	- 11	1										111	
Date of Notification (1) 44	17 1	15					Owner/Operator (2 James Church		Job #1503-19	965 Ch	k. #	7125	
Agencies Notified	Type Notifica	tibn			Street	Address		- 1					+
LI ARRELLIVE .	☑ Initial				430	South M	ain Street	Ĺ	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			ţ	
	Amended				City, S	tate, Zip C	ode	E E	LICEN.	india "	· 5.		
☑ DHSS	Amendme		1 -11			lipsburg				-/114-04			_
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luaing			of Contact			Telephone Nun	nber			
	☐ Cancellati	(5)			Joa	n Fasane	ello		**************************************				
		111			FΔC	II ITY IN	FORMATION	1					
Name of Facility Where Ab	atement is T	aking	Place	(3)	IAC	VIETI III	ONWIATION	Type of Facility (4	1)				
Convent	atomont is i	aking	1 1000	(0)				☐ School (K-12)					
Street Address								Subchapter 8	(Other than K-1	2)			
137/139 Roseberry S	Street							Other (i.e., prinhomes, etc.)	vate and comme	ercial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Phillipsburg								5000	3	4	19		
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pric	or if being demol	lished)			
Warren								Convent					
Name of Monitoring Firm F	ame of Monitoring Firm Hired by Building Owner (Name of Abateme	ent Contractor (9)					
Tiger Environmental	Environmental						Asbestos and	d Mold Services	s, Corp.				
Street Address							Street Address						
16 W Elizabeth Ave	# 2						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Linden, NJ 07036							Hainesport, I	NJ 08036					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Kelly Walton				(908) 86	2-4301	609-702-0400)	00862				
Start Date (10)	S	ched	uled C	ompl	etion Da	te (11)	Name of OSHA N	Monitor					
3 / _30_ / _					1_ / _	15	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	-					!!	200 U.S. Rou						
Abatement Performed Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all	that apply)								2002 1000				
≥3 sf or ≥3 lf			⊠ Re				☐ Mini-End		ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De	molit	ion			g Procedure empted (*) and Nor	n-Friable Proced	dure			
				Loca						Ab	ateme	ent Ty	уре
Location of				Norm	ally lely by	A - h -	Description of		A	Re	Re	ш	ш
Asbestos-Containing N TO BE ABA		1)	Ma	inten	ance/	Asbe (i.e	stos Containing Ma	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todia (12	Staff?		surfacing, VAT	, or	SF or LF)	\\ \alpha	7	sula	sure
(13)			Yes	No		+	other miscellane	eous)				ate	1375
4 St =1 2 D			165	140	9 10000000	Elli-	IF:44:		40				
1 st Floor & Basement			Ш	Ш		Elbows	/Fittings		10 ea		Ш	Ш	Ш
				П							П	П	П
Name of Registered Wast	e Hauler		_	1	NJDEP	Waste	Cubic Yards of	Name of Regist	tered Landfill				_
Freehold Cartage, Ir				- 1	Hauler I	D No.	Waste 5	GROWS La					
City, State				-			Disposal Date	City, State	THE STREET				
Freehold, NJ							3/31/15	Morrisville,	PA 19067				
Completed By (Print or Ty	pe)	Title	1				Signature			Date			
Kimberly A. Trumbe		0	ffice	Coo	rdinato	r		1	-4	3-1	7-1	5	

ASB-41 MAY 11

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

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

2015-50 B & G proj. #: Check # 7128 Date of Notification (1) Name of Building Owner/Operator (2) Mansfield Township Board of Education 0 13 1/1 13 1/11 15 Type Notification Agencies Notified Street Address EPA 50 Port Murray Road X Initial ☐ DEP City, State, Zip Code Amendment X DOL Port Murray, NJ 07865 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Mary E. Roszkowski FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Mansfield Elementary School-NON FRIABLE Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 50 Port Murray Road Bldg. Age # of Floors Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Warren Port Murray school-non-friable Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0090 R & K Occupational & Environmental Analysis B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 403 St. James Avenue City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Phillipsburg, NJ 08865 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 908-454-6316 Patrick McGuinness Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/11/2015 03/31/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Cother-Describe: week of 3/31/15 working hours 4:00 pm -12 am Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Renovation Demolition Non-friable procedure Mini-enclosure >160 sf or >260 lf 3 sf or > 3 IfIs location normally used solely Е Location of e е n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) 0 C material to be material (ACM) a L V abated in facility (13) No N/A X Transite windowpanels (36) 550 saft Multi Purpose Room Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 04/06-10/2015 Lincoln Park, NJ Signature Completed by (Print or Type) Cordana Luna Title 03/13/2015 Secretary/Treasurer Gordana Luna

B & G proj. #: 2015-35

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

B & G proj. #:	,	 -						,		Check #	7129	11.	1189		
Date of Notification (1)	I I Ma	me of Ru	ilding Ow	ner/On	erator (2)				10000000000000000000000000000000000000	23	05	ŧ	IJ	11
10 13 1/11 16 1/	· ·	11		mmunit						i					1
	Type Notification		eet Addre							Month of the		-,-,	- +	-	$\dot{\top}$
☐ EPA ☐	★ Initial			enue C						LIC	ENSINC	j '''	š.	,	
X DOL	Amenda			Zip Code ne, NJ 0	7002										
X DOH			ne of Co				*****		-	Telephone	Number	-			
☐ DCA	Cancella	tion	Sean E	Burke											
	38	- 11		FAC	CILITY	INFORMA	TION			=			19 11		
Name of facility when	e abatement is	taking plac	e (3)			· ·		•	Тур	=) (K - 12) pter 8 (Ot	her th	an K-	12)	
Street Address 1106 80th Street	at .			33						Other (F Bldgs./H	Private/Co lomes, et	mme	rcial		
		T Count	. (6)					1 0 1 (7)	Sq	uare Feet #	of Floors	3	Blo	lg. A	ge
City (5)		County	(6)					nty Code (7) e use only)	C	urrent Use (Pri	or if being	dem	olishe	d)	
North Bergen		Hud	son							14 1		10.75.75.033			- 8
Name of Monitoring F	Firm Hired by E	Bldg. Owner	(8)		AS	CM No.		Name of Abateme				*			65
n/a 	97)						_	B & G Restor	ration,	Inc.				_	3
Street Address								105 Ryersor	n Road						
City, State, Zip Code								City, State, Zip Co		7005					
			- 15				_	Lincoln Par	52.55	17035	License	Mumb	0.5		-
Project Manager for N	Ionitoring Firm		P	hone Num	nber			(973)696-6	869			378	-		
Scheduled Start Date	(10)	Sched.	Complet	ion Date (11)			Name of OSHA M B & G Resto		Inc					
03/26/2015		03/27	7/2015					Street Address	ration,	IIIC.		7		_	-
Occupancy Status Du	ring Abatemer	t (Check on	ly one)	****				105 Ryerson	Road						
Facility closed/v Abatement perf	racated during formed outside	entire period of normal fa	d of abat icility hou	ement. ırs-				City, State, Zip Co	de						
Describe: Other-Describe	:					9	-11	LincolnPark,	NJ 07	035					
Scope of Work (chec	ck all that apply	')													
☐ Demolition	X	Renovation					ズ F	ull Containment w/	negative	e pressure	Gloveb				
> 3 sf or $> 3 $ If	X	≥160 sf or ≥	260 If					lini-enclosure		L] Non-fri				_
Location of		Is location by mainter			ely					Amount		e e	R e	E n	E
asbestos-conta material to be	ining	staff(12)			_	Descriptio material (A		sbestos-containing		(Specify SF	or	m o	p a	c a	n
abated in facility	y (13)	Yes	No	N/A		Newson St	200			LF)		v e	i	p	L
Basement - storage	ge room			X	TVA	AT/Masti	c			190 saft		×			
	J													\Box	
															口
											24	닏	님	브	부
	_			ID!	Cubir	Yards of V	Janta	Name of Registe	red Long	4611				Ш	
Registered Waste Hat B & G Restoration			P Hauler 9563			3	vasie			ource & Re	covery	Cent	er		
City, State Lincoln Park, NJ	J			Disposal 03	Date 3/27/2	2015		City, State Tullytow	n, PA						
Completed by (Print of Gordana Luna		Title Secretary	//Тгезг			gnature		Gordana Lun	a		Date 03/16	/201	5		
Gordana Luna		occietal.	yriidas	uiei	_1			0			- 30/10	01	-		

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)	1 4.00			- 14	
3/	17 /			Jos	lyn Prep		2)	MAF	1 2 3	20		ŀ
Agencies Notified EPA	Type Notific Initial	ation			Address			1				1.00
☑ DOLWD	☐ Amende	d			Hill Holl		į.			e 10		.}
☑ DOH	Amendm				State, Zip (ASELC:	CENS		7	
DCA	☐ Emerger		ng		107.00	NJ 07063	Tier					
(NJAC 5:23-8)	justificat		Allon S		of Contac			Telephone Nu	mber			
	☐ Cancella	tion		Jos	lyn Prep	on						
				FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is	Taking Plac	e (3)				Type of Facility (4	4)				
Residential House							School (K-12)					
Street Address						59	☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-1 vate and comm	12) iercial bi	ilding	15	
110 Hill Hollow Rd							homes, etc.)	rate and comm	ioroiai be	andin ig	,5,	
City (5)							Square Feet	# of Floors	Bl	dg. A	ge	
Watchung, NJ 070	69			7.5					FC 10			
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)	- "		
Somerset						96.3						
Name of Monitoring Firm	Hired by Buil	ding Owne	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	S					ALL PRO MA	NAGEMENT LL	.C				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode	1411-				
Union, NJ						Garfield, NJ						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				-
Rick Eustaquio			97	3-494	-3762	973-928-4888	*	1188				
Start Date (10)		Scheduled	Comple	tion Da	te (11)	Name of OSHA M	lonitor	15000000				
3 / 28 /			/ 30			ALL PRO MA	NAGEMENT LL	.C				
Occupancy Status During	g Abatement (Check only	one)			Street Address						
□ Facility Closed/Vacate		0.5	200	ment		27 Outwater	ane					
☐ Abatement Performed	d Outside of N	ormal Faci	ity Hour	s - Des		City, State, Zip Co						-
Time of Abatement: _	AM	PM/	PM-		AM	Garfield, NJ						
Scope of Work (Check a	Il that apply)				72.1940.201	- Jannora, no	0.020					
							ainment with Nega	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Press, Pr	Renovati Demolition			☐ Mini-Enc	losure g Procedure					
23 2 100 31 01 2200 11			/emonuc) i i			mpted (*) and Non	-Friable Proced	dure			
			ls Locat							atem	ent T	vpe
Location		11	Norma sed Sole			Description of		10 as 94				1
Asbestos-Containing TO BE ABA			laintena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		Cu	stodial	Staff?	(,,,	surfacing, VAT	, or	SF or LF)	OVa	=	psu	Jusur
(13)		Va	(12)	N/A	+	other miscellane	ous)				ate	Ø
		Yes	102	1/2								
Basement					Linoleu	ım		60 SF				
				П						П		
			-	-] [
Name of Desire	4-11-1				0/:	I Out to Vani	Now - (5	a a al 1 160		Ш	Ш	Ш
Name of Registered Was			10000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist					
All Pro Managemer	nt LLG	N II		00348		As Needed	IESI Landfil	1				
City, State						Disposal Date	City, State	D)				
Garfield, NJ						TBD	Bethlehem,	PA				
Completed By (Print or T	ype)	Title		- 8		Signature	1	1	Date /		- /	/
Allen Monchik		Proje	ct Man	ager		1 20			3/1.	7 (15	

CK 46832

Date of Notification (1) 3-16-15				of Building Owne Transmissio				MAR	2 3			
Agencies Notified	Type Notification	1	Street A	Address Hadley Road	0.514		1					
EPA DEP DOL	Initial Amended Amendmen			ate, Zip Code Plainfield, No	ew Jerse	ey 07080		LIC		17-4-		3
▼ DOH □ DCA	Emergency justification Cancellatio)		of Contact n Burrows		9	Teler	phone Num	nber			
_			FAC	ILITY INFORMA	TION							_
Name of Facility Where A Bayway Switching S		ng Place (3)				Type of Facility School (K-						
Street Address 602 Trenton Avenu	е					Subchapte Other (i.e. etc.)	r 8 (Other			ldings	, hom	es,
City (5) Elizabeth NJ 07202						Square Feet 20,000	# of F	Floors		3ldg. /		
County (6) Union	_			Code (7) USE ONLY)		Current Use (Pr Not in use	ior if being	g demolish	ed)			
Name of Monitoring Firm PSEG Utility Opera		Owner (8)	ASC	M No.		of Abatement Conercy Group I		9)		-		
Street Address 234 Pierson Avenue	e, Annex Build	ing			0	Address Burns Avenu	e					
City, State, Zip Code Edison NJ 08837		1995 - 17 - 1995 (1995) - 1995 - 1995 (1995) - 1995 - 1995 (1995) - 1995				tate, Zip Code tagh NY 1179	3					
Project Manager for Mon Douglas McGarrity	itoring Firm		Telepho 732-4	ne No. 17-2781	10000000	none No. 376-0020		License No).			
Start Date (10) 4-1-15	•	Scheduled (12-31-15		Date (11)		of OSHA Monitor nercy Group Ir				1		
Occupancy Status During	g Abatement (Che	ck Only One)	*			Address						-
Facility Closed/Vaca			tomont			Burns Avenu	е					
Abatement Perform Other – Describe:	ed Outside of Non	mal Facility Ho	ours	псу		tate, Zip Code tagh, NY 1179	93					
Scope of Work (Check A	II That Apply)									1000		_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			ovation nolition		×	Glovebag Pro	e cedure					
		Τ	5%	Γ		1 Non-Exemple	u () anu i	INOTI-I Habit	FIL		ement	
	190 F 1		cation mally	_							/ре	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Used S Mainte Custodi	solely by enance/ al Staff?	Asbestos Co (i.e. therm sur		laterial (ACM) sinsulation, T, or	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	lo N/A								te	Ф
Please see att	ached list		X	See	attache	d list	Atta	ched	X			
									9			
					7		8					
Name of Registered Was Waste Management			NJDEP W Hauler ID 17273	5000	ic Yards /aste		Registere North La					
City, State 100 Ave A Newark N	IJ, 07114				osal Date	City, Stat	rille PA,	19067				
Completed by	-8 ²	Title			Signature	_ \ \ /	· · · · · · · · · · · · · · · · · · ·	Date	9			
Robert Lewin		Environ	mental Co	oordinator	(1)	Y		1 5-9 600	9-1:	5		

Asbestos Inventory at Control House Transformer Repair Shop-Elizabeth, New Jersey for

PSE&G

Material Location	Material Description	Approximate_
Material Location	(HA-Code)	Quaintly
Shop	Ebony panels (HA-11)	10 sf
Oil Purifier Room	Transite shelf (HA - 21)	1 sf
Exterior	Bonding plate isulation (HA-22)	2 sf
Upper roof (Repair Bay)	Roof flashing (on concrete cricket) (HA-34)	Unknown dimensions
Upper roof (Repair Bay)	Roof flashing (above aluminum) (HA-35)	380 sf
Lower roof (Shop areas)	Roof flashing (on concrete cricket) (HA-39)	Unknown dimensions
Lower roof (Shop areas)	Roof flashing (above aluminum) (HA-40)	340 sf
Repair Bay exterior bfick wall	Caulk applied to creack in exterior (HA-41)	35 lf
Repair Bay upper windows Exterior side of green panels	Caulk applied to exterior side of green panels that cover upper Windows (HA-42)	10.000000000000000000000000000000000000
Repair bay upper windows	Caulk applied to the original Windows (HA-44)	520 lf
Repair Bay roof and limestone window sills	Coping caulk (HA-33)	350 lf
Repair Bay upper windows	Window glazing compound (HA-43)	1,250,lf
Exterior doors	Door caulk	3 doors

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) First Energy 03 15 19 Street Address Agencies Notified Type of Notification 76 South Street **EPA** Initial City, State, Zip Code DEP Amended Akron, Ohio 44308 V DOH Amendment Name of Contact Telephone Number Emergency w/ justification DOL 4 Jim Halsey Cancellation 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) 7 306 LATHROP AVENUE Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** BOONTON MORRIS Current Use (Prior if being demolished) Telephone Pole Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Environmental Health Investigations NORTHSTAR CONTRACTING GROUP. INC. Street Address Street Address 655 West Shore Trail City, State, Zip Code 32 Williams Parkway Sparta, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Dino Nappi 212-682-9271 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 04 15 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. ∆ hatement Street Address П Abatement Performed Outside of Normal Facility Hours - Describe: ___ Friday 8:00 am to 5;00 pm 32 Williams Parkway 4 Other - Describe: City, State, Zip Code East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure J >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Location Asbestos Containing Asbestos - Containing R lΕ E N C Normally Material (ACM) R N Amount TO BE ABATED Used (I.e., thermal systems (Specify M E C L Solely in Facility 0 P insulation, surfacing, VAT, SF or LF) (13)by Main-P 0 or other miscellaneous) V tenance/ s s A Custodial R U U Staff (12) R YES NO N/A Exterior Telephone Pole Transite Conduit 20 LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I.

4509 of Waste

Date

Title

Project Manager

Disposal

City. State

BETHLEHEM, PA 18105

Signature

Date

03/19/15

ASB-41

City, State

NEWARK, NJ

Steven Stiles

Completed by (Print or Type)

					(Pt	ırsuaı	nt to NJA	C 8:60 and 5:10	6)					
Date of Notification (1)						Name	of Building	g Owner/Operator (2)	重4元	20		_	
03 / _1	9	1 2	201	5				evelopmer						
□ DOLWD □ DOH	ype No Initia American	l nded ndme	ent#			100 City, \$	State, Zip C	tolo Place, Su Code OH 44512	uite 400	Elizabe and	E(val.		ž	
(NJAC 5:23-8)	justif	ficatio	n)				of Contac			Telephone Nur	nber			
	_ Canc	Jeliati	OII			100000000000000000000000000000000000000	Cocca							
Name of Facility Where Aba Manischevitz Prop		t is T	aking	Place	(3)	ГА	CILITIN	IFORMATION	Type of Facility			Ti.		
Street Address 214 N. Delsea Driv									☐ Subchapter	8 (Other than K-1 rivate and comm		uildin	gs,	
City (5) Vineland									Square Feet 45,000	# of Floors		ldg. A	.ge	
County (6) Cumberland						Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
	onitoring Firm Hired by Building Owner (8) Associates, LLC				8)	ASCM	No.	Name of Abateme	ent Contractor (9)	•				
Street Address								ecoservices Street Address	, LLC					
1012 Industrial Driv	ve							407 W. Linc	oln Highwa	y, Suite 500)			
City, State, Zip Code West Berlin, NJ 08	3091							City, State, Zip Co						
Project Manager for Monitor Scott Magee	ing Firr	m				phone		Telephone No.		License No.				
Start Date (10)		S	ched	uled Co			9-1202 te (11)	484-872-888 Name of OSHA M		01161				
02 /23 /			0	4/	23		15	EMSL	or into					
Occupancy Status During A Facility Closed/Vacated [mont		Street Address	20 North					
Abatement Performed Or Time of Abatement:	utside d	of No	rmal	Facility	Hour	s - Des	cribe AM	200 Route 1	ode	7				
Scope of Work (Check all the	at apply	y)						Cinnaminso	II, NJ 08077					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				□ Rer ☑ Der				Mini-Encl Glovebage	ainment with Neg losure g Procedure mpted (*) and No		ure			
					Locat							atem	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		ACM)		Use Mai Cust	d Sole ntena odial ((12)	ely by nce/ Staff?	Asbes (i.e.	Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Front Office	2			Yes	No	N/A	Cumaum	وأوال المردر والمردر و		0.050.05	-			
Second Floor Office and		k ro	om		౼	×	Gypsun	n wall board joir Transite	it compound	3,250 SF 12,000 SF	×			
Front Office/Second F					_	×		VAT and Mas	stic	3,670 SF	×			
See Attache										0,070 01				
Name of Registered Waste H Waste Managem		of N	IJ		100000	JDEP V auler ID		Cubic Yards of Waste 600	Name of Regis	tered Landfill and County	/ Lar	ndfil		
City, State Trenton, NJ								Disposal Date TBD	City, State Millville, N					
Completed By (Print or Type Jack Bally)	- 1	Title Sr.	Pro	ject	Mai	nager	Signature	Sally 61	()) D	ate /19/1	15		

ASB-41 JAN 13

J. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	INFANT 22		ASBLE O Abatement Type	Removal Repair Encapsulate Enclosure				××	<
\$ 10"	Amount	(Specify	SF or LF)					1,250 SF	50000
	. Description of	Asbestos Containing Material (ACM)	(i.e., thermal systems insulation,	surfacing, VAT, or	other miscellaneous)			Glue daubs	
	Is Location Abatement Type	Normally	Used Solely by	Maintenance/	Custodial Staff?	-12	Yes No N/A	××	:
	Location of	Asbestos-Containing Material (ACM)	TO BE ABATED	IN Facility	-13			Front Office Roof	

Date of Notification (1) 3/19/15						f Building				\		- 1			10	11-3
Agencies Notified	Type No	tification		-	Street A		versity,	raciiii	ies r	rocureme	11 Office	11.	1 2	7.		
T EPA	× Initi					Millan E	Building	3					-			
DEP DOL	Am Am	ended endment				ate, Zip Co eton, NJ		ļ	12		-					3
DOH DCA	just	ergency ification) ncellation			Name o	f Contact Irtego					Telepho	ne Nu	mber			
						LITY INF	ORMATI	ON			1			_	_	
Name of Facility Where A Residence	Abatement	t is Takir	g Place (3)					Туре	of Facility (4)					
Street Address						- 4				School (K-12 Subchapter		on K.1	2)			
167 Hartley Avenue	1								×	Other (i.e. pr				dings	, hom	es,
City (5)									Squa	etc.) are Feet	# of Floo	ors	E	3ldg. A	Age	
Princeton									160	0	2		0.0	59		
County (6) Mercer						Code (7) USE ONLY	n			ent Use (Prio occupied R			hed)			
Name of Monitoring Firm Pennoni Associates		Building	Owner (8)		ASCN	ЛNo.				atement Cont	ractor (9)					
Street Address 515 Grove Street, S	Suite 1B							Street 407 V		ss Lincoln Hi	ahway S	Suite	500			
City, State, Zip Code Haddon Heights, NJ	1 08035							City, S	tate, Z	Zip Code 19341	9					
Project Manager for Moni					Telepho	ne No		Teleph	88		Lice	ense N	Jn.			
R. Alan Lloyd	3					17-0505		484-8				161	10.			
Start Date (10) 4/13/15		•	Schedul 4/24/1		npletion	Date (11)	1	Name of EMSI	guitti Tati	HA Monitor					9	
Occupancy Status During	Abateme	ent (Chec	k Only Or	ne)				Street								
Facility Closed/Vaca	ted During	g Entire I	Period of	Abaten	nent					30 North						
Abatement Performe Other – Describe:	lours: 8 ar	m - 4:30	pm pm	Hours						ip Code son, NJ 0	8077					
Scope of Work (Check Al	I That App	oly) -						Ollille	2111111	3011, 140 0	3077					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			-	Renova Demolit	32,679,5177				Mi	Il Containme ni-Enclosure	(7.	ative F	Pressu	re		
								×		ovebag Proce in-Exempted		n-Friat	ole Pro	cedur	е	
			Is	Locati	on									Abate	ement	
Location	7.			Normal d Sole				scription					-	Ту	ре	
Asbestos-Containing TO BE ABA	TED	ACIVI)	Ma	intenar todial S	nce/		tos Cont thermal				Amour (Specif		, p		Enc	Ē
In Facilit (13)	ty		Cus	(12)	otaii!			cing, VAT			SF or L	F)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A				8 8				al	=	late	ıre
Windov	VS				Х		Wind	low Gla	aze		8 SF		X			
Roof					X	F	Roofing	/ Felt	Pape	er	3150 S	SF.	X			
Name of Registered Wast Waste Management		Jersey		100000	JDEP W auler ID		of Was			Name of R GROWS		andfill.				
City, State Trenton, NJ		=======================================					Dispos	al Date		City, State	a D4					
Completed by			Title		-4		TBD	matura		Morrisvill	e, PA	D-	ıto.			
Jack Bally				roject	Manag	ger	()	gnature	4/	2000u	00	3/	ite 19/15			
ASB-41 (R-06-08)			1					Do not	use t	his form for a	sbestos lic	ensure	e exem	pted a	activit	ies.

				Name	of Buildin	g Owner/Operator (2)					
	6 / _	15		E.I.	duPont	de Nemours						
	Type Notifica	tion		Stree	t Address							
	Initial			250	Cheese	quake Road						
			714 =	City,	State, Zip	Code						-
□ DCA	Amendme Emergend			Pai	rlin, NJ 0	8859					-	
(NJAC 5:23-8)	justificatio		ig		of Contac			Telephone Num	ber			-
2.5	☐ Cancellati	1000		Nic	hol Rein	hold		Telephone Han	1501			
				FA	CILITY IN	NFORMATION		1			-	
Name of Facility Where Ab	atement is Ta	aking Plac	e (3)		0.2	Ortination	Type of Facility	(4)				-
DuPont Parlin Facilit							School (K-12					
Street Address							☐ Subchapter	Other than K-12	2)			
250 Cheesequake Ro	oad							rivate and comme	rcial bu	uilding	js,	
City (5)	- v.v.						Square Feet	# of Floors	RI	dg. A	70	
Parlin						24	Oqualo 1 col	# 01110013		uy. A	ge	
County (6)				Сош	nty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demoli	shed)			_
Middlesex					,	Nonne doe onely	Odirent OSC (F1	or it being demoit	sileu)			
Name of Monitoring Firm H	lired by Buildi	ina Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)					_
Cardno ATC	76 3 300		(-,	, 100111		- Comment and the comment of the com	VIRONMENTA					
Street Address						Street Address	VIICONNENTA	L, INO.			_	
3 Terri Lane						1123 BEAVER	POTPEET					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monito			Tole	phone	No	Telephone No.	13007	License No.				
John Lutz	g			09-386		215-788-6040		00509	4			
Start Date (10)	S	cheduled (Name of OSHA M		00303				
3//	CONTRACTOR OF THE PERSON OF TH			6 /			VIRONMENTAI	_, INC.				
Occupancy Status During A	Abatement (C	heck only	one)			Street Address					_	
☐ Facility Closed/Vacated				ment		1123 BEAVER	STREET					
☐ Abatement Performed C	outside of Nor	rmal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co						
Time of Abatement: 7:0	0AM	PM/3:30P	M	AM		BRISTOL, PA						
Scope of Work (Check all the												
							ainment with Neg	ative Pressure				
☐ >3 sf or >3 lf		-	enovat				ainment with Neg	ative Pressure				
☐ >3 sf or >3 lf		-	enovat			⊠ Full Cont. □ Mini-Encl ⊠ Glovebag	ainment with Neg osure p Procedure	ative Pressure	re			
☐ >3 sf or >3 lf		□ De		on		⊠ Full Cont. □ Mini-Encl ⊠ Glovebag	ainment with Neg osure p Procedure		1	ateme	ent T	vpe
∑ ≥160 sf or ≥260 lf Location of	nat apply)	☐ De	emolitions S Locat Norma	ion lly		□ Full Cont. □ Mini-Enc. □ Glovebag □ Non-Exer Description of	ainment with Negosure Procedure mpted (*) and No		Aba	ateme		1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma	nat apply)	☐ De	emolitions s Locat	ion lly ely by			ainment with Negosure procedure mpted (*) and No	n-Friable Procedu Amount	Aba			1
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of	nat apply)	Is Use	S Local Norma ed Sole aintena	cion Illy ely by		☐ Full Cont. ☐ Mini-Encl ☐ Glovebag ☐ Non-Exer Description of stos Containing Mat., thermal systems in	ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation,	n-Friable Procedu Amount (Specify	Aba			1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Ma TO BE ABATE	nat apply)	Use Ma Cus	S Local Norma ed Sole aintena stodial (12)	tion lly ely by nce/ Staff?			ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation, or	n-Friable Procedu Amount	1			1
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≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	nat apply) aterial (ACM)	Use Ma Cus	S Local Norma ed Sole aintena stodial (12)	tion lly ely by nce/ Staff?	(i.e	☐ Full Cont. ☐ Mini-Encl ☐ Glovebag ☐ Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT,	ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation, or	n-Friable Procedu Amount (Specify	Aba			ype Enclosure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility	nat apply) aterial (ACM)	Use Ma Cus	s Local Norma ed Sole aintena todial (12) No	cion Illy elly by nce/ Staff?	(i.e	□ Full Cont: □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal			1
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D≥3 sf or ≥3 If D≥160 sf or ≥260 If Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	nat apply) aterial (ACM)	Use Ma Cus	s Local Norma ed Sole aintena todial (12) No	cion Illy elly by nce/ Staff?	(i.e	□ Full Cont: □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal			1
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Building 325 Various A	nat apply) aterial (ACM) ED	Use Ma Cus	s Locate Norma ed Sole aintena stodial (12) No	on ion illy ely by nce/ Staff? N/A	(i.e	□ Full Cont: □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaneous	ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal			1
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Building 325 Various A	nat apply) aterial (ACM) ED reas	Use Ma Cus	s Locat Norma ed Sole aintena stodial (12) No	on cion lly ely by nce/ Staff? N/A	Pipe Ins		ainment with Negosure procedure mpted (*) and Nor ferrial (ACM) nsulation, or ous) Name of Regis	Amount (Specify SF or LF)	Removal			1
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Building 325 Various A	nat apply) aterial (ACM) ED reas	Use Ma Cus	s Locat Norma ed Sole aintena stodial (12) No	cion Illy Elly by Ince/ Staff? N/A	Pipe Ins	□ Full Cont: □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems i surfacing, VAT, other miscellaned sulation Cubic Yards of Waste	ainment with Negosure procedure mpted (*) and Nor ferrial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Removal			1
□ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If □ Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) □ Building 325 Various A □ Name of Registered Waste □ BRISTOL ENVIRONM	nat apply) aterial (ACM) ED reas	Use Ma Cus	s Locat Norma ed Sole aintena stodial (12) No	on cion lly ely by nce/ Staff? N/A	Pipe Ins		ainment with Negosure procedure mpted (*) and Nor ferrial (ACM) nsulation, or ous) Name of Regis	Amount (Specify SF or LF)	Removal			1
Description Description Description Location of Asbestos-Containing Matro TO BE ABATE IN Facility (13) Building 325 Various A Name of Registered Waste BRISTOL ENVIRONM	nat apply) aterial (ACM) ED reas	Use Ma Cus	s Locat Norma ed Sole aintena stodial (12) No	cion Illy Elly by Ince/ Staff? N/A	Pipe Ins	□ Full Cont. □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned sulation Cubic Yards of Waste 10	ainment with Negosure procedure mpted (*) and No ferrial (ACM) nsulation, or ous) Name of Regisi GROWS La	Amount (Specify SF or LF) 400 LF	Removal			1
Description Description Description Location of Asbestos-Containing Mator TO BE ABATE IN Facility (13) Building 325 Various A Name of Registered Waste BRISTOL ENVIRONM City, State BRISTOL, PA	nat apply) aterial (ACM) ED reas Hauler ENTAL INC	Use Ma Cus	s Locat Norma ed Sole aintena stodial (12) No	cion Illy Elly by Ince/ Staff? N/A	Pipe Ins	□ Full Cont. □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned sulation Cubic Yards of Waste 10 Disposal Date 3/18/15	ainment with Negosure Procedure Inpred (*) and Nor ferrial (ACM) Insulation, or Dus) Name of Regist GROWS La	Amount (Specify SF or LF) 400 LF ered Landfill ndfill PA 19067	Removal 🛮 🖂	Repair	Encapsulate	1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Building 325 Various A Name of Registered Waste BRISTOL ENVIRONM	nat apply) aterial (ACM) ED reas Hauler ENTAL INC	Use Ma Cus	s Locat Norma ed Sole aintena stodial (12) No	cion Illy Elly by Ince/ Staff? N/A	Pipe Ins	□ Full Cont. □ Mini-Encl □ Glovebag □ Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned sulation Cubic Yards of Waste 10 Disposal Date	ainment with Negosure Procedure Inpred (*) and Nor ferrial (ACM) Insulation, or Dus) Name of Regist GROWS La	Amount (Specify SF or LF) 400 LF ered Landfill ndfill PA 19067	Removal	Repair	Encapsulate	1

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	6 /	15		E	.l. duPon	t de Nemours	(- /					
	Type Notifi	cation		Stre	et Address							
	☑ Initial					equake Road						
☑ DOLWD ☑ DHSS	⊠ Amende				, State, Zip							
	Amenan Emerge	ment #2-3/	4/15	100	arlin, NJ (-	
(NJAC 5:23-8)	justificat	tion)	ing		ne of Conta							
	Cancella			11 11 11 11 11 11 11	ichol Reir	1000		Telephone	Number			
Name of Facility Where Ab	atement is	Taking Pla	ce (3)		ACILITY	NFORMATION		-11				
DuPont Parlin Facilit	v - Blda.	425	œ (5)				Type of Facilit					
Street Address							School (K-	12) r. 8 (Other the	K 40)			
250 Cheesequake Ro	ad						Other (i.e.,	private and co	mmercia	l build	inas	
City (5)							nomes, etc	.)		· Dulla	mgs,	
Parlin							Square Feet	# of Floor	s	Bldg.	Age	
County (6)				10-								
Middlesex		63		Col	Inty Code (7)(STATE USE ONLY)	Current Use (F	rior if being de	emolished	d)		
Name of Monitoring Firm Hi	red by Buil	dina O	- (0)	1000								
Cardno ATC	iou by bull	ung Owne	(۵)	ASCN	/ No.	Name of Abateme						
Street Address							VIRONMENTA	AL, INC.				
3 Terri Lane						Street Address						_
City, State, Zip Code						1123 BEAVE						
						City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm			ephone		Telephone No.		License N	0.			
John Lutz					6-8800	215-788-6040		00509				
Start Date (10)	1.0											
	8	Scheduled				Name of OSHA M				-	-	
3/_2_/_	15	3	/ _ 1			Name of OSHA M	onitor					
3 / 2 /	15 patement (0	3 Check only	/1	8_ /		Name of OSHA M BRISTOL ENV						
3 / 2 / Occupancy Status During Al ☐ Facility Closed/Vacated D	15 During Entir	3 Check only re Period of	one)	8_ /	15	Name of OSHA M BRISTOL ENV Street Address	onitor VIRONMENTA					
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3 / 2 / Occupancy Status During At □ Facility Closed/Vacated I □ Abatement Performed Ou Time of Abatement: 7:00	During Entirutside of No	Check only	one) f Abate	ement	15	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co	onitor VIRONMENTA R STREET de					
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City (5)							nomes, et	S.)			- 3-	
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3 Terri Lane						Street Address						_
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Burlington, NJ 08016					15/40/53	City, State, Zip Co	ode					_
Project Manager for Monitorin	- F:					BRISTOL, PA	19007					
John Lutz	ig rim			elephon		Telephone No.		License No.				
Start Date (10)					6-8800	215-788-6040		00509				
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Decupancy Status During About Facility Closed/Vacated During Abatement Performed Out Time of Abatement: 7:00/Acope of Work (Check all that 2:3 sf or 2:3 lf 2:160 sf or 2:260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) Lilding 325 Various Area RISTOL ENVIRONMENT	atement (Churing Entire side of Norm AMP apply)	Period only Period on all Facility M/3:30 R Using Cus Yes	y one) of Abat lity Hor PM- denova emoliti s Loca Norma ed Sol aintena stodial (12) No	tion ally elly by ance/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Stull Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous ulation Cubic Yards of Vaste 10	STREET de 19007 inment with Negsure Procedure pted (*) and Nor rial (ACM) sulation, r is) Name of Registe GROWS Lar	Amount (Specify SF or LF)	Removal		_	_
Deccupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: 7:00 A cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) stilding 325 Various Area RISTOL ENVIRONMENT State RISTOL, PA	atement (Churing Entire side of Norm AMP apply)	Period only Period on all Facility M/3:30 R Using Cus Yes	y one) of Abat lity Hor PM- denova emoliti s Loca Norma ed Sol aintena stodial (12) No	tion ally ely by ance/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous Ulation Cubic Yards of Vaste 10 Disposal Date City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo Mini	STREET de 19007 inment with Negsure Procedure pted (*) and Nor rial (ACM) sulation, r ss) Name of Registe GROWS Lar	Amount (Specify SF or LF) 400 LF	Removal		_	_
Decupancy Status During About Practility Closed/Vacated Did Abatement Performed Out Time of Abatement: 7:00 Accepted of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility	atement (Churing Entire side of Norm AMP apply)	eck only Period of onal Facil M/3:30 Us Mic Cus Yes	y one) of Abat lity Hor PM- denova emoliti s Loca Norma ed Sol aintena stodial (12) No	tion ally ely by ance/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Stull Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous Liation Cubic Yards of Vaste 10 Disposal Date 3/18/15	STREET de 19007 inment with Negsure Procedure pted (*) and Nor rial (ACM) sulation, r is) Name of Registe GROWS Lar	Amount (Specify SF or LF) 400 LF	Removal		_	_
Deccupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: 7:00 A cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) stilding 325 Various Area RISTOL ENVIRONMENT State RISTOL, PA	atement (Churing Entire side of Norm AMP apply) ial (ACM)	eck only Period of onal Facil M/3:30 Us Mic Cus Yes	y one) of Abat lity Hol PM denova emoliti s Loca Norma ed Sol aintena stodial (12) No	tion ally ely by ance/ Staff?	Asbes (i.e.,	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous Ulation Cubic Yards of Vaste 10 Disposal Date City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo Mini	STREET de 19007 inment with Negsure Procedure pted (*) and Nor rial (ACM) sulation, r ss) Name of Registe GROWS Lar	Amount (Specify SF or LF) 400 LF	Removal	Repair	Encapsulate	_

Cl# 2759

Date of Notification (1)				Na	me of Build	dina	Owner/Operator	(2)						
2 / 6	_ / _ 18	5		1	E.I. duPor	nt d	e Nemours	(2)						
Agencies Notified Type	Notification				reet Addres									
Ø EPA 7741 Ø II									37					
	mended				y, State, Zi		uake Road			- The second				
	mendment #		_		Parlin, NJ									
	mergency (in stification)	ncludir	ng		me of Cont		559							
	ancellation				lichol Rei				Telephone	e Numb	er			
				_										
Name of Facility Where Abaten	nent is Takin	a Dias	- /21	- 1	ACILITY	INF	ORMATION							
DuPont Parlin Facility - I	Pida 42E	g Plac	æ (3)					Type of Facility	y (4)					
Street Address	31ug. 425							School (K-	12)					
250 Cheesequake Road								Subchapter Other (i.e.,	r 8 (Other than	n K-12)				
City (5)								homes, etc	i.)	Millierc	iai c	ullai	ngs,	
Parlin	3.5				elekono.			Square Feet	# of Floo	rs	TE	Blda.	Age	_
County (6)													.90	
Middlesex				Co	ounty Code	(7)(5	STATE USE ONLY)	Current Use (P	rior if being d	emolish	ed)		_	
										251620000	,			
Name of Monitoring Firm Hired	by Building C	Owner	(8)	ASC	M No.	1	Name of Abatem	ent Contractor (9	9)		4			
Cardno ATC								VIRONMENTA						
Street Address						S	Street Address					_	_	
3 Terri Lane							1123 BEAVE	R STREET						
City, State, Zip Code						C	City, State, Zip C	ode						
Burlington, NJ 08016							BRISTOL, PA	19007						
Project Manager for Monitoring F	Firm		Tel	ephon	e No.	T	elephone No.		License N	la .				
John Lutz					6-8800		215-788-6040		00509					
Start Date (10)	Schedi	uled C	omple	etion D	ate (11)	N	lame of OSHA M	lonitor	00303					
3 / 2 / 15	_ 3	3_ /	_1	B_ /	_15		BRISTOL EN		LINC					
Occupancy Status During Abater	ment (Check	only o	one)			15	treet Address		L, 1140.					
☐ Facility Closed/Vacated Durin	g Entire Peri	iod of	Abate	ment			1123 BEAVER	CTDEET						
☐ Abatement Performed Outside	e of Normal i	Facility	y Hou	rs - De	scribe		ity, State, Zip Co		8					
Time of Abatement: 7:00AM-	PM/3	:30PI	M	AN	A		BRISTOL, PA							
Scope of Work (Check all that ap	ply)					_	DITIOTOL, PA	19007						
□ >3 sf or >3 lf	1	Ø n.					☑ Full Conta	ainment with Ne	ative Pressur	70				
≥160 sf or ≥260 if		☑ Rei	novati molitic	חסו			☐ Mini-Enci	osure	94470 1 163301					
							☐ Glovebag	Procedure npted (*) and No	n Friehle D					
			Locat					- proc () and 140	II-FIIADIE Proc					
Location of Asbestos-Containing Material	(4.014)		lorma d Sole				Description of			-	Ab		ent T	ype
TO BE ABATED	(ACM)	Mai	ntena	nce/	Asbe	stos	Containing Mat	erial (ACM)	Amount		Rer	Re	En	En
IN Facility	1	Custo		Staff?	(1.6	., tn	ermal systems in surfacing, VAT,	nsulation,	(Specify		Removal	Repair	cap	Enclosure
(13)	-	v I	(12)	T	-	o	ther miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	ure
	-	Yes	No	N/A									e	
Building 325 Various Areas			\boxtimes		Pipe Ins	sula	ation		400 LF	F	X			
	1							-	100 11	- -	2		Ц	
	1				-	_								
		_	_	_	-									
	1.7										7	H	긁	=
Name of Registered Waste Hauler			N.	DEP	Waste		bic Yards of	Name of Regist	ered Landell		-	_		Ш
BRISTOL ENVIRONMENTA	LINC			auler II 18706		Wa	ste	GROWS La	ndfill					
City, State				.0700	,		0 posal Date	City, State						
BRISTOL, PA							/25/14		DA 40000					
Completed By (Print or Type)	Title						10-438-00-79-73	Morrisville,						
Gino Pizzigoni	Esti	imato)r				Signature U ·	Dinai .	. /	Date 1	1,	,	,	
20.44							News /	1334-	10	21	6/	14		- 1

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

Date of Notification	e of Notification (1) 3-13-15					lding	Owner/	Operator	(2)				0110		
3-13-15				Dav	e Ge	ervas	si								
Agencies Notified	Type Notif	icatio	n St	treet	Addre	ess							7237		
[]EPA	[X]Initi	al		646	Ave	enue	A								
[]DEP		ficatio	on Ci	t-17 1	State	, Zip	Code								
	[]Amend	ed	1 222	100			, 070	002							1
[X]DOL	Noti	ficatio	on _				,								
[X]DOH	[]EMERG	ENCY	1 1		f Con		ZC100 - 8		Telent	2000 37 1					
[]DCA	[]Cance		. 11	Dave	e Ge	ervas	31		1						
×	[] Carice	TIACIO	1		FACT	T.TTY T	NFORMA	TTON							-
Name of Facility Whe	re Abateme	ent is	Taking	Plac			NI OIUI.		Type of Fac	ility (4)					
Same as above										ol (K-12)					
									70 (A) A 1000 (A)	apter 8 (Oth	ner t	han	K-12)	
Street Addres										(i.e., priv					
										buildings,		- 8			
City (5			5 122	EITTI	000	AT Cou	nty Co	de (7)	Square Feet	# of Flo	oors	100000	dg., 75	age	
		Cou	nty (6) HUI	050	1 10		E ONLY)		(Prior if h	eina		vimen.	hed	1
									Current ose	(IIIOI II I	Jerrig	Gen	0113	neu,	į.
Name of Monitoring F	'irm hired	by Bui	lding	ASCM	No.		Name o	of Abate	ment Contrac	tor (9)					-
Owner (8) N/A							AZI	CECH M	IANAGEMEN	IT, Inc.					
Street Address							Street	t Addres	s			-			
									topher S	St.					
City, State, Zip Cod	le								Zip Code						
	ity, State, zip Code								r, NJ 07	042					
Project Manager for	roject Manager for Monitoring Firm					ar		hone Num			Lice	nse	Numb	07	
rroject manager for	HOHE COLLING	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		Numb	CT			-8800			37		er	
Scheduled Start Date	(10)	الممطح			Data	(11)									
3-27-15	(10)	ched.	-30-		Date	(11)	N/A	of OSHA	MODITOR						
	ear	Month	Dav		Year		IV/A								
Occupancy Status Dur							Street	t Addres	s						
[X]Facility Close of Abatement		d Durin	g Enti	re Pe	eriod										
[]Abatement Per					acilit	тy	City,	State,	Zip Code						
Hours - Descr []other - Descr	-				ipt»										
Scope of Work (Check	7007 2002 II														
Toope of Horn (oneon	dan dido	CPP-17						[]Full	Containment	with Negativ	re Pr	essu	re		
[X]≥3 sf or []>160 sf o			N. F. S.		ration ition				Enclosure						
[1 <u>></u> 100 SI 0	2200 11		Γ 1	Demoi	1 0101	L			bag Procedur riable Proce						
12 10	_		Tion	Is cation	1			8 900				Aba	teme		
Location Asbestos-Con			Nor	mally				scriptions		Amount		R	R	E	E
Material			So	lely				terial ((Specif		E	E	CA	C
TO BE ABA				Main-					. systems	SF or		0	P A	PS	0
In Facil	ity		Cus	todia	1				acing, VAT, llaneous)	LF)		A	I R	U	S
,,				No	N/A							L	-	L ·	R E
Basement				2	K	PIP	E IN	SULAT	ION	115 L	F	X			
Name of Registered W	aste Haule	r	NJDI	EP Wa	ste	Cub	oic Yar	ds	Name of Re	gistered Lan	dfil	1			
AZTECH MANAG	AZTECH MANAGEMENT, INC.				D No.	of	Waste	1.5	G.R.O.W	7.S.					
City, State	City, State					Dis	posal	Date	City, Stat	e					
Montclair, NJ 07042						1000	-31-		The state of the s	rille, PA	1 19	906	7		
2017 1 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013 1 7 2 2013															
Completed By (Print		Title					S	ignature			1 35	ate	5000		
Constantine V	ivian	Pres	ıden	t				11/	illa		3	3-1	3-	15	

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

Date of Notification	n (1)		N			g Owner/Operator	(2)	100		T.	1.7	F .
3-13-15				Phylli	ls R	adice						
Agencies Notified	Type Noti	ficatio	n S	treet Add	iress							
[]EPA	[X]Initi	al		618 Br	road	Street						
[]DEP	Noti	ficatio	on c	ity, Stat	e, Zij	p Code						
[X]DOL	[]Ameno	led ficatio	_	Bloomf	Fiel	d, NJ 07003	3					
[X]DOH	NOCI	LICALIC		ame of Co	ntact		Telepho	ne Number				-
[]DCA	[]EMERG	ENCY		Phylli	s R	adice	1				-	
·	[]Cance	ellation	1									-12 16 27 18
						INFORMATION						
Name of Facility Who		ent is :	raking	g Place (:	3)		Type of Facil					
							[]School	(K-12) oter 8 (Othe	r than	K-12)	
Street Addres							[X]Other	(i.e., priva	te & c	ommer	-	
								ouildings, h				
City (5		Cour	nty (6	5)Essex	Co	ounty Code (7)	Square Feet	# of Floo		dg. :	Age	
			•		1000	STATE USE ONLY)	Current Use			0.000	hed)
								(9			
Name of Monitoring	Firm hired	by Buil	lding	ASCM No		Name of Abate	ment Contracto	or (9)				
Owner (8) N/A						AZTECH N	IANAGEMENT	, Inc.				
Street Address						Street Addres						
						86 Chris	stopher St					
City, State, Zip Co	ty, State, Zip Code					City, State,	The same of the sa	10000000				
						Montclai	r, NJ 070	42				
Project Manager for	Monitoring	g Firm	100000	phone Num	nber	Telephone Num		F	icense		er	
		1	N/Z	A		(973) 744	-8800		0037	1		
Scheduled Start Date	e (10)			tion Date	(11)	Name of OSHA	Monitor					
3-26-15 Month Day Y	ear	Month	3-27 Da	7-15 v Yea		N/A						
Occupancy Status Du	ring Abater	ment (Ch	neck c	only one)		Street Addres	s					
[X]Facility Clo of Abatemen		d Durin	g Ent	ire Perio	d							
[]Abatement Pe					ity	City, State,	Zip Code					77
Hours - Desc []other - Desc						1000						
Scope of Work (Check		1										
[V] > 2 cf om	>2 16		[37]				Containment wi	th Negative	Pressu	ire		
[X]≥3 sf or []≥160 sf	— :		117-0207	Renovatio Demolitio			Enclosure bag Procedure					
	998 			Is		[]Non-F	riable Procedu	ire				
Location	n of			cation rmally		Description	on of		Aba	temer	e E	E TAbe
Asbestos-Cor			τ	Used -		Asbestos-Con		Amount	R	R	NC	N C
Material TO BE AB			By	olely Main-		Material ((i.e., thermal	70.00	(Specify SF or	M	P	A P	L
In Facil			Cus	nance/ todial	i	nsulation, surfa	acing, VAT,	LF)	VA	A	S	S
(13)			Yes	ff (12) No N/A		or other misce	llaneous)	}	L	R	L	R
Basement		X	PI	PE INSULAT	ION	65 LF	X			- 12		
						and the second s						
	1											
Name of Registered V			1 10000000	EP Waste ler ID No		ubic Yards	Name of Regi	stered Landí	Fill			- F
AZTECH MANAG	AZTECH MANAGEMENT, INC.					f Waste 1.5	G.R.O.W.	S.				
City, State	- ·					isposal Date	City, State					
Montclair, NJ				3-28-15	Morrisvi	lle, PA	1906	7				
Completed By (Print				Ci en a tur-			b .					
Constantine V		Title Pres:	iden	t		Signature	1		Date	2	-	
						('.\/	111/11-		3-1	3-	15	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	N			o NJAC 8:				C Ro	rV-	13	7.2	4	125	
Date of Notification (1) 3/18/15				Building O										
Agencies Notified Type Notificat	ion	88	Street Ad 2088 A	dress rrowwoo	d Driv	е								
EPA Initial Amender DEP Amender Mender				e, Zip Cod Plains, N		76							-+- 4	
□ Emerger □ justificati □ DCA □ Cancella		41.8	Name of John W	Contact /elch					Telent	hone Nun	hor			
_ BOA Cultonia			FACIL	ITY INFO	RMATIC	DN								
Name of Facility Where Abatement is T	aking Place (3) (Printers.	of Facility (4) School (K-12)						
Street Address 1500 Tonnelle Avenue							×	Subchapter 8 Other (i.e. pri- etc.)				lings,	home	ıs,
City (5) North Bergen								e Feet	# of FI	loors	B 5	ldg. A 6	ge	
County (6) Hudson			County C	Code (7) ISE ONLY)			Currer	nt Use (Prior	if being	demolish	ned)			
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.				ement Contr						
Street Address						Street	Addres					22.774.0		
City, State, Zip Code						City, S	State, Zi	- A						
Project Manager for Monitoring Firm		T	Γelephor	ne No.		Teleph	none No 764-22).	L	icense N	0.			
Start Date (10) 3/30/15	Schedule 4/30/15		pletion [Date (11)		A-0.1-10.3-0.10		IA Monitor					ţ	
Occupancy Status During Abatement (0	700.9079000					Street	Addres	is						
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:	tire Period of A	Abatem	ent		_		State, Zi	10						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commence of the Commence of th	Renova Demoliti					Min Glo	Containmer i-Enclosure ivebag Proce n-Exempted	edure				Э	7/4
	935	Locati			Doc	arintiar	o o f					Abate Ty	ment pe	N I
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?		os Cont thermal	system	Material is insula AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						470	. 05			2501	
exterior - roof			X		par	apet v	vall		1/0) SF	х			
			JDEP W		Cubic									
Name of Registered Waste Hauler Freehold Cartage								Name of R	tegistere	ed Landfil				
City, State Freehold, NJ				-	Dispos TBD	sal Date	9	City, State					X	
Completed by A. Scott Higgins	Title Pres	ident/	Owner	6	S	Signatur	e A	,_	-		ate /18/1	5		

State of New Jersey	
IOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 12:120)	1

Date of Notification (1)				TI	Name of	Building O	wner/O	perator	(2)					00	V	
3/18/15						ood Asso			V							
Agencies Notified	Type No	tification			Street Ad	ddress anchard	Stroot									
× EPA DEP	× Initi	al ended				te, Zip Cod										
DEP X DOL	Am	endment #				k NJ 071							-			
DOH DCA	just	ergency (i ification) ncellation	nciuding			Contact ckwood					Tele	phone Ni	umber			
					FACII	LITY INFO	RMATIC	NC			-		-			
Name of Facility Where A	batemen	t is Taking	Place (3)					7.		of Facility (4)						
Street Address										School (K-12) Subchapter 8		r than K-	12)			
352-376 Mt. Prospe	ct Aven	ue								Other (i.e. privetc.)	vate &	commer	cial bui	ldings	home	es,
City (5) Newark										re Feet	# of 5	Floors		Bldg. A	ge	
County (6) Essex		-				Code (7) USE ONLY)	-	_	Curre	nt Use (Prior	if bein	g demoli	shed)			
Name of Monitoring Firm	Hired by	Building C	wner (8)		ASCN	1 No.	T	Name	of Aba	tement Contr	actor ((9)				_
p=	88		28/25 11					ABS	Envir	onmental S	Servi	ces, LL	С			
Street Address				ŭ	-10-29 121			Street 4 E G		ss Drive, PO E	3ox 4	83				
City, State, Zip Code										ip Code NJ 07418	}					
Project Manager for Moni	ect Manager for Monitoring Firm					ne No.		Teleph 973-7				License 703	No.			
Start Date (10) 3/18/15						Date (11)		Name	of QSH	HA Monitor			20.0			#
Occupancy Status During	Abateme	ent (Check	Only One	e)				Street	Addres	SS		4			7.00	
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outsid	e of Norm				7 -		City, S		ip Code		1 201	(68)		52 P	(100 to)
Scope of Work (Check Al														-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Пасър	Pi3)		enova emoliti	70.7000				Mir Glo	I Containmen ni-Enclosure ovebag Proce	dure					
									No	n-Exempted (*) and	Non-Fria	able Pro	1925		
E			CCCC.	_ocati ormall											ement rpe	
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Used	Sole ntenar idial S (12)	ly by nce/	Asbesto (i.e. t	os Conta thermal surfac	scription aining M systems sing, VA niscellan	laterial s insula T, or	(ACM) ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								=		ate	e
baseme	ent				Х	12.	pipe	insula	tion		15	0 SF		х		18
			-										-			
			1													
Name of Registered Was	te Hauler			1,500	JDEP W auler ID		Cubic of Was			Name of Re	egister	red Landi	fill	1	l	
City State							Dienes	al Date	81	City, State		9.00				- 14
City, State							Dishos	ai Date		Oity, State						
Completed by A. Scott Higgins			Title Presio	dent/	Owner		S	ignature	,	2~			Date 3/18/1	5		
ocour mggmio			1. 10010	-0110	2.11101			- 3	L				.,			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Building	g Owner/	Operator (2)					
03/	18 /	15			Chris			,						
Agencies Notified	Type Notifi	cation				t Address								
□ EPA	✓ Initial						Dlaga							
⊠ DOLWD	Amende	ed				State, Zip (
□ DHSS	The second secon	ment #_			28/07								rane	
DCA (NJAC 5:23-8)	Emerge justifica		luding			nit, NJ 07				Telephone	Niconolo	2.6		
[NUAU 0.20-0]	Cancell						·			1 elebilone	Numbe	Si.		
				-	Chris									
Name of Facility 160s and		- 11	D1	101	FA	CILITY IN	IFORM/	ATION						
Name of Facility Where A	Abatement is	laking	Place	(3)					Type of Facility	CONTROL POR				
Private house									School (K-1	12) 8 (Other than	V 1 21			
Street Address									Other (i.e.,			ial buil	dinas.	
52 Hawthorne Place									homes, etc				3	
City (5)									Square Feet	# of Floor	S	Bid	g. Age	
Summit, NJ 07901					5/2									
County (6)					Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being d	emolish	ed)		
Union														
Name of Monitoring Firm	Hired by Bu	ilding O	vner (8)	ASCM	No.	Name	of Abateme	ent Contractor (9	9)				
							Gr Tec	h LLC						
Street Address							-	Address						
							576 Va	illey Rd#	283					
City, State, Zip Code								ate, Zip Co			-			
							2000 83	, NJ 0747						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telepho			License h	No.			-
							973-63	8-1777		01127				
Start Date (10)		Schedu	led C	omple	tion Da	ate (11)		of OSHA N	lonitor	01127				
03 /27 /	15	_ 03] 1	28	3_/	15	Environ	vision Co						
Occupancy Status During	Abatement							Address	nsultants,Inc					
					ment				D 1 D11 "	25.5				
Abatement Performed	Outside of I	Normal F	acility	Hou	s - De	scribe		wagaraw ate, Zip Co	Road, Bldg .#	33 E				
Time of Abatement: _	AM	PM		PM_		_AM	A CONTRACTOR OF THE CONTRACTOR							
Scope of Work (Check all	that apply)			and the same	-		Fair La	wn, NJ 0	7410 and decontami	ination with no	antino			
	500.27		250				H	Full Cont	and decontains ainment with Ne	egative Pressu	igative (biessu	re	
>3 sf or >3 lf > 160 sf or >260 lf		3	Re	novati	on		×	Mini-Encl	osure					
		l l	_ ne	molitic	on		Н	Glovebag	Procedure mpted (*) and N	I ent with Ne	gative F	Pressu	re	
<u></u>			Is	Locat	ion	T		THOSE EXC	inpled () sha h	T .	,cedure		1	-
Location	of		١	lorma	lly		De	scription o	f				ement	Type
Asbestos-Containing I		M)		d Sole intena	ely by	Asbe	stos Cont	taining Mat	terial (ACM)	Amoun	it	Re	Encaps	Enc
TO BE ABA	the state of the s				Staff?	(i.e	., therma	l systems i cing, VAT,	nsulation,	(Specif		Remova	aps	Enclosure
(13)	<i>y</i> .			(12)				niscellane		SIF or L	5)	/al	Encapsulate Repair	9
			Yes	No	N/A				71				6	
Basement				П	X	Pine inci	ilation -	wrap & c	nt.	95 LF		\boxtimes		
			_	$\overline{\Box}$		1 tpc nist	nation -	wrap & C	ut	93 LF				44
				Щ		-								
					П							П	7 -	
Name of Registered Was	te Hauler			NJI	DEP Wast	e Hauler ID No.	Cubic Ya	irds of Wast	Name of Regi	stered Landfil	1			
Gr Tech LLC							10000000				5			
City, State				(00337	53	TBI		T.R.R.F. Inc	;				
							Disposa		City, State					
Wayne, NJ 07470		T=-					TBI		Tullytown, P	PA				
Completed By (Print or Ty	/pe)	Title					Sig	nature /	1 . 1	1	Date	1		
N.Jevtic		Owne	er					Men	the Wen	201	03/1	8/201	5	
ASB-41 MAY 11		4.7	10	time t	laio Co-	n for acti	ne for	1/	ted activities.		- 10	-		
ivies i 11		1.	en noi	mac in	113 1011	a jur asnesi	US IICENS	ure exempi	ea activities.					

Check#2142

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

Date of Notification	(1)	(Fuls		ne of Buil						-			7	f. 13
3-17-15			A	nne OG	orma	an								
Agencies Notified	Type Notif	ication	Str	reet Addre	ess						F.1			
[]EPA	[X]Initia	al	1	.1 Ches	ster	road	d							100
[]DEP	Noti	fication	Cit	ty, State,	Zip (Code								
	[]Amende	ed		pper M			r.NJ.C	7043						
[X] DOL	Noti	fication					_ / / -			-			1000	
[X]DOH	[]EMERGI	ENCY	1 0 -	me of Cont				Telent					Prince Agents	
[]DCA	[]Cance		P	Anne OG	orma	an								
	[] cance.	LIGCION		FACI	LITY I	NFORMA	ATION							
Name of Facility Whe	ere Abateme	nt is Tal	cing :					Type of Faci	lity (4)					
Same as above								[]School	(K-12)					
21 1 2 1 1									pter 8 (Oth					
Street Addres							j		<pre>(i.e., priv buildings,</pre>				-	
								Square Feet	# of Flo				Ame	
City (5		County	7 (6)	Essex	Cour	nty Co	de (7)	2300	3	,010		30	age.	
					(STZ	ATE US	E ONLY)	Current Use		eing			hed)	,
Name of Monitoring H	Firm hired	by Build:	ing	ASCM No.		Name	of Abate	ment Contract	or (9)					
Owner (8) N/A						AZ:	rech M	ianagemen'	r, Inc.					
Street Address						Stree	t Addres	S						
						86	Chris	topher St	t.					
City, State, Zip Cod	ty, State, Zip Code					City,	State,	Zip Code						
	ity, State, Zip Code					Mon	ntclai	r, NJ 070	042					
Project Manager for	Monitoring	Firm 7	relep	hone Numb	er	Telep	hone Num	ber		Lice	ense	Numb	er	
		1	N/A			(9'	73)744	-8800		0	37	1		
Scheduled Start Date	(10) S	ched. Cor	nplet	ion Date	(11)	Name	of OSHA	Monitor		_				
3-26-15		3.	-30-	-15		N/A								
	1000000	Month	Day						7		-			
Occupancy Status Dur [X]Facility Clo	sed/Vacated					Stree	t Addres	S						
of Abatemen []Abatement Pe		tside of	Norma	al Facili	ty	City,	State,	Zip Code						
Hours - Desc	77.5		_	- 31 32 77		i fai		•						
[]other - Desc			icy De	escript»		<u></u>								
Scope of Work (Check	c all that	appiy)					[]Full	Containment w	ith Negativ	re Pi	essu	re		
[X]≥3 sf or				Renovation			[]Mini-	Enclosure	·					
[]≥160 sf	or ≥260 lf		[]D	emolition	1			bag Procedure riable Proced						
E	92			Is ation		6759	10. 94315	5527			Aba	teme		
Location Asbestos-Con			Nort	nally			escription stos-Con		Amount		R	R	E N	E
Material			Sol	sed lely	0.		aterial ((Specif		E	E	C A	C
TO BE AB				Main- ance/				systems	SF or		0	PA	PS	1 O C
In Facil			Cust	odial	100000000000000000000000000000000000000			acing, VAT, llaneous)	LF)		A	I R	U	S
(13)		Ye		E (12) No N/A	,	01 001	CI MISCC	riancous,			L	-	L	R
Basement			X	Pip	e Ir	sulat	ion	110	Lf	X			15	
													100	
Name of Registered V	Name of Registered Waste Hauler					oic Ya	rds	Name of Reg	istered Lan	dfil	1			
AZTECH MANAG	AZTECH MANAGEMENT, INC.					Waste	1.5	G.R.O.W	.S.					
City, State	City, State					sposal	Date	City, State				-		
- 1998 THE STATE OF S	Montclair, NJ 07042					3-31-		Morrisv:		1	906	7		
The state of the s	Completed De (Deich on Mone) With					-			1					
Completed By (Print	200	Title	d = 1	L		S	Signature	7 11			ate		_	
Constantine V	ivian	Presid	1en t	L			1119	im			3-1	/-1	5	

Date of Notification (1)	= / =			Name	of Building Owne	-10	(0)					-
Lane 1	7/15			G	or building owner OLOSERC	r/Operator <i>R:Saい</i>	·(2) Y ASSOCIA	TES			1112111	
Agencies Notified T	ype Notificatio	n			Address					A STREET	-11_4-11	Albania ma
□ EPA 🗵	Initial			3	CLINTO	I RE	30					
□ DEP □	Amended	20020		City, S	tate, Zip Code							
	Amendme Emergency	nt#	-		ST CALPUTE	u, Ni	50000					
<u>□</u> DO⊓	justification	1)		Name	of Contact			Telephone 1	lumbe	r		
	Cancellatio	n				1.4	/.		vui vibo			
Name of Facility Where Abat	ement is Takir	ng Place (3)		FAC	ILITY INFORMA	TION	T				-	
WHITEHALL A	PARTMER				- 5		Type of Facility	18860				
Street Address							☐ School (K-1	2)	-construction			
24 HILLSIDE	AUS						☐ Subchapter ☐ Other (i.e. p	8 (Other than K-	12) cial bu	ildina	c hor	200
City (5)							eic.)		ciai bu			nes,
MONTCLAIR							Square Feet	# of Floors			. Age	
County (6)		-		County	Code (7)		Current Use (Pri				59	-
ESSEX			- 1	(STATE	USE ONLY)		AP	TS / GA	sned) 296:	55		
Name of Monitoring Firm Hire	ed by Building	Owner (8)		ASC	CM No.	Name	of Abatement Cor	tractor (9)	-		-	
Street Address						A. M	AC Contracting Inc	(-/				
a sectividated						4	Address					
City, State, Zip Code						185 \	/reeland Ave.					
						City, S	tate, Zip Code					
Project Manager for Monitorin	g Firm					Midla	nd Park, NJ 07432					
				Telep	hone No.		one No.	License	No.			
Start Date (10) 4//3//		Schodulo	d Con	-1-41			262-5841	00156				
1/10/1	3	Schedule	4/6	Dietion /	Date (11) 5	Name	of OSHA Monitor ga Environmental	Saniara I				
Occupancy Status During Ab	atement (Che	ok Only On	-\			1		Services Inc.				
acility Closed/Vacated I	Juring Entire I	Dariad of AL		nt		Street 280 H	Address uyer Street					
☐ Abatement Performed Ou☐ Other - Describe:	itside of Norm	al Facility H	lours			City, St	ate, Zip Code					
Scope of Work (Check All Tha	at Apply)					Hacke	nsack, NJ 07606					
□ ≥3 sf or ≥3 If	at WhhiA)	./										
≥160 sf or ≥260 lf			novatio molition				Full Containmen	t with Negative F	ressur	e		
			THOMEIO	ı		K	Mini-Enclosure Glovebag Proce					
							Non-Exempted (t) and Non-Friab	le Prod	edure	9	
f			Location						1		temen	it
Location of Asbestos-Containing Mater	rial (ACM)		ormally Solely		De	scription o	of			Т	уре	eg (400mm
TO BE ABATED			ntenance dial Sta		Asbestos Cor (i.e. therma	itaining M Lsystems	aterial (ACM)	Amount	_		E	1_
In Facility (13)			(12)	111 /	surfa	cing, VAT	or	(Specify SF or LF)	Removal	Repair	сар	nck
		Yes	No	N/A	Other i	niscellane	ous)		Byc	1	Encapsulate	Enclosure
GARAGES 1-12	TOTAL SERVICE STATE OF THE SER	103									8	
GARAGES 1-12				X	P	PE		5200	dx			
The second secon									1	-		
					A STATE OF THE PARTY OF THE PAR				+-	_		
			\neg	+					-			
Name of Registered Waste Hau	ıler		NJD	EP Wa	ste Cubic	Varde	I Name of					
Newark Carting, Inc			Haul	ler ID N			Name of Re	gistered Landfill				
City, State, Zip Code				04509		X	Management Commence of the Com	Bethlehem Land	fill Cor	p.		Authorities
Newark, NJ 07105					Dispos	al Date	City, State,	Zip Code				
Completed by		Title		-			Detrillen	em, PA 18015				
R. McDonald		President	t		Si	gnaturé	mil a	Dat	e /	2/1	_	
						-	n. Come		5/1	1/10	,	F

CHECK# 8702

Date of Notilication (1)					ar 10 0.00 g		* E s						
3/17/15			'Nan	ne of Buil	ding Owner				-	-	-	*Verditeissen	
Agencies Notified Type Notification	on.		_	el Addre	MRS,	SCH	NEIDENS	404	NUBCA	b ne i	Allegen	Min/h	lin
				al Addres	3S - 44	TH &	TREET	-	1-1		2010	Q 30	niar
DEP DEP Amended			City	Di-t							(signal		
Amendme Emergency	nt#		12	YNOI	tures T	- N	> 670	771	Linte.	13	/	· (v)	
justification	(1)	g	Nam	e of Con	tact				elephone N			Time:	2
LI BCA D Cancellation	מה		4	oi ck				7 ,	elephone N	HIMID	ar.		
Name of Fedility Where Abatement is Taki	no Place	(3)	F	ACILITY	INFORMA	TION			1 11111111				
SCHNEIPENBACH		اوت					Type of Facili	ty (4)	Water and the same	Military .			-
Street Address	776					-	☐ School ()	<-12)					
675 47" STREET	- 0						Subchapt Subchapt Other (i.e.	er 8 (Olf	er than K-	2)	ari-81	7 12	
City (5)			-				200,			181 01	maing	s, hor	nes,
LYNCHURST]	Square Feet	#	of Floors			Age	- 5
County (B) BERGEN		-	Coun	ty Code (7)				J. 15 (A		6	2	
			(STAT	E USE O	VLY)	}	Current Use (F	TOP IT BE	ing demolis	hed)		1000	
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No.	·	Name	of Abatement C	-	(6)	-			
Street Address						A. MA	C Contracting i	UC CO	(2)				
an week trichted							Address	-		-	-		-
City, State, Zip Code						185 V	reeland Ave.						
						City, St	ate, Zip Code				-		_
roject Manager for Monkoring Firm						Midlar	d Park, NJ 074	32					
			Tek	A snorte	lo,		ne No.		License N	la.	-		
Start Date (10)	School	ford Co	no 1-212	-		-	62-5841		00156				
-3/18/15	Churchi	3//	7/15	pete (1	٦)	Name o	f OSHA Monito a Environment	T	_	_	-		
Occupancy Status During Abatement (Che	ck Onty O	nol		-		1		AI SBIVIC	es inc.				
Facility Closed/Vacated During Entire I Abatament Performed Outside of Norm	7-4-1-0	A 4	nent			Street A	ddress yer Street						
Other - Describe:	at racility	Hours				City, Ste	te. Zio Code						
cope of Work (Check All That Apply)				-		наскел	sack, NJ 0760	5					
1 ≥3 sf or ≥3 if	DACTOR TO											***************************************	
C ≥160 of or ≥260 H	PC F	enova emo(#	tion on			A	Full Containme	nt with t	legative Pr	958UT	е		
					×		Mini-Enclosure Glovebag Prod	edure					
	T .					J.	Non-Exemples	(*) and	Non-Frlable	Proc	edure	i	
Location of	į.	Locat Norma	ly	1	8					1		emen	t
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ash	Das Estos Cont	cription of	terial (ACM)			-	1	ype	
TO BE ABATED In Fedibly		intena Iodíai s		(i	.e. memai :	systems in	Sulation		Mount pecify	70	1_	5	m
(13)		(12)			other m	ing, VAT. iscellaned	or usl	ŜF	or LF)	Вэточн	Rajair	Encapsulets	왕
	Yes	No	NIA	1						IBA	[=	uleb	Enclosure.
BASEMENT			25	1	77	12						U	
			1		11			4	SO SE	X			
VIII.			_		P	·							
					-							-	
ne of Registered Waste Hauler	1			-	50000			*			\vdash	-	
			IDEP W		Cubic Y		Name of F	Registere	d Landfill	_			-
wark Certing, Inc		1	04509		of Waste	1		*	hem Landfil				
v, State, Zip Code wark, NJ 07105					Disposal	Date	City State			CON	D,		-
ripleted by	The same of the sa				3/1	5/150	Bethie	hem. Pa	18015				
VicDonald	Title Preside	ni			THE RESERVE THE PERSON NAMED IN		P	. /	Date	7			
	1,100108	rit.			- 1	V.C.	my	1	3	11:	1/13	_	d

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

Date of Notification	(1)	, (=,			_		wner/Operat		(2)		= 1		41	7
3-17-15			1.1	Carm		0.75	S 177							
Agencies Notified	Type Notif	icatio	n St	reet A	Addres	s								
[]EPA	[X] Initia			539	Clif	Eton	Ave.							
[]DEP	NOTI	ficatio	Ci	Lty, St	tate,	Zip C	ode			r				
[X]DOT	[]Amende Noti:	ed ficatio	on :	Newa	rk,1	IJ,0	7104				- 2-2-2			
[X] DOH			Na	ame of	Conta	act			Telephone	e Number				
[]DCA	[]EMERG		- 11	Carm	en S	Sanc	hez		1					
						ITY IN	FORMATION							
Name of Facility Whe	ere Abateme	nt is '	Taking	Place	(3)				Type of Facili	ty (4)				
Same as above									[]School (r than	K-1	2)	
Street Addres									[X]Other (i		te & c	omme	r-	
		-				la .		_	Square Feet	# of Floo	rs Bl	dg.	Age	
City (5		Cou	nty (6) Essex		N. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	ty Code (7)	1						
57						(012	000 0101	1	Current Use (F	Prior if be	ing de	noli	shed)
Name of Monitoring I	Firm hired	by Bui	lding	ASCM	No.	1			ent Contractor					
N/A (8)									ANAGEMENT,	, Inc.				
Street Address							Street Addr 86 Chr:		topher St					
City, State, Zip Coo							City, State Montcl		ip Code r, NJ 0704	12	8			
Project Manager for	roject Manager for Monitoring Firm					r	Telephone N			ī	icense		ber	
Scheduled Start Date	2 (10)	ched.	N/A		ate (11)	Name of OSH				-	_		
3-28-15	= (10)		-30-				N/A							
	200000000	Month	· · · · · · · · · · · · · · · · · · ·	-	Year									
Occupancy Status Du: [X]Facility Clo	sed/Vacate						Street Addr	ess						
of Abatemen []Abatement Pe		tside o	of Nor	mal Fa	cilit	,	City, State	7	in Code					
Hours - Desc []other - Desc	ribe: «OffH	ours De	escript	t»	(a		Dity, State	, 2	ip code					
Scope of Work (Check	k all that	apply)						2000 0		er tour en	1000			
[X]>3 sf or	>3 lf		[X]	Renova	ation		15 115		Containment wit Enclosure	th Negative	Press	ure		
[] <u>≥</u> 160 sf			[]	Demol:	ition				oag Procedure	-				
				Is	T		[]NOI	1-11	Table Floceda		Ab	atem	ent !	Type
Location	n of			cation rmally			Descrip		90				E	E
Asbestos-Co	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		τ	Used ~			Asbestos-C			Amount	R	R	C	C
Material		- 1		olely Main-			Material (i.e., them		ALL CONTROL OF THE PROPERTY OF	(Specify SF or	M	P	A P	LO
TO BE AN			ter	nance/	a		sulation, su		170	LF)	V	A	S	S
(13)				todial			or other mis				A	R	U	U R
Basement	Yes	No X	N/A	Pip	e Insula	at:	ion	90 lf	x	+		E		
Dasanene							0 111041					\vdash	-	+
Name of Registered	Waste Haule	er	NJD	EP Was	te	1000	ic Yards		Name of Regi	stered Land	fill		-	
AZTECH MANAG	EMENT,	INC.		ler II	No.	of	Waste 1.5		G.R.O.W.	S.				
City, State						Dis	posal Date		City, State					
Montclair, NJ	Montclair, NJ 07042					3	-31-15		Morrisvi.	lle, PA	190	57		
Completed By (Print	37. 42				Signati	ıre			Date					
Constantine V	'ivian	Pres	iden	ıt			0	1	ian		3-1	7-	15	

CK# 2599

Bree McGuire		0.000	tary 7	Treasu	irer			yu	4	. '	0.000	/17/1	5		
Colts Neck, New Je	Its Neck, New Jersey					4/2/1	5 ignat ure		Easton		10	ate			
Ace Insulation Co., City, State	Ha	JDEP Wauler ID 2086	200	Cubic of Was 2			Chrins City, Stat		ered Landfil	1					
Name of Degistered Wi-	Name of Registered Waste Hauler					Cubic	Vards		News	Deel-t	arad 1 == 401				
												-			
outdoors on sid	ue and back	-		Х			siding			16	600 sf	X	-		
outdoors on sid	de and back	162	INU				oidina			40	SOO of	-	-		
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Mair Custo	Solel ntenan odial S (12)	ice/		tos Cont thermal surfac		/laterial s insula .T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Location	n of	100	_ocatio	5000		Dec	a aviation	of						emen /pe	t
Scope of Work (Check / ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	and the latest section of the latest section	enovat emolitic		11		×	Min Glo	i-Enclosure vebag Prod	e cedure	n Negative I			re .	
Facility Closed/Vac	cated During Entire I	Period of At	batem	ent					p Code						
3/27/15 Occupancy Status Durir	on Ahatement (Cher		-1	-			Street	Addres	e						
Start Date (10)	18 60						PART TO BELLE	294-1 of OSH	757 A Monitor		00029				
Project Manager for Mo	nitoring Firm		7	Felephor	ne No.		Teleph	none No		722	License N	lo.			
City, State, Zip Code							City, S	state, Zi	se Road						-
Street Address				L			Street	Addres	SS						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.				tement Contion Co.,		(9)				
County (6) Monmouth			10	STATE I	Code (7) USE ONLY)		Curre	nt Use (Pri	or it bei	ng demolis	nea)			
Manasquan								2000)	1		(60+	.50	
6 Lenape Trail City (5)									etc.) re Feet). 	f Floors		Bldg. /		es,
TFM Property Street Address										8 (Oth	er than K-1 & commerc		dinas	hom	200
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4)					
DCA	Cancellation			Tom	LITY INFO	ORMATI	ON					-1			
ĭ DOH	Emergency justification)	- 114-4-11-11-11-11-11-11-11-11-11-11-11-1			Contact					Tel	ephone Nu	mber			
× EPA × DEP × DOL	Amended Amendment				te, Zip Co Vew Jer		736								
× EPA					Riversid		ice		3	A	× .:		-		
Agencies Notified	Type Notification			Street A	STEP SHOW A SHOW A PROPERTY OF THE PROPERTY OF										-
Date of Notification (1) 3/18/15					Building uilders l		perator	(2)						7.0	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	-	Name of Building				1 =		**5	
March 18, 201			Messe	ercola Excavating	Co., Inc.	Ľ.	53	5	
[] DEP [] Ame [X] DOL Ame	al Notification ended Notification endment #	City, State, Zip Co	ode	ox 790 van, NJ 07747	2 E	*	7 12		
	rgency (including fication)	Name of Contact	Iviatav	vaii, NJ 07747	T1 1 31 1				8
I A DOIL	cellation	Ferna	ando		Telephone Number	-			-
	FA	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4					
- 200 movement and					School (k-12) Subchapter 8 (ot	her than	le 12)		
Street Address 55 Harvard Avenu	ie			[x]	Other (i.e., priva homes, etc.)				dings,
Point Pleasant	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg	, Age	50	
	Ocean	1 850	* >	Current Use (Prior	if being demolished)		00	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Resid Abatement Contractor					
N/A Street Address				Guard	lian Contracting,	Inc.			
			Street Ac		Route 9, Unit 61				
City, State, Zip Code			City, Star	te, Zip Code	River, New Jers		755 1	271	
Project Manager for Monitoring Firm	Telephone Number	er	Telephon 732-34	e Number	License N		/33-1	2/1	
Scheduled Start Date (10) 3/18/15 •	Scheduled Compl	etion Date (11)		OSHA Monitor	00624				
Occupancy Status During Abatement (Check	only one)		Street Ad		S.L. Analytical				
	d During Entire Period of A Outside of Normal Facility			1056	Stelton Road				
Other – Describe	Outside of Normal Facility	Tours	City, Stat	te, Zip Code	away, New Jerse	37 USS	51		
Scope of Work (Check all that apply)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nt with Negative Pres				
Caron an appropri			[]	Mini-Enclosure	it with Negative Pres	sure			
[] >3 sf or ≥3 lf		vation	[]	Glovebag Proce					
[X] ≥160 sf or ≥260 lf	[X] Dem	olition	[x]	Non-Exempted	(*) and Non-Friable	Procedu	re		
						Abate	ement '	Гуре	
Location of	Is Location Normally used		Descriptio bestos-Con		Amount	R	R	E	Е
Asbestos-Containing Material (ACM)	Solely by	1	Material (A	.CM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custodia Staff	X	e., thermal sulation, sur		or LF)	0	A I	A P	L
(13)	(12)	1113	VAT, o			v	R	S	S
	AFEC NO NA	. 2000	ner miscella	neous)		A		U L	U R
	YES NO N/A					L		E	E
Exterior	X	Asbestos sidir	ng		1400 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No. Cubic Ya	ards of Wast	e Name of Regist	tered Landfill				
City, State	Disp	osal Date	City, Sta	ite 4					
Toms River, New Jersey Completed by (Print or Type)	3/2	0/15 Signature	Tullyto	own, Pennsylvani	//	Date			
Nicholas Fernicola	Project Manager	rm for ashastos liga	Cho	(ta	y		/2015	5	

*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)					Name o	f Building	Owner/Ope	rator (2)	\sim	7	-		
	March 18, 201	5					Green	Way Demolition	n 🧷	()) =	'S	
Agencies Notified [X] EPA [] DEP [X] DOL	[] Ame	ation Il Notification Inded Notification Inded Notification Inded Notification Inded Notification Inded Notification Index Notification In	ification		Street A	address	de	ox 536	s parents			## E	
[x] DOH	[x] Eme	rgency (in					Oakhu	ırst, NJ 07755				eco es	-07
[] DCA	Telegraph special control of the con	fication) cellation			Name o	f Contact Nadin	e Santilli		Telephone Number				
N. CP W. W.		D		FAC	CILITY	INFORM	IATION						
	sidence	Place (3)						Type of Facility (4	School (k-12) Subchapter 8 (ot	har tha	- I- 12\		
	54 Main Aven	ue						[x]	Other (i.e., priva homes, etc.)				dings,
City		County	y (6)		County C (STATE	Code (7) USE ONL	Y)	Square feet N/A	# of Floors N/A	Bld	g. Age	I/A	
Ocean Grove	е	Monr	nouth					Current Use (Prior	if being demolished)	1	(/A	
Name of Monitoring Firm					ASCM N	lo.	Name of	Resid					
Street Address	ardian Contrac	ting, Inc	D				Street Ac		dian Contracting,	Inc.			
188	9 Rte. 9, Unit	61					Sireet Ac		Route 9, Unit 61				
City, State, Zip Code	ns River, NJ 0	8755					City, Star	te, Zip Code	River, New Jers	AT. 00	755 1	271	
Project Manager for Monito	oring Firm		Telephone					ne Number	License N			2/1	
Nicholas Ferr Scheduled Start Date (10)	ilcola *		732-349 Scheduled		ion Date (1	1)		9-9932 OSHA Monitor	00624				
3/19/15 Occupancy Status During A	Abatamant (Charle		3/27/		•				S.L. Analytical				
	lity Closed/Vacate			od of Aba	tement		Street Ad		Stelton Road				
	tement Performed	Outside o	f Normal F	acility Ho	ours		City, Stat	te, Zip Code					
[] Othe	er – Describe					20		Pisca	taway, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[]		nt with Negative Pres	sure			
[] >3 s	f or ≥3 lf		ſ 1	Renova	ation		[]	Mini-Enclosure Glovebag Proce					
[x] ≥160) sf or ≥260 lf		[x]	Demoli	ition	5	[x]		(*) and Non-Friable	Procedu	ire		
								11		Abat	ement	Туре	
Location	of.	100	Is Locatio	79.50			Descriptio			R	R	Е	E
Asbestos-Containing M	-	IN IN	ormally u Solely by				estos-Con Iaterial (A		Amount (Specify SF	Е	E	N	N
TO BE ABA		Maint	enance/C	ustodial		(i.e	, thermal s	systems	or LF)	M	A	C A	C L
in facility (13)			Staff (12)			insi	lation, sur VAT, o			v	I R	PS	O S
			(/			oth	er miscella			A	10	U	U
		YES	NO	N/A		20				L		L E	R E
Exterior			X		Fire d	lebris			300 yards	X			
Name of Registered Waste Hauler NJDEP Waste Hauler I				ID No.	Cubic Va	rds of Wast	e Name of Regis	tared Landfill					
Green Way I	Vay Demolition					300		T.R.R.F.	TOTOU LANGINI				
City, State Oakhurst, NJ	07755	Disposal Date					City, Sta	te own, Pénnsylvan	ia				
Completed by (Print or Typ	e)	Title S				tre 🔾	/ Lunyu	/// / / /	/	Date			
Nadine Santilli Project Manager						Ylic	hot	tell		3/18	3/201:	5	

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



Date of Notification (1) 03/19/15			ne of Building CORPER			(2)		No N	Mr				
Agencies Notified Type Notification		2000	et Address 60 East 14	TH ST	REET			711 25					
EPA X Initial Amended Amendment #_ Emergency (incl	uding	BR	, State, Zip C ROOKLYN, ne of Contact	NY 11:	230		4	Tolophore					
× DOH justification) □ DCA □ Cancellation			AIM DUBI										1
		F	FACILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taking P	lace (3)						Facility (4	10					
						So	thool (K-12)) 3 (Other than K-	12)				
Street Address 411 FORD ROAD						▼ Ot	her (i.e. pr	ivate & commer	cial buil	ding	gs, h	ome	s,
City (5)						Square		# of Floors	E	Bldg	. Ag	е	
HOWELL, NJ						10000		1					
County (6) MONMOUTH COUNTY			unty Code (7) ATE USE ONL					r if being demoli L BUILDING					
Name of Monitoring Firm Hired by Building Ow	ner (8)	A	ASCM No.				PROFES	ractor (9) SSIONALS					
Street Address						Address							
					6 WH	HITE D	OVE CC	URT					
City, State, Zip Code						tate, Zip EWOO	Code D, NJ 08	3701					
Project Manager for Monitoring Firm		Tel	ephone No.			one No. 668-90		License 1200	No.				
	cheduled C	Comple	etion Date (11)			A Monitor PROFE	SSIONALS			S-10.		
Occupancy Status During Abatement (Check C	Only One)					Address							
Facility Closed/Vacated During Entire Per	riod of Abat	temen	t ·		D 39500		OVE CC	URT					
Abatement Performed Outside of Normal Other – Describe:	Facility Ho	urs				itate, Zip EWOC	Code D, NJ 08	3701					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Succession 1	ovation olition			×	Mini Glov	-Enclosure rebag Prod				dure		
	la la	cation			_		Zxompto					ment	
Location of	Nor	mally			escription	of .			-	_	Тур	oe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enance ial Star (2)	e/ ASD ff? (i.	e. therm sur	ntaining N al system facing, VA miscellar	s insulat T, or		Amount (Specify SF or LF)	Removal		Repair	Encapsulate	Enclosure
WITEDIOD	Yes N	No	N/A	EI	OOR T	11 =		1100 SF	X	+	-	_	-
INTERIOR			MAA		PIPE IN		TION	3 LF / 17 LI	7.0	+	-	_	
INTERIOR			IVIA					680 SF	100	+		_	
INTERIOR	, -,				SITE P)		X		-		
EXTERIOR		1 1115	DEP Waste		HINGLI	ES .	Name of	320 SF Registered Land	X	1			
Name of Registered Waste Hauler NEWARK CARTING					ic Yards /aste		IESI	Registered Land	21111				
City, State NEWARK, NJ	1.0				osal Date 02/15	9	City, Stat	e EHEM PA					
Completed by JOSEPH PERLSTEIN	Title OWNER					e			Date 03/19	/15	5		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 18, 2015					Name of Building		rator (2) Matos	- ^	7 ->	C	- -	
Agencies Notified	Type of Notifica	tion			Street Address	115000 (CC) 52000A0		<u> </u>	3	5	Ď.	
[X] EPA [DEP [X] DOL	[] Ame	l Notifica nded Noti ndment #	ification		City, State, Zip Co		agut Road					_
[x] DOH	[x] Emer	rgency (in fication)	_		Name of Contact	Rando	lph, NJ 07869	Telephone Number				
[] DCA	1 12 12 12 12 12 12 12 12 12 12 12 12 12	ellation			Susan	Matos		1 eleniiona				
				FAC	LILITY INFORM	ATION						
Name of Facility Where All Res	sidence	Place (3)					Type of Facility (4	School (k-12)				
Street Address 20	Muriel Drive				3		[x]	Subchapter 8 (of Other (i.e., priva				dings,
City		County	7 (6)	Т	County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	homes, etc.) # of Floors	Bld	g. Age	<u> </u>	
Beach Have	n West	Ocean	n		(011112 002 0112	-,		if being demolished)		50	-
Name of Monitoring Firm N/A	X	Owner (8))		ASCM No.	Name of	Abatement Contracto		Inc			
Street Address						Street Ac	ldress					
City, State, Zip Code					City, Star	te, Zip Code	Route 9, Unit 61		755 1	271		
Project Manager for Monito	Project Manager for Monitoring Firm Telephone Number						e Number	River, New Jers			2/1	
Scheduled Start Date (10) 3/19/15			Scheduled 3/23/		on Date (11)		9-9932 OSHA Monitor	00624				
Occupancy Status During A	Abatement (Check lity Closed/Vacated				tement	Street Ad	ldress	S.L. Analytical Stelton Road				
[] Abai	tement Performed					City, Stat	te, Zip Code	away, New Jerse	ev 088	54		
Scope of Work (Check all t	hat apply)					[]		nt with Negative Pres				
[] >2.0	f or ≥3 lf		ГТ	D	··	[]	Mini-Enclosure	•				
	or ≥260 lf		[x]	Renova: Demolit		[x]	Glovebag Proce Non-Exempted	dure (*) and Non-Friable	Procedi	ire		
									Abat	ement	Type	
Location of			Is Location	ised	Asi	Descriptio bestos-Con	taining	Amount	R	R	E N	E
Asbestos-Containing M TO BE ABA		Maint	Solely benance/C	-		Material (A		(Specify SF or LF)	M	P	C	С
in facility			Staff			ulation, su	rfacing,	0.121)	0	A I	A P	L
(13)			(12)		oth	VAT, o er miscella			V	R	S	S U
		YES	NO	N/A	Ott	er miscena	meous)		A L		L	R E
Exterior			X		Asbestos sidir	ıg		1100 sf	X			
-												
Name of Registered Waste Upular				ID No. 1 C to 22	1- 0111		17					
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler I 20223					3	ards of Wast	T.R.R.F.	ered Landfill				
City, State Disposal Da Toms River, New Jersey 3/24/15						City, Sta	ite own, Pennsylvani	a //				
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Signature	icha	11.		Date 3/18				
	*Do not use this form					suro orom	nted activities					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

		(Pursuan		C 8:60 and				12. VIF	- 1 1		111	11	1
cay if action (1)			Name of	Building Ow	ner/Operato Miller H	or (2) omes			2 (-	38	7		
of Notification (1) March 18, 2015			Street A	ddress				11/2	· -		-	4	
ncies Notified Type of Notification	otification				112 Giff	ordtown	Lane					+	-
J DEP Amendr	d Notification		City, St	ate, Zip Code	Tuckert	on, NJ 0	8087						
DOL [x] Emerge justifica	ncy (including		Name	of Contact			Tel	ephone Num	ber				
DCA [] Cancell				Jim Mi									_
		FA	CILITY	INFORM	ATION	Type of F	Facility (4)		2)				
ame of Facility Where Abatement is Taking P Residence	lace (3)						[]	School (k-1) Subchapter	8 (other th	an k-12)			
							[x]	Other (i.e., homes, etc.	private &	commerc	cial bu	ildings	5,
treet Address 8 W Harding Aven	ue		Louis	y Code (7)		Square f	feet	# of Floor		ldg. Age	60		
City	County (6)		(STAT	TE USE ONL	Y)	20 Current	00 sf Use (Prior if	being demo	lished)				
LB Twp.	Ocean						Resident Contractor	nce					_
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.			Guardi	an Contra	cting, In	c.		-	
N/A					Street A	ddress	1889 F	Route 9, U	nit 61				_
Street Address				City, St	ate, Zip Co	ode Toms	River, Nev	w Jersey	08755	-127	1	_	
City, State, Zip Code	phone Num	her		Telepho	one Numbe	er	Li	cense Nur 0624	nber				
Project Manager for Monitoring Firm				ote (11)	732-3 Name	49-9932 of OSHA N	Monitor						
Scheduled Start Date (10)		eduled Com 3/23/15	ipletion D	ate (11)	Ctract	Address		S.L. Analy					
3/19/15 Occupancy Status During Abatement (Chec	k only one)	re Period of	Abateme	nt	Street		1056	Stelton Ro	oad				_
[X] Facility Closed Vaca	d Outside of No	ormai racin	110000		City, S	State, Zip C	Code Pisca	taway, Ne	w Jersey	08854	1		
Other – Describe					·	1 F1	ull Containm	Mary Control Street					
Scope of Work (Check all that apply)					[j M	Iini-Enclosur	e					
[] >3 sf or ≥3 lf	[Renovation]] G	Hovebag Prod Non-Exempte	d (*) and No	n-Friable I	rocedur	e		_
$\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[x] I	Demolition	1							ment 7	уре	_
		Location			Descri	iption of		A	mount	R E	R E	E	
Location of	No	rmally use	ed		Asbestos- Materia	al (ACM))	(Sp	ecify SF or LF)	M	P A	C A	
Ashestos-Containing Material (ACI	Mainte	Solely by nance/Cus	stodial		(i.e., ther insulation	mal syste	ms		11 121)	O V	I R	P S	
TO BE ABATED in facility		Staff (12)			V	AT, or scellaneo				A		U	
(13)	- ma	NO	N/A		other mi	Scenanco	(45)			L		E	
* *	YES		1,,,,	Asbestos	siding				00 sf	X	-	+-	_
Exterior house	X		Asbestos				37	0 sf	1	+-	+	-	
Exterior garage		-											
			17-1	ID No. 1 C	ubic Yards	of Waste	Name of I	Registered La	andfill				
Name of Registered Waste Hauler Guardian Contracting,		NJDEP Was	20223		3	Cit. State	T.R.R						
City State			Dispo:	sal Date /15 Signature		Tullytow	vn, Pennsy	lvania/			ate		-
Toms River, New Jers	Toms River, New Jersey Completed by (Print or Type) Title					V.	/ .	1		3/	18/15)	_
Completed by (Print or Type) Nicholas Fernicola	11116	ect Mana	ger	m for asbes	1/1/1	201	-Te						

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Date of Notification (1)		Name of PSEG	Control of the Contro	Owner/Oper	rator (2)	4.7		Ĭ.	1	[2]	
Agencies Notified Type Notification	-	Street A								***	_
□ EPA □ Initial		34 5	HADLEY				1,12. 5				
DEP Amended Amendment	# 2		te, Zip Coo	de FIELD, N	110709	80	(*)				+-41
Emergency (f Contact	FIELD, N	13 0700		Tolophone Nu	mhor		4	
DOH justification) DCA Cancellation			KILLIAN	Ĺ							
		FACI	LITY INFO	RMATION						Trans.	*
Name of Facility Where Abatement is Taking PSE&G - M 1339 ();		7			Ту	pe of Facility (4	850				
Street Address	RCui'	/			$\dashv \exists$	School (K-12 Subchapter	8 (Other than K-1	2)			
280 NORTH M	1: NhA	ND	AVA	=	×	Other (i.e. poetc.)	rivate & commerc	ial bui	ldings	, hom	es,
CITY (5)						uare Feet	# of Floors		Bldg. /		
SADDLE BROOK	0/<	County (Code (7)			V/A	N/A or if being demolis	hod)	N/A		
BERGEN			USE ONLY)			N/A	ir ii being demolis	nea)			
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCN				batement Con			Ti a		
ENVIRONMENTAL TACTICS		0045)				OF AMERIC	Α			
Street Address 64 BROAD STREET					reet Add 96 WH	iress ITEHEAD A	VE.				
City, State, Zip Code				Ci	ty, State	, Zip Code					
MATAWAN, NJ 07747)			RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217		elephone 32-432		License N 01111	10.			
Start Date (10)	Scheduled Co		Date (11)			SHA Monitor	OF AMERICA	Λ.			
Occupancy Status During Abatement (Check		31/	15		reet Add		OF AMERICA				
Facility Closed/Vacated During Entire F		ment		3	96 WH	ITEHEAD A	VE.				
Abatement Performed Outside of Norm Other – Describe: outdoors						, Zip Code	20000				
Scope of Work (Check All That Apply)				_ S	OUTH	RIVER, NJ	08882	4			
 ≥3 sf or ≥3 lf 	× Renov	ation			П	Full Containme	ent with Negative F	Orace.	ıro		
≥160 sf or ≥260 lf	Demol					Mini-Enclosure	· · · · · · · · · · · · · · · · · · ·	1688	ile.		
						Glovebag Proc Non-Exempted	edure (*) and Non-Friat	ole Pro	ocedu	re	
	Is Loca									ement	t
Location of Asbestos-Containing Material (ACM)	Norma Used Sol		Ashast	Descripos Containi	otion of	rial (ACM)	Amount	-	T		
TO BE ABATED	Maintena Custodial			thermal sys	tems ins	sulation,	(Specify	Re	٦	Enca	Enc
In Facility (13)	(12)			surfacing other misc			SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A						=		ate	ē
OUTSIDE	X		AC	M PIPE	SOMA	STIC	200 LF	Х			
Name of Registered Waste Hauler	1.22	NJDEP W Hauler ID		Cubic Yar	ds	Name of F	Registered Landfill	I			
WASTE MANAGEMENT		125	140.	APPX. 1	5	GROWS	SNORTH				
City, State ELIZABETH, NJ	1			Disposal D TBD	Date	City, State	SVILLE, PA				
Completed by	Title			Signa	atere	1	그는 전화장으로 되었다면서 그렇게 보다면 맛없다.	ate 2	/	1/3	
CAROL RAIMO	OFFICE I	MGR.		16	ma	ela	ense)	1/1	81	//-	5

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	(,		LO NUAC U.U.			·				OI (E	1		2
Date of Notification (1)		lame of	f Building Own	ner/Op	erator ((2)							
Agencies Notified Type Notification			ddress HADLEY R	OAD					1.42			-,40	
EPA Initial DEP Amended Amendment # 3		City, Sta	ate, Zip Code H PLAINFI	IELD,	NJ 0	7080)		*	171		~~ 2.	
Emergency (including justification)			of Contact					Tele	phone Numb	er			
DCA Cancellation		FAC	ILITY INFOR	MATIC	N								
Name of Facility Where Abatement is Taking Place (3) PSE&G - MH 62						Туре	School (K-1	2)	er than K-12)				
Street Address 17-01 NEVINS	R:	D .				×	Other (i.e. petc.)	orivate 8	& commercial				,
City (5) FAIRLAWN		•				N		N/.		N	g. Ag I/A	е	
County (6) BERGEN			Code (7) USE ONLY)		_	N	/A		ng demolishe	d)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASC 004	M No. 5		Name UNIO	of Ab	SYSTEM	ntractor S OF	(9) AMERICA				
Street Address 64 BROAD STREET					Street 396		ess TEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, N	J 0888	32				
Project Manager for Monitoring Firm TOM GEIGER	T		none No. 292-2217		Telep 732-		No. -8350		License No 01111				
Start Date (10) Schedul	_ /	mpletio	n Date (11)		Name	of O	SHA Monito	r IS OF	AMERIĆA				
Occupancy Status During Abatement (Check Only On	0.70	2//	75		Stree	t Add							
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe: outdoors	Abater y Hour	ment rs			City,	State	, Zip Code RIVER, N		82				
Scope of Work (Check All That Apply)													
× ≥3 sf or ≥3 lf	Renov Demol	i grativi desta la				-	Mini-Encloso Glovebag Pi	ire ocedure	th Negative P and Non-Friab	Œ.		e	
,					-		Non-Exemp	T	110 11011 1 1102			ement	
	s Loca Norma			D	escriptio	on of				_	Ту	ре	
Asbestos-Containing Material (ACIVI)	ainten	lely by ance/ I Staff?	(i.e.	os Cor therma surf	ntaining	Mate ms in /AT, o	erial (ACM) sulation, or us)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes	No) N/						-	20015				
OUTSIDE	Х		AC	CM PI	PE S	AMC	STIC	-	200 LF	X			
		NIDE	P Waste	Cub	ic Yards	3	Name	of Regis	stered Landfil	1			
Name of Registered Waste Hauler WASTE MANAGEMENT			r ID No.	of W	laste PX. 15		100000000000000000000000000000000000000		ORTH				- 17
City, State ELIZABETH, NJ				Disp TBE	osal Da	ate	City, S MOR		LLE, PA		,		
Completed by Title	Title OFFICE MGR.						ela	in.		3 /	18/	15	-

NOCK

11 OPF NO	1 Time I On
110750	7'2.14
Notifica	1100

Date of Notification (1)		Nam PSI	ne of Building Owne	er/Operato	r (2)	•	1 =			
Agencies Notified Type Notifica	tion	Stree	et Address							
EPA Initial Amende	d _		O HADLEY RO State, Zip Code	AD						
★ DOL	nent # 3	_ SOI	UTH PLAINFIE	LD, NJ (07080	-				
DOH justificat	ion)		e of Contact IN KILLIAN			Telephone I	Numb	er		
			ACILITY INFORMA	TION						
Name of Facility Where Abatement is T	aking Place (3)				Type of Facility	y (4)				
Street Address					School (K	(-12) ter 8 (Other than K	(10)			
17-01 NEV:	NS	RD.			Other (i.e etc.)	. private & comme	ercial b	uildin	gs, ho	mes,
FA: RLAWN	S 50				Square Feet N/A	# of Floors			. Age	1
County (6) BERGEN		Count	ty Code (7)			N/A Prior if being demol	lished	N/	Α	
Name of Monitoring Firm Hired by Buildi	na Owner (8)		E USE ONLY)		N/A			,		
ENVIRONMENTAL TACTICS	g =c. (b)	004		UNIC	of Abatement Co	ontractor (9) IS OF AMERIO	CA			
Street Address 64 BROAD STREET				Street	Address		-			
City, State, Zip Code					WHITEHEAD tate, Zip Code	AVE.				
MATAWAN, NJ 07747 Project Manager for Monitoring Firm				SOU	TH RIVER, N	J 08882				
TOM GEIGER			none No. 292-2217		one No. 32-8350	License				
Start Date (10)	Scheduled	Completion	n Date (11)		of OSHA Monitor	01111				
Occupancy Status During Abatement (Cr	eck Only One	1311	2015	UNIQ	UE SYSTEM	IS OF AMERIC	CA			
Facility Closed/Vacated During Entire	a Dariad of Ah	-4			Address VHITEHEAD	AVF				
Abatement Performed Outside of No. Other – Describe: outdoors	rmal Facility H	lours		City, St	ate, Zip Code					
Scope of Work (Check All That Apply)				SOUT	TH RIVER, N	J 08882				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation			Full Containm	ent with Negative	Droop			
	Der	nolition			Mini-Enclosur Glovebag Pro	e	riess	ure		
	le Lo	cation		X	Non-Exempte	d (*) and Non-Fria	ble Pr			
Location of	Nor	mally Solely by	Des	scription o	ıf.				emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/ ial Staff?	Asbestos Cont (i.e. thermal	aining Ma	terial (ACM)	Amount			П	
In Facility (13)		12)	surfac	cing, VAT,	or	(Specify SF or LF)	Remova	Repair	ncape	Enclosure
	Yes N	lo N/A		nocenarie	ous)		oval	air	Encapsulate	sure
OUTSIDE		<	ACM PIP	E SOM	ASTIC	200 LF	x			
Name of Registered Waste Hauler		NIDEDIA	(a-t-							
WASTE MANAGEMENT		NJDEP W Hauler ID	No. of Wasi	te	the second secon	Registered Landfill				
City, State		1125	APPX. Disposa			NORTH				
ELIZABETH, NJ			TBD	ai Date	City, State MORRIS	SVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	MGP	Sig	nature	1		3/10		/	_
	J1110E	WIGIT.		131	. Do	m) 0	1/10	~/	1	-:



Date of Notification (1) 03/18/15						Operator (2) NAGEME								
Agencies Notified Type Notification			Street A	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-MOR	PE ΔV/ENII	UE, SUIT	E 5						_
EPA X Initial DEP Amended Amendment #			City, Sta	te, Zip Co	de		02, 0011					4°	-	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	11.0		Contact	₹			Te	lephone	Num	ber			
			FACI	LITY INFO	DRMATI									
Name of Facility Where Abatement is Taking	Place (3)					T	ype of Facil School (
Street Address 978 CENTRAL AVENUE						×	Subcha	oter 8 (Oth e. private				dings,	hom	es,
City (5) PLAINFIELD, NJ							quare Feet 500	2	f Floors		В	ildg. A	ge	
County (6) UNION COUNTY				Code (7) USE ONLY)			urrent Use ((Prior if be	ing dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	I No.			Abatement EAD PRO							
Street Address						Street Ad	idress TE DOVE	COURT	-					
City, State, Zip Code						City, Stat	te, Zip Code VOOD, N							
Project Manager for Monitoring Firm	or Monitoring Firm					Telephon			Licens					S-10-10-11-1
	Scheduled 03/29/15		pletion I	Date (11)		Name of	OSHA Moni							
Occupancy Status During Abatement (Check		-				Street Ad		1 20010	7117120		-			
➤ Facility Closed/Vacated During Entire P	eriod of Ab	atem				6 WHIT	TE DOVE							
Abatement Performed Outside of Normal Other – Describe:	al Facility H	lours			_		e, Zip Code VOOD, N							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat				×	Full Contai Mini-Enclos Glovebag F Non-Exem	sure Procedure						
	la la	ocatio					NOII-EXEIII	pieu () ar	IU INOIT-F	Habit		Abate		-
Location of	No	rmall	у .		De	scription of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enan	ice/		tos Cont thermal surfa		erial (ACM) sulation, or	(:	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	
INTERIOR					FLC	OOR TILE	=	1	50 SF		X			
						0		-						
								-						
Name of Registered Waste Hauler		LAL	JDEP W	lanta	Cubia	Varda	Nome	of Doniet		AEII				
NEWARK CARTING		Ha	auler ID 1509		of Was	Yards ste	IESI	of Registe	ered Lar	101111				
City, State NEWARK, NJ					Dispos 03/29	sal Date 9/15	City, S	State HLEHEN	л РА					
Completed by JOSEPH PERLSTEIN	Title OWNE					Signature				Date 03/	18/1	5		

CK1477

Date of Notification (1)					200 010	JAC 8:60								
3-18-2015				Mil	ne of Build Ke Jenne	ling Owne erich	er/Operato	or (2)		1.	-			
Agencies Notified Typ	e Notificati	on			et Address									
EPA X	Initial				2 Maple				-					
L DEP	Amended	ı			State, Zip									
⊠ DOL □	Amendme	ent#		Ruf	herford,) Code	70			4			-	
ĭ DOH I	Emergeno justificatio	cy (includ	gnib				70				-	-		-
☐ DCA ☐	Cancellati				e of Conta				Tel	ephone	Numi	ner		_
		(BA)			anne Jen				1)			1676		
Name of Facility Where Abate	ment is Tal	king Plac	'e (3)	F/	ACILITY IN	NFORMA	TION	1000						
residential		3 , 140	(0)					Type of Facil	ity (4)					_
Street Address								School (K 12)					
102 Maple Street								Subchar	oter 8 (Othe	er than I	K-12\			
City (5)							1	X Other (I.	e. private 8	comm	ercial	buildir	as h	0004
Rutherford, NJ 07070								etc.) Square Feet						
County (6)								2690	2	Floors			g. Age	
Bergen				Coun	ty Code (7	")		V 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				82+	F.	
				(STAT	E USE ONL	ĹY)		Current Use (I	rior if bein	g demo	lished)		
Name of Monitoring Firm Hired	by Building	Owner	(8)	AS	CM No.		I NI=							
(4)			15	1.0	140,		Name	of Abatement C	ontractor (9)				
Street Address							Greei	n Environme	intal Ser	vices,	LLC			
							Street A	Address						
City, State, Zip Code	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							irginia Aveu	е					
							City, St	ate, Zip Code						_
Project Manager for Monitoring	Firm						Jerse	y City, NJ 07	7304					
5 · · · · · · · · · · · · · · · · · · ·	11111			Teleph	one No.		Telepho			lion	A1.			
Start Date (10)							201-3	33-8855		License 01174				
3-19-2015		Sched	uled Co	mpletion	Date (11))		f OSHA Monito		71174				
		3-19-	2015				Same	as above	1					
Occupancy Status During Abate	ment (Chec	k Only (One)				Street A							
Facility Closed/Vacated Duit Abatement Performed Outs	ring Entire I	Period of	f Abate	ment			On Cot A	uuie55						
Abatement Performed Outs Other – Describe:		nal Facili	ty Hour	S		}	City C	1. 7: 6						
							City, Sta	te, Zip Code						
Scope of Work (Check All That A	pply)													
≥3 sf or ≥3 lf		×	Donou	- 41										
≥160 sf or ≥260 lf			Renova Demoli					Full Containm	ent with N	enative	Droop			
		_					5			- 2 - 11 AC				
							×	WILLIE THOUSE	e			uic		
							×	Gloveban Pro	ceduro	1 1 <u>2</u> 000				
		ls.	Locati	on			×	WILLIE THOUSE	ceduro	on-Friat		ocedui		
Location of			s Locati Normal	ly -			×	Glovebag Pro Non-Exempte	ceduro	on-Frial		ocedur Abati	ement	
Asbestos-Containing Material	(ACM)	Use	Normal ed Sole	ly - lv bv	Ashest	Desc tos Contra	Eription of	Glovebag Pro Non-Exempte	e cedure d (*) and N			ocedur Abati		Ž.
Location of Asbestos-Containing Material TO BE ABATED In Facility	(ACM)	Use	Normal ed Sole aintenar	ly ly by nce/	Asbest (i.e.	tos Contai thermal s	cription of ining Mate vstems in	Glovebag Pro Non-Exempte	e cedure d (*) and N	unt	ble Pro	ocedur Abati	ement ype	
Asbestos-Containing Material TO BE ABATED	(ACM)	Use	Normal ed Sole	ly ly by nce/	Asbest (i.e.	tos Contai thermal s surfacir	cription of ining Mate ystems in	Glovebag Pro Non-Exempte	e cedure d (*) and N Amou (Spec	unt cify	ble Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility	(ACM)	Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfacir	cription of ining Mate vstems in	Glovebag Pro Non-Exempte	e cedure d (*) and N	unt cify	ble Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use	Normal ed Sole aintenar todial S	ly ly by nce/	Asbest (i.e.	tos Contai thermal s surfacir	cription of ining Mate ystems in	Glovebag Pro Non-Exempte	e cedure d (*) and N Amou (Spec	unt cify		ocedur Abati	ement ype	Enclosure
Asbestos-Containing Material TO BE ABATED In Facility	(ACM)	Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneon	Glovebag Pro Non-Exempte Prial (ACM) sulation, or	e cedure d (*) and N Amou (Spec SF or	unt cify LF)	ble Pro	Abate Ty	ement	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in	Glovebag Pro Non-Exempte Prial (ACM) sulation, or	e cedure d (*) and N Amou (Spec	unt cify LF)	ble Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneon	Glovebag Pro Non-Exempte Prial (ACM) sulation, or	e cedure d (*) and N Amou (Spec SF or	unt cify LF)	ble Pro Removal	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneon	Glovebag Pro Non-Exempte Prial (ACM) sulation, or	e cedure d (*) and N Amou (Spec SF or	unt cify LF)	ble Pro Removal	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement		Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneon	Glovebag Pro Non-Exempte Prial (ACM) sulation, or	e cedure d (*) and N Amou (Spec SF or	unt cify LF)	ble Pro Removal	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement me of Registered Waste Hauler		Use Ma Cus	Normal ed Sole aintenar todial S (12) No X	ly by hoce/ Staff?	(i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneous assulation	Glovebag Pro Non-Exempte erial (ACM) sulation, or us)	e cedure d (*) and N Amou (Spec SF or	unt bify LF)	ble Pro Removal	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement me of Registered Waste Hauler		Use Ma Cus	Normal ed Sole aintenar todial S (12) No X	ly by hoce/ Staff?	(i.e.	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneous assulation	Glovebag Pro Non-Exempte erial (ACM) sulation, or us)	e cedure d (*) and N Amou (Spec SF or	unt bify LF)	ble Pro Removal	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement me of Registered Waste Hauler een Environmental Service		Use Ma Cus	Normal ed Sole aintenar stodial S (12) No X	ly by hoce/ Staff?	iste	tos Contai thermal s surfacir other mis	cription of ining Mate ystems in ng, VAT, oscellaneous assulation	Glovebag Pro Non-Exempte erial (ACM) sulation, or JS) Name of R	Amou (Spec SF or	unt cify LF)	Die Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement Mee of Registered Waste Hauler Been Environmental Service 7. State		Use Ma Cus	Normal ed Sole aintenar stodial S (12) No X	ly by hoce/ Staff?	este lo.	tos Contai thermal s surfacir other mis pipe ir Cubic Ya of Waste	cription of ining Matery ystems in ng, VAT, oscellaneous assulation	Glovebag Pro Non-Exempte erial (ACM) sulation, or us) Name of R G.R.O.W	Amou (Spec SF or	unt cify LF)	Die Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement me of Registered Waste Hauler een Environmental Service y, State sey City, NJ		Use Ma Cus	Normal ed Sole aintenar stodial S (12) No X	ly by hoce/ Staff?	iste do.	tos Contai thermal s surfacir other mis pipe ir Cubic Ya of Waste 1	cription of ining Mate ystems in ng, VAT, oscellaneous ascellaneous as	Glovebag Pro Non-Exempte erial (ACM) sulation, or us) Name of R G.R.O.W City, State	Amou (Spec SF or	unt cify LF)	Die Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13) Basement Basement		Use Ma Cus	Normal ed Sole aintenar stodial S (12) No X	ly by hoce/ Staff?	iste do.	tos Contaithermal s surfacir other mis pipe ir Cubic Ya of Waste 1 Disposal 3-19-20	cription of ining Mate ystems in ng, VAT, o scellaneous nsulation rds	Glovebag Pro Non-Exempte erial (ACM) sulation, or us) Name of R G.R.O.W	Amou (Spec SF or	unt cify LF)	Die Pro	Abate Ty	ement ype	
Asbestos-Containing Material TO BE ABATED In Facility (13)		Use Ma Cus Yes	Normal ed Sole aintenar stodial S (12) No X NJ Ha OO:	ly by hoce/ Staff? N/A DEP Waller ID N 34889	iste do.	tos Contaithermal s surfacir other mis pipe ir Cubic Ya of Waste 1 Disposal 3-19-20	cription of ining Mate ystems in ng, VAT, oscellaneous ascellaneous as	Glovebag Pro Non-Exempte erial (ACM) sulation, or us) Name of R G.R.O.W City, State	Amou (Spec SF or	unt cify LF)	Removal x	Abate Ty	ement ype	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/One	rator (2)				14-7	
March 19, 201	5	l mine or bunding		I Homes		1	1	1	
Agencies Notified Type of Notifica	ation	Street Address				40	76	t	
Table 1 Tabl	al Notification		70 Ea	st Water Street U	nit 5B				
	ended Notification endment #	City, State, Zip Co	ode						
[] Eme	rgency (including		Toms	River, New Jerse	y 08753				
[]] []	fication) cellation	Name of Contact			Telephone Number				
[] DCA [] Cand	cenation	Bill F	Ioermann						
No. of the state o		CILITY INFORM	ATION						
Name of Facility Where Abatement is Taking Residence	; Place (3)			Type of Facility (4)					
Street Address					School (k-12) Subchapter 8 (of	her than	ı k-12)		
381 Lakehurst Ro	ad			[x]	Other (i.e., priva				ldings,
City	County (6)	County Code (7)		Square feet	# of Floors	Bldg	g. Age		
Toms River	Ocean	(STATE USE ONL	Y)	2000 sf	if being demolished			50	
	J. J			Reside)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contracto					
Street Address			Street Ac		ian Contracting,	Inc.			
City State 7: Co. I					Route 9, Unit 61				
City, State, Zip Code			City, Stat	te, Zip Code	River, New Jers	01,000	755 1	271	
Project Manager for Monitoring Firm	Telephone Numbe	r		e Number	License N		/33-1	2/1	
Scheduled Start Date (10)	Scheduled Comple	ation Data (11)	732-34	9-9932 OSHA Monitor	00624				
3/30/15	4/1/15	ction Date (11)	Name of		.L. Analytical				
Occupancy Status During Abatement (Check X Facility Closed/Vacate	only one) d During Entire Period of Ab		Street Ad	dress					
	Outside of Normal Facility F			8622694500	Stelton Road		100		
Other – Describe			City, Stat	e, Zip Code Piscats	away, New Jerse	w 088	5.4		
Scope of Work (Check all that apply)			F 1				J4		
e e e e e e e e e e e e e e e e e e e			[]	Mini-Enclosure	t with Negative Pres	sure			
[] >3 sf or ≥3 lf	[] Renov	vation	į į	Glovebag Proced	lure				
[X] ≥160 sf or ≥260 lf	[X] Demo	lition	[x]	Non-Exempted (*) and Non-Friable l	Procedu	re		
,d						Abate	ement	Гуре	
Location of	Is Location		Description		#18mminus emerges	R	R	Е	Е
Asbestos-Containing Material (ACM)	Normally used Solely by		oestos-Con Material (A		Amount (Specify SF	E	E	N	N
TO BE ABATED	Maintenance/Custodia	l (i.e	, thermal s	ystems	or LF)	M	P A	C A	C L
in facility (13)	Staff (12)	ins	ulation, sur VAT, o			0 V	I	P	.0
(13)	(12)	oth	er miscella			A	R	S U	S
-	YES NO N/A	.		secular reconstru y in		L		L E	R
Exterior	X	Asbestos sidir	g		1950 sf	X		E	Е
			0		122022				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223		rds of Waste	1	ered Landfill				
City, State		osal Date	City, Sta	T.R.R.F.					
Toms River, New Jersey	4/2/	15		wn, Pennsylvania	1				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	11	//	1	Date 3/10	/2015		
	*Do not use this for	m for asbestos licen	sure exemi	oted activities		3/13	2013		

Date of Notification (1) 3/19/15			f Building O Mcauley						9	25		-	-
Agencies Notified Type Notification EPA Initial		Street A	ddress Chew Roa	ad			11 delice+		ê				
DEP Amended Amendment #			ate, Zip Cod ford NJ 0										
DOH justification) DCA Cancellation	ncluding	Name o Gorge	f Contact			*	Tel	lephone N	umber				
		FAC	ILITY INFO	RMATION						- 1			
Name of Facility Where Abatement is Taking Gorge Mcauley Private Home	Place (3)		8		T	ype of Facili School (20 500						
Street Address 1235 Chew Road		115			×			er than K- & commer		ildin	gs, h	nome	s,
City (5) Waterford NJ 08089					200	quare Feet 000	# c	f Floors		Bldg 35-	g. Ag -	je	
County (6) Camden			Code (7) USE ONLY)	1		urrent Use Iome	Prior if be	ing demoli	ished)				
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCI	M No.		ame of	Abatement to Inc.	Contractor	r (9)			*		
Street Address				11.00	treet Ad								
City, State, Zip Code						e, Zip Code Berlin NJ (
Project Manager for Monitoring Firm		Telepho	one No.	1000	elephor	ne No.		License 00727					
	Scheduled C	ompletion	Date (11)		lame of	OSHA Mon	itor	*					9
Occupancy Status During Abatement (Check					treet Ac	Idress				_			-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Abat	ement urs				te, Zip Code	(
Scope of Work (Check All That Apply)											-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure	2		£1	dure		
			T			11011 EXCIT	1		1			ment	
Location of Asbestos-Containing Material (ACM)	Is Loc Norr Used S	nally	Ashast		iption of	f terial (ACM)	*	Amount			Тур	oe	
TO BE ABATED In Facility (13)	7/5/3/5/5/5/5/	nance/ al Staff? 2)		thermal sy surfacin other mis	stems in	nsulation, or		(Specify SF or LF)	Remova		Repair	Encapsulate	Enclosure
e. ***	Yes N	o N/A										te	
Exterior Siding		х		Exterio	or Sidir	ng	1	500 SF	x	1			
3										1			
						1							
Name of Registered Waste Hauler		NJDEP Hauler II		Cubic Ya		1000000000		tered Land	dfill	and it.			
United Containers		22459		3			.O.W.S.	3		_			
City, State Elm NJ				Disposal 4/2/15			State risville F	A 19067					
Completed by Anthony T Perna	Title Preside	nt	O	Sign	nature	0			Date 3/19/	15			



Emergenul

Emerg	enul	N			OF ASB to NJAC				-0	K	4.0	1	6	,		-
Date of Notification (1) 3/19/15	15				f Building Kennea					1-	-14					
	Notification Initial			Street A	ddress Noreen	Dr.					1 +					
DEP DOL	Amended Amendment #				ate, Zip Co gton NJ						41.0		9			
M DOH	Emergency (inclustification) Cancellation	luding	108	Name of Cindy	f Contact				You	Tel	ephone	Num	ber			-
				FACI	LITY INFO	ORMATI	ON									
Name of Facility Where Abatem Cindy Kenneally Private		Place (3)					Committee of the last	of Facility	5000						
Street Address 1308 Noreen Dr.		8		35				X	Subchapte Other (i.e. petc.)	8 (Oth				dings	hom	es,
City (5) Burlington NJ 08016									re Feet	# 0	f Floors	4		ldg. <i>A</i> 5+	ge	4
County (6) Burlington					Code (7) USE ONLY)		Curre	nt Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired N/A	by Building Ow	ner (8)		ASCN	I No.			of Abar aco Ir	tement Co	ntractor	(9)			-		
Street Address								Addres								
City, State, Zip Code		PO Box 329 City, State, Zip West Berlin														
Project Manager for Monitoring	Firm										License					
Start Date (10) 3/20/15		chedule /23/15		pletion	Date (11)			of OSH	A Monitor						ſ	
Occupancy Status During Abate	ement (Check C	Only On	e)					Addres	S		_					
Facility Closed/Vacated Du Abatement Performed Out	uring Entire Peri	iod of A	Abatem	ent					p Code							
Scope of Work (Check All That						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Арріу)	-	enovat emoliti		v		×	Min Glo	Containm i-Enclosure vebag Pro n-Exempte	e cedure					Э	
Location of			Locatio	2000											ment pe	i
Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Mai Cust	d Solel intenar odial S (12)	ice/ taff?	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial s insula T, or	(ACM) tion,	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
1 1 1 1		Yes	No	N/A	137		With the								Ø	
lower level den ar	ea			Х		Floor	r Tile C	Only		40	00 SF		x			
Name of Registered Waste Hau United Containers	ler	JDEP Wauler ID 2459		Cubic of Was 2			Name of G.R.O.		red Land	ifill						
City, State Elm NJ				. 100	1	Dispos	al Date		City, Stat		19067	7				
Completed by Anthony T Perna		3/23/15 Morrisville PA 19067 Title President Signature Date 3/19/15														

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-26

(Pursuant to NJAC 8:60-7 and 12:120-7) ***ADDITIONAL FOOTAGES***

(heck	# 7135	
CHOOK	1 1 100	

Date of Notification (1)	I I Name of	Building Own	er/Operator (2)									
<u> 0 3 / 1 ⁹ / 1 5 </u>	Atlanti	c Health S	ystem					<i>(1.</i>	5			
Agencies Notified Type Notification EPA Initial	Street Add	dress ladison Av	enue		e	4		G:				
DEP DEP	City, State	e, Zip Code				N		fr				
DOL Amendment	Morri	stown, NJ	07960									
▼ DOH ☐ Consollation	Name of 0	Contact				T	elephor	ne Number				
DCA Cancellation	Peter	Palmer										_
F		FAC	ILITY INFORM	ATION								
Name of facility where abatement is taking	ing place (3)	(2)				Type of		(4) ol (K - 12)				
Morristown Medical Center, Fra	anklin Build	ing						hapter 8 (C	ther th	an K	-12)	
Street Address						×		(Private/C		rcial		
100 Madison Avenue,						Square		# of Floor		Bl	dg. Ag	е
City (5)	County (6)		<u></u>		nty Code (7)							
Morristown	Morris			(Sta	te use only)	Hospi	tal	Prior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by Bldg.	Owner (8)		ASCM No.		Name of Abatement		(9)					
T&M Associates			0145	_	B & G Restorat Street Address	ion, Inc.						
Street Address 11 Tindall Road					105 Ryerson F	Road			28			
City, State, Zip Code				-	City, State, Zip Code							
Middletown, NJ 07748		v ⁰	4 100-200		Lincoln Park,	NJ 0703	5		9			
Project Manager for Monitoring Firm		Phone Numb		3	Telephone Number (973)696-686	9		License	Numb 378	er		
Kevin Burns		732-676-4			Name of OSHA Mon				7010			_
	Sched. Comp		1)		B & G Restorat	tion, Inc.						9 11
03/06/2015	04/15/201				Street Address 105 Ryerson R	oad						- E8
Occupancy Status During Abatement (Ch Facility closed/vacated during enting					City, State, Zip Code							
Abatement performed outside of no	ormal facility h	ours-										
Describe: Work shift 4:00	0pm - 12:30)am		_	LincolnPark, N	J 07035						
Scope of Work (check all that apply)	Sec.							П.,				
	novation				ull Containment w/ne	gative pres	ssure	Glove	bag pr riable			
) sf or ≥260 lf	11			Mini-enclosure		-	☐ NOII-I	TR	R	E	_
Location of by r	ocation norma maintenance/		20	ion of a	sbestos-containing	1.0	mount	-	e m	е	n	E
material to be	ff(12)	T	material			2.50	Specify F)	SF or	0	a	c a	c L
abated in facility (15)	'es No	N/A						N/4	е	-	b .	<u>-</u>
1st Floor E. Flower Room,		×	floor tile 8	k mas	tic	200	sf	*	X		H	H
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			11								100	
			1					*	H			Ш
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hau 19563		Cubic Yards of 3 yds	Waste	Name of Registered Tullytown		ce & R	Recovery	Cen	er		
		Disposal	3 yds			Resourc	ce & R	Recovery	Cen	er		

CK 567

Date of Notification (1) 3/19/2015				of Building erts Mana									
Agencies Notified	Type Notification			Address	Bridge I	Road			W	-			
DEP DOL	Initial Amended Amendment			State, Zip Cington, N		7						5	
DOH DCA	Emergency justification) Cancellation		110000000000000000000000000000000000000	of Contact				T	elephone N	lumber			
	I —		FA	CILITY INF	ORMATI	ON							
Name of Facility Where Residence	Abatement is Takir	ng Place (3)					Type of Fa	ol (K-12)					7-10-10
Street Address 38 Clements Bridge	e Road						Subc	hapter 8 (O r (i.e. private			ldings	, hom	ies,
City (5) Barrington			1	,			Square Fe	SS 850	of Floors 1/2		Bldg.	Age	
County (6) Camden				y Code (7) E USE ONLY	n		Current Us Vacant	se (Prior if b	eing demol	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	AS	CM No.				ent Contract					
Street Address							Address Creek Ro	ad					
City, State, Zip Code							tate, Zip Co nawr, NJ						
Project Manager for Mor	nitoring Firm		Teleph	none No.		one No.		License 01204					
Start Date (10) 3/30/2015		Scheduled 4/30/2015	duled Completion Date (11) Name of OSHA Monitor										
Occupancy Status Durin	a Abstement (Che						Address					W.	
EUROS.	E		70				reek Ro	ad		1.5%			
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Aba	atement ours		92	City, St	ate, Zip Conawr, NJ	de					
Scope of Work (Check A	II That Apply)					Delli	iavi, ivo	00001					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тас фруу	garantees.	ovation nolition			×	Mini-End Gloveba	g Procedur	9				
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	Avera -		cation mally				250 20					emen /pe	ı
Location Asbestos-Containing			Solely by	Ashar		scription					T	Ī	
TO BE AB			enance/				aterial (ACI insulation,		Amount (Specify	Z		ᄪ	m
In Faci		1.55	ial Staff? 12)		surfac	ing, VA	Γ, or		F or LF)	Remova	Repair	caps	nclo
(13)			No N/A		other n	niscellan	eous)			oval	air.	Encapsulate	Enclosure
Exteri	or	1.00	X		Trans	site Sid	ling	2	000 SF	X	-		
										+			
Name of Registered Was	ata Haulas		LNIDED	10/2-1-	T 0 1:								
Ricco Construction (Hauler I 2890	D No.	of Was		1000	me of Regis Ilem Cour		TIII.			
City, State Bellmawr, NJ	2				Dispos	al Date		, State oway, NJ					\neg
Completed by		Title				ionature		1	11	Date			
Andrew Ricco		Owner				m	du	the	- /	3/19/2	015		

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Date of Notification (1)	19/15			Iding Owner/Operator			
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ceupancy Status Dur	una Analement ICh	eck only one)	Suces Addies	1. (11	1:	
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A 38 01	BATED	Cress Cress Asigna Cress	2)	(1 t . Warmal 1711t	Mareual (ACM)	(50000	(Leave of
1081103 CONISION	BATED	Cress Asiura Cress Asiura Cress Asiura	41 201 201 201 201 201 201 201 201 201 20	(1 t . Warmal 1711t	Mareual (ACM)	(Specin Storf.	
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1081103 CONISION	Material (ACM) BATED OUT))	Cress Cress Asigna Cress	2)	(1 1 . IN & MO 1 1711 16	Mareual (ACM)	(Specin Storf.	
1011:07-Consideration A 38 01 No. 1	Material (ACM) BATED OUT))	Cress Cress Asigna Cress	2)	(1 1 . IN & MO 1 1711 16	Mareual (ACM)	(Specin Storf.	
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TRAN	Master Haules	Used Some Custing States (1)	NOE MIN	ASSIDI CONISINA (I C. UNAMI I YIIC IVAS CAS. Y ORNA MICAI SI DIA SI DIA OI YIIIC	Malenal (ACM) The virualion (AI of areas) (AI of areas)	3000 de	× × ×
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TRAN	Master Haules	North Used School State	NOD WE HUNK OF	ASSIDI CONISINA II E. MAMPI I YIIE POPEN MUICAN SI DIA SI DIA OLIVETTI I OLIVETTI I OLIVETTI I	Hatenal (ACM) ms valuation (AI of areas) Name of I City State (LLO)	3000 d	×

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Date of Notification (1) 3/17/15		Name Walt	e of Building C ter	wner/Opera	tor (2)			12.1 2	*			2340
Agencies Notified Type Notification		Stree	t Address									
EPA X Initial Amended Amendment #		City,	State, Zip Coo	ie		l waser	f					
Emergency (in justification) DCA Cancellation	cluding	Name	e of Contact ter				Tele	phone Nur	nber			
		FA	CILITY INFO	RMATION								
Name of Facility Where Abatement is Taking house	Place (3)					pe of Facility (4 School (K-12 Subchapter	2)	r than K 1	21			
Street Address 982 Grove Street					×	Other (i.e. pretc.)	rivate &	commerci	al build	.000		s,
City (5) Irvington					22	uare Feet 200	2	Floors	58	dg. A	ge 	
County (6) Essex			ity Code (7) TE USE ONLY)		Cı	ırrent Use (Prio	r if beir	ng demolis	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)	AS	SCM No.			Abatement Con vironmental			;			
Street Address					reet Add							
City, State, Zip Code				1.40.590	•	e, Zip Code od, NJ 0741	8					
Project Manager for Monitoring Firm		Tele	ohone No.		lephone	e No. 4-2276		License N	10.			
	Scheduled (Completi	ion Date (11)	Na	ime of (OSHA Monitor						
Occupancy Status During Abatement (Check	Only One)			Str	reet Ad	dress						
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe:	eriod of Aba	itement ours	0	Cit	ty, State	e, Zip Code						91
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		ovation			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e.	
	T 10.10	antion				TVOIT-EXCITIPIO	1 / / 411	2 14011 7 114	1	Abate	ement	
Location of	Nor	cation mally Solely by	Ashas	Descrip tos Containi	ption of		Δ	mount		Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custod	enance/ ial Staff' 12)	(ie	thermal sys surfacing other misc	tems in	sulation, or	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes I	No N	I/A						_		TD.	
Basement			×	pipe ins	sulatio	n		145	X			
Name of Registered Waste Hauler		NJDE	P Waste	Cubic Yar	rds	Name of	Registe	ered Landf	II			
Freehold Cartage		Haule 1593	er ID No. 9	of Waste 10		TBD						
City, State Freehold, NJ				Disposal I	Date	City, Stat	te					
Completed by A. Scott Higgins	Title Preside	ent		Sign	ature	en		1000	ate 3/17/1	5		

		(Pur	suant t	o NJAC 8	:60 and	12:120) (Mor	K 1	372	0			
Date of Notification (1) 3/17/15				Building O Steinber		perator	(2)		100					
Agencies Notified Type Notification		10.000	treet Ad	dress ampo C	ourt									
X	F	С	ity, Stat	e, Zip Coo r CO 8	le				-	ASIL	1 2	-		1.5
Emergency (i		N	ame of	Contact					Telepho	one Num	ber			
DCA Cancellation		L		Steinber	22	ON							-	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RIVIATI	ON	Туре	of Facility (4))					
house								School (K-12						
Street Address 136 Hope Street							×	Subchapter 8 Other (i.e. pri etc.)				lings,	home	s,
City (5) Ridgewood							Squar 2300	e Feet	# of Flo	ors	B 6	ldg. A 5	ge	
County (6) Bergen				ode (7) SE ONLY)	-		Curre	nt Use (Prior	if being o	demolish	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				ement Conti onmental		s, LLC				
Street Address						100000000000000000000000000000000000000	Addres Box 48							
City, State, Zip Code								p Code NJ 07418	В					
Project Manager for Monitoring Firm		Т	elephor	ne No.		70.00 Telescope (10)	none No 764-2		Lio 70	cense No).			
Start Date (10) 3/30/15	Scheduled 4/20/15	Comp	oletion [Date (11)		Name	of OSH	IA Monitor			41			
Occupancy Status During Abatement (Check	Only One)			<u> </u>		Street	Addres	S				*	-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility H	ateme ours	ent			City, S	State, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Processory.	novati nolitic				>	Min Glo	Containmenti-Enclosure	edure					
	12.13						_ NOI	n-Exempted	(*) and N	on-Friabi	e Pro		e ement	
Location of	No	ocatio rmally	,		De	scription	n of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enandial St	ce/ aff?	Asbest (i.e.	thermal surfa	taining N system cing, VA niscellar	s insula T, or	(ACM)	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
D	Yes	No	N/A		nino	insula	tion		60 L	Г				
Basement			Х		pipe	Insula			00 L	-F	x			
Name of Registered Waste Hauler		NJ	IDEP W	aste	Cubic	Yards		Name of R	Registered	Landfill				
Freehold Cartage		На	uler ID 939		of Wa			TBD						
City, State Freehold, NJ				1)	Dispo: TBD	sal Date		City, State						
Completed by A. Scott Higgins	Title Preside	ent			8	Signatur			_	3/*	te 17/15	5		

CK 2505413

Date of Notification (1) 03/17/2015			Building Owners S Institute o			2 6				1
Agencies Notified Type Notification		Street Ad Castle	dress Point on Hu	ıdson						
EPA Initial Amended Amendment #_ DOL		The state of the s	e, Zip Code en, NJ 0703	30	44.0			- 5	-:	
□ Emergency (inc justification) □ Cancellation	auding	Name of David F	Contact ernandez,	Director	EHS	Telephone Nu	mber			
		FACIL	ITY INFORM	ATION	T (F10b. //					
Name of Facility Where Abatement is Taking P Williams Library Data Center Street Address	Place (3)				Type of Facility (4 School (K-12 Subchapter 8		12)			
Castle Point on Hudson			il .		Other (i.e. pr etc.)	ivate & commerc	cial build			es,
City (5) Hoboken					Square Feet 45,000	# of Floors	4	ldg. A O yrs		
County (6) Hudson		County C	ode (7) SE ONLY)		Current Use (Prio library data ce		shed)			
Name of Monitoring Firm Hired by Building Ow Briggs Associates	mer (8)	ASCM 0004	No.	0.000	of Abatement Cont Abatement, Inc					
Street Address 3 Crosswicks Street			V. II.		Address Rosengren Aven	ue				
City, State, Zip Code Bordentown, NJ 08505				City, S	State, Zip Code wa, NJ 07512					
Project Manager for Monitoring Firm		Telephor		Telep	hone No.	License	No.			
Michael Hoodak	cheduled Co		8-5520		345-8685 of OSHA Monitor	00675	ŧ .			
03/27/2015	3/29/2015		Date (11)	D&S	Abatement, Inc	С.				
Occupancy Status During Abatement (Check					t Address Rosengren Aven	ue				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: occupied	riod of Abate Facility Hou	ement		City,	State, Zip Code owa, NJ 07512			2		
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov				Mini-Enclosure Glovebag Prod				e	
// · · · · · · · · · · · · · · · · · ·	la Laar	otion				() and non m			ement	t
Location of	Is Loca Norm	ally		Descriptio	n of		-	Ty	ре	_
Asbestos-Containing Material (ACM)	Used So Mainter			Containing	Material (ACM) ns insulation,	Amount (Specify	77		E	ш
TO BE ABATED In Facility (13)	Custodia (12		s	urfacing, V ner miscella	AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	N/A					<u>a</u>		late	Ire
library data center / basement	X			ceiling ti	les	400 SF	X			
library data center / basement	X			fireproof	ing	120 SF	X			
			15				-			
Name of Registered Waste Hauler		NJDEP W	Vaste C	ubic Yards	Name of	Registered Land	fill			
D&S Abatement, Inc.		Hauler ID 20996	No. of	Waste BD	(225-22323-2323-2323)	Management		ŷ.		
City, State Totowa, NJ				isposal Dat BD	e City, Stat					
Completed by Susan Brkusanin	Title Project N	Manager		Signatu	re M		Date 03/17/	2015	;	

CK 5543

Date of Notification (1) 3 19 15 Agency Notified Type Notification Street Address 10 5 BELLEY JE AUE City, State, Zip Code	. 42.	_		
Agency Notified Type Notification Street Address O S BELLEY UE AUE City, State, Zip Code				
DEPA Initial City, State, Zip Code	A. 4/201			
1 EPA City, State, Zip Code		2		
1	14			
DOL Amendment # SUMMT, NJ, 07901				
Name of Contact Telephone Num	nber			
rboH justification) MC B = 5 1 c 40 S Br .				
		-		
FACILITY INFORMATION				_
ame of Facility Where Abatement is Taking Place (3)				
BETSY CROSBY School (K-12)				
Subchapter 8 (Other than K-12 Other (i.e. private & commercia	2) al buildino	75		
105 BELLEVUE AUE homes, etc.)	ai Dananiş	, ,		
Smore Feet # of Floors	Bldg. A			
	1	9	11	1
DOHM!	lished)	•	- (_
OUNTV (b)				
0.010				
ame of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)				
Best Removal Inc				_
treet Address Street Address				
450 South River St				
ity, State, Zip Code City, State, Zip Code				
Hackensack , N.J. 07601				
roject Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444	388			
Name of OCHA Monday			_	-
tan Date (10)				
3/30/15 3/31/15 Omega Environmental Inc			-	_
occupancy Status During Abatement (Creck only one)				
280 Huyler St City State Zip Code			_	_
Abstrament Performed Outside of Normal Facility Hours		1900		
Hackensack, N.J. 07601				_
Scope of Work (Check all that apply)	ire			
Renovation Wini-Enclosure	15			
2 2 3 sf or ≥ 3 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Pro	сефие			
U Non-Exempted () and Non-Fitable 110	-	A	ate	me
Is Location			Ту	pe
Normally : Description of	=			
Asbestos Containing Material (ACM)		22	_	Enc
TO BE ABATED Custodial (Le., Bernal Systems assured)	7	Removal	Repair	ape
IN Facility Staff? Strating, VAT, or other miscellaneous)		Va	alr	Encapsulate
(13) (12)		-		6
Yes No N/A				_
BACENEUT COMIC SPACE P THEOMAL SYSTEM PUSULTUM 85	LF	X		
BASENEUT CRAWL SPACE P THERMAL SYSTEM INSULTION XS				
	- '>	1		
		_		
Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill				
(II) NO. 1446360 /		. т	т /	3
1/109 -/HIHEIVA EMESTE	rises	5 . L	ابلا	,
Disposal Date City, State	25 25 65			
	. 446	386	3	_
Hackensack , N. O. O. O. O.	Date	1.	01	
Completed by	Date 3,	11	7/	13
J. Maiorano Estimator *Do not use this form for asbestos licensure exempted activities.				

CHECK # 21827

Date of Notification (1) 03-18-15					Building Con Educa							M 0000				and Small
Agencies Notified	Type Notification	3011	1 8	Street A 60 Par	ddress k Place			-10	Į.							
DEP X DOL	Initial Amended Amendment				te, Zip Coo k, NJ 07					49.5		_10:	14-1			
DOH DCA	justification) Cancellation	ricidality	- 4 6	Name of Amy B	Contact lake					Tel	enhone	Nun	ber			
Name of Facility Where Vacant Building Street Address 129-165 Littleton A City (5) Newark		Place (3)		FACI	LITY INFO	RMATI	ON	×	School (K-Subchapter Other (i.e. petc.)	12) r 8 (Oth orivate	& comm	nercia	al build	dings,	609-40.00.00.	es,
County (6) Essex					Code (7) USE ONLY)			Curre	ent Use (Pri nmercial			olish		U+		
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	l No.			of Aba	atement Cor Environm							
Street Address	-							Addre	ess d Street							
City, State, Zip Code		959							Zip Code NJ 0707	2						
Project Manager for Mor	nitoring Firm		Telephor	ne No.		Teleph 201-	none N 939-6			Licen 0075).				
Start Date (10) 03-30-15		Scheduled 04-30-15	5	pletion [Date (11)			of OS n-Air I	HA Moniton Inc.							
Abatement Perform Other – Describe:	ated During Entire P ned Outside of Norma	eriod of Ab	atem	ent		_	City, S	9 Jac State, Z	ess ekson Ave Zip Code nd City, N		01					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novat moliti				×	Mi Gl	ill Containm ni-Enclosure ovebag Pro on-Exempte	e cedure					е	
Location	n of	90,000,000	ocatio	1000		Dec	scription	of			10.5			Abate Ty	ement pe	
Asbestos-Containing <u>TO BE AB</u> In Faci						os Cont hermal surfac		Materia s insul T, or		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
Roo	f			х		Roo	f Flash	ning		2,8	362SF		х			
Roof Pa	rapet			х		Parap	et Flas	shing		3	378SF		x			
												-				
	Name of Registered Waste Hauler				aste	Cubic of Was			Name of	Registe	red Lar	ndfill				
Freehold Cartage City, State				auler ID 693	140.	40			TRRF							
Freehold, NJ						TBD	sal Date		City, Stat Tullytov		A					
Completed by Niamh Fleming		Title Office	Man	ager		S	ignature	10	CH	2~	~	Dat 03-	e -18-1	5		

CHECK # 21828

Date of Notification (1)				11.1		Building		Operator	(2)								
03-18-15	Trees Now	C4!-				nd Schoo	ונ										
Agencies Notified	Type Notif			91	Street A	ddress k Place											
DEP X DOL	Ame		<u> </u>			te, Zip Co k, NJ 07					+*		Let	ta i	2		 -2
⊠ DOH DCA	justifi	rgency (in cation) cellation	ncluding	+		Contact				*	Tel	ephone N	lumber				
	L Ganc	Challott				LITY INFO	RMATI	ON			-			_			
Name of Facility Where	Abatement i	s Taking	Place (3)	S.					Туре	of Facility (4	-)						
Vacant Storefront Street Address	- 20						-			School (K-12 Subchapter		th 1/	10)				
410-416 South Ora	inge Aven	ue								Other (i.e. pretc.)				ildin	gs, h	ome	s,
City (5) Newark				Ā		0			Squar 3,000	re Feet 0	# o	f Floors	1.0	Bldg 60+	. Ag	е	
County (6) Essex						Code (7) JSE ONLY)				nt Use (Prio mercial	r if bei	ng demol	lished)				
Name of Monitoring Firm	n Hired by B	uilding O	wner (8)	_	ASCM	l No.				tement Cont							
Street Address								Street	Addres						110-1		
City, State, Zip Code	ty, State, Zip Code							City, S	State, Zi	p Code							
Project Manager for Mor	roject Manager for Monitoring Firm								none No	NJ 07072 o.		License	No.	_	_		
								255,000,000	939-6	57117X 711		00756					
Start Date (10) 03-30-15			Schedule 04-30-1		ipletion l	Date (11)			of OSF n-Air Ir	IA Monitor		-					
Occupancy Status Durin	g Abatemer	t (Check	Only One	e)				A STATE OF S	Addres								
Facility Closed/Vac Abatement Perform								11152271.000		cson Aver	iue						
Other – Describe:								5000		d City, N	Y 111	01					
Scope of Work (Check A	All That Appl	y)						Г	٦			55 %	2				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emolit	R1000 SWILL			-	Min Glo	I Containme ii-Enclosure ivebag Proci n-Exempted	edure				luro		
			le.	ocati	on				1401	1-Excripted	() air	d Non-i ii	lable 1 1		aten	nent	
Location	n of		N	ormal	ly		De	scription	n of					-	Тур	9	_
Asbestos-Containing	Material (A	CM)		Sole			tos Conf	taining N	Material		710	mount	_			m	_
TO BE AB In Faci	lity		Custo	dial 8 (12)	Staff?	(i.e.	surfa	system cing, VA	T, or	illon,		Specify or LF)	Remova	- Colour	000	caps	Enclosure
(13)			Yes	No	N/A		other r	niscellar	neous)	77			oval		-	Encapsulate	sure
Roof Pa	ranet		168	NO	X		Pai	rapet 7	Tar .		1 1	200SF	x	+	+	-	
1,0011 a	Tapet		+ +	_	^		1 0	гарег	ai		1,2	20001	+	+	+	-	-
													+	+		1	
Name of Registered Wa	ste Hauler			1000	JDEP W auler ID		Cubic of Was	Yards ste		Name of F	Registe	ered Land	Ifill				
Freehold Cartage				18	3693		20			TRRF							
City, State Freehold, NJ							Dispos TBD	sal Date	7	City, State Tullytow		A					
Completed by			Title				S	Signature	9 /	(11		1.0	Date	۔ د			\neg
Niamh Fleming			Office	Mar	nager			/	Via	bott	2~1	00	03-18	-15			



Date of Notification (1) 3/18/2015					Building Owner/ DVIEW PAPE			5					
Agencies Notified	Type Notificatio	n	1 2	Street Ad ONE M	dress ARKET STR	EET	11	7	40000		U Se	=(4	
DEP DOL	Initial Amended Amendme	nt #			e, Zip Code OOD PARK,	NJ 074	07	5:000	1000	14.10		-	
▼ DOH DCA	Emergenc justification Cancellation			Name of ED KN/				Tel	ephone Nun	nber			
			_	FACIL	ITY INFORMAT	ION							
Name of Facility Where SOUNDVIEW PAP							Type of Facili	K-12)					5
Street Address ONE MARKET ST	REET								er than K-12 & commercia		lings,	home	s,
City (5) ELMWOOD PARK					5		Square Feet	# 0	f Floors	BI	ldg. A	ge	
County (6) BERGEN				County C (STATE U	ode (7) SE ONLY)		Current Use (Prior if be	ing demolish	ned)			
Name of Monitoring Firm	n Hired by Buildin	g Owner (8)		ASCM	No.		of Abatement (IG			
Street Address						100000000000000000000000000000000000000	Address RUTHERFO	ORD BL	VD.				
City, State, Zip Code						City, S	tate, Zip Code						
Project Manager for Mo	nitoring Firm			Telephor	ne No.	Teleph	none No. -956-8700		License N	0.			
Start Date (10) 3/28/2015		Scheduled		npletion [Date (11)	Name	of OSHA Moni		00.10.1				
Occupancy Status Durin	/ Ch	100000000000000000000000000000000000000				1500000000	Address	JOVE					
Facility Closed/Var Abatement Perform Other – Describe:	cated During Entir	e Period of Ab	aten	nent			State, Zip Code						
Scope of Work (Check	All That Apply)	1.50											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31170	nova			>	Mini-Enclos Glovebag I	sure Procedure	h Negative F			e	
		1-1										ement	
	7570 5	M. E. C. E.	.ocat ormal	0.00		escription	of				Ту	ре	
Locatic Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	Used Main Custo	tena	nce/ Staff?	Asbestos Co (i.e. therm surf	ntaining M	Material (ACM) s insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
MECHANI	C CLIOD	Tes	X	INA		PIPE			8 LF	X			
MECHANIC SHOP					PIPE	INSUL	ATION		6 LF	Λ	X		
	52175												
Name of Registered Waste Hauler				NJDEP W	aste Cub	ic Yards	Name	of Regis	tered Landfil	1			
TWO BROTHERS CONTRACTING				Hauler ID 18743	1	/aste	20000		NAGEME	ENT G	S.R.C).W.	S.
City, State CLIFTON, NJ						osal Date /2015	Telephone (1997)		LLE, PA				
Completed by VIVECA RAMOS		Title PROJ	EC ⁻	T COOF	RDINATOR	Signatur	e Greca	Kar	6.99	ate /18/20	015		

CK KIB

Date of Notification (1)	5	Name of Building Owner/Operator (2)											
Agencies Notified Type Notifi	Street Address												
						62 Long Point Drive							
DEP Amen		City, Sta	ate, Zip Co	de 1/	A 1	T (127/	7					
Emen	gency (including	Name o	Contact	M.		1 0	1 Tol	ephone Nun	abor			1	
	cation) ellation		lackis						ibei				
		FAC	ILITY INFO	ORMATI	ON			/	1				
Name of Facility Where Abatement is	s Taking Place (3)					Type of Facility	(4)						
Street Address/	_	School (K-12) Subchapter 8 (Other than K-12)											
66 lone		Other (i.e. private & commercial buildings, homes, etc.)											
City (5) R (1) 1			Square Feet	# of	f Floors	E	Bldg. A	Age	-				
DIIUK			0			1248		1		51	2		
County (6)		Code (7) USE ONLY)		_	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Bu	ASCM No. Name				e of Abatement Contractor (9)								
					Brick	k Industries Inc.							
Street Address						t Address Box 915							
City, State, Zip Code					GMAKESALI!	ate, Zip Code							
					k, New Jersey 08723								
Project Manager for Monitoring Firm	Telepho	ne No.			ohone No. License No. 2)899-7499 01196								
Start Date (10)	Scheduled Co	ompletion 0/(5	mpletion Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement	5000 Mr. 5000				Street A	t Address							
Facility Closed/Vacated During I Abatement Performed Outside of	ment rs		-	City, Sta	tate, Zip Code								
Other – Describe:				-		· ·							
Scope of Work (Check All That Apply) /					/							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ation lition			X	Full Containment with Negative Pressure Mini-Enclosure								
= 100 St 01 2200 II	HUOH				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		CONT.				Non-Exempte	d (*) and	d Non-Friable	e Pro				
1	ation ally							Abatement Type			Į.		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sol. Maintena Custodial			Asbest		cription of aining Material (ACM)		Amount				т		
			(i.e.		systems ing, VAT	insulation,	(Specify SF or LF)		Ren	Re	ncap	Encl	
(13))			iscellane		J. S. Z. /		Remova	Repair	Encapsulate	Enclosure		
	Yes No	N/A			,			2.	_	/	te	0	
		18	1600	rtile	2/m	astic	25	86 SF	8				
1					1								
												à	
Name of Registered Waste Hauler		NJDEP W Hauler ID	1,000,000	Cubic \ of Was		Name of	Registe	red Landfill					
Brick Industries Inc.				- Y	GROWS								
City, State				Dispos	al Date	City, Stat	te						
Brick, New Jersey Completed by	Title		3125) PA		l D-4					
Eric Plackis	Presiden		, SI	gnature	-10	_	3	17	118	5			

CK 3625

Date of Notification (1) March 17, 2015			1	Name of Building Owner/Operator (2)												
				84 Lockwood LLC												
Agencies Notified	Type Notification	street Address 2-44 Cornelia					Street									
X DEP	Lintral Amended Aniendment #			Newark, NJ 07105												
CX DOH	☐ Emergency (inc justification) ☐ Cancellation	inding		Name of Jack (Comaci Carroll			Telephone Number								
172.1	1 1000000000000000000000000000000000000			FACII	JTY INFO	ORMATI	ON									
Name of Facility Where A	Abatement is Taking Place	20 (3)						Type of Facili	ıy (4)							
Commercial Wa	rehouse							□ School (
Street Address 84-132 Lockwood Street				□ Subchapter 8 (Other than K-12) □X Other (i.e. private & commercial buildings, hon								mes, s	etc.)			
City (5) Newark, NJ 07105			a agus an airm an an Airm an A	Square Feet # 01 250,000						of Floors 1-3	Bidg. Age 1940					
County (n) Essex				County ((STATE (ode (7) SE ONLY)		-	Current Use (Prior if being demolished) Packaging & Storage								
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions				ASCM No.			Name of Abatement Contractor (9) Joseph Environmental LLC									
Street Address PO Box 1224					Street Address 80 Varsity Road											
City, State, Zip Code Union, NJ 07083					1. danie - 17. literary		2000	te. Zip Code vark, NJ 07	7106	THE STREET STREET	BUTTON OF LEASE OF LE					
Project Manager for Monitoring Firm				Telephon	e No. 94 3762		Telephone No. License			License No. 00761						
Rick Eustaquio			I Cons				(973) 373-2221 00761 Name of OSHA Monitor									
3/26/13				Bioterra Environmental Solutions												
Occupancy Status During	Abatement (Check Only	(Опе)					PO I	ldress Box 1224								
□ Facility Closed Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours □ Abatement Performed Outside of Normal Facility Hours □ Other Describe: Only Bldg#16 occupied during			LIFS	nt Crty, State, Zip Code												
Scope of Work (Check Al	l That Apply)			***************************************	O CONTRACTOR CONTRACTOR OF STREET											
☐ ≥3 xf or ≥3 If ☐X ≥160 xf or ≥260 If	enovat Iemolit	vation □														
10.1											Ab			batement		
Locatie	nn of	ls Location Normally				Description of						Type				
Asbestos-Containing Material (ACM) TO BE ARATED			A. A. service and constitution			Asbestos Containing Material (ACN i.e. thermal systems insulation, surfac VAT, or other miscellaneous)			45 () III JULIUS VANGOLIS ()		Remova	Repair	Encapsului	1-подолите		
		Yes	No	NiA					or one				E	5		
				ng & F	& Flashing 139,000SF/10,000 LF X											
		X		Plaster			2000 SF			X	m1 11m1m					
Bldg# 5,6,6C,15,	16,22,24		X		Pipe Insulation & E			Elbows 600 LF/30 Units X								
Bldg#4,6,6B,6C,15,15A,22,24,office ad.			X	Trans	unsite/Roll Siding, VAT, W. Caulk 12,000/1700/4100SF X											
Name of Registered Waste Hauler			GDEP Waste Cubic Y			: Yards Name of Registered Landfill						L				
TBD & Joseph Environmental LLC		17	1500 april 1500 april 1500				Conestoga Landfill									
City, State Newark, NJ 0710	06					Disposa Duri	il Date ng proj	roject Morgantown, PA								
Completed by Gregory Schadt		Tabe Sup	ervis	or		Si	gnaruje	202 Color Date 3/17/15								
		å										-				

Asbestos-Contelling Matchal (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			Asbeston Containing Matchal (ACM) (i.e. thermal systems Insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Endosure
	Yas	Na	N/A						,	ate	8
· Exterior			X	Transite		i	1500 SF	x			
•				,							
					100						
Name of Registered Waste Hauter Loznica Management Corp			JDEP W auler ID		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale, NJ					Disposal Date TBD	City, Star	ville PA 19067	,			
Completed by E. Cirovic	Title Secretary				Signature	uni	Date March 17, 20			2015	5