Waste 100					NAGEM	ENT G	6.R.C).W.	S.	
City, State CLIFTON, NJ						Disposal 7/31/20		1000	City, State MORR		LE, PA	E, PA				
Completed by		Title									Date					

PROJECT COORDINATOR

7/7/2014

VIVECA RAMOS

^{*} 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)

Date of Notification (1) 6/26/2014	Name of Building Owner/Operator (2) ELIZABETH BOARD OF EDUCATION Street Address 500 NORTH BROAD STREET														
Agencies Notified	Type Notification			Street A	ddress ORTH B	ROAD S	STRE	EET				- 1	ž.	43	- 32
EPA DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Coo BETH, N	de		11			Ç				7
☑ DOH DCA	Emergency (ir justification) Cancellation	cluding	1.00		Contact DAHON	IEY		-		Tele	ephone Nur	nber			
				FACI	LITY INFO	RMATIO	N								
Name of Facility Where THOMAS JEFFER	Abatement is Taking SON ARTS ACA	Place (3 DEMY)					× s	of Facility (School (K-1 Subchapter	2)	er than K-1	2)			
Street Address 27 MARTIN LUTHE	ER KING JR. PLA	λZΑ						n	Other (i.e. p	rivate 8	k commerci	al build	lings,	home	es,
City (5) ELIZABETH		-							e Feet	and to continue	Floors		ldg. A	ge	
County (6) UNION					Code (7) JSE ONLY)			Curre	nt Use (Pri	or if bei	ng demolisl	ned)			
Name of Monitoring Firm DETAIL ASSOCIA		wner (8)		ASCN	1 No.	2.5			ement Cor THERS		(9) RACTIN	G, IN	C.		
Street Address 300 GRAND AVEN	UE							Addres RUTH	s IERFOR	D BL\	/D.				
City, State, Zip Code ENGLEWOOD, NJ	07631		-	70					p Code NJ 070	14		-278/2			
	ct Manager for Monitoring Firm EPHEN JARACZEWSKI						2.5	one No 956-8		50	License N 00494	lo.	SV Z I I I I I I I I I I I I I I I I I I		
Start Date (10) 7/8/2014	tart Date (10) Schedule)			A Monitor (9) ABO	VE					
Occupancy Status Durin	g Abatement (Check	Only Or	ne)	-		- 5	Street	Addres	s						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pended Outside of Norma UNOCCUPIED	eriod of A	Abatem Hours	ent		_	City, S	tate, Zi	p Code					All III	
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		American	Renova Demolit	olition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		le le	Locati	on			Name of the last		Literatura			T	Abati	ement	
Location	o of	1	Vormal	ly		Desc	ription	of				-	Т	pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Ma	d Sole intenar todial S (12)	nce/	(i.e.	tos Contai thermal sy surfacir	s Containing Material (ACM) sermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) SF or LF)					Encapsulate	Enclosure		
		Yes	No	N/A								-		3200	
2ND FL HALLWAY	X			TWORK					000 SF	X		_			
AUDITORIUM & A			F	PIPE INS	SULA	ATION		- 2	50 LF	X					
MEZZAN	NINE											#			
		L		ID CD	()	Cubic Ya			Name of	Doglata	red Landfil	1			\sqcup
Name of Registered Was TWO BROTHERS (H	JDEP W auler ID 8743	570 C C C C C C C C C C C C C C C C C C C	of Waste 100	9				VAGEME		3.R.C).W.	S.
City, State CLIFTON, NJ			Disposal Date City, State 7/31/201/4 MORRISVILLE, PA												
Completed by VIVECA RAMOS	JECT	7/31/2014 MORRISVILLE, PA Signature Date 6/26/2014													

ASB-41 (R-06-08)

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

5,

Date of Notification (1) July 7, 2014					Name of Building Owner/Operator (2) PSEG Fossil, LLC									
Agencies Notified (X) EPA		Notification () Initial No	tification		Street Address 80 Park Plaza	9	-							
(X) DEP (X) DOL (X) DOH	8	(X) Amend () Cancelle		tion	City, State, Zip Newark, NJ 07	102-4109	1							
(X) DCA					Name of Conta Domenic Fiori			Tel. Nu	ımber					
				FACILITY IN	ORMATION									
Name of Facility Where Abate HUDSON GENERATING Sta		iking Place (3	3)		Type of Facility () School (K-1 () Subchapter	2)	an K-12)							
Street Address DUFFIELD & VAN KUEREN	ST			0	(X) Other (i.e. p Sq. Feet1,00									
	ounty (6) UDSON		County C (State Us		Bldg. Age 66 Current Use (p					ating St	ation			
Name of Monitoring Firm Hire	ed by Bldg.	Owner (8)	ASCM No	<u>).</u>	,		Name of Cor Absolut Ace		(9)					
Street Address														
city, State, Zip Code					City State, ZipCode FLORHAM PARK, NJ 07932									
Project Manager for Monitoring	ng Firm	Telephone I	Number		Telephone Number License Number 00225									
Scheduled Start Date (10) July 7, 2014		Scheduled (July 21, 20	14	Date (11)	Name of OSHA Monitor MECS									
Occupancy Status During Ab () Facility Closed/Vacated D () Abatement Performed Out	uring Entire	e Period of A	batement		Street Address 5 Linwood Ct					=				
Describe					City, State, Zip Code Hamilton, NJ 08690									
Other - Describe Two Shifts		each, 24 ho	our plant co	overage										
Source of Work (Check all that (X) Demolition () Renova	201													
(X) Large Proj. (>160 SF or > () Full Containment with Neg	260 LF AC	sure ()	Mini-Enclos	sure () Glo	ovebag Procedur	e								
Location of Asbestos- Containing Material (ACM) in Facility (13)		ition Normally by Maint./Cus (12)		Description of thermal system surfacing, VAT	ns insulation,	Amount (Specify SF or	LF)		ment Ty	11 2 5 44			
Warehousel	YES X	NO	NA	miscell.) Transite		10,000sf			Rem.	Rep.	Encap	Enclose		
Wateriouse: A Transite														
											-			
Name of Reg. Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler ID # 17273				D #	Cubic Yards of 120	Waste	×.	Name Tullyte	of Reg. own Re	Landfill source	Recover	у		
<u>City, State</u> Elizabeth, NJ 07114-2436							<u>Disp. Date</u>			City, Sta Fullytow	<u>te</u> rn, PA 1	9007		
Completed by (Print or Type) Title					Signature	$\overline{}$		Date						
ROBERT GROGAN VP								7/07/1	4					

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

Date of Notification (1) Aug 1, 2013				Name of Building Owner/Operator (2) PSEG Fossil, LLC Street Address 80 Park Plaza								
Agencies Notified (X) EPA		Notification (X) Initial N			Street Address 80 Park Plaza		1	1 V 2	3: 29			
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle		on	City, State, Zip Newark, NJ 07	Code 102-4109	è).			
(X) DCA					Name of Conta Domenic Fiori			Tel. Nu	ımber	-		
				FACILITY IN	ORMATION							
Name of Facility Where Ab HUDSON GENERATING S		aking Place (3)		Type of Facility () School (K-1 () Subchapter	2) 8 (other th						
Street Address DUFFIELD & VAN KUERE	EN ST			Ell	(X) Other (i.e. p Sq. Feet_1,00							
City (5) JERSEY CITY	County (6) HUDSON		County C (State Us		Bldg. Age 66 Current Use (p	rior if being	demolished)	Electric	Genera	ating St	ation	
Name of Monitoring Firm H	lired by Bldg.	Owner (8)	ASCM No	<u>).</u>			Name of Cor Absolut Ace	ntractor e Inc.	(9)			
Street Address					Street Address PO BOX 295							
City, State, Zip Code				7/20	City State, ZipCode FLORHAM PARK, NJ 07932							
Project Manager for Monito	oring Firm	Telephone	Number		<u>Telephone Number</u> <u>License Number</u> 00225							
Scheduled Start Date (10) Aug 15, 2013		Scheduled Aug 15, 20	14	Date (11)	Name of OSHA MECS							
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	During Entir	e Period of A	batement		Street Address 5 Linwood Ct		77					
Describe				V V VIII	City, State, Zip Code Hamilton, NJ 08690							
Other - Describe Two Sh	ifts, 12 hour	s each, 24 h	our plant c	overage	3							
Source of Work (Check all	that apply)											
(X) Large Proj. (>160 SF of X) Full Containment with	r >260 LF AC	CM)()SMP	roj. (>25<16) Mini-Encl	60 SF or >10 <26 osure (X)	60 LF ACM) (Glovebag Proce	dure			ACM)			
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca	ation Normall by Maint./Cu	y Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,	Amount (Specify SF or	LF)		ment Ty	150 T. A	
	YES	NO	NA	miscell.)	Rem. F				Rep.		Enclose	
Boiler Basement- 11fll	ment- 11fil X Boiler &P					Pipe insulation 25,000sf					X	_
	****							#=				
Name of Reg. Waste Haul Waste Management of N		NJDEP Wa 17273	ste Hauler	<u>D#</u>	Cubic Yards of 300	Waste		Name Tullyte	of Reg. own Re	Landfill source	Recove	ry
City, State Elizabeth, NJ 07114-2436	3				+1		Disp. Date			City, Sta Tullytov	<u>ite</u> vn, PA 1	9007
Completed by (Print or Type	oe)	Title			Signature	1		Date		***		
ROBERT GROGAN VP						/		8/01/1	3			

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	2)			18		
6 /2	27/	14			Prin	ceton Ur	niversity-Office	of Design and	Construction				
12.74	ype Notific	cation				Address			-90		Ĵ.	42	
	☐ Initial ☑ Amende					Elm Dr							
☑ DOLWD ☑ DHSS	Amenda Amenda				City, S	tate, Zip C	ode		¢.				
	☐ Emerge				Prin	ceton, N	J 08544		W. T.				
(NJAC 5:23-8)	justificat				Name	of Contact			Telephone Numb	er			
	☐ Cancella	ation			Rob	ert Orteg	jo						
					FAC	ILITY IN	FORMATION						
Name of Facility Where Ab	atement is	Taking	Place	(3)	0			Type of Facility (4)				
Princeton University	- Fine Ha	II						School (K-12					
Street Address						-		☐ Subchapter 8	(Other than K-12) ivate and commerc	rial bui	lding		
Washington Rd								homes, etc.)	rvate and commen	0.0.0	9	7.10	
City (5)	0001100000			- 1				Square Feet	# of Floors	Blo	ig. Ag	e	
Princeton													
County (6)			- 100		Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)		-	
MERCER					Coun	ty code (i)	((011112 002 01121)		3				
Name of Monitoring Firm H	lisad by Du	ildina C	hunor /	D) T	ASCM I	No	Name of Abateme	ent Contractor (9)					
Commission of the Commission o	irea by Bu	liding C	wner (9)	ASCIVI	NO.		VIRONMENTAL	INC				
ATC Associates Inc								VIKONIVIENTA	_, 1140.				
Street Address							Street Address						
Bromley Corporate C	Senter-Th	ree Te	erri La	ne			1123 BEAVE						
City, State, Zip Code							City, State, Zip Co						
Burlington, NJ 08016	6						BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			Tele	ephone l	No.	Telephone No.		License No.				
Michael Keehn				6	09-386	-8800	215-788-6040		00509				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
<u>7</u> / <u>7</u> / _	14		7 /	7	/ _	14	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement	(Check	c only c	ne)			Street Address						
☐ Facility Closed/Vacated					ment		1123 BEAVE	R STREET					
						cribe	City, State, Zip Co	ode					
Time of Abatement:	AM- <u>3:</u>	00PM/	9:00Pi	VI	AM		BRISTOL, PA						
Scope of Work (Check all t	hat apply)		-										
								tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re □ De				☐ Mini-End	losure g Procedure					
☐ ≥160 sf or ≥260 lf			□ ре	HOIR	OII		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
			Is	Loca	tion					Ab	atem	ent T	ype
Location o	ıf			Norma			Description of			R	Z.	Ш	ш
Asbestos-Containing M		(M	120000		ely by ance/	Asbe	stos Containing Ma	iterial (ACM)	Amount	ema	Repair	ıca	Clo
TO BE ABAT IN Facility			10000000		Staff?	(ı.e	., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)				(12))		other miscellane		140 St. 120			ate	CD
03405000			Yes	No	N/A						_	_	_
Room 508				\boxtimes		Floor ti	le		30 SF	\boxtimes	Ш	Ш	Ш
				П									
					 						П		
Name of Decistered W1	Light -			Ц,	NJDEP '	Masta	Cubic Yards of	Name of Regis	stered Landfill				
Name of Registered Waste		INIC		1.5	NJUEP Hauler II		Waste		. NORTH LAND	FILI			
BRISTOL ENVIRONM	MENIAL,	INC.			18706		1	NOTE TRANSPORT OF A PARTY		- ,			
City, State							Disposal Date	City, State	B. (200=				
BRISTOL, PA 19007							7/8/2014	MORRISV	LLE, PA 19067				
Completed By (Print or Ty)	pe)	Title	e	100			Signature	12 /	Da	ate /	1		
Brian Scafiro		E	stima	tor			Brian	Scapino	6	7/3	5/1	X	
							1 Contra	/ //	(U)		1-		_

ASB-41 MAY 11

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

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

D.4. (N.4% (C. 48)					vner/Operator (2)	or the second	· Pt			,
Date of Notification (1)			MER	RCK SHARP & DO	OHME CORP.			1		
7 / 7 /14				et Address						
Agencies Notified Type Noti					ENUE, P.O. BOX	2000, RY28-414.,	11	£M	0-	: 0
DEP x Ame	al Notification ended Notification	(T)		State, Zip Code IWAY, NEW JER	SEY 07065	1		raii	u.	ری
	Hold ERGENCY I	NOTIFICAT	TON MAR	e of Contact RY BETH BAKER		Telephone Numb	er	111	100	
Name of Facility Where Abatement is	c Taking Di	200 (3)	FACILITY IN	NFORMATION	T F ilia	. (4)				
Name of Facility Where Abatement	s raking Fi	ace (3)			Type of Facility School (K-	5005 50				
MERCK SHARP & DOHME CORPOR	ATION				Subchapte	er 8 (Other than K- private & commol.)		home	s. etc	:.)
Street Address			-		Square Feet	# of Floors	I		. Age	
126 EAST LINCOLN AVENUE - BUILD		934			20,000	3		4	10	
City (5) Cou	inty (6) ON			nty Code (7) E USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm Hired by B		ner (8)	1 (01741)	ASCM No.		ment Contractor	(9)			
ENVIRONMETAL HEALTH INVESTIG	ATIONS, IN	IC.		17		MENTAL CORPO		N		
Street Address					Street Address	OKDOAD				
655 WEST SHORE TRAIL City, State, Zip Code					313 SPOOK RC					
A-147 Telephone	, NEW JER	SEY 07871			SUFFERN, NEV					
Project Manager for Monitoring Firm		Telephone	e Number		Telephone Num	per Lice	nse Ni	ımber		
WILLIAM S. KERBEL, CIH		973-729-5			845-369-7500	110	1			
Expected State Date (10)	Sch		etion Date (1		Name of OSHA				400	
6 / 2 /14 Month Day Year	M	7 / onth	7 Day	/14 Year	AMERISCI LAB	ORATORIES INC		#114	180	
Occupancy Status During Abatement (C	Check only o	ne)		1001	Street Address					
X Facility Closed/Vacated Dur					117 EAST 30TH	STREET				
Abatement Performed Outs X Other - Describe: MOI	ide of Norma NDAY-FRID			De:	City, State, Zip C	ode:				
Z Journal Department Mich	NDAT TRIB	AT TAIN O.	30 1 101			N YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply)					inment with Negat					
X Demolition >3SF OR LF	Ren	ovation		Mini-Enclo	e, Procedure					
X >160 SF OR 260 LF					e Procedure					
Location of	Is	Location		Description of As	bestos-		TA	bateme	ent Ty	vpe
Asbestos-containing	nor	mally used		Containing Materia		Amount	-			
Material (ACM)		solely by		(ie. Thermal sys		(Specify	REMOV	REPAIR	ENCAPO	ENCLO
TO BE ABATED in Facility (13)		nt/Custodia	ir	nsulation, surfacir	•	SF or LF)	NA.	고	PSI	180
in Facility (13)		Staff (12) No N/A	1	or other miscella	ileous)		-		SULE	SURE
SECOND FLOOR / MEZZANINE	x		VAT & MA	STIC		5,665 sf	Х			
OCCOND I COOK I MILIZARINE			VATORIVIA	5110		0,000 31	 			_
			 					\vdash		-
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	_		+				-	\vdash		
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							-	\vdash		-
Name of Registered Waste Hauler	NJD	I I EP Waste	Cubic Yard	s of Waste	Name of Registe	l red Landfill	_			-
FREEHOLD CARTAGE, INC.		er ID No.	- Laio i ui u	40		UNTY RESOURCE	E MAN	IAGEN	/ENT	SER
825 HIGHWAY 33		15939	<u> </u>		447 ALEXANDE	R DRIVE/ROUTE				77/2
City, State FREEHOLD, NEW JERSEY			Disposal Da 6/3-8/30/20		City State	PΔ 17752				9
Completed by (Print or Type)	Title		013-0130120	Signature /	Z/ //	Date	7/		111	
BENJAMIN SÄNCHEZ		R OF OPE	RATIONS	1	1X8		11	///	7	

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

Data of Nationalism (d)				mer/Operator (2)	9								
Date of Notification (1)		MER	CK SHARP & DO	THME CORP.	V-18-100								
5 / 23 /14			t Address		2014 JUL 1	11 4	4 3: 1	0					
Agencies Notified Type Not	ification	126 E	LINCOLN AVE	NUE, P.O. BOX 2	2000, RY28-414			J					
DEP Am	ai Notification ended Notification ncellation		State, Zip Code WAY, NEW JER	SEY 07065		1 \	1.3						
X DOH On	Hold ERGENCY NOTIFICATION	1	e of Contact Y BETH BAKER		Telephone Number	er							
	F	ACILITY IN	FORMATION			1							
Name of Facility Where Abatement	s Taking Place (3)			Type of Facility									
MERCK SHARP & DOHME CORPOR	RATION				r 8 (Other than K-1								
Street Address				X Other (ie. p	rivate & commol. b		omes, etc Bldg. Age						
126 EAST LINCOLN AVENUE - BUIL	DING 810			20,000	3	١.	40	1					
City (5)	unty (6)	Coun	ty Code (7)		or if being demolish	ned)							
	ION	(STATE	EUSE ONLY)	VACANT	14								
Name of Monitoring Firm Hired by E			ASCM No.		nent Contractor (
Street Address	SATIONS, INC.		17	Street Address	MENTAL CORPOR	RATION							
655 WEST SHORE TRAIL				313 SPOOK RO	CK ROAD								
City, State, Zip Code			~~~	City, State, Zip C									
	A, NEW JERSEY 07871			SUFFERN, NEV									
Project Manager for Monitoring Firm	Telephone			Telephone Numb	l	nse Num	ber						
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-56 Sched. Complet	5000000	4)	845-369-7500 Name of OSHA	1101		11 1211	_					
6 / 2 /14		15	- 15 E		ORATORIES INC		# 11480						
Month Day Year	Month	Day	Year										
Occupancy Status During Abatement		n /g		Street Address									
X Facility Closed/Vacated Du Abatement Performed Out			ne.	117 EAST 30TH	SIREEI								
	NDAY-FRIDAY 7AM-3:3		PM City, State, Zip Code										
	*		NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure										
Scope of Work (Check all that apply)					ment with Negative Pressure								
X Demolition >3SF OR LF	Renovation		Mini-Enclo	₹, Procedure									
X >160 SF OR 260 LF				e Procedure									
Location of	Is Location		Description of Asi	bestos-		Aba	tement T	уре					
Asbestos-containing	normally used		Containing Materia	200	Amount	~ ?		E					
Material (ACM)	solely by		(ie. Thermal sys		(Specify	REMOV	ENCAPSULE	5					
in Facility (13)	Maint/Custodial Staff (12)		nsulation, surfacing or other miscellar		SF or LF)	VAL 7	n Sc	SC					
iii i dointy (13)	Yes No IN/A		or other miscellar	neous)		-	E	ENCLOSURE					
SECOND FLOOR / MEZZANINE	х	VAT & MA	STIC		5.665 sf	x							
OLOGINA I LOGIN MILLER MINE	<u> </u>	AVI OF IAIV	0110		3,000 31	 ^ 							
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31													
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			W	1000									
Name of David				151	L			\perp					
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP Waste Hauler ID No.	Cubic Yard	s of Waste 40	Name of Registe	red Landfill UNTY RESOURCE	- MANA	GEMENT	I SER					
825 HIGHWAY 33	15939		40		R DRIVE/ROUTE		OCIVICIA I	. JLIN					
City, State		Disposal D		City, State			· · · · · · · ·						
FREEHOLD, NEW JERSEY	ITH	6/3-8/30/20		MONGGOMERY	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	/							
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPER		Signature		Date	5/2	23/1	4					

hade 1

06-20-14;05:10PM; CK 7000535

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

Data of Notification (1)					Name of Build	ing Owner/Operator	(2) DOI	10 DAY				
6/20/14						ining Company	DUL	- 10 DAY				
Agencies Notified		Notification	-		Boo Billingspo	rt Rd						
() EPA () DEP			otherion (Emergency)	City State, Zin	Code	11730	3.01				
(X) DOL		() Cancal		en.	Paulaboro, NJ		JUN	2/3 /014				
(X) DOH		, .			, 52.65616,716		1111	VOON				
0 DCA					Name of Cont	PO ·	1000		1			
					Ravi Jaracha		IN AST AST	MANDODAVE				
N		-		FACILITY IN	FORMATION		AAMIAEL	VILLIANCE				
Name of Facility Where A	balement is T	aking Place	3)		Type of Pacifit	A (4)		_				
Paulaboro Rafining Comp	any	1			() School (K-	12) r 5 (other than K-12						
Street Address		a			(X) Other (Le.	bijage g commerc	ial bldgs bogs	s sio.				
800 Billingsport Rd]6			A STANKE STANKE SALISATION			, 4,6,				
		ŧ			Sq. Feet N/A	≠ of	Floors NA					
City_(5)	Cantin (a)	1	County C		Dide Ace M)A						
Paulsboro	Gloucester	1	(State U	IN CHIVI	Bidg. Aga_N	prior if being demails	shed) Oli Refin	erv				
Name of Monitoring Firm KA industrial Services, LL		Owner (B)	ASCM N	٥,	00110110	Mame	ol Contractor (11) dustrial Services					
Street Address 800 Billingsport Rd	<u>. </u>			-	Street Address 800 Billingspo	£ .	SESIMES IBDRIEDS	rrc				
Paulabero, NJ 08086					City State, Zic							
T BUILDING THE POWER		1			Paulaboro, N.	08066		1	9			
Project Manager for Month	larina Firm	Telaphone	Number		Telephone Nu	mber	License h					
Scott Dechant	ensittik=secena 1	856-224-43	985		856-224-4392	inupet =)					
Sanaduled Star Date (10)					Name of OSH	A Monitor						
6/23/14	9/27/14				Kenny Atlanta	Industrial Services	, LLO	-				
Occupancy Status During	Absternent (hack anly o	OR)		Street Address							
() Facility Closed/Vacate () Abatement Parlemed	d During Enti Outside of No	re Pariod of A	Hours -		BOD BAIINGS DOG	- 4						
		•			City State, Z	D Code						
(X) Other - Describe - Re	moval of ACI	vi within rest	lated work a	rea in outside	Paulabaro NJ							
Source of Work (Check at	that apply)		~~~									
(X) Demolition () Reno	vation											
() Large Proj. (180 SF or () Full Containment with t	Seestly Des	VI) (X) SM Pr	0 . >25<160	9F or >10 <280	o LIFACIM) () obag Procedum	Minor Proj. (<28 SF	or <10 LF ACM)					
Location of Asbestos-		ation Normal		Description of	ACM (I e	Amount (Specify	SEALEN LA	balamani Type				
Containing Material (ACM		by Maint./Cu		thomal system		TANDAMI (PROPIL)	o. o. c.,	SPILL YEAR	8			
Facility (13)	2(017			audading, VAT								
A	YES	NO	NA.	mba.)					Enclose			
Pipe In CU6 pipe rack		X		Pipe Insulation	n	Approx 30 LF	1 :	K				
			+					- - -				
Name of Red. Waste Hau Waste Management, Inc.	ler	NJDEP W	este Hauler	I <u>O</u> <u>#</u>	Cubic Yards o	of Waite	Gloucest	Rec. Landfill or County Landfill				
City State Bouth Harrison, NJ						Vaniou		City, State South Hardson	, NJ			
Completed by (Print or TV	Del	Title			Signature		Date					
		Texasian	الاستان والمعالم والمال	A'990' A'5'4550 A	1.1.1	I ,						
ANDREW GREEN		MANAGER	- KENNY	ATLANTIC	1/100	4 M	0/20/14	TO THE PARTY OF TH				
					- MARIE	1 Incom						
					Site	Operations Supervis	or					
, , , , , , , , , , , , , , , , , , ,					1							
							1					
Mall to: NUDEP-DSHW-	BRRTP	Telephone	609-984-86	320			C:WORD	MYDOCSVASSES	ros.			

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

9/10/00

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

a					I.A.C. 7:26-2.12)		Contraction of the same	· • · · ·	·	***	2	
Date of Notification (1) 6/30/14					Name of Buildi Paulsboro Refi	ng Owner/C	Operator (2)			. 4		
Agencies Notified		Notification (X) Initial No			Street Address 800 Billingspor		4814 (U)		¶ 3	: 22		
() EPA () DEP (X) DOL (X) DOH		() Amended () Cancelle	Certificatio	n	City, State, Zip Paulsboro, NJ			i	la de la constante de la const	131		
() DCA					Name of Conta Ravi Jarecha	<u>act</u>		Tel. Nun	<u>nber</u>			
				FACILITY IN	FORMATION							
Name of Facility Where Al Paulsboro Refining Comp		aking Place (3)		Type of Facility () School (K-1 () Subchapter	12) r 8 (other th	nan K-12)		Total Paris			
Street Address 800 Billingsport Rd					(X) Other (i.e. Sq. Feet N/A				es, etc.			
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age_ N/ Current Use (p		g demolished)_	Oil Refi	nery		- Electrical de la constante de	
Name of Monitoring Firm KA Industrial Services, LL		Owner (8)	ASCM No	<u>).</u>			Name of Co K A Industria					
Street Address 800 Billingsport Rd				13.400	Street Address 800 Billingspor							
Paulsboro, NJ 08066					City State, Zipo Paulsboro, NJ							
Project Manager for Monit Scott Dechant	toring Firm	Telephone 856-224-43			Telephone Number License Number 856-224-4392 00857					er		
Scheduled Start Date (10 7/16/14	Scheduled Start Date (10) Scheduled 7/16/14 7/25/14				Name of OSHA K A Industrial S	Services, L	LC					
Occupancy Status During () Facility Closed/Vacate () Abatement Performed	d During Entir	e Period of A	batement		Street Address 800 Billingsport Rd							
(X) Other – Describe – Reareas	emoval of ACN	/I within restri	cted work a	rea in outside	City, State, Zip Paulsboro NJ							
Source of Work (Check a	I that apply)			11 210	1							
(X) Demolition () Reno (X) Large Proj. (160 SF () Full Containment with I	or >260 LF AC	CM) () SM Pro	oj. >25<160 ini-Enclosur	SF or >10 <260	LF ACM) () Nebag Procedure	Minor Proj.	(<25 SF or <1	0 LF ACM	1)			
Location of Asbestos- Containing Material (ACM Facility (13)	l) in Solely Staff?	ation Normall by Maint./Cu (12)	y Used stodial	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,	Amount ((Specify SF or		Abate	ment Ty	<u>pe</u> Encap [Enclose
Pipe Rack by Old Power	YES	NO X	NA	misc.) Pipe Insulatio	n	Approx 3	00 LF		X	Tiop.	Liloup	Indicate
House												
					I o I : v · i ·	510/		Name o	f Don	Londfill		
Name of Reg. Waste Hau Waste Management, Inc.	<u>iler</u>	NJDEP Wa 17273	ste Hauler I	<u>#</u>	Cubic Yards of	t vvaste		Glouces	ster Co	unity Lar		
City, State South Harrison, NJ							<u>Disp. Date</u> Various			City, Stat South Ha	<u>te</u> arrison, N	ИJ
Completed by (Print or Ty	rpe)	<u>Title</u>	7.5° LL 2010-20		Signature 1			<u>Date</u>				
ANDREW GREEN		MANAGER	- KENNY A	ATLANTIC	Site	pperations S	Supervisor	6/30/14	2			

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Date

Title

President

Completed By (Print or Type)

Constantine Vivian

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



					nett un t	EM D-	51
Date of Notice 07/03/14				Operator (2)	COLT OFF 1	, Fi.1 C	6.7
Type Notifica	tion	Peggy Hou			New York		
Agencies Notified	organov Notification	Street Addre			4 5		٠٠٠ - ا
	ergency Notificatior al Notification	5 Riddle R City, State 8			1 17	. 17	
	ended Notification	Hampton,					
	ncellation	Name of Co					Telephone Number
DCA	ICellation	Peggy Hou					relephone Number
BOA				TION			
		FACILII	Y INFORM	ATION			
Name of Facility Where Abaten		e (3)	Тур	e of Facility (4			
	Residence			School (K-12	£3	V 12\	
E 1	Riddle Road		-		3 (Other than		lings, homes, etc.
51	Riddle Road	54.5		are Feet	# of Floors		Bldg. Age
City (5)	County (6)	County Code (2,000	The State of the second	2	60+
Hampton	Hunterdon	County Code (1777		or if being dem		001
Hampton	Hunterdon			sidence	in boing deli	ionoriou)	
Name of Monitoring Firm Hired	by Building Owner	(8) ASC			ent Contractor	(9)	
Environmental Tactics, Inc					ent Service		
Street Address		'		et Address			
64 Broad Street		Y		Schoolhou			
City, State & Zip Code				, State & Zip		0.4	
Matawan, NJ 07747	F: IT.	-laubana Nivesh			hip, NJ 088		Number
Project Manager for Monitoring Tom Geiger		elephone Numb 32-290-2217		ephone Numb 2-605-9062	er	License	00714
Scheduled Start Date (10) 7/14/14	Scheduled Compl	letion Date (11) //15/14		ne of OSHA Nobal Abatem	Monitor ent Service	s, LLC	
Occupancy Status During Abat			5.50 9.007	et Address Schoolhou	use Dead		2.37
Facility Closed/Vacated Abatement Performed	1 7			, State & Zip			
X Describe: Area Isol		:			ship, NJ 088	21	
Other - Describe:	ateu During Aba	tement	liaio	IIIOE TOWIIS	ilip, 145 000	31	
Scope of Work (Check all that a	apply)						
Demolition	X Renovation	1 8		Full C	ontainment wi	ith Negative	Pressure
Large Project					inclosure	•	
X Quantity is ≥ 3 SF or ≥	3 LF ACM			X Glove	bag Procedu	ire	
Quantity is ≥ 160 SF o	r ≥ 260 LF ACM			Other	Non-friable	е	
Location of		Is Location		escription of		Amount	Abatement Type
Asbestos-Contain		Normally Used		estos-Containi		(Specify	(Specify: Removal,
Material (ACM)		Solely by		aterial (ACM)		quare Feet	Repair, Encapsulation
TO BE ABATED in Facility		Maintenance or ustodial Staff?		thermal syste on, surfacing,		or inear Feet)	or Enclosure)
(13)		(12)		er miscellane		ilical i cctj	
(.0)		x/	5, 50				
Baseme	ent	N/A		TSI		25 LF	Removal
A Control of the Cont							
Name of Registered Waste Har Freehold Cartage	uler N.	JDEP Waste Ha		Cu. Yds. of		ame of Reg RRF	istered Landfill
City, State				Disposal Da 7/15		ty, State	Da
Freehold, NJ	T;41-				/14 11	ullytown,	Date
Completed By (Print or Type) Dominick Tringali	Title Project M	anager		Signature Domin	nick Trin	gali	7/3/14
ACD AT THE CARRY							

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

Ch# 0716

Date of Notification (1)	· · · ·	N	lame of B	uilding ON	mer/Operator	(2)	·				NO 1851.5 1		
7/8/2014		1	Chloe N	Auller				APPROVE	D				
Agencies Notified Type Notification	,	5	Street Add	lreiss			NA Bent of			Servi	ces		
□ EPA E Initial		- 1		von Roa		15 000000000000000000000000000000000000	Moux	Health & St	DA	10/			
EPA E Initial DEP Amended Amended Amendmer				, Zip Code			1	(signature)				A	
DOL Amendmen		_	Essex F	ells, W	07021		Date: 7/8	3114 -	10	1:36	2/14	1	
Emergency Justification Concellation)	F	Name of C	Contact				Baphone	Number 1				
D DCA.	41		EACH I	TY INFOR	MATION								
Name of Facility Where Abatement is Tak	ind Place (3)		PACIFI	11 44.0	rights Intil	Тура	of Facility (4)					-10	
House for Demo	ald i man fol			- 20			School (K-12)	i.					
		-					Subchenter 8	(Other than I	(-12)	•			
Straot Address						IF .	Other (Le. pri	vate & comm	वादांखी	bulldh	ngs, l		ī.,
170 Devon Road						1-	str.) re Feet	# of Floors		Pale	ia. As	4	-
City (5)						adma	IA Less	a of Lines		50		P-	
Essex Fells								161 1 2 2 2 2 2	-E-b-	1	т_		
County (8)			County C		3	5/01/07/03		if being dem	Official	2)			
Essex			•			Hou							
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	No.	4		tement Contr						
n/a			n/a		1		lanageme	nt Corp.					
Strent Address	~				1	at Addre			П		C	13 >	
n/a					22	Troy L	ane			J.			_
City, State, Zip Code		- 1			City,	State, 2	lp Code				ŕ		
n/a				8			ark, 'NJ 07	035	Salation		1	- CONT	
Project Menager for Monitoring Firm			Telephon	e No.		phone N			se No.				
Live interest in the control of the			n/a		- 1	3-706-		0119	33	14.0		337 C	
	Sehadula	H C0=	npletion D	Tale (11)			HA Monitor		1	-		55	- :
Start Date (10)	7-10-2		nproduit b		1		Aanageme	mt Coro.	- (A)				
7-10-2014						et Addre	_			-	-		
Occupancy Status During Absternent (Ch	mak Only On	e)			1								
Facility Closed/Vacatud Dulling Entir	e Period of A	Vbaten	nent			Troy L						£	
Abatement Performed Outside of No	ormal Facility	Haun	5		2000000		Op Code		- 61				
Other - Describe:					- Lir	rcoin P	ark, NJ 07	035					
Scope of Work (Check All That Apply)											£.		
전 화 # G 23 ff 기 (160 # G 22 23 0) f		enovi ilomes				E G	ni-Enclosure evebag Prop	eclure					
						hal No	pelgrass2-nc	(") and Non-	Tigble			ment	
	ls	Local	ion							•	0.000	ineni pe	
Location of		lorma			Descript				1				
Asbestos-Containing Material (ACM)		d Sole intens			os Conteining			Amount		20		5	m
TO BE ABATED			Staff?	(Le. 1	hermal syste surfacing, '		adon,	(Specify SF or LF		Removel	Rupair	Encapa	Endes
In Facility (13)		(12)			other misual) [OV.	南	sulata	BUP9
(10)						.'	·			-		and a	100
	Yes	No	N/A			, ,,,			-		_		-
Basement and Crawispace			x		Elbo	NS		15 LF		X			
						100		(elbows	$\Gamma I_{\bar{c}}$				
			+					(41/2) W	J-		-		-
						_			-		-	-	-
								00000000000000000000000000000000000000					
Name of Registered Waste Hauler			NUDEP W		Cubic Yard	5	Name of	Registered L	andfill				
Loznica Management Corp		100	Hauler ID 003313		of Wast⊲ TBD	2 15	GROW	S Landfill					
			742414		Disposal D	ate	City, State	e	_				-
City, State					TBD			Na, PA 190	067				
Lincoln Park, NJ 07035						da corr		m-j + / + 104	De	fe		-	
Completed by	Title				Signa		rons			-08	201	A	
E. Cirovic	Sec	retar	У			ال	WILL		1.01		I	•	

7-3-14

Title

President

Constantine Vivian

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	otification (1)	: [Name	of Bu	ilding Ov	vner/Operator (2)				Dos.	(Sano)			
07/08/201					lic Schoo	ol		2.		2014 (1	" 1	F.	<i>'</i> ^	_
Agencies	Type Notifica	ation	TO THE REAL PROPERTY.	t Addre								*1.	·	J.
Notified	⊟Initial			lar Stre								5-0		7.55(6)
EÉPA	☐ Amended				Zip Code									
□ DEP	Amendment#	-		ark, NJ		~~~					10.00			-
D DOL	☐ Emergency	'		e of Co				Telephon	e Num	ber:				
	(including	,	Ahkil	lah Joh	nson									
□ DOH	justificatio □ Cancellatio													
□ DCA	Cancellatio	on		25/02/76	2				2002 200	200.000				
						FACILITY INFO	ORMA	TION						
Name of F	acility North	Star Ac	ademy	Charte	er School		Тур	e of Facility (4);						
a seed to be removed and			-				25560	thool (K-12)						
108 South	9 th Street						0.000	abchapter 8 (Other than F	(-12)					
City/ (5)	min.	County	. (6).		Count	y Code (7):		ther (i.e., private & comr		huildings h	nmes e	tc)		
Newark		Essex	y (O).		07107	y Code (7).		iner (i.e., private de comi	iloi o i ai	ourramge, m	J.11100, 0	,		
Newark		ESSEX			0/10/		Squ	are Feet: 60,000		# (of Floo	ors: 3		
							DII	a record						
								g. Age 45						
21 62		771	11 D			1,000,431		rent Use : School		(0)				
	Monitoring Fi				Owner:	ASCM No.:	Nan	ne of Abatement Cont	ractor	(9):				
TURNIN	GPOINT CO	NIKAC	TING	CORP			An	ex Development, Ir	1C					
Street Add	Iracc:							et Address:	10.					_
	ley Terrace						Suc	et Address.						
31 Deike	ley Terrace						(5)	n n						
								8 Rutgers Place	8.					
City, State	e, Zip Code:						City	, State, Zip Code:						
Irvington	, NJ 07111						Par	amus, NJ 07652						
	anager for Mo	anitanina	Diam.		300 0	Telephone No.:		ephone No.:	T in	ense No.:				
Emeka O		omtoring	, F II III .			973-372-2177	1 616	ephone No.:	Lic	ense no.:				
Emeka O	Keke					9/3-3/2-21//	(973	3) 350-0101	012	15				
Start Date	(10):	S	chedul	led Cor	npletion	Date (11):	Nan	ne of OSHA Monitor:						
07/18/14		0	7/21/1	14			Met	ro Analytical Laborat	ories					
Occupancy	Status During	Abatemer	nt (Chec	ck only	one)		Stre	et Address:						77
CONTRACT CONTRACT SER	NO. 17576 DO 1557			96 50 Oats				West 36th Street, Su	ite 203					
	Closed/vacated								110 203					
Describe:	nt Performed O	utside of	Norma	racini	Hours			, State, Zip Code:	0010					
Describe.							Nev	v York, New York, 1	0018					
□ Other														
Describe:														
Scope of W	ork (Check all	that apply	y):					2007-0-000-0-1007-0-	NO. 1000	75. WG145	82490 KC 10	700 1988		
□ - 2 of o	- 2 I£				□ D	untin m		□ Full (Contair	nment with	Negat	ive Pr	essure	
$\square \ge 3$ sf or $\square \ge 160$ sf	$c \ge 3$ If $c \ge 260$ If				□ Renor			□ Mini- □ Glovi	ebao P	rocedure				
□ ≥ 100 SI	01 ≥ 200 H	7.5			- Deme	illion		⊡ Non-I	Exempt	ed (*) and !	lon-Fr	iable F	rocedi	ire
			Is	Locat	ion				T		1		ement	
1	ocation of			Vorma		D	escript	ion of				T	/pe	
1	Containing M	aterial		d Sole		Asbestos Con	taining	Material (ACM) ems insulation,			-			
	(ACM)			aintena		(i.e., therm	al syst	ems insulation,		r otto destre	R		En	団
ТО	BE ABATED		C	Custodi	al/			VAT, or		Amount	Removal	Repair	ca	Enclosure
	N Facility			Staff	?	other	misce	llaneous)		Specify	104	pai.	psı	SC
	(13)			(12)					S	F or LF)	al	7	Encapsulat	ıre
			Yes	No	N/A									
GYM				X		MASTIC			45	0 SF	*			
											3			
									+-		-	-	-	
								8						
Name of D	Registered Wa	este Hani	ler.	1	NIDE	P Waste Hauler ID	No.	Cubic Yards	No	ne of Regi	stered	landfi	11.	
	CE TRANSFE			JC	1,1300	T Tradicination 12	. 10	of Waste: 30		NERVA	sicica		ERPRI	SES
TRI-STA	LL HOMISTE	M ASS	JU., 11							SOC, INC.		DIVI	DIG IC	CLO
City, State	· ·		No.	Dion	osal Date			City, State:	100	JOC, IIVC.				
Bronx, NY				Disp	osai Dale	•		Waynesburg, OH 4	4688					
Completed			-		Title:		Sim		1000	Date:				
	Oraegbunam				Presid	ent	Sign	ature:		07/08/20	14			
Sylvesier	Oracgounam				Fresid	CIII	_	Soll Soll Soll Soll Soll Soll Soll Soll	_	07/06/20	14			

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

Check #: 5984

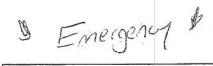
Initial Friable Notification

6419-NJ

													2
ate of Notification		11	Name	of	Buil	ding	Owner/Operato	r (2)					
0 7 1/10	7 1/1 1	4	Alle	endale	e Boa	ard of	f Education						_
gencies Notified Ty	pe Notific	cation	Stre	eet A	ddre	SS				Fi.	.3-	51	
(X)EPA	F. 41 4 - 2 4 2 m	. 1					enue						_
(X) DEP	[X] [nitia. Notifi	cation	City	y. St	ate,	Zip	Code						
(X) DOL	[]Amende	đ	Alle	endal	e, N	074	01		ę i				_
(X) DOH	Notifi	1	Nam	e of	Cont	act		Teler	chone Number				
[X] DCA	[]Cancel	Tation	Ela	ine G	areer	nan		1				700	
						2000	FORMATION			2			
ame of Facility Whe	re Abateme	nt is Tak	ing					Type of Facili					
								[X] School	(K-12) pter 8 (Oth	er th	an K	-12)	
Hillside Elementary Sc	chool			-				l sini h	pter 8 (Oth (i.e., priv uildings, h	omes.	etc		E.
Cleer Warres		9						Square Feet	# of Floors	Blo	ig. A	ge	
39 Hillside Avenue		County	(6)			Cour	ty Code (7)	40,000 Current Use (P	2	25 40	50	ched	17
City (5)		000				(STA	ATÉ USE ONLY)		rior if bei	ng ue	SRIOLL		• /
Allendale, NJ 07401		Bergen		TACEM	No		Name of Abate	School	(9)				
Vame of Monitoring F Owner (8)	1rm Hired	by bullu.	Ling	Auc									
Westchester Environn	nental, LLC			000	127		Four Strong B	uilders, Inc.					_
Street Address						}							
307 North Walnut Stre	eet						180 Sargeant	Zip Code					
City. State. Zip Coo	ie						1 Carrie						
West Chester, PA 193	380	a Firm T	eleo	hone	Numb	er	Clifton, NJ 07	mber	Lices	ise N	umber		
	MONTCOLTI			31-7			973-614-0377	7	0080	7			
Matt Abraham Scheduled Start Date	e (10) S	ched.Comp	leti	on Da	ate o	(11)	Name of OSHA	Monitor			500.00		
10171/12/11/11	141	0 71/13	3 ₁ 1	1/11	14		Four Strong E	Builders, Inc.					
0 7 / 2 1 / 1 Month / Day / 1 Occupancy Status Du	Year	Month / ment (Che	Day ck o	nly	Year one)		Street Addre						
[X]Facility Close	d/Vacated	During En	tire	Per	iod	.	180 Sargeant	Avenue					
of Abatement Abatement Perf	ormed Outs					Y	City. State.	Zip Code					
Hours - Descri	be:					_	Clifton, NJ 07	013					
Scope of Work (Chec		apply)			•			1 Containment W	ith Negativ	e Pre	SSUI	e	_
Demoliti			[X]	Reno	vati	on	f 1Min	i-Enclosure			-554-		
[]>3 sf or [X]>160 sf	>3 If	F					[]GLo	vebag Procedure -Friable Proced	lure				
[X1\subsection 2]	OL 7200 1.			Is					T T	Abat	emer		ΥE
				catio			Descripti	on of		R		E N	
Locati Asbestos-C	containing		t	Used			Asbestos-Cor Material	(ACM)	Amount (Specify	E	RE	C A	1
Material TO BE A	BATED		рА	Main	1-		(i.e., thermal	Lsystems	SF or LF)	0 0	PA	PS	
in Faci			Cu	nance	ial	-	or other mis	scellaneous)		A	I R	U	1
• **			Yes	aff()	N/A				750.05	-	-	·	+
Music Room				X				oose Cove Base Mastic		$\downarrow \Diamond$	-	_	+
Computer Room				X				Loose Cove Base Mastic		$\downarrow \Diamond$	-		+
Custodial Room				X		VAT &	Mastic, Cove Base,	Loose Cove Base Mastic	445 SF	X	-		+
													1
Name of Registered	Waste Hau	ler		JDEP			Cubic Yards of Waste	Name of Regi	stered Land	TITI			
E Ot	a Inc			2609				G.R.O.W.S.,	Inc.				
Four Strong Builders	s, inc.			2000			Disposal Dat						
0.769 33466								Tullytown, PA	\				
Clifton, NJ Completed By (Prin	t or Type	Title		-			Signatu	I CO		10	ate		_
							18	1/1/		-	7/7/1	4	
Bilyana Kulakovska		Office A	amı	nistra	1Oľ						1111	1	_
ASB-41 JUN 95							950					G4	6

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 07/08/2014	otification (1):				lding Ow RC Churc	mer/Operator (2)		7	Transaction in the second				
Agencies	Type Notifica	tion	Street	Addres	ss:		5050			*:	3- 4.8	:	
Notified	☐ Initial	-		merset								161	
TI EPA	☐ Amended Amendment#				ip Code: ick, NJ 0				€.				
DDDL DEF	☐ Emergency			of Con				Telephone	Nin-bar:				
□ DOH	(including justification	1)	Fathe	r Tom	Odorizzi	8	207						
□ DCA	☐ Cancellation	n											
				12		FACILITY INFO							
Name of F	acility Churc	h					- 1	of Facility (4):					
94 Somers	set Street							nool (K-12) bchapter 8 (Other than K-	-12)				
City/ (5)		Count				Code (7):	□ Otl	ner (i.e., private & comm	ercial buildings, ho	mes, e	tc.)		
New Brun	swick	Middl	esex		08901		Squa	are Feet: 1700.00	# of	Floor	s: 3		
							Bldo	. Age					
								ent Use : Church					
	Monitoring Fir	m Hired	d by Bu	ilding (Owner:	ASCM No.:	Nam	e of Abatement Contra	actor (9):				
ABE Env	ironmental						Ape	x Development, Inc	c .				
Street Add	iress:							et Address:					
84 Verm	ont Avenue						659	Rutgers Place					
City State	e, Zip Code:							State, Zip Code:					
500	EX. ST.	001					253	amus, NJ 07652					
	Park, NJ 08 anager for Mo		Firm			Telephone No.:	100000000000000000000000000000000000000	phone No.:	License No.:		102		
Don Anig		mitoring	5 1 11111.			732-422-0733	2000000000		01215				
Start Date		S	chedule	ed Corr	nletion I	Date (11):	-) 350-0101 ne of OSHA Monitor:	01213				
07/18/14	(10).		2/12/1		iprocion i	sate (11).		ro Analytical Laborato	ries				
Occupancy	Status During	Abateme	nt (Chec	k only o	ne)			et Address:	202				
	Closed/vacated l						The street of the	West 36th Street, Suit	e 203				
Describe:	nt Performed O	utside of	Normai	racility	Hours			, State, Zip Code: York, New York, 10	018				
☐ Other Describe:													
The state of the s	ork (Check all	that appl	y):							-3-000000000000000000000000000000000000			-
$\square > 3 \text{ sf or}$	r > 3 lf	115,500			Renov	vation		□ Mini-l	ontainment with Enclosure	Nega	tive Pi	essure	77
₽≥ 160 st	for ≥ 260 lf				□ Demo	lition		☐ Glove ☐ Non-E	bag Procedure xempted (*) and N	Non-Fr	iable I	Procedi	ıre
			Is	Locat	ion]	Ī	Abat	ement	
	Location of		l N	Vormal	ly	A shestos Con	escripti	on of Material (ACM)			T	ype	_
Asbestos-	Containing M (ACM)	aterial		d Sole intena		(i.e., therm:	al syste	ems insulation,		R		臣	田
ТО	BE ABATED			ustodi	al/			VAT, or laneous)	Amount (Specify	Removal	Repair	Encapsulat	Enclosure
1.00	IN Facility			Staff? (12)				iuncous)	SF or LF)	оуа	air	lus	sur
	(13)		Yes	No No	N/A					_		at	o
MAIN C	CHURCH A	REA		X		FLOOR TILES	S		1,700 SF	*			
	Registered Wa TE TRANSFI			IC.	NJDE	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30	Name of Regineral MINERVA ASSOC, INC.			ll: ERPR	ISES
City, State				Disp	osal Date	::		City, State:					
Bronx, N'					Title:		Signa	Waynesburg, OH 44	1688 Date:				_
Complete Sylvester	d By: Oraegbunam				Presid	ent	Signi	. C	07/08/20	14			
					1		0						



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

CK 4206

Date of Notification (1) 7/8/14				1100		Building Or but Priv			(2)	2011			~				
Agencies Notified	Beams)	Notification		1	Street Add	dress 5th Stre	et			-				× Z			
EPA DEP DOL		nitial Amended Amendment #		1000		e, Zip Cod Haven N		008			L						
DOH DCA	_ j	Emergency (in stification) ancellation	ncluding		Name of C	Contact					Tele	phone Nu	ımber				
					FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Pete Rebut Private			Place (3)						NAME OF TAXABLE PARTY.	f Facility (4) chool (K-12							
Street Address 22 East 5th Street									× O	ubchapter 8 ther (i.e. pri c.)				ings,	nome	s,	
City (5) Beach Haven NJ 0	8008								Square 1000	Feet	# of 2	Floors	100000	dg. A	ge		
County (6) Ocean				(County C	ode (7) SE ONLY)			Curren	t Use (Prior	r if bei	ng demolis	shed)	- 1			
Name of Monitoring Firm	n Hired	by Building C	Owner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)	-	-			
Street Address					l	*		Street	Address Box 32	3	-						
City, State, Zip Code								City, S	State, Zip			+					
Project Manager for Mo	nitoring	Firm	***	-1	Telephon	e No.		Telepl	none No		71	License	No.		10 % SERVE		
Start Data (10)			Schedule	d Com	nletion [)ata (11)			753-98	A Monitor		00727					
Start Date (10) 7/9/14			7/9/14		ipietion c	Date (11)		Sam	ie								
Occupancy Status Durin	ng Abat	ement (Chec	k Only One	∍)				Street	Addres	S							
Facility Closed/Vac Abatement Perform Other – Describe:	med Ou	uring Entire F tside of Norm	Period of A nal Facility	baterr Hours	nent		_	City, S	State, Zip	Code	-	-			1405		
Scope of Work (Check	All That	Apply)							2 1110	T Wa	1000	and	Cit	_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enova emolit				Ī	Full Min Glo	Containme i-Enclosure vebag Prod i-Exempted	ent with e edure	n Negative	Pressu	re	6		
			ls	Locati	ion		W		1401	LACINDA	· () uii			Abate	ement	t	
Location	on of		N	ormal	ly		D	escriptio	n of				-	Т	rpe I	1	
Asbestos-Containin TO BE A In Fac (13	ng Mater BATED cility	ial (ACM)	Mai	d Sole ntena odial s (12)			tos Cor tinerma surf	ntaining	Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
1st fi	oor		103	140	X		Pin	e insul	ation			8 LF	x	-		-	
1511							1 .p	o modi									
	_																
Name of Registered W United Containers	aste Ha	uler		H	NJDEP W Hauler ID 2459			c Yards aste		Name of G.R.O.	Carlo Control	ered Land	Landfill				
City, State Elm NJ							Disp 7/10	osal Dat 0/14	е	City, Stat Morrisv		A 19067	7				
Completed by Anthony T Perna		9	Title Presi	dent				Signatu	re				Date 7/8/14				

Print Form

-5 Y

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

Date of Notification (1) 07/07/14 CK# 31	57 \$200				wner/Operator goes, NJ In		-				
Agencies Notified EPA	Type Notification Initial		Street Ad 43 Hig	ddress hway 202	2					•	
DEP DOL	Amended Amendment		1.00	te, Zip Code es, New J	ersey 0855	1	ŧ.				
⊠ DOH	Emergency justification)		Name of			***************************************	Telephone Nur	nhor			
DCA	Cancellation		Neil Si								
1			FACII	LITY INFOR	RMATION						
Name of Facility Where A Farm House	Abatement is Takin	ig Place (3)				Type of Facility (4					
Street Address 43 Highway 202		2				Other (i.e. pr	?) 8 (Other than K-1; ivate & commerci	2) al build	dings,	home	es,
City (5) Ringoes, New Jerse	ey 08551					etc.) Square Feet 6,000	# of Floors		ldg. A 5+	ge	
County (6) Hunterdon	*	b	County C	Code (7) JSE ONLY)		Current Use (Prio Farm House	r if being demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCM	1 No.		of Abatement Cont	ractor (9)				
Street Address					Street	Address	-				
City, State, Zip Code			34.6		City, S	McBride Avenu- state, Zip Code		2000 3500		27.00	
Project Manager for Mon	itoring Firm		Telephor	no No		dland Park, NJ	07424 License N	-			
	normig i min				973-	225-8400	01104				
Start Date (10) 07/18/14		Scheduled 0 07/19/14	completion (Date (11)		of OSHA Monitor Environmental	Labs				
Occupancy Status During	Abatement (Ched	ck Only One)			7.50	Address			- 55 - 55		
Facility Closed/Vaca Abatement Perform Other – Describe: 9	ed Outside of Norr	Period of Abat nal Facility Ho	ement urs		City, S	Route 22 Wes State, Zip Code on, New Jersey		-			
Scope of Work (Check A	II That Apply)								-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		PROPERTY.	ovation olition		×	Mini-Enclosure Glovebag Proc	nt with Negative fedure (*) and Non-Friat			a	1911
		Is Loc	ration			- Non Examples	() drid (tol) (flat	1	Sanakal as	ment	
Location	of	Norn	nally		Description	of			Ту	ре	
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	ATED	Used S Mainte Custodia (1	nance/ al Staff?	(i.e. th	s Containing Nermal system surfacing, VA other miscellar	T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes N		(F)						e	
Baseme	ents	×		Therr	nal System	Insulation	80 LF	Х			
					2						
37 - 37 - 37 - 37 - 37 - 37 - 37 - 37 -								_			
Name of Davistand 144	ta Ha day		LUDES:		6 II. 12 I		100				
Name of Registered Was Lilich Corporation	ite Hauler		NJDEP W Hauler ID 18724	No.	Cubic Yards of Waste 2	Marine and the second	Registered Landfil V.S Landfill				
City, State Woodland Park, New	v Jersey 07424		4.2	232 1417.0	Disposal Date 07/20/14		lle, Pennsylva	nia			
Completed by Tatiana Kalenikova		Title Vice Pre	esident		Signature		1 0	ate 7/07/1	14		
					1/4/	cen i	- To		N (\$1		

(K1473

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



Date of Notification (1) 7/3/2014						Building C			(2)	***							0
Agencies Notified	Type Notif		,	30	Street Ad 248 Th	dress ird Stree	et						A.	Ť		-0.0	
EPA DEP DOL	Initia Amer		#	- 1		e, Zip Coo					-						
		rgency (ication)	including	(6)		Contact		H = XP(X)			Telep	ohone N	lumbe	er			
DOH DCA		ellation		_ 1		nk Barne											
N	A	i- Table	- Diago (2)		FACIL	ITY INFO	RMAT	ON	Type	of Facility (4)	\						
Name of Facility Where A	Abatement	is rakin	g Place (3)						(mm)								
Street Address										School (K-12 Subchapter 8		than K	-12)				
248 Third Street									×	Other (i.e. pri				uild	ngs,	nome	s,
City (5)	-			7.2						etc.) re Feet	# of	Floors		Blo	ig. Ag	ie.	
Elizabeth									25,00		1	100.0		80		•	-
County (6)					County C	Code (7)			Curre	nt Use (Prior	r if bein	g demol	lished)			-
Union						SE ONLY)	-			mercial							
Name of Monitoring Firm	Hired by B	Building	Owner (8)		ASCM	No.		Name	of Abat	tement Cont	ractor (9)	- 87"-				
TBD	•							Sky	Contra	acting, LL(С						
Street Address									Addres Valle	s y Road, S	Suite K	(
City, State, Zip Code										p Code ew Jersey	0747	0					
Project Manager for Mor	nitorina Firm			Т-	Telephor	ne No		100000	none No	•		License	No.				-
1 Toject Manager for Mor	mornig i mi					9		(973	928-	5040		00874		2000			
Start Date (10) 7/14/2014			Schedule 2/28/20		pletion [Date (11)				HA Monitor acting, LLO	С						
Occupancy Status Durin	g Abateme	nt (Ched	ck Only On	e)				Street	Addres	ss							
Facility Closed/Vac	ated During	Entire	Period of A	batem	ent			1385	Valle	y Road, S	Suite k	(7.00	
Abatement Perform Other – Describe:	ned Outside	of Norr	nal Facility	Hours		Vacant				ip Code ew Jersey	0747	0					
Scope of Work (Check A	All That App	y)		-									- 110000		101000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enovat emoliti				>	Ful Mir Glo	l Containme ni-Enclosure ovebag Proce	edure						
								<u></u>	_I_Noi	n-Exempted	(") and	Non-Fr	lable		mini Care	ment	
			77.70	Location Lormall	0.000										Ту		
Locatio Asbestos-Containing		CM)		d Solel		Ashest		escription taining N		(ACM)	Ar	nount				Е	
TO BE AB	ATED	(Civi)		ntenar			therma	l system	s insula		(S	pecify		Re	Z)	nca	Enc
In Faci (13)			Cust	(12)	itan:			acing, VA miscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			Yes	No	N/A		Outer	mocona	noodo,					al	-	late	re
See atta	ched												T				
				-					- 3				+		-		
		<u> </u>			-								+	-5			
										I Name of F)!-t	a a d 1 a a	4611				
Name of Registered Wa				17.200	JDEP W auler ID		of Wa	c Yards aste		Name of F				_			
Service Transport G	Froup, Inc				0990		20	M 200200		Minerva	∟nte	prises	, LL				
City, State New Castle, Delawa	are						Dispo	osal Date	•	City, State Waynes		Ohio					
Completed by			Title					Şignatur	ę				Date				
Predrag Sarcev			Vice	Presi	dent		+	1		>	حرع		7/3/	201	4		
			100000000				- 1		-	La Carta	-						

Work is to be done in two (2) phases, as per owner's request.

Phase I - Boiler Room July 14th, 2014 to July 21st, 2014

Location of	100	Location	700	Description of			Abate Ty	pe pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel iintenar todial S (12)	y by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			-		ē	(0)
Boiler Room	х			Pipe Insulation	60 LF	x			
Boiler Room	x			Water Tank Insulation	60 SF	x			
Boiler Room	X			Boiler Insulation	150 SF	х			
Boiler Room	х			ACM Debris	250.5∓	x			

Phase II - Warehouse and Office Areas January 15th, 2015 to January 31st, 2015

Location of	33 OF	Location	7,644	Description of			Abate Ty	emen vpe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosui
	Yes	No	N/A					ate	0
Warehouse Area		Х		Pipe Insulation (wrap&cut)	1,800 LF	×			
Office Area		X		Pipe Insulation (wrap&cut)	200 LF	x			
%		27-25-7							

(K1357

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

Date of Notification (1)						Building C Realty A		perator	(2) 2514 JU	_ ! !	M 5:	58			
Agencies Notified		tification			Street A 450 7tl		e, Suite	e 701				9]1,	100-20-		
EPA DEP DOL	Am Am	ended endment #				te, Zip Co ork, NY									
DOH DCA	jus	ergency (i tification)	ncluding		Name of Lisa Fr	Contact				Teleph	none Nu	mher			
☐ DCA	L Ca	ncellation													
Name of Facility Mars	Abataman	t in Takina	Dlage /2	`	FACI	LITY INFO	DRMATIC	ON	Type of Eacility	(4)					
Name of Facility Where Vacant Commercia			Place (3)					DATE:						
Street Address	орисс						01 1000 - 1000 - 1000				han K-1	2)			
223 Washington Pl	200									private & c	ommerc	ial build	lings,	home	es,
									etc.)	14-65		1.5	I A		
City (5) Passaic										# 01 F1	oors	P	iag. A	ge	
					C	2-d- (7)			c. 65 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	ior if boing	domolio	hod)			45
County (6) Passaic						Code (7) JSE ONLY)			Current Use (Pi	ior ii being	demons	neu)			
Name of Monitoring Firm			Owner (8)		ASCN	1 No.									
Sky Environmental Street Address	Service	s, inc.			1			Suite 701 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, horetc.) Square Feet 3000 Square Feet 3000 Square Feet 3000 Be Construction Corporation Street Address 235 Watchung Avenue City, State, Zip Code West Orange, NJ 07052 Telephone No. 973-669-2900 O1231 Name of OSHA Monitor Street Address City, State, Zip Code City, S							
140 Bouldevard									100	enue					
City, State, Zip Code Mountain Lakes, N	J 07046									07052			- 958—II		
Project Manager for Mor				Т	Telepho	ne No.				L		No.			-
Leon Shereshevsk	у		0.1.1.1			38-4821		0.000			1231				
Start Date (10) 07/18/2014			07/21/2		npletion	Date (11)		Name	of OSHA Monito	r					
Occupancy Status Durin	g Abatem	ent (Check	k Only On	ie)	- 11.00			Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outsid							City, S	tate, Zip Code		+				
Scope of Work (Check A	All That Ap	ply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emoli				×	Mini-Enclosu Glovebag Pro	re ocedure					
			7	(3) 792					a Non-Exemple	and i	VUII-FIIA	DIE FIU	and the same		1
	61		1	Locat Norma	3000		11.020	2. 2.7	25				5.00		
Location Asbestos-Containing		(ACM)	Use	d Sole	ly by	Ashes				Amo	ount			_	
TO BE AB	ATED	(, (0,11)	100000000000000000000000000000000000000	intena odial			thermal	systems	insulation,	(Spe	ecify	Re	æ	nce	Enc
In Faci (13)			Cusi	(12)	Jian :					SF o	r LF)	mo	epa	psu	Enclosure
(13)					Τ		outer in	nocenar	eousj			/ <u>a</u>	7	late	Jre .
			Yes	No	N/A	_	.,				>=	-		-	
Entryv				X									-		
Basem				X	-	151 PIP						x	_		
Basem	ent		-	X			insula	ition b	oard	208	51	x			
Name of Registered Wa	ste Hauler			N	JDEP W	/aste	Cubic Yards Name of Registered Landfill								
Circle Rubbish Rem	ioval			F	lauler ID	No.	of Was	te	Tullyto	wn Facili	ity				
City, State Linden, NJ							Dispos	al Date	City, Sta	ite wn, PA	- Africa				
Completed by			Title					222		WII, FA		oto			
Barbara Reed			Title Presi	dent			Si	gnature	Laca)	Keed	1 1	ate 7/08/1	4		

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

Date of Notification (1)					Building			(2)								
07/08/2014				Somer	ville Pu	blic Sc	hools				n ay	5 1210				
Agencies Notified EPA	Type Notification Initial		1.23	Street Ad 51 We	ddress st Cliff S	Street					£ . , ,	<i>5 11 12</i> 7 € € € €	. 1	! .		5: 5
DEP DOL	Amended Amendment				te, Zip Co ville, NJ		6			1						1 3
DOH DCA	Emergency (justification) Cancellation	including	- 23		Contact					Tele	phone	Numb	er	7.7_		
					LITY INFO	DRMAT	ION			-						-
Name of Facility Where Somerville High So		Place (3)							of Facility (4)							
Street Address 222 Davenport Str	eet							R	School (K-12) Subchapter 8 Other (i.e. pri etc.)	(Othe			ouilo	lings,	home	es,
City (5) Somerville					17				re Feet	# of 3	Floors		1	ldg. A	ge	
County (6) Somerset		7700			Code (7) ISE ONLY				ent Use (Prior	if bein	g dem	olished	1)			
Name of Monitoring Firm Detail Associates,		Owner (8)		ASCM 0001					struction &			on In				
Street Address 300 Grand Avenue							Street	Addre								
City, State, Zip Code Englewood, NJ 076	331						City, S	tate, Z	ip Code IJ 07512		14					
Project Manager for Mo Nadine Bello		***********	100	elephor	ne No. 1 4850		Teleph 973 2	none N	0.	П	Licens					
Start Date (10)		Scheduled	Comp				Name	of OSI	HA Monitor			<u> </u>		-		
07/18/14		07/20/14							struction &	Rest	oratio	on, In). 			
Occupancy Status Durin X Facility Closed/Vac	ated During Entire F	eriod of Ab	ateme	ent				Route	46 Suite 3	BD						
Other - Describe:	ned Outside of Norm FRI:3PM-11PM SAT:	al Facility H 8AM-5PM S	lours SUN:8.	AM-12P	M				ip Code IJ 07512							
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	All That Apply)	ESPANA .	novati molitic				×	Mir	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure	1530				9	
	77		ocatio							7.5				Abate	ment pe	
Locatio Asbestos-Containing		Used	Solely	by	Ashes		scription taining M		(ACNA)	Á'n	nount			-		
TO BE AB In Faci (13)	ATED lity	Custoo	(12)	aff?		thermal surfa	systems cing, VA niscellan	s insula T, or		(Sp	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
1st Fl. Boy's & G	irl's Bathroom	Yes	No X	N/A		Pin	e fitting	as	-	12	LF	X		-		
2nd Fl. Boy's & G			x	-			e fitting				LF	X	-			
3rd Fl. Boy's & G	x				e fitting				LF	X	-					
Name of Registered Wa	ata Haulas		1	DEP W		0.11	V									
Bako Construction &		Llou				of Wa	Yards ste		Name of Re G.R.O.W			idtill				
City, State Totowa, NJ			1-0			Dispos	sal Date /2014		City, State Morrisville	e PA						
Completed by		Title					Signature		7.5			Date			-	
Goran Kojic		Project	Mar	nager			1	pro	حناك	X	7	07/0	8/2	014		

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

uant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)			Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS											
7/8/14 Agencies Notified Type Notifica	otion		Address				-							
EPA	шоп			MERY PLACE										
☐ DEP ☐ Initial			tate & Zip (2014	.11/1	F	ALL I		r		
☑ DOL ☐ Amer		20070.22		PA 15212				MULTI AM 5:56						
□ DOH □ Emer	gency		of Contact	2 T 1 2 2 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T		Telephone Number								
DCA Cand	ellation	ANTH	ONY POF	RTA				1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,						
		FAC	ILITY INF	ORMATION			_	1	1.5	11000				
Name of Facility Where Abateme					Type of Facility (4)									
VERIZON FREEHOLD CENT	RAL OFFICE	74.60		School (I										
Street Address						Other than K-1								
56 E. MAIN STREET					Other (i.e. private & commercial						tc.)			
Oit (F)	[a : (a) [Square Feet		# of Floors		Blo	lg. Ag	е				
City (5)		County C	ode (7)	41205		<u></u>								
FREEHOLD	MONMOUTH					being demoli	shed))						
Name of Monitoring Firm Hired b	y Building Owen	(0)	ASCM No	COMMUNIC			Λ.							
USA ENVIRONMENTAL MAN			ASCIÁI NO			Contractor (9								
Street Address			<u></u>	Street Addres		JIIIIEITIAL				-				
8436 ENTERPRISE AVENUE				1123 BEAV	ER ST	REET								
City, State & Zip Code	10			City, State &										
PHILADELPHIA, PA 19153			NI CONTRACTOR	BRISTOL, F		007								
Project Manager for Monitoring F MARK JENKINS		lephone 5-365-5			Telephone Number Lice 2157886040					cense Number 00509				
	Scheduled Comple	Control of the Control of the Control		Name of OSH		vitor			0050	9				
7/24/14		31/14	5 (11)		BRISTOL ENVIRONMENTAL INC									
Occupancy Status During Abater	nent (Check only	one)		Street Addres										
Facility Closed/Vacated I	During Entire Perio	od of Aba		1123 BEAV	ER ST	REET								
Abatement Performed Ou		Hours – 7	am to 3pm											
Describe: 5:00 PM -				BRISTOL, P	A 190	007								
Facility Occupied During														
Scope of Work (Check all that ap	piy)				\boxtimes	Full Containm	ent w	ith Ne	native	Pres	SIIFA			
≥3 sf or ≥3 lf		7 Reno	ovation		_	Mini-Enclosur			ganvo		ouic			
≥160 sf ≥260 lf	ř	7	olition			cedures								
	_				Non-Exempted a					and Non-Friable Procedu				
Location of		Is Location	530113		Description of An					Abatement Type				
Asbestos-Containing Material (ACM)	j No	ormally U Solely b		Asbestos-Cont Material (AC	Spec F or				m					
TO BE ABATED	Ma	aintenanc		(i.e., thermal sy	ir ui	LF)	Remova	æ	nca	E				
in Facility		istodial S		insulation, surfac	sulation, surfacing, VAT					Repair	Encapsulate	Enclsoure		
(13)	Va	(12)	NIA	or other miscella	aneous	5)			<u>a</u>	=	late	JE		
D	Ye		N/A	1/47/14			20-	~=						
Basement Power Rm, Batter			H	VAT/Mas			,035		X	H	H	H		
Basement Battery Area		4	#	STACKED	VAI		100 5)r		H	뮈	H		
		+H+	H						ዙ	뉘	ㅐ	H		
		$\exists\exists\exists\exists$	H						H	H	Ħ	H		
		ititi	Ħ						H	Ħ	Ħ	H		
Name of Registered Waste Haule	NJE	NJDEP Waste Cubic Yards Name of Registere						ب						
OFFICE TRANSPORT CT		iler ID No.	of Waste											
SERVICE TRANSPORT GRO	UP, INC.	20990 MINERVA LANI					ILL		1					
City, State NEW CASTLE, DE 19720				Disposal Date City, State WAYNESBURG, OH 4468					4688					
Completed By (Print or Type)		Title	,	Signature Date										
PATRICK T. DeCARO			; OJ. MGR.	O TO	1	100	1	errores a	7/8/1	4				
			e meneral de l'en e conse en la Maria de l'Arriche de l'en en e	Patrick	Λ	Delaro	17	/						

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

CR# 2656

Date of Notification (1)	3/14			Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS										11		¥			
	Notifica	tion			_	\ddr		MONICATIONS											
⊠ EPA				15	E. N	MON	ITGO	MERY PLACE				2814 211	. 11	5,79	5:	56			
DEP	Initial				-572		¿Zip (40					1000/6			
□ DOL								PA 15212					- FL	9					
☑ DOH □ DCA □	Emer	gency ellation						T€	Telephone Number										
L DOX	Carice	mation	ANTHONY PORTA																
				F	AC	ILIT	Y INF	ORMATION											
Name of Facility Where A VERIZON JERSEY CIT	bateme	nt is Taking F	Place (3)				Type of Facili											
Street Address	I T CEN	TRAL OFF	ICE_					School (I		Other th	on V 12	N							
773 SUMMIT AVE								Other (i.e				Colonia Property	. hom	AC 6	atc)				
TO COMMIT AVE								Square Feet		# of Flo			ig. Ag						
City (5)		County (6)	Co	ount	v Co	ode (7)	8000		" 01110	3			90+/	ē				
JERSEY CITY					,			Current Use (Prior	if being o	2000	ned)		50.7		_			
						COMMUNIC				/									
Name of Monitoring Firm	Hired by	Building Ow	ner (8))		ASC	M No				ctor (9)		-		_				
USA ENVIRONMENTA								BRISTOL E				VC							
Street Address								Street Addres											
8436 ENTERPRISE AV	ENUE							1123 BEAV											
City, State & Zip Code PHILADELPHIA, PA 19	153							City, State & 2											
Project Manager for Monit		rm	Tele	nhor	ne N	lumh	ner		BRISTOL, PA 19007 Telephone Number Licen										
MARK JENKINS			215-				,01	Telephone Number License Number 2157886040 License Number 00509											
Scheduled Start Date (10)) S	cheduled Co	mpleti	on D	Date	(11)		Name of OSH		nitor									
7/31/14			8/14	1/14		2		BRISTOL E	NVIR	ONMEN	ITAL II	VC							
Occupancy Status During								Street Addres	500										
Facility Closed/Va		7.5						1123 BEAVE											
			nal Hours - 7am to 3pm				3pm												
Describe: 5:00 Facility Occupied								BRISTOL, P	'A 19	007									
Scope of Work (Check all											-			-					
	u.a. ap	,,							\boxtimes	Full Cor	ntainme	nt with Ne	gative	Pres	sure				
≥3 sf or ≥3 lf			\boxtimes	R	eno	vatio	n			Mini-En			***************************************						
≥160 sf ≥260 lf			Demolition					Glove Bag Procedures											
								Non-Exempted and Non-Friable P Description of Amount Abate											
Location Asbestos-Co				Loc				Description Asbestos-Cont				nount pecify	Aba	teme	ent T	ype			
Material (A				Normally Used Solely by				Material (AC	or LF)			ш	_						
TO BE AB	ATED		Maintenance or				(i.e., thermal sy	(i.e., thermal systems					Re	Encapsulate	Enclsoure				
in Facil	ity		Cust	00000	5000	aff?		insulation, surfac					Remova	Repair	lusc	Sou			
(13)			Yes	(12 No		N/A		or other miscella	arieou	5)					ate	6			
Basement Storage Rm	& RM	S Office		Г	1	$\overline{\Box}$		VAT/Mast	fic		30	00 SF	Ø	П	П				
3 rd Floor AC Room	i di Divi	o omice		十	1	H		Pipe Fittin				3 LF	X	Ħ	H	H			
2 nd Floor Storage Room	m		X	卜	it	Ħ	GI	ue Daubs & Ce		Tile		0 SF	Ħ	Ħ	Ħ	Ħ			
2 nd FI Locker Rm,Supe	er Offic	e.Hallway	Ø	F	iti	Ħ		AT/Mastic & Ce				30 SF	Ø	Ħ	Ħ	Ħ			
•																			
								- samewa											
Name of Registered Wast	e Haule								Nam	e of Reg	stered l	Landfill							
SERVICE TRANSPORT	r cpoi	ID INC		1/9			No.	of Waste	BAINI	EDVA I	ANDE								
SERVICE TRANSPORT	GRU	Jr, INC.	1.60	4	2099	5 U						AITO ILL							
NEW CASTLE, DE 197	20							Disposal Date			JRG O	H 44688							
Completed By (Print or Ty	20.00			Т	itle	-		Signature					Date	-					
PATRICK T. DeCARO	F • /						AGR. Patrick A. D'Caro/Je 7/8/14												
						1 arrick	1.	NUE	ul,	TI									

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

Date of Notification (1)			×10.11 - 1 1		Name of Building Owner/Operator (2)													
	8 /	14			Prin	ceton U	niversity-Office	of Design and		ti (20		j= ;						
Agencies Notified	Type Not	ification			Street	Address			CONTROL :	1 4	i si		5					
⊠ EPA					200	Elm Dr.												
□ DOLWD	☐ Amen			â	City, S	y, State, Zip Code												
☑ DHSS	79-04-07	dment #_				rinceton, NJ 08544												
DCA	☐ Emerg		cluding			ame of Contact Telephone Number												
(NJAC 5:23-8)	☐ Cance	cation)			Robert Ortego													
	L Cance																	
Name of Facility Where A	hatement	ie Takine	Diace	(3)	FAC	JILIIY IN	IFORMATION	Type of Facility	(4)									
- pr-s many management with the property of th		NO 400 100 100 100 100 100 100 100 100 100	riace	(3)				School (K-12										
Princeton Universit	y-wonet	і пан							(Other than K-12)	V								
Street Address								Other (i.e., p	rivate and commer	cial bui	Idings	3,						
Washington Rd.								homes, etc.)										
City (5)								Square Feet	# of Floors	Bld	lg. Ag	е						
Princeton																		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolis	hed)								
MERCER								Library										
Name of Monitoring Firm	Hired by E	Building C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)										
ATC Associates Inc	0.000.000.000		***************************************		0009	8		VIRONMENTA										
Street Address			700			-	Street Address											
Three Terri Center							1123 BEAVE	RSTREET										
City, State, Zip Code			<u> </u>	- Gallery Ha			City, State, Zip Co											
Burlington, NJ 080	16						320	, State, Zip Code RISTOL, PA 19007										
Project Manager for Mon		n		Tele	phone	No.	Telephone No. License No.											
Michael Keehn					9-386		215-788-6040	00509										
Start Date (10)		School	lulad C		tion Da		Name of OSHA M											
	14	170000000000000000000000000000000000000		Secondary Co.	/	and the second		VIRONMENTA	L. INC.									
Occupancy Status During							Street Address											
☐ Facility Closed/Vacate					ment		1123 BEAVE	R STREET										
						cribe	City, State, Zip Co					-						
Time of Abatement: 6	:30AM-3:	30PM/_	P	M	AM		BRISTOL, PA											
Scope of Work (Check al	I that apply	()				11000												
□ > 2 of oo> 2 f			⊠ Da	n a a t				tainment with Neg	gative Pressure									
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			⊠ Re					g Procedure	rocedure									
24 _ 100 01 01 _ 200 11					333		☐ Non-Exe	empted (*) and Non-Friable Procedure										
		83	ls	Locat	ion								уре					
Location	of			Norma			Description of			Z	Z.	ш	ш					
Asbestos-Containing		ACM)	100000000000000000000000000000000000000	a Sole intena	ely by		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure					
TO BE ABA					Staff?	(1.6	surfacing, VAT		SF or LF)	Va	=	nsc	Sur					
(13)	.,			(12)			other miscellane		•			late	0					
			Yes	No	N/A								_					
Labs 227A, 227B & S	uite 230			\boxtimes		Double	layer Floor tile	and mastic	1500 SF	Ø								
										\boxtimes								
			T															
Name of Registered Was	te Hauler			N	JDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill			100						
BRISTOL ENVIRON		INC		- 27	lauler II	D No.	Waste	177.0	. NORTH LAND	FILL								
		_,			18706													
City, State	_				Disposal Date			City, State MORRISVILLE, PA 19067										
BRISTOL, PA 1900								INIOKKISV										
Completed By (Print or Type) Title							Signature	1 0= 1	/ . Da	7/8	lice	1						
Brian Scafiro		E	stima	tor			prin	Scofero 1	je	1101	17							
ASB-41								0 0	/									

MAY 11 35/4069

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

CK 006 236

D&S Proj. #: 2014-273

	I Nan	e of Buildir	na Owner/	Operator (2)								
ate of Notification (1)	1 10000000	ORETAS	3270				2014.7	11 1 1 1	4 1	F: 5	2	
gencies Notified Type Notifica		et Address	PKIDGE	ON								
☐ EPA ☐ Initial		76 WATC	LITING A	VENITE			*	e e]	
DEP Amended		, State, Zip		VENUE			Ž.		72			
Amendment #		VEST OR		II 07052							-	
DOH Emergency (including		e of Contac		07032			Telephone	Number				
justification)			EOM								
DCA Cancellation	on II I	ORETAS				-			_			_
			FACILI	TY INFORM	ATION		Type of Facility (4)					
Name of facility where abatement	t is taking place	(3)					School	(K - 12)				
DORETAS PRIDGEON						i a constanti		oter 8 (Other			2)	
Street Address								rivate/Comr omes, etc.	nerc	al		
276 WATCHUNG AVENU	TE.							of Floors	T	Bldg	J. Age	е
City (5)	County	(6)			County	y Code (7)						
City (5)					(State	use only)	Current Use (Prid	or if being de	emol	ished)	
WEST ORANGE	ESSI				L	lame of Abatemen	at Contractor (9)			_		_
Name of Monitoring Firm Hired b	y Bldg. Owner	(8)	1	ASCM No.								
		10.0				D & S RESTOI	RATION, INC.					_
Street Address						20 California	Δve					
					— l c	ity, State, Zip Cod						
City, State, Zip Code						Paterson, NJ (
Project Manager for Monitoring Fi	rm	I Pho	ne Numbe	r	— -	elephone Number		License Nu		r		
Project Manager for Montoning 11		1				973-345-802		011	69		_	
7.0	ISched	Completion	Date (11)		- [Name of OSHA Mo						
Start Date (10)			· Date (· ·)		1	D & S Restora	ation, Inc.					
07/21/14	07/31/				`	20 California	A venue					
Occupancy Status During Abaten Facility closed/vacated duri	nent (Check or	ily one) d of abatem	nent.		1	City, State, Zip Coo						
Abatement performed outs	ide of normal fa	acility hours	;-			,,, o, _,						
Describe: NORMAL Other-Describe: NORMAL						Paterson, NJ	07503					
Scope of Work (check all that ap							Full Containment w	/negative pr	essu	ıre		
	Renovation	1					Mini-enclosure Glovebag procedu	ro.				
≥160 sf or ≥260 lf	Demolition					Ĭ	Glovebag procedur Non-Exempted (*)	and Non-fria	able	proce	dure)
	Is location	normally u	sed solely						R e	R e	E	E
Location of asbestos-containing	by mainte staff(12)	nance/custo	odial	Descrip		bestos-containing	Amount (Specify S	Eor	m	р	C	n
material (acm) to be abated in facility (13)	-		1	materia	(ACM)		LF)		o v	a i	a	Ľ
abated in facility (15)	Yes	No	N/A				1657 77		e	<u>-</u>		+
BASEMENT		X		PIPE INS	ULATI	ON	165 L FT			+	片	卄
									爿	片	片	卄
									井	H	Ħ	市
									Ħ	Ħ	Ħ	
	IN IS	EP Hauler I	D# 10	ubic Yards o	Waste	Name of Registe	ered Landfill					
Registered Waste Hauler D & S RESTORATION, IN			200	YDS		TULLYTOW	N, RESOURCE R	ECOVERY	{			
City, State			Disposal C			City, State						
PATERSON, NJ 07503			07/22/1			TULLYTOW	VN, PA	Date				
Completed by (Print or Type)	Title			Signature				07/07/2	2014	1		
BOGDAN JOLDZIC	PRESID	ENT										

D&S Proj. #: 2014-275

											- 10			
Date of Notification				30 1 3 73 10	er/Operator (2)				2014	11 _الل	4: 1	5:	52	
Agencies Notified	Type Notificat	ion		HNSTON					_					
□ EPA	Initial		street Addre						2				Ĵ.,	
□ DEP	☐ Amended		- PLANTICATION COMPANIES	SEY AVE	ENUE					å Lite	No. 1	5.47		
☑ DOL	Amendment #:		City, State,	Zip Code										
_	Emergency		MAYW	OOD, NJ	07607									
☑ DOH	(including justification)	IN	ame of Co	ntact				//	Telepho	ne Numbe	r			
☐ DCA	Cancellation	11	BOB JO	HNSTON	1		-							
			•		LITY INFORM	ATION	I		<u> </u>	-		11122-00		
Name of facility wh	nere abatement i	is taking pla	ace (3)					Туре	of Facility	(4)				-
		alitatro : Paste	arte sast						Scho	ol (K - 12)				
BOB JOHNST	ON								☐ Subcl	napter 8 (C	Other to	nan K	-12)	
Street Address										(Private/C ./Homes, e		rcial		
275 JERSEY A	VENUE							Squ	are Feet	# of Floo		Bl	dg. Ag	ge
City (5)		Cou	nty (6)			Cou	inty Code (7)							
						(Sta	te use only)	Cur	rent Use (F	Prior if bein	g dem	olishe	ed)	
MAYWOOD			RGEN					<u> </u>					177	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.	$\neg \Gamma$	Name of Abatemer	nt Contra	ctor (9)					
							D & S RESTO	RATIO	N, INC.					
Street Address						_	Street Address				-			
							20 California	Ave.						
City, State, Zip Cod	e						City, State, Zip Cod	le						
							Paterson, NJ (07503						
Project Manager for	r Monitoring Firm	1	Pr	one Numb	er	_	Telephone Number			License	Numb	er		
							973-345-802	.0			1169			
Start Date (10)		ISched	Completi	on Date (11	1	-	Name of OSHA Mo	onitor						
-3-1900000000000000000000000000000000000		English and the second		on Date (1.	,		D & S Restora	ation, In	c.					
07/22/14		07/3	WAYS LONG				Street Address							
Occupancy Status I							20 California A							
	d/vacated during erformed outside						City, State, Zip Coo	de						
Describe:			lacility flou	15-			volenzi veriti. Westinistation							
Other-Descril	be: NORMAL H	IOURS				-	Paterson, NJ (07503						
Scope of Work (ch	eck all that apply	y)						Full Co	ntainment	w/negative	press	ure		
\times >3 sf or >3 lf	\boxtimes	Renovation	n						nclosure					
≥160 sf or ≥2	60 If	Demolitio	า				P		ag procedu xempted (*		friable	proce	edure	
Location of		Is locatio	n normally	used solely			-		picu (,	R	R	E	
asbestos-con	ntaining	by mainte	enance/cus			on of a	sbestos-containing		Amount		e m	e	n	E n
material (acm		staff(12)	1	Ţ	material (spostos containing		(Specify	SF or	0	p a	c a	c
abated in fac	ility (13)	Yes	No	N/A	3844 89 3843 4044 38				LF)		V	i	p	L
BASEMENT			X		PIPE INSU	TATI	ON	04	LFT		e	f		
BASEMENT		-			THEINSO	LAII	IOI		LII		H	H	믐	片
								-		-	╬	片	Η	H
								_		-	#	片	님	H
										-	#	片	井	片
Registered Waste H	lauler	INUD	EP Hauler	D# 1.C	ubic Yards of V	Maete	Name of Registere	ad Landfi	11		<u> </u>	Ш	Ц	
D & S RESTOR		135			YD	vasie	TULLYTOWN			ECOVE	RY			
City, State				Disposal D			City, State	,						
PATERSON, N	J 07503			07/23/1			TULLYTOW	N, PA						
Completed by (Print	t or Type)	Title			Signature		1			Date				
BOGDAN JOLI		PRESID	ENT		2					07/07	/14			
AOD 44	West Vice	* Do not	a this form	for anhants	e liconeuro ev	omoto	d activition			- I TROUGHT				

D&S Proj. #: 2014-272

Date of Notification (1)	Name of	Building Own	ner/Operator (2))			n Z		1	A.M.	5:	51
0 7 /0 7 /1 4	TRISH	RIGGIO									W.1	W 1
Agencies Notified Type Notifica	Street Ad	dress					61		+5			.)
DEP Amended	286 H.	ARDING A	VENUE					6 5	1. 1			
Amendment #	: City, State	e, Zip Code						T				
	CLIF	ON. NJ 07	011									
DOH (including justification)	Name of 0	Contact					Telepho	ne Numbe	er			
DCA Cancellatio	II mprov	H RIGGIO										
Caricolatio	· II		ILITY INFORM	IATION				-				
Name of facility where abotement	is taking place (0)	170	ALITT IIVI OTIV	ATION		1 17.	pe of Facility	(4)				
Name of facility where abatement	is taking place (3)					''		(4) ol (K - 12)			
TRISH RIGGIO							=	napter 8 (han K	-12)	
Street Address						7	Other	(Private/0	Comme			
286 HARDING AVENUE							Bldgs quare Feet	./Homes, # of Floo		RI	dg. A	l de
City (5)	County (6)			Cou	nty Code (7)	= °	quare reet	# 01 1-100	015	0	ug. /	ige
J., (J)	1			400 PS PS 5	te use only)		Current Use (F	Prior if bei	na dem	olish	ed)	
CLIFTON	PASSAIC		WWW. 1792 CATE COLUMN 6 10 11						/			
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem	nent Con	tractor (9)					
		2.1			D & S REST	ORATI	ON, INC.					
Street Address			M*	-	Street Address							
					20 Californi	ia Ave.						
City, State, Zip Code					City, State, Zip C	ode						
					Paterson, N	PART AND DESCRIPTION						
Project Manager for Monitoring Firm	1	Phone Numb	per		Telephone Numb			License		oer		
					973-345-80			<u> </u>	01169			
Start Date (10)	Sched. Comple	etion Date (1	1)		D & S Resto		Inc					
07/23/14	07/31/14				Street Address	oration,	mc.	ASSESSED BOOK				
Occupancy Status During Abateme					20 California	a Avenu	e.					
Facility closed/vacated during					City, State, Zip C						-	
Abatement performed outside Describe:	of normal facility he	ours-										
Other-Describe: NORMAL I	IOURS			_	Paterson, N.	J 07503						
Scope of Work (check all that appl	y)					Full	Containment	w/negative	e press	ure		
	Renovation						-enclosure					
≥160 sf or ≥260 lf	Demolition						ebag procedu -Exempted (*		-friable	nroc	edura	۵
Location of	Is location normal		у					,	R	R	E	
asbestos-containing	by maintenance/c staff(12)	ustodial	Description	on of as	sbestos-containin	ng	Amount		e m	e	n	n E
material (acm) to be abated in facility (13)		T	material ((ACM)			(Specify LF)	SF or	0	a	a	C
abatisa in tasiiii, (10)	Yes No	N/A					/		v e	l i	р	-
BASEMENT	X		PIPE INSU	LATI	ON		124 L FT	1	X			10
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haule 13506		Cubic Yards of V	Waste	Name of Regist			ECOM	DV			
City, State		Disposal	2 YDS		TULLYTOW City, State	VIN, KE	SOURCE K	ECUVE	K I			
PATERSON, NJ 07503		07/24/1			TULLYTOV	WN PA						
Completed by (Print or Type)	Title	=L====	Signature		1 20001101	, 1.11		Date				
BOGDAN JOLDZIC	PRESIDENT							100000000000000000000000000000000000000	/2014			
ASB-41	* Do not use this for	m for asbest	os licensure ex	empted	d activities.			1				

D&S Proj. #: 2014-276

Date of Notification (1)	[N	ame of Bu	ilding Owne	r/Operator (2)		50-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	9814 000									
0 7 /0 7 /1 4		SHERRY	KARRA	M			2814 301	li 4K	5:	50						
Agencies Notified Type Notific	- 41	reet Addre			7		7									
☐ EPA ☐ Initial ☐ Amended		31 BARI	NES DRIV	E			8 14	1.4		J		Secretarion				
Amendment	#: Ci	ity, State, 2	Zip Code													
DOL Emergence		RIDGEI	FIELD PA	RK, NJ 076	660											
DOH (including justificatio	l Na	me of Co	ntact		No.	400 November 2000	Telephone	elephone Number								
DCA Cancellation	5	SHERR	Y KARRA	AM			() A									
Dancenati	011			LITY INFORM	ATION											
Name of facility where abatemer	nt is taking pla	ce (3)				T	Type of Facility (4	1)								
*			2				1 =	(K - 12)			e consumer					
SHERRY KARRAM							The state of the s	apter 8 (Of			12)					
Street Address							Other (I	Homes, et		ciai						
31 BARNES DRIVE					maria-		Square Feet	# of Floors	s	Blo	lg. A	ge				
City (5)	Coun	ty (6)			771-2-1-1-1	nty Code (7)										
		OFN			(Stat	State use only) Current Use (Prior if being demolished)										
RIDGEFIELD PARK Name of Monitoring Firm Hired b		RGEN		ASCM No.	<u> </u>	Name of Abatement Contractor (9)										
Name of Monitoring Firm Filed L	ly blug. Owne	1 (0)		ASCIVI NO.	Ш	D & S RESTORATION, INC.										
Street Address						Street Address	ATION, INC.									
Street Address					- 11	20 California A	ve									
City, State, Zip Code						City, State, Zip Code										
only, onato, and order					- 11	Paterson, NJ 07										
Project Manager for Monitoring Fi	rm	PI	hone Numb	er	-	Telephone Number		License	Numb	er						
,					- 11	973-345-8020		0:	1169							
Start Date (10)	Sched	Completi	ion Date (11)	[Name of OSHA Mon		T								
				,		D & S Restorat	ion, Inc.									
07/24/14	07/31					Street Address										
Occupancy Status During Abatem Facility closed/vacated duri			ement		-	20 California Av City, State, Zip Code				_	_					
Abatement performed outsi					- 11	City, State, Zip Code										
Describe: NORMAL NORMAL	HOURS				-11	Paterson, NJ 07	7503									
Scope of Work (check all that ap							Full Containment w	/negative	press	ure						
	Renovatio	n				H	Mini-enclosure	3		500400 35						
	Demolition					☒	Glovebag procedur				al u					
			used solely				Non-Exempted (*)	and Non-	R	Proce	E	1000				
Location of asbestos-containing	by mainte				on of a	sbestos-containing	Amount		e m	е	n	l E				
material (acm) to be	staff(12)			material		spesios-cornaining	(Specify S	F or	0	p a	c a	С				
abated in facility (13)	Yes	No	N/A				LF)		v e	į	р	L				
BASEMENT		X		PIPE INSU	JLATI	ON	65 L FT		×							
BASEMENT		X		PIPE INSU			12 L FT		×							
Registered Waste Hauler		EP Hauler		ubic Yards of	Waste	Name of Registered		2001.77	37							
D & S RESTORATION, INC	C. 135	06		YD			, RESOURCE RE	COVER	Y							
City, State			Disposal D 07/25/1			City, State TULLYTOWN	ΡΔ									
PATERSON, NJ 07503 Completed by (Print or Type)	Title		0112311	Signature		TOLLITOWN	,,,,,	Date								
BOGDAN JOLDZIC	Title PRESID	ENT		- griaturo				07/07/	2014							
100 11			for achaet	ne licensure ex	cempter	d activities	0/10/12014									