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Date of Notification (1) Q-27-1	5   N	ame of	Building Owner/Operator		lie l				- 1
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□ EPA  Initial	Ci	ity Stat	te, Zip Code	oover	AUE				
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Street Address	7163		Street	Address	thoolog	166	<u> </u>	In	( L
P.O. Box 3	37		2	O. Box	337				
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Project Manager for Moeif ri-ge-irm	Te	elephor	ne No. Telep	hone No.	License No	. 60		8 8	
Steve Schenken	40		F 40 40 40 40 40 40 40 40 40 40 40 40 40	758-334	5 00		M	7	
Start Date (10) March 9, 2015	Scheduled Comp March	letion [	2015 Name	of OSHA Monitor	hnologies	T	20	*	
Occupancy Status During Abatement (Check		-1		Address	٦		-		
Facility Closed/Vacated During Entire P					337				
☐ Abatement Performed Outside of Norma	al Facility Hours			State, Zip Code	11-	- 01 0		_	
Scope of Work (Check All That Apply)			10	ew Egypt	N) (	10-	200	2	-
	☐ Renovation	an.	r	.  J Full Containm	ent with Negative P	ressur	'A		
20 ≥3 sf or ≥3 lf ≠ ≥160 sf or ≥260 lf	☐ Demolitio		, [	Mini-Enclosur	e	00001			
			3	Glovebag Pro Non-Exempte	cedure d (*) and Non-Friabl	e Pro	cedure	е	
	Is Location	n						ement	
Location of	Normally		Description	n of			Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely Maintenand		Asbestos Containing I		Amount (Specify	R		Enc	回
In Facility	Custodial Sta (12)	aff?	surfacing, V/	AT, or	SF or LF)	Remova	Repair	aps	Enclosure
(13)	(12)		other miscella	neous)		val	=	Encapsulate	ure
	Yes No	N/A							
Basement	X		Pipe Insul	ation	100 LF	X			
Basement	K		loose tloor	Tiles	300 SF	K			
						-	-		
Name of Registered Waste Hauler	NJ	DEP W	/aste Cubic Yards	Name of	Registered Landfill	_			
	Ha	uler ID	No. of Waste	Was	te Manager		4	c P	A
EPC Technologies	>	70	Disposal Date	e City, Sta	te		0	1 7	4 +
City, State	NJ		3-10-1		risuille F	A			
New Egypt Completed by	Title .		Signatur		Da	te	2 -	7 90	_
Steve Schenker	Preside	nt	SI	cep) DCK	sk.	1-	2 (	- 15	)

CHECK # 030446

Date of Notification (1) 02-27-15					Building O n & Johr		Operator (2	2)			lant	-		- 1	
Agencies Notified  EPA	Type Notification		1		son & Jo		n Plaza						* */*!	To have	) ).
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Name of Facility Where A Kilmer House (J&J Street Address		Place (3)		FACIL	ITY INFO	RMATI		] s	f Facility (4 chool (K-12 ubchapter 8	) 3 (Othe					
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New Brunswick				County C	ode (7)		2	20,00		2		1	00 y		
County (6) Middlesex				STATE U	SE ONLY)			Muse							
Name of Monitoring Firm Environmental Hea				ASCM	No.		Pinna	cle E	nvironme						
Street Address 655 West Shore Tra	ail						Street A 200 B		s Street						
City, State, Zip Code Sparta, NJ 07871	1						City, Sta Carlst		Code NJ 07072		0.7				
Project Manager for Mon Laura Wieczezak	iltoring Firm		1000	Telephor (973) 6	ne No. 551-1040	)	Telepho 201-9			5	License 00756	No.			
Start Date (10) 03-16-15		Schedule 06-30-1		pletion [	Date (11)		Name o Even-		A Monitor						
Occupancy Status Durin							Street A		s son Aver	nue					
X Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm	al Facility	Hours	ent		_	City, Sta		o Code d City, N	Y 111	01				
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enovat emoliti				Ê	Min	Containme i-Enclosure vebag Proc i-Exempted	edure				ге	
-		ls	Locatio	on				1401	ZXOTTIPLOG	( ) ( ) (			Aba	temen ype	t
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) <u>ATED</u> lity	Use Mai	ormall d Solel ntenar odial S (12)	y by nce/		os Cor therma surfa	escription on taining Ma al systems acing, VAT miscellane	aterial insula , or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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1st Floor Perin				X			Wall Pla		r	1,1	90SF	X	-	-	
Basement S	Stairweii			X		CIVI C	Jeiling F	iasic			3001				
Name of Registered Wa	ste Hauler		12225	JDEP W			c Yards	-	Name of F	Registe	ered Land	fill			
ATC, Inc. / JBT (500	071)			auler ID 4310	NO.	of Wa	K.		Minerva		erprises				
City, State Shirley, NY / Bronx,	NY					Dispo	osal Date		City, State Waynes		, OH 44	688	q		
Completed by Richard Doran		Title Proje	ct Ma	anager			Signature		1	h [		Date 02-27-	15		

CF 11451

#### State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-15								3 10 15 11 11			
Date of Notification (1)  February	27, 201	5	n		Name of Building Owner/ RUTGERS, THE S1		ERSITY OF N	IJ			
Agencies Notified  □EPA □ DCA	N E	otification Ilnitial N IAmendo	otificat ed Notif	fication # 1	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH 8	SAFETY DE	PT/			
☑ DOL ☑ DEP- No Longer REQUIRE	10.000			pletion dates ncluding	City, State, Zip Code PISCATAWAY, NJ	08854	ASLEE IVE	. 1.1.3 .:113			
⊠ DOH	_	justific Cance			Mame of Contact MICHAEL SMITH, E HEALTH & SAFETY		Telenhone Num	hor			
				FACILITY INF							
Name of Facility Where Abatemer ENGINEERING, BLDG#		Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other th	on K 12)					
Street Address BUSCH CAMPUS					Other (i.e. private & co	mmercial build	lings, homes, etc.) Bldg. Age: 80	)+ years			
The state of the s	unty (6) MIDDLE	SEX		Code (7) Use Only)	Current Use (prior if being	g demolished)	: ACADEMIC	>			
Name of Monitoring Firm Hired by Cardno ATC	Bldg. Own	ner (8)	ASCM 0098		Name of Contractor (9)						
			1 100 100 1100 100		GREENWOOD ABAT	TEMENT C	ONSULTANTS	, INC.			
3 TERRI LANE					Street Address 268 MAIN STREET			Control of the Contro			
C: C											
City, State, Zip Code BURLINGTON, NJ 08016	3				City State. ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fi	m Te	elephone N			Telephone Number		License Number				
BRIAN KEARNY	6	609-386-	8800		973-492-0477		00840				
Scheduled Start Date (10) 03/06/15		cheduled 0 3/09/15	ompletio	n Date (11)	Name of OSHA Monitor						
					ENVIROVISION, INC. Street Address						
Occupancy Status During Abate  Facility Closed/Vacated During					Street Address						
☐ Abatement Performed Outsid					20-21 WARGARAW City, State, Zip Code	ROAD					
Sother - Describe: Shift Ho	urs: 5:0	0 PM -	5.00 A	M							
Elonomo bosonio. Ornite Pro		hours a			FAIRLAWN, NJ						
Scope of Work (Check all that app	oly)										
_				_			ment with Negativ	ve Pressure			
□ ≥ 3 sf or ≥ 3 lf				☑Renovation ☐ Demolition		Mini-Enclos Glovebag I					
≥ 160 sf or ≥ 20	50 II			□ Demoition			ed (*) and Non-Fri	able Procedure			
Location of Asbestos-Containing	Is Locat	ion Normal	ly Used	Description of Ash	pestos Containing Material	Amour					
Material (ACM) in Facility (13)	Solely b Staff? (1	y Maint./Cu	istodial	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfaci	ing, (Speci or LF)	fy SF Remove F	Repair Encap Enclose			
	YES	NO	NA	VAT, OF OUTCE THIS	oon.,	J OI LI J					
Room A255		X		VAT		820 5	F 🗵				
Name of Dog Waste Hauler	IN	IDED Was	to Houler	ID #		45 CV	Name of Registe	red Landfill			
Name of Reg. Waste Hauler  See Hauler Below #1 & 2  NJDEP Waste Hauler ID #  See Below				10#	Cubic Yards of Waste:	15 CY	G.R.O.W.S. N				
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990						Disposal Da 03/09/15	10 Rd 19	y, State 0 New Ford Mill I. Morrisville, Pa 067 5-736-1700			
Completed by (Print or Type) Title					Signature		<u>Date</u>				
RAYMOND C. PEDALIN		NIOR PI		CT	Raymand C. P.	dalino	February	y 27, 2015			

A

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) February 17, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including) City, State, Zip Code □ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH □ Cancelled Name of Contact Telephone Number-MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ENGINEERING, BLDG# 3558 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years County (6) County Code (7) **PISCATAWAY** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/27/15 03/02/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code Solution Shift Hours: 5:00 PM - 5:00 AM

■ Other - Describe: Shift Hours: 5:00 PM - 5:00 AM

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■ Other - Describe: Shift Hours: 5:00 PM

■ Other - De (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **⊠**Renovation ■ Mini-Enclosure  $\ge$  160 sf or  $\ge$  260 lf ☐ Glovebag Procedure ■ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA Room A255 X VAT 820 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 03/02/15 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino February 17, 2015 MANAGER

N.Jevtic ASB-41 MAY 11

### State of New Jersey

MO#22742779061		N	OTI		TION	OF ASE	BESTOS C 8:60 a	ABAT							
Date of Notification (1)			77-77-7		Name	of Building	Owner/Op	perator (2	<u>}</u>	72					
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Name of Facility Where	Abatement is	Taking F	Place	(3)				14 E(3)	Type of Facility	(4)			-		
Private house		0		According to					School (K-12						
Street Address		255552							Subchapter 8	3 (Other than K	(-12)	buile	linge		
0 Skyline Drive									homes, etc.)		in er Grat	Dunie	111.95		
City (5)									Square Feet	# of Floors		Bidg	. Ag	е	
Morristown, NJ 0796	0														
County (6)					Count	ty Code (7)	(STATE US	E ONLY)	Current Use (Pr	ior if being der	molished	Ž			
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Name of Monitoring Fin	m Hired by Bui	Iding Ov	vner (	6)	ASCM	No.	Name of	f Abateme	ent Contractor (9)						
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Street Address							Street A	ddress							
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City, State, Zip Code							Marco D	ite, Zip C							
Davis at Manager San Man				T			-	NJ 0747	70						
Project Manager for Mo	mitoring Firm			1 816	phone	No.	Telepho			License No	0.				
Start Date (10)		School	tod C	anania	tion Do	to /11/	973-638	3-1777 f OSHA N	Annitar	01127					
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Abatement Performe	ed Outside of I	Vormal F	Facility	Hou.	s - Des	cribe		ragaraw ate, Zip Ci	Road, Bldg .#	33 E					
Time of Abatement.	AM-	PM	<i></i>	_PM_		AM	Fair Lav								
Scope of Work (Check :	all that apply)			772					p and decontamin	nation with nec	gative pre	essu	re		-
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City, State							Disposa	I Date	City, State				WEIGH S		
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Agencies Notified	Type Notification		Street A	ddress O. F.	PMENT	Page	10	LICE	NSII		-	
D DEP	⊠ Initial  □ Amended		-				-	The same street and				
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□ DÇA	Cancellation		151	MO.U				1			*	
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Name of Facility Where	Abatement is Taking I	Place (3)				Тур	of Facility (4	)		, and the same		
51mon				-			School (K-12					
Street Address  1 2 1/1 EAM	O.UTRUAMO		134 C 136 C 136 A 13		£		Other (i.e. pri etc.)	(Other than K-12) vate & commercia		ings, t	iome	5,
City (5) Ep 1 302							are Pest /60v	# of Floors		idg. A		Personal
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Name of Monitoring Fin	m Hilred by Building Ov	mer (B)	ASC	M No.			atement Cont entracting Inc	ractor (9)		*****		
Street Address	A CONTRACT OF THE PROPERTY OF	-	- Carrier Carrier		4	oet Addre 55 Vroeia			PHP 21-11-			***********
City, State, Zip Code		***************************************		· · · · · · · · · · · · · · · · · · ·			Zip Code	- thus				
Project Manager for Mo	mitoring Firm	Y178.554.	Telep	hone No.	Tal	ephone N	do.	Ligense No	).		. Iv-sum	
Start Date (10)	2/20/15-	Scheduled (	Completion	Dete_(11)	Nar	ne of OS	MA Monitor					
Occupancy Status Duriss Facility Closed/Vac  Abatement Perform Other - Describe:	ing Abatement (Check cated During Entire Pe	Only One)	,ement		Stre 28	et Addre	285	Cal Made IIIo				-
Scope of Work (Check	All That Apply)		T		·							
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								AMERICAN CONTRACTOR	-			
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Oity, State, Zip Gode Newark, NJ 07105					Disposal De	15 on		hem, PA 18015		;		
Completed by R. McDonald		Title President			Signat		M. Formal	Ed Da	le /	2-6/1	5	

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MA	-	-	-			-

Date of Neelfostion (1) 2 3-6/15 Name of Soliding Owner/Doerstor (2) Link Ry Link Address November 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Data of Nationalian (4)	7									Africa	n dean pro-	10		1
Part		2/26/15		-	Name of	Building 1	Owner/O ムイタス	perator (	(2) 14 17	NJERO				Servi	ces
DBP   DBP   DAP	Agencies Notified	Type Notification			Streat Ad	ddress C C / A	roti	190	5		TOTAL YEAR	ature)		. 1.5	0.44
Bill DOH   Standard	D DEP	☐ Amended Amendment	#	_	City, Sta	te, Zin Co	de			Dates	71961/2	T	me: S	- 10	
Name of Pacility Where Astatement is Taking Place (s)  Life Act Life Life Life Life County Code (7)  Control (4)  Name of Monitoring Plim Hired by Billiding Owner (8)  Name of Monitoring Plim Hired by Billiding Owner (8)  Name of Monitoring Plim Hired by Billiding Owner (8)  Name of Monitoring Plim Hired by Billiding Owner (8)  Stroot Address  Stro		justification)						***************************************	196.00 (A. 196.00)	Te	ephone Num	ber			
School (K-12)   Supplement (Other than K-12)   School (K-12)   Supplement (Other than K-12)	him of Carlington	A COLUMN TO THE OWNER OF THE OWNER O			FACI	LITY INFO	ORMATI	ON						2000	4888
Street Address   Substitute   S	LARRY LA		Place (3)						Practice appears to the state of	500					
Supplement   Supplement   Substitute   Sub	17 CLINTOS	U AUE							🖾 Other (i.e.	8 (Other	er than K-12) commercial	bulk	ings,	home	is.
Name of Monitoring Firm Fired by Building Owner (8)  Stroot Address  Street Address  Street Address  Street Address  165 Vresland Ave.  City, State, Zip Code  Nidland Park, Ni 07432  Project Manager for Monitoring Firm  Teriphone No.  201-282-5841  O0196  Start Date (10)	MARRY		***************************************			Tr valariorani			Square Feet	#0		E	-	A	
Stroot Address  Stroot Date (10)  Address  Stroot Address  Str	County (6) HUDSON		- 1-22	1			)				ng demolishe	ed)			_#_#
Stree Address  Stan Date (10)  Chy, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Middand Park, NJ 07432  Telephone No. 261-282-5841  Corticol Address  Stan Date (10)  Cocupancy Status During Abstement (Check Only One)  Street Address  Scope of Work (Check All That Apply)  Stop of Work (C	Name of Monitoring Firm	Hired by Building C	wner (B)		ASC	M No.					(9).		-	Avenue	
Project Manager for Monitoring Firm	Stroot Address	4	***************************************			مستعد العائم الخارات		A	8077 70 F1 F1 6	***************************************	M. D. CHANGE	negativa piinainelee			
Telephone No. 201-282-5841   License No. 201-282-5841   Name of OSHA Monitor Canaga Environmental Services Inc.	City, State, Zip Code		· · · · · ·										-		
Start Date (10)    Coupancy Status During Abstemant (Check Only One)	Project Manager for Mon	ltoring Firm			Teleph	none No.	-	Telept	ione No.			) <u>.</u>			
Street Address   Street   Stre	Start Date (10)	1,5	Scheduled	Con	noletion [	Dato (11)		Name	of OSHA Monitor						
Scope of Work (Check All That Apply)    State   State	Occupancy Status Durin  Facility Closed/Veca	ng Abatement (Checated During Entire P	k Only One	) atem				Street 280 F City, S	Address luyer Street tate, Zip Code						
Same of Registered Wasta Hauler   Name of Registered Wasta January   Name of Registered Wasta		III That Applied						Hacke	ansack, MJ U/du	5 <del></del>					
Is Location of Normally   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A	23 sf or ≥3 lf	м гиаг Арруу						)23 24(	f Mini-Enclosure f Glovebag Pro:	e cedure					*
Asbestos-Containing Material (ACM)  TO RE ARATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Newark Carding, Inc  City, State, Zip Code Newark, NJ 07105  Description of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  PIFE  Description of Asbestos Containing Material (ACM) (Le. therme) systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Pige Pige Pige Pige Pige Pige Pige Pig								SCHOOL STATE			Charles Towns of the control of the	П	Abat	emen	t
Viciniterianoes   Custodial Staff?   Custodial St						Achor				İ.,		-	7		1
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  Newark Carting, Inc  City, State, Zip Code  Newark, NJ 07105  Disposal Date  2/37/15 ov Bethiehem, PA 18015  Completed by  Title  Signature  ANDEP Waste  Cubic Yards  Of Waste  Cubic Yards  Of Waste  City, State, Zip Code  Bethiehem, PA 18015	TO BE AR	ATED III	Custo	dial S			thermol surfa	systems cing, VA	nsulation, T. or	(:	Spedfy	Вистей	Papair	Encapaula	Enclosere
Name of Registered Waste Hauter  NJDEP Waste  Cubic Yards  Of Waste  Of Waste  LESI PA Bethiehem Landfill Corp.  City, State, Zip Code  Newark, NJ 07105  Disposal Date  Disposal Date  Disposal Date  Disposal Date  Disposal Pate  Di		allowers managed as a second second	Yes	No	NVA	amaii.								2.	
Newark Carting, Inc    Hauler ID No.    Of Waste   IESI PA Bethiehem Landfill Corp.    City, State, Zip Code   Disposal Date   City, State, Zip Code   Dethiehem, PA 18015     Completed by   Title   Islandfur   Code   City   Code   Dethiehem, PA 18015	BASEMEUT	The second secon		un-way	X		9	176	4- 4744 M.D.A.		115 LF	X			
Newark Carting, Inc    Hauler ID No.    Of Waste   IESI PA Bethiehem Landfill Corp.    City, State, Zip Code   Disposal Date   City, State, Zip Code   Dethiehem, PA 18015     Completed by   Title   Islandfur   Code   City   Code   Dethiehem, PA 18015	1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1											_			
Newark Carting, Inc  O4509  IESI PA Bethiehem Landfill Corp.  City, State, Zip Code Newark, NJ 07105  Disposal Date 2/27/15 ov Bethiehem, PA 18015  Completed by  Title  I Signature  O4509  IESI PA Bethiehem Landfill Corp.  City, State, Zip Code Bethiehem, PA 18015	Name of Registered Was	ta Hauler							Name of	Registe	red Landfill				
Newark, NJ 07105  A /27/15 ov Bethlehem, PA 18015  Completed by Title Signature 2 20 C1() 1 Date 1	Newark Carting, Inc			H			of Was	ste /	IESI	PA Beth	ilehem Landi	il Ca	m,		
Completed by   Title     Signature   Fac (1)   1 Date ( )				and the latest and the	MORNING MINE	-	Dispos	al Date	City, State						
		The second secon		ıt		0.000	Andrew Comment	The second livery	Dans 10	a.l	Date	a / a	c/i	,	

CHECK # 86 86

								· -		Append	MMEI			7_
Date of Notification (1)	2/26/15			P	Building (		peralor (	2)	N Der	t of Health	4 Ser		ervice	13
Agencies Notified	Type Notification		1	Street Ar	idress	111111	200	ROAD		, (signat	ure)	long		-
□ EPA □ DEP	☑ Initial ☐ Amended		-		te, Zip Cor			15cm	Date: 0	Malelis	Tim	٧.	-101	M
EN DOL	. Amendment#		_   `	CLI	ETON	, N	TO	27011				-		-
E DON	Emergency (ind	luding		Name of	Confact		-		Tel	ephone Numi	)er			
D DCA	☐ Cancellation			-	E O	-			-					
Name of Facility Where A	Abatement is Taking P	lace (3)		FACI	LITY INFO	RMATIC	NC.	Type of Facility (	(4)	-		-	-	
PSE+C		25.51	22 N				1	☐ School (K-						
Street Address  240 Kull	Ed Dood					1111		O Subchapter  Other (i.e. p	\$ (Othe	rthan K-12)	huild	Inches I	h A About	
City (5)	ere jearn			WYGARION				etc.) Square Feet				NY 55		, 
CLIPTON								30,000	3	ficors		ldg. A		
County (6)		ind The second quit		County (		Product Children Str. on		Current Use (Pr	or if bei	ng demolishe	<u>-1</u> }			-
PASSAIC Name of Monitoring Firm	Sired by Building Ou				ISE ONLY) M No.			SHUFFO			ر ای مطاب	1/12	72757244	нажения
Marite of Moritoning (1811)	Trilled by building CWI	iei (o)		ASC	IN IND.		A, M	of Abatement Co AC Contracting In	ntractor	(9)				
Street Address		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	4. bise m = /-		Political Light Communication of the Communication	man / Heroblescom		Address /reeland Ave.	AL-MANK-ACL	The selection of the second		Man HICkery		-
City, State, Zip Code	THE STATE OF THE S		THE .				Cliv S	itate, Zip Codo			-	пинстина	-	
	34. 1. PRI							nd Park, NJ 0743	2				1	
Project Manager for Mon	stating Firm			Telspi	none No.			none No. -262-5841		License No. 00156				
Start Date (10) — 2	128/15 15	ichedule	d Com	pletion [	Date (11)			of OSHA Monitor		xas Inc.				
Occupancy Status Durin	ig Abatement (Check	Only One	2)	-	THE RESERVE AND ADDRESS.			Address .		11-22-1-1-1	VII well term	****		THE SELECT
☐ Facility Closed/Vac ☐ Abstement Performs				ent				luyer Street tate, Zip Code	-					
☐ Other - Describe:								ensack, NJ 07608	9					
Scope of Work (Check A	All That Apply)		Not promorted To					104-14						
A ≥3 sfor≥3 if □ ≥160 sfor≥260 if		ÀC Re □ De					[p	Full Containme Mint-Enclosure	ent with	Negative Pre	ssure			
			(HOME				E	Gloveban Prod	cedure		_	9		
	779	J.	Locati					Non-Exempted	(*) and	Non-Frable	Prac	-	ement	-
Location	n át	N	omall	у		Пе	scription	of					те	
Asbestos-Containing TO BE AS		Mal	d Solal Internan	ice/		tas Con	taĭning i	Material (ACM)		Armount	_		m l	rtt
In Facil	lity	Custo	odiał S (12)	taff?	1.5	รเหนือ	cing, VA		S	Specify F or LF)	Кэнхув	Repair Papelr	Escapsulate	Emobsura
(10)		Yes	No	N/A		otherr	niscellar	nebus)			[BA	1 =	ulats	erms
100		103	140			7.	0E				-	<u></u>		
100				X		\$1	PE			11 LF	×	-		
And an action to the second second second second				-		- A STATE OF THE S	** *******	il						
	Winds Control	1	-ventomu.	[			-	-	-	***************************************		1		-
Name of Registered Was	sie Hauler	11	N.	E JDEP W	aste	Cubic	Yartis	I Name of	Renista	red Landfill		1		
VEOLIA 8		_	B (1) (1)	auler ID		ofWas				ino when	-12C	QUA	LITY	CO
City, State, Zip Code FLANSERS /	07836		outigi-fi-	int at months of any	PRPUMBLIK Incom.	Dispos	al Date	City, Sta	te, Zip C	pode //s /	48	111	destinance	33 PHR 1010
Completed by		Title	-		POMENIONE IN THE REAL PROPERTY.	S	ignalur	_		Dal		7	1	
R. McDonald	,	Preside	nt				0	LM Jan	Rd (	obeli jak	2/	26/	115	



#### State of New Jersey - Notification of Asbestos Abatement

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

A						1 4.	47 1	
Date of Notification (1)					Name of Building Owner	r/Operator (2	)	
February 26, 2015					Sika Corporation	1		1 11
Agencies Notified		Notification			Street Address		MAR	4 2015
X EPA		Initial No			875 Valley Brook	Avenue	EVERAL I	3 2010
DCA		⊠Amend	ed Cer	tification #1	City, State, Zip Code			
x DOL		☐ Emerg	ency (	including	Lyndhurst, NJ 07	071	300 S N - 110	
X DEP		justific	ation)		Name of Contact	- U	Talepho	ne Number
x DOH		☐ Cance			Andrew Wilensky	L		
				FACILITY IN	FORMATION			
Name of Facility Where Abate	ement is Ta	aking Place (3)			Type of Facility (4)			
Sika Corporation					School (K-12)			
Street Address					Subchapter 8 (other that	an K-12)		
875 Valley Brook Ave	MILA				Other (i.e. private		buildings, ho	omes, etc.)
0/3 Valley Blook AVE	mue				Sg. Feet: Unknown			
<u>City (5)</u>	County (	(6)	Count	y Code (7)				
Lyndhurst	Berge	n	(State	Use Only)	Current Use (prior if beir	ng demolishe	d):	
***					- 1770 - 1770			
Name of Monitoring Firm Hire			ASCM	No.	Name of Contractor (9)			
EnviroVision Cons	ultants	inc.	000	79				
0					GREENWOOD ABA	TEMENT	CONSULT	ANTS, INC.
Street Address	Distant	4 2 4 8			Street Address			
20-21 Wagaraw Road	, Blag i	# 34A			268 MAIN STREET			
City, State, Zip Code					City State, ZipCode			
Fairlawn, NJ 07410					Butler, NJ 07405			
Project Manager for Monitorin	a Firm	Telephone N	lumbar		Telephone Number		License N	himbor
Fred Larson	9.1.1111	973-636-			Telephone Number		License	<u>vanber</u>
		0.0000	0170		973-492-0477		00840	
Scheduled Start Date (10)					Name of OSHA Monitor			
February 26, 2015								
0		(6)			EMSL inc.			
Occupancy Status During Al				00000000	Street Address			
Facility Closed/Vacate x Abatement Performe	ea During	ef Normal Ea	of Abate	ment	1056 Stelton Road			
Describe	d Outside	O Nomal Fac	Jilly Ho	urs -	City, State, Zip Code			Commence of the Commence of th
Other - Describe: 5P	M. 3 A M	1			9117; Oldre, 2.19 0000			5
Other Describe. Of	INI OFFINI	•			Piscataway, NJ 08	3854		
*								
Source of Work (Check all that	t apply)							
						Full Conta	inment with	Negative Pressure
≥ 3 sf or ≥ 3 lf				Renovation			nclosure	
□≥ 160 sf or ≥ 2	60			Demolition		x Glovebag	Procedure	
								Non-Friable Procedure
Location of Asbestos-Containi	-	ocation Normall			bestos Containing Material	Amou		patement Type
Material (ACM) in Facility (13)	7,0883,000	ely by Maint./Cu ff? (12)	stodial	(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfac	ing, (Spec	ify SF	emove Repair Encap Enclose
	YE		NA	VAT, or other mis	iceli.)	01 25	-	
3 <sup>rd</sup> Floor-New			X	TSI		26 L	F X	
Construction Area				101		200 1	, ,	*
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste:		Name of F	Registered Landfill
See Hauler Below # 1 & 2	2	See Below			5			rfill Landfill
							G.R.O.V	V.S
							Minerva	Ent. Ohio
Hauler #1) Greenwood	Abateme	ent Consulta	nts, In	c Butler, NJ (	7405	Disposal D		City, State
NJ DEP # 12						Februar	/ 29,	Route 2, Box 68
Hauler #2) Newark Cartin	ng, Inc	Newark, NJ	04509, 1	NJ DEP # 19551		2015		Bridgeport, WVA 304-842-2784
								301 012 2104
								9000 Minerva Road
Completed by (Print or Type)		Title			Cignoture		T Data	Waynesburg, OH
Marin Graure		Title SENIOR PF	0 150	T	Signature		Date Enhrus	ary 26, 2015
101011111111111111111111111111111111111	- 1				Marin Graure		replus	ary 20, 2015
		MANAGER	1		,			

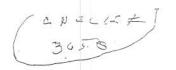
GAC # 2015- 474-003- Addendum # 1- Removed Tri State

CK 2734

Date of Notification	(1)	Name o	of Building Ov	vner / Operator	(2) 2016 F					
Date of Notification	02-20-2015	Kenne	dy University	y Hospital	medica for		1 78 1			
Agencies Notified	Type Notification		Address		4241		101			
⊠ EPA		2201	Chapel Hill C	ampus		4.2	щ	-	7	
DEP	☐ Initial		ate & Zip Co				State .			
DOL	☐ Amended		of Contact	102		TT	elephone	Nim	nber	
⊠ DOH □ DCA			lph Miller							
	Ganoonaton			DNAATION						
			ILITY INFO	Type of Facility	, (A)					
Name of Facility W	here Abatement is Taking	Place (3)		School (K-						
	ity Hospital-Middle Mech	lanical (100m)		T Subchapte	er 8 (Other than	K-12)				
Street Address 2201 Chapel Hill	Compus			Other (i.e.	private & comr	nercial building	gs, homes	s, etc	.)	
2201 Chaper Hill	Campus			Square Feet	# of Floor		ldg. Age			
City (5)	County (6)	County C	ode (7)	250,000		2		52		
Cherry Hill, NJ 08					rior if being de	molished)				
Officity tim, 140 or				Hospital	MANAGE AND A STATE OF THE STATE			-	-	-
Name of Monitorin	g Firm Hired by Building O	wner (8)	ASCM No.	Name of Abate	ement Contract	or (9)				
Criterion Labor					nagement Gr	oup, LLC				-
Street Address				Street Address		2				
3370 Progress I	Drive, Suite J				on Ave, Ste 20					-
City, State & Zip C	ode			City, State & Z						
Bensalem, Pa.				Trenton, NJ		License N	lumbor		-	_
Project Manager for	or Monitoring Firm	Telephone		Telephone Nu 609-977-615		License	01185	5		
Mr. Mike Pane	presso	215-244-							-	_
Scheduled Start D		Completion Da		Name of OSH	A Monitor mental Labora	atories Inc				
02-24-2		03-06-2015	)	Street Addres		2101100 1110				
Occupancy Status	During Abatement (Checosed/Vacated During Entire	k only one) e Period of Ab	atement	2333 Route						
Abatemer	nt Performed Outside of No	ormal Hours:	TO T. T. 1 1 C. Sec. 202	City, State & 2						
	4:00pm-12:00am			Union, NJ 07	7083					
	ccupied During Abatement	100	1 1 1 1 1 1 1 1							
Scope of Work (C	theck all that apply)				⊠ Full Con	tainment with I	Negative	Press	sure	
	0.15	N Par	novation		Full Con Mini-End					
≥3 sf or ≥		Land I	molition		Glove B	ag Procedures				
≥160 sf ≥2	200 11		110111011		Non-Exe	empted and No	n-Friable	Proc	edu	re
	Location of	Is Loca	tion	Description		Amount	Aba	teme	nt T	ype
	estos-Containing	Normally		Asbestos-Con		(Specify SF or LF)			П	
	laterial (ACM)	Solely		Material (A) (i.e., thermal s		5F 01 LF)	Re	D	nce	Enclsoure
TO	D BE ABATED	Maintena		insulation, surfac			Remova	Repair	psu	So
	in Facility (13)	(12)	Service and the service of the servi	or other miscell			val	7	Encapsulate	life
	(10)	Yes No	N/A							
Middle Mechani	ical Room			Elbows	3	45 Each			ᆜ	
Middle Mechani				Elbow De	bris	3 SF			井	H
11110010 111001101								H	Η	H
								H	Η	卄
			121-				一日	H	H	H
			IDED Mosts	Cubic Yards	Name of Reg	istered Landfill				
Name of Registe	red Waste Hauler		auler ID No.	of Waste	Ivallie of iveg	istored Larranii				
Pasaurce Mana	agement Group, LLC		035218	TBD	Grows Land	fill				
City, State	250110.11 01049, 220			Disposal Date	City, State					Contains of
Trenton, NJ 08	619			TBD	Morrisville, I	PA				
Completed By (F		T	itle	Signaturé	1.1		Date		0.45	_
Mr. Brian Ha		F	resident	170	1 XM	1.3	02/2	20/2	U15	)
				1 1/16	H IKK	7				

CK 2228

Date of Notification (1) 2-27-2015  Agencies Notified    Type Notification   Type Notification   Street Address   489 Prospect Street	
BPA	
DOL	
FACILITY INFORMATION     Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)     Street Address   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc     Square Feet	9
Name of Facility Where Abatement is Taking Place (3)	her
Name of Facility Where Abatement is Taking Place (3)	
A89 Prospect Street	
City (5)     County (6)     County Code (7)     3,447     3     110       Name of Monitoring Firm Hired by Building Owner (8)     ASCM No. Health and Safety Services     Name of Abatement Contractor (9)     Name of Abatement Contractor (9)       Street Address P.O. Box 365     Resource Management Group, LLC       City, State & Zip Code Berlin, NJ 08009     Telephone Number 856-452-1311     Telephone Number 609-977-6159     License Number 61185       Scheduled Start Date (10) 03/12/2015     Scheduled Completion Date (11) 04/02/2015     Name of OSHA Monitor J&S Environmental Laboratories, Inc.       Occupancy Status During Abatement (Check only one)  Seacility Closed/Vacated During Entire Period of Abatement Describe: 10:00am to 6:00pm Facility Occupied During Abatement     Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083       Scope of Work (Check all that apply)     Full Containment with Negative Presst Mini-Enclosure	)
Residential   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   117   Resource Management Contractor (9)   Resource Management Group, LLC	
Health and Safety Services  Street Address P.O. Box 365  City, State & Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Mr. Jim Proctor  Scheduled Start Date (10) 03/12/2015  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During 1st Shift Describe: 10:00am to 6:00pm Facility Occupied During Abatement Scope of Work (Check all that apply)    Abatement Performed During Abatement	
P.O. Box 365       City, State & Zip Code         Berlin, NJ 08009       Telephone Number         Project Manager for Monitoring Firm       Telephone Number         Mr. Jim Proctor       856-452-1311         Scheduled Start Date (10)       Scheduled Completion Date (11)         03/12/2015       04/02/2015         Occupancy Status During Abatement (Check only one)       Street Address         Abatement Performed During Intire Period of Abatement       2333 Route 22 West         City, State & Zip Code       Union, NJ 07083         Scope of Work (Check all that apply)       Full Containment with Negative Pressure         Abatement Performed During Abatement       Renovation	
Berlin, NJ 08009   Project Manager for Monitoring Firm   Telephone Number   856-452-1311   Forestor   Scheduled Start Date (10)   03/12/2015   O4/02/2015   O4	
Mr. Jim Proctor       856-452-1311       609-977-6159       01185         Scheduled Start Date (10) 03/12/2015       Scheduled Completion Date (11) 04/02/2015       Name of OSHA Monitor J&S Environmental Laboratories, Inc.         Occupancy Status During Abatement (Check only one)       Street Address         Abatement Performed During Intire Period of Abatement Describe: 10:00am to 6:00pm       City, State & Zip Code Union, NJ 07083         Facility Occupied During Abatement       Full Containment with Negative Pressured Mini-Enclosure	
03/12/2015       04/02/2015       J&S Environmental Laboratories, Inc.         Occupancy Status During Abatement (Check only one)       Street Address         ∑ Facility Closed/Vacated During Entire Period of Abatement       2333 Route 22 West         City, State & Zip Code       Union, NJ 07083         ☐ Facility Occupied During Abatement       Union, NJ 07083         Scope of Work (Check all that apply)       Full Containment with Negative Pressure         ☐ ≥3 sf or ≥3 lf       Renovation       Mini-Enclosure	
Describe: 10:00am to 6:00pm  ☐ Facility Occupied During Abatement  Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf  ☐ Renovation  ☐ Union, NJ 07083  ☐ Full Containment with Negative Pressure  ☐ Mini-Enclosure	
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf  □ Renovation  □ Mini-Enclosure	
□ ≥3 sf or ≥3 lf     □ Renovation     □ Mini-Enclosure	iro.
I Definition I I Glove Bad Procedures	
☐ Non-Exempted and Non-Friable Proce	
Location of Asbestos-Containing Is Location Description of Amount Abatement Asbestos-Containing Abatement Asbestos-Containing Specify	1
Material (ACM) Solely by Material (ACM) SF or LF) 지 점	Encl
Material (ACM)   Solety by   Material (ACM)   SP of LP	Enclsoure
Tes No N/A	
Various Locations on 1 <sup>st</sup> , 2 <sup>nd</sup> & 3rd Floor =	ĦĦ
2 <sup>nd</sup> Floor-Foyer, Bathroom & Bedroom	
3 <sup>rd</sup> Floor-Bedroom & Storage Room)	
Name of Registered Waste Hauler  NJDEP Waste Cubic Yards  Name of Registered Landfill	
Resource Management Group, LLC Hauler ID No. of Waste TBD Grows Landfill	
City, State Trenton, NJ  Disposal Date   City, State   Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney  Title President  Date 02/27/2015	



RECEIVED

		(Pu	rsuant	to NJAC	8:60 and 12:120	28	SMED .					
Date of Notification (1)	7/15	2			ng Owner/Operator	(2) CONTRAC	TING	RM	<i>[</i> :  ;	57		
Agencies Notified	Type Notification	n		Address		1.50	& LICEN	-1111	HI	11		
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	Amended	ш	City.	State, Zip	Code	. T						
⊠ DOF	Amendment Emergency		(:	TREED	JFIELD,	N.). (	08230				71	
⊠ рон	justification	)	Name	e of Conta		•	Teles					
□ DCA	Cancellation			BRUCE	BREUN	116		L, sed				
			FA	CILITY IN	ORMATION							
Name of Facility Where	Abatement is Tak	ing Place (3)				Type of Facility	(4)					
RES	SIDENCE					School (K-1	2) 8 (Other than	V 121				
Street Address Z 1	E. N. JE	ر و کی ک ریا		1211		Other (i.e., )	onvate & comm		build	lings,		8
Ca /E)						Square Feet	# of Floor:	S		ig. A	7000	
000	MY, D WIT					1000			_	10	٦	
County (6)					7) (STATE	Current Use (P	rior if being de	emolishe	ed)			
CNET	MAY		USE	ONLY)		VACI						
Name of Monitoring Firm	Hired by Building	Owner	ASCM	No	Name of Abatem							
(8) (8)	4				- KLEN	100 JN	C					
Street Address					Street Address	C C	ι ۸					
					369	S. Spr	UCE A	VE_				
City, State, Zip Code					City, State, Zip Co	ode C	- A)	7	2	201	7	
						E SHA	DE IV.	1	0	10	) C	-
Project Manager for Mon	itoring Firm	Tel	ephone	No	Telephone No. 856-729	5-0472	License N	144				
2 18 1 1/0	I Saba	eduled Compli	etino Da	ile (11)	Name of OSHA N							
Start Date (10)		3/17/		* **	JOSEPH	A Company	1 JR					
Occupancy Status Durin					Street Address			+2 14				
Facility Closed Vacate	ed Dunno Entire P	enod of Abate	emen!		369 5	. SPRUCE	E AVE					_
Abatement Performed	Outside of Norma	al Facility Hou	ITS		City, State, Zip Co		- 4		_			
Other - Describe:					MAPLE	SHADE	N.I	080	12	2		
Scope of Work (Check a	II that apply)											
	20000				Full Con	tainment with Ne	egative Pressu	ire				
≥3 sf or ≥3 lf >160 sf or ≥260 lf		Renovat			☐ Gloveba	a Procedure						
					Non-Exe	mpted (*) and N	on-Friable Pro	ceaure		bater	nant	
18.2		Is Location								Typ		
Location o	er i	Used Sole		×	Description of	1101W0W8E88078	was a second			1		
Asbestos-Containing M	laterial (ACM)	Maintenar Custode		Asbes:	ios Containing Mate thermal systems in	eriai (ACM)	Amount (Specify		R	-	Enc	En
TO BE ABAT IN Facility	ED	Staff?		(1.6	surfacing, VAT,	or or	SF or LF)		Removal	Repair	aps	Enclosure
(13)		(12)			other miscellaneo	us)			wal	#	Encapsulate	ure
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SIDING			X		I RAM JII			11-	4			
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Name of Registered Was	te Hauler		UDEP V		Cubic Yards	Name of Reg	istered Landfil	1				
Klomeo	Inc.	F	lauler ID	ρΫ́C	of Waste	C.M	C.M.	V.	H	_		
City, State	770		+ + + + 2		Disposal Date	City, State	23	7.7	7	=		
	HADE A	J.J				MOON	DBINE.	M	ر .			_
Completed By ,	Title				Signature	0 0	Da	Ie Z	27	11	5	
MICHARI K	1 - 4344	VICE.	TRES	OCNI	Mue	XI) Ju		-1-		_		

CK 1836

Date of Notification (1)		Name of	f Building Owner/Ope						
Agencies Notified Type Notification		Street A	JOSEPh ddress	Hodnichi			F-1317 F-1		
		Olicota	27 a	berfoule	Dr	59			
EPA Initial Amended		City, Sta	ate, Zip Code	- 10-110					
Amendment Emergency (		TIG	0.110.11	15 086		J.			
DOH justification)		Name o	f-Contact	<u> </u>	Telephone-Nu				
DCA Cancellation		200000000000000000000000000000000000000	LITY INFORMATION	N.	1 × × ===				
Name of Facility Where Abatement is Taking	g Place (3)	1 40	LITT IN ORMATION	Type of Facility	/ (4)				
Street Address 7 7 A Lack	m, 10	<u> </u>			-12) er 8 (Other than K-1 . private & commerci		dinas	home	es
27 Abert	0416	الما .		etc.)			-		
City (5) Trenton				Square Feet	# of Floors		ldg. A		
County (6) Mercer			Code (7) USE ONLY)	Current Use (F	rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC		Name of Abatement C					
Street Address				Brick Industries In Street Address	1C.				
Officer Address				P.O. Box 915					
City, State, Zip Code				City, State, Zip Code					
				Brick, New Jerse	y 08723				
Project Manager for Monitoring Firm		Telepho		Геlephone No. (732)899-7499	License N 01196	lo.			
Start Date (10)	Scheduled (	Completion	Date (11) N	Name of OSHA Monito	or				
Occupancy Status During Abatement (Chec	k Only One)		8	Street Address					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility Ho	tement ours		City, State, Zip Code					-
Scope of Work (Check All That Apply)									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Managed	ovation			ment with Negative I	Pressu	re		
2160 St Of 2260 II	☐ Dell	nolition		Mini-Enclose Glovebag Properties Non-Exemp		ole Pro	cedur	e	
	ls Lo	cation					Abate	ement	
Location of	Non	mally Solely by		ription of		-	1)	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	enance/ ial Staff? (2)	(i.e. thermal sy surfacing	ning Material (ACM) ystems insulation, ng, VAT, or scellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	NO N/A	NEV 261 . (1)	121.	110015	1	<u> </u>		
	-	.0	Asbestos A	oor tile +	40005	K			-
		_	(a.v)	mastic					
					+	-			
Name of Registered Waste Hauler		NJDEP V			of Registered Landfil	1		L	
Brick Industries Inc.		Hauler ID 21602		4 GRO					
City, State Brick, New Jersey			Disposal 316	Date City, St					
Completed by Eric Plackis	Title Preside	ent	Sig	nature Sylv	Di	ate Z [	27	115	



Date of Notification (1)	1		Name of	Building Owner	r/Operator	(2)					-
2/23/	17		FLEG	VITUIC	•				//	1	-
Agencies Notified	Type Notification		Street Ad	L WEST	-Tai	PONLIA	) M 2015	MBD			
EPA	Initial Amended		City Sta	te, Zip Code	1001	POILUU	27	100			11
DEP X DOL	Amended Amendment #			SRIVER	. 117	75584	· · · · · · · · · · · · · · · · · · ·				, ·
E-201	Emergency (ir	ncluding	Name-of	9110	100	00:0	Telenhone Ni	ımher			
DOH DCA	justification) Cancellation		Eric Pl	Manager Committee of the Committee of th							
			FACII	LITY INFORMA	ATION						
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility  School (K		10)			
Street Address	(+Tarpon	hors	1			Other (i.e.	private & commen	cial build	lings,	nome	s,
City (5)	1 Ton pos		}		1	Square Feet	# of Floors	BI	ldg. Ag	ge	
10ms	Hiver					500	\		61	)_	
County (6)	PAN		County (	Code (7) USE ONLY)		1 /	rior if being demoli 7000	shed)			
Name of Monitoring Fir	m Hired by Building O	wner (8)	ASCM	I No.	Name	of Abatement C	J: 11 1 ~~				
					Brick	k Industries Ir	nc.				
Street Address					100,000,000	Address					
						Box 915					
City, State, Zip Code					100000000000000000000000000000000000000	State, Zip Code k, New Jersey	y 08723				
Project Manager for Mo	onitoring Firm		Telepho	ne No.		none No. 2)899-7499	License 01196				
0. 15 1. (40)		Cabadulad C	Completion	Deta (11)		of OSHA Monito					
Start Date (10)	5	Scheduled C	1 15	Date (11)	Ivairie	of OSTIA WORK	<i>3</i> 1				
Occupancy Status Duri	ing Abatement (Check	Only One)			Street	Address					
Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire P med Outside of Norm	eriod of Abar al Facility Ho	tement ours		City, S	State, Zip Code					
Scope of Work (Check	All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			Mini-Enclose Glovebag P				3	
						_ Non-Exemp	led ( ) and North	able 1 10	Abate		
		55576	cation mally			e e			Ту		
Locati Asbestos-Containir TO BE A In Fa (13)	ng Material (ACM) BATED cility	Used S Mainte Custodi (1	colely by enance/ al Staff? 2)	Asbestos C (i.e. therr		Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		162 1	X	111-	101.00	. ( ) .	CHACE	1x	-		
			4	Hopeh	18 +MI	77.P.C	50050	1			
			- 8	Sidin	Ş-		10007				
Name of Registered W	aste Hauler		NJDEP V	Vaste Cu	bic Yards	Name	of Registered Land	Ifill			
Brick Industries Ind	С.		Hauler ID 21602	137	Waste 4	GRO					
City, State Brick, New Jersey				Dis	sposal Dat	City, S	tate				
Completed by		Title			Signatu	(B)		Date 2./7	70	110	_
Eric Plackis		Preside	ent		>	well		210	45	117	6

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NO CF

Date of Notification (1) 02/04/15	nholls	-			Building Ow					28	is man	- (z	NAC.	14	1 48	eş
	tification			treet Add	dress WARTHM	10RE	AVE	NUE, #	£5		6 TT-	4. %		<i>Li</i> :		ı
	ial iended iendment #_				e, Zip Code /OOD, NJ		01				2	W-7-75	and the	and in		
DOH jus	ergency (ind tification) ncellation	cluding	1000	lame of 0	Contact PITZER					Tele	phone Ni	umber				
				FACIL	ITY INFOR	MATIO	N									
Name of Facility Where Abatement Street Address 1550 CEDARVIEW AVEN		Place (3)						Sc Sc X	Facility (4) chool (K-12 ubchapter 8 ther (i.e. pri	) (Othe			Idin	igs, h	iome	s,
City (5) LAKEWOOD, NJ								Square 1200		# of	Floors		3ld;	g. Ag	e	
County (6) OCEAN COUNTY				County C	ode (7) SE ONLY)			Curren	t Use (Prior E	if beir	ng demoli	ished)				
Name of Monitoring Firm Hired by	Building Ov	vner (8)		ASCM	No.				PROFES							
Street Address								Address HITE D	OVE CO	URT		*				
City, State, Zip Code								State, Zip EWOO	Code D, NJ 08	701						
Project Manager for Monitoring F	rm		-	Telephor	ne No.			none No 668-90			License 1200	No.				
Start Date (10) 02/18/15		Schedule 32/20/1	d Com	pletion D	Date (11)				A Monitor PROFES	SSIO	NALS					
Occupancy Status During Abater				1	t		- C. C. C. C. C.	Address								
Facility Closed/Vacated Dura Abatement Performed Outsi	ng Entire Pe de of Norma	eriod of A I Facility	batem Hours	ent			City, S	State, Zip								
Other – Describe:						-	LAK	EWOC	D, NJ 08	3701						
Scope of Work (Check All That A	pply)						5	K]	Containme	طائب د	Nogotive	o Proce	uro	v:		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			enova emolit					Mini	-Enclosure vebag Proc -Exempted	edure					2	
			77				E	NON	-Exempled	() all	U NOITE	lable F			ment	
		0.77	Locati Iormal	5.7.11 (c) (d)		Des	scription	n of					_	Ту	ре	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	(ACM)	Mai Cust	d Sole intena odial S (12)	nce/ Staff?	1000	s Cont nermal surfac	aining I system cing, V	Material ns insula		(5	mount Specify F or LF)	Kemoval		Repair	Encapsulate	Enclosure
EXTERIOR		Yes	No	N/A		- C	SIDING	3		10	000 SF	X				
			-		IC		ACOUNT DOING	POUNE	)		500 SF	X	+	-		
INTERIOR			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		30		COIVII	OON			,00 0.					
Name of Registered Waste Haul	er		1000	NJDEP W	23/23/25	100000000000000000000000000000000000000	Yards		Name of	Regist	ered Lan	dfill				
NEWARK CARTING			1.00	Hauler ID 4509			ARDS		IESI		8					
City, State NEWARK, NJ		X				02/20			City, Stat BETHL		M PA					
Completed by JOSEPH PERLSTEIN		Title OWN	IER			5	Signatu	re				Date 02/04	1/1	5		

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Date of Notification (1) 2/26/15					Building C	wner/Oper LY	rator (	(2)	2651	17.7		-	-		
Agencies Notified	Type Notificat	tion		Street Ad 8 LENC	idress DX TERI	RACE		×	A - 3:		4	4.1	ij		
DEP.  DOL	Amende Amendn	nent #			e, Zip Cod ORANG	ie SE, NJ 07	7052	1 0 0 0	3	o de la comita del comita de la comita del la comita del la comita del la comita del la comita de la comita del		127	٤.		
DOH DCA	justificati Cancella			Name of Mike M					-	Telephone N	lumbe	r			
				FACIL	ITY INFO	RMATION									
Name of Facility Where A Residence	Abatement is T	aking Place (3	)					☐ Sc	Facility (4)						
Street Address 8 LENOX TERRAC	E	П							her (i.e. pri	(Other than K vate & comme		uildi	ngs,	nome	S,
City (5) WEST ORANGE								Square 2000S		# of Floors 2			ig. Ag 150	је	
County (6) Bergen				County C (STATE U	ode (7) ISE ONLY)		-		Use (Prior DENCE	if being demo	lished)				
Name of Monitoring Firm	Hired by Build	ding Owner (8)		ASCM	No.				ment Contr ades Co	ractor (9) ntracting, L	LC				
Street Address						10.00		Address ntorino		uilding #2					
City, State, Zip Code							tate, Zip ster, NY	Code / 10918							
Project Manager for Mon	itoring Firm		Telephor	ne No.	1.00		none No. 610-52	77	License	e No.			,		
Start Date (10) 3/16/15		Schedul 3/20/1		npletion [	Date (11)	110.15	( = m) m = m		Monitor ades Co	ntracting, L	LC				
Occupancy Status During	g Abatement (	Check Only Or	ne)			S	treet	Address				-			
Facility Closed/Vac	ated During Er	ntire Period of	Abatem	nent		1				uilding #2					
Abatement Perform Other – Describe:	ed Outside of	Normal Facility	/ Hours	i				state, Zip ster, N`	Code Y 10918						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mini- Glov	Enclosure ebag Proce	nt with Negative edure (*) and Non-F				e	
		le	Locati	ion						1/			Abate	ement	
Location	n of		Normal	lly		Descr	ription	n of					Ту	ре	
Asbestos-Containing TO BE AB In Facil - (13)	Material (ACN ATED lity	n) Ma	ed Sole aintena todial ( (12)	nce/		tos Contair thermal sy surfacin other mis	ning M /stem: ig, VA	Material ( s insulat AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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BASEM	ENT			X		VAT 8	& Ma	stic		490SF	X				
			-										-		
Name of Registered Wa	ata Haular			NJDEP W	Jacte	Cubic Ya	arde		Name of F	Registered Lan	dfill		-		
Freehold Cartage	ste naulei		H	Hauler ID 8693		of Waste			TRRF	**************************************					
City, State Freehold, NJ				70		Disposal 3/20/14		2	City, State Tullytow						
Completed by Michael R. Adams		Title Pres	ident			Sign	nature	e 42.0	25		Date 2/26	/15	)		

NO CK

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

PELE LD

Date of Notification (1) 2/26/15					Building Ow RINE FE		ator (2	2)	PER PE			÷	ł Fa		
Agencies Notified	Type Notification			treet Add	dress RLYLE F	PLACE			fi . m f	. 3. 1					
EPA DEP X DOL			Ci	ity, State	e, Zip Code , NJ, 070		THIRD						V w		
▼ DOH DCA	Emergency (in justification) Cancellation	cluding		ame of 0						Telen	hone Nu	mber			
				FACIL	ITY INFOR	MATION									
Name of Facility Where Residence Street Address	Abatement is Taking	Place (3)			11			Sc St	Facility (4) chool (K-12) ubchapter 8	(Other					
646 CARYLE PLAC	CE							∑ Of et	ther (i.e. pri)	vate & d	commerc	ial bui	dings	, home	es,
City (5) UNION								Square 22005	Feet	# of F	loors		3ldg. 1960	-	
County (6) Bergen				ounty C	ode (7) SE ONLY)				t Use (Prior DENCE	if being	g demolis	hed)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.				ment Contr rades Cor			0			
Street Address					*	0.000		Address	Way, Bu	ilding	#2				
City, State, Zip Code			8					ate, Zip ter, N`	Code Y 10918						
Project Manager for Mon	nitoring Firm	Т	elephon	e No.	318	100 mm	one No.			License I	Vo.				
Start Date (10) 3/18/15		Scheduled	Comp	oletion D	ate (11)				A Monitor rades Co	ntract	ing, LL		decleração.		
Occupancy Status Durin	ng Abatement (Check	Only One)				737		Address							
Facility Closed/Vac Abatement Perform	cated During Entire Poned Outside of Norma	eriod of Aba	iteme	ent		1		ntorino ate, Zip	Way, Bu Code	ilding	#2				
Other – Describe:		550				- C	Ches	ter, N	Y 10918						
Scope of Work (Check /	All That Apply)				-	*****									
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			ovati nolitic				×	Mini Glov	Containmer -Enclosure /ebag Proce -Exempted	edure				Iro.	
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Asbestos-Containing TO BE AE In Fac (13	g Material (ACM) BATED illity		enan	ce/	(i.e. th	s Containi nermal sys surfacing other misc	ing M stems g, VA	laterial ( insulat T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEN	MENT	103	***	X	-	VAT &	Mag	etic		49	0SF	X	+		+
BASEIV	ILIN I			^		VAIQ	ivia	5110		40		1.2	-	+	-
X)															
Alexander and the same and the	e of Registered Waste Hauler					Cubic Yar of Waste			Name of R	tegister	ed Landi	ill			
Freehold Cartage				auler ID 693		8			TRRF			9			
City, State Freehold, NJ						Disposal 3/20/15			City, State Tullytow						
Completed by Michael R. Adams		Title Preside	ent			Sign	nature	1.0	6	4		Date 2/26/	15		

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2/26/15 MAGOIEL RODRIQUEZ Agencies Notified Type Notification Street Address 4 SERIDEL DRIVE FPA Initial City, State, Zip Code DEP Amended PARSIPPANY, NJ 07054 DOL Amendment # X Emergency (including Telophone Mumber Name of Contact × DOH justification) Mike Maroff DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 4 SERIDEL DRIVE etc.) # of Floors City (5) Square Feet Bldg. Age 1970 PARSIPPANY 2000SF County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) RESIDENCE Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Specialty Trades Contracting, LLC Street Address Street Address 3 Contorino Way, Building #2 City, State, Zip Code City, State, Zip Code Chester, NY 10918 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 845-610-5277 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Specialty Trades Contracting, LLC 3/16/15 3/20/15 Street Address Occupancy Status During Abatement (Check Only One) 3 Contorino Way, Building #2 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Chester, NY 10918 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normaliv Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A VAT 275SF BASEMENT X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. TRRF Freehold Cartage 18693 City, State Disposal Date City, State Freehold, NJ 3/20/15 Tullytown, PA

Date

2/26/15

Signature

Title

President

Michael R. Adams

Completed by

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

			ICATIO	N OF AS	New Jersey SBESTOS ABAT C 8:60 and 12:1	20)	REGEL S	ck # !	) Seor	E	
B 1 (N) (7 1) (4	X		Name of	Duilding (	Owner / Operator (2)	20	TO MAD .	CK #	9590		
Date of Notification (1	) ebruary 27, 2015		New Jer	sev Econ	omic Development	Authority	TO MAR -4 AM	1:1	F-	-	
Agencies Notified	Type Notification		Street A			AS	BEGINS IN	, ,	e e		
⊠EPA □DEP			36 West	State Str	eet		BEG CON & LICENSING	TRO	L		
DOL	☐ Initial ☐ Amended			te & Zip C							
⊠DOH ⊠DCA	Amendment #_ Cancellation		AUGMENT CARTE STOP	Contact		2	Tele	ephone	Num	ber	
					FORMATION						
Name of Facility Whe	ere Abatement is Taking Pl	ace (3)	170		Type of Facility	A COMPANY					-
Branford Hall Caree	r Institute				School (K-	3.0.00 <b>.00</b> 00					
Street Address					1 2 3	er 8 (Other than K		ham	o o+	- 1	
651 Route 1 South (	Bldg. 651)				Square Feet	e., private & con	nmercial buildings	, nom	ट, टा	)	
City (5)					60,000	1	Basement	. / igo	70		
North Brunswick					Current Use (P	rior if being demo	lished)				
County (6)		unty Code			Toolinious con						
Middlesex Name of Monitoring F	Firm Hired by Building Own	EONLY_ ner (8)		ASCM No	Name of Abate	ment Contractor	(9)				
Hillman Consulting				23	Synatech, Inc.						
Street Address 1600 Route 22 East,	Ste 107				Street Address 829 Radio Roa						
City, State & Zip Cod					City, State & Zi						
Union, NJ 07083	Analta dan Film	Tol	ephone No	ımhor	Little Egg Harl	bor, NJ 08087	License Numb	ner			-
Project Manager for N Tammy Lomax	vionitoring Firm		3-688-7800		609-296-6916		License Name	00817	7		
Scheduled Start Date March 13, 2			on Date (1 n 15, 2015		Name of OSHA Synatech, Inc.						
Occupancy Status Di	uring Abatement (Check or ed/Vacated During Entire	nly one) Period of	Abatement		Street Address 829 Radio Roa						
Abatement F	Performed Outside of Norn	nal Hours			City, State & Zi	ip Code					
Other – Des					Little Egg Har	bor, NJ 08087					
Scope of Work (Chec	upied During Abatement										_
Coope of Work (One)	on an enac approy				⊠ F	Full Containment	with Negative Press	ure			
≥3 sf or ≥ 50 lf			Renovatio	n	1	Mini-Enclosure					
≥160 sf or ≥26			Demolition	1		Glovebag Procedi					
				-			and Non-Friable Pr				
	cation of aining Material (ACM)		on Normal y Maintena		Descriptio Asbestos-Cor		Amount (Specify	Ab	ateme	ent i	ype
	E ABATED		dial Staff?		Material (A	(CM)	SF or LF)				
IN	Facility (13)				(i.e., thermal s insulation, surfa			R	_	Ē	m m
	(13)				or other miscel			Remova	Repair	Encapsula	clos
		Yes	No	N/A				oval	air	sula	Enclosure
Corridor and Baser	age Room and Adjacent ment Corridor Adjacent	100		x	Linoleum &	Mastic	1,000 SF	X			
to Server Room Name of Registered	Waste Hauler	NJDEP \	Maste	Cubic Ya	ards of Waste	Name of Registe	ered Landfill				
Tvalle of Registered	vvaste i idulei	Hauler II	No.				20-400 AF BOOTH ARCHOOTH FOOTH				
Synatech, Inc.		27	429	10	Data	Grows Landfill City, State					
City, State				Disposal	Date	Oily, State					

Little Egg Harbor, NJ 08087

Completed By

Diane Aloia

Title

Executive Administrator

Morrisville, PA

Date

February 27, 2015

March 24, 2015

Signature

205 MER# 9594

Date of Notification (				Name o	f Building Orsey Econo	wner / Op	erator (2	2) t Authority		ASAE		, ,	17	1:4
Agencies Notified	Type Notificatio			Street A		Jillic Deve	поринен	Additionly		2	1,50		611	
										SE €	-1CE,	1.7		1411
DEPA DEP				36 Wes	t State Stre	eet							1	
DOL				City, Sta	ate & Zip Co	ode								
DOH □	Amende			Trentor	n, NJ 08608	В								
DDCA	Amendi Cancell	ment #		Name o	f Contact					Tele	ephone	Nun	ber	$\neg$
				James	Saraceno									
				FAC	ILITY IN	FORMA	TION			-				
Name of Facility Whe		Taking Pl	ace (3)				of Facilit							
Branford Hall Caree	er Institute						School (I		K 12\					
Street Address	(DI-I CEA)							eter 8 (Other than e., private & co		cial huildings	hom	e et	- )	
651 Route 1 South	(Blag. 651)						re Feet	# of Flo			. Age	0, 00	J./	
City (5)						- Joqua	60,000		Baser	46	, , , , , , , , , , , , , , , , , , , ,	70		
North Brunswick						0.0000000000000000000000000000000000000		Prior if being den	nolished	d)				
County (6)		Co	unty Code	(7)		rech	nical Sc	11001						
Middlesex			E ONLY_	(1)										
Name of Monitoring	Firm Hired by Buil	ding Own	ner (8)		ASCM No	107753072530		tement Contracto	or (9)					
Hillman Consulting Street Address	<u> </u>					tech, In								
1600 Route 22 East	t, Ste. 107				0.0000000000000000000000000000000000000	Radio Ro			(5)					
City, State & Zip Cod	de				100000000000000000000000000000000000000		Zip Code							
Union, NJ 07083 Project Manager for	Monitoring Firm		Tel	ephone N	umher		hone Nu	irbor, NJ 08087 imber		License Num	ber	-		
Tammy Lomax	Montorning i min		1	3-688-780		1 0000000000000000000000000000000000000	296-6916				00817			
Scheduled Start Date March 10,	N 6	cheduled	Completio	on Date (1 h 12, 2015		1000	e of OSH tech, In	HA Monitor c.						
Occupancy Status D			nly one)			Stree	et Addres	SS						
	Performed Outsid					City.	State &	Zip Code						
Other – Des						1.0000000000000000000000000000000000000		arbor, NJ 08087						
Facility Occ	cupied During Aba	tement												
Scope of Work (Che	eck all that apply)													
	<u>.</u>			D	_			Full Containmer Mini-Enclosure	nt with N	Negative Press	ure			1
≥3 sf or ≥ 50 l				Renovation Demolition			H	Glovebag Proce	dura					
≥160 sf or ≥2	.60 11			Demonitio			X	Non-Exempted		Non-Friable Pr	ocedur	e		
Lo	ocation of		Is Locati	on Norma	lly Used	****	Descript			222		atem	ent T	Гуре
	aining Material (A	CM)	Solely b	y Mainten	ance or		oestos-C Material	ontaining		ount (Specify SF or LF)				
10 B	N Facility		Custo	dial Staff	(12)			l systems		OI OI LI )			-	Γ_
	(13)					insula	tion, sur	facing, VAT			Rer	Re	nca	Enc
						or ot	ner misc	ellaneous)			Removal	Repair	Encapsula	Enclosure
			Yes	No	N/A						a	7	lla	le le
Basement Carpete	d Area				Х		Carpet I	Mastic		100 SF	X			
Storage Area North	n of File Room				Х	1	Wallboar			150 LF	X			
Name of Registered	l Waste Hauler		NJDEP I		Cubic Ya	rds of Was	ste	Name of Regis	stered L	andfill				
Synatech, Inc.				429	2			Grows Landfi	11					
City, State					Disposal	Date		City, State						
Little Egg Harbor,	NJ 08087				March 24	, 2015		Morrisville, P.	A					
Completed By		Title			Signature		170		Date					
Diane Aloia		Executiv	ve Admini	strator	14/6	ane C	llor	a	Februa	ary 27, 2015				<u> </u>
				-					treasure or the latest				-	

0 x # 24750

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

PELL

Date of Notification (1)				Name	of Building	Owner/Operato	r (2)	LEIG I	性を	ı	7/4/8	
	/25/15					Saint E	Barnabas Med	ical Center		-4	$\frac{1}{4}$	1:
Agencies Notified	Type Notification			Street	Address	94	Old Short Hi	4091			- 15	
EPA DEP	☐ Initial ☐ Amended		-	City St	ate, Zip C		Old Short III	iis Ru.	-/61	To the		=
DOL DOL	Amendment #_	oludina		City, S	ate, Zip C		vingston, NJ	07039			f + 1	
<b>⊠</b> DOH	Emergency (in justification)	cluding	-	Name	of Contact			Telephone Numb	NOT			
□ DCA	☐ Cancellation		-		Mr. B	rian Jankow	sky					
				FAC	ILITY INF	ORMATION						
Name of Facility Where							Type of Facility	(4)				
	Saint Barnabas	Med	ical	Cente	r		School (K-1	2) 8 (Other than K-12	2\			
Street Address	94 Old Sho	ort Hi	lls R	d.			Other (i.e., phomes, etc	orivate & commercia	al build	335000		
City (5)	Living	cton	NIT				Square Feet 100000	# of Floors	Blo	ig. Ag 60-		
County (6)	Living	Ston,	INJ	Coun	ty Code (7	) (STATE		rior if being demolis	shed)		-	-
35 ASSES	Essex		_	USE	ONLY) _							
Name of Monitoring Fir				ASCM	Vo.		ment Contractor (		20 Tes	0		
	nental Tactics, I	nc.	_   .					mental Service	es, in	C.		
Street Address	64 Broad Stre	et				Street Address		Box 322				
City, State, Zip Code	04 DIOdu Sire					City, State, Zip		0011 022				_
	Matawan, NJ 0	7747						n, NJ 08501				_
Project Manager for M	onitoring Firm	T		phone		Telephone No.		License No.				
Thom	as Geiger		-		0-2217		59-9688	(	)0493	<u> </u>		_
Start Date (10)	Sched	duled Co			te (11)	Name of OSHA		MECS .				
2/26/15	i - Abatanant (Cha		3/6/1	5		Street Address		IECS				_
Occupancy Status Du  Facility Closed/Vac				ment		Olieet Addiese		Box 341				
Abatement Perform						City, State, Zip	Code					
Other - Describe:	4pm to 12 mid-	night.					Crosswic	ks, NJ 08515				_
Scope of Work (Check	( all that apply)		12:			□ Eull C	ontainment with N	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitio			☐ Mini-E Glove	nclosure bag Procedure	Ion-Friable Procedu	ıre			
		ls L	ocatio	on		Alton	Stormpton ( ) and .			bate	ment	
Locatio	o of	Used	smally Solel			Description	of			Тур	e .	
Asbestos-Containing	Material (ACM)	Main	tenan	ce/	Asbes	tos Containing M	aterial (ACM)	Amount			回	т
TO BE AB		15733	istodia Staff?	al	(i.e.,	thermal systems surfacing, VA	s insulation, T. or	(Specify SF or LF)	Remova	Repair	ıcap	nclo
(13)			(12)			other miscellan			loval	oair	Encapsulate	Enclosure
-		Yes	No	N/A							te	(D
4700 \	Wing		×		T	hermal Pipe	Fittings	15	×			
	(			NJDEP '		Cubic Yards	Name of Po	gistered Landfill				
Name of Registered V		7	1	Hauler II	O No.	of Waste	Name of Re	₹1	. 4611			
Stevens Environ	nmental Service	s, Inc	<u>-                                    </u>	18.	292	1 CU Disposal Date	- City, State	GROWS La	патт			
City, State	Allentown, l	VI				3/6/15	/ City, State	Morrisville	. PA			
Completed By	Attentown, 1					Signature	Y VY /	Date				
Mahlon E. S	tevens	Pr	ojec	t Mai	nager	11//	1//		2/2	5/15		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Ok# 26288

Date of Notification (1)					Name of	Building (	Owner/Oper				15.00	7			
F	ebruary 26, 201	5					Charle	s Favreau		2015 M	leo .				
Agencies Notified  [ X ] EPA  [ ] DEP	[ ] Amen	Notificat ded Notif			Street A	ddress te, Zip Coo		ntinental A	ve	A Copp	18B	£19	1:4	7	
[x]DOL		idment#_ gency (inc	cluding			, 1		Hills, NY	11375		titi.	1 1/1	Hill		
DCA	justifi	cation)			Name of		92.57	0		Telephon	a Number				
	[ ] Cance	ellation				Charle	s Favreau	1					70		
				FACIL	ITY IN	FORMA	TION	T CD	-:1:4 (4	()					
Name of Facility Where A	batement is Taking sidence	g Place (3)	)					Type of Fa		Schoo	l (k-12)				
Street Address	Woodhaven Ro	1							[ x ]	Other	apter 8 (oth (i.e., privat	e & co		ial	
	W Oodnavon ice	County	(6)		County (	ode (7)		Square feet	t		ngs, homes Floors		, Age		
City		County	(0)			USE ONL	Y)	1157	7 sf		1			3	
Toms River		Ocean	1					Current Us	se (Prior Resid		lemolished)				
Name of Monitoring Firm	Hired by Building	Owner (8	3)	-	ASCM N	lo.	Name of	Abatement C	Contract	or (9)					
N/.							Ct A		Guard	dian Con	tracting,	Inc.			
Street Address							Street A	idress	1889	Route 9	Unit 61				
City, State, Zip Code	, State, Zip Code  ect Manager for Monitoring Firm  Telephone N								Toms	River, 1	New Jerse	ey 08°	755-1	271	
Project Manager for Moni	toring Firm	Number		1.	4000 - CO -	ne Number 9-9932			License N 00624	umber					
Scheduled Start Date (10) 02/27/20			Completi 105	ion Date (	11)	Name of	OSHA Moni		S.L. Ana	llytical					
[ ] Ab	Abatement (Check ility Closed/Vacate atement Performed er – Describe	d During	Entire Peri				Street A	te, Zip Code		Stelton l	Road Jew Jerse	y 088	354		
Scope of Work (Check all	that apply							[ ] Fu	ill Conta	ainment w	ith Negativ	e Press	ure		
Scope of work (Check an			[ ]	Renovat	ion			[ ] Mi	ini-Encl						
[X]≥160 sf or			[ x]	Demol				. H.			and Non-Fr	iable P	rocedu	re	
												Abat	ement	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM) ATED	N	Is Locatic formally u Solely by tenance/C Staff (12)	ised y		As (i.e ins	Description bestos-Con Material (A ., thermal mulation, su VAT, mer miscell	ntaining ACM) systems arfacing, or		(Sp	mount ecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbe	stos sidi	ng			900	sf	Х			
						151	CD.	17	1611						
Name of Registered Wast Guardian Co	e Hauler ontracting, Inc.	ste Hauler 20223		Cubic Y	ards of Was	T.F	of Regi	istered Lan	IGIIII						
City, State Toms River	, New Jersey				sal Date 3/2015		City, S Tully	tate fown, Penn	nsylvan	nia					
Completed by (Print or Ty Nicholas Fer	/pe)	Title Proje	ct Manag	ger	Signa	ture	Mol	1	1			2/2	6/15		
		*Do	not use th	nis form	for asbes	tos licens	иге ехетр	ted activitie	s.						

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) Messercola Excavatings February 26, 2015 Street Address Agencies Notified Type of Notification PO Box 684 X EPA Initial Notification 1 DEP Amended Notification City, State, Zip Code Amendment # [x] DOL Old Bridge, NJ 08857 Emergency (including [X] x 1 DOH justification) Telephone Number Name of Contact ] DCA Cancellation Fernando FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial 3105 Victor Avenue buildings, homes, etc.) Square feet # of Floors Bldg. Age County Code (7) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Toms River Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 732-349-9932 00624 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) E.M.S.L. Analytical 02/26/2015 02/27/2015 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply)] Mini-Enclosure Glovebag Procedure Renovation [ ]\_≥3 sf or ≥3 lf [x] Non-Exempted (\*) and Non-Friable Procedure [x] Demolition [X] ≥160 sf or ≥260 lf Abatement Type Description of Is Location Asbestos-Containing Amount Location of Normally used N C E E N (Specify SF Asbestos-Containing Material (ACM) Solely by Material (ACM) P C M LO (i.e., thermal systems or LF) TO BE ABATED Maintenance/Custodial A A insulation, surfacing, Staff in facility S U V R S VAT, or (12)(13)other miscellaneous) A R N/A YES NO L X Asbestos siding 900 sf X Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. Guardian Contracting, Inc. 20223 Disposal Date City, State City, State 03/02/2015 Tullytown, Pennsylvania Toms River, New Jersey Date Signature Completed by (Print or Type) 2/26/15 Nicholas Fernicola Project Manager \*Do not use this form for asbestos licensure exempted activities.

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	10 50-200 90-200				Name of	f Building (	Owner/Oper				~å	cc		
	ebruary 25, 201						John D	iLorenzo		en mad (	o J	80		
Agencies Notified  [ X ] EPA  [ ] DEP		ion Notifica ded Not			Street A			vnside Di	rive At		A John State of the State of th	: 48		
[x] DOL	[ X ] Emer	dment # gency (in			City, Sta	ate, Zip Coo		nceville,	NJ 08648	4-14-	117.1	īΰį		
[x] DOH [] DCA		cation) ellation			Name of	f Contact John I	DiLorenzo	)	T	elephone Number				
				FAC	ILITY I	NFORM	ATION							
Name of Facility Where Ab	atement is Taking idence	Place (3)	N.					Type of F	acility (4)	School (k-12)		W. 100000		
Street Address	1 Pennsylvania	Avent	ie	4%					[ x ]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City		County	y (6)		County C	Code (7) USE ONL	Y)	Square fe	et 0 sf	# of Floors	Bldg	. Age	5	
Ship Bottom		Ocea	n					Current U	Jse (Prior if Residen	being demolished)				
Name of Monitoring Firm I		Owner (8	)		ASCM N	lo.	Name of	Abatement	Contractor (	(9)	¥000.000			
N/A Street Address							Street Ad	dress	Guardia	in Contracting,	Inc.			
G: 0: 7: 0 l	ity, State, Zip Code									oute 9, Unit 61				
City, State, Zip Code	City, State, Zip Code							e, Zip Code		iver, New Jerse	ey 087	55-12	271	
Project Manager for Monito	Number			Telephon 732-34	e Number 9-9932		License N 00624							
Scheduled Start Date (10) 2/26/15			Scheduled 2/27/		ion Date (1	11)	Name of	OSHA Mo		L. Analytical				
[ ] Abai	batement (Check of lity Closed/Vacated tement Performed ( or – Describe	During	Entire Peri				Street Ad	dress e, Zip Code	1056 St	elton Road way, New Jerse	y 088	54	· · · · · · · · · · · · · · · · · · ·	
Scope of Work (Check all t	hat apply)						[ ]			with Negative Pres	sure			
2 2	f or ≥3 lf ) sf or ≥260 lf		[ x]	Renova Demoli			[ x ]	Glove	Enclosure bag Procedu Exempted (*	re ) and Non-Friable I	rocedu	re		
											Abat	ement '	Гуре	
Location of Asbestos-Containing M TO BE ABA in facility (13)	laterial (ACM) <u>rED</u>		Is Location Normally to Solely betten ance/C Staff (12)	ised y		Asi N (i.e ins	Description Destros-Conflaterial (A., thermal sulation, su VAT, cer miscella	taining CM) systems rfacing, r	1	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbe	stos sidir	ng			500 sf	X			
				-	-									
Name of Registered Waste	Llaular		NJDEP Was	ste Unul	III) Nia	Cukia V	ards of Wast	a Na-	e of Registe	rad Landfill				
	ntracting, Inc.	1		ste Hauler 20223	ID No.	Cubic Ya	uds of Wast		e of Registe: .R.R.F.	red Landilli				
City, State Toms River,	340				sal Date		City, Sta	ite	nsylvania	N				
Completed by (Print or Typ Nicholas Ferr	e)	Title Proje	ct Manag		Signat	rure ,	1.1	14		ij.	Date 2/25			

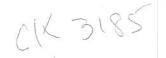
<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.

CK 3182

		NOT	IFICATIO	State of New ON OF ASBE nt to NJAC 8	STOS A		т				202		
Date of Notification (1) 02/24/15				of Building C				4月分	MAR	Å ø			
Agencies Notified	Type Notification			t Address RANDALL	AVEN	UE		ASOR			1	€.	Ž
DEP  DOL	Initial Amended Amendmen			State, Zip Coo PLEASAN		CH, NJ 08	742	40.	K/UF	77.			
DOH DCA	Emergency justification Cancellatio	)	100000000000000000000000000000000000000	e of Contact RY OGLE				Teleph	one Num	nber			
			FA	CILITY INFO	RMATIO	N							
Name of Facility Where Address 22 SHORE BLVD	Abatement is Taki	ng Place (3)				Typ	e of Facility (4 School (K-12 Subchapter 8 Other (i.e. pretc.)	) 3 (Other t			ings,	home	·S,
City (5) KEANSBURG, NJ				×		Squ	iare Feet	# of Flo	oors	BI	dg. A	ge	
County (6) MONMOUTH COU	NTY	12		ty Code (7) TE USE ONLY)			rent Use (Prior	r if being	demolish	ied)			
Name of Monitoring Firm	Hired by Building	Owner (8)	AS	CM No.			oatement Cont						
Street Address						Street Add	ress E DOVE CO	URT					
City, State, Zip Code						City, State,	Zip Code	3701					
Project Manager for Mor	nitoring Firm	***	Telep	hone No.		Telephone			icense N 200	0.			
Start Date (10) 02/26/15		Scheduled 03/01/15		on Date (11)			SHA Monitor	SSIONA	ALS				
Occupancy Status Durin	ig Abatement (Che	eck Only One)				Street Add	ress E DOVE CO	URT					
Facility Closed/Vac Abatement Perform Other – Describe:						City, State,			11				
Scope of Work (Check A	All That Apply)												
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		The second secon	novation molition				Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
		11 TO THE RESERVE TO	ocation rmally		4207000							ement pe	į
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used Maint Custoo	Solely by enance/ dial Staff?	/i e	tos Conta thermal surfac	scription of aining Mater systems ins cing, VAT, on scellaneou	ulation,	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
	100	Yes	No N/	/A	DC	OFINO		120	CE.	X		Ф	
EXTER						OOFING				-	_		
INTER	IOR		-		SHE	ETROCK		200	SF	X			
Name of Registered Wa	ste Hauler		100000000000000000000000000000000000000	P Waste r ID No.	Cubic of Was		Name of I	Registere	d Landfil	1			1
NEWARK CARTING	G		04509		5 YAF	RDS	IESI	2			2) 2		
City, State NEWARK, NJ					03/01	sal Date /15	City, State		PA				
Completed by JOSEPH PERLSTE	EIN	Title OWNE	ER.		S	Signature				ate 2/24/	15		



Date of Notification (1) 02/26/15					Building O		Operator (	2)		2	DIS MA	FP	4	6.0		
	Notification			Street Ac 208 OC	ldress CEAN A\	VENU	JE			4	Safe			41. 4		10
DEP A	nitial .mended .mendment # <sub>.</sub>				e, Zip Cod NJ 0772						20	1.7	(			Ť.
× DOH _ ju	mergency (in stification) ancellation	cluding	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of ELI GE	Contact LBWAC	HS		5		Tele 7	nhone N	Jumbe				
				FACIL	ITY INFO	RMAT	ION			+						
Name of Facility Where Abatem	ent is Taking	Place (3)							of Facility (4) School (K-12							
Street Address 208 OCEAN AVENUE									Subchapter 8 Other (i.e. pri	(Othe			uildi	ngs, I	nome	s,
City (5) DEAL, NJ							1.0		e Feet	# of 3	Floors		Blo	lg. Aç	je	
County (6) MONMOUTH COUNTY				County C STATE L	ode (7) ISE ONLY)	R		Curre	nt Use (Prior 1E	if beir	ng demo	lished)				
Name of Monitoring Firm Hired I	by Building O	wner (8)		ASCM	No.				tement Control							
Street Address							Street A		SS DOVE CO	URT						
City, State, Zip Code									p Code DD, NJ 08	701						
Project Manager for Monitoring							Telepho 732-6	one No	0.		License 1200	e No.			2	
Start Date (10) 03/11/15						ū			A Monitor PROFES	SSIO	NALS					
Occupancy Status During Abate	ment (Check	Only One	e)				Street A	Addres	SS				- 157		III ASA	
Facility Closed/Vacated Du Abatement Performed Out	ring Entire Pe	eriod of A	batem Hours	ent			3, 2022		DOVE CO ip Code	URT						
Other – Describe:							LAKE	EWO	DD, NJ 08	701						
Scope of Work (Check All That	Apply)	93300					poor	1								
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Location of		N	ormall	ly		D	escription	of				_	_	Ту	pe i	
Asbestos-Containing Materi	al (ACM)		d Sole ntenar		Asbest	tos Cor	ntaining M	aterial	(ACM)		mount		,		En	т
TO BE ABATED In Facility		100000000000000000000000000000000000000	odial S		(I.e.		al systems acing, VA		ation,		Specify or LF)		Remova	Repair	cap	nclo
(13)			(12)			other	miscellan	eous)					oval	air	Encapsulate	Enclosure
		Yes	No	N/A											, CD	
INTERIOR					F	PIPE	INSULA	TION	V	1(	00 LF	] 3	ζ.			
	lame of Registered Waste Hauler						c Yards aste	574	Name of F	Registe	ered Lan	dfill				
NEWARK CARTING				lauler ID 4509	.110.	5 YA	ARDS		IESI						1.9	
City, State NEWARK, NJ					*1	1000	osal Date 2/15		City, State		Л РА					
Completed by JOSEPH PERLSTEIN		Title OWN	ER				Signature	)				Date 02/2	6/1	5		



1.0		N		State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										İş				
Date of Notification (1) 02/26/15					Building C					2ª	n He	100	4	50	190	122		
Agencies Notified Type Notifi	cation		100	Street Ad 1970 S	dress WARTH	IMOF	RE AVE	NUE		A.S	ÖΕ				*	( <b>\$</b> )1		
	dment #_				e, Zip Cod /OOD, N		3701				1				7 . 7 .	4-		
× DOH justific	gency (in cation) ellation	cluding	Name of Contact JOE GOLD							Tolo		l la II						
			FACILITY INFORMATION  ce (3) Type of Facility															
Name of Facility Where Abatement is	s Taking	Place (3)	)					Туре	of Facility (4	-)								
Street Address 21 N. SUMMIT AVENUE				Subcha					Other (i.e. p	ol (K-12) hapter 8 (Other than K-12) r (i.e. private & commercial buildings, homes						s,		
City (5) CHATHAM, NJ			=	Square 1500						# of 2	Floors		Bl	dg. A	ge			
County (6) MORRIS COUNTY				County C	ode (7) SE ONLY)			Currer	nt Use (Pric 1E	r if bein	g demo	lished	1)					
Name of Monitoring Firm Hired by Bu	uilding Ov	wner (8)		ASCM	No.		7 Page 200 Control		ement Con PROFE		12170. vs - 400 cc							
Street Address								Addres	SOVE CO	URT								
City, State, Zip Code	City, State, Zip Code						City, State, Zip Code LAKEWOOD, NJ 08											
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm						The state of the s				one No. License N 668-9078 1200				No.			
Start Date (10) 03/12/15		Schedule 03/12/1						Name of OSHA Monitor AAA LEAD PROFESSIONALS										
Occupancy Status During Abatemen				Street Address 6 WHITE DOVE CO					DURT					V 1 000				
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:				ement					J 08701									
Scope of Work (Check All That Apply	v)					-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		princery.	Renova Demolit					Min Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	edure					Э			
		ls	Locati	Section 1					Non-Exempted ( ) and Non-Fit				Abatement					
Location of		1	Vormal	ly		D	escription	escription of					_	Ту	pe			
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used 3  Maint Custod						ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A						- 11 100					æ			
BASEMENT					F	PIPE	INSUL	ATION	١	5	0 LF		X					
							9											
Name of Registered Waste Hauler	100	JDEP W		100000000	ic Yards		Name of	Registe	red Lan	dfill								
NEWARK CARTING	200	lauler ID 4509	No.	3 Y	Vaste ARDS		IESI											
City, State NEWARK, NJ				0.000	osal Date	10	City, Stat BETHL		1 PA									
Completed by JOSEPH PERLSTEIN	NER							Date 02/26/15										



(K )10		NOT		State of Nev FION OF ASBE ant to NJAC	ESTOS	ABATEM	ENT				15				
Date of Notification (1) 02/25/15			Nan 40-	ne of Building (	Owner/C	Operator (2 STREET	2) BAY	ONNE LI	C MAR	1 24		-			
Agencies Notified	Type Notification		10000000	et Address KINGSLAN	D AVE	ENUE, #	2	AS.	BE.		-	4.	?		
DEP DOL	Initial Amended Amendment	#		, State, Zip Co IFTON, NJ					4.11.		7 +				
X DOH	Emergency justification) Cancellation	,	Nan	me of Contact					Telephone	Numbe	lumber				
			F	ACILITY INFO	DRMATI	ION			-						
Name of Facility Where Street Address 40-42 WEST 26TH		g Place (3)							50		uild	ings,	home	es,	
City (5) BAYONNE, NJ								e Feet	# of Floors		Bl	dg. A	ge		
County (6) HUDSON COUNT	Y			unty Code (7) ATE USE ONLY					r if being demo		)				
Name of Monitoring Firm	Hired by Building	Owner (8)	A	SCM No.				ement Cont	ractor (9) SSIONALS						
Street Address						Street A 6 WHI		s DOVE CO	URT						
City, State, Zip Code		4				City, Sta		p Code DD, NJ 08	701						
Project Manager for Mor	nitoring Firm	15	Tele	ephone No.		Telepho 732-6			Licens 1200				2	11	
Start Date (10) 03/09/15		Scheduled 03/10/15	Comple	ompletion Date (11) Name of OSHA Monito AAA LEAD PROF					SSIONALS						
Occupancy Status Durin						Street A		s DOVE CO	URT						
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr					City, Sta	ate, Zi								
Scope of Work (Check A	All That Apply)							,		-					
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Entered to the second	ovation nolition	r		×	Min Glo	i-Enclosure vebag Proce	nt with Negati edure (*) and Non-F				e		
I wood to			cation										ement pe		
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mainte Custod	Solely benance/ ial Staff 12)	/ Asues	tos Con therma surfa	escription on taining Ma Il systems acing, VAT miscellane	aterial insula , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
BASEM	ENT	Yes 1	1 0	N/A AC	M PIP	E INSU	I ATI	ON	400 LF		х		(D		
D7 (021VI		-		7.0					.00 Li	-	-				
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		-	-											-	
Name of Registered Wa	ste Hauler		NIDE	EP Waste	Cubic	Yards		Name of F	Registered Lar	odfill	5050				
NEWARK CARTING			2000 S100 S100 S100	er ID No.	of Wa			IESI	registered Lai	ium.					
City, State NEWARK, NJ					Dispo 03/10	osal Date 0/15			City, State BETHLEHEM PA						
Completed by JOSEPH PERLSTE	IN	Title OWNE	R	Signature					Date 02/25/15						

\* Emergency \$

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

CK 4675

Date of Notification (1) 2/27/15		Name of Building Owner/Operator (2) Evelyn Anderson Private Home Street Address 1111 Long Beach Blvd.												
Agencies Notified Type Notification			reet Add 111 Lo	ress ng Beacl	h Blv	d.			A	CRL.		ŚŢ	1-5	12
EPA Initial Amended Amendment #		Cit	ty, State orth Be	, Zip Code each NJ	0800	8				8-1			et i	
Emergency (incl justification)  Cancellation	uding	23.55	ame of C velyn	ontact					Tele	phone Nun	nber	-		
			FACILI	TY INFOR	MATIC	N								
Name of Facility Where Abatement is Taking Pl Evelyn Anderson Private Home	ace (3)						Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)							
Street Address 1111 Long Beach Blvd.		Other (i.e. p						ter 8 (Other than K-12) e. private & commercial buildings, homes,						
City (5) North Beach NJ 08008		Squa					Square 1000+	Feet	# of 2	Floors	35	ig. Ag	е	
County (6) Ocean		County Code (7) Current Use (Price (STATE USE ONLY)						r if bei	ng demolisl	ned)				
Name of Monitoring Firm Hired by Building Ow	ner (8)	$\perp$	ASCM No. Name of Abatement Contractor (9 Pernaco Inc.						(9)			×		
N/A														
Street Address			Street Address PO Box 329											
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091											
Project Manager for Monitoring Firm		. C.C.					ephone No. License No. 00727							
	cheduled /2/15	Comp	pletion D	ate (11)		Name		A Monitor						
Occupancy Status During Abatement (Check C	Only One)	Stre				Street Address								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: weekend	riod of Aba	ateme	ent		_	City,	State, Zip	Code						
Scope of Work (Check All That Apply)					-		_					Super- ar		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		ed Solely by Asbestos Co					Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) an				with Negative Pressure  ure  and Non-Friable Proced			
						Description of Containing Material (ACM)			u ( ) a	10 140111111	1010110	ement	t	
Location of Asbestos-Containing Material (ACM)	No Used												pe m	T <sub>m</sub>
TO BE ABATED In Facility (13)	Main Custo			(i.e. 1	surfa	l syster acing, V miscella				Removal	Repair	Encapsulate	Enclosure	
200	Yes	No	N/A										O	
sitting room bedrooms and hallway					F	loor T	ile		1	700 SF	х			
											-	-		
			-											
Name of Registered Waste Hauler	3435	JDEP V		- 227-527-33	c Yards				tered Land	fill				
United Containers	10000	lauler ID 2459	NO.	of W			G.R.O							
City, State Elm NJ			69		Disp 3/2/			City, Sta Morris		PA 19067				
Completed by Anthony T Perna	Olghature					Date 2/27/15								

# Emergency

2015 09:07	am P001/001
Chec	Ne Dept Health & Senior Services
料	(signaluro)
17	Date: Call Ciline:

Date of Notification (1)	Name	of Building Owner/Op		- Laur		on and Continue	E-EI III	X111
2-26	-15		evelopment	Associ	ato	5		
Agencies Notified Type Notification	JE Street	Address LO 4 - (	Willow S	treet			ia.	
D EPA D Interded	City, S	tare, Zip Coda	301110-0	1 1000 1	-			-
DOL Amendment	Partie A	Fair H	aver NJ	67704				
DOH Emergency	V Name	of Contact	¥2	Talephone Num	ber		1207 (13)	
☐ DCA ☐ Cancellation		OHA BUR	NO. 1957-76				Tabel	-
Name of Facility Where Abatement is Takin		PILIT I INFORMATIO	Typo of Facility (	4)			none .	
Single family	, Dwell	'AG	BL' School (K-1		4	,5) -1		
Street Address		. )		' 8 (Other than K-12) orivate & commorcia		nas h	iomes	5.
10 Wood bin	E AUC	-			-			
City (5) Little Silver	127	37739	Square Feet	# of Floors	BE	ig, Ag	╒ ▎ᠸ╌	Α,
County (6)	Count	y Code (7)	Current Usa (Pri	or if being demolishe	ed)	/-		
Monmouth		E USE ONLY)						
Name of Monitoring Firm Hired by Building	- 9	CM No.	Name of Abstement Co	a , d ,	9_ #	19	bor _	_
	3/162	MIR	Street Address	chaoleg	16.9		in	
Straet Address	37		P.O. Box	337				
City, State, Zlp Code		-	City, State, Zip Code	* Video	A 6	4	191	
New Equat.	NO OF	5333	New Eqy	IN TO	U		0.	
Project Manager for Mogif In gl Plint		hone No.	Telephone No.	License No	1	0	Ú	et.
Steve Schenke	Scheduled Completion	I to white your man to the second has	604 758~ 334 Name of OSHA Monitor	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN		L	1	
Start Date (10) 3-3-15	3-4-			hnologies	D	ic		
Occupancy Status During Abatement (Che			Street Address	4	-	-		
Facility Closed/Vacated During Entire				. 337		-		
Abstement Performed Outside of Non	nal Facility Flours		New Equal-	ALT	185	77	2	
Scope of Work (Check All That Apply)			1 - 0 401	700 0				
A ≥3 sf or ≥3 lf	☐ Renovation	1,400		ent with Negative P	rassun	2	100	
☐ ≥160 af or ≥260 If	☐ Demolition		Mini-Enclosur Glovebag Pro					
7			Non-Exempte	d (*) and Non-Friab				-
	ls Location				,	Abate Typ	ment oo	
Location of Ashestos-Containing Meterial (ACM)	Normally Used Solely by		cription of sining Material (ACM)	Amount			m	
TO BE ABATED	Maintenance/   Custodial Staff?	(i.e. thermal	systems insulation,	(Specify SF or LF)	Ren	70	ipon	Enci
In Facility (13)	(12)		drg, VAT, or iscollaneous)	SF OI LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/	A			-		9	
Pasement	V	Pine In	Scalation	130 LF	X			
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Name of Registered Waste Hauler		Veste Cubic		TRegistered Landfill	J			
		ID No. of Was	3 Was	te Manager	- a - 4	١. ١	P	Ar
EPC Technologie	3 1/	Dispos	al Date Dity, Sta	ate .		01	المست	
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Completed by	Title	S	ignature C.D	Da Da	the '	7/	~1	
Steve Schen Kee	Presiden		Dlevel-Ch	loke L	2-	0/. ((	1,	<u></u>

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CK # SS/ CPAGE 02/84

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â	2/27/15		HE	. =55	MM K	EDDIZ	11.	L 1 Lui	3	+				
Igancy Notified	Type Medicaton		Street Ac			- 0	6	KIN	1	1				
R EPA	To State 1													
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a Date	Actornismont 6		Or	D -4										
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KQ.	KODO S			D)	-	☐ School (K-12	1							
Direct Address				-pides-		C Suboleaniar S	Cothar than K-12)							
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City (5)	PPAN			.14		2500.	2	70	-	AR				
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(8)			14		Best Re	moval Ir	10		jį.					
Street Against					Statut Address									
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City, State, Zip Code		-	-	C	ty, State, Zip C	oda	,			7				
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Project Manager for Men	Defag Fam	Talopt	sono No.	10	elephone No.		Lipense No.		50					
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Start Date (10)	Set aduled Co	mpieton (	Date (11)	N	eme of deita	Monitor								
3/2/15	3/5/	15				rvironmer	stal Inc		-	-				
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All 2 160 mi or ≥ 260 H			PR PROJEK	On50()	D Non	rebeg Precedure -Emercial (*) an	d Nider-Principle Proc	sedsays_		-				
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City, State					Papered Date	City, State		LLED	0					
Hackensa	ck N.J. 07	601			3/5/5	Waynes	burg .Oh	4468		_				
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Completed by	184				Digmature A	مردنه	200	2/2	7/	15				

CK#SS17

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gency	Notified		Notification		S		ddress		7+1					11.55 V 1		
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DEP			nended		C		ate, Zip Co	- Contract (1) (1)		11	220000 - 74					
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ity (5)				702					Square F	eet	# of F	loors	B	ldg. Ag		
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ounty	(6)				40.000		Code (7)	(STATE USE				ing demo		d)		
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ame c	of Monitoring	g Firm Hired	by Building Own	er As	SCM N	io.		Name of Abater	nent Contr	actor (S	9)					
3)								Best R	emova:	l II	1C					
treet /	Address					-		Street Address			~ .					
								450 Sou		ver	St					
ity, St	ate, Zip Coo	de					1	City, State, Zip								
								Hackens	ack,	N		7.601 se No.				
roject Manager for Monitoring Firm Telephone						e No.		Telephone No. 201-329	-7/1/1/1		Licens		388			
		(1)										00-	500			
			101-11-10	1.6.	- Defe	(44)					1					
start Da	ate (10)	) ,	Scheduled C			(11)		Name of OSHA	Monitor		t a i	Tnc				
	3/9/	/S	3/	10)		(11)			Monitor	nmer	ntai	Inc				
Occupa	3/9/ incy Status	During Abat	3 / ement (Check on	/o / ly one)	15	(11)		Name of OSHA Omega El Street Address	Monitor nviron		ntal	Inc				
Decupa Teacil	3)9/ incy Status	During Abat	a / ement (Check on ing Entire Period	/ O / ly one) of Abater	nent	(11)		Name of OSHA Omega En	Monitor nviron		ntal	Inc				
Decupa 2 Facil	3/9/ incy Status lity Closed/Nement Perfe	During Abat Vacated Duri	3 / ement (Check on	ly one) of Abater	nent	(11)		Name of OSHA Omega En Street Address 280 Huy	Monitor nviron ler St					22		
Decupa 2 Facil 2 Abat 3 Othe	3/9/ incy Status lity Closed/ ement Perfit er – Describ	During Abat Vacated Duri	ement (Check on ing Entire Period of Normal Fac	ly one) of Abater	nent	(11)		Name of OSHA Omega En Street Address 280 Huy City, State, Zip Hackens	Monitor nviron ler St Code ack ,	N.J	J. 0	7601	ire	72		
Decupa I Facil I Abat I Othe	3 / 9 / nncy Status lity Closed/ ement Perfer – Describ of Work (Ch	During Abat Vacated Duri ormed Outside: 7 A M.	ement (Check on ing Entire Period of Normal Fac	ly one) of Abater	ment s	a Reno	ovation	Name of OSHA Omega En Street Address 280 Huy City, State, Zip Hackens	Monitor  IVITOI  Ler St  Code  ack ,  Containmer-Enclosure	N . J	J. 0	7601	ure .	22		
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ject Manager for Monitoring Firm	Telephone No. 856-616-95	2333	Telephone N 973-225-8	0,	Licensa	No.		+		
1 Date (10) Scheduled	Completion Date (		Name of OS	HA Monitor	01104			+		
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Facility Closed/Vacated During Entire Period of Al Abatement Performed Outside of Normal Facility Other) - Describe: 8AM	patement Hours		2333 Roul	te 22 West				_		
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#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) Date of Notification (1) 2 7 / 1 4 **OLGA AUTIE** 0 2 Type of Notification Street Address Agencies Notified 58-18 KENNEDY BOULEVARD [X] EPA [X] Initial Notification City, State, Zip Code WEST NEW YORK, NJ 07093 [X] DOL [ ] Amended Notification Amendment Telephone Number [ ] Cancellation Name of Contact IXI DOH MRS. OLGA AUTIE [] DCA [ ] Emergency FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL School (K-12) Subchapter 8 (Other than K-12) [ ] Street Address Other (i.e., private & commercial [ X ] 58-18 KENNEDY BOULEVARD buildings, homes, etc.) County Code (7) # of Floors Bldg. Age Square Feet County (6) City (5) (STATE USE ONLY) 50 +  $1.500 \pm$ Current Use (Prior if being demolished) WEST NEW YORK Name of Abatement Contractor (9) ASCM Name of Monitoring Firm Hired by Building Owner (8) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC. Street Address Street Address 1141 ROUTE 23 City, State, Zip WAYNE, NJ 07470 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00408 973 628-9500 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled State Date (10) ENVIRO VISION CONSULTANTS, INC. 0 3 2 4 0 3 | 1 9 Month Month Day Year Day / Year Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 WAGARAW ROAD, BLDG. #34A of Abatement Abatement Performed Outside of Normal Facility 7:00 a.m. - 5:30 p.m. [X] Hours - Describe: FAIR LAWN, NJ 07410 Other - Describe: X ] Wrap & Cut Procedure Scope of Work (Check all that apply) Full Containment With Negative Pressure Demolition X Renovation Mini-Enclosure Glovebag Procedure  $[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$  $\geq$  160 sf or  $\geq$  260 lf Non Exempted (\*) and Non-Friable Procedure Abatement Type Location Description of Asbestos-Containing E C C Amount Location of Normally (Specify Material (ACM) M E L Ashestos - Containing Used (i.e., thermal systems SF or LF) 0 P P 0 Material (ACM) Solely by V TO BE ABATED insulation, surfacing, VAT, A SU S Maintenance / Custodial or other miscellaneous) A in Facility (13) R L Staff (12) No X Pipe Insulation 50 LF X Basement Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No 17819 Grand Central Landfill J.R. Contracting & Environmental Consulting, Inc. Disposal Date City, State City, State Wayne NJ 07470 Pen Argyl, PA 18072 Completed by (Print or Type) Title Signature 02/27/15 Project Manager Jerry Bijelonic

Jun-95

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

							TYL.						
Date of Notification (1) February 27, 20	15			Name of Building		rator (2) & Moeller Cons	struction	6	200	學/			
	tion   Notificat   nded Notif			Street Address		ox 2250	Dig:	- F	7 /:	59			
[x] DOL Amer	ndment #_ gency (inc			City, State, Zip Co		Beach Twp., NJ	08008 4 1/07	13/1	PALL	16			
A DOIL	ication) ellation			Name of Contact Kathy	Minto		Telephone Number						
			FAC	ILITY INFORM	MATION								
Name of Facility Where Abatement is Taking Residence	Place (3)		THO	ILIT I INTOIN	IATION	Type of Facility (4	School (k-12)						
Street Address 1023 D Long Beac	ch Blvd.								(other than k-12) rivate & commercial buildings,				
City	County	(6)		County Code (7) Square feet (STATE USE ONLY) 1500 sf			# of Floors Bldg. Age 1 85						
LB Twp.	Ocear	ı			r if being demolished) lence			<u> </u>					
Name of Monitoring Firm Hired by Building ( N/A	Owner (8)			ASCM No.	Name of	Residence Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address				Street Ac	idress	Route 9, Unit 61	mo.						
City, State, Zip Code				City, Sta	te, Zip Code	River, New Jerse	av 08°	755 1	271				
Project Manager for Monitoring Firm	Number		Telephor 732-34	e Number	License N 00624		133-1.	2/1					
Scheduled Start Date (10) 3/2/15	Completic	on Date (11)		OSHA Monitor	S.L. Analytical								
Occupancy Status During Abatement (Check   X ] Facility Closed/Vacated   Abatement Performed (Other – Describe	During E				Street Ac	ldress	Stelton Road	ij.					
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Scope of Work (Check all that apply)						Full Containme Mini-Enclosure	nt with Negative Pres	sure					
$\begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		[ x]	Renovat Demolit	[ ]					e Procedure				
		s Location						Abat	ement '	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	ed stodial N/A	(i.e ins	Description bestos-Cor Material (A, thermal ulation, su VAT, cor er miscella	ntaining LCM) systems rfacing, w	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E				
Exterior		X		Asbestos sidir	ng		1200 sf	X					
Exterior		X		Transite board	b		280 sf	Х					
Name of Registered Waste Hauler Guardian Contracting, Inc.	4	ards of Wast	T.R.R.F.	stered Landfill									
City, State Toms River, New Jersey	Title		Dispose 3/5/15	5	City, Sta Tullyte	own, Pennsylvan	nia /						
Completed by (Print or Type) Nicholas Fernicola	Signature	And	114		Date 2/27								

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