

Date of Notification (1) July 23, 2015				Building of Connection		perator	r (2	)	ازال	2.7	20	15				
Agencies Notified	Type Notification			Street A	ddress wood A	venue	Suite	10	)1		4	100				2015
EPA DEP X DOL	Initial Amended Amendment	#		City, Sta	ite, Zip Co Orange N	de										
☑ DOH DCA	Emergency ( justification) Cancellation	including		Name of	f Contact es Hrysh					Tel	lephone	Num	ber			
					LITY INFO		ON			1		_				
Name of Facility Where Family Connections		Place (3	3)					I	ype of Facility  School (K-	8.50						
Street Address 48 13th Street									Subchapte Other (i.e.	r 8 (Oth				dings,	home	es,
City (5) Paterson								S	etc.) Square Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Passaic	27			County (	Code (7) USE ONLY)	(°			Current Use (Pr	ior if be	ing dem	olish	ed)			
Name of Monitoring Firm Sky Environmental		Owner (8)		ASCN 0035					Abatement Construction C							
Street Address 140 Boulevard									ddress atchung Ave	enue						
City, State, Zip Code Mountain Lakes, N.	J 07046								te, Zip Code Drange, NJ (	07052			11272			
	oject Manager for Monitoring Firm eonid Shereshevsky								ne No. 69-2900		Licen:		١.		15 90 90	
Start Date (10) July 25, 2015									OSHA Monitor		Global	Inc.				
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)						idress							
Facility Closed/Vac Abatement Perform	ated During Entire F	eriod of A	Abater Hour	nent s			description of the		V Cary Streete, Zip Code	et						
Other – Describe:		-				_			ond, VA. 23	220						
Scope of Work (Check A	II That Apply)						-	_			-200					
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Demoli				2	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					0	
		ls	Locat	ion				_	Non-Exemple	d ( ) an	u Norr-	Habit	5 1 10	3272 136	ement	1
Location		1	Vorma	lly		Des	scription	n of	f					Ту	ре	
Asbestos-Containing TO BE AB		Ma	d Sole intena	nce/					terial (ACM) nsulation,		mount Specify		ת		Ē	ш
In Facil (13)		Cust	todial ( (12)	Staff?	(1.0.	surfac	cing, VA	AΤ,	or		or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		othern	iisceiiai	nec	ous)				val	air	ulate	sure
Basem	ent		Χ			Pipe	Insula	atic	on		10LF		X			
	Basement															
					*											
Name of Registered Was			1000	JDEP W		Cubic of Was			Name of	Registe	ered Lar	ndfill				
Be Construction Cor	poration			laulei ID	NO.	OI VVas	sie		Tullyto	wn Fa	cility					
City, State West Orange, NJ 07	/est Orange, NJ 07052						sal Date		City, Sta Tullyto		Ą					
Completed by Barbara Reed		Title Presi	dent			S	ignature	e	lara y	lee	d	Date 07/		2015		

CK# 578

Date of Notification (1)	1 1		N	ame o	f Building	Owner/Operator	(2)	25					
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Agency Notified	Type Notification		S	treet A	ddress	ZENSSEL	A=2	SUA					
□ EPA	2 Initial		-	D. 04	ohn 7in C	`odo					.00.000		٦
DEP DOL	☐ Amended Amendment #		"	F<	50E1	FELLS	. 43.	07021 Telephone Numi					
	☐ Emergency (including	ng	N					Telephone Numi	er				
JZ DOH	justification)  ☐ Cancellation		1.	Me.	J.	FERRULL	5			0	>		
2501			_			ORMATION							
Name of Facility Where	Abatement is Taking Pla	ce (3)			•		Type of Facility	(4)					
UR. LA							☐ School (K-12	2)					
Street Address				12			☐ Subchapter	8 (Other than K-12) rivate & commercial	huildin	ns.			
15 RENS	BSELAER	AUE	7		2	21	homes, etc.	,					
City (5)							Square Feet	# of Floors	Bldg.				
	FELLS				¥1		4000	A		13	2		
County (6)			10	county	Code (7	) (STATE USE	Current Use (P	rior if being demok	shed)	. 23			
ESSE	EX.		1	ONLY)			45	ESIDEN (	B				
Name of Monitoring Firm		er A	SCM I	No.			nent Contractor (						
(8)					50	Best Re	moval In	ıc					
Street Address			(8)			Street Address							
11							River St						_
City, State, Zip Code					in the second	City, State, Zip (		07601					
	( <b>•</b> )	-						.J. 07601			-	_	_
Project Manager for Mo	nitoring Firm	Tele	phon	e No.		Telephone No.		00388					
2: 12: (2)	Scheduled C		- Det	(44)		201-329- Name of OSHA		1 00300					-
Start Date (10)			_	9 (11)	9	Omega En	vironmen	ntal		98			
8 3 5			7			Street Address							
	•					280 Huy	ler St						
☐ Facility Closed/Vacat ☐ Abatement Performe	ed During Emire Period d Outside of Normal Fac	or Abater dity Hour	ment S	F.,		City, State, Zip C	Code			*			
2 Other - Describe: 7						S.Hacke	nsack ,	N.J. 0760	)6				
Scope of Work (Check	all that apply)			10 11 11 11 11 11 11 11 11 11 11 11 11 1	1	. D Full	Containment will	Negative Pressure	•				
Z ≥3 sfor≥3 lf			-		ovation	- Mini	-Enclosure		98				
□ ≥ 160 sf or ≥ 260 lf			ſ	2 Den	notition	☐ Non-	ebag Procedure Exempted (*) an	d Non-Friable Proc	edure				
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*			amali							$\vdash$	Typ	De	-
Asbestos-Containi			Soleh		Asbe	Description stos Containing M	aterial (ACM)	Amount		_		9	м
TO BE A	BATED	Cu	stodia	al	(Le	., thermal systems surfacing, VA		(Specify SF or LF)		lem	Repair	Onp	nclo
//	3)	1	(12)		1	other miscellan		0, 0 ,		Removal	=	Encapsulate	Bure
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Name of Desired 194	note Herrica	1 11 50	EDIA	faste h	daudar	Cubic Yards of	Name of Ros	stered Landfill		Ш	1		_
Name of Registered We		ID N	lo			Waste ,		land Coun	1 T	ar	дf	i 1	7
Best Remova	il Inc		- 17	7109	9 .	2/207	Cumber.	rand coun	гу П	all	uт	11	. 1
City, State	220 200 200		_		7	Disposal Date	City, State	shurah D	۸ 17	21.	Ω		
Hacker	sack ,N.J.	0760	1			8/4/15	Net	wburgh , P.	2.1/	4	U		_
Completed by	Title					Signature			Date 7/2	2	1,	1	
J.Maiorand			,		h-1 -		فالمستع	<u> </u>	110	2	11.	4	
ASB-41	* Do no	R use this	s rorm	ror as	inestos li	censure exempted	activities.						

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BEST REMOVAL INC C/C 5716 PAGE 82/84

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7/20				Nam		ing Owner/Operah	N (2)		- Lun	-
Agency Nollind	Type Notification					SF			/333	1
					Addres				_	
Q EPA	- ET Trittel			_	25	FIDDUES	EX ES	BEXIT	PB-	
C) DEP SETOOL	Cl Amended Attendment d			CBy.	State, 24	Code .		MANUFRA	TRUTT	1)
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E DOH	Cancellation			The state of the s	MLE	2057 D	rica	Talophone Num	1964	7
						PORMATION	100		-	
Nation of Facility Whate A	Automost is Toking P	lace (S	}				Type of Facility	(40)		
Street Address	45F	_				) E	☐ School (N-12	- 00		
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1 100						0	Bourn Feet	# of Floors	Blog, Age	
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County (C)	7.i			Coun	by Code (	7) CHATE USE	Current blee /first	or If being chancile	607	Per //
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Name of Monitoring Pinn	Mind by linking Own	NA THE	ASC	Ro.	-	Name of Aires	ment Contractor &	60444	7 -14 85	
=71			11		22		moval Ind			
Street Address						Street Address				
655 WES	T SHORE -	TRA	ال	1		450 S.	River St		×	
City, State, Zip Code						Chy. Bitnee, Zip C	éde			
DYAILSTA	" MZ . 0.	787	1			1	sack , N.	1 07601		_
Project Manager for Monit	orno Phys	1	ologio	ne No.		Tabananan ata	Back , M.	Limense No.		
J. K. VON DOG			3-7	29.	36.49	201-329-	7444 .	00388		
Start Date (10)	Schoduled C	d driples	trees Page	to (11)		Hame of OSHA	Morring			
7/2471	5 7/2	7)1	5			Omega En	vironment	a 1		
Occupancy Status During	# # # # # # # # # # # # # # # # # # #					Bireet Address				
Q Facility Closed/Vacaded	During Entire Period	of Abin				280 Huy	ler St			
Abeleviers Performed C	Publishe of Name   Fee	Sty Ho	un			City, Bieto, Zip C				
Scape of Work (Check all )				6		S. Hacker	nsack , N	.J. 0760	6	
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Location	_		lome		0.5		- 1		Abole	
Achestos-Corpsining I	Metarial (ACM)	Una	d Schol	by by		Description e	f			
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(13)	2 6		QUAR-		1	Stifficing, VAT.	der .	SF or LF)	5 6	8 2
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Name of Registered Whele	Hatder	NJ	W-S	bedie H	puler	Cubic Yearth of	Name of Register			
Best Removal	Tno	101	lo.	109		Witness				
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City, State						Disposet Date	City, Steep			-
Hackensa	ick , N.J.	760	1			7/27/15		urgh , PA	17240	1
Completed by	Title					Signature		7.00	thin A	
J.Maiorano	Estimat					Vict	سممم	٦ "	7/20	151
USB-41	* Do not	Uto Ihi	s feature	for asi	edict to	STIDLE & STREET	MyRios.			



Agencies Notified   Property	Date of Notification (1) 7-22-2015			Name Eglei	of Buildin	g Owner Wrecki	Operator	r (2)						-	
DOL   Amendment #   Jersey City, NJ 07305   Jersey City, NJ 07087   Jersey Cit	☐ EPA ☒ Initial	tion		Street 365 I	Address Danforth	n Avenu						- 7	-010		
Def	X DOL Amenda	nent #		City, S Jerse	state, Zip ( ey City,	Code NJ 073	05		II.					· ·	
Type of Facility (4)	justificat	ion)	1	Harris St. Communication of the Communication of th						Te	elenhone N	umbe	r		
Street Address   School (K-12)   Subchapter 8 (Other than K-12)	Name of Facility Where Abatement is T	aking Place (	3)	FAC	CILITY IN	FORMAT	TION	-		_				_	-
1901 Summit Avenue	Industrial		~ <i>)</i>					П							
Dinion City, NJ 07087	1901 Summit Avenue							×	Subchapte Other (i.e.	r 8 (Otl	ner than K- & commer	12) cial bu	ıilding	s, hor	nes,
Current Use (Prior if being demolished)   Name of Monitoring Firm Hired by Building Owner (8)	Union City, NJ 07087							2353253	are Feet		of Floors			Age	
Street Address  Street Address  Street Address  Street Address  235 Virginia Avenue  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  201-333-8855  01174  Start Date (10)  8-1-2015  Start Date (10)  8-1-2015  Start Date (10)  8-1-2015  Scheduled Completion Date (11)  8-1-2015  Start Date (10)  8-1-2015  Start Date (10)  8-1-2015  Start Date (10)  8-1-2015  Street Address  Above  Street Address  Street Address  Above  Amount (Specify Andrest Andres)  About Address	Hudson			County (STATE	Code (7)	Y)		Curr	ent Use (Pr	ior if be	ing demoli	shed)			
Street Address 235 Virginia Avenue  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No. Telephone No. 201-333-8855 Telephone No. 201-33-8855 Telephone No. 201-34-Monitor 201-34-Monito	50 h 5.00 but 0	ing Owner (8)		ASC	M No.		Name Gree	of Ab	atement Co vironmen	ntractor	r (9) ervices.L.I	С			
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  201-333-8855  O1174  Start Date (10) 8-1-2015  Same as above  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Other — Describe:  In Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  In Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  In Each of OSHA Manager  Is Location of Asbestos-Containing Material (ACM) In Facility (13)  In Facility Closed ABATED (13)  In Facility Closed ABATED (13)  In Facility (13)  Basement  X  Pipe Insulation  In Facility Close Alament Type  Asbestos Containing Material (ACM) (Specify Service) Asbestos Containing Material (ACM) (Specify							Street	Addre	ess						
Telephone No. 201-333-8855   License No. 01174    Start Date (10)   Scheduled Completion Date (11)   Same of OSHA Monitor Same as above    Occupancy Status During Abatement (Check Only One)   Street Address    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours    Other - Describe:   City, State, Zip Code    Street Address   City, State   City, State, Zip Code    Street Address   City, St							City, S Jerse	tate, z	Zip Code ty, NJ 073	304					
Slart Date (10) 8-1-2015 Scheduled Completion Date (11) 8-1-2015 Same as above    Same as above				Telepho	one No.		Teleph	one N	lo.			Vo.			
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Scope of Work (Check All That Apply)   ≥ 3 sf or ≥3 lf	8-1-2015	8-1-20	15	mpletion	Date (11)	)	Name	of OS	HA Monitor						
Scope of Work (Check All That Apply)   ≥ 3s of or ≥ 3t if   ≥ 160 sf or ≥ 260 lf   ≥ 160															
EX ≥3 sf or ≥3 If ≥160 sf or ≥260 If    Renovation   Demolition   Exempted (*) and Non-Friable Procedure	Abatement Performed Outside of N	re Period of A ormal Facility	Abate Hour	ment rs		-	City, St	ate, Z	ip Code						
Secondation   Demolition   Secondation   Description of   Asbestos Containing Material (ACM)   Amount (Specify (12))   Secondation   Secondation   Description of   Asbestos Containing Material (ACM)   Amount (Specify (12))   Secondation   Secondati	Scope of Work (Check All That Apply)														
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement X Pipe insulation  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe insulation 100 LF X  Nome of Registered Waste Hauler  Green Environmental Services, LLC  City, State lersey City, NJ  Completed by iliana Serrano  Is Location Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Proposed							×	Glo	n-Enclosure vebag Proc	edure					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement  X Pipe insulation One of Registered Waste Hauler  Present Environmental Services, LLC  Title Orapleted by iliana Serrano  Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe insulation  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Problem of Registered (Specify Service)  Amount (Specify Service)  Amount (Specify Service)  Problem of Registered Landing  Amount (Specify Service)  Registered Landing  G.R.O.W.S. North Landfill  G.R.O.W.S. North Landfill  City, State  Be-3-2015  Completed by Ititle Office Manager  Office Manager	l									) ain	1 NOII-I Hat	ne Fit	Abat	emen	t
In Facility (13)    Custodial Staff? (12)   Custodial Staff? (12)   Secrity (13)   Secrity (13)   Secrity (12)   Secrity (13)    Asbestos-Containing Material (ACM)	Used	d Sole	ely by	Asbes	Des	scription of	of aterial	(ACM)	٨	mount	-	T:	/pe		
Basement X Pipe insulation 100 LF X  Name of Registered Waste Hauler  Breen Environmental Services, LLC  City, State ersey City, NJ  Completed by iliana Serrano  Basement X Pipe insulation 100 LF X  Name of Registered Landfill  Cubic Yards of Waste 2  Cubic Yards of Waste 2  G.R.O.W.S. North Landfill  City, State Morrisville, PA  Signature  Date	In Facility	Cust	(12)	Staff?	(i.e.	thermal surface	systems cing, VAT	insula , or	ition,	(S	pecify	Remova	Repair	Encapsula	Enclosur
Name of Registered Waste Hauler  Breen Environmental Services, LLC  City, State ersey City, NJ  Completed by iliana Serrano  NJDEP Waste Hauler ID No. 0f Waste 2 Disposal Date 8-3-2015  City, State Morrisville, PA  Signature  Date	Basement	Yes		N/A		i								ite	е
Green Environmental Services, LLC  Hauler ID No. 0034889  City, State  ersey City, NJ  Completed by  Illiana Serrano  Hauler ID No. 0034889  Disposal Date 8-3-2015  Signature  Date  Name of Registered Landfill  G.R.O.W.S. North Landfill  City, State Morrisville, PA			^			Pipe	insulati	ion		10	0 LF	Х			
Green Environmental Services, LLC  Hauler ID No. 0034889  City, State  ersey City, NJ  Completed by  Illiana Serrano  Hauler ID No. 0034889  Disposal Date 8-3-2015  Signature  Date  Name of Registered Landfill  G.R.O.W.S. North Landfill  City, State Morrisville, PA															
Green Environmental Services, LLC  Hauler ID No. 0034889  City, State  ersey City, NJ  Completed by  Illiana Serrano  Hauler ID No. 0034889  Disposal Date 8-3-2015  Signature  Date  Name of Registered Landfill  G.R.O.W.S. North Landfill  City, State Morrisville, PA	Name of Registered Waste Hauler		IN	IDED W	acto	Cubin									
ersey City, NJ  Completed by  Title Office Manager  Disposal Date 8-3-2015  City, State Morrisville, PA  Signature  Date	Green Environmental Services, LL	_C	Н	auler ID	No.	of Was						dfill			
Completed by  Title  Signature  Date	Jersey City, NJ	ey City, NJ													
I AT I ST TO A REAL PROPERTY OF THE PARTY OF	Completed by iliana Serrano	100000000000000000000000000000000000000	Man	ager			23-26.915				Dat		115		



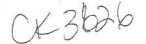
Date of Notification (1) 7-20-2015					Building Onton Aven					JU	L 27	20	15			
Agencies Notified	Type Notification			Street Ac						10,000		11.7				
EPA DEP DOL	Initial Amended Amendment	#	-	City, Stat	te, Zip Cod Bergen, N	e										
⊠ DOH □ DCA	Emergency ( justification)  Cancellation			Name of Kathy I	Contact				=	Tele	phone N	lumbe	er			
Ц БОЛ	Caricellation				ITY INFO	RMATIC	ON			1			-			
Name of Facility Where A Residential	Abatement is Takin	g Place (3)							of Facility (4 School (K-12	!)						
Street Address 462 Jersey Avenue								×	Subchapter 8 Other (i.e. pr etc.)	3 (Othe ivate &	comme	-12) rcial l	ouild	ings,	home	S,
City (5) Fairview, NJ 07022									re Feet	# of 2	Floors		93	dg. A }+	ge	
County (6) Bergen				County C	Code (7) USE ONLY)			Curre	ent Use (Prior	r if beir	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				atement Cont vironmenta			LC				
Street Address							Street	Addre								
City, State, Zip Code	- (1) 13 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		-				City, S	State, Z	Cip Code		-					
Project Manager for Mon	roject Manager for Monitoring Firm						Telepi	hone N	lo.	J-4	License 01174					
Start Date (10)	Start Date (10) Schedu						Name	of OSI	HA Monitor		01174	***				
7-21-2015		7-21-20					8.8	3 38	above							
Occupancy Status During	g Abatement (Chec	k Only One	e)				Street	Addre	SS							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr						City, S	State, Z	Zip Code							
Scope of Work (Check A	II That Apply)								-111				-			
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					Mi K GI	III Containme ni-Enclosure ovebag Proc	edure						
		1					L	_ No	on-Exempted	(*) and	d Non-Fr	riable		7.7	ement	
40		144000	Locat lorma												pe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) <u>ATED</u> lity	Used Mai	d Sole ntena	ely by		os Cont thermal	system	Materia is insul AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basem	ent	163	X	18/2		Pipe	insula	ation		15	50 LF	-	X			
Basem	ent		X			Tank	insul	ation		8	0 SF		X			
				NJDEP W	ļ.,,	0			l N-	21-1		4511				
Programme and an expension of the programme of the progra	Name of Registered Waste Hauler Green Environmental Avenue, LLC					Cubic of Was 3			Name of F				ill			
City, State Jersey City, NJ		19		034889			sal Date	9	City, State		A				lancia.	
Completed by Liliana Serrano		Title Office	е Ма	nager		S	Signatur	re	100000			Date 7-2		015		



Date of Notification (1) 7-20-2015				wner/Oper								
Agencies Notified Type Notification		Street A		7100 1100	arty C			JUL	4.7	COST		
				e Avenue	е							
□         EPA         Initial           □         DEP         Amended           x         DOL         Amendment #			te, Zip Cod Bergen, 1	le NJ 07022	2				7			
➤ DOH	cluding		Contact				-	Telephone N	lumber			
			LITY INFO	RMATION								
Name of Facility Where Abatement is Taking Residential	Place (3)					Type of	Facility (4)					
							nool (K-12)					
Street Address 333 7th Street							bchapter 8 (C ner (i.e. priva \			dings,	home	es,
City (5) Fairview, NJ 07022						Square 5001	Feet 7	# of Floors	500	Bldg. A	ge	
County (6) Bergen		County (	Code (7) JSE ONLY)			Current	Use (Prior if	being demol	ished)			
Name of Monitoring Firm Hired by Building On	wner (8)	ASCM	l No.	Na	ame o	of Abater	nent Contrac	tor (9)			5/44 AND	
	(0.0)						onmental S		LLC			
Street Address				1 330		Address /irginia	Avenue					
City, State, Zip Code						ate, Zip	Code NJ 07304					
Project Manager for Monitoring Firm		Telepho	ne No.	Te	elepho	one No.		License				
	Scheduled Co	mpletion	Date (11)	Na	ame o	of OSHA	Monitor	011174				
Occupancy Status During Abatement (Check						as ab	ove					
	\$ \$	200-200-202		St	reet A	Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma  Other – Describe:	al Facility Hou	ement		Ci	ity, St	ate, Zip	Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Reno				×	Mini-E Glove	Containment v Enclosure Bbag Procedu Exempted (*)	ıre				
	To toward					I NOII-E	exempled ( )	and Non-Fi	lable PTC		ement	
Location of	ls Loca Norm			Descrip	ntinn	of				Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	ance/ I Staff?		os Containi thermal sys surfacing other misc	ing M stems g, VA	laterial (A insulatio T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Y X	IN/A		Pipe ins	sulat	tion		80 LF	×	-		
Bassinsin	<del>                                     </del>	-		· ipo int								
Name of Basiste - Division - C		l l		0.11.11					1611			
Name of Registered Waste Hauler		NJDEP W Hauler ID	1000000	Cubic Yar of Waste	ras		Name of Reg					
Green Environmental Services, LLC		0034889	9	2			G.R.O.W.	o. INORIN L	anuilli			
City, State Jersey City, NJ				Disposal (7-21-20			City, State Morrisville	, PA				
Completed by Liliana Serrano	Title Office M	anager		Sign	ature		Della	Cut	Date 7-20-2	015		

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

		/ m com co co					101						
Date of Notification	n (1)					wner/Operator					-	e e e	
7-23-15			Ken	& Bu	ınny	K. Monro	е		υU	L 2	17		À
Agencies Notified	Type Notifica	ation		Addres									
[ ]EPA	[X]Initial		44	Butto	nwo	od Road							
[ ]DEP	Notific	cation	City,	State,	Zip (	Code							
	[ ]Amended					,NJ,07021	6						
[X]DOL	Notific	cation		of Conta			Telephone	Number					
[X]DOH	[ ]EMERGENO	CY	100000000000000000000000000000000000000			K. Monro							
[ ]DCA	[ ]Cancella	ation	I.C.		2	11. 1101110							
	[ ]ourseass			FACILI	TY I	NFORMATION		4	9				
Name of Facility Wh	ere Abatement	is Taki	ng Pla	ce (3)			Type of Facili	ty (4)					
Same as above							[]School (						
							[ ]Subchapt	er 8 (Othe	r tha	an K	-12)		
Street Addres	*						[X]Other (i	.e., priva ildings, h					
							Square Feet	# of Floo			g. A	ge	
City (5		County	(6) Ess	ex	Cour	nty Code (7)	oquazo 1001				<u> </u>	7.	
CICY (5		-				ATE USE ONLY)	Current Use (P	rior if be	ing o	demo	lisl	ned)	
Name of Monitoring	Firm hired by	Buildin	g ASC	M No.		Name of Abate	ment Contractor	(9)	11.	· ·			
Owner (8)						AZTECH M	IANAGEMENT,	Inc.					
N/A	4					Street Addres	s						
Street Address							topher St.						
						City, State,							
City, State, Zip Co	ode						r, NJ 0704	12					
									Licen		Tramb	0.5	
Project Manager for	r Monitoring F		THE STATE OF THE STATE OF	e Numbe	r	Telephone Num		ľ	00:			er	
		N	/A			(973) 744	1-0000		00.	<i>- - - - - - - - - -</i>	-		
Scheduled Start Dat	te (10) Sch	ed. Comp		Date (	11)	Name of OSHA	Monitor						
8-4-15		8-5		200		N/A							
Month Day Occupancy Status Du		ionth t (Check	Day	Year		Street Addres	s						
[X] Facility Cl	osed/Vacated 1	During E	ntire	Period		Deres mares	.5						
of Abateme	ent					Gita Chata	Tin Codo						
[ ]Abatement P	eriormed Outs	ide oi N rs Desci	ipt»	FACILIE	Y	City, State,	Zip Code						
[ ]other - Des	cribe: «Other	Occupanc	y Desc	ript»						05.1.1			
Scope of Work (Che	ck all that ap	oply)							- D		-		
			[V]Don	orm+i on			Containment wi i-Enclosure	th Negativ	e Pre	ssu	re		
[X]>3 sf o	r >3 1f or >260 1f			ovation olition			pag Procedure						
1 12100 01	9- 2					[ ]Non-l	Friable Procedu	re		Aba	-cmo	n+ 17	Гуре
			Is Locati	.on		Descripti	on of		ŀ	ADa	сеше	E	E
Location Asbestos-C			Normal Used			Asbestos-Cor		Amount	. >	R	R	C	C
Material			Solel	y		Material		(Specif	Y	M	E	AP	L O
TO BE A			By Mai	e/		(i.e., therman surfaction, surfaction)		LF)		V	A	S	S
In Fac			Custod Staff		11.	or other misce			-	A	R	U	UR
(11	.,	Yes		N/A						_			E
Basement				X	Du	ct Insulat	tion	25 SF		X			
V (c													
Name of Registered	Waste Hauler		NJDEP '	Waste		bic Yards	Name of Regi	stered Lan	dfil	L			
AZTECH MANA		NC		ID No.	of	Waste 1.5	G.R.O.W.	S.					
			1704	0	Di	sposal Date	City, State						
City, State	T 07042				1	8-6-15	Morrisvi	lle, PA	19	906	7		
Montclair, N	0 0/042												
Completed By (Prin	t or Type) T	itle				Signatur	e			te			
Constantine	9 9000000000000000000000000000000000000	resid	lent			1 1	ium			7-2	23-	15	
							1000						



Date of Notification (1) 07/24/15					Building ( EY CON						8	JUL	2	7	2015	
Agencies Notified	Type Notification			Street Ad 38 N. C	ddress CALIFO	RNIA /	AVENU	JE								
DEP  DOL	Initial Amended Amendment	#			te, Zip Co ITIC CI		08401					T				
DOH DCA	Emergency ( justification) Cancellation	including		Name of GEOFI	Contact			*		Tele	phone I	Numb	er			
			_	FACIL	LITY INFO	RMATI	ON				7					
Name of Facility Where	Abatement is Taking	g Place (3)	)						of Facility (4) School (K-12)	)						
Street Address 38 N. CALIFORNIA	AVENUE							×	Subchapter 8 Other (i.e. pri etc.)				ouild	ings,	home	es,
City (5) ATLANTIC CITY, N	IJ							Squar 2000	re Feet )	# of 2	Floors		BI	dg. A	ge	
County (6) ATLANTIC COUNT	Υ			County C	Code (7) JSE ONLY)			Curre	nt Use (Prior ∕IE	if beir	ng demo	olished	I)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	l No.				tement Contr PROFES							
Street Address							Street 6 WH		ss DOVE COI	URT						
City, State, Zip Code									ip Code OD, NJ 087	701						
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph 732-6	one N	0.		Licens 1200	e No.	er eve		711172.5	
Start Date (10) 08/02/15		Schedule		npletion [	Date (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HA Monitor D PROFES	SIO	NAI S					
Occupancy Status Durin	a Abatement (Chec						Street						1			
Facility Closed/Vac				nent			6 WH	HITE I	DOVE CO	URT						
Abatement Perform Other – Describe:		nal Facility	Hours						ip Code OD, NJ 08	701	$\forall$					
Scope of Work (Check A	II That Apply)											03-0-90				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit	50.000			×	Mir Glo	I Containment ni-Enclosure ovebag Proce n-Exempted	dure					e	
		le	Locati	on						7					ement	
Location		N	lormal d Sole	ly			scription			21	0.54	-	-	Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	<ul> <li>Mai</li> </ul>	intenai odial S (12)	nce/		thermal surfa	taining M I systems cing, VA miscellan	s insula T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1			Ф	
BASEM					PIPE		LATION		BOWS		LF	-	X			
DINING F	DINING ROOM						CM TIL	.E		10	00 SF	-	X			
						=					_					
Name of Registered Was	ste Hauler		- 2317	JDEP W		100000000000000000000000000000000000000	Yards		Name of R	egiste	red Lan	dfill			-	
NEWARK CARTING		lauler ID 4509	No.	of Wa			IESI				۰					
City, State NEWARK, NJ						Dispo 08/02	sal Date 2/15		City, State BETHLE	HEN	1 PA					
Completed by JOSEPH PERLSTE	IN	Title OWN	ER			3	Signature	9				Date 07/2		5		

- ICK 3/189

# State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

	Date of Notification (1)	Pursuant to NJAC 8:60 and 12:120)
-	J=234/5	1 Nome of Basic
	Agencies Notified   Transfer	Pente of 3th ling Owner/Operator (2)
	17 = 1 · 9p= 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	Street Activess Pinstand Construction LLC
_		The season of th
	American	City, State, Zip Code 300 774 Struct
		J. Collie
		Name of Contact C Sea Ide Chy NJ 08285
	The state of the s	FRANK Telephone Number
	Name of Ferring	
	Name of Feeding Winere Abelianent is Taking Peop (3)	FACTORY INFORMATION
-	Street Address	Type of Featly (4)
	1/8 46th Ch-1	I School of any
	City (5)	Sindretter 8 (Climation (C-12)
-	Sea Isla City	The fe, pive & communication of the feeth of
	COUNTY (G)	Striene Feet Self Finance String, Age  County Come to the Self Finance String, Age
	- Osean	Compare Contractor
	The state of the s	
	Street Address	
	- F	- Port Vote Applement De 12
. 100	City, State, Zip Code	Street Address
Athen		1212 Buntington Are
No.	Project Manager for Monitoring Firm	Delance NJ Company
ZZZWEZZ		i leisphane No
The state of	Start Date (10)	856 824 097/ LICENSE NO.
The state of	8-3-15 Schemed Completion D. 8-10-16	Date (11) Name of OSFER Montain
STEPPE	Occupancy States During Abelsanerd (Creationly one)	Soll
Altaba	Feelly Closed/Vereied During Entire Period of Abelianent     Abelianent Period of Overeit of Normal Seellers	Street Address
anden	Abstance: Periomed Outside of Normal Pariod of Abstance:     Other - Describe:	
TEANTES	Scope of Work (Check all that exply)	City, Stetle, Zip Code
Hara	25 at c. 28 ii	D D
TEN AND	D≥S of or ≥200 6 Perusion	☐ Full Containment with Magazine Pressure
augus.	ZC=nozun	
DESTREE	is ione in	North San Man Friend Procedure
SECULOS SE	Marie I	
100mm	Ashestos-Commung Metanial (ACM)  IG SE ARATED  Communication (ACM)  Used Solely by Meintenance/	Ashering Type
ALDUCA Treeton	SV Facely Customer	Le thermi and Lead (ACM)
The state spirits of the state	(13)	Suincing, VAT. or (Special) Renco
-	YS NO NA	Enclosure Encapsulate Repair Removel
_	OUTSIDE	Jane Line
		HCM) Siding Apres SF V
_		
N	ine of Registered Waste Harier	
	ideal of the second	
CA	Seb 23/28	of Wests 20cy WM of A.
	Delanco NI	Chipmen Company
20	quislad By	TIBD Tullytown Pa
	J HU VP	Signature 1
3-9		7-23-15
	° Do not use this form for a cha	estos linensura exempled activities.
- 1	10, 550	nucusure exempled activities.



CX 1481

Date of Notification (1) 7/23/2015				Building ( Hughe:		perator	(2)				24	5	•	f
Agencies Notified Type Notification		+	Street Ac							JUL	. 2 ;	7 20	115	
EPA   X Initial   Amended   Amendment				te, Zip Co wood Nu						2,5	•			
Emergency ( justification)  DCA  Cancellation	970	- 1	Name of Wendy	Contact Hughe	S				Tele	phone Nur	nber			
				LITY INFO		AN.			1				-	
Name of Facility Where Abatement is Takin House	g Place (3)		FAUIL	LITTINEC	KWATI	JN		of Facility (4						
Street Address 79 Woodland Ave							×	School (K-1: Subchapter Other (i.e. p	8 (Othe			lings,	home	es,
City (5) Maplewood NJ								etc.) are Feet	# of	Floors	В	dg. A	ge	
County (6) Essex			County C	Code (7) JSE ONLY)			Curre	ent Use (Prid	or if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building ( Competent Supervisor	Owner (8)		ASCM	l No.				etement Con Construct						
Street Address						Street	Addre	THE CASE OF THE PARTY OF THE PA						
City, State, Zip Code	.*	-				City, S	State, Z	Zip Code	Suite	14				
Project Manager for Monitoring Firm			Telephor	ne No.		0.000.00	wa N	J 07512 √o.		License N	0.			
	0-1-1-1		50			973	832 4	1244		01155				
Start Date (10) 08/07/2015	Schedule 08/14/2	015	npietion t	Date (11)				HA Monitor Construct	tion In	С				
Occupancy Status During Abatement (Chec	- 22	127					Addre	ess e 46 West	Suite	14.				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours			_			Žip Code IJ 07512						
Scope of Work (Check All That Apply)			244.09759924			Г	7 -					40.0		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	processes.	enova emolit	300000000000000000000000000000000000000			3	Mi GI	all Containme ini-Enclosure lovebag Procon-Exempted	e cedure				۵	
	1							on Exempted	2 ( ) air	2 11011 1 1101	1		ement	
2.00000000000000		Locati Iormal			13.4399000		-C10742	1					ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intena odial S (12)	ely by nce/		tos Cont thermal surfa		Materia s insu AT, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		te	Ф
Basement						Vrap 8				0 LF	X		X	
Basement					Ira	nsit pa	anel		2.	70 SF	x		X	
											-			
Name of Registered Waste Hauler		I	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfil	1			
Academy Construction, Inc		100	Hauler ID 034422		of Wa	ste		Grows						
City, State Totowa NJ					Dispo TBD	sal Date	9	City, Stat						
Completed by Zlate Geleski	Title VP		1000		5	Signatur	e /	Il a	111	D	ate 7/23/2	2015		
							171	el s	067	111			-10-1-	

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

Date of Notification	(1)	(Pursi	APC STORY			Owner/Operator	-			154			-	
7-21-15	· \-/			cy Br		100 E				-			100	
Agencies Notified	Type Notific	cation	Stre	et Addre	SS					JUL	7	7	(11)	
[ ]EPA	[X]Initial		8	Kenne	th E	Road					_		- 4:0	
[ ]DEP	Notifi		City	, State,	Zin	Code							-	-
	[ ]Amended		1000000		1000 m	NJ,07042								
[X] DOL	Notifi	cation			•	,								
[X] DOH	[ ]EMERGEN	CY		of Cont		_		Telephon	e Number					
[ ]DCA	[]Cancell	ation	L	ıcy Br	ogre	=		1						
	t Journell	402011		FACIL	ITY I	NFORMATION								
Name of Facility Whe	re Abatement	is Tak	ing P	lace (3)			Typ	e of Facil	ity (4)					
Same as above		1/7						[ ]School	(K-12)					
Street Addres							-11		ter 8 (Othe					
Street Addres									i.e., priva uildings, h					
							Sau	are Feet	# of Floo		_	ig.		
City (5		County	(6)E	ssex	Cou	nty Code (7)	11.		100000000000000000000000000000000000000			-	_	
					(ST	ATE USE ONLY)	Cur	rent Use (	Prior if be	ing	dem	olis	hed)	(
			- X											
Name of Monitoring E	irm hired by	Buildi	ng A	SCM No.		Name of Abate								
Owner (8) N/A						AZTECH N	MAN.	AGEMENT	, Inc.					
Street Address						Street Addres	ss							-
						86 Chris	sto	pher St						
City, State, Zip Cod	le					City, State,								
						Montclai	ir,	NJ 070	42					
Project Manager for	Monitoring E			one Numbe	r	Telephone Num	mber		I	icen	se	Numb	er	201275
		N	I/A			(973) 744	4-8	800		00:	37	1		
Scheduled Start Date	(10) Sch	ed. Com	pleti	on Date (	(11)	Name of OSHA	Moni	tor						
7-30-15			1-1	5		N/A								
Month Day Y	2007	fonth t (Chec	Day k onl	Year v one)		Street Addres					_			
[X] Facility Clo	sed/Vacated			-		Deres Addres	,,							
of Abatemen []Abatement Pe		ide of N	Normal	Facilit	v	City, State,	Zin	Code						
Hours - Desc	ribe: «OffHou	rs Descr	cipt»		4	City, State,	ZIP	Code						
[ ]other - Desc			y Des	script»										
Scope of Work (Check	all that ar	ply)				וויידו	Cont	rainment wi	th Negative	Pre	8811	re		
[X]≥3 sf or	≥3 lf		[X]Re	novation		[]Mini-			di negacive		354			
[ ] <u>&gt;</u> 160 sf (	or ≥260 lf		[ ]De	molition				Procedure ole Procedu	70					
			Is			[ ]NOII-I	ELIA	ole Plocedo	Te .	1	Aba	teme	nt I	уре
Location			Locat			Description					R		E	E
Asbestos-Cor Material	1.0 State 1		Use			Asbestos-Con Material		3170	Amount (Specify	7	E	R	C	C
TO BE AB	ATED		By Ma tenar	ain-	-	(i.e., therma	l sy	stems	SF or		OV	PA	P	os
In Facil	ity		Custo	dial		sulation, surf or other misce		7000 U. 100 U.	LF)		A	I R	U	U
(13)		Yes				or other misce		ieous,			L	-	L	R E
Garage				X	Pip	e Insulat	cio	n	9 lf	2	Σ			
6 2									н и					
Name of Registered V	Waste Hauler		NJDEP	Waste	Cul	oic Yards	Na	ame of Regi	stered Land	fill				
AZTECH MANAG	EMENT, I		1704	I ID No.	of	Waste 1.5	G	.R.O.W.	S.					
City, State					Dis	sposal Date	C	ity, State						
Montclair, NJ	07042					3-1-15			lle, PA	19	06	7		
2 × 2						1=.			10 W E					
Completed By (Print	(1407)   Committee   1   Commi	itle				Signature	V 87			Da	te 21-	1 =		
Constantine V	IVIAN P	resid	ent			LA	ill	an		1-	Z1-	13		

#### CHECK # 8603

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)	JUL 2	7	2015		
/	15		Ne	w Jersey	Institute of Tech	nnology	UUL 2	7	1910		
Agencies Notified Type Notifica	tion		Stree	Address							
			323	B Dr. Mart	in Luther King J	r. Blvd.					
☐ DOLWD ☐ Amended			City,	State, Zip C	Code					8	
□ DHSS Amendme			Ne	wark, NJ	07102						
□ DCA		ng	Name	of Contac	t		Telephone Number	er			
☐ Cancellati			Mr	Joseph	Myers						
			FA	CILITY IN	FORMATION						900
Name of Facility Where Abatement is T		ce (3)				Type of Facility (					
NJIT - Central King Building (C	KB)					School (K-12					
Street Address						Other (i.e., pr	(Other than K-12) rivate and commerc	ial bu	ilding	S,	
363-383 Martin Luther King Jr.	Blvd. (10	00 Su	mmit S	treet)		homes, etc.)					
City (5)				10		Square Feet	# of Floors		dg. Ag	ge	
Newark						300,000 SF	5		10+		
County (6)			Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Essex						University					
Name of Monitoring Firm Hired by Build	ing Owne	r (8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Omega Environmenta Services	, Inc.		120		East Coast H	laz Mat Remov	al, Inc.				
Street Address					Street Address						
280 Huyler Street					494 E. 41 Str	eet					
City, State, Zip Code			2200000000		City, State, Zip C	ode					
South Hackensack, NJ 07606					Paterson, NJ	07504					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Eric Gelhaus			201-48	9-8700	973-345-0022	2	00507				
Start Date (10)	cheduled	Comp	letion D	ate (11)	Name of OSHA N	Monitor					
08/06/15	05	/	01 /	16	East Coast H	laz Mat Remov	al, Inc.		6-0	112	
Occupancy Status During Abatement (0	Check only	y one)			Street Address						
☐ Facility Closed/Vacated During Entir	e Period	of Aba	tement		494 E. 41 Str	eet					
Abatement Performed Outside of No					City, State, Zip C	ode					62
Time of Abatement:AM-3:30	)PM/	_PM- <u>1</u>	2:00AN		Paterson, NJ	07504					
Scope of Work (Check all that apply)											
☐ ≥3 sf or >3 lf		Renov	ation		⊠ Full Con ⊠ Mini-End	tainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf		Demol				g Procedure					
					⊠ Non-Exe	empted (*) and No	n-Friable Procedure	1			
		Is Loc Norn						Ab	atem	ent T	
Location of Asbestos-Containing Material (ACM	, U		olely by	Ash	Description of estos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABATED	1		nance/		e., thermal systems	insulation,	(Specify	Removal	oair	aps	Enclosure
IN Facility		ustodia (1)	al Staff? 2)		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
(13)	Ye	1			other miscellane	eous)				te	
2nd Floor - Auditorium/Balcony				Transit	te		160 SF				
2nd Floor - Various Location				Wall Pl			1170 SF				
1st Floor - Southern Corridor				Ceiling	& Wall Plaster		840 SF				
Lower Level - Pump Room		+			sulation/Fittings	;	55 LF				
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regis					
Freehold Cartage			Hauler	ID No.	Waste	GROWS, I					
City, State			1320	Ь	80 Disposal Date	City, State		-			
Paterson, NJ 07504					09-25-2015		, PA 12506				
Completed By (Print or Type)	Title				Signature		Da	te			_
Leslie Olszewski	Proje	ct Ma	nager		l la	WW/		07-	20	-15	).

Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole intena todial ( (12)	ely by nce/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					е	
Exterior - Pool/GYM Facade			$\boxtimes$	Waterproofin Mastic	300 SF				
Lower Level - NE Room				Electical Panel	12 SF				
Elevator Shaft/Pit			$\boxtimes$	Plaster & Debris	490 SF				
Lower Level - Various Location			$\boxtimes$	Pipe Insulation/Fittings	1130 LF				

JUL 2 7 2015

		X 165	
700	ina	4 44	
-11	nec.	1 ++-	

Ch	eck	#	30	1	1
$\mathbf{v}$	COL	77		-	_

											11	+1 (	7	- 9	012	
Date of Notification (1)				Name of	f Building	Owner/O	perator	(2)			9	· - ·	701	-	- 15	
07/15/2015			F	rincet	ton Pub	lic Sch	ools									
Agencies Notified	Type Notification		1	Street A	ddress						120					
□ EPA	Initial		2	5 Vall	ey Rd							1				
DEP	Amended		1.00		ate, Zip Co											
DOL	Amendment Emergency (		_  F	Princet	ton, NJ	08540										
DOH	justification)	including		Name of	f Contact					Tel	ephone Nu	mber				
DCA	Cancellation		(	ary V	Veismai	า										
		- in (6)		FACI	LITY INF	ORMATIO	ON	-		(4)			_	_		_
Name of Facility Where	Abatement is Taking	g Place (3)	)		V/.	1		Тур	e of Facility	(4)						
High School									School (K-		a e than 1/ 1	2)				
Street Address								H	Subchapte Other (i.e.	private	& commerc	ial bui	ding	s, h	ome	S,
151 Moore St								Ц	etc.)							
City (5) Princeton, N	IJ.				×			Squ	are Feet	#0	f Floors		Bldg.	Age	е	
County (6)					Code (7)			Curi	rent Use (Pr	ior if be	ng demolis	shed)				
Mercer County				(STATE	USE ONLY		_									
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	ИNo.		Name	of Ab	atement Co	ntractor	(9)					
AHERA							Nick F	Rest	oration L	LC						
Street Address							Street	Addr	ess							
P.O BOX 385							72 Br	ooks	side Rd							
City, State, Zip Code	ceanville, NJ 08231						City, S	tate,	Zip Code							
Oceanville, NJ 082	ceanville, NJ 08231								NJ 078	869						
Project Manager for Mor	Project Manager for Monitoring Firm						Teleph	none	No.		License	No.				
John Smoyer			(	609)6	52-183	3	973-9	33-2	2550		01133					
Start Date (10)		Schedule	ed Con	npletion	Date (11)				SHA Monitor							
07/18/2015		07/20/2							ronmenta	ıl						
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)				Street									
	cated During Entire I					- 1	2333									
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hours	-			Same Till		Zip Code J 07083							
Scope of Work (Check A	All That Apply)											100				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					N	ull Containn Iini-Enclosui	re	Negative	Pressi	ıre			
							-		lovebag Pro on-Exempte		d Non-Fria	hle Pr	nced	ure		
		Τ.			T		Las	- 10	on-Exemple	T ai	d Holl-1 lie				nent	
		10	Locati Iormal			-								Тур		
Locatio Asbestos-Containing		Use	d Sole	ly by	Asbes		scription taining N		al (ACM)	1	mount			T	Е	27235
TO BE AB	BATED		intenai todial S			. thermal	systems	s insu	ılation,		Specify	Re	2	,	Encapsulate	Enclosure
In Faci		000	(12)	, man			cing, VA niscellar			S	F or LF)	Remova	Kepair		psu	losu
(10)		V		1	1	outer it	moodiai	loode	′/			<u>a</u>	-		late	Ire
		Yes	No	N/A							(7.64)	-	+	+	_	
Room 164		4	×	-	1	s- wrap		- 5			ttings	4	-	+		
Room 166			×		Fitting	s- wrap	o & cut	t		8 Fit	tings		_	$\perp$	_	
													_	1		
	10 h 2000															
Name of Registered Wa	ste Hauler		100	JDEP V lauler ID		Cubic of Was	Yards		Name of	f Regist	ered Landf	ill				
Nick Restoration LI	LC		151/6	3782	.10.	TBD	-10		G.R.O.	W.S						
City, State						-	sal Date	ki i	City, Sta	ite						
Randolph	, NJ 07869					TBD			Tullyto							
Completed by		Title				S	Signature	01	14a K			ate			200	
Elvira Mrda		Presid	dent				/	111	140 X	NI	CC 10	7/15/	201	5		



#### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

								1111	2 - 0	CHEF			
Date of Notification (1) July 22, 2015					Name of Building Owner/C	Operator (2)		UUL	416	UI)			
The second secon		I store a	-										
Agencies Notified		Notificat	<u>on Type</u> itial Notii	fication	Street Address 48 East 14 <sup>th</sup> Street								
X EPA			ded Certi		City, State, Zip Code								
DCA						^					3		
x DOL		□ Eme	rgency (i	ncluding	Bayonne, NJ 0700	2							
		iust	fication)		Name of Contact		Telep	hone Num	ber				
X DEP x DOH		□ Can			Matt Klarman					7000			
		-		FACILITY INF	ORMATION								
Name of Facility Where Abate	ement is Ta	king Place	3)		Type of Facility (4)								
Residence	2.11011110 10	Killig T lado	21		☐ School (K-12)								
Residence													
Street Address					Subchapter 8 (other than								
48 East 14 <sup>th</sup> Street					Other (i.e. private &	commercial b	ouildings	s, homes, e	tc.)				
40 Last 14 Otreet					Sq. Feet: Unknown	# of Floo	rs: 2	Blda. Age	: 50 y	ears	ğ		
City (5)	County (6	3)	County	Code (7)			1/1/20						
Bayinne	Hudso	100		Use Only)	Current Use (prior if being	demolished	n.						
Dayiiiie	Huusu	11	101010		Current Ose (prior il bellig	demonstree	.,.						
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)								
<b>EnviroVision Cons</b>	ultante	inc	0007	79									
Enviro vision Cons	uitants	IIIC.			GREENWOOD ABAT	EMENT C	ONSU	JLTANTS	S, INC.				
Street Address					Street Address								
	DIda 4	AAC			<u>Otrock/tdaress</u>								
20-21 Wagaraw Road	i, blug #	54A			268 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
Fairlawn, NJ 07410					Butler, NJ 07405								
Project Manager for Monitorin	ng Firm	Telephor	e Number		Telephone Number		Licen	se Number					
Fred Larson	r Monitoring Firm Telephone Number 973-636-9145						3-8-2						
1 Tou Euroon		0,00	0 0 1 10		973-492-0477		0084	40					
Scheduled Start Date (10)		Schedule	d Completic	on Date (11)	Name of OSHA Monitor								
				Annual Control of the	Ivallic of Collin ( World)								
August 3, 2015		Augus	t 4, 2015		EMSL inc.								
		<u></u>											
Occupancy Status During A					Street Address								
Facility Closed/Vacat	ed During	Entire Peri	od of Abate	ment	1056 Stelton Road								
Abatement Performe	d Outside of	of Normal F	acility Hou	rs -									
Describe					City, State, Zip Code								
Other - Describe: 7	am-5pm				D								
					Piscataway, NJ 08854								
										-			
Source of Work (Check all the	at apply)												
						Full Conta	nment v	with Negat	ive Pres	sure			
≥ 3 sf or ≥ 3	f			X Renovat	tion		closure-	- Wrap & C	Cut				
□≥ 160 sf or ≥				Demolition		x Gloveba	a Proce	edure					
100 31 01 2	200			Demonton		Non-Exem			Friable E	rocen	lura		
Location of Asbestos-Contain	ina I la l	ocation Nor	nolly I lood	Description of As	bestos Containing Material	Amou		Abateme		10000	uic		
Material (ACM) in Facility (13		ely by Maint			nal systems insulation, surfacir		ify SF	Abateme	iii iype				
Waterial (ACIVI) III I acility (15		ff? (12)	Custoulai	VAT, or other mis		or LF		Remove	Repair Er	ncap E	nclose		
	YE		NA	VAT, or other mic	, ocii.,	0, 2,							
5 /		1110	T Nex	701		401	_	1521					
Basement				TSI		10 L		X					
		1		Ductwork		10 L	F	X					
	4				500.00								
Name of Reg. Waste Hauler NJDEP Waste Hauler ID#				rID#	Cubic Yards of Waste: Name of Registered Lar								
See Hauler Below # 1 &	2	See Be		1 10 11	2 Meadowfill Landfi								
Hauler #1) Greenwood	od Abate	ement C	nsultan	ts, Inc. – Butle	er, NJ 07405	Disposal D			ty, State	00			
NJ DEP #	12561					August	4, 201		oute 2, B				
		o Moss	wir NIIO	4500 NIDED#	10551			550500	idgeport,				
Haulet #2) Newark Ca	Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEF				17331			30	)4-842-27	104			
Completed by (Print or Type) Title					<u>Signature</u> <u>Date</u>								
Marin Graure		Control of the contro	PROJE	CT	lub 22 2045								
ariii Gradio				· .	Marin Graun	26	"	.,,					
		MANAG	EK		7.000		. [						



ate of Notification (	1) July 22, 2015 July 14, 2015		Name of Bank of	Building Ow America	ner / Operator (2)		JUL 2	7 201	5.	_
gencies Notified	Type Notification		Street Ad							
EPA	2009		1521 Spi	ingfield Av	enue	b)	2			
DEP	☐ Initial		City, Stat	e & Zip Cod	е					
DOL	Amended			od, NJ 070						
⊠DOH	Amendment						Teleph	none Nu	mbe	r
DCA	Cancellation		Name of Dino Na				İ			
			FAC	ILITY INF	ORMATION	(4)			_	
Name of Facility Wh Bank of America	nere Abatement is Takir	ng Place (3)			Type of Facility (	12)				
Street Address					Subchapter	r 8 (Other than K	(-12)			
1521 Springfield A	venue						nmercial buildings, h	nome, e	etc.)	
1521 Optinghold /		);			Square Feet	# of Floor	Bldg. /	4ge 55		
City (5)					3168 Current Use (Pri	ior if being demo	_			
Maplewood				<u> </u>	Bank					
County (6)		County Code								
Essex	Firm 1 that a kin Dudate -	USE ONLY		ASCM No.	Name of Abater	ment Contractor	(9)			
Name of Monitoring New York Environ	g Firm Hired by Building	Owner (6)			Synatech, Inc.					
Street Address	monu				Street Address 829 Radio Roa	d				
88 Harbor Road					City, State & Zip					
City, State & Zip Co	ode			ii	Little Egg Hark	or, NJ 08087	I constant			
Port Washington, Project Manager fo	or Monitoring Firm		elephone N		Telephone Num	nber	License Numbe	er 00817		
Michael Baudo			6-944-950		609-296-6916 Name of OSHA	Monitor				
Scheduled Start Da		duled Complet	ion Date (1 i <b>st 31, 201</b>	5	Synatech, Inc.					
July 25,	During Abatement (Ch	eck only one)			Street Address					
Facility CI	losed/Vacated During E	ntire Period of	Abatemer	it	829 Radio Roa					
Abatemer	nt Performed Outside o	f Normal Hour	s		City, State & Zi	bor, NJ 08087				
Other - D					Little Egg Har	DOI, NO 00007				
	ccupied During Abatem	ent						-1		
Scope of Work (Cl	heck all that apply)					Eull Containment	t with Negative Pressu	re		
_			Renovation	20		Mini-Enclosure				
$\geq$ 3 sf or $\geq$ lf			Demolitic			Glovebag Proced	dure			
≥160 sf or 3	≥260 If		Demonic			Non-Exempted(	*) and Non-Friable Pro	cedure		
	Location of	Is Loca	tion Norma	ally Used	Description	on of		Abate	emer	nt Ty
Asbestos-Co	entaining Material (ACM	) Solely	by Mainter	nance or	Asbestos-Co Material (A		Amount (Specify SF or LF)			
TC	BE ABATED	Cus	todial Staff	? (12)	(i.e., thermal					m
	IN Facility (13)				insulation, surfa	acing, VAT		Re	$\sqrt{2}$	nca
	(10)			1 1	or other misce	ellaneous)		Removal	Repair	ncapsulat
		V	NI-	N/A				'al	=	Encapsulate
		Yes	No			0.84	12 SF	×	+	
Stairwell Landin	ng			X	White Floor Til		12 SF	X		
	vay Outside Lavatorie	S		X	Brown Floor Ti Brown Floor Ti		135 SF	x		
Storage Area				X Cubic Yo	ards of Waste	Name of Regis			_	
Name of Register	red Waste Hauler		○ Waste · ID No.	Cubic Ya	ilus UI VVasio					
Synatech, Inc.			27429	8	D-1-	Grows Landfi City, State	11			
City, State				Disposal	Date	City, State				
Little Eas Hash	or N.I. 08087			Septem	ber 1, 2015	Morrisville, P.				
Little Egg Harbo	Ti	tle		Signatur			Date July 22, 2015			
0 200			Assistant	1 1/10	as Ulm		July 14, 2015			
Ruthetta Roots	A	dministrative	Assistant	1000						



Date of Notification (1)		Name of Building Owner / Operator (2) Bank of America						_					
Agencies Notified Type Notificat	:	_		ca		*******			JUL 2	y.	- 24	115	
Agencies Notified Type Notificat	ion	Street	Address										
□EPA □DEP		1521 5	Springfie	ld Avenue									
□ DOL □ Initial		City S	tate & Zi	n Code						-			
☐ Amon			wood, N										
DOH Amen	dment #	Mapie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 07040									
DCA Cance	ellation	Name	of Conta	ct					Teleph	one	Nu.	mbe	r
		Dino N	lappi										
		FA	CILITY	INFORMA	OITA	N							
Name of Facility Where Abatement is Bank of America	s Taking Place (3)			Туре		acility (							
Street Address				님		ool (K-1		17.10					
1521 Springfield Avenue							r 8 (Other than						
1321 Springheld Averlie								mmercial build			e, e	ic.)	
City (5)				Squa	are Fe	eet 168	# of Flo	ors 2	Bldg. A	ge	55		
Maplewood				Curr			or if being den				55		
				Ban								¥.	
County (6) Essex	County Code												
Name of Monitoring Firm Hired by Bu Environmental Testing Consultant	ilding Owner (8)		ASCM		e of A		nent Contracto	r (9)					
Street Address					et Ado								
413 North Black Horse Pike						Road							
City, State & Zip Code Runnemede, NJ 08078						& Zip							
Project Manager for Monitoring Firm	Te	lephone N	lumber			e Numb	or, NJ 08087 ber	License N	lumber				_
Howard Zenobi	85	6-482-131	11		296-6				00	317			
Scheduled Start Date (10)  July 25, 2015	Scheduled Completi Augu	on Date (			e of Catech,		Monitor						
Occupancy Status During Abatement Facility Closed/Vacated Duri	(Check only one)	Abatemer	nt		et Ado	dress Road	1						
Abatement Performed Outsi		A CONTRACTOR OF THE PROPERTY O							_			-	
Other - Describe:		Little Egg Harbor, NJ 08087											
Facility Occupied During Aba	atement				- 55		,						
Scope of Work (Check all that apply)						_							
≥3 sf or ≥ If	M	Danausti	-					t with Negative Pr	ressure				
≥ 160 sf or ≥260 lf	씜	Renovation Demolition				=	ni-Enclosure						
△ ≥100 SI OI ≥200 II		Demolitio	п			K 7	ovebag Proced						
Location of	I la Lagati	on Norma	lled band					) and Non-Friable					
Asbestos-Containing Material (A	(CM) Solely b	y Mainten		Ast		ription s-Conta		Amount (Spec		NDa	teme	ent i	ype
TO BE ABATED	Custo	dial Staff	? (12)	- 1	Materi	ial (AC	:M)	SF or LF)	",				
IN Facility (13)						mal sy				Т		m	la cons
(13)							ng, VAT neous)		1 3	0	Z	nca	Enc
	- 1								Kolliova		Repair	psu	Enclosure
	No	N/A						9	-	7	Encapsulate	ure	
Stairwell Landing		Х	White	Floor	r Tile 8	& Mastic	12SF	×	+	$\dashv$	0.555	$\vdash\vdash$	
Basement Hallway Outside Lavato	ries		Х	Brown	r Floo	or Tile &	& Mastic	115SF	-	- 1			1 1
					-					1			
Name of Registered Waste Hauler	NJDEP \		Cubic `	ards of Was	te	N	lame of Regist	ered Landfill					-
Synatech, Inc.	Hauler II		6										
City, State		429	6 Dispos	al Date		_	rows Landfill ity, State						
			Piopus	a. Date			nty, Glate						
Little Egg Harbor, NJ 08087				14, 2015		M	lorrisville, PA						
Completed By	Title		Signatu		9	1		Date					
Ruthetta Roots	Administrative As	sistant	XII	thetta	و ر	KOB	太	July 14, 2015					

Date of Notification (1)		Name of Building Owner / Operator (2)  Bank of America											
Agencies Notified	July 8, 2015 Type Notificatio	n		Street A		а			- Ulik	-	+1 -1		
	Type Noulleado	"		Olicel P									
EPA				1848 Ea	aston Av	enue							
DEP						<u> </u>							
⊠DOL	Initial			0.0000	ate & Zip								- 1
⊠рон	Amend Amend	ed ment # 1		Somers	set, NJ 0	8873							
DCA	Cancel		-	Name o	of Contact	t	700		Tele	phon	e Nur	nber	
I.				Jim Ka	lafsky								
				FAC	ILITY I	NFOF	RMATION						
Name of Facility When	re Abatement is	Taking P	lace (3)				Type of Facility						
Bank of America								er 8 (Other than	K-12)				- 1
Street Address									ommercial buildings	hom	ne et	c)	- 1
1848 Easton Avenue							Square Feet	# of Flo		. Age	, CI	J./	
City (5)							3,000	# 01 710	1	. Age	50		
Somerset								Prior if being den	nolished)				
County (6)		Co	unty Code	(7)			рапк						
Somerset		US	SE ONLY_										
Name of Monitoring F		lding Owr	ner (8)		ASCM I	No.		ement Contracto	or (9)				
New York Environme Street Address	ental				1		Synatech, Inc Street Address				-		
88 Harbor Road							829 Radio Ro						
City, State & Zip Code							City, State & Z	ip Code					
Port Washington, N			le.	anh 1	lumba-		Little Egg Har Telephone Nur	bor, NJ 08087	License Numb	er			
Project Manager for M Michael Baudo	ect Manager for Monitoring Firm Tele				lumber 0		609-296-6916	mper	License Numb	0081	7		
Scheduled Start Date		cheduled	Completic	on Date (1	1)		Name of OSH						
July 25, 20 Occupancy Status Du		(Check o		st 30, 201	5		Synatech, Inc Street Address						
	ed/Vacated Durir			Abatement 829 Radio Road									
	erformed Outsid	le of Norn	mal Hours				City, State & Z	The second of the second	60				
Other - Desc							Little Egg Har	rbor, NJ 08087					
	pied During Aba	tement										_	
Scope of Work (Chec	k all that apply)							Full Contribution	ot with Negative Decem	ıro			
M >2 of a > 2 of				Renovatio	n.			Full Containmei Mini-Enclosure	nt with Negative Pressu	116			
≥3 sf or ≥ 3 lf	n If		=	Demolitio				Mini-Enclosure Glovebag Proce	adure				
≥160 sf or ≥26	0 11		ш.				Total Control of the		(*) and Non-Friable Pro	cedu	re		
Loc	ation of		Is Location	on Norma	Ilv Used		Description		( ) una Hon i Hubic i il		atem	ent 7	Гуре
Asbestos-Contai		CM)	Solely by	y Mainten	ance or		Asbestos-Co	ntaining	Amount (Specify				
	ABATED		Custo	dial Staff	? (12)		Material (A (i.e., thermal		SF or LF)	-		_	
100000	Facility (13)						insulation, surfa			ایرا		En	ш
	V		1 1				or other misce	llaneous)		em	Repair	ap	nclo
										Removal	air	Encapsulate	Enclosure
			Yes	No	N/A			<u> </u>	1			te	(D)
Large HVAC Room					Х		Floor T	ile	90 SF	Х			
Small HVAC Room					Х		Floor T		40 SF	X			
Small HVAC Room					X		Cove Base	Aller of the second	20 LF	X			
Name of Registered Waste Hauler  NJDEP Water Hauler ID N					Cubic \	Yards o	of Waste	Name of Regis	stered Landfill				
Synatech, Inc. 27429					5			Grows Landfi	11				
City, State				Disposal Date City, State									
					mber 1, 2015 Morrisville, PA								
Completed By		Title	Signature				nature Date						
Diane Aloia		Executiv	ve Admini	strator	1	LICEN	u Alo		July 22, 2015 July 8, 2015				
Dialie Aloia		-ACCUUIT	- o mannin	o si di coi	1.0	V-			1, -,				



Date of Notification (1)		Name of Building Owner / Operator (2)							_						
	July 8, 2015			Bank	of Ameri	ica		*			J	1L 2		201	r d
Agencies Notified	Type Notifica	tion		Street	Address										
□EPA	7/2														
DEP				1848 E	aston A	venue									
DDEP	N 1-141-1			0::-0											
MDOL	Initial				tate & Zi	500									
DOH	Amer	naea ndment#_		Some	set, NJ	08873									
DCA		ellation	-	Name	of Conta	ct					ITo	ephor	o Niu	mho	
					alafsky	. Ct					116	eprior	ie ivu	mbe	31
				John IX	пагоку						1				
				FA	CILITY	INFOR	RMATI	ION							
Name of Facility When	e Abatement i	s Taking I	Place (3)		_1,		Type of								
Bank of America	and the second						∐ Sc	chool (F	(-12)						
Street Address							_	ubchap	ter 8 (Other t	han K-12)					
1848 Easton Avenue							○ Oth     ○ Oth	ther (i.	e., private 8	& comme	rcial buildings	, hor	ne, e	tc.)	
O:L. (F)		-2/2/					Square		1	Floors	Bldg	g. Age			
City (5) Somerset								3,000		1		NO 2000	50		
							Current Bank	Use (F	Prior if being	demolishe	d)				
County (6) Somerset			ounty Code												
Name of Monitoring Fir		uilding Ow			ASCM	No.	Name o	of Abate	ement Contra	actor (9)					
Environmental Testin	g Consultant	s, LLC	8.4				Synate								
Street Address 413 North Black Hors	- Dil						Street Address								
City, State & Zip Code							829 Ra								
Runnemede, NJ 0807									ip Code bor, NJ 080	187					
Project Manager for Mo Howard Zenobi				lephone N 6-482-131			Telepho	one Nu		101	License Num		_		
Scheduled Start Date (	10)	Scheduled	d Completi						A Monitor			0081	/		
July 25, 201	15		Augu	st 30, 201			Synate								
Occupancy Status Duri	ing Abatemen d/Vacated Dur	t (Check o	only one) Period of	Street Address											
Abatement Pe															
Other - Descr			mai moure	5						07					
Facility Occup		atement				1,	rime E	gg nar	bor, NJ 080	101					
Scope of Work (Check															
									Full Containn	nent with N	Negative Press	ıre			
$\ge$ 3 sf or $\ge$ 3 lf				Renovatio	n				Mini-Enclosu						
≥160 sf or ≥260	If			Demolition	1				Glovebag Pro						
											Non-Friable Pro	cedu	re		
	tion of		Is Locati	on Norma	lly Used		De	scriptio		1	TOTAL TICEDIO 1 II		ateme	ent T	Type
Asbestos-Contain		ACM)		y Mainten					ntaining	Am	ount (Specify				. , p c
	ABATED		Custo	dial Staff?	(12)			terial (A			SF or LF)				
	acility I3)		1 1						systems cing, VAT	- 1		1		Ш	
	. • ,			- 1					llaneous)			Remova	Z,	nca	En
								10/50	,			3	Repair	psı	los
Yes No				No	N/A							Val	Ŧ	Encapsulate	Enclosure
Large HVAC Room					Х		F	-loor Ti	le	-	90 SF	X		-	
Small HVAC Room					X			Floor Ti			40 SF	X			
Small HVAC Room					X			Base I		-	20 LF	x			
Name of Registered Wa	aste Hauler		NJDEP V	Vaste		Yards of V		Dasci	Name of Re	gistered L		^			
			Hauler ID			01 1			. Idino of INC	gioloica Li	andilli				
Synatech, Inc.			27	429	5				Grows Land	dfill					
City, State Disposal Da				al Date			City, State								
Little Egg Harbor N I	ttle Egg Harbor, NJ 08087 September 1				rember 1 2015 Morricville PA										
Completed By	50001	Title		September 1, Signature											
					J. J.	Date									
Diane Aloia		Executiv	e Adminis	strator	rator Wan			and allow July 8, 201			July 8, 2015				

Date of Notification (1	) 7/22/	2015			Name	of Buildin	ng Owner /	Operator (	2)						
290	7/10/	2015			New J	ersey Sta	ate Depar	tment of Hu	ıman Servio	ces	1111	4	7 4	315	
Agencies Notified	Type N	Notification			Street	Address					904	- T	-	110	
□EPA □DEP	ON H	HOLD			120 No	orth Warı	ren Street	:							
DOL		Initial			City S	tate & Zip	o Code								
	18	Amende	d			n, NJ 08									
<b>⊠</b> рон		Amendm			1	,					8				
DCA		Cancella	tion		Name	of Contac	ct			(2)	Tele	phon	e Nui	nber	
											1				
E-					FA	CILITY	INFORI	MATION	3						
Name of Facility When	re Abate	ement is T	aking Pl	ace (3)			Ţ	ype of Facili							
Ancora Psychiatric H	lospital	I .						School (							
Street Address									oter 8 (Other						
301 Spring Garden R	₹oad						L			& commercial but			e, e	c.)	
01. (5)							s	quare Feet	5.55	of Floors	Bldg.	0.000			
City (5)	27						<u> </u>	50,00		2			1950		
nammonion, NJ 000.	31		-					urrent Ose ( sychiatric (		g demolished)					
County (6) Camden				unty Code											
Name of Monitoring Fi	ng Garden Road  iton, NJ 08037  Monitoring Firm Hired by Building Codress  e & Zip Code  anager for Monitoring Firm					ASCM			tement Cont	ractor (9)					
N/A Street Address	ess Zip Code							ynatech, In- treet Addres							
Street Address	& Zip Code sager for Monitoring Firm Start Date (10)   Scheduled Cor							reet Addres	83						
City, State & Zip Code							С	ity, State & 2	Zip Code						
Project Manager for M	ject Manager for Monitoring Firm				Ionhana N	lumah a s			rbor, NJ 08		a a Nicosala				
Project Manager for Monitoring Firm				l le	lephone N	umber	1000	elephone Nu 09-296-6916		Licens	se Numb	er 00817	7		
Scheduled Start Date	(10)	Sch	neduled				0000	ame of OSF							
					st 31, 201	5		ynatech, In							
Facility Close	ring Aba d/Vacat	atement (C ted During	heck on Entire F	nly one) Period of	Abatemer	nt		treet Addres 29 Radio Ro							
					Massager Mas										_
				iai riodic	5					8087					
Facility Occup	pied Du	ring Abate	ment		Little Egg Harbor, NJ 08087										
Scope of Work (Check	k all that	t apply)													
									Full Contain	ment with Negativ	e Pressu	re			
$\ge$ 3 sf or $\le$ lf				$\boxtimes$	Renovation	n			Mini-Enclos	877					
≥160 sf or ≥260	) If				Demolitio	n		$\boxtimes$	Glovebag P	rocedure 3 LF onl	У				
								$\boxtimes$	Non-Exemp	pted(*) and Non-Fr	iable Pro	cedur	e wr	ap &	cut
							,		thod						
Loca Asbestos-Contair	ation of	torial (ACI	\d\		on Norma y Mainten			Descripti Asbestos-Co		Amount (S	nacif.	Aba	teme	ent T	ype
	ABATE		<sup>vi)</sup> 1		dial Staff		· '	Material (		SF or L					
IN F	Facility		- 1					i.e., thermal	systems	0.00000 6980000				ш	
(	(13)		- 1					ulation, surf			- 1	70	ת	nc	E
			- 1				O	other misc	ellaneous)			Removal	Repair	aps	clos
			6	Yes	No	N/A						oval	air	Encapsulate	Enclosure
					22350				E.					е	
Loft Area Near Stage		7951		Х				Pipe Insu		40 LI		X			
Second Loft Area Ne	ar Stag	е		Х				Pipe Insu	500000	40 LI		X			
Basement				X		12		Pipe Insu		40 LI	=	X			
Name of Registered W	vaste Ha	auler		NJDEP \ Hauler ID		Cubic Y	Yards of V	/aste	Name of R	tegistered Landfill					
Synatech, Inc. 27				429				Grows La							
City, State				Dispos	al Date		City, State								
Little Egg Harbor, NJ 08087				September 1, 2015 Morrisville, PA				- PΔ							
Completed By	00001		tle									te			
						111	/	Mo		7/22/2	7/22/2015				
Diane Aloia		E	xec. Adr	ministrat	or	1 VIII	Mare Celor 7/10/								

		+		Building O	wner/Operator (2	2)	E10 1			
Date of Notification (1)			VERIZON				F	-	33	2 1
7 / 22 /15			Street Add					STILL		
Agencies Notified Type Notifie	cation		126 LAKE	SIDE BLVE	).		.101	0 -	7 58	-
DEP X Amen	Notification ded Notification ellation	n #4		, Zip Code , NEW JEP	SEY 07850			- 47		, u
X DOH On He			Name of C			Telephone Nu	umber			
DCA EMER	RGENCY NOTIF	FICATIO	N DOUGLAS	S O'HARE						
			CILITY INFOR	MATION						
Name of Facility Where Abatement is	Taking Place	(3)			Type of Facility					
VERIZON			9			12) er 8 (Other that private & comr		e hor	mas a	itc )
Street Address					Square Feet	# of Floors			. Age	10.7
71 MADISON AVENUE					113,347	5			40	
	ity (6)	T	County Co	ode (7)	Current Use (Pr	ior if being der	nolished	) Phai	m. La	D.
	SON COUNTY		(STATE USE	E ONLY)	COMMUNICATI	ON BUILDING	3			
Name of Monitoring Firm Hired by B	uilding Owner	(8)	A	SCM No.	Name of Abate			West SW		
ESIS HEALTH & SAFETY				17	PAR ENVIRON	MENTAL COP	RPORAT	ION		
Street Address					Street Address	NOK DOAD				
436 WALNUT STREET					313 SPOOK RO				-	
City, State, Zip Code	ELPHIA, PA 19	106			City, State, Zip		1			
Project Manager for Monitoring Firm		phone N	umber		Telephone Num		icense N	lumbe	ŧΓ	
FRANK WESTFALL		640-532			845-369-7500	100	101			
Expected State Date (10)		inerrane menerale	on Date (11)		Name of OSHA	Monitor				
7 / 20 /15		7 /	. 22	/15	AMERISCI LAB	ORATORIES	INC	#	11480	
Month Day Year	Month		Day	Year						
Occupancy Status During Abatement ( Facility Closed/Vacated Du Abatement Performed Outs	ring Entire Periodical Figure 1	od of Aba acility He	ours - Describ	e:	Street Address 117 EAST 30Th	ACTS ATTOMATION SOLD				
X Other - Describe: MON	DAY-FRIDAY 7	'AM-3:30	PM		City, State, Zip	Code V YORK, NEV	/ VORK	10016	SE .	
Scope of Work (Check all that apply)				Teull Conta	ainment with Neg			10010	W.	
	X Renovation	on		Mini-Enclo						
>3SF OR LF				Glovebag	g Procedure					
x >160 SF OR 260 LF			X	Non-Friab	le Procedure	,				
Location of	Is Loca			ription of As		Amount	L A	baten	nent Ty	/pe
Asbestos-containing Material (ACM)	normally solely			ning Materi Thermal sy		(Specify	Ē	REPAIR	N N	
TO BE ABATED	Maint/Cu			ion, surfaci		SF or LF)		₽Ã	AP	NCLOSURE
in Facility (13)	Staff (	SECOND CONTRACTOR		ner miscella		1	P	1~	SUI	IUS
	Yes No	N/A						-	m	Ħ
WINDOWS NORTH & SOUTH		X E	XT. WINDOW	LOUVER,	DOOR CAULK	1,120 LF	X			
FAÇADE AND PENTHOUSE		X E	XPANSION C	AULK		600 LF	×			
FAÇADE NORTH & SOUTH ELEVAT	ION	х с	RACK SEALA	ANT		660 LF	×			
			ED COATING	8		1,600 SF	X			S 80
FAÇADE NORTH ELEVATION		1	LD OOATING	4		1,000 0.			+	
Name of Registered Waste Hauler	NJDEP V	200	ubic Yards of		Name of Regist					
EXPRESS WASTE LLC	Hauler ID	D35.44458	120	Ų	110 SAND CO BETHPAGE/SF					
614 FRELINGHUYSEN AVENUE City, State	1593		isposal Date		City, State	MONOLIND				
NEWARK, NEW JERSEY 07114		1.00	4/20/15-06/30	/2015 /	MELVILLE, NY		٦ <i>/</i>		/	
Completed by (Print or Type)	Title			nature /	× / //		Date 7	1	11	
BENJAMIN SANCHEZ	DIRECTOR OF	OPERA	ATIONS 1	1/	WO	X	100	/	/ >	

Date of Notification (1)				Name of VERIZON		wner/Operator (2	2)		2		
ENGINEERING STATE			-	Street Ad	drace			1511	6	5.0	
7 / 17 /15  Agencies Notified Type Notification					ESIDE BLVI	D.		JUL			10
EPA Initial Notifi DEP X Amended N Cancellatio	Votificat	tion #3			e, Zip Code 3, NEW JEF	RSEY 07850	a				
X DOH On Hold DCA EMERGEN	ICV NO	TIEIOAT		Name of			Telephone Numb	oer			
DCA EMERGEN	ICY NC										
Name of Facility Where Abatement is Tak	ing Pla		-ACILI	I Y INFOR	RMATION	Type of Facility	(4)				
VERIZON		(0)				School (K- Subchapte	12) er 8 (Other than K		-		
						X Other (ie. p	private & commol # of Floors	. blags		nes, e . Age	IC.)
Street Address 71 MADISON AVENUE						113,347	5	1	-	-0 -0	
City (5) County (6)			1	County C	ode (7)	Current Use (Pr	ior if being demol	ished)	Phar	m. La	b.
JERSEY CITY HUDSON			(S		E ONLY)	COMMUNICATI					
Name of Monitoring Firm Hired by Buildin ESIS HEALTH & SAFETY	ng Owr	ner (8)		A	ASCM No. 17		ment Contractor MENTAL CORPO		ON		
Street Address						Street Address					
436 WALNUT STREET						313 SPOOK RC					
City, State, Zip Code	II A D A	10106				City, State, Zip					
PHILADELPH Project Manager for Monitoring Firm		elephon	e Num	ber		Telephone Num		ense N	umbe	r	
FRANK WESTFALL	1.0	15-640-				845-369-7500	110	1			
Expected State Date (10)	Sched	. Comp	etion [	Date (11)	101-05	Name of OSHA					
7 / 20 /15 Month Day Year	Mon	4 /	D	15 ay	/16 Year	AMERISCI LAB	ORATORIES IN	S	#1	1480	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Beauty Control Performed Outside of X Other - Describe: MONDAY-  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  x >160 SF OR 260 LF	ntire P	eriod of al Facilit Y 7AM-3	y Hours	s - Descri	Full Cont Mini-Encl Gloveba	ainment with Neg	Code V YORK, NEW Y	ORK :	10016	10000000	**
Location of	ls L	ocation	T		cription of A		81			ent T	1
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	, so Maint	ally used lely by Custodia aff (12) No N/A	al	(ie. insula	aining Mater Thermal sy ation, surfac ther miscell	ystems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
WINDOWS NORTH & SOUTH		×	EXT	WINDO	W LOUVER	, DOOR CAULK	1,120 LF	×			
FAÇADE AND PENTHOUSE		X	_	ANSION			600 LF	X			
FAÇADE NORTH & SOUTH ELEVATION		X	1	CK SEAL			660 LF	Х			
FACADE NORTH ELEVATION	$\Box$	X	1	COATIN			1,600 SF	X			
TAÇADE NOTTH ELEVATION									-		
	$\vdash$	-						+-	+	+	+
	$\vdash$										
Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE	Haule	P Waste r ID No. 5939	Cubi	c Yards o		Name of Regis 110 SAND CC BETHPAGE/SI	).				
City, State NEWARK, NEW JERSEY 07114				osal Date 0/15-06/3		City, State MELVALE, MY	0		/	j	/
Completed by (Print or Type) Title		R OF OP	ERATI		gnature	FX	Da	te	1)	119	>

INOCH

		(Pu	ırsuan	it to NJAC	8:60-7	7 and 12:13	20-7)						
Date of Notification (1)					e of B	Building O	wner/Operator (	2)	15				
6 / 2 /15					et Add				UL 2	7	San		
DEP Amer X DOL Cance	Notification ded Notification			City, LAN	State DING,		RSEY 07850				201	7	
	old #2 RGENCY N	NOTIF		ON DOL	JGLAS			Telephone N	Numbe	r			
				ACILITY II	NFORI	MATION		7.00					
Name of Facility Where Abatement is VERIZON	s Taking F	lace (	(3)								., hoi	nes, e	etc.)
Street Address 71 MADISON AVENUE							Square Feet 113,347	# of Floo 5	ors		_	. Age 10	
	ity (6) SON COUI	YTY				de (7) ONLY)	Current Use (Pr COMMUNICATI			ned)	Pha	m. La	b.
Name of Monitoring Firm Hired by B	uilding O	wner (	(8)		AS	SCM No.	Name of Abate			S	200		
ESIS HEALTH & SAFETY						17	PAR ENVIRON	MENTAL CO	RPOR	ATIO	NC		
Street Address 436 WALNUT STREET			2 2		•		Street Address 313 SPOOK RC						
City, State, Zip Code	ELPHIA, P	A 191	06				City, State, Zip SUFFERN, NEV		901				
Project Manager for Monitoring Firm		15000		Number			Telephone Num		Licens	e N	umbe	r	
FRANK WESTFALL			640-50				845-369-7500		1101				
Expected State Date (10)	Sche	d. Co	mple	tion Date		7.00-2007	Name of OSHA	Monitor			1477		
4 / 20 /15 Month Day Year	Mo	4 onth	1	15 Day	5	/16 Year	AMERISCI LAB	ORATORIES	SINC		#	1480	*
Occupancy Status During Abatement (							Street Address						
Facility Closed/Vacated Du					.4		117 EAST 30TH	STREET					
Abatement Performed Outs  X Other - Describe: MON					escribe	9:	City, State, Zip	Code V YORK, NE	W VOI	DV 1	0016	1	
Scope of Work (Check all that apply)  Demolition  >3SF OR LF	X Rend	ovation	n			Mini-Encl	inment with Nega	and the second second		ו אה	0010		
x >160 SF OR 260 LF					-	3000 00 00	le Procedure			1000	77.74	-	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	norr s Mair	Locatinally used to the color of the color o	used by todial	ir	Contain (ie. T nsulatio	ption of As ning Materi Thermal sy on, surfaci er miscella	al (ACM) stems ng, VAT,	Amoun (Specif SF or Lf	y F)	REMOVAL	REPAIR	ent ENCAPSULE	e ENCLOSURE
WINDOWS NORTH & SOUTH			X	EXT. WIN	NDOW	LOUVER,	DOOR CAULK	1,120 LF		X			
FAÇADE AND PENTHOUSE			Х	EXPANSI				600 LF		X			
FAÇADE NORTH & SOUTH ELEVAT	ION		Х	CRACK S	SEALA	NT		660 LF		X			
FAÇADE NORTH ELEVATION			X	RED COA	ATING			1,600 SF		X		_	
		-	,						2	-		-	H
Name of Registered Waste Hauler EXPRESS WASTE LLC		EP W		Cubic Yai	rds of 1		Name of Regist					_	
614 FRELINGHUYSEN AVENUE	l'iddi	15939					BETHPAGE/SF		)				
City, State NEWARK, NEW JERSEY 07114				Disposal 04/20/15-		2015	City State MELVILLE, NY	11704	. 8	,	1	1	/
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF	OPE			ature	XX	G 550	Date	6	10	1/5	>

Date of Notification (1)					ne of Building (	Owner/Operator	(2)				
4 / 20 /15							19.1				No.
Agencies Notified Type Notif	ication		-		et Address LAKESIDE BL\	<b>'</b> D	P (/)	- 4,	45	5	
EPA X Initia DEP Ame X DOL Can	al Notificat ended Not cellation		νn	City,	State, Zip Code DING, NEW JE	1					-
X DOH ON EME	Hold ERGENC	Y NOT	TFICA	TION DOL	e of Contact JGLAS O'HARE		ITelenhone Nu	mber			
Name of Facility Where Abatement is	Taking	Diago	/2\	FACILITY IN	NFORMATION						
VERIZON	raking i	iace	(0)			Type of Faci School		K_12\			
Street Address						X Other (i	e. private & commo	ol. bldgs	., hon	nes, e	.c.)
71 MADISON AVENUE						Square Fee	t # of Floors			dg. Ag	
	nty (6)			Cour	ty Code (7)	113,347	Prior if being demo	link a all	Di-	40	
JERSEY CITY HUD	SON CO	UNTY			E USE ONLY)	COMMUNICA	TION BUILDING	ilisnea)	Ph	arm. L	ab.
Name of Monitoring Firm Hired by Bu ESIS HEALTH & SAFETY	ilding Ov	wner (	8)		ASCM No.		tement Contracto	or (9)			
Street Address					17	PAR ENVIRC	NMENTAL CORP		ON		
436 WALNUT STREET						Street Addres 313 SPOOK F					
City, State, Zip Code						City, State, Zip					
Project Manager for Monitoring Firm	ELPHIA,	_				SUFFERN, N	EW YORK 10901				
FRANK WESTFALL		1	•	Number		Telephone Nu		cense N	lumbe	er	
Expected State Date (10)	190		640-5	320 tion Date (1	4)	845-369-7500		01			
4 / 20 /15	100	icu. c	4 /	15	/16	Name of OSH	A Monitor BORATORIES IN	_		v.130/201201	
Month Day Year		/lonth	Transfer .	Day	Year	AVILITIOCILA	BORA I ORIES IN	C	#1	1480	
Occupancy Status During Abatement (CI Facility Closed/Vacated Durin	neck only	one)	of Abo			Street Address					
Abatement Performed Outsid	e of Norm	al Fac	ility Ho	urs - Describ	e·	117 EAST 307	'H STREET				
X Other - Describe: MON	DAY-FRI	DAY 7	AM-3:3	0 PM	0	City, State, Zip	Code		-		
Scope of Work (Check all that apply)				-		N!	EW YORK, NEW	YORK 1	0016		
Demolition	X Ren	ovatio	n		Full Conta Mini-Enclo	inment with Nea	ative Pressure				
>3SF OR LF × >160 SF OR 260 LF				İ	Glovebag	Procedure					
x >160 SF OR 260 LF Location of			80		Non-Friabl	e Procedure	180				
Asbestos-containing		s Loca rmally		D	escription of As	bestos-		A	baten	ent T	/pe
Material (ACM)		solely		Co	ntaining Materia (ie. Thermal sys	I (ACM)	Amount				
TO BE ABATED			stodial	ins	sulation, surfacir	a VAT	(Specify SF or LF)	REMOV	REPAIR	ENCAPSULE	ENCLO
in Facility (13)		Staff (			r other miscellar		01 01 11)	VAL	R	)Sd	SC
FLOODS (A THURS	Yes	No	N/A					Ľ		JE .	SURE
FLOORS 4 & 5 WEST ELEVATION		_	Х	EXT. WINDO	OW LOUVER, [	OOR CAULK	1,120 LF	X			
FAÇADE AND PENTHOUSE			Х	EXPANSION			600 LF	X			
FAÇADE (THROUGHOUT)			X	CRACK SEA	LANT		660 LF				
FAÇADE (THROUGHOUT)				RED COATII				X			
					***		1,600 SF	X			
		_						1			-
	-	-									
		-									
							-	-			
Name of Pogistary JAA								-			
Name of Registered Waste Hauler EXPRESS WASTE LLC		P Wa		Cubic Yards o	1000 BENEDICTOR SOLD	Name of Registe	red Landfill	1 1		-	
614 FRELINGHUYSEN AVENUF		er ID N 15939		1	20 .	110 SAND CO.				1	$\neg$
City, State		. 0008		Disposal Date		BETHPAGE/90	AGNOLI RD				
NEWARK, NEW JERSEY 07114 Completed by (Print or Type)				4/20/15-06/3	0/2015	City State	1704	. 11	-	,	_
TALLANDA CALLES	tle RECTOR	OF	PERA	TIONS Si	gnature /	1008	Date	410	1	15	

JOB COMPLETE NOTIFICA



Date of Notification (1)					N.		- ( D   11 II	_		-		-			1	-
1 /	15 /	14						-	wner/Operator (	(2) e of Design an	d Constructi	ion				
Agencies Notified	Type Notific						-		- Only	e or besign an	d constitucti	- L	Ž.		į.	
⊠ EPA	I lnitial	cation			151.000		Address  Elm Dri							16.		
□ DOLWD		ed					State, Zip (									
☑ DHSS	Amenda				5		nceton, N									
DCA	☐ Emerge		cluding	9			of Contac		10044		1711				-	
(NJAC 5:23-8)	justificat  Cancella						pert Orte				Telephone N	Numbe	Г			
	- Caricella	1011						_			1					
Nome of Facility Where A	h-11:	<del>-</del> 1:	D:	(0)		FA	CILITY IN	\FO	RMATION							
Name of Facility Where A				(3)					¥1	Type of Facility	B 10					
Princeton Universit	y- Firestor	ie Lib	rary							☐ School (K-1) ☐ Subchapter		(-12)				
Street Address Washington Road										Other (i.e., p	rivate and com	merci	al bu	uildin	gs,	
City (5)									***	Square Feet	# of Floors		BI	dg. A	ne.	
Princeton										oquare i cor	17 01 1 10013		01	ug. A	ge	
County (6)					C	our	ity Code (7	7)(ST.	ATE USE ONLY)	Current Use (Pr	rior if being den	nolishe	ed)			
MERCER										Library						
Name of Monitoring Firm		lding C	)wner	(8)	AS	CM	No.	Na	ame of Abateme	ent Contractor (9	)				- 111	
ATC Associates Inc					0	009	8	1	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address								Sti	reet Address							
Three Terri Center									1123 BEAVE	R STREET						
City, State, Zip Code		(0)						Cit	ty, State, Zip Co	ode						
Burlington, NJ 0801	6							1	BRISTOL, PA	19007						
Project Manager for Monit	toring Firm		(2)	Te	elepho	ne	No.	Те	lephone No.		License No	).		N. S.		
Michael Keehn					609-3	386	-8800	2	215-788-6040		00509					
Start Date (10)							te (11)	Na	me of OSHA M	lonitor						
3 / 2 /	15	7	/		24_	/_	15	E	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During	Abatement (	Check	only o	ne)				Str	eet Address							
□ Facility Closed/Vacated								1	1123 BEAVER	R STREET						
Abatement Performed	Outside of N	ormal	Facility	/ Ho	urs - l	Des	cribe	Cit	y, State, Zip Co	ode						
Time of Abatement: 6:	30AM-3:00	PIVI/	P	VI		MA		E	BRISTOL, PA	19007						
Scope of Work (Check all	that apply)															
☐ ≥3 sf or ≥3 lf			⊠ Re	2011	ntion					ainment with Neg	gative Pressure	9				
≥3 \$1 61 ≥3 11     ≥160 \$f or ≥260 If			☐ De													
									☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
					ation								Aba	atem	ent T	уре
Location of Asbestos-Containing M		n			olely b	у	Ashes	etne	Description of Containing Mar		Amount		Re	Re	Ш	Щ
TO BE ABAT	red `	"			nance				ermal systems i		(Specify		Removal	Repair	icap	clo
IN Facility (13)	/		Cust	(12	al Staf 2)	1.6	W. P. C. P.		surfacing, VAT, ther miscellaned		SF or LF)		val	_	Encapsulate	Enclosure
(13)			Yes	No	1	/A		OL	ner miscellane	ous)					ate	
Throughout Levels C,	B and A		$\boxtimes$			]	Floor til	e ar	nd Mastic		71,198 SF	F				
Throughout Levels C,	B and A		$\boxtimes$			]	Pipe Ins	sula	tion		4,660 SF	-				
Throughout Levels B	and A					]	Joint Co	omp	oound		24,690 SF	=				
Throughout Levels B							Pipe Fit	ting	IS		20 LF		$\boxtimes$	П	П	П
Name of Registered Waste	Hauler			T	NJDE	PV	Vaste		oic Yards of	Name of Regis	tered Landfill			_	_	
SERVICE TRANSPOR	RT GROUP	INC.			Haule 209	r ID	1	Wa	ste		. NORTH LA	NDFIL	L			
City, State								Dis	posal Date	City, State		Theorem				
New Castle, DE										MORRISVI	LLE, PA 190	67				
Completed By (Print or Typ	oe)	Title							Signature			Date				
Brian Scafiro		Es	timat	or					Brian	Sersin !	il	1	24	1/)	15	

NO LONGER ON HOLD

JOB COMPLETE N

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

lg 2

1000									-,	<i>P</i> -	)				
Date of Notification (1)	45			,	200			wner/Operator							
/	15 /	14	_		Pr	inceton (	Jniv	ersity - Offic	e of Design and	d Construc	tion		5		
Agencies Notified	Type Notific	cation			Stree	et Address									-
☑ EPA ☑ DOLWD	☐ Initial ☐ Amende	od			20	0 Elm Dri	ive								
☑ DHSS	Amenda	0.00	8-7/2	4/15	)	State, Zip									
☑ DCA	☐ Emerge	ncy (inc	100000000000000000000000000000000000000		Pr	inceton,		8544							
(NJAC 5:23-8)	justificat				100000000000000000000000000000000000000	e of Contac	515			Telephone	Number		3-5-3 (3-1)		
	☐ Cancella	ation			Ro	bert Orte	go		*						
N					FA	CILITY II	NFO	RMATION							
Name of Facility Where A				(3)					Type of Facility						
Princeton Universit	y- Firestor	ne Libi	rary						☐ School (K-12 ☐ Subchapter 8		K 12\				
Washington Road									Other (i.e., p	rivate and cor	nmercia	ıl bu	ildin	js,	
City (5)						1			homes, etc.)						
Princeton									Square Feet	# of Floors	\$	Bio	dg. A	ge	
County (6)					Cou	nty Code (	7)/ST	ATE USE ONLY)	Current Use (Pri	or if being de	molishe	d)			
MERCER						,(	, ,( • .	Z OOZ ONZ 1)	Library	or it being de	HOUSING	u)			
Name of Monitoring Firm	Hired by Bui	Iding O	wner (	8)	ASCM	No.	Na	ame of Abatem	ent Contractor (9)				-17717		
ATC Associates Inc					000	98			VIRONMENTAL						
Street Address							St	reet Address				_		_	
Three Terri Center								1123 BEAVE	R STREET						
City, State, Zip Code							Cit	ty, State, Zip Co	ode						
Burlington, NJ 0801							1	BRISTOL, PA	19007						
Project Manager for Monit	oring Firm				lephone		1	lephone No.		License No	0.	-			
Michael Keehn					09-386		_	215-788-6040		00509					
Start Date (10) 3 / 2 /	200000000				etion Da		175-57-357	me of OSHA N		v 115400505050					
					4_ /	15			VIRONMENTAL	_, INC.					
Occupancy Status During  ☑ Facility Closed/Vacated								eet Address							
☐ Abatement Performed	Outside of N	lormal F	acility	Hou	ement irs - Des	scribe		1123 BEAVE						5750	
Time of Abatement: 6:	30AM-3:00	PM/	PN	Λ- <u></u>	AM	JOHDE		y, State, Zip Co							
Scope of Work (Check all	that apply)						-	BRISTOL, PA	19007					4500	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	indi appiy)								ainment with Neg	ative Pressure	е				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			Rer	nova				Mini-Enc	losure						
△ ≥100 31 01 ≥200 11		L	_ Dei	ПОПЦ	1011				g Procedure mpted (*) and Nor	n-Friable Proc	edure				
				Loca								Aba	teme	ent T	vpe
Location of Asbestos-Containing M		n)		orma d Sol	ely by	Asha	2400	Description of					_		
TO BE ABAT	ED	"/			ance/	(i.e	., the	Containing Matermal systems in	nsulation,	Amount (Specify		Removal	Repair	ncal	nclo
IN Facility (13)			Custo	(12)	Staff?			surfacing, VAT, her miscellaned		SF or LF	)	Val	7	Encapsulate	Enclosure
(10)			Yes	No			Οt	nei miscellanet	ous)					ate	
Trustees Reading Roo	m					Radiato	r Li	ner		280 SF	1		П	П	П
Trustees Reading Roo	m		X			Pipe Ins	sula	tion		150 LF	_	<b>X</b>	П		
Work Area #B6 - Level	В		X					ng Insulation	)	40 LF		<b>X</b>			
Work Area #B6 - Level	В	-		П		Floor Ti				3800 SF		<b>X</b>			
Name of Registered Waste	Hauler				NJDEP V		_	oic Yards of	Name of Regist						
SERVICE TRANSPOR	RT GROUP	INC.		H	lauler II 20990	Statement	Wa	ste	G.R.O.W.S.		NDFIL	L			
City, State							Disp	posal Date	City, State						
New Castle, DE									MORRISVIL	LE, PA 190	67				
Completed By (Print or Typ	e)	Title						Signature	1	1 0	Date	_	1		
Brian Scafiro		Est	imato	or				Drian &	feature 1	il	1/6	14	110	5	

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

NOUT				(1	ursua	III to NJ	AC	8:60 and 5:1	6)	/ '	9 5			
Date of Notification (1)	15 /	14	e e					Owner/Operator		U , 16 16	) / Esti	1		
					Pr	inceton (	Jni	versity - Office	e of Design a	nd Construction	on			
Agencies Notified	Type Notif	ication			Stree	et Address					-0		-	
⊠ EPA ⊠ DOLWD	☐ Initial				20	0 Elm Dr	ive							
☑ DOLWD	Amend Amend		18.7/	0.145	City,	State, Zip	Coo	de						
⊠ DCA	☐ Emerge				Pr	inceton,	NJ	08544						
(NJAC 5:23-8)	justifica	ation)	icidalii	9	Nam	e of Conta	ct			Telephone N	ımher			
	☐ Cancel				Ro	bert Orte	ego	r		Total Total	arriber			
							_	DRMATION						
Name of Facility Where				e (3)					Type of Facility	/ (4)				
Princeton Univers	ity- Firesto	ne Lib	orary						School (K-1					
Street Address							_		Subchapter	8 (Other than K-	-12)			
Washington Road									homes, etc	private and comr	nercial b	uildir	ıgs,	
City (5)									Square Feet	# of Floors	Т	lda	\ a a	
Princeton									Oquale 1 cct	# 01110015		Bldg. /	-ige	
County (6)					Cou	nty Code (	7)(\$7	TATE USE ONLY)	Current Use (P	rior if being dem	olished)			
MERCER									Library					
Name of Monitoring Firm	n Hired by Bu	ilding C	Owner	(8)	ASCM	No.	N	ame of Abateme	ent Contractor (9	))		-	-	
ATC Associates In	ic.				000	98	1		VIRONMENTA	\$3				
Street Address		5.30					-	treet Address						
Three Terri Center	1							1123 BEAVE	R STREET					
City, State, Zip Code							-	ity, State, Zip Co						
Burlington, NJ 080	16							BRISTOL, PA						
Project Manager for Mor	nitoring Firm			Tele	ephone	No.	-	elephone No.		License No.				
Michael Keehn				6	09-386	8-8800		215-788-6040		00509				
Start Date (10)		Sched	uled C	omple	etion Da	ate (11)	Na	ame of OSHA M	onitor		_			
_3_/_2_/	15	7	7 /	_ 24	1_/	15		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	g Abatement	(Check	only	one)			-	reet Address		**************************************				
□ Facility Closed/Vacat	ed During Ent	tire Per	riod of	Abate	ment		100	1123 BEAVER	RSTREET					
☐ Abatement Performed	d Outside of N	Normal	Facility	y Hou	rs - Des	scribe	_	ty, State, Zip Co						
Time of Abatement:	3:30 <sub>AM-</sub> 3:00	PM/_	PI	M	AM		4	BRISTOL, PA						
Scope of Work (Check a	Il that apply)							J. (1010L, 174	10001					
								□ Full Conta	ainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Re	novat molitic					osure	The second control of the second seco				
Z _ 100 01 01 _ 200 11			□ De	HOILE	)[]				npted (*) and No	n-Friable Proced	dure			
				Locat							1 -	atem	ent T	VDE
Location				Vorma d Sole	11.00			Description of			-	-	1	
Asbestos-Containing TO BE ABA		VI)		intena				Containing Mat ermal systems in		Amount	Rem	Repair	nca	ncl
IN Facili			Cust		Staff?	(1.0.		surfacing, VAT,		(Specify SF or LF)	Removal	₹.	psu	Enclosure
(13)		-	Yes	(12)	NI/A	-	of	ther miscellaneo	ous)		-		Encapsulate	Ге
Work Area #B6 - Leve	al R		Section 1	No	N/A	FiMinan		F:1	•		-	_		_
Work Area #B7 - Leve							_	Fiberglass L		4 Each				
Work Area #B7 - Leve							-	Fiberglass Li	ines	4 Each		Ш		
		-					-	& Mastic		320 SF				
Work Area #B7 - Leve				Ц			300.00	& Mastic		4,071 SF				
Name of Registered Was		OMO		13335	JDEP V auler ID			bic Yards of	Name of Regis					
SERVICE TRANSPO	JAT GROUP	INC.			20990		***		G.R.O.W.S	. NORTH LAN	DFILL			
City, State							Dis	posal Date	City, State					
New Castle, DE								-	MORRISVI	LLE, PA 19067	7			
Completed By (Print or Ty	rpe)	Title					-50-5	Signature	1	/ [	ate /	1	_	-
Brian Scafiro		Es	timat	or				Dien.	Scalus	1-sl	7/2	4/13	5	
CD 11		1						1	1 one	1	/	11		



Date of Notification (1)  1 / 15 / 1	4				g Owner/Operator ( niversity - Office		d Construction				
Agencies Notified Type Notification		0.51-1-5		Address			27	40			
⊠ EPA ☐ Initial				Elm Driv	ve.						
☑ DOLWD ☑ Amended			1	State, Zip C						-	
☐ DHSS Amendment #	_			nceton, N							
□ DCA     □ Emergency (i justification)	ncluding	3		of Contac			Telephone Numb	ner			
Cancellation			A CONTRACTOR	bert Orte	5		Tolephone Humb				
					IFORMATION		1		0.	-	
Name of Facility Where Abatement is Takir	n Place	(3)	FA	CILITIN	IFORMATION	Type of Facility	(4)				
Princeton University- Firestone Li		, (0)				School (K-12					
Street Address	orar y					Subchapter 8	(Other than K-12)				
Washington Road						homes, etc.)	rivate and commer	cial bu	ilding	JS,	
City (5)			-			Square Feet	# of Floors	Bl	dg. A	ae	
Princeton							011 10010		-9.7	9-	
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)			
MERCER				., (	///	Library					
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						
ATC Associates Inc.		h 16	0009		Markov Colonia	VIRONMENTA					
Street Address					Street Address		•				757
Three Terri Center					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Burlington, NJ 08016					BRISTOL, PA						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.			-	
Michael Keehn		6	09-386	-8800	215-788-6040	)	00509				
Start Date (10) . Sche			etion Da		Name of OSHA N	Monitor					
3 / 2 / 15	SN	H	1040		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement (Che	ck only	one)			Street Address	<u>&gt;</u>					
☐ Facility Closed/Vacated During Entire P	eriod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Outside of Norma				scribe	City, State, Zip Co	ode					
Time of Abatement: 6:30AM-3:00PM/	P	M	AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply)						v de vis 1967 evel					
☐ >3 sf or >3 lf	⊠ Re	novat	tion		□ Full Con     □ Mini-Enc	tainment with Neg	gative Pressure				
≥ 160 sf or ≥260 lf	☐ De					g Procedure					
50 St 50 St	1				☐ Non-Exe	mpted (*) and No	n-Friable Procedur	e			
l continue of	2.5	Loca Norma			Description			Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM)	Use	ed Sol	lely by	Asbe	Description of stos Containing Ma		Amount	Re	Repair	En	En
TO BE ABATED	100000000000000000000000000000000000000		ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	pair	caps	Enclosure
IN Facility (13)	Cus	(12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(15)	Yes	No	N/A		outer impositant					fe	
Throughout Levels C, B and A				Floor ti	le and Mastic		71,198 SF				
Throughout Levels C, B and A	$\boxtimes$			Pipe In:	sulation		4,660 SF	$\boxtimes$			
Throughout Levels B and A	$\boxtimes$			Joint C	ompound		24,690 SF				
Throughout Levels B	$\boxtimes$			Pipe Fit			20 LF				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP IN	C.		NJDEP N Hauler II 20990	D No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill  NORTH LAND	FILL			
City, State			20330	,	Disposal Date	City, State					
New Castle, DE					(2)	MORRISVI	LLE, PA 19067				14
	10				Signature	1	/ Da	te /	1		
Completed By (Print or Type) Tit Brian Scafiro	e Estima				Olgridatio	1 1.	/ ' 0	11	e 1	-	



Date of Notification (1)				Name	of Buildin	a Ow	ner/Operator (	2)		-			
	14							of Design and	d Construction	1			
Agencies Notified Type Notification	ation			Street	Address								
☑ EPA ☐ Initial				200	Elm Dri	ve							
☑ DOLWD ☑ Amended	i				State, Zip (			-					
□ DHSSAmendm			<u>15</u>	0.000	nceton, N								
DCA Emergen		uding			of Contac		0044		Talaahaaa N	-b			
(NJAC 5:23-8) justificati				0.000 000					Telephone Nur	nber			
L Cancella	1011				bert Orte								
Name of Facility Where Abatement is 7	Takina I	Diana	/2\	FA	CILITY IN	IFO	RMATION	T					
Princeton University- Fireston			(3)					Type of Facility ( ☐ School (K-12)					
Street Address		,						Subchapter 8	Other than K-1				
Washington Road								Other (i.e., pr homes, etc.)	ivate and comm	ercial b	uilding	js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Princeton													
County (6)				Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
MERCER								Library	6				
Name of Monitoring Firm Hired by Build	ding Ov	vner (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
ATC Associates Inc.				0009	98	E	BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Str	eet Address						
Three Terri Center						1	123 BEAVER	R STREET					
City, State, Zip Code							y, State, Zip Co						
Burlington, NJ 08016	150					E	BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tele	phone	No.	Tel	lephone No.		License No.				
Michael Keehn				9-386		2	215-788-6040		00509				
	Schedul					1200000	me of OSHA M						
3/2/15	Ō	N		041	0	E	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Abatement (		0.50	33.5			Str	eet Address						
☐ Facility Closed/Vacated During Entire						1	123 BEAVER	RSTREET					
Abatement Performed Outside of No Time of Abatement: 6:30AM-3:00F	ormal F PM/	acility	Hour	s - Des	cribe	1	y, State, Zip Co						
Scope of Work (Check all that apply)						Е	BRISTOL, PA	19007					_
Coope of Work (Check all that apply)								ainment with Neg	ative Pressure				
□ ≥3 sf or ≥3 lf		Ren					Mini-Encl	losure					
⊠ ≥160 sf or ≥260 lf	L	] Den	nolitio	on			☐ Glovebag	g Procedure mpted (*) and Nor	n-Friable Proced	ure			
	T	ls l	Locat	ion				( ) =			atem	ent T	vne
Location of			orma				Description of				1		
Asbestos-Containing Material (ACM TO BE ABATED	)			ely by nce/			Containing Mat		Amount	\em	Repair	nca	ncl
IN Facility			dial	Staff?	(I.e		ermal systems i surfacing, VAT,		(Specify SF or LF)	Remova	≝.	squ	Enclosure
(13)	-	.,	(12)	T			her miscellaned		/			Encapsulate	re
Trustona Ponding Room		Yes	No	N/A	Dadista				202.05	57			
Trustees Reading Room			<u> </u>		Radiato		S2550		280 SF				
Trustees Reading Room		_			Pipe Ins				150 LF		Ш		
Work Area #B6 - Level B			Ш	Ш			ng Insulation	1	40 LF				
Work Area #B6 - Level B		$\boxtimes$			Floor Ti	ile &	Mastic		3800 SF	$\boxtimes$			
Name of Registered Waste Hauler			1 2 3	JDEP \		12/2/201	oic Yards of	Name of Regist		esperate en		/h	
SERVICE TRANSPORT GROUP	INC.		H	auler II 20990		Wa	ste	G.R.O.W.S.	NORTH LAN	DFILL			
City, State						Dis	posal Date	City, State					
New Castle, DE								MORRISVII	LE, PA 19067				
Completed By (Print or Type)	Title						Signature	2	,	ate	1	_	
Brian Scafiro	Est	imato	or				Brean	Scolerol	il I	4/9	11	5	

ASB-41 MAY 11 B 5 / 4003

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.



1 / 15 /	14				ng Owner/Operator ( Jniversity - Office		d C		-		
Agencies Notified Type Notif				et Address	omversity - Office	e or Design an	u Construct	ion	N		
⊠ EPA	iication										
☑ DOLWD ☑ Amend	led			0 Elm Dr			I				
□ DHSS Amend	ment #17	4/9/15	10 3000	State, Zip							
	ency (inclu	ding		and the second	NJ 08544		1 0				
(NJAC 5:23-8) justifica				e of Conta			Telephone N	Number		Edito	
Cancel	lation			bert Orte	.—.						
Name of Equility Where Abeternal			FA	CILITY II	NFORMATION						
Name of Facility Where Abatement is Princeton University- Firesto						Type of Facility	7				
Street Address	ne Libra	гу				☐ School (K-1) ☐ Subchapter	2) 8 (Other than 1	× 12)			
Washington Road						Other (i.e., p	rivate and com	nmercial b	uildir	igs.	
City (5)						homes, etc.	)				
Princeton						Square Feet	# of Floors	В	Bldg. /	Age	
1 1010000000000000000000000000000000000				1)							
County (6)			Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being der	nolished)			
MERCER					1.0	Library					
Name of Monitoring Firm Hired by Bu	ilding Owr	ner (8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc.			000	98	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					Street Address						
Three Terri Center					1123 BEAVER	RSTREET					
City, State, Zip Code					City, State, Zip Co	ode					_
Burlington, NJ 08016					BRISTOL, PA						
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No	)			_
Michael Keehn		(	09-386	6-8800	215-788-6040		00509				ii <del>t</del>
Start Date (10)	Schedule	- 1			Name of OSHA M	onitor	00000				
_3_ / _2_ / _15_	_0,					/IRONMENTA	L. INC.				
Occupancy Status During Abatement	(Check on	ılv one)			Street Address		,				
☐ Facility Closed/Vacated During En			ement		1123 BEAVER	STREET					
☐ Abatement Performed Outside of N	Normal Fac	cility Hou	ırs - Des	scribe	City, State, Zip Co						_
Time of Abatement: 6:30AM-3:00	PM/	_PM	AM		BRISTOL, PA						
Scope of Work (Check all that apply)					DIGIOTOL, I A	13007				- 1000	
					□ Full Conta	ainment with Neg	ative Pressure	4			
≥3 sf or >3 If	_	Renova			Mini-Encl						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	_	Renova Demolit			⊠ Glovebag	Procedure					
≥3 sf or >3 If	_		ion		⊠ Glovebag			edure			
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf  Location of		Is Loca Norm	ion ation ally		⊠ Glovebag	Procedure npted (*) and No		edure Ab	1/-	ent T	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI	M) [	Is Loca Norm Jsed So	ation ally lely by		☐ Glovebag ☐ Non-Exen  Description of stos Containing Mat	Procedure npted (*) and No erial (ACM)	n-Friable Proce	edure Ab	1/-	_	
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf  Location of	M) L	Is Loca Norm	ation ally lely by ance/		Olovebag  Non-Exen  Description of stos Containing Mate, thermal systems in	Procedure npted (*) and No erial (ACM) nsulation,	n-Friable Proce Amount (Specify	edure Ab	atem Repair	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI	M) L	Is Loca Norm Jsed So Mainten sustodial (12	ation ally lely by ance/ Staff?		☐ Glovebag ☐ Non-Exen  Description of stos Containing Mat	Procedure npted (*) and No erial (ACM) sulation, or	n-Friable Proce	edure Ab	1/-	_	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI  TO BE ABATED  IN Facility  (13)	M) L	Is Loca Norm Jsed So Mainten sustodial (12	ation ally lely by ance/ Staff?		Description of stos Containing Mat, thermal systems ir surfacing, VAT,	Procedure npted (*) and No erial (ACM) sulation, or	n-Friable Proce Amount (Specify	edure Ab	1/-	ent Encapsulate	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI  TO BE ABATED IN Facility (13)  Vork Area #B6 - Level B	M) L	Is Loca Norm Jsed So Mainten custodial (12	ation ally lely by ance/ Staff?	(i.e	Description of stos Containing Mat, thermal systems ir surfacing, VAT,	Procedure inpted (*) and No inpted (ACM) insulation, or insulation	n-Friable Proce Amount (Specify	edure Ab	1/-	_	rnclosure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Vork Area #B6 - Level B	M) L C	Is Loca Norm Jsed So Mainten uustodial (12 es No	ation ally lely by ance/ Staff?	(i.e	Description of stos Containing Mat., thermal systems ir surfacing, VAT, other miscellaneo	Procedure npted (*) and No erial (ACM) nsulation, or us) nes	Amount (Specify SF or LF)	edure Ab Removal	1/-	_	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Vork Area #B6 - Level B  Vork Area #B7 - Level B	□	Is Loca Norm Jsed So Mainten uustodial (12 es No	ation ally lely by ance/ Staff?	Fittings	Description of stos Containing Mat, thermal systems ir surfacing, VAT, other miscellaneo	Procedure npted (*) and No erial (ACM) nsulation, or us) nes	Amount (Specify SF or LF)	Ab Removal	1/-	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Work Area #B6 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B	M) L C	Is Loca Norm Jsed So Mainten Lustodial (12 es No	ation ally lely by ance/ Staff?	Fittings Fittings Floor Ti	Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo on Fiberglass Li	Procedure npted (*) and No erial (ACM) nsulation, or us) nes	Amount (Specify SF or LF) 4 Each 4 Each	Ab Removal	1/-	_	
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Work Area #B6 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  ame of Registered Waste Hauler	M) L C Ye	Is Loca Norm Jsed So Mainten Jses No	ation ally lely by ance/ Staff?	Fittings Fittings Fittings Floor Ti Floor Ti	Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo on Fiberglass Lion Fiberglass Lile & Mastic	Procedure npted (*) and No erial (ACM) nsulation, or us) nes	Amount (Specify SF or LF)  4 Each 4 Each 320 SF 4,071 SF	Ab Removal	1/-	_	
Description    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACINTO BE ABATED IN Facility (13)  Work Area #B6 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B	M) L C Ye	Is Loca Norm Jsed So Mainten Jses No	ation ally lely by ance/ Staff?  N/A	Fittings Fittings Fittings Floor Ti Floor Ti Waste	Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo on Fiberglass Lion Fiberglass Lile & Mastic	Procedure npted (*) and No erial (ACM) isulation, or us) nes nes	Amount (Specify SF or LF)  4 Each 4 Each 320 SF 4,071 SF ered Landfill	edure Ab Removal	1/-	_	
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Work Area #B6 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  ame of Registered Waste Hauler SERVICE TRANSPORT GROUI	M) L C Ye	Is Loca Norm Jsed So Mainten Jses No	ation ally lely by ance/ Staff?	Fittings Fittings Fittings Floor Ti Floor Ti Waste	Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo on Fiberglass Lion Fiberglass Lie & Mastic  Cubic Yards of Waste	Procedure Inpted (*) and No Inpted (ACM) Insulation, Input I	Amount (Specify SF or LF)  4 Each 4 Each 320 SF 4,071 SF	edure Ab Removal	1/-	_	
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Work Area #B6 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  ame of Registered Waste Hauler  SERVICE TRANSPORT GROUI  ity, State	M) L C Ye	Is Loca Norm Jsed So Mainten Jses No	ation ally lely by ance/ Staff?  N/A	Fittings Fittings Fittings Floor Ti Floor Ti Waste	Description of stos Containing Mat., thermal systems ir surfacing, VAT, other miscellaneo on Fiberglass Lion Fiberglass Lie & Mastic  Le & Mastic  Cubic Yards of	Procedure Inpted (*) and No Inpted (*) and No Inpted (ACM) Insulation, Input I	Amount (Specify SF or LF)  4 Each 4 Each 320 SF 4,071 SF ered Landfill	Ab Removal	1/-	_	
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Vork Area #B6 - Level B  Vork Area #B7 - Level B  Vork Area #B7 - Level B  In Facility (13)  Vork Area #B7 - Level B  Vork Area #B7 - Level B  SERVICE TRANSPORT GROUI  ity, State  New Castle, DE	M) L Ye	Is Loca Norm Jsed So Mainten Jses No	ation ally lely by ance/ Staff?  N/A	Fittings Fittings Fittings Floor Ti Floor Ti Waste	Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo on Fiberglass Li on Fiberglass Li le & Mastic le & Mastic Cubic Yards of Waste	Procedure Inpted (*) and No Inpted (*) and No Inpted (ACM) Insulation, Input I	Amount (Specify SF or LF)  4 Each 4 Each 320 SF 4,071 SF ered Landfill NORTH LAN	Ab Removal	1/-	_	
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)  Work Area #B6 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  Work Area #B7 - Level B  ame of Registered Waste Hauler  SERVICE TRANSPORT GROUI  ity, State	M) L C Ye	Is Loca Norm Jsed So Mainten (12 es No	ation ally lely by ance/ Staff?  N/A	Fittings Fittings Fittings Floor Ti Floor Ti Waste	Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo on Fiberglass Lion Fiberglass Lie & Mastic  Cubic Yards of Waste	Procedure Inpted (*) and No Inpted (*) and No Inpted (ACM) Insulation, Input I	Amount (Specify SF or LF)  4 Each 4 Each 320 SF 4,071 SF ered Landfill NORTH LAN	Ab Removal	1/-	_	

Date of Notification (1) 07/22/2015					Building C Haque		perator	(2)		5	JUL 2	7 20	15			
Agencies Notified	Type Notification			Street Ad	Idress irtman A	ve										
EPA DEP  DOL	Initial Amended Amendment		-   '	Garfiel	e, Zip Coo d NJ 070											
DOH DCA	X Emergency ( justification)   Cancellation	iricidalilg	- 1		Contact Haque					Tel	ephone N	umber				
Прск	canocitation			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Private Residence	Abatement is Takin	Place (3)						Ту	pe of Facility ( School (K-1	12)	th 1/	10)				
Street Address 170 Hartman Ave								×	Subchapter Other (i.e. p etc.)	orivate (	& commer	rcial bu				es,
City (5) Garfield								1,9	uare Feet 900 +	2	f Floors		Bld 50	g. A +	ge	
County (6) Bergen				County C STATE U	ode (7) ISE ONLY)	h		Cu	rrent Use (Pri	or if bei	ng demol	ished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				batement Cor Contractin							
Street Address							Street 205 F		ress ite 46							
City, State, Zip Code									, Zip Code NJ 07512							
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 973-3		No. -9176		License 01232	No.				
Start Date (10) 07/25/2015		Scheduled		pletion [	Date (11)				SHA Monitor		Inc.					
Occupancy Status Durir	og Abstament (Chec						Street									
				ont					agaraw Ro	d Blo	ig.35E					
Abatement Perform	cated During Entire I ned Outside of Norm Normal Working Hou	nal Facility F	Hours	ent			100000000000000000000000000000000000000		, Zip Code vn, NJ 074	10		t:				-2-5-1
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			noval moliti				×	4	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
		T							NOT Exemple	0 ( ) ( ) ( )				bate	ment	
	8 8		ocati ormali			Do	scription	of					_	Ту	pe	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mair Custo	Sole	ly by nce/		tos Cont thermal surfa	taining N	Mate s ins		(\$	mount Specify F or LF)	Removal		Repair	Encapsulate	Enclosure
		Yes	No	N/A							-01 -		+		(D	
Basen	nent			Х		Pipe	Insula	ioite	n	;	50LF	X	+	-		
11													1			
													1			
Name of Registered Wa		120	1.0	JDEP W		Cubic of Wa	Yards ste		Name of G.R.O.		ered Land	fill				
Unicorn Contracting	g Corp.			035844		4 Disno	sal Date		City, Sta		1110.					
City, State Totowa NJ 07512						TBD	sai Dale				ennsylv	ania				
Completed by		Title	+ N/1	anager			Signature	e/	11	/		Date 07/22	/20	)15		
Dimo Golcev		riojec	,c ivic	inagei			1	2	1)/				_			



Date of Notification (1) 7/23/2015					Building Owner			DUCATION			JUL	2	2 7	201	j
Agencies Notified	Type Notification			Street Ad	ldress ARK AVENU	E			None of						
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code ERFORD, N	J 07070							0.1		
X DOH X DCA	Emergency (ir justification) Cancellation	ncluding		Name of ANTHO	Contact ONY PATER	NO			Tele	phone N	umber	8			
				FACIL	ITY INFORMA	TION									
Name of Facility Where UNION SCHOOL Street Address	Abatement is Taking	Place (3)					Typ	School (K-12) Subchapter 8	) (Othe	r than K-	-12)	*****	202220		
359 UNION AVENU	JE							Other (i.e. pri	vate &	commer	rcial bu	ııldı	ngs, i	nome	s,
City (5) RUTHERFORD							Squ	uare Feet	# of	Floors		Bio	lg. Ag	ge	
County (6) BERGEN				County C	Code (7) ISE ONLY)		Cui	rrent Use (Prior	if bein	g demol	ished)				
Name of Monitoring Firm			LLC	ASCM	l No.			batement Contr ROTHERS C			NG, I	NC	).		
Street Address 464 VALLEY BRO	OK AVENUE					Street 11 V		ress ELAND AVE	NUE						
City, State, Zip Code LYNDHURST, N 0						2.		, Zip Code /A, NJ 07512	2						
Project Manager for Mo	nitoring Firm			Telephor	ne No. 38-4839	Telep 973		No. 3-8700		License					
Start Date (10) 8/3/2015		Schedule		npletion [	Date (11)	10,000,000,000		SHA Monitor AS (9) ABOV	/E						
Occupancy Status Durin			(//E)(TE)			Stree			Marin						
Facility Closed/Vac	cated During Entire P	eriod of A	baten			City,	State	, Zip Code	<u> </u>						
Scope of Work (Check /	All That Apply)	X R	enova	ation			×	Full Containme	nt with	Negative	e Pres	sure	9		
× ≥160 sf or ≥260 lf			emoli					Mini-Enclosure Glovebag Proce Non-Exempted	edure					2	
			000000000000000000000000000000000000000					Non-Exempted	( ) ain	INOITI	IdDIC I			ment	
			Locat Iorma		1			8					Ту	ре	
Locatic Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED illity	Use Mai Cust	d Sole intena todial (12)	ely by ince/ Staff?	Asbestos C (i.e. therr su	Description containing mal system infacing, V. er miscella	Mate ns ins AT, o	sulation, or	(8	mount specify or LF)	Ivelilovel	Damoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A	7011			0)/5	70	00.00					
ROOM	132		X	-	FLOORING	S AND S	_		70	00 SF	X	-			
				-					7/	00.05	-	-	-	V	
ROOM	1 132		Х	-	GYPGRE	TE FLO	ORI	NG FILL	70	00 SF	_			X	
Name of Registered Wa	aste Hauler			NJDEP V		bic Yards		Name of F	Registe	ered Land	dfill			_	
TWO BROTHERS		i .		Hauler ID 18743	3	(2)		WASTE		VAGEN	MENT	G	.R.C	).W.	S.
City, State TOTOWA, NJ						sposal Dat 17/2015		City, State		LE, PA					
Completed by VIVECA RAMOS		Title PRO	JEC.	T COO	RDINATOR	Signatu	ire M	ca Na	m	n	Date 7/23	/20	14		

CK 375

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pu		C 8:00 and 12:12		111 0 - con			
Date of Notification (1)		Name of Build	fing Owner/Operator	(2)		,,,,		
7/22/15		_ T 13	CANSFOR	4 ATTON (	INT BR. PT	6150	7	
Agencies Notified Type Notification	n	Street Address		1	0.			
☑ PA ☑ Initial			W. CLAR	KS LAW	ina 100	00		
₩ ner Amended		City, State, Zit	p Code					
Amenomeni	#	$\in$	ac INDRES	on, NJ	, 08218		1.1	
☐ Emergency justification	(HROUGHR)	Name of Conf			Telephone Numb	ber		
DOH Cancellation		B	ORBARA					_
			NFORMATION	<del></del>				
	1	FACELITY	AL OTORATION	Type of Facility	(4)			
Name of Facility Where Abatement is Tak	ing Place (3)			School (K-12				
RESIDENCE				Subchapter	8 (Other than K-12	2)	~	
Street Address				Other (i.e., p	rivate & commerci	al buildi	ngs,	
310 N. OxF	oru t	IVE		homes, etc.)	# of Floors	Bk	g. Age	-
City (5)				Square Feet	# DI FROOKS		T 0.	
VENITAIOR				1500	1	-	0.	T
County (6)			(7) (STATE	AND THE PROPERTY OF THE PROPER	ior if being demok	आस्त्र)		
ATLAN TIC		USE ONLY)			CANT			
Name of Monitoring Firm Hired by Building	Owner	ASCM No.		nent Contractor (9				
			160	EMCO I	vc,			
(8) N/A			Street Address					
Street Address			36	95,5 P	ruce Au	-		
			City, State, Zip C			-1		
City, State, Zip Code				ILE SIN	ODE NIT	080	550	
			Telephone No.		License No.			
Project Manager for Monitoring Firm	Te	tephone No.		779-0473	CAN	44		
A)/A								
		letion Date (11)	Name of OSHA	/ } /				
8-3-15	8-10-	15		V/A				
Occupancy Status During Abatement (Ch			Street Address					
Occupancy Status During Abatement (Of Facility Closed/Vacated During Entire F	Period of Aba	tement						
Abatement Performed Outside of Norm	nal Facility Ho	urs	City, State, Zip (	Code				
Abatement Performed Outside of Norm	~ ,		70	-				=
Other - Describe:								
Scope of Work (Check all that apply)				ntainment with Ne	egative Pressure			
□-2-42#	Renov		☐ Mini-Er	nclosure lag Procedure				
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff	Demoti	tion	IST NON-E	cempted (*) and No	on-Friable Proced	ure		
			N. T.			A	batem	
	Is Loca Norma						Туре	5 ) ————————————————————————————————————
			Description of	of				m
Location of Asbestos-Containing Material (ACM)	Used Sol			11 (A CA)	Amount	1		-
A SUESIUS CON NOTE IN	Maintena	ance/ Ast	sesios Containing Ma	sterial (ACM)	Amount (Specify	R	R	22
TO BE ABATED	Maintena Custox	ance/ Ast fial (i	estos Containing Ma e. thermal systems	aterial (ACM) insulation,		Remo	Repe	ncapsi
TO BE ABATED IN Facility	Maintena Custox Staff	ance/ Ast fial (i	sesios Containing Ma	aterial (ACM) insulation, , or	(Specify	Removal	Repair	ncapsulal
TO BE ABATED	Maintena Custox	ance/ Ast fiel (i	estos Containing Ma e., thermal systems surfacing, VAT	aterial (ACM) insulation, , or	(Specify	Removal	Repair	Encapsulate
TO BE ABATED IN Facility (13)	Maintena Custox Staff	ance/ Ast fiel (i	estos Containing Ma e., thermal systems surfacing, VAT	aterial (ACM) insulation, , or	(Specify	Removal	Repair	ncapsulate
TO BE ABATED  IN Facility	Maintena Custox Staff (12)	ance/ Ast fial (i ?	estos Containing Ma e., thermal systems surfacing, VAT other miscellane	insufation, or	(Specify	Removal	Repair	ncapsulate
TO BE ABATED IN Facility (13)	Maintena Custox Staff (12)	ance/ Ast fiel (i	estos Containing Ma e., thermal systems surfacing, VAT	insufation, or	(Specify	Removal	Repair	ncapsulate
IN Facility (13)  5 / D / Mr (	Maintena Custox Staff (12)	ance/ Ast fial (i ?	estos Containing Ma e., thermal systems surfacing, VAT other miscellane	insufation, or	(Specify	Removal	Repair	ncapsulate
TO BE ABATED IN Facility (13)  5 / D / Mr G	Maintena Custox Staff (12)	ance/ Ast fial (i ?	estos Containing Ma e., thermal systems surfacing, VAT other miscellane	insufation, or	(Specify	Removal	Repair	ncapsulate
IN Facility (13)  5 / D / Mr (	Maintena Custox Staff (12)	ance/ Ast fial (i ?	estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or , or	(Specify SF or LF)	Removal	Repair	ncapsulate
TO BE ABATED IN Facility (13)  5 I D INV (	Maintena Custox Staff (12)	ance/ Astring (i	estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or , or	(Specify	Removal	Repair	ncapsulate
IN Facility (13)  5 / D / Mr (	Maintena Custox Staff (12)	Astronomical Astronomical (i	cestos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or , or	(Specify SF or LF)	Removal	Repair	ncapsulate
TO BE ABATED IN Facility (13)  5 / D / N/ (-  5 / D / W (-  Name of Registered Waste Hauler	Maintena Custox Staff (12)	ance/ Astring (i	cestos Containing Ma e., thermal systems surfacing, VAT other miscellane	Name of Reg	(Specify SF or LF)	Removal	Repair	ncapsulate
Name of Registered Waste Hauler  15 CEMCO IN C	Maintena Custox Staff (12)	Astrinoce/ Astrinoce/ Astrinoce/ Astrinoce/ Astrinoce/ Astrinoce/ Astrinoce/ Astrinoce/ (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	cestos Containing Ma e., thermal systems surfacing, VAT other miscellane	Name of Res	(Specify SF or LF)	Removal	Repair	ncapsulate
Name of Registered Waste Hauler  15 CEMCO INC	Maintene Custox Staff (12) Yes N	NJDEP Waste Haufer to No.	cestos Containing Mai.e., thermal systems surfacing, VAT other miscellane  TO A NUS TO Cubic Yards of Waste  JS  Disposal Date	Name of Res	(Specify SF or LF)	Removal	Repair	ncapsulate
Name of Registered Waste Hauler  1 CEMCO INC  City State  MARCE SHODE, N.T.	Maintene Custox Staff (12) Yes N	NJDEP Waste Haufer to No.	cestos Containing Mai.e., thermal systems surfacing, VAT other miscellane  The Allos From Cubic Yards of Waste  Disposal Date	Name of Reg	(Specify SF or LF)	Removal X	Repair	ncapsulate
Name of Registered Waste Hauler  15 CEMCO INC	Maintene Custox Staff (12) Yes N	NJDEP Waste Hauter ID No. 1790 Y	cestos Containing Mai.e., thermal systems surfacing, VAT other miscellane  The Allos From Cubic Yards of Waste  Disposal Date	Name of Res	(Specify SF or LF)	Removal X	Repair	ncapsulate

## NO CK

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

N		OF ASBESTOS ABA to NJAC 8:60 and 12:			17 10.	n	+	
Date of Notification (1)	Name of	Building Owner/Opera	tor (2)					pho-
71-7115	The	/ 11	of Ne	~ \e 2115	11 11			7=
Agencies Notified Type Notification	Street A			0 - 3 -	ANT	27	EDO	_
	200	A	nate. E	2 add .			AM	7:
EPA Initial DEP Amended		ite, Zip Code	) (	- 171	4/1	1 2		_
DOL Amendment #	_ F.v		51330	交	LIO	EAL	1-14	TA
Emergency (including		f Contact	00000	Telephone Num	nhor	Lfg.	1141	, (1)
DOH justification)		. /		relephone ivan	ibei			
DCA Cancellation	laj							
Name of Facility Where Abatement is Taking Place (3		LITY INFORMATION	Type of Facility (4	4)				
- 5 (11		Wer Jersey	Type of Facility (-	+)				
Forcina Itall - The College	6 11	MED JUNG	School (K-1					
Street Address		,	Other (i.e. p	8 (Other than K-12 rivate & commercial	al build	linas.	home	S.
2000 Pennington Rd.			etc.)	Trate a commercial				,
City (5)			Square Feet	# of Floors	BI	ldg. A	ge	
Ewiner				4				
County (6)	County (	Code (7)	Current Use (Price	or if being demolish	ed)			
Mercel	(STATE	USE ONLY)		89				
Name of Monitoring Firm Hired by Building Owner (8)	ASCN	/ No. Na	me of Abatement Con	tractor (9)			_	
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Langen Engineering Street Address		Qtr.	eter U. Yi	1255 000	ierca	1	0/4	Tene
Sileet Address		i L	1 ( / 7	2.1.0.	1			
21 0 1		6	1 Jana t	oridge M	/.			_
City, State, Zip Code		Cit	y, State, Zip Code	1 5				- 1
		1	ittgarave, a	NJ 083	18			
Project Manager for Monitoring Firm	Telepho	-	lephone∕No. ′	License N	0.			
			56 1521-074	9				
Start Date (10) Schedule	ed Completion	Date (11) Na	me of OSHA Monitor					
7/16/2015 8/21	12015							
Occupancy Status During Abatement (Check Only On		Str	eet Address	V				
Facility Closed/Vacated During Entire Period of A	hatament							e e [
Abatement Performed Outside of Normal Facility		Cit	y, State, Zip Code					_
Other - Describe: 7.00 am - 3.000	רמות	200 A A A A A A A A A A A A A A A A A A		anter e con				
Scope of Work (Check All That Apply)								-
	Renovation		Full Containme	ent with Negative F	ressu	re		
160 sf or 260 lf	emolition		Glovebag Prod					
	<u> </u>	<u> </u>		d (*) and Non-Friab	le Pro	cedur	е	
le	Location						ement	
	Normally	Descrip	ation of			Ту	/pe	
Ashestos-Containing Material (ACM) Use	d Solely by	Asbestos Containir		Amount			m	
TO BE ARATED IVIA	intenance/ todial Staff?	(i.e. thermal syst		(Specify	Re	D	nc	Ē
In Facility	(12)	surfacing,		SF or LF)	Remova	Repair	sde	Enclosure
(13)	Alcohii	other misce	endrieous)		val	=	Encapsulate	ure
Yes	No N/A						Ф	
21265		Window (	aulk	1000 11	/		./	
Classrooms Offices		OV INDUW	LUNIT	1,000 If.	-	-	0	
V T								
		-						
Name of Registered Waste Hauler	NJDEP V Hauler ID		ds Name of	Registered Landfill				
arnevale Piscosal Co. Inc	1 - 1	9 7 of waste	(	0 1 . 11	2:77			1.2
City, State		/ /	Orout		711			
. 1 1 1 - 1		Disposal D	Date City, Stat	le .				7
Hamilton, N)								
Completed by Title	, ,	Signa	ature (	1.778	ate _			_
Thomas Pirozzi Pr	o ject Me	ancial 1	0 1156	,   -	7-7	1-0	1015	\

ASB-41 (R-06-08)

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

CHECKNO, 6865

Print Form

NO CK

	(Pı	ursuant t	to NJAC	3:60 and	112:120	))		2015	1111				41.7		
Date of Notification (1) July 22, 2015		Persuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)  Pequannock, Lincoln Park & Fairfield Sewerage Authority  8: 65													
Agencies Notified Type Notification  EPA Initial		Street Address Lincoln Blvd.							& LICEN THIS WOL						
DEP Amended Amendment # Emergency (including		Lincoln Park, NJ 07035							1	1					
DOH justification justification		Name of Contact Michael E. Solla				Telephone Number									
Name of Facility Where Abatement is Taking Place	(2)	FACIL	LITY INFO	RMATI	ON	Type	o of Engility /	4)							
Two Bridges Wastewater Treatment Plan	nt						Type of Facility (4)  School (K-12)								
Street Address Lincoln Blvd.						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								es,	
City (5) Lincoln Park						Square Feet # of Floors Bldg. Age ~ 3,000 1 38									
County (6) Morris		County C			Current Use (Prior if being demolished)  Vacant Water Treatment Bldg										
Name of Monitoring Firm Hired by Building Owner (Lighthouse Environmental, Inc.	(8)	ASCM		Name of Abatement Contractor (9)  Neuber Environmental Services, Inc.											
Street Address 3 Vose Avenue					Street Address 42 Ridge Road										
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Phoenixville, PA 19460													
Project Manager for Monitoring Firm Sarah Calandra		Telephor 973 27		Telephone No. License No. 610 933-4332 00836											
	luled Com	npletion [		Name of OSHA Monitor Neuber Environmental Services, Inc.											
Occupancy Status During Abatement (Check Only One)							Street Address								
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:	rs City,				Ridge Road State, Zip Code Denixville, PA 19460										
Scope of Work (Check All That Apply)					11106	21117	VIIIC, FA 13	7400							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
	Is Location			Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or er miscellaneous)						Abatement Type					
TO BE ABATED In Facility (13)	Ised Solel Maintenar ustodial S (12)	ly by nce/ staff?	os Cont thermal surfac				Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
Yes	No	N/A			-								(D		
Oxygen Generator Bldg x					oofing		2,225			x	-				
Oxygen Generator Bldg x					Caulk				15 LF		-				
Oxygen Generator Bldg x	-		Flange Gas				s 80 SF			х					
Name of Registered Waste Hauler	l N	JDEP W	Cubic `	bic Yards Name of			of Registered Landfill								
Services Transport Group, Inc.	0.000				/aste ) Miner			va Enterprises, Inc.							
City, State New Castle, Delaware			Dispos 8/201	al Date City, State Waynesburg, Ohio											
Completed by Patrick Larney  P.M.					Signature Date 7/22/2015										

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

= .	77.5	(141544				(0) (1)							
Date of Notification (1)			Name of Building Owner/Operator (2)  Mary Shea										
7-7-15			_		0.54	W							
Agencies Notified	Type Notifica	tion	Street Address 35 Ernst Ave  2015 JUL 27 AM 7:57 28										
[ ]EPA	[X] Initial Notifica												
[ ]DEP	AV. 04.00000==============================	ition	City, Stat	te, Zip	Code # 3 /	15/1/20 /	11	30	USU				
[X]DOL	[]Amended Notifica	tion	Bloomfield, NJ, 07003 LICENTING ROL										
[X]DOH	1,0022230		Name of Co			ne Number	- >	22					
[ ]DCA	[ ]EMERGENCY	.	Mary :	Shea				. =	70				
	[ ]Cancellat	ion						,	三三				
			FA	CILITY	INFORMATION			> -	-2				
Name of Facility Wh		is Takin	g Place (	3)		Type of Facil	ity (4)	တ္	南				
Same as above	9					[ ]School		- , :	封.				
Street Addres				[ ]Subchapter 8 (Other than 12)  [X]Other (i.e., private & commer-									
					cial buildings, homes, etc.)								
						Square Feet	# of Floo	rs B	ldg.	Age			
City (5	C	County (	6) Essex		unty Code (7) TATE USE ONLY)								
			(5	TATE USE ONLI)	Current Use (	Prior if be	ing de	moli:	shed)	)			
Name of Monitoring Owner (8)	Firm hired by I	Building	ASCM No	٠.		ment Contracto							
N/A					AZTECH M	ECH MANAGEMENT, Inc.							
Street Address					Street Addres								
				stopher St.									
City, State, Zip Co	ode				City, State,								
					Montclai	r, NJ 070.	42						
Project Manager for		ephone Nu	mber	Telephone Number License Number									
	N/	A		(973)744									
Scheduled Start Dat	d. Compl	oletion Date (11) Name of O			Monitor								
7-16-15	1	7-20	-15		N/A								
Month Day Occupancy Status Du	Year Mon	ar	Street Addres										
	osed/Vacated Du		100000 0 <del>00</del> 000000 000		Street Addres	S							
of Abatement [ ]Abatement Performed Outside of Normal Facility													
Hours - Des			TTCY	City, State,	Zip Code								
[ ]other - Des	cribe: «Other Oc	cupancy	Descript	»									
Scope of Work (Chec	ck all that app.	ly)						_					
[X]>3 sf or	r >3 1f	12	K]Renovati	ion		Containment wi Enclosure	th Negative	Press	ure				
	or >260 lf		]Demoliti			bag Procedure							
		_	Is	-	[ ]Non-F	riable Procedu	ire	ah	ateme	nt T	Thme		
Locatio		ocation		Description	on of		1 8000	a ceme	E	E			
Asbestos-Containing			ormally Used		Asbestos-Con		Amount	R	R	C	C		
Material TO BE A			Solely y Main-		Material (i.e., thermal		(Specify	M		A P	L O		
In Faci	The state of the s	te	enance/	i	nsulation, surf		LF)	V	A	S	S		
	(13)				or other misce	llaneous)	V.	A L	R	L	UR		
Yes			No N/		T1-b		77	+		E			
Basement			X	Pl	pe Insulat	lon	185 lf	X	-	-	-		
											_		
	2												
Name of Registered	and the second of the second o		DEP Waste		ubic Yards f Waste 1.5	Name of Regi		fill					
AZTECH MANA	SEMENT, IN		7040	0.	race 1.3	G.R.O.W.	۵.						
City, State				D	isposal Date	City, State	D20070000 0 400-0000	904000000000000000000000000000000000000					
Montclair, No	J 07042				7-21-15	Morrisvi	lle, PA	190	67				
011		1-			lo:			h :	1 - 11 11 11 11				
Completed By (Print Constantine V	100 00000	<sub>le</sub> eside	n+		Signature		Date 7-7-15						
Comstantine /	vivian Pr	estre	11.		( V )	11cm		/-	/-T;	2			



(IP	)620	N		CATION	e of New OF ASBES NJAC 8:	STOS	ABATEN			P:	*					
Date of Notification (1) 07/22/15					Building O			(2)	2815	JUL	27	LN.	7.		43	,
Agencies Notified	Type Notification		20%	Street Add	dress	CE.			₽ ag	: . , ,		FRO.E.		39		
EPA DEP	X Initial Amended		(	City, State	e, Zip Cod	e			ê	- (-)	it No	His	14.	IĮ.		-
DOL	Amendment Emergency (	All the same of th		KEANS	BURG,	NJ 07	7734			Tele	phone N	lumbe	r			
DOH DCA	justification) Cancellation		1	TIMOTI	HY ERIC					l ·						
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATI	ON	Тур	e of Facility (4	)						
Street Address 11 SMITH PLACE		•						×	School (K-12 Subchapter 8 Other (i.e. pr	(Othe	er than K	-12) rcial b	uildi	ngs,	nome	s,
City (5) KEANSBURG, NJ								Squ 100	etc.) uare Feet 00	# of	Floors		Blo	dg. Ag	je	
County (6) MONMOUTH COU	INTY			County C	ode (7) SE ONLY)				rent Use (Prio	r if bei	ng demo	lished	)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		atement Cont AD PROFE		7					
Street Address							Street 6 WI		ress E DOVE CC	URT		+				
City, State, Zip Code							22,000,00		Zip Code OOD, NJ 08	3701						
Project Manager for Mon	nitoring Firm			Telephon	e No.		Telepl 732-		No. -9078		License 1200	e No.				
Start Date (10) 07/26/15		Schedule 07/26/1		npletion [	Date (11)		140000000000		SHA Monitor AD PROFE	SSIO	NALS	5, 1				
Occupancy Status Durin				202-1002-7			Street 6 W		ress E DOVE CC	URT	8					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	Hours	nent S	5	_	1		Zip Code	3701						
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					]	Full Containme Mini-Enclosure Glovebag Proc	edure						
		Is	Locat	ion			Ŀ		Non-Exempted	(*) an	a Non-Fi	riable		Abate	ment	
Locatio Asbestos-Containing		1	Normal d Sole	lly	\ ebec		escriptio		rial (ACM)	Δ	mount	-		IУ	pe	
TO BE AE In Fac (13)	BATED illity	200000000000000000000000000000000000000	intena todial ( (12)	Staff?		therma surfa	al system acing, V miscella	ns ins AT, o	ulation, r	(	Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	Ф
CHIMN	INEY					FI	LASHII	NG		1	5 SF	_	X			
								7				+				
	11															
Name of Registered Wa			H	NJDEP W Hauler ID 4509		Cubi of W	c Yards aste	*-	Name of IESI	Regist	ered Lan	dfill				
City, State NEWARK, NJ						27,000	osal Dat 26/15	е	City, Stat BETHL		и РА				-01-	
Completed by JOSEPH PERLSTE	EIN	Title	NER				Signatu	re				Date 07/2		15		

CKE HYS

Date of Notification (1) 7/23/15		777		Building Clatthews		Operator	(2)		2	115 JL	11 -				
Agencies Notified Type Notification			Street A								14 2	7	4,57	۵	
EPA Initial			509 Cr	rescent F	Parkw	ay			6.	0:				0.	6
X DEP Amended Amendment #		- 1	-	te, Zip Coo irt, NJ 08				70		4 []	Q.	H.	L.	41.7	
Emergency (ii justification)	ncluding	1	Name of	Contact					Tel	ephone			117.		
DCA Cancellation			Mark	LITY INFO	DMAT	ON			1						
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITTINFO	KINAT	ION	Туре	of Facility (4)	)						
Matthew's Residence								School (K-12	)						
Street Address								Subchapter 8 Other (i.e. pri					linge	home	ac .
509 Crescent Parkway							E 6	etc.)			oi Giai				,,
City (5) Sea Girt							Squar 500	e Feet	# 01	Floors			ldg. A 0+	ge	
County (6)			County C	Code (7)		-		nt Use (Prior	1	na dema	olishe		0.1		
Monmouth				JSE ONLY)	-		gara		ii bei	ng deme	JII JI IC	.u)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	1 No.		Name	of Abat	tement Conti	ractor	(9)					
						Ace	Insula	tion Co., I	nc.						
Street Address	2.5						Addres								
City, State, Zip Code		_					State, Zi	se Road							
City, State, Zip Code			~					k, N.J. 077	722						
Project Manager for Monitoring Firm		7	Telephor	ne No.		17/3/2019/5/20	hone No -294-1			Licens 0002					
Start Date (10) 8/1/15	Scheduled 8/4/15	Com	pletion [	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status During Abatement (Check	Only One)				- grantt	Street	Addres	S		72.					
Facility Closed/Vacated During Entire P	eriod of Ab	atem	ent												
Abatement Performed Outside of Norma  Other – Describe: 7am-7pm	al Facility H	ours			_	City, S	State, Zi	p Code				18			
Scope of Work (Check All That Apply)	1														
≥3 sf or ≥3 lf	Ren	novat	ion				Full	l Containmer	nt with	Negativ	ve Pr	essu	re		
≥160 sf or ≥260 lf	× Der	noliti	on			-		i-Enclosure vebag Proce	dure						
						5		n-Exempted		d Non-F	riable	Pro	cedur	е	
		ocatio						ļ.						ement pe	ĝ j
Location of	Used	rmall Solel		Ashsat		scription		(ACM)	^	mount					
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Maint Custoo				therma	l system	s insula		(5	Specify		Re	Z.	Enca	Enc
In Facility (13)	676	12)	tuii :			icing, VA miscella			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				,	-				a	~	ate	ге
garage			х			siding			4	-00sf		x			
					100000000000000000000000000000000000000						1				
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of R	Registe	ered Lan	dfill		L		
Ace Insulation Co., Inc.		200	auler ID 2086	No.	of Wa	iste		Chrins	559						
City, State Colts Neck, New Jersey		-			Dispo 8/4/1	sal Date	)	City, State Easton,,							
Completed by	Title				Signatur	е	1			Dat					
Bree McGuire	Secret	ary	Treasu	ırer		1/80	w	~/_			7/2	23/1	5		

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

Date of Notification (1) JULY 23, 2015					Building ( FAMILY			(2)							
Agencies Notified	Type Notification			Street A 56 TH	ddress ROOP /	AVENU	ΙE			41	FJUL 27	74	· ^		
DEP DOL	Initial Amended Amendment			City, Sta NEW	ite, Zip Co BRUNS	de WICK,	NJ			* :	11/2		<u> </u>	Q <sub>1</sub>	
DOH DCA	Emergency justification) Cancellation				Contact	LSON T	TORR	ES		Tele	ephone Nur	nher		7	
			_	FACI	LITY INFO	DRMATI	ON	-		-					
Name of Facility Where ST. LADISLAUS C		g Place (3)				21 (11)		Ту	pe of Facility	5000					7
Street Address 19 SOMERSET S	TREET							~	Subchapter	r 8 (Othe	er than K-12 & commerci		dings,	home	es,
City (5) NEW BRUNSWIC	K								uare Feet 2000	# of 3	Floors		ldg. A 00 \	ige /RS.	
County (6) MIDDLESEX					Code (7) USE ONLY				irrent Use (Pri re-school	ior if bei	ng demolish	ned)			
Name of Monitoring Firm Air Consulting Ser	n Hired by Building vices, LLC	Owner (8)	_/_	ASCN	l No.				Abatement Con			ent C	orp.	, Inc	
Street Address 301 East Ward Str	eet						Street 580		dress Dadway, Ste	e. 1					
City, State, Zip Code Hightstown, NJ 08	520								, Zip Code ranch, NJ C	7740					
Project Manager for Mo David Kichula	nitoring Firm			Telepho	ne No. 71-2489		Teleph 732-		e No. 2-8372		License N	0.			
Start Date (10) 8/6/15		Scheduled 8/10/15	Com	npletion l	Date (11)		11 (12 12:20:0)	of C	OSHA Monitor		200				
Occupancy Status Durin	ng Abatement (Che						Street		tress						
	cated During Entire	55 3		ent			Olioce	, , , , ,	11000	13					
Abatement Perform		mal Facility H					City, S	State	, Zip Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		concurs	nova moliti					-	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				0	
		le I							rton Exemple	u ( ) um	a reorri nac	10 1 10		ement	
Locatio	n of	100000	ocati rmall		ra -	Dog	scription	o of					Ту	ре	
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used Maini Custoo	enar	nce/		tos Cont thermal surfac	aining N	Mate ns ins AT, o		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ite	Ф
CLASROOM	10, 11 & 12			Х			VAT			2,0	)44 SF	X			
			-				i— : ::								
								99							
Name of Registered Wa Finishing Touch Ash		ent Corp.,	Н	JDEP W		Cubic of Was			Name of Tullyto		red Landfill ndfill				
City, State		and 1000€00 €00€00		2058			sal Date	9	City, Stat	te					
Long Branch, NJ 07	740	Title				8/10/			Tullyto	WII, PA		to			
Joseph P. Miller		Title Presid	ent	19		S	ignature	M	P. Milh		7.	te /23/1:	5		

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

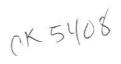
GAC Project # 060-15 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ July 21, 2015 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. **D**EPA ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ DCA □ Amended Notification # X DOL City, State, Zip Code ■ Emergency (including PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED iustification) Telephone Number X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) NJ HALL, BLDG# 3014 ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC (State Use Only) NEW BRUNSWICK MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code **BURLINGTON, NJ 08016** BUTLER, NJ 07405 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/21/15 08/24/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation ■ Mini-Enclosure ≥ 3 sf or ≥ 3 lf ■ Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Asbestos Containing Material Amount Location of Asbestos-Containing (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO NA 120SF X Room 302 X VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 08/24/15 NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino July 21, 2015 MANAGER

#### State of New Jersey - Notification of Asbestos Abatement

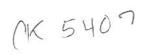
CK 2844

(K 58	4		(Pursu	ant to N.J.A.C.	8:60-7 and 12:120-7)		Property of	17 14 2 6 2 7
Date of Notification (1) July 21, 2015	19920				Name of Building Owner/O	perator (2) ke Author	1016 111 JUL 2	7
Agencies Notified		Notification  Initia		ication	Street Address Administration Buil			0. 17
X EPA DCA xDOL		□Amende □ Emerg		20 10	City, State, Zip Code Woodbridge, NJ 0	7095	& LIGE	KALLA POL
X DEP x DOH		justific Cance			Name of Contact C/O - Nelson Stone - CS	SJV	Telephone N	Number 14
				FACILITY INF				
Name of Facility Where Abate NJTPK Alexander Ha			ea-Exte	erior	Type of Facility (4)  School (K-12)			
Street Address MJTPK Alexander Ha	milton	Service Ar	ea		Subchapter 8 (other than  Other (i.e. private &  Sq. Feet: NA # of I	commercial bu		
City (5) Secaucus	County (6		The second secon	Code (7) Jse Only)	Current Use (prior if being			•
Name of Monitoring Firm Hire			ASCM 0007	The state of the s	Name of Contractor (9)			
EnviroVision Cons	uitants	inc.	0007	•	GREENWOOD ABAT	EMENT CO	ONSULTAN	ITS, INC.
Street Address	I Dida #	244			Street Address			
20-21 Wagaraw Road	i, biag #	34A			511 MAIN STREET			
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405			
Project Manager for Monitorin	a Firm	Telephone N	lumber		Telephone Number		License Num	iber
Fred Larson		973-636	100 E 100 E		973-492-0477		00840	
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor		00040	
August 3, 2015		August 3	30, 201	5	EMSL inc.			•
Occupancy Status During A	batement	(Check only o	ne)		Street Address			
Facility Closed/Vacate Abatement Performed					1056 Stelton Road City, State, Zip Code			
Describe Other – Describe: Da	v Shift-	7am-5nm			City, State, Zip Code			
Other - Describe. De	ly Onne-	ram-opm			Piscataway, NJ 08	854		
Source of Work (Check all that	at apply)					Full Contain	and with No	active Proceure
≥ 3 sf or ≥ 3 l	f			Renovation		Mini-Enclo		gative Pressure
□> 160 sf or > 2				Demolition		Glovebag F	rocedure	
				l		x Non-Exem		Non-Friable Procedure
Location of Asbestos-Contain Material (ACM) in Facility (13		ocation Norma ely by Maint./C			bestos Containing Material nal systems insulation, surfaci	ng, (Specif	fv SF	ement Type
		f? (12)	NA	VAT, or other mis		or LF)	Remo	ve Repair Encap Enclose
Exterior			X	Transite Cor	nduit	1,000	LF 🗵	
Name of Reg. Waste Hauler		NJDEP Was		ID#	Cubic Yards of Waste:			gistered Landfill
See Hauler Below # 1 &	2	See Belov	V		120			S- North Landfill , Bucks Cty PA PA
Hauler #1) Greenwood			ants, In	c. – Butler, NJ (	07405	Disposal Da	managed and the second	City, State Falls TWP. Bucks CTY
NJ DEP # 12 Hauler #2) STG Inc. 58 I			Delawa	are – NJDEP # AS	901 # 20990/SW2117	August	, 2010	PA
Completed by (Print or Type)		Title			Signature		Date	
Marin Graure		SENIOR P MANAGER		CT	Marin Grau	re	July 21,	2015

GAC # 2015-505



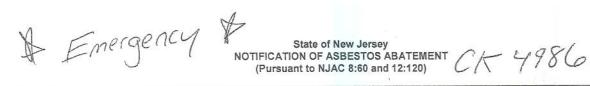
Agencies Notified   Type Notification   Type	Date of Notification (1)					Building C											
Separation   Sep	07/21/2015				McDo	nald's U	SA, LL	C/Ca	pital E	Executive	Tear	n[[]]	11 2	-		r b.	10
International Content of the Property of Pacific Content of State (Property of State (P	Agencies Notified	Type Notification		1			all-person										- 2-
DOH	IX FPA	Initial			801 La	akeview	Drive,	Suite 3	302			6.0					
DOH	× DEP	Amended			City, Sta	te, Zip Co	de										- 1
Name of Facility Where Abstrement is Taking Place (3)   FACILITY INFORMATION   School (K-12)   Subchapte (9 (Cher than K-12)	X DOL			-			19422										
DCA   Cancellation   Jim Curran, Area Real Estate Manager	☑ DOH		iriciadirig					4297227760			Tele	ephone N	Number				
Name of Facility Where Abatement is Taking Place (3)  Former Bank  Former Bank  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other flows)  Street Address  1360 Clifton Avenue, Unit 365  Other Obscriber 9 (Other flows)  Street Address  1360 Clifton Avenue, Unit 365  Other - Obscriber 9 (Other flows)  Street Address  1360 Clifton Avenue, Unit 365  Other - Obscriber 9 (Other flows)  Street Address  1360 Clifton Avenue, Unit 365  Other 10 (Street Address)  Street Address  1360 Clifton Avenue, Unit 365  Other 9 (Street Address)  Street Address  1360 Clifton Avenue, Unit 365  Other 9 (Street Address)  Street Address  1360 Clifton Avenue, Unit 365  Other 9 (Street Address)  Street Add		Cancellation							ate Ma	anager							
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (O			51 (0)		FACI	LITY INFO	RMATI	ON	T	- £ = -: tib. / /				_			_
Subchaptor \$ (Other than K-12) Subchaptor \$ (Other than K-12)	and the state of t	Abatement is Takin	g Place (3)	6							15%						
Signature   Sig	THE TAXABLE PARTY STREET, DESCRIPTION OF THE PARTY OF											or than V	( 12)				
Signature   Sign														ildi	ngs,	home	s,
County (6)		nue							- 6		T			-		100000	
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Mercer   Montoning Firm Hired by Building Owner (8)									5/1		1 1			DU	J +		
Name of Monitoring Firm Hired by Building Owner (8)														1:4:			
Minitestone Associates										ACROSCO STRUCTURAS CONTRACTOR STRUCTURA CONTRACTOR STRUCTURA CONT	COMPANY	CASTA - A1-20	Demo	HILL	OH	-1,-22	
Street Address   Street Address   1360 Clifton Avenue, Unit 365	170		Owner (8)		ASCN	I No.						(9)					
35 Technology Drive  1360 Clifton Avenue, Unit 365  City, State, Zip Code Warren, NJ 07059  Project Manager for Monitoring Firm Jeremy M. Hasset  215-712-2700  Scheduled Completion Date (11) Jeremy M. Hasset  215-712-2700  Scheduled Completion Date (11) Incinia Contracting, Inc.  Street Address 1360 Clifton Avenue, Unit 365 City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State Normally Scheduled Completion Date (11) Scheduled Completion Date (11) State Address 1360 Clifton Avenue, Unit 365 City, State Mini-Enclosure Gity, State Mini-Enclosure Scheduled Completion Date (11) State Address 1360 Clifton Avenue, Unit 365 City, State Mini-Enclosure Gity, State Mini-Enclosure Scheduled Completion Date (11) State Address 1360 Clifton Avenue, Unit 365 City, State Mini-Enclosure Scheduled Completion Date (11) State Address 1360 Clifton Avenue, Unit 365 City, State Mini-Enclosure Scheduled Completion Date (11) State Address 1360 Clifton Avenue, Unit 365 City, State Mini-Enclosure Scheduled Completion Date (11) State Address 1360 Clifton Avenue, Unit 365 City, State, Zip Code		ates									Inc.						
City, State, Zip Code Warren, NJ 07059  Project Manager for Monitoring Firm Jeremy M. Hasset  215-712-2700  Start Date (10)  BY Scheduled Completion Date (11)  BY Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Saturday - 7am - 5om  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  1st Floor Throughout  1st Floor Throughout  1st Floor Throughout  X X X Scattered Mastic  Basement  X X X Flue Packing  Name of Registered Landfill  Cuty, State  Cuty, State, Zip Code  Clifton, NJ 07012  City, State  City, State, Zip Code  Clifton, NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement T											ما ا م	+ ace					
Warren, NJ 07019   Clifton, NJ 07012		ve									e, un	11 303					
Project Manager for Monitoring Firm   Jeremy M. Hasset   215-712-2700   (973) 450-9500   01036	(7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1						1										
Stern Date (10)				- 1	T 1 1							Linna	- No	-			
Siart Date (10) 08/03/2015 Scheduled Completion Date (11) Estimated 8/13/2015 Cocupancy Status During Abatement (Check Only One)    Facility Closed/Nacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   1360 Clifton Avenue, Unit 365   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   1360 Clifton, NJ 07012   Street Address   1360 Clifton Avenue, Unit 365   ifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 Clifton Avenue, Unit 365 C	75																
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Saturday - 7am - 5bm    Scope of Work (Check All That Apply)		a Abstement (Ches			13/20	13					1110.			_			
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Clifton, NJ 07012  City, State, Zip Code Clifton, NJ 07012  City, State, Zip Code Clifton, NJ 07012  City, State, Zip Code Clifton, NJ 07012  City, State, Zip Code Clifton, NJ 07012  City, State, Zip Code Clifton, NJ 07012  City, State, Zip Code Clifton, NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced											e IIn	it 365					
Scope of Work (Check All That Apply)											0, 011	11 000					
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ ≥160 sf or ≥260 lf  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ ≥160 sf or ≥260 lf  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ ≥160 sf or ≥260 lf  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ ≥160 sf or ≥260 lf  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  □ ≥160 sf or ≥260 lf  □ ≥160 sf or ≥260 lf  □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥3 lf □ ≥4 st ≥4				110013			_			10.71 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75 - 17.75							
Sality   Sality	Scope of Work (Check I	All That Apply)						Oiit	011, 140	0 07012				-	115-213		
Second   Demolition   Second	[com	iii (fide/ippi)/		101112400000				Г	7	II Caatainna		Magativ	o Droo				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  1st Floor Throughout  Assembled (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  1st Floor Throughout  X X Scattered Mastic  1st Floor Throughout  X X Scattered Mastic  Basement  X X Flue Packing  Abatement Type  Abatement				100000000000000000000000000000000000000				×				i Negativ	e Fies	suit	7		
Location of Asbestos-Containing Material (ACM)  In Facility (13)  Yes No N/A  1st Floor Throughout X X X Scattered Mastic 220 SF X  1st Floor Throughout X X X Mastic 1,100 SF X  Basement X X Flue Packing 3 SF X  Name of Registered Waste Hauler  Atlantic Carting/JR Contracting  Name of Registered Waste Hauler  Atlantic Carting/JR Contracting  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Wayne, NJ  Completed by  Title  Name of Registered Landfill Corp.  Signature Date  Abatement Type  Abate			_					-									
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  1st Floor Throughout X X X Scattered Mastic 220 SF X  Basement X X Flue Packing 3 SF X  Name of Registered Waste Hauler Atlantic Carting/JR Contracting  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Wayne, NJ  Completed by  Type  Type  Type  Amount (Specify SF or LF)  Republic In Facility (12)  Amount (Specify SF or LF)  Republic In Facility (Specify SF or LF)  NAMOUNT (Specify SF or LF)  Republic In Facility (Specify SF or LF)  NAMOUNT (Specify SF or LF)  Republic In Facility (Specify SF or LF)  NAMOUNT (Specify SF or LF)  Republic In Facility (Specify SF or LF)  Republic In Facility (Specify SF or LF)  NAMOUNT (Specify SF or LF)  Republic In Facility (Specify SF or LF)  Republic							7.7	<u> </u>	i No	n-Exempted	(^) an	a Non-Fi	nable P	-	32		_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  1st Floor Throughout X X X Scattered Mastic 220 SF X  1st Floor Throughout X X X Mastic 1,100 SF X  Basement X X X Flue Packing 3 SF X  Name of Registered Waste Hauler Atlantic Carting/JR Contracting  Name of Registered Waste Hauler Atlantic Carting/JR Contracting  City, State Wayne, NJ  Completed by  Title  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About 1 Amount (Specify SF or LF)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			2000											-			
Maintenance   Custodial Staff?   (12)   Yes   No   N/A   N/A   Scattered Mastic   Specify   SF or LF   No   Staff   Secure   Staff   Secure   Secure   Staff   Secure   Secu						A-1				LACM	^	mount		T			
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1st Floor Throughout X X X Scattered Mastic 220 SF X	(13)	)		× /	_	-	otner n	niscellar	neous)				\ a	-	Ŧ	ılate	ure
1st Floor Throughout X X Mastic 1,100 SF X  Basement X X Flue Packing 3 SF X  Name of Registered Waste Hauler Atlantic Carting/JR Contracting  City, State Wayne, NJ  Completed by  Title  Mastic 1,100 SF X  Lithout ST V  Name of Registered Landfill  IESI PA Bethlehem Landfill Corp.  City, State Bethlehem, PA  Date			Yes	No	N/A											CD.	
Basement X X Flue Packing 3 SF X  Name of Registered Waste Hauler Atlantic Carting/JR Contracting  City, State Wayne, NJ  Completed by  Title  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Hauler ID No. NJ-641  Name of Registered Landfill IESI PA Bethlehem Landfill Corp.  City, State Bethlehem, PA  Date	1st Floor Th	roughout		X	X		Scatte	ered M	lastic		2	20 SF	X				
Name of Registered Waste Hauler Atlantic Carting/JR Contracting  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Hauler ID No. NJ-641  IESI PA Bethlehem Landfill Corp.  City, State Wayne, NJ  Completed by  Title	1st Floor Th	roughout		Χ	X		-	Mastic			1,1	100 SF	Х				
Name of Registered Waste Hauler Atlantic Carting/JR Contracting  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Hauler ID No. NJ-641  NJDEP Waste Hauler ID No. NJ-641  IESI PA Bethlehem Landfill Corp.  City, State Wayne, NJ  Completed by  Title	Basem	nent		X	X		Flue	e Pack	ina		3	3 SF	Х				
Atlantic Carting/JR Contracting  Hauler ID No. NJ-641  Of Waste 40  IESI PA Bethlehem Landfill Corp.  City, State Wayne, NJ  Completed by  Title  Disposal Date TBD  Bethlehem, PA  Signature  Date		10.11		100			2221		3					1			
Atlantic Carting/JR Contracting  NJ-641  Value City, State  Wayne, NJ  Completed by  NJ-641  Atlantic Carting/JR Contracting  NJ-641  Disposal Date  TBD  Bethlehem, PA  Signature  Date	Name of Registered Wa	iste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Lan	dfill				_
City, State Wayne, NJ Completed by  Title  Disposal Date TBD Bethlehem, PA  Signature Date	teritor con section are			111		No.	Carrie Carrier	ste		IESI PA	A Beth	nlehem	Land	fill	Cor	p.	
Wayne, NJ  Completed by  TBD  Bethlehem, PA  Signature  Date				11	10-041			sal Date		City, State	9						
Completed by Title Signature Date												PA					
	150 STALL		Title						e( /			T	Date				
Excoditive Billoctor	Milena Zoric		Exec	utive	Direct	or		11	XO	~		)	07/2	1/2	015		



Date of Notification (1) 07/21/2015				Name of	Building (	Owner/O	perator (	2) oital F	Executive	Tear	n l	/				
Agencies Notified	Type Notification		-	Street A		OA, LL	O / Oak	Jitai L	-20001110	1001			7	Fig.	<u>:</u>	p.
	_				akeview	Drive.	Suite 3	802							C 1	<i>[ ]</i>
× EPA × DEP × DOL			H		te, Zip Co						-					
× DOL	Amendment				Bell, PA											-
DOH DOH	Emergency justification)	(including		Name of	Contact					Tele	ephone l	Numbe	r			
DOH DCA	Cancellation			Jim Cı	urran, A	rea Re	al Esta	te Ma	nager	.1						
				FACI	LITY INFO	RMATI										
Name of Facility Where	Abatement is Takin	g Place (3	3)					Type o	of Facility (4	1)						
Former Bank									School (K-12			( (0)				
Street Address									Subchapter Other (i.e. p				ildi	inas.	home	es.
133 Culberston Ave	enue							e e	tc.)							
City (5)									e Feet	# of	Floors			dg. A	ge	
Trenton								335	15.1	1		1: 1 1)		0 +		
County (6) Mercer				County (	Code (7) <i>USE ONLY</i> )				nt Use (Pric					ion		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.		Name o		ement Con			Dom	-			-
Whitestone Associa		OWNER (0)		710011	1140.				ntracting,		(0)					
Street Address							Street A									
35 Technology Driv	/e						1360	Clifto	n Avenu	e, Un	it 365					
City, State, Zip Code							City, St	ate, Zi	p Code							
Warren, NJ 07059								- 35	07012							
Project Manager for Mon	itoring Firm			Telepho			Telepho				Licens					
Jeremy M. Hasset				200 S 40 S 2 C 182	12-2700		4		9500		0103	6				
Start Date (10)					Date (11)		111110000000000000000000000000000000000		A Monitor	la a	3					
08/03/2015	- Alt (Oh			3/13/20	15		Street A		ntracting,	IIIC.			7.117.			
Occupancy Status Durin			000 NO						s on Avenu	e IIn	it 365					
Facility Closed/Vac     Abatement Perform							City, St	100000000000000000000000000000000000000		e, on	11 000		_			
× Other – Describe:			riours			_	(2)		07012							
Scope of Work (Check A	II That Apply)						Omito	11, 140	707012				-			-
≥3 sf or ≥3 lf	11.27	П	Renova	tion				Full	Containme	ant with	Negativ	e Pres	ei iri	۵		
≥160 sf or ≥260 lf			Demolit				×	Min	i-Enclosure		recgane	70 1 100	Jui			
W							×		vebag Prod i-Exempted		d Non-Fi	riable F	roc	edur	<b>a</b>	
		Τ.	7					1401	LXCIIIptoo	( ) ( )	3 14011 1	Tidble I		Netter Triv	ment	
Location	a of		Locati Normal			Do	acriation	of						Ту	ре	
Asbestos-Containing			ed Sole		Asbes		scription taining Ma		(ACM)	А	mount				ш	
TO BE AB	ATED		intena todial S		(i.e.		systems		tion,		Specify	2	Dor	Re	nca	Encl
In Facil (13)			Custodiai Stair?				cing, VAT			Sr	or LF)	Volloyd		Repair	Encapsulate	Enclosure
* **		Yes	No	N/A				5%				2	-		ate	re
1st Floor Thi	roughout		X	X			Mastic			27	70 SF	Х				
Roo			X	Х	Tar	on Edg	ge Can	ору Б	Roof	8	8 SF	×				
Roo	f		X	Х		Roofi	ing Mate	erial		27	70 SF	×				
Roo	f		X	Х	Mi	scellar	neous F	Roof T	ar	7	6 SF	X				
Name of Registered Was	ste Hauler		10.15	JDEP W		100000000000000000000000000000000000000	Yards		Name of I	Registe	red Lan	dfill				
Atlantic Carting/JR	Contracting		196	lauler ID IJ-641	No.	of Wa	ste		IESI PA	A Beth	nlehem	Land	fill	Cor	p.	
City, State					-	Dispos	sal Date		City, State					30.		
Wayne, NJ						TBD			Bethleh	nem, F	PA					
Completed by	npleted by Title					1/5	Signature	C				Date				
Milena Zoric		Exec	cutive	Direct	or	1	111	K				07/2	1/2	2015		

Date of Notification (1)					Building Owner			=vacutiva	Tean	70%	JU	2.	, .		
07/21/2015 Agencies Notified	Type Notification			Street Ac		LLO / O	αριιαι ι	_xecutive	i can	-		- 1	-4,	100	1
	Type Notification				akeview Dri	e Suite	302				4. 4				, 4
× EPA × DEP × DOL	initial Amended		-	2727-C-10 M2/6	te, Zip Code	ro, ounc	7002					_			
X DEP X DOL	Amended	#			ell. PA 194	22									
	Emergency (				Contact				Tele	ephone l	Numbe	er			
DOH DCA	justification) Cancellation				urran, Area	Real Fs	tate Ma	anager	1	, p. , o , i o ,	100				
П вох	Cartcellation				LITY INFORM	THE PROPERTY OF THE PARTY OF TH	1010 1110	anago.	1			10	_	-	-
Name of Facility Where	Abatement is Taking	g Place (3	)	171011	arri nu orun	· · · · · ·	Туре	of Facility (4	1)						
Former Bank								School (K-12	2)						
Street Address								Subchapter	8 (Othe						
532-536 Hamilton	Avenue							Other (i.e. pretc.)	rivate 8	comme	ercial t	blild	ings,	nome	es,
City (5)								re Feet	# of	Floors		Bl	dg. A	ge	
Trenton							4,17	'5	2			5	0 +		
County (6)				County C	Code (7)		Curre	nt Use (Pric	r if bei	ng demo	olished	)			
Mercer				(STATE L	JSE ONLY)		Clos	sed Bank	- Vac	ant for	Den	olit	ion		
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	l No.	Nam	e of Aba	tement Con	tractor	(9)					
Whitestone Associ	ates					Inc	inia Co	ntracting,	Inc.						
Street Address						Stree	et Addres	SS							
35 Technology Dri	ve					136	30 Clift	on Avenu	e, Un	it 365					
City, State, Zip Code						City,	State, Z	ip Code							
Warren, NJ 07059						Clif	fton, N	J 07012							
Project Manager for Mo	nitoring Firm	1023410-		Telephor	ne No.	100000000000000000000000000000000000000	phone N			Licens					
Jeremy M. Hasset				215-7	12-2700	(97	3) 450	-9500		0103	6				
Start Date (10)				(5)	Date (11)	Digital Carried		HA Monitor							
08/03/2015				/13/20	15	Inc	inia Co	ontracting,	Inc.						
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				et Addres								
➤ Facility Closed/Vac	cated During Entire I	Period of	Abaten	nent				on Avenu	e, Un	it 365					
	ned Outside of Norn		/ Hours			100	State, Z								
Other - Describe:	Saturday - 7am - 5pm					Cli	fton, N	J 07012							
Scope of Work (Check A	All That Apply)						_								
23 sf or ≥3 lf		Contraction of the Contraction o	Renova					Il Containme		Negativ	ve Pre	ssur	е		
≥160 sf or ≥260 lf		×	Demolit	ion			10111	ni-Enclosure ovebag Proc							
								n-Exempted		d Non-F	riable	Prod	edur	e	
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Locatio	n of		Vormal			Description	on of				-		1 y	pe	
Asbestos-Containing			ed Sole intena		Asbestos (	Containing mal syster				mount Specify		л		回	ш
TO BE AB		Cus	todial S	Staff?		urfacing, \		auon,		or LF)		Remova	Repair	cap	nclo
(13)			(12)		oth	er miscell	aneous)					oval	air	Encapsulate	Enclosure
	*	Yes	No	N/A										te	
2nd Floor HV	AC Room		X	X	Т	ransite F	Panel		78	30 SF		X			
2nd Floor HV	AC Room		X	X		Flooring			_	60 SF		X			
Basement Bo	oiler Room		X	X		er Brick		-		0 SF		X			
Roc			X	X		on Root	f Levels			50 SF		X			
Name of Registered Wa	ste Hauler		1000	JDEP W		ibic Yards Waste		Name of	Registe	ered Lan	ndfill				
Atlantic Carting/JR	Contracting		1,000	lauler ID IJ-641	4			IESI PA		nlehem	n Lan	dfill	Cor	p.	
City, State Wayne, NJ					100	sposal Da BD	te	City, State Bethleh		PA					
Completed by		Title				Signatu	ıre .	(/			Date				
Milena Zoric		1 1 1 1 1 1	cutive	Direct	or		111	XT		0	07/	21/2	2015	;	

Date of Notification (1)				Name of	Building Ov	wner/C	perator	(2)				S.F.			
07/21/2015				McDoi	nald's US	A, LL	.C / Ca	apital E	Executive	Tear	n	îlîi,	H.	27	
Agencies Notified	Type Notification			Street Ad										** 1	145
× EPA	× Initial				akeview D		Suite	302				1	-		
× EPA × DEP × DOL	☐ Amended				te, Zip Code										
X DOL	Amendment Emergency (			Blue E	Bell, PA 19	9422									
N DOH	justification)	including			Contact		production in			1000000	ephone N		THE STATE OF		
DCA	Cancellation			Jim Cı	urran, Are	ea Re	al Esta	ate Ma	anager	~ .					
				FACII	LITY INFOR	RMATI	ON	_	. = //						
Name of Facility Where	Abatement is Takin	g Place (3)						Type	of Facility (4	)					
Former Bank									School (K-12		th.a 1/	10)			
Street Address									Subchapter 8 Other (i.e. pr				dings,	home	es,
532-536 Hamilton	Avenue							- E	etc.)				12.00		
City (5)									e Feet		Floors		ldg. A	ge	
Trenton								4,17		2			50 +		
County (6)					Code (7) USE ONLY)			100000000000000000000000000000000000000	nt Use (Prior						
Mercer						-		2000000	sed Bank	250,000	Maria Cara Cara Cara Cara Cara Cara Cara	Demoi	tion	22-2-17	
Name of Monitoring Firm		Owner (8)		ASCN	No.		and the second		tement Cont		(9)				
Whitestone Associ	ates								ntracting,	inc.					
Street Address								Addres							
35 Technology Dri	ve								on Avenue	e, Un	it 365				
City, State, Zip Code									ip Code						
Warren, NJ 07059									J 07012						
Project Manager for Mo				Telepho				hone No			License				
Jeremy M. Hasset					12-2700		,	3) 450-			01036				
Start Date (10)		Schedule		(3)					IA Monitor						
08/03/2015		Estima		/13/20	15				ntracting,	Inc.					
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)					Addres							
	cated During Entire I								on Avenue	e, Un	11 365				
	ned Outside of Norn Saturday - 7am - 5pm		Hours				P		ip Code						
						<del>-1</del> -	Clift	on, N	J 07012						
Scope of Work (Check /	All That Apply)						_	7							
≥3 sf or ≥3 lf		and the same of th	enova			10810	5	Ful	l Containme		Negative	Pressu	re		
× ≥160 sf or ≥260 lf		× D	emolit	ion			2	Glo	ni-Enclosure ovebag Proce						
							3		n-Exempted		d Non-Fri	able Pro	cedur	e	
		Is	Locati	on										emen	t
Locatio	n of		lormal			De	scription	n of					13	/pe	
Asbestos-Containing	g Material (ACM)		d Sole		Asbesto	s Con	taining N	Material			mount			Щ	m
TO BE AB		2000000	odial S		(i.e. th		system cing, VA		ation,		pecify or LF)	Ren	Re	cap	ncl
(13)			(12)				niscella			O.	0, 1,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	6
· · ·		+ + +	1013550	100000			0!!-			0/	20.15	-	1		
Throughout	Exterior		X	X		100	Caulk			91	00 LF	X	-		
										1.57					
		+ +				- P. Company									
Name of Registered Wa	este Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Renieta	red Land	fill		_	
The same of the sa			100000	auler ID	0.010.00000	of Wa			di san anarona kata kan				10-		
Atlantic Carting/JR	Contracting		N	IJ-641		40	They had been the second		IESI PA	beth	nenem	Langil	1 00	μ.	
City, State							sal Date	9	City, State		500				
Wayne, NJ		-	Eã			TBD			Bethleh	em, l					
Completed by		Title				5	Signatur	e	0	_		Date			
Milena Zoric		Exec	utive	Direct	or		1/1	LX	1	_/		07/21/	2015	)	



Date of Notification (1) 7/21/15					Building Orich Tow						•					
Agencies Notified	Type Notification		100	Street Add	dress st Broad	Stre	et		——- <del></del>	FIL J	UL 27	21				
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Cod wn NJ 0		7		ij.					िंड		
■ DOH DCA	Emergency ( justification) Cancellation	including	100	Name of 0	Contact					Tele	ephone N	umb	er	· 2,		
				FACIL	TY INFO	RMAT	ION				Low					
Name of Facility Where A Greenwich Townsh								× s	f Facility (4) chool (K-12	2)		10)				
Street Address 225 West Broad St.								o e	ubchapter & ther (i.e. pr tc.)	ivate 8	k comme					3,
City (5) Gibbstown NJ 0802	27				ete:		84	Square 1000-		# of 2	Floors		35	ig. Ag	je	
County (6) Gloucester				County C	ode (7) SE ONLY)	2		Curren	nt Use (Prio	r if bei	ng demol	ished	1)			
Name of Monitoring Firm		Owner (8)		ASCM	No.		Total Security Contraction of the Contraction of th	of Abate aco In	ement Cont	ractor	(9)					
Street Address 1253 N. Church Str	reet							Address Box 32						5		
City, State, Zip Code Moorestown NJ 080	057							State, Zip t Berlir	Code NJ 0809	91			2 720			
Project Manager for Mor				Telephon				none No 753-98			License					
Start Date (10) 7/23/15		Scheduled					Name		A Monitor			7	100			
Occupancy Status Durin	a Abatament (Cher		1					Addres	\$							
Facility Closed/Vac	ated During Entire ned Outside of Norr	Period of Ab	atem	nent	3			State, Zi			10	-				
Scope of Work (Check A	All That Apply)										-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1.2		nova molit					Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e edure					2	
								1101	I-LXCIIIptec	/ / ui	14 1401111	Tubic			ment	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mair Custo	Custodial Staff? (i.e. tl			os Co therm sur	Description taining all system facing, Var miscella	Material ns insula AT, or	(ACM) ation,	(	Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A									_		ate	е
Room	201		X			Floo	or tile 2	layers		9	43 SF		x			
	+0		-													
				-												
Name of Registered Wa	aste Hauler		1	NJDEP W	/aste	N24-50-500-	ic Yards		Name of	Regist	ered Lan	dfill				
United Containers	enter de la companya de la companya de la companya de la companya de la companya de la companya de la companya		1000	Hauler ID 2459	No.	of V	Vaste		G.R.O.			35				
City, State Elm NJ	20						oosal Dat 7/15	е	City, Stat Morrisv		A 1906	7	-2-32-14			
Completed by Anthony T Perna		Title Presid	dent				Signatu	re	7			Date 7/2	e 1/15	5		18



# & Emergency. &

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

CK:4987

Date of Notification (1) 7/22/15		Na W	me of B	uilding Owne eptford Boa	er/Oper ard of	rator (2 Educ	2) cation	2815	Ni s	7 4/1		¥			
Agencies Notified Type Notificati	on		reet Add 75 Gro	ress ve Road S	Suite 8	804		2-16		' Ali	8:0	e e			
EPA Initial Amended Amendm	ent #	Ci	ty, State /est De	, Zip Code eptford NJ	0806	66		St /	177		(17)				
X Emerger justificati		7935	ame of C lyron H						Tele	hone Nu	mber				
			FACILI	TY INFORM	ATION										
Name of Facility Where Abatement is To West Deptford High School	aking Place (3)					1.	× Sch	Facility (4) nool (K-12 ochapter 8	)	rthan K-1	2)				
Street Address 1600 Crown Point Road							Oth etc	ner (i.e. pri .)	ivate &	commerc	ial bui				
City (5) West Deptford NJ 08066							Square 1000+		2	Floors		35-	g. Ag +	e 	
County (6) Gloucester			ounty Co	ode (7) SE ONLY)			Current	Use (Prior	r if bein	g demolis	shed)				
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.	1000		of Abater aco Inc	ment Cont	ractor	(9)					
Street Address							Address ox 329	i				7.20			
City, State, Zip Code						City, St	tate, Zip		91						
Project Manager for Monitoring Firm		T	elephon	e No.	-	Teleph	one No.			License	No.				
Start Date (10)	Scheduled	Com	pletion D	Date (11)	1	Name	of OSHA	Monitor				_			
7/23/15	7/25/15			_		same									
Occupancy Status During Abatement (	Check Only One)				1 3	Street	Address								
Facility Closed/Vacated During Et Abatement Performed Outside of Other – Describe: after 3;30 PM	ntire Period of Ab Normal Facility H	ateme lours	ent			City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	novat moliti					Mini- Glov	Containme Enclosure ebag Prod Exempted	e cedure						
							14011		7				Abate	ment	
Location of Asbestos-Containing Material (AC  TO BE ABATED In Facility (13)	M) Used Main Custo	Custodial Staff?				system ing, VA	Material ( s insulat		(	mount Specify F or LF)	None of the state	Domoval	Ty Repair	e Encapsulate	Enclosure
	Yes	35.00	N/A		Elect	r tile o	only		2	50 SF	x	-			
Room 22 along wall		X			1100	i tile t	Jilly				- 1	-			
											-				-
											-				
Name of Registered Waste Hauler United Containers		H	IJDEP W lauler ID 2459	No.	Cubic ` of Was 1			G.R.O.		ered Land	апп				
City, State Elm NJ					Dispos 7/27/1	al Date	е	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna	Title Presid	dent			S	ignatu	(P)		_		Date 7/22	/15	5		

CK #6332

			(1	ursuaric	LO NOAC	0.00 and	1 12.12	U)			12 12	t			
Date of Notification (1)	5			Name of PSEG	f Building	Owner/C	perator	r (2)			9815			E I	
Agencies Notified  EPA	Type Notification			Street A 4000 h	ddress	/ ROAD	)				2015 JUL	27	Al	{ S:	68
DEP X DOL	Amended Amendment	#			ate, Zip Co H PLAII		), NJ (	07080	)		<sup>4</sup> ээЕ — & П			+ Tix	ŨL
ĭ DOH □ DCA	Emergency ( justification) Cancellation	including		Name of	Contact	: D	701		(AND	Tele	ephone Num	-11		100	<u>- 1</u>
Name of Facility Where A	Abatement is Taking	g Place (	3)	PAGI	LITT INF	OKINATI	ON		of Facility (	1995					
Street Address 507 E	RIAL.	RD.						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	er than K-12 commercia	) I build	lings,	home	es,
City (E)	ERV: 116				16				are Feet	# of	Floors		ldg. A	ge 46	MPS
County (6) CAMD					Code (7) USE ONLY	)		Сигте			ng demolishe	ed)	,	ė.	
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building (	Owner (8)	)	ASCN 0045					atement Cor	ntractor	(9) AMERICA		,,,	,,	,
Street Address 64 BROAD STREE	Т		N					Addre WHIT	ss EHEAD /	AVE.					
City, State, Zip Code MATAWAN, NJ 077	747						1001120 1000		Zip Code RIVER, N.	1 0888	2				
Project Manager for Mor TOM GEIGER	nitoring Firm			Telepho 732-29	ne No. 92-2217	U	Telep	hone N	lo.		License No	).			
Start Date (10)	_	Schedul	ed Cor	mpletion	Date (11)		Name	of OS	HA Monitor	S OF A	AMERICA				
Occupancy Status During	g Abatement (Chec	k Only O	ne)	0//	9	-	Street	Addre	ss	uuwowwo.co	WEIGO			<u> </u>	
Facility Closed/Vac Abatement Perform Other – Describe: 2	ed Outside of Norm	al Facility	y Hours	s	Oe,	<u>===</u>	City, S	State, Z	EHEAD A Zip Code RIVER, No		2				
Scope of Work (Check A	II That Apply)				_/		-								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli				3	Mi Gk	ni-Enclosure ovebag Pro	e cedure	Negative Pr				
		Is	Locat	ion				i INC	n-Exemple	J ( ) all	I NOII-FIIADI		Abate	ment	
Location Asbestos-Containing	53.7719	Use	Norma ed Sole	ely by	Ashes	Des	scription		I (ACM)	Δ,	mount		1 y	pe _	
TO BE AB. In Facil (13)	ATED	5235533	todial (12)	Staff?		thermal surface		s insul T, or	ation,	(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	CD.
CONTRO	L Room		X		VA	Tal	nas	7:0	2	36	85 SF	×			
Name of Registered Was WASTE MANAGEM		1	H	 IJDEP W lauler ID 125		Cubic of Was			Name of GROW		red Landfill				
City, State ELIZABETH, NJ						Dispos	al Date		City, State MORRI		E, PA				
Completed by CAROL RAIMO		Title OFFI	CE N	IGR.			ignature	. 0	Pain	20 ~	Date	1/2	2//	15	-

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Milona	WING
Comment of the commen	11100
(1)5	

Date of Notification (1) 7/22/15	8			uilding Ow on Schoo		erator (2)	)	1115 UM	.5 ~					
Agencies Notified Type Notification		1 00	treet Add 30 Mer	iress ndham F	Road			1115 UV	9 /	nii E.	67			
EPA   X Initial   Amended   Amendment #_				, Zip Code wn, NJ		)		4 4.75						
□ Emergency (inc justification)     □ DCA    □ Cancellation	luding	1275.8	ame of C A Rimp						Telep	hone Nun	nber			
			FACILI	TY INFOR	RMATIO	N			1					
Name of Facility Where Abatement is Taking F Abbey Complex & Old Main Building	Place (3)					_	_	f Facility (4) chool (K-12)						
Street Address	-						¬ Sı	ubchapter 8 ther (i.e. pri	(Other	than K-12 commerci	2) al buildi	ngs, l	nome	s,
230 Mendham Road						E		c.)		loors		ig. Ag		
City (5) Morristown														
County (6) Morris			County Co STATE US	ode (7) SE ONLY)		_	Curren	t Use (Prior	if being	g demolisi	ned)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.				ement Cont						
						ABS E		nmental	Servic	ces, LLC	,			-
Street Address								3, 4 E Ga	te Dri	ve				
City, State, Zip Code							rood,	NJ 0741	8					
Project Manager for Monitoring Firm			Telephon-	e No.		Telepho 973-7				License N 703	10.			
Ctart Data (10)	Scheduled 2/1/16	d Com	pletion D	ate (11)		Name o	f OSH	A Monitor						
Occupancy Status During Abatement (Check	Only One	e)				Street A	ddres	S						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Al	batem	ent			City, Sta	ate, Zij	p Code						
Scope of Work (Check All That Apply)					1	19								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	enova emoliti				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				e	
							1401	LXCIIIptee	( ) 4.1.0				ement	
P 997		Locati ormal			0	scription	-6					Т	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Cust	d Sole ntenar odial S (12)	ly by nce/ Staff?	Asbest (i.e.	os Conta thermal surfac	scription aining M systems cing, VAT niscellan	aterial insula T, or	(ACM)	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
All Cold Burns Boom	Yes	No	N/A		nine	insulat	ion			1 LF	x			
Abbey Complex Old Pump Room Basement,Rooms 301,304,305,306			X			III plaste				0 SF	×			
Attic			X	W		ceiling p		er		00 SF	x			
Attio						- 0 1	3							
Name of Registered Waste Hauler			JDEP W lauler ID		Cubic of Was	Yards		I I CORESION NAME TO SECOND		ered Landt				
Freehold Cartage			5939	NO.	10				66	ks Landf	111			
City, State Freehold, NJ					TBD	sal Date		City, Stat Birdsbo			200.000			
Completed by A. Scott Higgins	Title Presi	dent	Owner/		S	Signature	1		_		Date 7/22/1	5		

Mark 14105

									1	W.	in	( )		-	
Date of Notification (1) 7/22/15		il.		Name of Robert	Building C Brant	)wner/(	Operator	(2) ()	, -						
Agencies Notified	Type Notification		377	Street Ad 125 W	ddress illiam Str	eet			in the E	: 67					
EPA DEP  DOL	Initial Amended Amendment				te, Zip Coo NJ 071		54 [	1.7							
X DOH □ DCA	justification) Cancellation	including	11.75	Name of Robert	Contact Brant					Tele	ephone Ni	imhar			
				FACI	LITY INFO	RMAT	ION								200 .000
Name of Facility Where A house	Abatement is Taking	g Place (3)	)						of Facility (4 School (K-12	2)	0.000				
Street Address 125 William Street								×	Subchapter Other (i.e. p etc.)			cial bui			es,
City (5) Nutley								Squa 2300	re Feet )	# of 2	f Floors		Bldg. A 85	ge	
County (6) Essex					Code (7) USE ONLY)	_		Curre	ent Use (Prio	r if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	1 No.				tement Con onmental			С			
Street Address	25						22.000.000.000.000.000.000.000.000.000.	Addres	ss 83, 4 E Ga	ate D	rive				
City, State, Zip Code	City, State, Zip Code  Project Manager for Monitoring Firm								ip Code , NJ 074	18					
Project Manager for Mor		Telepho	ne No.		100000000000000000000000000000000000000	hone N 764-2			License 703	No.					
Start Date (10) 8/10/15	Schedule 8/25/15		pletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status Durin	a Abatement (Chec	k Only On	e)				Street	Addre	SS				775		
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of A	batem						ip Code						
Other - Describe:	pasement	iai i aointy				-	Oity, c	otato, z							
Scope of Work (Check A	II That Apply)	_					-	_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			lenova emolit					Mir Glo	II Containme ni-Enclosure ovebag Prod n-Exempted	e edure				· A	
								_ 140	T Exemples	1 ( ) (1)	0 110111110	I I		ement	
			Locati Normal			-								/pe	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma	d Sole intenar todial S (12)	ly by nce/		os Cor therma surf	escription ntaining I al system acing, V/ miscella	Materia ns insula AT, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
1	1	100				-1-	- !!	- A1		-	90 LF		-	-	-
basem	ent	_		X		bibe	e insula	allon		٤	70 LF	X		_	
						1111111									
Name of Registered Wa	1093	JDEP V			c Yards		Name of	Registe	ered Landt	ill		-			
Freehold Cartage	0.000	lauler ID 5939	No.	of W					ks Landt	511 					
City, State Freehold, NJ				TBD			City, State Birdsbo								
Completed by		Title	افت مام	0			Signatur	e	1.		2.0	Date	_		
A. Scott Higgins		Presi	dent/	Owner	2.				1 /	1		7/22/1	5		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		1		CATIO	N OF ASE to NJAC	BESTOS	ABATE			· lo	al	12	PA	90	7
Date of Notification (1) 7/21/15					of Building Benedett		Operator	(2)	2615	JU		- (-)		_1/	4
	Type Notification			Street A	Address Propertion	es, LLC	)		A so ye	***	F.14 (	2: 6	>		
DEP X DOL	Amended Amendment			City, St	ate, Zip C	ode			١< .	400	17.17.		<i>f</i>		
DOH DCA	justification) Cancellation	1.5			of Contact Senedett					Telep	hone Nu	mber			
				FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Al house	batement is Takin	g Place (3	)					70.000	of Facility School (K-						
Street Address 1307 Brookfall Avenu	ue							×	Subchapte Other (i.e. etc.)	r 8 (Other	than K-1 commerci	2) ial bui	ldings	, hom	es,
City (5) Union									re Feet	# of F	loors		Bldg. 7	Age	
County (6) Union					Code (7) USE ONLY	)		Curre	ent Use (Pr	ior if being	demolisi	ned)			
Name of Monitoring Firm I	Hired by Building (	Owner (8)		ASC	M No.		Name ABS	of Aba Envii	atement Co ronmenta	ntractor (9 al Service	) es, LLC	;			7.5
Street Address							Street PO E	211-1-17	ss 83, 4 E G	Sate Driv	e			X-152-7	
City, State, Zip Code						City, S	state, Z	ip Code I, NJ 074							
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph		0.	L	icense N	0.			
Start Date (10) 8/4/15		Schedule 8/25/15		npletion	Date (11)				HA Monitor	5.0					
Occupancy Status During	Abatement (Check						Street	Addres	SS						
X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P I Outside of Norm	eriod of A al Facility	batem Hours	nent		5	City, S	tate, Z	ip Code				_		
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	41104	processors.	enova emolit				×	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				0	
Location o	f	750000	Locati	100000						0 ( ) 0.10 1	101111100	10110	Abate	ement pe	
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Mair	Solei ntenar odial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	scription aining M systems sing, VA niscellan	laterial insula T, or	(ACM) ation,	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
h		Yes	No	N/A								_		ate	Ĝ.
basemer	T.		X		pip	e fitting	gs		15 L	_F	x				
	N C														
Name of Registered Waste Freehold Cartage	Hauler		Ha	JDEP W auler ID 5939		Cubic of Was	100		Ac-toexholecone	Registered n Berks I					
City, State Freehold, NJ						Dispos TBD	al Date		City, State Birdsbo						
Completed by A. Scott Higgins		Title Presid	ent			Si	gnature	A	^		Dat 7/2	e 21/15			

		1		CATION	N OF ASB	ESTOS	ABATE		MA	) or A	14	199			
Date of Notification (1) 7/21/15					f Building illio Mar		Operator	(2)	JEE!	5 JU	27				
Agencies Notified  EPA	Type Notification			Street A	Address huyler A	venue					197	· 6: 6	17		
DEP X DOL	Amended Amendment				ate, Zip Co y, NJ 0				+4	1.101	7000	Z14,77			
DOH DCA	Emergency ( justification) Cancellation			Name o	f Contact illio					Tel	ephone Ni	ımher			
Name of Casilla When	N	DI //		FAC	ILITY INF	ORMAT	ION								
Name of Facility Where A house	Abatement is Takin	g Place (	3)					Туре	of Facility	(4)					
Street Address 56 Schuyler Avenue	9	I)						×	School (K- Subchapte Other (i.e.	r 8 (Oth			dings	hom	es,
City (5) Kearny									etc.) ire Feet O	# 0	f Floors		Bldg. A	\ge	
County (6) Hudson					Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	И No.				tement Cor ronmenta						
Street Address							Street	Addre							
City, State, Zip Code						City, S	tate, Z	ip Code , NJ 074							
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 973-7	one N	0.		License 1	No.				
Start Date (10) 8/1/15		Schedule 8/27/15		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	SS						
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	eriod of A	Abatem Hours	nent i			City, S	tate, Z	ip Code						
Scope of Work (Check Al															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	г глат Арргу)	-	Renova Demolit				×	Mir Glo	l Containmeni-Enclosure ovebag Production n-Exempted	e cedure				e	
Location	-1	10000	Locati			724							Abate		
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Ma	d Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription raining M systems cing, VA niscellan	laterial s insula T, or	(ACM)	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ite	e
exterio	r			Х		transi	te shin	gles		16	00 SF	х			
												+			
												+			
Name of Registered Wast Freehold Cartage	e Hauler	Н	JDEP W auler ID 5939		Cubic of Was			Acceptance (Acceptance)		red Landfil					
City, State Freehold, NJ			- 10				al Date		City, State Birdsbo						
Completed by A. Scott Higgins		Title Presid	dent			S	ignature	l	2	_	Da	ate 21/15	ì		

#### State of New Jersey

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

			NO.				SBESTOS ABA 8:60-7 and 12:1		30.			Ch	#7	8	94
Date of Notification (1)	7/20/15			Building (			erator (2) ent of Militar	ry Affairs	2€15 JL	1 2	1 7				
Agencies Notified [] EPA [] DEP	Type of Notificati  [X] Initial  Notification	10	1 E	ddress ggerts (		ing	g Road		4		7 Ald 8	: ∂€			
[X] DOL	[] Amended Notification			te, Zip Co nceville		086	648			U. T. J.	i Mig	UL			
[] DCA	[] Cancellation	100000		Contact n McBr	de				Telephone No	umbe	er.				
				F	ACILITY	/ IN	IFORMATION								
Name of Facility Where Morristown Armo		king Place	e (3)					[x] Ot	hool (K-12) bchapter 8 (Othe her (i.e. private a	er tha	n K-12) ommercial l	ouildir	ıgs,		
430 Western Ave	Э.							Square Fee	t # of Flo	oors	Bldg	g. Age			
City (5) Morristown		County (6 Morris					Code (7) USE ONLY)	70000 Current Use armory	2 (Prior if being d	lemol	~60 lished)				
Name of Monitoring Fin	m Hired by Buildin	5		SCM No.		N	lame of Abateme	ent Contracto	r (9) vironmental (	Sen	vices, Inc	 S.			
Street Address	·					S	Street Address	-					mmin		
280 Huyler St.						_			ebridge Rd.	, Su	ite 100				
City, State, Zip Code S. Hackensack,		T = 1					Pine Brook	k, NJ 07058		1: Ni					
Project Manager for Me Gary Mellor	onitoring Firm	1.0		Number 9-8700		1	elephone Numb	er 973-709-0	200		License Nu		85	2	
Scheduled Start Date (7/30/15			etion I	Date (11)		٨	lame of OSHA M	Monitor	ronmental L	abo	ratories,		r=0	1	
	d/Vacated During B	Entire Pe	o boin			S	Street Address 23	333 Route	e 22W						
Desci	rformed Outside of ribe: ribe: <u>partially vaca</u>		raciii	ty Hours –		C	City, State, Zip Co	<sub>ode</sub> Jnion, NJ	07083						
Scope of Work (Check	all that apply)					-		0.000							
[] Demolition [x] ≥3 sf or ≥3 If [] ≥160 sf or ≥2	60 lf			[]	Renova	tion	1	[x] [ ]	Full Containmer Mini – Enclosur Glovebag Proce Non – Friable F	e dure		Press	ıre		
	700 M C TO	Is	ocat	ion				20071.		Т	- V	Ab	ater	nen	t
Location	n of		nally l					iption of - Containing			Amount	R	R	E	E
Asbestos - C	ontaining	Mainte	enanc	e/Cus			Materia	al (ACM)			(Specify	E	E	N	N
Material (A TO BE AB		todia	Stan	(12)				nal systems urfacing, VAT		1	SF or LF)	M	PA	CA	C
In Facil (13)	ity	Yes	No	N/A			or other mis	scellaneous)				V A L	I R	P S U	0 S U
2 <sup>nd</sup> floor closet			TSI .					80	LF		X				
										-			-	-	
		+	-				<del></del>			-			$\dashv$	1	<del></del> -
Name of Registered W Jupiter Environm		s Hau	iler ID	Vaste ) No.		bic Wa			legistered Landfi Landfill	ill					
City, State Pine Brook, NJ		] 04	4782		30,0000	spos 8/1	1 sal Date	City, State	sburg, OH				- 19		
Completed By (Print or	Type)	Title			0/0	ا ان	Signature /	vvayiles	buly, OH		Date				_
Pane Repic	• • • • • • • • • • • • • • • • • • • •	Section Controls	eral	Manage	er		K	- C			7/20/1	5			

ASB-41 JUN 95

			170					1875 11				
Date of Notification (1)	W9956 == 043			Name o	of Building	Owner/Operator (2	2)	1. W J.	. 27	7-		
<u> </u>	21_1_15_	_		Ker	n Be	llani		74:E J.		4.1	€.	18
Agencies Notified	Type Notification			Street	Address	D		all to the	7 2			
□ EPA	☑ Initial				Seer	Kun		- T		4.7	1.9	1
☑ DOLWD	Amended Amendment #			City, St	ate, Zip C	ode	6 - 6 - 1 - 1					
☑ DHSS ☐ DCA	☐ Emergency (inc	ludina		Ko	chan	ay JVJ	07866					
(NJAC 5:23-8)	justification)			Name o	of Contact	N .		Telephone Numb	er			
	☐ Cancellation			Ker	i Bel	lani					,	
				FAC	ILITY IN	FORMATION		-				
Name of Facility Where A	Abatement iş Taking	Place	(3)				Type of Facility	(4)				
Polite Plu	mhorlyn	thor	112 1	L	in10)	5	School (K-12					
Street Address		(	-		0.110		Subchapter 8	3 (Other than K-12) rivate and commerc	rial hui	lding		
33 Lake	side Blv	d.					homes, etc.)					
City (5) Hopta	.conq N	<i>J</i>	0"	784	<i>t</i> 3		Square Feet 45	# of Floors	Bld	g. Ag	e 5+	
County (6)	1					(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Susse	x											
Name of Monitoring Firm			8) /	ASCM N	10.	Name of Abateme	보이 되었는데 하는데 사용하다 이번 나는 이 모래하다.	1 1 1	1 _ 1		1.	. ~
Karl Er	nvironment	al				K& A	Enviror	imental (	Lont	ra	cto	18
Street Address	1 21					Street Address	-1 P-1					
20 Lauc	-K 701.					20 Lau						
City, State, Zip Code	PA 195	54/0				Monntor	1 2/1	9540				
Monn ton , Project Manager for Mon	itoring Firm	140	Teler	ohone N	Jo.	Telephone No.	1)	License No.				-
1 1 1 1 1 1	arl			-856		(el0 - 850	0- 770C		)			- 1
Start Date (10)		uled C		ion Dat		Name of OSHA M	0	01102	-			_
08 1 03 1	15 08		06		15	1	ab3		535			
Occupancy Status During						Street Address	300					-
Facility Closed/Vacate				nent		107 1	Jew FN	litim (1				
☐ Abatement Performed	d Outside of Normal	Facility	/ Hours	s - Desc	cribe	City, State, Zip Co	ode	THON C	6			-
Time of Abatement:	<u>4:00</u> am- <u>5:00</u> pn	Λ/	_PM-	/	MA	Carl	Nr 27	511				
Scope of Work (Check a	Il that apply)					(374)						
☑ ≥3 sf or ≥3 lf		M RA	novatio	าท		☐ Full Con	tainment with Ne	gative Pressure				
\( \sum_{\geq} \sum_{\geq} \leq 160 \) sf or ≥260 lf			molitio			☐ Gloveba	g Procedure	1808 20 880 8				
				Proposite.		☐ Non-Exe	empted (*) and No	n-Friable Procedur				
Landing			Locati Normal			Description				ateme	5365	
Location Asbestos-Containing	\$10 <del>7</del> 79	Use	d Sole	ly by	Asbe	Description of stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE AB	ATED		intena todial S		(i.e	., thermal systems		(Specify	SVOL	air	aps	losu
IN Facil	ity	000	(12)			surfacing, VAT other miscellane		SF or LF)	=		Encapsulate	Гe
,,		Yes	No	N/A				1			(D	
Baremont ()	Vren.			×	Exter	iox of bou	lecontu	4580 Vt	X			
T GO CATRALLA CO					27.10	/)		40				
		П	П						П		П	
										П	П	П
Name of Registered Was	ste Hauler		I N	JDEP \	Vaste	Cubic Yards of	Name of Regi	stered Landfill		ш.		
1 1 10 -	vironmenta	1/2		auler II	No.	Waste 3	Mine	rva lar	vl fi	11		
City State	COMPLETE W	V CVI	HUNA	3 (	08/5	Disposal Date	City, State	VIL LOF	71	11		
Mohintan	PA					08 06 15	10/	sbura Of	P			
Completed By (Print or T	J/I Type) Title	3 .	Α.		. /	Signature	- CALL	Daya Ol	ite			
Thereso Who	Field S	isb.	1 (1)	hull	Anie	1/minus	1 sollad	0 1011		21	15	_
ASB-41	TICH I	CHIZ	1 001	DWI	(MI)	- MKLEY	W XI DIEX		, ,	4	. )	
MAY 11	/ *	Do not	use th	is form	for asbes	tos licensure exem	pted activities()	\$1 B1				

Initial Non-Friable Notification

			733					10		(3)					-
0   7  /] 2		5 .	Nam	ne or	Bul.	Laing	Owne	r/Operato	or	-					
1 - 1 - 1 - 1 - 1					le Pa		ard of	Education	n		2815 m				
Agencies Notified	tabe Morring	80100				943					, OUL	27	11.	-	
[ ]EPA	[X]Initial Notific		1			e Ave	o Code				Lis JUL		1211	8:	10
[X] DEP	[ ]Amended			TS:							å //.	5	7. 8. 7		
(X)DOH	Notific		1 1			rk, N.	J 0766	02		Tele	ohone Number	1/11/2		10	-
[ ]DCA	[ ]Cancell	ation			2 27/7/00			0.1			******			83	
[ ]DCA			Cr					ness Adm	iinis	stratc.	)+0.0122				-
Name of Facility W	here Ahatemet	ot is Ta	kina				NFORMA	MOITA	T 75	ype of Facili	ty (4)				
90000000 W 86 90000000		10 10	9							X1School	(K-12)				
Midland Avenue Sch	nool #1									[ ]Öther	pter 8 (Oth (i.e., priv uildings, h	ate omes	s con	nmer	-
300 Rochelle Avenu	е								So	quare Feet	# of Floors	BT	ag. 60		
City (5)		County	(6)					ode (7) SE ONLY)	100	50,000   urrent Use (P	rior if bei	ng d			đ)
Rochelle Park, NJ 0	7662	Berger	1						S	School				•	
Name of Monitoring Owner (8)	Firm Hired	by Build	ing	ASC	M No		Name	of Abate	mei	nt Contractor	(9)				
Health & Safety Ser	vices. Inc.			000	117					ders, Inc.					
Street Address				1000			Stre	et Addres	S						
P.O. Box 365							180	Sargeant /	Av	enue					_
City, State, Zip C	Berlin N.I 08009							. State,							
Berlin, NJ 08009 Project Manager for	Firm []	elec	hone	Num	ber	Tele	on, NJ 070	Jabe	3-1935	Licer	ise N	итре	Γ	- 5	
James Proctor				52-1				614-0377			0080	7			
Scheduled Start Da	ite (10)   Sc	hed.Comp	leti	on D	ate	(11)	1	of OSHA		nitor	10000			-	
Month / Day / Occupancy Status I	Year M	onth /	Day	1/1	Year	1		Strong B		ders, Inc.				_	-15-11-
[X]Facility Clos	sed/Vacated D	uring Er	tire	Per	riod	ļ		Sargeant							
[ ]Abatement Per Hours - Descr [ ]Other - Descr	ribe:	de of No	ormai	L Fac	ilit	Ä		. State.		_					
Scope of Work (Che		apply)	_		•		Clifte	on, NJ 070	_						
[ ]Demolit	tion	-65-11	×	Rend	ovati	on		[ ]Mini [ ]Glov	i-E veb	Containment wi Inclosure Lag Procedure		e Pre	essu	e	
[ ]∑160 s:	f o <del>r</del> ≥260 lf							[ ]Non-	-Fr	riable Proced	ure			. 75	
				ls catio						_		Abat	eme	E	E
Asbestos-	tion of -Containing		1	rmal. Used			Asbe	escriptions stos-Cont	tai	ning	Amount	REM	R	CA	C
TO BE	ABATED		by	olel; Mai	n-		(i.e.,	thermal	sy	rstems	(Specify SF or	0 0	E	PS	1 0
	cility 13)		Cu	nanco stod:	ial	11		ther mis		ing, VAT, Llaneous)	LF)	A	A I R	U	UR
				No	N/A				_			-		-	E
Room 105				X		Pipe	Insula	ition	_		130 LF	X			_
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			<u></u>				10.1-	W 2-				1			
Name of Registere	d Waste Haule	er			Wast r ID		of Wa	Yards aste	1	Name of Regis	rered raudi	TII			
Four Strong Builde	rs, Inc.		1	2609	)			1 8		G.R.O.W.S., Ir	ic.				
City. State	City. State						Dispo	osal Date	10	City. State					
Clifton, NJ									_	Tullytown, PA					
Completed By (Pri	nt or Type)	Title						Signatur	e	71		D	ate		
Bilyana Kulakovska	а	Office A	dmir	nistra	tor			0	1	M		7	/20/	15	400-A
ASB-41 JUN 95									12.00					CAS	567

Date of Notification (1) July 22, 2015				Name o	of Building (	Owner/O	Operator Educati	(2) (0p	27 AK	Ch	eck # 22	45			
Agencies Notified	Type Notification			Street A	Address		:		i 1 12/5.	<u> </u>	-6				
EPA DEP	Initial Amended		-		mpson F ate, Zip Co		#	1	CF. In Care	1	J.				
X DOL	Amendmen Emergency		_	Metuc	hen, NJ		)	- L (	< F. In	£	- 4				
X DOH X DCA	justification) Cancellation	gamanana saasa	'	Name of the last o	of Contact d Redmo	ond				Tel	ephone Nu	mber 4			
Name of Facility M.	AL			FAC	ILITY INFO	RMAT	ION								
Name of Facility Where Metuchen High Sch	Abatement is Takir 100	ng Place (	3)						of Facility (4						
Street Address								I S	School (K-12 Subchapter 8	(Oth	er than K-1	2)			
400 Grove Avenue	10				25			_ е	Other (i.e. pretc.)						es,
Metuchen	72							10,00	e Feet 00	2	f Floors		3ldg. /	Age	
County (6) Middlesex					Code (7) USE ONLY)	V		Currer	nt Use (Prior	r if be	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	И No.		Name	500000	ement Cont	ractor	(9)				
TTI Environmental,	Inc.						Shac	de Env	vironment	al, Ll	_C				
1253 N. Church Str	eet							Address Cutler	s Avenue						
City, State, Zip Code Moorestown, NJ 08	City, State, Zip Code Moorestown, NJ 08057 Project Manager for Monitoring Firm							state, Zip	p Code de, NJ 08	052					
Project Manager for Mor Jim Guilardi		Telepho 856-84	ne No. 40-8800		Teleph	none No 755-00	).		License N	lo.					
Start Date (10)				npletion	Date (11)				A Monitor		00012				-
July 31, 2015 Occupancy Status Durin	a Abstament (Char	Augus		015					lytical, Inc	). 					
Facility Closed/Vac				nont				Address Route	s 130 North	1					
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facilit	y Hours	S				tate, Zip							
Scope of Work (Check A	II That Apply)					=======================================	Cinn	amins	on, NJ 08	077					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	7,77	Description 1	Renova Demolit				×	Mini	Containmer i-Enclosure vebag Proce	dure				_	
		15	s Locat	ion			2	1 10011	-Exempted	( <u>    )</u> an	a Non-Friat	DIE Pro	Abat	emen	t
Location			Normal ed Sole				scription					-	Ty	ре	-
Asbestos-Containing TO BE AB	ATED	Ma	aintena stodial S	nce/		thermal	aining M systems	s insulat			mount . Specify	Re	<sub>Z</sub>	Enca	m m
In Facil (13)	ity		(12)				cing, VA niscellan			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	Ге
Kitche	en		XXX			Pipe	Insula	tion		7	0 LF	Х			
Kitche	XXX			Pipe	e Fittin	gs		2	0 LF	Х					
7)															
Name of Registered Was	Name of Registered Waste Hauler						Yards		Name of R	eniste	red Landfill				
Freehold Cartage			Н	IJDEP W lauler ID 2265		of Was			Cumberla				II		
City, State Freehold, NJ						Dispos 8/7/20	al Date		City, State Newburg	ı. PA		27			
Completed by		Title	934			-	ienatore		No r	, , , ,	Da	ite	100		
Christina Lynch		rations	s Mana	ger	(	m	\$P	0X	X	7/	22/20	)15			

Date of Notification (1)		Name o	of Building	Owner/O	perator	(2)	1	itis dit				
Agencies Notified Type Notification		Street	Address	N M	MIII	0	0.	,	1	4,77	F1: 5	. />
☐ EPA ☐ Initial		353		rleas	topic	- Gra	eh	<u>d</u>	i.		·	U
DEP Amended Amendment #			ate, Zip Co		11 6	2577	ř	e 4/5	th.	11	3 27	
Emergency (in justification)	cluding	7	of Contact	11/	1) (	20 32 1	Tel	ephone Nur	nber			
DCA Justinication		Eric F	Plackis									
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	ORMATIC	ON	Type of Facili	tv (4)					
Traine of Facility Where Abatement is Fatting	11000 (0)					School (						
Street Address						00000 000		er than K-12 & commerci		dinas.	home	es.
1800 01 Wymord 1	76.					Other (i. etc.)  Square Feet		f Floors		ldg. A		
City (5) Toms River						1 C X O	# 0	2		5		
County (6)			Code (7)	20		Current Use (	Prior if be	ng demolish	ned)			
acan		1000	USE ONLY)			Mon	ne	(0)				
Name of Monitoring Firm Hired by Building On	wner (8)	ASC	M No.			of Abatement Industries		(9)				
Street Address						Address						
-						Box 915						
City, State, Zip Code						tate, Zip Code , New Jerse		3				
Project Manager for Monitoring Firm		Teleph	one No.			one No.		License N	lo.			
50000070.000000000000000000000000000000						899-7499		01196				
Start Date (10)	Scheduled C	ompletion	Date (11)		Name	of OSHA Moni	tor					
Occupancy Status During Abatement (Check	Only One)	112			Street	Address						
Facility Closed/Vacated During Entire Pe	eriod of Abat											
Abatement Performed Outside of Norma Other – Describe:	I Facility Hou	urs			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)												
23 sf or ≥3 lf	☐ Reno	vation '				Full Contai	nment with	n Negative F	Pressu	re		
≥160 sf or ≥260 lf		olition			-	Mini-Enclos						
	i							d Non-Friat	ole Pro	A Leader Land Control	rate continues.	
	ls Loc Nom					82%					ement pe	
Location of Asbestos-Containing Material (ACM)	Used So	olely by		tos Conta		laterial (ACM)	1	mount			Е	
TO BE ABATED In Facility	Mainter Custodia	al Staff?	(i.e.		systems cing, VA	s insulation, T. or		Specify F or LF)	Removal	Repair	псар	Enclosure
(13)	(12	2)			niscellan				oval	air	Encapsulate	sure
	Yes No	o N/A	1						1	_	Ф	
		Y	Sic	My			180	)DSF	4			
									-			
N		NUDED:	Meete	I Control	Varde	Man	of Do-ist	arad Lander				
Name of Registered Waste Hauler		NJDEP \		Cubic of Was			of Regist DWS Inc	ered Landfil	l)			
Brick Industries Inc.		21602		Diana	al Data	City, S						
City, State Brick, New Jersey					al Date	S PA	State					
Completed by	Title				ignature		)	Da	ate 1	73	1.	
Eric Plackis	Presider	nt				M	/		11	6	117	



25.75 27 1975	
Check No.	
Official 140.	

Date of Notification (1)				N	ame of	Building	Owner/Operator	(2)						
July 21, 2015				N	lewar	k Boar	d of Education	on	Sec.					
Agency Notified	Type No	tification		S	treet Ad	idress			5. 18	4	1:	17		
				2	Ceda	ar Stre	et		4	£8		٠,		
EPA  BOOK Not required per State Reg. 10-2004	Initial     □ Amen	ded		C	ity, Sta	te, Zip C	ode							
DOT Withhalfs was set in www	Amer	ndment #		I	lewar	k, NJ (	7112							
E DOLL		gency (including		N	lame of	Contact			Telephone Numb	per				
☑ DOH □ DCA	☐ Cance	cation) ellation		E	3enja:	min OI	agadeya			<b>-</b>				
		200			FACILI	TY INFO	RMATION							
Name of Facility Where	Abataman	t is Taking Place	(3)					Type of Facility	(4)					
		LIS TAKING TIACC	(0)					M Cohool (V 12)						
West Side High S	cnool							School (K-12)  Subchapter 8	(Other than K-12)					
Street Address								☐ Other (i.e. pri	vate & commercial	building	s,			
403 South Orange	e Avenu	е						homes, etc.)	# of Floors	Bldg. A	Age.			$\dashv$
City (5)								Square Feet	Sect 1	90	190			-
Newark, NJ 07103	3							165,000	3					_
County (6)						Code (7)	(STATE USE	Current Use (Pr	or if being demolis	snea)				
Essex					ONLY)			Education						
Name of Monitoring Fire	m Hired by	Building Owner	A	SCM N	No.		Name of Abaten	nent Contractor (9	)					
McCabe Environme			(	0118	3		B&N&K Res	storation Co.,	Inc.					
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Street Address		143					
464 Valley Brook	Avenue	ř					223 Randol	ph Avenue						
	City, State, Zip Code						City, State, Zip							
					Clifton, NJ	07011								
	Lyndhurst, NJ 07071 Project Manager for Monitoring Firm						Telephone No.		License No.					
John H. Chiaviell		23.2.2	20	1-43	8-483	9	973-478-468	31	00120					
Start Date (10)		Scheduled Com			Control of the Contro		Name of OSHA	Monitor						
July 31, 2015		August 31,					McCabe En	vironmental S	Services, L.L.	Э.				
Occupancy Status Dur	na Ahatem						Street Address							
							464 Valley I	Brook Avenue	•					
□ Facility Closed/Vaca     □ Abatement Performs	ted During	Entire Period of	Abate	ment			City, State, Zip							
☐ Other - Describe:	ed Outside	Of NOTHIAI FACILLY	Hou	13		*	57000 000 000	NJ 07071-199	8					
Scope of Work (Check	all that and	oly)												
	un mac app	,,,			⊠ Reno	vation		Containment with i-Enclosure	Negative Pressur	е				
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$					☐ Dem	101000000		vehan Procedure						
☐ ≥ 100 St 01 ≥ 200 II							⊠ Nor	n-Exempted (*) an	d Non-Friable Prod	ceaure	Δ	bate	me	nt
			ls	Locati	on							Ту		
1				ormall			Description	of						
Asbestos-Contair	ition of ning Materi	al (ACM)		d Solel		Asbe	stos Containing I	Material (ACM)	Amount		Z		Enc	m
TO BE	ABATED		133330	ustodi	al	(i.e	., thermal systems	s insulation,	(Specify SF or LF)		em	Rep	aps	clo
	acility 13)			Staff? (12)			other miscellar				Removal	Repair	Encapsulate	Enclosure
,	13)			(12)							-		ie e	
			Yes	No	N/A							_		-
Boiler Room				X		Flue	Packing			3 sq ft	h .	_		-
A STATE OF THE STA						Rope	e Gasket on E	Breeching	V	18 In ft	-			
				Gene	erator Flue Pa	acking		2 sq ft	$\times$					
Name of Registered V	N.	DEP V	Vaste F	lauler	Cubic Yards of	Name of Regi	stered Landfill							
B&N&K Restoration Co., Inc.,							Waste		iooo In	_				
Tri-State Transfe	er Assoc	iates, Inc.	1:	2695	/ 2A4	156	.5		nterprises, In	·.				_
City, State				1			Disposal Date	City, State	ngasa					
Clifton, NJ 07011 / Bronx, NY							08/03/2015 - 008/31/2015	Waynesb	urg, OH					_
Completed by		Title					Signature	m		Date		4.5		
G. Roger Woodr	nan	Safety Offi	cer							7/21/	20	15		