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

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

ate of Notification (1) 06/10	/2014		F	airleig	gh Dicki	Owner/Operator (2 inson Universit	У			5 00	1.6		$\dashv$
gencies Notified	Type Notification	n	St 1	treet Ac 000 R	dress iver Ro	ad			JUN 1	5 20	14		
EPA DEP	Initial Amended		C	ity, Stat	e, Zip Co	de		100	N N			8	
DOL	Amendment Emergency	/including	Ţ	eanec	k, NJ 0	7666			Telephone Numbe	<u> </u>	_		4
DOH	justification	1)	N P	ame of	Contact ladino				Telebrioria Million	b	•		-
] DCA			1.0			RMATION							
		dan Place /3	1	FACIL	III INI C	, tuber res	Type of F	acility (	4)				
Name of Facility When Fairleigh Dickinso	on University-S	tudent Uni	on B	uildin	g		Subch	ol (K-12) napter 8	(Other than K-1 2) ivate & commercial	huildin	as		
Street Address							Other home	(i.e., pri	100				
1000 River Road							Square F		# of Floors	Bldg 49+	. Age	3	
City (5) Teaneck							20,000		3	-	_	_	=
County (6)			T	County USE 0	Code (7 NLY)	) (STATE	Current Univers		or if being demolis	nea)			_
Bergen	Til 15 - Buildi	na Owner	- L	SCM No	o. T	Name of Abatem	ent Contra	actor (9)					
Name of Monitoring F (8) Environmenta	Irm Hirea by Bullai 1 Design Inc	ng Owner		I/A		Valiant Asso	ciates,	LLC			_	=	_
Street Address	I Design, me		=1=			Street Address							
Street Address 5434 King Avenu	ie, Suite 101					145 Mill Stre							_
City State Zip Code						City, State, Zip C Paterson, N	ode IJ 07501					_	=
Pennsauken, NJ (		— т	Teler	hone N	0.	Telephone No.	-		License No.				
Project Manager for Tom Pruno	Monitoring Filli			-306-4		973-553-53			01108		_	_	_
Start Date (10)	- I s	cheduled Co	mplet	ion Date	e (11)	Name of OSHA							
06/11/2014		06/15/201				Valiant Asso	ociates,	LLC			70		-
Occupancy Status D	uring Abatement (	Check only o	ne)			Street Address	not						
V Famility Closed/V	acated During Entir	e Period of A	bater	ment		145 Mill Stre							
Abatement Perfor	rmed Outside of No 5:00 pm - 1:3	rmal Facility	Hour	s		Paterson, N	J 07501				_		=
Scope of Work (Che		X Re	novati			Mini-Er	nclosure	dure	egative Pressure				
∑≥160 sf or ≥260	If		emoli	ition	22-04	X Non-E	Exempted	(*) and	Non-Friable Proc	edure	hate	ment	
		ls L	ocatio	on						"	Typ		
	122		rmally Solel			Description	of		Amount	-			Г
Loca Ashestos-Contain	ition of ing Material (ACM)	Mair	tenar	ice/	Asbes	stos Containing Ma	aterial (AC insulation	M)	(Specify	Z.	מ	Encapsulate	1
TO BE	ABATED	01	stodia		(i.e	surfacing, VA	ī, or	31.	SF or LF)	Remova	Repair	apsu	
(0.04.15.0)	acility 13)		(12)			other miscellan	eous)			val	Ŧ	late	
,		0101	1										L
		Yes	No	N/A X	Floor	Tiles and assoc	iated ma	stic	2,600 SF	X		_	L
Rutherford Room	n	_		^	11001						_	_	1
			-	-							_	_	1
			-	+-									1
			L	NJDEP	Waste	Cubic Yards	Nam	e of Re	gistered Landfill				
Name of Registere				Hauler 1 20970	D No.	of Waste	Mi	nerva I	andfill				_
Service Transpo	ort Group		_	20970		Disposal Date	City	State	81 <u>0</u> 3070,00 general 221-				
City, State						06/15/2014	_ Wa		urg, OH 44688				_
New Castle, DI	5	Title				Signature	-	1	en lor Date	0/201	1		
1 m 1-1-1 Dec		1100				Disole	- 00 10	entern till.	116/1	WZAL	+		

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						REMEMBE	R-MAILIN	HAH 20	14 C	UP	Υ
,		11.00	THOATIO	N OF AB	êw Jersey BESTOS ABATEM 8:80 and 12:120	Type of Facility (2)  School (K-12)  School (K-12)  Subchapter 8 (Other than K-1 2)  Other (i.e., private 8 commercial building homes, etc.)  Square Feet  20,000 SF  3 49+  Current Use (Priol Paing demolished)  University  ment Contractor (9)  IOCISTOS, LLC  eet  Code NJ 07501  Insulation  Ins			7		
Date of Notification (1)	2014				ng Owner/Operator ckinson Universi		JUN	10	201	4	
Agencies Notified		10	-	Address			-	P	F	-	-
☐ EPA	[ Initial		100	River	ÇOBL		WANTED	100	Df	WE	A
DEP DEP	Amended	Anctuding.		State, Zip neck, N.			AAVIA FL	חח	110	771	-0-
DOH DCA	Latification Canabilistion	)	10000	of Conta			Telenana at.	ber			
	on (1) 6/10/2014  Type Notification Initial Amended Amendment R Emergency (including Lustification) Cancellation Cancellation  Where Abstement is Taking Plantinson University—Student ad  Amendment R Suito Initial Student  Scheduled O6/15/2  During Abstement (Check on Initial Design, Inc.  Scheduled O6/15/2  During Abstement (Check on Initial Design Abstement (Chec		FA	CILITY IN	FORMATION		<del></del>			-	
Fairleigh Dickinson  Bireel Address	Abstement to Tak University- St	ing Place (: radent Un	i) ion Bull	ling		School (K-	8 (Other than K-1		dings.		
1000 River Road						homes, etc	1.)	3.00			
Olly (5) Tosneck						20,000 SF	3	49		g 8	
County (6)			Gou	ONLY)	(7) (STATE		hold it pains demol	shed)			
Bergen					1				_		_
		0 DWDer	N/A	No.			V j				
Street Address	esign, inc		INA		Singl Address	W4103. F50					=-
5434 King Avenue,	Sulto 101				145 MIL Street	et					
City, State, Zip Ceda					City, State, Zip Ci	0.00					-
Pennsauken, NJ 081	09				Paterson, N.	J 07601		*		_	
Project Manager for Mor	iltoring Firm		Telephone		Talaphone No.				÷.		
Tom Pruno			888-306		973-653-537		<u> 91108</u>			-	
Start Date (10)				ate (11)	Name of OSHA N	9.744.14.14.					
06/11/2014					Street Address	GIALES, LLO				-	
					145 MIII Stre	et					
Abatement Parformer	Outside of Norm	al Facility			Chy, State, Zip Co	ode					
Boope of Work (Check a	if that apply)										
>3 af or >3 If 2 180 af or >260 If			ovation molition		Mini-End	0 blocsinie 70snie	i i	<u>equra</u>			
		Nort	cation mally			Fi 15		1	bate Typ		
Location As bestos-Containing N TO BE ABA IN Facility (13)	laterial (ACM)	Mainte Cuel ats	olely by enance/ lodial iff?		Description of shot Contenting Mate, thermal systems in surfacing, VAT, Other miscotizates	erial (AGM) naulation	(Specify	Removal	Repair	Encapaulate	Enclosure
Rutherford Room		Y01	NO N/A	Floor	Tiles and associat	ted mastic	2.600 SF	X			-
		+ +	+-					+			
		++	-+-	-				+			
		-	-	-				+	-		
Name of Registered Wa	sta Hauler	للل	NJOEP	Wast=	Cubic Yarda	Name of Rep	stered Landfill		_		_
Service Transport G			H2U97	D No.	of Waste	1000					
City, State					Disposal Date			-		A	_
New Castle, DE					06/15/2014		rg, OH 44688				

- Do not use this form for asbeston licensian axempted activities.

Title

Project Manager

Date 06/10/2014

ASBAI

Completed By

Miodrag Stamenovic

)				_				Agent Long A			<i>1</i> .	^
Date of Notification (1) 06/09/2014					vner/Operator of Educatio							
	ype Notification		Street A 70 Ch	ddress urch Stree	et			JUN	16	2014		
EPA EPA DEP DOL	Initial Amended Amendment #			ite, Zip Code		pr.						-
DOH     DCA     □	Emergency (in justification) Cancellation	ncluding	Name of	f Contact Serapiglia			Tele	ephone	Number		•	
		DI (0)		LITY INFOR	MATION							
Name of Facility Where Aba Haledon Public School	itement is Taking	Place (3)				Type of Facility  School (K-						
Street Address 91 Henry Street						Subchapte Other (i.e. etc.)	r 8 (Othe			ildings	, hom	es,
City (5) Haledon					***************************************	Square Feet 60000	# of	Floors		Bldg. 60	Age	
County (6) Passaic			County (	Code (7) USE ONLY)		Current Use (Pr School	ior if beir	ng demo	olished)			
Name of Monitoring Firm Hi RK Occupational & Er			ASCN c. 0090			of Abatement Co Construction			n Inc			
Street Address 403 St. James Avenue					Street	Address Route 46 Suite			.,		-0.00	
City, State, Zip Code Phillipsburg, NJ 08865		· · · · · · · · · · · · · · · · · · ·			City, S	State, Zip Code						
Project Manager for Monitor Jon Gilbert			Telepho		Teleph	wa, NJ 07512	1	Licens				
Start Date (10)	13	Scheduled Co		54 6316 Date (11)		of OSHA Monitor		00666	j 			
06/30/2014		07/05/2014			7€ 1 623 32	Construction		toratio	n, Inc.			
Occupancy Status During Al Facility Closed/Vacated			ment			Address Route 46 Suite	e 3D					
Abatement Performed  Other – Describe: Occ	Outside of Norma	I Facility Hou	irs	***************************************	NE 07.55	tate, Zip Code wa, NJ 07512						
Scope of Work (Check All Ti	hat Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Reno			Š	Full Containm Mini-Enclosur Glovebag Pro	re cedure				-	
		ls Loca	ation			Non-Exempte	d (*) and	Non-F	lable Pr		emen	t
Location of		Norm Used So	ally		Description				-	T	уре Т	-
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Mainten Custodia (12	ance/ Staff?	(i.e. the	Containing Nermal systems surfacing, VA other miscellar	T, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Lower Boiler R	'oom	Yes No	N/A	R.c	oiler #2 Insu	ulation	30	0 SF	X		to	
Lower Boiler R		×			e Fitting Ins			0 LF	X	-		
						Jaiation						
Name of Registered Waste I	Hauler		NJDEP W	aste (	Cubic Yards	Name of	Registe	red Lan	dfill			
Bako Construction & Re			Hauler ID 20889	No.	of Waste BD	G.R.O.	CAN DO FORD VOLUME					
City, State Totowa, NJ				1000	Disposal Date 07/07/2014	City, Star Morris		A				
Completed by Goran Kojic		Title Project M	lanager		Signature	rath	X,		Date 06/09/	2014		

2594

Date of Notification (1)			1			Owner/Operator (2						
06/06	/ 14	_		Leap	Cramer	Hill, LLC	/ J	ob # 1406-1889 (	Shk.	#359	4	
	Notification		1	Street A	ddress	treet	¥."	JUN 16	20	14		
☑ DOLWD □	mended		1		ate, Zip Co		12					
□ D1100	mendment #_	Judina		Camo	den, NJ (	08102				16		-
	mergency (incustification)	Juding	1	Name o	f Contact			Telephone Numbe	r	15	150	
(1.10) 10 0.00 0	Cancellation			Ken '	Verrill			- 50				
				FACI	LITY INF	ORMATION						
Name of Facility Where Abate	ment is Taking	Place	(3)				Type of Facility (	4)				
Leap Academy Charter				1			School (K-12					
Street Address		T- X-					☐ Subchapter 8	(Other than K-12) ivate and commerci	al buil	dinas		
130 North Broadway							homes, etc.)	reace and commerce			,	
City (5)		-					Square Feet	# of Floors	Bld	g. Age	Э	8.0
Camden						88	73,000	12	1	926		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Camden						,	Vacant					
Name of Monitoring Firm Hire	d by Building C	Owner (	8) /	ASCM N	lo.	Name of Abateme	ent Contractor (9)					
Oxford Engineering Co		······································					d Mold Service					
Street Address	• • •			eswe in the		Street Address						
336 Point Street						3859 Sylon E	oulevard					
City, State, Zip Code						City, State, Zip C	ode					
Camden, NJ 08102						Hainesport, I	NJ 08036					
Project Manager for Monitorin	a Firm		Tele	phone N	10.	Telephone No.		License No.				
Wm. Wayn Moran	3		1	6-541-	.500-500-600A	609-702-0400	)	00862				
Start Date (10)	Sched	luled C	omplet	tion Date	e (11)	Name of OSHA N	Monitor					
6 / 16 / _1				_ / _		EMSL Analyt	tical, Inc.					
Occupancy Status During Ab			- 12			Street Address	<del></del>				-	
☐ Facility Closed/Vacated D				ment			ite 130 North					
☐ Abatement Performed Ou					cribe	City, State, Zip C						
Time of Abatement:	_AMP	M/	PM-		MA	Cinnaminso						
Scope of Work (Check all that	t apply)						.,					
Scope of Work (Check all the	г арріу)						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			novati			☐ Mini-En	closure ag Procedure					
☐ ≥160 sf or ≥260 lf		□ ре	monuc	)[]		⊠ Non-Exe	empted (*) and No	on-Friable Procedure	Э			l de la companya de l
		Is	Locat	ion					Ab	ateme	ent Ty	уре
Location of			Norma			Description		*	Z	Z,	Ш	Ш
Asbestos-Containing Mat			ed Sole		Asbe	stos Containing M	aterial (ACM)	Amount (Specify	Remova	Repair	ıcar	Clo
TO BE ABATE IN Facility	2	1.55000	todial		(i.e	., thermal systems surfacing, VA	Γ, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)			(12)			other miscellan	eous)	18			ate	
A CAMPAGNA IN T		Yes	No	N/A					-	_		_
1 <sup>st</sup> Floor - Center Office				$\boxtimes$	Floor T	ile and Mastic		50 SF	$\boxtimes$			
1st Floor - ATM Room					Floor T	ile and Mastic		192 SF	$\boxtimes$			
5 <sup>th</sup> Floor - North of Fire	Escape			$\boxtimes$	Floor T	ile and Mastic		221 SF	$\boxtimes$			
			П									
Name of Registered Waste I	lauler		N	NJDEP V		Cubic Yards of	Name of Reg	istered Landfill				
Freehold Cartage, Inc.				lauler II	O No.	Waste	GROWS L					
				02265	)	5 Disposal Date	City, State		7		-	
City, State						6/18/14		e, PA 19067				
Freehold, NJ	T=				- 145		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Da	te			
Completed By (Print or Type			Coor	dinato	r	Signature	1		le-le	-14		
Kimberly A. Trumbetti		JIIICE	5001	uniato		- 1×1×1	\ <del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		u u	1	-	-
ASB-41						tos licensure exer	Land and the					

## P802 4.

Date of Notification (1) 06/06/2014				Name of GLOU	Building CESTER	Owner/	Operator NNSHI	(2) P BOA	RD OF E	DUC	IQITAC	N	_			
Agencies Notified	Type Notification			Street A			7.00 JOES		i		UU	IV /	<del>- b</del>	-20	7	24
EPA DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Co vood, No		12		1						3	t
	Emergency (in justification) Cancellation	cluding	100	Name of Sani U	Contact Imar		0,1			Tel	enhane	mb mb··mb	er			1.00-0
				FACI	LITY INFO	ORMAT	ION									
Name of Facility Where A C.W. Lewis Middle S		Place (3	3)					× s	of Facility (4) school (K-12 subchapter 8	)	ar than 1	Z 10\				
875 Erial Road	1								other (i.e. pri tc.)	vate	& comm			1000		es,
City (5) Blackwood								Squar 90,00	e Feet )0	1 4 0	f Floors		1 2	ldg. A 0 ye	_	
County (6) Gloucester	52				Code (7) JSE ONLY)			122	nt Use (Prior c Middle (		_	olished	)			
Name of Monitoring Firm Pennoni Associates		wner (8)	•	ASCM 0010					ement Contraction C		(9)	111111111111111111111111111111111111111				
Street Address 515 Grove Street, S	uite 1B			1				Addres Route	s 46 Suite	15						
City, State, Zip Code Haddon Heights NJ	08035					7.7		State, Zij	Code J 07512	100 m						
Project Manager for Moni R. Alan Lloyd	toring Firm		100	Telephor 856-54	ne No. 17-0505			hone No 339-97			Licens 01034					
Start Date (10) 06/23/2014		Schedule 07/20/2		pletion	Date (11)				A Monitor struction C	Corp		·				
Occupancy Status During		- 53	8	ont		-		Addres	s 46 Suite	15						
Facility Closed/Vaca Abatement Performe Other – Describe: O	ed Outside of Norma							State, Zij	Code J 07512							
Scope of Work (Check Al	That Apply)	-													-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	=	The same	Renovat Demoliti					Mini	Containmer -Enclosure vebag Proce -Exempted	edure					Α.	
			Location					1 1401	-Exempled	( ) a	0 14011-1	Habie	10	Abate	emeni pe	:
Location Asbestos-Containing		Use	Normall d Solel	y by	Achor		escription ntaining N		(ACM)	Δ	mount			ĺ		
TO BE ABA In Facilit (13)	TED		intenar todial S (12)			therma surf	al system acing, VA miscellar	s insulat AT, or		(5	Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											œ.	
Classrooms 313,3			X		F	loor 1	ile and	Masti	С	3,6	07 SF	У			x	
Classrooms 310,3			X				eling Co	•			20 SF				x	
Cafeteria, Kitchen, M			X		F	loor T	ile and	Masti	C	11,	700 SF	<b>Y</b>			x	
Kitchen & associ			Х		Р	ipe Fi	tting ins	sulatio			each	×			X	
Name of Registered Wast Newark Carting	e Hauler		H	JDEP W auler ID 1509		of W	c Yards aste		Name of R		ered Lan	dfill				
City, State Newark NJ							osal Date 0/2014		City, State Morrisev		 РА					
Completed by Milos Savic		Title Proje	ct Ma	nager			Signature	lie	les	8	es	Date - 06/0	6/2	014		

MAY 11

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)						-
6 / 1	0/	14	_		Woo	dbridge	Township Scho	ol District		<b>7</b> 0	*			
Agencies Notified T	ype Notifi	cation			Street A	Address		2.45	11161	1 0	000	,	-	
⊠ EPA 🗵	Initial				Scho	ool Stree	t	4	0.014	16	201	4		
☑ DOLWD □	Amende			-	City, St	ate, Zip Co	ode		8					
☑ DHSS	_Amendr			1			NJ 07095						+	
	] Emerge		luding	-	A STATE OF THE STA	of Contact		To be	Telephone N	lumber			•	
(NJAC 5:23-8)	justifica Cancell								, ciopilolio	149		88	- 147	-
<u> </u>	_ Cariceii	auon				ony D'O	Anna ann an Aireann an Rainne			71		-		_
				(0)	FAC	ILITY IN	FORMATION	T	4)					
Name of Facility Where Aba		Taking	Place	(3)				Type of Facility (						
Robert Mascenik Sch	ool #26							School (K-12     Subchapter 8	) (Other than k	<-12)				
Street Address								Other (i.e., pr	ivate and com	nmercial	build	dings	s,	
300 Benjamin Avenue	В						4	homes, etc.)						
City (5)								Square Feet	# of Floors		Bldg	J. Ag	е	
Islen								29,051	1		50	)		
County (6)				-	Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being den	nolished	d)			
Middlesex							30	School						
Name of Monitoring Firm H	irod by Br	ulding ()	wner (	<u>۱</u> و	ASCM N	No	Name of Abateme	ent Contractor (9)						
			wilei (	ر (٥)	0003		Superior Aba							
Environmental Conn	ection in	IC .			0003	0		terrierit inc						_
Street Address							Street Address							
120 North Warren Str	reet						2 Henderson							
City, State, Zip Code					09-1138 E.		City, State, Zip C	ode						
Trenton, NJ 08608							West Caldwe	ell, NJ 07006						
Project Manager for Monito	ring Firm			Tele	phone N	Vo.	Telephone No.		License No	0.				
Dominick Dercole				(6	09) 392	2-4200	(973) 808-161	16	00411					
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor						
06 / 26 /	14	1		9.5	_ /	- 10 20 0	Superior Aba	atement Inc						
Occupancy Status During A		-		77.75			Street Address							_
					mont		2 Henderson	Drivo						
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed C</li></ul>						cribe						-		_
Time of Abatement	AM-	PN	Гасііц Л/	PM-	S - DCS	AM	City, State, Zip C							
Time of Abatement.			"				West Caldwe	ell, NJ 07006						
Scope of Work (Check all t	hat apply)						M F. II C	Animum and width No.	notive Pressur					
□ >2 of or >2 If			M Pa	novati	on				gative Fressui	ie				
□ ≥3 \$1 01 ≥3 11 □ >160 sf or >260 lf							☐ Gloveba	g Procedure						
Z _ 100 01 01 _ 200 11							☐ Non-Exe	empted (*) and No	n-Friable Pro	cedure				
			10000			255-3550	*A				Aba	teme	ent T	ype
Location o	f								20 112	. [	Z	Z	Ш	Ī
		CM)								t	em	epa	เวล	2
						(1.6				=)	ova	7	psu	Filologuic
				(12)	_	1							Encapsulate	0
3 . 2			Yes	No	N/A							•		
Boiler Room			$\boxtimes$			Pipe Fi	tting Insulation		48 EA	١	$\boxtimes$			
Boiler Room			$\boxtimes$			Breech	ing Insulation		650 SF	F	$\boxtimes$			
Boiler Room			M	П	ĪП	Interior	Boiler Insulation	on	140 SF	F	$\boxtimes$			
Donor Room			La cons		1			•			П	П	П	Г
Name of Decistered Mtt-	Haules				IDED.	Naste	Cubic Yards of	Name of Regi	stered Landfill			_		
and the second control of the second control		•		1000	lauler II	D No.	Waste	34		1				
	. oup, iii	-			SW21	117	20 Disposal Date							_
5									urgh, OH					
		1=::	-1210 <u>0</u> 1 701						3.,	Date	, ,			_
	oe)						Signature	11	1	Date	/,	,	1,.	,
Time of Abatement:AMPM/PMAM		5/	14											
ASB-41			500 TWI	en e						- (				
MAY 11		*	Do not	t use t	his form	tor asbes	itos licensure exem	ipted activities.						

of the

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

Date of Notification (1)												
6 / 10	_ /	14		Woo	odbridge	Township Scho	ol District					
Agencies Notified Type	Notificati	on		Street	Address			JUN 1	6 2	014		
Serial Content   Ser												
				City, S	tate, Zip Co	ode		7.			9	
M DU033								*			i	
_ DUA				310.00				Telephone Numbe	r		205 3	tion to
(140) (0 0.20 0)				Ant	hony D'O	rsie		7	b			
				2649000								$\neg$
		Di	(2)	FAG	JILITY INI	PORMATION	Type of Facility (	(4)			-	$\dashv$
		iking Place	(3)			=						
	1						Subchapter 8	(Other than K-12)				
POR PROPERTY OF THE PROPERTY O	*								al buil	dings	60	
275 Mawbey Avenue									Bld	- Δα		-
City (5)								The second second second second				
Woodbridge									A CONTRACTOR			
10												
6												
Name of Monitoring Firm Hired	by Buildi	ing Owner (	8)	ASCM	No.	me we minimize and the standard for a						
				000	30	Superior Aba	atement Inc					
						Street Address	### ##################################	74				
120 North Warren Street						2 Henderson	Drive					
						City, State, Zip C	ode		19:00			
3						West Caldwe	ell, NJ 07006					
	Firm	-	Te	ephone	No.	Telephone No.		License No.				
							16	00411				
	Te	chadulad C		A COMPANY OF THE PARTY OF THE P		100000000000000000000000000000000000000						
						and a supply a part of the part of the supply of the suppl						
						Street Address				100		
Agencies Notified   Management   Managemen												
Abatement Performed Outs	ide of No	rmal Facilit	у Но	urs - De	scribe	City, State, Zip C	ode					
Time of Abatement:	AM	PM/	PN	Λ	_AM	The second secon						
			_	-			•			-		
Scope of Work (Check all that	арріу)							gative Pressure				
≥160 sf or ≥260 lf			emoli	tion		☐ Non-Ex	empted (*) and No	on-Friable Procedur	е			
	-		s Loc	ation						ateme	ent Ty	ре
Location of				\$5 February 2000					R	Z	ш	Ш
	rial (ACM	100			Asbe	estos Containing M	laterial (ACM)	19/20/20/20/20/20/20/20/20/20/20/20/20/20/	em	epa	пса	nclo
					(1.6				ova	=·	nsd	sur
			(1:	2)					-		late	e
(1.07		Yes	N	o N/A	\							
Boiler Room		$\boxtimes$			Pipe F	itting Insulation		48 EA				П
Boiler Room		$\boxtimes$			Breech	ning Insulation	6	650 SF				
Boiler Room		$\boxtimes$			Interio	r Boiler Insulati	on	140 SF				
Boiler Room					Tank I	nsulation			$\boxtimes$			
Name of Registered Waste Ha	auler		1	NJDEF	Waste		Name of Reg	istered Landfill				
						100000000000000000000000000000000000000	Minerva I	_andfill				
			_	SW.	411/		City, State			1000		
						- 12 Thin to be a second as a second	L 9959	urgh, OH				
		[	15001777			10: 1		I De	ite	0000		-
						Signature	1 11	1		1	1,	
Nick Petrovski		Presid	ient			//un	In fall	50 0	0/1	0	15	_

ASB-41 MAY 11

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

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

Date of Notification (1)				1			Owner/Operator (2			. 7	7	_	7
	10 /	14	-		Wood	dbridge T	ownship Scho	ol District			~; ·	- ; }	
Agencies Notified	Type Notificati	on			Street A	ddress	ě					Ť	
					Scho	ol Street		St. 1	JUN 16	N1A			
☑ DOLWD				-	City, Sta	te, Zip Co	de	i					
☑ DHSS					Wood	dbridge,	NJ 07095				1111		
☐ DCA		0-0-0	laing		Name o	f Contact			Telephone Numbe	r	4		
(NJAC 5:23-8)							sie	<sup>2</sup> 77 / N	<u> </u>	<u> </u>		j	4
					FACI	LITY INF	ORMATION						_
Section   Sec													
							4	School (K-12	) (Other than K 12)				
								☐ Subchapter of	rivate and commerci	al build	dings,		
	e										5.55		
								Square Feet	# of Floors	Bldg	. Age	1	
Control of the Contro								29,665	2	50	)		
				-	Count	v Code (7)(	STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
					Journe	, 0000 (. //	,						1
		0		\ T	ASCMA	lo I	Name of Abatem	ent Contractor (9)					
		ing Ov	vner (8	,									
	nection Inc	1			0003	,		atomont mo					
Encode programme when a product and a produc								Drive					
120 North Warren S	treet											-	-
City, State, Zip Code													
Trenton, NJ 08608								ell, NJ U/UUO	I I I I I I I I I I I I I I I I I I I			-	
Project Manager for Moni	toring Firm								1 CT				
Dominick Dercole					0.000		A STATE OF THE PARTY OF THE PAR		00411				
Start Date (10)	S	chedu	led Co	mple	tion Dat	e (11)							
07 / 01 /	14	07	7_ /	08	3_/_	14	Superior Ab	atement Inc					
Occupancy Status During	Abatement (	Check	only or	ne)			Street Address						
					ment		2 Henderson	n Drive					
☐ Abatement Performed	Outside of No	ormal F	Facility	Hou	rs - Des	cribe	City, State, Zip C	Code					
Time of Abatement:	AM	PM	٧	_PM		AM	- 55.						
									Viete 1986				
Scope of Work (Check a	i triat apply)						Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			⊠ Rer	novat	ion								
≥160 sf or ≥260 lf			☐ Der	noliti	on		☐ Non-Ex	empted (*) and N	on-Friable Procedu	e			
			ls	Loca	ition					Aba	ateme	ent Ty	ype
Location	of		N	lorma	ally		Description	of		D	ZJ.	ш	Щ
		4)				Asbe	stos Containing N	faterial (ACM)		emo	epa	ıca	Clo
TO BE AB	ATED		L			(i.e	., thermal system	s insulation, T. or		ova	=	nsq	Sun
	ity			2000			other miscellar	neous)				late	O
(10)			Yes	No	N/A					<b>5</b> 7			
Boiler Room			$\boxtimes$					1		+			
Boiler Room			$\boxtimes$								무		片
Boiler Room	11		$\boxtimes$			Interior	Boiler Insulat	ion	140 SF	-		브	
		-							1			Ш	
Name of Registered Wa	ste Hauler			- 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
							20		Landfill				
City, State													
							7/08/2014	Waynest					
	Гуре)	Title	e				Signature	, ,			100000	economic and the second	
1/2	3631	P	resid	ent		e		M late	the ?	e-1	10.	-10	7

ASB-41 MAY 11

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

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

Date of Notification (1)							Owner/Operator (2						
6 /	10 /	14	_		Wood	dbridge 1	Township Scho	ol District					
Agencies Notified	Type Notific	cation			Street A	ddress			JUN 1	6 2014			
					Scho	ol Street		<i>t</i>					
230020	☐ Amende				City, Sta	até, Zip Co	de						
☑ DHSS	Amenda Emerge		cluding		Wood	dbridge,	NJ 07095		7 18	1,000			
☐ DCA (NJAC 5:23-8)	justifica		cluding	t	Name o	f Contact			Telephone Num	ber			-
(NJAC 3.23-0)	☐ Cancella				Anth	ony D'Or	rsie		€				
					FACI	LITY INF	ORMATION						
Name of Facility Where A	hatement is	Taking	Place (	3)				Type of Facility (	4)				
Port Reading School		Taking	, 1 1000 (	0)				School (K-12	)				
	) # J		-	-		_		Subchapter 8	(Other than K-1 ivate and comme	2) orcial buil	dinge		
Street Address								homes, etc.)		erciai buli	unigs	•	
77 Turner Ave								Square Feet	# of Floors	Bld	g. Age	Э	$\neg$
City (5)								31,088	2	5	2		
Port Reading					Count	Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
County (6)					Count	y Code (r)	(STATE OOL SHET)	School		35			
Middlesex		.11.11	2	N 1	ASCM N	lo I	Name of Abatem				-	7	$\neg$
Name of Monitoring Firm			Jwner (a	5)	0003	2220	Superior Abatem						
Environmental Con	nection ir	10			0003	,	Street Address	atement ino					-
Street Address							2 Henderson	Drive					
120 North Warren S	treet						City, State, Zip C	50.50 E					-
City, State, Zip Code							7/4						
Trenton, NJ 08608			1				West Caldwe	en, 145 07000	License No.				-
Project Manager for Moni	itoring Firm				ephone N		Telephone No.	4.6	00411				
Dominick Dercole					392		(973) 808-16		00411				-
Start Date (10)			duled Co				Name of OSHA				85		
07 /08 /	14	_	07/		4_//_	14	Superior Ab	atement inc					
Occupancy Status During							Street Address	120 2					
☐ Facility Closed/Vacate	ed During E	ntire Pe	eriod of A	Abate	ement		2 Henderson						
Abatement Performed	Outside of AM	Norma P	al Facility PM/	Hou_PM	rs - Des	cribe AM	City, State, Zip C	ode ell, NJ 07006					
Scope of Work (Check al	I that apply	)		-			200000000000000000000000000000000000000						
Ocope of Work (Orlean an	ii diacappij	,					☐ Full Cor ☐ Mini-En	ntainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf			⊠ Re				☐ Gloveba	ag Procedure					
⊠ ≥160 sf or ≥260 lf				IIIOIII	011		☐ Non-Ex	empted (*) and No	on-Friable Proce	dure			
				Loca						Ab	atem	ent Ty	/ре
Location				Norm:	ally lely by		Description		Amount	R	Re	Ē	Ē
Asbestos-Containing		CM)			ance/	Asbe	stos Containing M e., thermal systems	aterial (ACIVI)	(Specify	Removal	Repair	cap	clos
TO BE ABA				todia	Staff?	(1.0	surfacing, VA	T, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)	,			(12		1	other miscellan	eous)				ate	250
			Yes	No	_				40 54				
Boiler Room			$\boxtimes$			Pipe Fi	tting Insulation		48 EA				
Boiler Room			$\boxtimes$			1 1 2 3 2 11 0 10 10 10	ing Insulation		350 SF				
Boiler Room			$\boxtimes$			Interior	r Boiler Insulati	on	140 SF				
Boiler Room			$\boxtimes$			Pipe In	sulation		400 LF				
Name of Registered Wa	ste Hauler	-7-34			NJDEP		Cubic Yards of Waste		istered Landfill				
Service Transport	Group, In	C			Hauler I SW2		20	Minerva I	_andfill			3.—II.	
City, State							Disposal Date	City, State	2 2000				
New Castle, DE							7/14/2014	Waynesb	urgh, OH				
Completed By (Print or	Type\	T	itle				Signature			Date	,	1	-2535
Nick Petrovski	(Abe)		Presid	enf			1/4.	1 0-1	1	6/	6/	1/	
NICK PETFOVSKI			1.16310	JIIL			1/11/11	11/16		1/2	//	7	

ASB-41 MAY 11

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

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**MAY 11** 

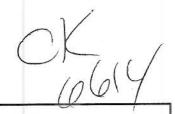
### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)						_	77 107	50					
	10 /	14	_		Woo	dbridge	lownship Scho	OI DISTRICT		1 ^ ^	r. e. f.		
Agencies Notified	Type Notif	ication			Street A	Address		*	NUU	10 6	UIS		
Section   19													
Agencies Notified   Type Notification   Servet Address   School Street   Sch													
	Second   S												
			luaing	+			8		Telephone Numb		2072		
(NJAC 5:23-8)	(CLL) (C)								10	22			
											_		-
			-	(0)	FAC	ILITY IN	FORMATION	Time of Facility /	4)				
		s Taking	Place	(3)									-
S													
Street Address								Other (i.e., pr	ivate and commer	cial buil	dings	5,	
85 Woodbine Ave			Street Address School Street  City, State, Zip Code Woodbridge, NJ 07095  Name of Contact Anthony D'Orsie  FACILITY INFORMATION  king Place (3)  FACILITY INFORMATION  King Place (3)  FACILITY INFORMATION  I Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter										
Agencies Notified													
Manual Notified   Type Notification   Street Address   Street Street   Street Street   Street Street   Street Street   Street   Street Street   Street Street   Street Street   Street   Street													
Manual Notified													
Agendes Notified													
Agendes Notified													
Agendes Notified													
	nection i	110			0003			atomort mo				-	_
								Drive					
	treet												-
Autoritation (Section 1907)								911, NJ 07000	T1:				
	itoring Firm	1			•								
Dominick Dercole									00411				
Start Date (10)		Sched	uled Co	omple	tion Dat	te (11)	Name of OSHA	Monitor					
06 /23 /	14	_0	7_/	01	_ / _	14	Superior Aba	atement Inc					
Occupancy Status During	Abateme	nt (Check	only o	ne)			Street Address	150000000					
					ment		2 Henderson	Drive					- 8
						cribe	City, State, Zip C	ode					
Sanna of Work (Chack at	I that apply	()		_	-								
Scope of Work (Crieck at	i tilat appiy	')						tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf													
≥160 sf or ≥260 lf			☐ De	molitio	on		☐ Gloveba	ng Procedure	n-Friable Procedu	ire			
			10	Loon	ion		□ Non-Ex	empted ( ) and rec	III-I Habie I Toccue		atom	ant T	vne
	-6		1000				Description	of		555	_		
		CM)	9356			Asbe			Amount	Ren	ep dep	inc	inc
		,	150000				., thermal systems	insulation,		§	air	aps	losi
	ity		Cus						SF or LF)	<u>a</u>		ula	Jre .
(13)			Yes		T		Other miscellan	eous)				te	
Poiler Poom			-	П		Pine Fi	tting Insulation		40 EA	Ø			
			77.75	_	-	-							
				_	+=-	-			200000000000000000000000000000000000000	_			H
Boiler Room					+	interio	Boller Insulation	OH .	140 31		믐		H
							Ta (1) 11	(N. 15	100		JĽ.	Ш	Ш
I				100									
Service Transport	Group, Ir	C		1			Y (5) (5) (5)	Minerva L	andfill			i.i	
City, State								City, State					Con The Control
The state of the s							7/01/2014	Waynesbu	urgh, OH				
	vne)	Tiel	<u> </u>				Signature			ate		-	
	ype)	0 5000	73	ané		18	o.g.ididic	1. 11	10		-/1	) —	N
		P	resid	ent			////	Maple	6	-	, ,	-	7
ASB-41							1						

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

	N				STOS ABATE 3:60 and 12:12			K# 23	M	١		É
Date of Notification (1)			^		Owner/Operato				Co-	-		3
6/12/14					a Rit	te-	Liwin	J &	rn r	ے		7
Agencies Notified Type Notification  EPA Initial			Street Ad	Vil	age R	4				9		7
EPA Initial Amended Amendment :	#	1	City, Sta	te, Zip Co		a	Jersey	0795	<u> </u>		11	
Emergency (i	*****	-  -	Name of	Contact	m, h	ew.	Je sey	Telephone Nui	nher.			1.1
DOH justification) Cancellation				(87				Telephone 14di	111.		<u> </u>	3
					RMATION			٠	<u>.</u>	1.0	10,	
Name of Facility Where Abatement is Taking						Тур	oe of Facility (4	) 22				
R. Her-Truin 1(1) Street Address	desc	<u>Q</u>				H	School (K-12 Subchapter	8 (Other than K-1)	2)			
45 William Pord					*	A	Other (i.e. pr etc.)	ivate & commerci	al buil	dings,	hom	es,
City (5)						Squ	uare Feet	# of Floors	E	Bldg. A	ge	
New Vernon						12	2500	2		100	+	
County (6)	%•		County C	ode (7) ISE ONLY			rrent Use (Prio	r if being demolish	ned)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		e of Al	batement Confulation Co.,	tractor (9)				
Street Address	8.272.20		1			t Addi Vont	ress rose Road					
City, State, Zip Code							Zip Code eck, N.J. 07	722				
Project Manager for Monitoring Firm		T	Telephor	e No.		hone -294	No. -1757	License N 00029	0.			
Start Date (10)	Schedule	Com	pletion E	Date (11)	Name	of O	SHA Monitor					
Occupancy Status During Abatement (Check					Stree	t Addr	ress				1107	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours			City,	State,	Zip Code	<del></del>				
Scope of Work (Check All That Apply)						9 777					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Mini-Enclosure Blovebag Proce	nt with Negative F edure (*) and Non-Friab			•	
	led	ocatio					-CII-Exempled	( ) and Non-i had	10 110	Abate		
Location of	No	ormali	y		Description	n of					ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair Custo	Solel itenan idial S (12)	ice/		os Containing I thermal system surfacing, VA other miscella	Materi ns insu AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								æ	
pasement			X	PIT	e cover.	X		242LF	X			
						U						
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic Yards		Name of P	egistered Landfill				
Ace Insulation Co., Inc.		Ha	auler ID I		of Waste	,	IESI	Salotoreo Lanullii				
City, State Colts Neck, New Jersey					Disposal Date	4	City, State Easton,					
Completed by	Title	tary 1			Signatur	e		Da	te i			

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



							<u> </u>
Date of Notice 5/20/14		Name of Build					-
Type Notification		Roselle Sav					
Agencies Notified		Street Address					
X EPA X Emerge	ncy Notification	235 Chestnu					
	otification	City, State & Z				Ö.	69 1
	d Notification	Roselle, NJ				ia to	2 1
X DOH Cancella	ation .	Name of Cont				ڻ. ان	Telephone Number
DCA		Jill Shafhou	ser			Be ! ₹	A 5600 1
		FACILITY	INFORMA	TION		$\Box$	Z
NI	is Taking Dises	(2)	Type	of Facility (4	\	ma	5
Name of Facility Where Abatement	d Residence	(3)		School (K-12)		25 -	50
Demonstre	u Residence				(Other than K-	12)	
110 E 3	<sup>rd</sup> Avenue						ngs, homes, etc.
119 E. 3	Avenue			are Feet	# of Floors		Bldg.:Age
Cit. (5)	ounty (6)	County Code (7)		2,000	2	. A	- CO
100		County Code (7)			r if being demoli	shed)	50
Roselle	nion			idence	in boiling definion	onou)	
Name of Manitaring Circultural Land	Quilding Owner (	8) ASCM			ent Contractor (9	3)	
Name of Monitoring Firm Hired by E	bulluling Owner (	o) ASUN			ent Services,		
Street Address				et Address			
				Schoolhou			
City, State & Zip Code				State & Zip C			
2200					hip, NJ 08831		
Project Manager for Monitoring Firn	n Te	lephone Numbe	732	phone Numbe -605-9062		License	Number <b>00714</b>
Scheduled Start Date (10) Sc 5/20/14	heduled Comple 5/	etion Date (11) 23/14		ne of OSHA M <b>bal Abatem</b>	lonitor <mark>ent Services,</mark>	LLC	
Occupancy Status During Abateme	nt (Check only o	one)	Stre	et Address			
X Facility Closed/Vacated Du			443	Schoolhou	se Road		
Abatement Performed Outs				State & Zip (			
Describe: Area Isolated		The state of the s		190 하면 중에 어린일이 다 당기 때 시장하다. 그	hip, NJ 08831	1	
Other - Describe:					•		
Scope of Work (Check all that apply	v)						
X Demolition	Renovation			Full Co	ontainment with	Negative	Pressure
Large Project				Mini-E	nclosure		
X Quantity is ≥ 3 SF or ≥ 3 LI	FACM			Glovel	pag Procedure		
Quantity is ≥ 160 SF or ≥ 2		9		Other:	Clean up		
Location of		Is Location	D	escription of	A	mount	Abatement Type
Asbestos-Containing		ormally Used		stos-Containi		Specify	(Specify: Removal,
Material (ACM)		Solely by		aterial (ACM)		are Feet	Repair, Encapsulation
TO BE ABATED		aintenance or		thermal syste		or Foot	or Enclosure)
in Facility	Cu	ustodial Staff?		on, surfacing,	month (1905)	ear Feet)	
(13)		(12)	or oth	er miscellaned	Jus)		
Demo site/parkin	a lot	N/A	-	TSI Pipe		2 LF	Clean up
Demo site/parking lo		N/A		PACM		?	Clean up
Bollio Sitorparking io	-						
Name of Registered Waste Hauler	NI I	DEP Waste Hau	ıler ID #	Cu. Yds. of	Waste Nam	ne of Regi	istered Landfill
Freehold Cartage	INJ	18693		2	TRI		
		10030		Disposal Da		State	
City, State Freehold, NJ				5/23		ytown,	Pa
Completed By (Print or Type)	Title			Signature		,	Date
Dominick Tringali	Project Ma	anager			.10.	1.	5/20/14
Dollillick Thilgan	I TOJECT WI	anagei		Domin	rick Tring	all	
				4			

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H	~	force	1/ 1-		Print Form
1 6 5	- 4	Free g.	VL	الا	

Date of Notification (1) 6/5/2014			Na S	ame of E tate of	Building Ov New Je	vner/Operatersey (Divi	sion of F	어 이렇게 없었다. 그리고 모아?	anagement &	Cons	struct	ion)	
Agencies Notified	Type Notification		100	reet Add	iress t State S	treet	JUN -6	PM 5:	43				
EPA DEP DOL	Initial Amended Amendment		2000		e, Zip Code , NJ 08	3 77.117.0	/Vitte	I FITTUE	DK.				
■ DOH	Emergency ( justification)	including	1.12		Contact				Telephone Num	ber		6	10
DCA	Cancellation		J		Kratoch					1~		4	<u> </u>
				FACIL	ITY INFO	RMATION	T <del>T</del> oma a	of Facility (4)	<u>E</u>		_	3	
Name of Facility Where A Liberty State Park					81		Пѕ	chool (K-12)	So L	HI.		,	
Street Address 185 Theodore Con	rad Drive							other (i.e. privite.)	vate & commercia	l build		7	3,
City (5) Jersey City			1	18			10,00		# of Floors	3	7	je ( · ·	
County (6) Hudson County				ounty C	ode (7) SE ONLY)			nt Use (Prior tenance F	if being demolish acility	-\$	: :-	_	
Name of Monitoring Firm Brinkerhoff Environ		Owner (8)		ASCM	No.	1.0000000000000000000000000000000000000		ement Controrises, Inc.	actor (9)				1
Street Address 1805 Atlantic Aven	IIA .						eet Addres 5 12th S						
City, State, Zip Code Manasquan, NJ 08				21		City	, State, Zi		037				
Project Manager for Mo				elephor	ne No. 3-2225	Tel	ephone No 19-567-1	).	License No.	0.			
Jason Hooper			168		ere manager		Name of OSHA Monitor						
Start Date (10) 6/19/2014		7/10/201		pietion L	Date (11)	He	ealth & S	afety Sen	vices, Inc.				
Occupancy Status Durin	ng Abatement (Che	ck Only One	)			1000000	eet Addres						
Facility Closed/Vac	cated During Entire	Period of Ab	atem	ent			6 12th S						
Other – Describe:		mal Facility F	Hours				y, State, Zi ammonto	on, NJ 08	037				
Scope of Work (Check	All That Apply)			-			177						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti				Mir Glo	ni-Enclosure ovebag Proce	nt with Negative F edure (*) and Non-Friab			В	to 8
		T						T. Z.O. P. LO	17-11-11-1	T	Abate	ement	
	on of		ocation or mall			Descrip	tion of		12 T		Ту	ре	
Location Asbestos-Containin TO BE A In Fact (13	ng Material (ACM) BATED cility	Used Mair Custo	Solel ntenan odial S (12)	y by nce/ staff?	Asbest (i.e.	thermal syst surfacing other misce	ng Materia tems insula , VAT, or	I (ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				2 1-1	1.000-5		-		
Ro				X		s/asphalt			1,200sf	x	_		
pump ho	ouse #2			X		block/wind		k	35lf	X			
pump house &		X		wall s	tucco	1,900sf X			-				
Name of Registered W	TN	JDEP V	Vaste	Cubic Yar	ds	Name of F	Registered Landfil	1	1		L .		
Allserveco Leasing	Hauler ID No. of W			of Waste 50cy	of Waste		ESI PA Bethlemhem Landfill						
City, State 110 Jabez Street,	City, State 110 Jabez Street, Newark, NJ 07105					Disposal [	Date	City, State Bethleh					æ
Completed by Thomas Rock	mpleted-by					Sign	ature	ako		ate /5/20	14		

ATA ,

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

Date of Notificatio	n (1)				Owner/Operator	(2)	~ r				9
6-11-14			Jason F	'itz	gerald					- 100	a
Agencies Notified	Type Notific	cation	Street Addre	ess				_			
[ ]EPA	[X]Initial		64 Madi	son	Ave.		2014 JU	N 16	PM	2.5	
[ ]DEP	Notifi	cation	City, State,	Zip	Code				111	1	-
[X]DOL	[]Amended	07 5%	Montcla	ir,	NJ,07042		∆ SSES	it, as	1	e Bre	. 1
[X]DOH	Notifi	cation	Name of Cont	act		Telephor	ne Number	1CEN	TN.	3 100	-
[ ]DCA	[ ]EMERGEN	CY	Jason E	'itz	gerald			<del>90</del>	- 1 - 1	C.	( )
. 1234	[ ]Cancell	ation									
	•		FACI	LITY	INFORMATION			1			
Name of Facility Wh		is Taki	ng Place (3)			Type of Facil	ity (4)				
Same as above	•					[ ]School			P 10		
Street Addres						[4] 1.75. (T.15.2) [17.30(0.15) (T.	ter 8 (Other				
						cial b	ouildings, ho	omes, e	tc.)		
				-		Square Feet	# of Floor	0.000	dg.	Age	
City (5		County	(6) Essex		inty Code (7)	1700	3		L02		
					1/1/100 ESS - S 1	Current Use (	Prior if be	ing dem	olis	hed)	
Name of Monitoring	Firm hired by	Buildir	ag ASCM No.		Name of Abate	ment Contracto	r (9)				
Owner (8)	riim milea b,	Durrar	ig Fiber No.			ANAGEMENT					
N/A Street Address					Street Addres						
bereet namess						stopher St					
City, State, Zip Co	odo			<u> </u>	City, State,		-				
city, state, hip co	ode					Lr, NJ 070	42				
Project Manager for	. Monitoring I	Diam Mo	elephone Numb		Telephone Num			icense	Manni	200	
FIOJECT MANAGET TOT	. Monitoring is		/A	er.	(973) 744		<u></u>	0037		JEI	
Scheduled Start Dat	o (10)		4.,	(11)	Name of OSHA						
6-23-14	e (10) Sc.	6-24	letion Date	(11)	N/A	Monitor					
	Year M		Day Year		1, 22						
Occupancy Status Du					Street Addres	S					
[X] Facility Clo of Abatemen		During E.	ntire Period								
[ ]Abatement Pe	erformed Outs			Y	City, State,	Zip Code					
[ ]other - Desc											
Scope of Work (Chec	k all that ap	pply)			Ш						
F1773.0						Containment wi	th Negative	Pressu	ıre		
[X]≥3 sf or []>160 sf	or >260 lf		<pre>[X]Renovation [ ]Demolition</pre>		Tarra Tarra San Caranter	Enclosure bag Procedure					
	_					Friable Procedu	ire				
Locatio	on of		Is Location		Description	on of		Aba	teme	nt T	ype
Asbestos-Co	ontaining		Normally Used		Asbestos-Con	taining	Amount	RE	R	N C	C
Material TO BE A			Solely By Main-		Material (i.e., thermal		(Specify	M	P	AP	LO
In Faci			tenance/ Custodial	ir	sulation, surf	acing, VAT,	LF)	V	A	S	S
(13)	)	Yes	taff (12) No N/A		or other misce	llaneous)		L	R	L	R
Basement		163	X	Piı	pe Insulat	ion	24 lf	X		·	
		_	-		sh & clean		50 lf	-F-	-		
					ulation	Pipe	00 ==				
Name of Registered	Waste Hauler	l hs	JDEP Waste	Cu	bic Yards	Name of Regi	stered Land	fill			
AZTECH MANAG		NTC H	Mauler ID No.	1.4	Waste 1.5	G.R.O.W.					
City, State	-		L7040	D:	sposal Date	City, State	evice (1885)		-		
Montclair, No	07042				6-25-14		lle, PA	1906	7		
Completed By (Print		itle			Signature	•		Date	2000		
Constantine \	/ivian P	resid	ent		( V	um		6-11-	-14		
	1.3					The state of the s	The second secon	•//			_

CK 1358



Date of Notification (1) 6-10-2014					Building C leaning			(2)			- 5					
Agencies Notified	Type Notification		1300	Street Ad Prosp	dress pect Stre	eet		2014	JUN 16	Pr	1 2: 3	3				
DEP X DOL	Amended Amendment				e, Zip Coo ood, NJ		0	# 555 	ESTUS & LICE	VSI	HTPC NG	11				
DOH DCA	Emergency justification) Cancellation	31	10.00	Name of 6 Ben Ra			i,	z.,		Tele	phone N	lumber <b>9</b>				
Name of Facility Where Residential	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATI	ON	_	Facility (4)					- 22		
Street Address 527 Mt. Prospect A	venue							Su Su Oti	bchapter 8 her (i.e. priv	(Otherate &	er than K- comme	-12) rcial bui	ding	ıs, h	nome	s,
City (5) Newark, NJ 07450								Square 41218		3	Floors	1	3ldg 75+		je	
County (6) Essex		123300	(	County C	ode (7) S≣ ONLY)		_	Current	Use (Prior i	f bei	ng demol	lished)				
Name of Monitoring Firm A.T. Cameron, PG	n Hired by Building	Owner (8)	•	ASCM	No.				ment Contra onmental			LLC				
Street Address 273 Thomson Aver	nue							Address /irginia	avenue						20020	
City, State, Zip Code Middletown, NJ 074	448						tate, Zip ey City,	Code NJ 0730	4							
Project Manager for Mor	nitoring Firm		Telephon	e No.		0.000	one No. 333-88	55		License 01174						
Start Date (10) 6-11-14											rvices,	LLC				
Occupancy Status Durin  X Facility Closed/Vac	- I			ent				Address /irginia	Avenue							
Abatement Perform Other – Describe:	ned Outside of Non	mal Facility	Hours	CIIL		_	7.00	tate, Zip	Code NJ 07304	1						
Scope of Work (Check A	All That Apply)	-								-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renovation Demolition					Mini- Glove	Containmen Enclosure ebag Proced Exempted (	dure				lure	<b>.</b>	
		Is	Locati	on										ate	ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Fact (13)	g Material (ACM) BATED ility	Use Ma	Normall d Solei intenar todial S (12)	ly ly by nce/		tos Con thermal surfa	scription taining M I systems cing, VA miscellan	Material (A s insulati T, or		(5	mount Specify F or LF)	Removal	1000	Typ	e Encapsulate	Enclosure
Roc	of		×			F	Roofing	1		20	00 SF	x	+			
Second	х				VAT			18	00 SF	х	$\dagger$	1				
First fl	Х				VAT	-		18	00 SF	х	$\dagger$					
Basen	×				VAT			1:	20 SF	x						
Name of Registered Wa	A 1000	JDEP W		1 1/2/1995	Yards		Name of Re	egiste	ered Land	dfill				-		
Waste Management				auler ID 034889		of Wa			G.R.O.W	.S.	North la	andfill				
City, State Coraopolis, PA			-	6-21-	sal Date -2014		City, State Morrisvill	e, P	A							
Completed by Liliana Pedraza	e mar	nager		Signature Date 6-10-2014				4								

Location of			У	Description of				emen /pe	ı
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custodial Staff? (i.e. thermal systems in surfacing, VAT, other miscellaneon X VAT	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A			<u> </u>		ate	re
Basement		Х		VAT	240 SF	x			
Basement		X		Ceiling insulation	150 SF	X			
Roof		_X		ACM_roofing	2000 SF	X			
						-			

10

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:00 and 12:120)

in the	NO	(Purs	allant to	njac 8:6	TOS ABATER 10 and 12:120	)	CY	姓		79			
6-10-2014		1			mar/Operator ction inc.	(2)			APPROV Health &	Senior		ices	
Agencies Notified Type Notification		100000	Alliots			-	1	W	(S)(Dates	<b>a)</b>	~ ~		
DEPA LICEN Amended  Amended  Amendment				Zip Code es Park,	NJ 07650		Date	(0)	1114	Thine:_	10	74	M
DOH Emergency ( justification)  Cancellation	ncluding	N	ame of C	ontect				Total	hone Mun	ber			
			FACIL	TY IMPOR	MOTAMS		1						
Name of Facility Where Abatement is Taking House	g Place (3)					Type of F	eality (4) oot (K-12	90					
Street Address 1639 Federspiel Street							ex (i.e. pri		rinen K-12 commerci		inga, 1	toline	\$,
City (5) Fort Lee						Square F	10-14 HOVEST	# of 2	Faces	0.000	dg. Ag	<b>18</b>	
County (6)			County Co	ode (?) SE ONLY)		Current	Jan (Prior		g demolis	red)			
Bergen					I Mari		- Prior	-	<b>1</b>		73		_
Name of Montoling Firm Filted by Building rva	Owner (8)		n/a	Ņα,	. Loz	e of Absten Inica Mar				C C C	ے		- 1
Street Address tr/a						n Address Troy Lain	e			-	<u>ل</u>		
City, State, Zip Code		******	1.0			State, Zip o coln Park		035	7		7		
Project Manager for Monitoring Film		T	elephon	s No.	Telep	shane No. 3-706-795	1	7	License N 01193	2	۲٠.	0.100	į.
Starf Ctate (10)	Schedule	00.0	pletion D	ets (11)		e of OSHA		1	01100	.5	مر. مر.	۲	
6-11-2014 Occupancy Status During Abatement (Cher	6-13-20 k Only One				Stree	Address	1		<del></del>		C. 4,		
Facility Closed/Vacoted During Entire Abstement Performed Outside of Non- Other – Describe:	Period of A	bulana	ant	-	aty,	State, Zip (	Code	•				•	
Scope of Work (Check All That Apply)							<del> </del>		<del></del>				-
23 af or 23 if 23 find af or 22 find if		enovat emoliti				Mini-E	inclosure beg Pmo	edure	Negativa I Non-Fried			3	
		Locatio			D						C112 - C12 - C2	mant pe	
Location of Anhantor-Containing Metarial (ACM) TO BE ASATED In Facility (13)	Mai	d Soleh intenan odlel S (12)	qe/	Asbest (J.e. 1	Description Descri	Meterial (A ms insulation (AT, or	CM)	(8	nount pecify or LF)	Remova	Reput	Encapsulate	Englosure
	Yes	No	N/A			1	'			1		8	_
Exterior			X		Asbestos		+.+		00 SF	$ \times $			
2nd Floor		-	X		VAT		++	10	00 SF	1×			
	1						+	·-		+			
Name of Registered Waste Hauler Loznica Management Corporation		H	JDEP WAREHOUSE TO BE DESCRIPTION TO BE DESCRIPTI	No.	Cubic Yards of Weste TBD		GRÓW		ired Landii Võliili	u `			
City, State Lincoln Park, NJ 07035					Disposal De TBD				A 19067				
Completed by	Title	- tem			Signati	حراراً	20,0		10.17	ate 5-10-2	014	17-14	

(80-80-71) 14-82A

60

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

شا شا	NOTE ()	FICATION C Pursuant to	F ASBES NJAC 8:6	TOS ABATEN 30 and 12:120	BENT (	4	+ 068	YO	1		
Date of Notification (1)   6 PH 2:	32			oner/Operator ction inc.	(2)	NAO	APPROVI	Senior	Serv	lces	
Agencies Notified Type Notification	ולי	Street Add				17	CALL C. KE	Dane	7	-	
DEP & L Minkled CAmended Amendme	ent #		e, Zip Code	e NJ 07650		Date	6/11/4	ime:	7:2	LA.	M
DOH Justification	n) (including	Name of		, 110 07 000	•		Telephone Numb	est'			
DCA Cancellati	<del></del>	FACIL	ITY INFOR	NOTALLS							$\neg$
Name of Facility Where Abetement is Tal	dng Flaco (3)	.,,,,,,,,,,			Type of Fa	allity (4)					
House						i (K-12)					
Street Address ·						apter 6	(Other than K-12) vata & commercial	buildir	teres h	i Idilibrat	
140 Cedar Street				•	Other etc.)	(i.g. pn	ABID & COUNTRY CHE	DUMOU	iĝa, i	ALI PER	31
City (5)					<b>Square</b> Fe	1020	# of Floors		g. Ag	ę	
Fort Lee	40				1,800 \$1	1000	2	50	+		
County (6)	11	County C					If being demolishe	ed)			
Bergen		(STATE L	ise only)		House -	1.00		15.	13	2	
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASCN	No.		of Abateme			Či,	-1	-	
n/a ·		n/a		Loz	inica Mana	geme	nt Corp R	1	۲	=_	
Street Address					t Address				4	1	
n/a					Troy Lane	1				- C	
City, State, Zip Code				. City,	State, Zip Co	ide	7	e ,		50 220	
n/a		- 1		Lin	coln Park,	NJ 07	U30 <u>9</u>	10		0	
Project Manager for Monitoring Firm		Talopho	ne No.		ohone No. 3-706-7950		Cicense No		٠.	9	
Start Date (10)	Scheduled	Completion	Date (11)	Nam	o of OSHA M	ionitor		-	;	-(	
6-11-2014	6-13-201	4					. : :			<del>-1</del> -3, 11,	iii
Occupancy Status During Abertament (C	heck Only One)			Stree	et Address			,			
Facility Closed/Vacated During Em Abatement Performed Outside of N Other Describe:	In Period of Aba	atement		City,	State, Zip Co	ode	2.4				-
Scope of Work (Check All That Apply)						-		_			
23 sf or ≥3 ff ≥160 sf or ≥260 ff		novation molition			Mini-En Glovab	iclosure ag Proc				В	
	. 1-1		T		15			T		ament	t
1 4 9		occion mally	1	Descripti	on of			_	ТУ	pa	_
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Maini . Custos	Solely by tenance/ dial Staff? (12)	Asbes (i.e.	tos Containing thermal syste surfacing, \ other miscel	Material (AC me insulation /AT, or	CM)	Ampunt (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
	Yes	No N/A	,		i	1		<del></del>			-
Exterior		$\times$		Asbestos	Siding		1800 SF	$\times$		_	
					•						
					192			T			
Name of Registered Weste Hauler		NUDERY	Naste	Cubic Yard	i N	nus of	Registered Landfill	1	_		1
Loznica Management Corporat	ion	Hauler II 003313	No.	of Waste	1	1	/S Landfill				
City, State				Disposal Da	ste C	ity, Stat					100
Lincoln Park, NJ 07035			95	TBD	1	Marris	ville PA 19067				
C - Nadad hiji	1 Title	-	******	Signa	aure 🛆	1	D.	alte	100		

Secretary

E. Cirovio

6-10-2014

### State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

CK 5095

Date of Notification (1)	Name of Building Owner/Opera	stor (2)	
Agency Notified Type Notification		ler Collins	
	Street Address 78 BU	Palburn RD	
O EPA G Initial O DEP	City, State, Zip Code .		
Amondment # D Emergency (including	. SOMME	T, NJ. 079	01
JEI DOH - justilization)	Name of Contact	Telephone Nur	mber ·
D DCA D Camendation	MS. COLLING		39
Name of Facility Where Abstracent is Taking Place (3)	FACILITY INFORMATION	1 Ton of Footby (A)	
Ms. COLLINS		Type of Facility (4)	
Shout Address		☐ School (K-12) ☐ Subchapter 8 (Other than K-12	3
78 BLACK BURN	RS	-2-Other (i.e. private & commerci homes, etc.)	ai buidings.
Cay (5)		Square Feet # of Floors	Bidg. Age
SUMMET		.1800 2	75 YENG
UNION	County Code (7) (STATE USE ONLY)	Correct Use (Prior if being demand	ished)
Name of Monitoring Firm Hilled by Building Owner AS	. 1.	lement Contractor (9)	NOC.
Street Address	Best Street Address	Removal Inc	<u> </u>
		River St	あり
City, State, Zip Code	City, State, Zi	Code	
Project Manager for Monitoring Firm Teles		nsack, N.J. 07601	力 10.1
1 cash	home No. Telephone No. 201-329	The second	
Start Date (10) Scheduled Completion	Date (11) Name of OSH	A Monitor	
6/25/14 6/26 Occupancy Status During Abelement (Check only one)		nvironmental Inc	
	Street Address 280 Hu	yler St	
Pacility Closed/Vacaled During Entire Period of Abatema     Abatement Performed Outside of Normal Facility Hours	city, State, Zip		1
Scope of Work (Check all that apply)	. South	Hackensack, N.J. (	7606
B23sa23F	- D.	Containment with Negative Pressure	
C1 ≥ 160 sf or ≥ 260 ff	Demolition .a Glo	i-Enclosure webag Presidure	
is Lee		n-Exempted (*) and Non-Frieble Proce	Abalament
· More	ally '		Type
Anhantan Containing Mahamid (ACOA)	anco/ Asbestes Containing II	distorial (ACM) Amount	
By Facility		s insulation, (Specify 17, or SF or LF)	Enclosure Encapsulate Repair Removal
(13)	) alker miscellar	neous)	val val
Yes No	N/A		
BASEMENT	THORMAL	30 L	₹ X
	-		
	Waste Hander   Cubic Yards of	Name of Registered LandBI	
Best Removal Inc 171	09 Waste	Minerva Enterpri	ses
Hackensack, N.J. 07601	Disposal Date	Waynesburg , Oh	
Completed by Title	Signature 1	100	Date 1 1 1
RVELDRAN Estimator	R. Veld	ran	6/12/14

#### Check#1926

· i	_	 	 
6: *			- 1
	1020		- 4

Date of Notification (1)					Name	of Buildin	a Owner/(	Decator (	2)				-	100	<u> </u>
06	12 /	14	_			Bensimo		- polition (1	-,	2814 J		c	D.,	-	
Agencies Notified	Type Notific	cation			Street	Address	200			. 0	011-1	0	11	2:	
□ EPA					163 N	Iayhew D	rive			4 555F					
□ DOLWD	Amende					State, Zip				- 1010	10	- 6	. 1	THEF	7:
□ DHSS	Amenda					- 2		0		Čt.	LICE	NS	INI	2	i,
DCA	Emerge	ncy (inc	luding			Orange,		9		Telephone N					-1
(NJAC 5:23-8)	Cancella			1			75%			I elebuoue i	vumbe	i			
	T Cancelle				Liron	Bensimo	n			-	21				
					FA	CILITY II	NFORMA	TION							
Name of Facility Where	Abatement is	Taking	Place	(3)					Type of Facility	(4)					
Private home									School (K-1						
Street Address									Subchapter	8 (Other than K	(-1 2)	79.0			
163 Mayhew Drive									Other (i.e., ) homes, etc.	orivate and com	nmerci	al bu	ilding	15.	
City (5)									Square Feet	# of Floors		DI	ig. A	00	
South Orange, NJ 070	70								oquare i cor	7. 01 1 10013		D.	Jy. A	y=	
County (6)	19				Cour	ty Code (7)	(STATE II	SE ONI VI	Current Use (P	elevit beleve de	! . !	1			
Essex					Coun	ity Code (1)	(SIXIL O	SE ONLT)	Current Use (P	nor it being der	noiisne	ea)			
Name of Monitoring Firm	Hired by Bu	ildina O	weer	Ö\	10014	N-	Time		L					2000	
Manie of Worldoning Firm	i niled by 50	nung O	wher	.0)	ASCM	No.			ent Contractor (9	)					
							Gr Tec	h LLC							
Street Address							Street A	Address	252W03426 352W0						
							576 Va	lley Rd #	283						
City, State, Zip Code							City, St	ate, Zip C	ode		_				
							Wayne	NJ 0747	70						
Project Manager for Mor	ntoring Firm			Tale	phone	Nó	Telepho		70	License No				-	
¥	A. (1997) 140 M. (1997)				9.10110						J				
Start Date (10)		Schedu	ilad C	omnio	tion De	+= (44)	973-63			01127					
							Name o	of OSHA N	ionitor						
		0			/ .		Envirov	vision Co	nsultants,Inc						
Occupancy Status Durin			Section -				Street A	Address							
Facility Closed/Vacat							20-21 V	Vagaraw	Road, Bldg .#	34A					
Abatement Performe	d Outside of N	Normal	Facilit	y Hour	s - Des	scribe		ate, Zip Ci							
Time of Abatement:	AIVI	PN	V	PN		_AM		wn, NJ 0							
Scope of Work (Check a	II that apply)			No.					and decontami	nation with neg	ative r	ress	ure		
S			1000						tainment with Ne			1000	uio		
>3 sf or >3 if = 160 sf or >260 if				novati				Mini-Enc	losure				511125555		
				molitic	ЭΠ		A		g Procedure mpted (*) and No			ress	ure		
			ls	Locat	ion				( ) = ( )	1		۸ ۱-		· T	
Location			1	Vorma	lly		De	scription o	of.			ADI		ent T	ype
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Gr Tech LLC				(	003378	55	TBI		T.R.R.F. Inc			-	-		nitr-mad
City, State							Disposa	al Date	City, State						
Wayne, NJ 07470							TBI	)	Tullytown, P	Α					
Completed By (Print or T	ype)	Title	8				Sig	gnature /	7	1	Date				
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#### State of New Jersey

Salas and a salas		1		ursuant	to NJAC	BESTOS A 8:60 and	12:12	20)	Cloo		12	96	d		
Date of Notification (1)	072-14					Owner/Optional Se									macer-
Agencies Notified  EPA	Type Notification			Street A 250 M		nie Road	, Sec	ond F	loor, Suite	e 202					
DEP DOL	Amended Amendmen		_ [		ate, Zip C achie, N	ode NJ 0707	4			12	5	Su.	P199		1 10 A
DOH DCA	Emergency justification) Cancellation			Name of Fahri	f Contact Arslan				,	Telepi	non@Por	mhor	1	The second residence is a second residence in the seco	) )
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Name of Facility When	e Abatement is Takir	ng Place (3							of Facility (4 School (K-1)	2)	707	15	7		, i
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City (5) Paterson									re Feet	# of FI		550	Bldg. A	\ge	
County (6) Passaic				County (	Code (7) USE ONL	Y)	_	Curre	nt Use (Prio	or if being	demolis	hed)			Rood No.
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	I No.				tement Con onmental						
Street Address				1				t Addres Box 48	ss 33, 4 E Ga	ate Driv	e				
City, State, Zip Code						City, S	State, Zi				-				
Project Manager for Me	onitoring Firm		Telephor	ne No.		Telop	hone No	o.	L	icense N	10.		- 1		
Start Date (10)		Schedulo	* 1	npletion [					A Monitor						hi:
Occupancy Status Dur	ing Abatement (Chec	ck Only On	e)	~ (	7		Street	t Addres	is					and the second	
Facility Closed/Va Abatement Perfor Other - Describe:	acated During Entire med Outside of Norr	Period of A	baten Hours	nent				State, Zi							
Scope of Work (Check														18	N. Stateman
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Property .	enova emolit					Min Glo	Containme i-Enclosure vebag Proci n-Exempted	edure					
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Name of Registered Wa	aste Hauler		0.750.6	JDEP W		Cubic Y			Name of R	Registered	l Landfill				
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Freehold, NJ						Disposa	Date		City, State Morrisvil						

Completed by

Andrew Scott Higgins

Title

President

Date

Signature

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Ch# 1086

BRAN HIN IC DM O'S	(Pursuant to make	year / .		
2014 JUN 16 PM 2: 5E late of Notification (1) 6 9 14	Meme of Building HONARC	Owner/Operator (2)  NOMES	bldings 1	LC.
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ame of Facility Where Abstement is Taking Pl	ace (3)	7000	o (KL12) ·	
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ame of Mordining Firm Hired by Building Own	er ASCM No.	Name of Abasemera Long	(DL ·	
3) .		Sheet Aridess		•
Street Address		City, State, Zip Code		9967 .
lity, State, Zip Code	•	OID BRIDE	License No.	8857 .
Project Manager for Monitoring Form-	Telephone No.	Telephone No. 29, 79	500 0080	56
	Completion Date (11)	Name of OSI-IA Morabus	115	•
Start Date (1971) ILL	110114	MONALECT	100 -	
Occupancy Status During Abatement (Check o	nly one)	P. A. 130x 8	314 :	••
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A Facility Closed/Vazzisi Duing Emperent O Absternent Performed Questile of Normal Fa O Other — Describe:	amy route			200
Scope of Work (Check all that suply)	O, Renovation	AN Mini-Enclose	mani with Negative Pressu ne	
#23 sf or ≥ 3 ff	Demolition	D Glovebag P	red (*) and Non-Prinkle Pit	Abelement
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Friable Notification

							Owner	Operato	r (	2)					_
Date of Notification		4.													
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Name of Facility Whe		et in Ta	king				FORMAT	TON	TTV	pe of Facilit	y (4)	-		T	11
Name of Facility Whe	re Abaceme	nt is ia	ALIIG	1 100					-	Micakon!	(K-12)	<b>ひ</b> →	S.		lam'
Midland School										[ ]Subchap [ ]Other (	1.e., pr	ivate	A COUR	milet -	
Street Address									50	cial bu	ildings.	homes	. etc		<u> </u>
300 Rochelle Avenue			7.5			10-0	nty Coo	775		40.000	2		50		
City (5)		County	(6)					ONLY)	Cu	rrent Use (Pr	ior if b	eing d	emoli	shed	()
Rochelle Park, NJ 076	662	Berger	n			<u></u>			S	chool	791			-	
Name of Monitoring F Owner (8)	irm Hired	by Build	ling	ASC	M No		Name	of Abate	emen	t Contractor	(),				
Westchester Environn	nental LLC			000	127		Four	Strong B	Builders, Inc.						
Street Address	TOTALS, ZZZ						Stree	Addres	ess						
307 North Walnut Stre	eet						180 S	argeant	nt Avenue						
City. State. Zip Coo	ie						-								
West Chester, PA 193	- N T	W-1		Maron	haz-	Clifto	hone Num	013	3-1935	Li	cense	lumbe	r		
Project Manager for Monitoring Firm						ner					00	807			
Matt Abraham Scheduled Start Date	710) 15	hed.Com	610-4			(11)		014-0377		nitor	100	007			-
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Occupancy Status Du	ring Abate	ment (Ch	eck c	nly	one)		Stree	t Addre	SS						
(X) Facility Close of Abatement							180 9	Sargeant	t Av	enue					
[ ]Abatement Ferf Hours - Descri	ormed Outs be:	ide of N	ormal	L Fac	:1111	À	Crty.	State.	41	p code					
[ ]Other - Descri						_	Clifto	n, NJ 07	7013	3					
Scope of Work (Chec	k all that	apply)								Containment wi	th Negat	ive Pr	essui	e	•
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Office Closet Name of Registered	Waste Hau	er	IN	JDEP	Was	te	Cubic	Yards	ال	Name of Regis	tered La	ndfill	لا	-	
or negrotered					r ID	No.	of Wa	ste		G.R.O.W.S., Ir					
Four Strong Builders	s, Inc.			260	9		Dispo	sal Date		City. State	10.				_
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ASB-41 JUN 95										* 7929		74		G46	567

#### Check#1923

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Date of Notification (1)			1	Name	of Buildin	g Owner/Operator (2	2)			97. 10.		- ()	
06	11 / 14	<u></u>		Ivan C	arn								5:
Agencies Notified	Type Notification				Address			2814 J	UN TE	7	DH	2.	50
□ EPA	✓ Initial					en Avenue					11	C	7.7
	☐ Amended				State, Zip			PUBE	No process	7.5	Cia I	T 40	01
DHSS	Amendment #_			1170	off, NJ 0				LICE	HS	UM HU		1.
DCA (NJAC 5:23-8)	Emergency (in justification)	cluaing			of Contac			Telephone N	lumber	170	1:4	<u>u</u>	-:
	Cancellation			Ivan C	Carp			1					123
			-	-		NFORMATION		_					
Name of Facility Where At	patement is Taking	Place	(3)	- ' '			Type of Facility	(4)		-	_	-	
Private home							School (K-12)						
Street Address	*							8 (Other than K					
234 Van Houten Avenu	9						Other (i.e., homes, etc.)	private and com	mercial	buil	ding	S.	
City (5)	6		_				Square Feet	# of Floors		Bide	g. Ag	10	
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County (6)				Coun	ity Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being den	nolished	)			
Bergen				10000000			Current Use (Prior if being demolished)						
Name of Monitoring Firm H	Hired by Building (	)wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)	-	-	_		
						Gr Tech LLC	2011-1-1018   Paris 2019-1-1018   Michigan						
Street Address						Street Address							
						576 Valley Rd #	2283						
City. State, Zip Code		-		-		City, State, Zip Co							
						Wayne, NJ 0747							
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No				_	
						973-638-1777		01127					
Start Date (10)	Sched	duled C	omple	tion Da	ate (11)	Name of OSHA M	1onitor	01127				_	
06 / _20 / _	14 (	)6 /	21	1	14	Envirovision Co	ngultanta Ina						
Occupancy Status During						Envirovision Co Street Address	insultants, inc						
▼ Facility Closed/Vacated				ment			Dood Dide #	1244					
Abatement Performed	Outside of Normal	Facility	y Hour	s - Des	scribe	20-21 Wagaraw City, State, Zip Co		34A		_			
Time of Abatement:	AMPI	W/	PM_		_AM	Fair Lawn, NJ 0							
Scope of Work (Check all	that apply)							ination with nega	ative pre	11224	re		_
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Gr Tech LLC			(	03378	85	TBD	T.R.R.F. Inc						
City, State						Disposal Date	City, State						
Wayne, NJ 07470						TBD	Tullytown, I	PA					
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Date of Notification (1)					Name	of Building	Owner/Operator (2	2)						
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			-				FORMATION		-	-				
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Project Manager for Moni	toring Firm	, , –		Tele	phone	No	Telephone No.	1 1 1 1 1 1	Lice	nse No	-	-		
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



Name of Building Owner/Operator (2) Date of Notification (1) STATE OF NJ DEPT. OF CHILDREN & FAMILIES, OFFICE OF EDUCAT 6/10/2014 2014 JUN 16 PM 2: 58 Street Address Agencies Notified Type Notification P.O. BOX 710, 10 QUAKERBRIDGE PLAZA EPA Initial City, State, Zip Code Amended DEP × Amendment #\_ TRENTON, NJ 08625 DOL å 1 Emergency (including Telephone Number Name of Contact DOH justification) RONALD WYBRANIEC DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) DCF REGIONAL SCHOOLS - BERGEN CAMPUS School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 374 E. RIDGEWOOD AVENUE etc.) # of Floors Square Feet Bldg. Age City (5) **PARAMUS** Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) BERGEN ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTIONS, INC. TWO BROTHERS CONTRACTING Street Address Street Address 120 NORTH WARREN STREET 250 RUTHERFORD BLVD. City, State, Zip Code City, State, Zip Code TRENTON, NJ 08608 CLIFTON, NJ 07014 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. STEVE FAIRESS 609-392-4200 973-956-8700 00494 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/7/2014 SAME AS (9) ABOVE 7/25/2014 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure X Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, TO BE ABATED (Specify Removal Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No X VINYL SHEET FLOOR& MASTIC 8,370 SF THROUGHOUT SCHOOL X X TRANSITE PANELS 825 SF THROUGHOUT SCHOOL Х NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste WM GRAND CENTRAL SANITARY LAI TWO BROTHERS CONTRACTING 30 18743 City, State Disposal Date City, State MORRISVILLE, PA 7/25/2014 CLIFTON, NJ Date Completed by Signature 6/10/2014 **VIVECA RAMOS** PROJECT COORDINATOR an

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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	Fig. 1		60	e e e e e e e e e e e e e e e e e e e	
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and the state of the second state of the second		aking Flac	e (3)				School (K-12					
Princeton Shopping	Center							8 (Other than K-1	2)			
Street Address	34						Other (i.e., p	rivate and comme		dings,		
301 North Harrison S	Street						homes, etc.)					
City (5)							Square Feet	# of Floors	Bldg	g. Age		
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County (6)		-		Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
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Horizon Environmen		essantia esta de la companio de la c	Jacob Miles	0007	73	ATC Constru	ction LLC					
Street Address				C.C. (17.0000514)		Street Address						
P.O. Box 316,						6012 Broadw	av.					
City, State, Zip Code						City, State, Zip Co	200.40					
Thororfare New jerse	07059					V	ork New Jerse	v 07003				
			Tal		Na		JIK INEW JEISE					
Project Manager for Monito	oring Firm			ephone		Telephone No.		License No.				
Steve Flanigan		46-794		201-293-2368		01210						
Start Date (10)6 / _23 / _	326/37	Scheduled7		O /		Name of OSHA M						
Occupancy Status During	Abatement (	Check only	one)	XXXXXXXXX		Street Address						
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☐ Abatement Performed (	Outside of N	ormal Faci	lity Hou	rs - Des	cribe	City, State, Zip Co				- 7		
Time of Abatement: 6A	MPN	и/ <u>3:30</u> РМ-		AM			ork, NJ 07093					
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≥160 sf or ≥260 lf			Demoliti	on			g Procedure	on-Friable Proced	ure			
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IN Facility (13)		00	(12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>	Encapsulate Repair	- 1	
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Name of Registered Waste	Hauler		1.3	NJDEP I Hauler II	10000777	Cubic Yards of Waste	100 mm wasser 1000	stered Landfill				
Rovic					P20785	20 Cubic	lullytown	Resource Rec	overy			
City, State						Disposal Date	City, State					
Riverdale, New Jerse	<b>ә</b> у					07/2014	Tullytown	Resource rec	overy			
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D DCA	Cancellation	6-30-14		1C	TY INFORMATIO	100		· · · · · ·	-				
Name of Facility Where A	Abatement is Taking	Place (3)		-			Type of Facility (	4),					
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1AUJ	and the second second second second			,		L	etc.) Square Feet	# of Floors		ldg A			
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Name of Monitoring Firm	Hired by Building (	Owner (8)	7 F	SCM I	No.	Name of Abatement Contractor (9)							
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Street Address	es Po	BALL	31/4	_			5767 Stadium Drine						
123 N Fca A	ch 10.	CUK				- Carlottan Charles	ity, State, Zip Code  ACAMA MO, MI. 49009						
Duth Hamp Project Manager for Mon	ton NY	1196	5			KACE	UNT PUM	m1.4	7007				
Project Manager for Mon		Tel	ephone	e No.	1 65165131313	THE INCL.	LILETIS	e No.					
Pater El	Patra Filans						375-959						
Start Date (10)	0-22-12	Scheduled 20	Comple	tion Da	ate (11)	Anai	10SHA Monitor	stins +1	ph Sul	40.	C		
Occupancy Status During			0	60	011	Street A	ddress .	31117	ا بورو	P		4	
Facility Closed/Vac			atemen!	i.		14675	5 Nester	R.J.					
☐ Abatement Perform						City, Sta	ate, Zip Code		.77				
Other - Describe:						PRI	sull,	21. 99	180				
Scope of Work (Check A	II That Apply)								_				
☐ ≥3 sf or ≥3 lf 2x ≥160 sf or ≥260 lf		Tal 2000	novation notition	1			Full Containm Mini-Enclosur	ent with Negation	ve Pressu	re			
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Location	n of	No	rmally		Des	scription o	of		-	Ty	pe		
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		Yes		N/A					$\perp$	_			
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Date of Notification (1) 6/10/2014	Name of Building Owner/Operator (2) NEW JERSEY TRANSIT										
Agencies Notified Type Notification	2022	Address PENN PLA	ZA EAST	201	JUN 16 P	H 2:	35				
▼ EPA Initial   DEP ▼ Amended   ▼ DOL Amendment #1   Emergency (includi justification)	City, S NEW Name	tate, Zip Code 'ARK, NJ 0' of Contact	7102	£5	2. 110 FNS		21	i i			
DCA Cancellation	535,000,000	AAL GITTE				50-			_		
Name of Facility Where Abatement is Taking Place BLOCK 144 DEVELOPMENT LLC (3 BU	(3)	CILITY INFOR	RMATION	Type of Facility (		2)	0				
Street Address 77 WEST 18TH STREET					rivate & commerc	ial build			s,		
City (5) WEEHAWKEN				Square Feet	# of Floors	BI	dg. A	ge			
County (6) HUDSON		y Code (7) E USE ONLY)		Current Use (Price	or if being demolis	lished)					
Name of Monitoring Firm Hired by Building Owner TTI ENVIRONMENTAL, INC.	(8) ASC	CM No.		of Abatement Cor		NG, INC.					
Street Address				Address			-		$\neg$		
1253 N. CHURCH STREET			250	RUTHERFOR	D BLVD.						
City, State, Zip Code MOORESTOWN, NJ 08057				tate, Zip Code TON, NJ 0701	14						
Project Manager for Monitoring Firm JEFF SIEMENS	(1000 C) (100 C)	none No. 840-8800		one No. 956-8700	License 1 00494	Vo.					
	duled Completio 2014	n Date (11)		of OSHA Monitor IE AS (9) ABO	VE						
Occupancy Status During Abatement (Check Only	One)		Street	Address							
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe: VACANT	of Abatement	-	City, S	tate, Zip Code							
Scope of Work (Check All That Apply)				_							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renovation Demolition		[2 [2]	Mini-Enclosur Glovebag Pro				е			
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. SEE ATTACHED						+					
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Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Hauler 18743		Cubic Yards of Waste 100+/-		Registered Landf		a.R.C	).W.	S.		
City, State CLIFTON, NJ	10740		Disposal Date		te RISVILLE, PA						
Completed by Tir	tle ROJECT CO	ORDINATO	Signatur								