## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	~ ·		(P	ursuan	t to NJ	AC 8:60 and 12:	120)	-	BCK # 959	90			
Date of Notification (			`			g Owner / Operator (							
Agencies Notified	Type Notificat			_	Address	onomic Developmen	it Authority		Name and Address of the Address of t				_
<b>⊠</b> EPA	Type Hotmode	.011			st State S	Street							
DEP	- (-:::-)			City Ct	-4- 0 7iu	Codo			-				
DOL	Initial Amen	ded		1.55	ate & Zip n, NJ 08								
⊠doh		ideu idment # <u>6</u>		Hento	11, NJ 00	000							
⊠DCA	Cance	ellation			of Contac				Tele	ephon	e Nur	nber	
				James	Saracen	10			_				
				FAC	CILITY	INFORMATION							
Name of Facility Who		s Taking Plac	e (3)			Type of Facili							
Street Address						Subchap	oter 8 (Other than	(-12)					
651 Route 1 South	(Bldg. 651)						.e., private & co	nmerc	I buildings	, hom	e, e	c.)	
						Square Feet	# of Floo	's	Bldg	. Age			
City (5) North Brunswick						60,00	0 2 + Prior if being dem	3asem	it		70		
						Technical Sc	7.0 NO NO	msneu,	ē.				
County (6) Middlesex			ty Code				n: §						
Name of Monitoring		uild <mark>ing Owner</mark>	(8)		ASCM 23	200	tement Contractor	(9)					
Hillman Consulting Street Address				97	23	Synatech, In Street Addres			7				
1600 Route 22 East						829 Radio R	Contract Con		-				
City, State & Zip Coo Union, NJ 07083	ie					City, State &	Zip Code arbor, NJ 08087						
Project Manager for	Monitoring Firm		Те	lephone N	lumber	Telephone N		TI	ense Numb	per	151		
Tammy Lomax			908	8-688-780	0	609-296-691	CHARLES THE CO.			0081	7		
Scheduled Start Date June 3, 2	3.00 March 1997	Scheduled Co		on Date (1 30, 2015		Name of OSH Synatech, In							
Occupancy Status D		t (Check only		. 00, 2010		Street Address							
	sed/Vacated Dur			Abatemen	nt	829 Radio R	oad						
Abatement	Performed Outs	ide of Normal	Hours			City, State &	Zip Code		-				
Other - Des						Little Egg Ha	rbor, NJ 08087						
	upied During Ab												
Scope of Work (Che	ck all that apply)	)											
□ >2 of on > 50 H				Renovatio	ND.		Full Containment	with Ne	ative Pressi	ure			
≥3 sf or ≥ 50 lf ≥160 sf or >26			=	Demolitio			Mini-Enclosure Glovebag Proced	ire					
23 2 100 31 01 220	30 11			201110111110	• •		Non-Exempted(*		-Friable Pro	ocedu	e.		
L	ocation of		Is Lo	cation No	ormally	Descript		4.14.11	7 110010 1 11	1	atem	ent T	уре
	taining Material	(ACM)	2000	sed Solely		Asbestos-C			t (Specify				3350
	BE ABATED  N Facility		100000000000000000000000000000000000000	aintenanc odial Staf	CONTROL OF THE PARTY OF THE PAR	Material (i.e., therma		5	or LF)				
	(13)				, ,	insulation, sur	facing, VAT					Ш	m
						or other misc	ellaneous)			\chi_q	Re	nca	ncl
										Remova	Repair	Encapsul	Enclosure
			Yes	No	N/A					_	11.47	_	Ġ.
Basement File Stor Corridor; Basemer	nt Corridor Adja	acent to			×	Linoleum 8	& Mastic	1	00 SF	Х			
Storage Room; Roo Storage Area North		erver Room			x	Wallboar	d Glue		0 LF	X			+-
Storage Area North	and decorate in the bare				x	VA			) SF	X			+
Large Storage Room					X	Linoleum 8			0 SF	X			
Name of Registered			NJDE	P Waste	Cubic \	Yards of Waste	Name of Regist	red La	fill				-
Freehold Co. 1			100000000000000000000000000000000000000	ID No.	40		Groves I and Ell						
Freehold Cartage, I City, State	nc.		1	5939	Dispos	al Date	Grows Landfill City, State						
					250		15/0						
Freehold, NJ 07728 Completed By	5	Title			July 1, Signati		Morrisville, PA	ate	·		-	-	
11					- 3	a: 1160.			ine 4, 2015				
Diane Aloia		Executive /	Admini	strator	A	The Lace	1	ebruar	27, 2015				

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

Che k # 9590

Date of Notification (1	) May 29, 2015			Name of	Building	Owner / Operator	(2)							
	ebruary 27, 2015					omic Developm	ent A	Authority	-	-				
Agencies Notified	Type Notificatio	n		Street A	idress									
⊠EPA				36 West	State St	reet								
<u></u> DEP				City Sta	te & Zip C	Code				X				
⊠DOL	Initial Amend	ad		Mary and the state of the	, NJ 086									
⊠doh		ment # 5								1=.1-		A loves		-
⊠dca	Cancel	lation		Name of	Contact					Telep			na.	- 1
	-			James S	Saraceno									
				FAC	ILITY IN	NFORMATION	1							
Name of Facility Whe	ere Abatement is	Taking Place	(3)			Type of Fa	ol (K-	12)						
Street Address								er 8 (Other than K						
651 Route 1 South (	(Bldg 651)					Othe	r (i.e	., private & con	nercia	uildings,	home	e, etc	:.)	
oo Route 1 ooutil 1	(Blug. cor)					Square Fe		# of Floor		Bldg.		2000		
City (5)						60,	000		isemei			70		
North Brunswick						Current Us Technical		rior if being demo ool	shed)					
County (6)		# NO.00 NO.0	Code	(7)										
Middlesex	Firm History L., D.,	USE C			ASCM N	lo Name of A	bate	ment Contractor	(1)					
Name of Monitoring		liaing Owner (	(0)		23	Synatech,	Inc.							
Hillman Consulting Street Address						Street Add								
1600 Route 22 East	t, Ste. 107					829 Radio	_						_	
City, State & Zip Coo						City, State								
Union, NJ 07083						Telephone	Hari	bor, NJ 08087	TLi	nse Numbe	er			
Project Manager for	Monitoring Firm		0.00	phone N -688-780		609-296-6		nbei	-"		00817			
Tammy Lomax	- (40)	Scheduled Co				Name of C		A Monitor						
Scheduled Start Dat June 3, 2		Scheduled Co		30, 2015		Synatech								
Occupancy Status D		(Check only	one) iod of A	batemen	t	Street Add 829 Radio								
						City, State	27	in Code		Acres de la constante				
	Performed Outsi	de of Normal	Hours					bor, NJ 08087						
Other – De						Little Lgs								
Facility Occ	cupied During Ab	atement									_		_	
Scope of Work (Che	eck all that apply)													
297 Millioneda			_					Full Containment	vith Ne	ive Pressu	ire			
23 sf or ≥ 50	If		⊥ F	Renovatio	on			Mini-Enclosure						
≥160 sf or ≥2	260 If			Demolitio	n		$\sqcup$	Glovebag Proced	re	0.000.00	- 60			
								Non-Exempted(*	and No	Friable Pro	-			
	Location of			cation No				on of		(Cassifi)	Aba	ateme	ent	Туре
Asbestos-Co	ntaining Material	(ACM)	100.47	sed Solel				ntaining ACM)	Amou	(Specify r LF)				
	BE ABATED			aintenand odial Stat				systems	01	,				
	IN Facility (13)		Cust	odiai Ota	. (12)			acing, VAT					ш	m
	(10)			- 1		or other r	nisce	ellaneous)			er	Re	nce	ncl
											Remova	Repair	Encapsul	Enclosure
			Yes	No	N/A						a	_	=	re
December 511- 04-	rose Beem and	Adjacent	ies	NO	1475									
Basement File Sto Corridor; Baseme	ent Corridor Adia	acent to			×	Linole	. mu	Mastic	1	10 SF	X			
Storage Room; Ro	oom Opposite Se	erver Room									1	-	-	+
Storage Area Nort					х	Wall		d Glue		0 LF	X		-	-
Storage Area Nort					х		VAT	3.8		SF	X		-	-
Large Storage Ro					X	Linole	um &	Mastic		) SF	X			
Name of Registere			NJDE	P Waste	Cubic	Yards of Waste		Name of Regist	red Lai	III				
, tallic of registere			Haule	r ID No.				Canada I and del	ř					
Synatech, Inc.			1 2	7429	12	-1.0-1-		Grows Landfil		Prince	71	_	-	
City, State					Dispos	sal Date		City, State						
Little Egg Harbor,	, NJ 08087			V-S-A-K	July 1			Morrisville, PA				74-63		-//
Completed By		Title			Signat	ure `			ate	ay 29, 201	5			
			م.! مدام ۸	introto-	1.1	line al	17-		ebruar		<del>3</del> 8			
Diane Aloia		Executive	Aumin	SUBLOT	, 0	1,			-	-				

Diane Aloia

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT eck # 9590 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) May 19, 2015 February 27, 2015 New Jersey Economic Development Authority Type Notification Street Address Agencies Notified ON HOLD **MEPA** 36 West State Street DEP XDOL City, State & Zip Code Initial Amended Trenton, NJ 08608 Amendment # 4 XDCA Cancellation Name of Contact Telephone Number James Saraceno **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Branford Hall Career Institute School (K-12) Street Address Subchapter 8 (Other than <-12) 651 Route 1 South (Bldg. 651) Other (i.e., private & cc mmerc | buildings, home, etc.) # of Flor rs Bldg. Age Square Feet City (5) 60,000 2 + Basem 70 North Brunswick Current Use (Prior if being dem blished Technical School County Code (7) County (6) USE ONLY Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contracto (9) Hillman Consulting 23 Synatech, Inc. Street Address Street Address 1600 Route 22 East, Ste. 107 829 Radio Road City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 ense Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-296-6916 908-688-7800 Tammy Lomax 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 20, 2015 June 30, 2015 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containmen with N ative Pressure  $\geq$ 3 sf or  $\geq$  50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted() and N 1-Friable Procedure Description of Is Location Normally Abatement Type Location of Asbestos-Containing Material (ACM) Used Solely by Asbestos-Containing Amc It (Specify § or LF) TO BE ABATED Maintenance or Material (ACM) Custodial Staff? (12) (i.e., thermal systems IN Facility insulation, surfacing, VAT (13)Encapsul Enclosure or other miscellaneous) Remova Repair N/A Yes Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Linoleum & Mastic 00 SF X X Storage Room; Room Opposite Server Room 50 LF X Storage Area North of File Room Wallboard Glue X 0 SF X Storage Area North of File Room VAT X Large Storage Room X Linoleum & Mastic 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered La Hauler ID No. 27429 Grows Landfil Synatech, Inc. City, State Disposal Date City, State Morrisville, PA Little Egg Harbor, NJ 08087 June 1, 2015 Completed By Title Signature )ate

**Executive Administrator** 

ay 19, 2015

27, 2015

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

Ch :k # 9590

		1.						1		4.5	7.7	
Date of Notification (1) May 7, 201			Name of	Building	Owner / Operator	(2)					10	
February 27, 20			Street A		nomic Developm	ent Authority	-	-			1000	
Agencies Notified	tion			State S	treet			JUN 1	0 20	015		
DEP								-				
DOL Initia				te & Zip , NJ 086					1	¥		
∑DOH	ndment #_4_		110		1			1-1	37 - 1			
☑DCA ☐ Cand	ellation		Name of	Contact				lelep	phone	Num	ber	-
100.55-70			James S	Saracen	0							
			FAC	ILITY I	NFORMATION	١						
Name of Facility Where Abatement Branford Hall Career Institute	is Taking Place	(3)				ol (K-12)						
Street Address					⊠ Subc	hapter 8 (Other than	K 12)					
651 Route 1 South (Bldg. 651)					☐ Othe	r (i.e., private & co	n mercia			e, etc	:.)	
					Square Fe			Bldg.	0000 <del></del>			
City (5)						000 2 + se (Prior if being dem	E aseme			70	-	-
North Brunswick					Technical							_
County (6) Middlesex		y Code ONLY	(7)									
Name of Monitoring Firm Hired by I				ASCM I	No. Name of A	batement Contractor	(3)					
Hillman Consulting				23	Synatech			7				
Street Address					Street Add							
1600 Route 22 East, Ste. 107 City, State & Zip Code						& Zip Code						
Union, NJ 07083						Harbor, NJ 08087						
Project Manager for Monitoring Firm	n		ephone N		Telephone		Li	nse Numb	er 00817			
Tammy Lomax	0-1-1-1-1-1-0-		3-688-780	-	609-296-6	OSHA Monitor		(d	00017			-
Scheduled Start Date (10) May 20, 2015	Scheduled Co		27, 2015	1)	Synatech			12				
Occupancy Status During Abateme Facility Closed/Vacated D	nt (Check only uring Entire Per	one)	Abatemen	t	Street Add							
					City, State	& Zip Code						
Abatement Performed Ou Other – Describe:	Side of Normal	Hours				Harbor, NJ 08087						
	hatamant					120						
,								-				
Scope of Work (Check all that app	у)					Full Containmen	t with Nev	ive Pressi	re			
□ - 2 - f > 50 lf			Renovatio	n		Mini-Enclosure	r AIRLIACÍ	100110330				
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 lf		=	Demolition			Glovebag Proce	d re					
△ ≥160 St 01 ≥260 II			Domontio	•		Non-Exempted(		Friable Pro	cedur	e		
Location of		Isla	cation No	rmally	Desc	cription of	1			ateme	ent T	уре
Asbestos-Containing Materi	al (ACM)		sed Solely			s-Containing		(Specify				
TO BE ABATED			aintenanc			rial (ACM) rmal systems	St	r LF)				
IN Facility (13)		Cus	todial Staf	1! (12)		surfacing, VAT					-	_
(15)					or other n	niscellaneous)			Rer	Re	Encapsul	Enclosure
									Remova	Repair	aps	lost
		Yes	No	N/A					a	_	드	le.
Basement File Storage Room ar	d Adjacent	7.00	1.5					3 =	, ,			
Corridor; Basement Corridor A	ljacent to			x	Linoleu	ım & Mastic	1.	0 SF	Х			
Storage Room; Room Opposite					10/01/6	poard Glue	<del></del>	) LF	X		-	+
Storage Area North of File Roon	_	-		X	vvaiit	VAT		SF	X			+
Storage Area North of File Room	1	-		X	Lineley			) SF	X		-	+
Large Storage Room		NICE	D.144	X		ım & Mastic Name of Regis	ti red lar	ill	1			
Name of Registered Waste Haule	8	1.000 (0.000)	P Waste	CUDIC	Yards of Waste	Ivallie of Regis	e ieu Lai	- 101				
Synatech, Inc.			27429	12	**	Grows Landfi	II					
City, State		-		Dispos	sal Date	City, State	7					
Little Egg Harbor, NJ 08087				June '	1, 2015	Morrisville, P.	Ą	1				
Completed By	Title			Signat			I ate					
1/5 DE 80				1	18 : 111	7	l obrust	ıy 7, 2015 ! <del>7, 2015</del>				
Diane Aloia	Executive	Admin	istrator	1 101	Went will	L .	1 cultual	1,2010				

			1-						0011	0000			
Date of Notification (1)						g Owner / Operator							
Agencies Notified	bruary 27, 20 Type Notifica					onomic Developme	nt Authority		-				
Agencies Notified	ype Notifica	Ition		Street	Address								
⊠EPA	ON HOLE	)		36 We	st State	Street							
DEP													
⊠DOL	Initia				tate & Zip								
⊠DOH	Ame Ame	naea ndment # 3		Trento	on, NJ 08	3608							
DCA		cellation		Name	of Contac	+				Telephon	o Niu	mho	
					Saracer				I	relepilon	ie ivu	mbei	10.
				James	Saracei								
Name of Facility When	- 0 h ata	:- T-13: DI	(0)	FA	CILITY	INFORMATION							
Branford Hall Career		is Taking Pla	ce (3)			Type of Facil							
Street Address						Subcha	pter 8 (Other than	(-12)					
651 Route 1 South (E	Bldg. 651)						i.e., private & co	nmerc	l buildir	nas hon	ne e	tc.)	
						Square Feet				Bldg. Age		,	
City (5)						60.00	1 AND THE PARTY OF	Basem		210g. 7 tgc	70		
North Brunswick						Current Use Technical So	(Prior if being dem	olished)					
County (6)		Cour	ty Code	e (7)					N.				
Middlesex		USE	ONLY										
Name of Monitoring Fi	rm Hired by B	uilding Owne	r (8)		ASCM	No. Name of Aba	tement Contractor	(9)	0				
Hillman Consulting					23	Synatech, In							
Street Address 1600 Route 22 East, \$	Sto 107					Street Addres							
City, State & Zip Code		_				829 Radio R			-				
Union, NJ 07083						City, State &	arbor, NJ 08087						
Project Manager for M	onitoring Firm		Те	lephone N	Number	Telephone N		- Ti	ense Nu	ımber			
Tammy Lomax			90	8-688-780	00	609-296-691		130		0081	7		
Scheduled Start Date	31 (2.5)	Scheduled C			31 C C C C C C C C C C C C C C C C C C C	Name of OSI							
April 9, 201				112, 2015	5	Synatech, In							
Occupancy Status Dur Facility Close	ing Abatemer d/Vacated Du	nt (Check only ring Entire Pe	one) riod of	Abatemer	nt	Street Addres							
Abatement Pe		side of Norma	Hours	•		City, State &							
						Little Egg Ha	arbor, NJ 08087						
Facility Occup		outside the state of the state											
Scope of Work (Check	all that apply	)				10				9.5			
							Full Containment	with Ne	ative Pre	essure			
≥3 sf or ≥ 50 lf				Renovation	on		Mini-Enclosure						
≥160 sf or ≥260	If			Demolitio	n	П	Glovebag Proced						- 1
							Non-Exempted(*		-Friable	Procedu	re.		
Loc	cation of		Is Lo	ocation No	ormally	Descript					atem	ent T	vne
Asbestos-Conta		(ACM)	U	sed Solel	y by	Asbestos-C		Amou	: (Specif				,,,,
	EABATED			aintenand	\$700 BOLL	Material (		S	or LF)				
	Facility (13)		Cust	todial Staf	17 (12)	(i.e., thermal insulation, surf							
	(10)					or other misc				l p		四	m
										em	Rep	ica	)Clo
										Remova	Repair	Encapsul	Sur
			Yes	No	N/A		£.			-			œ.
Basement File Storag									10				
Corridor; Basement					Х	Linoleum 8	Mastic	_1	)0 SF	X			- 1
Storage Room; Room Storage Area North o		erver Room			22	167.10						_	$\vdash$
					Х	Wallboard			0 LF	X		_	$\vdash$
Storage Area North o	T FIIE ROOM				Х	VAT			SF	Х			
Large Storage Room					Х	Linoleum 8		{	) SF	X			
Name of Registered W	aste Hauler		63393000000	P Waste	Cubic Y	ards of Waste	Name of Registe	ed Lar	ill				
Synatech, Inc.			Name of the Party	· ID No. 7429	12		Grows Landfill						
City, State				. 425	Disposa	al Date	City, State			-			
	00007												
Little Egg Harbor, NJ Completed By	U8U87	Title			April 13		Morrisville, PA		_				
completed by		Title			Signatu	re	E	ate	ril 7 20	15			
Diane Aloia		Executive	Admini	strator	1	711 11/x		abruar.	ril 7, 20	15			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		140			to N.IAC	8:60 and 12:120	)	Che	(#9590				
Date of Notification (	1) March 20 201	5	11	Name of	Building O	wner / Operator (2)			Alteria de la fina				
	ebruary 27, 2015		li	New Jers	ey Econo	mic Development Au	uthority						
Agencies Notified	Type Notification		_	Street Ad									
tgenoles monitor	1,7,7												
⊠EPA				36 West	State Stre	et							
DEP													$\neg$
DOL	Initial				e & Zip Co								
	Amende			Trenton,	NJ 08608	3							
⊠рон	- Amend	ment # <u>3</u>	- 1	Name of	Contact				Telep	hone I	Numb	er	
⊠DCA	Cancell	ation	- 1						1				1
	*			James 5	araceno				_	_		_	$\neg$
				FACI	LITY IN	ORMATION							
Name of Facility Wh	ere Abatement is	Taking Place (	3)			Type of Facility (							
Branford Hall Care	er Institute							2)					
Street Address							8 (Other than K-		uildings,	home	etc	١	
651 Route 1 South	(Bldg. 651)						, private & com				, 616	,	$\dashv$
						Square Feet	# of Floors		Bldg.		70		- 1
City (5)						60,000		semen					$\neg$
North Brunswick						Current Use (Pri	or if being demoli	nied)					
0		County	Code (	7)	-1-50-05-0-	Technical Scho			-				
County (6) Middlesex		USE OF	ILY_						_				_
Name of Monitoring	Firm Hired by Bui	lding Owner (8	)		ASCM No		nent Contractor (	)					
Hillman Consulting	g				23	Synatech, Inc.							
Street Address	. 0. 407					829 Radio Roa	d		W				
1600 Route 22 Eas						City, State & Zip	Code						
City, State & Zip Co Union, NJ 07083	oue					Little Egg Harb	or, NJ 08087		- A1 - L			_	-
Project Manager for	r Monitoring Firm		Tele	phone N	umber	Telephone Num	iber	Lic		er 00817			
Tammy Lomax				-688-780		609-296-6916 Name of OSHA	Manitar			00017		_	
Scheduled Start Da	17.533 N. 13.03 E	cheduled Com			1)	Synatech, Inc.	MOULTOI						
April 9,		(0) 1 1		12, 2015	-	Street Address							
Occupancy Status	During Abatement osed/Vacated Duri	(Check only o	ne) nd of A	batemen	t	829 Radio Roa	d						
						City, State & Zi	n Code						
V. V.	t Performed Outsi	de of Normal I	Hours			Little Egg Hart							
Other – De	escribe:					Little Lyg Hari	301, 110 0000.						
Facility Oc	ccupied During Ab	atement							-			_	
Scope of Work (Ch	neck all that apply)												
						⊠ F	ull Containment	rith Nec	ive Pressu	ıre			
≥3 sf or ≥ 50	) If		F	Renovatio	n		Mini-Enclosure						
≥160 sf or ≥				Demolitio	n		Glovebag Procedi	ге					
2 2 100 01 01 2	-200		2011			1	Von-Exempted(*)	and No	Friable Pro	-			
	Location of		Is Lo	cation No	rmally	Descriptio		102111077777777		Aba	teme	ent T	ype
Asbestos-C	ontaining Material	(ACM)		sed Solel	0.00 1.000 0 mm - 1.00 mm	Asbestos-Cor	CERTORS OF		(Specify r LF)				
TO	O BE ABATED			aintenanc		Material (A (i.e., thermal)		Sr	1 47				
	IN Facility	- 1	Cust	odial Stat	17 (12)	insulation, surfa						Е	_
	(13)	1				or other misce				Removal	Ŋ,	Encapsul	lic.
		1								log	Repair	aps	los
										val	=	Ë	Enclosure
			Yes	No	N/A		7,513		_	-	_	-	4
Basement File St	torage Room and	Adjacent				E 22 2000 2	Mantis	4	IO SF	X			
Corridor: Basem	nent Corridor Adja	acent to			×	Linoleum &	IVIASTIC	1,	0 01	1			
Storage Room; F	Room Opposite S	erver Room				Wallboard	Glue		) LF	X			
Storage Area No					X	VAT			SF	X			
Storage Area No	rth of File Room				X				) SF	X			1
Large Storage R					X	Linoleum &	Name of Regist	red Lar	ill	11		-	
Name of Register	ed Waste Hauler			P Waste	Cubic Y	ards of Waste	name of Regist	ieu Lai	Alles				
				r ID No. 27429	12		Grows Landfill		7 (4 4 7 1 W 1 4 1 )				
Synatech, Inc.				120	Disposa	al Date	City, State						
City, State							Morrisville, PA						
Little Egg Harbo	r, NJ 08087	leru.			April 13		Inditionine, I'A	ate		-			
Completed By		Title			Signatu	///			arch 20, 2	015			
Diama Alai		Executive A	Admin	istrator	1 Ri	ane allow		ebruar	27, 2015				
Diane Aloia		-vecative /					18.818		Marco a Santa da da	5677			

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

		NC	TIFIC	ATION	OF ASB	ESTOS ABA	TEME	NT	Che	:#9590	9			
			(Pur	suant t	o NJAC	8:60 and 12:	2)			111 0000				. :
ate of Notification (1) Ma	rch 12, 201	5	1	lame of b	ov Econon	ner / Operator ( nic Developmer	nt Autho	ority						11
	ry 27, 2015			Street Ad		no Dorotopino			J	110	015			/
encies Notified Type	Notification		ľ	olleet Ad	1,000									
]EPA			3	6 West	State Stree	t								
DEP			-	Tity State	e & Zip Coo	le								
DOL	Initial	a.			NJ 08608									
DOH E	Amende	a nent # <u>2</u>		Henron,	140 00000					Teleph	N	lunah		$\dashv$
DCA [	7 Cancella		1	Name of	Contact					relept	IOHE IV			
	_			James S	araceno							_		_
				FACI	LITY INF	ORMATION								
ame of Facility Where At	atement is	Taking Place (	(3)		1985-1986 - NOV. NOV. OF THE	Type of Faci	ility (4)							
anford Hall Career Inst	titute	aking r lace (	,			School		Para Para California						- 1
reet Address	190,000-50-5					Subcha	apter 8 (	Other than K-	2)	9.0		-4-		
1 Route 1 South (Bldg	. 651)							ivate & com	nercia	uildings, h		elc.		-
1 House 1 count (2.29	,					Square Feet		# of Floors		Bldg. A	700	0		
ity (5)						60,0	00		semer		- 1	U		$\neg$
orth Brunswick						Current Use Technical S		being demol						_
ounty (6)		County		7)										
iddlesex		USE OI			ASCM No.	Name of Ah	atemen	t Contractor (	)					
ame of Monitoring Firm	Hired by Buil	ding Owner (8	3)		23	Synatech, I							_	
illman Consulting		the second second			20	Street Addr								
treet Address 600 Route 22 East, Ste.	107					829 Radio				N				
ity, State & Zip Code						City, State	& Zip Co	ode Ni nanaz						
nion, NJ 07083			1= -			Little Egg I	Mumber	142 00001	Li	nse Numbe	r			
roject Manager for Moni	toring Firm		100000000000000000000000000000000000000	phone No 688-7800		609-296-69					0817			
ammy Lomax	10	cheduled Cor				Name of O		nitor		Ondiana Seculia				
cheduled Start Date (10	1			22, 2015		Synatech,								
March 20, 2015 Occupancy Status During	Abatement	(Check only o	one)			Street Add								
Facility Closed	/acated Duri	ng Entire Peri	od of A	batemen	:	829 Radio	200000000000000000000000000000000000000							
ш.						City, State								
Abatement Perfo						Little Egg	Harbor	, NJ 08087						
Facility Occupie		aternent	-											
Scope of Work (Check a	Il that apply)					1	Ø =	Containment	with Ne	tive Pressu	re			
								-Enclosure	WILLI TVO					
$\ge$ 3 sf or $\ge$ 50 lf			=	Renovatio				vebag Proced	ire					
≥160 sf or ≥260 lf				Demolitio	n			n-Exempted(*		Friable Pro	cedur	е		
						Desa	ription o		and in	1110001		teme	nt T	ype
	tion of			cation No sed Solel		Asbestos	-Contai	nina	Amou					
Asbestos-Contain		(ACM)		aintenand			ial (ACN		S	or LF)				
	ABATED acility			odial Sta		(i.e., ther	mal sys	tems				_	_	
	13)					insulation, or other m	surtacin	g, VAI			Z.	-71	Encapsul	En
						or other in	liscellai	ieous)			Removal	Repair	cap	Enclosure
											ova	air	lus	SUT 6
			Yes	No	N/A									_
	Dec= 1	Adiacont	165	140					92					
Basement File Storage Corridor; Basement C	corridor Adi	acent to			×	Linoleu	ım & Ma	estic	1	00 SF	X			
Storage Room; Room	Opposite S	erver Room							-	io LF	X	-		+
Storage Area North of	File Room			1	х	Wallb	oard Gl	ue	-	0 SF	X	-		+
Storage Area North of					x		VAT		-		X	-		+
Large Storage Room					Х		ım & Ma			10 SF	^		_	_
Name of Registered Wa	aste Hauler		NJDE	P Waste	Cubic Y	ards of Waste	N	ame of Regis	ered La	Ifill				
Traine of Registered VVI				r ID No.	4.5		0	rows Landfi						
Synatech, Inc.				27429	12 Diameter	I Data		ity, State		In the second				
City, State					Disposa	II Date	100							
Little Egg Harbor, NJ	08087					24, 2015	N	forrisville, P					-	
Completed By		Title			Signatu	re ,	11		Date	larch 12, 2	015			
		Executive		1_4_4		are W	1774		Februa	27, 2015				
		I Francisco		TOTAL	1 / 6 /					-		_		

NOCH

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

Check # 9590

Date of Notification (1)				Name of	f Building	Owner / C	Operator (	2)						
Agencies Notified	bruary 27, 2016 Type Notification			Street A		nomic De	veiopmer	nt Authority		-	-			$\neg$
Agencies Notified	Type Notificatio	111		Oliect A	duicss									
⊠EPA □DEP				36 Wes	t State S	treet								
⊠DOL	☐ Initial			City, Sta	ate & Zip	Code				12				$\neg$
⊠рон	Amend				, NJ 086									
⊠DCA	Amend Cancel	ment #_1_		Name o	f Contact					Tele	phone	Nun	nber	$\dashv$
		ideloi!			Saracen					ı	****			
				FAC	ILITY I	NFORM	ATION							
Name of Facility When		Taking Pl	ace (3)			Тур	e of Facili							
Branford Hall Career Street Address	Institute						100 mm 100 mm	oter 8 (Other than K	- 2)					
651 Route 1 South (E	11da 651)					I P		i.e., private & com		uildings	hom	e. et	c.)	
ost Noute 1 South (E	nag. 051)					Sa	uare Feet				Age	-,		$\neg$
City (5)							60,00	0 2 + E	semer			70		
North Brunswick							rrent Use ( chnical So	(Prior if being demo	i :hed)					
County (6)			unty Code	200										
Middlesex Name of Monitoring Fi	rm Hired by Rui		E ONLY_		ASCM N	No Na	me of Aba	tement Contractor (	5	-				$\dashv$
Hillman Consulting	ini riiled by Bai	iding Own	ici (0)		23	Sy	natech, In	c.						
Street Address	0: 407						eet Addres							
1600 Route 22 East, City, State & Zip Code	- Contract of the Contract of						Radio R			X <del>IIII</del>				$\neg$
Union, NJ 07083						Lit	tle Egg Ha	arbor, NJ 08087						
Project Manager for M	lonitoring Firm		7 (5.5%)	ephone N 3-688-780			lephone N 9-296-691		Lic	se Numb	er 00817	,		
Tammy Lomax Scheduled Start Date	(10) Is	cheduled		on Date (1		-		HA Monitor		-	00011			
March 13, 2	0.000000	oriodalica		15, 2015		10.75	natech, In			8				
Occupancy Status Du Facility Close	ring Abatement ed/Vacated Durir			Abatemen	t		eet Addre 9 Radio R							
Abatement P	erformed Outsid	de of Norm	nal Hours			Cit	y, State &	Zip Code		¥				
Other - Desc	cribe:					Lit	tle Egg H	arbor, NJ 08087						1
Facility Occu	pied During Aba	tement												
Scope of Work (Check	k all that apply)						_							
				_	242		$\succeq$	Full Containment	th Neg	ve Pressi	ıre			
≥3 sf or ≥ 50 lf	0.16		=	Renovatio Demolitior			F	Mini-Enclosure						
≥160 sf or ≥260	U IT			Demondo	1		H	Glovebag Procedu Non-Exempted(*)		riable Pro	cedur	·e		
Loc	ation of		Is Location	on Norma	Ilv Used		Descrip		na rioi	Tidbio 1 1		ateme	ent T	уре
Asbestos-Contai		CM)	Solely b	y Mainten	ance or	A	sbestos-C	Containing	Amour	Specify				
	ABATED Facility		Custo	dial Staff?	(12)	(i	Material e therma	(ACM) al systems	SF	LF)	$\vdash$			
	(13)					inst	lation, sur	rfacing, VAT			Re	Z	Encapsula	Enclosure
						or	other misc	cellaneous)			Remova	Repair	aps	clos
			Yes	No	N/A						/a	7	ula	ure
Basement File Stora	ge Room and	Adiacent	1.00		X		Linoleum	& Mastic	1,0	SF	X			$\Box$
Corridor and Basen					100			***********						
to Server Room			NI IDEDI	1	loutie v	ards of W	lanta	Name of Registe	r d Lane	-				-
Name of Registered V	vaste Hauler		NJDEP \	No.		raius oi vv	asic		I :u Lanc					
Synatech, Inc.			27	429	10 Dispos	al Date		Grows Landfill City, State		3				
City, State					Dispos	ai Dale		Oity, State						
Little Egg Harbor, N	J 08087	Tess	******			24, 2015		Morrisville, PA						
Completed By		Title			Signatu		17:	D	a te M	ch 6, 201	5			
Diane Aloia		Executiv	e Admini	strator	1.04	laii	aller	F	e eruary	<del>, 201</del> 5				

NO OK

Date of Notification (1	1							UCh	eck #	# 95	90	
	ebruary 27, 2015		Name	of Buildir	ng Owner / Operator conomic Developme	(2)						
Agencies Notified	Type Notification			t Address	onomic Developme	ant Additionty		4			- 12	
⊠EPA										, s. 19		
DEP			36 W	est State	Street							
⊠DOL	□ Initial		011									
	Initial Amended		The same of the same	State & Zip								
⊠рон	Amendment #	‡	Irent	on, NJ 08	3608							
⊠DCA	Cancellation	- <del></del>	Name	of Contac	ct			Tel	lephor	ne Ni	mhe	er .
			Jame	s Saracer	10				-	10 110		~1
			FA	CILITY	INFORMATION			-				
Name of Facility Whe Branford Hall Career	re Abatement is Taking	Place (3)			Type of Faci			-				
Street Address	Institute				School	ř						
651 Route 1 South (E	Sida 651)				-	pter 8 (Other than K-1	65					
Toole 1 bookii (E	siag. 651)					(i.e., private & comm	ercial I	ildings			tc.)	
City (5)					Square Feet			Bldg	g. Age			
North Brunswick					60,00 Current Use	00   2 + Bas (Prior if being demolis				70		_
0 1 10					Technical S		euj					
County (6) Middlesex		County Cod JSE ONLY	e (7)				· · · · · · · · · · · · · · · · · · ·					
	rm Hired by Building O	wner (8)		ASCM	No. Name of Aba	itement Contractor (9)						
Hillman Consulting	, , , ,			23	Synatech, In							
Street Address 1600 Route 22 East, 3	260 407				Street Addre							
City, State & Zip Code	ste. 107				829 Radio R			_			S-11	
Union, NJ 07083					City, State &	zip Code arbor, NJ 08087						
Project Manager for M Tammy Lomax	onitoring Firm		lephone i		Telephone N		Licer	Numb	ber			
Scheduled Start Date	(10) Schodule	90 ed Complet	8-688-780		609-296-691				0081	7		
March 13, 20	015	Marc	h 15, 201		Name of OSI Synatech, In							
Occupancy Status Dur Facility Close	ing Abatement (Check d/Vacated During Entire	only one) e Period of	Abateme	nt	Street Addres	SS		8				
Abatement Pe	erformed Outside of No	rmal Hours	5		City, State &	Zip Code	-	-				
Other - Descr	ribe:					arbor, NJ 08087						
Facility Occup	pied During Abatement											
Scope of Work (Check	all that apply)											
		10000				Full Containment with	Negati	Pressi	ire			
≥3 sf or ≥ 50 lf			Renovation	on		Mini-Enclosure		. 10000				
≥160 sf or ≥260	If	Ш	Demolitio	n .		Glovebag Procedure						
						Non-Exempted(*) and	Non-F	ble Pro	cedur	e		
	ition of ling Material (ACM)		on Norma		Descript		A		Aba	ateme	ent T	уре
	ABATED		y Mainten dial Staff		Asbestos-C Material		ount (					1000
	acility			(/	(i.e., therma		Si 0i	,	-			_
(*	13)			- 1	insulation, surf				20	71	EM	En
					or other misc	ellaneous)			Removal	Repair	Encapsula	clos
		Yes	No	N/A					\sigma_a	₹	sula	Enclosure
Basement File Storag	e Room and Adjacent	0.000	1,0	x	Linoleum &	Mastia	1,000	=	-			
Corridor and Baseme	ent Corridor Adjacent			^	Linoieum	i Masuc	1,000		X			
to Server Room												
Name of Registered W	aste Hauler	NJDEP V Hauler ID		Cubic Y	ards of Waste	Name of Registered	.andfill					
Synatech, Inc.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	429	10		Grows Landfill						
City, State				Disposa	l Date	City, State		1			_	
ittle Egg Warban M.	00007											
Little Egg Harbor, NJ Completed By	Title			March 2		Morrisville, PA						
				Signatur	- ///	Date						
Diane Aloia	Executi	ve Adminis	strator	NO	lane allor	Febru	ary 27,	115				
		*0.	wat (1 .	f - f - 1								



Date of Notification (1) 6/5/2015		Name of ROCKA	Building Ov AWAY V	vner/Operator	(2) SIONAL SEWER	AGE /	THOF	RITY			
Agencies Notified Type Notification		Street Ad RD#1,		NBANK R	OAD		18-0-1-0-0				
▼ EPA     □ DEP     □ Amended     △ Amendment #	1		e, Zip Code TON, NJ			- 4					
X       DOH       justification)         DCA       Cancellation	cluding -	Name of CARRI	Contact E D. FEU	JER		Teleph	ie Numb	her			
		FACIL	ITY INFOR	RMATION							
Name of Facility Where Abatement is Taking F VACANT RESIDENCE	Place (3)				Type of Facility (4)  School (K-12)						
Street Address 111 MONROE STREET					Subchapter 8  Other (i.e. pri etc.)	Other to	n K-12) imercial	build	ings,	home	s,
City (5) BOONTON					Square Feet	# of Fl	rs	BI	dg. A	ge	
County (6) MORRIS		County C	Code (7) ISE ONLY)		Current Use (Prior	fbeing	molishe	ed)			
Name of Monitoring Firm Hired by Building Ow	vner (8)	ASCM	l No.		of Abatement Contr BROTHERS C		CTING	ini			
TTI ENVIRONMENTAL, INC.						חואכי	STING	, IIN	J.		
Street Address 1253 NORTH CHURCH STREET					t Address /REELAND AVE	1UE					
City, State, Zip Code MORRISTOWN, NJ 08057					State, Zip Code OWA, NJ 07512						
Project Manager for Monitoring Firm TIM POPP		Telephor 856-84	ne No. 10-8800		hone No. -956-8700	L (	ense No 494				
	Scheduled Co	mpletion [	Date (11)	1 100000000	of OSHA Monitor ME AS (9) ABO\	. <u></u> -	D <del> </del>				
Occupancy Status During Abatement (Check	Only One)			Stree	t Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: VACANT	riod of Abate	ment rs	(\$3)	City,	State, Zip Code						
Scope of Work (Check All That Apply)								-51			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renov X Demol				Full Containme  Mini-Enclosure  Glovebag Proce	dure	n-Friable			9	
	WE 144	37.00		E	Non-Exempted	Janui	II-F Habi			ement	
15	Is Loca Norma			5					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12	lely by ance/ Staff?			Material (ACM) ns insulation, AT, or	Am (Sp SF c	fy	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A								, to	
SEE ATTACHED	X						8	Х			
							0				
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Yards	Name of F	egistere	Landfill				
TWO BROTHERS CONTRACTING		Hauler ID 18743	V-2-10	of Waste	WASTE			NT G	.R.C	).W.	S.
City, State TOTOWA, NJ				Disposal Dat 6/25/2015	City, State		PA				
Completed by VIVECA RAMOS	Title PROJEC	T COO	RDINATO	Signatu	N.	nen	Da 6/8	te 5/201	15		

Rockaway Valley Regional Sewage Authority 111 & 113 Monroe Street Boonton, NJ

#### 5.0.1 - 111 Monroe Street

Material	Location	Apprexima	Quantity
Brown/White Floor Linoleum & Floor Covering Under	Kitchen/Dining Room - East Side of House	250 SI	20 JS W 20 20 20 20 20 20 20 20 20 20 20 20 20
Brown/White Floor Linoleum			
Double Layer			
Floor Linoleum	2 <sup>nd</sup> Floor Bath Room - East Side of House	80.SF	# TO
Air-cell/Paper Type Pipe Insulation & Associated Cementitious Pipe Fitting Insulation	Basement	150 LF	in the second se
Cementitious Flue Penetration Packing	Basement - On Chimney Around Flue Pipes	2 SF	
Roof Flashing	On Flat Roll-top Roof Over Garage - Along Intersection of Lower & Upper Roof Levels	15 SF	

CK MEN

Date of Notification (1)			0.000	e of Building			(2)					-	
6/4/15			Mer	idian Hea	th Syste	m							
Agencies Notified	Type Notification			t Address 5 NJ-33					UNI T		75		
EPA DEP	Initial Amended			State, Zip Co	nde				-				
DOL	Amendment	#	2.000	tune City,		53							
	Emergency (	including	2000	e of Contact				Tele	ione Nu	ımber			
DOH DCA	justification) Cancellation			Plackis				1	10/10 110				
				CILITY INF	ORMATIO	N			-				
Name of Facility Where							Type of Facility	(• •)	in the second				
John W. Knox Sen	lior Housing Con	npiex					School (K-		151 1251	100			
Street Address							Subchapte Other (i.e.				dinas	home	29
19 Davis Avenue							Other (i.e. etc.)	p ivato c		nui buii	anigo	, 110711	
City (5)							Square Feet	# of	oors	E	Bldg. A	Age	
Neptune													
County (6)				ty Code (7) TE USE ONLY	1		Current Use (Pr		demolis	shed)			
Monmouth							Housing Cor	_ 0	_				
Name of Monitoring Firr	n Hired by Building (	Owner (8)	AS	CM No.			of Abatement Co Industries In		1				
Street Address					1955	and the same	Address						
Street Address					1.3		Box 915						
City, State, Zip Code							ate, Zip Code		-				
							, NJ 08723						
Project Manager for Mo	nitoring Firm		Telep	hone No.	1 8		one No.		icense l	No.			
						732-8	399-7499		1196				
Start Date (10) 6/5/15		Scheduled 0 7/29/15	Completio	on Date (11)	1	Name o	of OSHA Monitor						
Occupancy Status Durin	ng Abatement (Chec	1900 NW 100 NW 112-03				Street /	Address						
	977 B				'	Ju cci /	-ludi 633						
	cated During Entire F ned Outside of Norm					City, St	ate, Zip Code		-				2
Scope of Work (Check A	All That Apply)								9				
≥3 sf or ≥3 lf	11.27	□ Pan	ovation			×	Full Containm	e nt with	anative	Pressi	ire.		
≥160 sf or ≥260 lf			olition				Mini-Enclosur		sgauve	1 10330	110		
							Glovebag Pro Non-Exempte		lon Erio	blo Dro	sood	-0	
							Non-Exemple	() and	IOII-FIId	DIE FIC		emeni	1
2000	Var	71 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	cation nally		0.000	Preside						/ре	
Locatio Asbestos-Containing		Used S	olely by	Ashes		ription	of aterial (ACM)	A	unt	9.8			
TO BE AB	ATED	100	nance/ al Staff?		thermal sy	ystems	insulation,	(S	cify	Re	R	inca	E
In Faci (13)			2)		surfacin other mis			SF	·LF)	Remova	Repair	psu	Enclosure
(13)		Yes N	lo N//		outer mis	occiiai ii	cods)			/al	=	Encapsulate	ıre
**See attache	d senarate	163	14//		See attac	hed s	enarate		e <del></del>		+		
page for list	•				age for li		·			+	-		
page for list	OI AOW			P	age for it	131 01 /	AOIVI	//					
									9	1			
Name of Registered Wa	ste Hauler		1000	Waste	Cubic Ya		Name of	Legiste	i Landfi	I			
Brick Industries Inc.			Hauler 21602		of Waste	1	Grows	Vorth	ındfill				
City, State					Disposal	Date	City, Sta	te					
Brick, NJ					7/30/15	5	Morris	v IIe, P					
Completed by		Title			Sign	nature	6 7	·		ate			
Eric Plackis		Preside	nt				CAL	1/	6	/4/15			

Location of ACM	Is Location Normally Used Solely	Description of Asbestos	Amount	Abatement
To Be Abated	By Maintenance/Custodial Staff?	Containing Material	(SF or LF)	Type
Community Center Boiler Room	No	Asbestos Mud Joints	33 Joints	Removal
Community Center Boiler Room	No	Asbestos Block Insulation	3 LF	Removal
All Units-Flooring	No	Brown & Tan Asbestos Floor Tile 37,400 SF	37,400 SF	Removal
All Units-Flooring	No	Black Tile Mastic	34,700 SF	Removal
All Units-Walls & Ceilings	No	Asbestos Drywall Compound	134,024 SF Removal	Removal
All Units-Exterior Rear Doors	No	Asbestos Caulking	850 LF	Removal

Date of Notification (1) June 4, 2015					Building Ov			(2)	Ch		41				4
Agencies Notified	Type Notification			Street Ad		00110	0.0				<del>- 111 - 1</del>	- 1	1195		
X EPA	× Initial				k Street						8 <u>-2-1-1-1-1</u>				
DEP × DOL	Amended Amendment #	£			te, Zip Code ton, NJ 0										
▼ DOH	Emergency (i				Contact					Tele	one Num	ber			
DCA DCA	justification) Cancellation				Albanese	Э									
AL CENTRAL AND LAND				FACI	LITY INFOR	RMATIO	N								
Name of Facility Where A Bridgeton High Sch		Place (3	3)					_	e of Facility (						
Street Address			11100-11					×	School (K-1 Subchapter	COST CONTRACTOR OF THE PARTY OF	าan K-12	)			
111 Northwest Ave	nue								Other (i.e. p etc.)	ivate &	mmercia	l build	lings,	home	s,
City (5)									are Feet	# of	ors		ldg. A	ge	
Bridgeton				0	S - 1 - (=)				000	2	T		00		
County (6) Cumberland				County C STATE L	JSE ONLY)		_,		rent Use (Pric hool	r it beir	semolish	ea)			
Name of Monitoring Firm		wner (8)		ASCN	l No.				patement Cor		-				
Epic Environmental	l Services, LLC								nvironmen	al, LL					
Street Address 1930 Brown Road						- 1	Street 623 (		er Avenue						
City, State, Zip Code									Zip Code		S <del>-2</del>				
Newfield, NJ 08344							annua de constitución de la cons		nade, NJ 0	3052					
Project Manager for Mor Jim Eberts	nitoring Firm			Telephor 856-20	ne No. )5-1077		Teleph 856-		No. -0099		cense No 3842	ο.			
Start Date (10) June 29, 2015		Schedule July 3,			Date (11)				SHA Monitor nalytical		\$				
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street								
	ated During Entire P						10.10-012-012		te 130 Nor	h	-				
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	/ Hours			_			Zip Code nson, NJ 0	3077					
Scope of Work (Check A	All That Apply)						Ollilli	GIIIII	110011, 140 0		1				-
≥3 sf or ≥3 lf		×	Renova	tion			×	F	ull Containme	nt with	gative P	ressu	re		
≥160 sf or ≥260 lf			Demolit	ion				7.7	Mini-Enclosure Blovebag Proc						
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			Locati									1		ement pe	
Location Asbestos-Containing		Use	Normali ed Sole	ly by	Ashesto		cription		ial (ACM)	Aı	unt			_	
TO BE AB	ATED	2000	intenar todial S			hermal s	ystem	s insu	ulation,	(S SF	cify	Rer	Re	nca	Enc
In Faci (13)			(12)		15	surfaci other mi				SF	LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	e.
Rooms C	C3-C5		XXX		Flo	oor Tile	e and	Mas	stic	22	SF	Х			
Rooms C	C3-C5		XXX			Cour	ter T	ops		31	3F	Х			
	18														
Name of Registered Wa	ste Hauler		- 1000	JDEP Wauler ID	STEEL ST	Cubic Y of Wast			Name of		I Landfill				
Freehold Cartage			10000	2265		5					unty La	andfil	l		
City, State Freehold, NJ						Disposa 7/3/20			City, Stat Newbu		35		9		
Completed by		Title				Sig	gnature	2	Da		Da				
Christina Lynch		Oper	ations	s Mana	iger		M	91	100		6/4	4/201	15		

Date of Notification (1) June 4, 2015			11.2	Name of Rita An	Building C nato	)wner/O	perator	(2)		Cl	ck # 2	144			
Agencies Notified	Type Notification		11 6	Street Ad 1916 B	dress rynmaw	r Aven	ue					16 6	- 1-		
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Coo n Height		08035								
ĭ DOH	Emergency ( justification)	including	1	Name of Rita An	Contact					Telei	one Nur	nber			
☐ DCA	Cancellation						221								
Name of Facility Where	Abatement is Takin	n Place (3)		FACIL	ITY INFO	RMATIC	ON	Tvi	pe of Facility (4		-				
Amato Residence	Abatement is Takin	g riace (5)							· · · · · · · · · · · · · · · · · · ·						
Street Address									School (K-1: Subchapter		an K-1	2)			
1916 Brynmawr Av	renue						- 4	×	Other (i.e. p				ings,	home	s,
SALASSA SALASS	01140								etc.) uare Feet	# of	ors	T R	dg. A	ne	
City (5) Haddon Heights									000	2	013		00	ge	
County (6)				County C	ode (7)				rrent Use (Pric	if bein	lemolis	ned)	2000		_
Camden					SE ONLY)	-			esidence	ii boiii	Tomono	.00)			
Name of Monitoring Firm				ASCM	No.				batement Con Environment						
Management & En	viro. Consulting	Services					Street			ai, LL	6 <del></del>				
PO Box 341							30000	331773	ler Avenue						
City, State, Zip Code	)F1F								, Zip Code Shade, NJ 0	:052	in the second			2	
Chesterfield, NJ 08 Project Manager for Mor	N1573 (\$120)			Telephor	ne No		Teleph			1032	cense N	io.			
Bill Weisgarber	filloring i iiii				8-4070		2000		5-0099	7/	)842				
Start Date (10)		Scheduled June 16,			Date (11)				SHA Monitor Analytical			4			
June 15, 2015 Occupancy Status Durin	on Abatement (Che			10			Street		(5)		-				
	cated During Entire			ent			200	Rou	ute 130 Nor	ı					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H	lours			_			, Zip Code inson, NJ 0	3077					
Scope of Work (Check A	All That Apply)										-				
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									Non-Exempted	(*) and	on-Fria	ble Pro			
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Locatio		Used	ormal Sole				scription							Ī	
Asbestos-Containing TO BE AB		Main	tenai	nce/					erial (ACM) sulation,	Ar (S	unt	R	77	Enc	四
In Fac		Custo	dial 8 (12)	Staff?		surfa	cing, VA	AT, c	or	SF	LF)	Remova	Repair	aps	Enclosure
(13)	)			N//A		othern	niscella	neo	us)			val	=	Encapsulate	ure
Basen	aont	Yes	No XXX	N/A		Pine	Insula	atio	n	7	_F	X			
Daseii	lent					Tipe	IIISUIC	alio	-			1	-		
											\ <u></u>				
Name of Registered Wa	aste Hauler	-	17733	JDEP W			Yards		Name of		i Landfi				
Freehold Cartage				lauler ID 2265	NO.	of Wa	ste		Cumbe	land (	unty l	.andfi	II		
City, State Freehold, NJ						Dispos 6/16/2	sal Date	Э	City, Stat Newbu		Barrier apple				
Completed by		Title	9	52 720		5	Signatur	e C	300	200 E	100	ate	4.5		
Christina Lynch		Opera	tion	s Mana	iger	(	MA	S)	LURX	$\underline{}$	6	6/4/2015			

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Date of Notification (1) June 5, 2015						Owner/Ope lopment		2)					5 2			
	Type Notification			Street Ad												
	<b>2</b>			PO Xo	x 684											
EPA DEP	X Initial Amended		(	City, State	e, Zip Co	de						1				
X DOL	Amendment		_	Ridgev	vood Nu	07451										
▼ DOH	Emergency ( justification)	including	1	Name of	Contact					ele	ephc	Numb	er			
DOH DCA	Cancellation			Louis												
				FACIL	ITY INFO	RMATIO										
Name of Facility Where Ab		g Place (3)						Type o	f Facility (4	)						
3 Story Home for De	emolition								chool (K-12			14.40)				
Street Address									ubchapter { ther (i.e. pr			K-12) nercial	build	nas.	home	es.
20 Canfield Street								et	c.)							
City (5)								Square		8,222	Flo	23		dg. A	ge	
Orange								4500		3		li a la .		0+		_
County (6)				County C STATE U	ode (/) SE ONLY)				t Use (Prio cupied 3			nolishe		0		
Essex		- (5)								-		- 101	uen	0		
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM n/a	No.				ement Cont anageme		200					
n/a				ri/a			Street A		(100)		JI P		-			
Street Address n/a								oy La								
City, State, Zip Code							City, Sta			-		-				
n/a									rk NJ 070	03.5						
Project Manager for Monit	oring Firm		- 1-	Telephor	ne No		Telepho	and a special second	on and the contract of the con		Lic	se No				-
n/a	Silling 1 mm			n/a				06795			0.	93				
Start Date (10)		Schedule	d Com	pletion D	Date (11)		Name o	of OSH	A Monitor							
6-15-2015		7-15-2			, ,		Lozni	ica Ma	anageme	en C	orp					
Occupancy Status During	Abatement (Chec	k Only On	e)				Street A	Address	3	100						
Facility Closed/Vacat				ent			22 Tr	oy La	ne							
Abatement Performe							City, St	ate, Zip	Code	_		3-				
Other - Describe: _						_	Linco	oln Pa	rk NJ 07	0:5						
Scope of Work (Check All	That Apply)				X	7.70.5										
23 sf or ≥3 lf		☐ R	enova	tion			X	Full	Containme	ent with	n Ne	tive Pr	essur	е		
≥160 sf or ≥260 lf		D	emolit	ion			-		-Enclosure rebag Proc							
							$\overline{\mathbf{x}}$		-Exempted		d N	Friabl	e Pro	cedur	е	
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Location	of	N	lormal	ly		Desc	cription	of						Ту	ре	_
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TO BE ABA			odial S		(i.e.	thermal s	systems ng, VA7		tion,		Sper F or	<u>'</u>	Rem	Repair	cap	ndo
(13)	·y		(12)			other mi			1			60	Remova	oair	Encapsulate	Enclosure
50 SS		Yes	No	N/A					1						fe	Ф
Exterior below	w siding			х		Sh	ingles	3		3,	000	F	х			
1st Floor Ki	itchen			X		9x9 Tile	es & N	lastic		3	00	:	х			
2nd Floor K	itchen			Х		Lin	oleum	1		3	00	=	х			
2nd and 3rd	f Floor			х	٧	Vall & C	eiling	Plaste	er	8,	000	F	х			
Name of Registered Wast			0.4	JDEP W	aste	Cubic Y	'ards		Name of	Re jist	erec	andfill				
Rovic Transport	722		. H	lauler ID	No.	of Wast	te		GROW	'S La	ndf					
City, State			-			Disposa	al Date		City, State							
Riverdale, NJ						TBD			Morrisv	/ill a F	A 1	)67				
Completed by		Title				Şi	gnaturé		+			Da	e /	- )	20	1-
E. Cirovic		Secr	etary			C	. (	Vi	ourc			$\perp$	2/5	2/-	10/	5.
/													1	1		

ADDITIONAL WORK: 20 CANFIELD STREET, ORANGE, NJ

++ BASEMENT

RESIDUAL PIPE INSULATION (LAGGING) AND ELBOW FITTING M FERIALS UNKNOWN QUANTITY.



Date of Notification (1) 6/5/2015					f Building AWAY				NAL SEWE	FAGE.	JTHO	HORITY			88
Agencies Notified	Type Notification			Street A	ddress 99 GRI	EENB,	ANK RO	JAC	)		-	- 1-			
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Co		05				3				
Ď DOH DCA	Emergency ( justification) Cancellation	including		Name of	f Contact IE D. FE					Telep	an Mine	, L .			
					LITY INFO		ION			5.77					
Name of Facility Where A		g Place (3)	)	17101		<i>-</i> 1 (11)	1011	Ту	pe of Facility (		-				
Street Address 113 MONROE STR	REET							×	Subchapter Other (i.e. p	8 (Other	ın K-12 ımercia	) Il buile	dings	, hom	es,
City (5) BOONTON								Sq	etc.) uare Feet	# of F	irs	В	lldg. A	Age	
County (6)				County (	Code (7)	;		Cu	rrent Use (Prid	or f being	molish	ed)			
Name of Monitoring Firm		Owner (8)		ASCN					batement Con		OTIVIO				
TTI ENVIRONMEN	TAL, INC.						-		ROTHERS	CONTR	CTING	3, IN	C.		
Street Address 1253 NORTH CHU	RCH STREET						Street 11 V		iress ELAND AVI	EINE					
City, State, Zip Code MORRISTOWN, N.	J 08057								, Zip Code /A, NJ 0751	2					
Project Manager for Mon	itoring Firm			Telepho 856-84	ne No. 10-8800		Teleph 973-		No. 6-8700	L (	ense No	).			
Start Date (10) 6/15/2015		Schedule		mpletion	Date (11)		Wilder Steel Steel		SHA Monitor AS (9) ABO	V E	•				
Occupancy Status During	g Abatement (Chec	k Only One	e)				Street		(3) (3)		•				
Facility Closed/Vaca	ed Outside of Norm	eriod of A	baten Hours	nent s			City, S	state.	, Zip Code	-	-				
Other – Describe:						<u>=</u> 8			Total Control National Access						
Scope of Work (Check A	II That Apply)			10,201-001			_	7	= 0 W (2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		20/20/07/20				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoli	25			×		Full Containme Mini-Enclosure Glovebag Proc						
							×		Non-Exempted	( ) and 1	1-Friabl	e Pro		Same of the same	
	14	77.55	Locat orma	2									9.00	ement /pe	t
Location Asbestos-Containing		Used	Sole	ly by	Asbes		escription Itaining N		rial (ACM)	Amo	it				
TO BE ABA	ATED		ntena odial S	nce/ Staff?		therma	I systems	s ins	ulation,	(Sp€ SF o	у	Rer	Re	inca	Enc
(13)	ity		(12)				miscellar			31 0	1)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							5-11-11-1	_		ate	Ġ.
SEE ATTA	CHED		X									Х			
											Note the sent				
Name of Registered Was	te Hauler		600	IJDEP W lauler ID		Cubic of Wa	Yards		Name of I	Re gistere	andfill		54		
TWO BROTHERS O	CONTRACTING		111	8743	INU.	140			350000000000000000000000000000000000000	E VIANA	EME	NT G	R.C	).W.	S.
City, State TOTOWA, NJ						6/25/	sal Date 2015		City, State	SVILLE					
Completed by VIVECA RAMOS		Title PROJ	ECT	COOF	RDINAT		Signature	: 74	ecaka	nen	_ 6/5	e 5/201	15		

Rockaway Valley Regional Sewage Authority 111 & 113 Monroe Street Boonton, NJ

#### 5.0.2 113 Monroe Street

Material	Location	Approxi nate	uantity
Air-cell/Paper Type Pipe Insulation & Associated Cementitious Pipe Fitting Insulation	Basement	100 LF	
Textured Plaster Ceiling - Base Coat	1st Floor Kitchen	200 SF	
Wall & Ceiling Plaster -Base Coat	Throughout House	Note: Much of Ceiling P aster Floor has been is Lying on the Debris.	n the 2 <sup>nd</sup> isturbed and
9"x9" Green Floor Tile & Mastic	1 <sup>st</sup> Floor - Bath Room Off Kitchen	110 SF	
9"x9" Brown Floor Tile & Mastic	1st Floor - Mud Porch - Front of House - West Side	70 SF	5 4 4 4
Off-white Linoleum w/ Design	1st Floor Kitchen Under Peel & Stick Tiles 1st Floor Living Room Closet	220 SF	
Built-up Tar Roof	Flat Roof on Front and West Sides of House	650 SF	



Date of Notification (1) 06/05/15					Building O		erator (2	2)		JU		10.25				
Agencies Notified	Type Notification			treet Add	dress nes St.,	Suite 2	206									
EPA DEP X DOL	Initial Amended Amendment		- L		OOD N		1			elepho	Num	ber				
DOH DCA	justification) Cancellation		1.6	valle of C	Juntaci				1	7						
				FACIL	ITY INFO	RMATIO		T	F==!!!4 /A\							
Name of Facility Where A	Abatement is Taking	Place (3)							Facility (4)							
Street Address								T Su	hool (K-12) bchapter 8	(Other th	K-12)					
MADISON AVE CO	RNER 7TH ST							eto			ıercia		797 - 192.		S,	
City (5) LAKEWOOD		109						Square 30000		f of Flo			ig. Ag	je		
County (6) OCEAN				County C STATE U	ode (7) SE ONLY)			Current HOTE	Use (Prior L	if being d	nolish	ed)				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No.				ment Contr							
							Street A		PROFES		,				$\dashv$	
Street Address									OVE CO	J RT						
City, State, Zip Code							City, Sta LAKE		Code D, NJ 08	7(11						
Project Manager for Mor	nitoring Firm		-	Telephon	e No.		Telepho 732-6			Lic 12	se No	ο,				
Start Date (10) 06/14/15	431	Scheduled 06/24/15		pletion D	Date (11)				Monitor PROFES	SE IONA	3					
Occupancy Status Durin	ng Abatement (Chec	k Only One	)				Street A									
Facility Closed/Vac	ated During Entire	Period of At	atem	ent		-			OVE CO	U K I						
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility I	Hours			_	City, St LAKE		D, NJ 08	7 )1						
Scope of Work (Check A	All That Apply)	_						l					_			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Report Co.	enova emolit				×	Mini Glov	Containmer -Enclosure rebag Proce	ec ire				2		
								Non	-Exempted	( and N	-Friab	le Prod	Abate	A VALLED ON		
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		Yes	No	N/A										fe		
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BASEN	MENT	X			Т	RANS	ITE PA	NELS	6	5S	3	X				
ROC	)F					RO	OOFIN	G		3000	F	Х			1	
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Name of Registered Wa	aste Hauler			JDEP W lauler ID		Cubic of Wa	Yards ste		Name of F	Re gistered	andfil	6				
NEWARK CARTIN	G			4509		50			IESI							
City, State NEWARK, NJ		0				06/24	0.00.0000000000000000000000000000000000		City, State		7-	5 7				
Completed by JOSEPH PERLSTE	EIN	Title OWN	ER			S	Signature	)			100000	ate /9/14				

CK 5656

DEPA Printial 422 W/COW AUC City, State, Zip Code	Date of Notification (1)	Name of Buildin	g Owner/Operator (2)	2	
Agency Notified    PA	6/4/15	OURL	ADY OF G	- RACE	E
Signary   Series	Agency Notified Type Notification	1			
Signary   Series	D EDA Diritial	422	WICLOW	400	
Source   Cancellation   Summer of Context   Cancellation   Cance		City, State, Zip	Code . IT	07030	
Source   Cancellation   Summer of Context   Cancellation   Cance	DOL Amendment#	1060	CEN, NJ'	0/020	
Signature of Facility Where Abatement is Taking Piabe (8)	Emergency (including	Name of Conta	#	Telepi	e Number
Name of Facility Where Abatement is Taking Piace (3)  MUSTARU SEED SCHOOL  Street Address  Gradiess  Gradiess  Gradiess  Gradiess  Gradiess  Cary Street Address  Cary Street Address  Super Feet Sof Facility  Gradies Address  County (6)  County (6)  County (6)  County (7)  County (7)  County (8)  County (9)  County (9		G. LAU	JRENCE	(a <sup>1</sup> )	
Street Address  A 2 2 W I LLOW A JE  Street Address  A 2 2 W I LLOW A JE  County (S)  County (C)  Coun		FACILITY INF	ORMATION		
Street Address  A 2 2 W. (LOW AUE  County (6) County (6) County (6) County (6) County (6) County (7) (STATE USE County (6) of 15 of	Name of Equility Where Absternant is Taking Pla			of Facility 4)	No.
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Street Address  A 2 Z W. LOW AUE    County (6)   Square Feet   Square Fe		4001	□ Sui	ochapter 8 (Other	in K-12)
County (6) County Code (7) (STATE USE Current Use (Pr or T bel published)  County (6) County Code (7) (STATE USE Current Use (Pr or T bel published)  Name of Monthoring Firm Hired by Building Owner ASOM No. ONLY  Name of Monthoring Firm Hired by Building Owner ASOM No. ONLY  Street Address  300 CAND AVE ASOM No. ONLY  Telephone No. ONLY  Street Address  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O0388  Telephone No. ONLY  Street Address  Chy, State Zip Code  Hacken sack, No. 0  O01  Scheduled Completion Date (11)  No. ONLY  Street Address  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O01  Abbetterment (Check only one)  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O01  Street Address  Chy, State  Description of Abbetterment with Negative Abbetterment of Check only one)  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O11  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O11  Street Address  Chy, State  Description of Abbetterment with Negative Abbetterment with Negative Abbetterment of Check only Normally Very Maintenancy  (13)  Very No. NA  Normally Very Maintenancy  (13)  Very No. NA  NA  Normally Very Maintenancy  (14)  Very No. NA  Normally Very Maintenancy  (15)  Normally Very Maintenancy  (16)  Chy, State  Hacken sack, N. J. 07601  Chy, State  Hacken sack, N. J. 07601  Completed the State and the State a			□ Ott	ner (i.e. pri ate & c	mercial buildings,
County (6) County Code (7) (STATE USE Current Use (Pr or T bel published)  County (6) County Code (7) (STATE USE Current Use (Pr or T bel published)  Name of Monthoring Firm Hired by Building Owner ASOM No. ONLY  Name of Monthoring Firm Hired by Building Owner ASOM No. ONLY  Street Address  300 CAND AVE ASOM No. ONLY  Telephone No. ONLY  Street Address  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O0388  Telephone No. ONLY  Street Address  Chy, State Zip Code  Hacken sack, No. 0  O01  Scheduled Completion Date (11)  No. ONLY  Street Address  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O01  Abbetterment (Check only one)  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O01  Street Address  Chy, State  Description of Abbetterment with Negative Abbetterment of Check only one)  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O11  Street Address  Chy, State, Zip Code  Hacken sack, No. 0  O11  Street Address  Chy, State  Description of Abbetterment with Negative Abbetterment with Negative Abbetterment of Check only Normally Very Maintenancy  (13)  Very No. NA  Normally Very Maintenancy  (13)  Very No. NA  NA  Normally Very Maintenancy  (14)  Very No. NA  Normally Very Maintenancy  (15)  Normally Very Maintenancy  (16)  Chy, State  Hacken sack, N. J. 07601  Chy, State  Hacken sack, N. J. 07601  Completed the State and the State a	422 Willow	AUE	. ho	mes, etc.)	- Dide Ass
County (5) County Code (7) (STATE USE Current Use (P) or if bol ONLY)  Name of Mothering Firm Hited by Building Owner ASCM No.  Name of Mothering Firm Hited by Building Owner ASCM No.  Street Address  300 CAND AJE  Street Address  450 South River St  City, State, Zip Code  FNG LEWOOD NO.  City State, Zip Code  FNG LEWOOD NO.  City, State, Zip Code  FNG Have Performed Outside of Normal Facility Hours  City, State, Zip Code  FNG Have Performed Outside of Normal Facility Hours  City, State, Zip Code  Hackensack, N	City (5)		100 M		
Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (6   Details   Associated   Aso	401301EN			8000 SF	10RS /357PS
Name of Monitoring Firm Hired by Building Owner  (S) DETAIL ASCLATES  OOO! Z  Best Removal Irc  Street Address  450 South River St  City, State, Zip Code  ENGLEWOOD NT 97631 Hackensack N	County (6)		) (STATE USE   Curre	nt Use (Pr or if bei	demolished)
Name of Monitoring Firm Hired by Building Owner  (® DETALL ASSOLATES OOOL 2  Street Address 3  300 CLAND AUE 35 Street Address 450 South River St  City, State, Zip Code  ENG LEW OOD NT 9263 Hackensack, N 0  Project Manager for Monitoring Firm 20156 9670 8  Start Date (10) Scheduled Completion Date (11) No.  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours  Facility Closed/Vacated International Facility Hours  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours  Facility Closed/Vacated During Entire Period of Abatement Check only one)  Street Address 2  Start Date (10) Scheduled Completion Date (11) No.  Facility Closed/Vacated During Entire Period of Abatement Check only one)  Street Address 2  Street Addres	ILIDEAN	ONLY)	۵	VAICE / SCI	06
Street Address 300 GRAND AVE 450 South River St City, State, Zip Code ENG GWOOD AT. 9763 Hackensack N	Name of Monitoring Firm Hired by Building Owne	ASCM No.			
Street Address  300 GRAND ANE  300 G			Best Remov	al Tro	
Soo CRAND AJE   450 South River St		000.0			
City, State, Zip Code		=	450 South R	iver St	
Project Manager for Monitoring Firm   Telephone No.   Telephone No.   Coll   Society   Start Date (10)   Scheduled Completion Date (11)   Name of CSHA Monitor   Omega Environment tal   Inc	300 GIOACO 110		기 - 기계에서 어린		
Telephone No.   201569686 No.   201-329-7444   Document   201569686   Name of OSHA Monitor   201569686   Name of OSHA Monitor   2015696   Name of OSHA Monitor   2	City, State, Zip Code	ลวนรา		N O	:01
Start Date (10)    Comparison   Comparison Date (11)   Name of OSHA Monitor   Omega Environment tal   Occupancy Status During Abatement (Check only one)   Street Address   280 Huyler St   City, State, Zip Code   Hackensack   N	Elegiewood. 170	Telephone No	Telephone No.	Licen	No.
Start Date (10)    Scheduled Completion Date (11)   Name of OSHA Monibor	Project Manager for Montaging Full	(20115696708			
Cocupancy Status During Abatement (Check only one)  Pracility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Other - Describe: □ Non-Exempted (*) and	1				
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other — Describe: ☐ Other — Describe: ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Asbestos-Containing Material (ACM) ☐ State Address 280 Huyler St City, State, Zip Code ☐ Hackensack, N.J. 0 ☐ 101 ☐ Pressure ☐ Glovebag Procedure ☐ Non-Exempted (*) ann Non-F ☐ State — Non-Exempted (*) ann Non-F ☐ Description of Asbestos-Containing Material (ACM) ☐ State — State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — State — Other miscellaneous ☐ Non-Exempted (*) ann Non-F ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ State — Other miscellaneous ☐ Description of Asbestos Containing Material (ACM) ☐ Description of Asbestos				3.50	no
Recility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   280 Huyler St	6/27/15 6/3	50 (15		Ollmer rar	<u>-11C</u>
Abatement Performed Outside of Normal Facility Hours    Abatement Performed Outside of Normal Facility Hours   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   Hackensack, N.J. 0   001   Scope of Work (Check all that apply)   If Renovation   If Renovation   If I Containment with Negative I Color Pressure I Color P				S+	
Completed by   Title   Carpolation   Carp	Facility Closed/Vacated During Entire Period	of Abatement		50	
Scope of Work (Check all that apply)    A		lity Hours	4 65 8	N O	101
### Procedure    Location of Asbestos-Containing Material (ACM)   Location of Normally   Used Solely by Maintenance/ Custodial Staff? (12)   Yes No NA   Yes Na Na Na Na   Yes Na			Hackensack	, 14.0 . 0	701
Demolition   Glovebag Procedure   Non-Exempted (*) and   Non-F	Scope of Work (Check all that apply)				Pressure
Non-Exempted (*) and Non-F   Non-F					57
Is Location Normally Used Solety by Maintenance/Custodial Staff? (12)   Yes No NA   NA   NA   NA   NA   NA   NA   N	□ ≥ 160 sf or ≥ 260 if	a Demondon	□ Non-Exemp	sted (*) and Non-F	ele Procedure
Normally Used Solety by Maintenance/ Custodial Staff? (12)  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack , N. J. 07601  Completed by  J. Majorano  Robertos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Pest No N/A  TO Proof BATHYOOM  Name of Registered Waste Hauler ID No.  17109  Disposal Date/ City, State  G/4/15  Date G/4/15		la Lacotian			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler Best Removal Inc  Name of Registered Waste Hauler Hackensack, N. J. 07601  City, State Hackensack, N. J. 07601  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  OULF  Name of Registered Waste Hauler ID No. 17109  City, State Hackensack, N. J. 07601  Completed by  Title Signature  Date G/4/15					Type
Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  Yes No N/A  OULF X  If it is a strength of the complete of the comple			Description of	(ACM)	mount m
Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  Yes No N/A  OULF X  If it is a strength of the complete of the comple		mante period	e_ thermal systems insula	tion,	ipecify 2 2 2
Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  Yes No N/A  OULF X  If it is a strength of the complete of the comple		Output.	surfacing, VAT, or		or LF)
Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  F. THERCHAC INSUCATION  OO LF  Waste Cubic Yards of Name of Registered Latill  Cubic Yards of Waste Versack  Obsposed Date City, State  6/20/15 Waynest urg Completed by  J. Majorano  Estimator  OO LF  A HERCHAC INSUCATION	(13)	. (12)	other miscellaneous)		al
Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  F. THERCHAC INSUCATION  OO LF  Waste Cubic Yards of Name of Registered Latill  Cubic Yards of Waste Versack  Obsposed Date City, State  6/20/15 Waynest urg Completed by  J. Majorano  Estimator  OO LF  A HERCHAC INSUCATION		Yes No N/A			
Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, N. J. 07601  Completed by  J. Majorano  NJDEP Waste Hauler ID No. 17109  Cubic Yards of Waste Vwaste  Z 1/2 C 7 Minerva En arprises.LLC  Disposal Date City, State    Oh .44688     Date   City     Completed by   Title     J. Majorano   Estimator   Cubic Yards of Waste     Waste   Cubic Yards of Waste   City     Waste   City, State     Oh .44688     Date   City     Completed by   City     Completed by   City     Completed by   City     Completed by   City   City     City   City   City   City   City     City   City   City   City   City   City     City   City   City   City   City   City   City     City	- 201 - 20-11A1A	(1975-1976)	INAL WOULD	20	OOLF X
Name of Registered Waste Hauter  Best Removal Inc  17109  City, State  Hackensack , N. J. 07601  Completed by  J. Majorano  Estimator  No.  17109  Z'/2C7 Minerva En arprises.LLC  Disposal Date/  6/30/15 Waynest urg  Oh .44688  Date  G/4/15	TOV HOOK BATHLOOM	THE	CHATCH IN SUCHICIT		- 1111
Name of Registered Waste Hauter  Best Removal Inc  17109  City, State  Hackensack , N. J. 07601  Completed by  J. Majorano  Estimator  No.  17109  Z'/2C7 Minerva En arprises.LLC  Disposal Date/  6/30/15 Waynest urg  Oh .44688  Date  G/4/15	ļ.,				
Name of Registered Waste Hauter  Best Removal Inc  17109  City, State  Hackensack , N. J. 07601  Completed by  J. Majorano  Estimator  No.  17109  Z'/2C7 Minerva En arprises.LLC  Disposal Date/  6/30/15 Waynest urg  Oh .44688  Date  G/4/15					
Name of Registered Waste Hauter  Best Removal Inc  17109  City, State  Hackensack , N. J. 07601  Completed by  J. Majorano  Estimator  No.  17109  Z'/2C7 Minerva En arprises.LLC  Disposal Date/  6/30/15 Waynest urg  Oh .44688  Date  G/4/15					401
Best Removal Inc   17109   Z'/2C7   Minerva En apprises.LLC    City, State   Disposal Date   City, State    Hackensack , N. J. 07601   G/30/15   Waynest urg   Oh .44688    Completed by   Title   Signature   Completed by   Completed	Name of Registered Waste Hauler			ne of Regit tered L	CHINE
City, State  Hackensack, N.J. 07601  Completed by  J. Majorano  Estimator  Disposal Date/ City, State  Oh. 44688  Date  Oh. 44688  Date  Oh. 44688	Best Removal Inc		1	nontic En	enrises IIC
Hackensack , N. J. 07601    God   Signature   Completed by   Title   Signature   Completed by   Completed by   Estimator   Completed by   Com	**************************************	11/109			Thirses.nno
Completed by Title Signature Poince 6/4/15	A CONTRACTOR OF THE PARTY OF TH			***************	01 11600
J. Majorano Estimator Mojorona 6/4/15		601		ynest urg	
	Completed by			N. IR	614115
				The second second	10/7/13

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

														Check	(#7	844	
Date of Notification (1)	6/4/15				of Buildin dy Don			erator (2)		W						,	<b>#</b>
Agencies Notified	Type of N	lotificati	ion S	treet A	Address						_		10 1	D			
[] EPA	fv1 Initi	o.l	1	1 Te	errace	Ave						5010					
[] DEP	[x] Initia	di fication															
[X] DOL					ate, Zip												
	*** 2000 P. CONT.	ended		vest	Orang	je											
[X] DOH		fication rgency	1.1	ame o	of Contac	et				T∈ epho	n I	umber	r				
[] DCA	50-60 Section	20100000	V	Vend	dy Don	der	0			-							
	[] Cano	ellation				EACI	LITVIN	NFORMATION					-				
Name of Facility Where	a Ahatama	nt ic Ta	kina Dla	00 (3)	V	TACI	LIII II	VI OKWATION	-	Type of Facility (4)	_je 10	2 11			-	_	
Residence	Abateme	111 13 14	King i ia	00 (0)						School (-12) Subcharter 8			16.40)				
Street Address									-	Other (i.e. priv	(C e	er than	n K-12) mmercia	al buil	ding	S.,	
11 Terrace Ave.										homes, etc.)					5		
									t	Square Feet #	of c	oors	E	Ildg. A	ge		
City (5)			County					Code (7)		2000 2			_   ~	65			
West Orange			Esse	<			(STAT	E USE ONLY)	ľ	Current Use (Pric if be residence	eir o	demoli	shed)				
Name of Monitoring Fir	m Hired by	/ Buildir	ng Owne	r	ASCM N	0.		Name of Abatem	ne	nt Contractor (9)	<del>-</del>						
N/A	•				000				Ju	piter Environ mer	nt	Serv	ices, I	nc.			
Street Address								Street Address									
					16 5				_	23 Changebri Ige	F	ad, S	Suite 1	00			
City, State, Zip Code							(	City, State, Zip C									
			1 - :				1		-	ine Brook, N. 07	0 3						
Project Manager for Mo	onitoring Fi	irm	Tele	ohone	Number			Telephone Numb		r 73-575-8700			License	Num	oer 008	050	)
Scheduled Start Date (	10)	Scher	d Comp	letion	Date (11	1)		Name of OSHA I	_						000	002	
6/13/15		Conce		5/15						& S Environr 1en	ta .	abo	atories, LLC				
Occupancy Status Duri	ing Abaten	nent (Ch	neck onl	y one	)			Street Address						-			
[] Facility Closed	d/Vacated I	During B	Entire P	eriod (	of Abater			2	23	333 Route 22 V							
[] Abatement Per Descr		itside of	i Norma	Facil	ity Hours	5 –		City, State, Zip C	Co	de							
[x] Other - Descri		lly vaca	<u>nt</u>						U	nion, NJ 070 33							
Scope of Work (Check	all that app	oly)															
[] Demolition					[]	Ren	novation	n		[] Full Contai			Negativ	e Pre	ssur	9	
[x] ≥3 sf or ≥3 lf						1101	, , , , , , , , , , , , , , , , , , , ,			[] Glove pag I		(2)					
[] ≥160 sf or ≥26	60 If									[x] Non - Fria	bl >	roced	ure				
				Loca				5		L					Abat		ent
Location	n of			maiiy Solely	Used					otion of Containing			Amount		Type R	_	EE
Asbestos - Co			Main	tenan	ce/Cus			Materi	ial	(ACM)		(	Specify		E	1	N
Material (A TO BE ABA			todi	al Sta	ff (12)					al systems rfacing, VAT,		S	F or LF)		3.0	2 2	C C
In Facil	(2005)				T	1				cellaneous)		63			v i	221 0	5 0
(13)			Yes	No	N/A										7000	4.0	SS
Basement			-	X	-	VA.	Т		-		- 10	150	) SF	_	L K	+	JU
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Name of Registered W					Waste			Yards		Name of Registered L		ill				-	-
Jupiter Environm	nental Se	ervice		uler I )4782	D No.		Of Wa	aste 1		Minerva Lar dfill							
City, State				, TI UZ	<u> </u>		Dispos	sal Date		City, State							
Pine Brook, NJ							6/15			Waynesbury, O	Н						
Completed By (Print or	Type)		Title					Signature	1				Date				
Pane Repic			Gen	eral	Mana	ger		1					6/4/	15			
								/ (	-	60 <del>-00-00-00</del>		_					

Date of Notification (1)				Mame of Mr. Sta	Building ( Imper	Owner/O	perator	(2)				10		-	
Agencies Notified	Type Notification		1	Street Ac	idress nford Pl	ace					1000				
X EPA X DEP X DOL	Initial Amended Amendment	#	t	Title 1	e, Zip Cock, NJ		 66				\ <u></u>				
	Emergency justification)	(including	-  -	Name of	second second					Telepl	ne Num	her			
× DOH × DCA	Cancellation			Mr. Sta	mper							-			
Name of Facility Mass	Abatamant in Takin	a Diago (2)		FACIL	LITY INFO	RMATIC	N	Type	e of Facility (4)						
Name of Facility Where A	Abatement is Takin	ig Place (3)						Тур	, , ,						
Street Address									School (K-12) Subchapter 8	Other					
73 Cranford Place								×	Other (i.e. privetc.)	ate & c	ımercia	l build	lings,	home	es,
City (5)								Squi 160	are Feet	# of F	rs	B 7	ldg. A	ge	
Teaneck County (6)				County C	`ode (7)			235,000,250	ent Use (Prior		molishe		1		
Bergen					ISE ONLY)		_	Ouii	ent ose (i noi	1 Deling	4110113110	)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				atement Contr						
Divine Environment	tal								oint Contrac	ting C	porati	on			
Street Address 358 Broadway							Street 51 B		ess ley Terrace						
City, State, Zip Code Newark, NJ, 07	104								Zip Code NJ, 07111		(A				
Project Manager for Mor Chinyelu Oraegbun				Telephor 201-48	ne No. 3-9788		Teleph 973-			L	inse No				
Start Date (10)		Scheduled	Cor	npletion [	Date (11)		Name	of OS	SHA Monitor		V				
6/15/15		6/24/15		1300	48X 15/00X		JLC	Envi	ronmental, l	1C.					
Occupancy Status Durin  X Facility Closed/Vac				nent			Street 30 W		ess 25th Street						
Abatement Perform Other – Describe:	ed Outside of Norr					_ [			Zip Code k, NY 10007						
Scope of Work (Check A	II That Apply)		16					_			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ACCOUNTS.	nova molii	ation tion			×	М	ull Containmer lini-Enclosure lovebag Proce		ative Pr	essu	re		
								N	on-Exempted (	) and 1	1-Friable	e Pro	cedur Abate		
		100000	ocat			-								ре	
Location Asbestos-Containing	Material (ACM)	Used Main	Sole	ly by		tos Conta		//ateria	al (ACM)	Amo		980000		Ш	m
TO BE AB In Faci		Custo	dial S	Staff?	(i.e.	thermal surfac	system: ing, VA		lation,	(Spe		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other m	iscellar	neous	)			oval	air	sulat	sure
		Yes	No	N/A										Ф	
Basem	ent		Χ			Pipe	insula	tion		30		Х			
	2										10	-			
	F 2														
Name of Registered Was				NJDEP W Hauler ID		Cubic of Was			Name of R		andfill				
Newark Carting Inc.			2	506		1			Tullytowi		cility				
City, State Newark, NJ 07102	_ I, =					Dispos	al Date		City, State Tullytown	PA					
Completed by		Title	!			S	ignatur	e (/	In onto	,	Dat 05	e /23/	15		
Emeka Okeke		Presid	ent				1	#		1		1201	10		

			NOTI				AC 8:60 and 5:10		Ch	14	1	7	20	
Date of Notification (1)			·	<del>(1000)   10</del>	Name	of Buildin	g Owner/Operator (	2)		1011	-[-/	/ (	, 0	
6/	4 /	15			The state of the state of		ownship Board o		11	1 1 9 2	T.F.			
Agencies Notified	Type Notific	cation			Street	Address								
					90	Park Ave	9							
□ DOLWD   □	☐ Amende	333			City, S	State, Zip	Code		-	1				
☑ DOH	Amenda	-			1000		IJ 08690							
□ DCA     (NJAC 5:23-8)	☐ Emerge justifica		cluaing			of Contac			Telec	ne Numbe	er	-	-	
(140/10/03.20-0)	☐ Cancella				Joh	n Miran	da							
							NFORMATION			1			_	
Name of Facility Where	Abatement is	Taking	Place	(3)		0121111	u onmanon	Type of Facility	4)	( <del>)</del>				
Grice MiddleSchoo		10-52-010-2411		1-7				School (K-12						
Street Address								☐ Subchapter	(Othe	ıan K-12)				
901 Whitehorse-Ha	amilton Sau	are R	oad					Other (i.e., p		commerc	al bu	ilding	S,	
City (5)			-		_			Square Feet		oors	Blo	ig. A	ne er	
Hamilton								50,000	1	3010	1000	50	90	
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr		ı demolish				
Mercer					Joan	ny oodo (	1)(011112 002 01121)	school	31 11 00	, domonor	ou,			
Name of Monitoring Firm	n Hired by Ru	ilding (	Dwner (	8)	ASCM	No	Name of Abateme			-				_
Pennoni Associate		ilding c	, ,,,,,,,,	,	0010			vironmental C		Inc				
Street Address	30, 1110.				0011		Street Address	TYTI OTTITICITED O		, 1110		-	-	
515 Grove Street							923 Haws Av	enue						
City, State, Zip Code							City, State, Zip Co							_
Haddon Heights, N	JJ 08035						Norristown, I							
Project Manager for Mor		ustalitä.		Tele	phone	No	Telephone No.	7 10 10 1	Lice	e No.				
Tom Adams	intering i iiii				56-547		610-239-9920	)	01	98				
Start Date (10)		Sched	luled C	omple	tion Da	ite (11)	Name of OSHA N	Monitor						
6//22/	15					15		vironmental C	mpai	, Inc.				
Occupancy Status Durin	ng Abatement	(Check	k only o	ne)			Street Address							
□ Facility Closed/Vaca	ted During En	tire Pe	riod of	Abate	ment		923 Haws Av	enue						
☐ Abatement Performe							City, State, Zip Co	ode		9				
Time of Abatement:	AM	P	VI/	_PM		.AM	Norristown, I	PA 19401						
Scope of Work (Check a	all that apply)	- 120000			-				-	-				
≥3 sf or ≥3 lf			M Do	novet	ion			tainment with Ne	ative F	ssure				
≥ 160 sf or ≥260 lf			⊠ Re □ De	molitic			☐ Mini-End ☐ Gloveba	g Procedure						
					500000			empted (*) and No	n-Friab	Procedure		647.000		
			85	Loca							Ab	atem	ent T	ype
Location	5.50	N. 45	100 100 100 100	Norma	illy ely by	A 1	Description of				R	Re	Щ	Щ
Asbestos-Containing TO BE AB		IVI)	Ma	intena	ance/		estos Containing Ma e., thermal systems		. Α (ξ	ount ecify	Removal	Repair	car	nclo
IN Faci	lity		Cus		Staff?	(	surfacing, VAT	, or		r LF)	val		Encapsulate	Enclosure
(13)			Vac	(12)	72222	-	other miscellane	eous)					ate	
Exterior Bailer Inc.	-41		Yes	No	N/A	000				_			_	
Exterior Boiler Insul	C. C					800				F				
Interior Boiler Insula Pipe Insulation	ation			Ш	<u> </u>	800 500				F.F		Ш		Ш
Pine Fittings						40				E	$\boxtimes$	Ш	Ш	Ш
Boiler Breeching Ins	sulation					700				F	$\boxtimes$			
Tank Insulation Name of Registered Wa	ste Hauler		-	1225	NJDEP		Cubic Yards of	Name of Regis	tered L	JE idfill				
Robinson Waste D	isposal			H	1730		Waste 30	GROWS L	ındfill					
City, State							Disposal Date	City, State						
Voorhees, NJ 0804		<u> </u>					7/7/15	Moorisville	, PA	<u> </u>				
Completed By (Print or 7	Гуре)	Title	9				Signature	MI		Date	e ,	1	1 -	

ASB-41 JAN 13

James M. Kelly

Vice President

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

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Date of Notification (1)   6	
Sepa	
Sepa	
DOH	
County (6)   County (6)   Mercer   Me	
Name of Contact   John Miranda   Tele   One Number	
Cancellation   John Miranda	
Name of Facility Where Abatement is Taking Place (3)  University Heights Elementary School  Street Address 645 Paxson Ave  City (5) Hamilton  County (6) Mercer  Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.  City, State, Zip Code Haddon Heights, NJ 08035  Type of Facility (4) School (K-1 2) Subchapter 8 (Oth County Code (7)(STATE USE ONLY) Cotric Facility (4) School (K-1 2) Subchapter 8 (Oth County Code (7)(STATE USE ONLY) Courrent Use (Find if bigged and is a commercial buildings, incommercial bui	
University Heights Elementary School  Street Address 645 Paxson Ave  City (5) Hamilton  County (6) Mercer  Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.  Street Address 515 Grove Street City, State, Zip Code Haddon Heights, NJ 08035  Expect Address Street Address Street Address Find Tibon (bit in an K-12) County (6, County Code (7)(STATE USE ONLY) Subchapter 8 (Othing than K-12) Cother (i.e., vrivate homes, etc.)  Square Feet # c Toors Bidg. Age 50 County (6) Square Feet # c Toors Bidg. Age 50 Street Address Find Tibon (compared to a compared to a compa	
Street Address 645 Paxson Ave  City (5) Hamilton  County (6) Mercer  Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.  Street Address 515 Grove Street  City, State, Zip Code Haddon Heights, NJ 08035  City (5)  Square Feet #c iloors Bidg. Age 50,000 1 50  Current Use (F ior if b school Name of Abatement Contractor (5) Plymouth Environmental ( ompa 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401	
City (5) Hamilton  County (6) Mercer  Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.  City, State, Zip Code Haddon Heights, NJ 08035  Coty (5) Hamilton  County Code (7)(STATE USE ONLY) Square Feet # c ioors Bldg. Age 50 Current Use (F ior if b school Name of Abatement Contractor (§) Plymouth Environmental (ompa y, Inc	
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County (6)  Mercer  Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.  Street Address 515 Grove Street  City, State, Zip Code Haddon Heights, NJ 08035  County Code (7)(STATE USE ONLY)  Name of Abatement Contractor (§) Plymouth Environmental (ompa y, Inc  Street Address 923 Haws Avenue  City, State, Zip Code Norristown, PA 19401	
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Pennoni Associates, Inc.  Street Address  515 Grove Street  City, State, Zip Code Haddon Heights, NJ 08035  Plymouth Environmental Compa y, Inc  Street Address  923 Haws Avenue  City, State, Zip Code Norristown, PA 19401	
Street Address 515 Grove Street 923 Haws Avenue City, State, Zip Code Haddon Heights, NJ 08035 Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401	
515 Grove Street  City, State, Zip Code  Haddon Heights, NJ 08035  City, State, Zip Code  Norristown, PA 19401	
City, State, Zip Code Haddon Heights, NJ 08035  City, State, Zip Code Norristown, PA 19401	
Haddon Heights, NJ 08035 Norristown, PA 19401	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Project Manager for Monitoring Firm Telephone No Telephone No Lic se No	
Total file to the total	
Tom Adams 856-547-0505 610-239-9920 ( 398	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one)  Street Address	
Facility Closed/Vacated During Entire Period of Abatement  923 Haws Avenue	
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM	
Norristown, PA 19401	
Scope of Work (Check all that apply)	
☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure	
□ Non-Exempted (*) and N on-Fria : Procedure  Is Location □ Abatement T	
Location of Normally Description of	
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility  Used Solely by Maintenance/ Custodial Staff?  Used Solely by Maintenance/ Custodial Staff?  Used Solely by Maintenance/ Custodial Staff?  Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or S or LF)	Enc
TO BE ABATED   Maintenance/ Custodial Staff?   (i.e., thermal systems insulation,   Decify	Enclosure
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or sorter of the part of the p	re
Yes No N/A	
Interior Boiler Insulation	
Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards of  Name of Reg stered ndfill  Hauler ID No.  Waste  CROWS Landfill	
17304 30 GROWS and II	
City, State Disposal Date City, State	
Voorhees, NJ 08043 7/7/15 Moorisvil e, PA	
Completed By (Print or Type) Title Signature Date	
James M. Kelly Vice President 6/4/15	,

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building	g Ow	ner/Operator (		001	-!/	11	-1-1	U	
6/	4 / _	15			Har	milton To	wns	hip Board o	of Education				50		
Agencies Notified	Type Notifica	ation			Street	Address	000			JEST					
⊠ EPA					90 1	Park Ave					4-10				
1000	☐ Amended				City, S	State, Zip C	Code								-
⊠ DOH	Amendm	-				nilton, N		690							
□ DCA     (NJAC 5:23-8)	☐ Emergen justification		cluding	]		of Contac	20000000			Telen	ne Numb	or			_
	☐ Cancellat	30.00				n Mirano				Гогор	no realito				
				_	2,575										
Name of Equility Where Ah	etement in T	-1.1	Diana	(2)	FA	CILITY IN	IFOR	RMATION	I =	-					
Name of Facility Where Ab			Place	(3)					Type of Facility						
Nottingham High Sc	nool - Non	ın							School (K-12  Subchapter {		an K-12)				
Street Address									Other (i.e., p	vate a	commerc	ial bu	ilding	S,	
1055 Klockner Road									homes, etc.)						
City (5)									Square Feet	# of	ors	Blo	dg. Ag	ge	
Hamilton									75,000	1			50		
County (6)					Cour	nty Code (7	')(STA	TE USE ONLY)	Current Use (Pr	or if bei	demolish	ed)			
Mercer									school						
Name of Monitoring Firm H	fired by Build	ding O	wner (	(8)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)		-				
Pennoni Associates,	Inc.				0010	02	P	lymouth En	vironmental C	mpar	Inc				
Street Address							Stre	eet Address				- 200			
515 Grove Street							9	23 Haws Av	renue						
City, State, Zip Code							City	, State, Zip C	ode		-				_
Haddon Heights, NJ	08035						0.00	lorristown,							
Project Manager for Monito				Tele	phone	No		ephone No.	71 10 10 1	Tlice	e No.				_
Tom Adams	21.119				6-547		0000	10-239-9920	1	0:					
Start Date (10)	1 0	Schedi	ulad C	100		te (11)		ne of OSHA N			,				
6/ / 22 /	1970-097					15	05000000		vironmental C	mpar	Inc.				
Occupancy Status During /	Abatement (	Check	only o	ne)				eet Address							
☐ Facility Closed/Vacated			- 5		ment			23 Haws Av	enile						
Abatement Performed (						cribe	-	, State, Zip C							
Time of Abatement:								lorristown, I							
Scope of Work (Check all t	hat apply)				- 11,14,350		IN	iorristown, i	FA 19401		-				_
									tainment with Nec	ative P	ssure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	novati molitic				☐ Mini-End							
			Пре	monac	71.1				g Procedure empted (*) and No	ı-Friabl	∍rocedure	)			
			Is	Locat	ion						-		ateme	ent Ty	vne
Location of				Norma				Description of	of			5555			
Asbestos-Containing M		1)		d Sole intena				Containing Ma		A	ount	Removal	Repair	nca	Enclosure
TO BE ABAT IN Facility				todial		(i.e		rmal systems urfacing, VAT		(S	cify LF)	ova	air	ısqı	nso
(13)				(12)				ner miscellane		0.	/	-		Encapsulate	ē
			Yes	No	N/A									w	
Interior Boiler Insulation	on					912					F				
Boiler Breeching Insul	ation					160					F	$\boxtimes$			
Boiler Vibration Damp	ers					50					F	$\boxtimes$			
Name of Registered Waste	Hauler			23.93	JDEP \		Cub	oic Yards of	Name of Regis	ered L	llift				
Robinson Waste Dis	posal			H	auler II 17304		Was		GROWS La	ndfill					
City, State					17304			oosal Date	City, State		-				
Voorhees, NJ 08043								7/15	Moorisville	PA					
Completed By (Print or Typ	e)	Title						Signature			Dat	0		77	
James M. Kelly	-/	1.000.000	ce Pr	eside	nt			Jigilature,	7/		Dati	6/1	1/1	(	
- and an itemy			0011	Joine				1/6/				4/	1/1	/	

ASB-41 JAN 13

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

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

										Check	78	45	
Date of Notification (1	) 6/4/15			Building Morin	Owner	Operator (2)		11	081 = =			*8	
Agencies Notified	Type of Notifica	tion Stre	eet A	ddress				-					
[] EPA		C. C	Ov	erpack	Ave.								
	[x] Initial			p =									
[] DEP	Notification	City	. Sta	te, Zip C	ode			-			_		
[X] DOL	[] Amended					IJ 07660							
[X] DOH	[] Amended Notification	The state of the s	agei	iciai	arr, r	10 07 000							
• •	[] emergency	6.1	ne of	Contact			elepho	Num	ber				
[] DCA	[ ] smargana)	1 1	aria	Morin			1						
	[] Cancellation	n livic	aria	IVIOIIII									
				F	ACILIT	Y INFORMATION							
Name of Facility When	re Abatement is Ta	aking Place	(3)				Type of Facility (4)	-					
Residence			88 30				[] Schoo (K-12)	bl b	h 1/ 40\				
Street Address							Subch pter 8 Other Le. priv	e and	han K-12) commercia	l buildi	nas.		
72 Overpack Av	10						home: , etc.)				J .		
12 Overpack Av	/E						0	-			-340		
City (5)		County (6	1		Too	unty Code (7)	Square Feet # 2000 2	Floor	Sec. 1	ldg. Ag 85	е		
					200000	ATE USE ONLY)	Current Use (Pr or if be	- den		00			
Ridgefield Park		Berger	1		(5)	ATE OUL ONET	residence	y dell	ionstreu)				
Name of Monitoring F	irm Hired by Buildi	ng Owner	A.	SCM No		Name of Abatem	ent Contractor (9)					-	
N/A		9	110000	00			lupiter Enviro mer	11 50	anvicae I	nc			
Street Address				00		Street Address	apitei Livilo iiilei	11 00	or vices, i	110.			_
otreet Address						The state of the s	222 Changah idan		Cuito 1	00			
Oite Otata Zia Oada							323 Changeb idge	oau	, Suite 1	UU			_
City, State, Zip Code						City, State, Zip C		.0					
							Pine Brook, NJ 07	98					
Project Manager for N	Monitoring Firm	Teleph	one I	Number		Telephone Numb			License				
						2.5	973-575-870()			C	085	52	
Scheduled Start Date		d. Complet	tion D	ate (11)		Name of OSHA I	Monitor						
6/13/1	5	6/15	/15				J & S Enviror ment	Lak	poratorie	s, LL	C		
Occupancy Status Du	ring Abatement (C	heck only	one)			Street Address		-					
[] Facility Close	d/Vacated During	Entire Peri	od of			2	2333 Route 2.2W						
	erformed Outside of	of Normal F	acility	Hours	-	City, State, Zip C							
Desc													
[x] Other – Desc	cribe: partially vaca	ant					Union, NJ 07 )83						
Scope of Work (Check	( all that apply)							9					
	#0.000.000						[] Full Contain	ient w	vith Negativ	e Press	ure		
[] Demolition				[]	Renova	ation	[] Min - Encl	ure					
[x] ≥3 sf or ≥3 lf							[] Glo ebag F						
[] ≥160 sf or ≥2	DU IT						[x] Noi – Fria	Proc	cedure				
			ocatio									ment	t
Locatio		Norm					iption of			_	ре		
Locatio Asbestos – C		Mainter	lely b				- Containing		Amount	R	R	117.57	E
Material (		todial					al (ACM) nal systems		(Specify SF or LF)	E M	E	N	C
TO BE AB		todiai	Otan	(12)			urfacing, VAT,		OI OI LI)	0	Δ	A	L
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(13)		Yes	No	N/A			The second secon			A	R	S	S
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Basement			X		VAT a	nd TSI			120 SF	Х			
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Name of Registered W	/aste Hauler	NJDI	EP W	aste	Cı	ıbic Yards	Name of Regis ered L	dfill					
Jupiter Environn			er ID		10.000000	Waste	Minerva Landfill						
ouplier mirrorni	ioniai connoc	047	782			1	Willion va Le Hallin	V.					
City, State					Dis	sposal Date	City, State						
Pine Brook, NJ						15/15	Waynesburg, Ol						
Completed By (Print or	r Type)	Title	71			Signature /	1	0-	Date				-
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PAGE 02/04

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to of Notification (1)	15		3	345	SF	Owner/Operator (2	2)		17.5.		-		
pancy Notified	Type NetHenden		Street	t Addr	TEST A	A ==== =>=	- 43			1/	f	ļ	
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		/20	FA	chu	/ INFO	RMATION	Type of I	Golffy (4)					_
ome of Facility Where A	Andament is Taking Place	(4)			•		D Orland	16425					
BAS PARTE						-:	O Subor	napter & (C	e i than	(2)	ndngs,		
	Porte 224	0					home	s, etc.)	-		idg. Ag	5	-
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EH/						Best Re	mova	<u>1 Inc</u>				-	
root Address						450 Sout	h Ri	ver S	1.				
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Sparan	J. 07571_					Hackensa	ck.	N.J.	076			_	
oject Manager for Mer	libring Firm		phane !		41	Telephone Na. 201-329-	-7444		. 1	1388	}		
B. Kellber	Behrduled Co	773	-65	77)	PIP	Name of OSMA							
G/G/IS	6/7	1/15				Omega Er	viro	nment	IL I	-			
coupency Status Distri	Abstract (Check only	(one)	. ,			280 Huyl	ler S	t					
Facility Glowed/Velori	ed During Entire Period &	Abotes	ment			City, State, Zip	Code				98	353	
Sther - Describe: 7	Outside of Normal Facility Co.	ig tree.				Hackense	ack,	N.J	076	-			
cope of Work (Chable	() that apply)			_				norst with N	i jative P	PILIA			
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, Local	ina Material (ACM)	Mair	s Zelety phinkino	10cm	Asbe	Description with Containing is the Containing in	delectes (A	CM)	AI (S	ariet Hy		2 3	Excel borrape
70 FE	ARATED		untodiol Stuff?	1	(4.4	surfacing, Va	ST, OF		SF	LF)		Rapid	Maria
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	oval Inc		7109	3		30-	1 Mi	nerva	Ente	DI!	885	.LL	,C
City, State			1.07	-		Dispose Date	City.	GENT TO	6		446		
Ue akens	ack .N.J. 07	7601	-			6/8/15 Signature 0	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which the Owner, where the Owner, which the Owner	vnesb			Daries .		- Note
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Completed by	Tale Estin					MA	050	and	<u> </u>		10/	7	

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

												Check	# /	846	
\ <i>'</i>	/5/15	2000			Owner	/Ope	rator (2)			ar Managaria	dün	10		10	
Date of Notification (1)   Size Address   10.35 Parkway Ave.															
54 94 CO 000 000 000	A CONTRACT C		marcio o			С. 				a a <u></u>					
Agencies Notified  [] EPA [] DEP [X] DOL [] Amended [X] DOH [] DCA [] Amended [X] DOH [] DCA [] Cancellation [] Cancellation  Name of Contact Anthony Pellegrino  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  NJ DOT Maintenance Yard  Street Address 1255 Pleasant Valley Way  City (5)  West Orange  Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc.  Street Address 120 N. Warren St.  City, State, Zip Code Trenton, NJ 08625-0800  Name of Contact Anthony Pellegrino  FACILITY INFORMATION  Type of Facil Sch															
8 5				- 58		3-00									
[] DCA	[] emergency	1,000				^			T€ ephon	Juml	her				
	[] Cancellation		11110				FORMATION		1						
Name of Facility Where	Abatement is Ta	king Plac	e (3)	,	ACILIT	YIIN	FORMATION	T	Type of Facility (-)	8 S-15-			_		
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	- II \ A /								[] Other (i.:. priva	and	commercia	al buil	ding	S,	
1255 Pleasant Va	alley vvay							5	Square Feet # o	oors	s   E	Bldg. A	\ge		
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				Type of Facility (-)   Substitute   Type of Facility (-)   Subst											
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Scope of Work (Check a	all that apply)								[] Full ( ontoin	nt w	ith Negativ	o Pro	ccin	0	
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Jupiter Environme	ental Service	-0		No.	0	f Wa			Minerva La idfill						
City, State									City, State						
Pine Brook, NJ Completed By (Print or	Type)	Title			0	1291				on Jumber    Services   Services					
Pane Repic															

MOTIFICATION OF ACCEPTOR AD A TEMPLE		
NOTIFICATION OF ASBESTOS ABATEMENT		
 (Pursuant to NJAC 8:60 and 5:16)	_	

Date of Notification (1)				Name	of Building	Owner/O	perator (2	2)					- 1	- 5.
06 /	05 / 15	5					,	76		1119	231	Ď		
Agencies Notified	Type Notification				owell Address									
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DCA (NJAC 5:23-8)	Emergency (in justification)	ncluding			Hills, NJ of Contac				Talani	an Marah				
(NOAC 3.23-0)	Cancellation					· ·			relebi	ne Numb	91			
					owell									
Name of Equility Where	Abatamant in Tabia	- Di	(2)	FA	CILITY IN	IFORMA	TION	- (5 W)						
thereas or	Abatement is Takin	g Place	(3)					<u>-                                   </u>	500.5					
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Name of Worldoring Firm	Hirea by Building	Owner (	8)	ASCM	No.	Name of	Abateme	ent Contractor (9)						
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Street Address						Street A	ddress							
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5 : 111			_					70		7				
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephor	ne No.		Lice	₃ No.			Lector 1	
									0112					
	CONTROL 100				and the second second	Name of	FOSHA M	Ionitor						
				/ .		Envirov	ision Co	nsultants,Inc						
						Street A	ddress		Control of the second	-				
					2000	20-21 W	/agaraw	Road, Bldg .# 3	5E					1
Time of Abatement:	Outside of Norma  AM-	il Facility PM/	Hour PM	s - Des	Cribe AM	City, Sta	ite, Zip Co	ode						
					/3/01	Fair Lav								
Scope of Work (Check al	I that apply)					Н	Clean up	and decontamin	tion wi	negative	press	ure		
		□ Re	novatio	on		Н	Mini-Enc	losure						
☐ ≥ 160 sf or ≥260 lf		De De	molitio	in .		$\boxtimes$	Glovebag	Procedure	ent wit	legative	Press	ure		
	•	-	1 1				Non-Exe	mpted (*) and No	-Friabl	rocedure.		1:		
Location	of	100				D					Aba	ateme	nt Ty	/pe
		Use	d Sole	ly by	Asbe				Ar	unt	Re	Re	En	En
						e., thermal	systems i	insulation,	(S	cify	Remova	Repair	cap	Enclosure
	ity	Cust	(12)	Jian:					SIF	LF)	val	_	Encapsulate	ure
1.24		Vac	No	N/Δ		Other III	nscenarie	ous					te	
Crawl crace				1	D: ·	1				8				
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		Tn	П	In-						-				
Name of Registered Was	ste Hauler		NIF	EP Waste	Hauler ID No	Cuhic Var	de of West	el Name of Posic	ared L	Ifill		Ц	Ш	Ш
						20000000000			SIEU La	11111				
				03378	33									
						-		Tullytown, PA						
	ype) Tit	ie				Sign	nature /	4	1	Dat	е			
Private house   Street Address   Street Address   Street Address   # of   Ors   Other (i.e., pr vate ar homes, etc.)   # of   Other ors   Other (i.e., pr vate ar homes, etc.)   # of   Other ors   Other (i.e., pr vate ar homes, etc.)   # of   Other ors   Other (i.e., pr vate ar homes, etc.)   # of   Other ors   Other (i.e., pr vate ar homes, etc.)   # of   Other ors   Other (i.e., pr vate ar homes, etc.)   # of   Other ors   Other ors			)5/20	15										
A3B-41							//					- 7		

Check#2208

IN N	(01)			o NJAC 8:60			cht	- 2	69	120	5
Date of Notification (1)  June 4, 2015				Name of Building		waste & Recycling,	c.		0 ,		
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL  Type of Notification  [ ] Initial N  [ Amended  Amended	Notifica ed Not	ification		Street Address City, State, Zip C			J1 10			1	
	ation)	ncluding		Name of Contact	Spring ard Hyde	3 Lake, NJ 07' 62	ione Number				
		Т	EVCII	ITY INFORM							
Name of Facility Where Abatement is Taking F Residence	Place (		ACIL	III INFORM	ATION	Type of Facili y (4)	nool (k-12)				
Street Address 105 Prospect Ave					N	[ ] [x]	bchapter 8 (of ner (i.e., priva Idings, home	ite & co			
City Neptune	Count	D 500		County Code (7) (STATE USE ON	LY)	Square feet 1401 sf	of Floors	Bld	g. Age	55	
		mouth			8	Current Use (Frior if b Residence	g demolished	1)			
Name of Monitoring Firm Hired by Building O $N/A$	wner (	(8)		ASCM No.	Name of	Abatement Cont actor (9 Gu ardian	ontracting,	Inc.			
Street Address					Street A		9, Unit 61				
City, State, Zip Code					City, Sta	ite, Zip Code To ns Ri	, New Jers	av 09	755 1	271	
Project Manager for Monitoring Firm		Telephone N			1/1/20/20/20 PM 18-12-20-20	ne Number 9-9932	License N 00624			2/1	
Scheduled Start Date (10) 06/05/2015		Scheduled Co 06/08/2015		n Date (11)	Name of	OSHA Monitor E.J 1.S.L.	nalytical			9	
Occupancy Status During Abatement (Check or  [ X ] Facility Closed/Vacated I  [ ] Abatement Performed Or	During	Entire Period			Street A	10 6 Stel	n Road				
Other - Describe			2000 <b>5</b> 0000		City, Sta	te, Zip Code Pis catawa	New Jerse	ey 088	354		
Scope of Work (Check all that apply)]					"	[ ] Full C ntainm	with Negativ	e Press	ure		
[ ] <u>&gt;</u> 3 sf or ≥3 lf [X ] ≥160 sf or ≥260 lf			enovatio Demoliti		12	[ ] Glovel ag Proc [x ] Non-E cempte	ure *) and Non-Fr	iable P	rocedu	ire	
							-	Aba	tement	Туре	
in facility (13)	N	Is Location Formally used Solely by tenance/Cust Staff (12) NO		(i. in	Description Sbestos-Core Material (A e., thermal signature VAT, of ther miscella	ntaining ACM) systems rfacing, or	Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidi	nσ		)0 sf	X		E	B
					-5	-		71			1
							4				1
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste I 202	223	3	ards of Wast	T.R.R.	andfill				
City, State Toms River New Jersey			Disposa		City, Sta						

Date

6/4/15

Signature

Completed by (Print or Type) Nicholas Fernicola

Title

Project Manager



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHEC K# 24 7

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

Date of Notification (1)					Name of Rui	Iding Own	er/Operator (2)						
Date of Notification (1)	6/8/15				JOSEPH SO								e. 7
Agencies Notified	Type Notifica	tion			Street Addre		R		1/1 ×	0 ×	F., H		
EPA EPA	Initial	LIUIT				5505.51	D. 175 / ID			-			
7.00		al Ama		. д. 1	108 MONT		RIVE						
□ DEP	Amende				City, State, Z								
□ DOL	☐ Emerge		cluaing		BRICK, NJ				-	-			
□ DOH	justificat				Name of Cor					l elep	ohone	Numb	per .
DCA	Cancella Cancella	ation			JOSEPH SO				_	1			5.53
					ACILITY IN	FORMA	TION	-					
Name of Facility Where Ab	atement is Ta	king Pl	ace (3)	)				Type o Facilit	100				Ī
Private Residence								Sc rool (K	2)				
Street Address								☐ St ochapt	8 (Othe	er than	1 K-12	2)	
8 SANTIAGO DRIVE								Other (i.e.	rivate 8	& com	merc	ial buil	ldings)
City (5)								Square Feet		# of F	Floors	Bldg.	Age
BRICK, NJ 08723										1			
County					County Code	(7) (STA	TE USE ONLY)	AIRPO RT					
Ocean													
Name of Monitoring Firm H	lired by Buildi	ng Own	er (8)		ASCM No.	Name of	f Abatement Cont	ractor (9					
N/A			. ,				M RIDGE ENVI		NC.				
Street Address				-		Street A		ROTHE ATTE	110.				
							CK FOREST R	OAD					
							ate, Zip Code	UAD	-				
Project Manager for Monito	ring Eirm	Toloni	none N	lo.		Telepho	TON, NJ 0869		-	Licer	ise No		
Project Manager for Monito	ang rum	Leichi	IUHE N	ΙΟ.								J.	
Ctart Data (10)		Cabaa	lulad O	connect	ion Date (11)	609-890	FOSHA Monitor			0067	0		
Start Date (10) 6 / 1 6 / 1 5	Green		117		ion Date (11)			TDC					
							ITECH SERVIC	ES					
Occupancy Status During	그리고 있는 어린 아이 아이를 했다.		The second		2	Street A							
☐ Facility Closed/Vacate				bateme	ent		ım Point Road, S	Suite 7					
Abatement performed out	side of workir	ng hours	5				ate, Zip Code						
EXTERIOR WORK X						Brick, N	NJ 08723						
Scope of Work (Check all t	hat apply)							Fu I Conta		rith Ne	gative	e Pres	sure
					☐ Renova	ition		Mi ni-Ench					
∠ 160 sf or ≥ 260 lf					Demolit	tion		☐ GI vebag	rocedur	re			
								☐ Nc n-Exer	ted (*) 8	& Non	-Friab	ole Pro	cedur
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Location of Asbestos-C	Containing		mally l				stos Containing		05	_		E	ш
Material (ACM) TO BE A			Solely I	oy e/Custo			thermal systems y, VAT, or other	Amour t (Spec	SF OF	\en	Re	cap	ncl
Facility (13)		100000000000000000000000000000000000000	Staff?			miscellane		1		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1		,			<u>m</u>		ate	9
Exterior Walls			X		CINDER B	LOCK		900 S. '.		X			
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				1		-							
									-				
Name of Registered Waste	Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Regi:	red Lar	ndfill		-	-
CURRENT CONSTRUC	TION				35149		40 YDS	Grows Landi					
City, State							Disposal Date	CITY, TATE					
ALLENTOWN,NJ							1	Morri ville, 1					
Completed By		Title				Signatur	e ./ \	017	67107	Date		_	-
DAVID D'ANDREA		PRES	IDEN	T	8	1 de	VIA SI	Clend	20	6/	8/1	2	
ASB-41					14	000000000000000000000000000000000000000	0	and the state of t					

Date of Notification (1)		Name	e of Building Owner	/Oaerato	or (2)	The second	Transport to the second		* - e = ~		or amage as eas
1-16-15		Ex.	You Mabil	Znul.	an menta	1, <	- 101 i				
Agencies Notified Type Notifica	tion	2008	it Address	-	. / _	-	- 6/CC-		-		
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DEP Amende			State, Zip Code	-		HISTORY WIND	***************************************			in the second	Marin S. Courteman at 1
Secretary And Advantage of the Advantage	nent is ney (including	to	erett, mi	00	7148						
U DOH justifical	ien)		of Contact .	Telliforn de la constant	The state of the s	17	inhone Ali	אפרלורווו	El-		7-7
LJ DCA   LI Cancelle	MOR	110	de Geci								
Name of Facility Where Abatement is T	aking Place (3)	FA	CILITY INFORMA	TION	TT		Market Market Street and Control of Street	with the second second			112
FORMER BANONNE LA		in	of Plant		Type of Facilii	07/4/2/#E					
Street Address /	11	7 4	for the same of th		School (I Subchap	-12)	r than K-1	1901			
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Caty (5) 7		THE PERSON NAMED IN	The same of the sa	Well-track and second	Square Feet	初	Floors				
BAYEDOR					and and a contract	. /	PIONE	4111		Age	
County (6)	V,	Count	y Code (7)	The state of the s	Current Use (F	rior if b	g demolis	herth	N	F	
Hudson.		STAT	É USE ONLY)	Chor-menos	Storage		g warnone	n ruu p			
Name of Monitoring Firm Hired by Build	ing Owner (8)	ASC	CM No.	Name	of Abatement C	intracte	9) (				
ASSet In Specific To	Chnologie	5	Treating course with our carro	TEN	a Contra	dia	2 1816	/C	60 6	40	_
	POBY 3	a ken		Street	Address		^ `				
City, State, Zip Code	e day de	"			77 Stad	140	Urin	2			
South Hampton NI	119	169			itate, Zip Code	120	110	4	7		**********
Project Manager for Monitoring Firm	7 7 7		ione No.		AMAZAZ Ione No.	-///	.490				
Petecellans	***		54-9217	919	375 95 S	_	License N				
Start Dale (10)	Scheduled C	ompletio	n Date (11)	Name	of OSHA Monito	-	0120	28			No. of Concession, Name of Street, or other
2-2-15	6-	2/2	15		alutica		ting	1	inc.	4	·
Occupancy Status During Abatement (C		0.6-	,	Street	Address	Service Service	-	Colle	5	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of Abat	ement		146.	75 Doste	· Ko	-		-	To the court	60
Other - Describe:	ounai Lacati Ho	urs		City, S	late, Zip Code	D'	**	·····		***********	andre description
Scope of Work (Check All That Apply)		NEW DESCRIPTION		MA	nwell, h	114	(A)	47	086	7	
1 ≥3 si or ≥3 if	Section 1			- Paris	1				PP Per Annahana	****** *** ***	STREET, MATE
1 ≥ 160 at or ≥ 260 if		vation olition			Full Contains Mini-Englosu	ent wit	legative P	rosst	ure:		
				Ę	Glovebag Pri	cadura					
The second secon			The state of the s		Non-Exemple	d (*) ar	Non-Friab	le Pro	cedw	re	
Location of	Is Loc Norm			92 75				CASSION OF THE PARTY OF THE PAR	Abat	emen /pe	ħ.
Asbestos-Containing Material (ACM)	Used So	lety by	Asbestos Cont	scription aining M	of Storiol (ACM)	Δ		-	1	(per	i
TO BE ABATED	Mainter Custodia		(i.e. thermal	systems	insulation,	(1	ount ecity	D	1_	5	IIII.
(13)	(12		surface other n	cing, VAT niscelland	r, or		rLF)	Remova	Repair	Encapsulate	Enclosure
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eme of Registered Waste Hauler		NUDER V		Yards	Name of	Registe	d Landfill				
Azmar Environ menta	e Grong	Hauler ID	and the same of th				5/51		F	7	1
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8-41 (R-06-08)	22			* P\-	trough						



& Emergency &

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

ck 4,96

Date of Notification (1) 6/5/15	<i></i>				Building O Miller P					6			2		
	Type Notification			treet Ad	ldress nape Tra	ail				JU	100	CHE.		n 5	
DEP X DOL	Amended Amendment #				e, Zip Cod d lakes i		055								
DOH DCA	Emergency (in justification) Cancellation	ncluding	- 1	lame of Jennife	Contact r					TAI	hone Miss	.1			
				FACIL	ITY INFO	RMATI	ON	_							
Name of Facility Where Ab Steven Miller Private		Place (3)			41			☐ So	f Facility chool (K-	2)					
Street Address 136 Lenape Trail		•						X O			than K-12 commercia		lings,	home	es,
City (5) Medford lakes NJ 08	055	*						Square 1000-	Feet	# o	loors		ldg. A	ge	
County (6) Burlington				County C	Code (7) ISE ONLY)			Curren	t Use (Pr	or if be	demolish	ned)			
Name of Monitoring Firm H	Hired by Building C	wner (8)		ASCM	No.		5.55	of Abate	ement Co	ntractor	)				
Street Address							Street	Address Box 329	3		M				
City, State, Zip Code							City, S	State, Zip	Code						
Project Manager for Monit	oring Firm		T	Telephor	ne No.		Telept	one No			_icense N	0.			
Start Date (10)	T	Scheduled	1 Com	pletion [	Date (11)		1 50.7348	753-98	A Monito		)0727				
6/8/15		6/10/15		piodori			Sam	e <sup>-</sup>							
Occupancy Status During	Abatement (Check	k Only One	:)				Street	Address	3						
Facility Closed/Vacat Abatement Performe Other – Describe:				ent		_	City, S	State, Zip	Code		()				
Scope of Work (Check All	That Apply)														
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		Τ						11011	-Exempt	u ( ) ai	NOTE THE	1	0.7.00	emen	t
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Location Asbestos-Containing ! TO BE ABA In Facilit (13)	Material (ACM) TED	Mair	Solel ntenar odial S (12)	ice/		os Con therma surfa		Material is insulat AT, or		( S	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Wast United Containers	te Hauler		Н	JDEP Wauler ID 2459		of Wa	: Yards iste		Name of G.R.C	Regist	ed Landfil	I			
City, State Elm NJ				_ 100			sal Date	9	City, St Morris		19067				
Completed by Anthony T Perna		Title Presid	dont				Signatur	e /	)		D	ate /5/15	8		
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1 30L	Amenda			City	State, Z	ip Code			-	Production of the last of the	10	715		
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The same of the sa			-	1		In a fr			-	ZAW Jack	ad to	<b>50 11 6</b>	- 11	
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Forked River NJ 0873			Charles to the Delay		MATERIAL PROPERTY.			Square Fee			ETEN D	22.0		
County (8)		-					Í	1000+	4	Figure			Age	
Ocean				Count	ey Code (	7	-	Current Use	(Prior II ha	rise: plane	1000	35+	-	
Name of Monitaring Firm Hire	by Righton	o Course	781	1		16.73		Home			ihed)	i i		35-3
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Street Address	The second second	Declary of the last of the las					Pame	aço inc.		1-7				
							Street /	ddress	The Real Property lies	-		-		
City, State, 216 Code	-		-					ox 329						
							Oily, St.	ale, Zip Codi	9	-	\$200,000 ments	-		-
Project Menager for Monitoni	Finn		-	丁萨姆奇广	TOPE NO.		Telaphe	Berlin NJ	16090					
Start Date (10)	1		ļ				855-7	ne rio. 53-9800		Licens	0.	DOTO HOUSE,	-	
B/4/15		School	uled Co	ioi eldin	Date (1	1)	A CONTRACTOR OF THE PARTY OF TH	OSHA Mon	Name of the last	00727	-	Name and		
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Gecupancy Blatus During Abs	ment (Che	ex Only (	(ent)			Andrew Andrewson	Street A	ddress.	-				-	
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	Section	PART CACI	A HOTE	\$			City, Sta	te, Zip Core		-	DMHEMBR	-	_	
cope of Work (Check All The	Assie/	-		Particular Control		Seres -								
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		(4)	- with	* #05.5			8	Full Contain Mini-Enclose Gloveban R	My want in a		4047			
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Legation of		7	E Locati Normal	lon		Mary Marie and a State	E	Glovebag P Non-Exertic	My want in a		83	Abab	emani	6
Asbestos Containing Mate	N (ACM)	Uai	Locali Normal	ion ly ly by	Anton	Det	Enterior of	Glovebag P Non-Energy	(c) end	Yon-Fri	83	Abab	CONTRACTOR OF THE PERSON	·— ·
Location of Asbasion: Containing Mate TO SE ASATE! In Facility	II (ACM)	Uai	Locati Normal ed Sels kintanar	lon ly ly by	Antos (i.e	eics Conts . Marmai e	ining Man	Glovebag P Non-Energy Prisi (ACM)	Mre resident (*) and	Yon-Fri	i Pro	Abab	ement /pe	r—-
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Asbestos Containing Mate TO RE ASATE In Facility (13)  Bedroom 3		Ous Ni Gus	Locati Normal ed Sols Antanar Modial S (12)	ion ly ly by lical Kell7	Asbe (i.e	thermal a	ining Methoders in ng. VA?, scellaneo	Ciovabag P Non-Enertis Hall (ACM)	Mesalum Mesalum (Sed (*) and (Se SF :	Yon-Fri	i Pro	Abab	ement /pe	r—-
As baston-Containing Mate TO BE ASATED In Facility (13)		Ous Ni Gus	Locati Normal ed Sols Antanar Modial S (12)	lon ly by ly by lical Kell7	Asta (i.e	thermal a	ining Mati lystems in ng. VAT, scellaneo	Ciovabag P Non-Enertis Hall (ACM)	An SF	Yon-Frii Juni scify	6 Removal	Abab	ement /pe	r—-
Asbestos Containing Mate TO RE ASATED In Factily (13)		Ous Ni Gus	Locati Normal ed Sols Antanar Modial S (12)	lon ly by ly by lical Kell7	Asba (i.e	thermal a	ining Methoders in ng. VA?, scellaneo	Ciovabag P Non-Enertis Hall (ACM)	An SF	Yon-Frii	Alemoval k	Abab	ement /pe	r—-
Asbestos Containing Mate TO BE ASATER In Facility (13)  Bedroom 3  rooling back cor	37	Ous Ni Gus	Locati Normal ed Bels Pinians (12)	lon ly by ly by Kell7		thermal a	ining Methoders in ng. VA?, scellaneo	Ciovabag P Non-Enertis Hall (ACM)	An SF	Yon-Frii	Alemoval k	Abab	ement /pe	r—-
Asbestos Containing Mate TO RE ASATER In Facility (13)  Bedroom 3  rooling back con	37	Ous Ni Gus	Locali Normal ed Bels Pinians (12) Me	on ly ly by nca/ xatt7	obie	tice Cants Thermal I Suffect Other mi	ining Methystems in ng. VAT, scellaneo of Tile	mini-proper Company of Non-Energy of Non-Ene	An (Sp. SF. )	Von-Frii Sumi scify (LF)	Alemoval k	Abab	ement /pe	r—-
Asbestos-Containing Mate TO RE ASATER In Facility (13)  Bedroom 3  rooling back con  and of Registered Wisses He hilled Containers	37	Ous Ni Gus	Locati Normal No	lon ly by ly by Kell7	obie	Hos Cans Thermal I Surface other mi	ining Methystems in ng. VAT, scellaneo of Tile	Name o	An (Sp. SF. )	Von-Frii Sumi scify (LF)	Alemoval k	Abab	ement /pe	r—-
Asbestos Containing Mate TO RE ASATE In Facility (13)  Bedroom 3  rooling back con into of Registered Watto Ha illed Containers y State	37	Ous Ni Gus	Locati Normal No	DEP WA	obie	Cubia You	ining Methystems in rig. VA?, is cellariso of Tiles offing	Neme of G.R. O	SAC 166 (1) and (SE SE )	Von-Frii Sumi scify (LF)	Alemoval k	Abab	ement /pe	r—-
Asbestos Containing Mate TO SE ASATER In Facility (13)  Bedroom 3  rooling back con  ma of Registered Wisse He filled Containers y, Sista n NJ	37	Ous Ni Gus	Locati Normal No	DEP WA	obie	Hos Cans Thermal I Surface other mi	ining Methystems in rig. VA?, is cellariso of Tiles offing	Name of G.R. O	An (Sp. SF. SAC)	Von-Frii	Alemoval k	Abab	ement /pe	r—-
Asbeston Containing Mate TO SE ASATER In Facility (13)  Bedroom 3  rooling back con  ima of Registered Waste He illed Containers y State n NJ  malefed by	37	Use National Control of the Control	Normal ed Sols pinians; inedial S (12)	DEP WA	obie	Flow Property of Water State of Wate	ining Methystems in ng, VA?, is cellanso of Tile offing	Name of G.R. O	SAC 166 (1) and (SE SE )	Von-Frii 2uml 2cify 1 LF) SF 3F	Alemoval k	Abab	ement /pe	r—-
Asbestos Containing Mate TO SE ASATER In Facility (13)  Bedroom 3  rooling back con  ma of Registered Waste He illed Containers y State n NJ	37	Use Not Course	Normal ed Sols pinians; inedial S (12)	DEP WA	obie	Flow Property of Water State of Wate	ining Methystems in rig. VA?, is cellariso of Tiles offing	Name of G.R. O	An (Sp. SF. SAC)	Von-Frii  Sumi soify (LE)  SF SF  LENGRI  POG7	Removal	Abab	ement /pe	r—-
Asbasion Containing Mate TO SE ASATER In Facility (13)  Bedroom 3  rooling back con ma of Registered Waste He lied Containers y State n NJ mplefed by	37	Use National Control of the Control	Normal ed Sols pinians; inedial S (12)	DEP WA	obie	Flow Property of Water State of Wate	ining Methystems in ng, VA?, is cellanso of Tile offing	Name of G.R. O	An (Sp. SF. SAC)	Von-Frii 2uml 2cify 1 LF) SF 3F	Alemoval k	Abab	ement /pe	r—-

Emergence

### AddibNU MILL

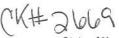
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) Name of Building Owner/Operator (2) 6/4/15 Kathleen Markey Private Home Agencies Notified Type Notification Street Address 1817 Hawser Drive EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # 1 Forked River NJ 08731 Emergency (including DOH Name of Contact justification) phone Number DCA Cancellation Danielle FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facilit / (4) Kathleen Markey Private Home School (1-12) Street Address Subchap er 8 (O :r than K-12) 1817 Hawser Drive × Other (i.e private commercial buildings, homes, etc.) City (5) Square Feet # Floors Bldg. Age Forked River NJ 08731 1000 +35+ County (6) County Code (7) Current Use (Frior if b ig demolished) Ocean (STATE USE ONLY) Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contracto N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08 091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monito 6/4/15 Same. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containr lent wit Vegative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosu e Glovebag Pri cedure Non-Exempted (\*) ar Non-Friable Procedure Is Location Abatement Normally Location of Type Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ ount TO BE ABATED (i.e. thermal systems insulation, Custodial Staff? ecify In Facility Removal ncapsulate Repair surfacing, VAT, or S ILF) (12)(13)other miscellaneous) Yes No N/A Bedroom 3 X floor Tile 3 SF roofing back corner roofing 11 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registe d Landfill **United Containers** Hauler ID No. of Waste G.R.O. N.S. 22459 3 City, State Disposal Date City, Sta a Elm N.I 6/8/15 Morrisville PA 9067 Completed by Title Signature Date Anthony T Perna President 6/4/15



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

JUNE 5,2015		ALE>											
Agencies Notified Type Notification			Address DWARDS	POINT RO	OAD		·		n e			8 8	
EPA Initial Amended Amendment #	E	City, St	ate, Zip Cod	e 77760			-		9 1	40			
DOH Emergency (in justification)			of Contact PUCCI				Te	ohone I	Numb	er 4			
DCA Cancellation		1,100,000,000,000	ILITY INFO	DRIATION							-		
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	RIVIATION	Typ	e of Facility	(4)	-					
RESIDENTÍAL HOUSES						School (K							
Street Address 325 325 1/2 PARK PLACE AVENUE	Ε		Ø		~	Subchapte Other (i.e. etc.)	r 8 (Ot			builo	lings,	home	es,
City (5) BRADLEY BEACH						uare Feet 600 / 900	2	Floors			ldg. A	.ge	
County (6) MONMOUTH			Code (7) USE ONLY)			rrent Use (P BANDON		g demo					
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASC	M No.	Nan Fil	ne of A NISHI	NG TOU(	ntractc H AS	9) ESTO	SAE	ВАТ	EME	ENT	
Street Address					et Add 80-A B	ress ROADW	Y						
City, State, Zip Code						Zip Code BRANCH,	NJ 07	40					
Project Manager for Monitoring Firm		Teleph	one No.		ephone	No. 2-8372		License No. 00040					
	Scheduled ( JUNE 15		Date (11)	5 755000	ne of O	SHA Monito		i.	*****				
Occupancy Status During Abatement (Check		,20,0											
Facility Closed/Vacated During Entire Po		tement											
Abatement Performed Outside of Normal Other – Describe:				City	, State,	Zip Code							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Distriction of the last of the	ovation polition			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Full Containr Mini-Enclosu Glovebag Pr	e cedure	9				er er	
	TOTAL PA					Non-Exempt	d (*) a	Non-F	riable			e ement	t
4 4 4	1 (20)	cation mally		20								pe	
Location of Asbestos-Containing Material (ACM)	Used S	olely by	Asbesto	Descripti os Containing		rial (ACM)		nount				п	
TO BE ABATED	100000000000000000000000000000000000000	nance/ al Staff?		hermal syste	ems ins	ulation,		pecify		Re	R	nca	Enc
In Facility (13)	ACCUSES AND ACCUSES	2)		surfacing, other miscel			٤	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes N	lo N/A								<u>a</u>		ate	Ге
325 BASEMENT		Х		TSI	I		-	0 LF		X			
325/1/2 1ST 2ND FLOORS		X		SURFAC	CING			0 SF		X			
								-					
Name of Registered Waste Hauler		NJDEP Waste Cubic Yards					Regis	ed I an	dfill				
FTAA		NJDEP Waste Hauler ID No. 12058  Cubic Yards of Waste 2  Name c Re G.R.C.W											
City, State LONG BRANCH, NJ	Disposal Date City, St. te 6/22/15 MOR 3IS						II E, PA						
Completed by JOSEPH P. MILLER	Title PRESII	DENT		ure Gw	g, all	1	7	Date 6/5					



Date of Notification (1) 6/5/15			Name of Building Owner/Operator (2) Russ Diminni								11 1		15		
Agencies Notified	Type Notification			Street A				-							
× EPA	Initial			84 Far	fy Rd				æ						
× DEP	Amended Amendment	#			te, Zip Co		ov 070	170							
	Emergency (		200		Hills, Ne Contact	w Jers	ey or	110		Telep	ne Nun	ahor			
⊠ DOH □ DCA	justification) Cancellation			Larry	Contact					relep	ie ivui	ibei			
	Carlochadon	1			LITY INFO	RMATI	ON							-	2
Name of Facility Where	Abatement is Taking	Place (3)						Тур	e of Facility (4						
Diminni Residence									School (K-12						
Street Address 84 Farly Rd								×	Subchapter 8 Other (i.e. pr		ın K-12 ımercia		lings,	home	es,
									etc.) Jare Feet	# of F	rs	10	ldg. A	~~	
City (5) Short Hills								58		3	15		0+	ge	
County (6)					Code (7)			Cur	rent Use (Prior	if being	molish	ed)			
Essex				(STATE L	JSE ONLY)	-		res	sidence						
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	No.		A TOP OF THE PARTY		patement Cont						
									ılation Co.,	1C.					
Street Address							Street 95 N		ress rose Road						
City, State, Zip Code							5 (0.00 20 0.00 0.00		Zip Code		_				
							Colts	s Ne	ck, N.J. 077	22					
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph 732-		No. -1757	1	ense N	0.			
Start Date (10)		Schedule	d Com	pletion I	Date (11)	-	Name	of O	SHA Monitor				W-1		
6/15/15		6/22/15		e e	1000										
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addr	ress						
Facility Closed/Vac	ated During Entire F	Period of A	batem	ent							-				
Abatement Perform  Other – Describe:		ial Facility	Hours	) 		_	City, S	state,	Zip Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf			enova						ull Containme	t with N	ative F	ressu	re		
× ≥160 sf or ≥260 lf		× D	emolit	ion			-		Mini-Enclosure Blovebag Proce	ture					
							×		lon-Exempted		1-Friab	le Pro	cedur	е	
		9	Locati						4				Abate	ement pe	
Location			ormali i Sole	,			scription		(-1./AOM)				1 9		
Asbestos-Containing TO BE AB	ATED	125000	ntenar	S 70 Bbs		thermal	system	s inst		Am (Sp	fy	Re	Z)	Encapsulate	En
In Facil (13)	ity	Cusii	(12)	laii:			cing, VA niscellar			SF o	F)	Remova	Repair	apsu	Enclosure
()		Yes	No	N/A					·			a	-	late	ле
outdoor around	2 chimneys			×		r00	f flash	ina		10	F	×			
odidoor around	2 Crimineys	-				100	i ilasii	iiig			1	^		-	
		-													
		-													
N			1	IDED		0	Vest		No	-1-1	1511				
Name of Registered Was			175231	JDEP W auler ID		Cubic of Was			Name of R	gistere	_andfill				
Ace Insulation Co., I	INC.		12	2086		1			Chrins						
City, State	5001/				Disposal Date City, State 6/22/15 Easton. PA										18
Colts Neck, New Jer Completed by	зеу	Title			)				Easton,,	FA .	- Do	to			
Bree McGuire	tary	Treasu	ırer	Signature Date 6/5/15											
	*		2000	2.0											
ASB-41 (R-06-08)							* Do no	ot use	e this form for a	sbestos	ensure	exen	pted	activi	ties.

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

						Wit	- 2	67	11			
Date of Notification (1) 6/5/2015		Name of Building	Owner/Ope All GC						10			
Agencies Notified Type of Notifica [ x ] EPA [ ] Initia	ation Il Notification	Street Address	2031 F	Route 9		A 2 .	10	- Fig				
[x] DOL Amer	ndment # gency (including	City, State, Zip C		River, NJ 0875								
[x] DOH justif	ication) ellation	Name of Contact Dan (	Quinn	Te	lep ne	Number						
	P	 ACILITY INFORM	(ATION									
Name of Facility Where Abatement is Taking warehouse		ACILITY INFORM	VIATION	Type of Facility 4)	Sc ol (	(k-12)						
				ĺĺ	Share - mining	oter 8 (other	er than l	£12)				
Street Address 19-01 Politt Drive				[x]	Ot (i.	.e., private etc.)			uildings,			
City	County (6)	County Code (7) (STATE USE ONI	-Y)	Square feet 20,000 sf	1	oors I	Bldg.	Age 60				
Fair Lawn	Bergen			Current Use (Prior if Resident	ce	molished)						
Name of Monitoring Firm Hired by Building Guardian Contract		ASCM No.	Name of	Abatement Contractor ( Guar dia)								
Street Address	171		Street Ad		_	TT 12 / 1						
1889 Route 9, Un City, State, Zip Code	.+61		City Stor	1889 Ro te, Zip Code	ute, L	te , Unit 61						
Toms River, NJ 08	8755-1271		City, Stat	Tom : Ri	ive Ne	re New Jersey 08755-1271						
Project Manager for Monitoring Firm	Telephone Num	per		e Number		License Number						
Nicholas Fernicola	732-649-9932		732-349		0	00624						
Scheduled Start Date (10) 06/05/2015	Scheduled Comp 06/12/2015	oletion Date (11)		OSHA Monitor E.M S.L	. A ıly	rtical						
Occupancy Status During Alatement (Check  [ X ] Facility Closed/Vacate	only one) d During Entire Period of	Abatement	Street Ad	idress 1056 Ste	elte Re	oad						
	Outside of Normal Facilit		0:0:-			,uu						
Other – Describe			City, Stat	e, Zip Code Pisc: taw	ay Jer	w Jersey	0885	1				
Scope of Work (Check all that apply)			[ ]	Full Containment	with ega	ative Press	sure		0			
>3 sf or ≥3 lf	[X] Ren	ovation		Mini-Enclosur: Glovebag Pro edu	re							
[x] ≥160 sf or ≥260 lf	2 2	nolition	[1]	Non-Exempte (*)		Friable Pr	ocedure					
		T			-		Abaten	nent Typ	e			
	Is Location		Description				R	R E	Е			
Location of	Normally used		bestos-Con			ount	E	E N	N			
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodi		Material (A e., thermal s		0.00	ify SF LF)	IVI	P C A A	C			
in facility	Staff		sulation, sur		/4.4	,	0	P	O			
(13)	(12)		VAT, o				V	R S	S			
	VM00 210 21/	I	ner miscella	meous)			A	U	U R			
	YES NO N/A						L	Е	Е			
interior	X	Floor tile		-	1 5 5		X					
interior	X	Pipe insulation	n		1 01	lf						
	·											
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223	A STATE OF THE PARTY OF THE PAR	ards of Wast	Name of Reg stere	ed I idfi	ill	=					
City, State		posal Date	City, Sta									
Toms River, New Jersey	Title 06	/13/2015	Tullyto	own, Pennsylva iia			Date					
Completed by (Print or Type) Nicholas Fernicola	Project Manager	Signature	chol	1+1			6/5/20	)15				
	*Do not use this f	orm for asbestos lice	nsure exem,	pted activities.								

04 1565

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building Owner/Operator (2) Diane Gallagher													
6/5/15	I + . N 00 0		_			пег							=			
Agencies Notified	Type Notificatio	п			Address eaver Dr	ive							10			
DEP	X Initial   Amended		-		State, Zip (				-	-			_			
<b>⊠</b> DOL	Amendment Emergency					J 08007										
<b>⊠</b> DOH	justification)	)	1		e of Con			Tele	one Numb	er			_			
☐ DCA	Cancellation			Diane	Gallagh	er		,-								
				FAC	CILITY INF	ORMATION										
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facilit									
Residence		387.	100 100				School (K-		than K-12	Y						
Street Address							Subchapte Other (i.e.,		:ommercia		inas.					
23 Beaver Drive							homes, etc	.)		oors   Bldg. Age						
City (s)	7						Square Feet 1900 SF	# 0	10018		ag. <i>F</i> ) yrs					
Barrington, NJ 0800	) /			1 0	-t. O-d-(	7) (STATE	Current Use (I		ig demolis		yıs		_			
County (6) Camden					ONLY)	1) (SIAIE	Residence	1101 11 1	ig delilone	ilou)						
Name of Monitoring Firm	n Hired by Building	n Owner	_	ASCM	No.	Name of Abaten	nent Contractor (	3)	====				_			
(8) N/A	Danding	5 0		. (00)		AEi2, LLC	ouencontrac∞on outdout late 2015€. A									
Street Address			_			Street Address										
						300 S. Lenola	Road						_			
City, State, Zip Code						City, State, Zi										
						Maple Shade,	NJ 08052									
Project Manager for N	Monitoring Firm		Tele	ephone	No.	Telephone No. 609-481-212	22	0( -	se No. 89							
Start Date (10)	Sch	eduled C	omple	tion Da	te (11)	Name of OSHA	Monitor									
6/17/15		1/15				AEi2, LLC										
Occupancy Status Durin	ng Abatement (Ch	neck only	one)			Street Address	3				34.54.50					
□ Facility Closed/Vaca	ted During Entire	Period o	f Aba	tement		300 Lenola I										
Abatement Performe	d Outside of Norn	nal Facilit	y Hou	rs		City, State, Zip ( Maple Shade	Code NI 08052									
Other - Describe:								==			_		_			
Scope of Work (Check a	all that apply)						ontainment with	vegativ	ressure							
≥3 sf or ≥3 lf		X Re	enovat molitic	ion		Mini-Er	ag Procedure									
≥160 sf or ≥260 lf		Пре	mond	211			xempted (*) and	Von-Fri	e Procedu	ıre						
		1,07000	ocati								bate					
Location	of		ormall Sole			Description of	of				Тур	_				
Asbestos-Containing I	Material (ACM)	Mair	ntenar	nce/		tos Containing Ma	iterial (ACM)		ount ecify	R	R	n	E n c			
TO BE ABA	TED		ustodia Staff?		(i.e.	, thermal systems surfacing, VAT			r LF)	m	e p	a p	1 0			
(13)	,		(12)			other miscellane		220	ad vocati	ν .	a	s u	s u			
		,,		N//A				1		1	r	a a	e			
Cravil Casas		Yes	No	N/A	Duct V			100		X		c				
Crawl Space		X	Duct V	Тир		=		1	-							
		-		-				+=		+	-					
		-		-				-		+	-	-	-			
		_		LIDES	\	I Outlin Varda	Name of Re	victorer	andfill							
Name of Registered Wa	aste Hauler		100	NJDEP Hauler II	12 (2) (2) (2) (3) (3) (4) (4) (4)	Cubic Yards of Waste	100000000000000000000000000000000000000	horerer	anuilli							
AEi2, LLC			3	21376		.5	TBD									
City, State						Disposal Date	City, State		1							
Maple Shade, NJ						TBD	TBD	=	T Date							
Completed By	1.0	ïtle Progran	n Mo	er.		Signature	Ime	1	6/5/15							
Wm. Minnick		riogiai	11 1015	у.			111100	=	-							

#### State of NJ

D&S Proj. #: 2015-188	5				Abatement and 12:120)	NO	ept. of	PROVED alth & Sen	or Se	rvices					
0-						1-4	THE	signature)	M	100					
Date of Notification (1)	Name of B	uliding Owns	r/Operator (2)		7-100-10-10-10-10-10-10-10-10-10-10-10-10	Dat	.61	THE RESIDENCE OF THE PARTY OF T	8:	201	11/1	A			
10 6 1/10 13 1/11 15 1	STEPHI	EN HOLT				1 1000		Tune			J W	Ł			
Agencies Notified Type Notifical	Street Add	' <del>25</del> 5									100				
DEP Amended	47 CEN	TER AVE	NUE												
Amendment #	City, State,	Zlp Code	. Athense in the second			THE NAME OF STREET	Best H. C.	Frankline Land			-				
M DOL	LITTL	E FALLS,	VJ 07424						100						
DOH (including	Name of Co	N. C. St. Co. Co. Co. Co.		944 Te 4			Telepi	ie Number							
DCA justification)	11	EA PARRI	•												
Canonilation	Albk		JTY INFORMA	TION						-=					
Name of the Miles of the same		1 AOI	711 IL	AI ION	***************************************	I   6W -	7= -			-					
Name of facility where abatement	is taking place (3)					Type	of Facili Sci	(4) xl (K - 12)							
STEPHEN HOLT						1	] Sul	o) 8 retqs:	har th	en K.	121				
Street Address						7	₹ Oth	(Private/Co			1 500 /				
47 CENTER AVENUE						1	Bld	/Homes, et		-					
City (5)	County (6)			Com	nty Code (7)	Squ	re Feet	# of Floor	3	Blo	ig. Ag	je.			
-ii) (o)					e use only)		ent Use	Irlar if bala	- dom	olinho	٠.				
LITTLE FALLS	PASSAIC			• • • • • • • • • • • • • • • • • • • •		1100	211 044	'rlor if being demolished)							
Name of Manitoring Firm Hired by	Bldg, Owner (8)	T	ASCM No.		Name of Abateme	ent Contra	(ar (9)	Explanation in the			*				
2		. [	F	- 11	D&SRESTO	RATIO	, INC.								
Street Address	No.	April 1985			Street Address					-		100			
					20 California										
City, State, Zip Code					City, State, Zip Co	de	2. The second se								
					Paterson, NJ						. 1				
Project Manager for Monitoring Firm	n F	hone Numb	ər		Telephone Number			Lloanse		er					
······································				_	973-345-80: Name of OSHA M				1169						
Start Date (10)	Sched. Comple	tion Date (11	)		D & S Restor		2	93			10				
06/08/15	06/26/15				Street Address	ALIONA ALI	-				-				
Occupancy Status During Abateme					20 California	Avenue	×								
Facility closed/vacated during Abatement performed outside Describe:					City, State, Zip Co			A							
Other-Describe: NORMAL I	OURS			-11	Paterson, NJ	07503									
Scope of Work (check all that appl			*			Full Co	tainme	w/negative	press	ure					
>3 sf or >3 lf	Renovation				Ì	Mini-er									
≥160 of or ≥260 if	Demolition		1 7				g proci	ire							
Location of	Is location normally		<u> </u>			NON-E	ampued	and Non-	R	Proce	E	T.			
asbestos-containing	by maintenance/or staff(12)	stodial	Description	on of a	sbestos-containing	,	Amou		ę m	ė	n	E n			
material (adm) to be abated in facility (13)	erecono de la constitución de la		material (				(Speci	SF or	0	a	¢ a	C			
	Yes No	N/A			3.5		ш,		V e	1	þ	_			
2nd floor & 3RD FLOOR	X		TRANSITE	PAN	ELS	4,	00 SQ	Ţ	図	白		to			
2nd floor & 3RD FLOOR	X		VAT			4	0 SQ1		×						
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haule 13506		ubic Yards of V 0 YDS	Vaste	Name of Registe	N, RESC	URCE	ECOVER	Y						
City, State		Disposal D	ate		City, State		NAME OF TAXABLE PARTY.	Via -		-					
PATERSON, NJ 07503		06/11/1	5 .		TULLYTOW	VN.PA									
Completed by (Print or Type)	Signature	THE RESIDENCE		×	and the last of th	Date	THE RESERVE								
BOGDAN JOLDZIC	PRESIDENT				*		NAME OF TAXABLE PARTY.	06/ 2015							

CX 00 6025

D&S Proj. #: 2015-188

ASR-41

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

Dao (10).	2013-108			(, 0, 0,	Ja: 11	10 110/10	0.00	una (2.120)				*					
Date of Notification		Na	me of E	Building Own	ner/Op	perator (2)			7.5.75		F						
10 16 1/10 13		s	TEPH	EN HOLT	`					t. et							
Agencies Notified EPA	Type Notificat	tion	eet Add	ress							3						
□ DEP	Amended	<u> </u>	7 CEN	ITER AVI	ENU	E				_							
☑ DOL	Amendment #:	Cit	y, State	, Zip Code							-						
	Emergency	-		E FALLS.	, NJ	07424	Of the second							- 1 1 1 Hz	-		
■ DOH	(including justification)	Nar	ne of C	ontact						Tele	ione Numb	er					
☐ DCA	Cancellation	n    .	ANDR	EA PARI	RIS					=:_=			_				
				FAC	CILITY	INFORMA	NOITA										
Name of facility wh	ere abatement i	is taking plac	e (3)						T	yp∋ of Fa	ty (4) 100l (K - 1)	2)					
STEPHEN HOI	LT										ochapter 8		han K	-12)			
Street Address			2.22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2								er (Private	/Comme		·			
47 CENTER A	VENUE									Sq lare Fe	gs./Homes	_	BI	dg. Ag	ge		
City (5)		Count	y (6)					nty Code (7)	1 _		_						
LITTLE FALL	c	PASS	SAIC				(Sta	te use only)		Ci rrent U	(Prior if be	ing den	nolishe	ed)			
Name of Monitoring		100			AS	CM No.	$\neg$	Name of Abateme	ent Cor	ntr ictor (9							
								D & S RESTO	DRAT	ICN, IN							
Street Address								Street Address									
0 0 7 0 1								20 California									
City, State, Zip Code	е							City, State, Zip Co		2							
Project Manager for	Monitoring Firm	1	I F	Phone Num	ber		-	Paterson, NJ Telephone Number			Licens	se Numb	ber				
								973-345-80				01169					
Start Date (10)		Sched.	Comple	tion Date (1	1)		-	Name of OSHA N									
06/08/15		06/26/	15					D & S Restor	ration,	Li c.							
Occupancy Status D	During Abatemer				-			20 California	Aven	ıe							
Facility closed	/vacated during	entire period	of aba	tement.				City, State, Zip Co									
Abatement pe Describe:			cility no	urs-			_										
Other-Describ							-	Paterson, NJ									
Scope of Work (che	eck all that apply									C ıntainπ i-€ ıclosuı	nt w/negati	ve press	sure				
		Renovation						_		ve ag pro	dure						
≥160 sf or ≥26	60 If	Demolition							☐ No	n-I xempt	(*) and No	n-friable		_	_		
Location of asbestos-con	taining	Is location by mainten			ly	D				Amc	t	e	R	E n	E		
material (acm	) to be	staff(12)				material (A		sbestos-containing	3	(Sp€	y SF or	m	p a	c a	C		
abated in faci	lity (13)	Yes	No	N/A						LF)		v e	i	р	L		
2nd floor & 3RD	FLOOR		X		TR	RANSITE	PAN	ELS		4.800 S	FT						
2nd floor & 3RD	FLOOR		X		VA	AT.				∠ 90 SQ	T						
									- 40								
					_							40			H		
Registered Wests !!	aulor	L	) U '	10# 17	Jubia.	Varda af 14	lacto	INIame of Dealer	rad!					Ш			
Registered Waste H		1350	P Haule 6	1 3 2 2 2 2 2	50 Y	Yards of W DS	vasie	Name of Registe TULLYTOW			RECOVE	ERY					
City, State	1 07502			Disposal			2.	City, State		STATE			•				
PATERSON, N. Completed by (Print		Title		06/11/		gnature		TULLYTOW	N, PA	<u> </u>	Date						
BOGDAN JOLI	555560000000000000000000000000000000000	PRESIDE	NT		5.9	g					06/2						

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

CK#ZX857

Date of Notification (1)	/0 /1 E			Name of Building Owner/Operator (2)											
	/8/15			_			Kucharczi	11		IV e					
Agencies Notified  EPA	Type Notification	n		Stre	et Address		200 Goot U;11	D.A					200000		
DEP	Initial Amended			City	State, Zip		290 Goat Hill	<u> </u>							
<b>⊠</b> DOL	Amendment		_	City	, State, Zip		nbertville, NJ	1852(							
<b>⊠</b> DOH	Emergency ( justification)		ng	Nam	ne of Conta		ibertville, NJ	Teleph	- Nive	la a a	_				
☐ DCA	☐ Cancellation			Ivali	아프 회사 이번 시간 아니다 하나 하다면서	sten Kucharcz	nk	releph	e Num	iber					
							uk		_	- 1					
Name of Facility Where	Abatament is Taki	na Dla	20 (3)	F/	ACILITY IN	FORMATION	T (F - 10)		(0						
Traine of Facility Where /		ident					Type of Facility								
Street Address	103	Idelli	.141				School (K-1 Subchapter		ın K-1	2)					
	290 Gc	at H	ill Ro	1			Other (i.e., p	ori rate & c	nmerc	ial bu	ilding	s,			
City (5)	270 00	ut II.	111 100				homes, etc.	# of F	100		3ldg.	٨٥٥			
* * * *	Lambe	rtvill	e N	r			3000	# 01 1	ЛЬ	1 '	55	. 5153			
County (6)	Danie	10711			unty Code (	7) (STATE	Current Use (P	ric r if boin	130+/-						
	nterdon				E ONLY)	i) (OIAIL	Current Ose (F	it ii belii	iemolished)						
Name of Monitoring Firm		Owner	-	ASCN	/I No.	Name of Abatem	i — ent Contractor (9	<u> </u>							
(6)	vironmental				1945.E.T. 16		ens Environ		rvices, Inc.						
Street Address						Street Address	CIIS EIIVII OIII	- In officer	TVICES, IIIC.						
	4 Berkeley Pl	ace				01.00171001000	PO F	B( x 322	2						
City, State, Zip Code						City, State, Zip C	ode	====							
F	reehold, NJ 0	7728					Allentow	n NJ 0	501						
Project Manager for Mon	itoring Firm		Tel	ephone	e No.	Telephone No.		Licen	No.			-			
Dave Bu	inocore		(7.	32) 74	40-8408	(609) 25	59-9688		(	049	3				
Start Date (10)	Sche	duled (	Comple	etion D	ate (11)	Name of OSHA N					_		=		
7/6/15			7/17/	15			DB Envi	ir)nme	al						
Occupancy Status During	Abatement (Che					Street Address							_		
☐ Facility Closed/Vacate	d During Entire Pe	eriod o	f Abate	ement			4 Berke	el :y Pla	3						
Abatement Performed		l Facil	ity Hou	rs		City, State, Zip C									
Other - Describe: 8	am to 4pm						Freehold,	NJ 07	28						
Scope of Work (Check al	I that apply)												_		
≥3 sf or ≥3 if		₩ R	enovat	ion		☐ Full Con	tainment with Neg	ga ive Pre	ıre						
≥160 sf or ≥260 lf		D	emolitic	on .		Gloveba	g Procedure								
		T-				Non-Exe	empted (*) and No	n- Friable	ocedu	re					
	•	2 SEC. 13	Location Location							1		ment			
Location of		Used	Sole	y by		Description of				_	Тур				
Asbestos-Containing Ma TO BE ABATE			ntenan ustodia		Asbest	os Containing Mate thermal systems in	erial (ACM)	Amou (Spec		_		Ш	-		
IN Facility		;	Staff?		(1.0.,	surfacing, VAT,		SF or I		en	Repair	ıcar	nd		
(13)	(12)			other miscellaneo	us)			Remova	pair	Encapsulate	Enclosure				
	No	N/A						-		ate					
Basemer	nt		×		The	rmal Pine Inc	ulation	230	1	×					
Crawl spa					Thermal Pipe Insulation 230 Debris in crawl space 50							-			
Clawl spa	-					EULIS III CIAWI	space .	50 8	==_	X	_				
								====	_						
Name of Registered Waste	- Hauler		1 61	IDED :	Aleste 1	O. H. V.									
		2	1 11	JDEP \ auler IC	No.	Cubic Yards of Waste	Name of Regist	e ed Lan				-727 1-1270			
Stevens Environme	ental Services	, Inc	<u>-   -</u>	182	292	3CU		GROW	Land	lfill					
City, State	Allentown, N					Disposal Date	City, State		11.13						
			_7/17/15		1 forris	lle, I	PA								
Completed By	1/		Signature	Y		te	<i>-</i> 10			$\neg$					
Mahlon E. Stev	C112	rr	oject	Man	ager	// //				6/8/	15		_		

CK 60603-6

D&S Proj. #: 2015-192

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

Date of Notification (1)	Name of E	Building Own	er/Operator (2)	)			3-1		8		
Agencies Notified Type Notification		LYN LOTH	HAN								
EPA Initial	Street Add	iress				U	:	5			
DEP Amended		RLISLE T	ERRACE								
DOL Amendment #:	City, State	, Zip Code									
Emergency	The state of the s	EWOOD, N	IJ 07450					-			
justification)	Name of C	ontact				Tele	ione Numbe	er			
DCA Cancellation	CARC	LYN LOT	HIAN								
		FAC	ILITY INFORM	ATION							
Name of facility where abatement is	s taking place (3)				7.0	Typ : of Fa					
CAROLYN LOTHIAN							iool (K - 12		h o n 1/	10)	
Street Address							echapter 8 (0 er (Private/0			-12)	
152 CARLIELE TERRACE						В	js./Homes,	etc.			
153 CARLISLE TERRACE City (5)	County (6)					Sq are Fe	# of Floo	ors	BI	dg. A	ge
City (3)	County (o)				nty Code (7) te use only)	Cu rent U	(Prior if bei	a don		od\	
RIDGEWOOD	BERGEN			(0.0		Ct left 0	(Frior ii beli	ig den	IOIISH	eu)	
Name of Monitoring Firm Hired by B	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9					
					D & S RESTOR	ATICN, INC					
Street Address					Street Address						
					20 California A	ve.					
City, State, Zip Code			0		City, State, Zip Code						
					Paterson, NJ 07	503					
Project Manager for Monitoring Firm	F	Phone Numb	er		Telephone Number		License		per		
					973-345-8020 Name of OSHA Mon	itor		1169			
Start Date (10)	Sched. Comple	tion Date (11	)		D & S Restorati						
06/16/15	06/29/15				Street Address						
Occupancy Status During Abatement					20 California Av	enue/					
Facility closed/vacated during e					City, State, Zip Code						
Describe: NORMAL HO	DURS			-	Paterson, NJ 07	503					
Scope of Work (check all that apply)						Full Containm	t w/negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation					Mini-e ıclosur		proce			
≥160 sf or ≥260 lf	Demolition					Glovel ag pro		£-!			
Location of	Is location normall	y used solely	1		Ш	Non-E cempte	(*) and Non	R	Proce	E	T
asbestos-containing	by maintenance/cu staff(12)	stodial	Description	on of as	bestos-containing	Amo	1	e m	e	n	E
material (acm) to be abated in facility (13)		1	material (		J	(Spe	/ SF or	0	p a	c a	С
	Yes No	N/A						v e	i	р	-
basement storage room			PIPE INSU	LATI	NC	4 · L FI		×			
				50.15.0							
Pagistared Wests Haules				7							
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506	- 1	ubic Yards of V yd.	vaste	Name of Registered TULLYTOWN,		RECOVER	RY			
City, State		Disposal D	Company of the last of the las	-	City, State	The Party Statement of	-			-	OTHER WILLIAMS
PATERSON, NJ 07503		06/17/1:			TULLYTOWN,	PA					
	Title		Signature				Date				
	PRESIDENT	n for achorto	e liceneuro eve	metec	activities		06/04	/2015			

CK006021

D&S Proj. #: 2015-191

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

													1	
Date of Notification			Name of Bu	uilding Own	er/Operator (2	2)			+:	UI 10				
10 16 1/10 14			ALICE I	HOLZAPI	FEL									
Agencies Notified EPA	Type Notificat Initial	ion S	Street Addr	ess										
□ DEP	Amended		1000 M	AGIE AV	ENUE									
☑ DOL	Amendment #:		City, State,	Zip Code					-		3			
_	Emergency		-	BETH, NJ	07207									
M DOH	(including justification)	l N	lame of Co	ntact					Tele	one Numbe	r			
DCA	☐ Cancellation	1	RUTH	BREWST	ER									
				FAC	ILITY INFORM	OITAN	N							
Name of facility wi	here abatement i	s taking pla	ace (3)						Typ€ of Fac	/ (4) ool (K - 12)				
ALICE HOLZA	APFEL								☐ Sı	chapter 8 (0		han K	-12)	
Street Address								11	□ 0:     □ 0	r (Private/C			,	
1000 MAGIE	AVENUE							-	Squ are Fee	s./Homes,		BI	dg. A	ne
City (5)	TVERTOE	Cour	nty (6)			Cor	unty Code (7)	-	Squ ile i et	# 01 1 100	15		ag. A	gc
						10000000	ate use only)		Cur ent Us	Prior if beir	ng den	nolish	ed)	
ELIZABETH Name of Monitorin	g Eirm Hirod by		IION		100111-	۰,	Name of Abateme		entre stor (0)					
Name of Monton	ig Filli Hiled by	blug. Own	31 (0)		ASCM No.		D & S RESTO		73:07					
Street Address						-	Street Address	IKAI	10.1, 1110			_		
							20 California	Ave.						
City, State, Zip Cod	le						City, State, Zip Coo	de						
9							Paterson, NJ		)3					
Project Manager for	r Monitoring Firm	1	PI	hone Numb	er		Telephone Numbe			License				
							973-345-802 Name of OSHA Me				1169		_	
Start Date (10)		Sched	Completi	on Date (1	1)		D & S Restora							
06/16/15		06/28					Street Address							
Occupancy Status I			50				20 California	Aver	nue					
	d/vacated during erformed outside						City, State, Zip Coo	de						
Describe:			Tability 1100				Determine MI	0750	2					
Other-Descri						$-\bot$	Paterson, NJ						_	
Scope of Work (ch							F	=	Il Containme	w/negative	press	ure		
	NOO 16	Renovation						_	ovet ag proc	lure				
≥160 sf or ≥2	100 11 🔲	Demolition						No	n-E empte	*) and Non	friable I R	-		1
Location of asbestos-cor	ntaining	by mainte	enance/cus	used solely stodial	1				Amou		e	R	E n	E
material (acm	n) to be	staff(12)		_	material		asbestos-containing		(Spec	SF or	m o	p	c a	n c
abated in fac	ility (13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT			X		PIPE INSU	JLAT	ION		220 L F	-	×			
Registered Waste F D & S RESTOR		NJD 135	EP Hauler 506		ubic Yards of YDS	Waste	Name of Register TULLYTOWN			ECOVE	RY			
City, State				Disposal D	ate	ELASTIC D	City, State							MARKET STR.
PATERSON, N		Title		06/17/1	5 Signature		TULLYTOW	N, P.	A					
Completed by (Print BOGDAN JOL)					Date 06/04	/15								
ASP 41	d activities			00/04	13									

1 HECK # 16844

Date of Notification	A SHOW AND AND ADDRESS.	75.	Name of Building Owner / Operator (2) State of New Jersey Dept. of Transport: tion															
A : N /:C /	6-9-15							rsey Dept. of	Fransport: ti	on								
Agencies Notified EPA	Type Notific	cation	100	Stree	-			CNCOO										
DEP	X Initia	al					Zip C	venue, CN600	'		-							
□ DOL	Valentia Silversone	ended		-				ersey 08625										
☑ DOH	620,723.00	ergency		Name				5136y 00023			1	Telepho	ne N	umb	er			
D DCA		cellation		Victo							12	CODITIO		131115	51			
		2000						ORMATION			-	, , -						
Name of Facility Wh	nere Abaten	nent is Taking Pl	lace (3		-			Type of Facili	tv (4)									
Residence		3		*				School (H										
Street Address								Subchap	ter 8 (Other th	an F	2)							
320 White Horse	Pike							Other (i.e	e. private & 🙃	mme	ial buildin	gs, hom	ies, e	etc.)				
								Square Feet	# of like	oors	E	Bldg. Ag	е					
City (5)		County (6)	Co	unty	Cod	le (7	)	NA NA		2	NA							
Magnolia		Camden	N/	A			3)	Current Use (	Prior if bein 1	dem	shed)							
								None (Vac	cant)		0							
Name of Monitoring	Firm Hired	by Building Owr	ner (8)		A	SCN	VI No.		tement Con ra	ctor	r )							
E	3.	,	,					1000	Network Res	solu	ons Cont	tractin	g, Ll	.C.				
Street Address								Street Addres										
					-			874 Piney H	lollow Ros d	, PC	3ox 70							
City, State & Zip Co	de							City, State & 2										
									ew Jersey 0	809								
Project Manager for	Monitoring	Firm	Telep	ohone	Nu	ımbe	er	Telephone No 609-567-060			License Number 01263							
Scheduled Start Da	te (10)	Scheduled Con	npletio	on Da	te (	11)		Name of OSH	A Monitor			· · · · · · · · · · · · · · · · · · ·						
6-20-15	6-20-15 7-20-15							EMSL Analy	/tical									
Occupancy Status D	Occupancy Status During Abatement (Check or							Street Addres	ss									
		During Entire P						107 Haddor										
	Performed (	Outside of Norma	al Ho	urs –	7an	n to	3pm	City, State & 2	7.									
Describe:		E						Westmont,	NJ 08108				,					
		g Abatement .	8								6							
Scope of Work (Che	eck all that a	apply)							□ Full (o	ntair	ent with N	logative	Dro	celira				
\ \ \ ≥3 sf or ≥3 lt	f			Rer	ากหล	ation	1			ir lent with Negative Pressure s e								
X ≥160 sf ≥26			$\forall$		nolit						cocdures							
X =100 01 =20	·			201	110111	lion			Non- Ex			-Friable	e Pro	cedu	re			
Lo	cation of		İs	Locat	ion			Description		T	Amount Abatement Ty							
The state of the s	os-Containi	ng	Non	mally l	Used	d		Asbestos-Conf			Specify				7			
	erial (ACM)			olely l ntenan		_		Material (AC			F or LF)	R	_	Enc	Щ			
	BE ABATED			odial S				(i.e., thermal sy				em	Repair	aps	icls			
ll ll	Facility (13)			(12)	57.11		1	nsulation, surfact or other miscella				Remova	air	Encapsulate	Enclsoure			
	(10)		Yes	No	N/	A		or other miscent	aricous)					te	CD			
Outside Siding	П	П	X	1	Trans	site Shingle Si	ding	2,7	5 s.f.									
First Floor	Ħ	П				Wrap Insulation			s. f.									
	Ħ	Ī	TĒ	i														
	Ħ	Ħ	T	it			_											
	Ħ	П	ΙĒ	Ħ			_	$\vdash$			Ī	T						
			Ħ									TH						
Name of Registered Waste Hauler					NJDEP Waste Cubic Yards Name of R agis						1 Landfill							
D.H.W4- 9 Danielle L.					Hauler ID No. of Waste													
Bull Waste & Recycling, Inc.					435	5		20	Salem Cc u	nty	ındfill							
City, State								Disposal Date	City, State									
Berlin, NJ								8-15-15	Alloway, 1	ew.	rsey							
Completed By (Print			Title Signature Date President 6-9-15															
Theodore S. Bud:			Pr	esi	den	It C		/			6-9-1	o						
		- 1		1000														