Date of Notification	on (1)	T	Name of I	Buildi	ng Owner/O	perator	(2)	(** S					
2-23-15			Sandr	ca P	earl-La	vey 8	Timothy	Lavey					
Agencies Notified	Type Notificat	ion	Street Ad	idress	3		200						
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[ ]DEP	Notifica	tion	City, Sta	ate, Z	ip Code						, (£,	-	
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[ ]DCA	[ ]EMERGENCY				earl-La	vev 8		Te wDer					
* 14.00.000	[ ]Cancellat:	ion	Timoth			2		,					
		-	F	ACILIT	TY INFORMAT	ION		70					
Name of Facility Wh		s Taki	ng Place	(3)			Type of Facil	.ity (4)	11.				
Same as above	9						[ ]School	(K-12)					
Street Addres					<del></del>			ter 8 (Othe (i.e., priva					
								ouildings, h					
611 15							Square Feet	# of Floo	ors	Bld	g. 2	Age	
City (5	C	ounty	(6)Essex		County Code (STATE USE	CONTRACTOR OF THE PROPERTY OF	2400	3		1	13		
					(01111111111111111111111111111111111111	OILLI,	Current Use (	Prior if be	eing d	lemo	olis	hed)	)
Name of Monitoring	Firm hired by B	nildin	g ASCM N		Name of	70	ment Contracto	- (0)			-0.00		-
Owner (8)	Tarm Harred by D	urrari,	g MOCM N	0.			ANAGEMENT						
N/A Street Address								, 1110.					
Delege Made 655					Street 86 (		s topher St						
City, State, Zip Co	200											-190.1	L297090k
ordy, budge, pro	,de						Zip Code .r, NJ 070	42					
Project Manager for	Monitoring Fire	m mol	lanhana M	amb a m			190						
110)000 manager 101	. Homitoring Fir	N/	lephone Ni 'A	шрег	Telepho (973		-8800		003			er	
Scheduled Start Dat	ce (10) Sched	. Compl	letion Dat	te (11	) Name of	OSHA N	Monitor						
3-4-15	an 1 an 17	3-5-1			N/A								
Occupancy Status Du	Year Mont	(Check	only one	ear	Street	Address	=	-					
[X] Facility Clo of Abatemer	osed/Vacated Dur	ing En	tire Peri	.od			-						
	nt erformed Outside	of No	rmal Faci	lity	City, S	tate. 2	Zip Code				-		_
	cribe: «OffHours		Character .										
	cribe: «Other Occ		Descript	<u>.»</u>									
Scope of Work (Chec	k all that apply	7)			]	]Full	Containment wi	th Negative	Pres	sur	re.		
[X] >3 sf or	r ≥3 lf or >260 lf	F. (1)	X]Renovat		]	]Mini-	Enclosure						
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TO BE AN		t	y Main- enance/				systems acing, VAT,	SF or LF)		C	P A	PS	0
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December		Yes	No N/	-				450.50				-	E
Basement		-	X	P	ipe Ins	ulat:	ion	150 lf	X	4			
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Name of Registered	Waste Warden	h	DED TO		lo. 2- 2		L		012				
AZTECH MANAG		1 2000	DEP Waste		Cubic Yard		Name of Regi G.R.O.W.		IIIL				
			7040					٥.					
Montclair, NJ	07042				Disposal Da		City, State	11. 53	100	67	,		
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Completed By (Print	or Type) Title	€			Sig	nature			Dat	e			
Constantine V	vivian Pre	side	nt			1	ila		2-2	3-1	.5		
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CK-4674

Date of Notification (1) 2/26/15					f Building Magnar						273					٠
Agencies Notified	Type Notification	1 <del></del>		Street A	Address					MAR	- 3 1	20 V		Ý,		
EPA DEP			-	City, Sta	/. Main ate, Zip C	ode		'8					- 19	ÇĮ.		
▼ DOL	Amendment Emergency	(including	-		rton NJ		)			-			5			
DOH DCA	justification)  Cancellation			Brion	ii Contact					le	lenhone					
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	ILITY INF	ORMA	TION	Type	of Facility (	4)						
Brion Magnani Priv	vate Home								School (K-1							
Street Address 216 W. Main St.		8		2.				×	Subchapter Other (i.e. p etc.)	8 (Oth rivate	& comme		ouilo	lings,	hom	es,
City (5) Tuckerton NJ 0807	70							Squa 1000	re Feet )+	# 0	f Floors			ldg. <i>A</i> 5+	\ge	
County (6) Ocean		11			Code (7) USE ONLY	2		Curre	nt Use (Prid	or if be	ing demo	olished	)		Š.	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	И No.			of Aba	tement Con	itractor	(9)					
Street Address								Addres	5.5				13831			
City, State, Zip Code	6						City, S	State, Z	ip Code n NJ 080	91				14		
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Telepi	hone N 752-9	0.		License 00727		44. 5			
Start Date (10) 3/11/15		Schedule 3/18/15		npletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One	3)				Street	Addres	SS				_			-
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire I ned Outside of Norn	Period of Alnal Facility	baten Hours	nent			City, S	State, Z	ip Code							
Scope of Work (Check A	All That Apply)										45-1-18-11		_			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	8/00 1980		enova emolit	77.75			×	Mir Glo	l Containme ni-Enclosure vebag Proc n-Exempted	e cedure		17			e	
			_ocati			101				( ) =				Abate	ement	
Location Asbestos-Containing		Used	ormal Sole	ly by	Ashes		escription ntaining N		(ACM)		mount	-		1 y	ре	
TO BE AB In Faci (13)	ATED lity	Custo	ntenar odial S (12)			therma surf	al system: acing, VA miscellar	s insula T, or		(8	Specify or LF)		Removal	Repair	Encapsulate	Enclosure
- Exterior (	Dialia	Yes	No	N/A											(D)	
Exterior S	Siding			X		Ext	erior Sid	ding		20	00 SF	×				
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												+	-			
Name of Registered Was	ste Hauler		200	JDEP W			C Yards		Name of F	Registe	ered Land	dfill				
United Containers	11		10000	auler ID 2459	No.	of Wa	aste		G.R.O.V	N.S.						
City, State Elm NJ						Dispo 3/18	osal Date /15		City, State Morrisvi		19067	7		777-30-3		
Completed by Anthony T Perna		Title Presid	lent		11		Signature	2				Date 2/26/	/15	n R		

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

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City (5)																
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	Type of Notifica					. 1 1	recent									
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[X] DOL																
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47 F			lame	of Conta	ect					Telephone N	lumbe	er				
[] box	[] Cancellatio	n [	Davi	d Hern	nand	ez					-	-				
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Name of Facility When	e Ahatement is Ta	king DI	00 /3	1	IAU	/ILI111	INFORMATION	1	une of Facilit	/4\						
Stevens Univers	itv – Davison	Hall	100 (0	1.				,	[] Scho	ol (K-12)						
	ny Baricon	riun							[] Subc	hapter 8 (Other	er tha	an K-12) ommercia	l huild	inas		
	Hudson								home	es, etc.)		01111101010	Duna	1190	f::	
Cacho i cint cin	1445011							8	Guare Feet	# of Eld	oore	Тр	ldg. A	10		
		County	(6)			Count	y Code (7)	_	The state of the s	100	7013		60 A	je		
Hoboken	ĘĒ	Huds	on			(STAT	E USE ONLY)	C	Current Use (F	Prior if being o	iemoi	lished)				
Name of Monitoring Fig	rm Hired by Buildi	na Own	05	V S C IV V	-lo		Nome of Abeles	_ C	Office/lab/clas	sroom					-	
		ng Own			NO.						C					
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	d							222	0			o	20			
	iu									orlage Roa	aa, 8	Suite 1	)()			
	53						City, State, Zip (			NILOZOEO						
		Tele	nhone	Numbo		4 +	Tolonbono Num		ie brook,	NJ 07056		1	1			
	omtorning i min						relephone Muni		3 575 870	10		License		er 108	50	
	10) Sche					-   -	Name of OSHA			70				00	02	
										nmental I	abo	ratorie	3 11	C		140
Occupancy Status Duri	ing Abatement (C	heck onl	y one	)			Street Address					71410110	,			
[] Facility Closed	d/Vacated During	Entire P	eriod	of Abate	ment		2	233	3 Route 2	22 West						
		t Norma	I Faci	lity Hour	s –	1 -	City, State, Zip (	Code	)							
		ited								7083						
Scope of Work (Check	all that apply)															
oropo or tronk (oricok	an anat apply)								[] Fu	II Containmen	it with	n Negative	Pres	sure		
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	en ie															
[A] 2100 SI 01 220	50 II	Is	Loca	tion	1				[X] INC	n – Friable P	roced	aure	Ι.Λ	oate		
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														-		
Name of Registered Wa	aste Hauler	NJ	DEP	Waste		Cubic	Yards	1	Name of Regi	stered Landfil						
Jupiter Environm	ental Service	0		D No.		Of Wa		110	Vinerva Ľ							
City State			04782	2		D:	20			STATE SECTIONS						
City, State Pine Brook, NJ							sal Date		City, State							
Completed By (Print or	Type)	Title				3/20	1/15 +	1	Waynesbu	irg, OH		T D :				
Pane Repic	1 400)	55	oral	Mana	aor		Signature		/ -			Date	1 =			
i and itepic		Gen	cial	Mana	ger		12					2/25/	15			

ASB-411 Note: Phased project. First phase is scheduled to start on 3/6/15 with anticipated completion on 3/10/15; VAT (80 SF) is scheduled for removal from Room 238. Amended notifications will be sent for other phases.

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State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT

CHECK# 8685

Timo				ACM OF I			*.	i i	7 6	17			
Date of Notification (1)			Name	of Buildin	ng Owner See	Operator	(2)					<u> </u>	
Agencies Notified Type Notification	in .			Address		11-02-7	C1 7			977.5-20			
□ EPA ☑ Initial			3.	3 CC	ישדטו	J /20	10-10					Storegard	
D DEP D Amended			City, S	tate, Zip	Code								-
A Emergency	(including	9				ic d	VJ 0700	16					
□ DOH justification □ DCA □ Cancellation	1)			of Contac	S Co	77		Tels	enhane Mi	mhei	-		011
Name of Facility Where Abatement is Taki	no Place (	3)	FA	CILITY IN	FORMAT	ION			, -			-	
YOULDUARS GARDENS	ag , maa t	-,					Type of Facility		Account to the second s	Ministration or con-		-	TALL
Street Address 3 SERVEN COURT / UNI	OBR A	ケチ	£10	· · · · · · · · · · · · · · · · · · ·	-		口 School (K- 口 Subchapte 図 Other (i.e.	r & (Other	than K-1	2)	alin o	= hon	***
City (5) AYONNE	777	- Park			<del></del>	- ALPHANE	Square Feet		Flgors	1		Age	188,
County (6)			Country	Code (7)	-1		7,000		٢	-	6	2	
Hulson Name of Monitoring Firm Hired by Building		~~~	(STATE	USEONL	, Y		Current Use (P	nor if being	j demolish	16d)	1140		***************************************
C. THE SECRET STREET, SANS	Owner (B)		AS	GM No.		Name A. M	of Abatement Co AC Contracting In	ntractor (9	})	*	and the last		<del></del>
Street Address		THE PERSON NAMED IN COLUMN		10-0-		Strest 185 V	Address reeland Ave.	Shir He ATA Printers	Minus of the last	munc	NA.	riseasipan	
City, State, Zip Code	**************************************						tate, Zip Code						NAME OF STREET
Project Manager for Monitoring Firm			7-1-			Midia	nd Park, NJ 0743	2					
Obert Date (60)	7			phone No.		Teleph 201-	one No. 262-5841		License N OD156	۵,			igi
Stert Date (10) _ 2   2-5   15	Schedu	led Co	The letion	Date (11)	)	Name o	of OSHA Monitor ga Environmenta	al Services	s Inc	_			
Occupancy Status During Abatement (Che Facility Closed/Vaceted During Entire	ck Only O	пе)				Street /	Address	***************************************	7000				-
Abatement Performed Outside of Norm     Other - Describe:	ral Facility	Hours	1014			City, St	uyer Street ate, Zip Code nsack, NJ 07606	***************************************				-	
Scope of Work (Check All That Apply)						- Training	1990(/ 140 01 QUO	·					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti			<b>1</b> 00	Z Z	Full Containme Mini-Enclosure Glovebag Proc	edure					
	Is	Local	ion	1			Non-Exempted	(*) and No	on-Friable	Proc		TY/CONCOR	00
Location of Asbestos-Containing Material (ACM)		Norma d Sole	ly :		Des	cription c	ıF §					ypa ypa	L
TO BE ABATED In Facility (13)	. Me	intenar lodial S (12)	ice/	Asbes (i.e.	tos Cont thermal: surfac	aining M systems i ing, VAT	aterial (ACM) nsulation, or		ount odfy r LF)	Вэтоvа. В тория	33	ERS)	Enobette
	Yes	No	N/A		other m	iscellane	ous)			IBVO	Rapalr	Ensapsulate	SECTO
Chowl space		elemeken diştanı.	X		PIPE	7		0.1	BULA				
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ame of Registered Waste Haular	1	1 N.	JDEP Wa	ısie	Cubic Y	Owle		Value may					
ewark Carting, Inc			uler 1D N 04509	1111	of Waste		Name of F				-		-WOLLEN
ty, State, Zlp Code ewark, NJ 07105			- 1040		Disposa	1 Pate	City, State	A Bathleh Zip Code	-	li Con	). ~~~~	+>=====	and the latest section of the latest section
emplated by	Title			-	-	71500	Towns.	hem, PA	18015				
McDonald	Preside	nt			219	naluré L.	Mil Jones.	The state of the s	Date	1	1/1		

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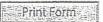
Date of Notification (1) 02/24/2015			Name	of Building and Brook	g Own K Boa	er/Operator and of Edu	(2) cation	ns Kar	1-2 A	- Care -	55		
Agencies Notified Type Notification	n			Address W. 2nd S	Stree	t		. 3 -		. ,	:01		
DEP Amended Amendme			City, S Bou	State, Zip C nd Brook	ode (, NJ	08805			44.4	1.11			
DOH justification Cancellation		j.		of Contact Nieves	t	*		Te	elephone N	umbei	Γ		
Name of English Miles - Al-			FA	CILITY INF	ORM	ATION						-	
Name of Facility Where Abatement is Tak Community School	ing Place (	3)				Personal Property and Property	Type of Facili	ty (4)					
Street Address 120 East 2nd Street							Other (i.	oter 8 (Ot	her than K- & commer	12) cial bu	uilding	s, hon	nes,
City (5) Bound Brook		-	-			4) (4) (4)	etc.) Square Feet 30,000		of Floors		Bidg.		
County (6) Middlesex			County (STATE	y Coda (7) E USE ONL	r)	design of the second	Current Use (		eing demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	)	1 000	M No.		- Name (	of Abatement (	S11	(8)				
RK Occupational &Environmenta	l Analysi	s, Ind	090			Bako	Construction	on & Re	r (9) estoration	, Inc			٠,
401 St. James Ave.							Address A Route 46 (	Suite 31	)				
City, State, Zip Code Phillipsburg, NJ 08865							ate, Zip Code /a, NJ 0751	2					
Project Manager for Monitoring Firm Jonathan Gilbert				one No. 454-6316	3	Telepho 973-2	one No. 256-7010		License   0666	√o.			
Start Date (10) .02/16/2015	Schedule 02/28/	ed Co 2015	mpletion	Date (11)		Name o Bako	f OSHA Monit Constructio	or on & Re	storation	inc			
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street A							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of 4	hator	ment s			265 A	Route 46 S	Suite 3D	)				
Other – Describe:  Scope of Work (Check All That Apply)					_	Totow	a, NJ 0751	2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Second .	lenova emoli				Anna property of the state of t	Full Contain Mini-Enclosi Glovebag Pr	ire	Negative	⊃resst	ıre		
							Non-Exemple		d Non-Frial	ole Pro	ocedu	ne i	
	40	Locat		1						-	Abat	ément	
Location of Asbestos-Containing Material (ACM)		iorma d Sole			D	escription o	f	and a property of		_	1	/pe	
TO BE ABATED In Facility (13)	1 0 0 0 0 0 0 0 0 0	ntena odial ( (12)	nce/ Staff?	(i.e.	therm surf	ntaining Ma al systems i facing, VAT, miscellane	or	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							B		ale	re
Cafeteria		Χ,		2 W	'indo	ws caulk r	material		6 SF	X	The state of the s	100	
												100	
Name of Registered Waste Hauler										-			-
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City, State Totowa, NJ						osal Date 28/2015	City, Sta	ite sville, PA	Δ				
Completed by Damir Valjevac	Title Project	et Ma	anager			Signature		, viiie, F/	Da				The state of
	1.0,00		agci		-	1 au	or feel	your	02	2/24/2	2015	j	

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

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

Agencies Notified  Type Notification  Street Address  Dound Individual Street  Type Notification  Dound Individual Street  Dound Trook, NJ 08905  Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 9 (Other than K-12)	Date of Notification (1) 01/28/2015			Name	of Buildi	ing Owner	r/Operate	or (2)		3				3
Pack				Bour	nd Broo	ok Board	d Of Ec	lucation	9010 0	经总额		241		
DOL   Carrent User Enginery (including justification)   Carrent User Enginery (including institution)   Carrent Us	EPA Initial	n				State of the state				nas.		5.5	12	- E
Second   Delta   Del	DOL Amendmen	nt #		City, S Bour	State, Zip	Code k, NJ 0	8805		- 1		17.	- [.		<u> </u>
Name of Facility Where Absterment is Taking Place (3)  FACILITY INFORMATION  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Substantia & commercial buildings, home of the process of the pro	justification	)	ng	Name	of Conta	ıct			Telenh	one N	i mbo		*3	
Community School  Street Address 2D School (K-12) Substantial Research (Le, sprinter as a commercial buildings, horn 2D East 2nd Street  City (5) County Code (7) (71ATE USE ONLY) County Code (7) Code (7) Coun	Cancellation	n		i					1	OHC IN	ETITIE C	-1		
County (Code (7) Subchapter 8 (Oher brain K-12) Subchapter 8 (	Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	CILITY II	VFORMA"	TION	TT (5 m)						-
Subchapter & Ciry (5)   Subchapter & Commercial buildings, home etc.)   Subchapter & Commercial buildings, home etc.)   Super Petal & Gormencial buildings, home etc.)   Super Petal & Sof Floors & Bldg, Age and 30,000   Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & Bldg, Age and Super Petal & Sof Floors & So	Community School	-												
City (5) Bound Brook County (6) Source Feet 3 Square Feet								Subchapt	er 8 (Other th	nan K-	12)			
Source Foot								Other (i.e	private & co	mmer	cial b	uilding	js, ho	mes
County (6) Middlesax    County Code (7)   Cournet Use (Prior If being demolished)								Square Feet	# of Flo	ors	i	Bldg	Age	
School   S		-		County	Code /7				4.5		9	80		
Name of Monitoring Firm Hired by Building Owner (8)  RK Occupational & Environmental Analysis Inc  Sizest Address 401 St. James Avenue  City, State, 2p Code  Phillipsburg, NJ 08865  City, State, 2p Code  Phillipsburg, NJ 08865  City, State, 2p Code  Totowa, NJ 07512  Jonathan Gilbert  Start Date (10)  02/16/2015  Coccupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  Copper of Work (Check All That Apply)  23 sf or 23 ff  216 seaf Vas State  Location of Asbestos-Containing Material (ACM)  In Facility  In Facility  (13)  Renovation  Demolition  Location of Asbestos-Containing Material (ACM)  In Facility  (13)  Renovation  Served Address  Street Address  265A Route 46 Suite 3D  City, State, 2p Code  Totowa, NJ 07512  Street Address  265A Route 46 Suite 3D  Licanse No.  908-454-6316  973-256-7010  Name of OsHA Monitor  Telephone No.  1 Fecility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Copper of Work (Check All That Apply)  23 sf or 23 ff  21 Facility Closed/Vacated During Entire Period of Abatement Demolition  Location of Asbestos-Containing Material (ACM)  In Facility  In Facility  (13)  Location of Asbestos-Containing Material (ACM)  In Facility  (13)  Yes No N/A  TSI Pipe  270 LF  X TSI Pipe  2				(STATE	USE ON	) Ly		Current Use (P	rior if being d	lemoli	shed)			
Sireet Address 401 St. James Avenue  City, State, Zip Code Phillipsburg, NJ 08865  Project Manager for Monitoring Firm Jonathan Gilbert  Start Date (10)  02/16/2015  Scheduled Completion Date (11)  02/26/2015  Scheduled Completion Date (11)  02/26/2015  Scheduled Completion Date (11)  02/26/2015  Bake Construction & Restoration, Inc  Start Date (10)  02/16/2015  Scheduled Completion Date (11)  02/26/2015  Scheduled Completion Date (11)  02/26/2015  Bake Construction & Restoration, inc  Street Address  265A Route 46 Suite 3D  City, State, Zip Code Totowa, NJ 07512  Street Address  265A Route 46 Suite 3D  Scheduled Completion Date (11)  Dame of OSHA Monitor Bake Construction & Restoration, inc  Street Address  265A Route 46 Suite 3D  City State, Zip Code Totowa, NJ 07512  Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Absience of Visit (12)  Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure  Absence Containing Material (ACM) In Facility (13)  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure  Absence Containing Material (ACM) (i.e. thermal systems insulation, (Specify Type  Absence Containing Material (ACM) (i.e. thermal systems insulation, (Specify Type Type  Absence Containing Material (ACM) (i.e. thermal systems insulation, (Specify Type Type Type Type Type Type Type Typ	Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	M No.		Name		ontractor (9)			0.000		
401 St. James Avenue  City, State, Zip Code Project Manager for Monitoring Firm Jonathan Gilbert  Scheduled Completion Date (11) 02/16/2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cither - Describe:  Copy of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2260 lf  Asbestos-Containing Material (ACM) 10 Facility 11 Facility 12 Figure Substance 13 For LF) 14 Facility 15 Figure 16 Figure Substance 16 Figure Substance 17 Figure 18 Figure Substance 18 Figure Substance 18 Figure Substance 19 Figure Substance	Street Address	Analys	sis Inc	090			Bako	Construction	& Restora	ation,	, Inc			
City, State, Zip Code Totowa, NJ 07512  City, State, Zip Code Totowa, NJ 07512  City, State, Zip Code Totowa, NJ 07512  Telephone No. 908-454-6316 973-256-7010 00666  Start Date (10) 02/16/2015  Cocupancy Status During Abatement (Check Only One)  Cocupancy Status During Abatement (Check Only One)  City, State, Zip Code Totowa, NJ 07512  Name of OSHA Monitor Bako Construction & Restoration, Inc  Cocupancy Status During Abatement (Check Only One)  City, State, Zip Code Totowa, NJ 07512  City, State, Zip Code Totowa, NJ 07512  City, State, Zip Code Totowa NJ 07512  City, State, Zip Code Totowa, NJ 07512  Full Containment with Negative Pressure Internal systems insulation, State of Normality City Containing Material (ACM) (Internal systems insulation, State of Normality City Containing Material (ACM) (Internal systems insulation, State of Normality City City City City City City City C							100000000000000000000000000000000000000							
Totowa, NJ 07512  Totowa, NJ	City, State, Zip Code						1		ite 3D					
Telephone No.   Telephone No							Total	itate, Zip Code wa. N. I 07512						26.000
Start Date (10) 02/16/2015 Scheduled Completion Date (11) 02/26/2015 Scheduled Completion Date (12) 02/26/2015 Sch	Project Manager for Monitoring Firm		Total Control of the				1			enco à	io			
Description of Asbestos-Containing Material (ACM) In Facility (13)   Page									46		VO.			
Cocupancy Status During Abatement (Check Only One)   Street Address   265A Route 46 Suite 3D	02/16/2015	Schedu 02/28	iled Coi	mpletion	Date (11	)								
Abatement Performed Outside of Normal Facility Hours  Citrer - Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Location Area, Cafeteria, Adm. Office Basement Crawlspace  X  X  X  X  X  X  X  X  X  X  X  X  X	Occupancy Status During Abatement (Check								& Restora	ition,	inc			
City, State, Zip Code Totowa, NJ 07512  City State, Zip Code Totowa, NJ 07512  City, State Totowa, NJ 0751	Facility Closed/Vacated During Entire B	امتما عد		mont					ite 3D		100000000000000000000000000000000000000			
23 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Nomally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Type  Abalement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Renovation Asbestos-Containing M	Other - Describe:	al Facilit	ty Hours	S			City, S	tate, Zip Code						
Example 2160 sf or ≥260 lf    Contain the procedure   Containing Material (ACM)   Con	Scope of Work (Check All That Apply)						10101	wa, NJ 0/512						
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A  Basement Crawispace X  Figh Lobby, Locker/Mech. Room X  Rm.12,13,18,21,9  Rm.12,13,18,21,9  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Rm.12,13,18,21,9  TSI Pipe  TSI							×	Mini-Enclosum Glovebag Pro	e cedure					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement Crawlspace X  Gym Lobby, Locker/Mech. Room X  Rm.12,13,18,21,9  Amount (Specify SF or LF)  Rm.12,13,18,21,9  Amount (Specify SF or LF)  Type  Type  Type  Type  Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  TSI Pipe		ls	s I ocati	on				Non-Exempte	d (*) and Non	-Friab	le Pro	/		
To BE ABATED   In Facility (13)	Location of		Nomal	ly		Des	crintion	nf	*		Application of the second		T-1-1-07-110	4
Basement Crawlspace X TSI Pipe 97LF X  Gym Lobby, Locker/Mech. Room X TSI Pipe 270 LF X  Rm.12,13,18,21,9 X TSI Pipe 220 LF X  ame of Registered Waste Hauler ako Construction & Restoration, Inc atom and the storage of the storage o	TO BE ABATED	Ma	aintenar	nce/	Asbes	stos Conta	ainino Ma	sterial (ACM)	Amoun	ŧ			l m	
Basement Crawlspace X TSI Pipe 97LF X  Gym Lobby, Locker/Mech. Room X TSI Pipe 270 LF X  Rm.12,13,18,21,9 X TSI Pipe 220 LF X  ame of Registered Waste Hauler ako Construction & Restoration, Inc atom and the storage of the storage o		Cus		Staff?	(1.0	surfac	ing, VAT	. or			Ren	Re	ncal	End
Basement Crawlspace X TSI Pipe 97LF X  Gym Lobby, Locker/Mech. Room X TSI Pipe 270 LF X  Rm.12,13,18,21,9 X TSI Pipe 220 LF X  ame of Registered Waste Hauler ako Construction & Restoration, Inc atom and the storage of the storage o		Yes	No	N/A		other m	iscellane	ous)			loval	pair	sulat	Enclosure
Basement CrawIspace X TSI Pipe 270 LF X  Gym Lobby, Locker/Mech. Room X TSI Pipe 220 LF X  Rm.12,13,18,21,9 X TSI Pipe 49 LF X  ame of Registered Waste Hauler ako Construction & Restoration, Inc attack Constructio	itchen Area, Cafeteria, Adm. Office	X				TS	I Pine		071.5				10	
Gym Lobby, Locker/Mech. Room X TSI Pipe 220 LF X  Rm.12,13,18,21,9 X TSI Pipe 49 LF X  ame of Registered Waste Hauler ako Construction & Restoration, Inc  ty, State  by, State  ompleted by  mir Valjevac  TSI Pipe 220 LF X  TSI Pipe 49 LF X  NJDEP Waste Hauler ID No. 20889  Disposal Date 02/28/2015  Disposal Date 02/28/2015  City, State Morrisville, PA  Date	Basement Crawlspace	X					-				<u> </u>			
Rm.12,13,18,21,9 X TSI Pipe 49 LF X  ame of Registered Waste Hauler ako Construction & Restoration, Inc  Ry, State Atowa, NJ  Disposal Date Atowa, NJ  Title Disposal Date	Gym Lobby, Locker/Mech. Room	X					3897							
Ame of Registered Waste Hauler  Riko Construction & Restoration, Inc		X					-							
tko Construction & Restoration, Inc  20889  Hauler ID No. 20889  G.R.O.W.S  Disposal Date 02/28/2015  Title 02/28/2015  Title 03/28/2015  Signature Date Date 02/28/2015	ame of Registered Waste Hauler		N.	IDEP Wa	ste	-		Name of F		- 150	Х			
ty, State  Itowa, NJ  Disposal Date 02/28/2015  City, State Morrisville, PA  Title  Signature  Date			Ha	auler ID N		of Wast				indfill				
ompleted by Title Signature Date Date						Disposa		City, State		1			HI-CAS	
Imir Valjevac Project Manager Signature Date		Ti41_						Morrisvii	le, PA					
	amir Valjevac		ct Mar	nager		Sig	nature TUlun	- Karen	· C	1 000000		Λ15		

(K 3577



Date of Notification (1)			Nar	ne of Building Oyvn	eri/Onerati	or (2)	70000				
2-26-18			1	1/1/	n A	h iman			250	(# ·	ż
Agencies Notified Type Notifical	ion		1	et Address	~ /	7/1	a i				_
EPA Initial				2060 -	PRIK	ante.	lld				to or
DEP Amender Amender	ent#		City,	State, Zip Code	offk	1 11	T 0800	13			
DOH Emergen	cy (includ	ling	Nam	ie of Contact	2110				^=	×	
DCA Cancella				Benend.	5.		Telephone	MANINO	er		
Name of Facility Where Abatement is Ta	king Dlac	n /2\	F.	ACILITY INFORMA	ATION						
20 Notes Har		८ (७)				Type of Faci	lily (4)				
Street Address	. /	7				School	(K-12) pter 8 (Other than I	(40)			
201 Abath i	Yang	1/1	tel	Are		Olher (i	.e. private & comme	ercial b	oulldin	igs, ho	mes
City (5)			10	- // -		Square Feet			Bld	g. Age	_
County (6)						3000	-			70	
Oreni	7			ly Code (7) E USE ONLY)		Current Use	(Prior if being demo	lished	)		
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	1 AS	Civi No.	Mame	of Abatement	Contractor (0)				
	S 18			150.05%, 190.05%	1 1/3	i Jue	Contractor (9)				
Bireet Address						Address ~	1		Λ		-
Dity, State, Zip Code					_	212 6	Welnete	57	4	R	
-1,7 -1,010,1 = 1,9 -0,010					City, S	ale, Zip Code	· O OIT	-	75	0-	3:
roject Manager for Monitoring Firm			Telepi	ione No.	Teleph	Jelan	License	hin	0	0/	<u></u>
						-346	84 01	0%	70		
1art Date (10) 3 -1 2 -15	Schedu	uled Co	mpletion	n Date (11)	Name o	of OSHA Month		•			
ccupancy Status During Abatement (Che	ck Only C	lant/	<i></i>	-13	Cienal i	44	Self				
Facility Closed/Vacated During Enlire	Parind of	Ahafai	meni		Street A	ROGRESS					
Abatement Performed Outside of Norl Other - Describe:	mal Facili	ly Hour	'S		City, Sta	ale, Zlp Code					
cope of Work (Check All That Apply)											
] ≥3 sf or ≥3 lf		Dannin	. 11								
≥160 sf or ≥260 lf		Renova Demoli				Full Contains Mini-Enclosu	ment with Negative	Presst	ле		
#)						Glovebag Pr	ocedure				
W	ls	Local	ion	1	- Anni	Non-Exempt	ed (*) and Non-Fria	ole Pro		ire temen	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Des	cription of	f	-			уре	Loc
TO BE ABATED	Ma	Intenar Iodial S	rce/	Asbestos Conta (i.e. thermal s	ining ivial	erial (ACM)	Amount (Specify	T		E E	l ID
in Facility (13)	003	(12)	nan r	surfac	ing, VAT, iscellaneo	OF	SF or LF)	Removal	Repair	caps	nclo
	Yes	No	N/A	outer m	isvalianie	ousj -		oval	air	Encapsulate	Enclosure
DUT SIDE				(Anus)	61	1.100	7/2	1		10	
70				CHUPI)	114	)	3600	l.			
	1-1										
	-										
ne of Registered Waste Hauler	11	N.I	DEP W	aste   Cubic Y	arde	[ 5]					
Aprilia-111		Ha	uler ID I	No. of Waste	9 _		Registered Landfill	Ω			
, State		13	563		50)	1 100 1	y of	1/2	7		
Delanco No				Disposa	Date	City, State	Tille ton	Ko	Po		
pleted by	Title	1.4	P		naturen	11	Dat	9	184		
JUE IIVI			<u></u>		1	#		-20	57	5	
					1						



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

CR 4673

Date of Notification (1) 2/26/15		1		f Building ne Ricka				17 35	50 ay		-			1	
Agencies Notified Type Notification		-	Street A		10511	ivale i	iome	7475 174	(Fig. 1)	1454	5.85	2.			
EPA Initial		1.		Barnega	t Ave					7.47. 6	0	SU			
DEP Amended  X DOL Amendment #				ite, Zip Co Sottom N		08				1.1	>	-L.			
DOH justification)  DCA Emergency (ii justification)  Cancellation	ncluding	1	Name of Jerom	f Contact e					Tel	ephone	Numb	er			
				LITY INFO	ORMAT	ION									
Name of Facility Where Abatement is Taking	Place (3)						Туре	of Facility (4	1)						
Jerome Rickards Private Home Street Address			17	i.				School (K-12							
1620 Barnegat Ave								Subchapter Other (i.e. pr				build	linas.	home	es.
City (5)				_			- (	etc.)					-		
Ship Bottom NJ 08008							1000		2	f Floors		3	ldg. A 5+	ge	
County (6) Ocean				Code (7) USE ONLY				nt Use (Prio ne & Gara		ing dem	olished	1)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.			of Aba	tement Cont	tractor	(9)				5-6-5	
Street Address						10 2000	Addres	1.5.					, n		
City State 7ie Code				-			30x 32								
City, State, Zip Code					(7t)	West	t Berli	ip Code n NJ 0809	91						
Project Manager for Monitoring Firm			Telepho	ne No.		1 55	none N 752-9			Licens 0072					
- 11-	Scheduled 3/2/15	Com	pletion l	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Check	Only One)					Street	Addres	SS		W-3-3-7				-	
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Aba Il Facility H	atem ours	ent			City, S	tate, Zi	ip Code		-	<u> </u>			1	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat noliti					Mir Glo	l Containme ni-Enclosure ovebag Proc	edure						
			ere e e e				I No	n-Exempted	(*) an	d Non-F	riable		8-Vi27-Mis	ment	
Location of	ls Lo Nor	mally			D-								Ту		
Asbestos-Containing Material (ACM)	Used S Mainte				tos Con	scription taining N	Material		Α	mount				П	
TO BE ABATED In Facility	Custod	ial S		(i.e.		systems cing, VA		ation,		Specify or LF)		Remova	Re	ncap	Encl
(13)	(	12)		1 19		miscellar				/		iova	Repair	Encapsulate	Enclosure
	Yes 1	No	N/A									777		te	CD.
Exterior Siding house & Garage		9	х		Exte	rior Sid	ding		25	00 SF	Х	2			
								-							
											-				
Name of Registered Waste Hauler		N.	JDEP W	aste /	Cubic	Yards		Name of F	Registe	ered Lan	dfill				
United Containers		Ha	auler ID 2459		of Wa			G.R.O.V							
City, State Elm NJ		-			1.752	sal Date		City, State			_				
					3/2/1	5		Morrisvil	lle PA	1906	7				1

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

CK27220

		(i diod		0.00 7 und 12.11		14				
Date of Notification (1)				e of Building O CK SHARP & D	wner/Operator (2) OHME CORP.	,	t CE	IV.		
2 / 24 /15			Stree	t Address		2016 12	Am .			
Agencies Notified Type Notifi	cation		126	E. LINCOLN AVI	ENUE, P.O. BOX 2	2000, RY28-	14-2	AM	2: 2	5
DEP Amer	Notification nded Notifica cellation			State, Zip Code WAY, NEW JEF	RSEY 07065	4	SIUS	UU/5	RO	
X DOH On H	lold RGENCY N	OTIFICAT		e of Contact LIAM MICHELUE	DIS	Telephone		. चा.हिंद्	ž	
			FACILITY IN	IFORMATION						
Name of Facility Where Abatement is  MERCK SHARP & DOHME CORPORA		ce (3)				1000			nes, etc	o.)
Street Address					Square Feet	# of Floo			dg. Age	
126 EAST LINCOLN AVENUE - BUILD	and the same of th				120,000	7			45	
RAHWAY		15)		ty Code (7) USE ONLY)	Current Use (Pri VACANT			i)		
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIGA				ASCM No.	Name of Abater			TION		
Street Address 655 WEST SHORE TRAIL	KTIONS, INC	·.		17	Street Address 313 SPOOK RO		RPORA	TION		
	NEW JERS	EY 07871		i i i	City, State, Zip C SUFFERN, NEV	V YORK 109	01			
Project Manager for Monitoring Firm		Telephone	Number		Telephone Numb	per	License	Numbe	er	
WILLIAM S. KERBEL, CIH		973-729-5			845-369-7500		1101			
Expected State Date (10)  3 / 9 /15  Month Day Year	Sche	5 /	tion Date (1 30 Day	1) /15 Year	Name of OSHA		INC	#1	1480	
Scope of Work (Check all that apply)	ng Entire Per	riod of Abai Facility Ho AY 5 PM -	urs - Describ	Full Conta X Mini-Enclo	inment with Negati	ode V YORK, NE	W YOR	K 10016	5	
Location of		Location		Description of As				Abate	ment T	уре
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	so Maint	nally used blely by Custodial aff (12)	in	ontaining Materia (ie. Thermal systemation, surfacial or other miscella	stems ng, VAT,	Amoun (Specif SF or Lf	y E	REPAIR	ENCAPSULE	ENCLOSURE
7TH FLOOR SOUTHWEST PERIMETE	R X		SPRAY ON	INSULATION		50 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler	P Waste ID No. 5939	Cubic Yards	320	Name of Register LYCOMING COU 447 ALEXANDER	JNTY RESO		IANAGI	EMENT	SER
City, State			Disposal Da		City, State	DA 4====			ESV	
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title		3/9 -03/30/2	Signature	MONTGOMERY	, PA 17752	Data	-	1	
	DIRECTOR	OF OPER	RATIONS	orginature	e for		Date_	125	115	

Date of Notification (1) 2/25/15					f Building ennison		Operator	(2)	2		ii -2	品組	<u></u>	Ga	
Agencies Notified	Type Notification	1		Street A	Address enn Ave	nue		3	- 45		15.8	Dig T		77	
EPA DEP DOL	Initial Amended Amendmen		_	City, Sta Dover	ate, Zip Co	ode				er.	LICE	, j f.,	G.	1	
DOH DCA	Emergency justification Cancellatio	)			f Contact ennison			11		Tele	ephone N	lumber			
				FAC	ILITY INF	ORMAT	ION			1					
Name of Facility Where house	Abatement is Taki	ng Place (	3)						of Facility (4 School (K-12						v (
Street Address 239 Penn Avenue								X S	Subchapter ( Other (i.e. pr	8 (Othe			ilding	s, hom	ies,
City (5) Dover		<del>737 - 3 SW 8</del>						-	e Feet	# of	Floors		Bldg. 65	Age	
County (6) Morris					Code (7) USE ONLY	)		Currer	nt Use (Prio	r if bei	ng demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				ement Cont						
Street Address							Street	Addres						<u> </u>	
City, State, Zip Code								State, Zir		DOX -	+00				
							Glen	wood,	NJ 0741	8					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		200000000000000000000000000000000000000	none No 764-22			License 703	No.			
Start Date (10) 3/6/15		3/20/1		mpletion	Date (11)	- 100 mg	Name	of OSH	A Monitor						
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Address	S						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Nor	Period of a	Abater / Hour	ment s			City, S	state, Zip	Code						
Scope of Work (Check A	II That Apply)						L						_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Innerental	Renova Demoli				×	Mini Glov	Containmer -Enclosure /ebag Proce -Exempted	edure				ire.	
		Is	Locat	ion				11011	Excilipited	( ) and	11011-111	able 11	103.25	temen	t
Location		1	Norma ed Sole	lly	4		scription				229	_	_ 7	уре	
Asbestos-Containing <u>TO BE AB/</u> In Facil (13)	ATED	Ma Cus	intena todial ( (12)	nce/ Staff?		thermal surfa	taining N I systems cing, VA miscellar	s insulat T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
D		Yes	No	N/A						200			-	, LD	
Basem	ent			X		pipe	insula	tion		14	0 LF	x		-	
					6										
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards	- 1	Name of R	egiste	red Land	fill			
Freehold Cartage				lauler ID 5939	No.	of Wa TBD			TBD	-3					
City, State Freehold, NJ						Dispo: TBD	sal Date		City, State						
Completed by A. Scott Higgins	=======================================	Title Presi	dent	*		S	Signature	1				Date 2/25/1	5		

MO#22742779050		NOT	(Pu	ATION rever	i OF AS	BESTOS ABAT AC 8:60 and 5:16	EMENT	Em	ergency	notific	atio	in.
Date of Notification (1)				Name	of Buildin	g Dwner/Operator (	21					A CONTRACTOR OF THE PARTY OF TH
02 /	25 / 1.	5					na į		MENDE	如光色	1)	-
	Type Notification	A CHARLES	-		k Marset Address	re ·	077 (000)	NJ-Deat	of Health			- -
N. C. T.	Initial							1	0 0	W 0'0:	11511 (; +	1610
	☐ Amended				outh Dut State, Zip	and Place			(sign	atuce)	Manager and the	T. C.
☑ DHSS	Amendment (	<u> </u>		or record				Date:	2/24/	100	4	77
DCA	Emergancy (i	noluding			ton, NJ (			Evities			G;	3
(NJAC 5:23-6)	Justification)			Name	of Contac	st .		Telephone N	nupet			
	☐ Cancellation			111000000000000000000000000000000000000	es Holme	The state of the s		1-				
				FA	CILITY II	MFORMATION	-					
Name of Facility Where At	patement is Takir	ng Place	(3)	-	***************************************		Type of Facility	(4)	0			_
Private house		- 4					School (K-1	(2)				
Street Address							Subchapter	5 (Other than K.	-1 2)			
133 South Durand Place	1						DOTAT (I.e., homes, etc	private and com	mercial bu	ılldings	4,	
City (5)		-	-		-		Square Peet		0	rin An	-7	
Irvington, NJ 07111							-7	# W 1 1001S	100	ldg. Ag	2	
County (8)	The state of the s			Cour	nty Code (7)	(STATE USE ONLY)	Current Dec 2m	for if boing den	aglich - 2		- 53	2
Essex					, (1)	(-1/10 ONE OURTS)	Durion OSE (F	시아 내 하세네즘 다른데	ionzijed)		11	- 1
Name of Monitoring Firm F	tred by Bullding	Owner	(8)	ASCM	No	I Name of Abrican	ant Confronte /		\4"		- 83	-1
						Name of Abatemo	ent Contractor ()	2)	4	-		1
Street Address	-					Gr Tech LLC Street Address					-20-2	1 40
										-16"		
Olty, State, Zip Code						576 Valley Rd #				0.		
					3/4	City, State, Zip Ci				1440		
Project Manager for Month	oring Elma		1 - 1			Wayne, NJ 0747	70			7		
i roject wariager for world	ning tim		1818	phone	No.	Telephone No.		License No			-	
Charl Date (40)				-		973-638-1777		01127				
Start Date (10) 02 / 26 /	5000000	duled C				Name of OSHA N	1onitor					
		02 /		/ .	15	Envirovision Co	maultants.Inc					
Occupancy Status During	Abatement (Che	sk only o	ne)			Street Address	Albert Parkers Space	T- CONTROL CO	THE SECRETARIES	R.A.		
Facility Closed/Vacated	i During Entire P	erlad of	Abate	ment		20-21 Wagaraw	Rosd Blde #	35 E				
Abatement Performed (	Dutside of Norma	el Faoilit	y Hou	a - Des		City, State, Zip Co	ide	33 12		-		
Time of Abatement:	7101-	-141/	_PM_	-	AM	Fair Lawn, NJ 0						
Scope of Work (Check all t	hat apply)				- MORE PRINT	Clean ur	and deconfam	nation with nega	ative press	21110		_
101 >3 of or >3 16		BTY -				Fuil Con	tainment with No	agative Pressure	anae biese	Sure		
>3 sf or >3 lf > 160 af or >260 lf		A Re	novati	011		Mini-End	oante					
		_ 50	11141101	J11		Non-Exe	g Procedure L	Tent with Negs on-Friable Proc	iuve Presi edure	Jure		
at Committee of the Com		1 15	Local	ion	1		- mestudiot	1110001011000	- Alexand	1	-	
		146	Vorma	lly		2 %		1	Ab	ateme	and I	pe
Location o	ť	1	4QII)IA			Description r	of		1	1.23	5	5
Asbesios-Containing M	aterial (ACM)	Use	d Sole			Description o stos Containing Ma	terial (ACM)	Amount	77.0	1	70	50
Asbestos-Containing M TO BE ABAT	aterial (ACM) ED	Use Me	d Sole Intens	noe/		stos Containing Ma 2., thermal systems i	terial (ACM) insulation,	(Specify	Remo	Aepai	caps:	tri
Asbesios-Containing M	aterial (ACM) ED	Use Me	d Sole Intens	noe/		stos Containing Ma	terial (ACM) insulation, . or		Remova	Repair	capsula	Enclosure
Asbesios-Containing M  TO BE ABAT  IN Facility	aterial (ACM) ED	Use Me	d Sole Intens Iodial	noe/		stos Containing Ma ., thermal systems i surfacing, VAT	terial (ACM) insulation, . or	(Specify	Removal	Repair	Encapsulate	Sittle.
Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM) ED	Use Me Cus	id Sole Intensiodia) (12)	Staff?	(Le	stos Containing Ma a., thermal systems surfacing, VAT, other miscellang	terial (ACM) insulation, . or	(Specify SIF or LF)		Repair	capsulate [	] eins
Asbestos-Containing M TO BE ABAT IN Facility (13) Basemont	aterial (ACM) ED	Use Me Cus	intensional (12)	snoe/ Staff?		stos Containing Ma a., thermal systems surfacing, VAT, other miscellang	terial (ACM) insulation, . or	(Specify	Removal X	Repair 🔲	capsulate	eans.
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Asbestos-Containing M TO BE ABAT IN Facility (13) Basemont	aterial (ACM) ED	Use Me Cus	intensional (12)	snoe/ Staff?	Pip≈ ins	ustos Containing Ma a., thermal systems in surfacing, VAT, other miscaliane	terial (ACM) insulation, . or	(Specify SIF or LF)			capsulate	Z C C C C C C C C C C C C C C C C C C C
Asbestos-Containing M TO BE ABAT IN Facility (13) Basemont	aterial (ACM) ED	Yes	d Sole intensiodia) (12) No	snoe/ Staff?	Pip≈ ins	ustos Containing Ma a., thermal systems in surfacing, VAT, other miscaliane	terial (ACM) insulation, . or	(Specify SIF or LF)			capsulate	sure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement Basemént	aterial (ACM)	Use Me Cus	d Sole intensition (12)  No  No	N/A S	Pipe ins	istos Containing Ma a., thermal systems i surfacing, VAT, other miscalians ulation	terial (ACM) insulation, , or obs)	(Specify SIF or LF)			capsulate	sme
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Asbestos-Containing M  TO BE ABAT IN Facility (13)  Basement  Basement  Name of Registered Waste  Gr Tech LLC	aterial (ACM)	Yes	d Sole intens india) (12) No	N/A S	Pipe ins Pipe ins Pipe ins	istos Containing Ma a, thermal systems in surfacing, VAT, other miscaliang ulation ulation (Cubic Yards of West TBD)	terial (ACM) insulation, , or obs)	(Specify SIF or LF)  14 LF 6 LF			capsulate	sme
Asbestos-Containing M  10 BE ABAT IN Pacility (13)  Basement  Basement  Name of Registered Waste	aterial (ACM)	Yes	d Sole intens india) (12) No	Staff?  N/A  N/A  DEP Wests	Pipe ins Pipe ins Pipe ins	stos Containing Ma a, thermal systems in surfacing, VAT, other miscaliang ulation ulation	terial (ACM) insulation, or ous)	(Specify SIF or LF)  14 LF 6 LF			capsulate	Suis
Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement Basement Name of Registered Waste Gr Tech LLC City, State Wayne, NJ 07470	aterial (ACM) ED .	Yes	d Sole intens india) (12) No	Staff?  N/A  N/A  DEP Wests	Pipe ins Pipe ins Pipe ins	estos Containing Ma a., thermal systems in surfacing, VAT, other miscaliane ulation ulation Cubic Yards of West TBD Disposal Date	e Name of Reg T.R.R.F. Inc	(Specify SIF or LF)  14 LF  6 LF			capsulate	sure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement Basement Name of Registered Waste Gr Tech LLC City, State	aterial (ACM) ED .	Yes	d Sole intens india) (12) No	Staff?  N/A  N/A  DEP Wests	Pipe ins Pipe ins Pipe ins	stos Containing Ma  a, thermal systems is surfacing, VAT other miscellane ulation ulation  Cubic Yards of West TBD Disposal Date TBD	terial (ACM) insulation, or ous)  e Name of Reg T.R.R.F. Inc	(Specify SIF or LF)  14 LF  6 LF			Capsulate	sure
Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement Basement Name of Registered Waste Gr Tech LLC City, State Wayne, NJ 07470	aterial (ACM) ED  Hauler	Yes	d Sole intens india) (12) No	Staff?  N/A  N/A  DEP Wests	Pipe ins Pipe ins Pipe ins	estos Containing Ma a., thermal systems in surfacing, VAT, other miscaliane ulation ulation Cubic Yards of West TBD Disposal Date	e Name of Reg T.R.R.F. Inc	(Specify SIF or LF)  14 LF 6 LF  stered Landfill			Capsulate	stre

Date of Notification	1 (1)	·	Name of Bui	lding O	wner/Operator	(2)	ECEIV:				
2-20-15			Doroth	y Con	nell		we ter her I to .				
Agencies Notified	Type Notifica	tion	Street Addr	ess	1	9016	To the part	7. BL.			
[ ]EPA	[]Initial		150 Jos	ralem	on Street	C 2 146 1 1	15 - 2 AM	188			
[ ]DEP	Notifica	tion	City, State	, Zip C	ode	2	No. of Paris				
[X]DOL	[ ]Amended Notifica		112000	15. UT. S	NJ,07109	0 66	LICEAL	:UL			
[X] DOH	Notifica	ttion	Name of Con	tact			ne Number	-			
[ ]DCA	[X ] EMERGENO	Y	Dorothy	y Con	nell	p	, 00	23			
	[ ]Cancellat	ion					3.23				
Name of Facility Whe	are Abstement	ie Maki			FORMATION	m : :	1:4 (4)				
Same as above		LS TAKE	ng Flace (3)	8		Type of Facil					
				183		[ ]School	(K-12) oter 8 (Other	r than	K-1	2)	
Street Addres						[X]Other	(i.e., privatouildings, ho	te & c	omme	r-	
City (5		'oun tre	(6)Essex		b G-3- (7)	Square Feet	# of Floo:	1000	Ldg.		
orel (2		County	(o) assex	Contract Con	ty Code (7) TE USE ONLY)	0	3		101		11
					****	Current Use	(Prior if be:	ing de	nol1:	shed	.)
Name of Monitoring E Owner (8) N/A	Firm hired by F	Buildin	g ASCM No.			ment Contracto		(4			
Street Address					Street Address	3					
					86 Chris	topher St	: <b>.</b>				
City, State, Zip Cod	le				City, State, 2	Zip Code					
					Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fir		lephone Numb	er	Celephone Numb		1	icense		ber	
		N/	'A		(973)744	-8800		0037	1		
Scheduled Start Date	s (10) Sched		letion Date		Name of OSHA N	Monitor					
2-20-15 Month Day Ye	ear Mon	2-23	3-15 Dav Year		N/A						
Occupancy Status Dur	ing Abatement	(Check	only one)	-	Street Address	3					
[X]Facility Close of Abatement		ring En	tire Period								
[ ]Abatement Per				ty	City, State, 2	Lip Code					
[ ]other - Desc	ribe: «OffHours ribe: «Other Oc		The same of the sa								
Scope of Work (Check	all that appl	.y)		11:							
[X]>3 sf or	>3 1f		X]Renovation			Containment wi Enclosure	th Negative	Pressi	ıre		
[ ]≥160 sf c		177	]Demolition			pag Procedure					
***		_	Is		[ ]Non-F	riable Procedu	ire	122			
Location	of		ocation ormally	1.0	Description	n of		ADa	сеше	E	Type
Asbestos-Con Material	(1.00 to 1.00 to 1.00 <del>=</del> 10		Used	æ	Asbestos-Cont		Amount	R	R	N C	N C
TO BE ABA		В	Solely y Main-	(	Material () i.e., thermal		(Specify SF or	M	P	AP	L
In Facil			enance/ stodial	insu	lation, surfa	cing, VAT,	LF)	V	A	S	S
(13)		Yes	aff (12) No N/A	or	other miscel	laneous)		Ĺ	R	L	R
Basement		100	X	Pipe	Insulati	ion	120 lf	X	-		E
				_	*	and the second s					
					3.00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0						
Name of Registered W		100	DEP Waste	1000	c Yards	Name of Regi	stered Landf	ill			
AZTECH MANAGI	EMENT, INC		uler ID No. 7040	of W	aste 1.5	G.R.O.W.	S.				
City, State				Disp	osal Date	City, State					
Montclair, NJ	07042			2-	20-15	Morrisvi	lle, PA	1906	7		
Completed By (Print	or Type) Titl	e			Signature	1		De+		-11-	
Constantine V:	Billion States and court high courts	side	nt		/ 1/	112		Date 2-20-			
					V 1	Ula					

Date of Notification	Momo	of Desi	1 4:-	- 0	ner/Operator	(0)									
2-12-15			Brandywine Senior Living, LLC.												
Agencies Notified	Type Notif:	ication	Stre	et Addr	ess		100								
[ ]EPA	[X] Initia		52	5 Fe.	llo	wsh	ip Road	Suite 360	-7 A	4 5	: \$0	4			
[ ]DEP	Notif	ication		, State								1			
[X]DOL	[ ]Amende Notif	d ication	Mt	. La	ure	l,N	J,08054				Ū				
[X] DOH			Name	of Con	tact			Telephor	ne Number	261	4-1				
[ ]DCA	[ ]EMERGE		Er	rick 1	Mul	lin	s	E .	10 10 21						
-	[ ] cancer	Tation		FACI	LITY	INF	ORMATION			<u> </u>		222.50			
Name of Facility Whe	re Abatemer	nt is Tak	ing Pl					Type of Facil	ity (4)						
Salaam Shrine:	rs Lodge	€						[ ]School	(K-12)						
Street Addres									ter 8 (Oth						
261 1 260 =				_				E (E 9) W	uildings,						
361 and 369 E	. Mount			300,000,000,000				Square Feet	# of Flo	ors	1	Bldg. Age			
City (5		County	(6) ES	sex	1.55	-	inty Code (7) 20,000 2 50								
Livingston								Current Use (	Prior if b	eing	der	noli	shed	1)	
Name of Monitoring Firm hired by Building ASCM No. Owner (8)								ment Contracto							
N/A							AZTECH M	ANAGEMENT	, Inc.						
Street Address						1	reet Address								
								topher St	•	207/03/2			y .		
City, State, Zip Cod			111	.ty, State, 2 <b>Montclai</b>	ip Code r, NJ 070	42									
Project Manager for 1	elepho	ne Numb	er	Te	lephone Numb	er		Lice	ense	Num	per				
				(973)744	-8800		00	037	1						
Scheduled Start Date	n Date	(11)	Na	me of OSHA M	Monitor										
2-21-15		4-1	-15			N,	/A								
Month Day Ye Occupancy Status Dur.		Month nt (Check	Day k onlv	Year one)		St	reet Address								
[X]Facility Clos of Abatement	ed/Vacated	During E	ntire	Period			reet naaress								
[ ]Abatement Per		side of N	ormal	Facili	ty	Ci	tv. State. 7	in Code							
Hours - Descr [ ]other - Descr				pt»											
Scope of Work (Check			y Desc	cript»		Ш									
		PPTY)					[ ]Full (	Containment wi	th Negative	e Pr	essu	re			
[X]≥3 sf or [ ]>160 sf o				ovation olition			[ ]Mini-E	Inclosure pag Procedure							
			[ ]Dem	.011 0101				riable Procedu	re						
Location	of		Is Locati				Description	of			Aba	teme	nt 1	Type	
Asbestos-Con			Normal Used			A	sbestos-Cont		Amount		R	R	N	N	
Material ( TO BE ABA			Solel By Mai			/2	Material (A		(Specify	У	M	E	C A	L	
In Facil:			tenand	ce/	i		.e., thermal ation, surfa		SF or LF)		V	A	PS	OS	
(13)			taff				other miscel				A L	R	U	U R	
Throughout Str	cucture	ies	NO	X	Pi	.pe	Insulati	ion	200	-	X			E	
Circus Room Cl	oset			x		-	cete Coat		15 SF		X			_	
						eri									
Continue to next sheet															
Name of Registered Wa		1.5	JDEP 1				Yards	Name of Regi	stered Land	dfil	1				
17040						f Was	ste	G.R.O.W.	S.						
							sal Date	City, State					/10-00-00		
Montclair, NJ 07042						4-2	2-15	Morrisvi.	lle, PA	19	906	7			
Completed By (Print or Type) Title							Signature	L		D:	ate				
Constantine Vi	ntine Vivian President						11/50	<i>Cn</i>			2-1	2-1	.5		
											_		3000		

Shrine Patrol Room	X	12"x12" Floor Tile	66 SF	X     X
The state of the s				
Upper Ballroom	x	Parquet Flooring Mastic	8,000 SF	X
Motor Corps Room	X	Sheet Flooring and Mastic	10 SF	X
Music Room	X	12"x12" Stick on Floor tile and Mastic	15 SF	Х
1 <sup>st</sup> Floor Pantry/1 <sup>st</sup> Floor Music Room/1 <sup>st</sup> Floor Oriental band room/1 <sup>st</sup> Floor Daughter of Nile Room	X	2'x4' Drop Ceiling Tiles	1,250	X
Upper/Lower Ballroom and throughout state	X	Textured Plaster	27,500 SF	X
Throughout structure	X	9"x9" floor tiles and	15,900 SE	TX
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No 17040	- I	ristered Landfi .S.	11

MOREVEC

Check # 15052

Date of Notification	1 (1)		Name of Buil		ner/Operator		LECEI	1							
2-24-15			JoAnn G		(3)										
Agencies Notified	Type Notificat	tion	Street Addre	ess		96	? <b>5</b>	A	ste men	,					
[ ]EPA	[X]Initial		744 Uni	on Av	e.	1 4 4	後 2	d 50 9	42						
[ ]DEP	Notifica	tion	City, State,	, Zip Co	de			7							
[X]DOL	[ ]Amended Notifica	tion			J,07033		表 L CEA	id:	1 - L						
[X]DOH	f 1====================================	. 1	Name of Cont	tact		Telephor	e Number								
[ ]DCA	[ ]EMERGENCY		JoAnn G	uzevi	ch	Î	*								
			FACII	LITY INF	ORMATION										
Name of Facility Whe	ere Abatement i	s Takir	ng Place (3)		Type of Facility (4)										
Same as above						[ ]School	(K-12)								
Street Addres						[X]Other (	ter 8 (Other i.e., privat	e & co	ommer						
					cial buildings, homes, etc.)  Square Feet  # of Floors Bldg. Ag										
City (5	C	ounty	(6) UNION	100000000000000000000000000000000000000	unty Code (7) TATE USE ONLY)  1480  2  85										
				(SIAII	S OSE ONEI)	Current Use (Prior if being demolished)									
Name of Monitoring F	Firm hired by E	Building	ASCM No.	Na	me of Abater	ment Contracto	r (9)								
N/A (8)					AZTECH M	ANAGEMENT	, Inc.								
Street Address		11			reet Address 86 Chris	topher St									
City, State, Zip Cod	le			Ci	City, State, Zip Code										
100					Montclai	r, NJ 070	42								
Project Manager for	Monitoring Fir	m Tel	ephone Numbe	er Te	lephone Numb (973)744			cense		er	5				
Scheduled Start Date	(10) Sched	. Compl	etion Date	(11) Na	me of OSHA N										
3-5-15	,	3-9-		- 11	/A	IOILE COL									
Month Day Ye	ear Mon		only one		reet Address										
[X]Facility Clos	sed/Vacated Du			St											
[ ]Abatement Per Hours - Descr [ ]other - Descr	ribe: «OffHours	Descri	pt»	y ci	City, State, Zip Code										
Scope of Work (Check															
[X]>3 sf or [ ]>160 sf o	≥3 lf	[2	K]Renovation ]Demolition		[ ]Full Containment with Negative Pressure [ ]Mini-Enclosure [X]Glovebag Procedure										
(Earl 10 64		_	Is			riable Procedu		Aba	temen	t T	ype				
Location Asbestos-Con			ocation ormally	*	Descriptionsbestos-Cont	Miles (1984)	Amount	R	LT	E	E				
Material			Used Solely	25	Material (		(Specify	E	R	CA	C				
TO BE ABA			y Main- enance/		.e., thermal		SF or	0	PA	P	0				
In Facil (13)	ity	Cu	stodial aff (12)		ation, surfa other miscel		LF)	V	I R	S U	S				
		Yes	No N/A			Laures aby		L	-,	L .	R				
Basement			X	Pipe	Insulat	ion	120 lf	X							
2															
Name of Registered W AZTECH MANAGI		На	DEP Waste uler ID No.		Yards ste 1.5	Name of Regis		ill							
City, State				Dispo	sal Date	City, State									
Montclair, NJ	07042				10-15	Morrisvi.	lle, PA	1906	7						
Completed By (Print		Signature			Date		_								
Constantine V		CV	iUcn		2-24-15										

MU 17 1188 15681

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

Date of Notification (1) 02/10/2015		Name of Building Owner/Operator (2) PATRICIA BARBERO													
Agencies Notified Type Notification			Street A		KDEK	U				Test		7 /			
				94 AVE	E.								63 - DT		
DEP Amended  DOL Amendment		_		ate, Zip Co		02			2	S Krissi	7	S. F.	21-1	7	
X Emergency justification) DCA Cancellation				f Contact					Tel	ephone Ni	umber			- L	
	See a Ann			ILITY INFO		ION	-			172( 1			8.		
Name of Facility Where Abatement is Takin PRIVATE	g Place (3	3)					Type of	Facility (4)	)						
Street Address 592-594 AVE. E	N'						Su Su	chool (K-12 bchapter 8 her (i.e. pri	(Oth			ilding	s, hom	ies,	
City (5)			etc.)						Dida	g. Age					
BAYONNE. NJ						1	2,200	,	2	2			ÆAR	RS	
County (6) HUDSON				Code (7) USE ONLY	Current Use (Prior if being demolished) YES										
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	M No.		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION L					V LL	LLC.			
Street Address						Address AN ORDEN PL.									
City, State, Zip Code						State, Zip Code CKENSACK NJ. 07601									
Project Manager for Monitoring Firm	П	Telepho	ne No.		Teleph	none No. 708-42			License 01135	No.					
Start Date (10)	ed Cor	npletion	Date (11)			of OSHA			01133						
02/11/2015	02/12/2	2015				J&S	ENVIR	ONMEN.	TAL	SERVIC	ES.				
Occupancy Status During Abatement (Chec	1050		::::::::::::::::::::::::::::::::::::::				Address RT. 22	WEST							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abater Hours	nent S			City, S	State, Zip	Code	£);		54	987			
Scope of Work (Check All That Apply)			UNION NJ. 07083.												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	-	enova emoli	Table 1 am a a ritam mari to galato 1 robbaro						ure						
								Exempted		d Non-Fria	ble Pr	ocedu	re		
		Locat											emen ype	t	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes		scription aining M	ı of Naterial (A	(CM)	А	mount			T		
TO BE ABATED In Facility		intena odial (			thermal		s insulation			pecify or LF)	Ren	Re	Encapsulāte	Enclosure	
(13)		(12)				niscellar			0.	01 11 )	Removal	Repair	osulā	osur	
	Yes	No	N/A										te		
BASEMENT		X		VA	AT FLC	OR T	ILE 9X9	9	15	6. SQ	X				
						E.						_			
Name of Decistant Wests Hards			I I	le a tra	0.11	V 1	1.								
Name of Registered Waste Hauler TRI. STATE ASSOC. INC.	er NJDEP Wast Hauler ID No 19951				of Was		The second	Name of Re MINERV	(E)			INC.			
City, State 1199 RANDALL AVE. BRONX NY.						sal Date	1100	City, State	SBUI	RG. OHI	0.				
Completed by	Title					ignature		/	N	7/2 D	ate		- 10		
CARLOS ESQUIVEL						5	IVE;	reform	PX	0	2/10/	2015			

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

CK 1350

Print Form

Date of Notification (1) 2/25/15		Name of Bullding Owner/Operator (2)  Mrs Apolinaria Toledo-Abad													
Agencies Notified Type Notification  X EPA Initial			Street A 33 My	ddress rtle Ave	nue			 		1. 19.		· -			
X DEP Amended Amendment	#			ate, Zip Co ifield NJ											
DOH Emergency (in justification)  Cancellation	ncluding	100		f.Contact nald Hu					Tel	ephone	Numb	er			
			FACI	LITY INF	ORMATI	ON					78.5				
Name of Facility Where Abatement is Taking NA	Place (3)							of Facility (4 School (K-12							
Street Address 33 Myrtle Avenue							×	Subchapter ( Other (i.e. pretc.)				build	dings,	hom	es,
City (5) Bloomfield							Squa 1800	re Feet )	# 0	# of Floors Bldg. Age 79					
County (6) Essex			County (	Code (7) USE ONLY	)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building C Divine Environmental								tement Cont int Contra			oratio	n			
Street Address 358 Broadway							Address erkeley Terrace								
City, State, Zip Code Newark NJ	Code					City, S	State, Zip Code gton NJ 07111								
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephor	ne No. 33-9788		Teleph	none N 372-2	0.		Licens						
			Date (11)		Name	of OSH	HA Monitor Onmental I	nc	- 100	-					
Occupancy Status During Abatement (Check	Υ			II. Marie San		Addres		110			_				
		200	ent					5th Street							
Facility Closed/Vacated During Entire Package Abatement Performed Outside of Normal Other - Describe:					-			p Code 10007							
Scope of Work (Check All That Apply)		200			-										
≥3 sf or ≥3 if ≥160 sf or ≥260 if	all and the same of the same o	novat moliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
·	I led	ocatio				S.	a Noi	1-Exempted	(*) and	Non-F	riable			ment	
Location of	No	rmall	y		Des	cription	of				L		Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custoo	tenan	ice/		tos Conta thermal surfac	aining M	faterial s insula T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Endosure
Basement	100	X	13/13		Pine	Insula	tion		16	BOLF	-	x			-
Bacomone					1 ipo	mound	LIOIT			JOL1	-				
Name of Registered Waste Hauler  Newark Carter Inc  NJDEP Waster Hauler ID N  4506					of Was			Name of R Tullytown	3						
City, State Newark NJ 07102					Dispos	al Date	té City, State Tully Town PA								
Completed by Title Emeka Okeke President					Si	Signature Date Imekakeke 2/25/15									

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of B	Building Owner/Ope	rator (2)	1 11	2	,		
February 24, 20	15		Callar	& Moeller Con	struction	26	24/	68	
[ ] DEP [ ] Ame	l Notification inded Notification	Street Add		ox 2250				160	
[X] Eme	rgency (including	City, State		Beach Twp., NJ	08008	- L			
1 1 2011	fication) cellation	Name of C	Contact Kathy Minto		Telephone Number				
	F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4	School (k-12)				
Street Address				l i i	Subchapter 8 (of	her than k-	12)		
1001 S. Atlantic A	Avenue		[ X ] Other (i.e., private & comments homes, etc.)						
City	County (6)	County Cod (STATE US		Bldg. A					
Beach Haven	Ocean		70	)	85				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contract	or (9)	Y			
Street Address			Street Ac		dian Contracting,	inc.		The state of the s	
City, State, Zip Code			City Stor		Route 9, Unit 61				
			City, Sta	te, Zip Code Toms	River, New Jers	ey 0875	5-1271		
Project Manager for Monitoring Firm	Telephone Num	ber		e Number 9-9932	License N 00624		2.		
Scheduled Start Date (10) 2/25/15	Scheduled Comp 2/26/15	pletion Date (11)		OSHA Monitor	S.L. Analytical				
			Street Ad	ldress	Stelton Road				
Other - Describe	Outside of Normal Facility	Hours	City, Stat	te, Zip Code Piscat	away, New Jerse	ey 08854			
Scope of Work (Check all that apply)			[ ]	Full Containme	nt with Negative Pres	sure	9		
[ ] >3 sf or ≥3 lf	[ ] Ren	novation	[ ]	Mini-Enclosure Glovebag Proce	dura				
[ X ] ≥160 sf or ≥260 lf		nolition	[x]		(*) and Non-Friable	Procedure			
						Abatem	ent Type		
Location of	Is Location Normally used		Descriptio			R F	Е	Е	
Asbestos-Containing Material (ACM)	Solely by		Asbestos-Con Material (A		Amount (Specify SF	E E	7.00	N C	
TO BE ABATED in facility	Maintenance/Custod Staff	ial	(i.e., thermal s		or LF)	O	A	L	
(13)	(12)		insulation, sur VAT, o			V F	1.050	S	
	YES NO N/A		other miscella	ineous)		A	U	U R	
			7.30			L	E	E	
Exterior Exterior	X	Asbesto		-	700 sf	X			
Exterior	X	Transite			700 sf	X			
S.KOITOI	^	Asbesto	s siding soffit		400 sf	X		-	
Name of Registered Waste Hauler	NJDEP Waste Hau	ıler ID No. C	ubic Yards of Waste	e Name of Regis	tered Landfill				
Guardian Contracting, Inc. City, State	20223	sposal Date	4	T.R.R.F.					
Toms River, New Jersey	City, Sta Tullyto	own, Pennsylvan	ia /						
Completed by (Print or Type) Nicholas Fernicola	27/15 Signature	1: chot		y	Date 2/24/1	5			
	*Do not use this f	orm for asbesto	os licensure exem	pted activities.					

CK 1461

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

ECEINE

Date of Notification (1) 2-23-2015	Name of Building Owner/Operator (2) Cesarina Rodriguez														
Agencies Notified	Type Notification		100	reet Add 2 Flore	ress nce Avei	nue									
EPA DEP X DOL	Initial Amended Amendment #	3			Zip Code	109				per E		14.			
▼ DOH	Emergency (in justification) Cancellation		1990	ame of C	ontact a Rodrig	uez	Telephone Number								
☐ DCA	Cancellation	-			TY INFOR										
Name of Facility Where Residential	e Abatement is Taking	Place (3)		170121			T	-	acility (4)		7				
Street Address								Sub	chapter 8	(Othe	er than K-1; commerci	2) ial buildi	ngs, I	nomes	١,
72 Florence Avenu	ue						S	etc.		# of	Floors	Blo 58	ig. Ag	je	
Belleville, NJ 0710	09			County Co	ode (7)		2248 2 58+  Current Use (Prior if being demolished)								
Essex					SE ONLY)			e of Abatement Contractor (9)							
Name of Monitoring Fi	rm Hired by Building C	wner (8)		ASCM	No.						<sup>(9)</sup> rvices, Li	LC			
Street Address						ddress rginia	Avenue	1							
City, State, Zip Code						State, Zip Code sey City, NJ 07304									
Project Manager for M	- [	Telephon	e No.	Te	elepho	ne No.	2002		License I	No.					
Start Date (10)	Com	pletion D	ate (11)		ACC COM		Monitor		01174				-		
3-5-2015		3-6-201	5					as ab	ove						- 27
	ring Abatement (Chec					St	reet A	ddress							
Facility Closed/V Abatement Perfo	acated During Entire formed Outside of Normer:	Period of Al nal Facility I	oatem Hours	nent		Ci	ity, Sta	ate, Zip	Code						
Scope of Work (Check	k All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260	lf		enova emolit				×	Mini- Glov	Enclosure	e cedure	h Negative end Non-Fri			·e	
								INOTE	Lxemple	J ( ) A	10 (10)1111			emen	t
Asbestos-Contain TO BE In F	ation of hing Material (ACM) ABATED acility 13)	Used Mai	ntena	lly ely by nce/ Staff?	Asbest (i.e.	Descri os Contain thermal sys surfacing other miso	stems g, VAT	aterial ( insulat Γ, or	ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A							200.05		-	10	-
Base	ement		X				or tile			(	600 SF	X	-	-	-
Bas	ement		Х			ceiling	plas	ster			950 F	X	-	-	-
								-				-			
Name of Registered	100	NJDEP V Hauler IC		Cubic Ya					stered Land		1		1		
Green Environmental Services, LLC				003488	9	5 Disposal	I Date		City, Sta						
City, State Jersey City, NJ					2	3-6-201	15		Morris		PA				
Completed by Liliana Serrano  Title Office manager						pature		Sen	Lou	۵	Date 2-23-2	2015	66		

NOTIFICATION OF ASBESTOS ABATEMENT

		(Purs	uant to	NJAC 8: 60-7 and 12: 120-7)	3	- CILA O	199	79	81.					
Date of Notification (1)  0 2 / 2 4 / 1 5				me of Building Owner/Operato UBLIC STORAGE	r (2)									
Agencies Notified Type of Notification [X] EPA			157233	eet Address 4-142 FIRST STREET	1.	41-55		1.						
[X] Initial Notification			Cit	ry, State, Zip Code			7.715							
[X] DOL [] Amended Notification Amendment				ERSEY CITY, NJ 07302										
[X] DOH [] Cancellation			Na	me of Contact		Telephone N	umber							
[ ] DCA [ ] Emergency			M	R. JAMIE DUGERY										
				LITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)			FACI	EITT INFORMATION	Type of Facility	(4)								
PUBLIC STORAGE BUILDING					[ ]	School (K-12)								
Street Address					[ ] [ X ]	Subchapter 8 (Other								
124-142 FIRST STREET				2,	[ 1	Other (i.e., private & buildings, homes, etc		21						
City (5) County (6)			County Code (7) Square Feet # of Floors Bldg							g. Age				
			(ST.	ATE USE ONLY)	Current Use (Pr	or if being demolished	50 +		_					
JERSEY CITY HUDSON					Current ose (21)	or it being demonstrea	,							
Name of Monitoring Firm Hired by Building Owner (8)		ASC	M	Name of Abatement	Contractor (9)									
Management & Environmental Consulting Services, Inc.				J.R. CONTRAC	TING & ENV	TRONMENTAL	CONSU	TIN	G I	NC				
Street Address			Street Address	DILIG CE ZITT	ACOTHER TELES	00,100			110.					
P.O. Box 341			1141 ROUTE 2:	3	-									
			City, State, Zip											
Chesterfield, NJ 08515		_		WAYNE, NJ 07	NE, NJ 07470									
Project Manager for Monitoring Firm	1	phone		11		License Num	ber							
Bill Weisgarber Scheduled State Date (10) Scheduled Com	_	-298-	_	973 628-9500 Name of OSHA Mor	nitor	00408			-					
0 3   0 9 1 5 0 6 Month	3	0 ay	1	ENVIRO VISIO		ANTS, INC.								
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period		-		Street Address	AW DOAD D	DC   244								
of Abatement  [ ] Abatement Performed Outside of Normal Fac	me.			20-21 WAGAR	AW ROAD, BI	LDG. #34A								
[X] Hours - Describe: 7:00 a.m 3		m.												
[ ] Other - Describe:				FAIR LAWN, N	NJ 07410									
Scope of Work (Check all that apply)	11	Dem	olition	1 X 1	Full Containmen	it With Negative Pressu	ire							
≥3 sf or ≥3 lf	[X	Reno	vation		Mini-Enclosure									
[X] ≥ 160 sf or ≥ 260 lf				[ X ]	Glovebag Proced	lure *) and Non-Friable Pro	cadura							
[]-				[X]	Non Exempted (	and Non-Friable Fre	and the same of the same of	baten	ent T	ype				
Y**		Is cation		D 10 5					E	E				
Location of		rmally		Description of Asbestos-Containing		Amount	R	R	N C	N C				
Asbestos - Containing Materinl (ACM)		Used lely by		Material (ACM)		(Specify SF or LF)	M	E	A	L				
TO BE ABATED		ntenan		(i.e., thermal systems insulation, surfacing,		SF OF LF)	O V	P A	PS	O S				
in Facility (13)		stodial ff (12)		or other miscellaneo	ous)		A	I R	U	U R				
	Yes	No	N/A			,	L	Α.	E	E				
1st Floor		X		Transite Ceiling Panels		10,800 SF	X							
1st Floor		X		Pipe Insulation		1,525 LF	X							
Boiler Room and 1st Floor 1st and 2nd Floors		X		Duct / Flue Insulation		90 SF	X							
Exterior Roof and 1st Floor		X	-	VAT Transite Panel/Siding		10,800 SF 9,870 SF	X							
1st through 6th Floors		X		Wall Mastic		31,500 SF	X		-					
				77 833 17280010		101,500 51	- A							
Name of Registered Waste Hauler	Programs	EP Wa		Cubic Yards of Waste	Name of	Registered Landfill								
J.R. Contracting & Environmental Consulting, Inc		1781		100	Grand	Central Landfill								
City, State				Disposal Date	City, Stat		17.12							
Wayne NJ 07470		0			7 Pen Ar	gyl, PA 18072								
Completed by (Print or Type) Title				Signature		Date								
Jerry Bijelonic Project Man	ager			ZU			02/	24/15	;					
ASB-41								G4667						

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK# 7806

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

Date of Notification (1)					Name of Building Owner/Operator (2)												
2/23/2015					Larry Kyse			5 All 4. 3/									
Agencies Notified	Type Notifica	ation			Street Addre		- Acti	alik									
□ EPA	Initial				48 Robert C	ourt	8	LICENSTEE HOL									
☐ DEP	☐ Amende	ed Ame	ndmen	it#	City, State, Z			FIGURY AL									
□ DOL	☐ Emerge				Wycoff, NJ	THE STATE OF THE S											
□ DOH	justifica	0.000	o.uug		Name of Cor				Tele	nhone	Numl	her					
DCA	Cancell				Larry Kyse				reic	prioric	rearri	DCI					
					ACILITY IN		TION										
Name of Facility Where A	hatement is Ta	akina P	lace (3)		ACILITI	OIVINA	TION	Type of Facility (4)									
Private Residence	toatoment is re	aiting i	iacc (o	,				School (K-12)									
Street Address									or than K 12)								
								Subchapter 8 (Other				Idinas)					
165 Baltimore Ave				,				Other (i.e., private									
City (5)						Square Feet	# OT	rioors	Blag.	. Age							
Point Pleasant Beach, N	J 08742				10 . 0 .	/=: /==	.===	4100000									
Est and the second seco						e (7) (STA	ATE USE ONLY)	AIRPORT									
Ocean						T											
Name of Monitoring Firm	ng Owr	ner (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)										
N/A								RONMENTAL INC.				J.,					
Street Address						Street A											
			152			15 BLA	15 BLACK FOREST ROAD										
					City, State, Zip Code												
						НАМП	LTON, NJ 0869	1									
Project Manager for Moni	hone N	0.		Telepho	ne No.		Licer	nse N	٥.								
						609-890	0-7110		0067	6							
Start Date (10)		Sched	duled C	omplet	ion Date (11)	Name o	f OSHA Monitor										
2/24/2015		2/24/2	2015			AMER	ITECH SERVIC	CES									
Occupancy Status During	Abatement (C	heck o	nly one	)		Street A	ddress										
☐ Facility Closed/Vaca	ated During Ent	ire Peri	od of A	bateme	ent	259 Dru	um Point Road, S	Suite 7									
Abatement performed of	utside of workir	ng hour	s 5PM-	2 AM			ate, Zip Code										
EXTERIOR WORK							NJ 08723										
Scope of Work (Check al	I that apply)					1		☐ Full Containment w	rith Ne	gative	e Pres	sure					
≥ 3 sf or ≥ 3 lf					Renova	tion		☐ Mini-Enclosure									
☐ ≥ 160 sf or ≥ 260 lf					☐ Demolit	☐ Glovebag Procedu	re										
1.000 E					_			☐ Non-Exempted (*)		-Friab	le Pro	cedur					
		l Is	Locati	ion	Γ						t Type						
Location of Asbestos	Containing	1	mally l		Description	n of Asbe	stos Containing	14									
Material (ACM) TO BE			Solely b				thermal systems	Amount (Specify SF or	Re	Z Z	nce	Enc					
Facility (13		120000000000000000000000000000000000000		/Custo			g, VAT, or other	LF) .	Remova	Repair	psi	Enclosure					
	*	Yes	Staff?	(12) N/A		miscellan	eous)	0	val	- ₹	Encapsulate	ure					
Exterior Walls		103	140	INIT	CL:1			800 S.F.	37	-	0						
The later than the second of t		-		-	Shingles VAT				X	-	_						
Interior Floors		-		-	VAI			180 S.F.	-	-	-	-					
		-		-					X	_	-						
100							Cubic Yards of	None of Decistored Lor	X								
Name of Registered Waste Hauler NJDEF Hauler							Waste	Name of Registered Lar	iatili								
Timster Trucking Inc 21079							20 YDS	Grows Landfill									
City, State							Disposal Date	CITY, STATE									
							Para Alexander	Career Sur areas some									
West Creek, NJ						Ciment	2/25/2015	Morrisville, PA	Detr								
Completed By Title						Signatur	1000	Allan.	Date								
DAVID D'ANDREA PRESIDENT						116	or co	1) I waren	2/23/	2015							
ASB-41																	

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