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

RECEIVED

Date of Notification (1) 05/26/2015	***************************************				uilding Owner an Booth Ad			2014	JUN -	I åH	1 4:1	P		ACMANIA TO STATE OF
Agencies Notified EPA	Type Notification Initial		15		West Huds	son Ave			E 37 & LIC					
DEP DOL .	Amended Amendment #_ Emergency (inc	ludina	Cit	y, State nglewo	, Zip Code ood, NJ 076	801								
DOH DCA	justification) Cancellation	adding	4	me of C ordan	95 HA 75 HA 65 HA			31	Teleni	h!				10.000
				FACILI	TY INFORMA	TION	_	r = 10% /4						
Name of Facility Where Ab Percy Williams Wing		Place (3)					Тур	e of Facility (4 School (K-12						
Street Address 155-175 West Hudso	on Ave						V	Subchapter (Other (i.e. pr etc.)				ings,	home	s
City (5) Englewood								are Feet ,000	# of F	ors		dg. Ag 0+	ge	100
County (6) Bergen		-	Co (S)	unty Co	ode (7) E ONLY)			rent Use (Prio etirement H		emolish	ned)			
Name of Monitoring Firm H Environmental Healt	Hired by Building Ow th Investigations	mer (8) , Inc	1	ASCM 1 0104	¥o.			nstruction		ration,	Inc			
Street Address 655 West Shore Tra	il					Street 265		ress oute 46 Sui	e 3D					
City, State, Zip Code Sparta, NJ 07871								Zip Code NJ 07512						
Project Manager for Monit Jean-Paul von Doeh	oring Firm nren			lephone 73-65	No. 1-2041	Telepi 973		No. -7010		cense N 666	0.			
Start Date (10) .06/11/2015		cheduled (06/30/20		letion Da	ate (11)			SHA Monitor Instruction		ration,	Inc			
Occupancy Status During						Street 265		ress oute 46 Sui	e 3D					
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Normal			nt		City, S	State,	Zip Code NJ 07512	-					
Scope of Work (Check All										-			-	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	413,	SECTION	ovatio					Full Containme Mini-Enclosure Blovebag Proc Von-Exempted	dure					
		la la	anting			<u> </u>		4011-Exempled) and i	Jit'i Ita.	10 1 10	Abate		
Location	of		cation mally		г	Description	n of					Ту	pe	1
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED		enanc lial Sta 12)	e/ aff?	Asbestos Co (i.e. therm	ontaining I	Mater ns ins AT, or	ulation,	Am (Sp SF c		Removal	Repair	Encapsulate	Enclosure
Percy Wing Interior p	perimeter walls		No X	N/A	Wa	aterproc	fing		2,25	SF	X			1
Percy Wing Heating		Χ,		F	irestopp	ing		25	3F	X				
		-											The same of the sa	
Name of Registered Wast	Name of Registered Waste Hauler					oic Yards		Name of		Landfil	1	1	<u> </u>	1
Bako Construction &	Restoration, Inc	;		uler ID 1 889	30	vaste yds		G.R.O.						
City, State Totowa, NJ					TB	posal Date D	е	City, State Morris\	lle, PA					
Completed by Damir Valjevac	27	Title Projec	t Mar	nager		Signatur	re	pagea			ate)5/26/	2015	5	



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Date of Notification (1) 5/28/15	7.6			ne of Building In Cammar						1.2	re tool			
Agencies Notified	Type Notification		1 2 3 3	et Address West Rarita	an			2010	IUN -	AM	1:54			
EPA DEP DOL DOH DOCA	Initial Amended Amendment: Emergency (justification) Cancellation		Littl	State, Zip Co le Egg Harl ne of Contact nn		08087		∆53∃ 	11:	None N				
			F	ACILITY INF	ORMAT	ON								
Name of Facility Where A John Cammarata F		Place (3)					-	f Facility (
Street Address 29 West Raritan	Tivate Florite	•					St X O	chool (K 1 ubchapter ther (i.e. p	8 (Othe			lings,	home	s,
City (5) Little Egg Harbor N	J 08087						Square 1000-	Feet	# o1	loors		ldg. A 5+	ge	
County (6) Ocean				nty Code (7) TE USE ONLY)		Curren	t Use (P i	or if bei	g demoli	ished)		322-00	
Name of Monitoring Firm	Hired by Building	Owner (8)	A	SCM No.		100000000000000000000000000000000000000	of Abate	ement C in	ntractor	9)				
Street Address							Address			Ven January and Santa				
City, State, Zip Code						City, S	State, Zip		091					
Project Manager for Mor	nitoring Firm		Tele	phone No.		Telep	one No.			License				
Start Date (10) 5/29/15		Scheduled 6/1/15	Comple	tion Date (11)			of OSH	A Monitor						
Occupancy Status Durin	as Abstamant (Char	ASSESSED VICTORIA			,		Address	-		-				
Facility Closed/Vac	cated During Entire I ned Outside of Norm	Period of Aba	atement				State, Zip			-				
Scope of Work (Check A	All That Apply)										***************************************			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation molition				Mini Glov	Contain r i-Enclos r vebag P o i-Exemp a	e cedure				e	
		Is Lo	ocation									Abate	ement	
Locatio Asbestos-Containing		Nor Used 3	rmally Solely b		De stos Cor	escription		(ACM)	<i>t</i>	nount		1)	ре	
TO BE AB In Faci (13)	BATED ility	Custod (enance fial Staff (12)	(i.e	e. therma		is insula AT, or			pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes		N/A		. 0			4.6	10.05		-		
Exterior	Siding			X	Ext	erior Si	ding		10	00 SF	×			
Name of Registered Wa	ste Hauler		NJDI	EP Waste	Cubi	c Yards		Name of	f Regist	ed Land	dfill			
United Containers			Haul 224	er ID No. 59	of W	aste		G.R.O						
City, State Elm NJ					Disp 6/1/	osal Date 15	9	City, S a		19067	7			
Completed by Anthony T Perna		Title Preside	ent			Signatur	e. C		~		Date 5/28/1	5		

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Date of Notification (1)								350			E	erg	едсу	No	Hijic	ation	
05	28 /	15		Nam	e of Buildi	ng Own	er/Operator	(2)	-	-		Cattary.	20,000				7
Agencies Notified	Type Netification			Char	les and V	ictoria	Rappold			N.J		PIPE				.	
□ EPA	Initial Spirits	il.			et Address					1.00	SORE TO I	alvi	0.01	Ellor	Ser	ices	
⊠ DOTMD	Amended			1050	Rahway	Road	9.2.1				,	(sign	aturo)			-	
⊠ DHSS	Amendment		25	America Co.	State, Zlp					Dal	51-	ST NO	7		400	20	1 12
DGA (NJAC 5:23-8)	☑ Emergency	(Includir	ng		field, NJ						The state of the s	1	_ 111	me: _	51 *		
(Marc 2:20-8)	justification) Cancellation			de la constitución de la constit	e of Conta	7				7	:lephone	lumb	per		,	50	- 2
	Doubelland						Rappold						7	-		1	
Name of Facility Where	Abatanati			F#	CILITY	NFOR	MATION			-					C		
	Abatemont is Tak	ing Plac	e (3)				121002.07		Facility					-	-	-	2
Private house Street Address								Sch	ool (K-1	12)					5.0	-	
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1050 Rahway Road City (5)								hor	ries, sto	μ.,)	e and co	men	Jai D	unarr	ngs,)	3	6.4
Plainfield, NJ 07060								Square	Feet		of Floor		1 2	Bldg.	Age		1
County (6)	-													147	150		
Union		79		Cou	nty Code (7)	(STATE	USE ONLY)	Curren	t Uşe (P	Prior	pajua qe	polis	hed)				
Name of Monitoring Firm	Hired by Building	Owner	/A\	4.000		- · ·				<i>w</i>							
		- Willer	(a)	ASCM	No.	Nam	e of Abatem	ent Conn	actor (§)							1
Street Address					1		ech LLC										
						31.75.81	et Address	(1),955		20-1-1-1					_		1
City, State, Zip Code						576	Valley Rd #	283			-						
							State, Zip C								-		1
Project Manager for Mon	itoring Firm		Tel	ephone	No	Way:	ne, NJ 0747 phone No.	70									
50 SAME TO SAME STORY OF SAME				0,10,10	(400)						Icense N						
Start Date (10)	Sch	eduled (_l_ Somple	etion Da	ate (11)		638-1777 © of OSHA N	anline		(1127						
05 / 29 /	15			0 /		1											50 60
Occupancy Status During	Abstement (Che	ck anly	one)			ENVI	rovision Co	nsultan	ts,Inc			-					
☑ Facility Closed/Vecate	ed During Enttre P	eriod of	Ahete	ment		1											
L Abatement Performed	Outside of Norma	al Facili	у Ноц	rs - Des	scribe	20-2)	Wagazaw State, Zip Co	Road, E	Bldg .#	35E		_					à L
Time of Mostement: _		PM	PM_		_AM		Lawn, NJ 0										
Scope of Work (Check al	that apply)	V-1/2				1, 411 1	Clean up	ADD DO	natami	notin	with neg	All all					
≥3 sf or >3 If		Ø n.			¥.	Ė	→ Full Cont	ainment	with Ne	getiv	Pressur	LIVE	prost	sure			
≥ 160 sf or ≥260 if			enovat emolitic			2	MIDI-Eng	osure			with Neg	Mr	_			1	
- Indiana	-					E	Non-Exer	npted (*)	and Mo	an-Fr	able Prot	dun	rress:	aure			
Location	ad		s Locat Norma		1		100			T		_	_	aton	ient T	1000	
Asbestos-Containing I	Valerial (ACM)		ed Sole		Anha		Description o	f					-	_	1	1	
TO BE ABA	TED		Intena todial		ASDB.	stos Co ., therm	ntaining Mat	erial (AC Isulation	M)		Amount (Specify		Removal	Repair	Encapsulate	Enclosura	
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Basement-boiler room			170	₩ X	n: -			-				_					
Garage		+		+	Pipe inst	llation				130	LF		×				
- arake				×	Pipe inst	lation				40	.F		M	П			
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Name of Registered Wast	e Hauler	1	NJC	EP Waste	Hauler ID No.	Cuble :	Yards of Wasts	N-E-	of Bree	, te	Tanaden		Ц		Ū		
Gr Tech LLC				03378				2		stere.	Landfill						
City, State			10	100010			SD Sal Date	T.R.R.		_					****		
Vayne, NJ 07470						000000000000000000000000000000000000000		City, S									
Completed By (Print or Ty	pe) Titl	8		-	- '	-	3D	Tullyte	wn, P.	A_							
√,Jevtic .						, \$	Signature [1	1	n		Date)				
\SB-41	JOW.	ner			_			uha i	Newa	est of		15/2	8/20	15			
đAY 11	1	Do no	use st	is form	for asbasi	ne lices	dalla accompt	and manager						-			

CK 5645

Date of Notification (1)			Nan	ne of	Building	Owner/Operator	(2)			3		
5/28 US	53			E5	TATE	OWNER OPERATOR	OM EN	770	3	7.3		
Agency Notified	Type Notification			et Ad	dress				57.	3		10
	☑ Initial					WEBSTE	en Ave					- 13
EPA DEP	☐ Amended	9	City	, Stat	te, Zip C	ode .		747	. 500			()
DEP DOL	Amendment#		le	NO	SLEV	J000.	3 · CM	/6:	1	1		
д рон	☐ Emergency (including iustification)	ıg	Nan	ne of	Contact			Leichi	The Indian	2		-
DCA	☐ Cancellation		1	05	sept-	215A	E39_	001		- 2	2	
			FA	CILI	TY INFO	RMATION		_		-		
Name of Facility Where	Abatement is Taking Pla	če (3)					Type of Facility	(4)	್ರಾ	-	٦٢	
ISTATE O	F BENJ W	OFF	ORE	2			☐ School (K-1:)		0	3	
Street Address	1 DENT V			,,,	- N-		Subchapter Other (i.e. p	(Other	an K-12)	huildinas		
	- a s a a)	5				T/	homes, etc.	vate & c	Thriesclas	ranan igo,		
	EBSTER AU					12	Square Feet	# of F	ors	Bldg. Age		
City (5)	GOOWEN						2500.	2		7	5 Y	SA
ENG	CE W 0 3 D		1 000	umb / /	Codo (7)	(STATE USE	Current Use (F		demolish	ned)		
County (6)	ERGEN			LY)	Code (i)	(017/12 902			NCE			
		1.45	100000			Name of Abster	nent Contractor (
	m Hired by Building Own	er AS	CM No	12.								
(8)						Street Address	emoval I	10				
Street Address							th River	St				
¥						City, State, Zip	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]					
City, State, Zip Code						and the second second second		т О.	601			
		1 = 1		Ma		Telephone No.	ack . N.	Licen	No.			
Project Manager for M	onitoring Firm	lelel	phone i	NO.		201-329			0038	38		
/ *		1.6	D.A.	(4.4)		Name of OSHA						
Start Date (10)	Scheduled C	empietion Lo 1 S	Date ((11)			nvironme	ıtal.	Tnc			
6/8/15						Street Address	IVIIOIIIIE	1641	1110			
	ring Abatement (Check on					280 Huy	ler St					
☐ Facility Closed/Vac	ated During Entire Period	of Abaten	nent			City, State, Zip						-0-0V
Abatement Perform	ed Outside of Normal Fac	anty rious	5	-		1400 March 201 1 A	ack , N.	J. 0	601			
Scope of Work (Check								9				
01	(all diet obbit)		D	бап	ovation		Containment wit	1 Negativ	Pressure			
☐ ≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 260 lf			-		olition	□ Glo	vebag Procedure					
22 2 150 St 01 2 200 ft						□ Nor	-Exempted (*) a	d Non-F	able Proce	adure	Abat	eme
		Is L	ocation							L		уре
	·		mally			Description	of					_
	ation of ning Material (ACM)		Solely tenano	11.00	Asbe	stos Containing N	Material (ACM)		Amount (Specify	2	2	Encapsulate
TO BE	ABATED	1	stodial		(i.e	thermal system surfacing. VA	ns insulation,		F or LF)	Removal	Repair	Bola
	Facility (13)	10	(12)			other miscellar	★CDEVI 23.53			Val	- =	ulat
	(10)	-			1		+					0
		Yes	No	N/A			1	-	70 U	= >	1	+
BASEMEN	T				THER	mal insul	AION	-			_	+
BASEMEN	4					V4+			500.	SFI	+	+
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Name of Registered	Naste Hauler	NJD	EP Wa	ste l	lauler	Cubic Yards of	Name of Re	istered L	ndfill			
	noval Inc	IDN	No.			Waste					тт	C
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City, State						Disposal Date	_		1	1110	0	
	sack , N.J. 0	7601				6/10/15	Waynes	burg	,0h	. 4468 Date	8_	
Completed by	Title				n.=6100.0	Signature	Paiorer	Q		5/2	281	15
J.Maiora	ano Estir	nator				1 / (1		-/	_/	- 7
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Date of Notification (1)					Building C	wner/O	perator	(2)	00							
May 28, 2015			(Chemte	ech				2015 0014	- '	1	¥ ::	50			
Agencies Notified	Type Notification			Street Ac 284 Sh	ldress effield S	Street							- 41			
DEP DOL	Initial Amended Amendment #	ŧ.			e, Zip Coo ainside N		92		Δ <u>S= 2 3.</u> - 52 1.		4-	10	OL			
	Emergency (i			Name of		40 070				Tole	nh	ne Num	hor		911 85	_
DOH DCA	justification) Cancellation		- 2		el Hedv	at				1 616	pii	He Mulli	Dei			
				30.00.00.00.00.00.00.00	ITY INFO		ON			-						
Name of Facility Where Chemtech	Abatement is Taking	Place (3)						Тур	pe of Facility (4							
Street Address								H	School (K-12 Subchapter 8		er t	an K-12)			
284 Sheffield Stree	et							×	Other (i.e. pr	rate 8	k CC	nmercia	l build	lings,	home	es,
City (5)								Sa	etc.) uare Feet	# of	FIG	ors	ТВ	ldg. A	ae	
Mountainside NJ 0	7092	187														
County (6) Union				County C (STATE U	ode (7) ISE ONLY)				rrent Use (Prior ommercial B			emolish	ed)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.	T	Name	of A	batement Cont	actor	(9)					
Sky Environmental							Be C	ons	struction Cor	ora	tio					
Street Address 140 Boulevard	=						Street 235		ress tchung Aven	16						
City, State, Zip Code Mountain Lakes, N	1.07046								, Zip Code ange, NJ 07	252						
Project Manager for Mor			Τ.	Telephor	ne No.		Teleph				Li	ense No).			
Leonid Shereshevs	sky				8-4821				9-2900		0	231				
Start Date (10) 5/30/2015		Scheduled 06/01/20		npletion [Date (11)				SHA Monitor er Laborato	es C	alo	al Inc.				
Occupancy Status Durin	ng Abatement (Check	Only One))				Street	Add	ress		_		7			
	cated During Entire P								Cary Street							
Abatement Perform X Other – Describe:	ned Outside of Norm Occupied	al Facility H	lours						, Zip Code nd, VA. 232:	0						
Scope of Work (Check A	All That Apply)						THOT	1110			_			10/0/2		
≥3 sf or ≥3 lf	(11017, 4213)	X Par	novat	tion			Г	٦.	Full Containme	t with	Me	ative D	raceu	.		
≥160 sf or ≥260 lf			moliti					- 1	Mini-Enclosure		INC	Jalive F	essu	ь		
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1			ocation rmall			D									ре	
Locatio Asbestos-Containing		Used	Sole	ly by	Asbest		scription aining N		rial (ACM)	Α	mo	nt			ш	
TO BE AB	BATED	Main: Custoo		CONTROL OF THE PARTY OF THE PAR	(i.e.	thermal					Spe		Rei	Z.	nca	Enc
In Faci	*		(12)				cing, VA niscellar			51	- 01	_F)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	_	late	re
Mezzanine and S	Sprinkler Room		Χ			Pip	e fittin	ıgs			50€	3	X			
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Name of Registered Wa	ste Hauler		150-0	JDEP W		Cubic '		_	Name of F	egiste	erec	Landfill			-	
Be Construction Co	rporation		1000	auler ID 035767		of Was	ste		Tullytow	ı Fa	cili	1				
City, State West Orange, NJ 07	7052					Dispos	al Date		City, State Tullytow		4					
Completed by		Title				S	ignature	e		1	_	Da	e			
Barbara Reed		Preside	ent			/	Jan	els	eca Le	20	_	11/1/19/2019	/28/2	2015		

	NO	TIFICA (Purs	TIOI	OF to N	ASBE	Jersey STOS ABATE :60 and 12:12	20)	CK	≠ %5	64	-	DATE C	5	1
Date of Notification (1)			Nar	ne of E	Building (Owner/Operator (2)		(3)		_		Same.	1
5/28/19			1	116.	CHI	us rus	1005111		-6	20,	977	,	efto	1
Agency Notified	Type Notification		Stre	eet Ad	dress	in CETON	SUA L		-	ic.	5	-	1	1
□ EPA	Initial		Cit					_	_ /	32				
DEP DOL	Amended Amendment#			HI	DLA	NO PA	rk. N	2.	274	52/	5	2	>	1
№ рон	☐ Emergency (includin iustification)	g	Na	me of	Contact			Teleph	ne Numb	er	5			
□ DCA	☐ Cancellation			-		STOUSILL			-1.2	_	88.			1
			F	ACILI	TY INFO	RMATION	Type of Facility	(4)			-			1
Name of Facility Where A					1050									-
	RISTOVSKU						☐ School (K-1) ☐ Subchapter	(Other)	an K-12)					-
Street Address	1.1 0.1	0.1	_				Other (i.e. p		mmercial	pulidings	•			
35 (10	INCETON AND PARK	70					Square Feet	# of Fl		Bldg. Ag				-
City (5)	ALLA PARK						1800.	2		80	7.	CIN	13	1
County (6)	700		C		Code (7)	(STATE USE	Current Use (F	for if bei	demolis	hed)				
The	RGEN		0	NLY)	٠,			SIDE	, (2		_	-		4
Name of Monitoring Firm	Hired by Building Owner	er AS	CM N	0.		Name of Abatem								
(8)						Best Re	emoval I	10				•	_	1
Street Address				*	1	450 Sout	h River	St						
						City, State, Zip C								
City, State, Zip Code						Hackensa Telephone No.	ack , N.	J. 0	601		_			4
Project Manager for Mo	nitoring Firm	Telep	chone	No.		Telephone No. 201-329-			003	8.8				1
	ā					Name of OSHA			-003		-		h. 769	٦
Start Date (10)	Scheduled C	ompletion		(11)		Omega Er		ntai	Inc					
Occupancy Status Durin			17	-		Street Address	IVII OIIIIO						(Parati	
A STATE OF THE STA			nont			280 Huy						-	_	4
☐ Facility Closed/Vacat ☐ Abatement Performe ☐ Other – Describe:	d Outside of Normal Fac	ility Hours	S			City, State, Zip Hackensa		J. 0	601					
Scope of Work (Check						□ Full	Containment wi	1 Negati	Pressur	e				
Z1≥3 sf or ≥3 lf					ovation	Mini	-Enclosure vebag Procedure			50				
□ ≥ 160 sf or ≥ 260 lf				2 Dem	OHEON	□ Non	-Exempted (*) a	id Non-F	able Proc	edure	Ah	aten	nent	
		ls L	ocatio	n								Тур		
Local	tion of	No Used	mally Soloh		-	Description	of		Amount	-		١,	m	Ä
Ashestos-Contain	ing Material (ACM)	Main	tenan	cel	Asbe	stos Containing M thermal system	faterial (ACM) s insulation,		(Specify		Ren	Repair	Encapsulat	22
TO BE	ABATED acility		stodia	11		surfacing, VA other miscellar	T, or		SF or LF)		Removal	Repair	Blue	Alle
(1	13)		(12)			other hisceilai	ieous)				-	1	a a	>
		Yes	No	N/A				-	0 = 1 =	=	9	+	+	-
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		1 1 1	EDIA	Vaste H	lauler	Cubic Yards of	Name of Re	jistered I	ndfill					-
Name of Registered W		ID N	100 miles	rasie r	iaurei	Waste					т	TC		
Best Rem	oval Inc	17	109	9		227	Minery	a En	erpr	ises	ىل.	ЫÜ	2007	_
City, State				X		Disposal Date		h	Λh	1.1.6	22			
Hackens	ack , N.J. 0	7601				Signature	Waynes	Durg	, UII	Date	00	. 1		
Completed by	1 me					J. H	مرصمونه			5	2	8/1	5	_
J.Maiora	no ESCII	not use th	is form	n for a	sbestos i	icensure exempte	ed activities.			745		1		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

									14			a reg		
Date of Notification (1) May 28, 2015				Name o	of Building (2) astruction) (= 7=	J. V.	5.U	7	
	l Notifi			Street A	Address	14 Ire	ne C	ourt	2615	JUN - I	Áľ	2: (\$£	
[X] DOL Ame	ndment rgency (including		City, St	ate, Zip Coo		vood,	NJ 08701	45	ESTOS E LIG	S CO	MIR MG	0L	
I DCA	ication) ellation			Name o	of Contact Matt's	Constru	ction		Telepho	e Number				
,			FA	CILITY	INFORM	ATION								
Name of Facility Where Abatement is Taking Residence	Place (3)					Тур	be of Facility (l (k-12)				
Street Address			-				1	[]	Subc	apter 8 (ot	her than	n k-12)		
564 Vine Street								[x]		(i.e., priva s, etc.)	te & co	mmerc	ial build	dings,
City	Cour	nty (6)		County ((STATE	Code (7) USE ONLY	<i>(</i>)		lare feet 1800 sf		Floors 1		g. Age (50	
Lakewood	Oce	an					Cur	rent Use (Pric		emolished)			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)		ASCM 1	No.	Name of	Abate	ement Contrac	or (9)	tracting,	Inc.			
Street Address						Street Ac	ddress	0.000.000		Unit 61				
City, State, Zip Code	- 70.0					City, Sta	te, Zip	Code			2000	WW. 18-18-04 W. 18-18	*************	
Decision C. M. S. T.		m 1 1							River,	New Jers		755-1	271	
Project Manager for Monitoring Firm		Telephone			,	Telephor 732-34				License N 00624	lumber			
Scheduled Start Date (10) 5/29/15		Scheduled 6/1/1		tion Date (11)	Name of	OSH	A Monitor E.M.	S.L. An	lytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate			-1 -6 41-			Street Ac	ddress		Stelton					
Abatement Performed						0.404	. 7:		Stelloll	Koau				
Other – Describe			-			City, Sta	te, Zip		away,	ew Jerse	y 088	54		
Scope of Work (Check all that apply)						[]		Full Containm	nt with N	gative Pres	sure			
[] >3 sf or ≥3 lf		Г٦	Renov	ation		[] []		Mini-Enclosur Glovebag Proc	dure					
[X] ≥160 sf or ≥260 lf		[x]	Demol			[x]		Non-Exempted		on-Friable	Procedi	ıre		
			04007150.0000								_			
	ļ		s :		42	21 2002	121				Aba	ement	Гуре	
Location of	8	Is Location Normally to	7/7/7			Description estos-Cor		na		mount	R	R	E	E
Asbestos-Containing Material (ACM)		Solely b				faterial (A				cify SF	Е	E P	N C	N C
TO BE ABATED	Mai	ntenance/C				, thermal			(0)	r LF)	М	A	A	L
in facility	100000000000000000000000000000000000000	Staff			insu	lation, su		ng,		How Chine	0	I	P	0
(13)		(12)				VAT, c					V	R	S	S
	YES	S NO	N/A		oth	er miscella	aneou	ıs)			A		L	U R
	IN/A	<u> </u>							L		Е	Е		
Exterior		Asbe	stos sidin	g			16	0 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was	ste Haule 20223	r ID No.	Cubic Ya	rds of Wast	te	Name of Reg : T.R.R.F.	tered Lai	lfill				
City, State				sal Date)	City, Sta	ate							
Toms River, New Jersey			6/2/	15		Tullyt	own,	Pennsylvai	ia,					
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manag	ger	Signat	aure .	that	1/[+			Date 5/2	8/15		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

								Name organization					
Date of Notification (1) May 28	3, 2015				Name of Building		rator (2)	こし	- 15	1	80	8	
Agencies Notified Type of [X] EPA [] [] DEP []		ion Notificat ded Notif			Street Address	14 Ire	ne Court	UN -	AM 2	: 61			
[x] DOL [x]	Ameno Emerg	dment #_ gency (inc			City, State, Zip C		435 vood, NJ 08701	STO	SING SING	ROL			
[] DCA []	justific Cance				Name of Contact Matt	's Constru		Telepho	e Number				
				FAC	CILITY INFOR	MATION			A				
Name of Facility Where Abatement Residence	s Taking I	Place (3)					Type of Facility (4)		(k-12)				
Street Address							ĺį		apter 8 (ot	her than	k-12)		
108 Melvil	le Street	t					[x]	Othe	(i.e., priva		533	ial build	lings,
City		County	(6)		County Code (7) (STATE USE ON	LY)	Square feet 1200 sf		Floors 1	Bldg	, Age	50	
Lakewood		Ocean	1				Current Use (Prio		emolished)				
Name of Monitoring Firm Hired by I	Building O)wner (8)			ASCM No.	Name of	Resic s						
N/A		(4)							tracting,	Inc.			
Street Address						Street A		Route (Unit 61				
City, State, Zip Code						City, Sta	te, Zip Code						
Project Manager for Monitoring Firm			T-11	N. I		77.1.1		River,	New Jers License N		755-1	271	
Project Manager for Monitoring Pirm	1		Telephone	Number		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne Number 19-9932		00624	umber			
Scheduled Start Date (10) 5/29/15			Scheduled 6/1/1		ion Date (11)	Name of	OSHA Monitor E.M. 3	.L. An	lytical				
Occupancy Status During Abatemen						Street A	ddress						
[X] Facility Close [] Abatement Pe								Stelton	Coad				
Other – Descr						City, Sta	te, Zip Code Pisca	away, 1	ew Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Containme	t with N	gative Pres	sure			
[] .a.c. valo			г 1	-		[]	Mini-Enclosure						
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥2			[x]	Renova Demoli		[x	Glovebag Proc of Non-Exempted (n-Friable	Procedu	re		
			r 1			L		7					
		1	s Location	. n		Description	n of			Abat	ement	Гуре	
Location of			ormally u		A	sbestos-Co		1	nount	R	R	E	E
Asbestos-Containing Material (ACM)		Solely b			Material (A		100000000000000000000000000000000000000	cify SF	Е	E P	N C	N
TO BE ABATED		鸀	**************************************	*:	(i.	e., thermal			r LF)	M	A	A	L
in facility		谀	Staff	Staff	in	sulation, su				0	I	P	0
(13)			(12)			VAT,				V	R	S	S
		YES	NO	N/A	01	ther miscell	aneous)			A L		L	R
7		125		T								Е	Е
Exterior			X	-	Asbestos sid	ing		100) sf	X		-	-
				-	-					-		-	-
				V				-	-	-			-
Name of Registered Waste Hauler		l N	IDEP Was	te Hauler	ID No. Cubic N	ards of Was	te Name of Regi	tered Lar	fill				
Guardian Contractin	g, Inc.			20223	3		T.R.R.F.						
City, State Toms River, New Je	TCAV			Dispo: 6/2/1	sal Date	City, St	own, Pennsylvar i	2					
Completed by (Print or Type)	1309	Title		0/2/1	Signature	// /	/ cilisyival	4	-	Date			
Nicholas Fernicola		Projec	t Manag	er	YIS	1115	1			5/28	3/15	140	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Ch # 26844 Name of Building Owner/Operator (2) Date of Notification (1) May 28, 2015 Baron Builders Agencies Notified Type of Notification Street Address 104 Leonard Street [x] EPA Initial Notification Amended Notification DEP City, State, Zip Code [x] DOL Amendment# Lakewood, NJ 0870 [X]Emergency (including [x] DOH justification) Telep one Number Name of Contact] DCA Cancellation Alan Streicher FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facilit (4) Residence Sc | ool (k-12) Stochapter 8 (other than k-12) Street Address O er (i.e., private & commercial 330 Dewey Avenue bi dings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1200 sf 65 Current Use (P ior if bei g demolished) Lakewood Ocean Re idence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gu irdian (ontracting, Inc. N/A Street Address Street Address 18: 9 Rout 9, Unit 61 City, State, Zip Code City, State, Zip Code To as Rive, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 732-349-9932 00624 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 05/29/2015 06/02/2015 E.1 1.S.L. I nalytical Occupancy Status During Abatement (Check only one) Street Address 10: 6 Stelten Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Pis :ataway New Jersey 08854 Scope of Work (Check all that apply)] Full Containmer with Negative Pressure Mini-E 1closure Glovel ag Proce are [] Renovation $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ [x] Non-E cempted) and Non-Friable Procedure [X] $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ [x] Demolition Abatement Type Description of Is Location E Normally used Asbestos-Containing Amount Location of E E N N Material (ACM) Asbestos-Containing Material (ACM) Solely by (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A Α L 0 in facility Staff insulation, surfacing, V S R VAT, or (13)(12)U other miscellaneous) A R I YES NO N/A L 000 sf X X Asbestos siding Exterior Name of R gistered andfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste 20223 T.R.R. 7. Guardian Contracting, Inc. Disposal Date City, State City, State 06/03/2015 Tullytown, Pennsylvania Toms River, New Jersey Completed by (Print or Type) Title Date Signature 5/28/15 Nicholas Fernicola Project Manager *Do not use this form for asbestos licensure exempted activities.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT'

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

h# 26843

Date of Notification (1)					Name of Building									
	May 28, 2015					Baron	Build	ers						
Agencies Notified	Type of Notific	ation			Street Address					-			-	
[X] EPA	255 2	al Notifica	tion		Street Address	104 T	ennar	l Street						
DEP		nded Noti		1		104 10	COllar	Ducci						
	L 3	nded Nou			City, State, Zip Co	de				*				
[x] DOL	The second secon		1111	1	# - #	Lakew	ood.	NJ 0870	I					
[x] DOH		rgency (in	cluding											
[] DCA		fication) cellation			Name of Contact				Tele	one Number				
	[] Cano	enation			Alan S	Streicher								
				EACH	ITV DIEODA	TION								_
N. CD W. W.		DI (0		FACIL	ITY INFORMA	THON								
Name of Facility Where A		g Place (3)				Тур	of Facili						
Res	sidence							L	I: 53	hool (k-12)				
Street Address								1	. 100	bchapter 8 (o				
	Dewey Aven	iie.						[X		her (i.e., priva		ommer	cial	
	, Berrey III on	uc							b	Idings, home	s, etc.)			
City		County	(6)		County Code (7)	W270.5	Squa	re feet		of Floors	Bld	g. Age	30	
0 88%					(STATE USE ONL	Y)		1833 sf		2		5700 18700	95	
Lakewood		Ocean	1				Curr	ent Use (F	ior if be	g demolished	d)			
5 (1									idence	_				
Name of Monitoring Firm	Hired by Building	Owner (8	3)		ASCM No.	Name of	Abater	nent Cont	actor (9)	+				
N/A						1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2				ontracting	. Inc.			
Street Address						Street A	ddress			0	,			
The State Control of the State								18	9 Rou	9, Unit 61				
City, State, Zip Code						City, Sta	te Zin		7 1104	, ome 01				
						Oity, Dia	co, zap		ns Riv	, New Jers	ev 08	755-1	271	
Project Manager for Moni	toring Firm		Telephon	e Number		Telephor	ne Mum		113 1(1)	License 1			211	
110jeet Manager for Mont	COLUMN T MINI		rereption	e rvamoer		732-34				00624	VIIIIOCI			
Scheduled Start Date (10)			Schedule	d Completio	on Date (11)	Name of				00024				100
05/29/201	15		06/02/		on Date (11)	I Name of	OSITA		181	nalytical				
Occupancy Status During	377	conly one		2013		Street Ac	ddrann	15.1	1.0.1.	Harytical				
	lity Closed/Vacat			ried of Abo	tamant	Succi Ac	101622	10	6 Stalt	n Road				
								. 10	o Stell	I Koau				
15 15 15 15 15 15 15 15 15 15 15 15 15 1	tement Performed	Outside o	I Normal	Facility Ho	ours	City, Sta	te, Zip	Code		-				
[] Othe	er – Describe						8 %		catawa	New Jers	ev 088	354		
											•			
Scope of Work (Check all	that apply)]						[] Full C	ntainme	with Negativ	e Press	ure		
							[] Mini-E	ıclosure					
[] <u>></u> 3 sf or ≥3	lf		[Renovation	on		I	Glovel	ag Proce	ure				
[X]≥160 sf or	≥260 lf		ſχ] Demolit	ion		ĺχ	Non-E	cempted	*) and Non-F	riable F	rocedu	ire	
			•		15								1274	
											Aba	tement	Type	
			is Locati	on		Descriptio	n of	60					T	T
Location of	of		ormally	2000		pestos-Con		σ		Amount	R	R	E	E
Asbestos-Containing M		1	Solely b			Material (A		5		Specify SF	E	E	N	N
TO BE ABA		Maint		ustodial		, thermal		\$		or LF)	M	P A	CA	C
in facility			Staff	abioaiai		ulation, su				01 22)	0	I	P	L
(13)			(12)			VAT, o		,			V	R	Ŝ	S
()			()		oth	er miscella)			A		U	U
		YES	NO	N/A							L		L	R
				- 1/1-							L		E	E
Exterior				Asbestos sidir	ıg				500 sf	X				
0.000									-	-		-	-	+
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Name of Registered Waste	Hauler	NT.	DED WA	ste Hauler I	D No Cubia Va	rds of Wast	e Y	ame of R	gistered	andfill		1		1
	ntracting, Inc.	14.		20223	D No. Cubic 18	uus or wasi	1	T.R.R.		allullil				
City, State	macing, mc.			Disposa		City, Sta	nte.	1.1.1.	•	1				
Toms River,	New Jersey			06/03/				ennsylv	ania					
Completed by (Print or Typ		Title		1 00/03/	Signature	Lunytt	// /	Jusyin	ama		Date			
Nicholas Ferr			t Manag	rer	Signature /	1/	Y 1	1	1			3/15		
TAICHOIAS FEIT	11001a	-			VI	(1ré	_	Te	- 1		3120	0/10		
		*Doi	ot use th	is form fo	r asbestos licensu	re exempte	ed acti	vities.						

(K 13867

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

MAY 28, 2015					Building C VRIGHT			(2)		下三!	1	7 5				
Agencies Notified	Type Notification			Street Ad PO BO	ddress OX 1908				26							
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Cod A, PA 190					9E31						
DOH DCA	Emergency (justification) Cancellation	including			Contact SSA PRI	CE				Telér	ione i	Viimb	er C	L		
L DCA	Cancellation		_	177 (782) 177 (782)	LITY INFO		NC.									
Name of Facility Where A	Abatement is Taking	g Place (3)		1 701		TANDATA		Ту	pe of Facility (250 5 50-550						
Street Address 575 NEW ROAD								~	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other			ouild	ings,	home	s,
City (5) SOMERS POINT									uare Feet 054 SF	# of I 1 S				dg. A	ge RS +	
County (6) ATLANTIC					Code (7) JSE ONLY)				rrent Use (Pri	r if bein	demo	lished	i)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Name Finis	of A shin	batement Coi	tractor (Abate	emer	nt C	orp.,	Inc.	
Street Address							Street 580		Iress Dadway, Un					98 (8		
City, State, Zip Code							City, S	tate	, Zip Code							
Project Manager for Mor	nitoring Firm		1	elepho	ne No.		Teleph	one			icens					
N/A							732-	222	2-8372)004	0				
Start Date (10) June 8, 2015		Scheduled June 12			Date (11)		Name N/A	of C	SHA Monitor		0 0 22				ANTES CO	
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Add	iress							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn			ent			City, S	tate	, Zip Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ✓. ≥160 sf or ≥260 lf		The state of the s	enovat emolitio				V	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	: :edure					9	
		1		AL .					NOT-EXCTIPIE	i () and	1011-1	Table			ment	
Location	n of	7270	ocation or mally			De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mair	Solely itenan idial S (12)	ce/		os Cont thermal surfa	aining N	/late s ins T, o		(SI	ount ecify r LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ф	
Basem	ent			Х	Asbest	os cor	itaining	g flu	ue pacing		sf		Х			
2nd floor	closet			Х			VAT			6	sf		х			
Provide of Star			Х	Asbes	stos C	ontaini	ing	Roofing	720) SF		х				
during mechanica	during mechanical roof removal															
Name of Registered Was			Ha	JDEP Wauler ID 1243		Cubic of Wa 60 C				Register 'S NOI		dfill		3		
City, State COLTS NECK, NJ (07722					Dispo: 6/12/	sal Date 15		City, Sta MORF	∍ ISVILL	Ē, PA					
Completed by Joseph P. Miller		Title Presid	dent			1	ignature	e 	Poris	uni	4	Date 5/2	8/15	5		

State of New Jersey Notification of Asbestos Abatement

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

Date of Notification (1) 05/26/15					Name of Building Owner/			
Agencies Notified		Notification	Type		Street Address		7.1.	3011 SK 4= E 1
Agencies Notified		Nothication	TAbe		14 Aspen Court			All 4:41
⊠ EPA		⊠ Initial No	otification	1	City, State, Zip Code			-
DDCA		☐ Amende		A.	North Caldwell NJ 07000	6	-0:	1.31
⊠ DOL				cation (including	Name of Contact		Te	phone Number
⊠ DEP		justification			Victor Recchia		10	14 - 3
⊠DOH		☐ Cancelle	d		10:0: 1000.110			
				FACILITY INF	COMMITTEEN		<u></u>	
Name of Facility Where A	hatamant in 3	Cakina Diago	/3)	PAULIT INF	Type of Facility (4)			
Residential	Datamentia	ianing i lave	101		School (K-12)			
1.00,001.00					Subchapter 8 (other t	than K-1; I		
Street Address								
52 Smith Road					XOther (i.e. private & con			homes, etc.)
011 (01)					Sq. Feet: 2000 # of	Floors: 2	BI	g. Age: 1965
City (5)	County (6)			v Code (7)		100 mars 112		
Denville	IVIO	rris	Corate	Use Only)	Current Use (prior if being	g demolis ted): <u>Pr</u>	ate Residence
					1			
Name of Monitoring Firm	Hired by Bldg	1. Owner (8)	ASCN	<u>1 No.</u>	Name of Contractor (9)			
N/A					BL Contracting Inc.			
Charact Addison			1		Ctro-d Address			•
Street Address					Street Address 5 Marguerite Lane			
					5 Marquerite Laire			
City, State, Zip Code					City State, ZipCode			
City, State, Zip Code					Towaco, NJ 07082			
					1041000,110 01002			
Project Manager for Monit	toring Firm	Telephone	Number		Telephone Number		Lic	nse Number
					973-901-0153			55
Scheduled Start Date (10))		Comple	tion Date (11)	Name of OSHA Monitor			
		06/07/15			BL Contracting Inc.	4		
06/05/15								
Occupancy Status During				_4	Street Address			
□ Facility Closed/Vacate □ Abatement Performed					5 Marguerite Lane			
Describe	Outside of 140	Jillai Facility	Hours -		City, State, Zip Code			
2000,100					City, State, Zip Code			
Other - Describe:					Towaco, NJ 07082			
Courses of Minds (Charles	l áb sá amala)							<u></u>
Source of Work (Check al	that apply)							
□ ≥ 3 sf or > 3	lf.			☐ Renovation	T Mir	ni-Enclosi re		
				☐ Demolition		ovebag P oce	dure	
_						Non-Friat e F		
Location of Asbestos-	lel	ocation Norm	ally	I Description of As	sbestos Containing Material	I Ar nou	nf	Abatement Type
Containing Material (ACM		d Solely by	cany		mal systems insulation,	(Spec		
Facility (13)		nt./Custodial	Staff?	surfacing, VAT,		or LF)	*	Remove Repair Encap Enclose
	(12)]				
	YE	S NO	NA					
Exterior Transite			X	Transite		2()0s	f	X
				- Constitution of the Cons	www.com			000
			-					<u> </u>
Name of Reg. Waste Hau	ler	NJDEP Wa	ste Hau	ler ID #	Cubic Yards of Waste		Na	ne of Registered Landfill
Waste Management of Per		32604	010 1 100		Subject and Street			R.F
				70-75 - 20-700 - 700 <u>-20</u> 7 - 70-70988 - 310-74				
		30				Disposa I D	ate	City, State
								Tullytown, PA
						To the		
Completed by (Print or Ty	ne)	Title			Signature		Da	3
Nedo Vasilic	Parl.	President			Ner Vailic		20	•
		FIRST CONTROL CONTROL			Meso valle		5/2	/15

CK#24826

Date of Notification (1) 5/	29/15				Name	of Buildin	g Owner/Operator	(2) Frede	- ; ;	U# -/	Ť.	7 5	: 1.	3
Agencies Notified	Type Noti	fication		7	Stree	t Address	1	59 Library P	- 1 - 4	7			1.0	<u></u>
DEP	Ameno	ment #_	udina	.	City, S	State, Zip C	ode	inceton, NJ 0						_
☑ DOH □ DCA	justific Cancel	ation)	luuling	-	Name	of Contac		111000011, 110	0.000	ne Numb	er			
					FA		ORMATION			-				_
Name of Facility Where	Abatement i	s Taking I Reside		2000				Type of Facility						
Street Address	15	9 Libra						☐ School (K-1; ☐ Subchapter ☑ Other (i.e., p	(Other)			dings	,	
City (5)				- 4000				homes, etc.	# of F	ors	В	ldg. A	ge	
County (6)		Princet	on, l	NJ_				8000		3	_	100)+/-	
N	1ercer			_		ONLY)	7) (STATE	Current Use (Pr	or if bein	demolis	hed)			
Name of Monitoring Firm (8) DR Et			vner		ASCM	No.		nent Contractor (9						
Street Address	nvironme	ntal		_L				ens Environr	iental	ervice	s, Ir	ıc.		
	4 Berkel	ey Plac	ce				Street Address	PO E	ox 322					
City, State, Zip Code	reehold,	NJ 077	728				City, State, Zip C	Allentowi						
Project Manager for Mor				Tele	phone	No.	Telephone No.		Licen		_			_
	unocore		_			0-8408	(609) 25	9-9688		0	0493	3		
Start Date (10) 6/8/15		Schedu		mple /10/1		ite (11)	Name of OSHA		tonma	tol			78	
Occupancy Status Durin	g Abatemer	nt (Check			IJ		Street Address	DB Envi	Omne	lai		_		_
				66,000.00	ment			4 Berke	ley Pla	e				
☐ Abatement Performed ☐ Other - Describe:	d Outside of	Normal F	acility	Hour	S		City, State, Zip C							
Scope of Work (Check a	Il that apply)						Treenoid,	143 07	20		_		_
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			ls Lo	ocatio	n			Tipica () and the	-1 Habie	Tocedui		bate	ment	
Location of	of	,	No: Used :	mally Solely			Description of					Typ	e	
Asbestos-Containing N TO BE ABAT IN Facility (13)	ED	A)	St	enand stodia taff? 12)			os Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amo (Spec SF or	fy	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								te	(D
Crawlspa	Crawlspace X						ermal Pipe Ins	sulation	60	<u>f</u>	X			
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Name of Registered Was Stevens Environm		rvices	Inc		JDEP V auler ID 182	No.	Cubic Yards of Waste	Name of Regis	GROW		1611			
City, State					102	.14	2 CU Disposal Date	City, State	7				-	-
Completed By	Allento	wn, NJ					6/10/15 A	F	Morri	ville, 1	PA			_
Mahlon E. Ste	vens	100000	Pro	ject	Man	ager					5/29	/15		_

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Date of Notification (1) 5/27/15					f Building ity of Ra		perator	(2)		2815	1 2					
Agencies Notified	Type Notificat	ion		Street A	ddress					2815	-4		AH	k:	65	
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DEP	Amende	d		City, Sta	ate, Zip Co	de				5500 &	-	100	461	ITA	n.	
Ĭ DOL	Amendr			Rahwa	ay, NJ (7065				Ċ:		ICEA	SIA	G	O.L.	
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DCA	Cancella			Daniel	C. Lee											
				FACI	LITY INFO	DRMATI	ON									
Name of Facility Where A		aking Place (3)					Туре	of Facility (4)						
Abandoned Residen	ce								School (K-1;							
Street Address									Subchapter Other (i.e. p					dingo	hom	00
194 West Grand Ave	enue								etc.)	vale &	CII	IIII CI CI	a Dan	Jii iys	HOIH	es,
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Union				(STATE)	USE ONLY			Con	demned							
Name of Monitoring Firm I	-lired by Build	ing Owner (8)	ASCN	/ No.				tement Con			122	61			
							Yanı	nuzzi	Environm	ental S	Sin	vices,	Inc.			
Street Address								Addre								
									Ion Road							
City, State, Zip Code	W-4000.00 € 55 0 € W55 55 00 00 00 00 00 00 00 00 00 00 00 0								ip Code	9						
	ect Manager for Monitoring Firm								NJ 0740							
Project Manager for Monit	ct Manager for Monitoring Firm				ne No.			hone N				ense No	ο.			
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Start Date (10)				npletion	Date (11)		82.22		HA Monitor							
6/8/15		6/11/1	377-2						Environm	ental S	S(\	vices,	Inc.			
Occupancy Status During	Abatement (C	heck Only O	ne)					Addres								
× Facility Closed/Vacat							, USS 67 ()		Ion Road							
Abatement Performe Other – Describe:	d Outside of N	Iormal Facilit	y Hours	3					ip Code							
y ia al i							Kinn	elon,	NJ 0740) <u></u>	_					
Scope of Work (Check All	That Apply)	-					-	-								
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≥160 sf or ≥260 lf		×	Demolit	ion			3		ni-Enclosure ovebag Proc							
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(13)			(12)				niscella					. /	Remova	Repair	Encapsulate	Enclosure
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X																
Name of Registered Waste	e Hauler		100000	JDEP W		Cubic			Name of F	egister	e L	andfill.				
Yannuzzi Group, Inc.	nnuzzi Group, Inc.			lauler ID 7467	INO.	of Was	ste CY		GROWS							
City, State	###D			101			al Date		City, State		-		-			
Kinnelon, NJ 07405						6/11/			Morrisvi							
Completed by		Title				5500 5000	ignafure	9	1	-	-	Dat	e			
Anna Bastos					ssistant		(da	и.	Bast	EN			27/15)		

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

Date of Notification (1) 5/27/15						Building (perator	(2)					3.000			
Agencies Notified	Type Notific	cation			Street A	ddress berty Av	enue			2	lis JU	'n	- 8	M 4	: 2(3	
DEP DOL		dment #				te, Zip Co NJ 070				, sind	STIES & I		US U			L.	
DOH DCA	justific	gency (ir ation) allation	ncluding		Name of John F	Contact Purcel						nł i	ne Niim	her		3	
Name of Facility Where A	batement is	Taking	Place (3		FACI	LITY INFO	RMATI	ON	Ту	pe of Facility (4						
Former Coffee Distri	ibuting Co	orp.						6 (1		School (K-1 Subchapter		-1 1	an K-12)			
685 Liberty Avenue									×	Other (i.e. petc.)	vate &	C	nmercia	l build		1022	es,
City (5) Union									35	uare Feet ,000	# of F	2		2	ldg. A 5+	ge	
County (6) Union						Code (7) JSE ONLY)				rrent Use (Pri ormer Coffe							
Name of Monitoring Firm	Hired by Bu	ilding O	wner (8)		ASCN	No.				batement Conzi Environm			vices,	Inc.			
Street Address					1			Street	Add			_					
City, State, Zip Code								City, S	State	, Zip Code n, NJ 0740							
Project Manager for Monit	toring Firm			1	Telepho	ne No.		Teleph	none	No.	- 1		ense No				
Start Date (10)					pletion l	Date (11)		Name	of C	SHA Monitor		-	228	10			
6/8/15	A 5 - 4		6/30/15							zi Environm	ntal S	Se :	vices,	Inc.			
Occupancy Status During Facility Closed/Vaca					ent			Street 135 I		ress nelon Road	, Suite	1)	2				
Abatement Performe Other – Describe:	ed Outside o	of Norma	l Facility	Hours	W		_	1000		, Zip Code n, NJ 0740	Ę		0				
Scope of Work (Check All	That Apply)						Γx	a .	- " 0					0000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enovat emoliti				XXXX		Full Containm Mini-Enclosure Glovebag Pro	e dure					0	
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Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	-IVI)	Mai	ntenar odial S (12)	ice/		thermal surfa		s ins		Am (Sp SF)∈ i	fy	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									<u> </u>		ate	ře
Please see attac	hed surve	ЭУ															
Name of Registered Wast	te Hauler			N	JDEP W	aste //	Cubic	Yards		Name of	F agister	e i	Landfill				L
Yannuzzi Group, Inc.				0.000	auler ID '467	No.	of Was			IESI							
City, State Kinnelon, NJ		188	0				Dispos 6/30/	al Date		City, Stat Bethleh		4					
Completed by Anna Bastos			Title Admii	nistra	tive As	sistant	S	ignature	n.	Bas	ion		Dat 5/2	e 17/15	i		
								1		1			-				

	Building	at 685 Liberty Avenue, U	Jnion, NJ		
Sample ID	Location	Material	Total Quantity	Friabili ty (F/NF)	Cond. (G/F/P)
W103275	1st Floor, Storage Area	9"x9" Vinyl Floor Tile, Gray	10.00	****	
W103276	1 Ploof, Storage Area	Mastic associated with Gray 9"x9" Vinyl Floor Tile, Black	- 10 SF	NF	Good
Assumed	1st Floor Sprinkler Room	Residual Floor Mastic	20 SF	NF	Fair
W103300	1st Floor, Martial Arts Studio, under Carpet and Matting	Mastic associated with 12"x12" Light Gray Vinyl Floor Tile, Black	2,400 SI)	NF	Good
TB1740	1st Floor, Comcast Warehouse, East Side	Window Glazing	1,15211	NF	Good
W103341	Roof, Office, Flashing, Fourth Layer*	Roof Flashing (Base)	3,560 SI	NF	Good
W103343	Roof, Warehouse*	Tar Board (Ròof Membrane)	35,000 S 5	NF	Good
W103357	Roof, Warehouse, First Layer*	Roof Flashing (Base)	2,240 SI	NF	Good
W103368	Roof, Warehouse, HVAC Ducts	HVAC Tar on Ducts	10 SF.	NF	Good
W103369 W103370	Roof, Warehouse, Vent Pipe	Tar on Vent Pipes	4 SF	NF	Good
Assumed	Throughout Perimeter of Interior and exterior of Building – Up to 4' high on interior and 4' below the 1 st floor slab	Vapor Barrier**	Under Slab -3,8 40 SF 1 st Floor - 3,7(0 SF 2 nd Floor- 2,7(4 SF Total - 10,30 SF	NF	N/A

Square Feet = SF

Good = G

NF = Non-friable

T30

#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann con iders this to be a homogenous material. As such, all aircell and block pipe insulation are considered positive.

Hillmann had the layers attached directly to the substrate analyzed first n ord r to identify the component as ACM. If this layer is identified as ACM, then the remaining layers were no analyzed and are assumed to be ACM as part of that component.

^{*}ACM is located in at least one layer of a component. For construction purposes, the entire component must be considered ACM **Assumed due to inaccessibility – It is recommended material is sampled at a late date to hen accessibility is provided.

^{##}Samples of same color and texture floor tile have yielded positive results. Hillmann co siders this to be a homogenous material. As such, some floor tiles have been grouped together and are considered positive.

Firestop, red

Flashing Concrete

Flashing Tar, Membrane

Floor Tile, light gray

Floor Tile, light green

Joint Compound, white

Joint Tape, white

Mastic for white & black vinyl floor tile

Paint, tan/off-white

Roof Membrane, Tar Board

Tar

Tar Flashing

Tar from Vent Pipe

Tar with Stone

Tar Membrane

Tar Membrane, Flashing

Tar Paper, Black

Tar Paper Flashing

Tar Paper Insulation

Tar Roof Membrane

Vinyl Floor Tile, black

Vinyl Floor Tile, dark green

Vinyl Floor Tile, off-white

Vinyl Floor Tile, off-white with speckles

Vinyl Floor Tile, 'orange

Vinyl Floor Tile, tan with speckles

Wallboard

Wallpaper, Tan

Window Glazing

White Board Insulation

3.4 Results Summary Table

The following is a summary of the observed condition of the homoger cous 1 laterials sampled that were identified as asbestos-containing material. All quantities are app oximate and are subject to field verification.

	Building	at 685 Liberty Avenue,	Union, NJ		
Sample ID	Location	Material	Total Quantity	Friabili ty (F/NF)	Cond. (G/F/P)
W103230	2 nd Floor, South Offices, Open Area	Mastic for 12"x12" Carpet Tiles, Black	(4,800 SF	NF	Good
W103245	2 nd Floor, Server Room, Pipe Vent	Tar	6LF)	NF .	Good

CK 27767

				(1 4134			oo 7 and 1	15/5/6/5			24	- 131	- 1 1		Proj.	
Date of Natification (1)	te of Notification (1)						Building O		/Operator (2)			:01	-11	/ E	()	
	14.5					et Ado		OI IIVI	L 00/11 .		2815	EJ /				
	/15 Notification	n						ENUE	E, P.O. BOX 20	00, R	2813 J (28-414	14 - 1	F	4 4	13	
EPA DEP X DOL	Initial Notif Amended Cancellatio	ficatio Notific			City, RAH	State WAY,	, Zip Code , NEW JEF		07065		á	TOS				
X DOH X	On Hold EMERGEN	VCY I	NOTIF	ICATIO			Contact SCHENK			Tele	hone Ni	nber				
					FACILIT	Y INF	ORMATIO	N				_				
Name of Facility Where Abaten	nent is Tak	king F	lace	(3)			-		e of Facility (4) School (K-12)							
MERCK SHARP & DOHME COP	RPORATIO	N						X	Subchapter 8 Other (ie. priv	700			, hom	es, et	c.)	
Street Address								1	Square Feet		# of Floo				. Age	
126 EAST LINCOLN AVENUE -	BUILDING	806 (ENTI	RE)					9,975		2				35	
City (5) RAHWAY	County (6 UNION)				53	ode (7) E ONLY)		rent Use (Prior i	if beir	g demol	hed)				
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVE		-		(8)		AS	SCM No. 17		ne of Abateme R ENVIRONME				N	214 100-00		
Street Address	20110/1110	7140, 1	140.					-	et Address				1,12			
655 WEST SHORE TRAIL								313	SPOOK ROCK	(RO	D					
City, State, Zip Code								City	, State, Zip Coo	de						
SPA	RTA, NEW	JER	SEY (07871				SUF	FERN, NEW Y	ORK	10901	les control				
Project Manager for Monitoring F	irm		Tele	phone N	Number			Tele	ephone Number			Licer	nse N	umbe	r	
WILLIAM S. KERBEL, CIH								845	-369-7500			1101				
Expected State Date (10)		Sch	ed. Co	ompleti	on Date	(11)	Voves	1000	ne of OSHA Mo							
5 / 29 Month Day Ye	/15 ear	Mo	6 onth	/	5 Day		/15 Year	AMI	ERISCI LABOR	ATO	IIES INC	×	#11	1480		
Occupancy Status During Abates X Facility Closed/Vacate Abatement Performed	ed During E	Entire	Perio	d of Ab		scorib	0.	S.C.0.30VR	et Address EAST 30TH S	TREE	Γ					
	MONDAY-			8명 (1981) (1985년 - 1981) 1981년 - 1982년 - 1982년 1982년 - 1982년			ь.	City	, State, Zip Coo		RK, NEV	YORK	(100	16		
Scope of Work (Check all that appendition >3SF OR LF X >160 SF OR 260 l	X	Reno	ovatio	n		X	Full Conta Mini-Enclo Glovebag Non-Friab	o, J Pro	ent with Negativ			1011	(100			
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Asbestos-containing			mally		C		ning Materia				Amour		RE	RE	E	E
Material (ACM)			olely				Thermal sy				(Specif		NO.	REPAIR	ICA	CC
TO BE ABATED in Facility (13)			taff (1	todial 12) N/A			on, surfacii er miscella				SF or L)	REMOVAL	Ē	ENCAPSULE	ENCLOSURE
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GROUND		X		E	BLACK M	ASTI	C ON COL	MML	TOPS	80 S	=		X	\vdash		
												Kin and				
825 HIGHWAY 33			1593	9				447	ALEXANDER	DRIV	E/ROUT	15				
City, State					Disposal [Date		City	, State							
FREEHOLD, NEW JERSEY				3	3/9 -03/30)/2015	i	МО	NTGOMERY,	PA 17	752			,	03	/
Completed by (Print or Type)	Title					_	ature	/			-	Date	-	1	nol	15
BENJAMIN SANCHEZ			ROF	OPER	ATIONS		4))	17	911	17

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Data of Nationalisa (4)		-						1 1 1	- 1			
Date of Notification (1)			0. 5	Building Owner/C TROUEST ddress		M. T. FORD	Vis.	600				
Agencies Notified Type Notification	-		Street A	7760000			F JUM	- 1 FM	1.	-	OLEH HOLD CO.	Salamatra da
Type Notification		1	Ollegt A	TROUES I ddress 5 O JOH te, Zip Code LOSSY CIT	4/10	311 01.5		,	1.9	F		
☐ EPA ☒ Initial			، ر	50 500	1051	ON HUAS	3FAL	15.4				
☐ DEP	2	T	City, Sta	te, Zip Code			211	2,001	into	1		
☑ DOLAmendmen			JB	RSEY CIT	Y	9	L 1-11	LNAMI	3	_		
☐ Emergency justification		+	Name of	Contact		· · · · · ·	I Tel	phone Num	hor	-		NC THE REAL PROPERTY.
☐ DCA ☐ Cancellation		1		UE H.			1 101	DITORIE NUIT	1061			
					CNI			-		-		
Name of Facility Where Abatement is Takin	n Place (3)		FACI	LITY INFORMATI	ON	Transfer in	(4)	-	-		-	
Taking of Facility Principle Dates Hell is Taking	9 1 1000 (0)					Type of Facility	(4)					
Charat Address						☐ School (K-						
Street Address JOHNSTON	SUF					☐ Subchapte	8 (Othe	than K-12)				
300 0011251010	1102	•				☑ Other (i.e.	rivate &	commercia	l build	ings,	home	s,
City (5)		Non-				etc.) Square Feet	1#0	Floors	1 5	lcia /	on the same of the	
JERSEY CITY						14 600	1 # 0	2	1 -	ldg. A	_	
County (6)								The second second		6	2	
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			(OIAIL O	SE ONE I)		WAREH	usz	1 DEV	10			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		of Abatement Co))	-	-		
			-		A.M	AC Contracting Ir	2					
Street Address	~		-		Street	Address	-	Marie and State of the State of		MANUTA NA		March Cold
						reeland Ave.						
City, State, Zip Code							-				-	
Oity, Otate, Zip Gode						State, Zip Code						
					Midla	nd Park, NJ 074:	2					
Project Manager for Monitoring Firm		-	Teleph	none No.	Teleni	none No.		License No				
		7				-262-5841		00156	-			
Start Date (10) / _ /	Cabadul		1-41 5	N-1- 144N			-					AND LOCAL
Start Date (10) 5/28/15	Schedul	ea Can	pletion E	Date (11)		of OSHA Monito		e to a				
	1	-	21113		One	ega Environment	II Servic	S INC.				
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street	Address						
☐ Facility Closed/Vacated During Entire	Period of A	bateme	ent			luyer Street						
☐ Abatement Performed Outside of Norm ☐ Other - Describe:	nal Facility	Hours			City, S	tate, Zip Code			100			
d Other - Describe.			the state of the state of		Hack	ensack, NJ 0760	i					
Scope of Work (Check All That Apply)	· · · · · · · · · · · · · · · · · · ·							Tana -		-		
≥3 sf or ≥3 if	□R	enovati	ion		-	, - "		_				
☐ ≥160 sf or ≥260 lf		emolitic			<u> </u>	Full Containm Mini-Enclosure	nt with i	egative Pre	essure			
		OT TO HEAV				Glovebag Pro						
						Non-Exempte		on-Friable	Proce	dure		
	le	Locati	on I								ement	
Location of	•	Normal	3327							77.77	pe	
Asbestos-Containing Material (ACM)		ed Sole			scription	of Vlaterial (ACM)						
TO BE ABATED		intenar		(i.e. thermal				nount pecify	-		En	ш
In Facility	Cus	todial S	itati?		cing, VA			or LF)	9	묎	dec	nck
(13)		(12)		other r	niscellar	eous)			Removal	Rapair	Encapsulate	Enclosure
BOILER ROOM	Yes	No	N/A _x	BOILER	141371	ATICE		30 40			eda	9
WINDOWS	1							30 sr	X	-		-
IST FLOIR	-		X	CAUCK			-	00 Le	X			
Jul FLOOR	-		Х	TRANS	1 1 12			700 SF	X			esecue
			X	TILE			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow	10 SF	X			
Roc.F			X	ROCFIA	C-		17,	150 sf	X			
Name of Registered Waste Hauler			JDEP Wa	2000 March 1980 March	1007/1002	Name of	Register	d Landfill				
Newark Carting Inc		H	auler ID N			-						
Newark Carting, Inc			04509		O aljDate			hem Landf	ill Cor	p.		
City, State, Zip Code							e, Zip C				The second second	Contract of the Contract of th
Newark, NJ 07105	, NJ 07105					Betl	lehem, F	18015		,		
Completed by	Title				ignaturé		Bellevine and a	Date	9 /	1		
R. McDonald	Presid	ent			1	L. Ill Jons	ex		5/0	16/1	5	

* POSTPOUE

Date of Notification (4)											4-0	-			
Date of Notification (1)		-	Name of	f Building (こからのに	Owner/C	perator EC	(2) QUITIL	5,2	¿ C	e di negati	ad.		-	1)	
Agencies Notified Type Notification			Street A	ddress	JOH	+057	ON A	us Us	20	15	JUH	i E	iá i	• 1.	
☐ EPA ☑ Initial ☐ DEP ☐ Amended	1	-	City, Sta	te, Zip Co	de				2						
☑ DOL Amendment: ☐ Emergency (i		-		FCS.5Y	CIT	Υ	~,-,		F10	2 5	one Num	AL.	inI	ROL	
☑ DOH justification) ☐ DCA ☐ Cancellation		District Street, Square, St.		UE /	4				i Tel	epl	ne Num	ber	18 (2		Ċ
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	PRMATI	ON	7 /								
Tarding	1 1800 (0)	9.					Type of F	acility (4)							
Street Address JOO JOHNSTON	AVE						☐ Subo	hapter 8 r (i.e. pri	(Otherate &	rtl cc	n K-12) nmercia	build	lings,	home	es,
City (5) JENSEY CITY							Square F	eet	# 0	fF	ors)	E	Bldg. A		
County (6) Huのser			County (Code (7) USE ONLY)			Current L	lse (Prioi ೭೬ 1+೦೩	if beir	19	molishe	ed) 1 ()			a is a distance of
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	M No.		Name A. M	of Abatem AC Contrac	ent Conti ting Inc	actor	(9)				******	
Street Address							Address /reeland A	re.							-
City, State, Zip Code						City, S	tate, Zip C	ode		_					
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm						ione No.	01432		Li	ense No			200.00	
Start Date (10) On C POLIF	Schedul	ed Cor	apletion [Data (11)	2.02		262-5841			_	0156				
Start Date (10) POST PONE	Ochedur	ed Civil	ibiedour	Jale (11)	-*	Ome	of OSHA N	nmental	ervic	es	1C.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other - Describe:	eriod of A	bateme	ent			280 F City, S	Address luyer Streetate, Zip Consack, NJ	ode							
Scope of Work (Check All That Apply)									-	- women					-
□ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	A	enovati emolitic					Full Con Mini-End Gloveba Non-Exe	losure g Procei	ure						
	Is	Locati	on		-	120	NOII-EXE	Impled (anu	INO	-Filable	Proce		emen	1
Location of Asbestos-Containing Material (ACM)		Normalled Solel		Ashasi		scription							Ty	/pe	
TO BE ABATED In Facility (13)		intenar todial S (12)			thermal surfac				(S	mc Spe oi	ify	Removal	Rapair	Encapsulabs	Enclosure
BOILER ROCH	Yes	No	N/A _x				LHT10:0			-	155	X		Ą	
1 ST FLOUR	WINDOWS					NG-			-	ee e	anninations	×			
AND FLORA	-	Х		LANSI	i T/2				Return .	155	×				
	ROOF				ILE DOFIN	1,5		-		-	ع ی	X		_	
Name of Registered Waste Hauler	1	Į N.	JDEP Wa		Cubic \		1 Na	me of Re		_	O SF	X			
Newark Carting, Inc			auler ID N 04509	Vo.	of Was		- Anna Anna Anna Anna Anna Anna Anna Ann				m Landf	il Cor	p.		
City, State, Zip Code Newark, NJ 07105						aljDate	Cit	y, State, Bethlel	Zip Co em, P	ode PA	3015		,		
Completed by R. McDonald	Title Preside	ent			THE RESIDENCE OF THE PERSON NAMED IN	ignaturé		19 onelo	(-	Date	4/	10/	15	and the same of th

NO CK

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

RECEIVED

Date of Notification (1)	Na	me of Building (Owner / Operator							
5/20/2015	AF	Recycling		253	JUN	MA I	1:5	7		
Agencies Notified Type Notificatio	10	eet Address								
□ EPA □ □ · ···· ·		04 Union Lan		2.2	3531	S CON	TRO			
□ DEP □ Initial □ DOL □ Amende		y, State & Zip C			Ġ. [.]	ENGIN	7	_		
DOH Emerger	0.	nnaminson , I	4J			A G 150 CW ALL THE	epho	na N	umh	or
☑ DOH ☐ Emerger ☐ DCA ☐ Cancella		y Trainor				116	CDITO			CI
			0011171011							
Name of Facility Where Abatement		FACILITY INFO	Type of Facility	. (4)						
Convent	is raking Place (3)		School (K							
Street Address				er 8 (Other the	n K-12					
11 South Sunset			Other (i.e.			buildings	hom	es, e	tc.)	
			Square Feet	# of Flo	ors	Bld	g. Age	9		
City (5)	ounty (6) Cour	ty Code (7)	8000		2			80 +		
Willingboro	urlington		Current Use (F	rior if being c	emolish	ed)				
			Demo							
Name of Monitoring Firm Hired by B	Building Owner (8)	ASCM No.	Name of Abate							
Street Address			Street Address PO Box 8297	;	-	()				
City, State & Zip Code			City, State & Z			•				-
only, orate a zip code			Trenton, NJ	.p couc						
Project Manager for Monitoring Firm	Telepho	one Number	Telephone Nui 215-295-1004		L	ense Nur	nber 012 2	2		
Scheduled Start Date (10) Sch	neduled Completion	Date (11)	Name of OSH	The second secon				Α.		
	//2015		EMSL Analy							
Occupancy Status During Abatemen		Abatament	Street Address							
Facility Closed/Vacated Dur Abatement Performed Outsi	The artifaction of the state of		107 Haddon City, State & Z							
Describe:	ide of Normal Hour	s – ram to spin	Westmont, N	•						
Facility Occupied During Ab	atement		Westinont, i	13 00 100						
Scope of Work (Check all that apply					-	-				
						t with Neg	gative	Pres	sure	•
≥3 sf or ≥3 lf		Renovation	<u>[</u>	Mini-En						
. ≥160 sf ≥260 lf		Demolition	L	Glove E	ag Proc	dures				
				Non-Ex	mpted	and Non-F				
Location of		cation	Description			ount	Aba	item	ent T	ype
Asbestos-Containing Material (ACM)		illy Used ely by	Asbestos-Conta Material (AC			or LF)			ш	_
TO BE ABATED		nance or	(i.e., thermal sy			/	Rer	Re	nca	inc
in Facility			nsulation, surfaci				Removal	Repair	Encapsulate	Enclsoure
(13)		12) No N/A	or other miscella	neous)			<u>a</u>		ate	6
Throughout		X	9x9 VAT		3500sf		X		П	1
Throughout 2nd Floor			Accoustical C		1400sf			ш		
Basement			Tank Insulat		50sf					
Name of Registered Waste Hauler		NJDEP Waste		Name of Reg	stered	andfill				lan and
ALPHA ENVIRONMENTAL		Hauler ID No. 0033330	of Waste	Grows Lan	lfill					
City, State		1-223000	Disposal Date	City, State		-	-			-
			Hon as	lenn wen wenn						
Trenton				Morrisville,	PA					
Completed By (Print or Type)		Title	Signature				Date	100	a P	
Rod Richardson		PM	Rod Richardson				5/20	/20	15	

Date of Notification (1) May 27, 2015						Building Ov		erator		JUN -	Che	k # 21	116			
Agencies Notified	Type No	tification		5	Street Ad	dress			22.2	- JUN -	7111	:53				
X EPA	× Initi	al			520 Ma	rket Stre	et		45	ŋ =			18	6)		
EPA DEP DOL	Am.	ended endment #_				e, Zip Code n, NJ 08			e10.	Esto & Lla	MILM	KU!				
▼ DOH ▼ DCA		ergency (in ification)	cluding	1	Name of	Contact					Telen	ine Nii	mher			
▼ DCA	Car	ncellation														
Name of Facility Where	Abatemen	t is Taking	Place (3))	FACIL	ITY INFOR	RIVIATIO	N	Туре	of Facility (4)	-				_
The Hadley House										chool (K-1						
Street Address									x S	ubchapter	(Other			lings	homo	
5300 North Park Di	rive								L e	other (i.e. p tc.)						5,
City (5)									Square 5,000	e Feet	# of F	ors	3507	ldg. A	ge	
				- 17	County C	odo (7)			grade control	nt Use (Pric		emolis		00		
County (6) Camden						SE ONLY)				aurant	. Deling	CITIONS	ilicu)			
Name of Monitoring Firm	n Hired by	Building Ov	wner (8)		ASCM	No.				ement Con						
TTI Environmental,	Inc.							Shac	le Env	rironmen	al, LLC					
Street Address									Addres	s Avenue						
	reet							X75-40-1-550-0-1	tate, Zij			-				
Moorestown, NJ 08	3057									de, NJ 0	3052					
Project Manager for Mon Jim Guilardi	. Church Street e, Zip Code stown, NJ 08057 lanager for Monitoring Firm illardi e (10) 5, 2015 cy Status During Abatement (Check Only C					ne No. 0-8800			none No 755-00)842	Vo.			4
Start Date (10)						Date (11)				IA Monitor						
June 15, 2015	nvironmental, Inc. ddress N. Church Street ate, Zip Code estown, NJ 08057 Manager for Monitoring Firm uilardi ate (10) 15, 2015 Incy Status During Abatement (Check Only Collity Closed/Vacated During Entire Period of atement Performed Outside of Normal Facilither – Describe: of Work (Check All That Apply) sf or ≥3 If				15					lytical, Ir	J.					
	Address North Park Drive Sauken (6) Iden of Monitoring Firm Hired by Building Owner (8) nvironmental, Inc. Address N. Church Street ate, Zip Code estown, NJ 08057 Manager for Monitoring Firm Buillardi ate (10) 15, 2015 ancy Status During Abatement (Check Only Content Performed Outside of Normal Facility ater — Describe: of Work (Check All That Apply) 8 of or ≥3 If 160 of or ≥260 If Location of Destos-Containing Material (ACM) TO BE ABATED In Facility (13)								Addres	s 130 Nor	h					
× Facility Closed/Vac Abatement Perform	nvironmental, Inc. ddress N. Church Street ate, Zip Code estown, NJ 08057 Manager for Monitoring Firm uilardi ate (10) 15, 2015 Incy Status During Abatement (Check Only Coliity Closed/Vacated During Entire Period of atement Performed Outside of Normal Facilither – Describe: of Work (Check All That Apply) sf or ≥3 If				ent		-		state, Zi							
Other – Describe:		0114011110		Tiouro	:		_			on, NJ 0	3077					
Scope of Work (Check /	All That Ap	ply)										-				
≥3 sf or ≥3 lf			-	Renova				>	T UII	Containme		gative	Pressu	re		
× ≥160 sf or ≥260 lf				emolit	ion					i-Enclosure vebag Pro						
										n-Exempter		on-Fria	ble Pro			
4			1	Locati										Abat	emeni /pe	1
		(A C N A)		Normal ed Sole		Asbesto		scription		(ACM)	Am	unt		Т		
TO BE A	BATED	(ACIVI)	70.00	intenar todial S	CO CONTRACTOR		hermal	system	s insula		(Sp	cify	Rei	Zi.	nca	Enc
			000	(12)	Julii.			cing, VA			SF (LF)	Remova	Repair	Encapsulate	Enclosure
	,		Yes	No	N/A								1 =		ate	9
Attic Crav	vlspace			XXX			Tank	Insula	ation		225	SF	X			
Existing S	Storage			XXX			Wa	II Plas	ter		500	SF	X			
Existing S	Storage			XXX		ı	Linole	um Flo	ooring	V	125	SF	X			
Existing	Cooler			XXX			Wa	II Plas	ter		500	SF	Х			
Name of Registered Wa	aste Haule	r		10000	IJDEP W			Yards		Name of	Register	Landf	111			
Jack Robinson Was	Jack Robinson Waste Disposal				lauler ID 7304	No.	of Was			G.R.O.	V.S. N	rth La	ndfill			
City, State Voorhees, NJ							Dispos 6/30/2	sal Date 2015)	City, Stat Morrisv						
Completed by Christina Lynch			Title	ration	s Mana	ager	19	ignatur	e go	20	-	- 1	Date 5/27/2	015		
JZiilia Zylloll			1					11	WI						-	

								,	2		11
Date of Notification (1) 5/28/2015			uilding Owner/O LLEGE OF N				20				(11) (3)
Agencies Notified Type Notification X EPA X Initial		Street Add 2000 PE	ress NNINGTON	ROAD			CEX	(1)	200		
X EPA Initial DEP ☐ Amended X DOL _ Amendment #		City, State, EWING,	Zip Code NJ 08628				*/) **		3K 2		(i)
□ Emergency (ir □ DOH		Name of C	ontact AMILTON			Telep	one Num	ber	C.)	1,
0 0		FACILIT	TY INFORMATION	ON		-			-0-0-1		
Name of Facility Where Abatement is Taking THE COLLEGE OF NEW JERSEY		RTHY HA	ALL		Type of Facility (26					
Street Address 2000 PENNINGTON ROAD					Subchapter Other (i.e. p etc.)	(Other			lings,	home	S,
City (5) EWING					Square Feet	# of F	ors	В	ldg. A	ge	
County (6) MERCER		County Co			Current Use (Pric	if being	lemolish	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASCM N	lo.		of Abatement Con BROTHERS		ACTINO	3. IN	C.		-
Street Address				Street	Address REELAND AVI						
City, State, Zip Code					ate, Zip Code						
				TOTO	OWA, NJ 0751						
Project Manager for Monitoring Firm		Telephone	No.		one No. 956-8700	10000	D494).			
	Scheduled Com 6/17/2015	npletion Da	te (11)		of OSHA Monitor E AS (9) ABO	/E					
Occupancy Status During Abatement (Check	Only One)			Street	Address		-				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: EXTERIOR	eriod of Abatem Il Facility Hours	nent		City, St	ate, Zip Code						
Scope of Work (Check All That Apply)										_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Renova Demoliti			×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
	Is Locati	0.0			Tron Examples	1 / dild !	JIT I HODI	110	Abate	TAX.	
Location of	Normali	ly	Des	cription	of				Typ	oe T	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintenar Custodial S (12)	nce/			insulation, Γ, or	Am (Spe SF o	cify	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Х		RC	OFIN	3	600	SF	Х			
			75								
Name of Registered Waste Hauler	100000	JDEP Was			Name of I	egistere	Landfill				
TWO BROTHERS CONTRACTING	1000	auler ID No 8743	o. of Was 25	ite	WASTE	MANA	GEMEN	NT G	.R.0	.W.S	3.
City, State TOTOWA, NJ	1		A-Environ.	al Date	City, State	SVILLE	PA				
Completed by VIVECA RAMOS	Title PROJECT	COORD	S	ignature	15	nen	Dat	e 28/20)15		

							OF ASBES to NJAC 8:6			T [T FE	1	70	77	n n	ПЕ	J 150
	te of Notification (1)						f Building Ow ge Compa		r (2)			(ת ו		1 1	<u> </u>	a !
Age	encies Notified	Type Notif	cation			Street A	ddress	20 8000 Web 125-00	8/25=1	1	+1.	J	JN	1	201	5	
	EPA	× Initial					Stow Roa		00				25:45:45	6.5	201	J	11:
×	DEP DOL	Amer Amer	nded ndment	#			ite, Zip Code n, NJ 080				LAS.	i.e.					_
×	DOH		gency (cation)	including	+	Name o	f Contact			1-20	Telepi		I set	1.4	411	Tallet W	acon na
×	DCA		ellation			Donal	70 CT - CT										
Nai	me of Facility Where A	Abatement i	s Takin	g Place (3)	FACI	LITY INFOR	MATION	Typ	e of Facility (4							
	ontgomery Garde									School (K-12							
	eet Address 3 Montgomery St	reet							×	Subchapter of Other (i.e. pr	(Other t				lings,	home	es,
	/ (5)								Squ	etc.) uare Feet	# of FI	ors		В	ldg. A	ge	
	rsey City								80,	,000	10			6	5		
	unty (6) udson						Code (7) USE ONLY)	14 14		rent Use (Prio using	if being	em	olishe	ed)			
	me of Monitoring Firm hthouse Environ			Owner (8))	ASCN	/I No.			eatement Cont Environmen			s, In	C.			
	eet Address Vose Avenue							Stree 42 F		ress Road		S .					
	, State, Zip Code outh Orange, NJ 0						Zip Code ville, PA 194	60	-								
	ject Manager for Mon Irah Calandra		Telepho 973-27	ne No. 75-5000	Telep 610-		No. -4332	200	ens 83	se No							
	rt Date (10) 11/2015			Schedul 8/24/2		npletion	Date (11)	100000000		SHA Monitor se Environr	nental.	nc.					
Occ	cupancy Status During	g Abatemen	it (Chec	k Only O	ne)	-		Stree				-		10.00			
×	Facility Closed/Vaca									venue							
H	Abatement Performe Other – Describe: _	ed Outside	of Norm	nal Facility	y Hours	3		2000		Zip Code range, NJ 0	7079						
Sco	ppe of Work (Check A	II That Apply	y)									-					
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit				N G	full Containme Mini-Enclosure Blovebag Proce	dure	1802					
				1					M N	lon-Exempted	*) and N	n-F	riable			e ement	
	Location	of			Locati Normal			Docorintio	o of							pe	A .
	Asbestos-Containing TO BE ABA In Facili (13)	Material (AGATED	CM)	Ma	ed Sole aintena todial s (12)	nce/	(i.e. the	Description Containing I Description Containin	Materi ns insu AT, or	ulation,	Amo (Spe SF or	fy		Removal	Repair	Encapsulate	Enclosure
_	all interior	floore		168	INU	X	flo	or tile and	mac	tic	66,00) 0	F	X		100	
	interior de		-	-		X	110	door par	0.000000000		45		-	X			
	exterior wir	-25-03-03-03-03				X		window ca			520	_		X			
	roof	140113				X		ouilt up roc	MARKET COV.		6,60	_		X			
Nan	ne of Registered Was	te Hauler			l N	JDEP W		Cubic Yards	1 1011	Name of R	13.0			ΛZ			
	vice Transport Gr				Н	auler ID 0990	No.	of Waste		Minerva				C.			
	, State v Castle, DE							Disposal Date -8/2015		City, State Waynes		+					
	npleted by Larney			Title P.M.				Signatur		#	~~		Date 5/2	9/20	15		
								- 1									

				172					<i>50</i>	X	EM	FE	FI.	11/7	FE	Printer.	7
Date of Notification (1) 5/29/2015						of Building C ge Comp		perator	(2)		E.U	Tr.	ij	¥	15		
Agencies Notified EPA	(man)	otification tial			Street A	Address t Stow Ro	oad, S	uite 20	00		JU	1	2	2015			1
DEP DOL	Ar Ar	mended nendment				ate, Zip Coo on, NJ 08					and the second	12.2			اً ا	12045	
	jus	mergency (stification) ancellation	including		Name o	f Contact d Fox				L was to the second	Tele	hone	Nun				1
					FAC	ILITY INFO	RMATI	ON				-					
Name of Facility Where Montgomery Garde				3)					Туре	of Facility School (K-							
Street Address 563 Montgomery S	treet								X	Subchapte Other (i.e.	- 8 (Oth€	than	K-12 nercia) al buil	dings	hom	es,
City (5)										etc.)					15200		
Jersey City									80,0	are Feet 000	10	loors			Bldg. A 55	ige	
County (6) Hudson						Code (7) USE ONLY)			96	ent Use (Pi ising	or if beir	den	nolish	ed)			
Name of Monitoring Firm Lighthouse Environ			Owner (8)		ASC	M No.				atement Co nvironme			s, Ir	IC.			
Street Address 3 Vose Avenue	Vose Avenue y, State, Zip Code							Street 42 R	2000	Road							
City, State, Zip Code South Orange, N.J.(outh Orange, NJ 07079							City, S	state, 2	Zip Code ille, PA 1	3460						
	outh Orange, NJ 07079 oject Manager for Monitoring Firm				Telepho	ne No		Teleph			7400	ioon	se No				
Sarah Calandra	oject Manager for Monitoring Firm arah Calandra				973-27	75-5000		610-				083).			
Start Date (10) 6/11/2015			Schedule 8/24/20		pletion	Date (11)				HA Monito e Enviro	menta	Inc					
Occupancy Status During	g Abatem	ent (Check	k Only Or	ne)				Street	Addre	ess		-					
Facility Closed/Vaca	ated Duri	ng Entire F	eriod of	Abatem	ent				2000000	venue							
Abatement Perform Other – Describe:		de of Norm	al Facility	/ Hours			_			Zip Code ange, NJ	07079						
Scope of Work (Check A	II That Ap	oply)										_					-
≥3 sf or ≥3 if ≥160 sf or ≥260 if			THE REAL PROPERTY.	Renova Demoliti				×	Mi Gl	III Containn ini-Enclosul ovebag Pro	edure						
			1					×	l No	on-Exempte	1 (*) and	lon-l	riabl				
(1)			100	Location Normall			120	12 121	6						Abate Ty	emeni pe	
Location Asbestos-Containing		(ACM)	Use	d Solel	y by	Asbesto		cription aining N		I (ACM)	An	ount				Ш	
TO BE ABA In Facili (13)			V. 1000000	todial S (12)		.1850	hermal : surfac other m	ing, VA	T, or			cify LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									0.000		te	
all interior	200000000000000000000000000000000000000				X	flo	oor tile	and r	nasti	c	66,0		f	X			
interior d	MARCO - 1				Х			or pane			45	ea		X			
	exterior windows				Х		wind	ow ca	ulk		52	ea		X			
	roof				X		built u	ip roof	felt			0 sf		X			
	me of Registered Waste Hauler					aste No.	Cubic \			Name of				1932			
13 * 01 (2 - 200	vice Transport Group, Inc.						400			Minerv		rise	s, LL	.C.			
City, State New Castle, DE							Disposa 6-7/20			City, Sta Wayne		Н					
Completed by Pat Larney			Title P.M.				Sig	grature		Do	~~		Date 5/2	9/20	15		\neg
			1					8 /				15-1					

Date of Notification (1) 5/29/2015			Building C			(2)			1 1	201	5				
G	Notification		1773	Street A	ddress Stow Ro	oad, s	Suite 20	0				201	3	Lame	
DEP DEP	nitial Amended Amendment	#			te, Zip Coo							7.25 	: /:_8	<u>k</u>	Trially same
X DOH	Emergency (ustification) Cancellation	including	10.00	Name of	Contact					Teler	ione	Number	en Linger u	and the second	PERMANE.
				FACI	LITY INFO	RMAT	ION								
Name of Facility Where Abatem Montgomery Gardens - E									of Facility (School (K-	2)					
Street Address 563 Montgomery Street								×	Subchapter Other (i.e. petc.)				ldings	, hom	es,
City (5) Jersey City									re Feet	# of F	oors	- 3	3ldg. 35	Age	
County (6) Hudson					Code (7) USE ONLY)			Curre	nt Use (Pri	or if being	demo	olished)			
Name of Monitoring Firm Hired Lighthouse Environment		Owner (8)		ASCM	1 No.				tement Co nvironme			s, Inc.			
Street Address 3 Vose Avenue								Addres	37.						
City, State, Zip Code South Orange, NJ 07079	outh Orange, NJ 07079								ip Code le, PA 19	460	-				
Project Manager for Monitoring Sarah Calandra	roject Manager for Monitoring Firm carah Calandra				ne No. 75-5000			one N 933-4		1	cens 0836	e No.			
Start Date (10) 6/11/2015	Sarah Calandra start Date (10) Scheduled				Date (11)		0.0000000000000000000000000000000000000		HA Monitor E Enviror	mental	Inc.				
Occupancy Status During Abate	ement (Chec	k Only One	e)				Street	Addres	SS						
Facility Closed/Vacated Di							1000	207-0200	enue						
Abatement Performed Out Other – Describe:	side of Norm	nal Facility	Hours			_	100		ip Code inge, NJ)7079					
Scope of Work (Check All That	Apply)	_					_	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Mir Glo	l Containm ni-Enclosur ovebag Pro	edure:					
		T	10	-			×	l No	n-Exempte	(*) and	on-F	riable Pr	2014	ire temen	t
		0.000,000	ocation or mall		100			•						ype	·
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Used Mair Custo	Solel ntenan odial S (12)	y by ice/ taff?	Asbest (i.e.	os Co therma surf	escription ntaining M al systems acing, VA miscellar	faterial s insula T, or	(ACM) ation,	(Sp	unt cify LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-	-	
all interior floors				Х	f		ile and i		C	66,0		_			
interior doors				Х			oor pan				ea	X	-		_
exterior window	3			X		77.536	ndow ca				ea	X			
roof				X			up roo	f felt		11 222500	0 sf	X			
Name of Registered Waste Hau			1,000,000	JDEP Wauler ID		Cubi of W	c Yards aste		Contraction of the Contraction o	Register					
Service Transport Group,		990		400				ı Enter	rises	s, LLC.					
City, State New Castle, DE	ty, State						osal Date 2015	70	City, Sta Wayne	sburg, (Н				
Completed by Pat Larney	ew Castle, DE ompleted by Title						Signature	Ju	m(me	M	Date 5/29/2	015		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

- CR = = 28/4 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Buildir	ng Owner/Operator (2)	i i					
5 /	13 /	15			1		de Nemours							
Agancies Notified								2815 1111		H 1: 38	4			5-
Agencies Notified EPA	Type Notif	ication			C-2000000000000000000000000000000000000	Address		cent oor	1	11 1. 450	,			
⊠ DOLWD	⊠ Amend	ed					quake Road	ACOLO	r	0 1001				
⊠ DHSS		ment #1	-5/27	/15	0.000	State, Zip		ASSES			-			
DCA	☐ Emerge				Pai	lin, NJ 0	8859	αl	ICER	11812				
(NJAC 5:23-8)	justifica	ation)			Name	of Contac	ct		Tele	hone Num	oer			
	☐ Cancell	lation			Nic	hol Rein	hold		1					
					FA	CILITY II	NFORMATION							
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facil	v (4)	-				
DuPont Parlin Facil	ity - Bldg.	325						School (K						
Street Address								☐ Subchapte	8 (Oth	than K-12)			
250 Cheesequake R	Road					*		Other (i.e. homes, et		nd commer	cial bu	uilding	JS,	
City (5)								Square Feet		Floors	RI	dg. A	00	
Parlin								Oquale 1 cet	7 0	1 10015	Di	uy. A	ge	
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Hee	Drior if h	na domelia	h a d\			
Middlesex					000	ity code (MOTATE USE ONET	Current Ose (1101 11 0	ng demoiis	nea)			
Name of Monitoring Firm	Hired by Ru	ilding O	WDOL	/0\ T	ASCM	No	Name of Abeter		2)	4				
Cardno ATC	i ilied by bu	illuling O	WITE	(0)	ASCIVI	NO.	Name of Abateme		£3					
Street Address							BRISTOL EN	VIRONIVIENT	AL, IN	•				
3 Terri Lane							Street Address							
							1123 BEAVE							
City, State, Zip Code	_						City, State, Zip Co							
Burlington, NJ 0801	201						BRISTOL, PA	19007						
Project Manager for Moni	toring Firm			100000	phone		Telephone No.		Lic	nse No.				
John Lutz					09-386		215-788-6040	D.	()509				
Start Date (10)		Schedu					Name of OSHA M	lonitor						
6 / 3 /	15	6	<u> </u>	5	/ .	15	BRISTOL EN	VIRONMENT	AL, INC					
Occupancy Status During	Abatement	(Check	only o	one)			Street Address							
☐ Facility Closed/Vacate							1123 BEAVER	RSTREET						
☐ Abatement Performed						cribe	City, State, Zip Co	ode		-	-			_
Time of Abatement: 7:	00AM	PM/ <u>3</u>	3:30P	M	AM		BRISTOL, PA							
Scope of Work (Check all	that apply)									-				
								ainment with N	egative I	ressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati			☐ Mini-Enc							
<u> </u>		,		montic	211		☐ Glovebag ⊠ Non-Exe	mpted (*) and I	on-Frial	e Procedur	e			
			Is	Locat	ion			7 ()	T		_	atem	ant T	vne
Location	of			Vorma			Description o	f			-	_		
Asbestos-Containing N		M)		d Sole intena			stos Containing Ma	terial (ACM)	- 3	mount	Remova	Repair	inc	Enclosure
TO BE ABAT IN Facility				todial		(i.e	e., thermal systems i surfacing, VAT,	nsulation,		pecify	JOV	ar.	aps	losu
(13)	,	_		(12)			other miscellane		3	or LF)	=		Encapsulate	le l
			Yes	No	N/A			50.					Ф	
Building 325 - Lunch	Room			\boxtimes		Floor ti	le and mastic (no	on-fri)	E	50 SF		П	П	П
Building 325 - Lunch	Room								-		-			
Danding 020 - Euricii	KOOIII		<u> </u>			FIOOI II	le and mastic (fr	- ruii cont.))0 SF		Ш	Ш	
-											П		П	П
Name of Registered Waste	e Hauler		W 100	N	JDEP \	Vaste	Cubic Yards of	Name of Reg	istered I	indfill		_		-
Bristol Environment				1,000	auler II	No.	Waste	GROWS						
City, State					18706		8 Disposal Date							
Bristol, PA							Disposal Date 6/3/2015	City, State	DA 4	1067				
				-252			2 50 0.6 000 00 00 00 00 00 00 00 00 00 00 00 0	Morrisvil	e, PA 1					
Completed By (Print or Typ	oe)	Title					Signature	0	1	Dat	e/	_ /		
Gino Pizzigoni		Es	timat	or			Dino 1	morgan	-/_	e 3	12	1/1	5	
ASB-41 MAY 11 (T (C ()	1	* //	n not	use th	is form	for achor	os licensure evemn	tod activities	1			/		

MAY 11 GI 150 65

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

Date of Notification (1) 5 /	12	, 4	-				ing Owner/Operator	(2) 2875 JUI	-1	M 1:3	8			
	13				E.	I. duPon	t de Nemours	CHIA JOIL						
Agencies Notified ⊠ EPA 7593	Type Not	ification	1			et Address		ASBLE	1131	OHIR	OL.		_	
Ø DOLWD 7586		hah					equake Road	2002	ICEN	TING				
☑ DHSS ¶6 09		dment :	¥			State, Zip								
☐ DCA	☐ Emerg		ncludir	ng	-	arlin, NJ								
(NJAC 5:23-8)		cation)			100000000000000000000000000000000000000	e of Conta	0.7.7		Tele	hone Nu	mber			
	☐ Cance	ellation				chol Rei								
N					FA	CILITY	NFORMATION							
Name of Facility Where A			ng Plac	e (3)				Type of Facil	y (4)					
DuPont Parlin Facil	ity - Bldg	. 325						School (K	12)	1000 000				
Street Address								Subchapt Subchapt Other (i.e.	private	r than K-	12) ercial	huildi	200	
250 Cheesequake R	oad							homes, e	2.)	na comm	croiai	bunun	iys,	
City (5)								Square Feet	# c	Floors		3ldg.	Age	
Parlin														
County (6)					Cor	inty Code	(7)(STATE USE ONLY)	Current Use	Prior if b	ing demo	lished)			
Middlesex														
Name of Monitoring Firm I	Hired by B	uilding	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor	9)					
Cardno ATC							BRISTOL EN	VIRONMENT.	AL, INC					
Street Address							Street Address							
3 Terri Lane							1123 BEAVER	RSTREET						
City, State, Zip Code							City, State, Zip Co							
Burlington, NJ 0801							BRISTOL, PA	19007						
Project Manager for Monito	oring Firm			110000000000000000000000000000000000000	ephone		Telephone No.		Lic	nse No.				
John Lutz		10.				6-8800	215-788-6040		0	509				
Start Date (10) 6	15					ate (11)	Name of OSHA M		6.30 (WAY-96)					
					_ ′	15_	BRISTOL EN	/IRONMENT	AL, INC					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacated☐ Abatement Performed €						a a silb a	1123 BEAVER	STREET						
Time of Abatement: 7:0							City, State, Zip Co							
						*	BRISTOL, PA	19007		_				
Scope of Work (Check all t	nat apply)						M Full Conta	inment with N	antive F					
≥3 sf or ≥3 lf				novat			☐ Mini-Enclo	osure	galive F	essure				
≥160 sf or ≥260 lf			∐ De	molitic	on		☐ Glovebag	Procedure		_				
			Is	Locat	ion		⊠ Non-Exen	npted (*) and h	on-Friab	Procedu	T	. 77.		
Location of			1 177	Norma			Description of				-	_	ent T	ype
Asbestos-Containing Ma		M)		d Sole intena		Asbe	stos Containing Mate		Α	nount	Removal	Repair	Enc	En
TO BE ABATI	<u>ED</u>		200	todial		(i.e	e., thermal systems in surfacing, VAT.			ecify	Von	pair	caps	Enclosure
(13)				(12)			other miscellaneo		SI	or LF)	<u>a</u>		Encapsulate	ure
			Yes	No	N/A								te	
Building 325 - Lunch R	oom			\boxtimes		Floor ti	le and mastic (no	n-fri)	6	0 SF			П	П
Building 325 - Lunch R	oom				П		le and mastic (fri				-			
						1 1001 (1	ie and mastic (iii	- ruii cont.)) SF		Ш		
			Ц		Ш									
					7							П		
Name of Registered Waste	Hauler			10000	JDEP V		Cubic Yards of	Name of Reg	stered L	ndfill			_	-
Bristol Environmental	Inc			12.00	auler ID 18706		Waste 8	GROWS L						
City, State					10700		Disposal Date	City, State		_		<u> </u>		
Bristol, PA							6/3/2015	Morrisville	. PA 15)67				
Completed By (Print or Type)	Title					Signature			Da	te			
Gino Pizzigoni	2.0		timat	or			1 U. L	sayon.	,	Da	5/13	1,	-	
GB-41	92						True 1	Dado.			//-	1		
1V11 /T , [h]	4	* [n not i	ica thi	e form	for ophosts	na liaanaura avamata	d notivition						

Ches 6# 11719

F									1 tour	CTF	1-1	11	1	
Date of Notification (1)				Name o	f Building	Owner/C	perator)				- 2		,	
5–28–15				Penr	rose	Prope:	rties	, LLC		_				
Agencies Notified	Type Notification	1		Street A	ddress			LLC 281	- HUL S	I AX	1:3	8		
Ĕ EPA	☐ Initial			1501	TAOT	11 212	t Str	eer						
□ DEP	☐ Amended Amendmer				ate, Zip C		4	AS	: 1570	S CON	TRO	1		
E DOL	ZX Emergency					hia, l	PA 1	9121	7 [1]	MININ	C	L .		
Ď DOH	justification)		Name of	f Contact				Te	phone No	imber			
□ DCA .	□ Cancellatio	n												
Name of Facility Where A	Abatement is Taki	na Place (3	()	FACI	LITY INF	ORMATI	ON	Type of Facili	+ - (4)	_				
15 Washington	Street	119 1 1400 (0	')						50.5					
Street Address							-	□ School (□ Subchar		r than K	12)			
15 Washington	Street									commerc		ildings	, hom	ies,
City (5)								etc.) Square Feet	- 1 # -	Floors	- 1	D1.1		
Newark											34 3	Bidg.,	7770000	
County (6)			-	County (Code (7)			150,000 Current Use (6		JOYL	5.	
Essex					USE ONLY	0		vacant	r nor n be	ig demons	snea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No		Nama	of Abatement	- Introduce	0)				
EHS Environmer		OWINCE (0)		AUGIN	TINO.			mouth En		3.50	CO	Tnc		
Street Address	reary inc.							Address	110111	arcar	CO.,	, 1110	•	
411 Southgate	Court, Sui	te E						Haws Av	סנות					
City, State, Zip Code	,		-					ate, Zip Code	Tiue					
Mickleton, NJ	08056							ristown,	DA 10	101				
Project Manager for Moni				Telephor	ne No			one No.		License I	VI.o.	-		
Jack Carney					224-00	าลก		-239-992	(003				
Start Date (10)		Schedule	ed Cor					of OSHA Moni		- 003	90			
5-30-15		Section 1	0-15		2010 (11)			Environ		Tng				
Occupancy Status During	Abatement (Che						Contract of the last of the la	Address	i lei i ca.	, IIIC.				
☐ Facility Closed/Vaca			100	aont				Southga	te Co	~t S1:	ii to	E.		
☐ Abatement Performe	ed Outside of Nor	mal Facility	Hours	ient		-	City, St	ate, Zip Code		,	irce	Ľ		_
☐ Other – Describe: _								kleton,	080 L	56				
Scope of Work (Check All	That Apply)													
IX ≥3 sf or ≥3 lf		Ş⊈ R	enova	tion				Full Contain	a agent with	Magativa	Decon			
□ ≥160 sf or ≥260 lf		07.70	emolit				Ø			vegative	riessi	пe		
										N		96		
								Non-Exemp	1 30 () an	Non-Fria	DIE Pro	77.85%		
1	or.	111111111111111111111111111111111111111	Locati Iormal	20000000		12000							emeni /pe	ı
Location Asbestos-Containing I	All the control of th	Used	d Sole	ly by	Ashes		cription	of aterial (ACM)		nount		T		Т
TO BE ABA	TED	10.000.700	ntenar odial S	100000000000000000000000000000000000000		thermal:	systems	insulation,		ecify	Re	77	Enc	Ē
In Facilit (13)	У	0000	(12)	Jan.			ing, VA		SF	or LF)	Remova	Repair	aps	Enclosure
· · · /		- V	K1	T 11/0		00101111	iiooonari	5003/			val	=	Encapsulate	ure
1-1 (1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Yes	No	N/A									10	
1st floor lobby	7		X		blac	ck mas	tic		64	SF	X			
1st floor lobby	7		X		radi	lator	insul	ation	100	SF	х			
*									-	-	-			
		+							-		+	-		-
Name of Registered Wast	a Manda		1.0	IDEDIA		10111								
and the San Array	е пашег		100.00	JDEP Wauler ID		Cubic Y		1.15000400500	H0000 00	ed Landfi				
Newark Carting				4509	70.50M	5	3.7%.	IES	: Beth	Lehem				
City, State						Disposa		City, S	t te					
Newark, NJ						6-30-	-15	0.000,000,000	l lehen	, PA				
Completed by		Title				Si	gnature	. 1/1/	7	_	ate			
James Kelly		Pres	side	nt			MM	W ILL	14 /		5–28	-15		
							79"11		A					
ASB-41 (R-06-08)							Db not	use this form	f rasbest	s licensur	e exer	nnted	activi	ties

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 27, 2015		Name of Building	V Ros	e Excavating, I			680	04		
	tion I Notification nded Notification	Street Address		ood Haven Roa			1:39			
[X] DOH [X] Emer	ndment # gency (including	City, State, Zip Co	Toms	River, NJ 0875			. , KUL. IG			
I DCA	ication) ellation	Name of Contact Vic R	ose		Telep	h ne Number				
	FA	CILITY INFORM	MATION							
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility	S	ch ol (k-12)				
Street Address 127 Seminole Driv	ve			[x	0	th r(i.e., priva			ouildi	ngs,
City	County (6)	County Code (7)	V)	Square feet		Floors	Bldg. A			\dashv
Lakewood	Ocean	(STATE USE ONL	,Y)	800 sf Current Use (Pri)	60		\dashv
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement Contra			Tuo			\neg
N/A. Street Address			Street Ad	ldress		ntracting,				\dashv
City, State, Zip Code		· · · · · · · · · · · · · · · · · · ·	City, Stat	te, Zip Code		e New Jers		5 127	1	
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephon 732-34	e Number	S KIVE	License N 00624		3-127	1	\neg
Scheduled Start Date (10) 5/27/15	Scheduled Completed 5/28/15	etion Date (11)		OSHA Monitor	S.L.	A alytical				
Occupancy Status During Abatement (Check X] Facility Closed/Vacated	only one) d During Entire Period of Ab	patement	Street Ad	ldress		o Road				
Abatement Performed Other – Describe	Outside of Normal Facility F	Hours	City, Stat	te, Zip Code Pisc	ıtaway	y, New Jerse	ey 08854	ļ		
Scope of Work (Check all that apply)			[]			egative Pres	ssure			\neg
[] >3 sf or ≥3 lf		vation	[]	Mini-Enclosu Glovebag Pro	edure		20 Ø			
[X] ≥160 sf or ≥260 lf	[X] Demo	olition	[x]	Non-Exempte	1 (*) an	d Ion-Friable	Procedure			
	Is Location		Descriptio	n of			Abaten		I	
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Con Material (A	ntaining		Amount (5 pecify SF	E	R H E h	1	E N C
TO BE ABATED in facility	Maintenance/Custodia Staff	ıl (i.e	e., thermal sulation, su	systems		or LF)	IVI	A A	1	L O
(13)	(12)		VAT, o	or			100	R S	8 1	S U
	YES NO N/A	200000	ner miscella	aneous)			A L	I		R
						_		F		Е
Exterior	X	Asbestos sidi	ng			1() sf	X	_	_	
					-		X		1	-
Name of Registered Waste Hauler	NJDEP Waste Haule	er ID No. Cubic V	ards of Wast	e Name of Re	istared	I dfil				
Guardian Contracting, Inc. City, State	20223	oosal Date	City, Sta	T.R.R.F		D IGHI				
Toms River, New Jersey Completed by (Print or Type)		9/15		own, Perinsylva	nia /		Date			
Nicholas Fernicola	Project Manager	Signature	chot	the	1		5/27/2	2015		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMEN'

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

Date of Notification (1) May 27, 2015		Name of Building		tor (2) -		7:4	168	/n (-	
Agencies Notified Type of Notifica [X] EPA [] Initia		Street Address		2015 I M	- i	AM 1: 3) 0 .		
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip Co	de Roselle	, NJ 07203 & L	:03 CE	CONTR ISING	OL.			
[A] DOII	ication) ellation	Name of Contact Adelia	no Pereira			ne Number		8		
		CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility 4)	Scł	ol (k-12)				
Street Address 116 6 th Avenue				[[x	Oth	hapter 8 (other (i.e., private			al build	lings,
City	County (6)	County Code (7) (STATE USE ONL	y)	Square feet 800 sf		f Floors	Bldg	. Age	0	
Ortley Beach	Ocean	(011112 002 0112	,	Current Use (Pror if		demolished)			10	
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of A	batement Contra tor	(9)	ntracting,	Inc.			
Street Address			Street Add	ress), Unit 61				
City, State, Zip Code			City, State	1000	Liver	New Jers		55-12	271	
Project Manager for Monitoring Firm	Telephone Number		Telephone 732-349	-9932		License N 00624	lumber			
Scheduled Start Date (10) 5/27/15	Scheduled Comple 5/28/15	tion Date (11)			L. A	alytical				
	only one) d During Entire Period of Ab Outside of Normal Facility H		Street Add	105 i St	telto	Road				
Other – Describe		***	City, State		way,	New Jerse	y 088	54		
Scope of Work (Check all that apply)			[]	Full Containn ent Mini-Enclosu e	with	egative Pres	sure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	[] Renov		[] [x]	Glovebag Pro edu Non-Exempte 1 (*		on-Friable I	Procedu	re		
					T		Abate	ement 7	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	Asi N (i.e	Description bestos-Cont Material (AC ., thermal sy ulation, surf VAT, or	aining CM) vstems acing,	(5	amount pecify SF or LF)	R E M O V	R E P A I R	E N C A P S	E N C L O S
	YES NO N/A	oth	er miscellar	neous)			A L		U L E	U R E
Exterior	X	Asbestos sidir	ng		7:	sf	Х			
					_					
					+	-		_		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	r ID No. Cubic Ya	ards of Waste	Name of Reg iste	red L	dfill				
City, State Toms River, New Jersey		osal Date 0/15	City, State Tullyton							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	licho	V-+1			Date 5/27	/2015	i	
	*Do not use this for	m for asbestos licer	sure exemp	ted activities.						

1:KA 5641

Date of Notification (1)			Na	me of I	Building	SETON T	2 = 6 + 2 + 1 /	. 11	- 11	SOU	28	20		
5/27/1						SETON I	CE C510 P	~ FT	241	الله	4.5	_	-4,	F
Agency Notified	Type Notification		Str	eet Ad	dress	- OA			R	<u> </u>	\equiv			7
EPA	la Initial			-		EY RO			-			_	-	7
	☐ Amended		Cit	y, Stat	e, Zip C	ode	0701			(_:			4	-
DEP DOL	Amendment#			CL	AR	K, NJ	. 070	D	ne Numb	OF.			49/28	=
Б ОН	 Emergency (including iustification) 		Na	me of	Contact		-/ -	lelebr	ue Mritin	NOT .	ė	,	116	
Z DCA	☐ Cancellation		1	MA	REE	n conh	ELL		C 11-	7		_	2 6	-
2001			F	ACILI	TY INFO	RMATION			D.	8		<u> </u>	٠.,	1
Name of Facility Where	Abstament is Taking Place	(3)					Type of Facility	(4)	V = 120 0	10	0			
Name of Facility Where	Apatement is raking rack	11001		2016	00/		☐ School (K-1)	1						1
MOTHER SETO	NIZEGIONAL	HIG	. ~ .	SCITI			Disubchanter	(Other)	an K-12)					1
Street Address							Other (i.e. p	ivate & c	mmercial	building	js,			
1 VACIET	RO				- '		homes, etc.	Take 5	-	Bldg.	Age		_	\dashv
City (5)						cuer , u	Square Feet		ors		96	2		
CLAN	LIC				**	14	90,000.	2		1	19	۷	_	-
			C	ounty (Code (7)	(STATE USE	Current Use (F			hed)				
County (6)	S			NLY)	٠.		HIGH SC	1400	_					
		I AS	CM N	0 .		Name of Abatem	nent Contractor							
Name of Monitoring Firm	Hired by Building Owner	1 201		17		Post Do	emoval <u>I</u>	2.0						
(0) DETAIL	ASSOCITE	2 6	-	312		Street Address	· ·	10						7
Street Address				102			ch River	St						
300 GR	AND AUS					City, State, Zip			-					٦
City, State, Zip Code		07/	7.					T 0'	601					
ENGUENO	5 EM, 000	916	3/			Hackensa	ack . N.	Licen:	No					\dashv
Project Manager for Mor	nitoring Firm	Teler	phone	No.	0	Telephone No. 201-329-		Liceir	003	22				-
STEPHEN JAKA	czewski				708	201-329-			003					\dashv
Start Date (10)	Scheduled Co	mpletion	Date	(11)		Name of OSHA								
6/12/15	7/3	3/ 13	5				nvironme	ntal	Inc			_	_	\dashv
Occupancy Status Durin	ng Abatement (Check only	one)		20		Street Address								1
	3. ·		ent			280 Huy						-	_	\dashv
☐ Facility Closed/Vacat	ed During Entire Period of d Outside of Normal Facili	ty Hours	icine			City, State, Zip					80			1
☐ Other - Describe: 6	M-GPH					Hackensa	ack , N.	J. 0	601			_		\dashv
Scope of Work (Check a	all that apply)					DE.II	Containment wi	Negati	Pressur	e				- 1
			Ta la	Reno	vation		-Enclosure	, negaa		40				-
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf				1 Dem	olition	☐ Glov	vebag Procedure	INC. F	-ble Dree	anderro.				1
G E 100 St 01 - 200 II						□ Non	-Exempted (*) a	I NOR-F	apie Floc	-cua c	A	pater	nen	t
		ls Lo	catio	n								Тур	e	
			mally			Description	of							
Asbestos-Containi		Used 9			Asbe	stos Containing N	Naterial (ACM)	,	Amount		2	_	9	ū
	ABATED		stodia		(Le	., thermal system surfacing, VA	s insulation,		(Specify F or LF)		Removal	Repair	ä	Enclosure
IN Fa			taff?			other miscellar					Va	1	=	sure
(1	3)	. ((12)			•	¥	-					0	
		Yes	No	N/A		88					1	\dashv	+	-
BOLLER	ROOM			Y	THER	HAL SYSTEM	S INSULATION		600	LF	X		_	
		-+	-			MAL SULTAC			180	SF	X			
BOILEY	ROOM	-			THO.	THE BOTTON		\vdash	4//	- 1				Georgia S
								+	_					
					<u> </u>	Cubic Yards of	Name of Re	istored I	ndfill					
Name of Registered W	faste Hauler O			laste H	lauler	Waste	Name of ite	paterou :						
GINBAR W	ASTE SERVICES	S ID		-17)	40c	1 150	1						
		1.		! (Disposal Date	City, State							
City, State		1-		200	10	1 1 1	BETH!	E11:	×	PA				
HACKE	TETOWN,	CIA	. 6	18	40	7/3/15	DEIN		<u> </u>	Date	' .	_	-78	_
Completed by	Title					Signature	سمرونيه	7			27	11	5	
J.Maiora	no Estim	ator				licensure exempte			-			1	-	
	* Da ==	tuca this	e form	tor as	nestos	RCERSULEYEXEMBRE	LE GOUVILLOS.							

				(F	ursuan	t to NJAC	8:60 an	d 12:12	0)		7:00	1-1:	100	4		
Date of Notification (1) 5/27/2015						of Building r Brothe			(2)					2		
Agencies Notified	Туре	Notification				Address	is aivi			964	TOUT!	1 1	1 :			
X EPA	\boxtimes	Initial				Broad A	ve					1 131	1 .	. 4.		
X EPA X DEP X DOL	per manage	Initial Amended		Ì	City, St	ate, Zip C	ode	-		64.5	5E5T	-	- 7	201		
⊠ DOL		Amendmen				iew, NJ					alli	EMOU	TI.	RUL		
☑ DOH	Ш	Emergency justification)	(including	1		of Contact						one Nu				
☐ DCA		Cancellation			Miche	elle Bey	er				100	ione iva	IIIDEI			
N					FAC	ILITY INF	ORMAT	ION							_	
Name of Facility Where A	Abaten	nent is Takir	ng Place (3)					Тур	e of Facility	4)					
Structure Associate	es wit	n Route 1	&9							School (K-	2)					
155 Broad Avenue	Dava	-1 -1 -1 A								Subchapte Other (i.e.	8 (Other	nan K-1	2)			
12	Parc	erria							\boxtimes	Other (i.e. etc.)	rivate &	mmerc	ai bui	aings	, nom	ies,
City (5) Fairview									Squ	are Feet	# of F	ors		Bldg. /	Age	
County (6)														25+		
Bergen						Code (7) USE ONLY	0			ent Use (Pri	or if being	demolis	ned)			
	(P f						/		n/a							
Name of Monitoring Firm Health and Safety S			Owner (8)	ASCI	И No.				atement Coi						
Street Address	DEI VIC	262								erprises, Ir	C.					
	D Box 365							Street		100						
City, State, Zip Code										Essex A	9	_				
	erlin, NJ 08009									Zip Code						
	oject Manager for Monitoring Firm				Tolopho	no No		100000000000000000000000000000000000000		NJ 0822		-				
James Proctor					Telepho	ne No. 52-1311		Teleph		no. 1250		cense N	0.			
Start Date (10)			Schedul	ad Cor		Date (11)	Contractor of	000000000000000000000000000000000000000	TO THE REAL PROPERTY.	HA Monitor		1172				
6/10/2015			6/17/2		ilbietion	Date (11)				Safety Se	aviona	10				
Occupancy Status During	Abate	ment (Chec						Street		(50)	VICES,	10.				
Facility Closed/Vaca					nont.					Street						
Abatement Performe	d Out	side of Norn	nal Facility	Hours	ient S					Zip Code		-				
Other – Describe: V	acant/									ton, NJ 0	3037					
Scope of Work (Check All	That	Apply)														
≥3 sf or ≥3 lf				Renova	tion			X	F	II Containme	nt with N	nativo P				
≥160 sf or ≥260 lf			-	Demolit					Mi	ni-Enclosure		gauve P	ressu	re		
								X		ovebag Proc	edure	Friel	I- D			
			le	Locati					2 140	n-Exempted	() and r	JII-FIIAD	T	Abate		+
Location	of		17000	Locati Normal			5								pe	
Asbestos-Containing N	70.0	al (ACM)		d Sole		Asbes	tos Conta	scription aining M	ot ateria	L(ACM)	Amo	nt				
TO BE ABA				intenar todial S		(i.e.	thermal	systems	insul	ation,	(Sp€	ify	Re	D D	nca	Ē
(13)	у			(12)				ing, VAT			SF o	LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A				,				/al	=	ilate	ure
Window	s		100	140	X		Wind	low Ca	ulk		17 Wir	lows	X			
Baseme	nt				X			Pipe								
Roof			+					-			60	,	X			
					Х		Hoo	fing Ti	le		4,000	SF	X			
Througho					X			e Door	S		4 Dc	10000	X			
Name of Registered Waste	e Haul	er		10.000	JDEP W auler ID		Cubic `of Was			Name of F	egistere	Landfill				
Site Enterprises Inc.					035220		20 cy			Tullytov	n Land	II				
City, State						SIII	Dispos			City, State			-	-		
815 12th Street, Ham	mon	ton NJ 08	3037				4/14/2			Bristol,	PA					
Completed by			Title					gnature		1		Dat	e			
Eric Keys			OM				1	0	•	1-	_	P-6333	27/20)15		
									-1	1			. and Life (
SB-41 (R-06-08)								* Do not	use t	his form for	sbestos	censure	exem	pted a	activit	ies.

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

DATE OF THE REAL PROPERTY.

Date of Notification (1)			Name	of Building	Owner/Opera	tor (2)					1, 1		
5/27/2015			Bey	er Brother	rs GMC		554	- 17.44					
Agencies Notified	Type Notification		Street	Address			20;	JUUIF		11	: :	2	
⊠ EPA			109	Broad Av	re								
X EPA X DEP X DOL	Amended		City, S	State, Zip Co	ode		AS	<u> 7201</u>	7 - 1	East	KO	t	_
▼ DOL	Amendment		Fair	view, NJ (07022			& L1	NE NO	INT	, 110	-	
☑ DOH	Emergency (justification)	including	Name	of Contact					ne Num		-		_
DOH DCA	Cancellation		Mich	nelle Beye	er			. 0.00		12			
_					ORMATION								
Name of Facility Where					O TOTAL TOTAL	Ту	pe of Facility (4						_
Structure Associat	es with Route 18	k 9					School (K-12						
Street Address						ᅥᅢ	Subchapter 8		n K-12)			
155 Broad Avenue	Parcel 11A						Other (i.e. pri	rate & co	nmercia	l build	dings,	home	es,
City (5)						Sa	etc.) uare Feet	# of Flo	-	T 0	Ida A		
Fairview						Joq	uare reet	# OI FIC	115		ldg. A	ge	
County (6)			Count	. Cada /7\		-		· · ·			:5+		
Bergen				y Code (7) EUSE ONLY)		rrent Use (Prior	if being (molish	ed)			
	. Hisad by Duilding)				n/	-						
Name of Monitoring Firm		wner (8)	ASC	CM No.			batement Conti						
Health and Safety	Services						terprises, Inc						
Street Address					Stre	eet Add	ress						
PO Box 365					21	11 Eas	st Essex Ave						
City, State, Zip Code					1 1 2 2 3 3 3		, Zip Code						
Berlin, NJ 08009					Li	nwood	d, NJ 08221						
Project Manager for Mor	nitoring Firm		Teleph	one No.	Tel	ephone	No.	Lic	nse No				
James Proctor			856-	452-1311	60	9-567	7-1250	0.	172				
Start Date (10)		Scheduled (Completion	n Date (11)	Nar	ne of C	SHA Monitor		-				
6/10/2015		6/17/201	5		H	ealth &	& Safety Ser	rices, Ir	2.				
Occupancy Status Durin	g Abatement (Checi	(Only One)				eet Add	270						
	ated During Entire P		tomont		31	6 12t	h Street						
Abatement Perform	ned Outside of Norm	al Facility Ho	urs		City	State	Zip Code					_	_
Other - Describe:	Vacant				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		inton, NJ 08	137					
Scope of Work (Check A	II That Apply)					arriiric	111011, 140 00						
≥3 sf or ≥3 lf			122			\boxtimes	2 10 12 10						
≥3 \$1 01 ≥3 11 X ≥160 sf or ≥260 lf			ovation olition				Full Containmer Mini-Enclosure	; with Ne	ative Pr	essu	re		
		[X] DOI!!	Ontion				Glovebag Proce	ture					
						N I	Non-Exempted		1-Friable	e Pro	cedur	е	
		Is Loc	cation								Abate		1
Location	n of	Norr	nally		Descript	ion of					Ту	ре	
Asbestos-Containing			olely by nance/		tos Containin	g Mater		Amou	ıt			Ш	
TO BE AB		Custodi		(i.e.	thermal syste			(Spec		Rei	Z.	nca	Enc
(13)	ity	(1	2)	-	surfacing, other misce			SF or	-)	Remova	Repair	Encapsulate	Enclosure
		Yes N	o N/A	1			,			a	-	late	ıге
		Tes IN											
Through	nout		X		Floor	Tile		2,250	3F	X			
									-		-	_	
Name of Registered Was	ste Hauler		NJDEP		Cubic Yard	S	Name of R	gistered	andfill				
Site Enterprises Inc			Hauler I		of Waste		Tullytow	ı Landf	1				
			00352	20	20 cy		15.00						
City, State	mama anta - NII OC	007			Disposal Da		City, State						
815 12th Street, Ha	mmonton NJ 08				4/14/201		Bristol, F	Α .					
Completed by		Title			Signat	ure < /	1		Dat				
Eric Keys		OM				1	20		5/2	27/20)15		

NOTIFICATION OF ASBESTOS ABATEMENT MO#22742787846 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 27 / 15 David King Agencies Notified Type Notification Street Address X EPA X Initial 445 Bunn Road X DOLWD Amended City, State, Zip Code X DHSS Amendment # DCA Bedminster, NJ 07921 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telep one Number Cancellation David King _ JU-L +- JUJ7 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-1 !) Street Address Subchapter 3 (Other nan K-1 2) Other (i.e., | rivate ar | commercial buildings, 445 Bunn Road homes, etc. City (5) Square Feet # of oors Bldg. Age Bedminster, NJ 07921 County (6) County Code (7) (STATE USE ONLY) Current Use (P ior if bei g demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9 Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Licer e No. 973-638-1777 0112 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 06 / 06 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamii ation wit negative pressure Full Containment with Ne ative Pr ssure ≥ 3 sf or >3 If ≥ 160 sf or ≥260 If Renovation Mini-Enclosure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Encapsulate Enclosure An ount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (S) ecify Custodial Staff? IN Facility surfacing, VAT, or SIF rLF) (12)(13)other miscellaneous) Yes No N/A Basement-hallway X Pipe insulation 210 LF Basement-electrical room&pump room X Pipe insulation 40 LF Basement-gym room X Pipe insulation 80 LF Basement-dog room X Pipe insulation 70 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Regis ered La | 1fill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, P. Completed By (Print or Type) Title Signature/ Date N.Jevtic eutic Wenad Owner 05/27/2015 ASB-41

State of New Jersey

MAY 11

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

Date of Notification (1) 05-25-15			N	lame of	Building C)wner/O	perator	(2)	Amif S	allo	211				
Agencies Notified	Type Notification			Street Ad 240 Ce	ldress entral Av	/e			28	i JUN	- I AM	1:4	6		
DEP DOL	Initial Amended Amendmen	t #			e, Zip Coo ouck He		NJ,076	304	41.5	01.31		41A	J I.		
DOH DCA	Emergency justification) Cancellation)	N	Name of	Contact	Jur-	7 5	2	Cor	Tele	hone Nur	nber	1 -		
<u>П</u>			_	FACIL	ITY INFO	RMATIC	-				0/ 10	,	-		
Name of Facility Where . 240 Central	Abatement is Takir	ng Place (3)		1 AGIL		T CHE CT I		Тур	oe of Facility						
Street Address 240 Central Ave.									School (K- Subchapte Other (i.e. etc.)	8 (Othe	than K-12 commerci	2) al build	ings,	home	es,
City (5) Hasbrouck Heights	6								uare Feet 500	# of 2	loors		dg. A O	ge	
County (6) Bergen					ode (7) ISE ONLY)		_		rrent Use (Pr esidence	or if beir	demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				batement Co Arrow Indu:						
Street Address							Street 144			-					
City, State, Zip Code									, Zip Code on NJ 0750	1					
Project Manager for Mon	nitoring Firm		1	Telephor	ne No.		Teleph 973-		No. 3-9652	\neg	License N	lo.	-		
Start Date (10) 06-06-15		Scheduled 07-06-1		pletion [Date (11)		Name	of O	SHA Monitor						
	1										лр				
Occupancy Status Durin		NA CONTRACTOR CONTRACTOR					Street 144								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor					_			, Zip Code on NJ 0750	1		10131	-		
Scope of Work (Check A	All That Apply)	-1-100 30.00 -100.00									•				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enovat emoliti						Full Containn Mini-Enclosu Glovebag Pro	e cedure	•				
									Non-Exempte	d (*) and	Non-Frial	ole Pro			
		ls l	ocatio	on										emen vpe	t
Locatio		18555	ormall Solel	-			scription						, · · ·	İ	Г
Asbestos-Containing TO BE AB		100000000000000000000000000000000000000	ntenar						rial (ACM) sulation,		ount	20	_	Enc	m
In Fac		Custo	dial S (12)	staff?	(1.0.	surfa	cing, VA	AT, o	PΓ		or LF)	Remova	Repair	aps	Enclosure
(13))		(12)			other n	niscella	neou	18)			val	air	Encapsulate	sure
		Yes	No	N/A							V.E.				_
Basen	nent		Х				TSI)LF	X			_
								1 to				1			ļ
															_
									- 15:		-d1- 15				
Name of Registered Wa Atlantic Carting	aste Hauler		Н	JDEP W auler ID 6085		of Wa			GRO		ed Landfi	II			
City, State Wayne NJ						Dispo	sal Date	9	City, St.	te wn PA					
Completed by		Title			-	1 8	Signatur	re (3///			ate	45		
Goran Igev		Secre	etary					/	##)5-25-	15		

Date of Notification (1)							0.550		Operator (2)			=	- /		7 - 1m-
					THE RESERVE	0.000.0010	LL UNIVE	:H511	Υ					** *	E ter	1, 1
5 / 26 Agencies Notified	15 Type Notification				Street A			Ε Λ\/I	ENITE			0.20				
					400 SOUTH ORANGE AVENUE City, State, Zip Code								115	1104	[F. Z.
X DOL	x Amended Cancellati	Notific		#1	SOUTH ORANGE, NEW JERSEY 07079								<u>.</u>			e
X DOH DCA	On Hold EMERGE	NCY N	IOTIFICAT	ION	Name o		ntact ECELES	IS		Telenhone	Number		1	Li	じこさ	12143
							FORMAT			I	-	-		7 		
Name of Facility Where Ab	atement is Taki	ing Pla	ace (3)		HOILI	1 10	OTIVIA		e of Facility	(4)		_	_			
									School (K-	12)						
SETON HALL UNIVERSITY								V	_	r 8 (Other ti						
Street Address								X	juare Feet	rivate & co # of Flo		JS., I	nome	etc.)		
400 SOUTH ORANGE AVEN	NUE								N/A	N/A	0.3			N/A		
City (5)	County (6)			County	Coc	ie (7)	Curr	rent Use (Pri	or if being c	lemolishe	1)				
SOUTH ORANGE	ESSEX			(S	TATE L	JSE	ONLY)	SCH	HOOL							
	Name of Monitoring Firm Hired by Building Owner (8)							979559	ne of Abater			101				
OMEGA ENVIRONMENTAL Street Address		N. F					17	_	et Address	MENTAL CO	JRPORA	ION	<i>(</i>			
280 HUYLER STREET								1000	SPOOK RO	CK ROAD						
City, State, Zip Code								-	State, Zip C			_	_	•		
SOUTH	HACKENSAC	K, NE	W JERSEY	07606	6			SUF	FERN, NEV	YORK 10	901					
Project Manager for Monitorin	ng Firm		Telephone	Numb	per			Tele	phone Num	per	License	lumb	oer	N. Committee		
ANTON REZIN		I	201-489-8						369-7500		1101					
Expected State Date (10)	/15	Sche	d. Comple	etion D 30/	ate (11))	15	2.49939	ne of OSHA ALITY ENVIR		IONI	C 0 T	CH			
Month Day	Year	Mo		Da Da	ay		Year	QU'	ALIT ENVIR	ONWENTA	ION	5 α Ι	GH.			
Occupancy Status During Ab X Facility Closed/Va	acated During E	ntire P	eriod of Ab						et Address 3 ROUTE 9							
Abatement Perfor			Section 2015 Section 2015			e:										
X Other - Describe:	MONDAY	- FHIL	AY 7AM-3	:30PM				City,	State, Zip C	ode WAPPING	GERS FA	19	NY 1	590		
Scope of Work (Check all tha	at apply)						Full Conta	I inmer	nt with Nega			,	13.1	000		
Demolition	X	Reno	vation		Mini-Enclo:,											
>3SF OR LF X >160 SF OR	260 LF				X Glovebag Procedure (WRAP AND CUT											
Location of		43,550	Location			1200	tion of As						Ab	-	t Type	
Asbestos-contair Material (ACN		12.20	nally used olely by				ng Materia nermal sys			TE REW	吊	EN	EN			
TO BE ABATE			t/Custodial		0.00		n, surfacir			REMOVAL	REPAIR	A	15			
in Facility (13))	_	taff (12)		or	othe	r miscella	neous	5)	1	-	ENCAPSULE	ENCLOSURE			
<u> </u>		Yes		-								+	П	m		
EXTRIOR -BOLAND HALL		\vdash	X	PIPE	INSULA	OITA	N			230 LF	X	+	+			
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4		\square										_	_			
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-		\vdash									_	+	+	+		
		\vdash									+	+	+			
												+	+			
Name of Registered Waste H	lauler	NJDE	P Waste	Cubic	Yards o	of W	aste	Nam	e of Registe	red Landfill				-		
GLOBAL WASTE INDUSTRIES, INC. Hauler ID No.						20		IESI PA BETHLEHEM LANDFILL								
699 WASHINGTON ST., STE. 203 22147								/	711	2						
City, State Dispo									State APPLEBUT	TED DOM	DETLI	ישרי	/ D/	10047		
HACKETTSTOWN, NEW JERSEY 07840 5/27 Completed by (Print or Type) Title						gnat	ure /	12000	XX		Date	C	VI.P.)/	1	_
BENJAMIN SANCHEZ		CTOF	OF OPER	RATION		J. 1541	1	//	()			>	10	40.	11	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) SETON HALL UNIVERSITY Date of Notification (1) Street Address 4 15 Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE Initial Notification City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 DEP Amended Notification Cancellation DOL Name of Contact DOH On Hold EMERGENCY NOTIFICATION PATRICK DECELESIS DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12 Other (ie. private & commcl. bl gs., hom s, etc.) Street Address Square Feet # of Floors Ildg. Age 400 SOUTH ORANGE AVENUE N/A N/A N/A Current Use (Prior if being demolish d) City (5) County Code (7) County (6) SOUTH ORANGE ESSEX (STATE USE ONLY) SCHOOL Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. OMEGA ENVIRONMENTAL PAR ENVIRONMENTAL CORPORA 10N 17 Street Address Street Address 280 HUYLER STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SOUTH HACKENSACK, NEW JERSEY 07606 Project Manager for Monitoring Firm License Vumber Telephone Number Telephone Number ANTON REZIN 201-489-8700 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / /15 9/ 30/ 15 QUALITY ENVIRONMENTAL SOLU 'IONS & " ECH. 27 Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30PM Other - Describe: City, State, Zip Code WAPPINGERS FA LS, NY 1 590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclo , Renovation Demolition Glovebag Procedure (WRAP AND CUT) >3SF OR LE >160 SF OR 260 LF Non-Friable Procedure Is Location Description of Asbestosement Type Location of Containing Material (ACM) normally used Amount Asbestos-containing REMOVAL REPAIR ENCLOSURE Material (ACM) solely by (Specify (ie. Thermal systems SF or LF) TO BE ABATED Maint/Custodial insulation, surfacing, VAT, or other miscellaneous) in Facility (13) Staff (12) Yes No N/A X EXTRIOR -BOLAND HALL PIPE INSULATION 230 LF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste IESI PA BETHLEHEM LANDFILL GLOBAL WASTE INDUSTRIES, INC. Hauler ID No. 20 699 WASHINGTON ST., STE. 203 22147 City, State Disposal Date City, State HACKETTSTOWN, NEW JERSEY 07840 5/27-9/30/2015 ROAD BETHLEHER Completed by (Print or Type) BENJAMIN SANCHEZ Signature Date

DIRECTOR OF OPERATIONS

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Street Address County Code (7) County (8) Early Code (8)	Date of Notification (1) 5/267/15			1	Name of 200 Ro	Building On oute 46 W	LLC 1116		1	¥ !•			J						
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Street Address Stre										are Feet		f FI	ors			\ge			
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Glenwood, NJ 0741 8 Project Manager for Monitoring Firm Telephone No. Telephone No. 973-764-2276 7, 3 Start Date (10) 6/3/15 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) 23 st or 23 if 25 stor 23 if 26 Store 2560 if Renovation Demolition Street Address City, State, Zip Code City, State City	323						Cur	rent Use (Prio	if bei	ing	emolisi	ned)							
ABS Environmental Service Street Address Street Address 4 E Gate Drive, PO 30x 48		Hired by Building O	wner (8)		ASCN	1 No.	_	Name	of At	patement Cont	actor	(9)							
City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. 973-764-2276 7 3 Scheduled Completion Date (11) 7/3/15 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or 23 if 21 ense No. 7 3 City, State, Zip Code City, State Full Containme t with Ni pative Pressure Mini-Enclosure Sicovebag Proc dure Abatement Abatement Abatement Abatement Abatement Abatement Abatement Abatement Cover of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) City, State Full Containme t with Ni pative Pressure And In the Complete State Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) City, State Freehold City, State Freehold City, State Find Containme City,											3, LLC	;							
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Location of Asbestos-Containing Material (ACM) Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Non-Exempted Non-Exe			-						N	fini-Enclosure			10000						
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Toof X roofing flashing/tar 750 ;F x roofing membrane 8000 SF x Name of Registered Waste Hauler ID No. 15939 Name of Registered Waste Hauler Freehold Cartage Name of Registered Waste Hauler ID No. 15939 Title Signature Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amo nt (Spe Ify SF or JF) Reput Figure Random Name of Registered (Spe Ify SF or JF) Reput Figure Random Name of Registered Waste Hauler ID No. 15939 Name of Registered Waste Hauler Berks and fill Random Name of Registered Ra								×					d N n-Friable Procedu				ure		
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Maintenance Custodial Staff? (12) Yes No N/A															T .	pe			
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roof			Cusi		lalif			_			SI	F or	_F)	Nome	epa	apsu	dos		
roof x roofing membrane 8000 SF x Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 Name of F egistered Landfill Western Berks and fill City, State Freehold Disposal Date City, State Freehold TBD Birdsbor D, PA Completed by Title Signature Date Date	(,		Yes	No	N/A					7				'al	-	late	ıге		
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Date of Notification (1) 05/22/2015					Building C L MASL		50	71,70	32 m									
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EPA DEP DOL	Initial Amended Amendment #				te, Zip Cod			1 . 55.	1									
Ŭ DOH DCA	Emergency (in justification) Cancellation	cluding	11339		Contact L MASL	ATON		le hone Number										
<u> </u>				200000000000000000000000000000000000000	LITY INFO													
Name of Facility Where A	Abatement is Taking	Place (3)		1 70.		i Cisto Ci I			of Facility School (K-	1000	-							
Street Address 28 FARVIEW RD									Subchapte	8 (Othe	than K-12) commercial buildings, homes,							
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County (6)				Code (7) JSE ONLY)	0		Сипте	ent Use (Pr	or if bein	demolis	hed)							
Name of Monitoring Firm N/A	Hired by Building Ov	wner (8)		ASCM	l No.				tement Co QUALIT		The second second second	TION	LLC					
Street Address							Street 22 V		ss RDEN F									
City, State, Zip Code									ip Code SACK N.	. 0760	0							
Project Manager for Mor	nitoring Firm		T	elephor	ne No.		Teleph 201-		o. 4270		icense 1	No.						
Start Date (10) 05/26/2015	Com	pletion [Date (11)				HA Monitor ROMEN		3ORAT	ORIE	S, LI	_C						
Occupancy Status Durin × Facility Closed/Vac							Street 2333		ss 22 W.			5094. 119		,				
	ated During Entire Pe ned Outside of Norma			ent			50		ip Code J. 07083									
Scope of Work (Check A	All That Apply)																	
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Name of Registered Water TRI - STATE . ASSO	Ha	JDEP W auler ID 991		of Was	Yards ste BD			Register VA EN			NC.							
City, State 1199 RANDALL AV				Dispos	sal Date BD		City, Sta WAYN	e ESBUF	G, OH	10		11						
Completed by CARLOS ESQUIVE	L	TY N	IANAG	SER	S	Signature	Lyn	mffr	Alf		ate 5/22/	15						
ASB-41 (R-06-08)							* Do/no	- asbesti	licensu	re exer	npted	activi	ties.					



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Date of Notification (1) 5/26/15			uilding Owner/C mmarata Pri													
Agencies Notified Type Notification	1000	street Add		(I)	UK !	1.5	1:45	9								
▼ EPA Initial DEP Amended X DOL Amendment #			, Zip Code g Harbor NJ	50	olofalt. v =). u TreWisep											
	1000	lame of C John	Contact	Te	Te phone Number											
E constant		FACILI	TY INFORMATI									10				
Name of Facility Where Abatement is Taking Place (3) John Cammarata Private Home		3	•		Scl	Facilit ' (4))	Other than K-12)								
Street Address 34 West Dory					Oth etc	ner (i.e. pri .)	vate	commercia	l build			s,				
City (5) Little Egg Harbor NJ 08087				1	Square 1000		1	Floors	3	dg. Ag	je .					
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Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM	No.	Name of		ment (onto	racto	(9)								
Street Address				Street A												
City, State, Zip Code				City, Sta	ate, Zip	Code	2012									
Project Manager for Monitoring Firm		Telephon	e No	West	20.000.000.000.000	MJ C 309	91	License N	D.							
				856-7	53-98			00727								
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Occupancy Status During Abatement (Check Only On	ie)			Street A	Address											
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:	Abatem Hours	nent	· .	City, Sta	ate, Zip	Code										
Scope of Work (Check All That Apply)																
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Name of Registered Waste Hauler United Containers	H	NJDEP W Hauler ID 22459		ic Yards Vaste		G.F O.		-								
		Disposal Date Ci						A 19067								
City, State Elm NJ							ille	A 19067								

State of New Jersey

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

		NO III	(Pursuar	nt to NJA	C 8:6	60-7 and 12:12	0-7)	* 1	201	F	IVE	~ €hec	k#7	835		
Date of Notification (1) 5/28/15			Building rly Laf	Owner/C Rose	Opera	ator (2)										TO 1
Agencies Notified Type of Notificatio			ldress irmon	Drive	Ů.			AS.	15371	7 8 r	AM I:	51				
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[] DCA [] emergency	38333		Contact					Te	ephone	lumb	oer					
[] Cancellation	MI	TIDE	,		/ INIE/	ORMATION										
Name of Facility Where Abatement is Taki	ng Place	(3)	Г	ACILIT	I IINE	ORIVIATION	Type	of Facility ()	<u> </u>			u u			
Residence			School (Subchar	(-12) ter 8 (Ot	er th	nan K-12) commerc	ial bu	ilding	S,							
64 Clairmont Drive																_
ty (5) County (6) County Code (7) 2000										dem		Bldg. ~65	Age			_
Name of Monitoring Firm Hired by Building	residence															
N/A		- 6.50	00		1.1.57**********************************	J			menta	Services, Inc.						
Street Address			8					nangebri	ge R	R ad, Suite 100						_
City, State, Zip Code					Cit	y, State, Zip Co F		Brook, N	1 0705	3						
Project Manager for Monitoring Firm	Teleph	none l	Number		Tel	lephone Numb		75-8700			Licens	e Nun		85.	2	
Scheduled Start Date (10) Sched 6/6/15	Comple 6/15		Date (11)	8	Na	me of OSHA N		Environi	nental	al Laboratories, LLC						
Occupancy Status During Abatement (Cho			Abatem	ient	Str	eet Address	333 F	Route 22	N	-						
Abatement Performed Outside of Describe: Other – Describe: partially vacan		acilit	y Hours	-	Cit	y, State, Zip C	ode	, NJ 07C								_
Scope of Work (Check all that apply)					1					_						_
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		ocati	102200000000000000000000000000000000000			Descr	iption of	f					Aba Typ	tem e	ent	
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In Facility (13)	Yes	No	N/A			or other mi	scellan	eous)					V A L	R	P C S S U L	S
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Name of Registered Waste Hauler Jupiter Environmental Service	S Hau	EP Viler ID 1782		522303	ibic Y Wast			e of Regist nerva La		fill						
City, State Pine Brook, NJ					sposa /15/1	I Date 15		State synesbui	g, OH						2347400	-
Completed By (Print or Type) Pane Repic Title General Manager Signature								lin			Date 5/2	8/15	5			
*						12	8			-						_

State of New Jersey

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

RECENED Check # 7838 Date of Notification (1) Name of Building Owner/Operator (2) 5/28/15 Dave Kane 2815 JUN - | A | 1:51 Street Address Type of Notification Agencies Notified 17 Brookshire Drive [] EPA Initial ASBESTAS OF MEROL [] DEP Notification City, State, Zip Code DOL Cedar Grove, NJ 07009 Amended DOH Notification Name of Contact Ti lephone Number emergency [] DCA Dave Kane Cancellation **FACILITY INFORMATION** Type of Facility ()

School (<-12)
Subcha ter 8 (O er than K-12) Name of Facility Where Abatement is Taking Place (3) Residence Other (i.). private and commercial buildings, Street Address homes, etc.) 17 Brookshire Dr. Square Feet # of oors Bldg. Age ~65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Cedar Grove Essex residence Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) 000 Jupiter Enviror menta Services, Inc. N/A Street Address Street Address 323 Changebr dge R lad, Suite 100 City, State, Zip Code City, State, Zip Code Pine Brook, NJ 07053 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 973-575-8700 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) J & S Environ nental Laboratories, LLC 6/15/15 6/7/15 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07(83 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containn ent with Negative Pressure Demolition [] Renovation Mini - Enclos re [] Glov :bag Prc edure [] ≥3 sf or ≥3 lf Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Description of Type Normally Used Asbestos - Containing Solely by Amount R R Location of EP NC Maintenance/Cus Material (ACM) (Specify E N Asbestos - Containing todial Staff (12) (i.e., thermal systems SF or LF) M C Material (ACM) insulation, surfacing, VAT, 0 A Α LO TO BE ABATED or other miscellaneous) V P In Facility R S S Α Yes N/A (13)No U 550 SF Basement VAT X Name of Regis ared Lar Ifill NJDFP Waste Name of Registered Waste Hauler Cubic Yards Hauler ID No. Of Waste Minerva Landfill Jupiter Environmental Services 04782 City, State Disposal Date City, State 6/15/15 Waynesbu g, OH Pine Brook, NJ Date Signature Completed By (Print or Type) 5/28/15 Pane Repic General Manager ASB-41

JUN 95



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Date of Notification (1)						Name	of Building	Owner/Operator (2)	4	1	Trans 1 d				1
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Agencies Notified	Type No	otifica	tion			Street	Address			-	1	1:52				
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□ DOLWD □	☐ Ame					City. S	State, Zip C	ode	- A 3 5 5 3 1	10.7	0	73.7501	_			_
☐ DHSS			ent #				myra, N.		ASSEST & 1		4	HG H				
DCA (NJAC 5:23-8)		rgeno	cy (includ	ing			of Contac					one Numb	er			
(110/10/03/23-0)	☐ Can						Andrett	P		1.	CiC	/5				
				-		FAG	CILITY IN	FORMATION				-				
Name of Facility Where A	batemen	t is T	aking Pla	ice ((3)				Type of Facilit	(4)						
Resident									☐ School (K-							
Street Address		7						il.	Subchapte						2	
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City (5)									1	# of	loors	BI	dg. A	ae		
Palmyra, N.J.									1600Sf		3	loors		80 yı		
County (6)						Cour	nty Code (7)(STATE USE ONLY)	rior	if b€	ng demolish	ned)			AL TOTAL	
US; Camden CO.									Resident							
Name of Monitoring Firm	Hired by	Build	ing Own	er (8	3)	ASCM	No.	Name of Abatem	ent Contractor (1)						
Environmental Man	agemer	nt Int	ternatio	nal.				Graham-Tec	h Environme	tal :	Ser	ice, LLC.				
Street Address								Street Address		-						
34 E. Germantown F	Pike #20)4						14 Read Driv	e							
City, State, Zip Code								City, State, Zip C	ode							
E. Norriton, PA 1940								Sicklerville, I	NJ 08081							
Project Manager for Monit	11.5	m			Tele	phone	No.	Telephone No.			Lice	ise No.				
Raymond Giordano							-0405	856-318-1341		0	158		1			
Start Date (10)		S	cheduled		3.0			Name of OSHA N				ARTS STATE OF STATE		10		
						_ / _	15	Graham-Tecl	h Environme	tal S	Ser	ices, LLC	•			
Occupancy Status During		37		TS	53			Street Address								
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Abatement Performed Time of Abatement: 7/							cribe	City, State, Zip Co								
				-				Sicklerville, I	NJ 08081			-				
Scope of Work (Check all	that app	ly)						☐ Full Con	tainment with N	anati	VA F	accura				
≥3 sf or ≥3 If					ovati			Mini-Enc	closure	-gati	VCI	Coourc				
☐ ≥160 sf or ≥260 lf				Den	nolitic	n		☐ Gloveba	g Procedure empted (*) and l	on E	riah	Procedure				
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14 Read Drive Sickle	rive Sicklerville, NJ 08081									lent	OW	Rd. Morr	isvil	le,P/	A	
Completed By (Print or Ty	pe)		Title	-	-			Signature	 W		_	Dat			1	7.6
Vernice Graham	-,000 -		Presi	der	nt								20/	11:	5	
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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) Mary Distanislao Private Home 5/28/15 Street Address Type Notification Agencies Notified 112 Chestnut St. EPA Initial City, State, Zip Code Amended DEP × Haddonfield NJ 08033 DOL Amendment # Emergency (including Tele hone Number Name of Contact × justification) DOH Paul DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Mary Distanislao Private Home School (K 12) Subchapter 8 (Othe than K-12) Street Address Other (i.e. private & commercial buildings, homes, 112 Chestnut St. etc.) # of Floors Bldg. Age City (5) Square Feet 2 35 +1000 +Haddonfield NJ 08033 County Code (7) (STATE USE ONLY) Current Use (F ior if bei g demolished) County (6) Camden Name of Abatement C intractor 9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08 091 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 856-753-9800 00727 Name of OSHA Moniter Start Date (10) Scheduled Completion Date (11) Samè 6/11/15 6/8/15 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Contair ment wit Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclos re Demolition × ≥160 sf or ≥260 lf Glovebag P ocedure Non-Exempled (*) ar | Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) / mount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (pecify Removal TO BE ABATED Repair Custodial Staff? or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 2 jo SF х Floor Tile Living Room X Name of Regis red Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R. D.W.S. United Containers 22459 City, 5 tate Disposal Date City, State Morr sville F ₹ 19067 6/11/15 Elm NJ Date Signature Title Completed by 5/28/15 President Anthony T Perna