### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			-	Name of Bu	uilding (	)wner/One	rator (2)		- <del>7</del> 2-1	1 1.	·***		
7/22/2014				Name of Be	anding C		rcola Ente	rprises	-	i-	76	5	
[ ] DEP [ ] Ame	tion I Notificanded Noted Mondonent #	ification		Street Addr		le	ox 790		4 JUL 25 9		: 5£		
[X] Emer	gency (ir					Matav	van, NJ 07	747	& LIKEN.	11110		7	
I DOIL	ication) ellation			Name of Co	ontact Fernan	ıdo		T	elephone Number				
			FAC	LITY INF	FORM	ATION			*************				
Name of Facility Where Abatement is Taking Residence garage	Place (3)	)	10	5.			Type of Fa	cility (4)	School (k-12)				
Street Address 18 East Delaware	Avenue	e					+	[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)		100 73	ial build	lings,
City	Count	y (6)		County Code		n	Square fee		# of Floors	Bldg	g. Age		
LBI	Ocea	ın		(STATE US)	E ONL)	()		e (Prior if	l 1 being demolished)	l	6	50	
Name of Monitoring Firm Hired by Building	Owner (8	3)	+	ASCM No.		Name of	Abatement C	Residen				-	
N/A									n Contracting,	Inc.			
Street Address						Street Ac	idress	1889 Ro	oute 9, Unit 61				
City, State, Zip Code						City, Sta	te, Zip Code		iver, New Jerse	οχ. ΩΩ'	755 1	271	
Project Manager for Monitoring Firm	•						ne Number 9-9932	Toms K	License N 00624		133-1	2/1	
Scheduled Start Date (10) 7/23/14	duled Start Date (10) Scheduled C 7/23/14 7/25/14						OSHA Moni		. Analytical				
Occupancy Status During Abatement (Check		)				Street Ad	idress	The same of the sa					
[ X ] Facility Closed/Vacated [ ] Abatement Performed						Gi. 6		1056 St	elton Road				
Other - Describe						City, Sta	te, Zip Code	Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]			with Negative Pres	sure			
[ ] >3 sf or ≥3 lf		[ ] F	Renova	tion		[ ]	Mini-Er Gloveba	iclosure ig Procedu	re				
[ X ] ≥160 sf or ≥260 lf		[x] r	Demoli	tion		[x]	Non-Ex	empted (*)	and Non-Friable I	Procedu	ire		
										Abat	ement '	Гуре	
Location of	N	Is Location Normally used	ł			Description estos-Cor			Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)		Solely by				faterial (A			(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Main	tenance/Cust Staff	odial			, thermal			or LF)	0	Α	A	L
(13)		(12)			insu	lation, su VAT, o				v	I R	PS	S
					othe	er miscell				A	1778	U	U
	N/A						_	L		L E	R E		
Exterior house		X		Asbesto		<u> </u>	-		850 sf	X			
Exterior garage	-1115	X		Asbesto	s sidin	g			600 sf	X			
				-									
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	NJDEP Waste I 202		ID No. C	ubic Yar	rds of Wast		of Register	ed Landfill				
City, State Toms River, New Jersey				sal Date		City, St.	ate						
Completed by (Print or Type)	Title	200 -000	1120/	Signature	Δ	1 L	own, Penns	Sylvama		Date			
Nicholas Fernicola	Nicholas Fernicola Project Manager					1501	-12			7/22	2/2014	1	

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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



			(	ursuu	10 110110 0.00	una 12.12				6	12	
Date of Notification (1)	I I 22 2011	11		= 1	Name of Building				1.1	ì		
	July 22, 2014					Intelli	gent Project, LLC	an	24	76	4	
Agencies Notified  [X] EPA		l Notifica			Street Address	15 Wa	alter Drive	4 JUL 25	개 나:	55		
[ ] DEP [x ] DOL	( S S S S S S S S S S S S S S S S S S S	nded Not ndment #			City, State, Zip Co		A: \	3531031		POL		
[x] DOH	[ ] Emer	gency (in				Jackso	on, NJ 08527	& LICEN	SING	2	7	
[ ] DCA		ication) ellation			Name of Contact		∀&' T	elephone Numbe	г			
	[ ] Cano	chation			Jeff I							
Name of Facility Where Ab	atomout is Takina	Dlaga (2		FAC	CILITY INFORM	MOITAN	Type of Facility (4)					
	idence	riace (3	,				Type of Facility (4)	School (k-12)				
Street Address							į į	Subchapter 8 (c				
138	5 East Mallard						[x]	Other (i.e., priv homes, etc.)			ial build	lings,
City		Count	y (6)		County Code (7) (STATE USE ON	.Y)	Square feet 1200 sf	# of Floors	Bldg	g. Age	50	
Manahawkin		Ocea	ın	.			Current Use (Prior if Resider		d)			
Name of Monitoring Firm I	70 070	Owner (8	3)		ASCM No.	Name of	Abatement Contractor	(9)				
N/A Street Address						Street Ad		an Contracting	, Inc.			
City, State, Zip Code				W-8502970-2		City Sto		oute 9, Unit 6	1			
City, State, Zip Code		NO-0000 (1977)				City, Sta	te, Zip Code Toms R	iver, New Jer	sey 08	755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number		11 7	ne Number 9-9932	License 00624	Number			
Scheduled Start Date (10)	7/23/14 7/25/14						OSHA Monitor		- 12			
Occupancy Status During A	batement (Check	only one		-		Street Ad		L. Analytical				
	ity Closed/Vacated						1056 St	elton Road				
2 2	ement Performed r – Describe	Outside	of Normal Fa	acility Ho	ours	City, Sta	te, Zip Code	way Naw Yan	000			
						L		way, New Jers		134		
Scope of Work (Check all the	hat apply)					[ ]	Full Containment Mini-Enclosure	with Negative Pr	essure			
[ x ] >3 sf	for ≥3 lf		[ ]	Renova	ation		Glovebag Procedu	re				
[x] ≥160	sf or ≥260 lf		[x]	Demol	ition	[x]	Non-Exempted (*	) and Non-Friable	Procedi	ıre		
									Abat	ement	Туре	
Location o	.c	١,	Is Locatio			Description			R	R	Е	Е
Asbestos-Containing M		1	Normaily us Solely by			sbestos-Cor Material (A		Amount (Specify SF	E	E P	N C	N C
TO BE ABA	red	Main	tenance/Cu		(i.	e., thermal	systems	or LF)	М	A	A	L
in facility			Staff		in	sulation, su			v	I R	PS	O S
(13)			(12)		ot	VAT, o her miscell			A	K	U	U
		YES	NO	N/A		nor mascon	anoous)		L		L E	R E
Exterior			X		Electrical pur	ty		3 sf	X		-	Ė
Exterior			X		Cement boar			75 sf	X			
Exterior			X		Asbestos sid	ng		655 sf	X			
Exterior			X		Tar patch			150 sf	X			
Name of Registered Waste I		1	NJDEP Was			ards of Was		red Landfill				
City, State	ntracting, Inc.		2	0223 Dispo	sal Date	City, St	T.R.R.F.					
Toms River,		l mi		7/28	/14		own, Pennsylvania					
Completed by (Print or Type Nicholas Ferr		Title Proje	ct Manag	er	Signature	Vich.	of L	1	7/2:	: 2/201	4	

CK 19217



Date of Notification (1) 7/21/2014						wner/Operator D PUBLIC		OLS			111/1 14/4				
Agencies Notified	Type Notification	1		Street Add		ER DRIVE		261	4 JU	25	PH !	į:	47		
EPA DEP DOL	Initial  Amended  Amendment				, Zip Cod MILFOR	e D, NJ 0748	30	As	0.1	135.	CUH		Ú.		
X DOH X DCA	justification  Cancellation		b 2	Name of C	Contact ANDVE		288	E)	المحام	abbr-		.2			
				FACIL	ITY INFO	RMATION	,				CONTRACTOR OF THE PERSON OF TH				
Name of Facility Where WEST MILFORD							▼ s	of Facility (4) chool (K-12) ubchapter 8	)	r than K	-12)				
Street Address 67 HIGHLANDER	DRIVE							ther (i.e. pr tc.)	ivate &	comme	rcial bu	200		-	3,
City (5) WEST MILFORD					58		Square			Floors		Bia	g. Ag	e	
County (6) PASSAIC				County C	ode (7) SE ONLY)			nt Use (Prior LIC SCH(		ng demo	lished)				
Name of Monitoring Fire	n Hired by Buildin	g Owner (8) S. INC.		ASCM	No.	Name	e of Abat O BRO	ement Cont THERS (	ractor CONT	(9) RACT	ING, I	NC	).		
Street Address 20-21 WAGARAW							t Addres	s IERFORE	BLV	'D.					
City, State, Zip Code		3 000				City,	State, Zi								
FAIR LAWN, NJ 0			- 1	Telephon		Telep	ohone No	).	-	License 0049					
FRED LARSON Start Date (10)		973-636-5 Scheduled Completion Date				Nam		IA Monitor		0049	4	_			
7/28/2014		8/11/20	14					(9) ABO	√E						
Occupancy Status Duri Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entil med Outside of No	e Period of A	Abaten	nent s	-		et Addres								
Scope of Work (Check	All That Apply)						- 1500-150								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	edure					e	
			-											ment	
			Locat Vorma			Deparieti	on of				L		Ту	ре	
Locati Asbestos-Containir <u>TO BE A</u> In Fac	ng Material (ACM) BATED cility	Use Ma	intena todial (12)	ely by ince/ Staff?	Asbesi (i.e.	Description Description Containing thermal system surfacing, \ other miscell	Material ms insula /AT, or	(ACM) ation,	(5	mount Specify F or LF)	Zenzoval		Repair	Encapsulate	Enclosure
	50011	X	140	INIA	2.00	ILERS; RIE	R GAS	KET	0	0 SF	X		_	-	
BOILER				OPE, INSU				70 01	1						
															<u> </u>
Name of Registered W		NG	1	NJDEP W Hauler ID 18743		Cubic Yards of Waste 10	5	Name of WAST				G	.R.C	).W.	S.
City, State CLIFTON, NJ						Disposal Da 8/11/2014	ate	City, Stat		LE, P	Ą		16	372	
Completed by VIVECA RAMOS	ompleted by Title				RDINAT	OR Signat	ure `	a Ra	n	n	Date 7/21	20	114		



Date of Notification (1) 7/11/2014			Name of Building Owner/Operator (2) WEST MILFORD PUBLIC SCHOOLS											
Agencies Notified	Type Notification			et Address HIGHLAND	ER DRIV	—— 'E		2	1614 .	JUL 25	5 PM	Ц: ;	47	
EPA DEP DOL	Initial  Amended  Amendment #	1	100000000000000000000000000000000000000	State, Zip Co		7480	o				. (*n)	1170	Ď.	
▼ DOH ▼ DCA	Emergency (ir justification) Cancellation	ncluding	100000000000000000000000000000000000000	e of Contact	Ε			Q)		phone N			-	
			F.	ACILITY INFO	ORMATION									
Name of Facility Where A		Place (3)					⊠ s	of Facility (4 school (K-12	2)					
Street Address 67 HIGHLANDER I	DRIVE						n o	Subchapter 8 Other (i.e. pr tc.)				dings,	home	es,
City (5) WEST MILFORD		*******					Square	e Feet	# of	Floors	E	lldg. A	.ge	
County (6) PASSAIC				nty Code (7) TE USE ONLY	)	-		nt Use (Prio LIC SCH(		ng demol	ished)			
Name of Monitoring Firm ENVIROVISION CO			AS	SCM No.				ement Cont			NG, IN	IC.		
Street Address 20-21 WAGARAW	ROAD - BLDG 3	5E					Addres	s IERFORE	BL\	/D.				
City, State, Zip Code FAIR LAWN, NJ 07						•	tate, Zip	Code NJ 0701	4					
Project Manager for Mon			1 200	phone No. 3-636-9145	Te	eleph	one No 956-8			License				
Start Date (10) ON HOLD	100	Scheduled 07/28/2014	omplet	A Monitor (9) ABO\	/F									
Occupancy Status During							Addres		Total State					
Facility Closed/Vac	ated During Entire Pe ed Outside of Norma	eriod of Aba	tement urs				tate, Zip							
Scope of Work (Check A	Il That Apply)								-				1000100	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			×	Mini	Containme i-Enclosure vebag Proce i-Exempted	edure	_			e	
			542	1			1401	r-Excilipted	( ) dil	21101111	I I		ement	
		1000	cation nally		Di-	_#:						Ту	ре	
Location Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Used S Mainte Custodi	olely by nance/ al Staff? 2)	Aspes	Descriptos Containing thermal sys surfacing other misc	ng M tems	Material s insulat T, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
BOILER R	ROOM	X			ILERS; R	RIB,	GASK	ET,	9	0 SF	X			
			+		ROPE, INS	06170735								
													3.	
Name of Registered Was	te Hauler		NIDE	P Waste	Cubic Yar	ds		Name of F	Registe	red Land	lfill			
TWO BROTHERS (				r ID No.	of Waste			WASTE				S.R.C	).W.	S.
City, State CLIFTON, NJ			Disposal Dis			City, State MORRI		LE, PA	102					
Completed by VIVECA RAMOS	CT CC	ORDINAT	OR Signa	ature	lea	Na	w-s		Date 7/11/2	014	-			

				(P	ursuant	to NJAC	8:60 an	d 12:120	0)						9	1
Date of Notification (1) 7/3/2014						f Building MILFO				HOOLS			VI			
Agencies Notified  EPA	Type Not				Street A 46 HIC	ddress GHLANI	DER DI	RIVE		2	914 J	JL 25	PH :	ا: ا <sub>ل</sub> ا	7	
DEP DOL	Ame Ame	ended endment#		_[		ate, Zip Co MILFO		J 0748	30							
⊠ DOH ⊠ DCA	justi	ergency (in fication) cellation	nciuding			f Contact SANDV	E			Ø	Tel	ephone N	umber	1	111	
N			D	27	FACI	LITY INF	ORMATI	ON	T =	f.E. 30 /	4)					
Name of Facility Where WEST MILFORD F			Place (	3)			18		Iy	pe of Facility ( School (K-1 Subchapter	2)	or than V	12\			
Street Address 67 HIGHLANDER I	DRIVE			Y-14-71						Other (i.e. p etc.)	rivate 8	k commer	cial buil			es,
City (5) WEST MILFORD									Sq	uare Feet	# 01	Floors	E	Bldg. A	Age	
County (6) PASSAIC						Code (7) USE ONLY	)		1	rrent Use (Prid JBLIC SCH		ng demoli:	shed)			
Name of Monitoring Firm ENVIROVISION CO				)	ASCN	M No.				batement Con ROTHERS			VG, IN	IC.		
Street Address 20-21 WAGARAW	ROAD - I	BLDG 3	5E		1			Street 250		ress THERFORI	D BL\	/D.				
City, State, Zip Code FAIR LAWN, NJ 07	AIR LAWN, NJ 07410									, Zip Code N, NJ 0701	4					
Project Manager for Mor FRED LARSON	roject Manager for Monitoring Firm				Telephoi	ne No. 36-9145		Teleph 973-		No. S-8700		License 00494	No.			
					npletion I	Date (11)		Name	of C	SHA Monitor AS (9) ABO	VE				- 112	
Occupancy Status Durin	g Abateme							Street			v L					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During ned Outside	Entire Pe	eriod of	Abaten				City, S	State	Zip Code						
Scope of Work (Check A	II That App	ly)	-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				×	] ;	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	_			e	
			ls	Locati	on									Abate	ement	
Location	n of		1	Normal	y		Des	scription	of					13	ре	-
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	CM)	Ma Cus	ed Sole intenar todial S (12)	nce/ staff?	And Principle (Children )	thermal surface	-	s ins		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A				٠.				_			
BOILER F	ROOM		X							SKET,	9	) SF	X			
<u> </u>						R	ROPE,	INSUL	ATI	ON						
Name of Registered Was TWO BROTHERS (		CTING		Н	JDEP W auler ID 8743		of Was			Name of F	200	red Landfi IAGEMI		.R.C	).W.S	S.
City, State CLIFTON, NJ				-1			Dispos 7/28/2	sal Date		City, State		E, PA				
Completed by VIVECA RAMOS			Title PRO	JECT	COOF	RDINAT		ignature	e ve	ink	bor		ate /3/201	4		

NO CF

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Date of Notification (1)	8 /	14					Owner/Operator ( niversity-Office	2.5	Construc	tion	1	1		
							inversity-Office							
	Type Noti ⊠ Initial	ification			OCEUVIE (A)	Address Elm Dr.			2014 JUL	25	PH	4: 3	C	
	⊠ Amen	505.7//			City, S	State, Zip C	Code		いみが生き		O.L.	7 54 5		-
☑ DHSS		dment #1				nceton, N		(TA	2	ČENS	CH	100	E,	
□ DCA (NJAC 5:23-8)	Emerging justification		cluding	3		of Contac		- 1.0° 100 Parish	Telephon	e Numbe	ar Hist		7.	
	☐ Cance	~ 1 SM MASS # 10				ert Orte			,					
					FAC	CILITY IN	FORMATION							
Name of Facility Where Ab			Place	(3)				Type of Facility	3 5					
Princeton University	-Moffett	Hall						School (K-12		- K 40)				
Street Address			eleccionilis					Subchapter (i.e., p			ial bu	ildina	S.	
Washington Rd.								homes, etc.)				9	_,	
City (5)				1000-1000				Square Feet	# of Floo	ors	Blo	dg. Ag	ge	
Princeton														
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being	demolish	ed)			
MERCER								Library						
Name of Monitoring Firm H		uilding C	Owner	(8)	ASCM	10000000	Name of Abateme							
ATC Associates Inc.					0009	98	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address			acces, conse				
Three Terri Center							1123 BEAVE		559					
City, State, Zip Code							City, State, Zip C							
Burlington, NJ 08016							BRISTOL, PA	19007						-05-000
Project Manager for Monito	oring Firm	1			phone		Telephone No.	, 4	License					
Michael Keehn		I Cabad			09-386		215-788-6040		0050	9			_	
Start Date (10)  ON HOLD	20				tion Da		Name of OSHA N BRISTOL EN	ionitor VIRONMENTA	L, INC.					
Occupancy Status During A	Abatemer	nt (Check	k only	one)			Street Address							
☐ Facility Closed/Vacated							1123 BEAVE	R STREET						
Abatement Performed C Time of Abatement: 6:3						cribe	City, State, Zip Co							
Scope of Work (Check all t	hat apply	)	ii Tanto e				BRISTOL, FA	( 13001	- A			-		
_			_					tainment with Neg	gative Press	ure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enovat emolitic				g Procedure	- F-: D					
			l le	Loca	tion	I	☐ Non-Exe	mpted (*) and No	n-Friable P	roceaure	92000	otom	ent T	100
Location o	f			Norma			Description of	of				_		_
Asbestos-Containing M	aterial (A	CM)		ed Sole intena			stos Containing Ma	iterial (ACM)	Amou		Ren	Repair	inc	nc
TO BE ABAT IN Facility			400000		Staff?	(i.e	., thermal systems surfacing, VAT		(Spec SF or	ify	Removal	air	aps	Enclosure
(13)				(12)			other miscellane		31 01	LI <i>)</i>	=		Encapsulate	9
			Yes	No	N/A								CD	
Labs 227A, 227B & Su	ite 230	_ /F				Double	layer Floor tile	and mastic	1500	SF	$\boxtimes$			
		31011111									$\boxtimes$			
		wines	П	П	In						П	П	П	П
Name of Registered Waste	Hauler			_ N	IJDEP I		Cubic Yards of	Name of Regis	stered Land	fill				
BRISTOL ENVIRONN		, INC.		H	lauler II 18706		Waste	G.R.O.W.S			ILL			
City, State					10/00		Disposal Date	City, State						
BRISTOL, PA 19007					december 1			MORRISVI	LLE, PA 1	9067				
Completed By (Print or Typ Brian Scafiro	e)	Title	stima	tor			Signature	Seal.	1:0	Date	1/	211	1,0	
ASB-41					0.000,000		fream	Dropero	1-19	/	10	1/	17	
MAY 11 BS14069	7	*	Do not	use tl	nis form	for asbes	tos licensure exem <sub>l</sub>	oted activities.			W 17			

NO CK



Date of Notification (	1) 07/22/201	4			of Building Over State Job	wner/Operator		0 E		1 20	
Agencies Notified	Notification 7	уре		Street A	Address allahan Ro		2814 JUL				
(X) EPA ( ) DEP (X) DOL	( ) Initial Not (X) Amended Amendm	d		City, St	ate, Zip Code Kingston,	9	<del>್ರಾಕ್ಟರ್</del> ಶೃ & Li	CEKSI		οι γ	
(X) DOH	( ) Emergen				of Contact		- 103	Tel. Nu	mber		
() DCA	justificati ( ) Cancellat			Rober	t Corrente						
	1 \ ) Gariociiai	1011		FACILI'	TY INFORMA	ATION				-	
Name of Facility Whe	ere Abatement	is Takir	ng Place	(3)		()8	of Facility (4) school (K-12) subchapter 8 (other	than K-1	2)		
Street Address 60 Sparta Ave							Other (i.e. private & homes, etc.	commer	cial bu	lding	S,
City (5) Sparta				2		Squa	are Feet # of	Floors	Bld	g. Age	)
County (6)					Code (7) (ST	ATE Curr	ent Use (Prior if be	ing demo	lished		
Sussex				USE ON	NLY)						
Name of Monitoring F	Firm Hired by E	Bldg. Ov	vner	ASCM N	No.	Name of Cor	tractor (9)				
(8)						CID & SONS	, LLC				
Street Address			==			Street Addre 365 River Dr			1000 S (1000)		
City, State, Zip Code				mas		City State, Zi		-1-			
						Garfield, NJ	07026				
Project Manager for I	Project Manager for Monitoring Firm Teleph					Telephone N (973)685-979		Licens 01191		ber	
Scheduled Start Date	(10)	Sch	eduled (	Completio	n Date (11)	Name of OS					
07/23/2014 JOE	IN HOLD		09/23/20	14 JOB I	N HOLD	Testor Tech					
Occupancy Status Di	uring Abateme	nt (Che	ck only o	ne)		Street Addre	SS				
(X) Facility Closed/Va					nt	10-59 Jackso City, State, Z		-			-
( ) Other – Describe:						Long Island	City, NY 11101				
Source of Work (Che	ck all that appl	y)				/ \ F    O	-itith No	D			1
( ) ≥ 3 sf or ≥ 3 lf (x) ≥ 160 sf or ≥ 260	lf	3. 6	Renova Demolit			() Mini-Enc () Glove ba	g Procedure				
						(X) Non-Exe	mpted (*) and Non-				
Location	of	Is Loc	ation No	rmally				A	oatem	ent ly	/pe
Asbestos-Containir (ACM)	ng Material		ed Solely aintenan			ion of Asbestos Material (ACM)	/ie Amount	, z		E	ш
TO BE ABA	<u>red</u>		dial Staf		thermal sy	stems insulation	in, (Specify	Removal	Repair	aps	Clos
in Facility (13)	<i>'</i>					g, VAT, or other cellaneous)	- Or Or Er	oval	and and	Encapsulate	Enclosure
(10)		Yes	No	N/A						Ф	
Ground Floor				X	10.0000000	Tile & Mastic	29,240 SI				-
Roof Area						site Shingles	2,800 SF		_	-	-
Front of Structure				X		ow Caulking	800 LF	X			
Name of Reg. Waste Cid & Sons, LLC	# 32	te Hauler 905		Yards of Waste TBD	G.R.O.W.S., Wa		ageme	nt			
City, State Garfield, NJ					Dispos	al Date TBD	City, State Morrisville, PA				
Completed by Roque Schipilliti Jr. Project Manage					Signature	Bows	Hodel	Date (	7/22/2	014	

NO CF

Check#1950

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

CANCELLATION

Date of Notification (1)					- ( D. 11-11-				1 .	nur ti	<u>,                                     </u>	0		
	2	1.4		Name	of Building	g Owner/C	operator (	<sup>2</sup> )		1790 12				
				Josepl	nine Thor	mahlen		2014	וווו סר מ					
	ype Notificati	ion		Street	Address			2019	JUL 25 P	M 4:	50			
	] Initial			305 W	est Black	cwell Str	eet	į.	r-					
X DOLWD ☐	] Amended Amendmer	nt #	ì	City, S	State, Zip (	Code		1195	Equation (	1111	UI.			
	] Emergency	-	- 1	Dover	, NJ 0780	)1		<i>(</i> 3)	& LICENSI	MG	4	7		
(NJAC 5:23-8)	Justification				of Contac				Telephone N	lumbe		· <u>!</u>		-
Σ	Cancellatio	DΠ	1	Josepl	hine Thor	mahlen			1					
					CILITY IN		TION			Salah	- 22 - 22	5 880		
Name of Facility Where Aba	itement is Ta	king Place	(3)					Type of Facility	(4)				-	_
Private home			(-)					School (K-1						
Street Address								Subchapter	8 (Other than K	-1 2)				
205 West Blockwell Street									private and com	nmercia	al bui	lding	S.	
305 West Blackwell Stree City (5)	<u></u>							homes, etc			I Di			
Dover, NJ 07801								Square Feet	# of Floors		BIG	ig. Ag	ge	
County (6)				TCour	ity Code (7)	(STATE III	CE ONLY	0	National State Control of the Contro	. D. T.	<u> </u>			
67 102 103				Court	ity Code (7)	(STATE U	SE UNLY)	Current Use (F	rior if being der	nolishe	ed)			
Morris Name of Monitoring Firm Hi	red by Buildi	no Owner	01 T	10014		Ti								
Name of Montoring Limitin	red by ballar	ing Ownier (	0,	ASCM	NO.	987.7 585.24		ent Contractor (9	9)					
Carana A dida						Gr Tecl								
Street Address						Street A	Address							
							lley Rd#							
City. State, Zip Code						City, Sta	ate, Zip C	ode						
							NJ 0747	70						
Project Manager for Monitor	ing Firm		Tele	phone	No.	Telepho	one No.		License No	).				
			i.			973-638			01127					
Start Date (10)		cheduled C				Name o	of OSHA N	lonitor				SEE WE		
07 /28 /	14	07 /	_ 29	_ / .	14	Envirov	ision Co	nsultants,Inc						
Occupancy Status During A	batement (C	heck only o	ne)			Street A	THE RESERVE OF THE PARTY OF THE							
X Facility Closed/Vacated						20-21 V	Vagaraw	Road, Bldg .#	34 A					
Abatement Performed O	utside of Nor	rmal Facility	Hour	s - Des	scribe		ate, Zip Co		3471		A - 822	-		
Time of Abatement:		PM/	PW_		_AM	Fair Lav	wn, NJ 0	7410						
Scope of Work (Check all th	at apply)					TT		and decontam	ination with neg	ative p	ress	ure	-	40 JAN
M >3 of or >3 if		SZ D.		19 20			Full Con	tainment with No	egative Pressure	е				
>3 sf or >3 lf > 160 sf or >260 lf		X Re □ De	novati molitic	on n		M	Mini-End	losure g Procedure	Tent with Neg	ative P	ress	ure		
-		-					Non-Exe	mpted (*) and N	on-Friable Proc	edure		7		
		14	Locat						1		Aba	ateme	ent Ty	ype
Location of	tarial (AOFI)		Vorma d Sole				scription o							
Asbestos-Containing Ma TO BE ABATE			intena					terial (ACM) insulation,	Amount		em	Repair	nca	TOR
IN Facility		Cus	odial	Staff?	1 (1		cing. VAT		(Specify SIF or LF)		Remova	air	nsd	Enclosure
(13)		-	(12)	т-	4	other r	niscellane	ous)			<u>m</u>		Encapsulate	æ
		Yes	No	N/A	1									
Basement			Ш	X	Duct ins	ulation			20 SF		X			
		10	П								П	$\overline{}$	P	
									-					_
					1			2.6314			الا	Ш	L	Ш
					İ									П
Name of Registered Waste	Hauler	n-em si	NJE	EP Wasi	e Hauler ID No	Cubic Ya	rds of Wast	e Name of Reg	istered Landfill	-				
Gr Tech LLC			- 4	03378		ТВІ		T.R.R.F. Inc						
City State				.033/1		Disposa	2002	City, State				-		
								The second of						
Wayne, NJ 07470	· ·	Title				TBI		Tullytown, I	'A .	1-				
Completed By (Print or Type	=)	Title				Sig	gnature ~	10/ A	C 1	Date				
N.Jevtic		Owner					7	Perto V	enlad	07/23	2/20	14		
ASB-41					, ,	Will	17	ted activities.				10		



Date of Notification (1) July 22, 2014					Building of Building of Building of Building				eck # N/A						
Agencies Notified	Type Notification		-	Street A	ddress				2014	JUL	25	PH 4	: 5		
EPA DEP	Initial				sson-Gi		o Roa	ad				**********			
DEP X DOL	Amended Amendment #		_		ite, Zip Co ooro, NJ				65 65	150 i	IOEK.	SING	r ,		
Ĭ DOH	Emergency (in justification)	cluding			Contact						phone N			77. 51.	
DCA	Cancellation				Villiams	DD11 4 T1	201					-			
Name of Facility Where	Abatement is Taking	Place (3	5)	FACI	LITY INFO	JRMAII	JN	Туре	of Facility (4)						
St. Andrew the Apo	ostle Parish Cente	er							School (K-12)						
Street Address 27 Kresson-Gibbsb	oro Poad						***************************************		Subchapter 8 Other (i.e. priv				ldinas	, hom	es.
City (5)	JOIO ROAU								etc.) re Feet	0.0000000000000000000000000000000000000	loors	ACCESSION OF A LOCAL	Bldg.	**********	
Gibbsboro								5,00		2	10013		100	nge	
County (6) Camden		111(01)-1-050		County (	Code (7) USE ONLY	)			nt Use (Prior rch/Pre Sc		g demoli	ished)			
Name of Monitoring Firm		vner (8)		ASCM	I No.	T			tement Contr	S 38 31.5					
Street Address	31, LLO			1				Addres		II, LL\					
1000 Maplewood D	rive, Suite 207			41144755545			623	Cutler	Avenue						
City, State, Zip Code Maple Shade, NJ 0	8052								ip Code ade, NJ 080	052					
Project Manager for Mor Tony Esposito	nitoring Firm			Telephor 856-75	ne No. 55-9300			hone No 755-0			License 00842	No.			
Start Date (10) July 28, 2014	11 8	Schedule			Date (11)				HA Monitor alytical, Inc						
Occupancy Status Durin				714				Addres	54% - CC - W - 100						
	ated During Entire Pe	-		nent					130 North						
	ned Outside of Norma						15000		ip Code	~~~					
Scope of Work (Check A							Cinn	amins	son, NJ 080	377	_				
≥3 sf or ≥3 lf	ш тпас другу)	× R	Renova	ition			>	C Ful	I Containmen	t with I	Vegative	Pracei	Ire		
≥160 sf or ≥260 lf			emolit				F	Min	ni-Enclosure		togative	. 1 10001			
									ovebag Proce n-Exempted (		Non-Fri	able Pro	ocedu	re	
		133	Locat											emen ype	t
Location Asbestos-Containing		Use	Normal d Sole	ly by	Ashes	Des tos Conta	scription	0.022.2	(ACM)	Am	nount		T	Ī	
TO BE AB	ATED	40/200200	intena todial S			thermal	system	s insula		(Sp	ecify	Rer	Re	nca	Enc
In Faci (13)	- 35 H (i) (i) (ii)		(12)			other m	cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			170700							ite	Ф	
Little Angels PreSch	Х				Flue	Pack	ing		2.5	SF	XXX				
Little Angels PreSch				Boile	r Gas	kets		<1	0 SF	XXX					
Name of Registered Wa Freehold		IJDEP W lauler ID 2253		of Was			Name of Re Western				/ Lar	dfill			
City, State Mount Holly, NJ 080	060					Dispos 8/1/20		ı	City, State Birdsboro	o, PA	19508	)			
Completed by		Title		100 100 100 110 110 110 110 110 110 110			ignatur	e	20	n/A(50) 3/1/0.	1	Date		114000	
Christina Lynch						1	THAT	n	10			July 2	2, 20	114	





Date of Notification (1)	24 /	44	W.				Owner/Operator (2		Duilding 119	/Anmr	liébo	ator	1
		14	_		VA-	из пеан	hcare System, L	yons campus,	14 JUL 25°	DM 1	. 50	ater	)
⊠ EPA	Type Notifi				151	Address <b>Knollcr</b> o		is.	esura a.				
☑ DOLWD	☐ Amende Amendr				City, S	tate, Zip C	ode		& LICEN	SING	11.71		
□ DCA	☐ Emerge		cluding		Lyc	ns, NJ 0	7939	I)		~127Q	1	7	
(NJAC 5:23-8)	justifica	tion)	10000000 <del>-</del>			of Contact			Telephone Nur	nber		1975	
	☐ Cancell	ation	177		Ali l	Khalaf					511111111111111111111111111111111111111		
					FAC	ILITY IN	FORMATION						
Name of Facility Where Al	patement is	Taking	Place	(3)				Type of Facility (	4)				
VA-NJ Lyons, Buildi	ing 118							School (K-12)		2.			
Street Address								<ul><li>☐ Subchapter 8</li><li>☑ Other (i.e., pri</li></ul>			ildina	c	
151 Knollcroft Rd								homes, etc.)	ivate and commi	CICIAI DE	liuling	٥,	
City (5)							***	Square Feet	# of Floors	BI	dg. Ag	ge	_
Lyons							a a	5000	2		50		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Atlantic								Extrusion					
Name of Monitoring Firm I	Hired by Bu	ilding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Egan Envvironment		1170					PROUNT TOOL AWG. DOT	onmental Inc					
Street Address		•	3,50				Street Address						
14 High Street							112 Wade Ro	ad					
City, State, Zip Code							City, State, Zip Co					December 1	
Mahwah, New Jerse	v 07430						Latham, New						
Project Manager for Monit	·			Tele	ephone I	No.	Telephone No.		License No.				
Egan Envvironment		tina. li	nc	100000000000000000000000000000000000000	01-848		518-591-0234		01062				
Start Date (10)					etion Dat	100000000000000000000000000000000000000	Name of OSHA N						
07/31/	14				1_ / _		Alpine Enviro	onmental Servi	ces				
Occupancy Status During	Abatement	(Check	only o	ne)	- 1:00-03		Street Address	(0			,		
☐ Facility Closed/Vacated	d During En	tire Per	iod of	Abate	ment		438 New Karı	ner Rd.					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PN	N/	_PM	/	AM	Albany, New	York 12205					
Scope of Work (Check all	that apply)							tainment with Neg	ativo Prossura	I-missi I			
≥3 sf or ≥3 lf			☐ Re				☐ Mini-End	losure	alive Flessure				
≥160 sf or ≥260 lf			□ De	moliti	on			g Procedure	s Eriable Broom	lura			
			la.	1	41		⊠ Non-Exe	mpted (*) and Nor	n-Friable Proced				
Location	.f		100.70	Loca Norma			Description of	of.			atem		1
Asbestos-Containing N		M)	(2000)		ely by	Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABA	TED			intena	ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	a:	aps	Enclosure
IN Facility (13)	у		Ous	(12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	ıге
()			Yes	No	N/A			/				Ф	
Roof			$\boxtimes$			Roof fie	eld & flashing, c	aulk	1621 sf				
Power Equipment roo	m		$\boxtimes$			VAT& N	Mastic		60 sf	$\boxtimes$			
Projection Room			$\boxtimes$			VAT & I	Mastic	14200 ASSOCIATION	260 sf	$\boxtimes$			
Various						Pipe Fit	ttings		6 If				
Name of Registered Wast	e Hauler			100	NJDEP V		Cubic Yards of	Name of Regist	tered Landfill				,
Classic Environmen	tal Inc			1	dauler II 00344		Waste 30	Bayshore r	ecycling				
City, State							Disposal Date	City, State			De Edit		
Latham, NY 12110							TBD	Keasbey, N	lew Jersey 08	8832			
Completed By (Print or Ty	pe)	Title					Signature	0 0	1	Date			
		G	enera	l Ma	nanage	er	/ (	2/	d				

NO CK

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Pa,	2		10
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1	5.5	y two a	
		S 64	1.5

Date of Notification (1)		44						er/Operator (2		O ARAL AND					
	_ / -	14	_		Prin	ceton Un	livers	sity-Office	of Design and	-ouisit nene	25	PH	5:	54	
□ EPA 🛛	e Notific Initial					Address Elm Dr.					1.0		1.		
	Amende		E 7/00	14.4	City, St	ate, Zip Co	ode		6	j & Li	uzha	ij.	G		7
	Amendm Emerger	- West and the same	and the same of th	/14	Prin	ceton, N	J 085	44		L)				-	
	justificati		luuling		Name	of Contact				Telephone N	umber				
A service service V	Cancella	900 miles		2	Rob	ert Orteg	ja			2.45%					
					FΔC	ILITY IN	FORI	MATION							$\neg$
Name of Facility Where Abate	ment is	Taking	Place	(3)	1,70		Oiti	IIA IIOII	Type of Facility (	4)					-
Princeton University-Fi				(0)					School (K-12)						
Street Address	restorie	LIDIO	ai y						☐ Subchapter 8	(Other than K					
Washington Rd					11				Other (i.e., pr homes, etc.)	ivate and com					
City (5) Princeton									Square Feet	# of Floors		Bldg	g. Ag	е	
County (6)					Count	v Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being dem	nolished	)			
MERCER									Library			8			
Name of Monitoring Firm Hire ATC Associates Inc.	d by Buil	ding O	wner (8	3)	ASCM I	No.			ent Contractor (9) VIRONMENTAL	_, INC.					
Street Address							Stre	et Address							
Three Terri Center							11	23 BEAVE	R STREET						
City, State, Zip Code							City,	State, Zip C	ode						
Burlington, NJ 08016							В	RISTOL, PA	19007						
Project Manager for Monitorin	ng Firm			Tele	phone I	No.	Tele	phone No.		License No	) <u>.</u>				
Michael Keehn				60	09-386-	8800	21	5-788-6040	)	00509					
Start Date (10)		Sched	uled Co	omple	tion Dat	e (11)	Nam	e of OSHA N	Monitor						
2 / 5 / 1					5_/_		В	RISTOL EN	VIRONMENTAL	L, INC.					
Occupancy Status During Ab	atement	(Check	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacated D							11	23 BEAVE	R STREET						
Abatement Performed Out						cribe	City,	State, Zip C	ode						
Time of Abatement: 6:30, 8N SITE 7/23/	ANI-3:00	7/2	5/14	/'-—	AIVI		В	RISTOL, PA	19007						
Scope of Work (Check all that	t apply)	1	1									3.			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Rei □ Dei					Mini-End     Gloveba	tainment with Neg closure ig Procedure empted (*) and No						
			le	Loca	tion			Zy HOH EAC				Aha	teme	ent T	vpe
Location of			N	lorma	ally			Description	of				-		1
Asbestos-Containing Mate		M)			ely by	Asbe	stos (	Containing Ma	aterial (ACM)	Amount	1	Removal	Repair	Encapsulate	Enclosure
TO BE ABATEI	2	***	E 300050		ance/ Staff?	(i.e		mal systems		(Specify SF or LF		ova	ai.	sde	uso
IN Facility (13)		25	000.	(12)				urfacing, VAT er miscelland		SF UI LI	,	-		ılate	6
(.0)			Yes	No	N/A									æ	
B Level			$\boxtimes$			Floor ti	le an	d mastic		40 SF	-	X			
B Level								ion (Wrap		2 LF		XI			
Delong Reading Level					$\downarrow \square$	Pipe Ins	sulat	ion (Wrap	& Cut)	30 LF		XI			
							-						Ц	Ш	
Name of Registered Waste F SERVICE TRANSPORT		P INC		10.00	AJDEP I	No.	Was	ic Yards of ste	Name of Regis G.R.O.W.S	stered Landfill NORTH LA	NDFIL	.L			
City, State					20990		Disp	osal Date	City, State			_		-11-11	
NEW CASTLE, DE									MORRISVI	LLE, PA 190	067		ross		
Completed By (Print or Type)	)	Title	)					Signature	0	(	Date	1.	1	,	
Brian Scafiro		E	stima	tor				Brian	Scafero/	el	17/	1/8	/14		

Pg .1

Date of Notification (1)				- Partie	Nar	ne of Buildir	ng Owner/Operator (	2)					
01 /15	/	14	4		1		Jniversity-Office		d Construction				
	e Notifi	ication			Stre	et Address							
	Initial Amende	ام م			2	00 Elm Dr							
[17] [17] [17] [17] [17] [17] [17] [17]	Amendi Amendi	~~~	15-71	22/1	City	, State, Zip	Code						
	Emerge		The state of the s		P	rinceton,	NJ 08544						
(NJAC 5:23-8)	justifica	ition)		3	Nar	ne of Conta	ct		Telephone Nun	nber			
	Cancell	lation			R	obert Orte	ega						
Name of Equility Whose Ab ata		<b>T</b> -12.	Di	(0)	F	ACILITY II	NFORMATION				- 200		
Name of Facility Where Abate Princeton University-Fi				e (3)				Type of Facility					
Street Address		IC LID	nai y					School (K-1	8 (Other than K-1)	2)			
Washington Rd								Other (i.e., p	private and comme	ercial b	uildin	gs,	
City (5)								homes, etc.					
Princeton								Square Feet	# of Floors	В	Bldg. A	\ge	
County (6)					Co	unty Code (	7)(STATE USE ONLY)	57	rior if being demoli	shed)			100 AND 1
MERCER								Library					
Name of Monitoring Firm Hire	d by Bu	ilding	Owner	(8)	ASC	M No.	Name of Abateme	ent Contractor (9	)				
ATC Associates Inc.							BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address		1120				
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode			-		
Burlington, NJ 08016							BRISTOL, PA	19007					
Project Manager for Monitoring	g Firm		1,000,000	Te	elephon	e No.	Telephone No.		License No.			-	
Michael Keehn					609-38	86-8800	215-788-6040		00509				
Start Date (10)		Sched	duled C	Comp	letion [	Date (11)	Name of OSHA M	onitor					
2/5/14						14		VIRONMENTA	L, INC.				
Occupancy Status During Aba						*	Street Address						12.33
☐ Facility Closed/Vacated Du	ring Ent	tire Pe	riod of	Aba	tement		1123 BEAVER	STREET					
Abatement Performed Outs	side of N	Norma	l Facilit	у Но	urs - De	escribe	City, State, Zip Co	ode					
Time of Abatement: 6:30A	M-3:00	PM/	15/1	M	A	M	BRISTOL, PA						
Scope of Work (Check all that	apply)	110	23/1	7_									
☐ ≥3 sf or >3 If			₩ D				☐ Full Cont	ainment with Ne	gative Pressure				
\(\sum_{\geq} \geq 160 \text{ sf or \geq_260 lf}\)			⊠ Re					osure					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uon		Non-Exer     Non-Exer	npted (*) and No	n-Friable Procedu	re			
			Is	Loc	ation					T	atem	ent T	Type
Location of				Norm			Description of	f .					1
Asbestos-Containing Mater TO BE ABATED	ial (ACI	M)			olely by	None.	stos Containing Mat	erial (ACM)	Amount	Remova	Repair	nc	Enclosure
IN Facility			Cus		I Staff?	(1.6	e., thermal systems in surfacing, VAT,		(Specify SF or LF)	lova	a a	aps	uso
(13)				(12		4	other miscellaned	ous)	Si di Li-)	=		Encapsulate	ire
			Yes	No	N/A	-						Ф	
Throughout Levels C, B a	nd A					Floor ti	le and mastic		1,465 SF				
Office A-7J			$\boxtimes$			Windov	v Caulk		96 LF				
Throughout Levels C, B a	nd A					Duct W	ork		1775 SF				
I <sup>st</sup> Floor Level 1							sulation (Wrap &		72 LF				
Name of Registered Waste Har SERVICE TRANSPORT (		P INC		- 1	Hauler	원이라 나갔어지자 유신	Cubic Yards of Waste	Name of Regis	tered Landfill . NORTH LAND	EII I	-		
City, State					2099	00	Disposal Date		LAND				
NEW CASTLE, DE							Disposal Date	City, State MORRISVI	LLE, PA 19067				
Completed By (Print or Type)		Title		-			Signature			ite			
Brian Scafiro			stimat	tor			Brian &	Icalin	Liel 1	1/22/	1,4		
SB-41 AY 11 0 - 1/4 - 2	_ Q		D		u. i. e		1	The state of the s	7	1- 1			_
SB-41 IAY 11 B S 14003	-B	* [	Do not	use	this forr	n for asbest	os licensure exempt	ed activities.	The state of the s	100/	1 1		

Pg. 2

				C9-41/05/0000	e or buildin	ng Owner/Operator	(2)						
	_ / _	14		Pr	inceton L	Iniversity-Office	of Design and	l Constru	ction		1		
	e Notificati	on		-	et Address	-							-
	nitial			20	0 Elm Dr.								
	rnended			City	State, Zip	Code						5	
	mendmen			10.000		NJ 08544							
DCA DCA	rnergency	(includi	ng										
	ustification			1-1-0.000.000	e of Contac			Telepho	ne Numbe	er			
lu'	Cancellatio	n		_	bert Orte			60-		Ę.			
				FA	CILITY IN	NFORMATION				1000			
Name of Facility Where Abate		100 m 100 m	ce (3)				Type of Facility	(4)					-
Princeton University-Fi	estone L	ibrary	32.7				School (K-1	2)					
Street Address							☐ Subchapter ☐ Other (i.e., p	8 (Other th	an K-12)	L.			
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Michael Keehn  Start Date (10)  2 / 5 /  Decupancy Status During / Facility Closed/Vacated Abatement Performed C Time of Abatement: 6:3  Scope of Work (Check all to 3 sf or ≥3 lf 2160 sf or ≥260 lf  Location of Asbestos-Containing Ma	Abatement During Er Dutside of 30AM-3:00 hat apply)	Schedi O A at (Check ntire Peri Normal I 00PM/	only iod of Faciliti	one) Abate ty Hou PM- enovate S Loca Norma ed Sole	ement and	6-8800 ate (11) scribe	215-788-6040  Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encle Glovebag Non-Exem  Description of stos Containing Mate	onitor //IRONMENTAL R STREET  de 19007  sinment with Nega osure Procedure Procedure npted (*) and Non-	, INC.	sure rocedure	Ab	_	
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Date of Notification	n (1)	100		ding Owner/Operat	or (2)	F 3 F		3	
7-21-14			Anne M	Greene		**		in the	
Agencies Notified	Type Notificati	on S	Street Addre	38		0044			
[ ]EPA	[X] Initial		169 Raa	b Ave.		2014 JUL	25 F	M 4: 3	, –
[ ]DEP	Notificat	ion	City, State,	Zin Code	<del> </del>	<u> </u>			
	[]Amended		200	eld, NJ, 0700	3	hanES!	199 C	OHIR	H.
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[ ]DCA			Anne M	Greene	1	_*			
	[ ]Cancellation	on							
Name of Facility Who	oro Abstomont is	Takin		ITY INFORMATION	Type of Facil	ites (A)			
Same as above		Lakin	g riace (5)						
					[ ]School	(K-12) oter 8 (Othe	n than	F-121	
Street Addres			4			i.e., priva			
					cial b	uildings, h	omes,	etc.)	
					Square Feet	# of Floo	ors B	ldg. Age	9
City (5	Co	unty (	6) Essex	County Code (7) (STATE USE ONLY		2		75	
				TIMO SEO SIRIE)	Current Use	Prior if be	ing de	molishe	d)
Name of Monitoring : Owner (8)	Firm hired by Bu	ilding	ASCM No.	13	tement Contracto	25,005			
N/A				AZTECH	MANAGEMENT	, Inc.			
Street Address				Street Addr	ess				
				86 Chr:	istopher St	•			
City, State, Zip Co	de			City, State	, Zip Code		<del> </del>		
				Montcla	air, NJ 070	42			
Project Manager for	Monitoring Firm	Tele	ephone Numbe	r Telephone N	umber	6	icense	Number	
		N/2	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	경기 :	44-8800		0037		
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boundarda beart back	e (10) balea.	COMPTE	ecton pace (	N/A	A MONITOR				
Month Day Y	Monti	n Da	ay Year	F*/					
Occupancy Status Du				Street Addr	ess				
of Abatemen	sed/Vacated Duri nt	ng Ent	ire Period						
	erformed Outside			City, State	, Zip Code				
	ribe: «OffHours I ribe: «Other Occu		Activities .						
Scope of Work (Check			Descripes						
scope or work (check	k all that apply	,		[ ]Ful	l Containment wi	th Negative	Press	ure	
[X]≥3 sf or		F(2)	]Renovation	[ ]Min	i-Enclosure				
[ ]≥160 sf	or ≥260 lf	£ :	]Demolition	4 (77) (77) (71) (71)	vebag Procedure -Friable Procedu	TO.			
			Is	£ 140H		T	Ab	atement	Type
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Asbestos-Cor	ntaining	No	cation rmally Used	Asbestos-C	ontaining	Amount	R	RN	C
	ntaining (ACM)	No S By	cation rmally Used olely Main-		ontaining . (ACM)	Amount (Specify SF or	RE	R C A	CHO
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#### State of New Jersey

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

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Date of Notification (1)						ner/Operator (2)	olo					÷ 5.			
	7/21/14 Type of Notifical		25,0110 -0.110	Address		p Public Schoo	015		2814	JUL 25	Dta	_			-
Agencies Notified	Type of Notifica			Morri		re.				- 2.0	17	4:	42		
	[x] Initial Notification								- William	u.					
	[] Emergency			tate, Zip			200		20 &	LICEN	12 W. 1.	(3)	H.		
[X] DOL	[] Amended		Unio	n, NJ	0708	33				-10514	SHIL	1			
[X] DOH	Notificatio	n	Name	of Conta	act				Telephone Nur	nber				1	
[] DCA	[] Cancellation	on	Thor	nas W	/iggir	าร		8.							
			-		FAC	ILITY INFORMATION	ON	1							3 8
Name of Facility When	e Abatement is T	aking P	Place (3	)	-			Type of Facili	ty (4)					10000	000
Battle Hill ES						(8)		I II Subc	ool (K-12) chapter 8 (Other	than K-12)	بالديما ام:	dings, Age  Der  00852  LC  Abatema Type R R E E M O A A R S A R L R			
Street Address									r (i.e. private an les, etc.)	a commerc	iai buik	ings	۶,		
2600 Killian Plac	ce							Causes Foot	# of Floo	FG	Pida A	00			
City (5)		Coun	tv (6)		1	County Code (7)		Square Feet 60000	2		~ 60	ige			
Union		Unio				(STATE USE ONL	Y)		Prior if being de	molished)					
Name of Monitoring Fi	iona Llicad by Duile			ASCM	No	Name of Ah	atem	educational ent Contractor (	'9)						_
Environmental C			mei	00	INO.	Name of Ab			onmental S	ervices.	Inc.				
Street Address	JOHN ECTION, 1	110.		00		Street Addre		apitor Ellen	ommonia o	0.7.000,			100		_
120 North Warre	en St.						3	Lynn Cour	t		5,000				
City, State, Zip Code		770000				City, State,									
Trenton, NJ 086	NO AND AND THE RESIDENCE OF THE PERSON OF TH								k, NJ 07035		- N			-	
Project Manager for M				e Numb 2-420		Telephone I		oer 973 <b>-</b> 709-02	00	License			35	2	
Dominick Derco Scheduled Start Date				Date (		Name of OS			00			000	00.		_
7/30/14	(Notice and the contract of th		/30/1		/	1			onmental La	boratori	es, L	LC			
Occupancy Status Du	ring Abatement (	Check of	only on	e)		Street Addr									_
회원 정상 회 취 회사교	ed/Vacated During erformed Outside					t	2	333 Route	22 W						
[] Abatement Pe		OI NOII	ilai Fac	anty 1100	115 -	City, State,			7000			4: 42  GOL  Abatem Type Type REEMPOAL VAR LX			
[x] Other - Desc	cribe: partially va	cated					ı	Union, NJ 0	17083			mber 0085; LLC  Abatem Type R R R E M P O A I A R L X			
Scope of Work (Check	k all that apply)				772.5710					715 NI 1	· D	dings, ge  Abatem Type R R E P O A I R L R L			
[] Demolition				[X	1 R	enovation			ull Containment Mini – Enclosure		ive Pre	dings, Age  ber 00852  LC  Abatem Type R R E M O A O A R A R L R			
[] Demolition [] ≥3 sf or ≥3 lf				Į,	.1	01101441011		[]	Glovebag Proced	dure			0852		
[x] ≥160 sf or ≥2	260 If							[x] N	Non – Friable Pr	ocedure					
			Is Loc Normali				Descr	ription of			100			ien	
Locatio	on of		Sole					- Containing		Amour	nt	R	R	Εį	E
Asbestos – C		2,732		nce/Cus	5			al (ACM) mal systems		(Specif SF or L				N	N
Material ( TO BE AE	\$0000000000000000000000000000000000000	10	odiai Si	aff (12)				urfacing, VAT,		01 01 2		0	8	A	L
In Fac	ility	.,	T	N1/A		or oth	ner mi	iscellaneous)					I	P	O S
(13)	)	Ye	s No	N/A							100	701	1	U	U
Rooms 14, 16, 17,	18, and cafeter	ia	X		V	AT and mastic				5400 SF		х			
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					-						-	-	+	-	
Name of Decistered V	Mosto Haulos	$\perp$	NIDE	Waste		Cubic Yards		Name of Re	gistered Landfill				_		-
Name of Registered V Jupiter Environr		ces		ID No.		Of Waste		Minerva							
	nontal oci vic		047	32		15		000000000000000000000000000000000000000					_		
City, State						Disposal Date 8/15/14		City, State	ourg, OH						
Lincoln Park, N. Completed By (Print of		Tit	le			Signature	e /	vvaynesi	July, Oll	Date					
Pane Repic	n Type)	9,05	7.75	ıl Man	agei	100	1/		Q	17,000,000	1/14				
			J. 101 C		-50		2	$\angle$							
ASB-41			117-12-12-12					Ÿ.							

CK 4260

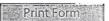
### Print Form

Date of Notification (1) 7-22-2014						Owner/Opera res LLC c/		(2) Schatz ASC	HH JI	JL 25	PH L	ι: <b>ί</b>	3	
Agencies Notified	Type Notification			Street Ad 701 Co		d Suite 7			35E		CC 14	ii	i	E
DEP DOL	Amended Amendment			City, Stat Voorhe				D	- <del>C</del>	Liver	1. 14(	2	3.	
DOH DCA	justification)	including	- 1	Name of Andrev					Tele	ephone Nu	ımber			
	<u> </u>			FACIL	ITY INFO	RMATION			-					
residence	Abatement is Taking	g Place (3)						Type of Facility  School (K-	12)		10)			
123 Rainey Road								Subchapte Other (i.e. etc.)				lings,	home	es,
City (5) Woolwich Twp.								Square Feet 2120	# of 2	Floors		ldg. A 25	ge	
County (6) Gloucester	olwich Twp.  hty (6)  ucester  e of Monitoring Firm Hired by Building Owner (							Current Use (Privacant	ior if bei	ng demolis	shed)			
	blwich Twp.  ty (6)  ucester  of Monitoring Firm Hired by Building Owner (				No.	100000		of Abatement Co						
Street Address	blwich Twp.  y (6)  Icester  of Monitoring Firm Hired by Building Owner  Address  State, Zip Code  et Manager for Monitoring Firm					Str	reet	Address Creek Road						
City, State, Zip Code	nty (6) Ducester ne of Monitoring Firm Hired by Building Owner (1) et Address , State, Zip Code ect Manager for Monitoring Firm  t Date (10)  Scheo					Cit	ty, S	tate, Zip Code nawr, NJ, 080	131					
Project Manager for Mor	2-2014    Decis Notified   Type Notification   EPA				ne No.	Te	leph	none No. 466-6452		License 01204	No.			
Start Date (10)	idence  It Address It Address It Rainey Road It (5) It (6) It (6) It (6) It (6) It (6) It (6) It (7) It (8) It (9) It (9) It (10) It					Na	me	of OSHA Monito	г	01201				
	g Abatement (Chec							Address	<del>))</del>	-		-		
_	DEP DOL Amended Amendment # Emergency (includir justification)							Creek Road						
Abatement Perform	EPA DEP DOL DOL DOH DOCA					100000		tate, Zip Code nawr, NJ, 080	131					
Scope of Work (Check A	II That Apply)			•			Cili	11401, 140, 000	,,,,,					
≥3 sf or ≥3 lf		Accessed to the contract of th	enova emolit				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempt	re ocedure				e	
		0.000	Locati			3758 74	_	See	, , , ,			Abat	emen pe	t
Asbestos-Containing <u>TO BE AB</u> In Faci	Initial		d Sole intenal odial S (12)	ly by nce/		Descrip tos Containir thermal syst surfacing, other misco	ng N tems , VA	Material (ACM) s insulation, T, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		е	
Sec. 1				X		pipi	-		-	50 LF	x		-	_
				X		roofing s			-	000 SF	Х			-
Garaç	ge			X		roofing s	shin	igles	6	00 SF	x	-		-
Name of Registered Wa	ste Hauler		1898	JDEP W		Cubic Yar	ds	Name o	f Registe	ered Landt	ill			
	Corp			lauler ID 8909	NO.	of Waste		<b>`</b>	Coun	ty				
City, State Bellmawr, NJ						Disposal D	ate	City, Sta						
Completed by		Title				Signa	atur		$\rightarrow$ ,	1	Date			
Andrew Ricco		owne	er			$\perp \downarrow$	//	nduct	en		7-22-2	014		_
ASB-41 (R-06-08)						6	Oo no	ot use this form f	or asbes	tos licens	ıre exer	npted	activ	ities.

CK# 24598



Date of Notification (1)			- T	Name	of Building	Owner/Operator	(2)	9844 00				
	23/14	×					Colon	2014 JUL	25	PM	1, .	30
Agencies Notified	Type Notificat	tion		Street	Address	68	Hamiltonian	Drive	ah mera	· /* ,	7* 31	ω.
EPA DEP	Amended		-	City, S	tate, Zip C	ode		79 & L	CEN	SIN	C.	- T
<b>⊠</b> DOL	Arnendme  Ernergend					Re	d Bank, NJ 0	17701		0112	G	f]
DOH DCA	justification Cancellation			Name	of Contact	amie Colon		Telephone Num				
				FAC		ORMATION		(000)			-	=
Name of Facility Where	Abatement is Ta	aking Place	(3)	FAC	ALIT INF	OKIVIA TIOI4	Type of Facility	(4)				
Traine of Facility Trioro		esidentia					School (K-1		۵۱			
Street Address	68 Har	niltonian	Dri	ve			Other (i.e., p homes, etc.	,	ial build	200000		
City (5)	Rec	d Bank,	NJ				Square Feet 1800	# of Floors	_   _	55.		_
County (6)	onmouth				nty Code (7 ONLY)	7) (STATE	Current Use (P	rior if being demol	shed)			_
Name of Monitoring Firm	n Hired by Build	ing Owner	7	ASCM	No.		nent Contractor (9		т.			
(8)	MECS						ens Environi	mental Servic	es, Ir	iC.	-	
Street Address	PO Box	341				Street Address	PO I	30x 322				
City, State, Zip Code	TO DOX	011				City, State, Zip C	Code					_
	rosswicks, l	VJ 08515					Allentow	n, NJ 08501				
Project Manager for Mo	nitoring Firm Laureti			phone	No. 8-4070	Telephone No. (609) 25	59-9688	License No.	00493	3		
Start Date (10)		cheduled C	-			Name of OSHA			0010			_
7/28/14	-		/31/				M	IECS				
Occupancy Status Duri	N76 (1)			200.000.000		Street Address	DO I	3ox 341				
☐ Facility Closed/Vaca☐ Abatement Performe						City, State, Zip C		30X 341				_
Other - Describe:						Oity, Otato, Zip o		ks, NJ 08515				_
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)	Re	novati molitio			☐ Mini-En	ag Procedure	gative Pressure	ure			
			ocatio						<i>A</i>	bater Typ		
Location		Used	Solei	y by	Ashas	Description o		Amount				
Asbestos-Containing TO BE ABA	TED	Ct	ıstodia			thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	ty	1000	Staff? (12)			surfacing, VAT other miscellane		SF or LF)	oval	=	psula	sure
920(50040		Yes	No	N/A							ate	
1st flo	or			×		VAT		700 lf	×			
		_										
		_									2	
Name of Registered Wa	aste Hauler		TN	JDEP \	Waste	Cubic Yards	Name of Reg	istered Landfill				
	Environmen	tal	H	lauler II 182	0 No.	of Waste 2 CU		T.R.R.F.,	lnc.			
City, State			-   -	102	302	Disposal Date 7/31/14	City, State	Tullytown				_
Completed By	Allentow	n, NJ Title					H)/	Date			-	=
Mahlon E. St	evens	15.00	ojec	t Mar	nager	11/			7/2	3/14		





0 CK 4235

Date of Notification (1) 7/21/14				wner/Operator							
Agencies Notified Type Notification		Street Ad		TVato Florin			L-25 PH		!		
EPA Initial Amended Amendment #_ Emergency (inc	cluding	City, State	e, Zip Cod awkin N		í	#5020 8	LICENSI	N 15	// ///		
DOH justification)  Cancellation		Stacy	Contact				Telephone N	number			
N	21 (0)	FACIL	ITY INFO	RMATION	1-						
Name of Facility Where Abatement is Taking F Stacy Janzer Private Home	Place (3)					of Facility (4)					
Street Address 1374 Paul Blvd					x c		(Other than K rate & comme		lding	s, hor	nes,
City (5) Manahawkin NJ 08050					Square 1000-	e Feet	# of Floors	1000	Bidg 35	Age	
County (6) Ocean	,	County C	ode (7) SE ONLY)		Currer	575	if being demo	lished)			
Name of Monitoring Firm Hired by Building Ow N/A	vner (8)	ASCM	No.		of Abate	ement Contra	actor (9)				
Street Address	19			100000	t Address Box 32	7.0					
City, State, Zip Code		700			State, Zip	o Code n NJ 0809	1				
Project Manager for Monitoring Firm		Telephon	ne No.		hone No -753-98		License 00727				
	Scheduled Cor 7/25/14	mpletion D	Date (11)	Name San	1833.8	A Monitor					
Occupancy Status During Abatement (Check	Only One)	-		Stree	t Addres	S					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:				City,	State, Zij	p Code		-			
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Min Glo	i-Enclosure vebag Proce	nt with Negative dure (*) and Non-F			ura	
	Is Locat	tion			1101	- Exempled	) and Itom	TIGDIC 1 1		ateme	ent
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Norma Used Sole Maintena	illy ely by ance/		Description os Containing thermal system	Material		Amount (Specify	72	T	Type	1 0
In Facility (13)	Custodial (12)		,	surfacing, V other miscella			SF or LF)	Removal	Veball	Encapsulate	Enclosure
	Yes No	N/A								a	
Exterior Siding		X		Exterior S	iding		1000 SF	x			_
									1		
		1						_	+	-	-
Name of Registered Waste Hauler		NJDEP W	laste	Cubic Yards		Name of R	egistered Lan	dfill			
United Containers	1	Hauler ID		of Waste	9	G.R.O.W					3
City, State Elm NJ				Disposal Dat 7/25/14	te	City, State Morrisvill	le PA 1906	7			
Completed by Anthony T Perna	Title President			Signatu	ire /			Date 7/21/1	14		

CK 00 6250

D&S Proj. #: 2014-283

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



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Date of Notification (1)  0 7 / 0 8 / 1 4			1. Vod. 1900 - 1	er/Operator (2	*	ICH	4	PA JUL	. 25 P	°M 4:	57		
Agencies Notified   Type Notific	ation	Street Addr		ERYLE GRE	ENA	JGH		47040					
☐ EPA ☐ Initial ☐ Amended		W4: 00 P D D D D D D D D D D D D D D D D D	WELL A	VENUE			TA	1000 C	ICENS	ONTP MAC	OL.		
DEP Amendment	#.     <del> </del>	City, State,		· LITCL			25 54			1-112	Tip.		
DOL Emergenc		0.50	8	II 07206									
DOH (including		Name of Co	Y CITY, N	J 0/300			18-1	LTelepho	ne Numb	er		_	
justification	1) [[							Tolopho	ne radino	, C1			
DCA Cancellation	on	KEVIN	AND CH	ERYLE GR	EENA	UGH		<u> </u>					
			FAC	ILITY INFORM	MATION		, ,						
Name of facility where abatemen	t is taking p	lace (3)					Туре	of Facility	(4) ool (K - 12	2/			
KEVIN AND CHERYLE G	REENAU	GH		15				=	hapter 8	7	nan K	-12)	
Street Address							11	Other	(Private/	Comme			
152 DIDWELL AVENUE									./Homes,				
152 BIDWELL AVENUE		. 78					Squ	are Feet	# of Flo	ors	Bi	dg. A	ge
City (5)	Col	unty (6)				nty Code (7)							
JERSEY CITY	ш	UDSON			(Sta	te use only)	Cur	rent Use (I	Prior if be	ing dem	olishe	ed)	
Name of Monitoring Firm Hired by				ASCM No.	$\vdash$	Name of Abateme	nt Contra	ctor (9)	-	j.		_	
g	,g	(0)	- 1	ACCIVITIO.				200	# E				
Street Address						D & S RESTO Street Address	RATIO	N, INC.	<u> </u>	<u> </u>	1.4		
Street Address							A						
City, State, Zip Code					_	20 California City, State, Zip Coo			- X		-	_	
Only, Olate, Zip Code						11 To 12 To				rosult.	7/19/		
Project Manager for Monitoring Fir		In	hone Numb			Paterson, NJ Telephone Number			Hisons	o Numb		_	
Project Manager for Monitoring Fil	111	I P	none Numb	er		973-345-802				se Numb 01169	е		
						Name of OSHA M				01102			
Start Date (10)	Sche	d. Complet	ion Date (1	1)		D & S Restor		c					
07/22/14	07/3	31/14				Street Address	ation, in	· ·					
Occupancy Status During Abatem			Commission of the Commission o			20 California	Avenue						
Facility closed/vacated durin		700	ement.			City, State, Zip Coo			1,000		-11	_	
Abatement performed outside Describe:	le of norma	I facility hou	ırs-			,, <sub>-</sub>							
Other-Describe: NORMAL	HOURS				-	Paterson, NJ	07503						
Scope of Work (check all that app								ntainment	w/negativ	e press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$		ion				ī	=	closure	····oga.	. о р. ооо			
>160 sf or >260 lf	Demolitic							ag proced					
	•		used solely	,		L	Non-E	xempted (*	) and No	n-friable R	proc		1
Location of asbestos-containing		tenance/cu		1				Amount		e	e	E	E
material (acm) to be	staff(12)			material		sbestos-containing		(Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A		,		- 1	LF)		V	i	a p	L
BASEMENT			-	PIPE INSU	п алт	OM		0 L FT		e ISA	4	-	
BASEMENT	-	₩×.	4	PIPE INSC	LAII	ON	21	ULFI			무	井	11
		-	#					are the bull		ᆛ	片	무	1#
	-	-	-								부	무	井
					e e					ᆛᆜ	닏	ᆜ	부
Pagistared Maste Haules				This Vester 1	Macto	IN					Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC	. NJE	EP Hauler 506	2	ubic Yards of 2 YDS	vvaste	Name of Register TULLYTOW			ECOVE	ERY			
City, State			Disposal D			City, State							
PATERSON, NJ 07503			07/23/1			TULLYTOW	N, PA						
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESII								07/0	08/2014			
ASB-41	Do not u	se this form	for aspesto	os licensure ex	emote	activities.							

CK 2746

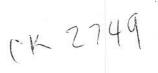


Date of Notification (1) 07/14/14						wner/Ope		2)	2014	JUL 25	PH !	<sub>4</sub> : 5	8	
Agencies Notified	Type Notification		100000	reet Add 970 SV		MORE	AVE		150	ESTOS LICE	CON	TRO	t	
EPA DEP  DOL	Amended Amendment #				, Zip Cod OOD N	e J 08701	1	(i)	ŏ	LICE	HIEH	Ì	$\xi_{\mathcal{L}}^{\bullet}$	
DOH DCA	Emergency (in justification) Cancellation	ncluding	N	ame of C	ontact				Tel	lephone Ni	jmher			
				FACILI	TY INFO	RMATIO	N							
Name of Facility Where A Street Address 8 BENTON AVE	Abatement is Taking	Place (3)			- 13			Type of Facility  School (K- Subchapte Other (i.e.	12) r 8 (Oth	ner than K- & commer	12) cial build	ings,	nomes	S,
City (5) MIDDLETOWN								etc.) Square Feet 2000	2	of Floors	BI	dg. A	ge	
County (6) MONMOUTH				ounty Co	ode (7) SE ONLY)			Current Use (P HOME	ior if be	eing demoli	ished)	S=1		
Name of Monitoring Firm	Hired by Building (	Owner (8)	$\dashv$	ASCM	No.		Name AAA	of Abatement Co LEAD PROF	ontracto ESSIC	or (9) ONALS				
Street Address					_		Street	Address						
City, State, Zip Code							City, S	ate, Zip Code	-	<del>- 1</del>			201018	
Project Manager for Mor	nitoring Firm		Т	elephon	e No.		Teleph	one No. 668-9078		License	No.			
Start Date (10) 07/25/14		Scheduled 07/27/14		pletion D	ate (11)			of OSHA Monito		ONALS				
Occupancy Status Durin	a Abatamant (Chac							Address						-
				1				HITE DOVE	COUR	Т				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nom	al Facility F	lours	ent		_		tate, Zip Code EWOOD, NJ	08701	ĺ				
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Secretary Co.	novat					Full Contain Mini-Enclose Glovebag P Non-Exemp	ıre ocedur	e			ъ	
10		_						1 Non-Exemp	Eu ( ) a	iliu Noll-i i	lable 1 10		ement	
20			ocation or mall				7					Ty	ре	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used	Solel itenar idial S (12)	y by nce/ staff?	Asbes (i.e.	tos Conta thermal	system ing, VA	Material (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			10.01	HAALES/	-	5LF	X	-	-	-
EXTER					F		Section 1	HIMNEY	-		X	-	-	-
BEDRO	MOC					FLO	OR TI	LES		200SF	X			
Name of Registered Wa	aste Hauler		N	JDEP W	aste	Cubic '		Name	of Regi	stered Lan	dfill.			
NEWARK CARTIN				lauler ID 4509	No.	of Was		IESI				i,		
City, State NEWARK, NJ						Dispos 07/24	/14	BETI		EM PA	Deta		O'	٠.
Completed by JOSEPH PERLSTE	ΞΙΝ	Title OWN	ER			S	ignatur /		-1		Date .		73.	

CK2744



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ate of Notification (1) 4/01/14				A TC	) Z	ng Owner/C	)perator (				PH 4:			_	
gencies Notified	Type Notific	cation		Street 515	Address HOPE	CHAPEL	.RD		: adE	11.	7 CCHT	· · · · · · · · · · · · · · · · · · ·			
EPA DEP	× Initial Amen	ded	H	City S	State, Zip		5-20 2-300	9		114					
DOL	T Emer	dment # gency (includir cation)		Name	e of Conta					Teleph	none Numb				
DOH DCA	Cano	ellation		EST		NEODIA A	TION								
			(2)	F/	ACILITY	INFORMA"	ION	Type of Fa	cility (4)						
ame of Facility Where	Abatement i	s Taking Place							ol (K-12) hapter 8 r (i.e. priv	(Other	than K-12) commercial	buildings	s, hon	nes,	
Street Address 515 HOPE CHAP	EL RD							Square Fe	2000	# of F	Floors	Bldg.			1
City (5) LAKEWOOD								1500	lse (Prior	3 if bein	g demolish	ed)			1
County (6)			COL (ST)	nty Code	(7) ONLY)		HOME			100				-	
OCEAN  Name of Monitoring Fi	irm Hired by	r (8)	F	SCM No	•	Nam	e of Abatem A LEAD P	ROFES	SSIO	NALS					
						Stree	et Address VHITE DC	VE CO	URT						
	e of Monitoring Firm Hired by Building Owne et Address  State Zip Code						City	State, Zip (	Code					57 P.	
City, State, Zip Code		<u>10 €71</u>		T To	lephone	No	Tele	KEWOOD		701	License N	10.			
Project Manager for I	Monitoring Fi						1 1 1 1 1 1 1	2-668-907 ne of OSHA			1200				-
Start Date (10)		Sc   07	heduled (7/15/14	Comp	letion Da	te (11)	AA	A LEAD I	PROFE	SSIC	NALS				
07/15/14 Occupancy Status D	uring Abaten	nent (Check O	nly One)			%	Stre 6 \	eet Address WHITE D	OVE CO	DURT	Γ				
Facility Closed/ Abatement Per Other – Descril	Vacated Dur formed Outsi	Entiro Peri	od of Aba	ateme	nt		City	y, State, Zip AKEWOO	Code D, NJ 0	8701					
Scope of Work (Che		apply)						П	O-mtoinm	ont wi	th Negative	Pressur	е		
≥3 sf or ≥3 lf			Re	novati	ion			Mini	<ul> <li>Enclosur</li> </ul>	re					
x ≥160 sf or ≥26	O If		☐ De	moliti	on			Glov	vebag Pro	ocedur	e and Non-Fri	able Prod	cedure	e	_
								L NOI	PLXCIIIpi	T			Abate	ment pe	
Asbestos-Cont	ocation of aining Materi BE ABATED To Facility (13)	al (ACM)	No Used Mair	ocation ocatio	ly by nce/	(i.e. th	s Contain nermal sys	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM) ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
	(13)		Yes	No	N/A			NNO		+-	400SF	X	+		
EX	TERIOR						SIL	DING		+			I		
					-									_	1
	0								52 - 52 - 53 - 53 - 53 - 53 - 53 - 53 -						
		wior		-	NJDEP V	Vaste	Cubic Y		0.0000000000000000000000000000000000000	of Re	gistered La	ndfill			
Name of Register		lulei			Hauler ID 04509	) No.	of Wast		City,	State					
City, State							Disposa 07/15/	14	BET	HLE	HEM PA	Date			_
NEWARK, NJ Completed by			Title	NER			Si	gnature	/-			Julio	07	11/	4
JOSEPH PER	RLSTEIN	1	UVV	NER				t	U'			ensure e)	remnt	ed act	V



t

Date of Notification (1)				Name of Building Owner/Operator (2)												
07/14/14				DAVID 784 JUL 25 PM 5: 60												
Agencies Notified				Street Address 242 WASHINGTON AVF												
DEP  DOL	Initial Amended Amendmen	nent # BELLEVILLE NJ 07109						450ESTE SONTE .								
DOH DCA	justification	Emergency (including justification) Cancellation			Contact		Telephone Number									
		·		FACIL	ITY INFO	RMAT	ION			6	-					
Name of Facility Where A	batement is Taki	ng Place (3)							of Facility (4 School (K-12							
Street Address 242 WASHINGTON	17.00						×	Subchapter 8 Other (i.e. pr etc.)	(Othe			uild	ings,	home	s,	
City (5) BELLEVILLE									re Feet # of Floors			Bldg. Age				
County (6) ESSEX			County Code (7) (STATE USE ONLY)					ent Use (Prio	r if bei	ng demol	ished	)			8	
Name of Monitoring Firm	Owner (8)							of Abatement Contractor (9)								
Street Address				Street					Address HITE DOVE COURT							
City, State, Zip Code				City, S					State, Zip Code EWOOD, NJ 08701							
Project Manager for Monitoring Firm				Telephon	ne No.		Telephone No.				License	ense No.				
Start Date (10) Schedu			ed Con					e of OSHA Monitor								-
07/24/14 07/24/14				AAA					D PROFES	SSIO	NALS					1020.00
Occupancy Status During Abatement (Check Only One)				ement 6 V				et Address HITE DOVE COURT								
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:								, State, Zip Code KEWOOD, NJ 08701					53-63	77122		
Scope of Work (Check Al	I That Apply)						Litte		00, 140 00				_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolit	lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls	Locat	ion					III Exemples	1 / 411	4 1 10 11 11			Abate	ment	
Location	of	Norm Used So			na!ly De			n of		80		-	Type			
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	intena codial (12)	nce/		therm: surf				Amount (Specify SF or LF)		Zeilloval	Removal	Repair	Encapsulate	Enclosure
BASEME	ENT	X	.,.			PIPE	INSUL	ATIO	N +	1	50 LF	2	7	.,		ent .
BASLIVIC		- ^				- 11 -	IIVOOL	7110			50 Li	- 1		5		4
											-		-	-		
*				-								+	1		?	
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubi	c Yards		Name of F	Registe	ered Land	Ifill		1	, e ,	
NEWARK CARTING			N-500	Hauler ID No. of Waste 3			aste	IESI								
City, State NEWARK, NJ				Disposal Date 07/24/14				City, State BETHLEHEM PA								
Completed by JOSEPH PERLSTEIN OWNER							Signatur	e				Date 07/14/14				