Date of Notification						wner/Operator					3		
6-26-15			Wa	ren	Stor	ey							
Agencies Notified	Type Notificat	ion	Stree	t Addre	SS			1116 0	7				
[]EPA	[X] Initial		11:	L Mou	ntai	n Ave.		JUN 3	J 2.	(5)			
[]DEP	Notificat	ion	City,	State,	Zip C	ode							
[X]DOL	[]Amended Notificat	ion	Sur	nmit,	иЈ,0	7901							
[X] DOH			Name	of Cont	act		molenhon	e Number					
[]DCA	[]EMERGENCY	on	Wa	rren	Stor	ey	T T						
				FACIL	ITY IN	FORMATION							
Name of Facility Whe	ere Abatement i	s Takir	ng Pla	ice (3)	W.100.00 0042		Type of Facil:	ity (4)					
Same as above							[]School	(K-12)					
Street Addres							[]Subchapt [X]Other (:	ter 8 (Oth	ate	& co	mme	-	
							Square Feet	# of Flo		and and	dg.		
City (5	C	ounty ((6) Ess	ex		ty Code (7) TE USE ONLY)	1500 Current Use (I	2			35 olis	shed)
Name of Monitoring P Owner (8) N/A	Firm hired by B	uilding	ASO	M No.			ment Contractor ANAGEMENT						
Street Address						Street Address 86 Chris	topher St						
City, State, Zip Coo	de					City, State, 2 Montclai	Zip Code r, NJ 0704	42	33	6			
Project Manager for	Monitoring Fire	m Tel	enhor	e Numbe	22	Telephone Numb			Lice	nea	Mumi	or	
Trojeco imiager roi	·	N/		e numbe		(973) 744				37		Jer	
Scheduled Start Date		. Compl	etion	Date (60 NB NB	Name of OSHA N	Monitor						
7-13-15	Lancacia II accoming		4-1			N/A							
Month Day Y Occupancy Status Dur	ear Mont		only	Year		Street Address							
[X]Facility Clo	sed/Vacated Dur					otieet Address	•						
	rformed Outside ribe:«OffHours			Facilit	y	City, State, 2	Zip Code						
	ribe: «Other Occ		-	ript»									
Scope of Work (Chec)	k all that apply	y)											
[X]≥3 sf or []≥160 sf			7	ovation olition		[]Mini-] [X]Glovel	Containment wi Enclosure bag Procedure riable Procedu	-	e Pr	essu	re		
		т.	Is ocati	20						Aba	teme		Type
Location Asbestos-Con			ormal	ly		Descriptio Asbestos-Cont		Amount		R	R	E	E
Material			Used Solel	Y		Material (7	(Specif		E	E	CA	C
TO BE AB			y Mai: enanc			i.e., thermal	-	SF or		0	PA	PS	os
In Facil			stodi aff (ulation, surfa r other miscel		LF)		A	I R	U	U
AL 7000EX		Yes	No	N/A						L		L ·	R E
Basement				X	Pipe	e Insulat	ion	90 lf		X			
		-											
Name of Registered V	Waste Hauler	NJ	DEP W	aste	Cub	ic Yards	Name of Regis	stered Lan	dfil	1			
AZTECH MANAG		Ha		ID No.	133889333	Waste 1.5	G.R.O.W.			with the second			
City, State	- N 1025-200 0000				7000	posal Date	City, State		1000	CON -00		-	
Montclair, NJ	07042				7	-15-15	Morrisvi.	lle, PA	19	906	7		
Completed By (Print	or Type) Title	е				Signature			Da	ite			
Constantine V	ivian Pre	side	nt			av S	illa-		(6-2	6-:	15	

Date of Notificatio	n (1)				ng Owner/Operator	(2)	700				
6-26-15			Bob .	Alar	con				6.5		
Agencies Notified	Type Notifica	ation	Street A	Address			100	00	12		
[]EPA	[X] Initial		52 E	lm R	oad						
[]DEP	Notific	ation	City, St	tate, Z	ip Code						
[X]DOL	[]Amended				,NJ,07006						
0.0000000000000000000000000000000000000	Notific	ation	Name of		54 (352)) Marie	mol onhon	e Number				
[X]DOH	[]EMERGENC	Y		Alar		lierebuon	e Number				
[]DCA	[]Cancella	tion	202		0011	ľ					
]	FACILIT	Y INFORMATION						
Name of Facility Wh	ere Abatement	is Taki	ng Place	(3)		Type of Facil	ity (4)				
Same as above	€					[]School					
Street Addres			Tell			[1]	ter 8 (Other i.e., privat				
bireet Addres							uildings, ho				
						Square Feet	# of Floor	s Bl	dg.	Age	
City (5		County	(6) Essex	9.	County Code (7)	2400	2	9	90		
					(STATE USE ONLY)	Current Use (Prior if bei	ng der	nolis	hed))
Name of Monitoring Owner (8)	Firm hired by	Buildin	g ASCM	No.		ment Contracto					
N/A					AZTECH M	IANAGEMENT	, Inc.				
Street Address					Street Addres	_				722	
					86 Chris	topher St	•				
City, State, Zip Co	ode				City, State,						
					Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi		Lephone	Number	Telephone Num			cense		er	
		N/	A		(973)744	-8800		0037	1		
Scheduled Start Dat	ce (10) Sche		letion D	ate (11	37 11	Monitor					
7-14-15		7-15			N/A						
Month Day Occupancy Status Du			-	Year e)	Street Addres	S			-		
[X]Facility Cl	osed/Vacated D					.					
of Abatement Po		de of No	rmal Fac	cility	City, State,	Zip Code					
Hours - Des	cribe: «OffHour	s Descri	pt»	-	Dieg, base,	LIP COUC					
[]other - Des			Descrip	ot»							
Scope of Work (Chec	k all that app	oly)			[]Full	Containment wi	th Negative	Pressu	ıre		
[X]≥3 sf or			X] Renova			Enclosure					
[] <u>≥</u> 160 sf	or ≥260 lf]]Demoli	tion		bag Procedure riable Procedu	re				
		1 .	Is					Aba	teme	nt 1	Type
Locatio Asbestos-Co			ocation		Description Asbestos-Con		Amount	R	_	E	E
Material	Control of the Contro		Used Solely		Material		(Specify	E	R	CA	C
TO BE A			y Main- enance/		(i.e., thermal		SF or	0	PA	PS	0
In Faci	177		ustodial aff (12)		insulation, surf or other misce		LF)	A L	I R	U	Ū R
an encod		Yes	No 1	N/A				11			E
Basement			X	E	Pipe Insulat	ion	70 lf	X			
Name of Registered			DEP Was		Cubic Yards	Name of Regi		ill			
AZTECH MANAG	EMENT, IN		7040	NO.	of Waste 1.5	G.R.O.W.	S.				
City, State					Disposal Date	City, State					
Montclair, No	07042				-	Morrisvi	lle, PA	1906	7		
Completed By (Print	or Type) Tit	:le			Signature	,		Date			
Constantine V		eside	nt		(f \(()			6-2		5	
						um		0 2	- 1		

CK 112

Date of Notification (1) 06/26/2015				Name of I Ocean	Building C City Boa						JUH 3	0	2015		
	ype Notification			Street Ad 501 Atla	dress antic Av	enue,	Suite	1							
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Coo City , N		26				88	-			
▼ DOH DCA	Emergency (justification) Cancellation	including		Name of Cathy L						Tele	phone Num	ber		700000	
	_ canconation	-			ITY INFO	RMATI	ON								
Name of Facility Where Aba Ocean City Intermedia		g Place (3)						Typ	oe of Facility (4) School (K-12						
Street Address 1801 Bay Avenue									Subchapter 8 Other (i.e. pri etc.)	(Othe	er than K-12 commercia) Il build	ings,	home	s,
City (5) Ocean City									uare Feet ,000	# of	Floors	10336	dg. A	ge	
County (6) Ocean				County C	ode (7) SE ONLY)			100-00	rrent Use (Prior hool	if bei	ng demolish	ed)			
Name of Monitoring Firm Hi Coastal Environmenta	ired by Building	Owner (8)		ASCM	No.				batement Contr Environmen			×			
Street Address PO Box 167	22						Street 150		ress nwood Drive						
City, State, Zip Code Hammonton, NJ 0803	37								, Zip Code gton Crossin	g, PA	A 18977				
Project Manager for Monito Cathy Ledden				Telephor			Telepl	hone			License No 01225	ο.			
Start Date (10) 7/13/15		Schedule		mpletion [Name		SHA Monitor						
Occupancy Status During A	hatement (Cher						Street	2003	ress						
Facility Closed/Vacate Abatement Performed	d During Entire	Period of A	Abater	ment s					, Zip Code	-					
Other – Describe:						_									
Scope of Work (Check All T	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emoli						Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
		1							NOT-Exempled	() all	d North Hab	10110		ement	t
		100	Locat Norma	70777C		1200							Ту	pe	
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Ma	d Sole intena todial (12)	ely by ance/ Staff?		tos Con therma surfa		Mate ns ins AT, c		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
D 404 400	105 100	Yes	No	N/A			loor ti	lo.		3/	00 SF	x			
Rooms 401, 402			X				loor ti	10.00			1465	x	-		
Rooms 106	&109		X			Г	1001 (1	ile			1405	<u> </u>			
Name of Registered Waste	Hauler			NJDEP W	/aste	100,000,000	Yards		Name of F	Regist	ered Landfill				
Service Transport Gro				Hauler ID SW2117		of Wa) 		Minerva		erprises				
City, State New Castle DE 19720)					TBD			City, State Waynes						
Completed by Elizabeth Gosek		Title Pres	ident	t			Signatu	re /	MADE	/	- Da	ate 2 - X	6-	()	

CK 5696

Date of Notification (1)	, \ . =		N	lame of		Owner/Operator	(2)	JUD	301	15				
	6/15		+	Street A		-101					_			7
Agency Notified	Type Notification		0	2 S	S H	DOUESE	K ESSE	XTP	L_					
D DEP	.⊠ Initial □ Amended		C		. =- 0	a da								10 test 10 te
D DEP Z DOL	Amendment #			15	EUi	ZN, C	. 58836	ر						8
Z DOH	☐ Emergency (including justification)	9	1	Jame of	Contac			Telephon	e Number					The State of the
D DCA	□ Cancellation			MR:	TOM	SEEBUR	GEYL				.:			
				FACIL	ITY INFO	ORMATION		10			_			
	Abatement is Taking Place	e (3)			•		Type of Facility							
	ASF						☐ School (K-12 ☐ Subchapter 8) (Other tha	n K-12)	-				
Street Address		·		0.		:	Other (i.e. pr	ivate & com	mercial bui	ldings	,			
25 MID	ouser ess	××)	1K			homes, etc.)	93	*8	dg. A			_	-
City (5)		18				**	Square Feet		1997				12	
15EU	· 0						/ 00.000 Current Use (Pr			90,	15	14		
County (6)				County ONLY)		(STATE USE	Current Use (Pr			·/				
HIDOVE						Name of Abote	nent Contractor (S		~					-
(0)	n Hired by Building Owner	AS	CM	NO.			moval In							
EHI						Street Address	movar ill					-	_	-
Street Address	HALEGRAN		-				River St			**				
City, State, Zip Code	SHORE TRAIL		_			City, State, Zip C						-		
SPARTA. N	15850 7	19					sack , N	.J. 0	7601			,	•	
Project Manager for Mo	nišorina Fism	Tele	phon	ne No.		Telephone No.	,	License						
1 7	EHREN	10-		296	649	201-329-	7444 -	003	88					
Start Date (10)	Scheduled Co					Name of OSHA	Monitor							0
7/14/15	7/14	1/15				Omega En	vironmen	tai			1/1			
	ng Abatement (Check only	one)				Street Address	7 0+							
III. Facility Closed/Vacat	ed During Entire Period o	Abaten	nent			280 Huy				XXX S	_		-	_
☐ Abatement Performe	d Outside of Normal Facil	ity Hours	\$	٠.	87	City, State, Zip	code nsack ,	NT T	07606	- 1				
2 Other - Describe: 7				•		S. Hacke	insack,	14.0.	0,000					-
Scope of Work (Check	all that apply)				1		Containment with	Negative F	ressure					
□≥3sfor≥3lf				Ren		☐ Glov	-Enclosure rebag Procedure		21					
_22 ≥ 160 sf or ≥ 260 lf				e Deni	t.	□ Non	-Exempted (*) an	d Non-Friat	ole Procedu	re	41	- 4 =		
	.*	ls L	ocati	ion							AD	ateî Typ		
		No	mal	lly		Description	of	-			T	T	T	
. Locat Asbestos-Containi	ng Material (ACM)	Used Main			Asbe	stos Containing M	laterial (ACM)		mount		20	_	Eno	m
TO BE	ABATED	Cu	stodi	ial	(i.e	, thermal systems surfacing, VA			pecify or LF)		Removal	000	BOR	Enclosure
	acility	1.00	(12)		1000	other miscellan			ocaliny-tro-174		8	Repair	ulate	ure
1			No	I N/A	1	£1.							-	
		ies	140	TWA	- /A-	TEAM FT	ic.	- 1	900 ST	=	X	1	1	
LAB 328	1		_	-	VA	17 11/25	,		, 0 - 3	+	1	1	7	
				-	-					+	1	+	1	
		-		-	-					+	1	1	7	_
		1	ED:	Waste I	douder.	Cubic Yards of	Name of Reg	istered Land	dfil					
Name of Registered W	aste Hauler	ID N	ю			Waste	1			T.s	a m	df	j1	11
Best Remova	al Inc			7109	9	2424	Cumber	rand (Jounty	110				_
City, State	· · · · · · · · · · · · · · · · · · ·					Disposal Date	City, State	h	n. DA	17	24	0		
Hacker	nsack ,N.J.	0760	1			7/16/15	Ne.	wburgi	n , PA.				_	_
Completed by	Title					Signature	0 1	e.	Da		10	6	11	٢
J.Maioran	o Estima					IVI	Polo non			2/	-		-	7
ASB-41	* Do no	t use thi	s for	m for as	sbestos l	icensure exempte	d'activities.							

Cheed 5685

Date of Notification (1)						g Owner/Operator						
6-25-15	·			G.	. MP	this Field	D					
Agency Notified	Type Notification				Address	INCOLN	A.1 = 8 11)6	JUN 3	3 1	15		
D EPA	- Initial		ŀ	2 0	94 6	Code Cock	AUGIOCE					
D DEP	☐ Amended Amendment #		1	City, S	tate, Zip	Code .	1 1	27010				
E DOL	© Emergency (includ	ing	L	CCI	FF51	de thrk	1,00	07010	har			
DOH	justification)							relephone num	Det			
D DCA	☐ Cancellation			6.	MA	NSFIELD						
				FACI	LITY INF	ORMATION						31003
Name of Facility Where		ace (3)			•	***	Type of Facilit	y (4)				
G. MANS	FIELD			_	_	×	School (K-1					
Street Address					10		U Subchapter	8 (Other than K-12) private & commercia	buildir	ICS.		
364 LINC	COLN AVENU	UE				٠	homes, etc	١)		E.		
City (5)	10.5							# of Floors	Bidg.	-		
CLIFFSIDE	PARK				W.,		1900.	. 2	70	y,	RS	
County (6)			1) (STATE USE	Current Use (Prior if being demoli	shed)			
BERGEN				ONLY	,	()	RESIDE					
Name of Monitoring Firm	n Hired by Building Own	er	ASCN	No.		Name of Abaten	nent Contractor	(9)		٠.		
(8)							moval In	10				
Street Address						Street Address						
	**						th River	St				
City, State, Zip Code					5	City, State, Zip (07/01				
						Hackens				_		
Project Manager for Mo	nijoring Firm	T	elepho	ne No.		Telephone No. 201-329		00388				
	· ·							00300				
Start Date (10)	Scheduled C	omple	Bion Da	te (11)		Name of OSHA	monmor Environs	ontol				
7-8-15 Occupancy Status Durin		7				Street Address	FILATION	lental				_
Occupancy Status Lauri	g Addition (Check of	ay one					uyler St					
☐ Facility Closed/Vacate				:		City, State, Zip C						
Abatement Performed		mily MO	urs					,N.J. 07	606			
Scope of Work (Check a							,					
	3,5,55			III Pan	ovation '			h Negative Pressure	•			
23 sf or ≥ 3 ff □ ≥ 160 sf or ≥ 260 ff			_	□ Den		∠ Glove	ebag Procedure		** '*****			
						☐ Non-	Exempted (*) ar	nd Non-Friable Proc	dure	I AL	atem	
			Locati					(4)		-	Type	
. Locatio	on of		Normal d Sole		3.2	Description of	of					
Asbestos-Containin TO BE A			intena			stos Containing Ma thermal systems		Amount (Specify		2	R	9
IN Fac		ا م	Staff?		, feet	surfacing, VAT		SF or LF)		Removal	Rephir	Enclosure
(13	9		(12)			other miscellane	eous)			2	Rephir	10
		Yes	No	N/A		×	7					
BASEMENT				x	THE	RMAL IN SU	LATION	175	LF	X	T	П
0.131.110.11				1							+	\forall
				-						1	+	14
<u> </u>			_	 					,4,4	1	+	\forall
Name of Registered Was	ste Hauler	NLI	DEPV	Vaste H	auter	Cubic Yards of	Name of Regi	stered Landill				-
Best Remo		1	No.			Waste		a Enterpri	800		r. r. c	,
			17	109		2405		- purerbri	.ಎ೮೨	, .	טענ	,
City, State	12 100.000 40 Ar-0000	******				Disposal Date	City, State	• 2				
	k , N.J. 07	601		<u></u>		7-9-15	Waynes	sburg, Oh,		88		
Completed by	Title					Signature		1	Date /	_	, ,	- 1
R. VELDRAN	Est	imat	or	-		R. Velds	an		6-2	5-	15	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7) Date of Notification Name of Building Owner/Operator (2) 2 5 / 1 5 NEWARK LEGACY CHARTER SCHOOL 0 6 / Agencies Notified Type of Notification Street Address 823 SOUTH 16TH STREET [X] EPA [X] Initial Notification City, State, Zip Code NEWARK, NJ 07108 [X] DOL 1 | Amended Notification Amendment [X] DOH [] Cancellation Name of Contact Telephone Number DCA [] Emergency MATTHEW ALBAN FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NEWARK LEGACY CHARTER SCHOOL [X] School (K-12) Street Address Subchapter 8 (Other than K-12) 11 Other (i.e., private & commercial [] 823 SOUTH 16TH STREET buildings, homes, etc.) County Code (7) Square Feet # of Floors County (6) Bldg. Age (STATE USE ONLY) 5.000 + 50 +Current Use (Prior if being demolished) NEWARK ESSEX School Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC. Street Address Street Address 1141 ROUTE 23 City, State, Zip WAYNE, NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973 628-9500 00408 Name of OSHA Monitor Scheduled State Date (10) Scheduled Completion Date (11) 0 7 | 0 6 0 8 0 7 1 Enviro Vision Consultants, Inc. 1 5 Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement Abatement Performed Outside of Normal Facility [X] Hours - Describe: 7:00 a.m. - 3:30 p.m. Fair Lawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) O & M Procedure [] Demolition Full Containment With Negative Pressure X Renovation Mini-Enclosure $[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Glovebag Procedure \geq 160 sf or \geq 260 lf Non Exempted (*) and Non-Friable Procedure Abatement Type Is Location E Description of N R Location of Normally Asbestos-Containing Amount E R C C A P Asbestos - Containing Used Material (ACM) (Specify M E Material (ACM) Solely by (i.e., thermal systems SF or LF) o V P 0 TO BE ABATED Maintenance / insulation, surfacing, VAT, A S U L S or other miscellaneous) in Facility (13) Custodial A R Staff (12) R Yes No 20 SF Throughout Building Plaster X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No J.R. Contracting & Environmental Consulting, Inc. 17819 Grand Central Landfill City, State Disposal Date Çity, State Wayne NJ 07470 Pen Argyl, PA Completed by (Print or Type) Signature Date Jerry Bijelonic Project Manager 06/25/15

NO CK

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

Date of Notification (1)			Nam	e of Buildin	g Owner/Operator	(2)	11:	11 6 6		_	
06/25/	15		Ra	ncocas V	alley Regional H	High School	ŲU	H 3 0		0	
Agencies Notified Type Notifie	cation		Stree	et Address				€0			
☑ EPA ☐ Initial			52	0 Jackson	nville Road						
☐ DOLWD ☐ Amende	A0.000003		City,	State, Zip (Code						
☑ DHSS Amendr					, NJ 08060						
□ DCA □ Emerge (NJAC 5:23-8) justificar	ncy (includii tion)	ng		e of Contac			Telephone N	Number	Donald C		
☐ Cancella			Mr	. John Ga	untt						
			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking Place	e (3)				Type of Facility	(4)				
Rancocas Valley Regional Hig	jh School					School (K-1		((0)			
Street Address			- 30-1				8 (Other than k orivate and com		ouildir	nas.	
520 Jacksonville Road						homes, etc.				3-1	
City (5)						Square Feet	# of Floors	1	3idg.	Age	
Mount Holly, NJ 08060						90,000 SF	2		40+		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being den	nolished)			
Burlington						High School	lo				
Name of Monitoring Firm Hired by Bui	lding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Westchester Environmental			002	7	East Coast H	az Mat Remov	/al, Inc.				
Street Address					Street Address						
307 N. Wanut Street					494 E. 41 Stre	eet					
City, State, Zip Code					City, State, Zip Co	ode					
West Chester, PA 19380					Paterson, NJ	07504					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No				
Paul F. McCaa		7000	0-431	SIDES MESTIL	973-345-0022	10	00507				
	Scheduled (Name of OSHA M						
07 / 20 / 15	07		_ ′ -	15		az Mat Remov	al, Inc.				
Occupancy Status During Abatement (7		Street Address						
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N				ariba	494 E. 41 Stre						
Time of Abatement: 7:00AM-4:00					City, State, Zip Co Paterson, NJ						
Scope of Work (Check all that apply)					1 aterson, 140	01004					
□ >3 of or >3 If	M D	enovati	2.5			ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		emolitio			☐ Glovebag						
				,		mpted (*) and No	n-Friable Proce	edure			
		s Locati Normal				_		A	patem	ent T	уре
Location of Asbestos-Containing Material (ACN	111	ed Sole		Aches	Description of tos Containing Mat		Amount	Re	Re	E	Ē
TO BE ABATED	IVI	aintena			, thermal systems in	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility	Cus	todial 8 (12)	itan?		surfacing, VAT, other miscellaned		SF or LF)	a		Encapsulate	ure
(13)	Yes	No	N/A	1	other miscellanec	ous)				fe	
Rooms - C200/2/3/4/5/6/7/8				Ceiling '	Tiles - 2'x4'		6,811 SF				
				VAT/Mas	stic		6,811 SF				
		П		TSI on E	Ibows		12 (Each)		П	П	П
			П								
Name of Registered Waste Hauler			IDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				-
Freehold Cartage		Ha	uler ID	No.	Waste	GROWS, Ir					
City, State			13206		100 Disposal Date	City, State	,		-		
Freehold, NJ 07728					07-28-2015	Morrisville	PA 12506				
Completed By (Print or Type)	Title				Signature	1 0		Date			
Leslie Olszewski	Project	Mana	ger			uh VWW	2	04	-25	-1	5

ASB-41 MAY 11

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Date of Notification (1)			P			Owner/Operator			37			
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Agency Notified	Type Notification			Street /	Address 70	LINCOL	N AU	#JN 3 0 201	5			
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DOH DCA	☐ Emergency (includir justification) ☐ Cancellation	ig			of Contac	ola ola						
e bon		-				ORMATION		1			-	
Name of Facility Where	Abatement is Taking Pla	œ (3)				1	Type of Facility	(4)				
	SPINCOLA						☐ School (K-12)				
Street Address					1.0	1	Subchapter 8	(Other than K-12)	l building	nc .		
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County (6)	- J			County ONLY)		(STATE USE	Current Use (P	SI OJN C	sieu,			
Name of Monitoring Firm		F	ASCM	No.	V	Name of Abatem	nent Contractor (9					-
(8)	, , , , , , , , , , , , , , , , , , ,					Best Re	emoval In	10				
Street Address						Street Address						
	H 2						h River	St				
City, State, Zip Code						City, State, Zip C		- 07/01				
Project Manager for Mor	Sharing Eigen	To	lephon	e No		Hackensa Telephone No.	ick , N.	License No.				
Project Manager for Mor	imini Linii	10	cpion	ic No.		201-329-	-7444 -	003	88			
Start Date (10)	Scheduled Co			e (11)		Name of OSHA	Monitor					
7/16/15		7)1	5				nvironmer	ntal Inc				
Occupancy Status Durin	g Abatement (Check onf	y one)				Street Address 280 Huy1	ar St					
☐ Facility Closed/Vacate						City, State, Zip C						
Other - Describe: 7	AM TO SIM	,		*		Hackensa	ick , N.J	07601				
Scope of Work (Check a	Il that apply)					D Full (Containment with	Negative Pressure				
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□ ≥ 160 sf or ≥ 260 lf				u Dell	HOURION		ebag Procedure Exempted (*) and	d Non-Friable Proc	edure			
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IN Fa	cility	Ç	ustodi Staff?		11.0	surfacing, VAT	T, OF	SF or LF)		Removal	Repair	Enclosure
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Hackensa Completed by	ck , N.J. 07	501				7/17/15 Signature	Waynesh	ourg ,Oh	Date .			_
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J.Maioran				- 600 00	hanten li	ansura evernited	1			-	10	-

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Date of Notification (1)	31		1	Name		ng Owner/Operator	(2)					
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Agency Notified	Type Notification				Address		_	JUN		14		
D EPA	- Initial		1	47	6 1	ARLBORO	ROAD					
D DEP	☐ Amended			City, S	tate, Zip	Code .						
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III DOH	 Emergency (including iustification) 	ng	ı	Name	of Conta	a	*	Tolophone Mermal				
□ DCA	☐ Cancellation			1,	0'0	ONNOR						
		11.507.15		FAC		FORMATION						-
Name of Facility Where	Abatement is Taking Pla	ice (3)			-	· · · · · · · · · · · · · · · · · · ·	Type of Facility	y (4)				
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Street Address	210010				,,		☐ Subchapter	8 (Other than K-12)				
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W000 KIDG	E N + 010	075)		1.4		1800			14	ns	
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Name of Monitoring Firm (8)	n Hised by Building Own	er	ASCI	A No.		Name of Abaten		2000		·2		
(0)							moval In	ıc				
Street Address		Charles Har				Street Address			33		107	
				- 22		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C						
						Hackens	ack, N.J			_		
Project Manager for Mor	nitoring Firm	T	elepho	ne No.		Telephone No.	7///	License No.				
	· ·					201-329-		00388				
Start Date (10)	Scheduled Co	omple	tion Da	te (11)		Name of OSHA				10		
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ASB-41				for asi	hestos lic	ensure exempted a		T C	00	-		

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Date of Notification (1)			P	lame o	of Building	Owner/Operator	(2)	:					
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Agency Notified	Type Notification		18	Street /	Address	· · · · · · · · · · · · · · · ·		6011 0 0 70	(5)				
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Street Address	DI Allera					:	Other (i.e. p. homes, etc.	rivate & commercial	buildin	gs,			
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Name of Monitoring Firm	n Hired by Building Own	er	ASCM	No.		Name of Abatem	nent Contractor			• • •			
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				0.70			th River	St					_
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Project Manager for Mo		1	richitei	10.		201-329	-7444 -	00388					
Start Date (10)	Scheduled C	omplet	ion Da	te (11)		Name of OSHA							
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			17	109		2405	1					_	
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Completed by	k , N.J. 07	001	-			7-10-15 Signature	wayne		Date	00			
R. VELDRAN	Est	imat	tor	50		$\Omega \setminus \Lambda \cap \Omega$	en	The state of the s	6-2	4-	1.5		
ASB-41				n for as	bestos lic	ensure exempted							

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Name of Monitoring Firm hired by Building ASCM No. Owner (6) N/A Street Address Street Address Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Froject Manager for Monitoring Firm Pelephone Number Normality Rours - Describe: Cofficient Date (11) 7-5-15 Month Day Year Month Day Year Month Day Year Occupancy Status During Abatement (check only one) (X) Facility Closed/Wacated During Entire Period of Abatement Performed Outside of Normal Facility Rours - Describe: Cofficients Descripts Scope of Work (check all that apply) (X) 23 sf or 23 lf (I) Demolition (I) Describe: Containing Material (ACM) Solely To BE ABARTED (Subdicial Staff (12) Yes No N/A) Basement Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973)744-8800 (0371 N/A Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973)744-8800 (0371 N/A Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973)744-8800 (0371 N/A Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973)744-8800 (0371 N/A Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (1073)744-8800 (0371 N/A Street Address 86 Christopher St. City, State, Zip Code N/A Street Address Street	and the				6		10.0	-		Cur	rent Use (Prior if b	eino	dem	olis	hed))
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Project Manager for Monitoring Firm Telephone Number N/A (973) 744-8800 00371 Scheduled Start Date (10) 7-5-15 7-8-15 Month Day Year Morth Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: Cofficiours Descripts More of Period Of Abatement [] Month Descripts More of Mor	City State Zin Co	nde.									S						
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Hours - Describe: «OffHours Descript» Company Comp			tside	of Nor	mal 1	Facilit	y	City,	State,	Zip	Code			-			
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[X] S or \$\geqrightarrow{2}\$ 1 f [X] Renovation [I] Demolition [I] Indin-Enclosure [I] Mini-Enclosure [I] Mahater [I] Mahater [I]					Desc	ript»											
[X] \$\geqrightarrow{3}\$ if [] Demolition [] Non-Friable Procedure [] N	Scope of Work (Chec	ck all that	apply))					[]Full	Cont	ainment wi	th Negativ	re Pi	essu	re		
Location of Asbestos-Containing Material (ACM) Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Completed By (Print or Type) Title Is Location Normally Used Asbestos-Containing Amount R R R N N N R R R C C C C Solely Material (ACM) (Specify M F A L C Solely Material (ACM) (Specify M F A L C C Sol				[X] Reno	vation											
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Material (ACM) Material (ACM) TO BE ARATED In Facility (13) Basement No N/A												7 mars t	40	R	_	40.44	
TO BE ABATED In Facility (13) By Maintenance/Custodial Staff (12) Yes No N/A Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 By Maintenance/Custodial Staff (12) Yes No N/A By Maintenance/Custodial Staff (12) Yes No N/A Pipe Insulation Cubic Yards of Waste 1.5 G.R.O.W.S. Cubic Yards of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Completed By (Print or Type) Title By Maintenance/Custodial Sinsulation, surfacing, VAT, or other miscellaneous) LF) A I U U U U V V I U U U V V V I V V I V V V I V V V I V V V V														E	E	C	C
In Facility Custodial Staff (12) Yes No N/A Basement X Pipe Insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 Completed By (Print or Type) Title Insulation, surfacing, VAT, or other miscellaneous) In Facility Custodial Staff (12) Insulation, surfacing, VAT, or other miscellaneous) In Facility Custodial Staff (12) In Facility Cus				By	Main	ñ-,				2.5		100 Tal		0		P	0
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Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Hauler ID No. 17040 Disposal Date Montclair, NJ 07042 Completed By (Print or Type) Disposal Date Signature Date	(13	,	+		0.000	1		or our	er misce	erran	eous)			L	1	L ·	
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 Completed By (Print or Type) Name of Registered Landfill G.R.O.W.S. Cubic Yards of Waste 1.5 G.R.O.W.S. City, State T-9-15 Morrisville, PA 19067	Basement					X	Pip	e I	nsulat	ior	1	160 lf		X			
AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 7-9-15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date				10													
AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 7-9-15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date						+ +											
AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 7-9-15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date	Name of Registered	Waste Haule	er	IUN	DEP W	laste	Cub	ic Ya	rds	Na	me of Regi	stered Lan	dfil	Ll	_		
City, State Montclair, NJ 07042 Disposal Date 7-9-15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date				Hau	ıler	ID No.											
Montclair, NJ 07042 7-9-15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date				17	040	,	D4 -	20027	Data								
Completed By (Print or Type) Title Signature Date		T 07042					1 1 1 1 1 1 1 1 1			9		11e P2	1	906	7		
	Montestatt, No	0 / 0 42					'	J	10	172	OTTT2 4T	LIC, EF		200			
Constantine Vivian President (Villa 6-23-15	Completed By (Print	or Type)	Title	8				5	Signature	e			Þ	ate			
	Constantine V	/ivian	Pres	sider	nt				(V	11:	h -			6-2	3-1	.5	

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

	2015-108		(Pursu	ant to	NJAC 8:6 XTRA FO	0-/ ar	10 12.120-7)		Check # 727	79			_
B & G proj. #:						OIAC	,			Į.	=		
Date of Notification	(1)	I I Name	of Building C	wner/Op	perator (2)								ř.
10 16 1/12 16		Midd	desex Bo	ard of B	Education				TILL S	3 0 2015			_
10 16 /12 10	Type Notification	4	Address	-					JUN	0 2010			
Agencies Notified EPA	_		John F. H	Kenned	ly Dr.							_	
□ DEP	Initial	1.1	tate, Zip Co										
	★ Amendment	Mic	dlesex, N	J 0884	16				Telephone Nu	mber	-		
		11	of Contact						Telephone wa				
X DOH	Cancellation												
☐ DCA		II Ra	y Mulvey			TION		125,74	1				
				FACILIT	Y INFORMA	TION		Type	of Facility (4)	077207			
of facility W	rhere abatement is tak	ing place (3)						School (K				
									Subchapte	r 8 (Other th	an K-'	12)	
Middlesex Hi	igh School								Other (Priv Bldgs./Hon	ate/Commer	ciai		
Street Address	85 AT 2508							Squa		f Floors	Bld	g. A	ge
300 John F.	Kennedy Drive						ti Cada (7)	1					
City (5)		County	6)			Cour	nty Code (7) e use only)	Cur	rent Use (Prior	if being dem	olishe	d)	
Chy (5)		Middle	PSEY			(0.0.		sch	1001			_	
Middlesex		E Production of the Control of the C			ASCM No.		Name of Abatemer	t Contra	ctor (9)				
Name of Monitor	ring Firm Hired by Bld	g. Owner (2)	1 8	0004		B & G Restora	ation, Ir	nc.			_	
Briggs Ass	ociates					-	Street Address	D d					
Street Address							105 Ryerson	The second second				_	
3 Crosswid						-	City, State, Zip Coo	le	7025				
City, State, Zip C	ode vn, NJ 08505						Lincoln Park		7035	icense Num	ber	_	
Bordentow	VII, IND OCCOO		Phone	e Numbe	r		Telephone Number (973)696-68	869	1	00378			
	for Monitoring Firm		609-	298-55	20		Name of OSHA M						
Michael H		Techad (Completion I	Date (11)		B & G Resto	ration.	Inc.				
Scheduled Start							Street Address						
06/19/201	15		/2015			_	105 Ryerson	Road					
Occupancy Stat	us During Abatement	(Check on	y one)	ant			City, State, Zip Co						
	osed/vacated during ent performed outside of	ntire period	Ol abatellic	5111.			Parameter Company		005				
Abatemer Describe:	nt performed outside c	il Holling.				-	LincolnPark,	NJ 07	035			_	-14.1
Other-De	scribe:									1990 1990 1990 1990 1990 1990 1990 1990			
	(check all that apply)					X	Full Containment w	/negative	e pressure				
☐ Demolition	J.,	Renovation				X	Mini-enclosure] Non-friabl		_	
	> <u>3</u> if 🗶 ≥	160 sf or ≥		ad aplah	,1				AX	· e	1000		E
Location	of	Is location by mainte	normally us nance/custo	dial	Descri	otion of	asbestos-containin	g	Amount (Specify Si	For o	р		c
asbestos material	s-containing	staff(12)			materi	al (ACN	M)		LF)	v	i		a p
material abated it	n facility (13)	Yes	No	N/A						e		1	7
Marian			×		acoustic	cal ce	iling plaster		340 sf		_	+	=+
Library		X	-		boiler in	sulati	on		640 sf			111	計
Boiler room		X			breechir				500 sf 60 fittings	-			
Boiler room		×					sulation	r	180 sf ***			1	
Room MD7		F	×		ceiling	plaste	CD-win	ered Lar	odfill				
Degistered Wa	aste Hauler	NJD	EP Hauler II	D#	Cubic Yards 54	or vvas	Tullyto	own Re	source & Re	ecovery C	enter	_	
B & G Res	toration, Inc.		19563	Disposal			City State						
City, State	at. NUI		ľ	06/19	/15 - 07/13	3/15	Tullyto	wn, PA	1	Date		_	
Lincoln Pa		Title			Signatur		Gordana Lu	ina		06/26/2	2015		
Completed by Gordana	/ (Print or Type) Luna	Secreta	ry/Treasu	ırer			Junior 200						

0x 2176

Date of Notification (1) June 25, 2015				Building Ov on Envir				. Inc.	Ch	eck #24	76111			
Agencies Notified Type Notification	8		Street Ad						azarit.	eck #2%	' GU ¥	30	Filt	8: 1
× EPA × Initial			2749 L	ockport F	Road					133	T. C.T.			
DEP Amended X DOL Amendmen				e, Zip Code a Falls, N		5				#38	ELIC	EN	SUN.	Į Ro
Emergency justification Cancellation			Name of						Tele	enhone Nu	umber			
DCA Cancellation	1		Mike La		DEFATION)						_
Name of Facility Where Abatement is Taki Armstrong Building, Welsbach/GC			Section II	ITY INFOR	RIVIATION		-	f Facility (4)						
Street Address 160 Essex Street, Building #16							Si x O	chool (K-12) ubchapter 8 ther (i.e. priv c.)	(Oth			dings	home	s,
City (5) Gloucester City							Square 166,0	Feet	# o	Floors	1380	idg. A	\ge	
County (6)			County C	ode (7)				t Use (Prior	if bei	ng demoli	shed)	1		
Camden	0 (0)							facturing	o oto s	(0)				_
Name of Monitoring Firm Hired by Building EHS Environmental	Owner (8)		ASCM	NO.	1333			ironmenta		200				
Street Address 411 Southgate Court Suite E							Address Cutler	Avenue						
City, State, Zip Code Mickleton, NJ 08056							tate, Zip e Shad	Code de, NJ 080	052					
Project Manager for Monitoring Firm Jack Carney			Telephor 856-22	ne No. 4-0080	903	(C)	one No. 755-00			License 00842	No.			
Start Date (10) July 20, 2015	Schedule			Date (11)		820		A Monitor ytical, Inc						
Occupancy Status During Abatement (Che		- PE	-010				Address							
Anna			nent		2	200 F	Route	130 North	1					
Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe:	mal Facility	/ Hours	5				tate, Zip amins	Code on, NJ 08	077					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mini	Containment -Enclosure vebag Proce	dure					
	100		2710				1 Non	-Exempted	(-) ar	a Non-Fri	able Pro		ement	
lfirm of		Locati Normal			Descr	intion	of				v	Т	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/ Staff?		os Contain thermal sy: surfacing other miss	ning M stems g, VA	Material s insulat T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			la ef				200 05	**	+	-	
Throughout		XXX				bris				000 SF	X	-	-	
Throughout			XXX		Window					00 SF	X	+	-	
Throughout		XXX	-		Pipe In					30 LF	X	-		
Throughout		XXX			Fitting I		ation	N (5		Each	X			
Name of Registered Waste Hauler SJ Transportation		- 2	NJDEP W Hauler ID	2500 (5.00)	Cubic Ya of Waste 80		12	Name of R US Ecolo			nIII			
City, State Woodstown, NJ					Disposal 8/21/20			City, State Grandvie		D				
Completed by Christina Lynch	Title Ope	ration	s Mana	iger	Sign	nature	D	00		12000	Date 6/25/2	015		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location by Mainter		Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Remova
Will the Company of t	Yes	No	N/A	material (Henry	Or Er y	
Throughout		X		Floor Tile and Mastic	2.000 SF	Y
Throughout		X		Plaster	1.130 SF	Y
Throughout		X		Tar Paper & Leveling Compound	3,600 SF	X
Throughout		X		Door & Window Caulking	110 LF	X

2015 JUN 30 AM 8: 37

CIL 2308

2115 Hamilton Ave, Suite 202	Date of Notification	(1) 6-29-2	2015						Owner / Operator / Hospital	(2)		HO M	430			
DOL	⊠ EPA □ DEP				2	201	Chape	I Hill C					let.	7 7 7 1	4	10
Same of Facility Where Abatement is Taking Place (3) School (K-12) School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter	⊠ DOL												4	i i		4
Same of Facility Where Abatement is Taking Place (3) School (K-12) School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter	□ DOH											IT.	elenho	ne N	imbe	er
Name of Facility Where Abatement is Taking Place (3) School (K-12) Scho	☐ DCA		Can	cellation	I	Лг. Mi	ke Mc	Closke	y							
Name of Facility Where Abatement is Taking Place (3) School (K-12) Scho						FA	CILIT	Y INFO	ORMATION				=7.30 -7.55			
School (K-12)	Name of Facility Wh	nere Ab	atem	ent is Taking Pl	ace (3					y (4)						
Square Feet ff of Floors Bidg. Age Square Feet Square Feet ff of Floors Bidg. Age Square Feet Square Feet ff of Floors Bidg. Age Square Feet Square Fe																
City (5) County (6) County (7) Camden County Code (7) Square Feet # of Floors 250,000 2 52																
City (5)	2201 Chapel Hill Ca	ampus													tc.)	
Cherry Hill, NJ 08002	C:t. (E)			(Carretty (C)	I Con	h. C	'ada /	7)		1000000	t Floors	BI	dg. Ag			
Name of Monitoring Firm Hired by Building Owner (8)		าว			00	unty C	ode (1)			ina domoli	chod)		52		
Resource Management Group, LLC	250 620			[Hospital		2					
2115 Hamilton Ave, Suite 202				by Building Owr	er (8)		ASC	M No.								
City, State & Zip Code City, State & Zip Code Bensalem, Pa. 19020 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Mr. Mike Panepresso 215-244-1300 Scheduled Start Date (10) Scheduled Completion Date (11) 7-31-2015 J&S Environmental Laboratories Inc Occupancy Status During Abatement (Check only one) Street Address — Facility Closed/Vacated During Entire Period of Abatement Street Address — Abatement Performed Outside of Normal Hours: Street Address — Pacility Occupied During Abatement Scope of Work (Check all that apply) — Facility Occupied During Abatement Renovation Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure — Location of Abatement Asbestos-Containing Material (ACM) Is Location Description of Amount Mini-Enclosure — Abatement Repair (ACM) Normally Used Solely by Maintenance of In Facility (13) Asbestos-Containing Material (ACM) SF or LF) — Material (ACM) Yes No IVA Normally Used Material (ACM) SF or LF) — Pacility Occupied Material (ACM) SF or LF) Abatement Type — Material (ACM) SF or	Street Address 3370 Progress Drive	e Suite	. J								ite 202					
Telephone Number Telephone Number Telephone Number Online	City, State & Zip Co	de							City, State & Z	Zip Code						
Mr. Mike Panepresso			orina l	Firm	Telen	hone	Numb	er				License No	mher			_
T-13-2015 T-31-2015 T-31-2015 J&S Environmental Laboratories Inc			9											5		
Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entitre Period of Abatement Street Address 2333 Route 22 West				Scheduled Cor			e (11)	1								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours: Describe: 3:30pm-12:30am Facility Occupied During Abatement	And the second s		A h a t a	mant (Charles					_		oratories l	nc				
Abatement Performed Outside of Normal Hours: Describes: 3:30pm-12:30am Facility Occupied During Abatement Scope of Work (Check all that apply) Saf or ≥3 If Demolition Renovation Demolition Renovation Demolition Blacation Normally Used Asbestos-Containing Material (ACM) To Be ABATED In Facility (13) To Be ABATED In Facility (13) Hallway outside Dictation Office Holding Area (Room# 0-106) Holding Area (Room# 0-106) Holding Area (Room# 0-106) Post Anesthesia Recovery Rom (Room# 0-104) Resource Management Group, LLC City, State & Zip Code Union, NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Abatement Type Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Factured Plaster Ceiling Describing Describin							teme	nt		T						
Facility Occupied During Abatement Scope of Work (Check all that apply)		Perform	ned C	utside of Norm												
Scope of Work (Check all that apply)									Union, NJ 070	083						
≥3 sf or ≥3 lf					1011000 30000				-1							
≥160 sf ≥260 lf				FF-37							l Containn	nent with Ne	gative	Pres	sure	
Non-Exempted and Non-Friable Procedure					\boxtimes											
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Custodial Staff? (12) Yes No N/A Hallway outside Dictation Office Description of Asbestos-Containing (Specify SF or LF) Description of Asbestos-Containing (Specific SF or LF) De	≥160 sf ≥26	0 If				Den	olition	n					11100 NASCO	78250		ÿ
Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (13) Hallway outside Dictation Office Holding Area (Room# 0-106) Holding Area (Room# 0-106) Post Anesthesia Recovery Room (Room# 0-104) OR Sterile Storage OR Sterile Storage Name of Registered Waste Hauler Resource Management Group, LLC Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (12) Yes No N/A Hallway outside Dictation Office Disposal Date Solely by Material (ACM) Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) File Signature Asbestos-Containing (Specify SF or LF) Raterial (ACM) Material													-		_	
Material (ACM) TO BE ABATED in Facility (13) Waintenance or Custodial Staff? (12) Yes No N/A Hallway outside Dictation Office Holding Area (Room# 0-106) H													Aba	item	ent I	ype
Custodial Staff? (12)				ig											Ш	m
Custodial Staff? (12)), O, L,)	Rei	R	nca	nc
Yes No N/A	ir		ty		Custo		Staff?	i	nsulation, surfaci	ing, VAT			lou	pa	sde	sol
Hallway outside Dictation Office Holding Area (Room# 0-106) Holding Area (Room# 0-10		(13)			Voc		NI/A		or other miscella	aneous)			/al	=-	ulat	ıre
Holding Area (Room# 0-106) Holding Area (Room# 0-106) Holding Area (Room# 0-106) Post Anesthesia Recovery Room (Room# 0-104) OR Sterile Storage OR Sterile Storag	Hallow and the Distant	· Off					IN/A	- 11	A 44/ Ell I D	Car lassifat						
Holding Area (Room# 0-106) Post Anesthesia Recovery Room (Room# 0-104) OR Sterile Storage OR Sterile St	and the same of th		ce				౼	Elbows			ion			H	+	+
Post Anesthesia Recovery Room (Room# 0-104) Description Description								Flbow			ition			H	H	H
OR Sterile Storage OR Storage			om (R	oom# 0-104)										Ħ	Ħ	Ħ
Name of Registered Waste Hauler Resource Management Group, LLC City, State Trenton, NJ 08619 NJDEP Waste Hauler ID No. of Waste O035218 Name of Registered Landfill Grows Landfill Disposal Date TBD Morrisville, PA Completed By (Print or Type) Title Signature Name of Registered Landfill Grows Landfill Disposal Date Title Signature Name of Registered Landfill Grows Landfill Disposal Date		Sterile Storage										298 SF				
Resource Management Group, LLC City, State Trenton, NJ 08619 Title Title Hauler ID No. of Waste TBD Grows Landfill City, State City, State Morrisville, PA Disposal Date TBD Morrisville, PA Date	OR Sterile Storage	terile Storage														
Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date TBD City, State Morrisville, PA Completed By (Print or Type) Title Signature On A Date	Name of Registered	ne of Registered Waste Hauler						110000000000000000000000000000000000000		Name of	Registere	d Landfill				
Trenton, NJ 08619 Completed By (Print or Type) Title TBD Morrisville, PA Date		nent Gr	oup, l	LLC					TBD							
Completed By (Print or Type) Title Signature Date	City, State Trenton, NJ 08619									City, Sta Morrisvill	te le,/PA					
		t or Tvr	ne)			Titl	е			7	Ina		Date			-
	Mr. Brian Haney	- 1	-,					t	KIVI		144/			/201	5	

Date of Notification (1) 6-29-2015						wner / Operato Hospital	r (2)	ž Ž	Fig. Hig.	57 -	4 12		
Agencies Notified Type Notif				Addr		Поѕрна				4.0		- 65	-
⊠ EPA					el Hill Ca		<u> </u>						
	al-Page 2 Scope	(City, S	State 8	& Zip Co	de			20 1 17	Jilly		Ų.	
□ DOL □ Am	ended				NJ 0800)2							
	ergency				ntact					Telenho	no N	ıımh	or
☐ DCA ☐ Ca	ncellation		Mr. Mi	ke M	Closkey	/				Ī			
				ACILIT	TY INFO	RMATION							
Name of Facility Where Abate		ace (3	3)			Type of Facili							
Kennedy University Hospital-P Street Address	ACU & Corridor			10-51/20		School (F		Other than K-	12)				
2201 Chapel Hill Campus								ite & commerci		nas, hom	es. e	tc.)	
						Square Feet		# of Floors		Bldg. Ag			
City (5)	County (6)	Co	unty (Code	(7)	250,000		2		1998 1998	52		
Cherry Hill, NJ 08002	Camden					Current Use (Hospital	(Prior in	being demol	ished)				
Name of Monitoring Firm Hired	by Building Owne	or (8)		ASC	CM No.	Name of Aba	tement	Contractor (9	3)				
Criterion Laboratories, Inc.	by banding own	31 (0)		1,100) IVI 140.	Resource Ma							
Street Address						Street Addres	SS						
3370 Progress Drive, Suite J						2115 Hamilto							
City, State & Zip Code Bensalem, Pa. 19020						City, State & 7		de					
Project Manager for Monitoring	Firm	Telep	hone	Numl	per	Telephone Nu			License	Number			
Mr. Mike Panepresso	The state of the s		244-13			609-977-6159				0118	5		
Scheduled Start Date (10) 07-13-2015	Scheduled Com		on Dat 2015	te (11)	Name of OSH			Tara				
Occupancy Status During Abar						J&S Environn Street Addres		Laboratories,	inc				
Facility Closed/Vacate	d During Entire Pe	eriod	of Aba	ateme	nt	2333 Route 2		t					
	Outside of Norma					City, State & 2	Zip Co						
Describe: 3:30pm-12						Union, NJ 070	083						
Facility Occupied During Scope of Work (Check all that	annly)												
				V			\boxtimes	Full Containn	nent with	Negative	Pres	sure	1
≥3 sf or ≥3 lf		\boxtimes		ovatio				Mini-Enclosur					
≥160 sf ≥260 if		Ш	Den	nolitio	n			Glove Bag Pr			_		
Location of		le l	Locati	on		Description	⊠ of	Non-Exempte	Amount		ateme		
Asbestos-Contain	ing		nally l			Asbestos-Con			(Specify	Abo	iteme	2111 1	ype
Material (ACM)		S	olely b	ру		Material (AC	CM)		SF or LF)	70		Щ	En
TO BE ABATED in Facility			tenan odial S			(i.e., thermal sy sulation, surface				em	Repair	cap	ncls
(13)		Cusic	(12)	olali!		or other miscella				emoval	air	Encapsulat	clsoure
		Yes	No	N/A								at	e)
OR Sterile Storage			\boxtimes		Black/Ye	ellow Mastic A/W	floor til	е	352 SF				
Office Between Recovery & Nurses						Textured Plaster			3SF				
Office Between Recovery & Nurse	Station			-	Elbows	A/W Fiberglass	Pipe In	sulation	4 Each		H	井	H
		\exists	H	H						$\dashv \dashv$	H	+	H
													H
Name of Registered Waste Ha	uler					Cubic Yards	Name	of Registere	d Landfill				
Resource Management Group	LLC			uler II 35218		of Waste BD	Grow	s Landfill					
City, State						Disposal Date	City,					,	
Trenton, NJ 08619					T	BD /	Morris	sville, PA					
Completed By (Print or Type)			Titl		S	a de la companya de l	XM	111		Date			
Mr. Brian Haney			Pre	esider	it	1011	1400	14		06/29	/201	5	

NO CK

Date of Notification (1) 06-26-15					f Building ship of L			r (2)	f: =			,		4		
Agencies Notified Type	Notification		+	Street A	ddress		-		7.F	15 11	430	ja ja	0.	åL		
DEP X DOL	Initial Amended Amendment # Emergency (ir justification)		-	City, Sta Living Name o	ylon Ave ate, Zip Co ston, NJ f Contact	ode 07039)		6.6	4.7	ephone	1.4				
□ DCA □	Cancellation				h Greco											
Name of Facility Where Abaten	nent is Taking	Place (3)		FACI	ILITY INFO	ORMATI	ON	Тур	oe of Facility (School (K-1 Subchapter	2)	er than l	K-12)				
81 Naylon Avenue								×	Other (i.e. p				build	dings,	home	es,
City (5) Livingston	-								uare Feet OSF	# o	f Floors		1000	ldg. A 0 yrs		
County (6) Essex					Code (7) USE ONLY)			rent Use (Prio mmerical	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired H2M Associates	by Building O	wner (8)		ASCN	ЛNo.				eatement Cor Environme							
Street Address 119 Cherry Hill Road							Street 200		ress ad Street							
City, State, Zip Code Parsippany, NJ 07054							W. 913 TO 1000 V		Zip Code t, NJ 07072	2						
Project Manager for Monitoring Steven Hearl	oject Manager for Monitoring Firm teven Hearl						Teleph 201-		No. -6565		Licens					
Start Date (10) 06-29-15(1)Project Postp		Scheduled		pletion	Date (11)		Name Ever		SHA Monitor							
Occupancy Status During Abate	ement (Check	Only One					Street	Addr	ess							
Facility Closed/Vacated Du Abatement Performed Out	uring Entire Pe side of Norma	eriod of Ab	atem	ent					ckson Ave Zip Code	nue						
Other – Describe: Scope of Work (Check All That						_			and City, N	Y 111	01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	whhia)		nova noliti		et.		×	N G	ull Containme lini-Enclosure lovebag Prod lon-Exempted	edure					9	
		ls Lo	catio	on						/ /				Abate	ment	
Location of Asbestos-Containing Materic TO BE ABATED In Facility (13)	al (ACM)	Used Maint Custod	enar	y by nce/		tos Cont thermal surfac		∕lateri s insu √T, or		(S	mount specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Digester / Heat Exchange	(Grnd Fl.)			X		Pipe	Insula	tion		- :	2LF		x			
Name of Registered Waste Hau	ler		I N.	JDEP W	aste	Cubic	Yards		Name of F	Reniste	red Lan	dfill				
ATC, Inc. / JBT (50071)	3.55V		Ha	auler ID		of Was			Minerva							
City, State Shirley, NY / Bronx, NY						Dispos TBD	al Date	_	City, State		OH 44	1688				
Completed by Joseph Patrick		Title Project	Ма	nager		S	ignature		y			Date 06-2	26-1	5		



	N			OF ASBE o NJAC 8)	7.		ï				
Date of Notification (1) June 25, 2015				Building C Univers		perator	(2)	15 JUNE	Che	ck # N/A	\			
Agencies Notified Type Notification I I I I I I I I I		1 -	Street Ad 201 Mu	ldress ullica Hil	Road		£.		20 p	iff 8: 1	3€			
DEP X Amended Amendment #_				te, Zip Coo oro, NJ				& Hi		11-11-11	· .	-773-5748		
■ Emergency (indigenous publication) ■ DCA Image: Dock publication publicat	cluding	1 6	Name of Robert	Contact					Tele	phone Nu	umber			
BCA Caricellation			MATERIA (501) P.	ITY INFO	DMATI	ON			1					
Name of Facility Where Abatement is Taking F Rowan University Westby Hall	Place (3)	1 AOIL	in in c	ISMATI		[mm]	of Facility (4						
Street Address 237 Mullica Hill Road	9400						S	ubchapter ther (i.e. pr tc.)	8 (Othe			dings	, hom	es,
City (5) Glassboro							Square 20,00	e Fee	# of 2	Floors	1 33	Bldg. 00	Age	
County (6) Gloucester			County C	Code (7) ISE ONLY)			Curren	nt Use (Prio	r if beir	ng demoli	shed)	21		
Name of Monitoring Firm Hired by Building Ow TTI Environmental, Inc.	/ner (8)		ASCM	l No.				ement Con ironment				- (2)		
Street Address 1253 N. Church Street							Address Cutler	s Avenue						
City, State, Zip Code Moorestown, NJ 08057			15			•	tate, Zip e Sha	Code de, NJ 08	3052					
Project Manager for Monitoring Firm Jim Guilardi		- 2	Telephor 856-84	ne No. -0-8800			one No 755-00			License 00842	No.			
		ed Com		Date (11)				A Monitor lytical, In	c.					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address	s	7=1-		74			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal						1/1=22/2019	Route tate, Zip	130 Nort	h					1
Other - Describe: Work to be performed				uilding	_	1 1		on, NJ 0	8077					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Constructed of the last of the	Renovat Demoliti				×	Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	edure				re	
	Is	Locati	on										temer ype	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Normall ed Solel iintenar todial S (12)	y by nce/		tos Con thermal surfa	scription taining M systems cing, VA niscellar	faterial s insulat T, or		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	9
1st & 2nd Floors		XXX		F	loor Ti	ile and	Masti	С	2,6	35 SF	Х			
1st Floor Mechanical Room	XXX			Pipe	Insula	tion (V	/rap &	Cut)	10	00 LF	Х			
1st & 2nd Floors		XXX		Pipe	Insula	tion (V	/rap &	Cut)	1,2	00 LF	Х			
1st & 2nd Floors		XXX			Duct	Insula	ition		3,1	85 SF	X			
Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 2265		of Wa 80	501.00		Name of I	rland			ill		
City, State Freehold, NJ						sal Date 2015		City, State Newbur						
Completed by Christina Lynch	Title Oper	rations	s Mana	nger	5	Signature	DAG.	OFF			Date 6/25/2	015		



7000				OF ASBEST to NJAC 8:6			IENT		, ,					
Date of Notification (1) June 26, 2015				of Building Ow n University		perator (1.7				
Agencies Notified Type Notification			Street A	ddress Iullica Hill F	Road		ين الله	* 36'	AH 8:	: 30	5			
EPA Initial DEP Amended Amendment	#3		City, Sta	ate, Zip Code boro, NJ 08			€ 1.11		- A in	57				
Emergency		-		f Contact	5020				ephone I	Aluma I				
DOH justification) Cancellation				t Yufer				1 100	epriorie i	-	er			
Non- of Facility 100.	-		FAC	ILITY INFORI	MATIO	N					7			
Name of Facility Where Abatement is Takin Rowan University Bole Hall	g Place ((3)					Type of Facility							
Street Address Whitney Avenue							School (K- Subchapte Other (i.e.	r 8 (Othe	er than K	(-12) ercial	build	dings	, hom	es,
City (5) Glassboro						1.0	etc.) Square Feet 20,000	# of	Floors			ldg. A	\ge	
County (6) Gloucester				Code (7) USE ONLY)			Current Use (Pr		ng demo	lishe	1			
Name of Monitoring Firm Hired by Building	Owner (8	5)	ASCN	188 a		Name o	of Abatement Co							
TTI Environmental, Inc. Street Address							e Environmer	ntal, LL	.C					
1253 N. Church Street							Address Sutler Avenue	E.						
City, State, Zip Code							ate, Zip Code							
Moorestown, NJ 08057				11		- 65	Shade, NJ (08052					1	
Project Manager for Monitoring Firm Jim Guilardi			Telepho 856-84	ne No. 40-8800		Telepho 856-7	one No. 55-0099		License 00842					
Start Date (10) February 23, 2015	Schedu July 3			Date (11)			of OSHA Monitor . Analytical, I							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street A	Address							
Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facility Abatement Performed Outside of Norm	Period of	Abaten	nent				oute 130 No	rth						
Other - Describe: Work to be performe	d in vaca	nt areas	of the b	uilding	.		minson, NJ (08077						
Scope of Work (Check All That Apply)	(Salahari					-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
	1	s Locati	on									Abate	ement	
Location of	Us	Normal ed Sole				cription				ŀ	-	13	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	aintenar stodial 5 (12)	nce/	(i.e. the	ermal s surfacir			(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						OTHER DESIGNATION OF THE PERSON OF THE PERSO				е	
1st Floor Bathroom Pipe Chase	-	XXX	-	,		Section Market	ap & Cut)		00 LF	-	X			
Throughout Exterior/Interior	-		XXX			v Caul			00 LF		Х			
Throughout Exterior/Interior	-		XXX			w Glaz	0		/indow	-	Х			
2nd Floor		XXX		1.015555	507 SE SENSE	and N	over a marketine		00 SF		Х			
Name of Registered Waste Hauler Jack Robinson Waste Disposal		Н	JDEP W auler ID 7304	1222	ubic Yaste f Waste 0		Name of T.R.R.I		red Land	dfill				
City, State Voorhees, NJ					isposa /31/20	Date 015	City, Stat							
Completed by Christina Lynch	Title Ope	rations	Mana	iger	Sig (mature	Don	2		Date 6/26		15	400 11100	11

Amended & (K4940

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Name of Building Owner/Operator (2) 6/8/15 West Deptford Board Of Education Agencies Notified Type Notification Street Address 675 Grove Road Suite 804 EPA Initial DEP City, State, Zip Code Amended × Amendment #__1 DOL West Deptford NJ 08066 Emergency (including Name of Contact Telephone Number DOH justification) Myron Hall DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) West Deptford High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1600 Crown Point Road etc.) City (5) # of Floors Square Feet Bldg. Age West Deptford NJ 08066 1000 +2 35 +County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Gloucester Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/23/15 7/2/15 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: After 3;30 night shift City, State, Zip Code Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, TO BE ABATED (Specify Enclosure Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Room 211 Floor Tile & Mastic 750 SF X Room 210 Floor Tile & Mastic 750 SF X x X 590 SF Room 18 Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste United Containers G.R.O.W.S. 22459 City, State Disposal Date City, State Elm NJ 7/2/15 Morrisville PA 19067 Completed by Title Signature Date Anthony T Perna President 6/8/15

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	Y 06 0017				Name of	f Building ($\overline{}$	7.		
	June 26, 2015						Jersey	Proud Modular I		1	10	7	100
Agencies Notified [X] EPA [DEP		Notific	ation tification		Street A			Bridge Avenue		2015	JUN.	30 ,	ir o
[x] DOL [x] DOH	Amer [X] Emer	ndment ?				ate, Zip Coo		Pleasant, NJ 0874	2	े द स	115		- 1
[] DCA		ellation			Name o	f Contact Lou			Telephone		10000		16
				FAC	ILITY I	INFORM	ATION						
Name of Facility Where Ab Res	patement is Taking idence	Place (3)					Type of Facility (4)	School (k-12)	L 4l	- I- 12\		
Street Address	2 nd Avenue							[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City		Coun	ty (6)		County C (STATE	Code (7) USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg	g. Age	50	
Manasquan		Man	asquan					Current Use (Prior Reside	if being demolished)				
Name of Monitoring Firm I	1973	Owner (8)		ASCM N	No.	Name of	Abatement Contracto		Inc			
Street Address	1						Street Ad	dress		IIIC.			12.5
City, State, Zip Code	, State, Zip Code						City, Stat	e, Zip Code	Route 9, Unit 61				
Project Manager for Monito	oject Manager for Monitoring Firm Telephone Nu						Telephon 732-34	e Number	River, New Jers License N 00624		755-1	271	
Scheduled Start Date (10) 6/26/15			Scheduled C 6/30/15		on Date (1	11)		OSHA Monitor	.L. Analytical				
[] Aba	Abatement (Check lity Closed/Vacated tement Performed er – Describe	d During	Entire Period			8	Street Ad	dress 1056 S e, Zip Code	Stelton Road	ey 088	54		
Scope of Work (Check all t	hat apply)			is .			[]	Full Containmen Mini-Enclosure	t with Negative Pres	sure			
	f or ≥3 lf 0 sf or ≥260 lf			Renovat Demolit			[x]	Glovebag Proced Non-Exempted (lure *) and Non-Friable l	Procedi	ıre		
										Aba	tement	Гуре	
Location of Asbestos-Containing M TO BE ABA in facility (13)	faterial (ACM) TED		3.55AN 003	ed		Ash N (i.e inst	Description Destrostor Confessor Con	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	ENCLOSURE
Exterior			X		Asbe	stos sidin	g		1100 sf	X			
			-					-		-	-		
			+		-				-	-			
	Hauler ntracting, Inc.		NJDEP Waste	223		Cubic Ya	rds of Wast	T.R.R.F.	ered Landfill				
City, State Toms River,	New Jersey			Dispos 7/1/1:	sal Date		City, Sta	own Pennsylvani	a				
Completed by (Print or Typ Nicholas Ferr	e)	Title Proje	ect Manage		Signat	тие	ich	of the	(Date 6/2	: 6/15		

NOTIFICATION OF ASBESTOS ABATEMENT

D-1CN(1)					N	0 (0	. (2)						
Date of Notification (1)	June 26, 2015				Name of Buildin	Z Owner/Ope Lynx	Waste	& Recycling	Inc. 15 JUN 30	7	740	0/	
Agencies Notified [X] EPA [] DEP		Notific	ation	W.	Street Address	ror	3ox 18	8 4	41. 30 €	M E	: 78		
[x] DOL	Amer [X] Emer	ndment gency (City, State, Zip (g Lake	e, NJ 07762	& L/CE, 18)	iji i	PUL		
[] DCA	1020 1021 1000	ication) ellation			Name of Contact Rich	ard Hyde		Те	lephone Number	· U			
				FAG	CILITY INFOR	MATION					11		
Name of Facility Where Al	batement is Taking sidence	Place (3	3)				Туре	e of Facility (4)	School (k-12)				
Street Address	61 Baileys Corn	ner Ro	ad					[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City		Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Squa	are feet 500 sf	# of Floors	Bldg	, Age	50	
Wall Twp.		Mor	mouth			000035	Curr	17.10.00	peing demolished)				
Name of Monitoring Firm		Owner (8)		ASCM No.	Name of	f Abater	ment Contractor (9	9) n Contracting,	Inc			
Street Address					Street A	ddress	Manager State Stat	oute 9, Unit 61	mo.				
City, State, Zip Code				With the control of t	City, Sta	ate, Zip	Code		00.00	755 1	271		
Project Manager for Monit	oring Firm	Telephone	Number		Telepho 732-34		ber	License N 00624		/33-1.	2/1		
Scheduled Start Date (10) 6/26/15			Scheduled 6/29/		tion Date (11)			Monitor	. Analytical				
Occupancy Status During	Abatement (Check of ility Closed/Vacated			od of Aba	atement	Street A	ddress		elton Road				
[] Aba	tement Performed (City, Sta	ate, Zip	Code		A77200000			
							7		yay, New Jerse	-	54		
Scope of Work (Check all	that apply)					[ull Containment v fini-Enclosure	vith Negative Pres	sure			
5 5	sf or ≥3 lf 0 sf or ≥260 lf		[] [x]	Renov		[[x	•	lovebag Procedur on-Exempted (*)	e and Non-Friable I	Procedu	ire		
										Γ			
			Is Location			Description		1170)	R	ement R	E E	Е
Location Asbestos-Containing N			Normally u Solely b		A	sbestos-Co Material (A		ıg	Amount (Specify SF	E	Е	N	N
TO BE ABA		Mair	ntenance/C		(i	e., thermal		ıs	or LF)	M	P A	C A	C L
in facility		10000000	Staff			sulation, su				0	I	P	0
(13)			(12)			VAT,				V	R	S	SU
		YES	NO	N/A	0	ther miscell	ianeous	5)		A L		L E	R E
Exterior garage			X	T	Asbestos sid	ing			400 sf	X			
	in the second se			1									
Name of Registered Waste Guardian Co	Hauler entracting, Inc.		NJDEP Was 2	te Haule 20223	r ID No. Cubic 3	Yards of Was	ste N	Name of Registere T.R.R.F.	ed Landfill				
City, State Toms River,	Make a const				osal Date	City, St		Rennsylvania					
Completed by (Print or Typ Nicholas Fer	ne)	Title Proj	ect Manag		Signature	del	1	F. 1		Date 6/26	5/201:	5	

NOTIFICATION OF ASBESTOS ABATEMENT

9. 1								W. stra				
Date of Notification (1)	6/26/15				Name of Building (rator (2) Builders	Anex	7	100		
Agencies Notified [X] EPA DEP		Notific	ation tification		Street Address	55 Fir	st Avenue	MA JULIA) fi	€:	ેં 8	
[x] DOL	Amer	ndment # gency (i			City, State, Zip Coo		eading, NJ 0706			J. V.	11.	
[x] DOH [] DCA		ication) ellation			Name of Contact Tony			Telephone Number				
	•			FAC	CILITY INFORM	ATION	,					
Name of Facility Where Al	batement is Taking sidence	Place (3)				Type of Facility (4)	School (k-12)		1 10)		
Street Address	Lockwood Av	enue/	8				[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			al build	lings,
City		Count	ty (6)		County Code (7) (STATE USE ONL)	Y)	Square feet 2000 sf	# of Floors	Bldg	g. Age	50	
Woodbridge			dlesex				Resid)			
	Hired by Building (ardian Contract				ASCM No.			or (9) lian Contracting,	Inc.			
	39 Route 9, Uni	it 61				Street A	1889	Route 9, Unit 61				
City, State, Zip Code Tot	ms River, NJ 08	8755				City, Sta	te, Zip Code Toms	River, New Jers	ey 08'	755-1	271	
Project Manager for Monit Nicholas Fern			Telephone N 732-349-			50	ne Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 6/26/15			Scheduled 0		tion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During	Abatement (Check lity Closed/Vacated		STATE OF THE PARTY	d of Aba	atement	Street A		Stelton Road				
[] Aba	tement Performed er – Describe				Sauce conserve	City, Sta	te, Zip Code	avvov. Novy Ioras	000	51		
Scope of Work (Check all	that apply)					[]		away, New Jerse		134		
92 (26)			F 3	_	1		Mini-Enclosure		Saro			
1 : :	of or ≥3 lf 0 sf or ≥260 lf		[x]	Renov		[x] [x]		dure (*) and Non-Friable	Procedi	ıre		
			2000-000-000-000-000-000-000-000-000-00						Abat	ement	Гуре	
Location	of.	١,	Is Location Normally us			Description of the Description o		Amount	R	R	E	E
Asbestos-Containing N			Solely by			Material (A		(Specify SF	E	E P	N C	N C
TO BE ABA	TED	Mair	ntenance/Cu		(i.e	, thermal	systems	or LF)	M O	A	A	L
in facilit	У		Staff		inst	ulation, su			v	I R	P S	O S
(13)			(12)		oth	VAT, o er miscell			A	IX.	U	U
		YES	NO	N/A		or impoon	unico us)		L		L E	R E
Basement			X		Asbestos pipe	insulatio	n	130 lf	X			
Exterior			X		Asbestos sidir	g		3200 sf	X			
					1		1.5					
	Hauler entracting, Inc.		NJDEP Waste 20	0223	4	rds of Was	T.R.R.F.	tered Landfill				
City, State Toms River,				6/30		City, St Tullyt	ate own, Pennsylvan	ia				
Completed by (Print or Typ Nicholas Fer		Title Proje	ect Manage	er	Signature	ich	14		Date 6/2	6/201	5	
						and the same of the same of	164					

Print Form

OKATAGOU & EMERGINAL HOLLOCATED X State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/25/15				f Building (Fleetwo		Operator	(2)			2515	tuu	20			
Agencies Notified Type Notification		+	Street A									12 0		0.	46
X EPA X Initial		1	725 D	orbett Pl	ace					- 2					
X DEP Amended Amendment				ate, Zip Co ield, NJ	de					F.6		i	- 1	3 25	.11.
X Emergency (justification) DCA Cancellation	ncluding		Name o	of Contact					Те	lephone	Nun	nber		2	
			FAC	ILITY INFO	RMAT	ION			-						
Name of Facility Where Abatement is Taking Fleetwood Residence	Place (3)						Тура	of Facility (4							
Street Address							H	School (K-12 Subchapter 8		er than	K-12)			
725 Dorbett Place							×	Other (i.e. pretc.)					dings	, hom	es,
City (5)				****		-1	Squa	are Feet	# 0	f Floors		E	Bldg. /	Age	
Plainfield							150		2				55+		
County (6) Union			County (STATE	Code (7) USE ONLY)			9	ent Use (Prio idence	r if be	ing dem	olish	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	M No.				atement Cont		(9)	2002				
Charles								ation Co.,	Inc.						
Street Address						Street 95 N	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ess ose Road							
City, State, Zip Code						7.5		Zip Code ck, N.J. 077	722						
Project Manager for Monitoring Firm	-	T	Telepho	ne No.		Teleph	1000	sent the second		Licens	se No).			
						0.000	294-	3/1/201		0002	9				
Start Date (10) 6/26/15	Scheduled 7/3/15	Con	npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (Check	Only One)					Street	Addre	ess							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 7am-7pm	eriod of Ab al Facility H	atem lours	ent			City, S	State, 2	Zip Code							
Scope of Work (Check All That Apply)											24-17				
≥3 sf or ≥3 lf	X Por	novat	tion			Г	٦ ۔.	II Cantainma		Manati	D				
≥160 sf or ≥260 lf		noliti				×	Mi	II Containmer ni-Enclosure ovebag Proce		Negau	ve Pi	ressu	re		
	1						No	n-Exempted	(*) an	d Non-F	riabl	e Pro	20-31/2007	= 1	
Landing of	-33390000	ocation rmall			-									ement rpe	2
Location of Asbestos-Containing Material (ACM)	Used : Maint	Sole	y by		os Con	scription taining N	/lateria		А	mount				т	
TO BE ABATED In Facility	Custoo	lial S		(i.e.		systems		ation,		Specify or LF)		Ren	Re	Encapsulate	Enclosure
(13)	(12)				niscellan			0.	Or Li		Remova	Repair	sule	osur
	Yes	No	N/A									-		te	Ф
basement			х		boile	r insula	ation		:	50sf		x			
Name of Registered Waste Hauler		LN	JDEP W	facto	Cubic	Yards		Name of R	agiata	rad Lan	4611				
Ace Insulation Co., Inc.		Ha	auler ID 2086		of Wa			Chrins	egist6	red Lan	UIIII				
City, State		1.5				sal Date		City, State						1	
Colts Neck, New Jersey					7/3/1	-		Easton,,	PA						
Completed by Bree McGuire	Title Secreta	arv -	Treasu	ırer	(5)	ignature	6	4.			Date	e 25/15	5		

CK#2685

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

Date of Notification (1)				Building Own Residence		(2)		2	£15 JŲ	111				
6/26/15			Street Ad		•				-10 00	# 30	-	7.1.	0	
Agencies Notified Type Notification X EPA X Initial				and Rd				L		#10 N			U.	19
DEP Amended Amendment #_		200	City, Stat Union,	e, Zip Code NJ			19		å.	ICE:		l yr.	MO	L
	cluding	1	Name of Jevon	Contact				Tele	ephone N	lumber				
			FACIL	ITY INFORM	ATION			1						
Name of Facility Where Abatement is Taking in Wilson Residence	Place (3)					☐ s	f Facility (4))		40)				
Street Address 9 Portland Rd						× o	ubchapter 8 ther (i.e. pri tc.)	vate &	comme	-12) rcial bu	iildii	ngs,	nome	s,
City (5) Union						Square 1300		# of	Floors		Blo 50	ig. Aq i+	ge	
County (6)			County C	code (7)		Curren	t Use (Prior	if bei	ng demol	lished)				
Union City in Signature Delidies On	mas (0)		ASCM	No	Name	,	ement Cont	ractor	(0)					
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCIVI	INO.			tion Co., I		(5)					
Street Address					000	Address	se Road							
City, State, Zip Code						State, Zip		722						
Project Manager for Monitoring Firm		17	Telephor	ne No.		hone No	, N.J. 077	22	License					
*			-1-6 r	D-1- (44)		-294-17	757 A Monitor		00029)				
	Scheduled 7/13/15	Com	ipietion t	Date (11)	Name	oi OSH	A MONITO							
Occupancy Status During Abatement (Check	Only One				Street	Address	S							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma X Other – Describe: 7am-7pm	eriod of Ab I Facility F	atem lours	ent		City, S	State, Zip	Code							
Scope of Work (Check All That Apply)		-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				Mini Glov	Containme i-Enclosure vebag Proce	edure						
					y _L	7 11011	LACIIIpica	() (4 14011 1 1	1			ment	
	1000000	ocatio			5							Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole! tenar	ly by nce/	(i.e. the	Description Containing I rmal system surfacing, V her miscella	Material ns insula AT, or		(mount Specify or LF)	Nellioval	Domoval	Repair	Encapsulate	Enclosure
basement	765	,,,,	X		floor til	e		1	40 sf	x	1			
Name of Degistered Wests Hauter		N	JDEP W	laste I C	ubic Yards		Name of F	Renistr	ered Land	dfill				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		Н	lauler ID 2086	0.555	f Waste		Chrins	-5.00		55				
City, State Colts Neck, New Jersey		1		1 (1)	isposal Date /13/15	е	City, State Easton,							
Completed by Bree McGuire	Title		Treasu	IFOF	Signatur	\$,,	1			Date 6/26/	/15			



Date of Notification (1) 6/26/15				Building O		perator	(2)		Ž	Els J	Ju :	30	fy.		
Agencies Notified Type Notifica	ation	-	Street A						Ė	2			F. 7	0-	19
X EPA X Initial				orth Ave											
X EPA X Initial Amenda Amenda		- 2		ite, Zip Cod ield, NJ	le					-	- (Trig	11-1	L
□ Emerge □ justifica □ DCA □ Cancel				f Contact			100000000000000000000000000000000000000		Tel	ephone	Num	ber			
			FACI	LITY INFO	RMATI	ON					-				
Name of Facility Where Abatement is Degnan Residence	Faking Place (3)						_	of Facility (4							
Street Address								School (K-12 Subchapter 8	(Oth				9200.0		
844 North Ave							101	Other (i.e. pr etc.)	ivate 8	& comm	ercial	buile	dings,	home	es,
City (5) Westfield							Squa 160	re Feet O	# of 2	Floors		31 53	ldg. A	ge	
County (6) Union				Code (7) USE ONLY)			1	ent Use (Prior dence	if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCN	ЛNo.		4400000000		tement Cont ation Co.,		(9)					
Street Address			1				Addre	ss se Road							-
City, State, Zip Code						402000000000000000000000000000000000000	A.M. DAGRE	ip Code							_
93323 3/7 7/37/7	50 5509							k, N.J. 077	722						
Project Manager for Monitoring Firm						10.5	none N 294-1			Licens 0002					
Start Date (10) 7/6/15	Schedule 7/13/15		pletion I	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Check Only On	e)				Street	Addre	SS							
Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe: 7am-7pm						City, S	State, Z	ip Code			2000 No. 0				
Scope of Work (Check All That Apply)								-							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	X R	enova	tion			Г] Fii	II Containme	nt with	Negativ	ve Pr	95511	re		
≥160 sf or ≥260 lf	7000	emoliti				×	Mir	ni-Enclosure ovebag Proce		rvegau		ooou			
				1			- O.	n-Exempted		d Non-F	riable	Pro		-	
	5.27	Locati						1					Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACI	(I) Used	Sole	ly by	Asbesto		scription aining N		(ACM)	А	mount				П	
TO BE ABATED In Facility	Iviai	ntenar odial S			hermal	system: cing, VA	s insula			Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)				niscellar			-	v. =. ,		ioval	pair	sulai	osure
	Yes	No	N/A											(e)	
basement			Х			wrap a				10lf		Х			
					clea	an fittin	igs								
					-										
Name of Registered Waste Hauler	N	JDEP W	lacto	Cubic	Varde		Name of R	ogiete	rod I an	dfill				L	
Ace Insulation Co., Inc.		Н	auler ID 2086		of Was			Chrins	egisie	ieu Lan	idilii				
City, State Colts Neck, New Jersey					Dispos 7/13/	sal Date 15		City, State Easton,,	PA						
Completed by Bree McGuire	Title Secre	tary	Treasu	ırer	S	ignature	MI	M.			Date 6/2	6/1	5		



Date of Notification (1) 6/26/15	Name of Building Owner/Operator (2) TFM Street Address							Λ.,								
Agencies Notified	Agencies Notified Type Notification									4					0.	ş Q
× EPA × DEP	Initial Amended				Riversid		ace			V- 30 1 -	A. 1	100		1.10	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 L.
X DEP X DOL	Amendment :		- 34		lew Jer		719							· V		
DOH DCA	justification) Cancellation	molecumg		Name o Aaron	f Contact					Tel	enhone	Numi	oer			
	-		_	FAC	LITY INF	ORMAT	ION		+1							
Name of Facility Where TFM property	Abatement is Taking	Place (3)						Type o	f Facility (4))						
Street Address			_					St St	chool (K-12 ubchapter 8	(Oth						
1105 Curtis Ave							5	1 1 1 1	ther (i.e. pri	ivate &	& comme	ercial	buil	dings,	hom	es,
City (5) Pt Pleasant Boro								Square 1400	Feet	# 01	Floors		1	ldg. A	\ge	
County (6)					Code (7)				t Use (Prior	if bei	ng demo	olishe				
Ocean			L	3	USE ONLY			reside								
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASC	ΛNo.				ement Contr ion Co., I	Contractor (9)						
Street Address								Address	ss ose Road							
City, State, Zip Code			HINTE				City, S	State, Zip	Code							
Project Manager for Mor	Project Manager for Monitoring Firm							s Neck,	, N.J. 077	22	1:	- 11-				
1 Tojour Manager for Mor		Telepho	ne ivo.			294-17			Licens 00029							
Start Date (10) 7/7/15		Scheduled 7/13/15	Com	Completion Date (11) Name of					Monitor							
Occupancy Status Durin	g Abatement (Check	(Only One)		Street Address										6)		
Abatement Perform	ated During Entire P led Outside of Norm	eriod of Aba al Facility H	atem ours	ement City, State, Zip Code												
Scope of Work (Check A																
≥3 sf or ≥3 if	ш ттаг Арргу)	□ Ren	nvaf	vation					Containmon	st suith	Monatio	o Dec		_		
≥160 sf or ≥260 lf			noliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Τ					LX.	l Non-	Exempted ((*) and	Non-Fr	riable			e ement	
Location	ı of		mall	y		De	scription	of				1			pe	
Asbestos-Containing TO BE AB	Material (ACM)	Used S Mainte	enan	ce/		tos Cont	taining N	Material (/ s insulation			mount pecify		וג		9	ш
In Facil (13)		Custodi (1	ial Si 12)	taff?	(1.0.	surfa	cing, VA niscellar	T, or	J.,		or LF)		Remova	Repair	Encapsulate	Enclosure
(.0)		Yes N	Vo	N/A	*	Outer II	iliscellal	icous)					val	=	ulate	ure
outdoo		х			siding			14	100sf	,	(
Name of Registered Was Ace Insulation Co., I			350000	IDEP W Juler ID		Cubic of Was			Name of Re	egiste	red Land	dfill				
City, State					12086 3				Chrins							
Colts Neck, New Jer	sey						City, State Eastofi,, PA									
Completed by Title					Signature					Date						
Bree McGuire	tary Treasurer					DI	A	6/26/15								

Date of Notification	Name of Building Owner/Operator (2) Tom Malek-Jones													
6/22/15			To	m Mal	ek-d	Jones		* Y * _	. 1					
Agencies Notified	Type Notifi	cation	Stree	t Addre	ss			90			1/10			
[]EPA	[X] Initial	l ication	49	Gord	onh	ırst		A SUM	30 ,	514	٥. ١			
[]DEP	Notifi	ication	City,	State,	Zip	Code		A	-		0. (I Į		
[X]DOL	[]Amended	d ication	Mo	ntcla	ir,1	NJ,07043			14 (Ť.e.	i m			
[X]DOH	[]EMERGE	NCY		of Cont	2		Telep	hone Number	rH,	Hr.	11	Ĺ.		
[]DCA	[]Cancel:		To	m Mal	ek-d	Jones								
	[]ouncer.	1401011		FACIL	ITY I	NFORMATION								
Name of Facility Whe	ere Abatemen	t is Tak:	ing Pla	ace (3)			Type of Fac	cility (4)						
Same as above							D 573321701111111	ol (K-12)						
Street Addres							[X]Other	napter 8 (Oth r (i.e., priv l buildings,	rate &	co	mmer	-		
							Square Feet				ig.			
City (5		County	(6) Es	sex	100000000	nty Code (7) ATE USE ONLY)	1500	2		7	75			
					(01		Current Use	e (Prior if b	eing	dem	olis	hed))	
Name of Monitoring E	Firm hired b	y Buildir	ng AS	CM No.		Name of Abate	ment Contrac	ctor (9)						
Owner (8) N/A						AZTECH M	IANAGEME1	NT, Inc.						
Street Address						Street Address								
420						86 Chris		St.						
City, State, Zip Cod	ie					Montclai		7042						
Project Manager for	Monitoring			ne Numbe	r	Telephone Num	ber		Licen	se	Numb	er		
		N	/A			(973)744	-8800		00:	37	1			
Scheduled Start Date	e (10) Sci	hed. Comp		n Date (11)	Name of OSHA	Monitor							
7-1-15 Month Day Yo	ear 1	7-2	-15	Year		N/A								
Occupancy Status Dur [X] Facility Close of Abatemen	ring Abateme sed/Vacated	nt (Checl	k only one) Street Address											
[]Abatement Per Hours - Desc	rformed Outs	ırs Descr	ipt»	35	Y	City, State,	Zip Code							
[]other - Desc:			y Desc	ript»										
scope of work (check	all wat a	DDTA)				[]Full	Containment	with Negativ	re Pre	ssu	re			
[X]≥3 sf or []>160 sf o				ovation olition		(구. 시구(1)) 시간시시시	Enclosure bag Procedu:	re						
							riable Proc							
Location	n of		Is Locati			Description	on of		F	Aba	teme	nt I	E	
Asbestos-Con			Normal Used			Asbestos-Con	taining	Amount	December 19	RE	R	N	C	
Material TO BE AB			Solel By Mai			Material ((i.e., thermal	7.5	(Specif	1.00	M	E	A P	I O	
In Facil			tenanc			sulation, surfa	acing, VAT,	LF)		VA	A	S	S	
(13)		Yes	taff (12) N/A	(or other misce	llaneous)			L	R	L	R	
Basement				X	Pip	e Insulat	ion	70 1:	£ 2	ζ				
Name of Registered W AZTECH MANAG		NC. F	JDEP V Hauler 1704	ID No.	4.0	oic Yards Waste 1.5	G.R.O.	egistered Lar W.S.	ndfill					
City, State		I	Disposal Date				te City, State							
Montclair, NJ	07042							Morrisville, PA 19067						
Completed By (Print	NO. 1001 1000					Date								
Constantine V	ivian E	resid	lent (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							L5				

Date of Notification	(1)		nt to NJAC Name of Bui											
	(1)		Ellen I		The second secon	ator	(2)	18.87						
6-23-15								18%	4	7.0				
Agencies Notified	Type Notificat	ion	Street Addr		d marra	~~	2	1615 JUN 30		-				
[]EPA	[X]Initial Notificat	tion			d Terra	.ce		-10 JUH 30	1 14	ο.				
[]DEP			City, State				- 4			0. 85)			
[X]DOL	[]Amended Notificat	tion	Millbu	rn, N	J,07041					-				
[X]DOH			Name of Con	tact			Telephor	ne Number	1.121.	Will				
[]DCA	[]EMERGENCY		Ellen B	Hick	man									
	[]Cancellat:	ion			- 5									
					INFORMATION	1								
Name of Facility Whe		s Takin	g Place (3)				Type of Facil	ity (4)						
Same as above							[]School							
Street Addres				0-17		_		ter 8 (Othe i.e., priva						
							59 5000	uildings, h						
200							Square Feet	# of Floo	ors B.	ldg. A	ge			
City (5	C	ounty (6) Essex		nty Code (
				(ST	ATE USE ON	TX)	Current Use (Prior if be	ing de	molish	ned)			
Name of Monitoring F Owner (8)	irm hired by B	uilding	ASCM No.				ment Contracto	St. 51						
N/A					AZTEC	H M	MANAGEMENT, Inc.							
Street Address					Street Ad									
					86 Ch	ris	stopher St.							
City, State, Zip Cod	le	77/20			City, Sta									
					Monto	lai	r, NJ 070	42						
Project Manager for	Monitoring Fire	m Tele	ephone Numb	er	Telephone	Numb	per	I	License	Numbe	er			
Y W		N/Z	A		(973)	744	-8800		0037	71				
Scheduled Start Date	(10) Sched	. Comple	etion Date	(11)	Name of O	SHA 1	Monitor		-					
7-7-15		7-9	-15		N/A									
	ear Mon	th Da	ay Year											
Occupancy Status Dur [X]Facility Clos	ing Abatement sed/Vacated Dur	(Check of ing Ent	only one) ire Period		Street Add	dress	3							
of Abatement	t													
[]Abatement Per Hours - Descr	rformed Outside ribe:«OffHours			ty	City, Stat	te, 2	Zip Code							
[]other - Descr														
Scope of Work (Check	all that apply	y)			LL						100			
[V]\2 of o=	\2 1.E	F ***	17				Containment wi	th Negative	Press	ure				
[X]≥3 sf or []≥160 sf o]Renovation]Demolition		10.00		Enclosure bag Procedure							
W. W 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-					riable Procedu	re						
Location	of		Is cation		Descri	ntio	n of		Aba	atemen	t T	ype		
Asbestos-Con			rmally Used		Asbestos-			Amount	R	R	N	N		
Material		S	olely		Materi			(Specify		E	CA	C		
TO BE ABA		te	Main- nance/	in	(i.e., the			SF or	0	A	PS	OS		
(13)	ıcy		stodial ff (12)		or other mi		acing, VAT, Llaneous)	LF)	A	R	U	U		
		Yes	No N/A						L	1355	L	R E		
Basement			X	Pip	e Insul	Lat:	ion	90 lf	X					
Name of Registered W	aste Hauler		EP Waste	Cub	oic Yards		Name of Regi	stered Land	fill		- 1			
AZTECH MANAGI	EMENT, INC		ler ID No.	of	Waste 1.5	5	G.R.O.W.	S.						
City, State		1 /	040	Dis	sposal Date	1	City, State							
Montclair, NJ	07042			1000	-10-15	500	Morrisvi	lle, PA	1906	57				
Completed By (Print			200		Signa	ture			Date					
Constantine Vi	Lvian Pre	sider	ent (-23-							23-15	5			

Date of Notification	(1)		Name of Building Owner/Operator (2) Thomas Caputo										
6-26-15			Th	nomas (Capu	to							
Agencies Notified	Type Notifi	cation	Stre	eet Addres	ss		28	15 JUN 30					
[]EPA	[X]Initial	D.	59	9 Tuxe	do R	oad		10 001, 50	P. 7	8:	41		
[]DEP	Notifi	ication	City	y, State,	Zip C	ode		77-1-1					
[X]DOL	[]Amended	i	Mo	ontcla	ir,N	J,07042		& Lich		F	UL		
	Notif:	ication	Name	e of Conta	act		Telephon	e Number	1150	-1		_	
[X]DOH	[]EMERGE	NCY		homas (to	2020						
[]DCA	[]Cancel:	lation			July u								
				FACIL	ITY IN	FORMATION		=1189					
Name of Facility Who	ere Abatemen	t is Tak	ing P	lace (3)			Type of Facil	ity (4)					
Same as above							[]School						
Object 3dd							[]Subchap	ter 8 (Other i.e., privat	r th	an I	K-12)	
Street Addres								uildings, h					
							Square Feet	# of Floo:	rs	Bld	lg. I	lge	
City (5		County	(6) E	ssex	100000000000000000000000000000000000000	ty Code (7)						E	
					(STA	TE USE ONLY)	Current Use (Prior if be	ing	dem	olis	hed)	
Name of Monitoring	Firm hired b	y Buildi	ng Z	ASCM No.			ment Contracto						
Owner (8) N/A						AZTECH N	<i>I</i> ANAGEMENT	, Inc.					
Street Address						Street Addres	s						
						86 Chris	stopher St	•					
City, State, Zip Co	de					City, State,	Zip Code						
Oldy, Double, and						Montcla:	r, NJ 07042						
Project Manager for	Monitoring	Firm 7	elenh	none Numbe	r	Telephone Num	ber	L	icer	ise	Numb	er	
Project Manager for	Hometoring		I/A	.0.10	_	(973)74			00	37:	1		
G-1-4-1-4 Observ Date	- (10)		<u> </u>	on Date (11)	Name of OSHA	+0		-				5
Scheduled Start Dat 7-15-15	e (10) Sc		L6-1			N/A	HOILI COL						
	Zear	Month	Day Year										
Occupancy Status Du	ring Abateme	ent (Chec	k onl	Ly one)		Street Addres	ss	£2					
[X] Facility Clo		During	Entir	e Period									
[]Abatement Pe	erformed Out			Normal Facility City, State, Zip Code									
Hours - Desc []other - Desc	cribe: «OffHo												
Scope of Work (Chec													
scope of work (chec	k all wat c	TPPTY)					Containment wi	th Negative	Pre	essu	re		
[X]>3 sf or				enovation emolition			-Enclosure ebag Procedure						
[] <u>≥</u> 160 sf	OI 2260 II		1 10	emori cron			Friable Procedu	ire					
				s					-	Aba	teme	nt I	Fype
Locatio Asbestos-Co			Norm	ally		Descripti Asbestos-Co		Amount		R E	R	N C	N
Material			Sol	ely		Material	(ACM)	(Specify	Į.	M	E	A	L
TO BE AL				fain- ince/		(i.e., therma		SF or LF)		O O	A	PS	OS
In Faci	100		Custo	odial		sulation, sur		IIE,		A	I R	U	UR
(10)		Ye		lo N/A						5550		-	E
Basement				X	Pip	e Insula	tion	70 lf		X			
Name of Registered	Waste Haule	r	NJDEI	P Waste	Cub	ic Yards	Name of Reg	istered Land	fil:	L			-
AZTECH MANA			Haule	er ID No.	of	Waste 1.5	G.R.O.W.	S.					
City, State	170		Dis	posal Date	City, State								
Montclair, No			1 0 55	-17-15	Morrisvi	lle, PA	19	906	7				
		10 NG-5502 SWORESH											
Completed By (Print			17	Signatur	e		3 15.5	te					
Constantine \	dent	5		(' \	Viu()								

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

GAC Project # 502-15													
Date of Notification (1) June 26, 201	15			Name of Building Owner/Operator (2) SCHOOL DISTRICT OF THE CHATHAMS									
Agencies Notified	Notification Initial N		on	Street Address 58 MEYERSVILL	E ROA	D							
□ EPA □DCA	☐ Amend Consultan	ed Certif	fication #1	City, State, Zip Code CHATHAM, NJ 0	natio Accessors			27%	28				
☑ DOL ☑ DEP- No Longer REQUIRED	⊠ Emerg	gency (ir		Name of Contact JOHN CATALDO			Teleph	none Nu	mber	-1			
☑ DOH	justific Cance	ation) lled		JOHN CATALDO			-	_==	Z				
			FACILITY INF						\bigcirc				
Name of Facility Where Abatement is CHATHAM HIGH SCHOOL	Taking Place (3)			Type of Facility (4) School (K-12)				适 包			y.		
Street Address 255 LAFAYETTE AVENUE				Subchapter 8 (other to Other (i.e. private &	commerc	ial buildin Floors:	igs, hom		ä	year:			
City (5) County	, (6)	County	Code (7)	Sq. Feet: 100,000	# 01	FIGURS.	<u> </u>	dg. Age	2. 90	year	5		
	MORRIS		Ise Only)	Current Use (prior if be	eing dem	olished):	SCH	OOL					
Name of Monitoring Firm Hired by Bld RK OCCUPATIONAL &	g. Owner (8)	ASCM N 0090	No.	Name of Contractor (9)									
ENVIRONMENTAL ANALYS	IS, INC.	0030		GREENWOOD ABATEMENT CONSULTANTS, INC.									
Street Address 401 ST. JAMES AVENUE				Street Address									
City, State, Zip Code				268 MAIN STREET City State, ZipCode									
PHILLIPSBURG, NJ 08865			BUTLER, NJ 0740)5									
Project Manager for Monitoring Firm	Telephone 1		Telephone Number	License Number									
JON GILBERT	908-454	-6316		973-492-0477 00840									
Scheduled Start Date (10) 06/27/15	Scheduled 0 06/28/15		Date (11)	Name of OSHA Monitor	[
				ENVIROVISION, I	INC.		*						
Occupancy Status During Abateme Facility Closed/Vacated During			nt	Street Address									
☐ Abatement Performed Outside of				20-21 WARGARA City, State, Zip Code	W ROA	VD.							
Describe Facility Occupied During Entire I	Period of Abaten	nent		Oity, State, 219 6646									
NOT SUB 8 - SHIFT HOUR			eeded)	FAIRLAWN, NJ									
Source of Work (Check all that apply)				. 1	☐ Full	Containr	ment wi	ith Nega	tive Pre	ssure			
$\boxtimes \geq 3$ sf or ≥ 3 If			■ Renovation		☐ Mir	ni-Enclos	ure			00010			
$\square \ge 160 \text{ sf or } \ge 260$			■ Demolition		☐ Glov 区 Non-				Friable E	Procedi	ure.		
		w T	5 (1)		WRA	P & CUT					110		
Material (ACM) in Facility (13)	s Location Norma Solely by Maint./C		(ACM) (i.e. therm	bestos Containing Materia nal systems insulation, sur		Amount (Specify			ent Type				
	Staff? (12) YES NO	NA	VAT, or other mis	cell.)		or LF)		Remove	Repair I	encap i	nciose		
Main Office B & G Bathrooms	X	PIPE FITTING	G INSULATION		15 LF		X						
Auditorium B & G Bathrooms	X	PIPE FITTING	G INSULATION		15 LF		X						
Name of Reg. Waste Hauler	NJDEP Was		ID#	Cubic Yards of Waste	100	CY		of Regis					
Newark Carting, Inc. Newark, NJ 04509	NJ DEP	# 4509					G.R.C	J.VV.S.	NOTITI	Landii	111		
Notes: None						osal Dat 28/15		1	City, Stat 00 New Morrisville 215-736-	Ford M e, Pa 19			
Completed by (Print or Type)	т	Signature	191		Date	26 26	145						
RAYMOND C. PEDALINO	SENIOR P MANAGER	1	June 26, 2015										

(K 1530

Date of Notification (1) 6-23-2015		Name of Building Owner/Operator (2) Bella Cleaning and Carting Street Address 9 Prospect Avenue													
Agencies Notified	Type Notification					g and	Carting		*	FR JU.	20				
	12 <u>000</u> 2				Address spect Av	/ODUIO			9			117	E . 1	, >	
EPA DEP	× Initial									" ALL I					
× DOL	Amended Amendmen	t #		Ridae	tate, Zip C ewood, N	ode J.I 074:	50			- E/E			147)		
▼ DOH	Emergencyjustification	(including			of Contact				1 =		State of	Ust?	1		
DCA	Cancellation			100	Reabe				1 1	elephone N	umbei				
					ILITY INF	ORMAT	ION								
Name of Facility Where Residential	Abatement is Takir	ng Place (3)			O. C. C.	1014	Type of Fa	cility (4)						
								☐ School	ol (K-12)						
Street Address 55 Mill Street					26			Subch	napter 8 (Of	her than K-	12)				
								X Other etc.)	(i.e. private	& commer	cial bu	ilding	s, hon	nes,	
City (5)								Square Fe	et #	of Floors	-	Bldg.	Age		
Paterson								2849	3	D4001009T6TB1#00		65+	, igc		
County (6) Passaic				County	Code (7)			Current Us	e (Prior if b	eing demoli	shed)				
				(STATE	USE ONLY)			18 1						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	M No.		Name	of Abatemer	nt Contracto	ır (9)					
Ctrant Add							Gree	n Environ	mental S	ervices, L	LC				
Street Address							200000000000000000000000000000000000000	Address				7. 39			
City State 7in Code								Virginia Av							
City, State, Zip Code							City, S	tate, Zip Coo							
Project Manager for Mor	oitorina Firm						Jerse	ey City, No	1 07304						
1 Toject Manager for Mor		Telepho	one No.			one No.		License	No.						
Start Date (10)	10		-		100000000000000000000000000000000000000	333-8855		01174							
6-24-2015		6-24-20	ea Coi	mpletion	Date (11)		9,990	of OSHA Mo							
Occupancy Status Durin	g Abatement (Chec														
X Facility Closed/Vac							Street	Address							
Abatement Perform	ed Outside of Norn	nal Facility	Hour	nent s			City S	tate, Zip Coo	lo.						
Other – Describe:			-				Oity, O	tate, Zip Cot	ie .						
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf		× R	enova	ation			Г	1 5.11 00-1	-:		_				
× ≥160 sf or ≥260 lf			emoli					Full Containment with Negative Pressure Mini-Enclosure							
							×	Glovebag	Procedure						
		le	Locat	ion				I NON-Exer	mpted (*) ar	d Non-Fria	ble Pro	200			
Location	of		lormal			5							emen: /pe	I	
Asbestos-Containing	Material (ACM)		d Sole		Asbest	os Cont	scription aining M	ot aterial (ACM) 4	mount		T	Ī		
TO BE ABA			odial S		(i.e.	thermal	systems	insulation,	(Specify	Re	77	Enc	E	
(13)	"4		(12)				cing, VA1 niscellan		S	or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A				o o do)			\ <u>\aa</u>	1 =	ulat	ure	
Roof		100		INA			2 0 0						CD.		
11001	Х			Roo	f mater	ial	5	00 SF	x						
											1				
											-				
Name of Registered Was	te Hauler		N	JDEP W	aste I	Cubic	Varde	Ne	o of Deeler						
Green Environmenta			H	NJDEP Waste Cubic Yards Hauler ID No. of Waste					e of Registe						
City, State			00	0034889 6				G.R.O.W.S. North Landfill							
Jersey City, NJ			Disposal Date City, State												
Completed by	6-25-2015 Morrisville, NJ														
Liliana Serrano		Title	Man	200-		1.1	ghature	6	are greener	_	ate	1005-25-7			
	anager Leuceun Jelane							23-2	015						

MO#22742789488 (Pursuant to NJAC 8:60 and 5:16)																
Date of Notification (1)							Operator (2	•								
06	27 / 15					,	, o poi ator (:	-/	53.70 11							
Agencies Notified	Type Notification				t Sidor				510 H	17 71	1112		7			
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■ DOLWD	☐ Amended			-	State, Zip C		nue		**			-1	7.			
□ DHSS □ DSA □ DSA	Amendment #			(1677)	ey, NJ 07				1	W.	1 2		- 1.			
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding)		of Contac				Telephone N	Jumher	-					
	☐ Cancellation				t Sidor				1 Total Title							
					CILITY IN	EOPM	ATION		1		-					
Name of Facility Where A	batement is Taking	Place	(3)	1 1	OILIII III	II OILINI	ATION	Type of Facility	(4)			-				
Private house			(-)					School (K-1	. 33.57							
Street Address								Subchapter	8 (Other than K	-1 2)						
37 South Central Aven	ne .							Other (i.e., homes, etc.	private and com	mercial b	uilding	JS,				
City (5)	uc							Square Feet	# of Floors	T R	ldg. A	ne.				
Ramsey, NJ 07446								oquare i cor	11 01 1 10013		lug. A	ge				
County (6)				Coun	ty Code (7)	(STATE	USE ONLY)	Current Use (P	rior if being den	nolished)						
Bergen					5. 6	Most and a second and a second				,						
Name of Monitoring Firm	Hired by Building (Owner	(8)	ASCM	No.	Name	of Abateme	ment Contractor (9)								
						Gr Te	ch LLC	The Action Control of the Control of								
Street Address						-	Address									
						576 V	alley Rd#	283								
City, State, Zip Code						City, S	State, Zip Co	ode								
							e, NJ 0747	0								
Project Manager for Moni	toring Firm		Tele	ephone	No.	Teleph	none No.		License No							
0						100000000000000000000000000000000000000	38-1777		01127							
Start Date (10)					ite (11)	Name	of OSHA M	lonitor								
				3_/		Enviro	vision Co	nsultants,Inc								
Occupancy Status During						Street	Address									
Time of Abatement: _	AMP	M/	PM_		_AM											
Scope of Work (Check all	that annly)					Fair L	awn, NJ 0		antina with a sec	**						
	triat apply)					-		and decontami ainment with Ne			sure					
>3 sf or >3 lf > 160 sf or >260 lf			enovati emolitic				Mini-Enc	losure								
100 31 01 2200 11		□ 06	HOIRE)II				Procedure mpted (*) and N			sure					
			Locat		-						atem	ent T	vne			
Location			Norma ed Sole		1		escription o			100		T	T			
Asbestos-Containing N TO BE ABA		10000000	intena				ntaining Mat al systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facilit		Cus	todial (12)	Staff?	(1.0	surf	acing, VAT,	or	SIF or LF)	ova	₽÷	psu	Sur			
(13)				Т	-	other	miscellane	ous)		=		ate	0			
		Yes	No	N/A	-			55 7			-		-			
Attic		Ш		X	Pipe inst	ılation			20 LF	\boxtimes						
										П	П	П	П			
													H			
Name of Registered Wast	e Hauler		N.II	DEP Waste	Hauler ID No	Cubic Y	ards of Mast	Name of Boo	stored Landfill				Ш			
									ste Name of Registered Landfill							
Gr Tech LLC City, State			- (003378	3785 TBD T.R.R.F. Inc Disposal Date City, State											
						A										
Wayne, NJ 07470 Completed By (Print or Ty	pe) Title	5				TE	0.00	Tullytown, P	A	D.						
	Signature Date Newlic Wenad 06/27/2015															
N.Jevtic ASB-41				//e	wic Wena	c!	06/27/20)15								

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

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CK 1100

Date of Notification (1)	00/05/15		Name of Building Owner/Operator (2)											
	06/25/15			Mario	2 K	oenig			500	1				
Agencies Notified	Type Notification		Stree	t Address			/ 2	li J	UN :	10	F. 8. 8			
EPA DEP	Initial		0::		maj	phewoo	G OIVC			0 1	(H 8			
DOL	Amended Amendment #		City, S	State, Zip Code	illsd	alo a	1,0769	沙岐、	1/4	4 1	1.00			
DOH DOH	Emergency (inclu	iding	Name	of Contact	11100	UIE 1/2	× .	1	-11.F	117	1111			
DCA	justification) Cancellation		FACILIC	Ma2	ia Re	OCKEP	Telephone N	lumbei	n		50			
			FA	CILITY INFORMA			- (0			72				
Name of Facility When	e Abatement is Taking Pla	ce (3)				Type of Facility	(4)							
Street Address	estate]	School (K	-12)							
	applented i	ave				Subchapte Other (i.e.	er 8 (Other than K- private & commer	·12)	ildina	s hon	nec			
City (5)	1 10					etc.)					1100,			
hillsa	all					Square Feet	# of Floors		Bldg.	Age 52	1			
County (6)			County	Code (7)		, – –	rior if being demoli		15.	12				
berge	K		(STATE	USE ONLY)			EMC &	sneu)		\$2				
Name of Monitoring Fir	m Hired by Building Owne	r (8)	ASC	M No.	Name o	of Abatement Co	ontractor (9)	tractor (9)						
					ind	ian ar	lour mol	olus Fries						
Street Address					Street A	Address								
City State 7ia Cada						mill s	7.							
City, State, Zip Code						ate, Zip Code	-0 2757	-/						
Project Manager for Mo	nitoring Firm	1	Teleph	one No.	Telepho		19,0750							
, ,	,	1	relepin	one No.		553965.	2 License 2							
Start Date (10)	Sche	duled Co	mpletion	Date (11)	Name of	FOSHA Monitor								
	06/15 0	8/01	6/1.	5	Eng	jan ar	10W 3nd	25	-/2	ies	# E			
	ng Abatement (Check Onl				Street A	ddress	0							
Facility Closed/Vac	cated During Entire Period ned Outside of Normal Fa	of Abater	nent			mill	57.							
Other – Describe:		cility Hour	S		City, Sta	ite, Zip Code	17.07	0	/					
Scope of Work (Check A	All That Apply)	77			par	CISUR	11/107-	50/						
≥3 sf or ≥3 if	[7]	Renova	otion			F. 11.0								
≥160 sf or ≥260 lf		Demoli				Mini-Enclosure	ent with Negative	Pressu	ire					
						Glovebag Pro	cedure d (*) and Non-Frial	-1- D						
		Is Locat	ion			NOII-Exemple	() and Non-Fila	DIE PIO	West was	e ement	-			
Location	n of	Norma	lly	De	escription of	£				ре				
Asbestos-Containing	i waterial (Holvi)	Jsed Sole Maintena		Asbestos Con	taining Mat	terial (ACM)	Amount			Е				
TO BE AB In Faci		Custodial S		(i.e. therma	I systems in cing, VAT,		(Specify SF or LF)	Ren	Re	ncal	Encl			
(13)		(12)			miscellaneo		0. 0. 21)	Remova	Repair	Encapsulate	Enclosure			
	Ye	s No	N/A					=		ate	G)			
duct-410	zk chase	V		thermals	ye Fers	insulat	40SF	V			\Box			
				1 1	· · ·	sulation	700	+						
				DOCT WE	11- 11	SUIDETION		+-			-			
								+						
Name of Registered Was	ste Hauler	IN	JDEP W	/aste Cubic	Yards	Name of I	Registered Landfill							
200	carting		auler ID	No. of Was	ste									
City State		K	608		B , D sal Date		2. O. W.							
wayn	e, 1/				sal Date	211/	itown,	po	2.					
Completed by	Title		0		ignature	1/1/1	I Do	to 4		/	-			
geran if	9	2020	ta	27	4	11-11-	0	6/2	5/1	5				
0			(\cup	-/-	1 Carl		/	/					

Print Form

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

CH#3676

06/25/2015		Name of Building Owner/Operator (2) Brick Twp. Board of Education Street Address 101 Hendrickson Avenue								Plond					
Agencies Notified Type Notification X EPA Initial				Address lendricks	son A	venue			,	1542	-1,	<u></u>	ri.	िं	41
X DEP Amended X DOL Amendment		_		ate, Zip Co NJ 0872						de .	1.10	E.N	1/4	M/R	UL
Emergency justification) DCA Cancellation				of Contact s Edwar	ds				Tel	enhone	Numb	er		-1	
			FAC	ILITY INF	ORMA	TION									
Name of Facility Where Abatement is Takin Brick High school	g Place (3)			OTTIMA	non-	Тур	e of Facility (0.5						
Street Address 346 Chambersbridge Road								Subchapter Other (i.e. p	8 (Oth	er than 1 & comm	K-12) ercial	build	dings	hom	es,
City (5) Brick							Squ	are Feet	# 0	Floors		В	ldg. A	\ge	
County (6) Ocean				Code (7) USE ONLY)		Curr	rent Use (Prid	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building (RJB Environmental, Inc	Owner (8)		ASCN 0014					atement Con	tractor	(9)					
Street Address 56 East Bridge Street						Street	Addre								
City, State, Zip Code Morrisville, PA 19067						City, S	tate,	Zip Code d Park, NJ	07/12	1					
Project Manager for Monitoring Firm Richard Beach		T	Telepho	ne No. 91-9212		Teleph	none i		0172	Licens 01104					
Start Date (10) 07/13/15			Date (11)		Name	of OS	SHA Monitor	Late							
Occupancy Status During Abatement (Chec	08/07/1	75						ronmental	Labo	ratorie	S				
						Street									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 3:30 pm ea day	Period of A al Facility	baten Hours	city, State, Zip Code Union, NJ 07083												
Scope of Work (Check All That Apply)			Union, NJ 0708												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Presidents.		ovation Signature Signatur					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
46	ls l	ocati	on						17				Abate		
Location of	N	ormal	ly		D	escription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Sole ntenar odial S (12)		Asbesi (i.e.	tos Cor therma surf	ntaining M al systems acing, VA miscellan	lateria insul T, or	lation,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		4							-		ate	e.
boiler room		Х			acket ins		20/2/20	2,0	000sf	Х					
boiler room		Х	pipe	e/pipe	fitting in	nsula	ation	1,	750lf	×					
											+	-			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of R	legiste	ed Land	dfill				
Lilich Corporation			auler ID 3724	No.	of Wa	aste									
City, State Woodland Park, New Jersey			Disposal Date n/a				Date City, State Morrisville, PA								
Completed by Momo Glavatovic	esid	ent			Signature	a	7			Date 06/2	5/2	015			

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NO CIT		NOTI				BESTOS ABAT C 8:60 and 5:16		2 × 1 × 1		. (1)		
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
6 / 22	/15				E&G	/ Job #150	1-4860 Check#	COURT	ESY	1: 6	5	
Agencies Notified Type I	Votification			Street	Address		<i>t</i>					
☑ EPA ☐ Init				400	0 Hadley	Road		# 1	L	181	ì	
The state of the s	ended endment#j	1		City, S	tate, Zip C	ode			171			
	ergency (in	73		Sou	th Plainf	field, NJ 07080						
	tification)	oldding		Name	of Contact	t		Telephone Numb	er		- 55	
	ncellation			And	Irew Yas	sa	1	-4				
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abateme	ent is Takino	Place	(3)				Type of Facility (4)				
PSE&G Control House		,	\				School (K-12)	,				
Street Address							Subchapter 8 ((Other than K-12)				
56 Nelson Avenue							Other (i.e., priv	ate and commerc	ial bui	laing	S,	- 8
City (5)				-			Square Feet	# of Floors	Bld	a. Ac	ie .	
Paramus							0 4	# OTT 10010	2	g. Ag		
			7775-7	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prior	r if being demolish	ed)		150	_
County (6)				Coun	ity Code (i	MOTATE ODE ONET	Control Hous	- A				
Bergen	. D. Ildiaa (2	0)	ASCM	Ma	Name of Abateme			0		17-	
Name of Monitoring Firm Hired b	y Building C	Jwner (0)	ASCIVI	INO.	AbateTech, I		-A.T	3	:	- 1	
Omega Environmental					-	Street Address		70	-		gar Masa	
Street Address							DO Doy 25	Z				
280 Huyler Street						30 Maple Ave		0-			399.00	_
City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048												
South Hackensack, NJ 07606 Lumberton, NJ 06046												
Project Manager for Monitoring F	irm		100000000000000000000000000000000000000			Telephone No.		License No.				
Geiser Fajardo			-	1-489		609-265-2107		00529				
Start Date (10)				tion Da	9.	Name of OSHA M						
6 / 18 / 15	· / —	6 /	_30	_ / _	15	EMSL Analyt	ical					
Occupancy Status During Abater						Street Address						
☐ Facility Closed/Vacated Durin	_					200 Route 13	0 North	-				
Abatement Performed Outsid						City, State, Zip Co	ode					
Time of Abatement:A	VIPI	VI/	_PIVI-		Alvi	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that ap	ply)											
☐ ≥3 sf or ≥3 lf		ПР	novati	on		☐ Full Con	tainment with Nega losure	tive Pressure				
≥ 160 sf or ≥260 lf		⊠ De				☐ Gloveba	g Procedure					
Karana ka						Non-Exe	mpted (*) and Non-	-Friable Procedure	1			
		A11.0000	Locat						Aba	teme	ent Ty	/pe
Location of	/A C A		Norma d Sole		Ache	Description of stos Containing Ma	Note that the second of the se	Amount	Re	Re	En	En
Asbestos-Containing Materia TO BE ABATED	(ACIVI)	Ma	intena	nce/		., thermal systems		(Specify	Removal	Repair	caps	Enclosure
IN Facility		Cust	odial (12)	Staff?		surfacing, VAT		SF or LF)	'al		Encapsulate	ure
(13)		Yes	No	N/A	1	other miscellane	ous)				te	
		res	2000	1 1 1 1 1 1				040.15				
Exterior		Ш			Transit	e Duct Conduit		210 If		ш	Ш	ш
		П	П						П	П	П	П
				1								
		Ш	Ш						Ш	Ш	Ш	Ш
Name of Registered Waste Haule	er		1000	IJDEP \ lauler ID		Cubic Yards of Waste	Name of Registe					
ETGI			1.	S7107		20	Conestoga l	Landfill				
City, State						Disposal Date	City, State					
Flanders, NJ					(<	6/30/15	Morgantowr	n, PA				
Completed By (Print or Type)	Title					Signature		Dat	е,		,	
Gwendolyn Trumbetti	C)perati	ons (Coordi	inator	()	1 A		01:	22	110	-
ASB-41		Š.				1 710	M		-10	101	1	,
MAY 11	*	Do not	use th	is form	for asbest	tos licensure exemp	oted activities.					

		ı	NOT		TION		BES	STOS ABAT :60 and 5:10		de.				
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2)	SPEC 11			1	
6/	25 /	15			Jer	sey City	Pub	lic Schools	/ Job #1505-	4915 Check#	7232	811		
Agencies Notified	Type Notifica	ation			Street	Address				79 2		43.4	Ĉŝ	
⊠ EPA	☐ Initial				346	Clarem	ont A	Ave.		<u>.</u>			- 60	
⊠ DOLWD	Amended Amendm				City, S	State, Zip	Code			74	1/20	1756	1	
□ DHSS	Emergen			1	Jer	sey City,	NJ	07305						
(NJAC 5:23-8)	justificati		addii ig	1	Name	of Contac	t			Telephone Nur	nber			
	☐ Cancellat	tion			Rox	kanne Pa	dilla	a						
					FA	CILITY IN	IFOF	RMATION		* _{E.M.L.}	~3			
Name of Facility Where A	Abatement is 7	Γaking	Place	(3)					Type of Facility		C.J.d.			
James J Ferris HS									School (K-12		a =		74	
Street Address									Other (i.e., p	(Other than K-1 rivate and comm	ercial b	uilding	is.	
35 Colgate St.									homes, etc.)		Ē		2-1	
City (5)								1	Square Feet	# of Floors		dg. A	ge .	1.00
Jersey City												kre		6
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being demo	lished)"		3.4	£0.
Hudson									School	-		3. 73		
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					7-1.5
The Whitman Comp	oanies, Inc.						1	AbateTech, I	nc.					
Street Address							Str	eet Address						
116 Tices Lane- Un	it B						3	30 Maple Ave	e. PO Box 25					
City, State, Zip Code			88				Cit	y, State, Zip Co	ode					
East Brunswick, No	J 08816						L	_umberton, N	NJ 08048					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	lęphone No.		License No.				
Kevin Lovely			/	73	32-390	-5858	6	609-265-2107	5	00529				
Start Date (10)	3	Schedu	uled C	omple	tion Da	te (11)	Na	me of OSHA N	lonitor					
6 /18 /	_15	7	/	_ 3	/	15	Y E	EMSL Analyt	ical					
Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address						
☐ Facility Closed/Vacate	/				nent		2	200 Route 13	0 North					
☐ Abatement Performed	Outside of No	ormal I	Facility	y Hour	s - Des		City	y, State, Zip Co	ode					_
Time of Abatement: _	AM	PM	l/	PM-		AM		Cinnaminson						
Scope of Work (Check al	I that apply)													-
									tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati				☐ Mini-Enc	losure g Procedure					
									mpted (*) and No	n-Friable Proced	ure		300 18	
			177	Locat							At	atem	ent T	уре
Location				Norma ed Sole				Description o			Re	R	Щ	Щ
Asbestos-Containing TO BE ABA		1)		intena				Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		-	Cust	todial	Staff?	, , ,	5	surfacing, VAT,	, or	SF or LF)	<u>val</u>	~	Sul	sure
(13)		-		(12)	N1/A		ot	her miscellane	ous)				ate	
Rooms 332 through 3	337		Yes	No 🖂	N/A	Floor ti	le &	Mastic		2,515 SF				
Rooms 332 through 3								Tops, sink &	flashing	648 SF		In	П	
								me Hoods	Tidoming	250 SF				
Rooms 332 through 3	551		<u>Ц</u>		H	ITAIISIL	eru	ille noous		230 31				
Name of Desistant d Mes	ta Havilaa		Ш		IDED)	Masta	Louis	hie Verde of	Name of Dogio	torod Londfill				
Name of Registered Was	te Hauler			330.5	JDEP \ auler II		1000000	bic Yards of aste	Name of Regis					
AbateTech, Inc.					18750		3	0	G.R.O.W.S	. Lanuilli				
City, State								posal Date	City, State	DA				
Lumberton, NJ							7	/3/15	Tullytown,					
Completed By (Print or Ty	(A) (A)	Title						Signature	. 4	E	ate 1	-1	, _	-
Gwendolyn Trumbe	tti	Op	erati	ons (Coordi	inator			MILL		10/2	2/	17	,

ASB-41 MAY 11

Date of Notification (1)				Name	e of Buildin	g Owner/Operator (2)		- 4	-		7 1
N 18. 20	/	5			ate of NJ	N	/Job# Check	# 2015 JL	iki ar	7 7		
	tification			Stree	t Address			**	The ell	**	111	27
☑ EPA ☐ Initia				33	West Sta	ite Street Floor 9		4 20E3	1	il perge		
☑ DOLWD ☑ Ame		4		City,	State, Zip	Code		8 1	Inc	100	1 + 1 1	TUL
. [] [] [] [] [] [] [] [] [] [ndment # rgency (ii	The same of the sa	~	Tre	enton, NJ	08625		× 1	- IUC	1421	4G	
	ication)	IGIUUIII	y	Name	e of Contac	ot .		Telephone Num	nber			
☐ Cano				Ca	thy Doug	lass		L. Company				
				FA	CILITY IN	NFORMATION						
Name of Facility Where Abatemen	t is Takin	g Place	e (3)				Type of Facility (4)				
Vineland DOT Repair Garag	ge						School (K-12)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr			uildin	70	
1959 South Delsea Drive							homes, etc.)	ivate and comme	iciai b	ullulli	35,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Vineland							1/2					
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Cumberland							Garage					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Connection						AbateTech, Ir	nc.					
Street Address						Street Address						
120 North Warren Street						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08608						Lumberton, N	J 08048					
Project Manager for Monitoring Fire	n		Tele	phone	No.	Telephone No.		License No.				
Jim Frisbee			60	9-392	2-4200	609-265-2107		00529				
Start Date (10)	Sched	duled C	omple	tion Da	ate (11)	Name of OSHA M	onitor					
2 /23 /15		7 /	10	_ / .	15	EMSL Analyti	cal			20		
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During				ment		200 Route 130	0 North					
☐ Abatement Performed Outside of					scribe	City, State, Zip Co						
Time of Abatement:AM-	PI	M/	PM-		AM	Cinnaminson						
Scope of Work (Check all that apply	y)						,		-		-	
<u></u>							ainment with Nega	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			☐ Mini-Encl ☐ Glovebag						
			onco	••			mpted (*) and Non	-Friable Procedu	re			
		100	Locat						Ab	atem	ent T	уре
Location of	01.0		Norma ed Sole			Description of		1 3 100 100 100 100 100 100 100 100 100 10	Z,	Z,	Ш	Ш
Asbestos-Containing Material (A TO BE ABATED	(CIVI)		intena			stos Containing Mat ., thermal systems in		Amount (Specify	Removal	Repair	ıcaı	nclo
IN Facility		Cus	todial (Staff?	(,,,,	surfacing, VAT,	or	SF or LF)	Val	-	Encapsulate	Enclosure
(13)		Van	(12)	N1/0	-	other miscellaned	ous)				ate	CD
Exterior		Yes	No	N/A	Window	. C		04015		-		
								812 LF		12		
Exterior					Window	vs & Glazing		1,626 SF		Ш	Ц	Ш
Name of Registered Waste Hauler			1000	JDEP \		Cubic Yards of	Name of Registe	ered Landfill				
AbateTech, Inc.				auler II 18750	313000000000000000000000000000000000000	Waste 10	G.R.O.W.S.	Landfill				
City, State						Disposal Date	City, State					
Lumberton, NJ						7/10/15	Tullytown, F	PA				
Completed By (Print or Type)	Title					Signature		Da	ite /	70 to 1100	1	-
Gwendolyn Trumbetti	0	perati	ons C	oordi	nator	MIL	11		0/2	Lle 1	15	

ASB-41 MAY 11

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

			(P							
Date of Notification (1)				Name	e of Buildir	ng Owner/Operator ((2)		1111	4
6 /	26 /	15		Ve	rizon Co	mmunications	/ Job #150	04-4897 Check	#7185	
Agencies Notified	Type Notifica	ation		Stree	t Address			إرال لاعا	FE FEE	11:0
	☐ Initial			-70740777		vood Avenue		A C 5 - 5		
☑ DOLWD		d			State, Zip			ASSESTE & LIC	SUCIA	1 11111
□ DHSS □	Amendme			- 25 m		, PA 19046		& L/C	EKRIK	G
DCA (NJAC 5:23-8)	Emergen justification		ng		of Contac			Telephone Num		
	☐ Cancellat				x Baylor			Telephone Num	per	
				10000000				31		
Name of Facility Where Ab	atomont is T	Takina Dla	20 (2)	ΓA	CILITY II	NFORMATION	T	(4)		
Verizon-Herbertsville		aking Pia	ce (3)				Type of Facility School (K-1)			
Street Address	6 00							^{∠)} 8 (Other than K-12	2)	
411 Van Zile Rd.							Other (i.e., p	private and commen		ngs,
City (5)							homes, etc.	2	15	
Brick							Square Feet	# of Floors	Bldg.	Age
County (6)				0	-1-0-1-7	71/07/17/ 1/05 04/1/0	0 111 /5			
Ocean				Cou	nty Code (7)(STATE USE ONLY)	100000000000000000000000000000000000000	rior if being demolis	sned)	
Name of Monitoring Firm H	lisad by Duile	dia a Oura	- (O) T	A C C D A	N1-	Thi	Offices			
USA Environmental	lifed by build	ing Owne	(0)	ASCM	NO.	Name of Abateme)		
Street Address						AbateTech, I	nc.			
						Street Address	DO D 05			
8436 Enterprise Ave. City, State, Zip Code						30 Maple Ave				
Philadelphia, PA 191	F2					City, State, Zip Co				
Project Manager for Monito			T-1		M	Lumberton, N	NJ 08048			
Mark Jenkins	ning Film		0000	ephone		Telephone No.		License No.		
Start Date (10)	- 10	الدراديات مرامه		15-365		609-265-2107		00529		
5/18/	100	Scheduled 8			10 m	Name of OSHA M EMSL Analyti				
5/18/	15	8	/ _ 3		100 000	1				
5 / 18 / Occupancy Status During A	15_Abatement (C	8 Check only	/ <u>3</u>	1_ / .	100 000	EMSL Analyti	ical			
5 /18 / Occupancy Status During A □ Facility Closed/Vacated ☑ Abatement Performed O	15 Abatement (C During Entire Outside of No	8 Check only re Period o ormal Faci	one) of Abate ity Hou	1_ / .	15	EMSL Analyti Street Address 200 Route 13	0 North			
5 /18 / Occupancy Status During A ☐ Facility Closed/Vacated	15 Abatement (C During Entire Outside of No	8 Check only re Period o ormal Faci	one) of Abate ity Hou	1_ / .	15	EMSL Analyti Street Address	0 North			
5 /18 / Occupancy Status During A □ Facility Closed/Vacated ☑ Abatement Performed O	Abatement (C During Entir Dutside of No _AM	8 Check only re Period o ormal Faci	one) of Abate ity Hou	1_ / .	15	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co	0 North			
	Abatement (C During Entir Dutside of No _AM	8 Check only re Period o ormal FaciPM/5P	one) of Abate ity Hou	ment	15	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson	0 North de , NJ 08077	gative Pressure		
5	Abatement (C During Entir Dutside of No _AM	8 Check only re Period commal Faci PM/5P	one) of Abate ity Hou	ment rs - Des	15	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl	0 North ode , NJ 08077 ainment with Neglosure	gative Pressure		
	Abatement (C During Entir Dutside of No _AM	8 Check only re Period commal Faci PM/5P	one) of Abate ity Hou M-1AM	ment rs - Des	15	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag	0 North ode , NJ 08077 ainment with Neglosure	gative Pressure on-Friable Procedur	re	
5	Abatement (C During Entir Dutside of No _AM	B Check only se Period commal Faci PM/5P	/ _3· r one) If Abate ity Hour M-1AM Renovative molitic Its Local	ment rs - Des	15	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enci Glovebag Non-Exer	o North ode , NJ 08077 ainment with Negosure g Procedure mpted (*) and No		re Abatem	nent Ty
	Abatement (C During Entir Dutside of No AM hat apply)	8 Check only se Period commal Faci PM/5P	one) f Abate ity Hou M-1AM	ment rs - Des	15 scribe	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer	O North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No	n-Friable Procedur	Abatem	1 1
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	Abatement (Control Entire During Entire Dutside of None AM- AM- Amaterial (ACM)	B Check only se Period commal Faci PM/5P	one) f Abate ity Hour M-1AM denovat lemolitic S Local Norma led Sole laintena stodial (12) No	ment rs - Des ion lition lity ely by ince/ Staff?	Asbe (i.e	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exel Description of stos Containing Mates, thermal systems is surfacing, VAT,	o North ode , NJ 08077 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedur Amount (Specify	Abatem	1 1
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	Abatement (C During Entir Dutside of No _AM hat apply)	B Check only re Period cormal Faci PM/5P S F S V Cu Yes	denovative Molaritis Normalist (12) No No No No No No No No No N	ment rs - Des	Asbe (i.e	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Glovebag Non-Exel Description of stos Containing Mates, thermal systems in surfacing, VAT, other miscellaneon	O North ode , NJ 08077 ainment with Negosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Abatem Removal	1 1
	Abatement (C During Entir Dutside of No _AM hat apply)	B Check only re Period cormal Faci PM/5P S F S V Cu Yes	denovative Normal stodial (12)	ment rs - Des	Asbe (i.e	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Mation, thermal systems is surfacing, VAT, other miscellaneous	O North ode NJ 08077 ainment with Neglosure Procedure mpted (*) and No ferial (ACM) nsulation, or ous) Name of Regis	Amount (Specify SF or LF) SEE ATTACHED	Abatem Removal	1 1
	Abatement (C During Entir Dutside of No _AM hat apply)	B Check only re Period cormal Faci PM/5P S F S V Cu Yes	denovative Normal stodial (12)	ment rs - Des	Asbe (i.e	EMSL Analyti Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT, other miscellaned ATTACHED** Cubic Yards of Waste 15	North ode , NJ 08077 ainment with Negosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or pus) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) SEE ATTACHED	Abatem Removal	1 1
	Abatement (C During Entir Dutside of No _AM hat apply)	B Check only re Period cormal Faci PM/5P S F S V Cu Yes	denovative Normal stodial (12)	ment rs - Des	Asbe (i.e	EMSL Analytic Street Address 200 Route 13 City, State, Zip Core Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Mates, thermal systems in surfacing, VAT, other miscellanes ATTACHED** Cubic Yards of Waste 15 Disposal Date	North Node NJ 08077 Ainment with Negosure Procedure P	Amount (Specify SF or LF) SEE ATTACHED stered Landfill Landfill	Abatem Removal	1 1
	Abatement (Control Entire During Entire Duri	8 Check only re Period comal Facing PM/5P Street Period Comal Facing PM/5P Street PM	denovative Normal stodial (12)	ment rs - Des	Asbe (i.e	EMSL Analytic Street Address 200 Route 13 City, State, Zip Concentration Cinnaminson Full Contentration Mini-Enclored Cinnaminson Description of Store Containing Main, thermal systems in surfacing, VAT, other miscellaneous ATTACHED** Cubic Yards of Waste 15 Disposal Date 8/31/15	North ode , NJ 08077 ainment with Negosure g Procedure mpted (*) and No ferrial (ACM) nsulation, or pus) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) SEE ATTACHED stered Landfill Landfill	Abatem Repair	1 1
	Abatement (Control Entire During Entire Duri	B Check only re Period cormal Faci PM/5P S F S V Cu Yes	/ 3· / one) f Abate ity Hour M-1AM denovative molitic Is Locat Norma sed Sole aintena aintena todial (12) No	ment rs - Des	Asbe (i.e	EMSL Analytic Street Address 200 Route 13 City, State, Zip Core Cinnaminson Full Cont Glovebag Non-Exer Description of stos Containing Mates, thermal systems in surfacing, VAT, other miscellanes ATTACHED** Cubic Yards of Waste 15 Disposal Date	North Node NJ 08077 Ainment with Negosure Procedure P	Amount (Specify SF or LF) SEE ATTACHED stered Landfill Landfill PA Dat	Abatem Repair	1 1

Date of Notification (1)				Nam	e of Buildir	ng O	wner/Operator ((2)		540			
6 /26	/ _ 15	5		P	SE&G		/ Job #150	01-4860 Check	# JUH COUR	RTESY	,		
Agencies Notified Type No	tification	ý.		Stree	et Address					1.11	. 2	-	
☐ EPA ☐ Initial				40	00 Hadle	y Ro	oad	12 5	7 - 1 - 1	100			
☑ DOLWD ☑ Amei	C. (71) TO E 17	•		City,	State, Zip	Code	е	(472)	2 1 10 Fix	UIS ;	101		
	ndment #	555		Sc	uth Plair	nfiel	d, NJ 07080		1したた、	HG	-		
	cation)	iciudin	g	Nam	e of Conta	ct			Telephone Nur	nber			
☐ Cano				Ar	idrew Ya	ssa							
				FA	CILITY	NFO	RMATION						
Name of Facility Where Abatement	is Takin	g Place	∋ (3)					Type of Facility (4	1)				=
PSE&G Control House								School (K-12)					
Street Address		=1-20000						☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-1		مناطنہ	~~	
56 Nelson Avenue								homes, etc.)	vate and commi	ercial D	unum	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Paramus													
County (6)				Cou	nty Code (7)(ST	TATE USE ONLY)	Current Use (Price	r if being demol	ished)			
Bergen								Control Hous	se				
Name of Monitoring Firm Hired by I	Building (Owner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor (9)					
Omega Environmental							AbateTech, I	nc.					
Street Address						St	reet Address						_
280 Huyler Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code		11				Ci	ty, State, Zip Co	ode					
South Hackensack, NJ 0760	16						Lumberton, N	J 08048					
Project Manager for Monitoring Firm	n		Tel	ephone	No.	Te	elephone No.	1	License No.				
Geiser Fajardo			2	01-48	9-8700	(609-265-2107		00529				
Start Date (10)	Sched	duled C	ompl	etion D	ate (11)	Na	ame of OSHA M	lonitor					
6/18/15		7 /	1	0_/	15	1	EMSL Analyti	ical					
Occupancy Status During Abateme	nt (Check	k only	one)			Sti	reet Address						
☐ Facility Closed/Vacated During B	Entire Pe	riod of	Abate	ement		1	200 Route 13	0 North					
Abatement Performed Outside of	f Normal	Facilit	у Нос	rs - De	scribe	Cit	ty, State, Zip Co	ode					
Time of Abatement:AM-	PI	VI/	PM		_AM	0.43	Cinnaminson						
Scope of Work (Check all that apply	')						New Consequences 12	50 1 50ml may					
☐ ≥3 sf or ≥3 If		☐ Re	novo	ion			☐ Full Cont ☐ Mini-Encl	ainment with Nega	tive Pressure				
≥ 160 sf or ≥ 260 lf		☑ De					☐ Glovebag						
							Non-Exer Non-Exer	mpted (*) and Non-	Friable Procedu	ıre			
		200	Loca Vorma	7005000						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	CM)			ely by	Ashe	etos	Description of Containing Mat		Amount	Re	Re	Ē	四
TO BE ABATED	O.VI)		inten				ermal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Cus	(12)	Staff?	2		surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes	No	N/A	1	Ol	ther miscellaned	ous)				te	50.00
Exterior		П		П	Transit	e Dı	uct Conduit		210 If		П		
		П			1,40,50,753,6,754,0								
		П											
		$\overline{\Box}$	П							15			
Name of Registered Waste Hauler				JDEP	Maste	Cul	bic Yards of	Name of Registe	red Landfill		Ш	Ш	
ETGI			11 (75%)	lauler I	O No.	Wa	aste	Conestoga L					
City, State				S710			posal Date	City, State					
Flanders, NJ							//10/15	Morgantown	, PA				
Completed By (Print or Type)	Title						Signature , 1	11	Da	ate /	٦.	j.	
Gwendolyn Trumbetti	0	perati	ons	Coord	inator		1 4 We	N		0/	HO	11	5

ASB-41 MAY 11

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check & 2459

Date of No	otification (1) 15			Name of E	Building Own	ner / Oper	ator (2)		110	_}	
$\left \begin{array}{c} -00 \\ - \end{array} \right $	/	/			04 4 4 1	1						
Agencies I	Notified	Type of No	otification		200 S. LAI	JREL AVE -	RM A2-8A	1. 2115 .1	1114 30	F1411.		
	EPA		Initial		City, State	, Zip Code				willi.	10	
	DEP		Amended		MIDDLET	OWN, NJ 077	748					
J	DOH		Amendment_	20	Name of C	Contact		200	Telephor	ne Numb	er	
	DOL	V	Emergency w	justification	JEFF A. O	NORI					7 L.	
	-		Cancellation				CONTRACTOR OF THE PARTY OF THE		7.21			
				FA	ACILITY IN	FORMATION	N					
	acility Whe	ere Abatem	ent is Taking	Place (3)		Type of Fac	cility (4)					
AT&T							School (K	-12)				
Street Add	iross							er 8 (Other	than K-12	2)		
175 WEST								, private &				
							Control of the second sections	mes, etc.)				
City (5)		County (6) .	County Code	(7)	Square Fee	NAME AND ADDRESS OF TAXABLE PARTY.	# Of Floors	s	Buildin	g Age	
FREEHOL	D	MONMOU	TH			200,0		2				
						Current Us	e (Prior if	being dem	olished)	I	50-	E
						TELEPHON	ΙE					
Name of N	Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO							
ATC CARE						NORTHSTA		RACTING G	ROUP. IN	IC.		
Street Add						Street Addi	ress					13
3 TERRI L												
City, State	G					32 Williams						
BURLINGT				1= 1 1 11		City, State,	Zip Code					
Project Mr		onitoring F	irm	Telephone Nu	mber	Foot Honor	or N I 070	36				125
JOHN LUT		(4.0)	Cahad Cama	609-386-8800	4)	East Hanov		130	License	Number		
O7	Start Date	1	or 07	letetion Date (1 02	15	relephone	Number		License	Nullibel		
/	/	<u> 15</u>	-07			973-884	-8682			(00860	
Occupanc	v Status D	uring Ahat	ement (Check	Only 1)		Name of OS		itor				
			ted During En					RACTING G	ROUP. IN	IC.		
	Abatemer					Street Add			TO THE PERSON NAMED IN COLUMN			
			d Outside of N	Iormal Facility								
_	Hours - De					32 Williams	Parkway					
~	Other - De	escribe:	4:00 pm to 4:0	0 am		City, State,	Zip Code	1/2				
C(1)	Maria (Oha	-1- All Th-4	A In al			East Hanov	er, NJ 070	36				
Scope of \	Work (Che	ck All I nat	Apply)									
	Demolitio	n		Renovation	7	Full Contai	nment wi	th Negative	Pressure	9		
	>3sf or >3	If	_			Mini - Enclo	osure					
	≥160 sf or	≥260 If				Glovebag F						
						Non-Exemp	oted (*) ar	nd Non-Fria	ble Proce	dure		
									A 1 4	-A T		
	Location o		ls		Descript				Abateme R	int Type	ΙE	ĮΕ
ASDe	estos Conta	aining	Location	As	sbestos - C Material			Amount	E	R	N	N
т.	D BE ABAT	ED	Normally Used	1 //	e., therma			(Specify	M	E	C	C
1	in Facility		Solely			facing, VAT,		SF or LF)	0	P	A	L
	(13)		by Main-			ellaneous)		0. 0. 2. /	v	A	P	0
	(10)		tenance/		04101 111100	,			Α	1	s	s
1			Custodial						L	R	U	U
1			Staff (12)	1						1	L	R
			YES NO N/A	Lagran Alas								
1ST FL MA	ACHINE RO	MOC		VAT/MASTIC				175 SF	V			
	Registered	Waste Hau	ler	NJDEP Waste		Name of Re	egistered	Landfill				
NEWARK	CARTING			Hauler ID No.	Yards of Waste	I.E.S.I.						
Cib. St-4				4509		City State						
City, State NEWARK,					Disposal Date	City. State BETHLEHE	M DA 19	105				
INLVVARA,	140				Date	Joe millerie	.w, (A 10					
Complete	d by (Print	or Type)		Title		19	Signature	_	-	_	Date	
- Cimpleted	- ~J (1 1111L	J. 1, 100)					\ E/		-()		
Steven Stil	les			Project Manage	er	- 1	1	C-11 -	0/ -	/	0	6/29/15

MO 22854978775

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

Date of Notification (1) 06/29/2015				Building (Townsl				s							
Agencies Notified Type Notification			Street Ad	-			27		121					î	
EPA Initial DEP Amended Amendment #		100		te, Zip Co					3				÷. 2		
Emergency (ir iustification)	cluding	1 32		Contact					Tel	enhone	N1 1				
□ Cancellation				vin Joy					_						
	DI (6)		FACI	LITY INFO	RMAT	ION	-		41						
Name of Facility Where Abatement is Taking Ryerson Elementary School	Place (3)						× ×	e of Facility (School (K-1	100						
Street Address 30 McCleland Avenue								Subchapter Other (i.e. p	8 (Oth			build	lings,	home	es,
City (5) Wayne							20 S S S S S S S S S S S S S S S S S S S	etc.) are Feet 0,000	# o	Floors		B 6	ldg. A	ge	
County (6)			County C	ode (7)				rent Use (Prid	or if bei	ng dem	olishe	d)			2
Passaic Name of Monitoring Firm Hired by Building Or	wner (8)	. '	ASCM			Name		nool atement Con	tractor	(9)					
McCabe Environmental LLC	wilei (o)		0011			Nirar			iti actor	(0)					_
Street Address 464 Valleybrook Avenue						Street 91 F		ess Street							
City, State, Zip Code Lyndhurst, NJ 07071								Zip Code NJ 07005							
Project Manager for Monitoring Firm			Telephor		,	Teleph	none I	No.		Licens		i)			
Ralph Coppola Start Date (10)	Scheduled		<u> </u>	38 4839 Date (11)			Š	9 4455 SHA Monitor	3	0108	1				
	07/21/20		pictori	outo (11)		Bogo	ја В	oceski	- 5°						
Occupancy Status During Abatement (Check	Only One)					Street		ess Street							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma							011107107110	Zip Code						Walley	
Other – Describe: Subchapter 8 - Occup					_			NJ 07005	i						
Scope of Work (Check All That Apply)						×	7	_			_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1 723,7	novat					M	ull Containme lini-Enclosure lovebag Proc	e cedure						
					-	E	1 N	on-Exempted	1 () an	d NOH-F	Tiable		5000 10	ement	
		ocation rmall			-								Ту		
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbest		escription Itaining N		al (ACM)	Д	mount				ш	
TO BE ABATED	Maint Custoo		12000000		therma	l system:	s insu			Specify		Re	R	nca	Enc
In Facility (13)	100000000000000000000000000000000000000	(12)				acing, VA miscellar)	Si	or LF)		Remova	Repair	Encapsulate	Enclosure
* *	Yes	No	N/A									<u>a</u>		ate	Ğ.
Boiler Breeching Insulation	x			The	rmal S	System	Insu	lation	6	00 SF		х	- 2		
Pipe Joint Insulation	X			The	rmal S	System	Insu	lation	2	0 LF		x			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubir	Yards		Name of	Registe	ered Lar	ndfill				
Niram Inc.		Н	auler ID 2577		of Wa	aste		T.R.R.F	37						
City, State Boonton, NJ						sal Date 3/2015		City, State Tullytov		Ą					
Completed by	Title					Signature	9	Panil	/		Date	9			

MO 22854978786

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

Date of Notification (1) 06/29/2015		Name of Wayne	Building C Townsh	wner/C	perator blic Sc	(2) hools	llino	7.	in .						
Agencies Notified	Type Notification			Street Ad 50 Nel	ddress lis Drive				W JU	Fili I I	- 11	Car			
DEP DOL	Initial Amended Amendment				te, Zip Cod e, NJ 074				ILE.	[]	KO.	8			
X DOH X DCA	justification) Cancellation	including	- 1		Contact vin Joy				Te	lephone	Numb	er			
				FACI	LITY INFO	RMATI	ON			-					
Name of Facility Where A Theunis Dey Eleme		g Place (3	5)					Type of Facility School (K							
Street Address 55 Webster Avenue	2							Subchapt Other (i.e. etc.)				build	dings,	hom	es,
City (5) Wayne						•		Square Feet 85,000	2	f Floors			ldg. A	ge	
County (6) Passaic				County (Code (7) USE ONLY)			Current Use (P School	rior if be	ing demo	olishe	d)			
Name of Monitoring Firm McCabe Environme		Owner (8)		ASCM 0011			Name Nirar	of Abatement Con Inc.	ontracto	(9)					
Street Address 464 Valleybrook Av	enue							Address ulton Street							
City, State, Zip Code Lyndhurst, NJ 0707							E 899	tate, Zip Code ton, NJ 0700)5						
Project Manager for Mon Ralph Coppola				Telephor	ne No. 138 4839		Teleph	one No. 299 4455		Licens					
Start Date (10) 07/01/2015		Schedule 07/10/2			Date (11)		Name	of OSHA Monito ja Boceski	or	0.00					
Occupancy Status During	Abatement (Chec							Address				_			
Facility Closed/Vaca				nent				ulton Street							
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours			_		tate, Zip Code iton, NJ 0700)5						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	lenova emolit				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	-				0	
**************************************		T lo	Locati	0.0				1 Non-Exempt	l () ai	IU INOIT-I	Table		Abate		t
Location	of .	1	Normal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Ma	d Sole intenar odial S (12)	nce/	(i.e. t	os Conta hermal surfac	aining M	laterial (ACM) insulation, T, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler Breeching	n Insulation	Yes	No	N/A	Ther	mal Sy	vstem	Insulation	2	25 SF	-	x		CD	
Boiler Insu		X					2	Insulation		00 SF	-	x			
Chimney Access I			111011		ellane			3 SF	+	x					
Chilliney Access L				IVIISC	Charle	Jus	 								
Name of Registered Was	IN	JDEP W	aste	Cubic '	Yards	Name o	f Registe	ered Lan	dfill				\vdash		
Niram Inc.		lauler ID 2577	No.	of Was		T.R.R									
City, State Boonton, NJ				Dispos 07/13	al Date /2015	City, Sta Tullyto	ate own, P	4							
Completed by Slobodan Panic		Title Proje	ct Ma	anager	-	S	ignature	Pan	/		Date 06/2		2015		

(K1432

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

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			(1 - 41	oudin.				,		MIE_	11 11			10.550		
Date of Notification (1) 5/29/15					Building C Elm Ass			(2)		. 619	JUN 3(O Al	11	/: į	9	
Agencies Notified	Type Notification				Bloonfie		Suit 2	200	Яę	90E	LICE			ã0	1	
X EPA X DEP X DOL	Amended Amendment				te, Zip Coo rook NJ						***	7.1/	G			
X DOH X DCA	justification) Cancellation	•	10000		Contact DE MA	TTHEIS				Tele	ephone N	lumber				
				FACI	LITY INFO	RMATION	1									
Name of Facility Where Morris Elm Aparme Street Address		g Place (3)						Тур	School (K-12 Subchapter Other (i.e. p	2) 8 (Othe	er than K- & comme	-12) rcial bu	ildi	ings,	home	es,
34 Elm Street									etc.)							
City (5) Morristown NJ 079	60							15	ore Feet 00sf	2	f Floors		53	dg. A 3	ge	
County (6) Morris County					Code (7) JSE ONLY)	1	_		ent Use (Pric arment	r if bei	ng demol	lished)				
Name of Monitoring Firm Sky Enviromental S		Owner (8)		ASCN	1 No.				atement Con TERPRISE					3 12		
Street Address 140 Boulevard					A	11 22	Street / 254 (ess viberlant) AVE	Ē					
City, State, Zip Code Mauntain Lakes									Zip Code SON NJ 075	502						
Project Manager for Mor Leonid Shereshysk		- d) d)	3.0	Telepho:	ne No. 596946	1	eleph 973-9		No. 5924		License 01129					
Start Date (10) 6/15/15		Scheduled 6/20/15		pletion !	Date (11)	N	Name (of O	SHA Monitor				7			
Occupancy Status Durin	n Abatement (Che	k Only One	2)			S	Street	Addi	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of Al	patem	ent			City, St	tate,	Zip Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 1	enovat emoliti				×	l A	ull Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					e	
									TOTT EXCENDED						ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Material (ACM) BATED ility	Used Mair	ocation ocatio	ý ly by nce/		Descrios Contair thermal sy surfacin other mis	ystems ng, VA	Mater s ins T, or	ulation, r	(8	mount Specify or LF)	Nonloval	Domoual	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	0 1	N			i audation		70sf	-	-			
Loundry Area	(basement0			X	Boiler (tnermai	syste	em 1	insulation		7051	×				
	ata Unida	K-4	JDEP W	laiste	Cubic Ya	ards		Name of	Registr	ered Land	dfill					
Name of Registered Wa		H	auler ID 03414	No.	of Waste			WASTE				V 25 V				
City, State PATERSON NJ					Disposal 6/23/15		-00.22	City, Stat		I NJ		1650				
Completed by YANET CARPIO		Title OWN	ER			Sig	natur		PA CO	20	4	Date 5/29	/15	5		
									7 N							

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

check1483 Page 1 of 1

Date of Notification (1)				Building (/Operator	(2)		80				3		
6-25-2015					501	10015			201	HIU 6	0	1111	1		
Agencies Notified Type Notification EPA Initial		100	Street Ad 434 La	athrop A	ve						N. 200 218			, C	
DEP Amended X DOL Amendment #				te, Zip Co on, NJ 0					Ü.	1 1 1)L	
X Emergency (in justification) DCA Cancellation	ncluding	1.8		Contact el Neves					Tel	ephone	Num	ber			
Cancellation			11/05/04/00	LITY INFO		TION									
Name of Facility Where Abatement is Taking	Place (3)	i I	1 AOII		ZINIA	11014	Туре	of Facility (4)						
Boonton High School								School (K-1 Subchapter		or than l	Z 12\				
Street Address 306 Lathrop Avenue							T (Other (i.e. p etc.)					dings,	home	es,
City (5) Boonton							Squa	re Feet 00 +	# 0	f Floors		1 1 1 1 1 1	ldg. A	ge	
County (6) Morris			County C	Code (7) JSE ONLY)			Curre	ent Use (Prid	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Or Detail Associates	wner (8)		ASCM 0001				of Aba Group	tement Con	tractor	(9)					
Street Address							Addres								
300 Grand Avenue		100	- 4		er.			urg Turn	pike						
City, State, Zip Code Englewood, NJ 07631	23	12 1	1.1	17	4.	Bloo	mingo	ip Code dale, NJ 0	7403						
Project Manager for Monitoring Firm Anthony Valentine		1.0	Telephor 201.56	ne No. 9.6708		200000000000000000000000000000000000000	none N 710-9			Licens 01084					
	Schedule 6-28-01		npletion [Date (11)		200 200 200 200	of OSI	HA Monitor , Inc							
Occupancy Status During Abatement (Check	Only One	e)		1		Street	Addres	SS							
Facility Closed/Vacated During Entire Pe								urg Turn	oike						
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours		200	1_	100000000000000000000000000000000000000		ip Code dale, NJ 0	7403						
Scope of Work (Check All That Apply)		*	* # #			•									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emolit				×	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					Α.	
							a NO	II-Exempled	ı () aii	u Non-	Habit		Sont ox	emeni	t
Location of	35%	Locati ormal			-	escription	of						Ту	ре	
Asbestos-Containing Material (ACM)		i Sole ntenar			tos Co	ntaining N	/laterial			mount		_		Щ	П.
TO BE ABATED In Facility	200000000000000000000000000000000000000	odial S		(I.e.	tnerm	al system: facing, VA	s insula T, or	ation,		Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)				r miscellar						oval	air	sulat	sure
	Yes	No	N/A		0.0		2	-						e	
Wall boy's toilet A1&girl's toilet A2		X	1 +			Cut Pipe				5 LF		X			
Behind Wall Girl's Toilet A2	Х		Wra	p & (Cut Pipe	Insul	ation	1	5 LF		X				
Name of Registered Waste Hauler	T N	JDEP W	laste	Cub	ic Yards		Name of	Reniste	ered I an	dfill					
GL Group, Inc	Н	auler ID 033034	No.	METALES	/aste		Grows	region	nou curi						
City, State Bloomingdale, NJ		=		Disp TB[osal Date		City, State Morrisv		A						
Completed by Elena Solakov	Title Presid	dent				Signature	£	leru Ste	lla	,	Date 6-2	e 25-20)15		

(K 11795

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

26 / 15 Type Notification						er/Operator (2	2)	00.		4	- 1	
											Guet	
Type Notification			i ai s	ippany-	Troy	Hills Board	of Education	ZETS JUN 30	p.			
☐ Initial			2000000000	Address Parsippa	any F	Road		A DOESTING	rii	111:	25	1
				ate, Zip C		7054		& LICEA	TON	IR.	OL.	
	luding			and the second second				Telephone Numbo		7		-
☐ Cancellation								1				
			FAC	II ITY IN	FOR	MATION		_	370			
patement is Taking	Place ((3)	1710	1211111	010	in thon	Type of Facility (4)				
		/										
									_11	I-I:		
								ivate and commercia	ai bui	idings	5,	
							Square Feet	# of Floors	Bld	g. Ag	е	
								1				
			Count	ty Code (7)(STAT	TE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
							school					
Hired by Building C	wner (8	3)	ASCM N	Vo.	Nan	ne of Abateme	ent Contractor (9)					
			0110		P	ow/R/Save I	nc					
					Stre	et Address						
I					27	7 West Stre	et					
					City	, State, Zip Co	ode					
							NJ 07003					
oring Firm		973	Correction continue		1676		20	V-000000000				
								357			8	
		50			Nan	ne of OSHA N	Ionitor					
	4.00			15								
					Stre	eet Address						
가리 경기에 있었다. ^ 하시 맛있다고 하다 되었다.				cribe	Oit	04-4- 7:- 0						_
					City	, State, Zip Ci	ode					
that annly)												
triat appry)	_		w.					gative Pressure				
	<u> </u>	Hone	011					on-Friable Procedure	9			
									Ab	atem	ent T	уре
	2.5			Ash	estos I			Amount	Re	Re	En	En
								(Specify	mov	pair	cap	Enclosure
:у	Cust			3333				SF or LF)	/al	60	sula	ure
	Yes		The second		Oti	nei miscellant	eous)				te	
		П							П	П	П	П
	-	Ξ				. 0 . 1		200 -5				
	X	Ш		boiler	gask	ets & insula	ation	200 ST		ш	Ш	Ш
te Hauler	1		NJDEP'	Waste	Cul	bic Yards of	Name of Regi	stered Landfill		1		
					Wa	aste	Grand Ce	ntral or Tullytow	n			
			2205		Dis	posal Date	City, State					
J							Pen Argy	PA or Tullytown	, PA			
					1		1					
ype) Titl	e					Signature	111	1 Dai	te,	1	1	
ype) Titl	e Sec/Tr	eas				Signature	16.11	Dat	te//	7/2	1,	5
	Emergency (ind justification) Cancellation Cancellation Cancellation Catement is Taking School Hired by Building Co Abatement (Check d During Entire Per Outside of Normal	Cancellation Datement is Taking Place (School Hired by Building Owner (8 If Scheduled Company of Abatement (Check only of During Entire Period of Abatement (ACM) PM/ That apply) Real Scheduled Company (Check only of Abatement (Check only of During Entire Period of Abatement (Check only of During Entire Period of Abatement (ACM) PM/ TED Scheduled Company (Check only of During Entire Period of Abatement (Check only of During Entire Period on Durin	Emergency (including justification) Cancellation Cancellation Catement is Taking Place (3) School Hired by Building Owner (8) School Coring Firm Tele (7) Scheduled Comple 07 / 13 Abatement (Check only one) d During Entire Period of Abate Outside of Normal Facility Houn AMPM/PM- that apply) Renovat Demoliti Is Loca Norma Used Sol Maintena Custodial (12) Yes No Custodial (12) Yes No Custodial (12) Custodial (13) Custodial (14) Custodial (15) Custodial (15) Custodial (16) Custodial (17) Custodial (18) Custodial (19) Custod	Amendment #2 Pars Name of Torm FAC Datement is Taking Place (3) School Count C	Amendment #2	Amendment #2 Emergency (including justification) Cancellation FACILITY INFOR aveglio FACILITY INFOR	Amendment #2 Emergency (including justification)	Name of Contact Tom Gaveglio	Institucation Name of Cancellation Type of Facility (4) School (K-12) Other (i.e., private and commercial homes, etc.) Square Feet	Name of Content Street Address Str	Instituction Name of Connect Tom Gaveglio	Parsippany, NJ 07054 Name of Contact Talenhara Number Tom Gavegilio

CIX 11,208

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

									-/	17 -	21	1/1	and Drie	
Date of Notification (1)					Name	e of Buildir	ng Ov	vner/Operator	(2)		,		- 60	
6 /	26 /	15			NJ	SDA		/ Job #15	(2) 06-4917 Checl	47208; III	100			
Agencies Notified	Type Notific	ation		_	Stroo	t Address				אַטני פופיב	130 ,	111	1:01	
⊠ EPA	I ype Notific	Jalion			100000000000000000000000000000000000000	E. Front				Actor			~ (ed .
⊠ DOLWD	Amende	d								ASSEST & LI		():17	Criti	
□ DHSS	Amendm	5500			1000	State, Zip				& []	CENS	1110	MUL	- 3
☐ DCA	☐ Emerger	ncy (inc	luding	3		enton, No		525				1110		
(NJAC 5:23-8)	justificat					e of Contac				Telephone N	lumber			
	☐ Cancella	ition			Ad	ministra	tion							
					FA	CILITY II	NFO	RMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility	(4)				
Vineland HS South									School (K-1					
Street Address									Subchapter				MONAN	
2880 East Chestnu	t Ave.								Other (i.e., phomes, etc.		imerciai	bullal	ngs,	
City (5)									Square Feet	# of Floors		Bldg.	Age	
Vineland									0 4 2 2 3 3 3 3 3	0. 1 10010		J,09.	190	
County (6)					Cou	ntv Code (7\/ST	ATE USE ONLY)	Current Use (P	rior if heing den	nolished			
Cumberland					000	nty oode (, 1017	TIL OOL ONLI)	School	nor it being den	iolisiteu			
Name of Monitoring Firm	Hired by Ruil	dina O	wnor	(8)	ASCM	No	No	ma of Abatam		\				
Pennoni	Tilled by Bull	uling O	wiiei ((0)	ASCIVI	NO.			ent Contractor (9)				
Street Address								AbateTech, I	nc.					
							110000	eet Address	DO D 65					
515 Grove Street St	uite 1B								e. PO Box 25					
City, State, Zip Code							10000	y, State, Zip C						
Haddon Heights, N.							I	_umberton,	NJ 08048					
Project Manager for Moni	itoring Firm			1	phone		Те	lephone No.		License No			1	
Alan Lloyd						-0505	6	809-265-2107	7	00529				
Start Date (10)		Schedu	iled C	omple	tion Da	ite (11)	Na	me of OSHA N	Monitor	,				121-2-2
7/_6_/	15	8	/	_3	_ /	15	E	EMSL Analyi	tical					
Occupancy Status During	Abatement (Check	only o	ne)			Str	eet Address					-0.00	
☐ Facility Closed/Vacate					ment		2	200 Route 13	80 North					
☐ Abatement Performed						scribe		y, State, Zip C						
Time of Abatement: _							1 00	innaminsor						
Scope of Work (Check all	that apply)							ZIIIII AIIIIII ISOI	1, 145 00077					
ocope of Work (Offeck all	tilat apply)							⊠ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-End	closure	,-,,-,,-,-,				
≥160 sf or ≥260 If		L	_ De	moliti	n			☐ Gloveba	g Procedure empted (*) and No	n Friehle Drees				
			lo	Loca	ion			M Non-Exe	inpled () and No	n-Friable Proce				_
Location	of			lorma				Description of	· f		Α	\neg	ment T	ype
Asbestos-Containing N		1)	Use	d Sole	ely by	Asbe	stos	Containing Ma		Amount	a a	Repair	Enc	Enc
TO BE ABA		52/		intena	nce/ Staff?		e., the	ermal systems	insulation,	(Specify	Kemoval	ar	aps	Enclosure
IN Facilit (13)	У		Cusi	(12)	otall?			surfacing, VAT her miscellane		SF or LF)	2		Encapsulate	ure
(13)			Yes	No	N/A		OL	nei miscellane	ous)				te	
Thursday Calaal											F	+-	1	-
Throughout School		- 1	Ш	Ш		Floor ti	le			3,343 SF				Ш
Boiler Room			\boxtimes			Boiler F	ire	Box		12 SF				
		1	\neg									1		
		- 1.				-								ш
		Ц												
Name of Registered Wast		17 77 75	JDEP \	100000000000000000000000000000000000000	100000000000000000000000000000000000000	oic Yards of	Name of Regis							
AbateTech, Inc.	16		auler II 18750		Wa 4		G.R.O.W.S	. Landfill						
City, State								posal Date	City, State					
Lumberton, NJ					8.	/31/15	Tullytown,	PA						
Completed By (Print or Ty						Signature	1 -		Date	,	-			
Gwendolyn Trumbet		Title Ope	erati	one (Coordi	nator		J. S. Laure	211		Inl	21	2/1	5
		Opt	- i dell	0113	Joorul	110101			MM		01	00	11	1

ASB-41 MAY 11

Date of Notification (1) 6/27/15					e of Buildin	ng Owner/Operator	ha Daor	<u></u>	2		in .					
Agencies Notified	Type Notification	n		Strac	et Address	LILL	le Sisters of t	ne Poor		ಲ		- *				
EPA	Initial	11		Stree	i Address		31 Britton Dr	rive 7	5	2						
□ DEP	Amended			City,	State, Zip 0				-			V				
⊠ DOL	Amendment :		0				mington, NJ	08822	7	••						
⊠ DOH	justification)		9	Name	e of Contac	ot .		Telephone Nu	mbe	-5-		_				
LI DCA	☐ DCA ☐ Cancellation							Joe Abel								
				FA	CILITY INF	ORMATION										
Name of Facility Where	Abatement is Takin	ng Plac	e (3)				Type of Facility	(4)		15-57.00	-					
Vo	Little Siste	ers of	the I	oor			School (K-1									
Street Address								8 (Other than K-	r than K-12) commercial buildings,							
	31 Bri	tton I)rive				homes, etc.		ciai bui	lairigs	٥,					
City (5)							Square Feet	# of Floors	E	Bldg. /	200	- 13 0				
	Flemi	ngton	, NJ				15000	2	_ _	8()+/-	_				
County (6)				Cou	nty Code (ONLY)	7) (STATE	Current Use (Pr	rior if being demo								
	interdon	^		1.000000000				Convent		_		_				
Name of Monitoring Firm (8)	MECS	Owner		ASCM	No.	755	nent Contractor (9		·							
Street Address	MECS					Street Address	ens Environi	nental Servi	ervices, Inc.							
Street Address	PO Box 34	11				Street Address	PO F	Sov 322								
City, State, Zip Code	TO BOX 34	1				PO Box 322 City, State, Zip Code										
	osswicks, NJ	0851	5			Oity, Otato, Zip C	n, NJ 08501									
Project Manager for Mo				phone	No.	Telephone No.		License No.								
	eisgarber		(60)9) 29	8-4070	(609) 25	59-9688		0049	3						
Start Date (10)	Sche	eduled (Comple	tion Da	ite (11)	Name of OSHA	Monitor									
7/7/15		1	7/17/	15			M	ECS								
Occupancy Status Durin	ng Abatement (Che	eck only	one)			Street Address										
☐ Facility Closed/Vacat																
Abatement Performe		al Facili	ty Hou	rs		City, State, Zip C										
Other - Describe:							Freehold	, NJ 07728				_				
Scope of Work (Check a	all that apply)					☐ Full Con	ntainment with Neg	gative Pressure								
≥3 sf or ≥3 lf			enovat			Mini-End	closure	9441011000410								
≥160 sf or ≥260 lf			emolitic	n		Gloveba Non-Exe	ag Procedure empted (*) and No	n-Friable Proced	lure							
		Is	ocatio	on						ment						
Location	of .		ormally Solel			Description of				Тур	oe .					
Asbestos-Containing it		Mair	ntenan	ce/	Asbest	Description of os Containing Mate		Amount			Е					
TO BE ABAT			ustodia Staff?	ıl	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Re	Z.	nca	Enc				
(13)	(6		(12)			other miscellaneo		3F 01 LF)	Removal	Repair	Encapsulate	Enclosure				
		Yes	No	N/A					<u>a</u>		ate	Ire				
Boiler Ro	oom	×			The	ermal Pipe Ins	sulation	160 lf	×							
Boiler Ro	oom	×				Boiler Gask	ets	20 sf	×							
Boiler Ro	oom					Flue Patch	1	2 sf	×							
									+			\neg				
Name of Registered Was	ste Hauler		100000	JDEP V	2000	Cubic Yards	Name of Regis	tered Landfill								
Stevens Environn	nental Service	s, Inc	. Н	auler ID 182	No. 92	of Waste 2 CU		GROWS La	ndfill							
City, State	MINE POLICE CONTRACTOR		- -	102		Disposal Date	City, State	1				_				
	Allentown, N	ŊJ				_7/17/15/	my)	Morrisville	, PA			32				
Completed By	Title			Oranies III		Signature	11/	Date								
Mahlon E. Ste	vens	Pr	oject	Man	ager	1/1/			6/27	/15						
SB 41						///					-11:11:					

APPROVEO: PAUL HON WOORHESS
EMENT
120)

Date of Notification					wner / Operator Board of Edu												
Agencies Notified	Type Notifica	ition	S	treet /	Addre			Z.	18 JUN 30	AHII		•					
□ DEP					-	k Zip Co		45	4230		< '	2					
DOL	Amer	nded	10339	Contract Contract		07730	→ 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1										
□ DOH	⊠ Emer	gency				ntact			1554	Teleph	ion	Nur	nber				
D DCA		ellation	C	harle	es H	ildner				J==	* -						
				ΕΛC	II II	Y INFO	DRMATION										
Name of Facility W	here Abateme	ent is Taking Pla	ace (3)		/1LII	1 IIVI C	Type of Facility (4)										
Raritan High Sc		in to running ric	100 (0)				School (K-12) NON SUB 8										
Street Address							Subchapter 8 (Other than K-12)										
419 Middle Road					Other (i.e.	private & com	mercial build	lings, ho	me	s, etc	c.)						
							Square Feet	# of Floor	rs	Bldg. A	\ge						
City (5)		County (6)	Cou	inty C	ode	(7)											
Hazlet, NJ		Monmouth					Current Use (F	Prior if being de	molished)	F.							
and the second s							High School										
Name of Monitorin	g Firm Hired b	y Building Own	er (8)		AS	CM No.		ement Contract									
Environmental (Connection	90 2000 	0000					ronmental, In	c.								
Street Address				•			Street Address										
120 N. Warren S							1123 Beaver										
City, State & Zip C							City, State & Z										
Trenton, NJ 086 Project Manager for		irm	Telep	hone	Num	her	Bristol, PA 19007 Telephone Number License Number										
Rollie Jones	or Monitoring i	11111	609-3			Dei	(215)788-604										
Scheduled Start D	ate (10)	Scheduled Con)		Name of OSHA Monitor									
6/26/20	100 100		6/26/2		,		Bristol Envi	Bristol Environmental Inc.									
Occupancy Status	nly one	;)		105	Street Addres	S											
Facility Clo			atem	ent	1123 Beave												
	t Performed C	utside of Norma	al Hou	ırs —			City, State & Z										
Describe:				_			Bristol, PA	19007									
Personal Control of the Control of t	The second secon	Abatement - 9a	am to	3pm													
Scope of Work (C	neck all that a	ppiy)						☐ Full Con	tainment wit	h Negat	ive	Pres	sure				
≥3 sf or ≥3	3 If		\boxtimes	Rer	ovat	ion		Mini-Enclosure									
2160 sf ≥2			Ħ		noliti			Glove Ba	ag Procedur	es							
								Non-Exe	mpted and I	Non-Frie	ble	Proc	rocedure				
	Location of		ls l	Locat	ion								ment Type				
10000	stos-Containir	ng		nally			Asbestos-Containing (Specify Material (ACM) SF or LF)						т				
	aterial (ACM)			olely i tenar			Material (ACM) SF or LF)						nc	E			
10	DE ABATED in Facility			odial			(i.e., thermal systems insulation, surfacing, VAT						sde	Enclsoure			
57	(13)			(12)			(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)						Encapsulate	Le			
			Yes	No	N/A	1		-					- (0				
Corridor along	wood shop			\boxtimes		Pipe	Insulation (wi	rap and cut)	8 LF		\boxtimes			Ш			
												Ц	Ц				
													ᆜ	Щ			
											4	Щ	Ц	Щ			
											ᆜ						
				Щ					. 11 .								
Name of Register	ed Waste Hau	ıler				Waste ID No.	Cubic Yards of Waste	Name of Regi	stered Land	till							
Bristol Environ	mental Inc			120,000	3706		1	Minerva Lar	ndfill								
City, State	illelitai, ille.			1.0	,,,,,		Disposal Date	City, State									
Bristol, PA							6/26/2015	Waynesbur	g, OH								
Completed By (Pr	rint or Type)			Ti	tle		Signature	1		D:	ate						
Gino Pizzigo	and the second s			100000	roje	et	U.1				1	100	1,0				
Sino i izzigotti					ana	ger	deils		6/25/15								

Ck#2834

Date of Notification (1)					Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction												
6 / 26 / 15																	
Agencies Notified	Type Notifica	tion				Address					1 1 1 1 1 1	* *	< .	á			
□ EPA	☐ Amended				1995	Elm Dr.			1905 THE 1914 A								
☑ DHSS	Amendme	nt#			1000	tate, Zip C		221170		4.110	A TH		1.6				
□ DCA	☐ Emergend	y (includ	ing		20000000	ceton, N	New York	544									
(NJAC 5:23-8)	justificatio	100				of Contact				Telephone Number							
	☐ Cancellati	on			Rob	ert Orteg	go			-							
					FAC	ILITY IN	FOR	MATION									
Name of Facility Where A	Abatement is T	aking Pla	ace (C	3)					Type of Facility								
Princeton University	ty-Firestone	Library							School (K-12		(2)						
Street Address						41			B (Other than K-1 rivate and comm		uild	ings.					
Washington Rd									homes, etc.)			siai bullulligs,					
City (5)									Square Feet	# of Floors	E	Bldg.	Age	9			
Princeton				20120													
County (6)					Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)						
MERCER									Library								
Name of Monitoring Firm	Hired by Build	ing Own	er (8))	ASCM	No.	The second second		ent Contractor (9)								
ATC Associates Inc	c.						В	RISTOL EN	VIRONMENTA	L, INC.							
Street Address			***				Stre	et Address									
Three Terri Center							1	123 BEAVE	R STREET								
City, State, Zip Code							City	, State, Zip Co	ode								
Burlington, NJ 080	16						В	RISTOL, PA	19007				4				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.	License No.								
Michael Keehn					9-386		2	15-788-6040		00509							
Start Date (10) 7 / 10 /		cheduled			tion Da		50000000	ne of OSHA N		LINC							
Occupancy Status During	74		374					et Address	D OTDEET								
☐ Facility Closed/Vacate						cribe		123 BEAVE	40								
Time of Abatement: 7																	
Scope of Work (Check a	II that apply)								tainment with Neg	notive Proceure							
≥3 sf or ≥3 lf			Ren					Mini-Enc Mini-Enc	gative riessure								
≥160 sf or ≥260 lf		Ц	Dem	olitic	n			☐ Gloveba	ig Procedure empted (*) and Non-Friable Procedure								
			Is L	ocat	ion								emer	nt Ty	/pe		
Location	of			rma		18		Description of	of								
Asbestos-Containing					ely by nce/			Containing Ma		Amount	emi	7	Renair	nca	nclo		
TO BE ABA					Staff?	(i.e		rmal systems urfacing, VAT		(Specify SF or LF)	Kemoval	1	7	Encapsulate	Enclosure		
(13)				(12)	т			ner miscellane						late	æ		
22 13		Y	es	No	N/A									255			
Throughout Levels C	C, B and A		1			Floor til	le an	nd mastic		2,035 SF							
Level C North Atrium	1	\boxtimes	1			Window	vs			14 ea	\boxtimes						
Level A offices		\boxtimes				Window	vs			20 ea] [
Name of Registered Was	ste Hauler			N	JDEP \	Waste	Cub	oic Yards of	Name of Regis	stered Landfill							
BRISTOL ENVIRON	MENTAL, IN	IC.		Н	18706		Was	ste	G.R.O.W.S. LANDFILL								
City, State							Disp	oosal Date	City, State								
BRISTOL, PA 1900	7								MORRISVILLE, PA 19067								
Completed By (Print or T	ype)	Title						Signature	2 12	1.0	Date /	21	1,	1	6		
Brian Scafiro Estimator								prese	Scefero	1-K	6/0	26	110	0			

ASB-41 MAY 11 BS15068-A

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

Cl# 2834

Date of Notification (1)				-	Name	of Building	a Owner/0	Operator (2	2)		-							
6/		Princeton University-Office of Design and Construction																
Agencies Notified EPA	Type Notifica ☑ Initial	tion			Street 200	Address Elm Dr.			36-37.	Fire	11: 2	I						
⊠ DOLWD	Amended				City, S	tate, Zip C	Code		& Loss Shign									
☑ DHSS ☑ DCA	Amendme		ling		Prin	ceton, N	NJ 08544	1	a march of the									
(NJAC 5:23-8)	justification		iiig		Name	of Contac	t		Telephone Number									
100	☐ Cancellati	on			Rob	ert Orte	go											
					FAC	CILITY IN	FORMA	TION										
Name of Facility Where A	batement is T	aking Pla	ace (3)					Type of Facility	(4)								
Princeton Universit	y-Firestone	Library	,						School (K-12									
Street Address									Subchapter 8		-12) mercial buildings,							
Washington Rd									homes, etc.)		noroidi b	anam	,					
City (5)									Square Feet	# of Floors	В	ldg. A	ge					
Princeton								10										
County (6)					Coun	ty Code (7	7)(STATE U	ISE ONLY)	Current Use (Pri	or if being dem	olished))						
MERCER								250	Library									
Name of Monitoring Firm	Hired by Build	ling Own	er (8) /	ASCM	No.	Name o	of Abateme	ent Contractor (9)									
Cardno ATC Associ	iates Inc.				0009	8	BRIS	STOL EN	VIRONMENTA	L, INC.								
Street Address	97						Street A	Address										
Three Terri Center							1123	BEAVE	R STREET									
City, State, Zip Code							City, State, Zip Code											
Burlington, NJ 0801	6					BRISTOL, PA 19007												
Project Manager for Moni	toring Firm			Tele	phone	• • • • • • • • • • • • • • • • • • • •												
Michael Keehn				60	9-386	-8800	215-	788-6040		00509								
Start Date (10)	100.000	chedule						of OSHA N		-2 0-20-00-0								
<u>7</u> / <u>10</u> /	15	10	_ /	19	/15 BRISTOL ENVIRONMENTAL, INC.													
Occupancy Status During	Abatement (0	Check on	ly or	ne)			Street A											
☐ Facility Closed/Vacate							1123	BEAVE	R STREET									
Abatement Performed Time of Abatement: 7																		
Scope of Work (Check all	that apply)			-0, 14														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	10. 50			ovatio nolitio				Mini-End Gloveba	ainment with Negative Pressure losure g Procedure mpted (*) and Non-Friable Procedure									
			ls l	ocat	ion		-			W 1000-1000-1000-1000-1000-1000-1000-100		baten	ent T	vpe				
Location	of		N	ormal	ly		De	escription o	of			1	T	1				
Asbestos-Containing I		1 0		l Sole					iterial (ACM) insulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure				
TO BE ABA		10 336		odial S	Staff?	(1.6		acing, VAT		SF or LF)		=	Insc	Sure				
(13)				(12)	1	-	other	miscellane	ous)				ate	w				
			es	No	N/A					40.004.05	.	-						
Throughout Levels C			-				le and m			49,924 SF								
Throughout Levels C	, B and A		-				sulation			3910 LF			닏	-				
Throughout Level A						Joint C	ompou	nd		5,950 SF			닏	닏				
														Ш				
Name of Registered Was BRISTOL ENVIRON		IC.		1955.00	JDEP \ auler II	O No.	Cubic Y Waste	ards of	Name of Registered Landfill G.R.O.W.S. LANDFILL									
City, State					18706	,	Disposa	al Date	City, State									
BRISTOL, PA 19007	1						MORRISVILLE, PA 1906				67	57						
Completed By (Print or Ty	/pe)	Title					Si	gnature	0 0	1.	Date /							
Brian Scafiro		Estir	mate	or			1	Trian	Scaleir	/ l	6/2	6/1	5					

D. CK2831

Data of Natification (1)						-4 -	.11 -11	~ ^	umor / Oncester	(2)										
Date of Notification (1) 2/9/15					Name of Building Owner / Operator (2) Willingboro Twp Public Schools Street Address															
Agencies Notified	Type Notif	ication	1111111111	Street Address									6111:23							
☐ EPA		1004-0015515515000							cocas Rd			2.		00.04B						
☐ DEP	⊠ Init	N		0.000			& Zip						1181							
⊠ DOL		nended R#4-6/25/	15						08046			- / - 1 1	Telephone Number							
□ DOH □ DCA		nergency ncellation		Name of Contact Kelvin Smith								1	l elephone Number							
			1011100000		FAC	ILI	TY IN													
Name of Facility W		ment is Taking Pl	ace ((3)					Type of Facility (4)											
Levitt Middle Sc Street Address	11001								School (K-12) NON SUB-CHAPTER 8 Subchapter 8 (Other than K-12)											
50 Rev. Dr. MLK Jr. Drive										4.00		rcial buildin	gs, hom	ies.	etc.)					
OU IVEY. DI. INILIY OI. DIIVE									Square Feet		Floors		Bldg. Age							
City (5) County (6)					nty C	ode	(7)		150,000	100 1000	1			40-	F					
Willingboro		Burlington					2005		Current Use (F		ng demo	lished)								
									School		20	E								
Name of Monitoring		by Building Owr	ner (8	3)		AS	CM N	Vo.	Name of Abate		- Charles and Charles and	9)								
AHERA Consulta	ants Inc	Si 3							Bristol Envi		al, Inc.									
Street Address									Street Address											
36 North Quail H City, State & Zip Co									City, State & Z							-	_			
Galloway, NJ 08									Bristol, PA 1											
Project Manager fo	Tele	eph	one	Num	ber		Telephone Number License Number													
Eric Clarkson			52-1				(215)788-6040 00509													
Scheduled Start Da	nplet			e (1	1)		Name of OSHA Monitor Bristol Environmental Inc.													
6/22/15	6/1					_		al inc.												
Occupancy Status						tem	ent		Street Address	- Carrier 192										
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Ho																				
Abatement Performed Outside of Normal House Describe: 7:00 AM – 3:30 PM						Bristol, PA 19007														
The state of the s		ng Abatement																		
Scope of Work (Ch														1						
	ıe				D-		ia					ment with N	vegative	Pre	ssur	е				
≥3 sf or ≥3≥160 sf ≥26					Ren				[1] 94		-Enclosi /e Bag F	rocedures								
≥160 sf ≥26	JU II		Ш		Dell	ionth	UII		1	100 July 100 100 100 100 100 100 100 100 100 10		ted and No	n-Friabl	e Pr	oced	lure				
·	ocation of		15	s Lo	ocati	on	T		Description				nt Abatement Type							
Asbes	tos-Contair		No	rma	ally U	Jsed	£		Asbestos-Cont	(Specify			T	Т						
	terial (ACM				ely b				Material (ACM) SF or I				R	7	Elicapsulate	3	En			
	BE ABATE in Facility	<u>.</u>			inan dial S			ir	(i.e., thermal synsulation, surfac		Remova	Kepair	apo	200	Enclsoure					
1	(13)		20200000	(12)				or other miscella		air			1010	ure					
			Yes		No	N/A	1						-		-	1	_			
Exterior Window	v Caulk			1				_	Window Ca			7000 LF		1	4	111	4			
Boiler Room		k		+			_		iler Doors (Wr			150 SF		+	-	111	4			
Classroom			H			H	P		Insulation (W		It)	30 LF		+	1		=			
Teachers Loung	je		님	+		H	-		Floor tile and	mastic		20 SF		+	H	1	=			
						\vdash							ᅥ片	1	+	#	Ħ			
Name of Registere	d Waste Ha	auler			NJ	DEP	Was	ste	Cubic Yards	Name of I	Register	ed Landfill				<u> </u>				
					На	uler	ID No	0.	of Waste											
Service Transpo	ort Inc.		0		20	990			8 Cu Yd	Minerva		II								
City, State	vo.		=						Disposal Date	City, State										
New Castle, DE					1	563			6/26/2015	Morrisvi	ile, PA		ID 1							
Completed By (Prin					Titl		.4		Signature	1 >			Date							
Gino Pizzigor	11					ojec			Ha s	12,1	١		61	(2)	1/1	1	_			
CT 15004	111111111111111111111111111111111111111			Manager					~ '	1/2			/		/		-			
GI 15004										0										