### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

					(Pui	rsuant to	NJAC 8	:60 and	12:120			力护	113	5.	) 1	)	
	e of Notification (1) 12-2015			10	N	Name of I	Building O I Harriso	wner/O on Hol	perator dings l		JUN 1	8 AM 1	:2				
Age	ncies Notified	Type Not			120	Street Ad 50 Was	dress shingtor	Stree	et	453	23.00		7 4				
×	DEP DOL		al ended endment :	#	C	City, State	e, Zip Cod en, NJ 0	de		3	FLICE	MSTAG	CL				
×	DOH DCA	justi	ergency ( fication) cellation	including		Name of	10			77.75		Telepho	Num	ber			
			A.R. (1.45.05.7.);			FACIL	ITY INFO	RMATI	ON								
	ne of Facility Where A			g Place (3)	)					Type o	of Facility (	4)					
Ab	andoned Building	g for De	mo								chool (K-1						
	eet Address 00-208 Middlesex	Str (Ang	gelo Cif	elli Drive	e)							8 (Other the private & cor			ings,	home	s,
City	(5)		E(r		-					Square		# of Flor	;	BI	dg. A	ge	
	arrison								1	5000		2			0+		
Cou	inty (6)					County C					- 05	or if being d					
Es	ssex				(	STATE U	SE ONLY)	_				Building fo	Dem	10			
Nar	ne of Monitoring Firm	Hired by	Building (	Owner (8)		ASCM	No.					ntractor (9)					
n/a	a					n/a			Lozr	ica M	anagem	ent Corp					
Stre	eet Address									Addres							
n/	а									roy La							
City	, State, Zip Code									tate, Zi							
n/	a										ırk NJ 07						
Pro	ject Manager for Mon	itoring Fin	m			Telephor	ne No.			one No			ise No	),			
n/	a					n/a		1	( - 0.2010 ( 2010	70679	2/32	1000	93				
Toolie .	rt Date (10)	*				npletion [	Date (11)		The State of	나를 하는 그렇게 하는	A Monitor						
100	29-2015			8-31-2								ent Corp				_	
Occ	cupancy Status During	g Abateme	ent (Ched	ck Only Or	ie)					Addres							
×	Facility Closed/Vaca	ated Durin	g Entire	Period of A	Abatem	nent				roy La			-				
H	Abatement Perform Other – Describe:	ed Outsid	e of Norn	nal Facility	Hours			_			p Code ark NJ 07	7035					
Sco	ope of Work (Check A	II That Ap	ply)														
	≥3 sf or ≥3 lf			-	Renova Demolit			•			Containm	ent with Ne	tive P	ressui	re		
×	≥160 sf or ≥260 lf				Jemon	IOH				Glo	vebag Pro	cedure					٠
									>	1 Nor	n-Exempte	d (*) and No	-Friabl	e Pro			
				2652	Locati											emen vpe	
	Location		(1.014)		Normal ed Sole		Ashas	97500	scription		(ACM)	Amou	į			_	
	Asbestos-Containing TO BE AB		(ACIVI)	Ma	intena	nce/			l system			(Spec		Re	D	Encapsulate	En
	In Facil	ity		Cus	todial 9 (12)	stair?	. 31		icing, VA miscella			SF or	-)	Remova	Repair	apsu	Enclosure
	(13)					1		other	niscella	neous)				/al	=	llate	Te
				Yes	No	N/A									_		
Lower Roof						X			Tar	5.5		1200	F	Х			
Main Roof						X			Tar			2,500	Ε	Х	_		
1																	
Na	me of Registered Was	ste Haulei			I	NJDEP W	/aste	Cubic	Yards		Name of	Registered	andfill	-			
	ovic Transport				F	lauler ID	No.	of Wa			GROV	VS Landfi					
City, State								1	sal Date	9	City, Sta						
Ri	verdale, NJ							TBD			Morris	ville PA 1	2000000				
2000000	mpleted by			Title					Signatur	e/,			- Da				
E.	Cirovic			Sec	retary	,		4	~	111	un		6-	-12-2	2015		

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

Date of Notification (1) June 10, 2015		Name of James	Building Owr Folev	ner/Operator	(2) 15 1112 10 1	. C	eck # 2	158			
Agencies Notified Type Notification	n	Street Ad			iē JUR 18 1	<del>-1 : 0</del> .					
× EPA × Initial			ritan Aven	ue 🧷 .							
DEP Amended  DOL Amendme	ent #		e, Zip Code IJ 08004		å L'ÖÉHÉ	THE TUL					
Emergence	y (including	Name of				Teleph	ne Num	per			
X   DOH   justificatio     DCA   ☐ Cancellatio		James									
		FACIL	ITY INFORM	MATION	T	745					
Name of Facility Where Abatement is Tall Old Gun Club	king Place (3)				Type of Facility						
Street Address					School (K- Subchapte	12) r 8 (Other t	ın K-12)				
479 Raritan Avenue					Other (i.e. etc.)	private & c	nmercia	build	ings,	home	s,
City (5)					Square Feet	# of FI	irs	100000	dg. A	ge	
Atco					1,480	3		80	)		
County (6) Camden		County C	Code (7) ISE ONLY) _		Current Use (Pr Residence	ior if being	∍molishe	ed)			
Name of Monitoring Firm Hired by Buildir	ng Owner (8)	ASCM	No	Name	of Abatement Co	ntractor (9)	-				
Management & Enviro. Consultir		7,00111			de Environme						
Street Address				- I I I I I I I I I I I I I I I I I I I	Address						
PO Box 341					Cutler Avenue	)	-				
City, State, Zip Code Chesterfield, NJ 08515					State, Zip Code le Shade, NJ	08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephor	ne No. 98-4070	U. S.	hone No. -755-0099	L	ense No 342				
Start Date (10)	Scheduled Co	, services mouse	180	Name	of OSHA Monito	r					
June 19, 2015	June 22, 20	015	551 500		SL Analytical		_			V2.1	
Occupancy Status During Abatement (Cl	heck Only One)				t Address Route 130 No	rth					
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of Abate	ment rs			State, Zip Code						
Other – Describe:	onnar radinty rida				naminson, NJ	08077					
Scope of Work (Check All That Apply)					2000						
≥3 sf or ≥3 lf	Renov			F	Full Contains		jative P	ressu	re		
≥160 sf or ≥260 lf	x Demo	lition		1	Mini-Enclosu Glovebag Pr	ocedure					
				L	× Non-Exempt	ed (*) and I	n-Friab	e Pro	cedur Abate	and the same of the	
	Is Loca Norm				ie.				Ту		
Location of Asbestos-Containing Material (ACM)	Used So	lely by	Asbestos	Descriptio Containing	n of Material (ACM)	Am	nt			ш	
TO BE ABATED	Mainten Custodia		(i.e. the		ns insulation,	(Sp		Remova	Repair	ncap	Enclo
In Facility (13)	(12	)	0	ther miscella	ineous)		/	loval	oair	Encapsulate	Enclosure
	Yes No	N/A						(1)		te	(b)
Exterior	XX	X		Siding	3	660	3F	X			
							3				
Name of Registered Waste Hauler		NJDEP W	177.77	Cubic Yards	Name o	of Registere	Landfill		•		
Wade's Salvage		Hauler ID 21115	2	The same of the sa		Chem, Ir	ì. 				
City, State Atco, NJ	7			Disposal Dat 5/22/2015		ate eth, NJ					
Completed by	Title	na M		Signatu	re interior	7	, Da	te 10/2	115		
Christina Lynch	Operatio	i is iviana	ayei		rowne 11	file		. 0/2	0,0		

CK 2765

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

Date of Notification (1) 6/11/2015 Check#2764					Building Owne St Mary an			S	Date	146		. 1.			
Agencies Notified Type Noti				Street Ac 283 Da	idress vidson Mill	Road			2015	H 18	}	M 12	2:5	9	
DOL Ame	I nded ndment #_ rgency (in		_ [	Monro	e, Zip Code e Township,	NJ 088	31		Ör.	ICE	VSI	V.C	ROL		
DOH justif	ication) cellation		- 1	Akram	CH SWIFTCHEN				Tale	1000 h	lumh	≏r৺			
Name of Facility Where Abatement	is Taking	Dlace (3	\	FACIL	LITY INFORMA	ATION	Type	of Facility (4	1	-					
Residence	is raking	riace (S	,				_	school (K-12	Š.						
Street Address 283 Davidson Mill Road							□ S   X C	Subchapter of the control of the con	8 (Othe			build	ings,	home	es,
City (5) Monroe Township, NJ 0883	1						Square 2,000		# of 2	oors		100000	dg. A )+	ge	
County (6) Middlesex			(	County C	Code (7) ISE ONLY)		SAME TO STORE 1	nt Use (Prio dence	r if beir	demo	lished	1)			
Name of Monitoring Firm Hired by E Omega Environmental	Building Ov	wner (8)		ASCM	No.			ement Con		)					
Street Address 280 Huyler Street							Address 69th S	<u> </u>		-					
City, State, Zip Code Hackensack, NJ 07606						0.000	State, Zip	Code , NJ 070	93	-					
Project Manager for Monitoring Firm	1			Telephor	ne No.	Telep	hone No 295-17	),		icense				-	
Start Date (10) June 22-2015		Schedule June 2	ed Corr	pletion [	Date (11)	Name		A Monitor		-					
Occupancy Status During Abateme							Address					-			
Facility Closed/Vacated During Abatement Performed Outside	Entire Pe	eriod of A	Abatem	ent			State, Zip			-					
Other – Describe: 7 AM to 3:3	PM														
Scope of Work (Check All That App	ly)					-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Name and Address of the Owner, when the Owner, which t	lenovat emoliti				Mini	Containme i-Enclosure vebag Proc		egativ	e Pre	ssur	e		
								-Exempted		Von-Fr	riable	Prod	cedur	e	
		E 375	Locati	5000 H								1		ment pe	
Location of Asbestos-Containing Material (A	CM	0.000	Normall d Solel	-	Asbestos C	Description		(ACM)	۸.	ount	t		,		
TO BE ABATED	(Civi)		intenar odial S	0.0333163	(i.e. therr	nal system	is insulat		(S	ecify		Re	ZJ	Enca	En
In Facility (13)		000	(12)			rfacing, V/ er miscella			SF	r LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			•					a	-	late	re
First Floor-Kitchen are	а		х		Heatir	ng pipe ir	nsulatio	on	4	LF	2	ς			
Basement area		Х			Floor til	е		13	SF	2	c				
Basement area			x		Del	oris on e	lbows		1	LF	2	2			
Throughout				х		Window	/S		18	nits	2	2			
Name of Registered Waste Hauler			101 5000	JDEP W		bic Yards		Name of F	Registe	d Lan	dfill				
Freehold Carting Inc				auler ID 5939	tbo			GROWS		Land	dfill				
City, State Freehold, NJ		Title			Dis tbo			City, State Morrisvi							
Completed by Gina Salvador	e Mar	ager		Signatur	1 1/1/	ias -			Date 6-1		)15				

Lanne Vinne

B & G proj. #: 2015-107

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

	٠	- 4		***Eme	ergen		(	eck # 725	59			
Date of Notification (1)		Name	of Building O	wner/Operator (2	2)	an Jun 1						
10 16 1/1 10 1/11 15		11		Board of Educ		1	of AM 1	13				
Agencies Notified   Type Noti	fication		Address	-		1925		` d				
☐ EPA ☑ Init	ial		W. 2nd St			& Z.0E		<u>O</u> L				
▼ DOL	endment	7.50	tate, Zip Code und Brook,			* 1:	8					
☑ DOH		Name	of Contact				Te	phone Num	ber	-	-	
DCA Can	cellation	Err	nie Turner	-(								
				ACILITY INFORM	MATIO	N						
Name of facility where abateme	ent is taki	ng place (3	)				Type of Fa					1111111111111111
Smalley School-NON F	RIABLE	1					X	shool (K - 1	020	747		
Street Address							Η,	ibchapter 8 her (Private				)
163 Cherry Avenue							<u>Causes 5</u>	igs./Homes	, etc.			
City (5)		County (6)			Cor	unty Code (7)	Square F	t # of Flo	oors		lldg.	Age
Bound Brook		Somers	et		(Sta	ate use only)	Current L	∋ (Prior if be	eing der	nolish	ned)	
Name of Monitoring Firm Hired	by Bldg			ASCM No.		INome of Abota and Co		n-friable				
R & K Occupational & E			nalysis	0090		Name of Abatement Co						
Street Address					-	Street Address	11, 1116.					
401 St. James Avenue						105 Ryerson Ro	ad					
City, State, Zip Code Phillipsburg, NJ 08865					-	City, State, Zip Code						-
Project Manager for Monitoring F			,			Lincoln Park, N.	J 07035					
Jonathan Gilbert	irm		Phone Num 908-454-6			Telephone Number (973)696-6869	6	(m)	se Num			
Scheduled Start Date (10)	Te	ahad Carr				Name of OSHA Monitor	-		00378	_		
06/13/2015			pletion Date (	11)		B & G Restoratio						
Occupancy Status During Abaten		06/13/20				Street Address						
Facility closed/vacated duri						105 Ryerson Roa	ad					W
Abatement performed outs	de of nor	mal facility	hours-			City, State, Zip Code						
Describe:					-	LincolnPark, NJ (	7035					
Scope of Work (check all that ap	ply)											27. 10. 1
☐ Demolition	Renov	vation			□F	ull Containment w/negat	ive pressur	☐ Glove	ebag pr	ncedi	ıre.	
>3 sf or >3 If	] ≥160 s	of or <u>&gt;</u> 260 If	të.			fini-enclosure			friable i			
Location of	Is loc	ation norm	ally used sole	ly	77.00		Г		R	R	Е	1
asbestos-containing material to be	staff(	aintenance 12)	custodial			sbestos-containing	Amou		e m	e p	n	l E
abated in facility (13)	Yes	No.	N/A	material (	ACM)		(Spec	y SF or	0	a	c a	C
Gym				7 alua data			- 2		e	-	р	
- ,			×	glue dots			18 sq	1	×	님	ᆜ	111
				1					╂	님	片	#
				1	-				岩	님		
				1					냶	片		H
Registered Waste Hauler B & G Restoration, Inc.	N	JDEP Hau 19563	ler ID#	Cubic Yards of W	Vaste	Name of Registered La		2000	-11		ш,	1—
City, State			Disposal [	Date		Tullytown Re	source &	recovery	Cent	er	-	-
Lincoln Park, NJ			7	13/2015		Tullytown, PA	Čo.				- 4	
Completed by (Print or Type) Gordana Luna	Title	stor./T		Signature	(	Gordana Luna		Date				
- Lulia	- Secre	etary/Trea	surer		6	ziraana Luna		06/1	0/201	5		

B & G proj. #: 2015-113

### State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* E M E R G E N C Y CLEAN-UP\*\*\* Check 726

Notification of Aspestos Abatement	
(Pursuant to NJAC 8:60-7 and 12:120-7	)
*** - ** - 0 - 1 - 0 \ 0 \ 0 \ - 1 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \	51

								The state of the s	100	CLIF			_
Date of Notification (1)		-11	Name of Bu	ilding Own	er/Operator (2	2)	×2	· · · · · · · · · · · · · · · · · · ·	A.				
0 6 / 1 1 1	1 5		Joseph S	Sgroi and	d Andrea So	groi	***	176 2000 - 10	A /	: : 5			
Agencies Notified Ty	ype Notificat	ion	Street Addre	ss				T COASIC					
_	Initial		66 Yanta	acaw Bro	ook Road			543	1	27			
DEP _	_		City, State, 2	Zip Code									
DOL [	Amend	ment	Montcla	ir, NJ 07	042								
☑ DOH	-	1	Name of Cor	ntact				Telephor	Numbe	r			
☐ DCA L	Cancella	ation	Joseph	Sgroi ar	nd Andrea S	Sgroi							107
		- 11		FAC	ILITY INFORM	MATION	ı						
Name of facility where	abatement i	s taking pl	ace (3)				117	Type of Facility	)				
Joseph Sgroi and	d Andrea S	Sgroi **	*EMERGE	ENCY CL	_EANUP***			School	(K - 12) oter 8 (C		oon K	12\	
Street Address						20,1107		2000	rivate/C			-12)	
66 Yantacaw Bro	ok Road								omes, e				
City (5)		I Cou	nty (6)			T Cou		Square Feet	of Floo	rs	Ble	dg. Ag	ge
Montclair, NJ 070	042	Esse			is .	10000000	nty Code (7) te use only)	Current Use (P	or if beir	ig dem	olishe	ed)	
Name of Monitoring Fir	na Uirad bu				1001111			residential					
Name of Monitoring Fir	m Hired by	Biag. Own	er (8)	1	ASCM No.		Name of Abatement Co						
Street Address						_	B & G Restoration, Street Address	Inc.					
Street Address							Variable Control of the Control of t						
City, State, Zip Code						_	105 Ryerson Road City, State, Zip Code						-
; w,							Lincoln Park, NJ 0	7035					99
Project Manager for Mo	nitoring Firm	1	Ph	one Numb	er	-	Telephone Number	7033	License	Numb	er		
			1000000				973-696-6869		0378				
Scheduled Start Date (1	0)	ISche	d. Completio	on Date (1	1)		Name of OSHA Monitor						
06/12/2015	7		3/14/2015		,		B & G Restoration,	Inc.					
Occupancy Status Durin	a Abatamar					_	Street Address						
Facility closed/vac				ment			105 Ryerson Road						
Abatement perform							City, State, Zip Code						
Describe:Other-Describe:							Lincoln Park, NJ 0	7035					
Scope of Work (check	all that anni	()					Zincom r and, 140 o		Luran	& cut			
Demolition	III (iiat appi)	Renovation	nn.			ПБ	ull Containment w/negat	ive pressure	-	bag pro		_	
>3 sf or >3 lf							din containment whiegat dini-enclosure	Ive biessale	20000000	riable p			
	₩	≥160 sf or	n normally u	rood aniah		DV IV		ı	14011-11	TRI	D	_	
Location of asbestos-containi	na		enance/cust		1			Amount		e	e	E n	E
material to be		staff(12)			material		sbestos-containing	(Specify S	or	m	p a	c a	n
abated in facility (	13)	Yes	No	N/A	7.3			LF)		V	i	p	L
basement				X	mastic			1088 sf		e		П	I
basement			7	X		ntire b	smt surface area			T			
					Нера уасц	umin	g & wet wiping			同			
					utilizing ne	THE RESERVE OF THE PERSON NAMED IN	Contraction of the Contraction o						
								2					
Registered Waste Haule B & G Restoration, I			EP Hauler II	D# C	ubic Yards of V		Name of Registered La Tullytown Resource		enter				
City, State				Disposal D			City, State	- 11 11000 1019			4		
Lincoln Park, NJ 07	035				5/2015		Tullytown, PA	(500,500)			1000 LY		
Completed by (Print or T	ype)	Title			Signature	(	Gordana Luna		Date				
Gordana Luna		Secretar	y/Treasure	<u> </u>			Zordana Zuna		06/11	/2015	)		

1 Emergency \$

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

GK + 907

Date of Notification (1) 6/11/15			e of Building C bara Stewa			20	40						
Agencies Notified Type Notification	ation	- T. S. S. S. S. S.	et Address 0 Kuehnle	Ave			ti JUR 18		H 1: 12	2			
X Emerge	led Iment # ency (including	Atla	State, Zip Coo Intic City No e of Contact			43	& LICE	1	in [KO]				
DOH justifica		1.3333.43	bara										
N. 55 W. 185 AL 15 AL	Takina Diago (2)	F/	ACILITY INFO	RMATION		Type of	Facility (4)		_				
Name of Facility Where Abatement is Barbara Stewart Private Home					1	Sc	hool (K-12)						
Street Address 2040 Kuehnle Ave	8.					Su Oti etc	bchapter 8 (C her (i.e. priva c.)	th te t	than K-12) commercial	build	ings,	home	s,
City (5) Atlantic City NJ 08401						Square 1000+		ı	loors	3	dg. A 5+	ge	
County (6) Atlantic			nty Code (7) TE USE ONLY		1000	Current House	Use (Prior if	bei	j demolishe	ed)			
Name of Monitoring Firm Hired by Bui	ilding Owner (8)	AS	SCM No.			of Abate	ment Contrac	tor	3)				-
Street Address				1 3		Address ox 329		_					
City, State, Zip Code				0	City, Sta	ate, Zip		_	0				
Project Manager for Monitoring Firm		Tele	phone No.	1	Telepho	one No.			License No				
Start Date (10)	Scheduled C	omplet	tion Date (11)		(F-70.9-10.0)	53-98 of OSHA	A Monitor	_					
6/12/15	6/16/15	300			Same								
Occupancy Status During Abatement	(Check Only One)				Street A	Address							
Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe:	Entire Period of Abat of Normal Facility Ho	tement urs		_	City, St	ate, Zip	Code	_					
Scope of Work (Check All That Apply	)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			×	Mini- Glov	Containment -Enclosure rebag Procedi -Exempted (*)	ure				-	
					100	2 Non-	-Exempled (	d	Noternaut		Abat	emen	t
Location of	A 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	cation mally			cription						Ty	/ре	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Mainte Custodi	nance/	(i.e.	stos Contai thermal s surfacii other mi	ystems ng, VA	insulat T, or		( 5	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	10 1	N/A									Ф	_
Exterior Siding			х	Exteri	ior Sic	ding		1	)0 SF	x			
								-			-		
		+											
Name of Registered Waste Hauler		0.000	EP Waste	Cubic Y			Name of Re		red Landfill				
United Containers		2245	er ID No. 59	3			G.R.O.W.	S.					
City, State Elm NJ				Disposa 6/16/1			City, State Morrisville	e F	19067				
Completed by Anthony T Perna	Title Preside	ent		Sig	gnature			-pr	Da 6/	te 11/1	5		

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	***	Name of Building	Owner/Oner	ator (2)		1 7 7"				-
June 10, 2015		Traine of Danding		& Moeller Constru	uctio	5 7	20	9	41	
	tion I Notification nded Notification	Street Address		ال <del>2015 ال</del> 0x 2251	H [(	AM I	: []			
[ X ] DOL Ame	ndment # gency (including	City, State, Zip C		Beach Twp., NI 08	800	CUNT	KOL			
I A   DOIL	ication) ellation	Name of Contact Kath	y Minto	Te	elephc	Number				
	FA	CILITY INFORI	MATION		_					
Name of Facility Where Abatement is Taking		OLDIT I II II OIG	, LITTOIT	Type of Facility (4)						
Residence				[ ]	Scho	(k-12)				
Street Address				į į	Subc	ipter 8 (ot	her than	k-12)		
6 East 32 <sup>nd</sup> Street				[x]	Othe	i.e., priva	te & cor	nmerc	al build	lings,
City	County (6)	County Code (7)	7.7	Square feet		loors	Bldg	. Age		
LB Twp.	Ocean	(STATE USE ON	-Y)	1500 sf Current Use (Prior if	being	molished)	)		5	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Garage Abatement Contractor (	+	-				
N/A				Guardia		racting,	Inc.			
Street Address			Street Ad	500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	nute (	Unit 61				
City, State, Zip Code			City, Stat	e, Zip Code						
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephon	Toms R	iver,	lew Jers License N		755-1	271	
			732-349	9-9932		00624	dinoci			
Scheduled Start Date (10) 6/11/15	Scheduled Comple 6/12/15	etion Date (11)	Name of	OSHA Monitor E.M.S.L	. An	ytical				
Occupancy Status During Abatement (Check	only one)		Street Ad	dress						
	During Entire Period of Ab Outside of Normal Facility F			1056 Ste	elton	load				
Other – Describe	outside of Norman Lability 1.		City, State	e, Zip Code Piscatav	vav 1	ew Jerse	v 088	54		
Scope of Work (Check all that apply)			Гі	Full Containment v			-			
(Chook an and apply)			[ ]	Mini-Enclosure	WILLI IN	alive Pres	sure			
[ ] >3 sf or ≥3 lf	[ ] Renov	vation	[ ]	Glovebag Procedur						
[ X ] ≥160 sf or ≥260 lf	[ X ] Demo	lition	[x]	Non-Exempted (*)	and 1	n-Friable 1	Procedu	re		
							Abate	ement '	Гуре	
Location of	Is Location Normally used		Description bestos-Con		1	10unt	R	R	E	E
Asbestos-Containing Material (ACM)	Solely by		Material (A		(SI		E	E P	N C	N C
TO BE ABATED	Maintenance/Custodia	1 (i.	e., thermal s	ystems	(-1	LF)	M	A	A	L
in facility	taff	ins	sulation, sur				0	I	P	0
(13)	(12)		VAT, or her miscella				V	R	S U	SU
	YES NO N/A	2000	ner miscena	neous)			A		L	R
Partanian conses			_				L		Е	Е
Exterior garage	X	Asbestos sidi	ng	-	500	<u></u>	X			
				-	_					
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Name of Registered Waste Hauler	NJDEP Waste Haule		ards of Waste	3 - 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ed Lar	ĭll				
Guardian Contracting, Inc. City, State	20223 Dispo	osal Date	City, Sta	T.R.R.F.						
Toms River, New Jersey	6/15	5/15		wn, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	11	11/			Date 2/27	/15		
	*Do not use this for	m for asbestos lice	nsure exemp	oted activities.	_			n i store i i		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)								rator (	<i>y</i>	-		14 5	17		
	June 10, 2015	5					Caroly	m Ko			$\supset$ /	Ġ	* 2	7	
Agencies Notified  [X] EPA		al Notifica			Street A	Address	419 St	epha	nie Drive	15 J	N18	AH	: i j		
[x] DEP	Ame	ended Not endment # ergency (in			City, St	tate, Zip Co		Cold	lwell, NJ 0700	)6½	TUS O	UHT	ROL		
[x] DOH [] DCA	F 3	fication) cellation		1	Name o	of Contact	Caroly	n Ko		elepho	e Number	: 1413			
				FAC	ILITY	INFORM	IATION				-				
Name of Facility Where Ab		Place (3)	Ŷ.					Тур	e of Facility (4)		-				
Res	idence								[ ]	Sch	(k-12)				
Street Address									[ ]		apter 8 (ot				
91 (	Gregg Drive								[x]	Othe	(i.e., priva , etc.)	te & co	mmerc	ial buil	dings,
City		County	<sup>'</sup> (6)		County (	Code (7) USE ONL	Y)	Squ	are feet 1000 sf		Floors	Bld	g. Age	50	
Manahawkin		Ocea			3			Cur	rent Use (Prior if Residen		emolished				
Name of Monitoring Firm I		Owner (8	)		ASCM 1	No.	Name of	Abate	ment Contractor (		81				
N/A Street Address	1						Street Ad	drone	Guardia	ın Cc	tracting,	Inc.			
							Street Au	diess	1889 R	oute	Unit 61				
City, State, Zip Code							City, Stat	e, Zip	Code					7-27	
Project Manager for Monito	oring Firm		Telephone	Number	-		Telephon	- >1	Toms R	iver,	lew Jers			271	
r roject manager for month	ang rum		relephone	Number			732-349				License N 00624	umber			
Scheduled Start Date (10)			Scheduled		on Date (	11)			A Monitor	-	00021				
6/11/15 Occupancy Status During A	hatamant (Chaole	only one)	6/12/	15			0:		E.M.S.I	L. An	ytical				
	ity Closed/Vacate		Entire Perio	od of Abat	ement		Street Ad	aress	1056 St	elton	load.				
	ement Performed	and the second second					City Stat	- 7:							
[ .] Othe	r – Describe						City, Stat	e, Zip	Piscatav	vay,	ew Jerse	y 088	54		
Scope of Work (Check all the	nat apply)						[ ]	F	ull Containment	with N	gative Pres	sure			
			120 121				į į		//ini-Enclosure						
	for ≥3 lf		[ ]	Renovat			[ ]		Blovebag Procedu						
[X] ≥160	sf or ≥260 lf		[ x ]	Demolit	tion		[x]	N	Non-Exempted (*)	and 1	n-Friable I	Procedu	ire		
												Abat	ement	Туре	
T:	c		Is Location				Description					R	R	E	Е
Location of Asbestos-Containing M	77	N	ormally u Solely by				estos-Con laterial (A		ng	(S <sub>1</sub>	nount cify SF	E	E	N	N.
TO BE ABAT		Maint	enance/Ci				, thermal s		ns	(5)	LF)	М	P A	CA	C L
in facility			Staff				ılation, sur	facin				0	I	P	0
(13)			(12)			oth	VAT, or er miscella		a)			V	R	S	SU
-		YES	NO	N/A		our	er miscema	ileou:	s) ,			A L		L	R
Exterior			Х	1	Asha	stos sidin				061	-		_	Е	Е
Exterior		Asbe	stos sidin	g			960	31	X						
										-					
										_	-				
Name of Registered Waste I	Hauler	l N	JDEP Was	te Hauler	ID No	Cuhic Va	rds of Waste		Name of Register	ed I as	FII				
Guardian Cor	Guardian Contracting, Inc. 20223						ido di Wasit		T.R.R.F.	ou L'al	un				
City, State	Now Years			Disposa			City, Star		-						
Toms River, I Completed by (Print or Type		Title		6/15/	Signat	ure.	Tullyto	wn/	Pennsylvania	-	-	Date			
Nicholas Fern		100000000000000000000000000000000000000	t Manag	er	Jighat	1:0	hat -	1.				6/10			
		*D	o not use	this form	for asb	estos licen	sure exemp	oted o	activities.		-				



▶ Emergency &

OF	7. T.	*	
CV	496	6	

Date of Notification (1) 6/11/15			-			Building Ovotts Priva			)	E	75.	W ro				
Agencies Notified		Notification		-	treet Add	dress gelsea A	ve.			ß.,		11/18 A.S	1 1:	69		
EPA DEP DOL		Initial Amended Amendment #				e, Zip Code Gate NJ		1			Ö.	IZENT'		CL		
▼ DOH DCA		Emergency (i justification) Cancellation	ncluding		ame of (	Contact					Te	ohone Numb	er			
					FACIL	ITY INFOR	RMATIC	N	Tunn of	Ecollity (4						
Name of Facility Where Joan Potts Private	Abaten Home	nent is Taking	Place (3)			50			] Sc	Facility (4	!)	r than K-12)				
Street Address 300 Angelsea Ave.			•					l lie	ot etc	her (i.e. pr :.)	ivate	commercial				i,
City (5) Ocean Gate NJ 08	721								Square 1000	Feet	1	Floors	35	lg. Ag +	е	
County (6) Ocean			ją	(-	County C	ode (7) SE ONLY)			Current Home		r if be	ig demolishe	d)			
Name of Monitoring Firm	n Hired	by Building (	Owner (8)		ASCM	No.		Name o Perna		ment Cont	tracto	(9)				
Street Address		1						Street A								
City, State, Zip Code					-			City, Sta	ate, Zip		91					
Project Manager for Mo	roject Manager for Monitoring Firm							Telepho 856-7	one No.	T		License No.				
			Scheduled	- Com	nlotion [	Data (11)		2222222		A Monitor		00727				_
Start Date (10) 6/12/15			6/13/15		pietion	Jale (11)		Same								
Occupancy Status Duri								Street A	Address							
Facility Closed/Va Abatement Perform Other – Describe:	med O	utside of Norn	Period of Al nal Facility I	batem Hours	ent		_	City, St	ate, Zip	Code						
Scope of Work (Check	All Tha	t Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emolit				×	Mini Glov	-Enclosure rebag Pro	e cedui	ı Negative Pr			_	
	-					Ι		LX.	Non	-Exempte	d (*)	d Non-Friable		Abate		
				Locati ormal											ре	
Locati Asbestos-Containir TO BE A In Fa (13	ng Mate BATEI cility		Used Mai	d Sole ntena odial 3 (12)	ly by nce/		tos Con therma surfa	escription staining M I systems acing, VA miscellar	laterial s insula T, or			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A						_			_		_
found un	der s	ab			X		f	loor tile			ар	ox 300 lf	Х			_
									_			-		-		
					-							-			-	-
						1	Touble	- Vesde		Name of	Pag	ered Landfill				
Name of Registered W United Containers	Name of Registered Waste Hauler United Containers					Vaste No.	of Wa	c Yards aste		G.R.O		J. Ga Editariii				
City, State Elm NJ							Dispo	osal Date /15		City, Sta Morris		A 19067				
Completed by Anthony T Perna		1	Title Presi	ident				Signatur	e			Da 6/	ite 11/1	5		
									_							-



## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

PEGFILED

Date of Notification (1)	6/10	/201E			Name of Build	ling Owner/0	Operator (2)	688	JUI	S 1	H 1:1	90
	6/10	/2015			Lodi Schoo	l District						- 0
Agencies Notified		Notification	Туре		Street Addres	S		AU	E.E.I.	7 .		7-1
X EPA		Initial			8 Hunter S	t.			£ 1.10	F 程序		UL
X DEP			ed #		City, State, Zi	p Code			_			
X DOL			ncy (includ	ling	Lodi, NJ 07	644						
□ DOH		justifica			Name of Cont	tact		Tal	lumbor			
X DCA		Cancell	ation		Mr.Marc Ca	apizzi			17.5			
Name of Facility Where Abat	ement is	aking Place (3	3	FACILITY IN	FORMATION Type of Facility	tv (4)		_	_			
Hilltop Elementary Sch			<del>/</del>		School (							
Street Address					1 =							
200 Woodside Ave						ter 8 (Other						
City (5)	county (6)		County C	Code (7)			commercial	ouildir	3,			
Lodi	ergen		(State Us	se Only)	homes,	etc.)						
Name of Monitoring Firm Hire	-	. Owner (8)	ASCM N	0.	Name of Contr	ractor (9)		_	_			
Westchester Environm	ental		00127	<del>-</del>	MTM Metro		ion					
Street Address					Street Addres	S			_			
307 N Walnut Street					135-137 Mo	Bride Av	е					
City, State, Zip Code					City State, Zip	Code						
West Chester, PA 19380					Paterson, N	NJ 07501						
Project Manager for Monitoria	ng Firm	Telephone I	Number		Telephone Nu	ımber		Lice	se Numb	er		
Matt Abraham		610-431-7	545		973 742 50	30		008	19			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH			-				
06/23/2015		7/09/2015	i		MTM Metro	Corpora	tion					
Occupancy Status During Ab	atement (	Check only on	9)		Street Addres	s						
					135-137 M	cBride Av						
Facility Closed/Vacated	During E	ntire Period of	Abatement		City, State, Zi	p Code						
Abatement Performed C	Dutside of	Normal Facility	/ Hours		Deterson N	1107501						
Other-Describe:					Paterson, N	13 07501						
Source of Work (Check all the	at apply)				-			_	to process to			7
> 3 sf or > 3 If	2	Renovation	1	× Full	Containment wi	th Negative	Pressure		ini-Enclo	sure		
> 160 sf or > 260 lf		Demolition		☐ Non	-Exempted(*) &	Non-Friable	Procedure		ovebag i	Procedu	ire	
Location of Asbestos-		ation Normally		Description of		Amount (	Specify SF or	LF)	Abate	ment Ty	rpe	
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cus	stodial	thermal system surfacing, VAT								
	YES	NO	N/A	miscell.)	, 0, 0,,,,,				Rem.	Rep.	Encap	Enclose
Gym		X		Vapor barrier		3,480 SF			X		X	
	-	-		1		-			+		+	-
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler I	ID#	Cubic Yards o	of Waste		Nar	of Reg.	Landfill		
MTM Metro Corporation		26552			40			Tully	-			
City, State							Disp. Date		10.0	City, Sta		
Paterson, NJ 07501							7/10/2015		T	ullytown	i, PA	
Completed by (Print or Type)		Title	3		Signature			Dat				
Elizabeth Maslarkov		Business Adr		Elizabeth	i Masla	rkov	6/10	015				
									_			

ASB-41

Do not use this form for asbestos licensure exmpted activities.



# State of New Jersey - Notification of Asbestos Abatement

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

							Street, or	and the same of th
Date of Notification (1) June 10, 2015					Name of Building Owner/ Erickson Living	Operator (2)	1 3 2	the property of the second
Agencies Notified		Notification  Notification  Initia	al Noti		Street Address 701 Maiden Choice	Lane	2015 JU	N 18 AM 1:67
XEPA DCA x DOL		□ Amende □ Emerg	ency (i		City, State, Zip Code Catonsville, Maryl	and 21228	SHES	TUS TUIDO
X DEP x DOH		justific  Cance			Name of Contact Mark Hunter	]	lephone	Number
				FACILITY INF				
Name of Facility Where Abate Exterior	ment is Ta	aking Place (3)			Type of Facility (4)  School (K-12)	(A)	Э	4
Street Address 603 Mountain Avenue	е				Subchapter 8 (other than Other (i.e. private & Sq. Feet: Unknown	commercial build		
City (5) New Providence	County ( Union	The state of the s		Code (7) Use Only)	Current Use (prior if being			
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)			
Ctroot Address					GREENWOOD ABAT	TEMENT COI	BULTA	NTS, INC.
Street Address					Street Address			
					511 MAIN STREET			
City, State, Zip Code					City State, ZipCode Butler, NJ 07405			
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number	Ī	ense Nur	nber
0.1-1.1.10(-1.5.1.40)				5 : (4)	973-492-0477	(	840	
Scheduled Start Date (10) June 11, 2015		June 18,		on Date (11)	Name of OSHA Monitor  EMSL inc.			
Occupancy Status During A	- 10 to 10 t		750000000000000000000000000000000000000		Street Address		1	
Facility Closed/Vacate Abatement Performed Describe					1056 Stelton Road City, State, Zip Code			
Other - Describe: D	ay Shif	t			Piscataway, NJ 08	854		
							_	
Source of Work (Check all tha	t apply)					Full Containm	it with Ne	egative Pressure
≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 2				Renovation Demolition		Mini-Enclosu Glovebag Pro	dure	X-
						x Non-Exempt	(*) and	Non-Friable Procedure
Location of Asbestos-Containi Material (ACM) in Facility (13)	Soi Sta	ocation Normal ely by Maint./Cu ff? (12)	ustodial		pestos Containing Material al systems insulation, surfaci cell.)	ng, (Specify 5 or LF)	-	ement Type  ve Repair Encap Enclose
Exterior	YE	S NO	NA X	Transite Pipe	e encased in concret	te 100 LF	×	
Name of Reg. Waste Hauler		NJDEP Was		 	Cubic Yards of Waste:			gistered Landfill
See Hauler Below # 1 & 2	2	See Below			60	11.5.00	R.O.W.S	3
Hauler #1) Greenwood			ants, In	c Butler, NJ (	7405	Disposal Date		City, State
NJ DEP # 12 Hauler #2) Newark Carti			04509, 1	NJ DEP # 19551		June 18 <sup>th</sup> , 1	115	Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type)		Title			Signature		0	
Marin Graure		SENIOR PI		т	Mesta Grave		<u>e</u> ine 10,	2015
		WANAGER						

GAC # 2015-495

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) June 12, 2015 RUTGERS, THE STATE UNIVE 'SITY OF NJ Agencies Notified Notification Type Street Address DEPA ■ Initial Notification ENVIRONMENTAL HEALTH & AFETY DEPT. D DCA ■ Amended Notification #1 -27 ROAD 1, BLDG 4086, LIVING STON CAMPUS X DOL additional location & quantity City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 ■ Emergency (including X DOH Name of Contact lephone Number justification) MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE BUILDING, BLDG# 7257 ☐ School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildin , homes) etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 8 | dg. Age: 60+ years City (5) County (6) County Code (7) (State Use Only) **NEWARK RBHS ESSEX** Current Use (prior if being demolished): \CADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT COL SULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number ense Number **BRIAN KEARNY** 609-386-8800 973-492-0477 1840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/12/15 06/15/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other – Describe: Shift Hours: 5:00 PM – 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containm it with Negative Pressure  $\supseteq$  3 sf or  $\ge$  3 lf **⊠**Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 ■ Demolition ☐ Glovebag Prc ∋dure Non-Exempted ') and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify : Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room G506 X VAT 400 SF X Room G657 X 100 SF X VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # me of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969 Disposal Date City, State 100 New Ford Mill 06/15/15 Rd. Morrisville, Pa Hauler #2) STG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT June 12, 2015 Raymend C. Pedalino MANAGER

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVE SITY OF NJ June 2, 2015 Notification Type Agencies Notified Street Address ENVIRONMENTAL HEALTH & ! AFETY DEPT. **DEPA** ☑ Initial Notification ☐ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVING TON CAMPUS X DOL City, State, Zip Code ■ Emergency (including ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) ephone Number X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE BUILDING, BLDG# 7257 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial building homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 8 E Ig. Age: 60+ years City (5) County Code (7) County (6) (State Use Only) Current Use (prior if being demolished): **NEWARK RBHS ESSEX** CADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. Cardno ATC 0098 GREENWOOD ABATEMENT CON SULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 ense Number Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 ( 840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/12/15 06/15/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containme t with Negative Pressure  $\supseteq$  2 sf or  $\ge$  3 lf □ Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 ☐ Demolition ☐ Glovebag Pro dure Non-Exempted ) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify § Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO Room G506 X VAT 400 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # ne of Registered Landfill 15 CY Cubic Yards of Waste: R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, Disposal Date City, State 100 New Ford Mill 06/15/15 Rd. Morrisville, Pa Hauler #2) STG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) Γ RAYMOND C. PEDALINO SENIOR PROJECT June 2, 2015 Raymand C. Pedalino MANAGER

CK 2824 State of New Jersey - Notification of Asbestos Abatement

Cle		state of 1			cation of Tabbescos 1			
60			(Pursi	uant to N.J.A.C	. 8:60-7 and 12:120-7)	,	Some	
Date of Notification (1) June 11, 2015					Name of Building Owner Delbarton School	Operator(2)	418	
Agencies Notified		Notification	n Type itial Notif	fication	Street Address 230 Mendham Roa	40	1/8 fm /: 64	
X EPA × DCA		□Amen	ded Certi	fication	City, State, Zip Code	81	OF K-HTROI	
x DOL			rgency (i ication)	ncluding	Morristown NJ Name of Contact	17	ephone Number	_
X DEP x DOH		□ Can		×	Michel Rimpel	1 -	genoric rearract	
				FACILITY INF				
Name of Facility Where Abate Delbarton School	ment is 1 a	aking Place (	<u>3)</u>		Type of Facility (4) School (K-12)			
Street Address					Subchapter 8 (other that			
230 Mendam Road					Other (i.e. private & co		homes, etc.) dg. Age: 60 years	
City (5) Morristown	County (			V Code (7) Use Only)	Current Use (prior if bein	g demolished):		
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM		Name of Contractor (9)			
Detail Associates, In DAI Environmenta		005	0001	12	GREENWOOD ABA	TEMENT CON	SULTANTS, INC.	
Street Address	I Sel VI	ces			Street Address			
300 Grand Avenue					268 MAIN STREET			
City, State, Zip Code					City State, ZipCode		The state of the s	
Englewood, NJ 0763		T-I	. Niverbara		Butler, NJ 07405		anna Number	_
Project Manager for Monitorin Stephen Jaraczewsk			9.6708		<u>Telephone Number</u> <b>973-492-0477</b>	(	ense Number 840	
Scheduled Start Date (10) June 20, 2015			Completic 3, 2015	on Date (11)	Name of OSHA Monitor			
Occupancy Status During A	batement	(Check only	one)		EMSL inc. Street Address			_
x Facility Closed/Vaca	ted Durir	ng Entire Pe	iod of Aba		1056 Stelton Road			
Describe			,	-02	City, State, Zip Code	Y <sub>1</sub>		
Other - Describe:					Piscataway, NJ 08	8854		
Source of Work (Check all tha	t apply)							
> 3 sf or > 3 li				Renovation	1	x Full Containr Mini-Enclosu	nt with Negative Pressure	
≥ 160 sf or ≥ 2				Demolition		Glovebag Pro	dure	
				100000000000000000000000000000000000000		Non-Exempte	(*) and Non-Friable Procedure	
Location of Asbestos-Contain Material (ACM) in Facility (13)	-	ocation Non- lely by Maint.			bestos Containing Material nal systems insulation, surfac	Amount (Specify §	Abatement Type	
	Sta YE	aff? (12) ES NO	NA	VAT, or other mis	scell.)	or LF)	Remove Repair Encap Enclos	<u>se</u>
Room # 333		X		Plaster Ceili	ing	570 sf	X	
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP V See Bel	/aste Haule	er ID#	Cubic Yards of Waste:	1	me of Registered Landfill	
Hauler #1) Greenwoo	d Abat	ement Co	nsultan	ts, Inc Butle	er, NJ 07405	Disposal Date	City, State	
NJ DEP#			-I- NIIO	4500 NI DED 4	10551	June 23, 20	Bridgeport, WVA	
Hauler #2) Newark Ca	rung, I	uc. – News	rk, NJ U	4309, NJ DEP #	17331		304-842-2784	
Completed by (Print or Type)		<u>Title</u>			Signature	Ī	<u>te</u>	-
Marin Graure		SENIOR		CT	Marin Graure	1	une 11, 2015	
0.10.11.201.5.105		MANAG	EK .					_

GAC # 2015-497

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

CHH 237

											-	2.57	int.			
Date of Notification (1) 6/9/2015				- 1		Building ( Proper		perator	(2)	2015	11111		·		,	
Agencies Notified	Type Notif	ication		- 1	Street Ad	idress amberts	Mill	Soad		4	18	AM	: @:	}		
EPA DEP DOL	X Initial Amer			-	City, Stat	te, Zip Coo Plains N	de	.uau		# DOF	LICER	QHT	Roi	5		
D DOH	☐ Emer	gency (in cation)				Contact			-		Telen	no Nim	sha-			
☐ DCA		ellation			Danny							8.9	10			
Name of Facility Where	Abatement i	s Taking	Place (3	)	FACI	LITY INFO	RMATI	ON	Тур	oe of Facility (4	1)	-	111111111111111111111111111111111111111			
Private property Street Address										School (K-1) Subchapter		an K 13	11			
2030 Lamberts Mill	Road								×	Other (i.e. p				lings,	home	es,
City (5) Scoth Plains NJ									Squ 25	uare Feet	# of F	ors	10 200	ldg. A 50	ge	
County (6) Union					County C	Code (7) ISE ONLY)	-		Cui	rrent Use (Prid	or if being	emolish	ed)			
Name of Monitoring Firm	Hired by B	uilding O	wner (8)		ASCM N/A	l No.		W. D. C. C. Contraction		batement Con Environmer		-				
Street Address					13//	- Terror		Street	Add	ress						
N/A										ayette Stree	t					
City, State, Zip Code N/A								New	ark	ELECTIVE STATES						
Project Manager for Mor N/A	nitoring Firm				Telephor N/A	ne No.		Teleph 973-		No. -0877	10.7	ense N 240	0.			
Start Date (10) 6-19-2015			Schedule 3-21-20		npletion (	Date (11)			100000	SHA Monitor vironmental	Corp					
Occupancy Status Durin	g Abatemer	it (Check	Only On	e)				Street		ress oute 22 Wes	·t					
Facility Closed/Vac Abatement Perform	ed Outside									, Zip Code		-				
Other – Describe:							-	Unio	n N	J 07083						
Scope of Work (Check A	il That Appl	у)	ПВ	enova	tion				] ,	Full Containme	ent with N	rative F	ressiii	re		
× ≥160 sf or ≥260 lf			Contract Con	emolit				F	- 1	Mini-Enclosure Glovebag Prod	1	janvoi	10000			
								[>		Non-Exempted	(*) and I	n-Friab				
1 4				Locati Iormal			D-							Abate Ty	pe	
Location Asbestos-Containing	Material (A	CM)	Use	d Sole	ly by		os Con		Mater	rial (ACM)		nt 	-		E	ш
TO BE AB	lity		Cust	odial 8 (12)	Staff?	(i.e.	surfa	cing, VA	T, o			ify .F)	Remova	Repair	Encapsulate	Endosure
(13)			Yes	No	N/A		otheri	niscellai	neou	(5)			val	=	ılate	ure
Exteri	or		1.00	X	1 (4)/	rea	r side	canop	y fla	shing	50	F	x			
									7(). 				$\top$			
Name of Registered Was	eta Haular			N	JDEP W	laste	Cubic	Yards		Name of	Registers	Landfill				
Newark Carting Inc	SIG I IAUIEI			H	lauler ID 4509		of Wa			ISES B						
City, State Po Box 5670							Dispo	sal Date	)	City, State 2335 A		r Rd E	Bethle	ehen	1	
Completed by Carlos Gomes			Title Presi	dent			1 8	Signatur	e/	Mr		Da		veto co		
provinces at temperatures according to the Co. This temperature									/	110	/					

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

MO#22742782986

Date of Notification (1)					1				i i	FIFE	175-			
CONTROL TO THE PARTY	10				Nam	e of Buildin	g Owner/	Operator (	2)	1.0	I - 1 -			
	12	15			Josh	Lluch			9815	!!				
Agencies Notified	Type Not	ification				t Address			Cara.	UN 18	111 10	60	100	
⊠ EPA					12 E	rest Aver	2110					12		
□ DOLWD	☐ Amen					State, Zip			ASHE	STOST LICEN				
☑ DHSS		dment #		_	Legge				2	LICEN	7/4/14	)L		
DCA	_ Emerg		cludin	g		na, NJ 070				101.14	14(3			
(NJAC 5:23-8)		cation)			Name	e of Contac	ct			Teleph	ie Numb	er	110000	
	Cance	ellation			Gary	Toriello				100	200			
					FA	CILITY I	NEORMA	TION						1277
Name of Facility Where A	batement	is Takin	Place	e (3)					Type of Facility	(//)				
Private house				4-7										
Street Address									School (K-1		n K-1 2)			
									Other (i.e.,	private an	commerc	al buildin	as	
42 Forest Avenue									homes, etc			a. banan	90.	
City (5)									Square Feet	# of F	arc	Bldg. A	Age	
Verona, NJ 07044														
County (6)					Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (F	rior if bein	demolish	ed)		
Essex						5 3 5	,			not it bell	GOTTIONS	cu)		
Name of Monitoring Firm	Hired by E	Building (	Owner	(8)	ASCM	No	Name	.ε Λ h = 4						
				(0)	ASCIVI	NU.	Massa -		ent Contractor (9	3)				
Street Address							Gr Tecl	n LLC						
Street Address							Street A	Address						
							576 Va	lley Rd#	283					
City, State, Zip Code							City, St	ate, Zip Co	ode					
							Wayne	NJ 0747	70					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telepho			Licen	No			
						35	973-638			1255765000	110.			
Start Date (10)		Sched	duled (	Comple	etion Da	ate (11)		f OSHA M	lonitor	01121				
06/_24/	15				<u>5</u> /									
		1.0							nsultants,Inc					
Occupancy Status During							Street A	ddress						
Facility Closed/Vacate	d During E	ntire Pe	riod of	Abate	ment		20-21 V	Vagaraw	Road, Bldg .#	34A				
Abatement Performed Time of Abatement:	Outside of AM-	Normal	Facilit	y Hou	rs - De	scribe	City, Sta	ate, Zip Co	ode				_	_
Time of Abatement		Р	VU	PIVI		_AM	Fair Lay	vn, NJ 0	7410					
Scope of Work (Check all	that apply	)					T du Da		and decontami	nation with	egative r	recuro		
M > 2 - f > 2 1/							$\boxtimes$	Full Cont	ainment with Ne	gative Pre	sure	ressure		
>3 sf or >3 If > 160 sf or >260 If				enovat				Mini-Encl	osure					
2 100 31 01 2200 11			De	emoliti	on		Н	Glovebag	Procedure mpted (*) and N	Tent with	egative F	ressure		
			1	Loca	ion			NOII-EXE	inpled ( ) and Mi	on-Friable	rocedure	1		
Location of	nf		200	Norma			5					Abatem	ent T	ype
Asbestos-Containing N		CM)		ed Sole		Ashe	Des stas Cant	scription o	t erial (ACM)	Λ ===		Z Z	Ш	Ш
TO BE ABAT			100000000000000000000000000000000000000	intena		(i.e	., thermal	systems i	nsulation.	Am (Sp	0 E 850-2	Repair	Ca	ıclo
IN Facility	1		Cus	todial (12)	Statt?		surfac	cing, VAT,	or	SIF		Repair	nsc	Enclosure
(13)					T	-	other m	niscellaneo	ous)			-	Encapsulate	O
			Yes	No	N/A									
First floor					X	Ceiling p	olaster			260 SF			П	П
			П			10								
	-				12						-		Ш	Ш
		7.22												
				П										
Name of Registered Waste	e Hauler			NI	TED Mark	Hauler ID No.	Cubis V	do of 151- 1	N (5 :			$\Box \Box$	Ш	Ш
							Cubic Yar	us of waste	Name of Regi	stered Lan	[]]			
Gr Tech LLC				(	003378	35	TBI	)	T.R.R.F. Inc					
City, State				r_ 1.995-			Disposa	Date	City, State					
Wayne, NJ 07470							TBE	)	Tullydown D	٨				
Completed By (Print or Ty	pe)	Title						nature /	Tullytown, P	A	15			
	cold.						Sig	//	1	A	Date			
N.Jevtic		Owi	ner					Meu	Ac Wenas	1	06/1:	2/2015		
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DEST 1850			~0 110	mot ti	no jurn	· jui aspest	us neenst	ue exempt	eu activities.					

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#22742782975 (Pursuant to NJAC 8:60 and 5:16) Pr. Date of Notification (1) Name of Building Owner/Operator (2) 12 06 15 Nicole Schenk 99笛 HA I A I 1: 62 Agencies Notified Type Notification Street Address □ EPA X Initial 430 Holmes Street ■ DOLWD Amended City, State, Zip Code X DHSS Amendment # DCA Boonton, NJ 07005 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telep one Number Cancellation Nicole Schenk FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Street Address Subchapter 8 (Other an K-1 2) Other (i.e., private a commercial buildings, 430 Holmes Street homes, etc.) City (5) Square Feet # of pors Bidg, Age Boonton, NJ 07005 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if be 1 demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Lice e No. 973-638-1777 0112 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 23 / 15 06 / 24 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination wi negative pressure Full Containment with Negative Pr ssure ≥3 sf or >3 If Renovation Mini-Enclosure > 160 sf or >260 lf Demolition Glovebag Procedure Tent wit Vegative Pressure Non-Exempted (\*) and Non-Friabl Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Removal Asbestos Containing Material (ACM) Ar junt Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (S cify Custodial Staff? IN Facility surfacing, VAT, or SIF rLF) (13)(12)other miscellaneous) Yes No N/A Basement X Pipe insulation 70 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered La Ifill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date

06/12/2015

Owner

N.Jevtic

ASB-41 MAY 11 CK 1071701954

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Date of Notification (1) 6/09/15					Building C ne Sayia		perator	(2)	El	TE JUI	18	EK P	). E	0	
4	ype Notification		01.83	street Ad 17 Had	dress donfield	Road			<b>D</b> .					2	
EPA DEP DOL	Amended Amendment #				e, Zip Coo lills, NJ		le le			š L	JEM:	ing.	1 (		
⊠ DOH □ DCA □	Emergency (in justification) Cancellation	iciuaing	1 22		Contact ne Sayia	1				T Talep	ne Nu	mber			
				FACIL	ITY INFO	RMATIC	ON				Mark SE			System of	
Name of Facility Where Abouse	atement is Taking	Place (3)	)	Cari					of Facility (4 School (K-1	2)	Woles in			680	
Street Address 47 Haddonfield Road								×	Subchapter Other (i.e. p etc.)				dings	, hom	es,
City (5) Short Hills								Squa N/A	are Feet	# of F N/A	ors	11 2	Bldg. N/A	Age	
County (6) Essex				County C	ode (7) ISE ONLY)			Curre	ent Use (Prid JSE	or if being	emolis	hed)			
Name of Monitoring Firm H N/A	ired by Building O	wner (8)		ASCM	No.				atement Con tement, In			1102			
Street Address				l			Street 11 R		ess igren Aver	nue					
City, State, Zip Code				- 1					Zip Code NJ 07512		E				
Project Manager for Monito	oring Firm		1	Telephor	ne No.			hone N 345-8	No. 8685	7	ense 10675				
Start Date (10) 6/23/15		Schedule 6/24/15		pletion [	Date (11)				SHA Monitor tement, In	ic.					2.
Occupancy Status During /	Abatement (Check	Only On	ne)				Street	Addre	ess						
Facility Closed/Vacate	ed During Entire P	eriod of A	Abatem	ent			11 R	losen	igren Aver	nue					
Abatement Performed  Other – Describe: Oc	Outside of Norma					_	1000		Zip Code NJ 07512						
Scope of Work (Check All	That Apply)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti					M G	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure				ıre	
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Location of	nf.	1	Vormall	у		De	scription	n of				-	_	ype	_
Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM) <u>FED</u>	Ma Cus	ed Solel intenar todial S (12)	ice/ staff?		tos Cont thermal surfa	taining I	Materia ns insu AT, or		(St	unt cify LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-	-	+	+	-
basemer	nt .		X			duct	insula	ation	-	10	3F	X	-		
Name of Registered Waste	Hauler		I NI	JDEP W	lasto	Cubio	Yards		Name of	Register	Land	FII .			1
D&S Abatement, Inc.	e naulei		H	auler ID 20996		of Wa			200000 20	Manag			k:		
City, State Totowa, NJ		2				TBD	sal Date	)	City, Star Tulltow						
Completed by Deanna Brkusanin		Title Proje	ect Ma	nager	5/	(	Signatu	e Uu	ue sil	luer	1.00	Date 5/09/1	15		

CK 1535102988

Date 6/09	of Notification (1) 9/15			8			Building Corentino	)wner/O	perator	(2)	261	211.					
V-100-	ncies Notified		tification			Street Ad	dress oper Av	e			£ E	HIM	3 A.P.	lig	B		
×	EPA DEP DOL	_ Am	nended nendment			City, Stat	e, Zip Coo air, NJ 0	de			War.	i Lil	1000	7110	1		
×	DOH DCA	jus	ergency ( tification) ncellation	(including	1.00	Name of	Contact				8%	Telep	ne Nur	mber			
ш	DOA	L Ca	liceliation					DESATI	ON			0.8			_		
	e of Facility Where	Abatemer	nt is Takin	g Place (3)	)	FACIL	ITY INFO	KWAII	ON	Ту	pe of Facility (	4)					
Hou											School (K-1						i
	et Address Cooper Ave									×	Subchapter Other (i.e. p etc.)				ings,	home	es,
City of Mor	(5) ntclair									Sq N/	uare Feet	# of F N/A	ors	1000	dg. A	ge	
Cour	nty (6)					County C	ode (7) ISE ONLY)				urrent Use (Prid	or if being	lemolisi	ned)			
	e of Monitoring Firm	Hired by	Building	Owner (8)		ASCM	No.		Name	of A	Abatement Cor	ntractor (					
N/A	V.		Januaria			1,00,00			D&S	Ab	atement, In	The state of the s					
Stree	et Address								Street 11 R		dress engren Avei	nue					
City,	State, Zip Code										e, Zip Code , NJ 07512						
Proje	ect Manager for Mor	nitoring Fi	rm			Telephor	ne No.		Teleph 973-		e No. 5-8685		cense N 00675	lo.			
	Date (10)			Schedule		npletion [	Date (11)		Name	of C	OSHA Monitor						
300000000	4/15			6/25/15							patement, In	ic.					
_	upancy Status Durin		35	- 100 					Street 11 R		dress engren Avel	nue					
	Facility Closed/Vac Abatement Perform Other – Describe:	ned Outsi							City, S	State	e, Zip Code , NJ 07512						
	ne of Work (Check A	-	nniv)						1010	iwa	, 140 07512						
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											Glovebag Pro Non-Exempte		on-Fria	ole Pro	cedur	е	
				le.	Locati	ion										ement	
	Locatio	n of			Jormal			De	scription	n of					Ту	ре	
A	Asbestos-Containing		(ACM)		d Sole intena			tos Con	taining N	Mate	erial (ACM)	An				ш	_
	TO BE AB				odial	Old Street Constitution	(i.e.		system		sulation,	(St	cify LF)	Ren	Re	ncar	Encl
	(13)				(12)				miscella			O.	_, ,	Remova	Repair	Encapsulate	Enclosure
			4	Yes	No	N/A							_			ate	ro .
	basem	nent			X			pipe	insula	atio	n	44	_F	X			
										295590							
Nam	ne of Registered Wa	ste Haule	r			JDEP W		100000000000000000000000000000000000000	Yards		Name of	Register	Landfi	II			
D&S	S Abatement, In	c.				lauler ID 20996	No.	of Wa	iste		Waste	Manag	ment o	of PA			
	State owa, NJ							Dispo TBD	sal Date	7	City, Sta Tulltow						
	npleted by Inna Brkusanin			Title Proje	ct Ma	anager			Signatur	1	Uw R	Mue	/s 6	ate /09/1	5		
						J			10	K.K.	mue in	10 cell	- 1				

Date of Notification (1)			LAL				2015 1	IMIO	-				
6/12/15			Li	ame of Build sa Goodr	ing Owner idge	Operato	r (2)	<u>UN 10</u>	712:	59			
	Type Notificatio	n		reet Address 475 Highla				LIČEN-	111	UL			
EPA DEP DOL		- 1 4	Ci	ty, State, Zip	Code			-10 F 18.	HJ:				
	Amendmer Emergency	(including		illside NJ	35.5								
☑ DOH ☑ DCA	justification Cancellation		100000	sa Goodri				Telen	and Mir	mhar			
Name of Facility Where Al	natement is Taki	ng Place (2)		FACILITY I	NFORMAT	ION	T= .=				174		
The state of the s	Jatomont is Taki	rig Flace (5)	)				Type of Facility	2010					
Street Address							School (k	er 8 (Other	an K-1	2)			
1475 Highland Ave							etc.)	. private & c		ial bu	ilding	s, hon	nes,
Hillside NJ 07205							Square Feet 1800	# of F	ors	100	Bldg. 77	Age	
County (6) Union				unty Code (			Current Use (F Residential	rior if being	emolisi	100			
Name of Monitoring Firm H	lired by Building	Owner (8)		ASCM No.		Name	of Abatement C	ontractor (9	-				
Divine Environmental Street Address				35		Turn	ingpoint Con	tracting C	·porat	tion			
358 Broadway							Address erkeley Terra	ice					
City, State, Zip Code Newark NJ						City, S	State, Zip Code gton NJ 0711	1	20000				
Project Manager for Monito Chinyelu Oraegbunar	ring Firm n			ephone No. 1-483-978	38	Teleph	none No. 372-2177	L	ense N	0.			
Start Date (10) 6/24/15		Scheduled		tion Date (1		Name	of OSHA Monito	г					
Occupancy Status During A	batement (Che		e)				Environment, Address	Inc					
Facility Closed/Vacate	d During Entire	Period of Ah	natement			30 W	est 25th Stre	et					
Abatement Performed Other – Describe:		nal Facility F	Hours				tate, Zip Code ,NY 10007						
Scope of Work (Check All 7	hat Apply)	-					-				1-11-5		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	novation molition			_	Full Containn Mini-Enclosu	re	ative P	ressu	ire		
						×	Glovebag Pro Non-Exempte		-Friabl	le Pro	cedu	e e	
		505-705-7	ocation								Abat	emen	t
Location of Asbestos-Containing Ma	aterial (ACM)	Used	rmally Solely by		Des	scription aining M	of aterial (ACM)	Amo	+		1	/pe	Г
TO BE ABATI In Facility	<u>ED</u>	Custo	tenance/ dial Staff	/:	e. thermal	systems	insulation,	(Spec	У	Ren	Re	inca	End
(13)			(12)			niscellan		0. 0.	7.	Removal	Repair	Encapsulate	Enclosure
Pasaman	4	Yes		/A								te.	
Basemen			X		Pipe	Insulat	tion	30L		х			
Name of Registered Waste	Hauler		NJDE	P Waste	Cubic `	Yards	Name of	Registered	andfill				
Newark Carter Inc			Haule 4506	r ID No.	of Was			wn Refac					
City, State Newark NJ 07102					Dispos	al Date	City, Stat	te own PA	1.000	-			_
Completed by		Title			Si	gnature	Tully 1	WIIFA	TDate	9			_
Emeka Okeke		Preside	ent			1	Sing	189		2/15	i		

Print Form

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

CK7 2677

\* Do not use this form for asbesto icensure exempted activities.

Date of Notification (1)						Building (		perator	(2)	n	744				0000		
6/15/15					Dennis	s Drazin				C	III III	12	Etc.	_			
Agencies Notified	Type Notif	fication			Street A						115 JUI	7 0	HET !	<b>\cdot</b> :	59		
X EPA	X Initia	ı				idge Rd				4.							
× DEP	Amei	nded				te, Zip Co					åL	Fi.	4.1	131	71		
X DOL		ndment # rgency (ir		-	Fair H	aven, N	J					CH;	WYG		- 1		
ĭ DOH		fication)	icidaling	T	Name of	f Contact					Teler	nne N	ımher	-	*	- ~	į.
DCA	Cano	cellation			Joe												
					FACI	LITY INFO	DRMATI	ON			_						
Name of Facility Where	Abatement	is Taking	Place (3	)					Type of	Facility (	4)						
Drazin Residence										chool (K-1		17	40)				
Street Address											8 (Other brivate &			ildin	gs, l	home	es.
576 Ridge Rd									et	c.) , .							=10 =======
City (5)									Square	Feet	# of F	ors			g. Ag	ge	
Fair Haven									700		1			55-			
County (6)						Code (7) USE ONLY	)		C management		or if being	iemoli	shed)				
Monmouth									garag								
Name of Monitoring Firm	n Hired by B	Building O	wner (8)		ASCN	A No.				ment Co							
					1					ion Co.,	Inc.	_					
Street Address									Address	e Road							=
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City, State, Zip Code								100000000000000000000000000000000000000	State, Zip		7722						
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Project Manager for Mor	nitoring Hirm	1			Telepho	ne No.			none No. 294-17	E7		)029	No.				
												1029					
Start Date (10) 6/24/15		4	6/29/18		npletion l	Date (11)	1	Name	of OSHA	Monitor							
Occupancy Status Durin	a Abatamar							Ctrant	Address							- 1112-112	
	18. CONTRACTOR   15.			eren. Eren ere				Street	Address								
Facility Closed/Vac Abatement Perform							-	City S	State, Zip	Codo							
X Other – Describe:		OI NOITH	at i acinty	rioura	V)			City, S	нате, Др	Code							
Scope of Work (Check A	II That Anni	ha)															
	ш тпагліррі	137	[2] _					Īx	a								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emolit	-			1		Containm Enclosur	ent with I	gative	Press	ure			
				CITION	1011					ebag Pro							
					-				☐ Non-	Exempte	d (*) and	on-Fria	able Pr	oce	dure		
			100000	Locati										Al	Typ	ment	â l
Location				Iormal d Sole				scription					-	T	1 91		
Asbestos-Containing	Charles Charle	ACM)		intena					Material (			unt	1			En	m
TO BE AB			Cust	odial S	Staff?	(i.e.		cing, VA	s insulati T, or	on,	(St	LF)	Remova		Repair	сар	nclo
(13)				(12)			other n	niscellar	neous)				ova		a l	Encapsulate	Enclosure
			Yes	No	N/A									1	1	te	W.
garag	ne e				X		ashe	stos pa	aper		15	sf	x	+	7		
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Name of Registered Wa	ste Hauler			10000	JDEP W		Cubic			Name of	Register	Land	fill				
Ace Insulation Co.,	Inc.			0.0000	auler ID 2086	No.	of Was	ste		Chrins							
City, State				1 1.	2000			sal Date		City, Stat							
Colts Neck, New Je	rsev						6/29/			Easton							
Completed by	iscy		Title				1			Lasion	,, 1 /1	-   -	Date				
Bree McGuire				etarv	Treasu	irer	17	ignature	11			- 1	Date 5/15/1	15			
				yy			1/	20	11				J. 1 U/				

ASB-41 (R-06-08)

CK 3918

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

RECEIVED

Date of Notification (1)			Т	Name o	f Building	Owner/C	perator	(2)		9815 111					
6-16-15			1		KFILA		,	\_/		2015 JU	18	EM	3:	35	
Agencies Notified	Type Notification			Street A											
X EPA	LI Initial			5200	BUFFIN	IGTON	N ROA	D		453ES	LS	ししょ	TR	n1	
X DEP	Amended			City, Sta	ate, Zip Co	ode				<del>4</del> 1.	GEI	10/16	16		
X DOL	Amendment Emergency		- [,	ATLA	NTA, GA	4 3034	.9						Total		
X DOH	justification)				f Contact				10	Telepho	∍ Nun	ber			
X DCA	Cancellation		1	DWIG	HT WIR	ICK									
Name of Facility Where	Abatam at la Talda	- DI (0			LITY INFO		ON				-				
Name of Facility Where	Abatement is Takin	ig Place (3	)					Туре	of Facility	(4)					
CHICKFILA Street Address			_						School (K-		V 40				
								H	Other (i.e. i	r 8 (Other the private & co	nercia	.) al build	linas.	home	es.
RT 202-31 City (5)								7 (	etc.)						
								1400#3888	re Feet	# of Flo	5		ldg. A	ge	
FLEMINGTON County (6)				Carratic	0-4- (7)			23,00		11			-50		
County (6)					Code (7) USE ONLY	)		Curre	nt Use (Pr	ior if being d	nolish	ed)			
HUNTERDON Name of Monitoring Firm	Hired by Building	Ourpor (R)		ASCN	4 No		Nama	of Abo	tamant Ca	ntractor (9)	_				
EHS ENVIRONME		Owner (6)		ASUN	N NO.		i seconomo								
Street Address	ENTAL							Addres		DNMENT	_ SE	RVI	CES	, INC	<u>D.                                    </u>
	TOFFT														
9 SOUTH MAIN S City, State, Zip Code	IKEEI								EY STE	REET	-			_	
MULLICA HILL. N	11.08067						0.5000			DA 4040=					
Project Manager for Mor				Telepho	ne No.		Teleph	One No	<u>LPHIA, I</u> o.	PA 19137	ise N	D.	-	_	-
JACK CARNEY					3-0080		Manager and the same								
Start Date (10)		Schedule	d Con	pletion	Date (11)		215-5 Name		155 A Monitor		1b				
6-19-15		6-22-15					FHS	FNVI	RONME	NTAI					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street				-				
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of A	batem	ent			9 SOL	JTH I	MAIN ST	TREET					
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hours				City, S	tate, Z	p Code						
							MULL	ICA I	HILL. N.	08067					
Scope of Work (Check A	ull That Apply)							4							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova				-			ent with Ne	tive P	ressu	re		
× ≥160 sf or ≥260 lf			emolit	ion			-	20000	ni-Enclosur ovebag Pro	4.5					
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N.		Is	Locati	on									Abate		t
Location		1	lormal	у		Des	scription	of				_	Ту	ре	
Asbestos-Containing			d Sole ntenar			tos Cont				Amou		_		ш	m
TO BE AB In Facil		Cust	odial S	staff?	(i.e,	thermal surface	systems cing, VA		ition,	(Spec		Remova	Repair	Encapsulate	Enclosure
(13)			(12)				niscellan				•	SVOI	pair	Sul	IUSC
		Yes	No	N/A								-		ate	G,
NAAINI ELAT DOOF				-						7100 18000000	-				
MAIN FLAT ROOF		-	_	X	BU	ILT UF	ROC	FING	<u> </u>	2,916	E_	X_			
TAR FLASHING		-		X	ROL	IND R	OOF E	XHA	UST	176 SF		X			
Name of Registered Was	ste Hauler			JDEP W		Cubic			Name of	Registered	ındfill				-
SERVICE TRANSP	ORT GROUP		H	auler ID	No.	of Was	ste		MINE	RVA LAN	FILL				
City, State						Diana	nal Data					<u></u>			
						Dispos	sal Date		City, Sta		011				
NEW CASTLE, DE Completed by		Title	=			16	ignature		VVAYN	IESBUR(	OH T Da	la .	7/2		
1883		0.000				1/8			V_	_	1,000,000				
JENNIFER NIVEN		IDIR. C	)F OF	PERA.	TIONS	-4	len				16-1	6-15	)		
ASB-41 (R-06-08)							* Do no	t use t	his form fo	r asbestos li	nsure	exem	pted	activii	ties.

CK# 6341

40 - 011			(Pu						1			R	Fr	in pro-	(1/r-
Date of Notification (1)	حے			Name o	f Building	Owner/C	Operator	(2)	) 1 1 7						7 7
Agencies Notified Type	Notification			Street A	uck Address	EY	E_	<i>[</i>	ARI	NE	25 21	15 J	UN	18	AM 3
EPA X	Initial	12				ode /	MAU	F	ER	R	10 0	, ,=	-		
X DOL	Amendment		_	P	ERT	H	Am	0	boy N	JJ	08	26	13	EH	SING
DOH DCA	justification)	ricidulity		1 A	10 5	K	c , /	. ,	1 (	Te	ohone Num	iber	_	- 47	9
J   G						ORMATI	ION	Y							
Name of Facility Where Abate	ment is Taking	Place (3	3)					Typ							
Agencies Notified  Type Notification  Street Address  Street Address  Street Address  Amended  Amended  Amendment #  Emergency (including  Name of Control  Nam															
Date of Notificigition (1)  Selection of Sulding Owner(Care Store Address Street Address Store Address Sulphy House Completion Date (11)  Name of Sulding Owner (2)  Single Address Store Address Street Address Sulphy House Owner (3)  Street Address Store Address Sulphy House Owner (3)  Street Address Store Address Sulphy House Owner (3)  Street Address Store (10)  Street Address Store Address Store Address Store Address Store (10)  Store (10															
Date of Notificigition (1)  Series and Building Owner/Operator (2)  Agenciac Notified  Type Notification  Street Address  DOL  Street Address  Street Address  Amended  Amended  DAL AMENDED  FACILITY INFORMATION  Name of Contact  Amended  FACILITY INFORMATION  Type of Facility (1)  School (1-12)  School (1															
Date of Notificigition (1)  Service Address  PART ME  Street Address  Street A															
Name of Monitoring Firm Hired		Owner (8)													
				J						AVE					
					7					J 0888	,		1		
Project Manager for Monitoring	g Firm 🔍						Teleph	one	No.		License No	).			
Agancias Notified    Dep															
See   Street Address															
Same of Facility Where Absterements T sking Place (3)   Street Address															
Agancias Notified    Dep															
Same of Facility Where Abatement Is Taking Place (3)   State, 2p Code   County Code (7)   County Cod															
Court   County   Code (?)   Court   Code (?)   Code (?)   Court   Code (?)   Court   Code (?)   Court   Code (?)   Court   Code (?)															
County Code (7)   Code (8)   Code															
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Same of Facility Where Absterment Is Taking Place (3)   Street Address															
Same of Facility Where Absterements T Taking Place (3)   Street Address															
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ONISIDE			/\		1,01	. 17	76 1	, Po	J	-	0 4				
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	0	Ton	LI.	auler ID	No.	of Wa	ste					Q.	-^	1-	
City, State	) CHRI	166	- 1	159	39	-					KN I	06	-K1	<5	-
	, N ]	<u> </u>				TA	3 2				ر مما	P	A		
CAROL RA:	MO		E.C	2	Max	e Is	ignature	16.	al X	1ac	na) Dat	6/,	7/	1	-
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CK 11076

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Date of Notification (1)				NI-	me of Duild:	n= O===!O	/O.		-100 12.7	+ 3	4	-11	
6/15/	1:	5			St. Luke's	ng Owner/Operator Hospital	(2)	2015	UN 18	0 1	D. s. e		
Agencies Notified   Type Notif	ication			St	reet Address				014 1 0	) /	119	3: 4	3
⊠ EPA ⊠ Initial				1	185 Roseb			ANRI	\$108				
☑ DOLWD ☐ Amend	ed			_				- 2	7100	Ci	MI	RO	11
□ DHSS Amend					ty, State, Zip		3	CE	LICE	43	ING	.,0	L
DCA Emerge	ency (i	ncludi	ng	_		g, NJ 08865							
(NJAC 5:23-8) justifica  ☐ Cancel				0.000000	me of Conta	ct		Telepho	Numbe	er			
L Cancel	ation				Ted Ruhf								
				1	FACILITY I	NFORMATION			-			_	
Name of Facility Where Abatement is	Takin	g Pla	ce (3)				Type of Facility (	(4)					
St. Luke's Hospital							School (K-12						
Street Address							Subchapter 8	Other th	1 K-12)				
185 Roseberry St.							Other (i.e., pr homes, etc.)	ivate and	mmerc	ial b	uildin	gs,	
City (5)							Square Feet	# of Flo		15			
Phillipsburg, NJ 08865							15 No. 10 No.	The second	rs	B	ldg. A	Age	
County (6)				10	ounty Codo	(7)(STATE USE ONLY)	100,000+	2			40+	-	
Warren					ounty Code	(1)(STATE USE ONLY)		or if being	emolish	ed)			
Name of Monitoring Firm Hired by Bu	ildina	O	- (0)	100			Hospital		-				
Criterion Laboratories	liding	Owne	(8)		CM No.	The state of the s	ent Contractor (9)						
				N	A	Alliance Env	ironmental Sys	tems					
Street Address						Street Address			-				_
3370 Progress Dr., Ste. J						550 East Uni	on St.						
City, State, Zip Code						City, State, Zip Co	ode						_
Bensalem, PA 19020						West Cheste	r, PA 19382						
Project Manager for Monitoring Firm			Te	elepho	ne No.	Telephone No.		License	Jo	_			_
Mike Panepresso				215-2	44-1300	610-701-9000		0050				7	
Start Date (10)	Sched	duled	1		Date (11)	Name of OSHA M		0030	-				
6 /29 /15					/ _14	AET	ionne i						
Occupancy Status During Abatement	(Chec	k only	one)	27-07		Street Address							
☐ Facility Closed/Vacated During En					+	28 N. Pennel	Dand						
☐ Abatement Performed Outside of N	Vormal	Facil	tv Ho	urs - D	Describe								
Time of Abatement: 7AMP	M/3:3	ŌPM-		_AM		City, State, Zip Co							
Scope of Work (Check all that apply)						Media, PA 19	063						
cope of work (offect all trial apply)						D Full Cont	-i						
≥3 sf or ≥3 lf			enova			Mini-Encl	ainment with Nega	ative Pres	re				
_] ≥160 sf or ≥260 lf			emoli	tion		☐ Glovebac	Procedure						
						Non-Exer	mpted (*) and Non	-Friable P	cedure				
l andling of			s Loc Norm							Aba	atem	ent T	yı
Location of Asbestos-Containing Material (ACI	/I)	Us	ed So	lely by	/ / ^	Description of	f			D	Z	Ш	Ť
TO BE ABATED	,	Ma	ainten	ance/	/i.o	estos Containing Mat e., thermal systems in	erial (ACIVI)	Amou (Spec		Remova	Repair	nca	
IN Facility		Cus	todia) 12)	I Staff	?	surfacing, VAT,		SF or		ova	=	psu	
(13)		Yes	1	1	_	other miscellaned	ous)		-			Encapsulate	
nd Floor		165	No										
FIOOI		Ш		$\boxtimes$	VAT & I	Mastic		10 S					1
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		П							-		_		-
			=	44						Ц	Ш	Ш	1
		Ш											I
ame of Registered Waste Hauler			100		<sup>o</sup> Waste	Cubic Yards of	Name of Registe	red Landf			_		_
David Geppert Recycling				Hauler	ID No.	Waste	Western Ber			and	dfill		
ty, State						1 Disposal Date				-4110	at III		_
Hatfield, PA						TBD	City, State						
ompleted By (Print or Type)	7:4						Birdsboro, P	'A					
	Title					Signature	A		Date				
Mark Griffin	Es	tima	tor				N		6	- /	15	- 5	1
-41 ′ 11							/		0	7/	₩	-/	1
0.004	* D	o not	use ti	his fori	m for asbesto	os licensure exempte	ed activities.						

Date of Notification (1) June 9, 2015			Name of Carter	Ş			÷	E to	,m	, ,								
Agencies Notified	Type Notification		1 7	Street Address									~	DE.		12		
X EPA	☐ Initial		- 10		wnship		d.			43								
DEP X DOL	Amended Amendment #			City, State, Zip Code Yardley, PA 19067														
DOH DCA	Emergency (i justification)	ncluding			Contact	- 21				Teler	one N	lumbe	r					
☐ DCA	Cancellation				Felice	DASATI	011											
Name of Facility Where	Abatement is Taking	Place (3)	)	FACII	)	-	-			- 100								
Former Lucent Trai						□ s	chool (K-12	)										
Street Address											ner nan K-12) & immercial buildings, homes,							
353 Carter Rd.								e e	tc.)		-							
City (5) Hopewell								Square 175,0		# of I	Ors		50	100000	ge			
County (6)					Code (7)				nt Use (Prior									
Mercer		W	(		ISE ONLY)	-	_		ng center		for '	18 ye	ars					
Name of Monitoring Firm AET	Hired by Building C	wner (8)		0002					ement Cont vironmer	**************************************	tems, Inc.							
Street Address 28 N. Pennell Rd.								Addres	s Inion St.									
City, State, Zip Code								tate, Zip								_		
Media, PA 19063							West	Ches	ter, PA 19	9382								
Project Manager for Mor Eric Houseknect		Felephor 908-29	ne No. 96-1132			one No 701-90			)508									
Start Date (10) 6/17/15	ed Com	pletion I	Date (11)		Name AET	of OSH	A Monitor											
Occupancy Status Durin	e)					Addres	3233153 Fe		-									
	ated During Entire P								nell Rd.									
Other – Describe:	ned Outside of Norm	al Facility	Hours				The state of the s	tate, Zip a, PA	19063									
Scope of Work (Check A	II That Apply)							_										
≥3 sf or ≥3 lf			enovat				×	1 ull	nt with	gativ	e Pres	sur	е					
≥160 sf or ≥260 lf		X D	emoliti	on				Glo	i-Enclosure vebag Proce									
		T					X	Nor	n-Exempted	(*) and	on-Fr	iable F				žd.		
Lagation	5	100	Location Normall			Do	o o rintio n	of					Abatemen Type					
Location Asbestos-Containing	Material (ACM)	500000000	d Solel			tos Conf	scription taining N	<b>Naterial</b>			unt				П	Е		
TO BE AB In Faci		1.00	odial S (12)		(i.e.	surfa	systems cing, VA	T, or	tion,	(S <sub>I</sub>	cify LF)	1	Removal	Repair	ıcap	Enclosure		
(13)		-	(12)			other r	niscellar	neous)				1	wal	air	Encapsulate	sure		
		Yes	No	N/A							_	_	4		CD			
Basement mech				X			er pack			-	F	X	_					
	sement center building						T/Mas				0 SF		-					
	First Floor center building						T/Mas	2000			00	X	_					
Guest w		X		1000	T/Mas	tic		1,		X								
Name of Registered Wa	ste Hauler		H	JDEP W auler ID		of Wa	Yards ste		Name of F		I Land	ווזנ						
Mercer Group			10	)416		90												
City, State Trenton, NJ				Disposal Date City, State ongoing / Falls To						PA								
Completed by		Title	al a 1			5	Signature	100			Date Document							
Robert M. Casciato		Presi	dent	nt //ll							06/15/2015							

Location of Asbestos-Containing Material (ACM)		Locati mally L	1000	Description of Asbestos Containing Material (ACM)	1	nount	_ A			
TO BE ABATED In Facility (13)	Solely by Maintenance Custodial Stat (12)			(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	s	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				<u> </u>		ate	6
Guest rooms			X	Mastic on condensate pans	1,800	SF	X			
Basement electric room			X	Transite Board	10 SI		X			
Window panels guest rooms			X	Transite Board	7,000	SF	X			
Tennis Courts			X	1/8" wear surface	37,00	SF	X			

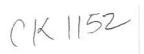
2876 JUN 18 111 3.42

ckuleng

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

Recipied

Date of Notification (1)				1		Building C		perator	(2)	00**											
5/18/2015					County	of Esse	ЭX			2815	JU	18 A	14 3	: 6	2						
Agencies Notified	Тур	e Notification		1	Street Ad																
EPA		Initial			900 Bl	oomfield	l Aven	iue		433	ES	<u>US La</u>	HT	Ē0	1						
DEP	×	Amended			6-500	e, Zip Coo	ie			4	EL	L CENSING									
▼ DOL	F	Amendment Emergency			Verona		is a beautiful and a second of the second of														
X DOH		justification)	incidaling		Name of						T	Γ ∋phone Number									
DCA		Cancellation				ev Vargh					1										
					FACIL	ITY INFO	RMATI	TION Type of Facility (4)													
Name of Facility Where			)					Type o	f Facility (4	-)											
Kip's Castle Park E	Sulia	ing								chool (K-1		11 17	40\								
Street Address										ubchapter ther (i.e. p				uildi	nas.	home	s.				
22 Crestmont Road	d 								e e	tc.)		***************************************									
City (5)									Square		1	Floors			ig. A	ge					
Verona									8500		14				)+						
County (6)					County C					t Use (Pric	r if b	ng demo	ished	)							
Essex						SE ONLY)	-	_		tment											
Name of Monitoring Firm		1 3	Owner (8)		ASCM	No.		100 01101101101101		ement Con											
Hatch Mott MacDo	nald				140			DIA	Gener	al Const	ruct	n, Inc.									
Street Address	10000				**				Address	B											
111 Wood Avenue	Sou	ıth						1360	Clifto	n Avenu	e, F	1B Suite	218	3							
City, State, Zip Code								City, S	tate, Zip	Code											
Iselin, NJ 08830				Clifton, NJ 07012																	
Project Manager for Mor	nitorin	g Firm			Telephor	ne No.		Teleph	none No			License	No.								
Kevin Herrighty					973-91	2-2480		973-	389-0	089		00693	3								
Start Date (10)			Scheduled Completion Date (11) Name of OSHA Monitor							A Monitor											
6/2/2015								DIA	Gener	al Const	ruct	n, Inc.									
Occupancy Status During Abatement (Check Only One)								Street	Address	S					till to t						
Facility Closed/Vac	ated	During Entire	Period of A	batem	ent			1360	O Clifto	n Avenu	1B Suite	e 218	3								
Abatement Perform	ned O							City, S	state, Zip	Code											
Other – Describe:	-						_	Clift	on, NJ	07012											
Scope of Work (Check A	All Tha	at Apply)																			
≥3 sf or ≥3 lf			× R	enova	tion			×	Full	ent w	ı Negativ	e Pres	ssur	Э							
× ≥160 sf or ≥260 lf		-		emolit	ion		-	- 1000000	i-Enclosure												
										vebag Prod	) d Non-Friable Procedure										
			T-	1 1								-				ment					
				Locati Iormal			р-		6					Туре							
Locatio Asbestos-Containing		erial (ACM)	33.00	d Sole		Asbest		scriptior taining N		(ACM)		mount				ш					
TO BE AB	ATE			intena todial S			therma	l system	s insula			Specify		Re	R	nca	Enc				
In Faci			043	(12)	Juli :			icing, VA miscellar		- '		F or LF)		Remova	Repair	psu	Enclosure				
(15)	10.				T		outer i	moodila	ilouus					'al	7	Encapsulate	лге				
			Yes	No	N/A																
Basem	nent				X	P	ipe/ell	bow in	sulatio	n		50 LF	×	2							
Basem	nent				X		Ceil	ing Pla	ster		:	500 SF	x	2							
Basem	A (1)		-	Merco	X			inoleur				200 SF	-	2							
Daseii	IEIIL		-					liloleui							_	_	-				
	1.5	10000		10	. V 1-		Manage	D-	and the	7511											
Name of Registered Waste Hauler					IJDEP W łauler ID		of Wa	Yards aste		Name of			dtill								
Service Transport (		20990		60 C			Minerv	a Li	ıdfill												
City, State				Dispo	sal Date	9															
New Castle, DE 19	720						7/2/2	2015		SDL	3, OH 4	4688	3								
Completed by			Title				1	Signatur	e,	/		Date									
Krutarth Jagad			Proj	ect M	anager				X			6/13/2015									
									- (	-	-					-					



					N OF ASB to NJAC					* / *		4								
Date of Notification (1) 6/12/15					of Building City of Ra		Operator	(2)	2815				- 1							
	Notification				Address City Hall	Plaza			2615	18 I C	1-1.,	1 4	, 4	5						
DEP X	nitial Amended Amendment :	# 2	1	City, Sta	ate, Zip Co	ode			<u> </u>	& JOENSAG NOL										
	Emergency (i			200	of Contact		-		Tele	none l	Numbe	r								
	Cancellation			ALCOHOLOGICA SEL	C. Lee	6														
Name of Facility Where Abatem	ent is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)	_										
Abandoned Residence								School (K-												
etc.)												the than K-12) e 8 ommercial buildings, homes,								
City (5) Rahway								Square Feet 1,300	# of	oors		Bldg. Age 50+								
County (6) Union					Code (7) USE ONLY	)		Current Use (Pr Condemned	ior if beir	demo	lished)									
Name of Monitoring Firm Hired	by Building C	wner (8	)	ASCI	M No.		22	of Abatement Co nuzzi Environr		ervices, Inc.										
Street Address								Address Kinnelon Road	d											
City, State, Zip Code				City, State, Zip Code Kinnelon, NJ 07405																
Project Manager for Monitoring	Firm .			Telepho	one No.		Teleph	none No. 218-0880		icense										
Start Date (10) 6/9/15		Schedul 6/12/1		npletion	Date (11)		Name	of OSHA Monitor nuzzi Environn				_								
Occupancy Status During Abate						Address		71 VICE	, IIII	J.										
Facility Closed/Vacated Du							135	Kinnelon Road	t											
Abatement Performed Outs Other – Describe:	side of Norma	al Facility	y Hours	City, State, Zip Code Kinnelon, NJ 07405										-33						
Scope of Work (Check All That A	Apply)						-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		particularities.	Renova Demolit				×		ovebag Procedure											
		Is	Locati	on			_	1 Worl-Exempte	OH-I I	abic i			ement							
Location of			Normal ed Sole	ly			scription				-	-	Ту	ре						
Asbestos-Containing Materia TO BE ABATED In Facility (13)	II (ACM)	Ma Cus	intenar todial S (12)	nce/ Staff?	Asbes (i.e.	thermal surfa	taining N systems cing, VA niscellar		An (S <sub>I</sub> SF	unt cify LF)	Kemovai		Repair	Encapsulate	Enclosure					
Thereselves		Yes	No	N/A							_	1		Ф						
Throughout Basem		-		X				ulation		_F	X	+								
Second fl. hall under pl	ywood			X			k Floor	U-CI-V/6X		SF	X	-								
Interior waits				Х		1	Plaster	î	110	SF	Х	-	_							
Name of Registered Waste Haul	IN	JDEP W	/aste	Cubic	Yards	Name of	Register	Land	fill											
Yannuzzi Group, Inc.	Н	auler ID 7467		of Was				20,70												
City, State Kinnelon, NJ 07405				Dispos 6/11/	sal Date 15	City, Star Morrisv														
Completed by Anna Bastos		Title Admi	nistra	tive As	ssistant	S	Signature	ma B	Date 6/12/15											

NOCF

Date of Notification (1) 6/15/15				Name of Br PSEG	uilding	Owner/0	Operator	(2)										
Agencies Notified	Type Notification		-	Street Add		Road				anj	41	3 AM	1 3					
EPA DEP DOL	Initial Amended Amendment	±2	C	City, State, South Pl	ode	i de serien												
ĭ DOH	Emergency (i			Name of C		140	07000	8		Teler	one I	Vumbe	1.7	(1)				
DCA	Cancellation		(	Gio Berr	nudez	Z			38				-					
				FACILIT	Y INF	ORMATI	ON											
Name of Facility Where	Para transfer and a comment of the contract of	Place (3)	Type of Facility (4)															
Warren Point Subs	station			200					School (K-		er an K-12)							
Street Address								×			an K-12) mmercial buildings, homes,							
5-45 Banta PI									etc.)									
City (5)	10							33.00	quare Feet	# of F	ors			. Age				
Fair Lawn, NJ 074	10				1 (79)			285.61	70	1			63					
County (6) Bergen			(5	County Cod STATE USE	de (7) EONLY,	)			urrent Use (Prontrol Roo		emo	lished)						
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM N	0		Name	2200	Abatement Co		_	_						
Environmental Tac		which (b)		0045	0.				nvironmen									
Street Address			- 5				Street		12 1789/15		20.00	3-20						
64 Broad St							17 0	old	Dock Road	1								
City, State, Zip Code									e, Zip Code									
Matawan, NJ 0774									nk, NY 1198	30								
Project Manager for Mor		Telephone No. (732)290-2217						e No.	ense									
Tom Geiger Start Date (10)			200 2002				4-8111 OSHA Monitor		136	)								
6/24/15	Comp						mental Tac											
Occupancy Status Durin	)				Street				-									
				tement 64 Bi					ad St									
Abatement Perform	ned Outside of Norma								, Zip Code		-							
Other – Describe:				Matawan,					an, NJ 0774	17								
Scope of Work (Check A	II That Apply)			·F														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			ovation							N jative Pressure								
2100 \$101 2200 11		× Der	MOIILIO	olition					Mini-Enclosur Glovebag Pro									
		T									n-Friable Procedure							
		44-23 (Carlot	ocation	ation					22				Abatement Type					
Location	TENTO OF ANY ANY ANY ANY ANY	Used	rmally Solely	but	V V A		cription					-	$\top$	Type				
Asbestos-Containing TO BE AB		Maint	enanc	ce/		tos Conta thermal			rial (ACM) sulation.	Amc (Sp∈		D	١.		ין יי			
In Facil		Custoo	iiai Sta (12)	ап?		surfac	ing, VA	Τ, ο	r	SF or		Remova	Kepail	sabs	Enclosure			
(13)						otner m	iiscellan	eou	IS)			val	=	Encapsulate	sure			
		Yes	No	N/A										(0)				
Control House				X		Exter	ior Stu	ICC	0	770	Q	X						
Control House	e Window			Х		Wind	ow Ca	ulk	(	151	:	Х						
Control H	louse			Х	Ele	ctric C	able In	ISU	lation	200	F	Х						
	1																	
Name of Registered Was	13,553,553	DEP Waste uler ID No.	T ( )	Cubic \ of Was			5-0 08	Registered	.and	fill								
Russell Reid			0.000	D98053	9.000	60			Conest	oga								
City, State		Disposal Date					City, Stat											
Edison, NJ						TBD	BD Morgantown, F											
Completed by		Title	10	- 0			Signature					Date	_					
Michael J DiMaria	gr/Sit	e Super	visor	1/	ruch	ra	IM.	2 6/15/15										

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Date of Notification (1)				Name of Building Owner/Operator (2)									T = 40 - 1 - 2 - 1 - 1							
6/15/15			PSEG																	
Agencies Notified Type Notifi	cation			Street A 4000 l	<sub>ddress</sub> Hadley F	Road				CE IS.	IL	18	AM	3: :	3					
EPA Initial DEP Amer DOL Amer	ded			City, Sta	ite, Zip Co	de				4346					- 50					
DOL Amer	dment #		_	South	Plainfiel	d, NJ (	07068			80	1	551	-	into	1					
	gency (i cation)	ncluding	11.5		Contact				90	Tele	ph	ie Nun	iber	3						
DCA Canc	ellation				ermudez					1	U.									
Name of Facility Where Abatement is	Taking	Diago /3	\	FACI	LITY INFO	RMATI	ON	Type	of Facility	(4)	_	_	_							
Warren Point Substation	raking	Place (5	λ																	
Street Address							School (K-1 Subchapter	r tl	tl n K-12)											
5-45 Banta PI								×	Other (i.e. p			mercial buildings, homes,								
City (5)	-				-				etc.) ire Feet	# of	Fk	rs	Age							
Fair Lawn, NJ 07410								270		1			//85	33	5					
County (6)					Code (7)			Curre	ent Use (Pri	or if bein	g	molish	ed)							
Bergen				(STATE I	JSE ONLY)	-		Cor	ntrol Roor	n										
Name of Monitoring Firm Hired by Bu	ilding C	wner (8)		ASCN					atement Cor		333									
Environmental Tactics Inc				0045	i		WRS	S Env	vironment	al Serv	ric	3 Inc.								
Street Address							Street													
64 Broad St									ock Road		_									
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Yaphank, NY 11980																	
Project Manager for Monitoring Firm				Telepho	ne No		Teleph		AUGUST NAMED IN CO.	Τī	nse No	)								
Tom Geiger				90-2217	,	631-	0.	36												
Start Date (10)	63		ed Corr	pletion	Date (11)				HA Monitor											
6/24/15								ental Tac	). —											
Occupancy Status During Abatemen	t (Check	64 5																		
Facility Closed/Vacated During Abatement Performed Outside	Entire P	eriod of Abatement						\$11-000,000,000,000,000,000,000,000,000,0			_									
Other – Describe:	JI NOITI	al racility	riouis			_	City, State, Zip Code Matawan, NJ 07747													
Scope of Work (Check All That Apply	7)						iviate	avvari,	, 110 077 1		-	***************************************								
≥3 sf or ≥3 lf		Пв	enovat	tion				Ne	le ative Pressure											
≥160 sf or ≥260 lf			emoliti					Mir		200 ANDONE CONTRACTORS										
							×	Glo	ovebag Pro	No	-Friable Procedure									
		le	Location	nn			·							Abate	ement					
Location of		N	Iormall	у		Des	cription				Туре									
Asbestos-Containing Material (Ad	CM)		d Solel intenar			os Conta	aining N	lateria			101	25	_		Щ	m				
TO BE ABATED In Facility		Cust	odial S	taff?	(i.e.	thermal surfac	systems ing, VA		ation,		or		Remova	Repair	cap	nclo				
(13)			(12)			other m	niscellar	eous)	S				oval	air	Encapsulate	Enclosure				
		Yes	No	N/A									000.00		(e)					
Control House Exterior				Χ		Exter	ior Stu	ICCO		770	) {	2	Х							
Control House Window				X			low Ca			15			Х							
Control House				X	Ele	ctric C	able Ir	nsulat	tion	20	0 1	-	X							
Name of Registered Waste Hauler	N	JDEP W	laste	Cubic `	Yarde		Name of	Register	ed	andfill		L								
		auler ID		of Was			000		cu	arrann										
Russell Reid	N.	JD980	533434	60	Conestoga															
City, State		Disposal Date City, State TBD Morgantown, Pa						D/												
Edison, NJ Completed by								-	Dat	Α										
Michael J DiMaria	121						Site Supervisor Muchael (D) Maru						6/15/15							
			ou	J. V.1001	//	ince	w	1/1/	IFICU	Les										