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

(K# 1401

Date of Notification (1)	) FOIR				Building Ov		perator (	2)				1				
July 24, 2015		- T			Patersor	1										
Agencies Notified	Type Notification		- 1	Street Ad												
□ EPA	× Initial				arket Stre											
DEP	Amended	u.			e, Zip Code											
X DOL	Amendment Emergency (			V 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	on, NJ 0	/505				1 = 1	-lesses M					
DOH DCA	justification)		1	Name of	Contact					I ele	phone N	imber				
☐ DCA	Cancellation			FACIL	ITY INFOR	DIMATIO	ON			<u></u> _						
Name of Facility Where	Abatement is Takin	Place (3)		FACIL	III INFOR	CIVIATIO	ON	Type of	Facility (4	)						
House for Demolit		9 : 5 : 5 : 7 : 7						T Sc	hool (K-12	1)						
Street Address								Su	bchapter 8	(Othe	er than K-	12)	1227/20			
16 Lewis Street								Ot etc	her (i.e. pr	ivate &	commer	cial bi	IIIDII	ngs, r	nomes	5,
City (5)								Square		# of	Floors		Blo	g. Ag	e	
Paterson								2000		2			50	)+		
County (6)				County C	ode (7)			Current	Use (Prio	r if beir	ng demol	ished)				
Passaic			1	STATE U	ISE ONLY)			Hous	е							
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.		Name	of Abate	ment Cont	ractor	(9)					
n/a				n/a			Lozn	ica Ma	anageme	nt Co	orp					251
Street Address								Address								
n/a						1	22 T	roy La	ne							
City, State, Zip Code								tate, Zip		POLOTISATION						
n/a							Linco	oln Par	rk, NJ 07	035					护	
Project Manager for Mo	nitoring Firm		7.55	Telephor	ne No.			one No.			License					
n/a				n/a				706-79			01193	3				
Start Date (10)		Schedule			Date (11)				A Monitor			langer.				
July 25, 2015		July 26	en and a second	5					anageme	ent Co	orporati	on				
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)				- F. C. C. C. C.	Address								
➤ Facility Closed/Va	cated During Entire	Period of A	baten	nent			250000000000000000000000000000000000000	roy La	27000						_	
Abatement Performance Other – Describe:	med Outside of Norr	nal Facility	Hours	5				tate, Zip		7005						
									rk, NJ 07			5 1 1 1		D. A.		_
Scope of Work (Check	All That Apply)						×	7	DUMPSTE							
× ≥3 sf or ≥3 lf		Research	enova emolit					10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Containme -Enclosure		n Negativ	e Pres	ssur	е		
2160 sf or ≥260 lf		x D	emoni	IOH				Glov	vebag Proc	edure				329		
								Non	-Exempted	(*) an	d Non-Fr	iable l		Maria Hilliam		
			Locat										1	Арате Ту	ment pe	
Location			lorma d Sole				escription					-				
Asbestos-Containir TO BE A		Mai	ntena	nce/			taining N				kmount Specify		Z	71	Enc	Ē
In Fac		Cust	odial ( (12)	Staff?	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	surfa	acing, VA	T, or	* = 1		F or LF)		Remova	Repair	aps	Enclosure
(13	3)		(12)		1	other	miscellar	neous)					va	Ŧ	Encapsulate	ure
		Yes	No	N/A		12020				27					4D	
Front F	Porch			X	Т	o be c	dispose	ed of a	s		TBD		Х			
	5204750004			- 12			asbests	3								
		-										+		-		
					<u> </u>	0	- 1/ 1:		Names of	Docist	arad Las	dfill				
Name of Registered W	aste Hauler		7.7	NJDEP V Hauler ID		of Wa	c Yards aste		Name of			uiiii				
Rovic Transport					w=10.77.7	TBD			GROW	/S La	ndtill				1.000.00	
City, State						Dispo	osal Date	•	City, Stat							
Riverdale, NJ						TBD	)		Morris	ville, l	PA 190	67			- 80. <del></del> 1	
Completed by		Title			- 1		Signatur	eA				Date			15	
E. Cirovic		Secr	etary	/		3	1	1	HI			July	1.24	1, 20	15	

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

ch# 5231

Date of Notification (1) July 24th, 2015					Building O					Ų	JUL 2	3 201	5		
Agencies Notified T	ype Notification			treet Ad 01 Ea	dress st Broad	way									13
EPA DEP DOL		‡			e, Zip Cod		rsey 07	601-6	846						
DOH DCA	Emergency (i justification) Cancellation	ncluding		ame of	Contact lenge					Tele	nhone Nu	mher			
	_ Canochation				ITY INFO	RMATIC	ON								
Name of Facility Where Aba NJ Transit Main Line	atement is Taking	Place (3)						☐ So	Facility (4 chool (K-12	2)					
Street Address Route #21 Ramp F								Si Si	ubchapter ( ther (i.e. pr c.)	8 (Otherivate 8	er than K-1 commerc	(2) cial build	lings	, hon	nes,
City (5) Passaic								Square	Feet	# of	Floors	В	ldg.	Age	
County (6) Passaic				ounty C	ode (7) SE ONLY)		- 1	Curren Highv	t Use (Prio vay	r if bei	ng demolis	shed)			
Name of Monitoring Firm H Skelly & Loy, Inc.	ired by Building (	Owner (8)		ASCM	No.				ement Cont struction		(9)				
Street Address 449 Eisenhower Blvd							Street A			-					
City, State, Zip Code Harrisburg, Pa 17111							City, St	ate, Zip		0701	1-1802				
Project Manager for Monito				elephor	ne No. 8-1412		Telepho 973-4	one No			License 00724	No.			
Dan Davis Start Date (10)		Scheduled		20 16-667 L. 10 100	arts of the fact of the fact		24/20 3		A Monitor						
August 3rd, 2015		Decembe					0.0		struction	ı Inc.					
Occupancy Status During A	Abatement (Chec	k Only One)					Street A								
Facility Closed/Vacate Abatement Performed Other – Describe: 7:0	Outside of Norm	al Facility H	ateme ours	ent		_	City, St	ate, Zip		0701	1-1802				
Scope of Work (Check All	That Apply)						101-724								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati				x	Mini	Containme -Enclosure rebag Prod -Exempted	e cedure				ıre	
		T					-	NOI	-LXemplet	1 ( ) an	d Holl I lie	10.01.70		teme	nt
Lacation	£		ocatio rmally			De	escription	of					_	уре	
Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Custo	enan	ce/		os Con thermal surfa	taining M I systems acing, VA miscellan	aterial insula T, or		(3	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
WASSESS.		Yes	No	N/A										ā	
Underpass B	Bridge			x		Joir	nt Mate	rial			30SF	x	-	-	
		B											-	+	
										-			-	+	-
Name of Registered Waste	e Hauler			JDEP W		5/10/20/20/20	c Yards		Name of	Regist	ered Land	fill			
Slavco Construction II	nc.		1000	auler ID 3508	No.	of Wa			G.R.O.		_andfill				
City, State Clifton, New Jersey 0	7011-1802					TBD			City, Stat Morrisv						
Completed by Vivian D. Jurcevic		Title Office	Mar	nager		Ž	Signature	/	Ju	Ceu	195	Date July 2	4th,	201	5

#### Ch#3719

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

Date of Notification (1) 07/23/2015					Building (			(2)			JUL	2.5		ΪĘ		
Agencies Notified	Type Notification		- 1	Street A	ddress h AVe							-				
EPA  X DEP  X DOL	Initial Amended Amendment #				ite, Zip Co r, NJ 07										11	
X DOH DCA	Emergency (ir justification) Cancellation	ncluding			f Contact Rutan					Tel	ephone N	Numbe		. 200	,	
				FACI	LITY INFO	DRMAT	ION			-						
Name of Facility Where St. Rose High Scho		Place (3	3)						f Facility (							
Street Address 607 7th Ave			¥			#3		0	ubchapter ther (i.e. p c.)				uild	lings,	home	es,
City (5) Belmar								Square		# 0	Floors		В	idg. A	ge	=17.753
County (6) Monmouth					Code (7) USE ONLY	ı		Curren	t Use (Prid	or if bei	ng demo	lished	)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	/ No.			of Abate	ment Con	tractor	(9)					
Street Address	-						Street	Address			***********					
City, State, Zip Code							City, S	State, Zip		07/2	1		- 10			
Project Manager for Mor	eject Manager for Monitoring Firm						Teleph	none No. 225-84		0742	License 01104					
Start Date (10) 08/04/15		Schedul		pletion	Date (11)		Name	of OSHA	A Monitor	1 1					+:	
Occupancy Status Durin			100					Same also again	nmental	Labo	ratories	s,inc				
-	ated During Entire Pe	Ŕ		ent			100000000000000000000000000000000000000	Address Route	22 Wes	st						
	ned Outside of Norma	I Facility	/ Hours	CIII		_		State, Zip								
Scope of Work (Check A	All That Apply)								12	<b>~</b>						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti	70.720.50				Full ( Mini- Glov	ap/cu Containme Enclosure ebag Prod Exempted	ent with e cedure					e	
		Is	Locati	on				11011	Lxomptoc	/ / un	. 1401111	IdDic i		Abate	ement	
Location		1	Vormall	у		De	scription	of				-		Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Ma	ed Solel intenar todial S (12)	nce/		therma surfa				(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
bolier ro	oom	X	110	1071	nin	e insul	lation/w	vrap-cu	ıro		3LF	+		X		
1st floor hallway/wei				×	10.00			n/wrap			5LF	+	-	X		
1st fl boile	r room		X				rap-cu			2LF	+		×			
							•				+					
Name of Registered Was	ste Hauler	N	JDEP W	l /aste	Cubic	Yards		Name of	Registe	red Land	dfill				_	
Lilich Corporation	ę.		auler ID 3724	No.	of Wa	ste		GROW	S, PA							
City, State Woodland Park, NJ		<u></u>		-10-24-32			sal Date		City, State Morrisv		A					
Completed by Momo Glavatovic		Title vice	presid	ent		5	Signature	G	*		1.0	Date 07/2	3/2	015		

Print Form

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

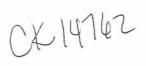
Date of Notification (1) 07/23/2015					f Building O							JUL	2	9 4	15
Agencies Notified	Type Notification			Street A	ddress K Drive										
× EPA × DEP × DOL	Initial Amended Amendment	#	F	City, Sta	ate, Zip Cod		i				<u> </u>				
⊠ DOH ⊠ DCA	Emergency justification) Cancellation	(including		Name o	f Contact Aulvey					Telep	hone Nu	mber			
	E Odricciation				LITY INFO	RMATI	ON								
Name of Facility Where		ng Place (3	)	170	EITT IN O	IXWIA II		Туре	of Facility (4	)					
Hazelwood Elemer	ntary school							x s	chool (K-12	)					
Street Address								S	ubchapter 8 ther (i.e. pr	Other			dinas	hom	20
800 Hazelwood Av	e 	-						L e	tc.)						cs,
City (5) Middlesex								Square	e Feet	# of F	loors	E	Bldg. /	\ge	
County (6) Middlesex					Code (7) USE ONLY)			Currer	nt Use (Prior	if being	demolis	ned)			
Name of Monitoring Firm Briggs Associates	Hired by Building	Owner (8)		ASC	M No.				ement Cont	ractor (9	)				
Street Address	on							Address	Series Character						
3 Crosswicks Stree	et ·								le Ave						
City, State, Zip Code Bordentown, NJ 08								tate, Zip dland	Code Park, NJ	07424					
Project Manager for Mor Mike Hoodak	nitoring Firm			Telepho 609-29	ne No. 98-5520			none No 225-84		100	icense N 1104	0.			
Start Date (10) 08/03/15		Schedule 08/07/1		npletion	Date (11)				A Monitor nmental l	abora	tories,I	nc			
Occupancy Status Durin	g Abatement (Ched	ck Only On	e)	-				Address							
Facility Closed/Vac	ated During Entire	Period of A	Abaten	nent			2333	Route	e 22 West	į					
Abatement Perform  Other – Describe:	ed Outside of Norr	nal Facility	Hours	3				tate, Zip							
Scope of Work (Check A							Unio	n, NJ (	07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	гластърну	gertangen)	enova				X	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	edure				e.	
	25 (************************************	ls	Locati	on						( ) 2.1.0 .		1	Abat	ement	1
Location		N	lormal	ly		Des	scription	of					Ty	уре	
Asbestos-Containing TO BE AB			d Sole intenai		Asbesto						ount	-		m	m
In Facil		Cust	odial 8 (12)	Staff?	100	surfac	systems cing, VA	T, or	ion,		ecify r LF)	Remova	Repair	cap	Enclosure
(13)					11	other m	niscellan	neous)				oval	air	Encapsulate	sure
		Yes	No	N/A										ro .	
boiler ro				X			t insula				5lf	х			
boiler ro				X			refrac			40		x			
boiler ro	oom			X		boiler	insula	ation		40	sf	-	_		
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic '	Varde	- т	Name of R	enistere	d Landfill			L	
Lilich Corporation		Н	auler ID 3724		of Was			GROWS		u Lanum					
City, State Woodland Park, NJ						Dispos	al Date		City, State Morrisvil	le, PA,					
Completed by	-	Title	200	1 1121		S	ignature	1	11		Da				
Momo Glavatovic		vice p	resid	lent	V-11-		(	a	776		07	/23/2	2015		

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

Date of Notification (1) July 23, 2015				Building Ow of Nina B				ein	Che	eck # 224	2 49	201	5		
	otification		Street Add 545 Mu	dress d College	e Roa	d				- 14 - 14					
DEP An An An	nended nendment #			e, Zip Code wn, PA 1		1									
X DOH jus	nergency (including stification) sncellation	0.03	Name of 0 Robert		2				Tele	phone Nu	mber				
			FACIL	ITY INFOR	MATIC	N									
Name of Facility Where Abatement Bein Residence	nt is Taking Place (3	)						of Facility (4) School (K-12) Subchapter 8		s than V 1	2)				
Street Address 1072 Trafalgar Street							×	Other (i.e. prietc.)	vate 8	commerc	ial buil				S,
City (5) Teaneck							Squar 3,000	e Feet )	# of 2	Floors	1000	3ldg 5	. Ag	е	
County (6) Bergen			County C	ode (7) SE ONLY)				nt Use (Prior dence	if beir	ng demolis	shed)				
Name of Monitoring Firm Hired by Management & Enviro. Co			ASCM	No.				tement Contr							
Street Address PO Box 341							Addres	s Avenue							
City, State, Zip Code Chesterfield, NJ 08515						City, S	State, Zi	p Code ade, NJ 08	052						
Project Manager for Monitoring F	irm		Telephon			Telepl	none No 755-0	0.		License I	No.				
Bill Weisgarber Start Date (10)	Schedul		pletion D			State of the state of		HA Monitor		00042		_			-
August 5, 2015	Augus	28, 2				EMS	SL Ana	alytical, Inc	). 						
Occupancy Status During Abater			i K				Addres	ss 130 North	1						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire Period of a de of Normal Facility	Abatem Hours	nent i		_			ip Code son, NJ 08	8077						
Scope of Work (Check All That A	pply)						12001011011000	•	000000000000000000000000000000000000000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mir Glo	Il Containme ni-Enclosure ovebag Proce n-Exempted	edure				dure	v	
							140	II-Exempted	( ) an	4 110111111	1	18.65	5 52	ment	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM) Uso	Normal Normal ed Sole aintenal stodial S (12)	ly ly by nce/		s Cont hermal surface	system cing, V	Materia ns insula		(5	mount Specify or LF)	Removal		Tyr	e Encapsulate	Enclosure
	Yes	No	N/A									-		· ·	
Exterior			XXX		Text	ured F	Paint		2,8	300 SF	X	+		_	
										-	<u></u>				
Name of Registered Waste Haul	er		JDEP W Hauler ID		Cubic of Wa	Yards ste		Name of F				SII			
Freehold Cartage		0	2265		40			1		County	Lanu	111			
City, State Freehold, NJ					8/28/		_	City, State Newbur							
Completed by Christina Lynch	Title Ope	ration	s Mana	iger	9	Signatu	Do	N.			Date 7/23/2	201	5		

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

Date of Notification (1) 07/24/2015		1 h = + 74=	(57)		Name of Building Owner/ Delaware Valley Region	Operator (2)	III DI-AI	A come
Agencies Notified		Notification			Street Address	ai riigii Scri	DOI DISTRI	Ct Alla
⊠ EPA		D later No	41 <b>5</b> 41		19 Senator Stout Road			
DCA		☐ Initial No ☐ Amende		1	City, State, Zip Code	0.5		
⊠ DOL				ication (including	Frenchtown, NJ 088	25	T =	
□ DEP		justification	)		Name of Contact Mrs. Daria Wasserbach		Telepho	one Number
⊠DOH		☐ Cancelle	d		MIS. Dalla Wasserbacii	-	2	
				EACH ITY IN	FORMATION			
Name of Facility Where Ab	patement is	Taking Place	(3)	PACILITY IN	Type of Facility (4)			
Delaware Valley Reg					School (K-12)	han K 42)		
Street Address					Other (i.e. private & com	nan K-12) mercial huildi	nge hom	nes etc.)
19 Senator Stout Ro	ad				Sq. Feet: # of Floors: B Current Use (prior if being	ldg. Age:	1960's	12001 E00096
City (5)	County (6)	X	Count	y Code (7)	_ ourrent ose (prior it being	demonstred	). High St	311001
Frenchtown		terdon		Use Only)				
Name of Monitoring Firm H	lired by Blo	g. Owner (8)	ASCN	1 No.	Name of Contractor (9)			
					Panoramic Window & Do	or Systems	Inc	
Street Address					Street Address	or Oyotomo	1110.	
					712 Sergeantsville Road			
City, State, Zip Code					City State, ZipCode			
					Stockton, NJ 08559			
Project Manager for Monito	oring Firm	Telephone	Number		Telephone Number			Number
					P (732)926-0900		01237	
Scheduled Start Date (10)			Complet	ion Date (11)	Name of OSHA Monitor			
07/29/15		08/03/15			IAQ GURU LLC			
Occupancy Status During A	Abatement	(Check only or	ne)		Street Address			
☐ Facility Closed/Vacated	During Ent	ire Period of A	batemer	nt	87 Main Street			
□Abatement Performed On Describe	utside of No	ormal Facility F	lours -		0'' 0' 1 7' 0 '			
D C C C C C C C C C C C C C C C C C C C					City, State, Zip Code			
☑Other - Describe: Mon-S	Sat 3:30 pr	n to 11:00 pm			Lincoln Park, NJ 07035			
Source of Work (Check all	that apply)							
$x \ge 3$ sf or $\ge 3$ If				⊠ Renovation	T Mini	Englasura		
□ ≥ 160 sf c		f		□ Demo		Enclosure	)	
				L Dellio		□Glovebag f on-Friable P		
Location of Asbestos-	Is1	ocation Norma	illy	Description of A	sbestos Containing Material	Amour		Abatement Type
Containing Material (ACM)		d Solely by	,	(ACM) (i.e. then	mal systems insulation,		fy SF or	Abatement Type
Facility (13)		nt./Custodial S	taff?	surfacing, VAT,	or other misc.)	ĹF)	,	Remove Repair Encap Enclose
	(12)		NIA					
Server / Storage Room	YE	S NO	NA	Min	dow Glaze & Caulk	40 LF		
Adjacent to C101				VVIIIC	JOW GIAZE & CAUIK	40 LF		
The state of the s								
Name of Reg. Waste Haule	<u>er</u>	NJDEP Was 0036057	te Haule	er ID#	Cubic Yards of Waste		Name of Chrin La	Registered Landfill
Panoramic Window & Dr	Sys Inc						Cili ili Dai	ndin
W.						Disposal Da	ate .	City, State Allentown, PA
0 11 11 151			11		1			
Completed by (Print or Type Mark M Jovic	<u>e)</u>	Title Consultant			Signature	N	Date 1	-14-15
						1		0 ( , ,



#### STATE OF NEW JERSEY

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	07/22	)/4 E			Name of Buildin	ng Owner/C	perator (2)	U	UL Z	U 20	15	
	07/23	0/10			Summit Sch	ool Distri	ct					
Agencies Notified		Notification	Туре		Street Address		- 4					
X EPA	88.	Initial			14 Beekmar	n Terrace						
X DEP		Amende	ed #		City, State, Zip	Code						
X DOL		Emerger	ncy (includi	ng	Summit, NJ	07901						
□ DOH		justificat	ion)		Name of Conta			Tel. Nu	ımber			
X DCA		Cancella	ation		Mr. Louis P			Ma			_	
Name of Facility Where Abaten	nent is Ta	aking Place (3	)	FACILITY IN	ORMATION  Type of Facility	(4)						
Franklin Elementary Sch			<u>/</u>									
Street Address												
136 Blackburn Rd						er 8 (Other		000 th				
City (5) Cor	unty (6)		County C	ode (7)	0.000,000,000,000		commercial b	uildings.				
Summit Uni	ion		(State Us	se Only)	homes, e	:(C.)						
Name of Monitoring Firm Hired		Owner (8)	ASCM No	0.	Name of Contra	actor (9)						
Westchester Environmen			00127		MTM Metro		on					
Street Address			-		Street Address						- 0.000	
307 N Walnut Street					135-137 Mc	Bride Ave	9					
City, State, Zip Code					City State, Zipo	Code	Maria de la companya del companya de la companya del companya de la companya de l					
West Chester, PA 19380					Paterson, N	J 07501						
Project Manager for Monitoring	Firm	Telephone 1	Number		Telephone Nur	mber		Licens	e Numb	er		
Matt Abraham		610-996-3	515		973-742-50	30		00809	9			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSHA	A Monitor		¥.				
7/25/2015		7/28/2015	5		MTM Metro	Corporat	ion					
Occupancy Status During Abat	tement (C	heck only one	e)		Street Address							
			<b>^</b> 1-4		135-137 Mo		enue					
Facility Closed/Vacated D					City, State, Zip	Code						
Abatement Performed Ou	itside of I	Normal Facility	y Hours		Paterson, N	J 07501						
Other-Describe:												
Source of Work (Check all that		- Denovation			04-1	h Nazativa	D	× Mi	ni-Enclo	eura		
> 3 sf or > 3 lf	×	Renovation	1		Containment wit							
> 160 sf or > 260 lf		Demolition		☐ Non	-Exempted(*) &	Non-Friable	Procedure	X Gio	ovebag i	Procedu	re	
Location of Asbestos-		ation Normally		Description of		Amount (	Specify SF or	LF)	Abate	ment Ty	ре	
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cus	stodial	thermal system surfacing, VAT								
	YES	NO	N/A	miscell.)	,				Rem.	Rep.	Encap	Enclose
Rooms 33 & 34		X		TSI-pipe and fittings		60 LF			X	-	X	-
											_	
			9							100		
Name of Reg. Waste Hauler		NJDEP Was	ID#	Cubic Yards of	Waste				Landfill			
MTM Metro Corporation		26552		10			Tullytov					
City, State							Disp. Date		1.0	City, Sta	-	
Paterson, NJ 07501							7/29/2015			ullytown	, PA	
Completed by (Print or Type)		Title	4		Signature			Date				
Elizabeth Maslarkov	*	Business Adr	ministrator		Elizabeth	Masla	rkov	7/23/20	15			
								-				

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

Date of Notification	(1)		Na	ame of	Build	ling	Owner/Operator	(2)	1 17	-	111		1.	-
7-24-15				Ste	ve Ha	arm	S							
Agencies Notified	Type Notif	ication	n Si	treet	Addres	ss		30,000		JUL	2	3 9	915	
[ ]EPA	[X]Initia	al		158	S M	oun	tain Ave							
[ ]DEP	Noti	ficatio	on C:	ity, S	State,	Zip	Code		-					
[X]DOL	[ ]Amende			Mon	tcla	ir,	NJ,07042							
[X]DOH	NOTI	ficatio		ame of	Conta	act		Telephon	e Number					
[ ]DCA	[ ]EMERGI	ENCY		Ste	ve H	arm	s							
* 1*.000000	[ ]Cance:	llation	1											
						ITY I	INFORMATION				150.00			
Name of Facility Whe Same as above	re Abateme	nt is T	Taking	Plac	e (3)			Type of Facil	_					
Same as above								[ ]School [ ]Subchap		er th	an	K-12	)	
Street Addres	,							[X]Other (	i.e., priv	ate 8	co	mmer	-	
									uildings,					
City (5		Cour	nty (6	) Esse	×	Con	nty Code (7)	Square Feet 4500	# of Flo	ors	100	ig 8	Age	
0201 (0		000		, ====		100000	ATE USE ONLY)	Current Use (		eing			hed)	)
								0022000 000 (		5	800			
Name of Monitoring F	irm hired	by Buil	lding	ASCM	No.		Name of Abate	ment Contracto	r (9)					
Owner (8) N/A							AZTECH M	IANAGEMENT	, Inc.					
Street Address							Street Addres	s						
	by Chata Gin Code						86 Chris	topher St						
City, State, Zip Cod	ty, State, Zip Code						City, State,	Zip Code						
							Montclai	r, NJ 070	42					
Project Manager for	Monitoring	Firm		_	Numbe	r	Telephone Num			Licer			er	
			N/Z	Ā			(973)744	-8800		00	37:	1		
Scheduled Start Date	(10) S	ched. C	9 32 00		Date (	11)	Name of OSHA	Monitor						
8-10-15			-11-		44700000		N/A							
Month Day Ye		Month ent (Ch			Year ne)		Street Addres	S		7				
[X]Facility Close of Abatement		d Durin	g Ent	ire Pe	eriod									
[ ]Abatement Per		tside o	of Nor	mal Fa	acility	Į	City, State,	Zip Code						
Hours - Descr [ ]other - Descr	-				nt.									
Scope of Work (Check			aricy	Desci.	LD C//									
beope of work (check	all mac	appry,					[ ]Full	Containment wi	th Negativ	e Pre	essu	re		
[X]≥3 sf or []>160 sf o					ration			Enclosure bag Procedure						
								riable Procedu	re					
Location	of			Is cation			Description	on of			Aba	teme	nt T	E
Asbestos-Con	taining		1	rmally Used	7		Asbestos-Con	taining	Amount	io II	R	R	N	N
Material TO BE ABA	C (50)			olely Main	-		Material (i.e., thermal		(Specif	Y	M	P	A P	LO
In Facil	-			nance			sulation, surf	acing, VAT,	LF)		VA	A I	S	S
(13)		-	Yes	ff (12 No	2) N/A		or other misce	llaneous)	,		L	R	L	R
Basement				1000000	K	Pir	e Insulat	ion	135 lf		X			
	asement													
Name of Registered W	me of Registered Waste Hauler						bic Yards	Name of Regi	stered Lan	dfill	L			
AZTECH MANAG	AZTECH MANAGEMENT, INC.					of	Waste 1.5	Minerva	Enterpi	ise	S			
City, State	·					Di	sposal Date	City, State						
Montclair, NJ	07042					8	3-12-15	Waynesbu	rg, OH	446	88			
Completed By (Print	or Time'	Title					Signature			-	<b>+</b> -			
Constantine V:		Pres	ider	ıt.			Signature // I/	0		200	te 1-2	4-	15	
							UVI	yan				-		

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

Date of Notification	(1)					Owner/Opera	tor (	2)						
7-24-15			Lis	a Tor	nche	ek			J	UL 2	TV. 1	2015		
Agencies Notified	Type Notific	cation	Street	Addres	s				110000000000000000000000000000000000000					
[ ]EPA	[X]Initial Notifi	San and the san an				rrace								
[ ]DEP	NOTIFI	cation	City,	State,	Zip	Code								
[X]DOL	[ ]Amended Notifi	1990	Mon	tcla	ir,1	NJ,07042	2							
[X] DOH			Name o	f Conta	ict	25		Telephon	e Number					
[ ]DCA	[ ]EMERGEN		Lis	a Tor	nche	ek								
	[ ]Cancerr	acion		FACIL	ITY I	NFORMATION								
Name of Facility Whe	re Abatement	is Taki	ng Plac				T	ype of Facil:	ity (4)					
Same as above			(74)					[ ]School						
Street Addres								[ ]Subchapt [X]Other (: cial b		ate & c	com	ner-		
							s	quare Feet	# of Floo	ors B	ldg	. Ag	e	
City (5		County	(6) Esse	ex		nty Code (7		1800	2		85	;		
· v					(ST	ATE USE ONL	, <sub>X</sub> )	urrent Use (	Prior if be	eing de	emo]	ishe	ed)	
Name of Monitoring E	firm hired by	Buildir	g ASC	M No.	1	Name of Ab	ateme	nt Contractor	c (9)			-	-	
Owner (8) N/A			, ,	75 52551				NAGEMENT						
Street Address						Street Add	lress	24 1020-						
						1		opher St						
City, State, Zip Cod						Montal		p Code , NJ 070	42					
Project Manager for	Monitoring I		lephone	e Numbe	r	Telephone (973)7				003		ımbe	r	
Scheduled Start Date	(10) Sch	ned. Comp	letion	Date (	11)	Name of OS	HA Mo	nitor			<i>t</i> :			
8-3-15		8-4	-15		•	N/A								
Occupancy Status Dur	ing Abatemer	nt (Check				Street Add	lress							
[X]Facility Clo of Abatemen		During E	ntire F	eriod										
[ ]Abatement Pe				'acility	Z.	City, Stat	e, Zi	p Code			11100			
Hours - Desc [ ]other - Desc				ipt»										
Scope of Work (Check	all that ap	pply)							.0 20					
[X]≥3 sf or			[X]Reno			[ ]Mi	ini-En	ontainment wi oclosure	th Negativ	e Pres	sur	9		
[ ]≥160 sf o	or ≥260 II		[ ]Demo	lition				ag Procedure Lable Procedu	re					
			Is				500	792		Al	ate	ment		
Location			Locatio Normall			Descrip			Amount	F			E	E
Asbestos-Cor Material			Used			Asbestos- Materia			(Specif	1 E		E .		C
TO BE AB			By Main	-		(i.e., the	0.000		SF or	- C		2 1	P	0
In Facil			tenance Custodia		in	sulation, s			LF)	7	Ø	T .		S
(13)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S	taff (1	.2)		or other mi	scell	aneous)		I			L	R
Basement		Yes		N/A X I	Pipe	Insula	atio	n	50 lf	x			1	E
											T			
			1								1			
Name of Registered V	Waste Hauler	<u> </u>	JDEP W	aste	Cui	bic Yards		Name of Regi	stered Lan	dfill				
AZTECH MANAG		NC F	auler :	ID No.		Waste 1.5	i	Minerva						
City, State					Di	sposal Date		City, State	7023) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Montclair, NJ	07042				8	8-5-15		Waynesbu	rg, OH					
Completed By (Print	or Type) T	itle				Signat	ture			Date	9			
Constantine V		resid	ent			( )	V: :					1-1	.5	

#### State of New Jersey

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

Date of Notification (1) 7/24/15		me of	Building C	wner/Ope	erator (2)	-		· ·	JUL Z	eck#	709	5	
Agencies Notified Type of Notification	on Str	eet A	ddress Parkway	Ave.			11		4				
[ ] DEP Notification [X] DOL [] Amended			te, Zip Cod on, NJ 0		600								
[X] DOH Notification	Na	me of	Contact				Telep	hone Numb	er			1	8
[] DCA [1] Cancellation	Αr	ntho	ny Pelle	grino			ī						
[] Cancenation		811 44	FA	CILITY IN	FORMATION								
Name of Facility Where Abatement is Tak NJ DOT Maintenance Yard	ing Plac	e (3)				Т	ype of Facility (4) School (K-1 Subchapter	2) 8 (Other the	an K-12)				
Street Address 92 Springer Road							Other (i.e. p homes, etc	.)	ommerciai	ouliain	gs,		
	County (	6)		County	Code (7)			# of Floors	Bld ~55	g. Age	W		
Bridgeport	Glouce	este	r	(STATE	E USE ONLY)	0	Current Use (Prior if	being demo					
Name of Monitoring Firm Hired by Building Environmental Connection, I	toring Firm Hired by Building Owner ASCM No. mental Connection, Inc.  Street Address  Name of Abatement Contractor (9) Jupiter Environmen												
Street Address 120 N. Warren St.	ss Street Address 323 Changebridge												
City, State, Zip Code Trenton, NJ 08608					City, State, Zip C		e ne Brook, NJ 0	7058					
Project Manager for Monitoring Firm			Number		Telephone Numb	ber			License N			_	
Dominick Dercole			-4200		Name of OSHA N		3-575-8700			00	)85	2	
Scheduled Start Date (10) Sched 7/27/15	8/10		Date (11)				& S Environme	ntal Lab	oratories	, LLC	)		
Occupancy Status During Abatement (Ch. [] Facility Closed/Vacated During E [] Abatement Performed Outside of	ntire Pe	riod o		102	Street Address 2	233	33 Route 22W				- Lugari		
Abatement Performed Outside of Describe:     Other – Describe: <u>partially vacar</u>		i aciiii	y Hours –		City, State, Zip C (		e nion, NJ 07083	3					
Scope of Work (Check all that apply)									U. N	-	annen.		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	ia		[] F	Renovation	n		[] Mini – E [] Gloveba			Press	ure		
		Locati			Descr	rioti	ion of			Ab Ty	ater	nen	t
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility	S Mainte todia	1 Staff	e/Cus f (12)		Asbestos - Materia (i.e., therr insulation, s or other mi	- C rial ( rmal surf	Containing (ACM) I systems facing, VAT,		Amount (Specify SF or LF)	R E M O V	REPAI	ENCAPO	ENCLOC
(13)	Yes	No	N/A						200.05	A L	R	S U	S U
Main Building offices, locker room  Mechanical room	X	Х		AT and rinsite p	window glazing	ig_			300 SF 50 SF	X		-	
Mechanical room	X	_		Titisite p	arreis								-
Name of Registered Waste Hauler Jupiter Environmental Service	s Hau	DEP V uler ID 4782	Vaste ) No.	Of Wa	Yards aste 3		Name of Registere Minerva Land						
r, State Disposal Date Disposal Date Ne Brook, NJ Disposal Date N/ State Waynesburg, OH													
Completed By (Print or Type) Pane Repic	Title Gene	eral	Manage		Signature	7	Le		7/24/	15			

JUL 2 3 2015				State of Ne	ew Jersey						
001 23 2015		0.000			BESTOS ABA 1:60-7 and 12:12	56MGR0 - 61 (MR)			ok#7	895	
Date of Notification (1) 7/24/15		J DC		Ownat/Opa	rator (2)		T	77.91.02.41.7	• (6.111)		7
Agencies Notified Type of Notifical	ion 51	rest Ac	ddress	ay Ave.				JUL	201	) <u>.</u>	
[ ] DEP   Notification [X] DOL   [] Amended   Notification	T		ia, Zip Co n, NJ	ode DB625-06	300		1.2		Д.	*	() 
[] DCA [] Cancellation	A		Contact ny Pall	legrino		Telepho	ane Nismb	oer .		174	
			, i, F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Te NJ DOT Maintenance Yard Street Address	king Piac	e (3)				Type of Facility (4)  School (K-12) Subchapter 8 Other (I.a. pt)	(Other it	ian K-12) commercial bu	ıllding	9,	
92 Springer Road				**	77.7		of Floors		Age		
Cily (5) Bridgeport	Gloud				Code (7) USE ONL	5000 1 Current Use (Prior if b	eing dem	of lahed)			
Name of Monitoring Firm Hired by Bulidi Environmental Connection,		0 0000	SCM No.	. N		ent Contractor (9) upiter Environme	ntal Se	tvices, Inc			
Street Address 120 N. Warren St.				S	treet Address	323 Changebridge	Road,	Suite 100			
City, State, Zip Cods Trenton, NJ 08608			900 00000		city, State, Zip C	ode Pine Brook, NJ 07	058				
Project Manager for Monitoring Firm Dominick Dercole			Number -4200		elaphone Numb			License Nu	mber 00	85	2
	d. Comp		26(e (11)	N	lame of OSHA!		ital Lab	oratories,	LLC		
Occupancy Status During Abatement (C [] Facility Closed/Vacated During	Entira Pr	rlod of	(Abatem	ent	Ireet Address	2333 Route 22W					
Abatement Performed Outside of Describe:     Describe: partially vac;  [X] Other – Describe: partially vac;		Facili	y Hours	-	City, State, Zip C	Union, NJ 07083		1.00			
Scope of Work (Check all that apply)					<u>:</u>	[] Full Conta	Inment v	rith Napatiye P	resau	re	
[] Demolition [] ≥3 sfor≥3 if [x] ≥150 efor≥260 if			[]	Renovation	1	Mini - End   Glovebag  x  Non - Fri	closure Procedu	ra.			
		Locati mally t				ription of			Typ	4	rent
Location of Asbectos — Contsining Meterial (ACM) TO BE ABATED	Matr	olely t tenano al Staff	B/CUE		Materi (i.e., then Insulation, s	- Containing lai (ACM) mai systems luriscing, VAT,		Amount (Bpecify SF or LF)	R M O	REP A	FLOVE
in Facility (13)	YBS	No	N/A		or other m	iscellaneous)			VAL	R	P O S S U U
Main Building offices, locker room		X			window glazin	9		1300 SF 150 SF	X.	-	
Mechanical room	X	-		Trinsite pe	anels			100 51	X	+	+
	+	-						····		1	$\top$
Name of Registered Waste Hauler Jupiter Environmental Service	BB HE	DEP V uler ID 04782		Of Wa	Yards exte 3	Name of Registered Minerva Landf					
City, State					sal Date	City, State	) L				
Pine Brook, NJ Completed By (Print or Type)	Title			8/14	Signature	Waynesburg, 0	11	Date			
Pane Replc	10000000	eral	Manag	ger	the	- le		7/24/1	5		

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

Date of Notification	(1)	(FUL				Owner/Oper		(2)	1 5				- 2	10
7-24-15			]	Kushner	r Pr	opertie	es							
Agencies Notified	Type Notif	ication	St	reet Addr	ess		7			UUL	- 2	11	7715	
[ ]EPA	[X]Initia			50 & 52	2 Br	oad Str	reet							
[ ]DEP	Notif	fication	Ci	ty, State	, Zip	Code					5.			
[X]DOL	[ ]Amende	ed fication	1	Perth A	Ambo	у,иЈ,08	8861							
[X]DOH	NOCII	LICACION		me of Con	tact			Telephon	e Number					
[ ]DCA	[ ]EMERGE		]	Kushner	r Pr	opertie	s	1			5			
	[ ]Cancel	llation		ENCI	TTMV	INFORMATION	AT				-			
Name of Facility Whe	re Abateme	nt is Ta	king			LNFORMATIO	200	Type of Facil	ity (4)			-	-	
Same as above				11400 (0)				[ ]School						
Street Addres								[ ]Subchap [X]Other (						
									uildings, l					
s <del></del>								Square Feet	# of Flo	ors	Blo	dg.	Age	
City (5		Count	y (6)	Essex		nty Code (	00.000	1400			(	55		
					(5)	ALE USE ON	,	Current Use (	Prior if be	eing	dem	olis	shed)	)
Name of Monitoring F	irm hired	by Build	ling	ASCM No.		Name of A	batem	ent Contracto	r (9)					
Owner (8) N/A						AZTEC	H M	ANAGEMENT	, Inc.					
Street Address						Street Ad								
2=						86 Ch	ris	topher St	•					
City, State, Zip Cod	e					City, Sta		ip Code r, NJ 070	12					
								2004 to 1000 to						
Project Manager for	Monitoring	0 11	N/A	phone Numb	er	Telephone (973)				Lice 00	37		oer	
Scheduled Start Date	(10) Sc	ched. Co	mplet	ion Date	(11)	Name of O	SHA M	onitor						
8-6-15			30-			N/A								
Month Day Ye	ear	Month ent (Che	Day ck or		:	Street Ad	drace							
[X] Facility Clos	sed/Vacated					Screet Ad	uress							
[ ]Abatement Per	formed Out				ty	City, Sta	te, Z	ip Code						
Hours - Descr [ ]other - Descr			-	NAME .										
Scope of Work (Check				000110									10000	
1000000		TF-1,	2700204					ontainment wi	th Negative	e Pre	essu	re		
[X]≥3 sf or [ ]>160 sf o			50.50	Renovatior Demolitior				nclosure g Procedure						
A				T_				riable Proced	ure					
Location	of		Loc	Is ation		Descri	iption	n of		1	Aba	teme	nt I	E
Asbestos-Con			U	mally sed		Asbestos	-Cont	aining	Amount		R	R	N C	N
Material ( TO BE ABA				lely Main-		Materi (i.e., the			(Specify	Y	M	E	A	LO
In Facil			ten	ance/	in	sulation,			LF)		V	A	PS	S
(13)	<del></del>	V-	Staf	f (12)		or other m			25300		A L	R	U L	U R
Exterior House	2	Ye	25 .	No N/A	Asl	oestos ·	trar	site	3000 s	f	X		•	E
	7				sid:		J			_				
Name of Registered W				P Waste er ID No.	100	bic Yards Waste 3.0	0	Name of Regi						
AZTECH MANAGI	EMENT,	INC.	170		OI	maste 3.	<b>-</b>	Minerva :	Enterpr	156	s			
City, State	07040				100000	sposal Date	е	City, State				(		
Montclair, NJ	0/042					9-1-15		Waynesbu:	rg, OH	446	88			
Completed By (Print	or Type)	Title				Signa	ture			Da	te		1818.50	
Constantine Vi	lvian	Presi	den:	t			CVI	UK-				4-1	.5	

NOCK

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

Date of Notification		10					Owner / Operator			JUL 2	3 20	15		
Agencies Notified	7/10/15 Type Notific	ation		Street		Section of the section of	MUNICATIONS			002				
EPA	Type Nounc	ation	1.3				a Avenue							
☐ DEP		Ē.				& Zip C			1					
⊠ DOL		nded #1-7/23/1					New Jersey							
□ DOH	☐ Eme	rgency	-			ontact			720000000000000000000000000000000000000	T	elepho	ne N	umb	er
☐ DCA		ellation	1	ALE)	(BA	YLOR								
				FA	CILIT	Y INF	ORMATION							
Name of Facility Wh			ace (3	3)			Type of Facilit							
Egg Harbor City	Central Off	ice					School (K							
Street Address	_							410	ther than K-1	170	Anno I Donardonia			
301 Philadelphia	Avenue								& commerc				IC.)	
City (E)		County (6)	ICo	unti (	Codo	(7)	Square Feet	#	of Floors	B	ldg. Age			
City (5)		County (6) Atlantic	100	unty (	Joae	(1)	6400 Current Use (F	Prior if h	1 Seina demoli	ched)		75		-
Egg Harbor City		Auanuc					COMMUNIC		-	sileu)				
Name of Monitoring			er (8)		AS	CM No.	Name of Abate BRISTOL EN						3	
USA ENVIRONM Street Address	ENTAL WA	NAGEIVIEN					Street Address		NIVIENTAL	INC				
8436 ENTERPRIS	SE AVE						1123 BEAVE		REET					
City, State & Zip Co							City, State & Z							
PHILADELPHIA F							BRISTOL, P		7					
Project Manager for MARK JENKINS	Monitoring F	Firm	Telep 215-	hone 365-		ber	Telephone Nu 215-788-604			License N	umber 0050	9		
Scheduled Start Da	te (10)	Scheduled Con	npletio	n Da	te (11	1)	Name of OSH							
ON HOL		- 7					BRISTOL EN		NMENTAL	INC				
Occupancy Status I		ment (Check or During Entire P			atem	ent	Street Address 1123 BEAVE		REET					
Abatement	Performed O	utside of Norma	al Ho	urs –	7am	to 3pm	City, State & Z	Zip Code	Э					
100000	5:00 PM -	1:00 AM					BRISTOL, P.	A 1900	7					
	upied During	175.11.50.50.50.51.50.50.50.50.50.50.50.50.50.50.50.50.50.												
Scope of Work (Che	eck all that a	oply)						⊠ F	ull Containm	ent with N	enative	Pres	SULF	۵.
≥3 sf or ≥3 I	f		$\square$	Rer	novati	on		Managed 1	1ini-Enclosur		oguaro	1100		
≥160 sf ≥26			H		nolitio				Slove Bag Pr					
				-					lon-Exempte		-Friable	Pro	cedu	ıre
	ocation of		ls	Locat	ion		Description			Amount	Aba	tem	ent T	уре
	tos-Containir	g		nally			Asbestos-Cont			(Specify				
	erial (ACM) BE ABATED			olely tenar		.	Material (AC (i.e., thermal sy		5	SF or LF)	R	70	nc	Ē
	n Facility			odial			insulation, surfaci		Г		Remova	Repair	aps	Enclsoure
90	(13)			(12)			or other miscella				\\\ \alpha	=	Encapsulate	ure
			Yes	No	N/A									
1 <sup>st</sup> Floor Generat			$\boxtimes$				Vat/mast			350 SF				
1st Floor Generat	or Room		$\boxtimes$				Pipe insula	tion		12 LF		Ц	Ц	Щ
				Ш									ᆜ	1
								77						
Name of Registered	d Waste Hau	ler		1000000		Waste		Name	of Registere	d Landfill				
SERVICE TRANS	PORT GRO	DUP INC		3355	990	ID No.	of Waste	MINE	RVA LAND	FILL				
City, State	, ord ord	JOI , 1140.					Disposal Date	City, St						_
NEW CASTLE, D	E 19720								IESBURG,	OH 4468				
Completed By (Prin				Tit			Signature		۸	1 -	Date	45		
PATRICK T. DeC	aro			PI	₹OJ.	MGR.	Patrick	1.	D'Care	18	7/10/	15		

NOCK

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

Date of Notification (1)				Name o	of Building	Owne	er/Operator (2	2)	11.1				
07 /23 /	15	2		Ran	cocas Va	lley F	Regional H	igh School	JUL	2 : :	Uib		
Agencies Notified Type Notifica	tion			Street /	Address								
☑ EPA ☐ Initial				520	Jacksonv	ville l	Road						
☐ DOLWD ☐ Amended				City, St	tate, Zip Co	ode							
□ DHSS Amendme     □ Emergence     □		dina		Mou	nt Holly,	NJ 0	8060						
DCA   Emergence		ung			of Contact				Telephone Num	ber			
☐ Cancellati	on			Mr.	John Gau	ıntt			- n		_		
				FAC	ILITY INF	ORN	MATION						
Name of Facility Where Abatement is T			(3)					Type of Facility					
Rancocas Valley Regional High	Scho	ol						School (K-1)	2) 8 (Other than K-12	)			
Street Address								Other (i.e., p	rivate and comme	rcial bui	Idings	3,	
520 Jacksonville Road								homes, etc.		T-E-			
City (5)								Square Feet	# of Floors		ig. Ag	е	
Mount Holly, NJ 08060	-		14					90,000 SF	2		+0+		
County (6)				Count	ty Code (7)	(STATE	E USE ONLY)	1 - Anno 1900	rior if being demoil	shea)			
Burlington								High School					
Name of Monitoring Firm Hired by Build	ling Ow	ner (8	3) /	ASCM I				ent Contractor (9					
Westchester Environmental				0027	2	100000		az Mat Remov	/ai, inc.				
Street Address						)() <del>  </del>	et Address	4					
307 N. Wanut Street							4 E. 41 Str						
City, State, Zip Code							State, Zip Co						
West Chester, PA 19380			T-1-	-1 1			iterson, NJ	07504	License No.				
Project Manager for Monitoring Firm				phone I			phone No. 3-345-0022		00507	89			
Paul F. McCaa	N - I I - I	- 10		0-431			e of OSHA N		00307				
Start Date (10) Start Date (10	Schedule 07			/ _				az Mat Remo	val, Inc.				
Occupancy Status During Abatement (	Check o	nly o	ne)			Stree	et Address						
☐ Facility Closed/Vacated During Entit				nent		49	4 E. 41 Str	eet					
	ormal Fa	acility	Hour	s - Des	cribe	City,	State, Zip C	ode					
Time of Abatement: 7:00AM-4:00F	PM/	PN	/	AM		Pa	terson, NJ	07504					
Scope of Work (Check all that apply)		7											
□ >3 sf or >3 lf	Б	7 Rei	novati	on					egative Pressure				
≥ 160 sf or ≥260 lf			molitic				Gloveba	g Procedure					
					1		☐ Non-Exe	mpted (*) and N	on-Friable Procedi				10242
1			Locat Iorma				Description of		†		atem:		
Location of Asbestos-Containing Material (ACM	1)	Use	d Sole	ly by	Asbes			iterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED			ntena	nce/ Staff?	(i.e.		mal systems		(Specify	SVOL	ar.	aps	osu
IN Facility (13)		Ousi	(12)	otair:			urfacing, VAT er miscellane		SF or LF)	1 20		Encapsulate	Ге
()	,	Yes	No	N/A								Ф	
Rooms - C200/2/3/4/5/6/7/8	[			$\boxtimes$	Ceiling	Tiles	- 2'x4'		6,811 SF				
	]			$\boxtimes$	VAT/Ma	stic	26.		6,811 SF	$\boxtimes$			
	[				TSI on E	Elbov	NS		12 (Each)				
	[												
Name of Registered Waste Hauler			1000	JDEP \		7.000	ic Yards of		istered Landfill				
Freehold Cartage			1	13206	.,	Was	00	GROWS,	Inc.			19	
City, State							osal Date	City, State					
Freehold, NJ 07728						07	'-31-2015	Morrisvil	e, PA 12506				
Completed By (Print or Type)	Title						Signature	I. N. I.		Date			
Leslie Olszewski	Pro	oject	Man	ager				WY VILL		07	-23	-15	,



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

Date of Notification (1)			Name o	of Building	Owner/Operator (2	2)					
/	15		Wes	stern Mo	nmounth Utility	Authority	JUL	233	2015		
Agencies Notified Type Notificat	ion		Street A	Address							
			50	Greenwo	od Avenue						
☐ DOLWD ☐ Amended	m: as	1	City, St	ate, Zip C	ode						$\overline{}$
☐ DHSS Amendmen			0774	6							
DCA Emergency justification			Name o	of Contact			Telephone Num	ber			$\neg$
☐ Cancellation			Davi	d Beesle	<b>Э</b>				-		
			FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facility (4	4)				
Pump Station						☐ School (K-12)					
Street Address			1938			Subchapter 8			l al : a. a. a	2	
50 Greenwood Avenue						Other (i.e., pri homes, etc.)	vate and comme	ercial Dui	lulligs	,	
City (5)						Square Feet	# of Floors	Bld	g. Ag	е	
Morlboro						400	1	4	5		
County (6)			Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demol	ished)			
Monmouth											
Name of Monitoring Firm Hired by Buildi	ng Owner (8	B) A	SCM	No.	Name of Abatem	ent Contractor (9)					
TTI Environmental					JVN Restora	tion Inc					
Street Address					Street Address	A-13-1-20-1-20-1-20-1-20-1-20-1-20-1-20-1					
50 Greenwood Road					47 Foster Ro	ad					
City, State, Zip Code					City, State, Zip C	ode					
Marlboro, NJ 07746					Staten Island						
Project Manager for Monitoring Firm		Teler	ohone I	No.	Telephone No.		License No.				
David Beesley		100000000000000000000000000000000000000		5-4520	718-605-6256	:	00774				
	cheduled Co				Name of OSHA N		00774				
07 / 27 / 15	07 /				Testor Tech	nomitor					
Occupancy Status During Abatement (C					Street Address						
<ul> <li>☐ Facility Closed/Vacated During Entire</li> <li>☐ Abatement Performed Outside of No</li> </ul>				oriba	10 59 Jackso	STATE OF THE STATE					
Time of Abatement:AM-5PM			5 - DC3	STIDE	City, State, Zip C						
					LIC NY 1110	1					
Scope of Work (Check all that apply)					⊠ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 If	⊠ Re	novatio	on		☐ Mini-En		4.10110004.0				
≥160 sf or ≥260 lf	☐ De	molitio	n			g Procedure	a Friabla Dragad				
	lo.	Locati	0.0		☐ Non-Exe	empted (*) and Nor	II-FIIADIE FIOCEO		-4	-4 T	
Location of	93390	Vormal			Description	of			ateme	355	
Asbestos-Containing Material (ACM		d Sole			stos Containing M	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	intena todial S		(i.e	., thermal systems		(Specify	Vou	air	aps	losu
IN Facility (13)	Ous	(12)	Julii.		surfacing, VAT other miscelland		SF or LF)	<u>n</u>		Encapsulate	Гe
(10)	Yes	No	N/A		other micronan	,				Ө	
Ground Floor		$\boxtimes$		Floor T	ile		300SF				
Name of Registered Waste Hauler		N	JDEP \	Vaste Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting		Н	auler II		Waste 5	IESI					
City, State					Disposal Date	City, State					
Newark, NJ					07/31/2015	Bethlehem	,PA				
Completed By (Print or Type)	Title				Signature			Date			
Ignatius Marraccino	Project	Man	ager		0-	To my	-	·7-	23	-1	5

ASB-41 MAY 11

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 15 Western Monmounth Utility Authority Agencies Notified Type Notification Street Address ⊠ EPA M Initial 50 Greenwood Avenue ☑ DOLWD ☐ Amended City, State, Zip Code IX DHSS Amendment # 07746 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation David Beesley FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Pump Station Street Address Other (i.e., private and commercial buildings, 50 Greenwood Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morlboro 400 45 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. TTI Environmental JVN Restoration Inc Street Address Street Address 50 Greenwood Road 47 Foster Road City, State, Zip Code City, State, Zip Code Marlboro, NJ 07746 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Beesley (973) 445-4520 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 27 / 15 07 / 25 / 16 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-5PM/ PM-5AM LIC NY 11101 Scope of Work (Check all that apply) ≥3 sf or ≥3 If ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure □ Renovation ≥160 sf or ≥260 lf Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or IN Facility SF or LF) (12)(13)other miscellaneous)

Encapsulate N/A Yes No Ground Floor X Floor Tile 300SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting IESI NJ-566 5 City, State Disposal Date City, State Newark, NJ 07/31/2015 Bethlehem, PA Completed By (Print or Type) Title Signature Date Ignatius Marraccino Project Manager ASB-41 **MAY 11** \* Do not use this form for asbestos licensure exempted activities.

EZCAPSDH Custodial Staff (12) AL Yes No N/A 300 sf Basement X VAT floor tiles Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. City, State City. State Disposal Date

5-25-15

-2c-15

Completed By (Print or Type)
Constantine Vivian

Montclair, NJ 07042

Title President Signature

Morrisville, PA 19067

4-28-15 6-30-15

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Beth Medrash Govoha 6-25-15 Type Notification Street Address Agencies Notified 617 Sixth Street [X] Initial [X ]EPA Notification City, State, Zip Code [ ]DEP Amended Lakewood, NJ, 08701 [X]DOL Notification Telephone Number Name of Contact [X] DOH [ ]EMERGENCY Beth Medrash Govoha [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Former Beth Medrash Govoha [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) 901 Madison Avenue Bldg. Age # of Floors Square Feet 70 County Code (7) 80,000 City (5 County (6) Essex (STATE USE ONLY) Current Use (Prior if being demolished) Ocean Lakewood school Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm hired by Building AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number for Monitoring Firm Project Manager 00371 N/A (973)744 - 8800Name of OSHA Monitor Sched. Completion Date (11) Date (10) Scheduled Star 2930 N/A 8 Day Year Month Month Day Occupancy Status During Abatement (Check only one) Street Address [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure 1Mini-Enclosure [ ]Renovation [ ]≥3 sf or ≥3 lf [ ]Glovebag Procedure [X ] Demolition [X ]>160 sf or >260 lf [ ]Non-Friable Procedure Abatement Type Is Location Description of Location of NCAPSUL NOHOND Normally Used Asbestos-Containing Amount Asbestos-Containing EMOV EPAI Material (ACM) (Specify Solely By Main Material (ACM) SF or (i.e., thermal systems TO BE ABATED tenance/ insulation, surfacing, VAT, LF) In Facility Custodial or other miscellaneous) R (13)Staff (12) E Yes No N/A 28,000 sf X Masonry Coating Exterior Facade X 800 sf Floor Tile & Mastic 1st Fl. Storage & Lunch Room X 75,000 sf Sheet Rock Joint Compound Basement, 1, 2, 3 & 4 X Plaster Floors Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards NJDEP Waste of Waste 4,500 Hauler ID No. G.R.O.W.S. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Morrisville, PA 19067 7/13/15 Montclair, NJ 07042 Date Signature Title Completed By (Print or Type) 6/25/15 President Constantine Vivian

State of New Jersey

CK 305729

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

122				
11/2	1.5	7 1	-121	
		1.7		. 3

Date of Notification (1) 7/27/2015			- 10		Building O			(2)	28	15 JU	1 28	AM	m.	,		
Agencies Notified	Type Notification			Street Ad	ddress ox 2090				A.5	ie s	īus i	2	it.	45		
EPA DEP DOL	Initial Amended Amendment		100	City, Stat	te, Zip Cod n, NJ 08		209		28, A.S.	<u>← l.</u>	CEN	S/FV(	in	ÜL		
DOH DCA	Emergency justification) Cancellation				Contact an King,	СНМ	M			Tele	ephone N	Numh	er	9		
				FACIL	LITY INFO	RMATI	ON									
Name of Facility Where Express Container		ng Place (3	)					present .	of Facility (4							
Street Address	Corp								School (K-12 Subchapter (		er than K	(-12)				
105 Avenue L, a.k.	a. 183-205 Ave	nue L						X C	Other (i.e. pr etc.)	ivate 8	& comme	ercial	build	lings,	home	es,
City (5)		475 A		****					e Feet	# 01	Floors	Marie Control		dg. A	ge	
Newark, NJ 07105	5		-		-			250		1			7	0	111	
County (6) Essex				County C (STATE L	Code (7) JSE ONLY)				nt Use (Prio ehouse	r if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name	of Abat	ement Cont	ractor	(9)			-		
ARCADIS US							Abso	cope E	Environme	ental,	Inc					
Street Address 6723 Tow Path Ro	ad, Box 66	2						Addres Selni	s ick Drive,	Suite	B B					
City, State, Zip Code							5 3 3 3 5 5 7 3 7	tate, Zi		_					-	
Syracuse, NY 132 Project Manager for Mor			Ī	Telephor	no No			dge, N	/ID 2107	)	License	a Na				
Coleman P. King, (	- NAMES NAMES -				70-7012			796-7			01194					
Start Date (10) 8/11/2015	1	Schedule 8/11/20		npletion [	Date (11)				IA Monitor Ilytical, In							1010-0-11-0-0
Occupancy Status Durin	a Abatement (Che	III.OM.II. INDIANOMIA						Addres					_			
				nent					130 Nort	h						
Abatement Perform	ned Outside of Norr	nal Facility	Hours	3					p Code	±1						
Other - Describe:							Cinn	amins	son, NJ 0	8077						
Scope of Work (Check A	All That Apply)	<b>—</b>		al e			г	٦	_			-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emolit	100				Min Glo	Containme i-Enclosure vebag Proc	edure	8					
		1						Nor	n-Exempted	(*) an	a Non-Fi	nable			ement	
Laggin	- of	82	Locati Normal	100		Do	scription	of							ре	
Location Asbestos-Containing	Material (ACM)		d Sole			os Cont	aining N	/laterial			mount				Ē	_
TO BE AB		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	todial S	N1947.000333 1	(i.e. t		system: cing, VA		tion,		Specify or LF)	ŀ	Remova	Repair	псар	nclo
(13)	33. <b>5</b>		(12)			other n	niscellar	neous)	1		- 25		oval	air	Encapsulate	Enclosure
		Yes	No	N/A			_								Ф	
Roo				X			Up Ro				00sq	-	Χ.			
Windo	DW .	ki d		Х		Wind	dow Ca	aulk			75lf		x			*2-
																-
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Lan	dfill	-			
Services Transport			H	lauler ID W2117	No.	of Was	ste	9	Minerva							
City, State New Castle, DE 19	720					Common and the common of	sal Date eeded		City, State Waynes		, ОН					
Completed by		Title		14			ignature	9	10		T	Date		-		
Eddie Waskiewicz		Proje	ect Ma	anager		1	de	16	U-	_	5	7/2	7/15	5		

CK 2270

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

									11.					
Date of Notification (1)	.7 / 1	15			77.		er/Operator (		\$ 20 15 J	UE.	23	* 1		
						ity i	Health	System	S			-47	心:	97
Agencies Notified  EPA	Type Notifica	ition			Address Woods	town	n Pond		3					
■ DOLWD	☐ Amended				tate, Zip C		INUau		× .					
■ DHSS	Amendme		_		m, NJ (		79							3
DCA	Emergend	cy (includin on) / H () (			of Contact				Telephone N	umhe	r		-	_
(NJAC 5:23-8)	☐ Cancellati	THE RESERVE AND ADDRESS OF THE PARTY OF THE	1 Cit		Jenkin						J			
					CILITY IN		MATION				9326			
Name of Facility Where A	Abatement is T	aking Plac	(3)	1710	, , , , , , , , , , , , , , , , , , ,		11/11/011	Type of Faci	lity (4)	1,77,78				
Salem Memorial								School (K						
Street Address					i				er 8 (Other than K ., private and com		al bu	ildina	c	
310 Woodstown	Road							homes, e		merci	ai Du	nung	۵,	
City (5)								Square Feet		12.77		lg. Ag	je	
Salem								100,000	4		30	)+		
County (6)				Coun	ty Code (7)	)(STAT	E USE ONLY)		(Prior if being dem	nolish	ed)			
Salem								Hospital						
Name of Monitoring Firm	20 M	ding Owner	(8)	ASCM	No.	1 100000		ent Contractor						
Quad Three Grou	up, Inc.							onse, Inc.	200					
Street Address							et Address							
72 Glenmaura N	ational Bo	ulevaro				- C. C. C. C. C.		logy Lane	9					
City, State, Zip Code	^					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip C							
Moosic, PA 1851			17.1.	-11	NI-		oort, PA	13032	Linnan No					_
Project Manager for Mon Jack Jenkins	itoring Firm			phone I	No. 2-5200	2000	phone No. 1-325-33	30	License No 01121	١.	60			
	10	Scheduled (					e of OSHA N		01121	+				
Start Date (10) 7 / 29 /				(IOH Da				e Group	Inc					
2			-				et Address	e Group	, 1110.			-		_
Occupancy Status During  Facility Closed/Vacate	7 /			ment				ıra Nation	al Boulevard	4				
Abatement Performed					cribe		State, Zip C		ai Douicvai	<u> </u>				_
Time of Abatement: 2	7:00 AM- 5:30	PM/	PM-		AM	200000000000000000000000000000000000000	osic, PA							
Scope of Work (Check al	I that apply)			10,95		1110	0010, 171	10010			-	_		_
633	i trut apprij								Negative Pressure	e				
≥3 sf or ≥3 lf     = >160 sf or >260 lf		_	enovati emolitio				■ Mini-End ■ Gloveba	dosure g Procedure						
			omona		995				Non-Friable Proce	edure				
			s Locat								Ab	ateme	ent T	ype
Location		n Us	Norma ed Sole		Asha		Description (	of aterial (ACM)	Amount		Re	Re	En	En
Asbestos-Containing TO BE ABA		" M	aintena	nce/		., ther	mal systems	insulation,	(Specify		Removal	Repair	caps	Enclosure
IN Facil	ity	Cu	stodial (12)	Staff?			ırfacing, VAT er miscellane		SF or LF)		a	911	Encapsulate	иге
(13)		Yes	No	N/A	1	Our	er miscenario	.003)					е	
Bariatric (	Office		$\Box$	x	The	erma	l System I	nsulation	50 LF		×	П	П	
Dariatio	Jilioc		17	x	1118	-	. Cyclom	. iodidi.o.i						П
		$-\frac{1}{2}$		1						+				
		⊔		x						-	×			屵
											Ш	Ш	Ш	Ш
Name of Registered Was			10000	JDEP \		Cubi	c Yards of		egistered Landfill	-LC:U				
Waste Manage	ement		0.130	W1724	J INU.				North Land	atill				
City, State						T < 1,000	osal Date	City, State	W - D 4					
Camden, New	Jersey					7/1	5	Morris	ville, PA					
Completed By (Print or T	ype)	Title					Signature	,0 , ,		Date				
Jessica Wolfe		Admii	nistra	ative	Supp	ort	C11	MAL	1	1/2	27/	15		

ASB-41 MAY 11

NO CK

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2) <sub>бват</sub>		-			
7/_2	0 / 1	5		Tov	vnship o	f Union Public S	chools /Job#	1505-4914 Che	ck #7	7304		
Agencies Notified T	ype Notification	1		Street	Address				-6		_	-
1 223	Initial			165	Perryvil	le Rd.						
	Amended				State, Zip 0		- E		J4			-
☑ DHSS	Amendment				on, NJ 0			lit is			*	
☑ DCA (NJAC 5:23-8)	Emergency ( justification)	including	1		of Contac		*	Telephone Numb	er D	<u> </u>		
	Cancellation				ninistrat	•		Telephone Numb	-	27.	12	, i
										=	- 1	-
Name of Facility Where Aba	tement is Taki	na Diaco	(2)	FA	JILII Y IN	IFORMATION	Type of Facility	(4)	- 1	-		
Union Township MS	iternent is Taki	ng Place	(3)				Type of Facility			$\odot$		
Street Address								(Other than K-12)		22		
670000111000 PMONU NIVOLVO							Other (i.e., pr	rivate and commerc	cial bu	ilding	js,	
165 Perryville Rd.							homes, etc.)		15		2	tie:
City (5)							Square Feet	# of Floors	BI	dg-A	ge	
Hampton				10	. 0 1 /=				-			
County (6)				Cour	ity Code (7	7)(STATE USE ONLY)		or if being demolish	ned)			
Union							School	- Edge at the				
Name of Monitoring Firm Hi	red by Building	Owner	(8)	ASCM	0.7070	Name of Abateme						
Langan Engineering				0009	99	AbateTech, II	nc.					
Street Address						Street Address						
619 River Drive Cente	r					30 Maple Ave						
City, State, Zip Code						City, State, Zip Co						
Elmwood Park, NJ 07			,			Lumberton, N	NJ 08048					
Project Manager for Monitor	ing Firm			phone		Telephone No.	8	License No.				
Vijay Patel				1-794		609-265-2107		00529				
Start Date (10)	20.20	eduled C				Name of OSHA M						
//		7 /		_ / -	15	EMSL Analyti	ical					
Occupancy Status During Al					W.	Street Address						
☐ Facility Closed/Vacated [						200 Route 13	0 North					
Abatement Performed Out						City, State, Zip Co	ode					
		101/			AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	at apply)					M Eull Cont	tainment with Neg	ativo Programs				
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Mini-Enc	losure	alive Plessure				
≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Glovebag	g Procedure					
		1 1-	1 1			☐ Non-Exe	mpted (*) and No	n-Friable Procedure				
Location of		100	Locat Norma			Description o			Ab	atem	ent T	_
Asbestos-Containing Ma	terial (ACM)		d Sole		Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABATE	D	550000	intena todial			., thermal systems i	insulation,	(Specify	Removal	pair	aps	dos
IN Facility (13)		Ous	(12)	Juli :		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
		Yes	No	N/A		- The second re-	040)				6	
Basement Boiler Room		$\boxtimes$			See atta	ached		See attached				
							**					
		П	П	П					П	П	П	П
Name of Registered Waste H	Hauler		_ N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1-	_	_	
AbateTech, Inc.			1000	auler II	No.	Waste	G.R.O.W.S.					
City, State				18750		40 Disposal Date	City, State					
Lumberton, NJ						7/29/15	Tullytown,	ΡΔ				
Completed By (Print or Type	) Tit	lo					i dilytowii,					
Gwendolyn Trumbetti		0.771.0	000	0040	note-	Signature	11	Dat	e   /) ()	116	,	
ASR-41		Operati	UIIS C	Joordi	пасог	1/1/1/1/1/	VVI	1/	W	11	<u></u>	

ASB-41 MAY 11

(K7420

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

Date of Notification (1)					Name	of Building	Owner/Operato	r (2)	)					
7 /	24 /	15							Job #1507-4934	1 Check #74	20			
Agencies Notified	Type Notifica		_		Street	Address								
⊠ EPA	☐ Initial	0011					od Avenue			-	18 JUL			
□ DOLWD	Amended			1		tate, Zip C					-	-		-
□ DHSS	Amendme	-				ewood, N				£.	1	=		
	☐ Emergeno justificatio		luding	1	The Contract	of Contact			[7	Telephone Nur	nber	<u>د</u> ې		
(140/10/0.20/0)	☐ Cancellati				Mic	hael Vori	s		100			9.		
					FAC	ILITY IN	FORMATION				1, 5			
Name of Facility Where	Abatement is T	aking	Place	(3)					Type of Facility (4)					
Georgian Court Un									☐ School (K-12)			. ?	350	
Street Address			-7-27-						Subchapter 8 (€ Other (i.e., privale)			uildine	10	
900 Lakewood Ave	enue								homes, etc.)	ate and commi	ercial b	ununi	, , , , , , , , , , , , , , , , , , ,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Lakewood										2		100+	•	
County (6)					Coun	ty Code (7	(STATE USE ONL	Y)	Current Use (Prior	if being demo	lished)			
Ocean									University					
Name of Monitoring Firm	Hired by Build	ling O	wner (	8)	ASCM	No.	Name of Abate	eme	nt Contractor (9)					
Pennoni Associate	es, Inc.						AbateTech	ı, In	ic.					
Street Address				- 2			Street Address							
515 Grove Street, S	Suite 1B						30 Maple A	\ve.	PO Box 25					
City, State, Zip Code							City, State, Zip	Co	de					
Haddon Heights, N	IJ 08035			10			Lumbertor	1, N	J 08048					
Project Manager for Mor	nitoring Firm		28	Tele	phone	No.	Telephone No.			License No.				
Ralph Coppola	t Manager for Monitoring Firm ph Coppola					-9174	609-265-21			00529				
Start Date (10)					tion Da		Name of OSH							
8 / 10 /		9	/	4	_ / -	15	EMSL Ana		cal					
Occupancy Status Durin	778						Street Address							
☐ Facility Closed/Vacat						auth a	200 Route							
Abatement Performer							City, State, Zip							
<u> </u>						SALIVA BALIVA	Cinnamins	son,	, NJ 08077				.,	
Scope of Work (Check a	ill that apply)						⊠ Full C	onta	ainment with Nega	tive Pressure				
≥3 sf or ≥3 lf			⊠ Re				☐ Mini-E	Encl	osure					
≥160 sf or ≥260 lf			∐ De	molitic	on				Procedure npted (*) and Non-	Friable Proced	lure			
			Is	Loca	ion						А	baten	nent T	уре
Location				Vorma			Description				Z	R	Ш	Ш
Asbestos-Containing TO BE AB		1)		d Sole			stos Containing ., thermal syster			Amount (Specify	Removal	Repair	ncap	nclo
IN Faci			Cus		Staff?	(1.0	surfacing, V	ΆΤ,	or	SF or LF)	val	_	Encapsulate	Enclosure
(13)		-		(12)	1 21/4	-	other miscella	anec	ous)				ate	
			Yes	No	N/A							1-		-
Boiler Room						Boiler I	nsulation from	m 2	Boilers	10'x5'x10'		ПП	Ш	Ш
				П			¥.				T	ПП	П	
Name of Registered Wa	ste Hauler		ш_		JDEP 1	Naste	Cubic Yards of	f	Name of Registe	ered Landfill		1-		
AbateTech, Inc.				167	lauler II	D No.	Waste	9)/	G.R.O.W.S.					
City, State					18750	)	18 Disposal Date		City, State					-
Lumberton, NJ							9/4/15		Tullytown, F	PA				
Completed By (Print or 1	Tyne)	Title		<u></u>			Signature	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date 1		1	9740
Gwendolyn Trumb	47.0) _ 69	1		ions	Coord	inator	(A/A	M	T		71	74	11	5
Swelldolyll Hullib	CLL		perat	10113	Jooru	mator	1	1	/		11	-	11	-

ASB-41 MAY 11

CK7419

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

Date of Notification (1) 7 / 23 /	15				ng Owner/Operator ( / Job #150		#7410 ENS 1	t ra			
						6-4917 Check	(#/419	45 55	3 1	10 10	
Agencies Notified			0.0000000000000000000000000000000000000	et Address E. Front			#7419 \$ J			I IL	: 3 <sub>{</sub>
<ul><li>☑ DOLWD</li><li>☑ Amende</li><li>☑ DHSS</li><li>Amende</li></ul>		5	City,	State, Zip	Code		<del></del>	1- 1		33	11
	ent#1	na	Tre	enton, NJ	J 08625						
(NJAC 5:23-8) justificat		.9	Name	e of Contac	ct		Telephone Nun	nber			
☐ Cancella	ition		Ad	lministrat	tion		600 04				
			FA	CILITY IN	NFORMATION		1010-0010	***************************************			
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility	(4)				
Vineland HS South						School (K-12		-:			
Street Address							8 (Other than K-12 rivate and comme		uilding	as	
2880 East Chestnut Ave.						homes, etc.)		210101 21	ananış	90,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Vineland											
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Cumberland						School					
Name of Monitoring Firm Hired by Bui	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
Pennoni					AbateTech, I	nc.					
					Street Address				18		
	=6				30 Maple Ave	. PO Box 25					
Street Address  515 Grove Street Suite 1B  City, State, Zip Code Haddon Heights, NJ 08035  Project Manager for Monitoring Firm Alan Lloyd  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  Telephone No. Telephone No. 856-547-0505  609-265-2107  O0529											
						IJ 08048					
		20000	u. Vilkana u saman		1 Florida Maria Caracteria de						
		1					00529	-111.17			
Start Date (10)7 /6 /15				ate (11) 15	Name of OSHA M  EMSL Analyti						
Occupancy Status During Abatement					Street Address						
☐ Facility Closed/Vacated During Ent	6 450	200	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of N				scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PM		_AM	Cinnaminson						
Scope of Work (Check all that apply)					Cililaninison	, 145 00077					
□ >3 sf or >3 lf		enovat			/ 🛛 Mini-Encl		gative Pressure				
≥160 sf or ≥260 lf	□ 0	emoliti	on			Procedure npted (*) and No	n-Friable Procedu	ıre			
		s Loca					t5	Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM		Norma		Acho	Description of estos Containing Mat		A	Re	Re	ш	四四
TO BE ABATED	Ma	aintena	ince/		e., thermal systems i		Amount (Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	Cus	todial (12)	Staff?		surfacing, VAT,		SF or LF)	Val		Encapsulate	sure
(13)	Yes	No	N/A		other miscellaned	ous)				te	
Throughout School				Floor ti	le		3,343 SF				
Boiler Room	$\boxtimes$			Boiler F	Fire Box		12 SF				
Guidance Office				Pipe Ins	sulation		6 LF			F	
								-			
Name of Registered Waste Hauler		N	JDEP I	Waste	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.		Н	lauler II		Waste	G.R.O.W.S					
City, State			18750	J	40 Disposal Date	City, State					
Lumberton, NJ					8/31/15	Tullytown,	PA				
											-
Completed By (Print or Tyne)	I III A				Signatura			ate			
Completed By (Print or Type)  Gwendolyn Trumbetti	Title Operat	ions (	Coordi	inator	Signature M	it	, Da	ate 712	13/	15	

ax 00 6072

D&S Proj. #: 2015-258

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

				10 . (0)					6	O 14	it i.	^	
Date of Notification (1) 0   7   / 2   1   /   1   5				r/Operator (2)				4545		<del>4 44</del>	ng.	3	
			ALPERT	`				عر		1 1 1	-		
Agencies Notified Type Notification		et Addres								HitG	Ų	L	
DEP Amended				TERRACE									
Amendment #:	City,	State, Zi	p Code										
Emergency			NGE, NJ	07079				TT-1	a Nicomba				
DOH (including justification)	Name	e of Cont	act					Telephon	e Numbe	er			
☐ DCA ☐ Cancellation	D	AVID I	HALPER	Т									
0			FACII	LITY INFORMA	ATION								
Name of facility where abatement is	s taking place	(3)					П	Type of Facility (					
DAVID HALPERT								=	ol (K - 12 apter 8 (		an K-	12)	
Street Address							۱ ۱	Other	(Private/	Commer			
*** **** **** **** **** **** ***	-								/Homes, # of Floo		Blo	lg. Ag	70
221 KINGSLAND TERRACI		(6)			Cour	t. Codo (7)	- 1	Square Feet	# 01 1100	ors	Dic	ig. As	,0
City (5)	County	(0)				ity Code (7) e use only)	11	Current Use (P	rior if hei	ing demo	olishe	d)	
SO. ORANGE	ESSE	X			1			Julion 000 (I		3 30			
Name of Monitoring Firm Hired by B				ASCM No.	П	Name of Abatem	ent C	ontractor (9)					
						D & S RESTO	ORA	TION, INC.					
Street Address						Street Address			Ž.				
						20 California	ı Ave	e					
City, State, Zip Code						City, State, Zip Co	ode						
-						Paterson, NJ		03					
Project Manager for Monitoring Firm		Pho	one Numb	er		Telephone Numb				e Numb	er		
						973-345-80				01169			
Start Date (10)	Sched. C	ompletio	n Date (11	)		Name of OSHA N D & S Resto							
07/23/15	07/31/1	5			-    -	Street Address	Tatio	n, me.					
Occupancy Status During Abatemer						20 California	Ave	enue					
Facility closed/vacated during	entire period	of abater	ment.			City, State, Zip Co							
Abatement performed outside Describe:		ility hour	s-										
Other-Describe: NORMAL H	IOURS				=11	Paterson, NJ	J 075	503					
Scope of Work (check all that apply							F	ull Containment	w/negativ	ve press	ure		
	Renovation						Second 1	Mini-enclosure					
≥160 sf or ≥260 lf	Demolition							Blovebag procedu Non-Exempted (*		n-friable	proc	edure	à
Location of	Is location n			/				1		R	R	Е	E
asbestos-containing	by maintena staff(12)	ince/cust	odial	Descripti	on of as	sbestos-containin	g	Amount	CE	e m	e p	n	n
material (acm) to be abated in facility (13)			Τ	material	(ACM)			(Specify LF)	SF OF	0	a	а	C
abated in facility (10)	Yes	No	N/A					*****		е	r	р	
BASEMENT BOILER RM		X		PIPE INSU	ЛАТІ	ON		24 1 ft					
BASEMENT FAMILY RM		X		PIPE INSU	ILATI	ON		44 L FT				Ш	14
BASEMENT STORAGE RM		X		PIPE INSU	-			14 L FT			닏	닏	14
BASEMENT RM BY STAIR		X		PIPE INSU				61 ft			ᆜ	닏	부
BASEMENT CHIMNEY		X		chimney th			-	4 SQ FT			Ш	Ш	1
Registered Waste Hauler D & S RESTORATION, INC.		Hauler I 5	TENTO 1	cubic Yards of 2 yds.	waste	Name of Regist TULLYTOV	ered VN, l	Landfill RESOURCE R	ECOVI	ERY			
City, State			Disposal D	The second liverage and the se	The second second	City, State							
PATERSON, NJ 07503			07/24/1			TULLYTO	WN,	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT	100	Signature					Date 07/2	21/15			
ACD 41			for asbest	os licensure ex	xempte	d activities.							

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

, , , , , , , , , , , , , , , , , , ,	, -1	N	IOTII		TION		BEST	TOS ABAT 60 and 5:16		49	700			
Date of Notification (1)	21 / _	15	_			of Building	Own	er/Operator (2	2)	2015 JU	IL 28	<i>t</i> ,		
Agencies Notified  EPA	Type Notifica				61 5	Address Sunnyhill		d		* #3E		-17	10:	ŝĻ
☑ DOLWD ☑ DHSS	Amended Amendme	ent # <u>2</u>	1 221			tate, Zip C er, NJ 07				11	r	iki,	Ai O	2
DCA (NJAC 5:23-8)	☐ Emergence justificatio	n)	uding		Name	of Contact	2892 E			Telephone Num	ber			
						ILITY IN	FOR	MATION				-		
Name of Facility Where A Skytop Motel Street Address 456 US-46	Abatement is T	aking F	Place	(3)					Other (i.e., pr homes, etc.)	Other than K-12		ilding	s,	
City (5)									Square Feet	# of Floors		dg. Ag	je	
Dover, NJ 07801									15,000	1		59		
County (6) Morris					Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Prio Motel	or if being demoli	shed)			
Name of Monitoring Firm	Hired by Build	ling Ow	vner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)				// · · · · · · · · · · · · · · · · · ·	
The Resident Engi	neering Insp	ectior	n, Inc	.	NA	(	Α	Iliance Envi	ronmental Sys	tems				
Street Address								et Address	21					
18 Kathy Street							100,22	50 East Uni						
City, State, Zip Code Kendall Park, NJ 0	8824							, State, Zip Co lest Cheste	r, PA 19382					
Project Manager for Mor		-		Tele	phone l	No.		phone No.		License No.				
Badar Usmani				73	2-422	7228	61	10-701-9000		00508				
Start Date (10)7 /13 /	500000				tion Da	AND STREET		ne of OSHA M ET	lonitor					
Occupancy Status Durin  Facility Closed/Vacat  Abatement Performer  Time of Abatement:	ed During Entir d Outside of No	e Perio	od of A	Abater Hour	s - Des	cribe	28 City	et Address  B N. Pennel , State, Zip Colledia, PA 19	ode					
Scope of Work (Check a	ll that apply)							N= 10	1 2d N					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	☐ Rei ☑ Dei					☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		ure			
				Locat							Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM ATED lity		Use Ma	lorma d Sole intena odial (12)	ly by		., the	Description of Containing Marmal systems urfacing, VAT ner miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Motel						VAT/Ma	stic			8000 SF				
Motel						AC Unit	t Cau	ulk		250 LF				
Motel					$\boxtimes$	Flashin	g			776 SF				
Restaurant					$\boxtimes$	VAT/Ma	stic			2719 SF				
Name of Registered Wa				1.00	IJDEP I		Wa		Name of Regis	tered Landfill nterprises, LL0	5			
City, State Rahway, NJ							7.510.500.00	posal Date BD	City, State Minerva, C	Н				
Completed By (Print or Mark Griffin	Гуре)	Title Es	stima	tor				Signature	THE		7-2	2/-	15	5

ASB-41 MAY 11

TO SE ABATED  W Facility  YES NO N/A  Restaurant  Restaurant  D Door Caulk  Restaurant  D D X Reshing  D X	Amount 55 SF 12 LF 13 LF 15 2 SF	Removal X X X X	Encapsulate 🔲 🗀	Enclosure 🔲
Restaurant  Restaurant  Door Caulk  Restaurant  D X Reshing  D X	13 LF	X C	The state of the s	
restaurant III X X III X X X X X X X X X X X X X		XI		
restaurant DDX Pashing S	33. SF			
		図口	Tour	de de la constante de la const
		MI		
		IXID		
		X		
		X		
		MI		
		X  C		
		図口		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		$\square$		
		X		

Page 2 - Notification - 1/4/13

(K 24500

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

CK 24.	700	NOTIF				ESTOS ABAT		7-5	7.6					
Date of Notification (1) 07 /	23 / 1	5				Owner/Operator (2 Health Resort (		2015 e page 2 for add	d. mat	eria	is)			
Agencies Notified  EPA	Type Notification	n			Diamond	Spring Road	5.	21/12/	CH .	7:5	3			
☑ DOLWD ☑ DHSS	Amended Amendment				ate, Zip Co ville, NJ (			-10 E M. S	NG	101				
DCA (NJAC 5:23-8)	☐ Emergency ( justification) ☐ Cancellation			Alexander and	of Contact stopher	Malvor		Telephone Number	er					
	Caricellation					FORMATION			_					
Name of Facility Where	Abatement is Taki	ing Place	(3)				Type of Facility (							
Saint Francis Healt	th Resort							(Other than K-12)						
Street Address 122 Diamond Sprir	ng Road						Other (i.e., pr homes, etc.)	i.e., private and commercial buildings						
City (5)	ig itoau						Square Feet	# of Floors	Bld	g. Ag	е	$\neg$		
Denville							50000	1		940				
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ned)					
Morris		- /	o) T	100111	1-	Name of Abotom	Retirement Apartments							
Name of Monitoring Firm Environmental Hea	Language and 1970 and 1988	72 2	5)	ASCM N 2973	W000		nent Contractor (9) patement Inc							
Street Address	aitti ilivestigati	OHS		2313		Street Address	Silver in Control of the Control of							
655 West Shore Tr	ail.					2 Henderson	Drive							
City, State, Zip Code	<u>,</u>					City, State, Zip Co	ode							
Sparta, NJ 07871						West Caldwe	ell, NJ 07006							
Project Manager for Mor	nitoring Firm		Tele	phone N	No.	Telephone No.		License No.						
Bill Kerbel			1	73)610		(973) 808-161		00411						
Start Date (10) 08 / 03 /			22	etion Date (11) Name of OSHA Monitor  2 /15 Superior Abatement Inc										
Occupancy Status Durin	ng Abatement (Ch	eck only o	ne)	THE REAL PROPERTY.		Street Address								
☐ Facility Closed/Vaca	ted During Entire	Period of	Abate	tement 2 Henderson Drive										
☐ Abatement Performe Time of Abatement:														
Scope of Work (Check a	all that apply)			West Caldwell, NJ 07006   ⊠ Full Containment with Negative Pressure										
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Re □ De	novat molitic				Enclosure ebag Procedure Exempted (*) and Non-Friable Procedure							
		10.00	Loca						Ab	atem	ent T	уре		
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) BATED ility	Use Ma	intena	ely by ance/ Staff?		Description estos Containing Manager, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A	NV 11 0	O - 111 Dit		4,000 SF		П				
Apartments East Er					Linoleu	Ceiling Plaster		110 SF				H		
Old Kichenette-Wes						am a Mastic		200 SF		П				
Old Kichenette-Wes					Floor T			40 SF						
Shower Rom Apt 37 Name of Registered Wa	(1675)		17.78	NJDEP '		Cubic Yards of	Name of Regi	stered Landfill		_	_			
Service Transport			1/20	Hauler II	D No.	Waste 30	Minerva L							
City, State		9				Disposal Date 8/12/15	City, State Waynesbu	urgh, OH						
New Castle, DE					25	Signature	/		ate	/	1			
Completed By (Print or Nick Petrovski	туре)	Title Presid	ent			Mark	1 Ph	6	7/3	23/	15			
100 44						0//600			/					

MAY 11

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

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)												11				
Date of Notification (1)  07 /	23 / _	15						er/Operator (2 alth Resort	(Page 2	of 2)	L 28	11.	2 1 1 W <sub>2</sub> 1	4		
Agencies Notified  ⊠ EPA  ⊠ DOLWD	Type Notificat Initial Amended	ion				Address	o Code ** ** ** ** ** ** ** ** ** ** ** ** **									
☑ DHSS □ DCA (NJAC 5:23-8)	Amendme  Emergence justificatio	y (includi n)	ng		-	of Contact				Telephone Nu	umber	NG.	W.			
	☐ Cancellation	on	_		FAC	ILITY IN	FORI	MATION								
Name of Facility Where A	Abatement is Ta	aking Pla	ce (	3)						-12) er 8 (Other than K-12) , private and commercial buildings,						
City (5)									Square Feet	# of Floors	Floors Bldg. A					
County (6)					Coun	ty Code (7)		(STATE USE ONLY) Current Use (Prior if being demolished)								
Name of Monitoring Firm	Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement C															
Street Address								et Address								
City, State, Zip Code				City,	, State, Zip Co	ode										
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Tele	phone No.		License No.						
Start Date (10)		cheduled					Nam	ne of OSHA N	lonitor							
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	ed During Entir	e Period rmal Fac	of A	bater Hour	s - Des	cribe		et Address , State, Zip Co	ode							
Scope of Work (Check a	ll that apply)							☐ Full Cont	tainment with Ne	gative Pressure	)					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				ovati				☐ Mini-End								
Location	of			_ocat				Description of	of		-		nent T	T		
Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM ATED	, c	Mair	ntena	ely by nce/ Staff?		., ther	Containing Ma	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure		
3 Restrooms-North \	Ving (Rm37)		-			Linoleu	ım			150 SF	×					
Building Exterior				$\boxtimes$		Windov	v Cai	ulk		210 LF	×					
Name of Registered Was	ste Hauler			10.7	JDEP \ auler  [		Cub Was	ic Yards of ste		stered Landfill						
City, State							Disp	oosal Date	City, State							
Completed By (Print or Type) Title						Signature					Date					

ASB-41 MAY 11

(K 3453

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

Date of Notification (1)			Name of Building Owner/Operator (2)												
07/23/15	<u> </u>			New	Newton Board of Education Street Address 57 Trinity Street										
Agencies Notified	Type Notification	1			Address					CE 15 1	<u>JL 26</u>	2.20	7.		
EPA EPA	Initial Amended			57 Tr	inity Stree	t				ž.		+1		ा ५	
DEP X DOL		4 27	[		tate, Zip Code						10.		i i D	ri i	
_	Amendment Emergency		_		on, NJ 078	360				3. (	JOEP	4.77A		J-L	
X DOH X DCA	justification	)			of Contact				Te	elephone I				A. 17.1-7. =	
N 200	Cancellation	n			a Snyder										
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FAC	ILITY INFOR	RMATIO	)N	Type of Facility	(4)						
Halsted Street Sch	ool		,				1								
Street Address							-	Subchapter 8 (Other than K-12)							
59 Halsted Street								Other (i.e. private & commercial buildings, I					, hom	es,	
City (5)							-	etc.) Square Feet	# 0		Bldg. Age				
Newton								50000	4	1110015		31ug. 7 70	-ge		
County (6)					Code (7)		-	Current Use (Prior if being demolished)							
Sussex		2,000	- 1	(STATE	USE ONLY)		-	School		3	/				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC				of Abatement Co					-		
R.K. Occupational8 Street Address	Environmental	Analysi	s, inc	0090	)		Bako	Construction	& Re	storation	n, Inc.				
401 St. James Aver	2110							Address							
City, State, Zip Code	iue						265 Route 46 Ste. 3D City, State, Zip Code								
Phillipsburg, NJ 088	865					1	Mary and the same of								
Project Manager for Mon			-	Talanha	no Me			va, NJ 07512							
Patrick McGuinness			- 1	Telepho	54 6316			one No. 56 7010		License 00666	No.				
Start Date (10)		Schedule	t		Date (11)			f OSHA Monitor		00000					
08/11/15		08/15/1		picuon	Date (11)			Construction		storation	. Inc.				
Occupancy Status During	Abatement (Chec	k Only On	ie)					ddress			,				
X Facility Closed/Vaca	ited During Entire I	Period of A	hatem	ent			265 R	loute 46 Ste.	3D					1	
Abatement Performe	ed Outside of Nom	nal Facility	Hours			1	City, Sta	State, Zip Code							
Other - Describe: _							Totov	towa, NJ 07512							
Scope of Work (Check Al	That Apply)							[com]							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ELEPHONE I	enova	tion			×	Full Containment with Negative Pressure							
2160 sf or ≥260 lf			emoliti	on			Mini-Enclosure Glovebag Procedure								
							Non-Exempted (*) and Non-Friable Proce					cedur	е		
		Is	Locati	on								ement rpe	-		
Location	(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		iormali d Sole				escription of					1			
Asbestos-Containing TO BE ABA		Mai	intenar	nce/	Asbestos	Contair	ning Ma vstems	aterial (ACM) insulation,	10.0	mount Specify	R	77	Enc	四	
In Facili		Cust	odial S (12)	staff?		surfacin	ng, VAT	, or		or LF)	Removal	Repair	apsı	Enclosure	
(13)			(12)		0	ther mis	scellane	eous)			Val	=	Encapsulate	ure	
		Yes	No	N/A	10.10										
Boiler Ro	oom	x			Large He	at Exc	hange	er Insulation	6	5 SF	X				
Boiler Ro	oom	X				Pipe Ir	nsulat	ion	2	0 LF	X				
Boiler Ro		X			Pipe	e Fittin	na Insi	ulation	7	O LF	X				
Doller 170	JOH	+^+		-	, , -		.5								
N (Desistered Was							ards	Name of	Registe	ered Land	fill				
Name of Registered Was	JDEP V auler ID	No.	of Waste		G.R.O	1784									
Bako Construction &	to Construction & Restoration, Inc. 20889					rBD	10-7								
City, State						Disposal FBD	I Date	City, Sta		РΑ					
Totowa, NJ							BD Morissville, PA Date								
Completed by		Title	of M	nanar	•	oig	mature	Kazas	Ko	1	07/23/	15			
Goran Kojic		Project Manager						7 con 40 1 01120110							

NOCK

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

Date of Notification (1)		Name of Building Owner/Operator (2) Delbarton School Street Address 220 Manufacture Panel											
7/22/15 & 7/24/1	5		Delba	rton School		~ 2675 JU	20						
Agencies Notified Type Notif	ication		Street A 230 M	ddress Iendham Ro	ad	A367 .		AH 7:	57	- 1/			
DEP Amer	nded ndment #	_		ate, Zip Code stown, NJ C	7960	& 1.1	CFN	AJA.	JL				
□ DOH justifi	gency (including cation) ellation		Name o	f Contact				lephone					
				LITY INFORM	IATION								
Name of Facility Where Abatement is Abbey Complex & Old Main I		3)			***************************************	Type of Facility (4)							
Street Address 230 Mendham Road						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
City (5) Morristown						etc.) Square Feet		f Floors	Bldg. Age				
County (6) Morris				Code (7) USE ONLY)		Current Use (F	Prior if be	ing demo	olished)				
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCN	M No.	Name	ne of Abatement Contractor (9)							
Street Address						S Environmental Services, LLC							
					PO	Box 483, 4 E Gate Drive							
City, State, Zip Code					City, S Gler	State, Zip Code wood, NJ 07	7418						
Project Manager for Monitoring Firm			Telepho	ne No.	250000000000000000000000000000000000000	none No. 764-2276		Licens 703	e No.				
Start Date (10) 8/12/15	Schedul 2/1/16	ed Con	npletion	Date.(11)	Name	of OSHA Monito	or						
Occupancy Status During Abatemen	t (Check Only Or	ne)			Street	Address							
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of A of Normal Facility	Abaten	nent		City, S	State, Zip Code							
Scope of Work (Check All That Apply	/)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit	25,715.W			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Is	Locati	on			Non-Exempted (*) and Non-Friable Pro				rocedure Abatement			
-Location of	1722	lormal d Sole			Description	of				T	уре		
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	intenar odial S (12)	rce/	(i.e. ther	Containing N mal system urfacing, VA er miscellar		(8	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		2				-		हि	(D	
Abbey Complex Old Pump R	loom		X	р	ipe insula	tion		4 LF	'	x			
Basement, Rooms 301, 304, 30	5,306		X		wall plast	er	2	70 SF	٦.	X			
Attic			X	wall	& ceiling	plaster	50	00 SF		Х			
Name of Registered Waste Hauler	553	JDEP W auler ID	0. 55.8	bic Yards Waste	Name o	f Registe	ered Land	III)					
City, State				. Di	sposal Date	City, St.	ate						
Completed by	Title	95 200			Signature	nature Date							
A. Scott Higgins	dent/	Owner		7/24/15					.5				

NO CK

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

Check # 9935

									OHOO	11 00	,00				
Date of Notification (1)	July 24, 2015 July 9, 2015			of Building King Roa	Owner / Oper d LLC			4 -	-1						
	Type Notification		Street Address  2616 JUL 28 4.4 7: 45												
	,		PERMITS SEE			-610	JUL 28	1.8 7.	: -						
EPA			260 Fra	anklin Stre	et, Suite 620	1			43						
DEP				Control of the contro		*	0.0								
DOL	Initial		City, St	tate & Zip (	Code	Ć.	LiCia		UL.						
⊠рон	Amended Amendmen	nt # 1	Bostor	n, MA 021	10	\$ 3 &									
DCA	Cancellatio		Name o	of Contact					Te	lephon	e Nu	nber			
											_				
		. 5/ /5:	FAC	SILITY IN	FORMATI										
Name of Facility Where Spectra Laboratories	e Abatement is Tak	ing Place (3)				Facility (4) chool (K-12)									
Street Address						ubchapter 8 (O	ther than I	K-12)							
East Building - 8 King	g Road					ther (i.e., priv			buildings	s. hon	ne. e	c.)			
	9				Square	The state of the s	# of Floo	100000000000000000000000000000000000000		g. Age		,			
City (5)						200,000		2		55-	70				
Rockleigh					Current	Use (Prior if b	peing demo	olished)							
					Medica	al Laboratorie	s	134							
County (6) Bergen		County Cod USE ONLY													
Name of Monitoring Fir	m Hired by Building			ASCM N											
Arcadis U.S., Inc.						Synatech, Inc. Street Address									
35 Columbia Road						dio Road									
City, State & Zip Code		*				ate & Zip Code	е								
Branchburg, NJ 0887					gg Harbor, N.	J 08087									
Project Manager for Mo Alex Hernandez	onitoring Firm	elephone N 8-526-100		Telepho 609-29	one Number 6-6916		Lic	ense Num	ber 0081	7					
Scheduled Start Date (		duled Complet			Name o	of OSHA Monit	tor								
July 20, 201			st 30, 201	5	_	ch, Inc.									
Occupancy Status Duri	ing Abatement (Che ed During Entire Pe		ent			Address dio Road									
Abatement Pe	erformed Outside of	Normal Hour	S		City, St	ate & Zip Code	е								
Other - Descr	ibe: Abatement in	Unoccupied	Construct	tion Area	Little E	gg Harbor, N.	J 08087								
Facility Occup	ied During Abatem	ent													
Scope of Work (Check	all that apply)								-						
	11.37					☐ Full Co	ntainment	with Nega	ative Press	ure					
≥3 sf or ≥ 3 lf		$\bowtie$	Renovation	on				with Hoge	11110111000	,010					
≥160 sf or ≥260	If	一	Demolitio			<ul><li>✓ Mini-Enclosure</li><li>✓ Glovebag Procedure</li></ul>									
		_					xempted(*		-Friahle Pr	ncedu	re				
Loca	tion of	Is Location	Normally Us	ed Solely by		Description of	Acriptou(	, una reon	THUDICT		atem	ent T	vpe		
	ning Material (ACM) ABATED	Maintenan	ce or Custodia	al Staff? (12)		estos-Containing Material (ACM)		Amount (Sp	ecify SF or LF						
IN F	acility			i	(i.e.	, thermal systems	-			Z.		ū			
(	13)	Yes	No	N/A		tion, surfacing, VAT her miscellaneous)				Removal	æ	Encapsulate	E		
										¥a	Repair	sula	Enclosure		
				- 1			=				7	i fe	G		
Construction Area – 1st	Floor			Х	Cov	e Base Mastic		20	SF	X		_	$\vdash$		
Construction Area – La	1,0100,7010			X	A.T. (179.5)	Fitting Insulation			) LF	X					
Boiler Room	vatorios			X		Door Insulation			SF	X					
MER 5			Х	Tra	ansite Panels	VC204	65	0 SF	Х						
Name of Registered W	aste Hauler	NJDEP	Waste		ards of Waste		of Registe		000000	0.000			-		
		Hauler I					(E%)		-						
Synatech, Inc.		#27429		15			s Landfill								
City, State		Disposal													
Little Egg Harbor, NJ Completed By	08087			Septemb	per 1, 2015	Worris		ate lub	24 2015			-			
Diane Aloia		istrator	Oignatur	Vane (1)	Date July 24, 2015 July 9, 2015										

NOCK

#### State of New Jersey

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

											Ch	ock#	777	7	_		
Date of Notification (1)	7/25/15			f Building clair Sta			perator (2) versity	dir s-	ad 7:4.			25-550)					
Agencies Notified	Type of Notificat	3763		ddress						50	247.				_		
[] EPA	2021 50002 0	CHANGE TO SERVICE	ne N	Vormal	Ave	enue	Э		£ <sup>®</sup>		17 17 6	5					
[] DEP	[] Initial								ju.			•••					
CONNECT CONTENTS	Notification [] Emergency	С	ity, Sta	ate, Zip C	ode					416	n						
[X] DOL	[x] Amended	L	ppe	r Monto	clair,	, N.	J 07043				-1						
[X] DOH	Notification																
[] DCA	[] O			f Contact					Tele	ohone Nun	nber						
• •	[] Cancellation	1   A	my F	erdina	and						*						
				i	FACIL	ITY	INFORMATION										
Name of Facility Where	e Abatement is Ta	king Pla	ce (3)					Т	Type of Facility (4)						_		
Life Hall, Montcla									School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings,								
Street Address								-	Other (i.e.	private and	commercial	buildir	gs,				
1 Normal Avenue	۵								homes, etc.)								
1 Normal Avenue	<b>C</b>							-	Square Feet # of Floors Bldg.						7		
City (5)		County	(6)		T	Coun	ty Code (7)		80000	~ 5							
Upper Montclair		Esse	100 00				TE USE ONLY)	(	Current Use (Prior if being demolished)								
								educational						100			
Name of Monitoring Fir	, 원이 그 이 이 집에 하면 하는 그리아 없는데	ng Owne	등 (1988년) 1														
Whitman Compa	inies, Inc.		(	00110		1 1		Jup	oiter Environm	iental S	ervices, Ir	C.					
Street Address										_		_					
									3 Changebride	ge Road	d, Suite 10	0					
City, State, Zip Code	City, State, Zip Code Cranford, NJ 08512							City, State, Zip Code									
	\$100 March 100 M								ne Brook, NJ	1/058							
	사는 이 가장 두 개인이 가장 하는 것이 가장 하는데								0 575 0700		License N			- 0			
	Levin Lovely732-390-5Cheduled Start Date (10)Sched. Completion Date								3-575-8700			U	085	)2			
Scheduled Start Date ( 3/30/15	-	1911/1	100			Name of OSHA		nitor & S Environme	ental La	boratories	, LL(	2					
	Occupancy Status During Abatement (Chec					1 [	Street Address	222	33 Route 22 V	M							
			ormal Facility Hours –							V					_		
Descr		con	City, State, Zi							2							
[x] Other - Desci	ribe: partially vaca	nt							Union, NJ 07083								
Scope of Work (Check	all that apply)								736452 propries	35-007 D	Attentionated 1000	dina:					
II Damaiiian				rv1	D		ranan				with Negative	Press	ure				
[] Demolition [] ≥3 sf or ≥3 lf				[X]	Ken	ovati	on		11. * 11. *	Enclosure ag Proced	ure						
[x] ≥160 sf or ≥26	60 If									Friable Pro							
		l le	Locat	ion								Ab	ate	nen	ıt.		
			mally				Descr	cripti	ion of			Ту			ă 		
Location			Solely				Asbestos				Amount	R	R		E		
Asbestos – Co Material (A			tenano al Staf	ce/Cus			Materi (i.e., therr				(Specify SF or LF)	E M	E P	C	N		
TO BE AB	5(4)(1)(4)(2)(1,5)(1)	loui	ai Otai	1 (12)			insulation, s				Si Oi Li)	0	A	A	L		
In Facil							or other m					V	1	Р	0		
(13)		Yes	No	N/A								A	R	S	S		
\/!	L	-	- V		) / A T	-				_	14000 SF	X		U	U		
Various areas – in p Various Areas – in p		-	X		VAT						1200 LF	X			-		
various Areas – III p	niases	-	^		101			_			1200 LF						
		-	-									-			_		
Name of Desistered M	lasta I lavilas	LN	IDED !	\/	- 1	O., L	:- V	- 1	Name of Desistan	al Landfill					_		
Name of Registered W	IDEP \		- 4		ic Yards Vaste		Name of Registere Minerva Land										
Jupiter Environmental Services Hauler ID No. 04782							60		WIII ICI VA LAITO	11111			10				
City, State						Disp	osal Date		City, State	V.50-507 at					-		
Pine Brook, NJ							30/15 +		Waynesburg,	OH							
Completed By (Print or Type) Title						Signature	/			Date	- 6						
Pane Repic General Manager						1/	_			7/25/	15						
100.44																	
ASB-41						/											

<u>Note:</u> Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via "wrap & cut" method and some 9000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other phases.

<u>5/21/15</u>, <u>Amendment #1:</u> Phase 2 has been scheduled, with a starting date of 5/26/15 and anticipated completion on/about 6/5/15. Some 700SF of VAT is scheduled for removal.

<u>6/12/15</u>, <u>Amendment #2</u>: Phase 3 has been scheduled, with a starting date of 6/17/15 and anticipated completion 6/22/15. Some 600 SF of VAT is scheduled for removal from office areas.

<u>7/25/15, Amendment #3:</u> Phase 4 has been scheduled, with a starting date of 8/3/15 and anticipated completion 8/10/15. Some 1300 SF of VAT is scheduled for removal from Room 053 and Second floor corridor at Stairs.

NO CK

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

Date of Notification (1)  Agencies Notified / Type Notification
Agencies Notification    EPA
DEP Amendment # Amendment # Emergency (including Justification)  DOH DCA
DEP DOL Amended Amendment # Emergency (Including Justification) DOH Justification) DOH Justification   Name of Facility Where Abatement is Taking Place (3)  Name of Facility Where Abatement is Taking Place (3)  Street Address  City (5) County (6) County (7) County (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City (5)  Street Address  City (5)  Street Address  County Code (7) County C
DOH   Districtation   Distri
DCA     Cancellation   Jeff Juy From
Name of Facility Where Abatement is Taking Place (3)    Name of Facility Where Abatement is Taking Place (3)   Name of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc.)   Square Feet
Street Address  Street Address  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.)  City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  City, State, Zip Code
City (5) County (6) County (6) County (6) County (7) (STATE USE ONLY)  Street Address City State, Zip Code City State, Zip Code City State, Zip Code City State, Zip Code County Code (7) City State, Zip Code City, State, Zip Code City, State, Zip Code
County (6)  County Code (7)  (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  OUST Code  City, State, Zip Code  City, State, Zip Code  City State, Zip Code  Street Address  Coupletion Date (11)  Name of OSHA Monitor  Cocupation State Completion Date (11)  Name of OSHA Monitor  City, State, Zip Code
County (6)  County Code (7)  (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City State, Zip Code
Street Address  O. Street Address  O. Street Address  City. State, Zip Code
City State, Zip Code  City, State, Zip Code
City State, Zip Code  AATA  Project Manager for Monitoring/Firm  Telephone No.  Start Date (10)  Scheduled Completion Date (11)  Occupatory Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  City, State, Zip Code
Project Manager for Monitoring/Firm  Telephone No.  Start Date (10)  Scheduled Completion Date (11)  Occupaticy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  City, State, Zip Code
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor  Occupaticy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  City, State, Zip Code
Occupaticy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours Other - Describe:  City, State, Zip Code
Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours Other - Describe:  City, State, Zip Code
Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code
Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Full Containment with Negative Pressure
Demolition  About Mult Date  Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure    Is Location
Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount
ASDASTOS (Antaining laidteital (ACM)
TO BE ABATED In Facility (13)  Maintenance/ Custodial Staff? (12)  Ves No N/A  Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Jepariting Mezzawan X 157 9CE
1259 Et V
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Future OLDREAL DY DE OWNER
City, State Disposal Date City, State
Completed by TWASHAM for DASCOCH Signature Wash Date 14/15
The state of the s

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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 7-24-15 HALKA Street Address Agency Notified Type Notification STREEL FIRST -@ Initial D EPA City, State, Zip Code ☐ Amended DEP Amendment # MAHWAH · DOL ☐ Emergency (including) Telephone Number Name of Contact justification) DOH HALKA ☐ Cancellation 10 D DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) HALKA ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, FIRST STREET homes, etc.) Bldg. Age # of Floors Square Feet City (5) 83 4RS 2000 .. MAHWAH Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) RESIDENCE ONLY BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code 07601 Hackensack, N.J. License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 8-4-15 8-5-15 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours S. Hackensack , N.J. 07606 Tother - Describe: 8AM - 5PM Scope of Work (Check all that apply)

153 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf	ovation ovation	Mini-	bag Procedure	d Non-Friable Pro	cedise						
	1.77	Locati	111100						A	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Normali ed Sole intenar Custodi Staff? (12)	ly by nce/ al	Asbe (i.e	Description of stos Containing Mass., thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)			Rephir	Encapsulate
	Yes	No	N/A								$\perp$
BOILFIR ROOM/CLOSET			X	THE	remal noise	LATION	50	LF	X	$\dashv$	+
								۵٬۵,			1
					1011111	Name of Bosi	stered Landfill				
Name of Registered Waste Hauter Best Removal Inc		No.	<b>Vaste H</b> 109	tauter	Cubic Yards of Waste	1	a Enterp	rises	3,	LL	·C
City, State				Disposal Date	City, State						
Hackensack , N.J. 0	7601				8-5-15	Waynesburg, Oh, 44688					
Completed by Title	ima	tor	60		Signature Q. Voldran			Date 7-2	4-	15	

Do not use this form for asbestos licensure exempted activities.

Estimator

R. VELDRAN

/ CK I	0110	(1	(Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1) 07/16/2015				f Building ARA PA		perator	(2)							
Agencies Notified Type Notified Initial	ation		Street A	ddress WELL T	TERRA(	CE				74				
X DEP Amend	dment #	_		ate, Zip Co		7003			201	5 JUL	28	AH	7: 3	18
				f Contact ABRAH		N			Teleph	none Nu	mber		i iv.	169
Name of Facility 185 are Abote and in	Talian Diana //		FACI	LITY INF	ORMATI	ON	7	- ( F 'F) /		č	V C. 19	1.9	1	
Name of Facility Where Abatement is PRIVATE	Taking Place (	5)						of Facility ( School (K-1	2)					
Street Address 26 LOWELL TERRACE							×	Subchapter Other (i.e. p etc.)				ldings	, hom	es,
City (5) BLOOMFIELD NJ. 07003							Square Feet # of Floo 2,000 2			oors		85 Y		+2.
County (6)				Code (7) USE ONLY	)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	/I No.			ne of Abatement Contractor (9) IARON QUALIT CONSTRUCTION LLC							
Street Address			1					et Address VAN ORDEN PL .						
City, State, Zip Code							y, State, Zip Code ACKENSACK NJ. 07601							
Project Manager for Monitoring Firm N/A			Telepho	ne No.		Teleph 2017				icense N 1135	lo.			
Start Date (10) 07/21/15	ed Cor	mpletion	Date (11)				HA Monitor	NTAL SE	RVICE	ES.	*			
Occupancy Status During Abatement				9		Street 2333		ss 22 W.						
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:			urs City, S					ip Code J. 07083						
Scope of Work (Check All That Apply)	)				1									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				×	Min	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure	Ĭ				
	lo	Locat	ian				2 140	II-Exciripted	( ) and iv	OIT HEL	1	Table 1	emen	t
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use	Norma ed Sole intena todial (12)	lly ely by nce/	Asbes (i.e.	tos Conta	systems ing, VA	lateria s insula T, or	I (ACM) ation,	Amo (Spe SF or	cify	Remova	Ty Repair	e Encapsulate	Enclosure
BASEMENT	Yes	No	N/A		AT ELO	OD T		0	705	05			te	0
		Х	-		AT FLC				725		X			
BASEMENT		X			PIPE IN	NSULA	MOITA	1	12 L	.F.	X	-		
No. of Barrier					Ta ::									
Name of Registered Waste Hauler TRI STATE. ASSOC INC		H	IJDEP W łauler ID 991		of Was			Name of F				NC		
City, State BRONX NY.					Dispos TBD	al Date		City, State		e, OHIO	0			6
Completed by CARLOS ESQUIVEL	MANAG	SER	Si	ignature	1	effer	- e/f		ate 7/16/	15				
ASB-41 (R-06-08)				1	/	* Do no	ot use t	this form for	asbestos	licensur	e exe	npted	activi	ities.



Date of Notification (1) 07/23/15		me of Building C omo Textile P				Railway,	LLC						
Agencies Notified Type Notification	100.000	eet Address O. Box 288											
EPA Initial DEP Amended DOL Amendment #		y, State, Zip Coo anklin Lakes,		7417									
Emergency (including justification)  DCA  Cancellation	11,100,000	me of Contact					Tele	phone N	umber				
DCA Cancellation		r. Michael Bla											
Name of Equility Whore Abstement is Taking Diggs (2)	- 1	FACILITY INFO	RMATI	ON	Type	of Facility (4)	1		70000			_	
Name of Facility Where Abatement is Taking Place (3) Como Textile Prints, Inc.						school (K-12							
Street Address 191 East Railway Avenue	S.				S X	Subchapter 8 Other (i.e. pri	(Othe			ildi	ngs, l	nome	s,
City (5)					Square		2,000,000	Floors			lg. Ag	ge	
Paterson					40,00	3040.10 h	2			50	+		
County (6) Passaic		unty Code (7) ATE USE ONLY)			Build	nt Use (Prior ing	r if beir	ng demoli	shed)				
Name of Monitoring Firm Hired by Building Owner (8)	1	ASCM No.				ement Cont				9070			
				52508V-235		acting & E	nviro	nmenta	I Cor	ารเ	ıltınç	j, Ind	D
Street Address					Addres	E5.050							
City, State, Zip Code					tate, Zip ne, NJ	o Code I 07470							
Project Manager for Monitoring Firm	Tel	lephone No.			none No 628-92			License 00408	No.				
Start Date (10) Scheduled 08/03/15 09/25/15		etion Date (11)				A Monitor on Consul		, Inc.					
Occupancy Status During Abatement (Check Only One)					Addres								
Facility Closed/Vacated During Entire Period of Ab		nt				araw Roa	ad, Bl	dg. #34	Α				
Abatement Performed Outside of Normal Facility H Other – Describe:	ours		_	100 100 100 100	tate, Zij Lawn,	NJ 0741	0						
Scope of Work (Check All That Apply)				_	_								
	novation molition				Min Glo	Containme i-Enclosure vebag Proce	edure	2000-20 0.000					
				<u> </u>	1 Nor	n-Exempted	(*) an	a Non-Fri	able P	-		ment	_
	ocation rmally		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)	Solely benance	ASDESI	os Con	taining N	/laterial			mount		_		щ	т
In Facility Custon	dial Stat			I system icing, VA		tion,		Specify or LF)	Zellova		Repair	caps	Enclosure
(13)	(12)		other	miscellar	neous)				DVdI	-	air	Encapsulate	sure
	No	N/A		\/AT			2.0	25 SF	v	+			
Through-Out Building	_	X NA. 141	1	VAT	-£ []-	a la ima			X	-			
Roof		X Multi	Layer	red Ro	oi Fias	sning	0,0	33 SF	X	+			
	-								+	+		_	
Name of Registered Waste Hauler			Cubic	Yards		Name of F	Registe	ered Land	fill				
J.R. Contracting & Environmental Consul., Inc.	NJD	DEP Waste											
ļ	Hau	DEP Waste aler ID No. 119	of Wa			Grand C	Centra	al Landf	ill				
City, State Wayne, New Jersey	Hau	iler ID No.	of Wa		)	1 000 W 15	)						

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

											9 1		1	-	*.,
	otification (1):					wner/Operator (2)									7
07/22/201 Agencies	5 Type Notificat	tion		yn Tecs Addre							2015 JU	11 -3	77		
Notified	□ Initial	LIOII	77507070707		ss: Avenue						- 00	- 50	J 4.	4 7:	61
□EPA	☐ Amended				Lip Code						4-8	7			
DEP	Amendment#:				NJ 0730						,			HID	nı.
QDOL	☐ Emergency			of Cor					Telephone	Numb	per:	Fiz.	14 1	¥13	71.
	(including justification		Argel	yn Tec	son									14	
□ DOH □ DCA	☐ Cancellation	5.													
20011						FACILITY INFO	RMA	TION				Mary sale			
Name of F	Facility Argely	n Tecso	nn .			TACILITI INTO		e of Facility	(4).						
		11 10030	J11				2793	hool (K-12)							
221 Mailo	ry Avenue						100000000000000000000000000000000000000		Other than K-	-12)					
City/ (5)		Count	y (6):		Count	y Code (7):	□ Ot	ther (i.e., pri	vate & comm	ercial b	uildings, ho	mes, et	tc.)		
Jersey Cit	у	Hudso	on		07304		Sau	are Feet:			# of Floor	·s:			
											0111001	J.			
								g. Age rent Use :							
Name of N	Monitoring Fir	m Hire	d by Ru	ilding	Owner	ASCM No.:			ement Contra	actor (	0).				
	velopment, Inc		a oy Du	inding.	owner.	ASCIVI IVO	500000				/).				
									pment, Inc	c.					
Street Add							Stre	et Address	:						
658 Rutge	ers Place						(50	Dutas	Dlass						
City State	7:- Codo							, State, Zir	rs Place						
City, State	e, Zip Code:						1 500 5								
Paramus,	NJ 07652						Par	amus, N.	J 07652						
	anager for Mo	nitoring	g Firm:			Telephone No.:	Tele	ephone No.	:	Lice	nse No.:				O P. L.
						973-350-0101	(973	3) 350-010	1	0121	15			- 5	
Start Date	(10):	S	Schedul	ed Con	pletion	Date (11):			A Monitor:						
07/25/15	2310-107-1		7/26/1		•	e postaliti de la Caraca de Caraca d	Met	ro Analytic	cal Laborato	ries					
Occupancy	Status During A	Abateme	nt (Chec	k only c	ne)			et Address							
	Closed/vacated D					t	255	West 36 <sup>th</sup>	Street, Suit	e 203					
☐ Abatemer Describe:	nt Performed Ou	itside of	Normal	Facility	Hours			, State, Zip							
Describe:							Nev	v York, Ne	w York, 10	018					
□ Other															
Describe:	. 1 (0) 1 11														
/	ork (Check all t	nat appl	y):						□ Full C	ontain	ment with	Negat	ive Pr	essure	
$\boxtimes \ge 3 \text{ sf or}$	$r \ge 3$ lf for > 260 lf				□ Reno				☐ Mini-I	Enclos	ure				
□ ≥ 100 31	1 01 2 200 11				□ Dellic	HILIOH			□ Non-E	xempte	d (*) and N	on-Fri	iable P	rocedi	ıre
				Locat		Do	corint	ion of						ement	t
	Location of	storial		Vormal d Sole		Asbestos Cont	aining	Material	(ACM)				1)	/ре	
ASUESIUS-	Containing Ma (ACM)	ateriai		intena		(i.e., therma	l syste	ems insula	ation,			æ		E	(T)
TO	BE ABATED			ustodi	al/			VAT, or llaneous)		8200	mount	Removal	Repair	Encapsulat	Enclosure
1	N Facility			Staff?		ouler :	misce	maneous)			pecify or LF)	OV	pair	nsc	nsc
	(13)		Yes	(12) No	N/A					16	OI LF j	al		lat	re
DACEMENT							TON			2.1.1	D	*			
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1KI-S1A	TE TRANSFE	K ASS	UC., IN	IC.		=27		or wast	50	The second second	IERVA OC, INC.		ENT	ERPR.	ISES
City, State	):			Dispo	sal Date			City, Sta	ite:	L	oc, mc.			7. 11.	
Bronx, NY	Y 10474							2000	burg, OH 44	688					
Completed					Title:		Signa	ature:			Date:	772			
Sylvester	Oraegbunam				Presid	lent	5	1.10	7		07/22/201	15			

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

Date of Notification (1) 07/23/2015				Building Ow & KRISTI						•			
Agencies Notified Type Notification			Street Ad				-		1		10-	21 20	
☐ EPA 🗵 Initial		8	83 POF	RTLAND F	RD.							<i>)</i>	
X DEP Amended X DOL Amendment #				e, Zip Code ETOWN		07748		201	5 JUL 28	AM	7:	. To	
Emergency (in justification)	cluding		Name of					Tel	ephone Num	her	, -	<del>~ 3</del>	
DCA Cancellation				& KRISTI					9-11-7-	YU73	1120	1	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFOR	MATIO	N N	Type of Facility	(4)	9 1.1	fig	2		
PRIVATE							School (K	-12)					
Street Address 83 PORTLAND RD.			(4				Other (i.e.		er than K-12 & commercia		lings,	home	es,
City (5)							etc.) Square Feet	# 0	f Floors	В	ldg. A	ge	
MIDDLETOWN NJ. 07748							2,000.		2	- 4)	83		
County (6)			County C STATE U	ode (7) SE ONLY) _		_	Current Use (P	nor if be	ing demolish	ea)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			of Abatement C			ION	LLC		
Street Address		-			-	Street	Address					116	
				- 67			AN ORDEN I	PL.					
City, State, Zip Code							tate, Zip Code KENSACK N	J. 0760	01				
Project Manager for Monitoring Firm N/A			Telephor	e No.			one No. 708-4270		License No 011135	0.			
	Scheduled 08/01/20		pletion E	Date (11)			of OSHA Monito						
Occupancy Status During Abatement (Check	Only One						Address						
Facility Closed/Vacated During Entire Pe					L	100	IBERTY ST	REET					
Abatement Performed Outside of Norma Other – Describe:	I Facility F	lours					tate, Zip Code UCHEN, NE	W JER	SEY 0884	.0			
Scope of Work (Check All That Apply)							0011211,112			•			
≥3 sf or ≥3 lf		novat				F	Full Contain		h Negative P	ressu	re		
≥160 sf or ≥260 if	☐ De	moliti	on				Mini-Enclose Glovebag Pr	ocedure			nuscate em		
	ı —					×	Non-Exemp	ed (*) ar	d Non-Friab	T		e ement	
	99000	ocatio mall	T-6.1		Dee	cription						ре	
Location of Asbestos-Containing Material (ACM)	Used Main	Solel	y by		Conta	aining N	laterial (ACM)	1 5	Amount	_		щ	m
. TO BE ABATED In Facility	Custo	dial S	Section Control of the Control of th			systems ing, VA	s insulation, T, or		Specify F or LF)	Remova	Repair	cape	Enclosure
(13)		(12)		0	ther m	iscellar	leous)			oval	air	Encapsulate	sure
	Yes	No	N/A					<u> </u>				w	
EXTERIOR SIDING		X		SF	HINGL	_ES S	IDING	5	00 SF.	X			
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								1					
		1			0 1 : 1	· - 1	I Manage	of De sie				-	
Name of Registered Waste Hauler		Н	JDEP W auler ID		Cubic `of Was	te			ered Landfill NTERPRI		VC.		
TRI - STATE - ASSOC			1991		TBD				ATEN IN	J_ 11			
City, State 1199 RANDAL AVE BRONX NY					TBD	al Date			RG OHIC	)			
Completed by CARLOS ESQUIVEL	Title SAFE	· FY N	MANAG	SER	Si	ignature	Plyon	ufley	al of	ite 7/23/2	2015		

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



CA 4988

Date of Notification (1) 7/24/15					Building Or ury City				2018	JUL -	20					
Agencies Notified	Type Notification	X,	1000	Street Add 25 Nort	<sub>dress</sub> h Broad	Street			A v	-	-	7.	45	à		
EPA DEP DOL	Initial Amended Amendment #_				e, Zip Cod ury NJ 0				*:	1.		SE	7			
X DOH X DCA	Emergency (inclination) Cancellation	uding	- 1	Name of ( Chuck	Contact	8				Teleph	none Nu	ımher				
EU				FACIL	ITY INFO	RMATIC	N									
Name of Facility Where A Evergreen Avenue								× s	of Facility (4) School (K-12)	)	4h 1/	40)				
Street Address 160 North Evergree	n Av.	•						T o	Subchapter 8 Other (i.e. pri tc.)	vate & c	ommer	cial buil	ding	s, h	omes	۶,
City (5) Woodbury NJ 0809	6			9 °				Squar 1000	e Feet +	# of F	loors	100	ildg. 15+	Age	Э	
County (6) Gloucester				County C	ode (7) SE ONLY)	-	_	Currer	nt Use (Prior	if being	demoli	shed)				
Name of Monitoring Firm Horizon Environme		ner (8)		ASCM 00073				of Abat aco In	ement Cont	ractor (9	)					
Street Address PO Box 316								Addres								
City, State, Zip Code Thorofare NJ 0808	3								p Code n NJ 0809	91						
Project Manager for Mor Steven Flanigan				Telephon 856-84				753-9		11 8	License	No.				
Start Date (10) 7/31/15		chedule	d Cor	mpletion [			Name Sam		A Monitor							
Occupancy Status Durin	141 177		2)				22.300000	Addres	SS		-		_	_		
Facility Closed/Vac	ated During Entire Per ned Outside of Normal After 3:30 Pm through	riod of A	bater Hour	nent s					ip Code							
Scope of Work (Check A	All That Apply)		1				1925									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli			2	2	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				lure		
				41				110	II-Excilipted	() 4114					nent	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Mai	intena	ally ely by ance/ Staff?		tos Cont thermal surfa		Material ns insula AT, or		(Sp	nount pecify or LF)	Removal	i volum	Typ	e Encapsulate	Enclosure
Poom C	Daroa	100	X	1		nine	Insula	ation		14	LF	x	+	1		
	Room C-D area  Hall outside Room C-D						Insula				LF.	x	+	+		
Hall outside		X		` .		Insula			14	1 LF	x		7			
Hall outside		X	-			Insula			13	3 LF	x	+				
The state of the s	7. 14. 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2			NJDEP W	Vaste		Yards		Name of	Register	ed Land	dfill				
Name of Registered Waste Hauler United Containers				Hauler ID 22459		of Wa			G.R.O.\	W.S.						
City, State Elm NJ						8/3/1			City, State Morrisv		19067	7				
Completed by Anthony T Perna		Title Presi	iden	t		3	Signatur	re <u>7</u>				Date 7/24/	15			

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of	Building C	)wner/Oper	rator (2)		no s			
7/24/	90.5 04.7 XXXXX					tar Developers	2615	2	13	3	9
[ X ] EPA [ ] [ ] [ X ] DEP [ ]	Notification Initial Notifi Amended N Amendment	otification t#	Street A City, Sta	ddress	le	Route 33 #3E ne, NJ 07753	4 ( )	28 		7. 1	5
[x] DOH	Emergency justification		Name of	f Contact	Tiopia	10, 110 07733	Telephone Number			!	
[ ] DCA [ ]	Cancellation			Mr. G	reen		7				
			CILITY I	NFORM	ATION						
Name of Facility Where Abatement i Residence	s Taking Place	(3)				Type of Facility (4	School (k-12)				
Street Address 46 West Hi	ghland Aver	nue				[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al buildi	ings,
City	Cou	nty (6)	County C	Code (7) USE ONLY	7)	Square feet 2000 sf	# of Floors	Bldg.	Age 8	n	
Atlantic Highlands	Mo	nmouth	(011112	000 0110		Current Use (Prio	r if being demolished)		- 0	<u> </u>	
Name of Monitoring Firm Hired by I	Building Owner	(8)	ASCM N	lo.	Name of	Resid	tor (9)				_
N/A Street Address					Street A		dian Contracting,	Inc.			
						1889	Route 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code Tom:	s River, New Jers	ey 087	55-12	271	
Project Manager for Monitoring Firm	1	Telephone Number	er			ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 7/27/15	¥)	Scheduled Compl 7/29/15	etion Date (1	1)	Name of	OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status During Abatemen		ne)			Street A	ldress					
		ng Entire Period of A e of Normal Facility			Cit. Ct.		Stelton Road				
Other – Descr					City, Sta	te, Zip Code Pisca	ntaway, New Jerse	y 088	54		
Scope of Work (Check all that apply	)				[ ]		ent with Negative Pres	sure			
[ ] >3 sf or ≥3 lf		[ ] Reno	vation		[ ]	Mini-Enclosur Glovebag Proc					
[ X ] ≥160 sf or ≥2		[x] Dem	olition		[x]	Non-Exempted	d (*) and Non-Friable l	Procedu	re		
					70.0			Abate	ement '	Гуре	
Location of Asbestos-Containing Material ( TO BE ABATED in facility (13)	Is Location Normally used Solely by sintenance/Custodi Staff (12)		Ash N (i.e inst	Description Descri	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R	
	YE							L		E	E
Exterior		X	Asbe	stos sidir	ng		2000 sf	X			
								-			
			_								
Name of Registered Waste Hauler	ia Inc	NJDEP Waste Hau 20223		Cubic Ya	ards of Was	te Name of Reg	istered Landfill				
Guardian Contractin		Dis	posal Date		City, S	ate ,					
Toms River, New Je Completed by (Print or Type) Nicholas Fernicola	Title		0/15 Signat	ture	Tully	own, Pennsylva	nia ,	Date 7/24	1/201:	5	

OL	20010	44	9986	-
 I In	eck.	亚	9981	٦

Date of Notification (1)	l 04 0045				of Building		/ Oper	rator (2)				inst			
Agencies Notified	July 24, 2015 Type Notification	ın		_	f Americ Address	a				1615 1	1: 20			_	
□EPA □DEP	Type Nouncate				ustown F	Road			L	35 <u>-</u>	IL 28 RH	7: 8	14		
⊠DOL				City, St	ate & Zip	Code				<del>- 1</del>	TUEWAIN	3 / TU	i.		
<b>⊠</b> рон	Amend Amend	led Iment #		Browns	s Mills, N	J 0801	5								
□DCA	Cance	llation		Name o	of Contac	t	15				Tel	ephon	e Nur	nber	
				Jim Ka	lafsky						908	3-0			
				FA	CILITY	INFOF									
Name of Facility Where Bank of America	Abatement is T	aking Place	e (3)					of Facility School (K							
Street Address							1-	and the West	er 8 (Other than	K-12)					
10 Juliustown Road									e., private & co	SOON STANFOLD	al buildings, h	nome,	etc.)		
							_	re Feet	# of Flo	ors	Bldg	g. Age			
City (5) Browns Mills							Curro	4,000	rior if hoing dom	1			60		
Browns willis							Bank		rior if being dem	olistied)					
County (6) Burlington		US	unty Code E ONLY_	(7)											
Name of Monitoring Firm Environmental Testing			(8)		ASCM	No.		of Abate	ment Contractor	(9)					
Street Address	Consultants,	LLC						t Address							
413 North Black Horse	Pike							Radio Roa							
City, State & Zip Code Runnemede, NJ 08078	3							State & Zi	p Code oor, NJ 08087						
Project Manager for Mo	nitoring Firm			ephone N			Telep	hone Nun			License Numb	er			
Howard Zenobi Scheduled Start Date (1	0) [6	`obodulod		6-482-131			_	96-6916	Maritan			0081	7	_	
August 4, 20	15	Scheduled	Septen	nber 8, 20		-	0.0000000000000000000000000000000000000	of OSHA tech, Inc.							
Occupancy Status Durin Facility Closed	ng Abatement (0 /Vacated During	Check only g Entire Pe	one) riod of Aba	atement			(C) (F) (C) (C) (C)	t Address Radio Roa							
Abatement Pe	rformed Outside	of Normal	l Hours				City, S	State & Zi	p Code						
Other – Descri	be: led During Abat	ement					Little	Egg Hart	oor, NJ 08087						
Scope of Work (Check a	all that apply)														
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 l	f		=	Renovation Demolition					Full Containment Mini-Enclosure Glovebag Proced		gative Pressure	Э			
								-	Non-Exempted(*		on-Friable Proc	edure			
Asbestos-Contair	ition of ning Material (A ABATED	CM)	Solely b	on Normal y Maintena dial Staff?	ance or		Asb	Descriptio Destos-Cor Material (A	n of ntaining		unt (Specify SF or LF)	Ab	atem	ent 7	Гуре
1/2	acility						(i.e.	, thermal s	systems		18			т	
,	13)							tion, surra her miscel	cing, VAT llaneous)			Re	Z,	nca	Enc
	Yes	No	N/A							Removal	Repair	Encapsulate	Enclosure		
Futorios Boom							2	-	40.1.5			-	-		
Exterior Doors			Х			erimeter (	Jaulk	-	40 LF	X					
								-		$\vdash$					
Name of Registered Wa	ste Hauler		NJDEP V	/aste	Cubic	ards of	Wasto		Name of Regist	ered Lar	ndfill			_	
	No.	, Cubic I	3130 01												
Synatech, Inc. City, State	429	1 Disposa	al Data	-		Grows Landfill City, State				-					
1.50	ity, State								<del>.</del>						
Little Egg Harbor, NJ ( Completed By	08087	Title			-	nber 9, 2	2015		Morrisville, PA						
Completed by		Tiue			Signatu	le .	/	10 -		Date					
Diane Aloia		Executive	Adminis	trator	N	ane	- U	lou		July 24,	2015				

									1	Check	(# 998	8		
Date of Notification (*	1) July 24, 2015				of Building C f America	wner / Operat	tor (2	)		* , ,	1.2.			
Agencies Notified	Type Notificati	on			Address est Union A	venue			2615	JUL 28 Ā.	4 7:5	t.		
□DEP ☑DOL	☐ Initial			City, St.	ate & Zip Co	ode			* J _ (	LICENSIN	7-15	7		
⊠рон	Amen	nded ndment #		Bound	Brook, NJ	08805			13/08	CIUERAR	G AVI			
□ DCA	Cance	ellation		Jim Ka	of Contact lafsky					]T I	elephone	Num	ber	
				FA	CILITY IN	FORMATI	ON			-				
Name of Facility Whe Bank of America	ere Abatement is	Taking Plac	ce (3)			Type of		ity (4) (K-12)						
Street Address 604 West Union Ave	enue					⊠∘	ther (	i.e., priva		cial buildings		etc.)		
City (5) Bound Brook						Square Current Bank	3,60	0	# of Floors 1 ng demolished		dg. Age	55		
County (6) Somerset			ounty Code SE ONLY_	(7)		Dalik								
Name of Monitoring F Environmental Test			(8)		ASCM No	Synate	ch, In	c.	ntractor (9)					
Street Address 413 North Black Hor City, State & Zip Cod Runnemede, NJ 08	е				Wi .		dio Reate &		08087					
Project Manager for I Howard Zenobi	Monitoring Firm		856	ephone Ni 5-482-131	1	Telepho 609-296	one No 6-6916	umber 6		License Nur	nber 0081	7		
Scheduled Start Date August 3, Occupancy Status Di	2015	Scheduled Check only	Septem	Date (11 ber 8, 20		Synated Street A	ch, In							
Facility Clos	sed/Vacated Durin	ng Entire Pe	eriod of Aba	tement		829 Rad	dio R	3.5%						
Other – Des	scribe: upied During Aba	tement				Little E	gg Ha	arbor, NJ	08087					
Scope of Work (Chec	1.1.51							Full Cont	ainment with N	legative Pressi	ure			
≥3 sf or ≥ 50 lf ≥160 sf or ≥26				Renovation Demolition				A STANDARD CONTRACTOR OF THE	g Procedure	Non-Friable Pro	ocedure			
Asbestos-Con TO E	ocation of taining Material (A BE ABATED	ACM)	Solely b	on Normal y Maintena dial Staff?	ance or	Asbes Ma	escrip stos-C aterial	tion of Containing (ACM)		ount (Specify S	Ab	ateme	ent T	ype
II	N Facility (13)		Yes	No	N/A	insulation	n, su	al systems rfacing, VA cellaneous)			Removal	Repair	Encapsulate	Enclosure
Main Banking Area	- Closet				Х	Floor	Tile a	ind Mastic		4 SF	Х			
Name of Registered Synatech, Inc.	Waste Hauler		NJDEP W Hauler ID		Cubic Yar	ds of Waste			f Registered L	andfill				
City, State Little Egg Harbor, N	J 08087		•		Disposal I	Date er 9, 2015		City, Sta						
Completed By		Title	a Admiri-	to	Signature		er _		Date	24 2045				

D&S Proj. #: 2015-254

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

Date of Notification (1)	Nan	ne of Building Ow	ner/Operator (2)	)		23		14 7				
Agencies Notified Type Notifica		ry voorhees					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.5	<u>έα</u>			
EPA Initial	Stre	et Address						11.				
DEP Amended		4 north main str						. 1/	/			
☐ Amendment #		, State, Zip Code										
Emergency		narlboro, nj 07	7746	appeared to the			I Talanta	N	7/5-2			-
DOH (including justification)	Nam	ne of Contact					Telephone	Number				
☐ DCA ☐ Cancellatio	n <u>g</u>	gary voorhees						- / -				
•		FA	CILITY INFORM	MOITA								
Name of facility where abatement	is taking place	e (3)				T	ype of Facility (4	4) (K - 12)				
gary voorhees							=	apter 8 (O	ther th	an K	12)	
Street Address						11		Private/Co		rcial		
14 north main street								# of Floor		Blo	dg. Ag	ge
City (5)	County	(6)			nty Code (7)	] <u> </u> _						
	MON	MOUTH		(Sta	te use only)		Current Use (Pr	ior if bein	g dem	olishe	ed)	
marlboro  Name of Monitoring Firm Hired by			ASCM No.	Ч-	Name of Abateme	ent Cor	ntractor (9)					
,					D & S RESTO	RAT	ION, INC.					
Street Address			_	-	Street Address							
					20 California	Ave.						
City, State, Zip Code					City, State, Zip Co	de						
					Paterson, NJ		3					
Project Manager for Monitoring Fire	n	Phone Nun	nber		Telephone Number			License		er		
					973-345-802				1169			
Start Date (10)	Sched. 0	Completion Date	(11)		Name of OSHA M D & S Restor							
07/27/15	08/17/2	15			Street Address	ation	, IIIC.					
Occupancy Status During Abateme	ent (Check onl	y one)			20 California	Aven	ue					
Facility closed/vacated during					City, State, Zip Co	de						
Abatement performed outsid Describe:		cility hours-										
Other-Describe: NORMAL	HOURS			_	Paterson, NJ	0750	3					
Scope of Work (check all that app	ly)				[	_	Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation				-		ni-enclosure ovebag procedu	re				
≥160 sf or ≥260 lf	Demolition				į		n-Exempted (*)		friable	proc	edure	
Location of		normally used sol ance/custodial	ely		W.				Re	R	E n	E
asbestos-containing material (acm) to be	staff(12)	ance/custodiai			sbestos-containing	3	Amount (Specify S	SF or	m	р	C	n
abated in facility (13)	Yes	No N/A	- material	(ACIVI)			LF)		O V	a	a p	L
		1.0					22.1.6		e	-		-
BASEMENT		X	PIPE INST	ULAT.	ION		33 l ft			부	H	쓔
									+	片	片	쓔
						-			╬	屵	片	H
			4			-11			묶	片	片	卄
Registered Waste Hauler	INIDE	P Hauler ID#	Cubic Yards of	Waste	Name of Registe	red I a	andfill		.	Ш		
D & S RESTORATION, INC			1 yd.		TULLYTOW			ECOVE	RY			
City, State	1	Disposa 07/28			City, State		200					
PATERSON, NJ 07503			TULLYTOW	VN, P	<u>A</u>	1-						
Completed by (Print or Type)	Title	ON TOP	Signature					Date 07/17	1/2014			
BOGDAN JOLDZIC	* Do not use	this form for asbe	estos licensure e	xempte	ed activities.			0//1/	1201.			

State of NJ

D&S Proj. #: 2015-255

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

							2015 1111					
Date of Notification (1)		of Building Owner					ASACO.	18 AM	7: :	Ö		
Agencies Notified   Type Notificat		LERIE BURAF Address						17.		9		
☐ EPA ☐ Initial	Johnson				*		fiz a.		my			
☐ DEP ☐ Amended		LLEWELLY	ROAD									
DOL Amendment #:	City, S	tate, Zip Code										
Emergency		NTCLAIR, N.	J 07042									
DOH (including justification)	Name	of Contact					Telephor	e Numbe	er			
☐ DCA ☐ Cancellation		LERIE BURA	K				1 2 2 2					
		FACI	LITY INFORM	ATION								
Name of facility where abatement i	s taking place (3	3)		1		П	Type of Facility					
VALERIE BURAK								ol (K - 12 apter 8 (		nan K	-12)	
Street Address						7	○ Other	(Private/C /Homes,	Comme			
117 LLEWELLY ROAD							Square Feet	# of Floo		BI	dg. Ag	ge
City (5)	County (6	)		Cou	nty Code (7)	-			10.72			
- 13, (0)					te use only)		Current Use (P	rior if bei	ng dem	olishe	ed)	
MONTCLAIR	ESSEX							Vacanta and	-			
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	$\neg$	Name of Abatem	ent C	Contractor (9)					
					D & S RESTO	ORA	TION, INC.					
Street Address				_	Street Address							
					20 California	a Av	e.					
City, State, Zip Code					City, State, Zip Co	ode						
					Paterson, NJ	075	503					
Project Manager for Monitoring Firm	1	Phone Numb	er		Telephone Numb	er		License		er		
					973-345-80	)20		(	01169			
Start Date (10)	ISched, Cor	mpletion Date (11	1)	-	Name of OSHA							
11-1-1-10-10-10-1-10-1		,	,		D & S Resto	ratic	on, Inc.					
08/03/15	08/28/15			_	Street Address							
Occupancy Status During Abatemen					20 California		enue					
Facility closed/vacated during Abatement performed outside					City, State, Zip Co	ode						
- Describe:		, , , , , , , , , , , , , , , , , , , ,		_	D-4 NI	1 075	:02					
Other-Describe: NORMAL F				-	Paterson, NJ							
Scope of Work (check all that appl	**					=	ull Containment v	w/negativ	e press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation						Mini-enclosure Blovebag procedu	ire.				
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)		-friable	proc	edure	
Location of		mally used solely	/						R	R	E	E
asbestos-containing	by maintenand staff(12)	ce/custodial			sbestos-containin	g	Amount	SE or	m	р	n	n
material (acm) to be abated in facility (13)		N. I NUE	material (	ACM)			(Specify S	55 01	0	a	a	C
(10)	Yes	No N/A							v e	r r	р	
BASEMENT BOILER RM		X	PIPE INSU	LATI	ION		76 l ft					
basement bathroom		LATI	ON		8 lft							
basement storage rm		X	PIPE INSU	LATI	ON		39 1 ft					
BASEMENT CRAWL SPACE		X	PIPE INSU	LATI	ION		30 L FT		X			
			1									
Registered Waste Hauler	NJDEP H	Contract Contract	ubic Yards of V	Vaste							-	
D & S RESTORATION, INC.	13506		l yd.		Annual value of the Control of the C	/N, I	RESOURCE R	ECOVE	RY			
City, State		Disposal D			City, State	x 72 Y	DA					
PATERSON, NJ 07503	1	08/04/1			TULLYTOV	۷N,	PA	To		-		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Γ	Signature					Date	)/ 2015			
		s form for asbest	os licensure ex	emote	d activities.			01120	n 201.			
PR 31.3*** 1	_ 0 000 0110		ou. on	p.co								

(K DO16071

D&S Proj. #: 2015-256

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

Date of Notification (1)	I Name of Bu	ildina Own	ariOnaratar (O)									
	I Name of Bu	iliding Owne	er/Operator (2)					- :	u. Ţ	ŝ		
$ \frac{0}{7} / \frac{2}{9} / \frac{1}{5} $	ANGELO	SPALLE	ETA					p.		3,		
Agencies Notified   Type Notification   EPA   Initial	Street Addre	ess						***				
DEP Amended	69 CHA	RLES STE	REET						1		ti Bi	1
Amendment #:	City, State,	Zip Code										
☐ Emergency	BLOOM	IFIELD, N	NJ 07003									
DOH (including justification)	Name of Cor	ntact					Telephor	ne Numbe	er			
DCA Cancellation	ANGEL	O SPALI	ETA				973.77					
		FACI	LITY INFORM	ATION								
Name of facility where abatement is takin	g place (3)					Ту	pe of Facility					
ANGELO SPALLETA							=	ol (K - 12 napter 8 (	50	nan K	-12)	
Street Address						1		(Private/0		rcial		
69 CHARLES STREET						S	quare Feet	/Homes, # of Floo		BI	dg. A	ge
	County (6)			Cou	nty Code (7)	`	1	ANNESSE : 155	39-53			J
					te use only)		Current Use (F	rior if bei	ng dem	olish	ed)	
	ESSEX			<u> </u>	IN.	<u> </u>	(0)					
Name of Monitoring Firm Hired by Bldg. C	Owner (8)		ASCM No.		Name of Abatemer							
Olivert Add				_	D & S RESTO	RATI	ON, INC.					
Street Address					20 California	٨٠٠٠						
City, State, Zip Code				_	City, State, Zip Cod							
					Paterson, NJ (							
Project Manager for Monitoring Firm	Ph	none Numb	er	_	Telephone Number			Licens	e Numb	er		
					973-345-802	20			01169			
Start Date (10)	ched. Completi	on Date (11	)	_	Name of OSHA Mo		T					
08/05/15	8/28/15				D & S Restora	ation,	inc.					
Occupancy Status During Abatement (Che					20 California A	Avenu	e					
Facility closed/vacated during entire					City, State, Zip Coo							
Abatement performed outside of nor Describe:		rs-										
Other-Describe: NORMAL HOURS				_	Paterson, NJ (	07503						
Scope of Work (check all that apply)						Full (	Containment v	w/negativ	e press	ure		
≥3 sf or ≥3 lf     Reno	vation				L		enclosure ebag procedu	ıro				
≥160 sf or ≥260 lf Demo	olition				É		-Exempted (*)		-friable	proc	edure	)
bum	cation normally								R	R	E	E
asbestos-containing material (acm) to be	aintenance/cus (12)	stoulai			sbestos-containing		Amount (Specify )	SF or	m	р	n c	n
abated in facility (13)	s No	N/A	material (	(ACIVI)			LF)	01 01	O V	a	a	L
	1,5		l nmn n see	~ . ~	1011		1501 55		е	r	P	- Imag
BASEMENT DOWNER	X		PIPE INSU				170 L FT			부	님	뷰
BASEMENT BOILER	$\rightarrow$				ATION-bricks		32 SQ FT			片	片	+-
BASEMENT CHIMNEY	- X		chimney thi	mble	packing		4 SQ FT			屵	片	뿎
		-							井	片	H	卄
Registered Waste Hauler	NJDEP Hauler	ID# I C	ubic Yards of V	Vaste	Name of Register	ed Lan	dfill		_	<u> </u>	Ш	<u> </u>
D & S RESTORATION, INC.	13506	100 C	YDS		TULLYTOWN			ECOVE	RY			
City, State		Disposal D			City, State							
PATERSON, NJ 07503		08/06/1:			TULLYTOW	N, PA						
Completed by (Print or Type) Title BOGDAN JOLDZIC PRE	SIDENT		Signature					Date 07/20	)/ 2015			
	ot use this form	for asbesto	s licensure ex	empte	d activities.			0//20	n 2012		-	B10000.

CK 00 6068

D&S Proj. #: 2015-253

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

							Kij.					
Date of Notification (1)	Name of Bu	ilding Owne	er/Operator (2)				7	100				
0 7 / 1 7 / 1 5	linda deb	enedetto					7.5		***	- 17		
Agencies Notified   Type Notificat	Street Addr	ess			* 8		10	-				
DEP Amended	398 how	e avenue						*	-	- /		
Amendment #:	City, State,	Zip Code										
Emergency		IC, NJ 07	7055	V/2000		111						
DOH (including justification)	Name of Co	ntact					Telephon	e Number				
☐ DCA ☐ Cancellation	linda de	benedetto					1 -	_				
		FACI	LITY INFORM	ATION								
Name of facility where abatement	is taking place (3)					Ту	oe of Facility (	4) I (K - 12)				
linda debenedetto							=	apter 8 (C	ther th	nan K	12)	
Street Address						1	Other (	Private/C	omme		,	
398 howe avenue						S		Homes, e		Blo	dg. A	ae
City (5)	County (6)		T	Cour	nty Code (7)	-     ~	quare r out	01 1 1001	Ŭ	681	3	
, (e)	, ,				te use only)		urrent Use (Pr	ior if bein	g dem	olishe	ed)	
PASSAIC	PASSAIC											
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abateme							
				_	D & S RESTO	DRATIO	ON, INC.		-			
Street Address					Street Address							
City, State, Zip Code					20 California City, State, Zip Coo	seventure.						
Oity, State, 2ip Gode					Paterson, NJ							
Project Manager for Monitoring Firm	n P	hone Numb	er	-	Telephone Numbe			License	Numb	er		
, , , , , , , , , , , , , , , , , , , ,					973-345-802			0	1169			
Start Date (10)	Sched. Complet	on Date (11	1)		Name of OSHA M		0					
		5.			D & S Restor	ration, l	inc.					
08/03/15 Occupancy Status During Abateme	08/28/15				Street Address	A						
Facility closed/vacated during		ement.			20 California .  City, State, Zip Co		e			_		
Abatement performed outside	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				ony, outro, 2.p oo							
Other-Describe: NORMAL I	HOURS			-11	Paterson, NJ	07503						
Scope of Work (check all that appl						Full (	Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation				D		enclosure					
≥160 sf or ≥260 lf	Demolition				ř		ebag procedu		friable	proce	edure	)
Location of	Is location normally		/				, , , , ,		R	R	Е	E
asbestos-containing	by maintenance/custaff(12)	stodial			sbestos-containing	,	Amount (Specify S	E or	m	e p	n c	n
material (acm) to be abated in facility (13)	Yes No	N/A	material (	ACM)			LF)	1 01	o v	a	a	L
	100	INA							е	r	P	<u> </u>
BASEMENT	X		PIPE INSU				84 l ft		X	부	屵	뷰
BASEMENT BOILER	<u> </u>	-	ROILER IN	NSUL.	ATION-bricks		55 sq ft			屵	片	++
					Manager Company of the Company of th				ዙ	片	片	+=
		-							片	片	片	#
Registered Waste Hauler	NJDEP Hauler	ID# I C	ubic Yards of V	Vaste	Name of Register	red Lan	dfill		. 니	ш	ш	
D & S RESTORATION, INC.		2	2 yds.	an 400 can 505	TULLYTOW			COVER	RY			
City, State		Disposal D			City, State							
PATERSON, NJ 07503	Lew	08/04/1			TULLYTOW	/N, PA		I Data		-		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 07/17	/2015	i		
ASB-41	* Do not use this form	for asbesto	os licensure ex	empted	d activities.			1				

(K006102

State of NJ

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

D&S Proj. #: 2015-257

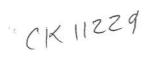
						Et is	200-00-00-0				
Date of Notification (1)	Name of E	Building Owr	ner/Operator (2)	)			Ü niy	Q			
10  7  / 2  0  / 1  5	michael	A				t.	257	72 (	7		
Agencies Notified   Type Notificati	Street Add	ress				\$ /					
DEP Amended	21 mid	and boule	vard			31.64		u Ž			
Amendment #:	City, State	, Zip Code									
DOL Emergency	MAPL	EWOOD,	NJ 07040								
DOH (including justification)	Name of C	ontact				Telephon	e Number				
DCA Cancellation	michae	el kemp				-					
			ILITY INFORM	IOITAI							
Name of facility where abatement is	taking place (3)				~	Type of Facility (	(1)				
Traine of lacinty where abatement is	s taking place (5)						(K - 12)				
michael kemp						Subch	apter 8 (C	ther th	nan K	-12)	
Street Address						Other (	(Private/C Homes, e	omme		sit.	
21 midland boulevard							# of Floor	(C)/O(1	BI	dg. A	ge
City (5)	County (6)			Cou	unty Code (7)						
				(Sta	ate use only)	Current Use (P	rior if bein	g dem	olish	ed)	
MAPLEWOOD	ESSEX			L.,							
Name of Monitoring Firm Hired by E	siag. Owner (8)		ASCM No.		Name of Abatement						
Charact Addison				_	D & S RESTOR	ATION, INC.					
Street Address					Street Address						
City, State, Zip Code				_	20 California A	10.50					
City, State, Zip Code					City, State, Zip Code						
Project Manager for Monitoring Firm	Tr	hone Numb	201	_	Paterson, NJ 0' Telephone Number	7503	License	Nicensis			
roject Manager for Monitoring Film		none Num	Jei		973-345-8020		1 200	1169	er		
0.45.40					Name of OSHA Mor			1107			_
Start Date (10)	Sched. Comple	tion Date (1	1)		D & S Restorat	ion, Inc.					
08/06/15	08/26/15				Street Address			_			
Occupancy Status During Abatement	사람들이 그 시간에 가장하는 것이 없었다.				20 California A	venue					
Facility closed/vacated during e					City, State, Zip Code						
Describe:		u15-		_							
Other-Describe: NORMAL HO				-	Paterson, NJ 07	7503					
Scope of Work (check all that apply)						Full Containment w	/negative	press	ure		
	Renovation				lament to the same of the same	Mini-enclosure Glovebag procedur	re				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)		friable	proce	edure	)
Location of	Is location normally		У	7417L				R	R	Е	E
asbestos-containing material (acm) to be	by maintenance/cu staff(12)	Stodiai			sbestos-containing	Amount (Specify S	Eor	e m	e p	n	n
abated in facility (13)	Yes No	N/A	material (	ACM)		(Specify S LF)	or or	0	a	a	C
		IN/A				2		e	r	р	
BASEMENT	X		PIPE INSU	LAT	ION	80 l ft					
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506	- CONT. AND	Cubic Yards of V	Vaste	Name of Registered		COVER	v			
City, State		Disposal D	l yd. Date	-	City, State	RESOURCE RE	COVER	1	-	-	-
PATERSON, NJ 07503		08/07/1			TULLYTOWN	. PA					
	Title	1	Signature		1 - CONTROLL	,	Date				
	PRESIDENT						07/20/	2015			20
ASR-41 *	Do not use this forn	for asbest	os licensure ex	empte	d activities.		Lannaga				

Date of Notification (1)				(B 00 0				2015	11.1				
7/21/15			Name (	of Building Owner ปีอริหิปล	Operator EMON				U. 2		7:	53	
Agencies Notified Type Notification		+	Street A	Address	CMON	1		4 (7)				02	
			0110017	25 FRAI	JKLW		5-	je.	LICE				
EPA Initial Amended		-	City St	ate, Zip Code	UFUN		31	7.5	LICE	Sil	111.	JI.	
DEP Amended Amendment	#		Oity, Ot	VERONA	N.	T	07044			1.7.%	-7		
Emergency	(including	- F	Nama	of Contact	₩.		0 1044						
DOH justification)  DCA Cancellation				E 17.1				l lei	ephone N	umber			
E Caricellation				OSHUA EM	ON'T								
Name of Facility Where Abatement is Takin	g Place (3)		TAU	ILIT INFORMA	ION	Tv	pe of Facility (	4)					
L ESINGUE	•							550					
Street Address						H	School (K-1 Subchapter	2) 8 (Oth	er than K	12)			
25 FRANKUN ST.						×	Other (i.e. p	rivate	& commer	cial bui	ldings	, hom	ies,
City (5)				5	-	000	etc.) uare Feet	T 25 a	f Floors		21-1-		
VERONG							_	# 0	r Floors	1	Bldg.	0.000	
County (6)			County	Code (7)			rrent Use (Pric	:6 h -:	d-	- L - D	150	, 	
ESSEX			(STATE	USE ONLY)		Cu			ng demoi	sned)			
Name of Monitoring Firm Hired by Building (	Owner (8)	_	ASCI	A No	Mama	- F A	RESIDENT	HL	(0)				
, and a second s	owner (o)		AGG	VI INU.			Contracting		(9)				
Street Address		10 mm						mic.			- 4		
					Street		ress eland Ave.						
City, State, Zip Code													
Oity, Otate, Zip Gode							Zip Code Park, N.J.						
Project Manager for Monitoring Firm			T-11-										
· roject Manager for Morntoning Firm			Telepho	ne No.	Teleph 201		No. <b>-</b> 5841		License 001 F				
Start Date (10)	Scheduled	Car	anlatia a	D-1- (44)					00156	)			
8/05/15	190.00			Date (11)			SHA Monitor	tal C					
Occupancy Status During Abatement (Chec		0 15			1		Environmer	ital St	er vices i	HC.			
	•				Street								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Ab	atem	ent				ler Street						
Other – Describe:	ai Facility F	iouis			75534		Zip Code	7000					
Scope of Work (Check All That Apply)					Hack	cens	sack, N.J. 0	7606					
					Part	4							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Bearing .	novat			K	F	ull Containme	nt with	Negative	Pressu	ге		
2 100 31 01 2200 11	E Dei	moliti	OH		-	7.0	Mini-Enclosure Blovebag Proc			20			
					7		lon-Exempted		Non-Fria	ble Pro	cedur	e	
	ls Lo	ocatio	on									ement	
Location of		mall		De	scription	of					Ty	rpe	
Asbestos-Containing Material (ACM)	Used : Maint			Asbestos Con	taining M	lateri	ial (ACM)	Aı	nount			m	
TO BE ABATED In Facility	Custoo			(i.e. therma	systems cing, VA				pecify	Re	Z.	nca	Enc
(13)	(	12)			niscellan			SF	or LF)	Remova	Repair	psu	Enclosure
	Yes	No	N/A	0.000000			1			<u>a</u>	-	Encapsulate	лге
3	103	40	,			20.00				-	_	-	
Busemens			V	VAT				500	SF	V			
							*						
										1			
		_								-			
Name of Davister-JWI-1-1													
Name of Registered Waste Hauler		100000	IDEP Waller ID		Yards		Name of R	Register	ed Landfi	li			
Newark Carting, Inc.		100000000000000000000000000000000000000	509	oi vva	7		Grand C	entra	Sanita:	ry Lan	dfill		
City, State				Dispo	sal Date		City, State						
Newark, N.J. 07105					5/15		Pen Arg		08072				
Completed by	Title				Signature	ES .	1 9.	,,, .,		ate			
JOSEPH VOCATURO		Q.	Ec.)	1	٨	1	Voutes			1	1	i i	
200clin Locatoro	EPH VOCATURO VICE PRESIDENT									116	1/15		

Check # 8799

Date of Notification (1) 7/23/4		N	BET	Building (	owner/Oper	rator (2	HIR SHA	10,	'n	et-	13	2	-
Agencies Notified Type Notification			reet Ad		naro	VAL	LBY RUAL	9			ć		
DEP Amended				Zip Co		. 0	2430					ر ن د	5
DOH Emergency (I	nciuding		ame of		BUST	7-		17	elephona Nimi				
DCA Cancellation				_	RMATION					V:	-		
Name of Facility Where Abatement is Teking HousE Street Address 280 PAM Alo VALLE		70						12)	ther than K-12) 6 & commercial		lings,	home	ر ر اعد
City (5) MAHWAH			7,		1 = 1		2 800	#	of Floors		dg. A		
County (6) BERGEN			ounty C	ode (7) Së ONLY)		- 1	Current Use (Pr		Mollomet eniac	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No,			f Abatement Co						
Streat Address			ti		170	are and a second	ddress reeland Ave.						
City, State, Zlp Code			100		54 55		ite, Zip Code nd Park, N.J.			,			
Project Manager for Monitoring Firm		Ī	elephon	e No.	7	elepho	ne No. 62-5841		License No				
Start Date (10)/ 7/23//5	Scheduler 7	Comp	eletion E	ate (11)	100		f OSHA Monitoria a Environme			· · ·			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm	k Only One eriod of Al	bateme			S	treet A	ddress uyler Street						
Other - Describe:	iar Facility I	mouls					ale, Zip Code ensack, N.J.	0760	06				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovefi emolitic					Mini-Enclose Glovebag Pri	re ocedu	with Negative Pr ire and Non-Friebl			e	
The state of the s		Locatio									Abak	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally i Solety htenani odial St (12)	by bel			etems g, VAT	aterial (ACM) Insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsula	Endosure
	Yes	No	N/A		*							late	
OUTSIDE			x		SHI		s)		1200 SA	2			
1 Room	-		<u>×</u>		TILL	<i>E</i>	, (ma) 4	+	144 SF	de			-
								+					
Name of Registered Waste Hauter 'Newark Carting, Inc.	- Landerson III	Ha	DEP W uler ID 509		Cubic Ya of Waste	rds		225	Istered Landfill Itral Sanitary	Lar	idell idell		
City, State Newark, N.J. 07105					Disposal	Date	City, Sta	ite rgyl.	PA 08072				_~~
Completed by R. McDonald	Title Presi	dent				nature //		1	Dal		lis		

Date of Notification (1) 07/16/2015				Building O			<sup>2)</sup> hool Distric	t o	) -: m	44.4	1:-		
Agencies Notified Type Notification			Street Ad				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 4	15 JUL 2	8 F	4 -	TET	- 1
X EPA X Initial				rs Avenu				ń,			3 73	56	
DEP Amended Amendment				e, Zip Cod ale, New		0764	5		& LICE	J. J.	ITA	GL	
Emergency ( justification)  DCA  Cancellation	including	397	Name of Brenda					Te	lephone Nu	mber			
			FACIL	ITY INFO	RMATIO								
Name of Facility Where Abatement is Taking PASCACK VALLEY High School	g Place (3)						Type of Facilit  School (F	2 04					
Street Address 200 Piermont Avenue									ner than K-1 & commerc		lings,	home	es,
City (5) Hillsdale							Square Feet 90,000	2	of Floors		ldg. A 0 ye:		
County (6) Bergen			County C	Code (7) ISE ONLY)			Current Use (I Public High			hed)			
Name of Monitoring Firm Hired by Building ( HEALTH & SAFETY SERVICES, II			ASCM 0117				of Abatement C		5005				
Street Address PO Box 365			20011 2001			Street A	Address Soute 46 Su	ite 15					2. 0
City, State, Zip Code Berlin, NJ 08009							ate, Zip Code /a, NJ 0751	2					
Project Manager for Monitoring Firm Jim Proctor			Telephor	ne No. 52 - 131		Telepho	ADM CONTRACTOR CONTRACTOR	<del></del>	License I	No.			
Start Date (10)		duled Completion Date (11) Name of OSHA Monitor											
08/03/2015	08/12/2						Construction	on Corp					
Occupancy Status During Abatement (Chec			. Grand			Street A	<sub>Raaress</sub> Route 46 Su	ite 15					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: occupied building for	nal Facility	Hours		d Portion	_		ate, Zip Code va, NJ 0751	2					Line
Scope of Work (Check All That Apply)						-10000000000000000000000000000000000000	•						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit				×	Full Contain Mini-Enclos Glovebag F Non-Exemp	sure Procedure					y.**
							Non-Exemp	ileu ( ) ai	III INOII-I IIa	IDIC FIO	7275	emen	t -
Location of		Locati Iormal	2000		Des	cription	of				Ty	/ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		os Conta hermal s	aining M systems ing, VA	aterial (ACM) insulation, Γ, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									fe	(0
Main Gym		Χ		Sh	neetroc	k Con	npound	3	300 SF	х		Х	
Main Gym, Middle Gym Hall		Χ			Pipe	e fitting	gs		16 LF	Х		Х	Χ
Back Gym, Weight Room		Χ		FI	oor Tile	e and	Mastic		39 LF	X		Х	X
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Y	Yards	Name	of Regis	tered Landf	ill			
Newark Carting	*	H	lauler ID 4509		of Was	te	GRO						
City, State Newark NJ					Disposa 08/10/		City, S Morr	State iseville,	PA				
Completed by Milos Savic								1		oate 07/16/	2015	;	



Date of Notification (1)		Name	of Building	g Ow	ner/Operator (2	2)				8					
	22 /	15			EVE	LLC				201 <b>5</b> JUL 2	8 1	W 0			
Agencies Notified	Type Notifica	ation			Street	Address			*:		-	,	1:5	Ġ.	
⊠ EPA	☐ Initial				61 5	Sunnyhill	Ro	ad					**	G.	
					City, S	State, Zip C	code	7		2 / //-					
☑ DHSS	Amendm					er, NJ 07					1/1				
DCA (NJAC 5:23-8)	☐ Emergen justification		uding			of Contact				Telephone N	umher	_			-
(140/10/3.20-0)	☐ Cancellat	773375				ul Patel				relephonere	0.11001				
					FAG	CILITY IN	FOF	RMATION							
Name of Facility Where Al	patement is 7	Taking I	Place	(3)					Type of Facility (	4)					
Skytop Motel									School (K-12	)					
Street Address		3							Subchapter 8					102	
456 US-46									Other (i.e., pr homes, etc.)	ivate and com	merciai	DUI	laing	S,	
City (5)									Square Feet	# of Floors		Bld	g. A	ge	
Dover, NJ 07801									15,000	1			9		
County (6)		렆			Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	nolished	i)			
Morris									Motel						
Name of Monitoring Firm I	Hired by Build	ding Ov	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
The Resident Engine	eering Insp	pection	n, Inc	:.	NA		1	Alliance Env	ironmental Sys	tems					
Street Address	200						Str	eet Address							
18 Kathy Street							5	550 East Uni	on St.						
City, State, Zip Code							Cit	y, State, Zip C	ode						
Kendall Park, NJ 088	824						١	Nest Cheste	r, PA 19382						
Project Manager for Monit	oring Firm			Tele	ephone	No.	Te	lephone No.		License No					
Badar Usmani								310-701-9000	)	00508					
Start Date (10)		Schedu	led C	omple	etion Da	ite (11)	Na	me of OSHA N	Monitor						
_7_/_13_/.	15	8	/	7	/	15_	1	AET							
Occupancy Status During	Abatement (	Check	only o	ne)	1000		Str	eet Address				-			
☐ Facility Closed/Vacated					2	28 N. Pennel	Road								
Abatement Performed						scribe	Cit	y, State, Zip Co	ode						
Time of Abatement: 7A		VI/ <u>3:30</u>	PIVI		AIVI		N	Media, PA 19	063						
Scope of Work (Check all	that apply)							M Eull Con	tainmant with Naa	ativa Desagne					- 7
≥3 sf or ≥3 lf		[	☐ Re	novat	ion			☐ Mini-End	tainment with Neg losure	ative Pressure					
≥160 sf or ≥260 lf		[	⊠ Dei	moliti	on			Gloveba	g Procedure		8				
				1	.,			⊠ Non-Exe	mpted (*) and Nor	n-Friable Proce					
Location of	nf.			Loca Iorma	7 (47.0)			Description of				Aba	-	ent T	ype
Asbestos-Containing N	53	(I)			ely by	Asbe	stos	Containing Ma		Amount		Rer	Repair	Enc	Enc
TO BE ABAT					ince/ Staff?		., the	ermal systems	insulation,	(Specify		Removal	oair	caps	Enclosure
IN Facility (13)	/		0000	(12)	Otan.			surfacing, VAT her miscellane		SF or LF)	!	<u>n</u>		Encapsulate	ure
	No	N/A	1		inor milodollario	(			1		te				
Motel						VAT/Ma	stic	:		8000 SF	0				
Motel						AC Unit	t Ca	ulk		250 LF					
Motel		1				Flashin	g			776 SF	0				
Restaurant		1				VAT/Ma	stic	:		2719 SF		3			
Name of Registered Waste	e Hauler			100	JDEP \		100000000	bic Yards of	Name of Regist	ered Landfill					
Allstate Power Vac					lauler II	) No.	13.00	ste 0	Minerva En	terprises, L	LC				
City, State							_	posal Date	City, State						
Rahway, NJ							Т	BD	Minerva, O	Н					
Completed By (Print or Typ	oe)	Title					-	Signature	111		Date				
Mark Griffin		Est	timat	or				00-440-04-04-04-04-04-04-04-04-04-04-04-	M		7-	2	2-	- /	5

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Restaurant			1	Textured Ceiling	68 SF	X			
Restaurant				Door Caulk	18 LF	X			
Restaurant			1	Flashing	532 SF	X			
Motel			X		4600 LF	X			
			X			X			
			X			X			
			X			X			
			X			X			
e e			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
9			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			

Page 2 - Notification - 1/4/13

(K 11228

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

		N	OTII					STOS ABAT 3:60 and 5:16	The contract of the contract o					
Date of Notification (1)	22 /	15					·	wner/Operator (					100	
			-				1110	Startir and E	ingineering .	?E15 JU	- 20	14	7: :	50
Agencies Notified  EPA	Type Notific  ☐ Initial	ation				t Address				A section				C
⊠ DOLWD	☐ Illitial ☐ Amended	d				Billings	•			A section	11	15 5	100	
☑ DHSS	Amendm				22.0	State, Zip (				- L	FUL H	145		
☐ DCA	☐ Emergen		ding			ulsboro,		08065		1=				
(NJAC 5:23-8)	justificati					of Contac				Telephone No	umber			
	☐ Cancella	UUII				il Szymc	4072,0005			1				
Name of Facility 10th and	A I 1 1			(0)	FA	CILITY IN	∛FO	RMATION						
Name of Facility Where A	Abatement is	I aking P	lace	(3)					Type of Facility					
Building #3 Street Address				_					School (K-12		-12)			
200.000									Other (i.e., p	rivate and comr	mercial	buildir	ngs,	
600 Billingsport Rd	1.								homes, etc.)				3557735	
City (5) Paulsboro, NJ 0806	26								Square Feet	# of Floors		Bldg.	-	
County (6)	00				T C	-h. O-d- /	71/07	ATE HOE ON IN	125,000	2		40+		
Gloucester					Cou	nty Code (	1)(51.	ATE USE ONLY)	Current Use (Pr	for it being dem	olished	)		
Name of Monitoring Firm	Hired by Ruil	dina Ow	201/9	21	ASCM	No	NI	ana of Ababasa	Research ent Contractor (9)					
Environmental Mar		0 10 10 10 10 10 10 10 10 10 10 10 10 10			NA	NO.								
Street Address	agement	iterriati	Ullai		INA		-	reet Address	ironmental Sys	stems				
34 E. Germantown	Pike #204						0.00000	550 East Uni	on St					
City, State, Zip Code	1 1110 11204							ty, State, Zip Co						
	E. Norriton, PA 19401							West Cheste						
Project Manager for Mon	200			Tel	ephone	No		elephone No.	1,1 A 10002	License No.				
Ray Giordano						7-0405		610-701-9000	)	00508				
Start Date (10)	1:	Schedule	ed Co					ame of OSHA N		00300				
_8_/_5_/	15	8	_ /	7	_ /			EMI	ionitor					
Occupancy Status During							St	reet Address						
☐ Facility Closed/Vacate						.,		34 E. Germar	ntown Pike					
Abatement Performed Time of Abatement: 7	AM- PN	ormai Fa и/ <b>3:30</b> Р	icility M-	Hou	rs - Des AM	scribe		ty, State, Zip Co						
Scope of Work (Check al					,		1	E. Norringtor	ı, PA 19401					
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf	і шас арріу)		Rer Der	novat noliti				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No					
			ls l	Loca	tion			ZA HOII ZXO	mpted ( ) and 140	II-I Habie i 100e		hator	nent T	Cuno
Location				orma				Description o	f			T	T	T
Asbestos-Containing TO BE ABA		1)			ely by ance/			Containing Ma		Amount	Kemova	Repair	Encapsulate	Enclosure
IN Facili		(	Custo		Staff?	(1.6	., ин	ermal systems surfacing, VAT,	or	(Specify SF or LF)	OVA	¥	Isda	osui
(13)		-		(12)		-		ther miscellane		,	-		ilate	l e
Yes No					N/A									
Lab								ıme Hood		40 SF		-		
FIL			-			Gasket				1 SF	×			
Name of Registered Wasi Waste Management				1000	IJDEP \ lauler II		Wa	bic Yards of aste	Name of Regis Gloucester					
City, State							Dis	posal Date	City, State					
Paulsboro, NJ							11-55	BD	Swedesbo	ro. NJ				
Completed By (Print or Ty	/pe)	Title						Signature	2.75465501		Date			
Mark Griffin	ark Griffin Estimator							Jighature	M		7-	22	-1.	5

ASB-41 MAY 11

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

(KX 1652

Date of Notification (1)			1 11					50			
7.22-15			Nam	VAN Y	ing Owner/Oper	cator (2)	d Lubrica	1.1			
Agency Notified	Type Notification		Stre	et Address	LODIT TH	erz an	a Lybrica	1110			_
O EDA	A-Initial		1		ine J				72		
O EPA	☑ Amended		City,	State, Zip	Code						_
D DOL	Amendment #		12	Ayon	2 \	T. 0700	02				
D DOH	<ul> <li>Emergency (incluing justification)</li> </ul>	dìng	Nam	e of Conta			Telephone Nu	mher		C:	_
D DCA	Cancellation		TH	/		em 1	A - I I I I I I I I I I I I I I I I I I	itibel		. 4	81
			FA		ORMATION				/ /	2	
Name of Facility Where A	batement is Taking P	lace (3)			7	Type of Fac	cility (4)				
FOR MER BAL	onne Lubri	retino	m	ta. P	lant		71				
Street Address	-		11/1	0		☐ School (i	K-12) iter 8 (Other than K-1	2)			
1 Avenue	<i>f</i>					◯XOther (i.e	e. private & commerci	ial builc≹ir	ngs,		
City (5)						homes, Square Fee		Did.	0		
BAHONNE			10		¥1	Oquale 1 ae	40110015	Bldg.	Age	_	
County (6)			Coun	ty Code (	) (STATE USE	Current Dec	(Prior if being demo	10/0	2		
Hudson		-	ONL		/ ( - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	Suitain Ost	ti noi ii semg demo	iisnea)			
Name of Monitoring Firm I	lired by Building Own	ner ASC	M No.		Name of Aha	tement Contract	nr (9)				
(8) Asset Inspec	ton Fechnolos	,			Terral	// / . 1		. /.	/		
Street Address	1 Day	1401			Street Address		ing sirvice	0,4	C >		
123 N. Reg Ko	ad follows:	30/5			1	Stadiu	in Orcine	)			
City, State, Zip Code	. 11	11010			City, State, Zi		,,,,,,,,				-
South Hampton	/ 6	11969.			LALAM		11 49009				
Project Manager for Monito		Telepho			Telephone No	),	License No.	•			
Petul/ amo		917-9	150-9	7217	269.375	-9593	01208				
Start Date (10)	Scheduled C	ompletion D	$\circ$	)	Name of OSH	A Monitor			/	_	
X-10	9 1	114	8-11.	-/5	AnAlntic	CAN TYSTA	ng & Canshi	HIRD	So	100	14
Occupancy Status During					Street Addres		7				
☑ Facility Closed/Vacated	During Entire Period	of Abatemen	t	12	14625 6		COON				
☐ Abatement Performed C☐ Other - Describe:	ruiside of Normal Fac	lity Hours		294	City, State, Zip	,	MACE				
Scope of Work (Check all t	hat apply)				Mainly	m ////.	47000				
Z ≥ 3 sf or ≥ 3 lf	,,,,,,,		ПВог	nountion	O Fu	Il Containment w	vith Negative Pressure	9			
≥ 160 sf or ≥ 260 lf				novation nolition	J.Mir	ni-Enclosure ovebag Procedu	re.				
				<del>,</del>			and Non-Friable Proc	edure			
5		Is Locat		1	- A			T	Abate		nt
Location		Norma Used Sole			Description	n of		.	1 )	pe	
Asbestos-Containing N TO BE ABA	Aaterial (ACM)	Maintena	nce/	Asbes	tos Containing I thermal system	Material (ACM)	Amount	1.		回	m
IN Facilit		Custod Staff?		(1.6.	surfacing, VA	AT, or	(Specify SF or LF)	Sellova	Repair	Encapsulate	Enclosure
(13)	1	(12)			other miscella			l c v a	bair	sula	SUL
Abole 0:1 (1)0	elee.	Yes No	N/A	+8		11		.		0	9
Sporator			V	t pi	20 INSI	1ctan-	170	-	1	-	-
Just our les			1	#.1	011/04	( care)	+ 100-	-	1	-	-
<i>y</i>	-			- V					+1	-	-
			-				ļ		1-1	_	4
Name of Registered Waste	Hauler	NJDEP V	Vaste F	lauler	Cubic Yards of	Name of Pag	gistered Landfill				-
Mannet / 1 mg	1.7	ID No.	-		Waste	11:1	gistered Landilli	11	,		
MUDITURY I MINISH	MULA COLOR	1660	5		60	11941	4C145 Lane	9711	00		
City, State / h.//	-				Disposal Date	City State	1.11				-
24174W /V9		Man de la constante de la cons			23	FAIR DO	TNY				1
Completed by	Title	0111	/ /		Signature/	- /	3	Date		SOUTH TO	7
des Mor	Director of	Abatom	it	ERVICES	Du	en X	1. Moc	7-2	2-1	5	
SB-47	* Do not	use this form	for pel	heetne line	neuro evemple	d' bathation		-1 08		_	

CP# 2846

Date of Notification (1)				Nome	of Duildin	a Owner/Operator /	2)	YC 1				
	9 /	15				g Owner/Operator ( de Nemours	2015	<i>(1)</i>				
Agencies Notified  EPA	Type Notifica	ation	×		Address Cheese	quake Road		1 25 M 6	00			
☑ DOLWD				City, S	State, Zip	Code		J				
⊠ DHSS		ent # <u>1-7/2</u>		Par	rlin, NJ 0	8859	4					
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		ıg	Name	of Contac	ct		Telephone Numb	er		-	
	☐ Cancellat			Nic	hol Rein	hold		/32-0.	-			
				FA	CILITY II	NFORMATION			-			-
Name of Facility Where	Abatement is T	aking Plac	e (3)		OILITT II	VI ORMATION	Type of Facility (	4)				
DuPont Parlin Faci			(0)				School (K-12)	AU 6.3				
Street Address	,g						☐ Subchapter 8	(Other than K-12)				
250 Cheesequake	Road						Other (i.e., prince)     homes, etc.)	ivate and commer	cial bu	ilding	js,	
City (5)			7				Square Feet	# of Floors	Bi	dg. A	ge	
Parlin			10-21				32 5	(82 53)				
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Middlesex							Exterior					
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				1161001	
Cardno ATC						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address	<del>11-12</del> - 120 - 120 (2)					Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 080	16					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
John Lutz			6	09-386	-8800	215-788-6040	Ē	00509				
Start Date (10)	5	Scheduled	Compl	etion Da	ate (11)	Name of OSHA N	lonitor					
8 / 3 /	15	8	1 - 5	5 / .	15	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	g Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacate						1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7						City, State, Zip Co BRISTOL, PA						
Scope of Work (Check a	Il that annly)					BIGGIOL, FA	13007				10.16	
≥3 sf or ≥3 lf     □ ≥160 sf or ≥260 lf	п спас арргуу		Renova Demolit				g Procedure	ative Pressure . n-Friable Procedur	e			
			ls Loca						Ab	atem	ent T	уре
Location			Norm sed So		1	Description of			Z,	R	ш	ш
Asbestos-Containing TO BE ABA		' N	lainten	ance/	ASD6	estos Containing Ma e., thermal systems	insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		Cı	stodial 12)	Staff?	, , , ,	surfacing, VAT	, or	SF or LF)	Val	7	sula	sure
(13)		Yes			1	other miscellane	ous)				ate	
Building 713 Exterior	Building 713 Exterior atrium							120 LF				
71												
Name of Registered Was	ste Hauler		1.75	NJDEP		Cubic Yards of	Name of Regist	tered Landfill				-
BRISTOL ENVIRON	IMENTAL IN	C		Hauler I 1870		Waste	GROWS La	ndfill				
City, State	1)					Disposal Date	City, State	11				
BRISTOL, PA						4/22/2015	Morrisville,	PA 19067				
Completed By (Print or T Patrick T. DeCaro	ype)	Title Estim	ator			Signature	ik A. Dic	7 / D Da	te 7/2	4/	15	7
						Iam	cra 1	we In	1/0	1 '		

ASB-41 MAY 11 PO 15069

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(Pu	rsuan	t to NJA	C 8:60 and 5:16	6)	Ch# .	28	40	)	
Date of Notification (1)	9 /	15	ď		Section Sectio		g Owner/Operator (: de Nemours	2) 2015 JUL	28 64 840	i)	/		
Agencies Notified	Type Notifica	ation			Street	Address		1		SIK			
□ EPA					250	Cheese	quake Road	7					
Ø DOLWD .73 26	☐ Amended				City, S	State, Zip C	Code						
☑ DHSS 1319	Amendme	SOUTH STATE OF THE	dino		Par	lin, NJ 08	8859						
(NJAC 5:23-8)	justification		allig		Name	of Contac	t		Telephone Numb	per			
3 232025	☐ Cancellat	ion			Nic	hol Reinl	hold		1.				
					FAG	CILITY IN	FORMATION						
Name of Facility Where A			ace (	3)				Type of Facility					
DuPont Parlin Facil	lity - Bldg. 7	13						School (K-12					
Street Address									(Other than K-12) ivate and commer		ilding	ıs,	
250 Cheesequake F	Road							homes, etc.)					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Parlin													
County (6) Middlesex					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm	Hirad by Ruile	ting Own	or /9		ASCM	No	Name of Abateme						
Cardno ATC	Tilled by Build	allig Owl	101		ASCIVI	NO.		VIRONMENTAL	INC				
Street Address							Street Address		_,				-
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code			600 E				City, State, Zip Co	ode					
Burlington, NJ 080	16						BRISTOL, PA						
Project Manager for Moni			T	Tele	phone	No.	Telephone No.		License No.				
John Lutz				60	9-386	-8800	215-788-6040	1	00509				
Start Date (10)	5	Schedule	d Cor	nple	tion Da	te (11)	Name of OSHA M	lonitor					
7/ / _27 /	15	7	_ / .	29	_ / _	15	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement (0	Check or	nly on	e)			Street Address		A				
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)	8=15%. H											
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Rend				<ul><li>✓ Mini-Enc</li><li>✓ Glovebag</li></ul>	g Procedure	ative Pressure	e			
			ls L	ocat	ion	1					atem	ent T	vpe
Location	of			rma			Description o				_		
Asbestos-Containing I TO BE ABA		1)	Used Main		ely by nce/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit		1			Staff?	(1.6	surfacing, VAT,		SF or LF)	oval	=	nsd	Sur
(13)				(12) No	T NIZA	-	other miscellane	ous)				ate	0
			es		N/A	n: 1			400.15	57			
Building 713 Exterior	atrium	L	-			Pipe Ins	sulation		120 LF		Ш	Ш	Ш
			] [										
			] [										
			] [										
Name of Registered Wast	te Hauler			1000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRON	MENTAL IN	С		Н	18706		Waste	GROWS La	ındfill				
City, State					10/00	,	Disposal Date	City, State					
BRISTOL, PA							4/22/2015	Morrisville	PA 19067				
Completed By (Print or Ty	rpe)	Title					Signature		/ Da	te /	1	_	
Patrick T. DeCaro		Esti	mato	r			Patrick	2 T. De Co	w/20	7/9	/15	5633	
ASB-41		1	-				1	10	10	-11			

ASB-41 MAY 11 00 , 5 1 / 9

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

check# 2848

GAC Project # 060-15

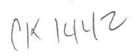
GAC Project # 000-15											
Date of Notification (1)	3, 2015				Name of Building Owner/G RUTGERS, THE ST		ERSITY	OF I	NJ		
Agencies Notified	, 2010	Notification	Туре		Street Address	71.2 01.11					
<b>□</b> EPA		Initial N	Votifica	tion	ENVIRONMENTAL						
□ DCA		□Amende			27 ROAD 1, BLDG 4	4086, LIVII	<b>IGSTON</b>	N CA	MPUS		
☑ DOL ☑ DEP- No Longer REQUI	RED	■ Emerge justific	- 1	ncluding	City, State, Zip Code PISCATAWAY, NJ (	08854					
☑ DOH	I LED	☐ Cancel			Name of Contact		Telephor	ne Nur	mber		
					MICHAEL SMITH, E				50		
				EAOU ITY ING	HEALTH & SAFETY						
Name of Facility Where Abate	ment is Ta	king Place (3)		FACILITY INF	Type of Facility (4)						
LIFE SCIENCE CENT					School (K-12)						
Street Address					Subchapter 8 (other th			737	2	(4)	
225 UNIVERSITY AVE	ENUE, N	EWARK C	AMPU:	S	Other (i.e. private & co					. "	17
City (5)	County (6	1	County	Code (7)	Sq. Feet: N/A #	of Floors: N	IA blug.	Age.	00-2	ears	ï
NEWARK		SEX		Use Only)	Current Use (prior if being	demolished)	: EXTER	NOR T	RENÇH		1
500-0000000000000000000000000000000000					# 1582 NO			5	. 0	2	»
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM		Name of Contractor (9)			6	- 3	2	2
Cardno ATC			0098		GREENWOOD ABAT	EMENT C	ONSULT	ANT	C		
Street Address					Street Address			(2)	72.3		
3 TERRI LANE					268 MAIN STREET				9	33	
City, State, Zip Code	<u> </u>			and the second	City State, ZipCode				•		
BURLINGTON, NJ 08	016				BUTLER, NJ 07405						
Project Manager for Monitorin		Telephone N			Telephone Number		License 1	Numbe	r		
BRIAN KEARNY		609-386-	-8800		973-492-0477		00840				
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor		00040				
08/07/15		08/14/15			ENVIROVISION, INC						
Occupancy Status During A	batement	(Check only o	ne)		Street Address	,.					-
☐Facility Closed/Vacated □				t	00 04 14/4 DO 4 D 414/	DOAD					
Abatement Performed O					20-21 WARGARAW City, State, Zip Code	RUAD					
☑Other – Describe: Shift	Hours:			7000	Oity, Otale, 2ip Gode						
		<ul><li>Exteri</li></ul>	or i rei	ncn	FAIRLAWN, NJ						
					TAINLAWN, NO						
Scope of Work (Check all that	apply)				п	Full Contain	ment with	Negati	ve Pres	SUITE	
≥ 3 sf or ≥	3 If			▼Renovation		Mini-Enclos		riogan	100	Julio	
□ ≥ 160 sf or				■ Demolition	X	Glovebag F	rocedure				
						lon-Exempte					е
Location of Asbestos-Contain Material (ACM) in Facility (13)		ocation Normal			bestos Containing Material nal systems insulation, surfac	ing, (Speci	fv SF		ent Type		
Waterial (Now) in Facility (10	Stat	ff? (12)		VAT, or other mis		or LF)		Remove	Repair E	ncap l	Enclose
EXTERIOR HTHW TRENC	YE		NA T	TSI		150 L	E D	X	Т		1
EXTERIOR HTHW TRENC	·n	X		131		130 1	-1 12		-		
									1		
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	I	Cubic Yards of Waste:	10 CY	Name of				
See Hauler Below #1 &	2	See Belov	V			100 AT 100 A	G.R.O.\	W.S. I	North I	andf	ill
Hauler #1) Greenwood Abat	ement Con	sultants, Inc	Butler, 1	NJ 07405		Disposal Da	<u>ite</u>		City, State		A:11
NJDEP # 28969	one Mass	Coetle De 107	20			08/14/15			00 New Rd. Morr		
Hauler #2) S TG – 58 Pyles I NJ DEP # 2099		Castle, De 197.	20					1	9067		
Completed by (Print or Type)	Т	Title			Signature		Date	2	15-736-	1700	-
RAYMOND C. PEDAL	INO	SENIOR P	ROJE	CT .	Raymand C. Per	11.		ly 23	, 2015		
		MANAGER		NAME OF THE PARTY	Naymend C. Te	aauno	1000483				

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

Check# 2849

Date of Notification (1)   July 23, 2018   Name of Beliding Conner(Coerator (2)   NORTHERN HIGHLANDS REGIONAL HS BOE	GAC Project # 491-15			
Size   Address   Size	Date of Notification (1)	5		
Size   Amended Certification #1   Consultant address change   Emergency (including   Sutification #)   Consultant address change   Emergency (including   Sutification		Notification		Street Address
Size   Address   Consultant address change   Demension   Consultant address change   Demension   Dem	⊠ EPA			
Solicy   Doc   Doc   Demonstrated Standard   Demonstrated   Dem	1 Control Cont			1 Oity, otate, 219 Code
Exercised States   Exercised	\$2000 F00000	Company Company Company Company		
District	\$4000 \$100 \$100 \$100 \$100 \$100 \$100 \$100			
Name of Facility Where Abstement is Taking Piace (3) NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL Sirest Address 298 HILLSIDE AVENUE  City (3) ALLENDALE  County (6) BERGEN  BERGEN  County (204) BERGEN  County (205) County (204) Current Use (prior if being demolished): HIGH SCHOOL  Name of Montifortina Firm Hirde by Bida Owner (8) RN OCCUPATIONAL & CITY SINE Address 401 ST. JAMES AVENUE  City Sine Address  City Sin				SAMIL ATOMISON
Name of Seality (A) between tis Taking Place (2)	ES DOTT	☐ Cance	19400 NN 01	
298 HILLSIDE AVENUE   County (6)   County (6)   Safety (1.5 private & commercial buildings, home, etc.)   Safety (1.5 private)   Safety (1.5 pr	N	T.I. DI (0)	FACIL	
298 HILLSIDE AVENUE   County (6)   County (6)   Safety (1.5 private & commercial buildings, home, etc.)   Safety (1.5 private)   Safety (1.5 pr			1011 0011001	Type of Facility (4)
298 HILLSIDE AVENUE   County (6)   County (6)   Safety (1.5 private & commercial buildings, home, etc.)   Safety (1.5 private)   Safety (1.5 pr	NORTHERN HIGHLANDS	REGIONAL H	IGH SCHOOL	School (K-12)
Sq. Feet: -200,000SF # of Floors: 2 Bldg_Age: 50+ years	Street Address			Subchapter 8 (other than K-12)
Courted Use (prior if being demolished): HIGH SCHOOL	298 HILLSIDE AVENUE			
ALLENDALE   BERGEN   State Use Only   Current Use (prior if being demolished): HIGH SCHOOL	Cit. (5)	. (0)	C (7)	Sq. Feet: ~200,000SF # of Floors: 2 Bldg. Age: 50+ years
Name of Monitoring Firm Hired by Bidg. Owner (8)   ASCM No.   0090   GREENWOOD ABATEMENT CONSULTANTS, INC.				Current Line (prior if heine demolished): HIGH SCHOOL
RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.  Street Address 401 ST. JAMES AVENUE  City. State. Zip Code PHILLIPSBURG, NJ 08865  Protect Manager for Monitoring Firm JON GILBERT  Scheduled Completion Date (11) 08/10/15  Scheduled Start Date (10) 08/10/15  Cocupancy Status During Abatement (Check only one) □Facility Closed/Vacated During Entire Period of Abatement □Hours 7AM □Hours	ALLENDALE	BERGEN	Totale Ose Only	Current use (prior if being demonstred). High School
RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.  Street Address 401 ST. JAMES AVENUE  City. State. Zip Code PHILLIPSBURG, NJ 08865  Protect Manager for Monitoring Firm JON GILBERT  Scheduled Completion Date (11) 08/10/15  Scheduled Start Date (10) 08/10/15  Cocupancy Status During Abatement (Check only one) □Facility Closed/Vacated During Entire Period of Abatement □Hours 7AM □Hours	Name of Monitoring Firm Hired by RIc	la Owner (8)	ASCM No	Name of Contractor (9)
ENVIRONMENTAL ANALYSIS, INC.  Sirest Address 401 ST. JAMES AVENUE  City. State. Zip Code PHILLIPSBURG, NJ 08865 PCIGEL Manager for Monitoring Firm JON GILBERT  Scheduled Start Date (10) 08/03/15  Scheduled Completion Date (11) 08/10/15  Scheduled Start Date (10) 08/03/15  Scheduled Start Date (10) 08/10/15  ENVIRON/ISION, INC.  Scheduled Start Date (10) 08/10/15  ENVIRON/ISION, INC.  Street Address  20-21 WARGARAW ROAD  City. State. Zip Code FAIRLAWN, NJ  Source of Work (Check all that apply)  Source of Work (Check all that apply)  Source of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) in Facility (13)  Material (ACM) in Facility (13)  Solely by Maint-Custodial Staff (12) YES NO NA  Cafeteria Kitchen  Size Address  Cubic Yards of Waste: 10 CY  None  Size Address  Si		S. Omici (0)		ranto di contiducto (c)
Street Address   268 MAIN STREET		IS. INC.	0000	GREENWOOD ABATEMENT CONSULTANTS, INC.
268 MAIN STREET		,		Street Address
City. State. Zip Code PHILLIPSBURG, NJ 08865 Protect Manager for Monitoring Firm JON GILBERT    Telephone Number   908-454-6316   973-492-0477   90840     Scheduled Start Date (10)				
PHILLIPSBURG, NJ 08865   Project Manager for Monitoring Firm   Telephone Number   908-454-6316   973-492-0477   00840				268 MAIN STREET
Project Manager for Monitoring Firm   Telephone Number   908-454-6316   973-492-0477   00840	City, State, Zip Code			City State, ZipCode
Scheduled Start Date (10)   Scheduled Completion Date (11)   O8/10/15   ENVIROVISION, INC.	PHILLIPSBURG, NJ 08865			BUTLER, NJ 07405
Scheduled Start Date (10) 08/03/15  Scheduled Completion Date (11) 08/10/15  Deccupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours - Describe □ Facility Cocupied During Entire Period of Abatement SHIFT HOURS 7AM - 7PM (as needed)  Source of Work (Check all that apply)  □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 □ Demolition □ Demolition □ Glovebag Procedure □ Cotation of Asbestos-Containing Material (ACM) in Facility (13) Solely by Maint/Custodial Staff? (12) YES NO NA  Cafeteria Kitchen □ DUCT INSULATION  Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509  Notes: None  Scheduled Completion Date (11) Name of Reg. Waste Hauler Notes: None  Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. Street Address 20-21 WARGARAW ROAD  City, State, Zip Code  FAIRLAWN, NJ  Full Containment with Negative Pressure □ Glovebag Procedure □ Glovebag Procedure □ Amount (Specify SF or LF) Remove Repair Encap Enclose Remove Repair Encap Enclose  Cafeteria Kitchen □ DUCT INSULATION □ 178 SF □ □ NJ DEP Waste Hauler ID # Notes: None  Signature  Completed by (Print or Type) RAYMOND C. PEDALINO  School State Of State Of State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700  June 23, 2015				Telephone Number <u>License Number</u>
Scheduled Start Date (10)   O8/10/15   O8/10/15   ENVIROVISION, INC.	JON GILBERT	908-454	-6316	070 400 0477
Os/10/15	Cabadalad Stad Data (40)	0-1-1-1-1	D	
Cocupancy Status During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe   Sality Occupied During Entire Period of Abatement   SHIFT HOURS 7AM - 7PM (as needed)   Source of Work (Check all that apply)   Source of Work (				Name of OSHA Monitor
Street Address	06/03/13	00/10/15		ENVIROVISION, INC.
□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours - Describe □ Facility Occupied During Entire Period of Abatement SHIFT HOURS 7AM - 7PM (as needed)  Source of Work (Check all that apply)  Source of Work (Check all that apply)  □ ≥ 3 sf or ≥ 3 lf □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and	Occupancy Status During Abateme	ent (Check only o	ne)	
□ Abatement Performed Outside of Normal Facility Hours - Describe □ Facility Occupied During Entire Period of Abatement SHIFT HOURS 7AM – 7PM (as needed)  Source of Work (Check all that apply)  Source of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 □ Demolition □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*				
Describe				
SHIFT HOURS 7AM – 7PM (as needed)  Source of Work (Check all that apply)  Solely by Maint, Custodial Amount apply of Asbestos Containing Material (Aron, in Amount (Specify SF)  Solely by Maint, Custodial (Aron, in Amount (Specify SF)  Solely by Maint, Custodial (Aron, in Amount (Specify SF)  Solely by Maint, Custodial (Aron, in				City, State, Zip Code
Source of Work (Check all that apply)    Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Source of Work (Check all that apply)   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Amount (Specify SF or LF)   Remove Repair Encap Enclose   Noter None   Notes: N	X Facility Occupied During Entire	Period of Abater	nent	
Source of Work (Check all that apply)  Source of Work (Check all that apply)  □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 □ □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □	SHIFT HOURS 7AM - 7PM	(as needed)		FAIRLAWN, NJ
Semovation   Semovation   Semovation   Semovation   Semovation   Solety by Maint-/Custodial Staff? (12)   YES   NO   NA   NA   NA   NA   NA   NA   NA				
□≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted	Source of Work (Check all that apply)			V 5.110-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Demolition			(C) =	
Location of Asbestos-Containing Material (ACM) in Facility (13)    Solely by Maint./Custodial Staff? (12) YES NO NA   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)    Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509   Notes: None   Notes: None   Notes: None   Notes: None   Notes: None   Signature   Si			The second secon	
Location of Asbestos-Containing Material (ACM) in Facility (13)   Is Location Normally Used Solely by Maint./Custodial Staff? (12)   VAT, or other miscell.)   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)   Cafeteria Kitchen   X	$ \Sigma  \ge 160 \text{ sf or } \ge 260$		☐ Dem	200 - COLD - CO
Material (ACM) in Facility (13)  Solely by Maint./Custodial Staff? (12) YES NO NA  Cafeteria Kitchen  DUCT INSULATION  178 SF  NO NA  Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509  Notes: None  Notes: None  Notes: None  Name of Reg. Waste Hauler ID# Cubic Yards of Waste:  Notes: None				■Non-Exempted (*) and Non-Friable Procedure
Material (ACM) in Facility (13)  Solely by Maint./Custodial Staff? (12) YES NO NA  Cafeteria Kitchen  DUCT INSULATION  178 SF  NO NA  Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509  Notes: None  Notes: None  Notes: None  Name of Reg. Waste Hauler ID# Cubic Yards of Waste:  Notes: None	Location of Asbestos-Containing	s Location Norma	Ilv Used   Description	n of Asbestos Containing Material Amount Abatement Type
Staff? (12)   YES   NO NA   NA   VAT, or other miscell.)   Or LF)   Remove Repair Encap Enclose	Material (ACM) in Facility (13)	Solely by Maint./C	ustodial (ACM) (i.e	e. thermal systems insulation, surfacing, (Specify SF
Name of Reg. Waste Hauler   NJDEP Waste Hauler ID # Newark Carting, Inc. Newark, NJ 04509   Notes: None   Notes: None   Notes: None   Disposal Date   10 CY   Name of Registered Landfill   G.R.O.W.S. North Landfill   Os/10/15   City, State   10 Os New Ford Mill Rd. Morrisville, Pa 19067   215-736-1700   Notes: None   Signature   Senior Project				her miscell.) or LF) Remove Repair Encap Enclose
Name of Reg. Waste Hauler Nowark Carting, Inc. Newark, NJ 04509  Notes: None    NJDEP Waste Hauler ID # NJ DEP # 4509   Cubic Yards of Waste: 10 CY   Name of Registered Landfill G.R.O.W.S. North Landfill G.R.O.W.S. North Landfill			30000	NOUL ATION
Newark Carting, Inc. Newark, NJ 04509  Notes: None    Disposal Date   100 New Ford Mill Rd.   Morrisville, Pa 19067   215-736-1700	Careteria Kitchen	N N	DUCTI	NSULATION 178 SF 🗵
Newark Carting, Inc. Newark, NJ 04509  Notes: None    Disposal Date   100 New Ford Mill Rd.   Morrisville, Pa 19067   215-736-1700				
Newark, NJ 04509  Notes: None    Disposal Date   100 New Ford Mill Rd.   Morrisville, Pa 19067   215-736-1700				
Notes: None    Disposal Date   100 New Ford Mill Rd.   Morrisville, Pa 19067   215-736-1700		NJ DEP	# 4509	G.K.O.W.S. NORTH Landfill
Notes: None    Title   Senior Project   Raymond C. Pedalino   Senior Project   Senior Project   Signature   June 23, 2015   Date   June 23, 2015   Date   Da	Newark, NJ 04509			Discord Date Cott Out
Completed by (Print or Type) RAYMOND C. PEDALINO  Title SENIOR PROJECT  Signature June 23, 2015	NY . NY			
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Signature June 23, 2015	Notes: None			1 00/10/10
RAYMOND C. PEDALINO   SENIOR PROJECT   June 23, 2015				215-736-1700
MANAGER	RAYMOND C. PEDALINO			June 23, 2015
		MANAGE	₹	A CO

Or see



Date of Notification (1) 7-22-2015				Name of Building Owner/Operator (2)  Bergen County Technical School  Street Address  327 Fact Rigwood ave													
Agencies Notified Type Notification			1 7	Street Address 327 East Rigwood ave					.4	ê.,	, p		.17	C:	ûŝ		
× EPA × DEP × DOL	Initial Amended Amendment	#	100	City, State, Zip Code Paramus NJ 07652				6 1 3 FV 1 1 3 T 3 T									
DOH	(including		Name of Contact Thomas Jodice				Telephone Number										
☐ DCA	Cancellation	100			ITY INFO		ION								-		
Name of Facility Where	Abatement is Takin	n Place (3)		FAGIL	_III T INFO	KIVIA	ION	Туре	of Facility (4	.)							
Bergen County Te		21				School (K-12)											
Street Address 275/285 Pascack Road									Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Paramus, nj 07652	)							Squar	re Feet	# 01	Floors		BI	dg. A	ge		
County (6)			Code (7)				nt Use (Prio		ng demoli	she	1)						
Bergen					ISE ONLY)		Technical School  Name of Abatement Contractor (9)										
Name of Monitoring Firm Hired by Building Owner (8) TTI Eviromental Incorporate				ASCM No.			DYV Enterprises LLC										
Street Address 1253 N Church ST							Street Address 254 Cumberland Ave										
City, State, Zip Code					City, S	City, State, Zip Code											
Moorestown, NJ 0					Paterson NJ 07502												
Project Manager for Monitoring Firm Michael R Stocku				Telephone No. 856-8408800			Telephone No.   License No.   01129									į	
Start Date (10) Scheduled (7-23-15 7-23-15				completion Date (11)			Name of OSHA Monitor										
Occupancy Status Durin	)				Street Address												
Facility Closed/Vac Abatement Perform Other – Describe:	atem	ement urs			City, State, Zip Code												
Scope of Work (Check	All That Apply)					2 (2.5 (2.5)		100									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation			Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		2000				Abatem											
Is Lo.							Description of						Туре				
Asbestos-Containing Material (ACM)			Solel tenan dial S (12)	y by nce/		Asbestos Containing I (i.e. thermal system surfacing, VA other miscella			ation,	Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Ye		Yes	No	N/A											Ф		
Boiler Room				Х	Boiler gasket insul			ation r	material		5 LF x		X				
											- 1						
				-								-	-				
Name of Registered Waste Hauler				NJDEP Waste			Cubic Yards		Name of Registered Landfill								
DYV Enterprises LLC			5550				of Waste 5 yd		Waste Management								
City, State Paterson NJ							osal Date 1-15	osal Date City,			state own PA						
Completed by Title				1,			Signature \			Date							
Dorian Carpio Manag			ger	r			, į		7-22-15								