NOCK

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

1 0	(Pur	suant t	to NJAC	8:60	-7 and	d 12:12	ator (2)		12.					
ate of Notification	(1)	Name	of Bu	ilding Medr	g Owne ash	Govo	ha			Paga	1.1	· Fa			
6-25-15	1-8-15		et Add						An-	_					
gencies Notified	Type Notification	6	17 S:	ixth	Sti	reet			201	5 JUL 13	- 1-1-	7	_		_
[X]EPA	[X] Initial	n City	y, Sta	te, Zi	Lp Cod	le			40	-	7417	3:	55		
[]DEP	Amended	L	akew	ood,	NJ,	0870	1		7.37	ESTUS	1 15 y	17			-
[X]DOL	Notificatio	n l	e of C	ontact	t		17		Telephone N	ambet	200	i M	il		
[X] DOH	[]EMERGENCY	B	eth	Medi	rash	Gov	oha					1			
[]DCA	[]Cancellation						ONT								_
				ACILIT	Y INF	ORMATIO	JN	Typ	e of Facility	(4)					
Name of Facility Wh	ere Abatement is	Taking	Place						[]School (K-	12)	÷har	v K−1	2)		
Former Beth Medr									[]Subchapter [X]Other (i.e	DILVAL	E & C	China			
Street Addres									cial buil	dings, no	mes,	ecc			_
901 Madison Ave	nue							Squ	lare roo-	of Floor	s E	1dg.	Age	3	
	Cou	inty (6)	Essex		Count	y Code	(7)		80,000 rrent Use (Pr		na d		ishe	d)	_
City (5		ean			(STAT	LE OSE	OMILI		rrent Use (Pr. school	LOT II DOL					
Lakewood					16	Viama of	Abate	men	t Contractor	(9)					
Name of Monitoring	Firm hired by Bu	ilding	ASCM	No.	1	AZTI	ECH N	IAN	AGEMENT,	Inc.					
Owner (8) N/A						street	Addres	ss							
Street Address						86 (Chris	sto	opher St.						
						Od +	State.	Zip	Code	•					
City, State, Zip C	Code					Mon	tcla:	ir,	, NJ 0704	2	icen		bo	~	_
	e de sina Pira	Tele	ephone	Numbe	r	Teleph	one Nu	mber				371		1	
Project Manager fo	or Monitoring rim	N/I		200			3)74				00.		_		
Scheduled Start Da	ate (10) sched	Comple	etion I	Date ((11)		f OSHA	Moi	nitor						
7 102	9 15 8	2		15		N/A								_	
Month Day Occupancy Status	Year Mon	(Check	only o	Year ne)		Street	Addre	ss							
Occupancy Status (X) Facility (Closed/Vacated Dur	ing En	tire Pe	eriod											
C 32-4	ment Performed outside				ע	City,	State,	Zi	p Code						
Hours - De	escribe: «OffHours	Descri	D C 22												
	escribe: «Other Occ		Dobos								- D-	Se 611	re.		
Scope of Work (Ch	eck all that appl						[]Ful:	l Co	ontainment wit nclosure	n Negaciv	E 114	-555			
[]≥3 sf	or ≥3 lf		Renov				r 1610	veba	ag Procedure						
[x 1>100	ot o≖ >500 1€						[]Non	-Fra	Taple Aloceam			Abai	eme	nt I	
Togat	ion of		ocatio			De	script	ion	of			R	_	E	N
	-Containing		Used	-			stos-Co aterial			Amount (Specif		E	REP	CAPISD	CHOWDER
	al (ACM) ABATED	B	Solely Y Main	-		(i.e.,	therm	al	systems	SF or	_	0	P A I	Più	0 %
	acility	Cı	enance	al	in	sulati	on, su	rfac	cing, VAT,	LF)		A	I R		Ū
(13)	Yes	aff (1 No	2) N/A		or oth	er mis	cell	Laneous)			L	2.50	L ·	E
Exterior Faca	de			X		onry		11-100		28,000		200			<u> </u>
1 st Fl. Storag	re & Lunch Room	n		X	1	or Ti				800 si		X			
Basement, 1, Floors	2, 3 & 4			x		et Ro ster	ck Jo	int	Compound	75,000	sf	X			
Name of Registers			JDEP Wa			bic Ya		20	Name of Regis		dfil	1			
AZTECH MAN	AGEMENT, IN		auler 17040	LD NO.		Waste		J U	G.R.O.W.	5.					
City, State Montclair,	NJ 07042				100	sposal 7/13/			City, State Morrisvi	lle, PA	A 19	906	7		
Completed By (Pri	int or Type) Tit	le				İs	Signatu	re			Da	ate			
Constantine	The second secon	eside	ent				31				6	5/25	/15)	

NO CK

Date of Notification (1)	/1 -			Name of	Building O	wner/C	Operator (2)		Gp.,	-10-10-10-10-10-10-10-10-10-10-10-10-10-				
1/1/	15			Hami	lton T	owns.	hip Bo	pard	of Edi	icat.	ion / 3	24	A	- 220	
Agencies Notified	Type Notification		9	Street Ac					,			*1 /		7	
⊠ EPA	□ Initial				ark Av				,ŝ	- 32	57.5				
₩ DEP	Amended	2			e, Zip Coo					6	LICE		111.	į.	
☑ DOL	Amendment Emergency		- L		lton,	NJ	08690				1,31 135	1.5			
₩ DOH	justification)			Name of	anarchi Si	_				Tele	phone Ni				
₩ DCA ·	☐ Cancellation			Washington Color	Miran	SHEETING:			222000	1		1,00			
Name of Facility Where	Ahatement is Takin	n Place (3)		FACIL	ITY INFO	RMATI	STEEL SOL	Type o	f Facility (1)					
University He	eights Eleme	ntary	Sch	ool			1								
Street Address									chool (K-1 ubchapter		er than K-1	21			1
645 Paxson Av	renue								ther (i.e. p		commerc		lings,	home	s,
City (5)						*****		Square	c.)	# of	Floors	TB	ldg A	20	
Hamilton								50,0		# 01	1	0.00	0 A	ge.	
County (6)				County C	ode (7)					or if bei	ng demolis	- 1			-
Mercer					SE ONLY)			scho		J. 11 CO.	ng dermono	(ica)			
Name of Monitoring Firm	Hired by Building	Owner (8)	-	ASCM	No.		Name o	of Abate	ement Cor	tractor	(9)				
Pennoni Associ				001	02						ental (· . o.	Inc.		
Street Address	7			-			Street A					.,.			-
515 Grove Stre	eet						923	Haws	s Aven	ue					
City, State, Zip Code Haddon Heights	NIT 0002E						City, St	ate, Zip	Code						-
Haddon Heights	s, NJ 08035	1					Nor	risto	own, Pi	A 19	101				
Project Manager for Mor	nitoring Firm			Telephor			Telepho	one No			License N	١٥.			
Tom Adams				856-	547–05	05	610-	-239-	-9920		0039	98			
Start Date (10)		Schedule	d Con	npletion [Date (11)	(0	757		A Monitor		22		110000		
6/22/15		7/31/					Ply	mout	h Envi	ronm	ental	Co.,	Inc	•	
Occupancy Status Durin	g Abatement (Chec	k Only On	∍)				Street A		7. S	0500-0					
☐ Facility Closed/Vac									s Aven	ue					
☐ Abatement Perform ☑ Other – Describe:	ned Outside of Norm	nal Facility	Hours	5			City, St.	19-91		- 40	101				
							Nor:	rist	own, P	A 19	401				
Scope of Work (Check A	li Inat Apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emolit				×				Negative	Pressu	re		
Q = 100 31 01 = 200 II			EIIIOIII	1011			□ X		-Enclosure rebag Prod						
								Non	-Exempted	d (*) an	d Non-Fria	ble Pro	cedur	е	
		1000	Locati											ement pe	
Location			ormal d Sole				escription						T	pe	
Asbestos-Containing TO BE AB			ntena		Asbest	os Con	ntaining M	aterial	(ACM)		mount Specify	70		m	П
In Faci	lity	Cust	odial 8 (12)	Staff?	(1.0.	surfa	acing, VA	T, or			or LF)	Remova	Repair	cap	nclo
(13)			(14)			other	miscellan	eous)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A										e e	
boiler roo	m	X			inte	rio:	r boi	ler	ins	29	OSF	X			
1st Floor			Х		pipe	fi	tting	S		5	OLF	X			
1st Floor		v	-							2010	37	-			
196 11001		X		brbe	TII:	sulat	LION			OOLF	X	-	-		
Name of Decisters of 12/-	ata Maula-			10001	(a a t a	0.1	- \/ 1	-	Ne	D					
Name of Registered Wa Robinson Waste			10.0%	NJDEP W Hauler ID	3. 35 Sept. 250	of Wa	c Yards aste				ered Landf	Ш			
MODIFIED II WAS LE	PIDENDAT			7304		30			GROWS	LAN	DE,TTT				
City, State	00043						osal Date		City, Sta		•				
Voorhees, NJ	08043					7/3	31/15		Morri	svil	le, PA				
Completed by						Signature	1			- [ate_	/	/		
James M. Kelly	7	Vice	-Pr	eside	nt					a salessam ra		7,	17/	15	
						100						-	7	1 /	

NO CK

Date of Notification (1)			Name of I	Building Own	er/Operator	(2)		cation	W. Carry			
7/7/15			Hamil	Lton Tow	nship B	board	of Edu	cation	13 1	Ħ.	3: 5	>
Agencies Notified	Type Notification		Street Ad	dress				3				
⊠ EPA	□ Initial	2		ark Aven	ue			500E310	15 6	1917	1. (2)	
₩ DEP	₩ Amended	2	The second secon	e, Zip Code				□ 1.11,		100		
⊠ DOL	Amendment Emergency	Water the same of		lton, NJ	08690)						
₩ DOH	justification)		Name of					Telephone Nu	ımber			
□ DCA :	☐ Cancellation			Miranda								
Name of Facility VA have	A Paragraphy Talks	- DI (2)	FACIL	ITY INFORM	IATION							
Name of Facility Where Nottingham Hic						Type of	Facility (4)				
Street Address	gri berioor -	1101 (11					chool (K-12		4.01			
1055 Klockner	Road				9			l (Other than K- ivate & commer		dinas	home	S.
						et	c)					
City (5) Hamilton						Square		# of Floors		idg 50	Age	
0-658 200 N TO CO HIN & CELL SIGNA			T 0 + 0			50,0		1		00		
County (6) Mercer			County C	ode (/) ISE ONLY) _		scho	ol Pric	r if being demoli	shed)			
Name of Monitoring Fire		Owner (8)	ASCM		Name	of Abate	ment Cont	ractor (9)				
Pennoni Associ	iates, Inc.		0010	02	Ply	mouth	Envir	conmental	Co.,	Inc		
Street Address						Address						
515 Grove Stre						no service dell'es	Avenu	ie				
City, State, Zip Code Haddon Height:	s, NJ 08035	5			L 53	State. Zip cristo		19401				
Project Manager for Mc Tom Adams	nitoring Firm		Telephor 856-	ne No 547–0505		hone No. 0-239-		License 003				
Start Date (10) 6/22/15		Scheduled 0 7/31/15		Date (11)	100000000000000000000000000000000000000		A Monitor	ronmental	CO	Tno	,	
Occupancy Status Durin	no Anatament ICher					Address		COLINCITCUL	٠٠٠,	1110	•	
							s Aven	ue				
☐ Facility Closed/Va: ☐ Abatement Perform	cated During Entire					State, Zio						
🔯 Other - Describe:	7am-12am	narrasinty rio	U. J					A 19401				
Scope of Work (Check	All That Apply)				110.			.1 15101		-		
	PP-1/	X Ren					0 1		_			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			ovation Iolition				-Enclosure	ent with Negative	e Press	ure		
						Glov	ebag Prod	edure				
						Li Non	-Exempted	(*) and Non-Fr	iable Pr	1000		
			cation								itemer Type	t
Location Asbestos-Containin			mally Solely by		Descriptio					T		1
TO BE A			enance/		Containing ermal systen			Amount (Specify	7		Enc	回
In Fac		1	ial Staff? 12)		surfacing, V	AT, or		SF or LF)	Remova	керап	aps	Enclosure
(13	1			0	ther miscella	aneous)			val	188	Encapsulate	ше
		Yes N	N/A								.D	
Boiler roo		X			ior bo			912SF	X	1		
Boiler Roo	om	X		boile	r bree	chin	g ins	160SF	X			
Boiler re	OOM	X	1	boiler	breed	h in	S	50LF	X	+	-	
1st Floor	o o an	and the second s	X pi	pe fit				50LF	X	+		-
Name of Registers W	anta Un In	X		pe ins		n	N.	100LF	X			
V			Hauler ID		of Waste		1 1 1 2	Registered Lan				
Robinson Wast	e nishosai		17304		30			LANDFILL	K:			
City State Voorhees, NJ	08043				Disposal Dai 7/31/15		City Sta Morri	te sville, P	A			
Completed by		Title			Signatu	ire /			Date	/	1	
James M. Kell	У	Vice-	Preside	ent		M			~	7/-	1/10	
										1 1	10)	200 70/15

NO CK

Date of Notification (1)			Name of	Building O	wner/C	Operator (2)		ucation/L		2.970		
7/7/15			Hami	lton T	owns	hip Boa	ard of Edi	ucation	13 8	H c	e jew	
Agencies Notified	Type Notification		Olicol Al	001033				f		u-	-1	
⊠ EPA	□ Initial		90 P	ark Av	enue				a F	100		
■ DEP	Amended	2	City, Sta	te, Zip Coc	ie			** 1. //.	-61-		11/2	
₩ DOL	Amendment #		Hami	lton,	NJ	08690				1.5		
₩ DOH	☐ Emergency (in justification)	iciuaing	Name of	Contact				Telenhona *			-	
₩ DCA	☐ Cancellation		John	Miran	da				-±1UU	(
			FACI	LITY INFO	RMAT	ION		-				
Name of Facility V/here	Abatement is Taking	Place (3)				Ty	ype of Facility (1)				
Grice Middle	School					×	School (K-1	2)				
Street Address 901 Whitehors	se-Hamilton S	quare R	oad					8 (Other than K rivate & comme		dings	home	es.
City (5)						So	quare Feet	# of Floors		Bldg /	Age	
Hamilton							0,000	1		50	-	
County (6) Mercer				Code (7) USE ONLY)		S	urrent Use Prio chool	or if being demoi	ished)			
Name of Monitoring Fire		wner (8)	ASCM			Name of	Abatement Cor	tractor (9)				
Pennoni Associ	lates, Inc.		001	02		Plymo	outh Envi	ronmental	Co.,	Inc		
Street Address 515 Grove Stre	eet					Street Ad	_{dress} Haws Aven	ue				
City, State, Zip Code Haddon Heights	277 22225						e. Zip Code					
Project Manager for Mo			- T-1			A.	istown, P.					
Tom Adams				547-05	05	Telephon 610-2	239-9920	License 00:	: No. 398			1
Start Date (10) 6/22/15		Scheduled 0 7/31/15	ompletion l	Date (11)			OSHA Monitor outh Envi	ronmental	Co.	. Inc		
Occupancy Status Durin	ng Apatement (Check	Only One)				Street Ad						
□ Facility Closed/Vac	cated During Entire Pe	eriod of Abar	ement			923 I	Haws Aven	ue				
□ Apatement Perform	ned Outside of Norma	I Facility Ho	urs			City State	e, Zip Code					
Other − Describe:							istown, P	A 19401				
Scope of Work (Check	All That Apply)											
□ ≥3 sf or ≥3 lf		X Reno	vation			×	Full Containm	ent with Negativ	o Denos			i
🔯 ≥160 sf or ≥260 lf		- 100 March 100	olition				Mini-Enclosur		E F1555	are		
				11		X	Glovebag Pro	cedure				
		I					Non-exemple	d (*) and Non-Fr	nable Pr	10073		
1		Is Loc Norn									temen ype	1
Locatio Asbestos-Containing		Used S		Ashasi		escription of	f terial (ACM)			1	T	
TO BE AS		Mainte	nance/			itaming ivia: Il systems ir		Amount (Specify	7		Ē	
In Fac		Custodia (1			surf	acing, VAT.	or	SF or LF)	Remova	Repair	app	ncho
(13).			1	other	miscellaneo	ous)		val	칕	Encapsulate	Enclosure
boller room		Yes N	o N/A								6	
porter toom	II.	X		inte	rio	r/exte	erior po	iler in	SEX			
boiler room		X				reech		700SF	X			
boiler room		X	pip	e ins	./f	ittino	ıs	540LF	X	-		
boiler room	1	X	ta	nk In	sul	ation		475SF	X			+
1st floor		X	pip	e ins		itting	ıs	150LF	X			
Name of Registered Wa			NJŌEPV Hauler ID	Vaste		c Yards	Name of	Registered Lan	dfill			
Robinson Waste	e Disposal		17304	, 140.	30)		LANDFILL	1			
City. State Voorhees, NJ	08043					osal Date 31/15	City Sta	^{te} .sville, P	PΑ			
Completed by		Title			1	Signature			Date	1		
James M. Kell	У	Vice-I	Preside	ent					7	/7/	15	
						12			'/	1/)	



		NO		CATION	of ASBE OF ASBE ONJAC 8	STOS	ABATEN			1-	1.11	710	•		
Date of Notification (1) 07/08/2015					Building Co				ct 2		UL 13				
Agencies Notified	Type Notification		- 1	Street Ad 230 Wo	ddress oodland	Ave				255		Act	U: 2	9	
X EPA X DEP X DOL	Initial Amended Amendment #				te, Zip Coo Edge, NJ		1			Č.	11058	NHG	ti O		
X DOH X DCA	Emergency (in justification) Cancellation	cluding			Contact is Bonfig	ilio				Tele	ephone N				
				FACIL	LITY INFO	RMATI	ON								
Name of Facility Where A High school sub 8	Abatement is Taking	Place (3)					-	× s	of Facility (School (K-1	2)					
Street Address 55 Pyle Street								T	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Oradell								Squar	re Feet	# of	Floors	E	lldg. A	.ge	
County (6) Bergen				County C	Code (7) USE ONLY)		_	Curre	nt Use (Prid	or if bei	ng demoli	shed)			
Name of Monitoring Firm Ahera Consultants,		vner (8)		0057					tement Cor oration	ntractor	(9)				
Street Address POB 385								Addres McBri	ss de Ave						
City, State, Zip Code Oceanville, NJ 0823	31						115000	100	ip Code Park, NJ	0742	4				
Project Manager for Mon John Smoyer	itoring Firm			Telephor 609-65	ne No. 52-1833			none No 225-8			License 01104	No.			
Start Date (10) 07/31/2015		Schedule 08/09/2		pletion [Date (11)				HA Monitor onmental	Labo	ratories	,Inc			
Occupancy Status Durin	g Abatement (Check ated During Entire Pe			ent				Addres	ss e 22 Wes	st					
	ed Outside of Norma						The state of the s		ip Code 07083						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit		¥Ĭ		×	Min Glo	I Containmoni-Enclosure ovebag Production-Exempted	e cedure				e e	
		100000	Locati			_								ement /pe	t .
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED ity	Used Mair	Sole ntenar odial S (12)	ly by nce/		os Con therma surfa	scription taining N I system cing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										e	
crawl space(boiler r	m to vault area)			X	pi	pe&fit	ting ins	sulatio	n	1,	540 lf	X	-		
Name of Registered Was Lilich Corporation	ste Hauler		Н	JDEP Wauler ID 8724		Cubic of Wa n/a	Yards ste		Name of G.R.O.			fill			
City, State Woodland Park, NJ						Dispo n/a	sal Date		City, Stat Morrisv		A				
Completed by Momo Glavatovic		Title vice p	resid	lent			Signature	D	1			Date 07/08/	2015	i	

INITIAL NOTICE

1 RONG ADDRESS & TELEPHONE (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) (0 - 29 - 15 Agency Notified Type Notification Street Address 245 HAMILTON AVENUE	
Agency Notified Type Notification Street Address	
245 HAMILTON ANGLINE	为得 提
City State 7in Code	
LEDOL Amendments GLEN ROCK, NJ 07452	N.
Name of Contact Losephone regiment	
DDCA Cancellation E, LAWIK	
FACELITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	
Matter of Learning Later of La	
E. LANIK U School (K-12) U Subchapter 8 (Other than K-12)	
THE Other S. A. Princeto, S. Pr	
245 HAVMILTON AVENUE homes, etc.) Source Feet E of Floors Bidg. Age	
City (5)	
GLEN ROCK, NI 1800. Z 64 YE	2
County (6) County Code (7) (STATE USE Current Use (Prior if being demolished)	
BERGEN CHILTY RESIDENCE	
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Absternant Contractor (5)	-
Best Removal Inc	
Street Address Street Address	
ODDOCTION OF THE PROPERTY OF T	
450 South River St City, State, Zip Code	
Hackensack, N.J. 07601	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.	
201-329-7444 00388	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
7-10-15 7-11-15 Omega Environmental	
Occupancy Status During Abatement (Check only one) . Street Address	
280 Humler St	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Flours ☐ City, State, Zip Code	$\overline{}$
S. Hackensack , N.J. 07606	1
Seems of White (Charle all that apply)	
☐ Full Containment with Negative Pressure	
■ ≥ 3 sf or ≥ 3 if ■ Renovation ■ Mini-Enclosure □ ≥ 160 sf or ≥ 290 if □ Demolition □ Glovebag Procedure	
✓ ■ Non-Exempled (*) and Non-Prinble Procedure	
Is Location Abates	
Normally :	
Location of Used Selely by Description of Asbestos-Containing Material (ACM) Amount Amount	B
TO SE ABATED Custodial (i.e., thermal systems insulation, (Specify a	Enclosure
N Feelily Surfacing, VAT, or SF or LF)	
(12) other miscellineous)	9
Yes No N/A	
CRIAWL SPACE X THERMAL INSULATION PAPER 95 2F X	
	वा
	17
	T

	1
Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landill	-
Name of Registered Waste Hauler NuDEP Waste Hauler Cubic Yards of Name of Registered Landfill	
Name of Registered Waste Hauler Best Removal Inc N.DEP Waste Hauler Cubic Yards of Waste Minerva Enterprises LLC 17109 Disposal Date City, State City,	
Name of Registered Waste Hauler Best Removal Inc Number Waste Hauler Cubic Yards of Waste Minerva Enterprises LLC	
Name of Registered Waste Hauler Best Removal Inc N.DEP Waste Hauler Cubic Yards of Waste Minerva Enterprises LLC 17109 Disposal Date City, State City,	hamming and belond

TELEPHONE AND ADDRESS CORRECTION

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:128)

NO (X

checks 5697

Date of Notication (1) A mENDE	Name of Buildin	g Owner/Operator (2)	The state of the s	
6-29-15 7-8-	0 1	NIK	Con	_
Agency Notified Type Notification	Street Address		7. 2813 JUL 13	AM 10: 2
DEPA Dimital		REY AVENUE		
D DEP - Amended	City, State, Zo	NOALE NJ.	07401	3.160
© Emergency (inclu	Name of Conta	NUMIC, IV S.	Telesbene Number	40
B DOH justification)	E. LAW			
D DCA G Campagner	FACILITY ME			
Name of Facility Where Abatement is Taking F		Type of Facil	By (4)	
E. LANIK		☐ School (K	-12)	1
Street Address		G Subchapte	er 8 (Other than K-12) private & commercial buildings.	Listania
44 GREY AVEN	UE	homes, el		
Cay (5)		*****	# of Roots Bidg. Age	
ALLEN DALE	2.5	1800	2 64 YES	_
County (6)	County Code (7 ((Prior if being demolished)	
BERGEN	ONLY)		IDAUCE .	_
Name of Monitoring Firm Hired by Building Ow	mer ASCM No.	Name of Absternant Contractor		
(8)	,m.,	Best Removal I	nc	-
Street Address	€	450 South Rive	r St	
City, State, Zip Code		City. State, Zip Code		
	* ***	Hackensack, N.		
Project Manager for Monitoring Finn	Telephone No.	Telephone No. 201-329-7444	- 00388	
Start Date (10) Scheduled	Completion Date (11)	Name of OSHA Monitor	1 00300	- ·
7-10-15 7-11		Omega Environ	mental	
Occupancy Status During Abatement (Check o		Street Address		
☐ Facility Closed/Vacated During Entire Period	of Abatement	280 Huyler St	t	
Abatement Performed Outside of Normal Fa	cilly Hours	City, State, Zip Code	,N.J. 07606	Polymen Ass
Scape of Work (Check all that apply)				
B≥3≤σ≥3F	→ ■ Renovation	☐ Full Containment wi	th Negative Pressure	-
25160 st or 5 260 F	☐ Demoision	☐ Glovebac Procedure	and Main Chinhle Channeles	Pérodique
	T	→ Non-Exempled (*) as	ad Nen-Riable Procedure Abatemen	H
are in the second secon	Is Location Normally ::		Type	-
. Location of Ashestos-Containing Material (ACM)		Description of tos Containing Material (ACM)	Amount _ B	
TO SE ABATED	Custodial (i.e.	thermal systems insulation, surfacing, VAT, or	Specify Repair R	1000
(13)	S=#? (12)	other mischingous)	Amount Rings Specify S	
	Yes No N/A		8	
CRAWL SPACE		EMAL INSULATION PAPER	95 2F X	
CRAWL SPACE		NAL INSULATION PAPER		1
			**	<u> </u>
Name of Registered Waste Hauler	NUDEP Waste Hauter ID No.	Oubic Yards of Name of Regi		
Best Removal Inc	17109	1 yo Minerva	a Enterprises ,LLC	The factor of th
City, State	1 -1207	Disposal Date City, State		1
Hackensack , N.J. 07	601	[18] [18] [18] [18] [18] [18] [18] [18]	sburg, 0h,44688]
				T.
Completed by Title		R. Veldean	6-29-15	

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator 2815 JUL 13 AM 9:55 MACY'S CORPORATE SERVICES (FEDERATED) 0 7 0 6 1 Agencies Notified Type of Notification Street Address LISEPA Initial 7 WEST SEVENTH STREET Notification DEP X DCA/DOL Amended City, State, Zip Code DOH Cancellation CINCINNATI, OHIO 45202 Name of Contact Telephone Number Lou DeMauro **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place Type of Facility () School (K-12) MACY'S - LIVINGSTON MALL) Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial Street Address buildings, homes, etc.) SOUTH ORANGE AVE & WALNUT STREET SF of Bldg. Age of Bldg. 1 MILLION +SF 3 County Code 50+ State use Only Current Use (prior if being demolished) LIVINGSTON MIDDLESEX Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor ACM CONSULTING CORP. Pennoni Associates Inc. Street Address Street Address 515 Grove Street Ste 1B 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 2015 **EMSL ANALYTICAL** Month Year Month Day Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 9:00PM TO 6:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Full Containment with Negative Pressure Demolition X >3sf or >3lf Mini-Enclosure > 160sf or > 260lf Glovebag Procedure Non-Friable Procedure Renovation Is Location Normally Describtion of Amount to be Abatement Type ACM to be Removed Location of ACM Facility Used by Custodial Staff N/A Removed NO (Specify SF/LF) Rem. Rep. Enc. Encl. Yes Pipe Insallation 3rd Floor Womens & Mens Bathroom 15LF NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill Name of Registered Waste Hauler MINERVA ENTERPRISES, INC TRI-STATE TRANSFER ASSOC., INC. SW1896 TBD City, State of Registered Landfill City, State Disposal Date WAYNESBURG, OHIO BRONX, NY TBD Completed By (Print or Type) Title Signature GENERAL MANAGER 7/6/15 TIMOTHY RYAN

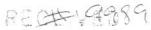
Date of Notification (1) July 7-2015 Chec	k #2770				Building O		Operator	(2)								
Agencies Notified	Type Notification		1	Street Ad 1241 Jo	dress ohn F Ke	nnec	y Blvd	8	Z.₹ (\$ U)	it 1	3 RM S	J: 56				
DEP DOL	Initial Amended Amendment				e, Zip Cod ne, NJ 07				40000 8	11.5	i	AOL				
DOH DCA	Emergency (justification) Cancellation	including	- 1	Name of Mr Mar	Contact k Lenzo	89				Tel	ephone N	umber		740		
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where A Marist High School		g Place (3)						Г	ype of Facility (2)						
Street Address 1241 John F Kenne	edy Blvd							X	Subchapter Other (i.e. p etc.)	8 (Oth rivate	er than K- & commer	rcial bu	ildi	ngs,	nome	s,
City (5) Bayonne, NJ 0700	2								quare Feet 8,000	# o 2	f Floors		Blo 50	lg. Aq +	ge	
County (6) HUDSON				County C (STATE U	code (7) ISE ONLY)				Current Use (Prie School	or if bei	ing demoli	ished)		5/25-17		
Name of Monitoring Firm Omega Enviroonme		Owner (8)		ASCM	No.				Abatement Cor rvices Corpo		33 70					
Street Address 280 Hyuler Street							1 7 (3) (5)		ddress oth Street							
City, State, Zip Code Hackensack, NJ 07	7606						100000100001000		te, Zip Code berg, NJ 070	093						
Project Manager for Mon		*		Telephor	ne No.		0.000		ne No. 95-1700		License 01074					
Start Date (10) July 17-2015		Schedule July 21			Date (11)				OSHA Monitor		1					
Occupancy Status Durin	ng Abatement (Chec					-			ddress							-
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norr	Period of A	Abaten	nent s			0.0000000000000000000000000000000000000	15500	as above te, Zip Code							_
Other – Describe:						_										
Scope of Work (Check /	All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Commence of the Commence of th	lenova Jemoli					×	Full Containm Mini-Enclosur Glovebag Pro	e cedure						
		T					L		Non-Exempte	a (*) ar	na Non-Fri	lable F		V5114 (Ass.)	ement	
		2.70	Locat Norma			-			_						ре	
Locatio Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma	d Sole intena	ely by ince/ Staff?		os Co therma surf		Ma ns i AT,	iterial (ACM) insulation, , or	(Amount (Specify (F or LF)		Demoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A				.,			20.05	_	-			
Room 127-	First Floor		X			Pop	-corn c	eil	ling		22 SF			X		
			T													
Name of Registered Wa	sete Hauler			NJDEP W	laste	Cubi	c Yards		Name of	Regist	tered Land	dfill	_			
Freehold Carting	aste Hadiei		1	Hauler ID 5939	9.(T.C).(T.C).	of W			GROW	/S No	orth Land					
City, State Freehold, NJ						Disp tbd	osal Date	е	City, Sta Morris		PA					
Completed by Gina Salvador		Title Offic	е Ма	nager			Signatu	re (Blue S-			Date 7/7/2	201	5		

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

RECEIVED

Ch# 3699

Date of Notification (1) 07/06/2015			Name o River	f Building Dell Re	Owner/o	Operator School	(2) Distr	ict 2015 Ji	JL 13	and the contract of). ~.			
Agencies Notified Type Notification	n		Street A					ASCE	51773	nii ;	2.08	-		
X EPA X Initial Amended Amendment				ate, Zip C Edge, N		S1		ASSE	-IUE	ASINO	HUL			
Emergence justification Cancellati				of Contact as Bonf					Tele	ephone N	umber			
			FACI	ILITY INF	ORMAT	ION			1					
Name of Facility Where Abatement is Tall High school sub-8	king Place (3)						process.	of Facility (05574					
Street Address							×	School (K-1 Subchapter	8 (Othe	er than K-	12)			
55 Pyle Street								Other (i.e. petc.)	rivate 8	commer	cial bu	ildings	, hom	ies,
City (5) Oradell				n.			Squa	are Feet	# of	Floors		Bldg.	Age	
County (6) Bergen				Code (7) USE ONLY)		Curre	ent Use (Prid	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Buildin Ahera Consultants, Inc	g Owner (8)		ASCN 0057					atement Cor	ntractor	(9)				
Street Address POB 385						Street 606		ss ide Ave						
City, State, Zip Code Oceanville, NJ 08231						City, S	tate, Z	ip Code I Park, NJ	0742	л				
Project Manager for Monitoring Firm John Smoyer			Telepho	ne No.		Teleph 973-2	none N	lo.	0742	License	No.			
Start Date (10) 07-31-2015	Scheduled 08-09-2	d Con				Name	of OS	HA Monitor	1 -1	01104				
Occupancy Status During Abatement (Ch						Street	_	onmental	Labor	atories				
X Facility Closed/Vacated During Entire	e Period of Al	natem	ent					te 22 Wes	st					
Abatement Performed Outside of No Other – Describe:	rmal Facility I	Hours				15 93,000 300		ip Code 07083						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Property Co.	enova: emoliti				×	Min	ll Containme ni-Enclosure ovebag Proc	edure					
	le I	ocatio	on				1 1/10	n-Exempted	(*) and	Non-Fria	ble Pr	1000	re rement	f
Location of	No	ormall	у		Des	scription	of						уре	
Asbestos-Containing Material (ACM) TO BE ABATED		tenan	ice/	Asbes	tos Cont	aining M systems	ateria	(ACM)		nount pecify	m		g	m
In Facility (13)	Custo	dial S (12)	itaff?	(surfac	cing, VA	T, or	ation,		or LF)	Removal	Repair	Encapsulate	Enclosure
1.27	Yes	No	N/A		Other II	iiscellan	eous)				val	air	ulate	sure
crawlspace(boiler rm to vault area	a)		х	р	ipe&fitt	ing ins	ulatio	on	1,5	540 If	x			
										+				
			9							I.				
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic of Was			Name of F			1			
Lilich Corporation		10000	724		n/a			G.R.O.V	V.S. L	andfill				
City, State Woodland Park, NJ					Dispos n/a	al Date		City, State Morrisvi						
Completed by Momo Glavatovic	Title vice pr	esid	ent		S	ignature.	6	DA.			ate 7/06/	2015		



Date of Notification (1)				Name	of Building) Own	er/Operator (2)					
7 / 8	/ 15			Geo	rgian Co	ourt (Jniversity	Irwin & Leighto	7815 JUL 13	AH	9: ६	9	
1 9	otification			Street	Address						110.00		
⊠ EPA ⊠ Initia				900	Lakewo	od A	ve		ASBLUTI.		-	1	
☐ DOLWD ☐ Ame	ended endment#				tate, Zip C			40	& LIUL	N - IN	כ'		
Д 50,1	ergency (in	A. 15.7		Lak	ewood, l	30 LV	3701-2697	×					
	ification)	•		51221020	of Contact				Telephone Nur	nber			
☐ Can	cellation			Mic	hael Vor	is-Irv	vin & Leight	ton	0 10 505 01	vv			
				FAC	ILITY IN	FOR	MATION						
Name of Facility Where Abateme	nt is Takin	g Place	(3)	- 4- 2-73				Type of Facility ((4)		,		
Raymond Hall Georgian	Court Ur	niversit	y					School (K-12		2)			
Street Address								Subchapter 8	3 (Other than K-1 rivate and comm	2) ercial bu	ildino	IS.	
900 Lakewood Ave								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
Lakewood								10,000	1		50+		
County (6)				Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	ior if being demo	lished)			
Ocean								University/0	Computer cen	ter			
Name of Monitoring Firm Hired by	Building (Owner (8)	ASCM	No.	1000		ent Contractor (9)					
Pennnoni Associates				0010	2	C	ontrolled E	nvironmental S	Systems				
Street Address							et Address						
515 Grove Street - Suite 1	В					1	121 N. Beth	lehem Pike - S	uite 60			.,	
City, State, Zip Code						City	, State, Zip C	ode					
Haddon Heights, NJ 0803	5					S	pring Hous	e, PA 19477					
Project Manager for Monitoring F	rm		Tele	phone I	No.	Tele	ephone No.		License No.				
Tom Adams			85	56 547	0505	2	15 542 7000)	00847				
Start Date (10)	1 -0.00	duled C				No.	ne of OSHA N	Monitor					
7 / 27 / 15	3 4 24	8 /	14	_ / _	15	C	ES						
Occupancy Status During Abaten	nent (Chec	ck only o	ne)			10.50.000	et Address						
☐ Facility Closed/Vacated During						1	121 N. Beth	lehem Pike - S	uite 60				
					cribe	1000	, State, Zip C						
Time of Abatement. 7.00ANI-	7.001 101/_	1 10		_/\\\		S	pring Hous	e, PA 19477					
Scope of Work (Check all that ap	ply)						M Eull Con	tainment with Neg	nativo Proceure				
☐ ≥3 sf or ≥3 lf		⊠ Re	novati	ion			☐ Mini-End		gative riessure				
≥160 sf or ≥260 If		☐ De	molitic	on				g Procedure	n Friable Breese	tura			
	-	la la	Locat	llan			□ Non-Exe	empted (*) and No	III-FIIADIE FIOCEC		otom	ent T	uno
Location of			Vorma				Description of	of			_	_	1
Asbestos-Containing Material	(ACM)		d Sole				Containing Ma	aterial (ACM)	Amount	₹em	Repair	nca	ncl
TO BE ABATED		5.1417	intena todial	ince/ Staff?	(i.€		rmal systems surfacing, VAT		(Specify SF or LF)	Remova	air	Encapsulate	Enclosure
IN Facility (13)			(12)				ner miscellane		01 01 21)	_		llate	e
		Yes	No	N/A									
1 st & 2 nd Floor Stair System			\boxtimes		Tile an	d Ma	stic		4750 AF	\boxtimes			
1st & 2nd Floor Stair System	n				Tile an	d Ma	stic		800 SF	\boxtimes			
1st & 2nd Floor Stair System	n				Pipe In	sula	tion		15 LF	\boxtimes			
			П										
Name of Registered Waste Haule	er		1	NJDEP N		Cub	oic Yards of	Name of Regis	stered Landfill				1
STG			H	1auler II		Wa	ste 6	Minerva L	andfill				
City, State							posal Date	City, State	000000000000000000000000000000000000000				
New Castle, DE						8	/17/15	Waynesbu	ırg, OH 44688				
Completed By (Print or Type)	Tit	le					Signature			Date /	j		
Patricia Visco	(Office	Mana	iger			Palen	ca / We	Co	7/	3/1	_	



Date of Notification (1) 7 /	8 /	15	_		Name o	f Building rgian Cou	Owne	er/Operator (2 niversity- I	rwing & lei ght	Uh 13 AM 9:	49			
Agencies Notified	Type Notificati	on			Street A	Address Lakewoo				LICENSING				
☑ DOLWD	☐ Amended			-	City Sta	ate, Zip Co	ode		ें दें	LICENSING	0 1.			
⊠ DOH	Amendmen				COLUMN TO SERVICE			701-2697		1/2				
☑ DCA	Emergency		ıding	-		of Contact				Telephone Numbe	r			
(NJAC 5:23-8)	justification Cancellatio						s-Irw	in & Leight	on	*^^				
	Cancellatio										-			
				200	FAC	ILITY INF	-ORI	MATION	Tune of Facility /	4)				-
Name of Facility Where A									Type of Facility (
Hamilton Hall Geo	orgian Court	Unive	ersity						School (K-12) Subchapter 8	(Other than K-12)				
Street Address									Other (i.e., pr	ivate and commerci	al bui	ldings	5,	
900 Lakewood Ave	<u>:</u>								homes, etc.)		T =		50	
City (5)									Square Feet	# of Floors		g. Ag	е	
Lakewood									10,000	1		0+		
County (6)					Count	y Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Ocean									University/C	computer center				
Name of Monitoring Firm	Hired by Buildin	ng Ow	ner (8	3) /	ASCM N	No.	Nam	e of Abateme	ent Contractor (9)		10-11-0-			
Pennoni Associate		1170		22	0010	2	Co	ontrolled E	nvironmental S	Systems				
Street Address	7						Stree	et Address						
515 Grove Street -	Suite 1 B						11	21 N. Beth	lehem Pike - St	uite 60				
City, State, Zip Code	34.13						City.	State, Zip C	ode					
Haddon Heights, N	1108035						222200		e, PA 19477					
Project Manager for Mor				Tolo	phone N	do.		phone No.		License No.				
Tom Adams	morning Firm			45233	6 547			15 542 7000	1	00847				
		ار باه ه ما دا	04 C	10000	tion Dat			ne of OSHA N						
Start Date (10)	The second secon	8 Snedul			(ION Dat	27		ES	Mornitor					
7 /27 /			- 20		_ ' -	10								
Occupancy Status Durin							15/5/	et Address						
☐ Facility Closed/Vacat							2000		lehem Pike - S	uite 60				
						cribe		, State, Zip C						
Time of Abatement.	7.00AW-7.00	VII		-			S	pring Hous	e, PA 19477					
Scope of Work (Check a	ill that apply)							M Full Con	tainment with Neg	rative Pressure				
☐ >3 sf or >3 lf		D	⊠ Rei	novati	on			☐ Mini-End		gative i ressure				
≥160 sf or ≥260 lf		Ē] De	molitic	n				g Procedure	Edito December				
								□ Non-Exe	empted (*) and No	n-Friable Procedure	1			
	0.00			Locat Jorma				D				atem		
Location Asbestos-Containing				d Sole		Ashe	etne (Description (or aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE AB		'		intena		(i.e	., ther	rmal systems	insulation,	(Specify	nov	air	aps	losi
IN Faci	lity		Cust	(12)	Staff?			urfacing, VAT er miscellane		SF or LF)	<u>n</u>		Encapsulate	Te
(13)		1	Yes	No	N/A		oth	ier miscellane	eous)				e	
Basement Boiler Ro	om	-				Pipe Ins	sulat	ion		20 LF				
Basement Boiler Ro	oom	-		\boxtimes		Fittings	;			10 EACH				
Basement Boiler Ro	om					Flue Pa	ckin	g		30 SF	\boxtimes			
Name of Registered Wa	ste Hauler			I	JDEP \	Vaste	Cub	ic Yards of	Name of Regis	stered Landfill				
STG				F	auler II		Was		Minerva L	andfill				
City, State		VANSIB-ST						oosal Date	City, State					
New Castle, DE							8/	/17/15	Waynesbu	ırg, OH 44688				
Completed By (Print or	Type)	Title					-	Signature	71	Da	e į	1		
Patricia Visco		Of	fice	Mana	ger			fate	nces UN	des 7	18	15	_	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					T	0 10		1.1	- m				
Date of Notification (1)	July 8, 2015				Name of Building	Owner/Ope Mattia	a Building Contr	acting	Reen.	3	70	10	3
Agencies Notified [X] EPA [] DEP	[] Ame	al Notifi nded No	otification		Street Address City, State, Zip Co	1702	A Grand Central	Avenue	13 /	M S	B: 54		
[x] DOL	[X] Eme	ndment rgency (fication)	including				lette, NJ 08735	* L/C/	Way.	MT!	YOL	ż	
[] DCA	The right	ellation			Name of Contact Sal N	lattia		Telephone N	lumber	ا لـ-ى			
				FA	CILITY INFORM	ATION							
Name of Facility Where At	patement is Taking sidence	Place (3)				Type of Facility (4	School (k	:-12)				
Street Address	Sand Creek La	ne					[] [x]	Subchapt Other (i.e homes, et	., privat				ldings,
City		Coun	ity (6)		County Code (7) (STATE USE ONL	Y) .	Square feet 1500sf	# of Flo		Bld	g. Age		
Toms River		Oce	an		2		Current Use (Prior		olished)			60	
Name of Monitoring Firm I		Owner ((8)		ASCM No.	Name of	Abatement Contract	or (9)	otina	Inc			
Street Address						Street Ac	idress	lian Contra		inc.			
City, State, Zip Code						City, Star	te, Zip Code	Route 9, U		0.0			
Project Manager for Monito	oring Firm		Telephon	e Number			e Number		cense N			271	
Scheduled Start Date (10) 7/9/15			Scheduler 7/10/		tion Date (11)		9-9932 OSHA Monitor)624				
Occupancy Status During A	batement (Check	only one	:)	13		Street Ad		S.L. Analyti	ical				
	ity Closed/Vacated							Stelton Roa	ad				
	ement Performed	Outside	of Normal	Facility H	ours	City, Stat	e, Zip Code						
11	r – Describe			1000		-1,7, 0	A CONTRACTOR OF THE PROPERTY O	away, New	Jerse	y 088	54		
Scope of Work (Check all the	hat apply)					[]	Full Containment Mini-Enclosure	nt with Negati	ve Press	sure			
[] >3 sf	for ≥3 lf		[]	Renov	ation	[]	Glovebag Proce	dure					
[x] ≥160	sf or ≥260 lf		[x]	Demol	ition	[x]	Non-Exempted		riable P	rocedu	ire		
										Abat	ement	Туре	
Location o	£	,	Is Locati			Description				R	R	Е	Е
Asbestos-Containing M	0.1	1	Normally to Solely b			estos-Con laterial (A		Amou		E	Е	N	N
TO BE ABAT	(ED	Main	tenance/C			, thermal s		(Specify or Li		M	P A	CA	C
in facility			Staff			ılation, sur			1	O	I	P	O
(13)			(12)			VAT, o				V	R	S	S
_		YES	NO	N/A	oth	er miscella	neous)			A L		U L E	U R E
Exterior X					Asbestos sidin	g		1600 sf		X		L	I E
27			1										
Name of Registered Waste H Guardian Con		1	NJDEP Was			rds of Waste		ered Landfill					
City, State				20223 Dispo	sal Date	City, Sta							
Toms River, 1 Completed by (Print or Type		Tiel		7/13/		Tullyto	wn, Pennsylvani	a					
Nicholas Ferni		Title Proje	ct Manag	ger	Signature	1/2		1		Date	2015		

*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) Name of Building Owner/Operator (2) July 8, 2015 Doug Quinn Agencies Notified Type of Notification Street Address 558 Constable Place X EPA Initial Notification] DEP Amended Notification City, State, Zip Code Amendment # [x] DOL Toms River, NJ 08753 [x]Emergency (including justification) Name of Contact [x] DOH Telephone Number Cancellation Doug Quinn] 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 Other (i.e., private & commercial buildings, 15 Pine Crest Drive homes, etc.) City County (6) County Code (7) # of Floors Square feet Bldg. Age (STATE USE ONLY) 1000 sf 80 Toms River Current Use (Prior if being demolished) 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 7/10/15 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code 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 ≥160 sf or ≥260 lf [X] Demolition Non-Exempted (*) and Non-Friable Procedure [x] Abatement Type Is Location Description of Location of Normally used Asbestos-Containing Amount E N E N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 in facility Staff insulation, surfacing, I P 0 (13)(12)VAT, or V R S S U U other miscellaneous) A R Ι. YES NO N/A E Exterior house X Asbestos siding 900 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 7/13/15 Tullytown, Pennsylvania Completed by (Print or Type) Signature Date

7/8/15

Project Manager

Nicholas Fernicola

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

Date of Notification (1) JULY 9, 2015				Name of EILEE	Building (N LASZ	Owner/G ZLO			MAIN ST	, LL					
Agencies Notified	Type Notification Initial			Street Ad 206 Pl	ddress HILADE	LHIA E			ARD			-n			
DEP DOL	Amended Amendment				te, Zip Co SIRT, NJ)		2815	JUL	13 AM (7. ~	500		
DOH DCA	Emergency justification) Cancellation	,			Contact N LASZ	ZLO			1000	man y	ephone Nu-	ber 6	7		
				FACI	LITY INFO	DRMATI	ON		- La	1.10	- North	ROL			
Name of Facility Where								Ty	ype of Facility (4)	a di				
Street Address 177 MAIN STREE		ST., LL	C					×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings	home	es,
City (5) SEA GIRT, NJ									quare Feet		Floors		idg. <i>A</i>	ge YRS	
County (6) MONMOUTH				County (Code (7) JSE ONLY)		C	urrent Use (Pri	or if bei				7 103	,
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Name Finis	of a	Abatement Cor ng Touch As	tractor	(9) s Abatem	ent C	orp.	, Inc	
Street Address							Street 580		dress oadway, Un	it 1					
City, State, Zip Code									e, Zip Code Branch, NJ 0	7740			281		
Project Manager for Mor N/A	nitoring Firm			Telephor	ne No.		Teleph 732.		e No. 2.8372		License N 00040	0.			
Start Date (10) 7/23/15		Schedule 7/24/15		mpletion [Date (11)		Name N/A		OSHA Monitor				107		
Occupancy Status Durin	g Abatement (Chec	ck Only One	e)			11000	Street	t Ad	dress		45				
Facility Closed/Vac	ated During Entire	Period of A	oater	ment											
Abatement Perform Other – Describe:	ned Outside of Norr						City, S	State	e, Zip Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Management)	enova emoli	ation tion			7	\$	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempter	e cedure	a karamana ♥ a karamana karam				G
		I.e.		oraca -					Noir-Exempte	4 / / 411	a reon mad	10 1 10		emen	t
Location	n of		_ocat			Do	scription	n of					T	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mair	ntena	ely by ince/ Staff?		tos Cont thermal surfa	taining N	Matens in	erial (ACM) sulation, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
BASEM	ENT			X			TSI			15	50 LF	X			
	-														
	gi 11 18														
Name of Registered War Finishing Touch Ask		nt Corp.,	1 1	NJDEP W Hauler ID 12058		of Wa	Yards ste		Name of TRRF		ered Landfill				
City, State Long Branch, NJ 07	7740						sal Date 15	9	City, Stat		Δ .				
Completed by Joseph P. Miller		Title Presi	dent	·		S	Signature	e	1 Moli		Da	te /9/15			2
							MOD	you	4 prover						

nk 5700

Type Notification

☐ Emergency (including

justification)

□ Cancellation

lnitial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner

Occupancy Status During Abatement (Check only one)

☐ Amended Amendment#

Date of Notification (1) 7-7-15

Agency Notified

Street Address

EKNECK

BERGEN

City (5)

County (6)

Street Address

Start Date (10)

7-17-15

City, State, Zip Code

Project Manager for Monitoring Firm

☐ EPA ☐ DEP

图 DOL

DOH

D DCA

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

Street Address

City, State, Zip Code

TEANECK

Name of Contact

ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11) 7-18-15

Name of Building Owner/Operator (2)

285 OWERN

FACILITY INFORMATION

County Code (7) (STATE USE

Jersey STOS ABATI :60 and 12:12	EMENT	Mesh 5 %	b 13	/ (
Owner/Operator	(2)	2815		£	U	
		CB10 JUI 13	7 1	4 0		-
DINGEN S	CT 0766	- 30 / 103	TUA SIN	1 9:	58 OL	And the second s
						\neg
RMATION	Type of Facility	(4)				
	School (K-12	2) 8 (Other than K-12)	**			
.50	Other (i.e. pr	rivate & commercial	buildin	igs,		
	homes, etc.)				
· .	Square Feet	12	Bidg.	37	res	
(STATE USE	Current Use (F	rior if being demolis	hed)			
	RESID	ENCE				
Name of Abater	nent Contractor (
	moval In					
Street Address						
	th River	St			22	
City, State, Zip	Code					
	ack, N.J	. 07601				
Telephone No.		License No.	-			
201-329	-7444 -	00388				
Name of OSHA				2011	11029	
	Environm	ental				-
Street Address						
	uyler St					
City, State, Zip (T.		
		,N.J. 076	506	- 14,000		
☐ Full ∰ Mini-	Containment with Enclosure rebag Procedure	Negative Pressure				
•				Ab	atem	ent
D	-6	U. Bost		\vdash	Type	\forall
Description tos Containing M		Amount		1_	ū	100
thermal systems	insulation.	(Specify		Rem	200	Enolo
surfacing, VAT	, 01	SF or LF)		101	2 8	100

☐ Facility Closed/Vacated During Entire Period	of Abo	formant			200 110	TATET DE						-	_
Abatement Performed Outside of Normal Fac	cility Ho	HILZ CONTOUR			City, State, Zip C	ode				100			
Other - Describe: 84M 5PM	7				S. Had	kensack	, N.J.	076	606	- 14.000			
Scope of Work (Check all that apply) 2 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf			a Rena □ Dem	ovation notition	Mins-	Containment with Enclosure abag Procedure Exempted (*) as			dure				
	k	Locati	ion		•0;					A	bate Ty	omer De	rt
. Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Normal ed Sole intenar Custodi Statt? (12)	ly by nce/		Description of stos Containing Management Systems Starfacing, VAT other miscellane	nterial (ACM) insulation, , or		ount early r LF)		Removal		Encapsulate	Enclosure
	Yes	No	NYA										
BASEMENT			χ					95	LF	X			
<u> </u>									1979				7
Name of Registered Waste Hauter Best Removal Inc	1	No.	Vaste H	auler	Cubic Yards of Waste	Minerv			ses	,	LI	JC	
City, State			Disposal Date	City, State					A. I.				
Hackensack , N.J. 07	7601			7-18-13	Wayne	sburg,	Oh,	446	88	1	<u> </u>		
Completed by Title					Signature			1 2	Date		_		
R. VELDRAN Est	ima	tor			R. Velde	M			7-7	-1	0		
ACD 44 * Do no	at ima fi	nic form	n for ac	hactne Fo	carctita avameted	activities					(100		

OK 3760

	397	State of New Jersey		And the second
				RECEIVED
	Date of Notabellon (1)	Pursuant to NJAC 8:60 and 3	2:120)	
_	87-6-10	Partie of Strates C		
	Agencies Noticed Even Notice	Pizane of Stating Owner/Ope	TEL (2)	ME JUL 13 AM O. E.
	I Total	(C)	Mick Di	INCAN 3 AM 9:50
		Street Activess		THE STATE OF
_		-	You Ashun	SCALLE
	i i Amarina-o	City, State, Zip Code	10 1 ASDV2	J. ALE, EUNIROL
		1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	_	
	D DCA PERSON	Manna of Confect	Oceian G	4, 117
_		Weille Of Contest		19 100
		Mich. Dis	CAN Telegra	is Number
	Name of Parkly Where Abalament is Taking Pare (3)	FACELITY BUTCHMATICH	3/57	218 -011
	white Assemblie Team Pere (3)	THE REPORT OF THE PERSON OF TH		
_	Street Address Stops		Type of Feeling (4)	
			Jac a rear w (2)	
	GRUED 401 USbury Are		School (K-12)), seem
			Spinisper 8 (Office for	in IC-12)
_	Ocenn City			matei biddings.
	County (6)		Summe Per Tourn	
	Ocean "	Crambe	200051	1 -135 -198
	1 July 1	County Code (7) (STATE USE CALLY)	Outen: He also have	9000
_	Name of Mondaring Form Hared by Building Owner (A)		Current Use (Prior & Being de	moleregy
	9 12	SOM No. Name of Atasian	Stone / APF	BK.
į	Street Address	Any L	= K CONSECUT (9)	
-		Any Ja	5 220	1
_ #	City, State, Zip Code	Street Address	111	
1	- J. Conte		inlinitor And	1
Stills		City, State, Za Con		
II.	Project Meneger for Monitoring Firm	_ I Dalu	nco NJ 05005	
_ #		ne No. Telephone No.	7762 100 - 1-37	1
ij	Start Date (10)	8	GZ/ License No.	
Hind	7 14 1/ Control Completion	Date (12)	1 4/65	70
1	Quarter State 2 7-30-13	Date (11) Name of OSHA Mon		
- 10			Self_	77.1
in the	Feelly Closed Versited During Entire Period of Abstract Abstract Period Outside of Westernet	Street Address		
thicks.	Abstanced Period Original State Period of Abstanced Original Period Original Original Period From Period P			
MADRA		City, Siete, Zip Code		W Persion
- H	Scope of Work (Check all that exply)			
Tarren.	[] [] [] [] [] [] [] [] [] []			1
ACCOUNT.		[]Bap		
A Paris	☐ Penureina		ieri kiin Magaine Prassure	1
Man De		1 Girman		Í
and the	Sign		centre I (7) and Mar-Frieble Procedure	- sterne
CHEST OF STREET	Location of Locati	2	2 June 100 Procedure	+
CERTIFICATION OF THE PARTY OF T	Ashestre Courte II		THE STATE OF THE S	Abatement
Taccas In the	TO SE ARATED (FORM)	Description of	No.	Type
AND AN ASSESSMENT OF THE PROPERTY OF THE PROPE	SV Facely CENTER	Asiestos Containing Maieri (A (Le., thermal spatters insulate	CM Amount	9 1 5
144	(13)	SUFECTO WAT OF	The state of the s	
		ofice miscelland)	Set j	Endosuna Ancapsula Plepalr
1	VS NO NA	(1)	the state of the s	
_	BASEMENT		tyrem	Enclosure Enclosure Encapsurement
D. T.	The state of the s	Floor tole/Dabel	M (42)	
		7 4021	2500 SF L	1111
-				1 1
			The state of the s	
Ne	me of Registered Weste Hauter			Charles House
		a I Cráir V		1 1 1
1	ANI SUE LLC	Cubic Yards Name	of Registered Land	In the state of
CS	TO SEE SEE SEES	CY III	M of PA	7
		1 00		
C-1	npieted By	TISD Car. S.	D	
	7 1 1 1 1 112		Tollytown PA	
	O Hill 110	Signature 011		
3-0		HA STATES	Date 7-5-7	10
# 1	* Do cot and the	pestos licansure exempled activiti		,
9 1				

^{*} Do not use this form for esbestos licensure exempted admittes.

* Emergenan



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

CK 4964

Print Form

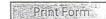
Date of Notification (1) 7/8/15			T	Name o	of Building Wissler	Owner/	Operator	r (2)	P15		1		1			
Agencies Notified	Type Notification		+	Street A	Address		HOME	3 4	PIS JUL	13	Haj:	110				
EPA DEP DOL	Initial Amended Amendmen	t #	_	City, Sta	rest Ave ate, Zip C sburg N	ode		<u></u>	5 42 8 [] 5						_	
DOH DCA	Emergency justification) Cancellation	(including			f Contact						ephone	Nurr	ber			
Name of Facility Where				=====	ILITY INF	ORMAT	ION	T	-45- 111							
Joan Wissler Priva	te Home	ig i lace (5)						Туре	of Facility School (K-							
Street Address 43 Forest Ave	15	*						×	Subchapter Other (i.e., petc.)	8 (Oth orivate	er than & comm	K-12 ercia) Il buil	dings	, hom	ies,
City (5) Keansburg NJ 077	734							Squa 100	are Feet	# 0	f Floors			Bldg. /	Age	
County (6) Monmouth		.4			Code (7) USE ONLY	n		Curre	ent Use (Pri ne	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm N?A	n Hired by Building	Owner (8)		ASCN	ИNo.			of Aba	atement Cor	ntractor	(9)					
Street Address								Addre	3.72						0.0	
City, State, Zip Code									Zip Code in NJ 080	91						
Project Manager for Mor	nitoring Firm		Γelepho	ne No.		Telept	one N	lo.		Licens						
Start Date (10) 7/9/15		Scheduled 7/13/15	d Com	pletion	Date (11)			of OS	HA Monitor		0072	,				
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street		SS							
Facility Closed/Vac Abatement Perform	ated During Entire led Outside of Norn	Period of Ab	atem	ent					ip Code							
Other – Describe: Scope of Work (Check A									97A							
≥3 sf or ≥3 If ≥160 sf or ≥260 If	тист фрту		novat molitic	7.0			×	Min	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					۵	
		ls L	ocatio	n			·	- 110		() () ()	110111	ilabic		Abate	emen	t
Location Asbestos-Containing		Used		y by	Ashas	Des	scription		1 (A CNA)	^				1 y	pe	
TO BE AB/ In Facil (13)	ATED	Custoo	(12)	taff?		thermal surface		s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Asphalt Shin	ales roof	Yes	No	N/A X	Δ	sphalt	Shing	00.00	of	10	00 SF				СР	
Exterior S		-		X			rior Sic		OI		00 SF	-	x			
								9					••			
Name of Registered Was	te Hauler		NJ	DEP W	aste	Cubic '	Yards		Name of F	Registe	red I and	dfill				
United Containers			На	uler ID 459		of Was			G.R.O.V							
City, State Elm NJ						Dispos 7/28/1	al Date 5		City, State Morrisvi		19067	7				
Completed by Anthony T Perna		Title Preside	ent			Si	ignature	0	7			Date 7/8/				

[a											;- j	Che	ck#9	9933		
Date of Notification ((1) July 8, 2015	5		Name	of Buildin	ng Owner ca	/ Ope	rator (2	2)							
Agencies Notified	Type Notifica	ation		_	t Address	9	-			2E)	5 1	11				
□EPA □DEP				1848	Easton A	venue				6 5	- U	L 13 th	s: s	59		
DOL	☐ Initia	al.		City	State 9 7is	o Codo				-		10				
		ended		Separation of the second	State & Zip erset, NJ						G 1.	ELL P	1110	Ĺ		
⊠рон		endment #	_	Johns	isel, No	00073						1.49	-7			
DCA	Can	cellation		Name	of Contac	ct						Te	elepho	ne Nu	mbe	er
				Jim K	Calafsky											
				FA	CILITY	INFOR	MAT	ION								
Name of Facility Who Bank of America	ere Abatement	is Taking	Place (3)			17		f Facilit chool (k								
Street Address							S	ubchap	ter 8 (Ot	her than k	(-12)					
1848 Easton Avenu	e					li	₫ 0	ther (i.	e., priva	ate & con	nmer	cial building	s, hor	ne, e	tc.)	
						-		Feet		# of Floor			lg. Age		-	
City (5)								3,000			1			50		
Somerset							Current Bank	t Use (F	Prior if be	eing demo	lishe	d)				
County (6) Somerset			County Code									lu .				
Name of Monitoring I	Firm Hired by E	Building O			ASCM	No. N	lame o	of Abate	ement Co	ontractor ((9)					
Environmental Test	ting Consultar	nts, LLC				S	ynate	ch, Inc		V.U. 44 C.B. 27 V.V 19	100 Z					_110=11
Street Address 413 North Black Ho	reo Diko							Address	- CO.							
City, State & Zip Coo								dio Ro	ip Code							
Runnemede, NJ 08									bor, NJ							
Project Manager for I Howard Zenobi	Monitoring Firm	1		lephone		Т	elepho	one Nu				License Nun				
Scheduled Start Date	e (10)	Schedule	ed Completion	6-482-13 on Date (-	6-6916 of OSH	A Monito	ır	_		0081	7		
July 25, 2			Augus	st 30, 20		S	ynate	ch, Inc		· · · · · · · · · · · · · · · · · · ·						
Occupancy Status D Facility Clos	uring Abateme sed/Vacated Du	nt (Check uring Entire	only one) e Period of	Abateme	nt			Address dio Roa								
	Performed Out					C	ity, St	ate & Z	ip Code							
Other – Des						L	ittle E	gg Har	bor, NJ	08087						
	upied During A															
Scope of Work (Chec	ck all that apply	()						\Box	F. II C 4							
≥ 3 sf or ≥ 3 If				Renovati	on				Mini-Enc		WITH IN	legative Press	sure			
≥160 sf or ≥26	60 If			Demolitic						g Procedu	ire					
								- Managements				Non-Friable P	rocedu	re		
Loc	cation of		Is Location	on Norma	ally Used		De	scriptio		I I	una i	TOTT TIMBLE T		atem	ent 7	Гуре
Asbestos-Conta	aining Material (E ABATED	(ACM)	Solely by			9			ntaining			ount (Specify				
	Facility		Custo	dial Staff	(12)	,		terial (A	systems		,	SF or LF)	-	_	_	_
	(13)					ins	ulation	n, surfa	cing, VA	T					En	ш
						0	r other	miscel	llaneous))			l em	Rep	cap	nclo
			Yes	No	N/A								Remova	Repair	Encapsulate	Enclosure
			Tes	NO											te	0
Large HVAC Room					Х			Floor Ti	95.0			90 SF	_ X			
Small HVAC Room					Х		- 25	Floor Ti	P.4700			40 SF	X			
Small HVAC Room					Х			Base I				20 LF	X			
Name of Registered \	Waste Hauler		NJDEP V Hauler ID		Cubic Y	ards of V	Vaste		Name or	f Register	ed La	indfill				
Synatech, Inc.				429	5				Grows I	Landfill						
City, State			•	S. 16—100 E	Disposa	al Date			City, Sta							
Little Egg Harbor, N	1 00007				C	hand or	45		Marria	III. D.						
Completed By	0 00001	Title			Septem	ber 1, 20	115		Morrisv	ille, PA	ite					
					Janaca		1)1	1_								
Diane Aloia		Executi	ve Adminis	strator	1 /1/	Mark-	111	111		1	lv 8	2015				



Emergency

Date of Notification (1) 7/7/15					Building Sees F			(2)			2015	n.	1	· • e	TC	J
Agencies Notified	Type Notification		1 8	Street A	ddress Bayview	/ Ave					2015	JI JE	13	A	1 9	13
EPA DEP X DOL	Initial Amended Amendment			City, Sta	te, Zip Co Haven (de	NJ 080	08			e .	110		3-10	- / 53	21
DOH DCA	Emergency (justification) Cancellation	including	- 15	Name of Robert	Contact						ephone l		r			
None of Facility (Affects)	,	DI /01		FACI	LITY INFO	DRMAT	ION	_								
Name of Facility Where Robert Sees Privat		g Place (3)						Тур	e of Facility (
Street Address 7809- Bayview Ave)	58						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			uild	ings,	home	s,
City (5) beach Haven Cres	t NJ 08008								uare Feet 00+	# 0	f Floors			dg. A 5+	ge	
County (6) Ocean					Code (7) JSE ONLY,				rent Use (Prio	or if bei	ng demo	olished)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	No.		Name Pern		oatement Con Inc.	tractor	(9)				9	
Street Address							Street PO E									
City, State, Zip Code									Zip Code rlin NJ 080	91						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph 856-		No. -9800		Licens 00727					
Start Date (10) 7/8/15	((e	Scheduled	Con	pletion	Date (11)		Name Sam		SHA Monitor		l					
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street	Addr	ess							-
	cated During Entire I ned Outside of Norn						City, S	state,	Zip Code				-			
Scope of Work (Check /	All That Apply)						1									_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova moliti				×	N C	Full Containme Mini-Enclosure Blovebag Prod Von-Exempted	e cedure					е	
	(*)	ls I	ocati	on										Abate	ement	
Location Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used Main Custo	rmall Sole tenar	ly ly by nce/		tos Con therma surfa	escription staining N Il systema acing, VA miscellar	Mater s insi AT, or		(\$	amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A											е	
Exterior	Siding			Х		Exte	erior Sid	ding		15	00 SF	X				
												+	_			
												\dashv	-			
Name of Registered Wa	ste Hauler		100	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	ered Lan	dfill				_
United Containers				auler ID 2459	No.	of Wa	este		G.R.O.	W.S.						
City, State Elm NJ						7/10/	sal Date /15		City, Stat Morrisv		A 1906	7			5	
Completed by Anthony T Perna		Title Presid	ent			1	Signature	e d	2			Date 7/7/	15			

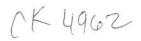


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

CR 4963

Date of Notification (1) 7/8/15			N	lame of I	Building O eptford	wner/O	perator (2) ucatio	n <i>îĝis</i> e							
Agencies Notified	Type Notification		S	treet Ad		60 5				- 70	4.5		I			
EPA DEP DOL	Initial Amended Amendment #		597		e, Zip Cod eptford		066		\$ [430				
DOH DCA	Emergency (in justification) Cancellation	ncluding	7 6	lame of Myron I						100-	phone N					
				FACIL	ITY INFO	RMATIC		_								
Name of Facility Where West Deptford Boa Street Address		Place (3)			3.		1.	× s	of Facility (4 chool (K-12 ubchapter)	2)	r than V	12\				
1600 Crown Point I	Road							O	ther (i.e. pr tc.)	rivate &	comme				108701000	s,
City (5) West Deptford NJ (08066							Square 1000		# of 1	Floors		35	ig. Aq +	ge	
County (6) Camden				County C STATE U	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if bein	g demo	lished)				
Name of Monitoring Firm Campbell Group	n Hired by Building C	wner (8)		ASCM N/A	No.		Name o		ement Cont	tractor (9)					
Street Address 36 Coniser							Street A		7) (1)							
City, State, Zip Code Sicklerville	76						City, St	ate, Zip		91						
Project Manager for Mo	nitoring Firm			Telephor			Telephy 856-7	one No			License				=5357	
Carol Campbell Start Date (10)		Schedule	-		3-1705 Date (11)		2000		A Monitor		00727					
7/9/15		7/13/15	5	52	18		Same									
Occupancy Status Durin	ng Abatement (Check	Only On	e)				Street /	Addres	S							
X Abatement Perform	cated During Entire P ned Outside of Norm Night Shift after 3 PM	al Facility		ent		_	City, St	ate, Zi	o Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	tenovat emoliti				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure						
		Is	Location	nn										Abate	ment	
Locatic Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED illity	Use Ma	Normall d Solel intenar todial S (12)	y y by nce/		tos Cont thermal surfa	scription taining M systems cing, VA miscellan	laterial s insula T, or		(S	mount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
	2	Yes	No	N/A									_		ite	е
in front of a	uto shop			Х			insula				LF	х				
Vidio Teck R	oom closet			х			tile ma				5 SF	x				
closet between r	rooms 26 & 28			Х		Floor	r tile ma	astic		3:	2 SF	Х				
Room 26 &	Room 28			X			Tile m	astic		101/1/1000	F each					
Name of Registered Wa	aste Hauler		JDEP Wauler ID		Cubic of Wa	Yards iste		Name of	9070	red Lan	dfill					
United Containers			22	2459	2200000	1 Diana	aal Data		G.R.O.				_			
City, State Elm NJ						7/28/	sal Date 15		City, Stat Morrisv		1906	7				
Completed by Anthony T Perna		Title Presi	ident			(Signature	Q)	_		Date 7/8/	15			



Date of Notification (1) 7/8/15					f Building a Buten				915	7:14	13					
Agencies Notified	Type Notification			Street A		13 1 11	vale 110	ппе			13	- 1		: 1		
ĭ EPA	× Initial				tco Aver									•		
DEP X DOL	Amended Amendment Emergency				ate, Zip Co NJ 08004				d	4. 5	Th.	L/s	14	1		
DOH DCA	justification) Cancellation			Name o	f Contact						ephone					
Name of Facility Where	Abatament is Takin	= Dlass (2	,	FACI	LITY INFO	DRMAT	ION									
Patricia Butenis Pr	rivate Home	ig Place (3)					Princes.	of Facility (4	50						
Street Address 427 Atco Avenue		42.						×	School (K-12 Subchapter (Other (i.e. pretc.)	8 (Oth				dings,	home	es,
City (5) Atco NJ 08004									re Feet	# 0	f Floors		100	ldg. <i>A</i> 5+	ge	
County (6) Camden					Code (7) USE ONLY			Curre	ent Use (Prio	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	ИNo.		1000	of Aba aco Ir	tement Cont	tractor	(9)					
Street Address								Addres								
City, State, Zip Code									ip Code in NJ 0809	91						
Project Manager for Mor	nitoring Firm		Telepho	ne No.			one N 753-9			Licens						
Start Date (10) 7/23/15		Schedule 7/28/15		npletion	Date (11)		Name Same		HA Monitor					1653		
Occupancy Status Durin	g Abatement (Chec	L ck Only On	e)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	tate, Z	ip Code							
Scope of Work (Check A								7.1			() Y	J				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	и тнаг Арргуу	-	enova emolit					Ful Mir Glo	Containmeni-Enclosure	nt with	Negativ	ve Pr				
		le.	Locati	on.		-	- 12	a NO	n-Exempted	(*) an	a Non-F	паріє		THAT TO	e ement	
Location		l N	Jormall	У		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mai	d Sole intenar odial S (12)	nce/		tos Con therma surfa	taining N I systems acing, VA miscellan	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	WET		n dac		T						E	
Basem				Х		Pipe	insula	tion		2	0 LF		x			
Exterior S	Siding			Х		Exte	erior Sic	ding		15	00 SF		x			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	Registe	ered Lan	ndfill				
United Containers				auler ID 2459	No.	of Wa	iste		G.R.O.V							
City, State Elm NJ						Dispo 7/28/	sal Date 15		City, State Morrisvil		1906	7				
Completed by Anthony T Perna		Title Presi	dent				Signature	l	•			Date 7/8				



			NOTII	FICATIO Pursuan	N OF ASE t to NJAC	8:60 a	S ABATE and 12:12	EMENT 20)		D2	L. P.					
Date of Notification (1) 7/8/15				Name o	of Building nica Kee	Owne	r/Operato	r (2) ome		5 11 p	i ?		_	-7		
Agencies Notified EPA DEP	Type Notification			The second of th	Address A Sunse	et Ave)		<i>j</i> i -		F. D.		21	- 6		-
DEP X DOL	Amended Amendmen Emergency				tate, Zip C dbury NJ		96			Č L		-	1.17	*- <u>i</u> ,		
DOH DCA	justification) Cancellation			Name of Veron	of Contact nica					Te	lephone	Nun	nber 2			
Name of Facility Where	Abatement is Takir	g Place	(3)	FAC	ILITY INF	ORMA	TION	T =	-5 ::::	441						
Veronica Keefer Pr	ivate Home	3	/					Туре	of Facility School (K-	(50,5)						
Street Address 1849 A Sunset Ave		*						×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12 nercia	!) al buil	ldings	, hom	nes,
City (5) Woodbury NJ 0809	6								re Feet 0 SF	# 0	f Floors	ý Š	1.55	3ldg 35+	Age	
County (6) Gloucester					Code (7) USE ONLY)		Curre	ent Use (Pr	ior if bei	ng dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	M No.			of Aba	ntement Co	ntractor	(9)				•	
Street Address							1. 3000000000000000000000000000000000000	Addre Box 3	7.70							
City, State, Zip Code								ip Code in NJ 080	091							
Project Manager for Mon	itoring Firm		Telepho	ne No.		Telepi	one N 753-9	0.		Licens),				
Start Date (10) 7/21/15		Schedu 7/24/1		mpletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status During		82	30				Street	Addres	SS							
Facility Closed/Vaca Abatement Performe Other – Describe: _	ated During Entire F and Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s			City, S	tate, Z	ip Code			X15-12-1-1				
Scope of Work (Check Al	That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mir Glo	l Containm ni-Enclosure vebag Prod n-Exempted	e cedure					A	
			Locati	2000										Abate	emen	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos Cor therma surfa	escription ntaining M al systems acing, VA' miscellan	laterial s insula T, or		(S	mount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									2		ate	Гe
Baseme	ent			X	р	aper o	duct ins	ulatio	n	10	0 SF		х			
В																
Name of Registered Wast	a Hauler															
United Containers	on faulei		H	JDEP Wauler ID 12459		of Wa	: Yards iste		Name of R		ed Land	dfill		10 TO TO TO		
City, State Elm NJ							sal Date		City, State Morrisvi		19067	 7				
Completed by Anthony T Perna		Title Presi	dent			5	Signature	-	7			Date				



Date of Notification (1)					Building C)wner/C	perator	(2)		Cr			9		
7-1-2015				Sean B						4 2	die de				
Agencies Notified EPA	Type Notification			Street Ad 192 We	ldress est Wasl	hingto	n Aver	nue	Á	35.	11 to 1 t	17.8	i j	2	
DEP DOL	Amended Amendment				e, Zip Coo ngton, N		32			Š.	n de la companya		A.		
☑ DOH □ DCA	Emergency (justification) Cancellation	including	100	Name of Sean B						Tel	ephone Num	ber		-	
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Residential	Abatement is Taking	g Place (3)						Ту	pe of Facility (4						
Street Address 192 West Washing	ton Avenue							×	Subchapter Other (i.e. pretc.)				ings,	home	ıs,
City (5) Washington, NJ 07	882							62226	juare Feet 316	# o 2	f Floors	10000	dg. A	ge	
County (6) Warren				County C	ode (7) ISE ONLY)			Cu	ırrent Use (Pric	r if be	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				Abatement Con Environment						
Street Address							Street	Add	nacine de la constitución de la						
City, State, Zip Code							City, S	State	e, Zip Code City, NJ 073	200					
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.		Teleph	none	e No.		License No	D.			
Start Date (10)		Scheduled		pletion [Date (11)		Name	of C	3-8855 DSHA Monitor		01174				
7-2-2015		7-2-2015							s above						
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street	Add	dress						
	cated During Entire ned Outside of Norm						City, S	State	e, Zip Code						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova: noliti				>	×	Full Containme Mini-Enclosure Glovebag Prod	edure					
							L		Non-Exempted	i (*) ar	d Non-Friab	le Pro			
		Is Lo	cati										Abate Ty	emeni pe	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used S Maint Custod (Sole enar	ly by nce/		tos Con therma surfa		Mate ns in: AT, c		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basen	nent		×			pipe	insula	atio	n	(60 LF	x			
Name of Registered Wa	iste Hauler	100	233	JDEP W		Cubic of Wa	Yards		Name of	Regist	ered Landfill				100
Green Environment	al Services, LL0)34889		2					North Lan	dfill			
City, State Jersey City, NJ	-				.55	7-3-2			City, Stat Morrisv						
Completed by Liliana Serrano		Office I	Mar	nager			Signatur	e ょ(Lew		erre 7-	te 1-20	15		

MO 59189714716

. (09//	19/10	N			OF ASBE to NJAC 8										
Date of Notification (1) 07/07/15					Building Or Decon			(2)	ži.	15	10 21				
Agencies Notified	Type Notification			Street Ad 135 Ma	ddress ain Stree	et			, a				\$. s		
× EPA × DEP × DOL	Initial Amended Amendment #	<u> </u>			te, Zip Co Amboy ,		879					¥ , "			
X DOH X DCA	Emergency (i justification) Cancellation	ncluding		Name of	Contact	(4)				Tele	ephone Num	ber			
<u>N</u> 2011				FACI	LITY INFO	RMATI	ON								
Name of Facility Where Werner Deconstruc		Place (3)						of Facility (School (K-1						
Street Address 135 Main Street									Subchapter	8 (Othe	er than K-12 k commercia		lings,	home	es,
City (5) South Amboy									e Feet	# of	Floors	В	ldg. A	ge	
County (6) Middlesex county					Code (7) JSE ONLY)			Сипте	nt Use (Pri	or if beir	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	l No.	4	10/4/29	of Abate	ement Cor nent	ntractor	(9)				
Street Address								t Addres 9 87th	s Street S	uite A	4				
City, State, Zip Code								State, Zi	p Code gen, NJ (7047					
Project Manager for Mor	litoring Firm		T	Telephor	ne No.		Telep	hone No -293-6).		License No),			
Start Date (10) 07/08/15		Schedule 08/07/		pletion [Date (11)				A Monitor	JLTING	G LLC				
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Addres	S				7/1		
	ated During Entire P led Outside of Norm							0 ROU State, Zi	TE EAS	T SUI	ΓΕ 107				
Other – Describe: Scope of Work (Check A						-			07083				111111111111111111111111111111111111111		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш ттак дрргу)		Renova Demolit					Min Glo	i-Enclosure vebag Pro	e cedure	Negative Pr			е	
59	2000AP	1000	Locati	000000		_								ement pe	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa		Material ns insula AT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	(1)	Yes	No	N/A										Ф	
Exteri	or					Misc	cellane	eous		13,0	000 SF	х			
Name of Registered Was			Н	JDEP W auler ID 2430		Cubic of Wa	Yards ste				red Landfill ICHES CO	MMC	ISIC	N	
City, State KENILWORTH, NJ						Dispos	sal Date	9	City, Stat		[
Completed by		Title				S	Signatur		7	•	Dat				
Bryan Parra		Proje	ect Ma	anager			120	tive	aigh		07	/07/1	15		

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

check # 1493 Page 1 of 1

EDS15-143

Date of Notification (1) 7-7-2015					Building O						2815	fi :-			7	6
Agencies Notified	Type Notification		1.0	Street Ac 539 Rc	idress oute 515						2815		7 🔾	t-r	112:	40
EPA DEP DOL	Amended Amendment				te, Zip Cod n, NJ 074						å.	1.10	i E ja			1
× DOH × DCA	Emergency (justification) Cancellation	including	27		Contact Storms					Tele	phone N	lumb	er			
				FACIL	ITY INFO	RMAT	ION	-	(= -:!!h . / /							
Name of Facility Where A Lounsberry Hollow I Street Address		g Place (3)						×	of Facility (4 School (K-12 Subchapter	2) 8 (Othe	er than K	-12)		• 0755-000-5571	· Process	
30 Sammis Road									Other (i.e. p	rivate 8	comme	rcial	ouild	ings,	home	s,
City (5) Vernon									e Feet	# of	Floors			dg. Ag)+	ge	
County (6) Sussex					Code (7) JSE ONLY)		s	Scho	nt Use (Pric	or if beir	ng demo	lished	i)			
Name of Monitoring Firm EnviroVision Consu		Owner (8)		ASCM 0007				of Abat Group,	ement Con Inc	tractor	(9)	2/2				
Street Address 20-21 Wagaraw Rd	, Building 35E				Es.		(7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Addres Hamb	s urg Turnp	oike						
City, State, Zip Code Fair Lawn, NJ 0741	0				=+	64			p Code ale, NJ 0	7403						
Project Manager for Mon Guillermo M Morale				Telephor (973) 6	ne No. 336-9145	5	000000000000000000000000000000000000000	none No 710-9			License 01084					
Start Date (10) 8-3-15		Schedule 8-11-15		pletion I	Date (11)			of OSF Group,	IA Monitor Inc							
Occupancy Status During	Abatement (Chec	k Only One	2)	1		-	Street	Addres	S							
Facility Closed/Vac				ent			140	Hamb	urg Turn	oike						
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours		7.	_			p Code lale, NJ C	7403						
Scope of Work (Check A	II That Apply)						-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti					Min Glo	Containment Contai	edure					9	
			788					INOI	I-Exempled) air	u Non-i i	labic			ment	
	00020		Location or mall											Ту		
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Used Mai	Solel ntenar odial S (12)	ly by nce/		os Co therma surf	escription ntaining I al system facing, VA miscella	Material ns insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Poilor P	Boiler Room X						Insulati	on & F	Packing	32	20 SF		ζ.			
Bollet K	OOM			vvater	I allik	IIISulati	OII 0 1	doking			1	•				
Name of Registered Was	eta Haular		N	JDEP W	laste.	Cubi	ic Yards		Name of	Registe	ered Land	dfill				
GL Group, Inc	i i aulei	1	Н	auler ID 033034	No.	of W	aste /		Grows	- 5.01						
City, State Bloomingdale, NJ						Disp TBD	osal Date)	9	City, State Morrisv		А					
Completed by								e c	lonu Ste	1.	,	Date				
Elena Solakov							leru Ide	Mollo		7-7	-201	15				

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

check # 1491 Page 1 of 1

EDS15-208

Date of Notification (1) 7-1-15				f Building Ov nd Park Bo						2015	JUL	13		Į
Agencies Notified Type Notification			Street A 250 Pr	ddress rospect St	treet					5.5Z.			TI	12:
EPA Initial Amended Amendment			City, Sta	ate, Zip Code nd Park, N	е	132				8	11:	S.E.A.		170
■ DOH	•			f Contact Garvey					Telepho	ne Nur	nber			
			FACI	LITY INFOR	RMATIO		_							
Name of Facility Where Abatement is Takir Highland School	g Place (3	3)				1.		of Facility (4) School (K-12						
Street Address 31 Highland Avenue						Cast		Subchapter 8 Other (i.e. pri	Other that			dings,	home	es,
City (5) Midland Park								re Feet	# of Floo	ors	83	ildg. A	\ge	
County (6) Bergen				Code (7) USE ONLY)			Curre Sch	nt Use (Prior ool	r if being de	emolish	ned)			
Name of Monitoring Firm Hired by Building EnviroVision Consultants, Inc.	Owner (8)	-	ASCN 0007			Name o		tement Conti Inc	ractor (9)					10
Street Address 20-21 Wagaraw Rd, Building 35E				T		Street A		s urg Turnp	ike					
City, State, Zip Code Fair Lawn, NJ 07410						City, Sta Bloom		ip Code lale, NJ 07	7403					
Project Manager for Monitoring Firm Guillermo M Morales	illermo M Morales							o. 725	100000	ense N 084	0.			
Start Date (10) 7-2-15	Schedule 7-6-15		npletion	Date (11)	1.8	Name of		IA Monitor						
Occupancy Status During Abatement (Che	k Only Or	ne)				Street A								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					_	City, Sta	ate, Z	urg Turnp p Code dale, NJ 07						
Scope of Work (Check All That Apply)						Dioon	9							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mir	Containmer i-Enclosure ivebag Proce i-Exempted	edure				e	
	1.000	Locati						Lacinpted	() and (v)	Hub		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?	(i.e. th	s Conta ermal surfac	scription of aining Ma systems i bing, VAT niscellane	iterial insula , or		Amour (Speck SF or L	fy.	Removal	Repair	Encapsulate	Enclosure
15 Classrooms, behind radiators	Yes	No X	N/A	Mran	8 Cu	t Pipe I	noul	ation	36 LF	-	v			
15 Classicoms, pening radiators		^	-	vviap	α Cu	i Pipe II	ISUI	211011	30 Lr		X			
							-				Ī			
							5.9				i			
Name of Registered Waste Hauler GL Group, Inc		Н	JDEP Wauler ID	No.	Cubic ` of Was TBD			Name of R Grows	egistered L	.andfill				
City, State Bloomingdale, NJ					Dispos FBD	al Date		City, State Morrisvil						
Completed by Elena Solakov	eted by Title						E	Peru Stve	tia)	Da 7-	te 1-201	i5		

EDS15-032

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

Page 1 of 1

check # 1492

Date of Notification (1) 7-2-2015					Building C ph Towr				ucation	26	5 1:1:	W (2)				
Agencies Notified	Type Notification		- 5	Street Ad	3/4	15				4.5	5 <u>J'</u> 4	13	rr	12:	41	
DEP X DOL	Initial X Amended Amendment #	1			e, Zip Coo ph, NJ (9				£ 13	ř.L		ij A	01	
DOH DCA	Emergency (in justification) Cancellation	cluding	1.50	Name of Andy H			S-31 S-21			Tele	enhone N		r	2		
				FACIL	ITY INFO	RMAT	TION									
Name of Facility Where Shongum Elementa		Place (3)						×	of Facility (School (K-1	2)						
Street Address 9 Arrow Place								Ħ (Subchapter Other (i.e. p etc.)	8 (Othe private 8	er than K k comme	-12) rcial b	uild	ings,	home	s,
City (5) Randolph								Squar 50,0	re Feet 00+	# of	Floors			dg. A)+	ge	
County (6) Morris				County C STATE U	ode (7) SE ONLY)			Curre	nt Use (Pri	or if bei	ng demo	lished)				
Name of Monitoring Firm Ahera Consultants		vner (8)		ASCM 0057	No.		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of Aba Group	tement Cor , Inc	ntractor	(9)					
Street Address PO Box 385		1.	V.	* * *) (i)			Addres Hamb	ss urg Turn	pike				1000-55		
City, State, Zip Code Oceanville, NJ 082	31-0385		1			4			ip Code Iale, NJ (7403						
Project Manager for Mor John Smoyer	nitoring Firm			Telephon	ne No. 52-1833	3	0.500.000.000	none N 710-9			License 01084					
Start Dațe (10) 6-23-2015	.0	Scheduled 7-20-15	1	,	Date (11)		1	of OSH	HA Monitor							
Occupancy Status Durin				7.7			Street	Addres		nike						
	ated During Entire Pened Outside of Norma						City, S	State, Z	ip Code							
						1 3	B100	minge	dale, NJ (17403			_			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы глат Арріу)	100000	novat moliti					Mir	I Containmeni-Enclosure ovebag Pro- n-Exempte	e cedure					9	
			i.					110	II Excimpto	u () uii	4 1401111	Table I		21V - 27 (A)	ment	
1			ocation rmall			Б	escription	of						Ту	ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED National (ACM)		enar dial S (12)	ice/		os Co therm surf	ntaining Mal system facing, VA	Material s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
5 (0 ::	4.5.0		No	INA				<u> </u>		2.0	00 05	37			_	
Roof Section	X				Flashin	g		3,0	000 SF	X						
	177 17 11			-				:								
			1	IDED W		0.1		6)	N	Danisk		JEII				
Name of Registered Wa	ste Hauler		Н	JDEP Wauler ID 033034	No.	of W			Name of Grows	Registe	red Lan	JIIII				
City, State Bloomingdale, NJ			2			Disp	osal Date		City, Stat Morrisv		A					
Completed by Elena Solakov		ent				Signature	Ele	nu Stull	ja j		Date 7-2-	15				

EDS15-156

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

check #1484 Page 1 of 1

Date of Notification (1) 6-26-2015		Name o	f Building rell- Wes	Owner	Operator	(2) pard o	of Educați	on-			h,	Н			
Agencies Notified Type Notifica	tion		Street A	ddress					€ 13 _1	13	P:	112	1: 6:	ı	
X EPA Initial				ray Stre				j						ŧ	
DEP X Amende X DOL Amendr	nent #2	_		ate, Zip Co Caldwel		7006-7	696		3	1 1 2	-	Į,	r :/(•	
× DOH iustificat			Name o Frank	f Contact			0.0000000000000000000000000000000000000		Tel	ephone I					
DCA Cancella	ition			LITY INF	ODMA.	TION			1	,	. 114				
Name of Facility Where Abatement is T	aking Place (3	3)	FACI	LITTINE	OKWA	IION	Туре	of Facility (4)			1.00			
Jefferson Elementary School								School (K-1							
Street Address 85 Prospect Street								Subchapter Other (i.e. p				build	dinas	hom	28
								etc.)					- A	V.	
City (5) West Caldwell							5,00	re Feet 10+	1	f Floors			ldg. <i>A</i> 0+	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Build Ahera Consultants Inc	ing Owner (8)		ASCN 0057			0.00078 0.00	of Aba Proup	tement Cor	ntractor	(9)					
Street Address			1) 			Addre								
PO Box 385			in the	, a		1 1 1 1 1 1 1 1		ourg Turn	pike						
City, State, Zip Code Oceanville, NJ 08231-0385				į				tip Code dale, NJ 0	7403						
Project Manager for Monitoring Firm Krystoff Liz	off Liz						none N 710-9			License 01084					
Start Date (10) 6-23-2015 at 2 pm	Schedul 8-7-20		npletion	Date (11)			of OSI	HA Monitor						1215-2	
Occupancy Status During Abatement (C	heck Only Or	ne)					Addre	* I TO THE PARTY OF THE PARTY O			7-7-5	_			
Facility Closed/Vacated During En	ire Period of	Abaten	nent					ourg Turni	oike						
Abatement Performed Outside of N Other – Describe: Sub-8 Occupied	lormal Facility	Hour				1000000		ip Code dale, NJ 0	7403						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir	ll Containme ni-Enclosure ovebag Prod n-Exempted	edure					e	
	Is	Locat	ion						//				Abate	ement	
Location of	1	Normal	lly			escription					-	_	Ту	pe	
Asbestos-Containing Material (ACM TO BE ABATED	Ma	intena	nce/			ntaining M al systems				mount Specify		R	_	Enc	Щ
In Facility (13)	Cus	todial 3 (12)	Staff?	61	surfa	acing, VA miscellan	T, or	2.3		or LF)		Remova	Repair	aps	Enclosure
(13)	Yes	No	N/A	(C)	ourei	miscellar	ieous)					val	Ť	Encapsulate	ure
Crawlspace	X			The	rmal S	System	Insula	ation	6,4	75 LF	Σ	ζ.			
Basement Hallway				Duc	t Insula	tion	11	14	10 SF	Σ	2				
Name of Registered Waste Hauler		[/A]	IDED V	looto	OF.	Varia		Non C):-!		IEII				
GL Group, Inc		Н	JDEP W lauler ID	No.	of Wa			Name of F Grows	registe	rea Land	11111				
*100 1000		00	033034		TBD			\$7.000.000.000							
City, State Bloomingdale, NJ	No.				TBD	sal Date		City, State Morrisvi		Α					
Completed by Elena Solakov	Title						E	leru Slu	lla		Date 6-26		15		

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

i							s Abatement	E) .	-				
D&S Proj.	#: 2015-228			(Pursu	ant to NJAC	8:60	and 12:120)	2015 JUL 454	1.1	127			
								2P15		U			
Date of Notification		11	lame of Bui	Iding Own	er/Operator (2)			45 x	-13 PM	12. ~	_		
10 7 /[0 1			PATTY L	LANCAS'	TER			454-		12.0	5		
Agencies Notified EPA	Type Notification	tion S	treet Addre	SS				1.88		Teni	e e e e e e e e e e e e e e e e e e e		
□ DEP	Amended		20 STAN		LACE				Sty (N)	100			
☑ DOL	Amendment #:	[City, State, Z	Zip Code									
-	Emergency (including		-		NJ 07043								
☑ DOH	justification)	l IN	ame of Con	itact				Telep	hone Numb	er			
DCA	Cancellation	n	PATTY	LANCAS	STER				0				
				FACI	LITY INFORM	ATION	l						2-17-17
Name of facility wh	nere abatement	is taking pla	ice (3)				1	Type of Faci		101			
PATTY LANC	A CTED						- 1		hool (K - 12	enter			
Street Address	ASIEK							100000000000000000000000000000000000000	bchapter 8 (ner (Private/			(-12)	
							1		lgs./Homes,		erciai		
20 STANFORI	D PLACE							Square Fee	t # of Flo	ors	В	ldg. A	ge
City (5)		Cour	nty (6)				nty Code (7)		_		_		
Upper Montela	ıir	ESS	SEX			(Sia	te use only)	Current Us	e (Prior if be	ing den	nolish	ed)	
Name of Monitoring		20010000	22.00		ASCM No.		Name of Abatement	t Contractor (9)					
							D & S RESTOR	ATION, INC					
Street Address						-	Street Address						
Parties and the second							20 California A	ve.					- 27
City, State, Zip Cod	е						City, State, Zip Code)					
							Paterson, NJ 0	7503					
Project Manager for	Monitoring Firm	1	Pho	one Numb	er		Telephone Number 973-345-8020		100000000000000000000000000000000000000	e Numl 01169	oer		
							Name of OSHA Mor			01109			
Start Date (10)		Sched	. Completio	n Date (11)		D & S Restorat						
07/16/15		07/31					Street Address			-		-	
Occupancy Status I							20 California A						
	d/vacated during erformed outside						City, State, Zip Code)					
Describe: Other-Describ			aomy noun			-11	Determen NI O	7502					
Scope of Work (ch						-	Paterson, NJ 0						
>3 sf or >3 lf	eck all that apply	Renovatio	n				님	Full Containme Mini-enclosure		e press	ure		
	_	Demolition					×	Glovebag proc	edure				
	0011 🔟		n normally u	sed colely	1			Non-Exempted	(*) and Nor	n-friable	proc		_
Location of asbestos-con	taining	by mainte	nance/cust			on of a	sbestos-containing	Amou	nt	e	e	E n	E
material (acm abated in faci		staff(12)			material (sbesios-containing	(Spec	fy SF or	m o	p a	c a	c
abateu III laci	iity (13)	Yes	No	N/A				LF)		v e	i	p	_
basement			X		PIPE INSU	LATI	ON (debris)	50 1 ft		X	亡		
ATTIC			X		expansion to	ank in	sulation	50 SQ F	Γ				
Bogistered Wests III	ouler.				his V	Mari	II						
Registered Waste H D & S RESTOR	ATION, INC.	NJDE 135	EP Hauler II 06		ubic Yards of V yds.	vaste	Name of Registered TULLYTOWN,		RECOVE	RY			
City, State			[Disposal D	ate	-	City, State	(_
PATERSON, N.				07/17/1:			TULLYTOWN	, PA					
Completed by (Print BOGDAN JOLI		Title PRESID	ENT	Signature				Date	1/2014				
ASB-41				or ashesto	s licensure ex	empter	d activities		10//01	1/ 2015	-		

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

D&S Proj. #: 2015-232			cation of Ast uant to NJAC		0 and 12:120)		R	21.1				
Date of Notification (1)			ner/Operator (2)		T.O.Y.		2015 JU	L 13	PHI	2: 5	e e	
Agencies Notified Type Notificati	on Street A		ARD OF ED	UCA	TION		ASSE			3	<u> </u>	
EPA Initial	Street A	uuress Iarristown R	oad				& L,	U. Je	ilir.	ROL		
Amendment #:	City, Sta	ite, Zip Code							~~			
□ DOL □ Emergency	— GLE	N ROCK, N	J 07452									
DOH (including justification)	Name of	Contact					Telephone	Number	-3			_
DCA Cancellation	ll por	PRASCHII						-4451				
		FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement is	s taking place (3)					1	Type of Facility (4	(K - 12)				
BYRD SCHOOL, ROOM #20)4							pter 8 (C		an K	-12\	
Street Address	×					-		Private/C			-12)	
640 DOREMUS AVENUE							Bldgs./h	lomes, e	tc.	y	dg. A	ne
City (5)	County (6)			Co	unty Code (7)	-	Oquare r eet 1	7 01 1 1001		υ,	u g. , ,	90
5 7 157					ate use only)		Current Use (Pri	or if bein	g dem	olish	ed)	
GLEN ROCK	BERGEN					11.						
Name of Monitoring Firm Hired by I	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent Co	ntractor (9)					
MCCBAE ENVIRONMENTA	AL SERVICES	LLC	00118		D & S RESTO	ORAT	TION, INC.					
Street Address					Street Address	ne epartone						
464 VALLEY BROOK AVE	NUE				20 California	THE REAL PROPERTY.						
City, State, Zip Code					City, State, Zip Co							
LYNDHURST, NJ 07071 Project Manager for Monitoring Firm		Phone Numi	her	-	Paterson, NJ Telephone Numb		3	License	Numh	er		
					973-345-80				1169	,01		
RALPH COPPOLA Start Date (10)	I Sahad Cami	201-438-4 oletion Date (1		_	Name of OSHA N	Monitor						
		Dietion Date (1	1)		D & S Resto	ration	, Inc.					
07/27/15	08/17/15			_	Street Address							
Occupancy Status During Abatemer		•			20 California	2000.000.000	iue					
Facility closed/vacated during Abatement performed outside Describe:	of normal facility				City, State, Zip Co	ode						
Other-Describe: NORMAL H	OURS				Paterson, NJ	J 0750	3					
Scope of Work (check all that apply >3 sf or >3 lf >160 sf or >260 lf	Renovation Demolition	8				Mir Glo	I Containment wani-enclosure ovebag procedure	e				
	Is location norm	ally used sole	lv			☐ No	n-Exempted (*) a	ariu ivon-	R	Proc	eaure	
Location of asbestos-containing	by maintenance			on of	asbestos-containin	a	Amount		e m	e p	n	E
material (acm) to be abated in facility (13)	staff(12)	27.7	material			5	(Specify SI	For	0	a	c a	C
abatod iir laointy (10)	Yes No	N/A					,		v e	l r	р	-
LOWER LEVEL HALLWAY			GLUE DO	TS			900 SQ FT		X			
LOWER LEVEL HALLWAY			PIPE INSU	ILAT	ION		700 L FT					
]									
							1					
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		Cubic Yards of 20 YDS	Waste			andfill ESOURCE RE	COVER	RY			
City, State		Disposal			City, State		200					
PATERSON, NJ 07503			07/20/2015		TULLYTOV	VN, P	Α					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 07/03	/15			
	Do not use this f	orm for asbes	-I tos licensure ex	cempte	ed activities.							

State of NJ

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

D&S Proj. #: 2015-238						os Abatement 60 and 12:120)		1	Jeong F				
Date of Notification (1)			Building Owr	ner/Operator (2))			2015 A 5 2 5	JUL 13	3 P	412	36	
Agencies Notified Type Notifica	tion	Street Add						ASU	-			2.64	
EPA Initial Amended		131 IN	WOOD A	VENUE				Re	Lilli	- 1	117	01	
Amendment #	:	No.	e, Zip Code	. 22102						4.1			
DOL Emergency		Upper	Montclair,	NJ 07043									
DOH (including justification		Name of C	Contact					Telephor	ne Numbe	er			7
DCA Cancellatio	n	LIZA	HELWIG						• • • • • • • • • • • • • • • • • • • •				
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement	is taking p	olace (3)					T	ype of Facility (
LIZA HELWIG								=	ol (K - 12			< 10\	
Street Address							-		apter 8 (0 (Private/0				
131 INWOOD AVENUE								Bldgs./	/Homes,	etc.			
City (5)	Cou	unty (6)			Со	unty Code (7)	- `	Square Feet	# of Floo	rs	-	ldg. A	ige
Upper Montclair	FS	SSEX			(St	ate use only)		Current Use (P	rior if beir	ng der	nolish	ed)	
Name of Monitoring Firm Hired by			1	ASCM No.		Name of Abateme	ent Cor	tractor (9)					
						D & S RESTO							
Street Address					_	Street Address							
City State 3:- Oak						20 California							
City, State, Zip Code						City, State, Zip Coo							
Project Manager for Monitoring Firm	ì	I F	Phone Numb	er	_	Paterson, NJ Telephone Number	100	3	License	Niumi	201		
			nono reamb			973-345-802				1169			
Start Date (10)	Sche	d. Comple	tion Date (1	1)	-	Name of OSHA M							
07/22/15	07/3	1/15				D & S Restor	ation,	Inc.					
Occupancy Status During Abatemer						20 California	Avenu	ie					
Facility closed/vacated during Abatement performed outside	entire per of normal	iod of aba facility ho	tement. urs-			City, State, Zip Coo	de						
Describe: NORMAL H	OURS				_	Paterson, NJ	07503						
Scope of Work (check all that apply	/)						Full	Containment w	/negative	press	ure		
	Renovati	on						-enclosure					
≥160 sf or ≥260 lf	Demolitio					É		rebag procedur -Exempted (*) a		friable	proc	edure	
Location of asbestos-containing		n normally enance/cu	used solely					-		R	R	Е	E
material (acm) to be	staff(12)	1	1	Descriptio material (A		sbestos-containing		Amount (Specify S	For	m	p	n c	n
abated in facility (13)	Yes	No	N/A		,			ĹF)		o v	i	a p	Ľ
BASEMENT BOILER RM		X		PIPE INSUI	LAT	ION	\dashv	26 L FT		e			\vdash
basement laundry rm		X		PIPE INSUI	LAT	ION		17 L FT					一
BASEMENT AC/ROOM		$\square X$		PIPE INSUI	LAT]	ON		16 L FT					
Registered Waste Hauler	INID	EP Hauler	1D# 1 C	ubic Yards of W	lacto	INIomo of Doniotou		-1511					
D & S RESTORATION, INC.	135			yd.	asie	Name of Registere TULLYTOWN			COVER	Y			
City, State			Disposal Da	ate		City, State							
PATERSON, NJ 07503 Completed by (Print or Type)	Tial -		07/23/15			TULLYTOW	N, PA						
BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 07/07/	2015			
ASR-41 *	Do not us	e this form	for asbesto	s licensure exe	mpte	d activities.							-

CK 0060cel

ASR-41

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

D&S Proj. #: 2015-229			(Pursua	ant to NJAC	8:60	and 12:120)		F 3					
								7500			ž.		
Date of Notification (1)	I Na	ame of Build	ding Own	er/Operator (2))			Tela JUL 1	2 5				
0 7 /0 6 /1 5		GARY KA	UFFMA	AN				Zeis JUL 1	J FA	12:	76		
Agencies Notified Type Notificat	ion St	reet Addres	S					- L.			-		
DEP Amended	- 11	8 ARDLE	Y ROAI)				& L10.	ke e ji	ikg	/		
Amendment #:		ty, State, Zi	p Code				72.010		,	2			
DOL Emergency		GLEN RI	DGE, N.	J 07028								-	
DOH (including justification)	Na	me of Cont	act					Telephone	Number				
DCA Cancellation	- 11	GARY K	AUFFM	AN					4.8				
			FACI	LITY INFORM	ATION								
Name of facility where abatement	is taking pla	ce (3)					T	Type of Facility (4)					
GARY KAUFFMAN								Subchar		ither th	an K	.12)	
Street Address							1	Other (P	100			/	
								Bldgs./H			DI	dg. A	70
8 ARDLEY ROAD City (5)	Coun	tv (6)			Cou	nty Code (7)	-	Square Feet #	of Floor	s	DI	ig. A	ge
Oity (5)	Coun	ty (O)			\$200,000,00	te use only)		Current Use (Price	or if bein	g dem	olishe	ed)	
GLEN RIDGE	ESS												
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	ent (Contractor (9)					
						D & S RESTO)R.A	ATION, INC.					
Street Address						Street Address							
						20 California	-	e.					
City, State, Zip Code						City, State, Zip Co		502					
Project Manager for Monitoring Firm	2	I Pho	one Numb	or	-	Paterson, NJ Telephone Number		503	License	Numb	er	_	
Project Manager for Monitoring Pin		FIR	one maint	CI		973-345-80				1169			
Start Date (10)	ICahad	. Completio	n Data /1:	1)	_	Name of OSHA M	1oni	tor					
March and March	Scried	. Completio	II Dale (I	1)		D & S Restor	ratio	on, Inc.					
07/27/15	08/17	NATURE OF THE PROPERTY OF THE			_	Street Address	140						
Occupancy Status During Abateme			nent			20 California		enue				_	
Abatement performed outside						City, State, Zip Co	oae						
Describe: NORMAL 1	HOURS					Paterson, NJ	07:	503					
Scope of Work (check all that app								Full Containment w/	negative	press	ure		
	Renovatio	n				Ì	_	Mini-enclosure					
≥160 sf or ≥260 lf	Demolition							Glovebag procedure		friabla	nroo	مطريع	
	5.0000000000000000000000000000000000000	n normally u	sed solely	/				Non-Exempted (*) a	III IVOII	R	R	E	
Location of asbestos-containing	by mainte	nance/cust		77	on of a	sbestos-containing	1	Amount		e m	e p	n	E n
material (acm) to be	staff(12)		1	material				(Specify SF LF)	or	0	a	a	C
abated in facility (13)	Yes	No	N/A							v e	l r	р	L
BASEMENT BOILER RM		\square		PIPE INSU	JLAT	ON		24 1 ft					
basement storage room		X		PIPE INSU	JLAT]	ON		16 l ft					
basement laundry rm/closet		X		PIPE INSU			mench	161 ft					
basement family room		X		PIPE INSU	JLAT]	ON		61 ft				닏	14
Registered Waste Hauler D & S RESTORATION, INC		EP Hauler II 606		Cubic Yards of 1 yd.	Waste	Name of Registe	red N	Landfill RESOURCE RE	COVE	RY			
City, State			Disposal I			City, State	- ',						
PATERSON, NJ 07503			07/28/1			TULLYTON	VN,	PA					
Completed by (Print or Type)	Title			Signature	1				Date	100:5			
BOGDAN JOLDZIC	PRESID	ENT							07/06	12015			

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

(K 00 60 60

State of NJ Notification of Asbestos Abatement

ASB-41

Das Floj.	#. 2015-234			(Pursi	uani io NJA	J 8:0	ou and 12:120)		P	8 2				
Date of Notification	1 (1)	III	Name of F	Building Ow	ner/Operator (2)		787	£ 1506	** *	7			
10 17 1/10 16				ın Hoffmai	•	7		- 5 /	5 JUL 13 1	PH 12:	25			
Agencies Notified EPA	Type Notifica Initial	tion	Street Ado								3/			
☐ DEP	Amended		25 CLI	NTON AV	/ENUE				4	EIRO	11			
	Amendment #	:	ity, State	, Zip Code						0				
☐ DOL	Emergency		MAPL	EWOOD,	NJ 07040									
M DOH	(including justification)	N	ame of C	ontact					Telephon	e Numbe	er			
☐ DCA	☐ Cancellation	n	Christi	an Hoffma	ann				ı.	- 0200				
				FAC	ILITY INFORM	IATIO	N							
Name of facility wh	nere abatement	is taking pla	ace (3)					117	Type of Facility (4)				
Christian Hoffn	nann								=	I (K - 12				
Street Address	uaiiii							-		apter 8 (0			(-12)	
										(Private/C 'Homes,		ercial		
25 CLINTON A	AVENUE	I Cour	h. (C)					<u>-</u> Γ	Square Feet	# of Floc	rs	В	ldg. A	\ge
City (5)		Cour	nty (6)				unty Code (7) ate use only)	-	Compatition (D				- P	
MAPLEWOOI		ESS				, , , ,	,,		Current Use (Pr	nor ii beii	ig den	nolisn	ea)	
Name of Monitoring	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatem	ent Co	ntractor (9)					
Ottor at A I I						_	D & S RESTO	ORAT	ION, INC.					
Street Address							Street Address							
City, State, Zip Code	e					_	20 California City, State, Zip Co				-			
							Paterson, NJ		3					
Project Manager for	Monitoring Firm	1	F	hone Numb	per	-	Telephone Number			License	Numl	oer		
							973-345-80				1169			
Start Date (10)		Sched.	. Comple	tion Date (1	1)	_	Name of OSHA N							
08/07/15		08/26	/15				D & S Restor	ration.	, Inc.			_		
Occupancy Status D							20 California	Aven	ue					
Facility closed Abatement pe	/vacated during						City, State, Zip Co	ode						
Describe: Other-Describ			acility 110	ui 5-		_		0==0	211					
Scope of Work (che	270,11						Paterson, NJ							
>3 sf or >3 lf	ock all triat apply	Renovation	n				L	=	Containment w.	/negative	press	ure		
≥160 sf or ≥26		Demolition					į	X Glo	vebag procedur					
Location of		1- NO SOLINGED RELIGIONS		used solely	/			Nor	n-Exempted (*) a	and Non-	friable I R	proc	edure E	
asbestos-cont		by mainter staff(12)	nance/cu	stodial	Description	on of a	asbestos-containing	1	Amount		e m	е	n	E n
material (acm) abated in facil		Yes	No	N/A	material (ACM)			(Specify SI LF)	For	0	p a	a	С
D I GEN GEN E		100	140	IVA							v e	i r	р	L
BASEMENT BO BASEMENT red	A CONTRACTOR OF THE PARTY OF TH		X		PIPE INSU	-			90 l ft		X			
basement white st			$\stackrel{\times}{\Rightarrow}$	-	PIPE INSU				28 l ft				므	10
basement laundry			\Rightarrow		PIPE INSUI	-		-	42 l ft 8 l ft			부	井	H
basement storage			\Rightarrow		PIPE INSU				161ft	-		井	屵	쓔
Registered Waste Ha	auler		P Hauler		ubic Yards of V			red Lar					<u> </u>	IП
D & S RESTORA City, State	ATION, INC.	1350)6	-	yds.		TULLYTOW			COVER	Y			
PATERSON, NJ	07503			Disposal D 08/08/1:			City, State TULLYTOW	N DA						
Completed by (Print	or Type)	Title			Signature	_	I TOLLTION	11, FP	1	Date				
BOGDAN JOLD		PRESIDE						4514545		07/06/	2015)(
ASB-41	*	Do not use	this form	for asbesto	s licensure exe	empte	d activities.							

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

(1/2001	1057		State									
Dec Drei #1 acce acc					s Abatement		1					
D&S Proj. #: 2015-235		(Fursu	ant to NJAC	0.00	and 12:120)				1/	/		
							2015	Para		- 1.	,	
Date of Notification (1)	Name o	f Building Own	er/Operator (2)				458E	- 15	PH	12		
0 7 / 0 6 / 1 5		mcmahon &	cary matzkin	e E			200E3	řel.	.,,	<: 'î	7	
Agencies Notified Type Notificat	Street A	ddress					Ce L	1CFIE	UNI	ion.		
DEP Amended		Lake Avenue						S IF.	NG	NUL	3	
DOL Amendment #:	— City, Sta	ate, Zip Code										
☐ Emergency (including		GEWOOD, N	IJ 07450				T=					
justification)		Contact					I elepho	ne Numbe	r			
DCA Cancellation	Cary	Matzkin					1	270				
		FACI	LITY INFORM	ATION	I							
Name of facility where abatement i	s taking place (3)				1	T	Type of Facility					
I	stredit deredet T						=	ol (K - 12)				
laura mcmahon & cary matzk	ın						100	napter 8 (0			(-12)	
Street Address								(Private/C ./Homes, e		erciai		
155 lake avenue	E						Square Feet	# of Floo		В	ldg. A	ge
City (5)	County (6)			(A0) (A0)	nty Code (7)							
RIDGEWOOD	BERGEN	r	20	(Sta	te use only)		Current Use (F	Prior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by		I	ASCM No.	\vdash	Name of Abatemen	t Co	ontractor (9)					
	, ,				D & S RESTOR		Letter.					
Street Address				-	Street Address	CII	TIOTY, IIVC.					
			10.00		20 California A	Ave.						
City, State, Zip Code					City, State, Zip Code	Э						
					Paterson, NJ 0)3					
Project Manager for Monitoring Firm		Phone Number	er		Telephone Number			License		per		
					973-345-8020 Name of OSHA Mo		,		1169			
Start Date (10)	Sched. Comp	oletion Date (11)	(a)	D & S Restora							
07/21/15	08/07/15				Street Address							
Occupancy Status During Abatemer					20 California A	ven	nue					
Facility closed/vacated during Abatement performed outside					City, State, Zip Code	е						
Describe:	850			_	Determine NII O	750	12					
Scope of Work (check all that apply					Paterson, NJ 0				- Springs room	Y150000		
>3 sf or >3 lf	Renovation				-	-	Il Containment v	w/negative	press	ure		
	Demolition					1	vebag procedu	ıre				
	Is location norma	ally used solely				No	n-Exempted (*)	and Non-	friable R	proc	_	_
Location of asbestos-containing	by maintenance		1	on of a	sbestos-containing		Amount		е	e	E n	E
material (acm) to be abated in facility (13)	staff(12)		material (spesios containing		(Specify S	SF or	m o	p a	c	n c
abated in facility (13)	Yes No	N/A					LF)		v e	i	p	[
basement	X		PIPE INSU	LATI	ON		170 L FT		×			
Registered Waste Hauler	NUDEDII	lor ID#	ubic Yards of V	Manta	INome of D	41						
D & S RESTORATION, INC.	NJDEP Hau 13506	100000000000000000000000000000000000000	ubic yards of v yds.	vasie	Name of Registere TULLYTOWN			ECOVE	Υ			
City, State		Disposal D	ate		City, State							-
PATERSON, NJ 07503	5		TULLYTOWN	I, P	Α							
Completed by (Print or Type) BOGDAN JOLDZIC		Signature					Date	/15				
	PRESIDENT Do not use this for	orm for asbesto	s licensure ex	empter	d activities	-		07/06	/13			

CK 00 6027

State of NJ

Notification of Asbestos Abateme Page 17 (Pursuant to NJAC 8:60 and 12:1)								PRES JUL 1					
A 14	115	I(D	11.	10 1 (0)				300	2.0.	2			
Date of Notification (1)	Name of Building Owner/Operator (2)							E STORY	PHI	2: 0.			
Agencies Notified Type Notificati		Carl d'Ar					27/10		13	7			
EPA Initial	" s	treet Addre				-10EH	SINISI	17)+					
☐ DEP ☐ Amended		337 Bogert Avenue							1.14C	٥٢.			
DOL Amendment #:	— c	City, State, Zip Code											
□ DOH □ Emergency (including			WOOD, N	J 07450		-	Talaahaa	- Ni li -		-	- WINT	E-260812	
justification)	II ^N	ame of Co	ntact		Telephone Number								
DCA Cancellation		Doug d'	Andrea		1 200-340-8268								
			FACI	LITY INFORM	ATION								
Name of facility where abatement is	taking pla	ace (3)					T	Type of Facility (
Coal di Andres								=	I (K - 12)		1923		
Carl d'Andrea Street Address							=		apter 8 (C Private/C			-12)	
Street Address									Homes, e		lciai		
337 Bogert Avenue							_	Square Feet	# of Floor	rs	BI	dg. A	ge
City (5) County (6)			1 3			nty Code (7)							
RIDGEWOOD	BE	RGEN			(Sta	te use only)		Current Use (Pr	rior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by E	_		T	ASCM No.		Name of Abateme	ent (Contractor (9)				_	
						D & S RESTO)RA	ATION, INC.					
Street Address					-11	Street Address		•					
				20 California									
City, State, Zip Code					_	City, State, Zip Co	de						
						Paterson, NJ	_	503					
Project Manager for Monitoring Firm Phone N				er		Telephone Number 973-345-8020			License Number				
<u>2</u>				Name of OSI									
Start Date (10) Sched. Completion Date (11				Name of OSHA Monitor D & S Restoration, Inc.									
07/07/15 07/15/15				Street Address							-		
Occupancy Status During Abatement (Check only one)				20 California Avenue									
Facility closed/vacated during Abatement performed outside	City, State, Zip Code												
Describe:													
Other-Describe: NORMAL H		<u> </u>	Paterson, NJ 07503										
Scope of Work (check all that apply)							=	Full Containment w/negative pressure					
	A TIGHT VALOR							Mini-enclosure Glovebag procedure					
≥160 sf or ≥260 lf	Demolition) and Non-friable procedure						
Location of		n normally used solely nance/custodial							e	R	E n	E	
asbestos-containing material (acm) to be	staff(12)			Description material (sbestos-containing	3	Amount (Specify S	For	m o	р.	С	n
abated in facility (13)	Yes	No	N/A		,			LF)		v	a i	a p	L
basement				PIPE INSU	LATI	ON		124 l f		e	r		\vdash
basement large crawl space				PIPE INSU				35 L FT			片	片	卄
basement small crawl space		X		PIPE INSULAT				121ft			Ħ	Ħ	旨
ATTIC				PIPE INSUI				61ft					「
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler 506	(T)(1)	ubic Yards of V yds	Vaste	Name of Registe		Landfill RESOURCE RE	COVER	RY			
City, State Disposal D					ate City, State			NEW YORK					
PATERSON, NJ 07503 07/08/1							/N,	PA	15				
Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT				Signature					Date 07/06/	15			
ASR-41 *			for asbesto	s licensure ex	empted	d activities.			1.00/	13			

CK 00 6063

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

D&S Proj. #: 2015-239		(Pursu	ant to NJAC	8:60	and 12:120)	12	(1)				
						9850					
Date of Notification (1)	Name of	Building Owr	ner/Operator (2))		Personal Action	16 / C			-	
0 7 /0 6 /1 5	ed nien	nczyk				A SAL	f (FK.	2: :		
Agencies Notified Type Notifica	tion Street Add	dress				· 3	R_{ℓ_H}			Ú.	
DEP Amended	701 GI	LEN AVEN	NUE				u_{tH}		4.79		
Amendment #	: City, State	e, Zip Code						7 -			
Emergency		FIELD, N.	07090								
DOH (including justification)	Name of C	Contact				Telephor	ne Numbe	r			
DCA Cancellation	n ed nie	mczyk					4				
		FAC	ILITY INFORM	IATION							
Name of facility where abatement	is taking place (3)					Type of Facility					
ed niemczyk							ol (K - 12)			(10)	
Street Address						201-000	napter 8 (C (Private/C			12)	
701 GLEN AVENUE						Bldgs.	/Homes, e	etc.			
City (5)	County (6)			Cou	nty Code (7)	Square Feet	# of Floo	rs	B	ldg. A	ige
3.12.A52					te use only)	Current Use (P	rior if bein	na den	nolish	ed)	
WESTFIELD	UNION				67.0			.g	1011011	00)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen	t Contractor (9)					
Street Address				_	D & S RESTOR	RATION, INC.					
Street Address					Street Address						
City, State, Zip Code				_	20 California A City, State, Zip Code						
2,,					Paterson, NJ 0						
Project Manager for Monitoring Firm	1	Phone Numb	er	_	Telephone Number	7303	License	Numl	per		
					973-345-8020)	0	1169			
Start Date (10)	Sched, Comple	tion Date (1	1)		Name of OSHA Mo						
07/09/15	07/24/15				D & S Restorat	tion, Inc.					
Occupancy Status During Abatemen				-	20 California A	Venue					
Facility closed/vacated during	entire period of aba	tement.			City, State, Zip Code						
Abatement performed outside Describe:		ours-			#K = 00000000000000000000000000000000000						
Other-Describe: NORMAL H				_	Paterson, NJ 0	7503					
Scope of Work (check all that apply	y)					Full Containment w	v/negative	press	ure		
	Renovation					Mini-enclosure Glovebag procedu	re				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)		friable	proc	edure	9
Location of asbestos-containing	Is location normall by maintenance/cu		1					R	R	E	E
material (acm) to be	staff(12)		Description material (sbestos-containing	Amount (Specify S	SF or	m	р	C	n
abated in facility (13)	Yes No	N/A	, matorial (ĹĖ)		o v	a i	a p	Ľ
GARAG ATTIC CRAWL SP	X		DUCT INS	ULAT	ION	16 SQ FT		e	r		\vdash
						10 0011		H	H	Ħ	卄
								盲		古	盲
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haule 13506		ubic Yards of V yd.	Vaste	Name of Registered	d Landfill , RESOURCE RE	COVER	v			
City, State	10000	Disposal D	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Constitution and	City, State	, RESOURCE RE	CUVER	I			
PATERSON, NJ 07503		07/10/1			TULLYTOWN	, PA					
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT						07/06/	/2015			

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

ASR-41

UK 000022

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

D&S Proj. #: 2015-240 (Pursuant to NJAC 8:60 and 12:120) 8818 JUL 13 FR 12: 39 Name of Building Owner/Operator (2) Date of Notification (1) 0 7 / 0 7 / 1 5 dave fowler Agencies Notified Type Notification Street Address EPA Initial | 73 murray hill terrace Amended DEP City, State, Zip Code Amendment #: DOL Emergency BERGENFIELD, NJ 07621 (including DOH Name of Contact Telephone Number justification) □ DCA dave fowler Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) dave fowler Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 73 murray hill terrace Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) BERGENFIELD BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm License Number Phone Number Telephone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/21/15 07/30/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of Ε е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) L Yes No N/A V BASEMENT PIPE INSULATION 200 L FT X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 2 vds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/22/15 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 07/07/2015

Do not use this form for asbestos licensure exempted activities.

ASB-41

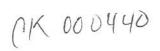
CK 3635

Date of Notification (1) 07/09/2015			f Building Owner and Commiss		NJ LLC	75 12 12 1		14=		
Agencies Notified Type Notification EPA Initial		Street A 105 A	ddress venue L		4	15 JUL 13 2	1116	3.2		
DEP Amended DOL Amendment#			ate, Zip Code rk, NJ 07105			1000	#	Žį.		
DOH justification Cancellation	cluding		f Contact s Vargo			Telephone Nun	nber	-		
		FAC	LITY INFORMA			1				
Name of Facility Where Abatement is Taking Commercial Building	Place (3)			Ту	pe of Facility (4) School (K-12					
Street Address 105 Avenue L					Subchapter 8 Other (i.e. pri etc.)	(Other than K-12 vate & commerci	2) al build	lings,	home	es,
City (5) Newark	N. C.				uare Feet 0000	# of Floors 2	1.3	ldg. A	ge	
County (6) Essex			Code (7) USE ONLY)		rrent Use (Prior arehouse	if being demolish	red)			
Name of Monitoring Firm Hired by Building Ov GNPATP	vner (8)	ASCI	√l No.	Name of A Bako C	batement Control	ractor (9) & Restoration,	Inc			1
Street Address 34 Southview Terrace South				Street Add	tress ute 46 Suite	3D				
City, State, Zip Code Middletown, NJ					, Zip Code NJ 07512	*				
Project Manager for Monitoring Firm Matt Bianchi		Telepho 973-2	ne No. 170-5248	Telephone 973-25		License N 0666	0.			
	Scheduled 0 07/24/20		Date (11)		OSHA Monitor onstruction &	Restoration,	Inc			
Occupancy Status During Abatement (Check	Only One)			Street Add	iress					
Facility Closed/Vacated During Entire Pe	riod of Abar	tement		265 Ro	ute 46 Suite	3D				
Abatement Performed Outside of Norma Other – Describe:	I Facility Ho	eurs			, Zip Code , NJ 07512					
Scope of Work (Check All That Apply)				-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	DOMESTIC:	ovation olition		X	Mini-Enclosure Glovebag Proce	nt with Negative F edure (*) and Non-Friab				
	1.1.				19011-Exempled	() and Noti-t tial	ne i io	Abate		t
Location of	1975/1775	cation mally	1	Description of					pe	
Asbestos-Containing Material (ACM)		olely by nance/		Description of ontaining Mate	rial (ACM)	Amount	Anna - series	and the same	100	
TO BE ABATED In Facility	**************************************	al Staff?		nal systems in facing, VAT, o		(Specify SF or LF)	Rer	Re	nca	End
(13)	(1	2)		r miscellaneou		SF OI LIF)	Remova	Repair	Encapsulate	Enclosure
		lo N/A					1	-	ate	(6)
Warehouse		<	Pip	oe Insulatio	n	80 LF	X			
Warehouse	9	Κ	V	AT + Mastic		140 SF	X			
		-								
Name of Registered Waste Hauler		NJDEP V	Mosto 10 t	oic Yards	blame of D	legistered Landfil				
Bako Construction & Restoration, Inc		Hauler IE 20889		Vaste	G.R.O.V			12		
City, State Totowa, NJ			Disp 07/	posal Date /24/2015	City, State Morrisvi					
Completed by Damir Valjevac	Title Project	Manage	r	Signature	- Legera	- C Da	ate 7/09/	2015		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Cleck # 2463

			-		(FUNSUAN			ND 12.120-7			2 Done		1
Date of No 07	otification (1) 15				Name of E Merck	Building Ov	wner / Oper	ator (2)		50% Cm (4.	. 19	ti.
\ <u> </u>	/ /	/				Street Ad	dress			981	5		
Agencies	Notified	Type of N	otificatio	n		556 Morris	Avenue			< # 1;	DUL	13 pu	12. 42
	EPA	V	Initial	0.00			e, Zip Code)				. 13	14.45
	DEP		Amend			Summit, N				- 00			
	DOH	_	Amend			Name of 0				Telenhor	p	er	din
	DOL	lH	Cancell		/ justification	Patrick So	canion						
			Gariocii	ation	F	ACILITY IN	FORMATIC	ON			_		_
				.5									
Name of F	acility Whe	ere Abatem	ent is Ta	aking l	Place (3)		Type of Fa	acility (4)					
Merck- S-5								0-11/1/	40)				=
Street Add								School (K- Subchapte		than K 12)\		
556 Morris								Other (I.e.,					
0.000 1.000 - 0.000 - 0.000 - 0.000	*************						_	bldgs., ho					
City (5)		County (6)		County Code ((7)	Square Fe		# Of Floor		Building	g Age	
Summit		Union),000	3				
			- 3				Research	se (Prior if	being dem	olisnea)		30 +	
Name of N	Monitoring	Firm Hired	by Bldg	. Own	er (8)	ASCM NO		Office					
			-,5		. (0)								
	rironmental						_	Contracting	Group, Inc.				
Street Add							Street Add	dress					
275 Route							32 William	s Parkway					
	, State, Zip Code casunna, NJ 07876 lect Mngr. For Monitoring Firm							e, Zip Code					
			irm		Telephone Nu	mber	Joney, Otata	, Lip oodo					- 1
Michael Be	nael Berta 97						East Hano	ver, NJ 079	36				
	Start Date	. , .	and the same of th		letetion Date (1		Telephone	e Number		License I	Number		
$\frac{-07}{}$	$// - \frac{28}{}$	/15	08	<u> </u>	04/	15	072.00	34-8682			0	0000	- 1
Occupanc	y Status D	uring Ahat	ement (C	heck	Only 1)			OSHA Monit	or		- 0	0860	
					ire Period of			Contracting					
	Abatemen			-			Street Add		,				
				de of N	lormal Facility								- 1
V		escribe:		00 6	2:20			s Parkway					
	Other - De	scribe:	. IVI-F 7.C	ou am t	.o 3.30 pm			e, Zip Code ver, NJ 0703	36				
Scope of V	Nork (Ched	k All That	Apply)										
			56 56			_							
	Demolition		✓		Renovation		Full Conta Mini - Enc	ainment wit	h Negative	Pressure			- 1
	>3sf or >3 >160 sf or							Procedure					- 1
_							_	pted (*) and	d Non-Frial	ble Proce	dure		- 1
	_ocation of		l Is			Descripti				Abateme	nt Type	le.	le I
Asbe	stos Conta	ining	Loca		As	bestos - C Material (Amount	R E	R	E N	E N
ТС	BE ABATI	ED	Use		(1.	e., thermal	5 P. S.		(Specify	M	E	C	c
	in Facility		Sole	ely			facing, VAT	Γ,	SF or LF)	0	Р	Α	L
	(13)		by M		ord	othe_nisc	ellaneous)			٧	A.	P	0
			tenar							A L	R	S U	S U
			YES NO								18	1	
Basement			_		Pipe and Fitting	1			240 LF	7			+
					NIDED W.	Cuk!-	Never 15	anists II	owiden				
By Owner					NJDEP Waste Hauler ID No.	Cubic Yards	Name of R By Owner	Registered L	.andfill				
Cy CWITCH					naulei ID NO.	of Waste	Dy Owner						
City, State						Disposal	City. State						-
						Date	3	_					
Completes	by (Print	or Typo)			Title			Signatúre		()		Date	
Completed	by (Fillit)	or rype)			TILLE			Signature		Ko		Date	
STEVEN S	TILES				PROJECT MAN	AGER		LAO	ne /	telo	2)	07	7/10/15



								(0)		-		2017			
Date of Notification (1) 07-07-15					Building Owr cCarty	ner/Op	perator	(2)		2815	JUL 1	_			
Agencies Notified	Type Notification		S	treet Add	dress						ort i	J 5,7	1:1:	50	
			5	6 Mt. A	Airy Road					Ž.				• 3	
EPA	Initial Amended		C	ity State	e, Zip Code						- 1			5.1	
DEP DOL	Amendment	#			sville NJ	0792	24			- 6		-		OL.	
E DOL	Emergency (Tolo	phone Nu	ımbor	-		-
■ DOH	justification)		1 88	ame of (i ele	phone in	Illinei			
DCA	Cancellation		5	Sean M	lcCarty										
				FACIL	ITY INFORM	MATIC	NC								
Name of Facility Where	Abatement is Takin	g Place (3)					1	Type of	Facility (4))					
Private Residence								□ Sc	chool (K-12)					
Street Address								E. Carriera	ubchapter 8				509	20	
56 Mt. Airy Rd.							1		ther (i.e. pri	vate 8	commer	cial build	lings	home	s,
								Square	c.)	# of	Floors	TR	ldg. A	ne.	-
City (5)							1	Square	reel	# 01	1 10013	"	iug. /	·9C	1
Bernardsville															
County (6)				ounty C				Curren	t Use (Prior	if bei	ng demoli	shed)			
Somerset			(3	STATE U	SE ONLY) _	-	-								
Name of Monitoring Firm	Hired by Building	Owner (8)	\neg	ASCM	No.		Name	of Abate	ment Cont	ractor	(9)				
N/A	Trinca by banding	Owner (e)		,					acting LL						
						-	100000000000000000000000000000000000000	Address							
Street Address								7th St.	,						
City, State, Zip Code	r, State, Zip Code							state, Zip							
	to the Adams for Manifering Firm						Unio	n City	NJ 07087	7					
Project Manager for Mo	ject Manager for Monitoring Firm						Teleph	none No			License	No.			
1 Tojoot Manage. Ter me				elephon			201	216-96	03		01206				- 1
Ot-+ D-t- (40)		Schedule	d Com	nletion F	Date /11)	-	Name	of OSH	A Monitor						
Start Date (10)		07-18-1		pietion L	vate (11)	- 1			acting LI	C					1
07-17-15			-												
Occupancy Status Durir	ng Abatement (Che	ck Only One	e)					Address	5						- 1
☐ Facility Closed/Vac	cated During Entire	Period of A	batem	ent			de la companya de la	7th St.	8						
Abatement Perform	ned Outside of Non						City, S	State, Zip	Code						
Other - Describe:	7:00 AM- 5:00 PM					- 1	Unic	on City	NJ 0708	7					
Scope of Work (Check /	All That Apply)														
1000	All MacAppiy)						Г	٦ - "	0		Manathu	Deces			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enovat				-		Containme Enclosure		i Negative	Piessi	ne.		
≥160 sf or ≥260 lf			emoliti	on					vebag Proc						
								Non	-Exempted	(*) an	d Non-Fri	able Pro	cedu	re	
		Τ.												temen	t
		1	Location Lormall			122	2.702	-	1				Т	ype	
Location			d Solel		Asbestos		scription		(ACM)	_	mount			l	
Asbestos-Containin			ntenar					ns insula			Specify	72	77	Encapsulate	Ē
TO BE A		Cust	odial S	staff?	(1.0. 41		cing, VA				F or LF)	Remova	Repair	aps	Enclosure
(13	90 - 4 7		(12)		c	other r	miscella	neous)				ova	≅	u a	l i
		Yes	No	N/A									1	6	"
		163	140	14/7							2015		+	-	-
Baser	nent		X			Pipe	Insula	ation		2	20 LF	X			
		-								-	+	+			
													-	-	-
						UTO									
Name of Registered Wa	oste Hauler		I A	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	Hill			-
Date to the season of the season of		503	auler ID		of Wa			1				ioni	Facil	itv	
Delfa Contracting L	.Lc		10,327	5240			3		Tullytov	VII K	source	Leco,	rei y	acil	ity
City, State						Dispo	sal Date	e	City, Stat	e					
Union City NJ							1-15		Tullytov		Α				
		TUI					Signatu	re .c		-	T	Date			
Completed by		Title	1/1	2005		1	olgriditli	A				07-07	-15		
Jaime Delgado		Proj.	iviana	ager.			/	118		-		01-01			

Check# 2831

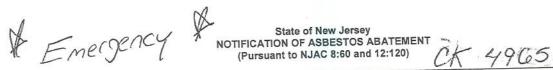
State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2015		La						<u></u>			
_Date of Notification (1) July 9, 2015	5				Name of Building Owner/C ROBERTS RESIDENCE	F					
Agencies Notified	N	Notification		on	Street Address 6215 LINCOLN AVENU	JE	(# 15 J	UL 13	E.F.	0:21	
□ EPA □DCA		Amende	d Notif	ication	City, State, Zip Code PENNSAUKEN, NJ			100	113	227	
DOL DEP- No Longer REQUIRED	-	justifica Cancel	ation)	lolddirig	Name of Contact MR. LAMAR ROBER		Telep	hone Nur	nber		
⊠ DOH		_ ourioui									
				FACILITY INFO							
Name of Facility Where Abatement is ROBERTS RESIDENCE	Taking	Place (3)			Type of Facility (4) School (K-12)						
Street Address					Subchapter 8 (other than						
6215 LINCOLN AVENUE					Other (i.e. private & con Sq. Feet: ~1080 SF					ears	Old
City (5) PENNSAUKEN Coun	ty (6) CAME	DEN		Code (7) Ise Only)	Current Use (prior if being	demolished): RES	IDENCE			
Name of Monitoring Firm Hired by BI	dg. Ow	ner (8)	ASCM I		Name of Contractor (9)						
ENVIROVISION, INC.			0007	9	GREENWOOD ABAT	EMENT C	ONSU	LTANT	S, INC		
Street Address					Street Address						
20-21 WARGARAW ROAD					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
FAIRLAWN, NJ					BUTLER, NJ 07405		1				
Project Manager for Monitoring Firm		Telephone N			Telephone Number		Licens	se Numbe	er		
FRED LARSON		973-636-	9145		973-492-0477		0084	10			
Scheduled Start Date (10) 07/20/15	10-	Scheduled C 07/23/15	completion	n Date (11)	Name of OSHA Monitor						
					ENVIROVISION, INC)					
Occupancy Status During Abatem Example Facility Closed/Vacated During				ot AMORK	Street Address						
AREA VACATED DURING ABAT				III (WORK	20-21 WARGARAW	ROAD					
☐ Abatement Performed Outside Describe					City, State, Zip Code						
☐ Facility Occupied During Entire	Period	d of Abatem	ent		FAIRLAWN, NJ						
Hours 7AM - 7PM					TAIRLAVIII, III						
Source of Work (Check all that apply)				_					20000000	
				191 n .:		Full Contain Mini-Enclos				ssure	
□≥ 3 sf or ≥ 3 lf				Renovation Demolition		Glovebag P					
⊠ ≥ 160 sf or ≥ 260 lf				□ Demoition	4000	Non-Exemp			Friable I	Proced	ure
Location of Asbestos-Containing	Is Loca	ation Normal	ly Used		pestos Containing Material	Amou	nt		ent Typ		
Material (ACM) in Facility (13)		by Maint./Cu	ustodial		al systems insulation, surfac			Remove	Repair	Encap	Enclose
	Staff?	(12) NO	NA	VAT, or other mis	ceii.)	or LF					
Main Level Kitchen		X	7.	VAT		350	SF	X			
Area											
•											
Name of Reg. Waste Hauler		NJDEP Was		ID#	Cubic Yards of Waste:	10 CY		of Regis			e 11
Newark Carting, Inc.		NJ DEP	# 4509				G.K.	.O.W.S.	NOLLI	Landi	
Newark, NJ 04509						Disposal D	ate	17	City, Sta	te	
Notes: None						07/23/20		ľ	100 New Morrisvil 215-736	Ford M le, Pa 1	
Completed by (Print or Type)	Tit			elicaria	Signature		Date				
RAYMOND C. PEDALINO	200.54	ENIOR P		CT	Raymand C. P.	dalino	July	9, 201	5		



AK: 49/0/0

Date of Notification (1) 7/9/15				Building Own Bianchini			2) me	Differ			1150				
Agencies Notified Type Notificati	où		treet Add	dress adio Road				this Ju							
EPA Initial Amended Amendm	ent #			e, Zip Code gg Harbor	NJ 0	8087	43.	ics_j & L	100	J. U. T.	RO	1			
➤ DOH justificati DCA Cancella		1.00	ame of 0	Contact					Tele	phone N	umhe	er			
Name of Facility Where Abatement is Ta	king Place (3)		FACIL	ITY INFORM	ATIO		Type of	Facility (4	.)						
Joseph Bianchini Private Home	iking r lace (o)			ik.			Sc	thool (K-12	2)	1001 840	10/27/				
Street Address 1067 Radio Road							St. Ot	ibchapter & her (i.e. pr c.)	8 (Otherivate 8	er than K- k commer	12) cial b	ouildi	ngs, l	nomes	S,
City (5) Little Egg Harbor NJ 08087							Square 1000+		# of	Floors		35	dg. Ag	je	
County (6) Ocean			County C	ode (7) SE ONLY)			Current	Use (Prio	r if bei	ng demoli	ished	1)			
Name of Monitoring Firm Hired by Build N/A	ng Owner (8)		ASCM	No.			of Abate	ment Con	tractor	(9)		- 4.00	2		
Street Address	*2						Address ox 329								
City, State, Zip Code							ate, Zip Berlin	Code NJ 080	91						
Project Manager for Monitoring Firm		T	elephon	e No.	9		one No.			License					
Start Date (10) 7/10/15	Scheduled 7/15/15	Com	pletion [Date (11)			of OSH	A Monitor							
Occupancy Status During Abatement (0	Check Only One)				+	Street	Address	3							
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	tire Period of Ab Normal Facility H	atem lours	ent			City, St	tate, Zip	Code							
Scope of Work (Check All That Apply)						1000									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mini Glov	Containme -Enclosure rebag Prod -Exempted	e cedure					9	
	ls l	ocatio	on			Essa	a NOII	-LXCIIIpto	3 () ()	1401111	100.0	_	Abate	ment	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	No Used Main Custo	rmall Solel tenar	y ly by nce/	1000	Conta ermal surfac	scription aining N systems cing, VA niscellar	Material s insula T, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
exterior Siding		rade-X	X		exter	rior Sid	ding		12	200 SF		x			
		-													
Name of Registered Waste Hauler United Containers		Н	JDEP Wauler ID 2459	2000	of Was	Yards ste		Name of G.R.O.		ered Lan	dfill				
City, State				. [sal Date)	City, Sta		A 1906	7				
Completed by Anthony T Perna	Title Presio	lent				Signatur			_		Date	e /15			



Date of Notification (1) 7/9/15		Nan	ne of Bu antua T	ilding Owner/O	perator (2	2) 2015 JI	JL 13	EMI	n					
Agencies Notified Type Noti		40	1 Main	Street										
DEP Ame	ended endment #			Zip Code NJ 08051		ě.	LICEN			hor				
DOH justi	ergency (including fication) acellation	То						Telep	hone Num	iber				
Name of Facility Where Abatement Mantua Fire Station Hall Street Address 155 East Union Avenue	t is Taking Place (3)		FACILIT	Y INFORMAT	ION	Sub	ool (K-12) chapter 8 er (i.e. priv	(Other	r than K-12 commercia	al build				
City (5) Mantua NJ 08051						Square F		1	Floors	35	dg. /	Age		
County (6) Gloucester	-		ounty Co	de (7) E ONLY)					ig demolish	ned)				
Name of Monitoring Firm Hired by TTI Environmental Inc.	Building Owner (8)		ASCM N	No.		of Abatem aco Inc.	nent Contr	actor	(9)					
Street Address 1253 North Church Street					100000000000000000000000000000000000000	Address Box 329								
City, State, Zip Code Moorestown NJ 08057						State, Zip (t Berlin	Code NJ 0809	1						
Project Manager for Monitoring Fi	rm		elephone			none No. 753-980	00		License N 00727	No.				
Start Date (10) 7/13/15	Scheduled 7/20/15	Comp	oletion D	ate (11)	Name Sam	of OSHA ne	Monitor							
Occupancy Status During Abaten	nent (Check Only One)				Street	t Address								
Facility Closed/Vacated During Abatement Performed Outsing Other – Describe:	ing Entire Period of Ab ide of Normal Facility H	ateme lours	ent		City,	State, Zip	Code							
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Re	novati molitic				Mini-	Enclosure	edure	n Negative			lure		
				,		INUIT	LXemplec	1 () ()	10 11011111			ater	nent	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	No Used	ocation Solely Solely Itenan Solely (12)	y y by nce/	Asbestos C (i.e. therr	Description containing mal system urfacing, Ver miscell	Material (ms insulat /AT, or	ACM) ion,	(Amount Specify F or LF)	Removal		Typ	Encapsulate	Enclosure
	Yes	No	N/A	Flo	oor Tile	Mastic		4	500 SF	x	+	1		
Fire Hall Area			X	110	701 1110	Madrid								
						-								
Name of Registered Waste Hau United Containers	ıler	H	JDEP V lauler ID 2459	No. of			G.R.O	w.s	tered Land	dfill				
City, State Elm NJ	22				isposal Da 20/15	ate	City, Sta Morris	te ville f	PA 19067					
Completed by Anthony T Perna	Title Presi	dent		J	Signat	LHTE)	,	_		Date 7/9/1	5			

CK 2263

	NC		ATION	te of New OF ASBE o NJAC 8	STOS A	BATE			· (a)	·					
Date of Notification (1) July 9, 2015		1000		Building C uto Grou		perator	(2)	2#15 JL	LI	3 AM I	0:	25			
Agencies Notified Type Notification		1 -	Street Ad	ldress oute 9 No	orth			#SBE:							
EPA Initial Amended Amendment #_				ie, Zip Coo Amboy N		79		å	LICE	HSIN	G G	UL			
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	N	2989225666	Contact	-				Tele	phone N	ıımh	er			
_ box	*		FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking P DCH Brunswick Toyota	lace (3)						promote	of Facility (4							
Street Address 1504 US Highway 1							×	School (K-12 Subchapter Other (i.e. pr	(Othe			build	ings,	home	s,
City (5)		-					Squa	etc.) re Feet		Floors		BI	dg. A	ge	
North Brunswick County (6)			County C	ode (7)			3260	ont Use (Prio	2 r if beir	na demoli	ished	1)			
Middlesex				ISE ONLY)	_		vaca	ant				,			
Name of Monitoring Firm Hired by Building Ow Sky Environmental Services Inc.	ner (8)		ASCM	No.				tement Con ruction Co							
Street Address 140 Boulevard						W7000000	Addre Watcl	ss hung Aver	nue						
City, State, Zip Code Mountain Lakes, NJ 07046								ip Code nge, NJ 0	7052						
Project Manager for Monitoring Firm Leonid Shereshevsky			Telephor 973-58	ne No. 88-4821		12.5983.004.000	none N 669-2			License 01231	No.				
	cheduled uly 27,			Date (11)				HA Monitor r Laborato	ries C	Blobal Ir	nc.				
Occupancy Status During Abatement (Check C	Only One	e)					Addre	ss ary Street		12.					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Al Facility I	batem Hours	ent			City, S	State, Z	Zip Code							
Scope of Work (Check All That Apply)		1100-1				1 (1011	mone	2, 771. 202						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti	0.000000				Mi Gl	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					a.	
	ls l	ocatio	on			_		AT Exempted	/ / 4//				Abate	ment	
Location of Asbestos-Containing Material (ACM)		ormally Solel		Ashasi		scription		al (ACM)	Δ	mount	-		1 9	ре	
TO BE ABATED In Facility (13)		ntenan odial S (12)	W 100.5		thermal surfa		s insul AT, or	ation,	(S	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
()	Yes	No	N/A				**************************************					al	3776	ate	Ге
Roofing		Х			ro	ofing t	ar		10	00SF	- 1	X			
									501		-	X			
Name of Registered Waste Hauler		LN	JDEP W	laste	Cubic	Yards		Name of I	Panista	red I and	fill				
Be Construction Corporation		1,383	auler ID	00000	of Wa			Tullytov	100 mg						
City, State West Orange, NJ 07052					Dispo	sal Date)	City, State Tullytov		A					
Completed by Barbara Reed	Title Presid	dent			5	Signatur	lau	a Sle	ed		Date 07/9	9/20	15		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	July 9, 2015				Name of Building (ator (2) Suilders, LLC		2-	1.2	06	
Agencies Notified [X] EPA	Type of Notificati	on Notifica	ation		Street Address	33 Un	ion Avenue	IL 13 AMIO				
[] DEP [x] DOL [x] DOH	Amen	dment #	tification ncluding		City, State, Zip Coo	ie Manas	aguan, NJ 08736		ROL	=		
[] DCA	justific				Name of Contact Steve	Illge	Te	lephone Number				
				FACI	LITY INFORM	IATION	T CP - 11:- (4)					
	Abatement is Taking l Residence	Place (3)		.1		Type of Facility (4) [] []	School (k-12) Subchapter 8 (oth				
Street Address	13 Bayshore Driv	e	2				[x]	Other (i.e., private homes, etc.)			l buildi	ngs,
City		Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg.	Age 6)	
Brigantine	e	Atla	ntic				Current Use (Prior if Residen	ce				
Name of Monitoring Fit	rm Hired by Building G Guardian Contract)wner (8)		ASCM No.	Name o	f Abatement Contractor (Guardia	9) n Contracting,	Inc.			
Street Address	1889 Rte. 9, Unit		10.			Street A	ddress 1889 R	oute 9, Unit 61				
City, State, Zip Code	F-1749 C1141-1414					City, St	ate, Zip Code	iver, New Jerse	ev 087	55-12	271	
Project Manager for Mo	Foms River, NJ 08	5/55	Telephone Nu	mber		Telepho	ne Number	License N				
Nicholas F	ernicola		732-349-99		Data (11)		49-9932 f OSHA Monitor	00624				
Scheduled Start Date (1 7/10/		22	Scheduled Co 7/15/15	mpieuc	in Date (11)	Ivanie		L. Analytical	2			
Occupancy Status Duri	ng Abatement (Check	only on	e)	- C A hot	amant	Street A		elton Road				
	Facility Closed/Vacated Abatement Performed					City St	ate, Zip Code					
1	Other - Describe					City, 3i	Piscata	way, New Jerse	y 088	54		
Scope of Work (Check	all that apply)				19	[x	Full Containment Mini-Enclosure	with Negative Pres	sure			
rı	>3 sf or ≥3 lf		[x] I	Renova	tion	[Glovebag Proced	ıre				
L J	≥3 sf of ≥3 ff ≥160 sf or ≥260 lf			Demoli		ĺ	- 10000 TO	and Non-Friable	Procedu	re		
		T						T	Abat	ement	Туре	
27			Is Location			Descript			R	R	Е	Е
Locati			Normally use Solely by	d	A	sbestos-C Material		Amount (Specify SF	E M	E P	N C	N C
Asbestos-Containir TO BE A		Ma	intenance/Cus	todial		e., therma	l systems	or LF)	O	A	A	L
in fac	cility		Staff		ir	sulation, s			v	I R	PS	S
(1	3)		(12)		0	ther misce			A		U	U R
-		YE	S NO	N/A					L		E	E
Interior			X		Joint compo	und		1200 sf	X			
	1											-
									-	-	-	+
				** .	mar. Lou	Yards of W	aste Name of Regist	ered Landfill				
Name of Registered W	aste Hauler Contracting, Inc.		NJDEP Waste	223	10		T.R.R.F.	o, ca Danaini				
City, State				Dispo	sal Date	City,	State ytown; Pennsylvani	я				
Toms Ri Completed by (Print o	ver, New Jersey r Type)	Title	e	//16	/15 Signature	\ \ \ \ \ \ \	ytoway i chinsylvani	in in	Date			
	Fernicola	Pro	oiect Manage	r	Y	Vical	of tel		1/9	/2015	1	

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

Check 9310
REST. /ED

Date of Notification (1)			TI	Name of	Building Owner/C	Operator (2)		9815 /	111		511	
Date of Notification (1)	7-10-1	15			1 . /	inda		2815 J	UL I	3 4	H IO	: 23
Agencies Notified	Type Notification	ga tika k	· 20 g	Street A	ddress	<u> </u>		P. ASSI	410	3 5 1	ELIY	00.
D. EPA	Initial Amended	* **	-	City. Sta	te, Zip Code	com	pass	Road a	LICE	NS.	INC	KUI
DEP DOL	Amendment #		_	only, ou	()	ire to	100	UJ OI	37	58	3	
★ DOH	 Emergency (in justification) 	cluding	T	Name of	Contact	<u> </u>	<u> </u>	Telenhone N	ımher			
D DCA	☐ Cancellation				landa (Jak 0	Lia	د ما ا	<u> </u>	0	-6	>
Name of Facility Where A	Abatement is Taking	Place (3)	FACI	LITY INFORMAT		pe of Facility	(4)				
Single	family	_		ling								
Street Address	· · · · · · · · · · · · · · · · · · ·),	-		Subchapte	r 8 (Other than K- private & commer	12)	diaaa		
26	Compas	55	R	sad	**		etc.)					25,
City (5) Ware	town	1	JJ	, to =	08758	3 s	quare Feet	# of Floors	B	ldg. A	ge	
County (6)	lan				Code (7) USE ONLY)	C	Sinsle	family (shed)	//,	15	
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	No.	Name of	Abatement Co	ntractor (9)			7	
Street Address	e une le	3-	>		רוח	Street Ad	400	chaole	Jie:	3 .	LI	16
P.O. 1	Sox Si	57	- 11			P.C	e, Zip Code	35 +				
City, State, Zip Code	tave.	N2	7	80	533	Neu	2 Equ	ist W	0	8	53	3
Project Manager for Mos	id ri gV-irm)	- 1	Telepho	ne No. 7 <i>58-33</i> 65	Telephon	e No. 3 1	License	No.	39	4	
Start Date (10)		Schedule		pletion	Date (11)		OSHA Monitor	1			-	
7 - 20 - I	5	Only On	31	- 15	2	Street Ad		hnologie	s I	nc		
Facility Closed/Vac				ent) Box	337				
Abatement Perform	ed Outside of Norma	I Facility	Hours				e, Zip Code	. 100				
Other – Describe:						Neu	Egypt	W	08	53	3	
Scope of Work (Check A	ii That Apply)			tion		~	Full Containm	nent with Negative	Process	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	94	- /	Renova Demolit		9)	gaaa	Mini-Enclosur Glovebag Pro	re			· 0	
		T	Landi				Non-Exemple	d () and Non-i in	I I		ement	t
Location	of	1	Locati Vormal	ly	De	scription of			_	Ty	ype .	_
Asbestos-Containing	Material (ACM)	72	d Sole intenar		Asbestos Con	taining Mate	erial (ACM)	Amount	77		E	m
TO BE AB		255	todial S			I systems in acing, VAT,		(Specify SF or LF)	Remova	Repair	caps	nclo
(13)			(12)		other	miscellaneo	us)		oval	air	Encapsulate	Enclosure
		Yes	No	N/A						_	<u> </u>	
Interior			X		Joint C	ompour	rd	500 SF	X	-	_	
										_	-	_
									-	-	_	-
		<u> </u>	T N	JDEP V	Vacto Cubic	Yards	Name of	Registered Land	fill			
Name of Registered Was	. 1			lauler ID			100000000000000000000000000000000000000	te Manago		4.	e f	A
City, State	5			1 /0	Dispo	sal Date	City, Sta	usuille	PA			36
Completed by	311	VJ Title	,			7- <i>3 - (</i> . Signature	- A	u source	Date			_
Steve Sche	nKee	PRE	sid	ent		Steer	e)5ch	cha	Date 7-	10	-15)



			Mana	f Duilding Ouncel)====t== (D)		·, .				
Date of Notification (1) 7-10	- 15		Name o	of Building Owner/C	perator (2)	Hav	11 215	IUL 1	3 4	HIC): 2
Agencies Notified Type Notificat	ion		Street A	Address	Van D	VKe	2.4		i.		
☐ EPA ☐ Initial ☐ Amende	d		City, Sta	ate, Zip Code	Vai je L	The	1 1966	110	- NS	ILIC	KU
DOL Amendm	nent #		,	S	immit	N.	T 070	01	19.3	114 (1	1
DOH Emerger	ncy (including		Name o	of Contact	. 1111		Telephone N	umber		-	
DCA Cancella			EII	ien de H	avilla	ad				111	_
				ILITY INFORMATI	ON	. 101					
Name of Facility Where Abatement is To	aking Place (3)			Туре	of Facility (4	4)				9900
Dingle tam	ily	Di	2011	ing		School (K-1		721			
Street Address	* 1/	0	ı	٦			8 (Other than K- rivate & commer		Idinas	hom	185
11 Van	Dy he	. P	ace			etc.)	:				
City (5)	A 1 -	-	ATO	201	Squa	re Feet	# of Floors		Bldg. A	775 <u>1</u>	
Jummit	NJ		0/	101			al		7	01	-
County (6)	51 ° 8			Code (7) USE ONLY)	Curre	nt Use (Pric	or if being demoli	ished)			
Union				in the second							
lame of Monitoring Firm Hired by Build	ing Owner (8)		ASCI	M No.	Name of Aba	tement Con					
ELC LEGUING	19716	3		7/5	Street Addres	- 156	haole	316	3	JI	16
Street Address Box	337				P.O.		337	•	89		
City, State, Zip Code	1.5	_	00	E22	City State, Z		117		04		
New Equat	N) (DA	333	New	Equ	At AU	0	8	35	3
Project Manager for Monifori lg Firm		1	Telepho	ne No.	Telephone N	o. J7	License	No.	20	8 8	
Steve Schenk	er.	16	900	758-3365	609 758	3-336	5 0	0.	54	4	
start Date (10)	Schedul	ed Com	pletion	Date (11)	Name of OSI	A Monitor	1	- 1		9	
7-20-15	7		1-	15			mologie	s I	nc		
Occupancy Status During Abatement (C	heck Only O	ne)		*	Street Addres	0.20	707				
Facility Closed/Vacated During Ent	ire Period of	Abatem	ent			Box	33 F				
Abatement Performed Outside of N Other – Describe:	Normal Facility	/ Hours			City, State, Z		. 1~			_	
					New 1	-gyp+	M	08.	53	3	
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	100	Renovat Demoliti				l Containme ii-Enclosure	ent with Negative	Pressu	ıre		
2100 \$1 01 2200 11	ш.	Jeniona	OH		☐ Glo	vebag Proc	edure				
,					□ No	n-Exempted	(*) and Non-Fria	able Pro			
		Location								ement /pe	t
Location of	1100	Normalled Solel			scription of		200000	-	T	İ	T
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenan	ice/	Asbestos Cont (i.e. thermal	systems insula		Amount (Specify	- D	-	Enc	E
In Facility	Cus	todial S (12)	itaff?	surfac	cing, VAT, or		SF or LF)	Remova	Repair	aps	Enclosure
(13)		()		other n	niscellaneous)			val	복	Encapsulate	sure
	Yes	No	N/A	06						Ф	
Basement	X			Cardboa	ed TS		50 SF	X			
7	1			Vermi			500 SF	1			
Attic	X_		-	DESCION	LU 114C		וע טטע	+	+-		\vdash
				-				-	-	-	-
		1.00	1050	1011	V4-	Name of C	Designated Land	511			
Name of Registered Waste Hauler		0.000	JDEP Wauler ID		nto		Registered Landf			1772	
EPC Technology	ies		170		12	Wash	e Manage	men	to	f t	Y
City, State			-,-	Dispos	sal Date	City, State					
New Egypt	NJ	`		7-	3#-15	Morry	isville	PA			100
Completed by	Title	٨	1	S	ignature	CI	9 . [Date 7	10	9	_
Steve Schenker	HRE	side	int		Dleep)	Delle	ha	1.	-16) - 1	J



Date of Notification (1) 07/09/2015				Building C WEINB			(2)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	981	JUL		£	ja ter		
Agencies Notified Type Notification	-		Street Ad	Idress REDERIC	CK PL	ACE			A					61	
EPA Initial Amended Amendmen				e, Zip Cod ENFIELD		07621		Ø.		S 1. 1;			٠		
□ Emergency justification □ DCA □ Cancellatio			Name of ISAAC	Contact WEINB	ERGI	ER			Tele	phone N	Numb	er			
			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taki Street Address	ng Place (3)							of Facility (4 School (K-12 Subchapter	2) 8 (Othe			L		·	
127 FREDERICK PLACE								Other (i.e. pretc.)	ivate o	COMME	erciai	bulla	ings,	nome	S,
City (5) BERGENFIELD, NJ	7)						Squar 2000	e Feet	# of 2	Floors		BI	dg. A	ge	
County (6) BERGEN COUNTY			County C (STATE U	Code (7) ISE ONLY)			Curre	nt Use (Pric 1E	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Con PROFE							
Street Address			I			1100 0000000000000000000000000000000000	Addres	SS DOVE CO	URT						
City, State, Zip Code								p Code DD, NJ 08	3701						
Project Manager for Monitoring Firm	5	T	Telephor	ne No.		Telep	hone No 668-9	o.		License 1200	e No.).			
Start Date (10)	Scheduled 07/26/1		pletion [Date (11)	1			A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Che	ck Only One	()				Street	Addres	SS							
➤ Facility Closed/Vacated During Entire	Period of Al	patem	nent			6 W	HITE [DOVE CO	URT						
Abatement Performed Outside of No. Other – Describe:	mal Facility	Hours	3		_			ip Code OD, NJ 08	8701						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Mir Glo	Containmeni-Enclosure	edure					_	
						Ľ	No.	n-Exempted	(*) an	a Non-F	riable		100	ement	
	100000	_ocati ormal					0							ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole otena	ly by		therma surf	escription ntaining I al system acing, V/ miscella	Material ns insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIOR					AC	M SID	ING		25	00 SF		X			_
INTERIOR					300,000	CM TII	W. Carrier		15,000	0 SF	-	X			
WILKION	-					OW TH						Ref.			
						1					1				
Name of Registered Waste Hauler	1 1 1 1 1 1 1 1 1	JDEP W		311,250,000	c Yards		Name of	Registe	ered Lan	dfill					
NEWARK CARTING	<u> </u>	3273	lauler ID 4509	No.	of W		i Lance	IESI							
City, State NEWARK, NJ						osal Date 6/15	9 11	City, State BETHL		Л РА					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signatur	е				Date 07/		2015		



Date of Notification (1) 07/10/15					Building (4		VL 15	3 4	Hill	2	2	120
Agencies Notified	Type Notification			Street A 101 Cl	ddress RAWFO	RDS	CORNE	ER .			: /		ų.			
EPA DEP DOL	Initial Amended Amendment				te, Zip Co DEL, N		33		150		* 32	14				
DOH DCA	Emergency (injustification) Cancellation	including	- 1		Contact	EIBEF	?	a a		Tele	ephone I	Numl	oer -			
				FACI	LITY INFO	DRMAT	ION			_						
Name of Facility Where Street Address	Abatement is Taking	Place (3))	511		1000000			of Facility (School (K-1 Subchapter	2)	ar than k	<-12\				
101 CRAWFORDS	CORNER							X (Other (i.e. petc.)	rivate 8	k comme		build			es,
City (5) HOLMDEL, NJ									re Feet 0,000	# of	Floors		В	ldg. A	ge	
County (6) MONMOUTH COU	INTY				Code (7) USE ONLY			Curre	nt Use (Prid	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	No.				tement Cor PROFE							
Street Address		•					Street 6		SS DOVE CO	DURT						
City, State, Zip Code				**********	2 102 110 41	207-20			ip Code OD, NJ 0	8701						
Project Manager for Mon	nitoring Firm			Telepho	ne No.	11	Teleph 732-6	none No 668-9			Licens 1200	e No				
Start Date (10) 06/12/15		Schedule 09/04/1		npletion	Date (11)				HA Monitor D PROFE	SSIO	NALS				(8)	
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				Street	Addres	SS							
Facility Closed/Vac	cated During Entire F	Period of A	baten	nent					DOVE CO	DURT	: :					
Other – Describe:	<u>-</u>								OD, NJ 0	8701						
Scope of Work (Check A	All That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit	- T T T T T T T T			×	Mir	I Containment- ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		Is	Locat	on						1,					ement	
Locatio	n of	N	lormal	ly		D	escription	cription of						Ту	ре	- 8
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED lity	Mai Cust	d Sole intena odial ((12)	nce/ Staff?		tos Cor therma surf	ntaining M al systems acing, VA miscellan	faterial s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
INTED	INTERIOR Yes No N/A CLEANUP					JI ID T	II ES A	ND N	1ASTIC	15	000 SF		х			
INTER		+ +			170000000000000000000000000000000000000		AND MA			20000	0,000		X			
											0,000					
									-			,				
Name of Registered Wa			1 200	IJDEP W lauler ID		Cubi	c Yards		Name of	Registe	red Lan	dfill				
NEWARK CARTING	3			4509		200	YARDS		IESI							
City, State NEWARK, NJ					7	09/0	osal Date 4/15		City, Stat BETHL		1 PA					
Completed by JOSEPH PERLSTE	IN	Title OWN	ER				Signature	9				Date 07/	∍ 10/1	15		

Sant Free	F 4	
	1	011 12 11 0000
	70	Check # 9935

Date of Notification (1)			Name	of Building O	wner / Operato	r (2)	GITCO	V - 1						
	July 9, 2015			MCP 8	King Road			2015 1111							
Agencies Notified	Type Notifica	tion		Street.	Address			MIN SOL 13 AMI	0:2	7					
EPA				260 Fr	anklin Street	, Suite 620		2015 JUL 13 AMI ASSECTED JUST & LICENSING		*					
DEP	57		3	011 0				& LICEPINI	KO	1					
DOL	Initia				tate & Zip Co			-1-1146							
DOH	Ame Ame	nded ndment #		Bosto	n, MA 02110										
DCA	Cano	cellation		Name	of Contact	# 20 20		Tel	lephor	ne Nu	mber				
				FAG	CILITY INF	ORMATION	N .								
Name of Facility Whe		is Taking Place	(3)			Type of Fa	cility (4) ol (K-12)								
Street Address							napter 8 (Other t	han K-12)							
East Building – 8 Ki	ng Road							& commercial buildings	, hor	ne, e	tc.)				
						Square Fee			g. Age	1000					
City (5)							,000	2		70					
Rockleigh							e (Prior if being aboratories	demolished)							
County (6)			y Code (7	7)		mourour Et	aboratorioo								
Bergen Name of Monitoring F	irm Hirad by D		ONLY		TACONANI	N- CA									
Arcadis U.S., Inc.	rirm Hired by B	uliding Owner	(8)		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.									
Street Address						Street Address 829 Radio Road									
35 Columbia Road City, State & Zip Code	۵						& Zip Code				he / 15 h 5				
Branchburg, NJ 088	376						Harbor, NJ 080	087							
Project Manager for N Alex Hernandez			0.0000000000000000000000000000000000000	hone N 526-100		Telephone 609-296-69	Number	License Numb	oer 0081	7					
Scheduled Start Date July 20, 20		Scheduled Co					SHA Monitor								
Occupancy Status Du			August :	30, 201	5	Synatech, Street Addi									
Facility Vaca	ted During Ent	ire Period of A	batemen	t		829 Radio									
		ide of Normal				City, State	& Zip Code				- 3				
		ent in Unoccu	pied Co	nstruct	ion Area	Little Egg	Harbor, NJ 080	187							
	pied During Ab	2 A. C.													
Scope of Work (Chec	k all that apply)				-	_								
>3 sf or > 3 lf			⊠ Re	novatio	in.	L	☐ Full Containn Mini-Enclosu	nent with Negative Press	ıre						
≥160 sf or ≥26	O If			molition		<u> </u>	=								
						K	Glovebag Pro	ed(*) and Non-Friable Pro	acadu						
	cation of				ed Solely by		ription of	ed() and Non-i hable i it		atem	ent T	vpe			
TO BI	ining Material (ACN E ABATED	i) Mai	ntenance or	r Custodia	al Staff? (12)	Materi	s-Containing ial (ACM)	Amount (Specify SF or LF)	_						
	Facility (13)		es l	No	N/A		mal systems surfacing, VAT		Rer		Enc				
				"	WA	or other m	iscellaneous)		Removal	Repair	Encapsulate	Enclosure			
				- 1				1	-	air	Jiate	sure			
_						3574									
Construction Area – 1					X		ase Mastic	20 SF	Х						
Construction Area – L Boiler Room	avatories		_		X	1900 19 1907	ng Insulation or Insulation	10 LF	X						
Boiler (Volif)				-	^	Bollel Do	or insulation	8 SF	X						
Name of Registered V	Vaste Hauler	NJ	DEP Wa	ste	Cubic Yards	of Waste	Name of Re	gistered Landfill							
		На	uler ID					7).							
Synatech, Inc. City, State		#27	7429		2 Disposal Da	te	City, State	TILLE							
Little Egg Harbor, N.	J 08087				September		Morrisville,	PA							
Completed By		Title			Signature	- 00		Date							
Diane Aloia		Executive Ad	amınıstra	ator	4 Mas	M WULL	~	July 9, 2015							

Chech 5702

Date of Notification (1)		1	PA.		g Owner/Operator	(2)						
7-8-15	,		198	5 13	RITT	5500						
Agency Notified Type Notification		1		Address		CE 13 -	IUL 13 AM	0:28				
D EPA Initial		L			EFY ROGO							
□ DEP □ Amended		1	City, St	ate, Zip (Code .	4,555		1.01				
# DOL Amendment#	nove:		SU	mm	TNIC	77901 E	Trefusion	. · · J L				
☐ Emergency (including justification)	ng			of Contac		3	Telephone Name	whor				
DCA Cancellation		1	W125	BRI	, TT			17	63	2		
					ORMATION							
Name of Facility Where Abatement is Taking Pla	ce (3)				•	Type of Facility	(4)					
MRS BRITT						Dochard (V 4)	2)					
						☐ School (K-1)	8 (Other than K-12	2)				
Street Address	.0					Other (i.e. p	rivate & commercia	al buildin	igs,			
7 SURREY ROAD				\$15\$. C.		homes, etc.		Bidg.	Ame	_		_
City (5)									1 1272			
SUMMIT				* *		.3000		1	yk	->		
County (6)					(STATE USE		rior if being demol	ished)				
UNION			ONLY)	1	8	RESIDE						
Name of Monitoring Firm Hired by Building Own	er .	ASCM	No.		Name of Abaten	nent Contractor (9)		_			
(8)						moval In	C					
Street Address					Street Address							
			*5		450 Sou	th River	St					
City, State, Zip Code					City, State, Zip C							
					Hackens	ack, N.J						
Project Manager for Monitoring Firm	Te	lephor	e No.		Telephone No.		License No.					
					201-329-	-7444 -	00388					
Start Date (10) Scheduled Co			e (11)		Name of OSHA		-					
7-28-15 7-29	•	7.1				Environm	ental					
Occupancy Status During Abatement (Check on	y one)	4.7			Street Address							
☐ Facility Closed/Vacated During Entire Period	of Abat	ement				ıyler St						
☐ Abatement Performed Outside of Normal Faci	ity Ho	urs			City, State, Zip C				•			
to Other - Describe: 8 Am 5 PM					S. Had	ckensack	,N.J. 07	606				
Scope of Work (Check all that apply)					D Ref	The treended of	Negative Pressur	e				
23 sfor≥3 if				ovation '	- Mini-	Enclosure	500-11 5 40-0					
□ ≥ 160 sf or ≥ 260 lf			□ Den	olition	Glove	ebag Procedure	d Non-Friable Proc	-ortivo				
				T	a Hotel	Exemples () an	a Horri Habio I Ioc	- Committee	A	bate	mei	nt
	1000	Locati							<u></u>	Typ	be	
. Location of	peterson-P	d Sole			Description (-	-	_	
Asbestos-Containing Material (ACM) TO BE ABATED		intenar			stos Containing Ma thermal systems		Amount (Specify		Re	2	Encapsulate	Enclosure
IN Facility	Ÿ	Shaff?			stafacing, VAT	, or	SF or LF)		Removal	Rephir	pac	olos
(13)		(12)			other miscellane	eous)	**		/a	=	late	He I
,	Yes	No	N/A			_					-	
BASEMENT, IST AND 2" FLOOR			X	THO	RMAL INSU	LATION	1/0	LF	X			
, , , , , , , , , , , , , , , , , , , ,			<u> </u>	*10			110		H	1	1	
-			-					(20)	H	+	1	>
						-		4,4,	H	+	+	-
Name of Registered Waste Hauler	N.E	DEP M	laste H	auler	Cubic Yards of	Name of Regi	stered Landfill			- 1		-
Best Removal Inc		No.			Waste					тт	0	1
		17:	109	-	11/2 40	HIHELAS	Enterpr	TRES	,	ىلىد	U	
City, State					Disposal Date	City, State	?					
Hackensack , N.J. 07	601	9			7-29-15	Waynes	sburg, Oh		88			
Completed by Title					Signature			Date			-	
R. VELDRAN Est:	imat	or	111		R. Voldra	M		7-8	-/3)		



Date of Notification (1)					Building O			(2)	9815	1000						
07/09/15			F	Gre	ek Deve	lopm	ent		48 (3	JUL	13 1					
Agencies Notified	Type Notification		1000	treet Ad 33 Cot	^{ldress} ters Lan	е					13 4					
EPA DEP X DOL	Initial Amended Amendment #		100		e, Zip Cod runswick		00016		Ĉ,	1.16		is ken	n D			
	Emergency (in				Contact	۱,۱۷۵	00010				ephone N	-				
DOH DCA	justification) Cancellation				Greek					Tele	spirone i	Nulliu	,			
<u> Бол</u>	Carrocilation				ITY INFO	RMAT	TION			-			_			
Name of Facility Where	Abatement is Taking	Place (3)						Туре	of Facility (4	4)						
Commercial Buildi	ng								School (K-12							
Street Address									Subchapter Other (i.e. p				huild	inas	home	20
335 Ridge Road									etc.)		1000	or oran				,
City (5)								125	are Feet		Floors			dg. A	ge	
South Brunswick	:*:							12,		1		liaha		0+-		
County (6) Middlesex					Code (7) ISE ONLY)				ent Use (Pric mmercial E			nisne	a)			
Name of Monitoring Firm	n Hired by Building O	wner (8)	\vdash	ASCM	l No.		Name		atement Con	7.000	320,000					
N/A	,						Star	nmark	c Contract	ors, L	LC					
Street Address								Addre								
					_				l Drive							
City, State, Zip Code						City, State, Zip Code Sussex, NJ 07461										
Project Manager for Mo		T	elephor	ne No.		1 8250	hone N -864-	10. 2022		License 0113						
Start Date (10)		Scheduled C	Completion Date (11)				Name	of OS	HA Monitor							
07/18/15		07/20/15	5				AmeriSci									
Occupancy Status Durir	ng Abatement (Check	Only One))				Street Address 117 East 30th Street									
	cated During Entire Pe			ent					Description of the second	et						
Other – Describe:	ned Outside of Norma	II Facility Ho	urs				127/17		Zip Code k, NY 100	16						
Scope of Work (Check /	All That Apply)						1464	V 1 OI	14, 141 100	10			-			_
23 sf or ≥3 lf	ш тиастърну)	☐ Reno	wati	on			Г	7 E	ull Containme	ent with	Negativ	A Pr	11226	Φ.		
≥160 sf or ≥260 lf		Dem		070000			F	M	ini-Enclosure	1	rrogan	, , , ,	Joou			
							>		lovebag Proc on-Exempted		d Non-F	riable	Pro	cedur	е	
		Is Loc	atio	n										Abate	Constitution of the Consti	
Locatio	n of	Norn	nally	,			escription	n of				-		Ту	pe	_
Asbestos-Containing	g Material (ACM)	Used S Mainte				os Co	ntaining I	Materia			mount		-		Ē	т
TO BE AE		Custodia	al St		(i.e.		al system facing, V		lation,		Specify F or LF)		Remova	Repair	cap	nclo
(13)		(1	2) X			othe	r miscella	neous)				oval	air	Encapsulate	Enclosure
(.0,	<u></u>	600	lo	N/A											е	
Loding dock-	office area	x				Tet 1	mastic	;		24	0 S.F.		Х			
								2,514			-					
					-											
Name of Registered Wa	este Hauler		N	IDEP W	/aste	Cub	ic Yards		Name of	Registr	ered I an	dfill				
Company of the Compan	iole i laulei		На	auler ID		of W	laste		G.R.O.	- 3	J. GG EGI					
Atlantic Carting		19	90713		1											
City, State Wayne, NJ		1.5				Disposal Date City, State on completion Morrisville, I				PA						
Completed by		Title					Signatur	е	· ·			Date		vo 10001		
Marko Stankovic		Preside	nt				Mark	o Sta	nkovic			07.	/09/	15		

	20					Jul 8 201	p 11:11bw	PU	101/00		
WAIVER OF	10 DAY N	OTHICA) (Puisi	non of lant to N	ASBE LIAC 8	810S ABA 12:12	19)	elect.	570	<i>†</i>		
-10			Norman of	Building	Owner/Operator (2) .	,,,,,	APPROVE	ED		
ate of Notice tion (1)	200				FAGUE SUE		NJ-Dept. of			Spr	cuic
7-8-15	Type Nationation		Street Ad		il det Des		LOW	C. H	DIME	13.	
gency Notified	(30с ватыения				prest hue	ENVE	T	(Signature)			
EPA.	Cinicial Ci		Clay, Stat			*	Date: 7/8	115	lmo:	10)	2
DEP	Amended Amendment#				NI 07	901		11	1110.2		-
DOL	- Energoney (Includ	ing	Name of	(1911)	10701		Tolophopa	Muniper			
DOH	justification)		1000						24		
DCA	U Concelization			ELLEI							
1		- 77	FACILI	TY INFO	RMATION	Type of Facility	20			79	
seme of Facility Whore	Abatement is Taking Pi	ade (3)		•		Table or Lanny	(-3	7,-		100	24
JUNIOR LEAG	UE Sugaron IT		3232		• 1	CI School (K-12		M den	2	4	_
treet Address	DE PERMITTI			103	;	C) Subchapter	S (Other Billing	nectical build	ENCE.	5	=
	THE STATE OF THE				., -	momes etc.	MATRICE, EX-MATRIC			- 1	
37 DE FORES	I WALKOR					Square Feet	# of Floors	Bide	, Age		C
(g) V				**		3200	2	100	2 yp	5	
SUMMIT				11	NAME AND ADDRESS OF TAXABLE PARTY.	Current Uso (F	Nor Whelms			-	-
coiumty (6)			COUNTY	Gode (7)	(STATE USE				-		
DIDIOIO.			UNICT)	9144		VACANTI			ما معاد		_
	m Hired by Stating Ow	HET AE	CHE NO.		2.4	nest Contractor (3	_	
8)						moval In	¢			-	_
Aprot Adapors					Street Address			annest foliate to 17 february (17)			
			*	Sample of the Sa		th River	St				
By, State, Zip Codo					Cay, State, Zip (Code		_			
***					Hackens	ack, N.J					
roject Manager for M	aniloping Fiam	Tolop	hone No.		Telephone No.		Licustre N				
	<u></u>			x.	201-329		003	88			
Start Date (10)	Scheduled	Completion	Date (11)		Name of OSHA						1177
7-13-15		4-15			Omega .	Environm	ental				
DOCUMENTO STREET DATE					Street Address					20	
	•		M. 50.5			uyler St					
J Paciny Closed/Vaca	pa trumg cade Pelico al Outside of Manual Fa	a di Pasiella Silila Hous			City, State, Zip (Code					
g Other - Describe:					S. Ha	ckensack	.N.J.	07606	5		
Sente of Work (Chock	Market Control					Contributions will				10%	100
	14.507.45.54		- In Ren	overtion "		Commissions will Enclosure	- residence L	ne-seuse r			
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Q Dem	office	- III Class	when Procedure	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Sanaraha			
				,	D blob	Exempted (*) at		P PRODUCTION	1/24	-de	
			cation						<u></u>	Ty	
I port	tima of		maily Solely by	;;	Description						-
Acabestos-Contain	ing Material (ACM)		Manon/	Asber	stor Coetafalaia M	Entonial (ACM)	And	iounit secily	GE .	_	examination and in second
	Manager for Monitoring Firm ets (10) 13-15 7-14 ney Steams During Abstract (Check on ity Closed/Vaccated During Eastle Period of Steams Performed Outside of Normal Factor — Describer: 2 A.M. S.P.M. Frederick (Check of that apply) for it 3 8	Cent	ladial	(La	thereas systems surpoint, VA	s emiliation, T. or	. (3) SF	or LIF)	Bujitgival	Repub	1
			2)		other miscellan	e003)			1	F	2
	anatoli						**		7	-	Į
		Yes h	NO NA				-	200 200		-	-
	Flor Q		X	THE	mac 1750	LATION	4	20 GF	×	_	H
181 Sub Sal		1	1						1		L
181 Sub Sal											1
1 SI Sub Sal		++			Commence of the commence of th			**			L
IST SUD SAL			#					**			-
		I M.DE	P Waste H	ander	Cubic Vands of	Name of Reg	stered Land		17		
Name of Registered V	faste Hauter	ID No	L,	argest	Words	1		8	s	I.T	
Name of Registered V		ID No		arget		Name of Reg		8	s,	LI	

BEZI KEWONAL INC

07/08/2015 12:57PM 2813297448 Nece I Ace I CK 5703

Date of Notification, (1)			N			Owner/Operator		7	· .			
7/9/	15					J. VIEN	1			-		
Agency Notified	Type Notification		S		ddress	AMES S	-		1	-75	est.	
□ EPA	Initial		-		16 J				-			
DEP DOL	Amended Amendment #		1	ity, Sta	IA)	GOOWTE	O.Th.	7675	140 140 4		englandi grafi gla	
/	☐ Emergency (including	ng	N		f Contact			Telephone Nun	nber	7	-	
☑ DOH □ DCA	justification) □ Cancellation			45	VIE	١٠			^			
a box				2017-1-12	san and Alexander	RMATION						
Name of Facility Where	Abatement is Taking Pla	če (3)		. ,		-	Type of Facility	(4)				5-0-0
lie	Vieni						School (K-12)				
Street Address	O I C I						Subchapter 8	Other than K-12 ivate & commerci	2) al building	ms.		
96 JAME	e 85				s. •	,	homes, etc.)		ai Duliuni	<i>3</i> 0,		
					-		Square Feet	# of Floors	Bldg.			
WES	COOWT				**		2500			}0	70	TAR
County (6)				County	Code (7)	(STATE USE		rior if being demo	lished)			
BER	GEN		1	ONLY)	**			SO WECK	* ×			
Name of Monitoring Firm		er A	SCM	No.		Name of Abaten	nent Contractor (9)				
(8)						Best Re	emoval I	nc				
Street Address				141 m		Street Address						
						The state of the s	th River	St				
City, State, Zip Code			0			City, State, Zip (
					- 4	Hackensa Telephone No.	ack . N.	J. 0/601 License No.		_	5-3-1-1-1	
Project Manager for Mor	nitoring Firm	Tel	lephon	e No.		201-329-		003	388			
	Scheduled C		an Dot	o (41)		Name of OSHA						
Start Date (10)	Scheduled C	ompieux 16	1	5		Manager and the control of the	nvironme	ntal Inc				
Occupancy Status Durin	ng Abatement (Check on		1			Street Address	IV II OIIMC.	TOGI III				
	- The state of the			*		280 Huy	ler St					
☐ Facility Closed/Vacat	ed Dunng Entire Period d Outside of Normal Fac	ility Hou	irs	20		City, State, Zip						
☐ Abatement Performed ☐ Other – Describe:	DM 264					Hackensa	ack , N.	J. 07601				
Scope of Work (Check a	all that apply)			_		Q Full	Containment with	Negative Pressu	ıre			
D≥3 sf or ≥ 3 lf					ovation	- Mini	i-Enclosure vebag Procedure		-			
□ ≥ 160 sf or ≥ 260 lf				u Den	notition			d Non-Friable Pro	ocedure			
		le	Locati	on						AŁ	Typ	
		N	lomal	ly	1 :	Description	of				7	T
. Locat Asbestos-Containi			d Sole intenai		Asbe	stos Containing M	faterial (ACM)	Amount		R	_ !	E E
TO BE A	BATED		ustodi	al	(i.e	thermal systems	s insulation, Tor	(Specify SF or LF		Removal	Repair	nolo
IN Fa	3)	İ	Staff? (12)		1	other miscellar				Va	Repair	Enclosure
	9.3	Yes	No	N/A	1			98			1	
BASENE	w-	res	INO	IWA	-110	rhal syste	M JOSJ LOCTA	J 100	LF	×	1	
		-		-		MAK SURFACIN			SF	×	\forall	T
BASEME	- P- (-			1) Uer	the Dollardia	7-70 44110				\top	+
		-		-	-					\Box	1	\top
Name of Registered W	aste Hauler	I N.I	DEPV	Vaste I	Hauler	Cubic Yards of	Name of Reg	istered Landfill				
		1	No.			Waste /			•			
Best Remo	VAI IIIC	1	710	9				a Enterp	rises	٠. ١	ГC	
City, State						Disposal Date	City, State		110	0.0		
	ack , N.J. 07	601				8/6/19	Waynes	burg ,0h	. 446 Date	88	,	
Completed by	Title					Signature	سممدن	م م	7/	19	111	5
J.Maiorar	10 Estim			n for a	sbestos li	icensure exempte	1	3				

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

Date of Notification		(Lulsu				er/Operator		***	9 .					
7-9-15							A. Smith							
Agencies Notified	Type Notificat:	ion	Street Ad	dress				28/5 Ny						
[]EPA	[X]Initial	ion	21 Hi	11 8	Stree	∍t	200 JUL 19 48 10: 31							
[]DEP		.1011	City, Sta						2					
[X]DOL	[]Amended Notificat	ion	Bogot	a,NJ	7,076	503		$-\mathcal{E}_{LR}$		4 3	j.			
[X] DOH	I TEMEDODNOV		Name of C		2.4			ne Number	- Fin	i.				
[]DCA	[]EMERGENCY []Cancellati	on.	Estat Smith	e of	Pat	cricia A	١.	-	3					
				CILITY	Y INFO	RMATION								
Name of Facility Who	ere Abatement is	Taki	ng Place	(3)			Type of Facil	Lity (4)						
Same as above)						[]School	(K-12)						
Street Addres							[]Subchar [X]Other	oter 8 (Oth (i.e., privouildings,	ate & c	omme	-			
·							Square Feet	# of Flo	ors B	ldg.	Age	-		
City (5	Co	unty	(6)			Code (7)	1.5			-	-			
	B	ERGE	N	(STATE	USE ONLY)	Current Use	(Prior if b	eing de	molis	hed)		
Name of Monitoring	ildin	g ASCM No	٥.	Nan	ne of Abater	ment Contracto	or (9)			-				
N/A (8)							ANAGEMENT							
Street Address						eet Address	topher St							
City, State, Zip Coo	de						Zip Code							
7151, 50000, 11p 000					1 300		r, NJ 070	42						
Project Manager for	Monitoring Firm	Tel	lephone Nu	mber	1	ephone Numb			License		er			
		-				973) 744	-8800		0037	/ 1				
Scheduled Start Date 7-21-15	e (10) Sched.		pletion Date (11) Name of OSHA 27-15 N/A				Monitor							
	ear Mont	h I	Day Year											
Occupancy Status Dur [X]Facility Clo of Abatemen	sed/Vacated Dur:	Check ing En	only one) tire Peri	od	Str	eet Address	3							
[]Abatement Pe Hours - Desc	rformed Outside ribe: «OffHours I ribe: «Other Occ	Descri	pt»	10000	Cit	y, State, Z	Zip Code							
Scope of Work (Check			Descript	<u>»</u>										
[X]>3 sf or []>160 sf or	≥3 lf	[2	K]Renovati]Demoliti			[]Mini-I [X]Glovel	Containment w Enclosure Dag Procedure riable Procedu	30 -1 1, 7-11	ve Pres	sure				
A-19 E		7	Is						Ab	ateme	nt I	Type		
Location Asbestos-Cor			ocation ormally		Δο	Description bestos-Cont		Amount	-		E	E		
Material	(ACM)		Used Solely		210	Material ((Specify	E	R	CA	C		
TO BE AB In Facil		t	y Main- enance/			e., thermal tion, surfa		SF or	0	PA	PS	0		
(13)			stodial aff (12)			ther miscel		LF)	A	I R	Ū	UR		
Pagamant		Yes	No N/				•				-	E		
Basement	17		X	-		Insulati	LON	110 lf	1-0012					
Breezeway (ha	llway)		X	VZ	AT			280 SF	X			_		
Name of Registered W	Waste Hauler	NI.T	DEP Waste	-	Cubic	Varde	Name of Regi	stored Tan	16:11					
AZTECH MANAG		Ha	uler ID N	S 118		te 1.5	G.R.O.W.		11.1.1.1					
City, State	/ / / / / / / / / / / / / / / / / / /				Disposa	al Date	City, State							
Montclair, NJ	07042				7-28	-15	Morrisvi	lle, PA	190€	57				
Completed By (Print	or Type) Title	1				Signature	1		Date					
Constantine V	ivian Pre	side	nt			Win	in			9-15	5			