Print Form

11/100			3 6											P
4122	NO	TIFIC/ (Pur:	ATION C	e of New OF ASBES NJAC 8:	STOS	BATEM	ENT		L R.F			M	Ilings, h	
Date of Notification (1) 3/23/15				Building O Uggle F						14.5 E	. 1		2	
Agencies Notified Type Notification			treet Add 06 Cei	dress ntral Ave	e					-	X		_	
EPA Initial DEP Amended X DOL Amendment :				e, Zip Cod City NJ		5					10.00		-	
DOH justification)	ncluding		ame of (Cristian						Tele	phone Nu	umber	•		
			FACIL	ITY INFO	RMAT	ON	T	f Facility (4	1			_		_
Name of Facility Where Abatement is Taking Kristian Uggle Private Home Street Address	g Place (3)						S	chool (K-12 ubchapter	2) 8 (Othe	er than K-	12)			
106 Central Ave							et	c.)			cial bu			
City (5) Ocean City NJ 08226			9			3	Square 1000-	F	1	Floors		35		e
County (6) Cape May			County C	ode (7) SE ONLY)				t Use (Pric		68 	ished)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	No.		Name o Perna		ement Con C.	tractor	(9)				
Street Address						Street / PO B								
City, State, Zip Code						City, St West		o Code NJ 080	91					
Project Manager for Monitoring Firm		Т	elephor	ie No.		Teleph 856-7				License 00727				0.000
Start Date (10) 4/13/15	Scheduled 4/16/15	i Com	pletion [Date (11)		Name of Same		A Monitor		÷				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Al	batem	ent			Street		s o Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Min Glo	Containm i-Enclosurd vebag Pro i-Exempte	e cedure			Proc	edure	
		Locatio					30 					A		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used Mair	di Solel ntenar odial S (12)	ly by nce/	Asbes (i.e.	tos Cor therma surf	escription ntaining M al system acing, VA miscellar	laterial s insula T, or	(ACM) tion,	(5	Amount Specify F or LF)		Removal	Repair	Encapsulate
12	Yes	No	N/A		î.	-						_		
Attic		94 	x		pip	e insula	tion		8	35 LF	X	:		
						1						-	1	
	_				22							-		_
Name of Registered Waste Hauler United Containers		H	IJDEP V lauler ID 2459			c Yards aste		Name of G.R.O	1000	ered Land	dfill			8
City, State Elm NJ					Disp 4/16	osal Date 5/15	1	City, Sta Morrisv		A 1906	7			
Completed by Anthony T Perna	Title Presi	dent				Signatur	e	1			Date 3/23			

in U			v =										Prin	t F
4724	NO		TION O		ersey TOS ABAT 0 and 12:1		NT						17	
Date of Notification (1) 3/23/15					ner/Operat ate Home)					i z		-
Agencies Notified Type Notification		1 2 2	reet Add 14 Sind											
X EPA X Initial DEP Amended X DOL Amendment	#	Cit	ty, State noka H	, Zip Code Iarbor N	J 08734					1 Same		24.9		
DOH Emergency (justification)		1.1.2.2.2	ame of C ura	Contact					Teler	phone Nu	mber			
				TY INFOR	MATION				1					
Name of Facility Where Abatement is Taking Laura lesko Private Home Street Address	g Place (3)			<i>د</i>			Sc St	Facility (4) hool (K-12 lbchapter 8) 3 (Othe	r than K-1	2)	11	heme	
714 Sinclair				0			et			9				s,
City (5) Ianoka Harbor NJ 08734						-	Square	-	1	Floors	3	ldg. A 5+	ye	
County (6) Ocean			ounty Co	ode (7) SE ONLY)		- 1	Home				shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			f Abate co Inc	ement Cont C.	ractor ((9)				
Street Address	-						ddress ox 329							
City, State, Zip Code	5							Code NJ 080	91					
Project Manager for Monitoring Firm		Т	elephon	e No.			one No 53-98			License 00727	No.			
Start Date (10) 4/3/15	Schedule 4/8/15	d Comp	pletion D	Date (11)	1	ame o Same		A Monitor						
Occupancy Status During Abatement (Che	ck Only One	e)			St	treet A	Address	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	bateme Hours	ent		Ci	ity, St	ate, Zip	o Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				×	Min Glo	Containmo i-Enclosure vebag Prod	e cedure	-			re	
		Locatio											temen ype	it
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Mai Cust	Normally d Solel intenan todial S (12)	y by hce/ staff?	Asbest (i.e.	Descri os Contain thermal sys surfacing other mise	ning M stems ig, VA	laterial s insula T, or	(ACM) ition,	(3	Amount Specify F or LF)	Removal	Repair	Encapsulate	
kitchen Area	Yes	No	N/A X		ma	astic			4	20 SF	x			
					đ									
Name of Registered Waste Hauler			IJDEP V	Vaste	Cubic Ya	ards		Name of	Regist	tered Land	dfill			
United Containers		H	lauler ID 2459		of Waste 2			G.R.O						
City, State Elm NJ					Disposal 4/8/15		_	City, Sta Morris		A 1906				
	Title				Sig	nature	e //	2			Date			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) -2 3 PROPER Hay Agencies Notified Type Notification Street Address 000 X EPA Initial City, State, Zip Code DEP Amended C DOL Amendment # ter 20 12 Emergency (including Name of Contact Telephone Number DOH justification) her DCA Cancellation re essica FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ORMER enn av ouse School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) Square Feet City (5) # of Floors Bldg. Age 2 SOt County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) avern Sing and ASCM No. Name of Abatement Contractor (9) Name of Mor Building Owner (8) 5 Street Addres Street Address P.O. ſ 1 City, State, Zip Code City, State, Zip Code Telephone No. Telephone No. Project Manager for 609 758-336 609 758-3365 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EPC Technologies 4-30-15 2 ~ Occupancy Status During Abatement (Check Only One) Street Address P.O. Box 337 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: New E 533 Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure X ≥3 sf or ≥3 lf Mini-Enclosure Z Demolition ≥160 sf or ≥260 lf X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Enclosure Removal TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12) other miscellaneous) (13) ulk 50 SF No N/A Yes Taven exterio SF X 6000 Shingles 600 SF 300 L F Pipe Boile X 350 SF Linoluen Flooning x G 900 SF 11 11 Flood Tile × X Tavenn Basement NJDEP Waste Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA 5 EP ogies 7000 City, State Disposal Date City, State PA Vanious D Mornisville NJ Date Signature Title Completed by -23-15 3 PResident

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursu	ant to NJAC 8:60	and 12:12	20)			F. T		-
Date of Notification (1) March 20, 20	15	Name of Building	Owner/Oper DnA I	rator (2) Demolition	1 L /.	2		L)	
	cation ial Notification nended Notification	Street Address City, State, Zip Co		Camplain Road	1 1 1	-	ç 1	-	
I A I DOL	nendment # nergency (including	City, State, Zip Co		orough, NJ 08844	the grant state	1		a and a second second second	ta haranti ole
I DCA jus	tification) ncellation	Name of Contact Anton	nio Dimuz		lephone Number				
	FA	CILITY INFORM	ATION						
Name of Facility Where Abatement is Takin Residence	ng Place (3)	1/41		Type of Facility (4)	School (k-12)				
Street Address 735 Kline Place				[] [x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONI		Square feet 2000 sf	# of Floors	Bldg	. Age 6	0	
Bridgewater	Somerset			Current Use (Prior if I Resident					
Name of Monitoring Firm Hired by Buildir Guardian Contra	ng Owner (8) acting, Inc.	ASCM No.	Name of	f Abatement Contractor (Guardia	9) n Contracting,	Inc.			
Street Address 1889 Route 9, U			Street A	1889 Ro	oute 9, Unit 61				
City, State, Zip Code Toms River, NJ	08755				iver, New Jerse		755-12	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Numb 732-349-9932		732-34	ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 3/20/15	Scheduled Comp 3/23/15	letion Date (11)	Name of	f OSHA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Che [X] Facility Closed/Vac	ck only one) ated During Entire Period of A	batement	Street A		elton Road				
[] Abatement Perform [] Other – Describe	ed Outside of Normal Facility		City, Sta	ate, Zip Code Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply) $\begin{bmatrix} \times \\ & \end{bmatrix} >3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \times \\ & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	5 5	ovation nolition	[[[x [Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re		ıre		
						Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/	ial (i ir o	Descripti sbestos-Co Material (.e., therma nsulation, s VAT, ther miscel	ontaining ACM) l systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement	X	Asbestos pip	pe insulati	on	140 lf	X			
Name of Registered Waste Hauler Guardian Contracting, In	NJDEP Waste Ha	3 3	Yards of Wa	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey	18733	isposal Date 24/15	City, S Tully	State ytown, Pennsylvania	1				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	; cho	1'te	1	Date 3/2	e 0/201	5	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

24 ²⁴	(Pursua	int to NJAC 8:60 a	and 12:12	0)	E	inter a	W		
Date of Notification (1) March 20, 2015		Name of Building (Owner/Oper Monm	^{ator (2)} outh Custom Builde	rs		4.	{C *	4
	ion Notification aded Notification	Street Address		onmouth Road	1999 A.C.				
[x] DOL Amen	ndment # gency (including	City, State, Zip Co		NJ 07723	150		1.1		
[] DCA justifi	ication) ellation	Name of Contact Steve	Bialeck	Tel	ephone Number				
		CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3)	4			School (k-12) Subchapter 8 (oth	ıer than k	-12)		
Street Address 204 Mercer Avenu	ıe	7			Other (i.e., privat homes, etc.)			l buildi	ngs,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 2500 sf	# of Floors 3	Bldg. /	Age 10	0	
Spring Lake	Monmouth			Current Use (Prior if b Residence	e	5			
Name of Monitoring Firm Hired by Building Guardian Contract		ASCM No.	Name of	Abatement Contractor (9 Guardiar)) n Contracting,	Inc.			
Street Address 1889 Route 9, Uni			Street A		ute 9, Unit 61				
City, State, Zip Code			City, Sta	te, Zip Code	ver, New Jers		55-12	71	
Toms River, NJ 0 Project Manager for Monitoring Firm	Telephone Numbe			ne Number	License N 00624				
Nicholas Fernicola Scheduled Start Date (10)	732-349-9932 Scheduled Compl			19-9932 FOSHA Monitor					
3/20/15 Occupancy Status During Abatement (Check		3	Street A	ddress	. Analytical				
[] Abatement Performed	d During Entire Period of A Outside of Normal Facility		City, Sta	ate, Zip Code	elton Road				
[] Other – Describe				Piscataw	vay, New Jerse	y 0885	4		
Scope of Work (Check all that apply)			[[x	<pre>J Full Containment v] Mini-Enclosure</pre>	vith Negative Pres	sure			
$\begin{bmatrix} x \end{bmatrix} >3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[]	ovation	[[Glovebag Procedur Non-Exempted (*) 		Procedur	e		
						Abate	ment 7	Гуре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/4	ial (i. in of	Descripti sbestos-Co Material (e., thermal sulation, s VAT, ther miscel	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Interior	X	Duct work			30 lf	X			
Name of Registered Waste Hauler	NJDEP Waste Hau 20223		Yards of Wa	ste Name of Register T.R.R.F.	ed Landfill				
Guardian Contracting, Inc. City, State	Dis	sposal Date 24/15	City, S						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	i chi	A Le	1	Date 3/20	/201	5	

CHECK # 1178

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

Date of Notification (1) 3/20/2015					f Building el Engel		Operator	r (2)	<u> </u>	Est Pla		Ε¥.	1:1	0	
	e Notification			Street A	ddress				يمكر					-	
EPA EPA	Initial Amended		-	100000000000000000000000000000000000000	orth Bro ate, Zip Co		eet	-	1	1		STA .		84	
	Amendment				eth, NJ	07208	3								
	justification) Cancellation	**************************************			f Contact el Engel					Tel	ephone N	lumbei			
	ment in Takin	a Diana //		FAC	LITY INFO	ORMAT	ION	Tuno	of Facility (4)					
Name of Facility Where Abate Bar-Club	ement is Takin	g Place (a	5)					_	School (K-1	- 1					
Street Address 618-626 Westfield Ave									Subchapter Other (i.e. p	8 (Oth			ilding	s, hon	nes,
City (5)								Squa	etc.) ire Feet		f Floors	1	Bldg	Age	
Elizabeth				Country	Code (7)			1,90	0 + ent Use (Pri-	2	na domol	liebod)	50+		
County (6) Union					USE ONLY)			Curre	eni Use (Fii		ng demoi	lisneu)			
Name of Monitoring Firm Hire	d by Building	Owner (8)		ASCN	/I No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		atement Cor Contracting						
Street Address								Addre Route	ss e 46, Suite	e 7A					
City, State, Zip Code									ip Code J 07512						
Project Manager for Monitorin	g Firm			Telepho	ne No.			none N 333-9			License 01232				
Start Date (10) 3/29/2015		Schedule 3/30/20		pletion	Date (11)		100000		HA Monitor on Consu	Itants	Inc.				
Occupancy Status During Aba	atement (Chec		2020/20					Addre							
Facility Closed/Vacated I Abatement Performed O	utside of Nom	nal Facility	Abatem Hours	ent			City, S	tate, Z	garaw Rd ip Code		lg.35E				
Scope of Work (Check All Tha		Jrs					Fair	Lawn	, NJ 074	10					
 Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	а Арріу)		enova emoliti				××	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	e edure	•			ıre	
		Is	Locati	on									Aba	temer ype	ıt
Location of Asbestos-Containing Mate	rial (ACM)	Use	lormall d Sole	y by	Ashesi		scription taining M		(ACM)	Α	mount		Т	1	
TO BE ABATED In Facility (13)			intenar odial S (12) No			thermal surfa	system: cing, VA niscellar	s insula T, or		(5	or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		100		x		Pipe	Insula	tion		2	5 LF	X	+	+	
Name of Registered Waste Ha	auler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	red Land	fill			
Unicorn Contracting Cor			Н	auler ID)35844	No.	of Wa 1			G.R.O.\						
City, State West Orange, New Jerse	әу					Dispo: TBD	sal Date	/	City, State Morrisvi		ennsylv	ania		5.	
Completed by Dimo Golcev		Title Proje	ct Ma	nager		S	Signature	Z		Y		Date 3/20/2	015		

0

													L		TITLE
		N		ICATIO	itate of Ne N OF ASE t to NJAC	BESTOS	ABATE			2 5 0 5			СН	ECK ‡	¥ 1179
Date of Notification (1) 3/20/2015					of Building Jel Enge		Operato	r (2)	2.2	<u>II fors</u>	1- x	- Î	145	Ì	
Agencies Notified	Type Notification	1			Address				£ .			_			
EPA DEP	Initial			415 N	North Bro	oad Str	reet								
DEP X DOL	Amended Amendmen Emergency		_	Elizat	tate, Zip C peth, NJ	07208	8								
DOH DCA	justification Cancellatio)			of Contact Jel Enge					Te	lephone Ni	umber			
Name of Eacility Massa	hotomost in Taki	Diago (2)		FAC	ILITY INF	ORMAT	ION	T.	me of Feeliks /	43					
Name of Facility Where A Private Residence	ADALEITIENLIS TAKI	ig Place (3)							pe of Facility (8
Street Address 652-654 Westfield A	IVe	24							School (K-1 Subchapter Other (i.e. p	8 (Oth			ilding	s, hon	nes,
City (5) Elizabeth		-						1 2 2	etc.) Juare Feet 900 +	#0	of Floors		Bldg. 50+	Age	
County (6) Union					Code (7) USE ONLY	0		Cu	irrent Use (Prid	or if be	ing demolis				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				batement Con Contracting						
Street Address							Street	Add							
City, State, Zip Code							City, S	state	, Zip Code NJ 07512						
Project Manager for Monit	toring Firm			Telepho	one No.		Teleph	none	o ne ne e percontra de la compositione		License M 01232	No.			
Start Date (10) 3/29/2015		Scheduled 3/30/20		npletion	Date (11)		Name	of C	SHA Monitor sion Consul	Itante					
Occupancy Status During	Abatement (Che	1 - 28 No. 28 No. 29 No.	12 Same				Street				110.				
Facility Closed/Vacat Abatement Performe	d Outside of Norr	nal Facility I					City, S	tate	agaraw Rd. Zip Code		dg.35E				
Other – Describe: N		urs					Fair l	Law	n, NJ 0741	10					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re X De	enova emolit	tion ion			××		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				re	
Location	of		.ocati ormal			De	scription						Abat	emen /pe	t
Asbestos-Containing M <u>TO BE ABA</u> In Facilit (13)	Material (ACM) TED	Used Main Custo	tenar	nce/		tos Cont thermal surfac		later s ins T, or	· .	(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Baseme	nt	Yes	No	N/A		Dino	Insulat	tion		7	0 LF			ite	0
Daseme	114			X		Fibe	Insula	lion		1		X			
Name of Registered Waste	e Hauler		N	JDEP W	/aste	Cubic	Yarde		Name of D	Parieto	red Landfill				
Unicorn Contracting C			H	auler ID)35844	No.	of Was			G.R.O.W						
City, State West Orange, New Je	ersey					Dispos TBD	al Date	_	City, State Morrisvil		ennsylva	nia			
Completed by Dimo Golcev		Title Project	t Ma	nager		S	ignaturé	1	16	/	1 1 2 3 3	ate 20/20	015		

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

01

CB.														homes ge	nt Fo
Emergenced &	NO		ATION	te of New OF ASBES to NJAC 8:	STOS A			CR	47	24		(† 4	1. je j	·	
Date of Notification (1) 3/19/15				Building Oven Board		erator	(2)		Pe	15 M			1+	- L.J	
Agencies Notified Type Notification		1.25	Street Ac 201 No	ddress orth Front	t Stree	t				- W First	720	5	-#1	1:4	1
EPA Initial DEP Amended ODL Amendment #				te, Zip Cod					<u> </u>	ë L	li e			RC	L
DOH justification)	cluding	1	Name of	Contact Nicolella			() () () () () () () () () ()		Tele	phone N			1.8-1		
					RMATIO	N			1						
Name of Facility Where Abatement is Taking I Bonsall Elm School	Place (3)		17101				(married	of Facility (4							
Street Address 1575 Mt Ephraim Av.	•			-				School (K-12 Subchapter 8 Other (i.e. pr atc.)	(Other	r than K- commer	-12) rcial b	uild	ngs,	home	s,
City (5) Camden NJ 08102				<u>`</u>		1		e Feet	# of 3	Floors		 USEC10 	dg. Aq 5+	ge	
County (6) Camden				Code (7) JSE ONLY)		_	Curre	nt Use (Prio	r if bein	g demoli	ished)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	1 No.			of Abai aco Ir	tement Conf	ractor (9)					
Street Address			1				Addres								
City, State, Zip Code					2			ip Code n NJ 0809	91						_
Project Manager for Monitoring Firm			Felephor	ne No.		10000000000	none No 753-9			License 00727					
	Scheduled 3/22/15	I Com	pletion [Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Check	Only One)				Street	Addres	ss							
 Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: night and weekend aft 	Facility F	batem Hours	ent		-	City, S	State, Zi	ip Code							
Scope of Work (Check All That Apply)															
23 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat moliti		11			Mir Glo	I Containme ni-Enclosure ovebag Proc	edure						
	le l	ocatio				1.0		n-Exempted	() anu	NULI-FI			and the second second		
Location of Asbestos-Containing Material (ACM) TO BE ABATED	No Used Main	ormall Solel itenar	y y by nce/		Des os Conta hermal s		Aaterial			nount pecify		R	Ту		En
In Facility (13)		(12)			surfac other m				SF	or LF)		Removal	Repair	apsulat	Enclosure
Room 206	Yes	No X	N/A		Flo	oor Til	le		12	0 SF	×	:	_	0	
Name of Registered Waste Hauler Jnited Containers		H	JDEP W auler ID 2459	A CONTRACTOR OF	Cubic V of Was 2			Name of F	-	red Land	lfill				
City, State Elm NJ					Dispos 3/23/1		•	City, State Morrisvi		19067	7				
Completed by Anthony T Perna	Title Presid	lent			Si	grature	e'l				Date 3/19		1	;	

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

			0+	ate of New	Jerse	Y			Check	150 ₿	83		
				ION OF ASBE 0 NJAC 8:60	0-7 an	d 12:120-11	(0)		5-1-1-1				-
te of Notification	(1)		Name	of Buildin	ng Owne	er/Operator	(2)						
3-19-15				b Divil	.10								
rencies Notified	Type Notifica	tion	Stre	et Address		street		2E	MS KAR 25	PHI	1.54	2	
[]EPA	[X] Initial		1	Chestr							- 4		
	Notific	ation	City	, State, Z:	ip Cod	110		Â.	d^{2}				
[]DEP	[]Amended	-+:07	Nu	itley,NJ	5,07.	110			A 1 1			**	
[X] DOL	Notific	acton		of Contac				Telephone N					
[X] DOH	[]EMERGENC	r	Bo	ob Divi	lio						- 22		
[]DCA	[]Cancella	ation			TATE	ORMATION							_
			ing D		LT INFO	ORTHITON	Type	of Facility	(4)				
ame of Facility Wh	ere Abatement	15 Tak	ing P	Tace (D)			E]School (K-	12)	aan K-	12)		
Same as above	2]Subchapter [X]Other (i.e	, private	e comm	er		
treet Addres								cial buil	dings, home	s, elc	.,		_
							Squa	are Feet #	of Floors	Bldg	. Age	e	
City (5		County	(6)E	Issex	Count (STAT	Y Code (7) E USE ONLY)	Curi	rent Use (Pri	lor if being	demol	ishe	ed)	1
					1.	the of Abate	ament	Contractor	(9)				
Name of Monitoring	Firm hired by	y Buildi	ing	ASCM No.		AZTECH]	MANZ	AGEMENT,	Inc.				
Owner (8) N/A						Street Addres							
Street Address						86 Chri	stor	pher St.					
						City, State,							
City, State, Zip C	ode					Montcla	ir,	NJ 07042	2				
				i Nurbo	-	Telephone Nu			Lic			r	
Project Manager fo	r Monitoring		Teler N/A	ohone Numbe		(973)74	4-8	800	C	0371		_	_
	(10) 50		1000000000	tion Date ((11)	Name of OSHA	A Moni	itor					
Scheduled Start Da 3-28-15		3-	-31-	15		N/A							
WHERE AN ADDRESS AND ADDRESS	The second se	Month	Da	y Year		Street Addre	ess						
Month Day Occupancy Status I	During Abateme losed/Vacated	ent (Che [During	Enti	re Period									_
of Abaten	Performed Out	side of	Nor	nal Facilit	Y	City, State	, Zip	Code					
[]other - De	escribe: «Other	c Occupa	ancy !	Descript»						D======11			
Scope of Work (Ch	eck all that	apply)				[]Ful	L1 Cor	ntainment wit closure	h Negative	Piessu	Te		
[X]>3 sf	or >3 1f		[X]]Renovation]Demolition	1	[X]Glo	oveba	g Procedure					
[]≥160 \$	sf or ≥260 lf		L	Demorreror	•	[]Nor	n-Fria	able Procedur	:e	Aba	teme		
			Lo	Is		Descrip	tion	of	Amount	R	R	N	
Locat	tion of -Containing			used		Asbestos-(Materia	Conta:	ining M)	(Specify	E M	E	A	
Materi	al (ACM)			Solely Main-		(i e , ther	mal s	ystems	SF OI	0 V	12) er- .) Age ished) re tement R C P A S R U L R U L 67	S	
TO BE	ABATED		te	enance/ stodial	in	sulation, SI	urfac:	ing, VAT,	LF)	AL		UL	
	acility (13)		Sta	Aff (12) NO N/A	-	or other mi	scell	aneousy			2) ar- .) Age ished) re tement R C P A S R U L		+
			Yes	X	Pi	pe Insul	ati	on	220 1:	EX	-	-	+
Basement											All a constant of the second s	-	+
										£;11			
Name of Register	od Waste Haul	er	N	DEP Waste		ubic Yards		Name of Regi G.R.O.W.	stered Land	****			
Name of Register	NAGEMENT ,	INC.	Ha	auler ID No 7040	o. 0:	f Waste 1.5			5.				_
			1		D:	isposal Date	9	City, State Morrisvi	110 PA	190	67		
City, State	NJ 07042					4-1-15		MOTTISVI					
MODICIEI										Date		,	
Completed By (P:		Title				Signa	ture			10221 200			

State of New Jersey

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

											(Check	# 7	778	
Date of Notification (1 3/19) 9/15			f Buildin Unive			perator (2)		2P-5	14.55			11.		
Agencies Notified [] EPA	Type of Notifica [x] Initial	ation St	reet A	ddress Morris					Ŕ			115	<u> </u>		
[] DEP [X] DOL [X] DOH	Notification [] Emergency [] Amended Notification	U		ate, Zip n, NJ C							12	7.			
[] DCA	1.00 0 10/00	N		of Contac					Telephone N	lumbe	r				
	[] Cancellatio	n S	uzai	nne Ki	upie	С			1						
	•				FACI	ILITY	INFORMATION								
Name of Facility Whe			ce (3)						Type of Facility (4)						
Kean University Street Address 1000 Morris Ave		louse							[] School (K-12) [] Subchapter 8 (Oth [] Other (i.e. private a homes, etc.)	er thai and co	n K-12) ommercial	buildir	ngs,		
								t	Square Feet # of Flo	oors		lg. Ag	е		_
^{City (5)} Union		County Union					ty Code (7) TE USE ONLY)		1000 2 Current Use (Prior if being o	demoli	ished)	0			
Name of Monitoring F TTI Environmer	a de la felicie en construction en la construction de la const	ing Owne	· I 8	ASCM N	0.		Name of Abatem	ner	Office nt Contractor (9) Ipiter Environmental	Sen	vices In	C			
Street Address	iter			0000			Street Address	0 a		0011	1000, 11	0.			_
9 East Stow Ro	ad						3	32	3 Changebridge Ro	ad, S	Suite 10	0			
City, State, Zip Code Marlton, NJ 080)53						City, State, Zip C		^{de} ine Brook, NJ 07058	;					
Project Manager for N		Telep	phone	Numbe	r	11	Telephone Num	bei	r		License N				-
Jim Gerardi				5-8800	Concernance and the second			_	73-575-8700			0	08	52	
Scheduled Start Date 3/30/1		ed. Comp 4/1	0/15		1)		Name of OSHA I		& S Environmental L	_abo	ratories	, LL(С		
Occupancy Status Du [x] Facility Clos [] Abatement Po	ring Abatement (C ed/Vacated During erformed Outside	g Entire P	eriod	of Abate	ement s –)		33 Route 22 West						
Desc	cribe: cribe: <u>partially vac</u> a			<i>.</i>			City, State, Zip C		^{de} nion, NJ 07083						
Scope of Work (Chec	k all that apply)											-			_
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥2				[]	Ren	ovatio	n		[] Full Containmer [x] Mini – Enclosur [x] Glovebag Proc [x] Non – Friable F	re edure	2007-24 2017-24	Press	ure		
i.			Loca	tion Used			Desc	rin	tion of			Ab Ty		mer	ıt
Locatic Asbestos – C Material <u>TO BE AF</u> In Fac (13	Containing (ACM) <u>3ATED</u> illity	S Maint	Solely		-		Asbestos Materi (i.e., theri insulation, s	rial rma sur	Containing (ACM) al systems facing, VAT, cellaneous)		Amount (Specify SF or LF)	R E M O V A	REPAIR	ENCAPSU	E N O L O S U
Basement		x			TS	l and	cleanup			8 L	.F	X		0	
bathroom			х		VA	Т				40	SF	X			
Name of Registered V Jupiter Environr		es Ha		Waste D No. 2			ic Yards Vaste 3		Name of Registered Landf Minerva Landfill						
^{City, State} Pine Brook, NJ				<u> </u>			oosal Date 0/15		^{City, State} Waynesburg, OH						
Completed By (Print of	or Type)	Title				4/3	Signature,				Date				_
Pane Repic	s samma li li li	C. Statement	eral	Mana	ger			7	Ce		3/19/1	5			
SB-411							/						-		

NOCK

State of New Jersey

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

		1.84									- 1	Check	# 7	668	
Date of Notification (1) 3/19		S	teve	ns Un			perator (2)		2 1 15 met	n		5.9			
Agencies Notified	Type of Notifica	Sec. 200								194	151	11.14		10	
[] EPA	[] Initial	C	astle	e Poin	t on H	Hu	dson		÷			- 4			
[] DEP	Notification		ty Sta	ate 7in (Code							r.			
[X] DOL	[] Emergency [x] Amended	111				ner/Operator (2) Sity Hudson 7030 Total Telephone Number EZ LILTY INFORMATION Type of Facility (4) School (K-12) County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Office/lab/cassroom Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. Street Address Street A									
[X] DOH	Notification	1 #2					-								
[] DCA	1. Sec. 2. al			Hernandez FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12)											
11	[] Cancellatio	n D	avid	Herna	ande	Z			1						
					FACIL	ITY	INFORMATION								
Name of Facility When	e Abatement is T	aking Plac	e (3)					T	ype of Facility (4)						
Stevens Univers	sity – Howe C	enter							[] Subchapter 8 (Oth	er tha	n K-12)				
Street Address										and co	ommercia	al buildi	ngs		
Castle Point on	Hudson							L							
City (5)		County	(6)			Cour	nty Code (7)	- 10		oors	10.545		e		
Hoboken		Hudso								demol	the second s				
Name of Monitoring Fi		ing Owne			0.					Son	vices	Inc			
TTI Environmen Street Address	la			0003				Jup		061	vices,	IIIC.			
9 East Stow Roa	ad						e chivele cel caso en registre registre esta	202	R Changebridge Ro	ad (Suite 1	00			
City, State, Zip Code	au									au, v	Juite	00			
Marlton, NJ 080	53									3					
Project Manager for N		Telep	phone	Number	r	1	Telephone Numb	ber			License				
Jim Gerardi							1	97	3-575-8700			C	08	52	
Scheduled Start Date					1)								~		
12/5/1			31/1					JQ	s Environmental	Lapo	pratorie	es, LL	C		
Occupancy Status Du	ring Abatement (C d/Vacated During				ment			223	33 Route 22 Mest						
[] Abatement Pe	erformed Outside												-		
Desc [x] Other – Desc	ribe: cribe: partially vac	ated													
		utou													
Scope of Work (Check	(all that apply)								[] Full Containme	ent witl	h Negativ	/e Pres	sure		
[] Demolition				[]	Reno	ovati	on				2000 A				
[] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	DED IF														
[X] 2100 3101 22	200 11	Is	Loca	tion						1		A	bate	mer	nt
		2 S.S.S.S.			0						Amount		ype		E
Locatio Asbestos – C			Solely						J						E N
Material (100000000000000000000000000000000000000					(i.e., ther	rmaÌ	systems) N	F	C	С
<u>TO BE AE</u> In Fac					-		insulation, s	surfa	acing, VAT,				A	A	L
(13)		Yes	No	N/A			or other m	1000	charleousy				F		s
2 5 														U	U
Various			X				d aayahaaa						_	-	
Various Various			X X				The second						_	-	
various			<u>^</u>		Cell	ing	s and spray-on						-		-
Name of Registered V	Vaste Hauler	NJ	DEP	Waste	L	Cub	bic Yards	T	Name of Registered Lanc	fill			-		
Jupiter Environr		es Ha	uler I	D No.		Of۱									
- City, Ct-t-			04782	2		Die		-	City State						
City, State Pine Brook, NJ															
Completed By (Print o	r Type)	Title				14		-	/		Date				
Pane Repic			eral	Mana	ger		1		(2		1 - COSO 4 - COSO	9/15			
					5		12		~ ~						
ASB-411															

State of New Jersey

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

			A				12	Che	eck # 7	777	7	
Date of Notification (1)	140145	1.0000000000000000000000000000000000000		-	Cherry States and States							
	A AND AND A THE FACE			tate U	iniversity	Éle -						
Market Charles and	Type of Notifica					4-4-1.	4 14 X B B	Service and	2			
2 3	[x] Initial		le Noma	AVEI	lue			1111 A 5	i -			
[] DEP		City	, State, Zip (State University Image: State University isal Avenue Code isal Avenue Code inclair, NJ 07043 Telephone Number inand FACILITY INFORMATION FACILITY INFORMATION Type of Facility (4) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) (IType of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) Street Subchapter 1 Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 8 (Other than K-12) (Itype of Facility (4) Subchapter 1 (Itype of Facil	_							
[X] DOL					NJ 07043							
[X] DOH		1						-				
[] DCA	[] Cancellatio					Ie	elephone Num	her				
		" An	ly rerain	anu								
	3/19/15 Montclair State University Notified Type of Notification DEP Minital Netification DOL Emergency DOL Cancellation Name of Contact Telephone Number Amy Ferdinand FACILITY INFORMATION Facility Where Abatement Is Taking Place (3) Type of Facility (4) III, Montclair Essex County (6) County Code (7) Essex County Code (7) Street Address Street Address Street Address 323 Changebridge Road, Suite City, State, Zip Code Giand Ormal Facility Hours - Decretion City State, Zip Code Street Address 3/301/15 Street Address 233 Route 22 W City State, Zip Code Giand Ormal Facility Hours - Decretion City State, Zip Code Telephone Number 73/30/15 Street Address 233 Route 22 W<				с. 2							
		1	(3)			Type of Facility (4	4) K 10)					
	ir State Univ	versity				Subchar	oter 8 (Other th	nan K-12)				
Street Address						[] Other (i. homes,	e. private and etc.)	commercial i	ouildin	gs,		
1 Normal Avenue										,		
City (5)		County (6)	C	ounty Code (7)							
Upper Montclair			/									
secon												
		ing Owner	1 1 2 2 5 5 1 3 5 P 3	D.		and the second	mantal Ca	ninga la				
Street Address	nes, inc.		00110			iupiter Environ	imental Se	rvices, in	С.			
	had					23 Changebri	dae Road	Suite 10	n			
City, State, Zip Code	Jau						uge Noau,	Suite 10	0			
Cranford, NJ 085	12						J 07058					
		Teleph	one Number			In the second second second second		License Nu	umber	-		
Kevin Lovely						973-575-8700			00	85	52	
Scheduled Start Date (1	0) Sche)								
		0.000	16.6. 1995 -			J & S Environr	mental Lab	oratories	, LLC)		
				nont	 A product of the control of the contro		14/					
							VV					
Describ	be:		•				00					
[x] Other – Descril	be: partially vac	ant					03					
Scope of Work (Check a	all that apply)						0	201 NI	-			
[] Demolition			[X]	Renov	vation			vith Negative	Press	ure		
[] ≥3 sf or ≥3 lf						[x] Glov	ebag Procedu					
[x] ≥160 sf or ≥260	0 If					[x] Non	- Friable Proc	edure				
					Deere						nen	it
Location	of							Amount		R	E	Е
		Mainte	nance/Cus		Materi	al (ACM)			E	E	N	Ν
		todial	Staff (12)					SF or LF)		1.1	C	C
			-							12222	P	L
(13)		Yes	No N/A						A	R	S	S
Various areas - in ph	2605	-	x	VAT			1	4000 SE		+	U	U
									-	-		
												_
		200000									-	
Jupiter Environme	ental Servic			C		Minerva Lar	ndfill					
City, State		02	102			City State						
Pine Brook, NJ							a. OH					
Completed By (Print or 7	Гуре)	Title				/	0, 21.	Date				
Pane Repic	Type of Notification Street Adress M Initial M Initial M Energency I Amended Amended Notification Image of Contact Type of PointClair, NJ 07043 Name of Contact Type of Facility (4) I Amended Type of Facility (4) I Amended Amy Ferdinand FACILITY INFORMATION Free facility (4) Name of Contact Amy Ferdinand Facility (5) Street Address South (6) County (6) Clair County (6) Essex County (6) Gurrent Use (Prior if being demolished) mprinies, Inc. 00110 Ill Road Street Address Street Address 23 Changebridge Road, Suite 100 City, state, Zip Code Mame of Abatement (Check only one) Diage (7) Telephone Number T3/3 Telephone Number T3/3 School (Check only one) Describic: During Abatement (Check only one) Describic: During Abatement (Check only one) Describic:											
45B-41					1							

ASB.

Note: Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via "wrap & cut" method and some 9000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other phases.

			State of N	iew Je	ersey		Che	ck #]	L50	84	
					TOS ABATEMENT	N.					
Date of Notificatio	n (1)				/ and 12:120-7) Owner/Operator						
3-19-15	(-/		Eli Spi								
Agencies Notified	Type Notifica	tion S	treet Addres							1	
[]EPA	[X] Initial		61 Hill	crea	st Avenue		de :				
[]DEP	Notifica	ation C	ity, State,	Zip	Code				101		
[X]DOL	[]Amended Notifica	ation	East Ora	ange	e,NJ,07018	3	4 4		- 744	37	
[X]DOH		··· I F*	ame of Conta			Telephon	e Number			14	
[]DCA	[]EMERGENC		Eli Spi	egle	er	1					
	[]Cancerra		FACIL	ITY I	NFORMATION			12 14			
Name of Facility Wh	nere Abatement	is Taking				Type of Facil:	ity (4)				
Same as above	9					[]School					
Street Addres							ter 8 (Other i.e., privat				
						cial bu	uildings, ho	mes, e	etc.)		
				-		Square Feet	# of Floor	s Bl	dg.	Age	
City (5		County (6)Essex		nty Code (7) ATE USE ONLY)					1	
						Current Use ()	Prior if del	ng dei	IOLIS	snea))
Name of Monitoring	Firm hired by	Building	ASCM No.		Name of Abate	ment Contractor	c (9)				
Owner (8) N/A	nen mener bester bes	-			AZTECH M	ANAGEMENT	, Inc.				
Street Address					Street Addres	s					
					86 Chris	stopher St					
City, State, Zip Co	ode				City, State,	Zip Code					
					Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi		ephone Numbe	r	Telephone Num			cense	2010 C 10000	ber	
		N/2	A		(973)744	1-8800		0037	1		
Scheduled Start Dat	te (10) Sche		etion Date ((11)	Name of OSHA	Monitor					
3-30-15	Vaar	3-31. nth Da			N/A						
Occupancy Status Du		(Check d	only one)		Street Addres	s					
of Abateme	nt										
Hours - Des	erformed Outsid cribe: «OffHour: cribe: «Other Od	s Descrip	ot»	Y	City, State,	Zip Code					
Scope of Work (Chec			Descripta								
		-				Containment wi	th Negative	Press	ıre		
[X]>3 sf o: [1>160 sf	r <u>></u> 3 lf or >260 lf]Renovation]Demolition			Enclosure bag Procedure					
			53			Triable Procedu	re				
Locatio	on of		Is		Descriptio	on of		Aba	teme	E E	E
Asbestos-Co	ontaining		Used Used		Asbestos-Con	taining	Amount	RE	R	N C	N C
Material			olely Main-		Material	•	(Specify SF or	MO	EP	A	LO
TO BE A In Faci	and a second	te	nance/ stodial	in	(i.e., thermal sulation, surf		LF)	v	AI	P S	S
(13)	Sta	ff (12)		or other misce	llaneous)		A L	R	U L	U R
Basement		Yes	NO N/A	Pir	e Insulat	ion	105 lf	x		•	E
2000000								-	\square		-
								-			
Name of Registered	Waste Hauler	NJI	DEP Waste	1.1223	bic Yards	Name of Regi	stered Landf	ill	_		
AZTECH MANA	GEMENT, IN		uler ID No.	of	Waste 1.5	G.R.O.W.	S.				
City, State				Di	sposal Date	City, State	19				
Montclair, No	J 07042			4	4-1-15	Morrisvi	lle, PA	1906	57		
Completed By (Print	t or Type) Tit	le			Signature	3		Date			
Constantine V		esider	nt		AV3	filce		3-19	-15		
						140-					

AL.	/	1 . 1	1	6
1.1	1	1/1	1.	a
1	1	14	10	-
1 - S - 1		- K.	(- 1

Pri	nt	Fo	rm
	111	10	1111

		(Pu	ursuant	to NJAC 8:6	0 and 12:12	0)	ð.	1. J. 1.					
Date of Notification (1) 3-16-2015				f Building Ow P. Smith	ner/Operato	r (2)	ę.		7 Arg		**		
Agencies Notified Type Notificatio	n		Street A 213 Ad	^{ddress} dams Stree	et		/ \$1			.e. 1	11 1	7	
DEP Amended DOL Amended	ent #			ate, Zip Code en, NJ 07(÷,		2.1	×.		
DOH justification		1.1.1.1	Name o Kevin	f Contact Smith				Telent	none Nun	har	1		
			FACI	LITY INFORI	MATION			1 _					
Name of Facility Where Abatement is Ta Residential	king Place (3))				Тур	e of Facility (4 School (K-12						
Street Address 213 Adams Street							Subchapter & Other (i.e. pr etc.)	8 (Other t	han K-12 ommercia) al build	dings,	home	es,
City (5) Hoboken, NJ 07030						Squ 250	uare Feet	# of FI 3	oors		ldg. A 5+	ge	
County (6) Hudson				Code (7) USE ONLY) _		Cur	rrent Use (Prio	r if being	demolish	ed)			
Name of Monitoring Firm Hired by Buildir	ng Owner (8)		ASCN	/ No.			oatement Cont nvironmenta			С			
Street Address					Street 235		ress inia Avenue	}					
City, State, Zip Code					City, S	State,	Zip Code tity, NJ 073						
Project Manager for Monitoring Firm			Telepho	ne No.	Telep	hone		L	icense No 1174	D.			
Start Date (10)	Schedule	d Corr	pletion	Date (11)		me of OSHA Monitor							
3-17-2015	3-17-20)15			above								
Occupancy Status During Abatement (Ch	neck Only On	e)	Street Address										
 Facility Closed/Vacated During Entil Abatement Performed Outside of No Other – Describe:	re Period of A ormal Facility	batem Hours	tement burs City, State, Zip Code										
Scope of Work (Check All That Apply)													-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova emoliti				G	ull Containme Aini-Enclosure Glovebag Proce Ion-Exempted	edure				9	
	2,5(2)	Locatio							ion-i nab		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Mai Cust	d Solel ntenar odial S (12) No	ly by nce/ Staff?	(i.e. the	Description Containing I ermal system surfacing, V/ ther miscella	Materi Is insu AT, or	ulation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Roof	Yes	X	N/A		roof			1400	CE.				
		X			1001			1400	55	x			_
Name of Registered Waste Hauler		N	JDEP W	/asta	Cubic Yards		Name of F	agistara	Londell				
Green Environmental Services, L	LC	Н	auler ID	No. o	of Waste		G.R.O.V	1949 - T. M. H.		dfill			
City, State Jersey City, NJ					Disposal Date -18-2015	2	City, State Morrisvi						
Completed by Liliana Serrano	Title Office	e Mar	ager		Signatur		uSer	in	Da 3-	te 16-20)15		

UIAFAX Ch#1115

$\nabla P^{*} i_{i_1 \cdots i_{k-1}} \leq 1$	1. 1. 10 10 - 10		Alama of Ri	utiding Cened	Operator (2		/		
Date of Notification (1)	3/20/15	•	11	·L TGERE.S	Sava.	re ct (ranter	d		
Agency Notified	Type Notification	1	Street Adds		511	4.		#5		
		see a	OK K	Tin Cona	· Y // ?	<u>, no noc</u>	1			
D DEP	C Amended Amendment#		/~1	ntural	NIJ	0 70.				
REDOL	C Emergency (including justification)	3	Name of C	kinlad .		· ·	Telenhone N	8		
E DOH .	Cancellation	ľ		EVE N)EEd	10				1
			FACILIT	Y INFORMATI	ON ·	Type of Facility	(4)	•		
Name of Facility Where A	Abatement is Taking Plac	e (3)				CI School (K-12)			2	
		· ·				D Subchapter 8	I There that the	-12) rcial buildings	5 ,	
Street Address	RITAN ROF	rd.				homes, etc.) Square Feet	#of Floors	Bildg. A		
						5000	2	. 5	0	
CRAN FOI	rd Nij.	. 1	Cremby Co	de (7) (STATI	EUSE	Current Use (Pr	ior if being dan	natistical)	54	ŀ
County (6)	ON	-	ONLY	-			BED	0.10		
	n Hired by Building Owner	ASCA	d No.	and the second se	JAIEC	hent Contractor (5	9		1/100	30
(8)					Address	<u> </u>			15	
Street Address	÷			P.C	. Box	1814		20	27	<u> </u>
City, State, Zip Code				City, S	KAR ZP	ido M	1 :0 8	857	ر <u>ک</u> ې	
		Telepin	one No.	I Jest	hone No.	0,2400	License No.	3206	(0)	
Project Manager for 140	emoting ram-	, i		130	1 23	8×7500			- 54	7.0
Start Dale (19)	Scheinled Go		1/ 5	Nen	WATE	in W	Ç.	G.,-	-	-
21201	15 4	1	15	Stee	Address	VIV.	1.5			
Occupancy Status Dun	ng Abatament (Check onl	f Ahateme	nt ·	Y.(). (5) See 20	SX 814	·	0000	2	
Di Facility Closed/Vata Di Abatament Performe Di Other - Describe:	ted During Entire Period o ad Outside of Normal Fact	By Hours	6	OIV	JR	RIJGE	N.Q.	0885	17	
Scope of Wask (Check	ක් හස් කුතුණු)			12	O Fd	l Containment wi	h Negative Pro	2266	•	
0>360235	•		D Renot	reson Eson		webag Procedure n-Exempted (*) a	nd Non-Friable	Procedure.	1. 5.0	ement
Q≥160 stor≥260 l					Ca rep		-			ype
	-	is Loc Norm	neiv .		Descriptio	តល៍	· ·	ount		Eno
Loca	tion of ing Material (ACM) ARATED	Used Sa Mainte		Ashestas C	nal cister	Material (ACM) ns insulation,	(Sp	ecally r LF)	Rem	nolos
1 IUBE	AND DECK DECK	Cust	ndial ff?		riacing, V. ar miscalli	AL UK	aru aru	n ()	oval	nolosure
IN F	actility 13)	• (1	2)			•		85		
		Yes N	ID NEA	FLOOR	Til	E 9X9	500	SF	X	++
ISTROOR -	F A FLOOR		X	1 (0015					++	++
					14				11	T
· ·		İ		The LOOK	ic Yards (of Name of Re	gistered Landi			
Name of Registered V	Vaste Hauter	ID No.	PWasterH	We		G.R.	0.00.5	5.		
NOVATEC	to inc		1850	- Die	12 posal Data	- (/ Stale .		DA		
	\sim	09	8857	5	UNA!	SHURRY	SUITE	· Date	T.	1.
OID BRI	DGE N.D.		÷	- Sp	nature)	Char	med:		3 2	0/15
Completed by A	VI VI	TESIC	JENI	Lucino Looper	ine exemit	ited activities.			7	1
ASB-41	*Don	ot use this	torm tor as	bestos licensu	· ····		`			
			-,	1.80	-					

State of New Jergers Unit of New Jergers Data of New Jergers HAL CXXIII/ Partnersmit to NAAC 2:00 and 12:12:01 HAL CXXIII/ Data of New Jergers HAL CXXIII/ Partnersmit to NAAC 2:00 and 12:12:01 HAL CXXIII/ Data of New Jergers HAL CXXIIII Data of New J		State of New Jersey	PUIA US
Data of Notification (1) Notes of leading Constructional (2) LLC Y/A Agency Notification Direct Address Construction (2) Strest Address Direct Address Construction (2) Total Address COV Direct Address Construction (2) COV Direct Address Total Address COV Direct Address Construction (2) Cov Direct Address Cov Cov Cov Cov Direct Address Cov Cov Cov Cov Cov Cov Cov	PRC	NOTIFICATION OF ASBESTOS A (Pursuant to NJAC 8:50 and 1	
Agenty Molfied Types Molfied Types Molfied Types Molfied DEP RUDD Depresentation of Decomposition of	Date of Notification (1)		
Dispan Dispan<	4 · · · · · · · · · · · · · · · · · · ·	Street Address	
BLOCL Chargement (Installing) Name of Paulity (A) Tabledown Municipal Marker of Paulity Where Abstrament Is Tableg Place (S) Type of Paulity (A) Struct Address D.School (Fr(2)) Struct Address Struct Address County Coole (Fr(2)) D.School (Fr(2)) Struct Address Struct Address Struct Address Struct Address <	DEP CAmended	City, Sizia, Zip Code	
PACELITY INFORMATION Name of Pacetty Where Abactement Is Taking Place (3) Type of Pacetty (4) Street Address Bitter Address Bitter Address Q1 + SAY 12E ST Street Address Bitter Address Q1 + SAY 12E ST Street Address Bitter Address Q1 + SAY 12E ST Street Address Street Address Carry (9) Current Use (River Hand V Address Street Address County (10) Current Use (River Taking Address Street Address County (10) Current Use (River Taking Address Street Address Project Manager for Manual base Street Address Project Manual Street Address Project Manual Street Address Break Address Project Manual Street Address Project Manual Street Address Project Manual Street Address Project Manual Street Address Project Manual Street Address Project Manual Street Address Project Manual Street Address Break Address Project Manual Street Address Project Manual Street Address Project Manual Street Address Break Address Project Manual Street Address Project Manual Street Address Project Manual Manual Street Street Street Street Street Street Street Street Stree	D Emergency (m	cluding Name of Criniaci	i Teleninne Humher
Name of Facility Where Adatament is Tabley Place (c) If source (4:42) Street Address If other face prime is a commencial suddings, QP (5) Charler (5) Contry (6) If N > 0 > 0 > 0 > 0 Contry (6) If N > 0 > 0 > 0 Contry (6) If N > 0 > 0 > 0 Contry (6) If N > 0 > 0 > 0 Contry (6) If N > 0 > 0 Contry (6) If N > 0 <t< td=""><td>DCA Calcalate</td><td>FACILITY INFORMATION</td><td></td></t<>	DCA Calcalate	FACILITY INFORMATION	
Struct Address Districtions Distrif Districtions Districtions <td>Norma of Ecolity Where Abstement is Takin</td> <td></td> <td>Type of Facility (4)</td>	Norma of Ecolity Where Abstement is Takin		Type of Facility (4)
Store Alteres Protection of Alternation of Biology QN 60. EU 2 A 9 Eth N, O, O, O,O,S Store Store Biology, Age County (0) O,D,O,O O,D,O,O Store Store Biology, Age Name of Montioning Fam Hand by Building Owner A9CM Ms. Name of Abstimmers Contractor (0) Note Name of Montioning Fam Hand by Building Owner A9CM Ms. Name of Abstimmers Contractor (0) Street Address Street Address Street Address City, Stats, Zip Code City, Stats, Zip Code City, Stats, Zip Code City, Stats, Zip Code Project Manney Signa Daring Abstimmer (Chardogy orb) Nome of Code Address Dialogy, Address Start Date (10) 1/5 - Stats address Stats Address Occupantly Signa Daring Abstimmer (Chardogy orb) Nome of Code Address City, Stats, Zip Code Occupantly Signa Daring Abstimmer (Chardogy orb) Nome of Code Address City, Stats, Zip Code Occupantly Signa Daring Abstimmer (Chardogy orb) Nome of Code Address City, Stats, Zip Code Occupantly Signa Daring Abstimmer (Chardogy orb) Nome of Code Address City, Stats, Zip Code Occupantly Signa Daring Abstimmer (Chardogy orb) Nome of Code Address Nome of Code Address Storp of Work (Chardog Laddress) I/1/5 - I/1/5 - No	Name of Palaty Whete		
34 + SAT (22 51 Source Feed & Born Bug Age City (6) Current Use (Point if balag demendation) Contry (6) ON FON Contry (7) Current Use (Point if balag demendation) Rest of Montholding Finin Hired by Bulliding Owner ASCM No. Name of Montholding Finin Hired by Bulliding Owner ASCM No. Street Address Project Mathematic Contractor (8) Browd Address Project Mathematic Contractor (8) City, Stata, Zip Code O(1) Courtey Code O(1) Courtey Code O(1) State Address Project Mathematic Contractor (8) Project Mathematic Contractor (7) State Address Project Mathematic Consciently and Address Project Mathematic Consciently and Address Project Mathematic Consciently and Point (7) Nound Address Occupientry States During Enfort Point of Address Project Mathematic Consciently and Point (7) State Address Project Monthold Prove Project Mathematic (7) Operative Consciently and Address Project Mathematic (7) Project Mathematic (7) Distret - Describer Consciently Mathematic (7) Project Mathematic (7) Project Mathematic (7) Address (1)<	Street Address		In Other (i.e. private & commercial outcomys,
GW (0). COT 2008 3,500 Action ELIZABETH N.O. OT 2008 3,500 Action County (0) UNEON County (00 (0) (STATE USE) Current Use (Poly Fibling demolished) None of Monthoning Finn Here by Building Owner ASCM No. None of Adstance (County (0) (STATE USE) Biroot Address	27 SAYRE SI		Square Feet # of Floors Bidg. Age
County (6) CHEST CEST DE NI Name of Mostilautug Film Hired by Building Owner ASCM No. Neme of Abstilation Contrastor (9) Street Address Product Moderse Street Address Product Moderse Street Address Product Moderse Street Address Product Moderse City, State, ZD Code City, State, ZD Code City, State, ZD Code City, State, ZD Code Project Manager for Montificiting Film: Tetephone No. Tetephone No. Tetephone No. State Cale City, State, ZD Code City, State, ZD Code City, State, ZD Code State Cale City, State, ZD Code City, State, ZD Code City, State, ZD Code State Cale City, State, ZD Code City, State, ZD Code City, State, ZD Code Occupancy States During Entype Parido of Abstatement City, State, ZD Code City, State, ZD Code I Other - Description City, State, ZD Code City, State, ZD Code City, State, ZD Code I Other - Description of R Adstened Performal Creating of Thermal Pacific Proceedure City, State, ZD Code City, State, ZD Code I Other - Description of R Adstened Performal Creatis of Thermal Pacific Proceedure City,	EIIZABETH N.J.	07208	A DOUT
Name of Morelation Prime Hined by Building Owner ASCM No. Name of Morelation Prime Hined by Building Owner ASCM No. Stread Address Product Address Produc		ONEN	KESIDENI
(6) Streek Address Proj. Streek Address Streek Address Proj. Streek Address City, Streek, Zip Code City, Streek, Zip Code City, Streek, Zip Code City, Streek, Zip Code Project Manager for Monitoring Firm Telephone No. Streek Address Project Manager for Monitoring Firm Streek Address Project Manager for Monitoring Firm Streek Address Code Project Manager for Monitoring Firm Telephone No. Streek Address Code Occuptation Streek Address Code Streek Manager Occuptation Streek Address Code Streek Manager Operating Classed Variable Address Code Streek Manager Operating Classed Variable Address Code Streek Address Operating Classed Variable Address Code Streek Address Operating Classed Variable Address Code Streek Address Code Tell Streek Address Code Streek Address Operating Class of tell Streek Code Streek Address Code Streek Address Code Streek Address Code Streek Address Code Streek Address Code Streek Address Code	Name of Monitoring Firm Hired by Building	Owner ASCM No. Name of A	ATECH INC
City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm- Telephone No. Telephone No. Telephone No. State Late (10) I.G. Schucktard Completion Date (11) Name of OSHA Monitor State Late (10) I.G. Schucktard Completion Date (11) Name of OSHA Monitor Occupationsy Status During Alatement (Gradophy one) Streak Address N.O. 0.8857	(8)	Chent Adv	-
Light class 24 code Child Science Project Manager for Monitoring Fam- Start Date (10) Telephone No. 122 238 Ar500 Light code Start Date (10) 16 4 15 Start Date (10) 16 4 15 Occupancy Status During Abadement (Chostophy one) Nound Status During Abadement (Chostophy one) Nound Status During Entities Period of Abadement Chostophy Contentions Entities Period of Abadement Data Status During Entities of Normal Posities Discontinue Scope of Work (Chack all that exploy) Class at a system Discontinue QL2 3 of or 2 3 if Data Status During Material (ACCA) Is Location of Normality Data Status During Material (ACCA) Discontinue (Call Status Containing Material (ACCA)) No Lacation of Asbester Occupance Occupance (13) Is Location of Normality Data Status Property (Call Status Containing Material (ACCA)) Discontinue (Call Status Containing Material (ACCA)) No Lacation of Asbester Occupance Occupance (13) Normality Discontinue (Call Status Containing Material (ACCA)) Account of Normality (Call Status Containing Material (ACCA)) Account of Normality (Call Status Containing Material (ACCA)) No Lacation of Asbester Occupance (13) Normality (Call Status Containing Material (ACCA)) Account of Normality (Call Status Containing Material (ACCA)) No Lacation of Normality (13) Normality (Call Status Containing Material (ACCA)) Normality (Call Status Containing Material (ACCA)) Normality (13)		City, State	Zo Code
Project installinger of intermediation backs (11) Prote of OSHA Monitor Start Date (10) 15 4 15 Start Date (10) 15 4 15 Occuption of Status During Alastisment (Okeoclonity cets) No water of OSHA Monitor No water of OSHA Monitor A pacify Closed Alastisment (Okeoclonity cets) Street Address No water of OSHA Monitor Differ - Describe: Differ - Describe: Street Address Differ - Describe: Differ - Describe: No water of OSHA Monitor Differ - Describe: Differ - Describe: No water of OSHA Monitor Differ - Describe: Differ - Describe: No water of OSHA Monitor Differ - Describe: Differ - Describe: No water of OSHA Monitor Differ - Describe: Differ - Describe: No water of OSHA Monitor Differ - Describe: Differ - Describe: No water of OSHA Monitor Differ - Describe: Differ - Describe: No water of OSHA Monitor Asbestive Containing Material (ACA) Normality Asbestive Containing Material (ACA) Amount Asbestive Containing Material (ACA) No water of No. Sector No. No water of No. No. No. No. Sector No water of No. No. No water of No. Sector Sector <td></td> <td>Telephone</td> <td>No. Linense No.</td>		Telephone	No. Linense No.
Start Date (10) 15 Schlidthing Complement (2mechanisment 10mechanisment 10mechan		15d	ASAA10001
Alternity Closed/Variated During Entire Period of Alternment Description of Output for Work (Check all that explicit) City, State, Zp Code OUD B2:D66 NO.06854	Start Date (10)	NOU	FLECH INC
ID Other - Describe: Scope of Work (Check all Sum apply) D2 3 st or 2 3 ff D2 160 st or 2 200 lf Location of D2 160 st or 2 200 lf Location of D3 200 lf Location of D4 200 st or 2 200 lf Location of D4 200 st or 2 200 lf Location of D4 200 st or 2 200 lf Location of D5 Location D6 Expendence D4 200 st or 2 200 lf Location of D5 Location D6 Expendence D6 Exp	Occupancy Status During Abatament (Che	restantivate)	Box 814
Location G Full Containment with Negative Pressure Scope of Work (Check all flust apply) G Full Containment with Negative Pressure Q 5 or 2 3 if G Pull Containment with Negative Pressure Q 1 Full Containment with Negative Pressure G Pull Containment with Negative Pressure Q 1 Full Containment with Negative Pressure G Pull Containment with Negative Pressure Q 2 Full Containment with Negative Pressure G Pull Containment with Negative Pressure Q 1 Full Containment with Negative Pressure G Pull Containment with Negative Pressure Q 1 Full Containment with Negative Pressure G Pull Containment with Negative Pressure Q 1 Full Containment with Negative Pressure Anatement Negative Pressure Negative Pressure Q 1 Full Containment with Negative Pressure Anatement Negative Pressure Anatement Q 1 Full Containment State Anatement Q 1 Full Containment State	TTANATOTICE PERCENTIAL		
D2 3 sti or 2 3 ti D1 2 160 st or 2 30 ti Discretion D2 Non-Exempted (*) and Non-Frichtle Procedure Location of Astressor-Containing Matanial (ACM) Networking Matanial (ACM) Non-Exempted (*) and Non-Frichtle Procedure American Topological (statical) (statical	_ D Other - Describe.		D Ful Containment with Negative Pressure
Indextend Structure Type Interstance Is Location Normally Asbestas-Containing Material (ACM) Maintenance Interstance Custofial Staff? Staff? (13) Yes Yes No No NA EXTERIOR Staff? (13) Yes Yes No Name Staff? (13) Yes Yes No Name Staff? Staff? Staff? None Name of Registaned Master Hauter NovAlech INDEP Waster Hauter NovAlech INC Staff Staff OU Staff OU Staff OU Staff OU Staff OU Staff	∩>3stor≥3#		Contraction of the second s
Location of Astronating Material (ACM) Normally Used Solary by Materian Static (13) Description of Astroates Solaring Material (ACM) Annount (Speaky SF or LF) Normally (Speaky SF or LF) IN Facility (13) IN Facility (13) IN MA Actuation (Le., thermal systems insultation, suifacing, VAT, or other missionsmeaus) Annount (Speaky SF or LF) Normally (Speaky SF or LF) Mathematical (13) Yes No NA Mathematical (13) Yes No No Mathematical (13) No X Sibility (12) Sibility (12) Mathematical (13) Mathematical (13) No No No Mathematical (13) Mathematical (14) No No No Name of Registered Wester Hauter (13) No No No No No No	R≥160 stor≥260 #		Type
Location of Astrostics Containing Material (ACM) TO BE ABATED IN Pertificy (13) Leed Solary of Maintenance (Le, dramad systems insulation, (12) Acheestos Containing Materials (ACM) (Le, dramad systems insulation, suffaction, VAT, or other miscollaneous) Specify SF or LF) To Be of Best SF or LF) (13) Yes No N/A Signify (12) Staff? Signify other miscollaneous) SF or LF) If and other miscollaneous) EXTERIOR Mathematication, (13) Yes No N/A Signify (12) SF or LF) If and other miscollaneous) Name of Registered Waste Hauter MIDEP Waste Hauter No Name of Registered Landfill Waste G. R. O. W.S. (10) G. R. O. W.S. (10) NovALECA IVC ISSOI Disposed Date GDV.State ODV.State Date GDV.State ODV.State Date ISSOIN OID ISRIDEE ITHE MEDEP Waste Hauter Signeture Mide I IST OID ISRIDEE OSSOIN Signeture Signeture Mide I IST OID ISRIDEE ITHE MEDEP Material substate House Signeture Mide I IST OID ISRIDEE ITHE MEDEP Material substate House Signeture		Normaly	minim of
IN Percently (13) (12) Utilize information Yes No NUA Yes No NUA EXTERIOR SIDINC 800 SF X Image: State MIDEP Waste Hauter Weste Hauter Name of Registered Waste Hauter MIDEP Waste Hauter Weste Hauter No. No. Image: State State NOVATECH INC. 18501 Image: State OID SRIDGE NO. 088S7 Completed by Completed by CANDS Image: States from for aspestos licensure eltempted activities. Date	Location of	Light Soley OV Antonio Conta	sing Material (ACM) Automa 22 70 8 10
IN Percently (13) (12) Utilize information Yes No NUA Yes No NUA EXTERIOR SIDINC 800 SF X Image: State MIDEP Waste Hauter Weste Hauter Name of Registered Waste Hauter MIDEP Waste Hauter Weste Hauter No. No. Image: State State NOVATECH INC. 18501 Image: State OID SRIDGE NO. 088S7 Completed by Completed by CANDS Image: States from for aspestos licensure eltempted activities. Date			ang, VAT. or SF OF LF) over autor
Yes No NUA EXTERIOR 510105 X SIDING 800 SF Mame of Registered Waste Hauter NIDEP Waste Hauter Name of Registered Waste Hauter NIDEP Waste Hauter NovATECH INC 10 No. 10 City, State 0 OID BRIDGE NovATECH 08857 State 000000000000000000000000000000000000	IN Facility	(12) Ciler II	
EXTERIOR SIDIDS X SIDIDS Name of Registered Waste Hauter MIDEP Waste Hauter Outro Yerds of Name of Registered Landfill Name of Registered Waste Hauter MIDEP Waste Hauter Outro Yerds of Name of Registered Landfill NovAlech INC. 18501 IO G. R. O. W.S. NovAlech INC. 18501 Disposal Date On State OID BRIDGE 08857 Signature MUS AMUS AMUS AMUS AMUS AMUS AMUS AMUS A	(10)	Yes No NUA	
EXTERIOIL SIDING X SIDING Name of Registered Waste Hauter MIDEP Waste Hauter Name of Registered Landfill Name of Registered Waste Hauter MIDEP Waste Hauter Weste NOVATECH INC 18501 City, State 010 BRIDGE OID BRIDGE 088857 Signature Signature VASS AMELDA			800 SF X
Name of Registered Waste Hauter MiDEP Waste Hauter Cubic Yards of Wester Name of Registered Landfill Name of Registered Waste Hauter Disposed Date G. R. O. W.S. NOVATECH INC. 18501 IO City, State OID BRIDGE 08857 OID BRIDGE NO. 08857 Camplated by Jinte MESIDENT VALSS AMELDA PLESIDENT	- FRIDING	X SIDIN	
Name of Registered Wester Hearter MIDEP Waster Hearter NOVATECH INC. ONOVATECH INC. 18501 IO G.R.O.W.S. OTD BRIDGE NO. 088857 Signature OTD BRIDGE NO. 088857 Signature Compliated by PALOS AYELDA * Do not use this form for aspestos licensure exempted activities.	EXIENTIC STOLES		
Name of Registered Waster Hauter MIDEP Waster Hauter NOVATECH INC ONOVATECH INC OTH ISSOT OTH BRIDGE ND 08887 Signature MUSS OTH BRIDGE ND ND ND ND Signature MUSS AMDS AMUS AMUS AMUS * Do not use this form for aspestos licensure exempted activities.	· ·		ants of Name of Registered Landfill
NOVATECH INC. 18501 Disposal Date City. State City. State OID BRIDGE ND. 08857 OID BRIDGE ND. 08857 Gampitatesi by Inte PAESIDENI Campitatesi by Areita Inte PANDS Areita PAESIDENI * Do not use this form for astrestos licensure exempted activities. Inte	Name of Registered Waste Hauter	Weste,	1 C 0 0/019
City, State City, State OID BRIDGE ND. 088S7 Completed by Campleted by CANDS AMELDA PRESIDENT * Do not use this form for asbestos licensure exempted activities.		12501 11	
Completed by Completed by Co	NOVHIEON	Dispos	IS MANDIGOTTE KIHI
Completesi by Campletesi by CAMOS AMELDA DESIDENT *Do not use this form for astrestos ficensure exempted activities.	City, State	08857	
CANDS AYEIDA I. TILLS OF form for asbestos licensure eleminated activities.	Ittle	De de la contra	Var Dringer
ASB-41 * Do not use this norm in concerns a the	Panko AVEIDA .	FILESIDEN!	grempted activities.
	ASPLAT	Do not use this form for daugatus addition	Ý L
· · · ·	Contract of the second s	-e 3	
		· · · ·	

UIA U.S. MAIL Ch# 1118

. 52

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

30

.

	I Diamon of Depinion	ComeriOperator	[2] .	•		-
Date of Notification (1)	E&E C	EVELOPE	En'S L	-C		1
1 3 × 0 15		10 10 10 10		. 2	· · · ·	-
Agency Notified Type Notification	Street Address	. n2ċ	-	•		1
	P.O. 60	COLUMN TWO IS NOT THE OWNER OF THE OWNER OF THE OWNER.	and the second			7
DEPA DIAmended	City, Slate, Zip (Code .	0.0.79	C		
Amendment	ELIZAB	ETD: NI	$) = O(T \circ $	101		-
C Ememancy (including	Name of Contac	ż	-	Telephone Number		1
institution)	HR ELI					
	FACILITY INF					1
	FACILITY IN-	CIRCULALE SURVE	Type of Facility (4) .		
Name of Facility Where Abatement is Taking Place (3)						1
			C School (K-12)	If there from the 2	2	-
			Cother file prin	rate & commercial bu	uidings,	-
Street Address 307 S. PEARL ST.		+	homes, etc.)			-
307 S. PEARI SI			Square Feet		lidg. Age	
City (5)	6	-	2.500	3	80	
EZIZABETH NJ 07202	County Code (7	NETATE INSE	Quarent Use (Pri	or if being demolishe	al)	ŀ
	Calley Code (r	Monter and		RESIDENT		
DIOLOIO		t at store	nent Contractor (9			
Name of Monitoring Firm Hisred by Building Owner AS	CM No.		sch IN			
(8)		NOUAIE		<u>·</u> · · · · · · · · · · · · · · · · · ·	· · ·	-
		Street Address	AN		2002	
Street Address		14.0. BOX	017			-
		City, State, Zep	Code	UD: 0885	· ·	- 0
City, State, Zip Code	a (19	IGID BL	ZIDGE N	the second se	Prese	-
Tolo	pinone No.	Telephone No.	1 . 70 00	CO 806		
Project Manager for Monitoring Finit-		1732 23	8×7500	00.000	Cargo	-
Scheduled Completing	Finder (197)	Name of OSHA	15000105 - ·	Sec. 1	1	
	installer.	NOUATE	N INC			
	Contraction of the local data	Street Address	0.01		198 ·	
Occupancy Status During Abatament (Check only one)		P0.30	DX 814			
Configuration Configuration Alterial	nent	Chy, Shate, Zip	Code	S incorr) 72	
Abatement Performed Outside of Normal Paulity Hour	5	010 1201	DGE NE) 08857	and the second second	
D Other - Desarbe:		10 0.0		· ·	- 121	
Scope of Work (Check all fast apply)	10		-Enclosura	Negative Pressure	3	
	D Renovation		The second second		- -	
D≥3stor≥3f Q≥160stor≥260f	Accuration	. BNa	n-Exempted (") an	d Non-Friable Proce	Abstem	esst
	·		-		Type	-
	ocation Vinativ			• •		
Liest	Solely by	Description estos Containing I		Amount	Re	F
I Action Statement (AC26) I Matt		- CONTRACTOR	IS HISHBELL	(Specify SF or LF)	Repair Removal	10
	2010/01/01	CIWICHCOLLEL, VA	11. CR	SPOLD)	OV AN	- In
IN Facility	12)	ග්සේ ක්ෂයන්ම	neous)		- 6	-
(13)		· •				+
Yes	NO NEA	• •				
			E 9×9	4 300	SFIXI	1
	XIE	OOR TIL	ETAT			
BASEMENI DEDO	IX1	1		200	CEIXIT	T
EXTERUOR REAR		SIDING		500	SFIX	-
GAILHOE L	EP Waste Hauter	Cubic Yards'o	f Name of Reg	istered Landfill		
Name of Registered Waste Hauter	10/01	Waste	1000	W.S.	C = 0	
	12501	1.7				
NOVAIECH INC	08857	Disposal Date	City. State	11-20	+	
Care State		1145	HEAVIST	ILLETIM	Deta 1	-
100 RAX 814 OID MICHE	E IVID.	Signature	NIN) . [.]]	3 20 1	5
Completed by	T	1 1 8 1 1 -	uls be	Maril	2 1.	2
CANOS AMELDA . FILESIDE	NI	Emmonth antonna	ed activities.	e		
	s form for aspestos	WEIRING Exempt			1. 1	
ASB-41		-				

8 A.

Date of Notification (1)										
3/20/1	5		Name	of Buildin	g Owner/Operator	EO 2915 MAI	R 25 PM 11:	55		
Agency Notified	Type Notification		Street	Address						
	E Initial		1	004	- GARU	SOADOAU	BS CURTR	COL		
DEP	C Amended			tate, Zip (œ l	TCENSING			
DOL	Amendment #	ina			JECK, A	IJ. 07	666			
DOH .	justification)		1	of Contac			Tal			
DCA			1 .	1.	LEEDS					
Name of Facility Where	Abotomont in Taking D	am (3)	FACI	LITY INF	ORMATION	Type of Facility	(4)			
	18 LEEDS									
Street Address						School (K-12	2) 8 (Other than K-12)			
E F	GARN'SON	1.1=	3			D Other (i.e. pr	rivate & commercia	l buildings		
City (5)	GAMMISON	AUC			*	homes, etc.) Square Feet	the second se	Bldg. A	ae	
	ANECK					2000.	CONTRACTOR STREET		35	7
County (6)			County	Code (7) (STATE USE		nor if being demolis	1		
	BERGEN		ONLY				ESIDENC			
Name of Monitoring Firm	m Hired by Building Own	er ASC	M No.		Name of Abaten	nent Contractor (S	9)			
(8)					Best Re	emoval In	nc			
Street Address					Street Address	1			10	
						h River	St			112
City, State, Zip Code					City, State, Zip C					
	· ·	Talant	and Ma		Hackensa Telephone No.	ick , N.	J. 07601 License No.			
Project Manager for Mo	ពលោធាថ្ង ២៣៣	i elepr	one No.		201-329-	7444 .	0038	88		
Start Date (10)	Scheduled C	Completion [Date (11)		Name of OSHA		000			
4/1/1										
61111	r 4/	2/15	- 0.00				ntal Inc			
Occupancy Status' Duri						vironmer	ntal Inc			
Occupancy Status Duri	ng Abatement (Check or	nly one)			Omega En Street Address 280 Huy1	er St	ntal Inc			
Occupancy Status Durin	ng Abatement (Check or ed During Entire Period d Outside of Normal Fac	of Abateme			Omega En Street Address 280 Huyl City, State, Zip C	er St				
Occupancy Status' Duri Facility Closed/Vacat Abatement Performe Other – Describe: ?	Ing Abatement (Check or and During Entire Period d Outside of Normal Fac $\mathcal{OH} \ \mathcal{TO} \ \mathcal{SC} \ \mathcal{H}$	of Abateme			Omega En Street Address 280 Huy1	er St		27		
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Other – Describe: ? Scope of Work (Check a	Ing Abatement (Check or and During Entire Period d Outside of Normal Fac $\mathcal{OH} \ \mathcal{TO} \ \mathcal{SC} \ \mathcal{H}$	of Abateme	nt -		Omega En Street Address 280 Huyl City, State, Zip C Hackensa	er St code .ck , N.J		13		
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf	Ing Abatement (Check or and During Entire Period d Outside of Normal Fac $\mathcal{OH} \ \mathcal{TO} \ \mathcal{SC} \ \mathcal{H}$	of Abateme	nt -	ovation	Omega En Street Address 280 Huyl City, State, Zip C Hackensa	er St code .ck , N.J	1. 07601			
Occupancy Status' Durin □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf	Ing Abatement (Check or and During Entire Period d Outside of Normal Fac $\mathcal{OH} \ \mathcal{TO} \ \mathcal{SC} \ \mathcal{H}$	of Abateme	nt "D Ren		Omega En Street Address 280 Huyl City, State, Zip C Hackensa I Full E Glov	er St code ck, N.J Containment with Enclosure ebag Procedure	1. 07601	edure	Abote	
Occupancy Status Durin Facility Closed/Vacat Abatement Performe Other – Describe: ? Scope of Work (Check a	Ing Abatement (Check or and During Entire Period d Outside of Normal Fac $\mathcal{OH} \ \mathcal{TO} \ \mathcal{SC} \ \mathcal{H}$	ly one) of Abateme sility Hours Is Loc	The Ren Dem ation		Omega En Street Address 280 Huyl City, State, Zip C Hackensa I Full E Glov	er St code ck, N.J Containment with Enclosure ebag Procedure	Negative Pressure	edure	Abate	emei
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf	ing Abatement (Check or and During Entire Period d Outside of Normal Fac $\mathcal{OH} \ \mathcal{T} \mathcal{O} \subseteq \mathcal{C} \mathcal{H}$ all that apply)	ly one) of Abateme sility Hours Is Loc Nom	The Ren Derr ation ally	nolition	Omega En Street Address 280 Huyl City, State, Zip C Hackensa Full Solov Non- Description	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (") and	Negative Pressure	edure	Ту	pe
Occupancy Status Duri □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi	ion of ng Material (ACM)	Ity one) of Abateme sility Hours Is Loc Norm Used Sc Mainter	ation ally hely by nance/	Asbe	Omega En Street Address 280 Huyl City, State, Zip O Hackensa Full City Boo Hackensa Stor Description Stor Containing M	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACMi)	Negative Pressure	edure	Ту	pe
Occupancy Status Duri □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check : □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi TO BE	ion of ng Material (ACM)	Ity one) of Abateme sility Hours Is Loc Norr Used So	ation aliy bely by nance/ odial	Asbe	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full Mini- E Glov Non- Description stos Containing Mi , thermal systems surfacing, VAT	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACN/i) insulation, , or	Negative Pressure	edure	Ту	pe
Occupancy Status Duri □ Facility Closed/Vacat □ Abatement Performe 2 Other – Describe: ? Scope of Work (Check a 2 ≤ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi <u>TO BE /</u> IN Fa	ion of ng Material (ACM)	ly one) of Abateme sility Hours Is Loc Nom Used Sc Mainter Custo	ation aliy bely by ance/ odial	Asbe	Omega En Street Address 280 Huyl City, State, Zip O Hackensa Full City, State, Zip O Hackensa Full City City, State, Zip O Hackensa Store Description stos Containing Mi , thermal systems	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACN/i) insulation, , or	I. 07601 Negative Pressure d Non-Friable Proce Arnount (Specify	edure	Ту	pe
Occupancy Status Duri □ Facility Closed/Vacat □ Abatement Performe 2 Other – Describe: ? Scope of Work (Check a 2 ≤ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi <u>TO BE /</u> IN Fa	ion of ng Material (ACM)	Ity one) of Abateme sility Hours Is Loc Norm Used Sc Used Sc Custo Stat	ation ation hally blely by hance/ bdial ff? 2)	Asbe	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full Mini- E Glov Non- Description stos Containing Mi , thermal systems surfacing, VAT	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACN/i) insulation, , or	I. 07601 Negative Pressure d Non-Friable Proce Arnount (Specify	edure	Ty Repair	pe
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe 2 Other - Describe: ? Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Locat Asbestos-Containin <u>TO BE /</u> 	ion of Material (ACM) $\frac{ABATED}{ABATED}$	Ity one) of Abateme sility Hours Its Loc Norm Used So Mainter Custa Stat (12	ation ation ally bely by tance/ odial ff? 2)	Asber (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full Mini- E Glov Non- Description stos Containing Mi , thermal systems surfacing, VAT	er St code .ck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	edure	Ty Repair	pe
Cocupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe 2 Other - Describe: ? Scope of Work (Check : 2 2 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi TO BE A . IN Facat (1)	ion of Material (ACM) $\frac{ABATED}{ABATED}$	Ity one) of Abateme sility Hours Its Loc Norm Used So Mainter Custa Stat (12	ation ation ally bely by tance/ odial ff? 2)	Asbe: (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full A Mini- City Backensa Glov Non- Description Stos Containing Mi thermal systems surfacing, VAT other miscelland	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous)	I. 07601 Negative Pressure d Non-Friable Proce Amount (Specify SF or LF)	edure	TY Repair	pe
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe 2 Other - Describe: ? Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Locat Asbestos-Containin <u>TO BE /</u> 	ion of Material (ACM) $\frac{ABATED}{ABATED}$	Ity one) of Abateme sility Hours Its Loc Norm Used So Mainter Custa Stat (12	ation ation ally bely by tance/ odial ff? 2)	Asbe: (i.e	Omega En Street Address 280 Huyl City, State, Zip C Hackensa Full Mini- E Glov Non- Description stos Containing M thermal systems surfacing, VAT other miscelland	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	edure	TY Repair	pe
Cocupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe 2 Other – Describe: ? Scope of Work (Check : 2 2 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi TO BE A 	ion of Material (ACM) $\frac{ABATED}{ABATED}$	Ity one) of Abateme sility Hours Its Loc Norm Used So Mainter Custa Stat (12	ation ation ally bely by tance/ odial ff? 2)	Asbe: (i.e	Omega En Street Address 280 Huyl City, State, Zip C Hackensa Full Mini- E Glov Non- Description stos Containing M thermal systems surfacing, VAT other miscelland	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)	Removal	TY Repair	pe
Cocupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe 2 Other - Describe: ? Scope of Work (Check : 2 2 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi TO BE A . IN Facat (1)	ion of Material (ACM) ABATED ACM ACM) ABATED ACM ACM) ABATED ACM ACM ACM) ACM ACM ACM ACM ACM ACM ACM ACM	Ity one) of Abateme sility Hours Is Loc Norm Used Sc Mainter Custo Stat (12 Yes Na Ves Na	nt Ren ation hally bely by hance/ be	Asbe (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full City, State, Zip C Hackensa Full City, State, Zip C Hackensa Full City, State, Zip C Hackensa Full City, State, Zip C Mini- thermal systems surfacing, VAT other miscelland FK, MAC SUR Mut (NS) full Cubic Yards of	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous)	Arnount (Specify SF or LF)	Removal	TY Repair	pe
Occupancy Status Duri □ Facility Closed/Vacat □ Abatement Performe 2 Other - Describe: ? Scope of Work (Check : 2 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi TO BE / IN Fa (1 BASEVCEN (C BASEN Name of Registered We	ion of ng Material (ACM) ABATED acity 3)	Ity one) of Abateme sility Hours Its Loc Norm Used Sc Mainter Custa Stat (12 Yes Na Yes Na NJDEH ID No.	ation aliy bely by ance/ odial ff? 2) o N/A	Asbe (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full Mini- E Glov Non- Description stos Containing Mini- tother miscelland Cubic Yards of Waste	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACMi) insulation, , or eous) FAELNJ ATION Name of Regis	I. 07601 Negative Pressure d Non-Friable Proce Arnount (Specify SF or LF) 50 S G 30 U 30 U	Removal	Ty Repair	g Encepsulate
Occupancy Status Duri □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check : □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containi <u>TO BE /</u> . IN Fac (1) BASEVTEN (C BASEN Name of Registered Wa Best Remo	ion of ng Material (ACM) ABATED acity 3)	Ity one) of Abateme sility Hours Is Loc Norm Used Sc Mainter Custo Stat (12 Yes Na Ves Na	ation aliy bely by ance/ odial ff? 2) o N/A	Asbe (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full E Glov Non- Description Stos Containing M thermal systems surfacing, VAT other miscelland Cubic Yards of Waste 2 / 2 /	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous) ACTION Mame of Regis	Arnount (Specify SF or LF)	Removal	Ty Repair	g Encepsulate
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check : □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containing <u>TO BE /</u> IN Fac (1) BASEVTEN (C BASEN Name of Registered Wa Best Remo	ion of mg Abatement (Check or all that apply) ion of mg Material (ACM) <u>ABATED</u> acity 3) bouled About aste Hauler oval Inc	Ity one) of Abateme sility Hours Its Loc Norm Used Sc Mainter Custs Stat (11 Yes Ne NJDEF ID No. 171	ation aliy bely by ance/ odial ff? 2) o N/A	Asbe (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full City, State, Zip C Hackensa Full City, State, Zip C Hackensa Full City State, Zip C Mini- E Glov Non- Description Stos Containing M thermal systems surfacing, VAT other miscelland Cubic Yards of Waste 2 / 2 / Disposal Date	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous) FAELNO ATION Name of Regis Minerva City, State	Amount (Specify SF or LF) Stered Landfill Enterpri	edure	Ty Reput	g Encepsulate
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe 2 Other - Describe: ? Scope of Work (Check a D ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Locat Asbestos-Containin TO BE / IN Fa (1 BASENCEN (C BASENCEN (C BAS	ion of ng Material (ACM) ABATED acity 3)	Ity one) of Abateme sility Hours Its Loc Norm Used Sc Mainter Custs Stat (11 Yes Ne NJDEF ID No. 171	ation aliy bely by ance/ odial ff? 2) o N/A	Asbe (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Full E Glov Non- Description Stos Containing M thermal systems surfacing, VAT other miscelland Cubic Yards of Waste 2 / 2 /	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous) FACINO ATION Mame of Regis Minerva City, State Waynesh	Amount (Specify SF or LF) Stered Landfill Enterpri	ises.	Ty Rephir LLL(e Encepsulate
Occupancy Status Durin □ Facility Closed/Vacat □ Abatement Performe □ Other - Describe: ? Scope of Work (Check : □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf . Locat Asbestos-Containing <u>TO BE /</u> IN Fac (1) BASEVTEN (C BASEN Name of Registered Wa Best Remo	ion of mg Abatement (Check or all that apply) ion of mg Material (ACM) <u>ABATED</u> acitly 3) 20160 ADOM ABATED acitly 3) 20160 ADOM ABATED acitly 3) 20160 ADOM ABATED acitly 3) 20160 ADOM ABATED acitly 3) 20160 ADOM ABATED ACM ADOM A	Ity one) of Abateme sility Hours Its Loc Norm Used Sc Mainter Custa Stat (12 Yes Na Ves Na NJDEF ID No. 171	ation aliy bely by ance/ odial ff? 2) o N/A	Asbe (i.e	Omega En Street Address 280 Huy 1 City, State, Zip C Hackensa Glow Non- Bescription Stos Containing Mi thermal systems surfacing, VAT other miscelland MAL SOR MAL SOR	er St Code Cck , N.J Containment with Enclosure ebag Procedure Exempted (*) and of aterial (ACM) insulation, , or eous) FAELNO ATION Name of Regis Minerva City, State	Amount (Specify SF or LF) Stered Landfill Enterpri	ises.	Ty Rephir LLL(e Encepsulate

			,				1	Check #	9653			
Date of Notification	(1) March 20, 2015					g Owner / Operator(er Builder, Inc.	2)	- 5 2				
Agencies Notified	Type Notificati	on			Address		2015 MAR 25	FK [:55				
				2260 S	tate High	iway 33	ASSENCE	CLEIROL				
DOL	Initial				ate & Zip		& LICE	RSING				
⊠рон	Ameno Ameno	ded dment #		Neptur	ne, NJ 0'	753						
DCA	Cance	llation	0		of Contac Pittenge		2		Telepho	ne N	umbe	er
						NFORMATION						
Name of Facility Wh	nere Abatement is	Taking F	Place (3)		50 50	Type of Facili		•				
Residence						School (S	K 10)				
Street Address 299 First Street							oter 8 (Other than	ommercial buildi	nac ho	m 0	oto)	
255 First Street						Square Feet			Bldg. Age		eic.)	
City (5)						3,000	a second s	+ Basement			ars	
Keyport						Current Use (Residence	Prior if being den	nolished)				
County (6) Monmouth			ounty Code	: (7)								
Name of Monitoring N/A	Firm Hired by Bu		-		ASCM	No. Name of Aba Synatech, In	tement Contracto	or (9)				
Street Address						Street Addres						
City State & Zin Co	da					829 Radio Ro City, State &				_		
City, State & Zip Co						Little Egg Ha	arbor, NJ 08087					
Project Manager for	Monitoring Firm		Te	ephone N	lumber	Telephone No 609-296-6916		License N	umber 008	17		
Scheduled Start Da March 31.		Schedule	d Completi Apri	on Date (* 27, 2015		Name of OSH Synatech, In						
Occupancy Status [only one)			Street Addres	S					
E3 -	Performed Outsi					City, State &						
Other – De							arbor, NJ 08087					
	cupied During Aba	atement										
Scope of Work (Che	eck all that apply)						Full Containmen	nt with Negative Pr	essure			
$2 \ge 3$ sf or ≥ 50	lf			Renovatio	n		Mini-Enclosure	n marrioganie i i	ooduro			
≥160 sf or ≥2	260 If			Demolitio	n		Glovebag Proce	dure				
								(*) and Non-Friable				
	ocation of taining Material (A	CM		on Norma y Mainten		Descript Asbestos-C		Amount (Spec		bater	nent	Туре
	BE ABATED			dial Staff		Material ((ACM)	SF or LF)				
11	N Facility					(i.e., therma insulation, surf						_
	(13)					or other misc			Ren	2	ncap	Incl
									Remova	Nepail	Encapsulate	Enclosure
			Yes	No	N/A				<u>n</u>		ate	re
First Floor	st Floor X					Flue Pa	cking	45 SF	X			
Name of Registered Waste Hauler NJDEP Was Hauler ID No					5							
Synatech, Inc. 27429 1							Grows Landfil	1				
City, State Disp					Dispos	al Date	City, State					
Little Egg Harbor, NJ April 28,							Morrisville, PA	and the second se				
Completed By Title Signatu					re · //		Date					
Diane Aloia		Executi	ve Admini	strator	1 10	and alor	<u> </u>	March 20, 2015	8 			

Date of Notification (1) 3/23/15					wner/Opera on Private								
Agencies Notified Type Notification			Street A 36 S E	^{ddress} Insign Dr				2012	NAR LE IS,	1 1 4	57		
EPA Initial DEP Amended Amendment #			City, Sta Little E	te, Zip Cod	ie or NJ 08	30	87		<u>.</u>				
DOH Emergency (in justification)	ncluding	1	Name of Steve	Contact		-			Telephone Nu	mber	- L.		
			FACI	LITY INFO	RMATION							0	
Name of Facility Where Abatement is Taking	Place (3))					Туре	of Facility (4)				
Steve Aitchinson Private Home				i.				School (K-12		C			
Street Address 36 S Ensign Dr.								Other (i.e. pr	Other than K-1 vate & commerce	2) al buil:	dings,	home	es.
City (5)				5		_	e	etc.)	# of Floors				
Little Egg Harbor NJ 09087				8			1000		1	3	81dg. A 5+	lge	
County (6) Ocean			County (STATE U	Code (7) USE ONLY)			Curren		if being demolis	shed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCN	1 No.			of Abat aco In	ement Cont	ractor (9)				
Street Address							Addres						
City, State, Zip Code				19				p Code n NJ 0809	91				
Project Manager for Monitoring Firm		-	Telepho	ne No.			one No 753-98		License N 00727	No.			
	Schedule 3/27/15		pletion	Date (11)	Nar		of OSH	IA Monitor					
Cccupancy Status During Abatement (Check	Only On	e)			Stre	eet /	Addres	s					
 Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent	· · ·	City	, St	ate, Zi	p Code					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti		12		X	Min Glo	i-Enclosure vebag Proce	nt with Negative			~	
		l a t'							(*) and Non-Fria			e ement	
Location of Asbestos-Containing Material (ACM)	N Use	Locatio Iormall d Solel ntenar	y y by		Descript os Containin	g M	aterial		Amount		Ту	rpe	
TO BE ABATED In Facility (13)		odial S (12)	0.7.70	(i.e. t	thermal syste surfacing, other misce	VA.	T, or	lilon,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	e
Exterior Siding			x		Exterior		-		1200 SF	x			
bedrooms			x		Floor	Til€	9		500 SF	x			
e.										+	-		
Name of Registered Waste Hauler Jnited Containers		H	JDEP W auler ID 2459		Cubic Yard of Waste 3	S		Name of F G.R.O.V	egistered Landfi V.S.	11		8	
City, State		24	-439		3 Disposal D	ate		City, State				-	_

* 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) 03/20/2015			1	Name of 25 Mou	Building C untainvie	wner/C w Roa	perator ad CH	(2) T, LLC		122	2	- 24			
	e Notification			Street Ac 1 Oakv	idress vood Wa	ay		Ż.	565			- 1			3
× EPA × DEP	Amended Amendment				te, Zip Coo Vindsor,		Jersey		3. 1.	10E)	7.43	- 24			
	Emergency (justification) Cancellation	including	1.12	Name of Vivek k	Contact Kareer					Tele	inhone Mi	mbar			
				FACIL	ITY INFO	RMATI	ON			_			_		
Name of Facility Where Abate 25 Mountainview Road		g Place (3))					D s	f Facility (4 chool (K-1) ubchapter	2)	or then K	12)	4		
Street Address 25 Mountainview Road								× O	ther (i.e. p			cial buil			es,
City (5) Chatham								Square	Feet	100000000	Floors sement	E	Bldg. /	∖ge	
County (6) Union				County C STATE U	Code (7) JSE ONLY)				t Use (Prio lential	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hire N/A	d by Building (Owner (8)		ASCM	I No.				ement Con nvironm			is, LL(2		
Street Address								Address Linwc	s ood Road	d					
City, State, Zip Code								State, Zip n, New	Code / Jersey	0708	3				
Project Manager for Monitorin	-	Telephor	ne No.			hone No. License No. -418-2737 01227									
Start Date (10)		Schedule	ed Com	pletion [Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Aba	atement (Cheo	k Only On	e)				Street	Address	5						
× Facility Closed/Vacated Abatement Performed O Other – Describe:							City, S	State, Zip	Code						
Scope of Work (Check All Tha	at Apply)													-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			lenova)emoliti					Mini Glov	Containme -Enclosure /ebag Proc -Exempted	e cedure				re	
			Locati										Abat	emen ype	t
Location of Asbestos-Containing Mate	erial (ACM)	Use	ormall d Sole	ly by	Asbes		scription taining N	n of Material	(ACM)	A	mount				
<u>TO BE ABATEI</u> In Facility (13)		Cust	intenar todial S (12)	Staff?		therma surfa		is insulat \T, or		(\$	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_	-	-	
Basement			X				Mastic					X			
		-								_					
Name of Registered Waste H	lauler		I N	JDEP W	/aste	Cubic	Yards	1	Name of	Reaiste	ered Land	fill			
Newark Carting			H	lauler ID 506		of Wa 30					Facility				
City, State						Dispo	sal Date	9	City, Stat Tullytov		Ą				
Completed by Emmanuel Chiobi		Title Oper	ations	s Mana	ager/owr	ner (Signatur (Imro		Pel	no	12	Date 03/20/	201	5	

Date of Notification (1) 3/18/2015					Owner/Op OWNSH			OLS		⁶ ar t	3						
Agencies Notified Type Notificatio	n		Street Ac 25 SCH		IOUSE F	ROAI	D	ţ,						1			
DEP Amended DOL Amendme	and the second s	_ [te, Zip Co OLPH, N	de NJ 07869	9			r.			1					
DOH justification DCA Cancellation			Name of ANDR	Contact EW HUP	RD				Tel	ephone i	Numb	er					
			FACIL	ITY INFO	RMATIO	N .						_					
Name of Facility Where Abatement is Tak FERNBROOK ELEMENTARY SO		8					× s	of Facility (4 School (K-12	2)		(10)						
Street Address 206 QUAKER CHURCH ROAD							ň	Subchapter 8 Other (i.e. pr etc.)	ivate	& comme					2S,		
City (5) RANDOLPH							Squar	e Feet	# o	f Floors		B	ldg. A	ge			
County (6) MORRIS			County C (STATE U	Code (7) ISE ONLY)			Curre	nt Use (Prio	r if bei	ing demo	lished	i)					
Name of Monitoring Firm Hired by Buildin AHERA CONSULTANTS INC.	g Owner (8)		ASCM	l No.				tement Cont THERS (2	ING,	IN	C.				
Street Address P.O. BOX 385				5		Addres RUTH	s HERFORD) BL	VD.								
City, State, Zip Code OCEANVILLE, NJ 08231				(p Code NJ 0701	4									
Project Manager for Monitoring Firm DONNA D'ERRICO			Telephor 609-65	ne No. 2-1833	-	Teleph	License No. License No. /3-956-8700 00494										
Start Date (10) 3/30/2015	Scheduled 4/10/20		npletion [Date (11)	1			A Monitor (9) ABO	/E	I							
Occupancy Status During Abatement (Ch	eck Only One	e)	SAME AS (9) ABOVE Street Address														
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A	batem	nent S			City, S	tate, Zi	p Code									
Scope of Work (Check All That Apply)																	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova emolit				×	Min Glo	l Containme i-Enclosure vebag Proce	edure					e			
	le l	Locati	ion										Abate	ement	1		
Location of	N	ormal	ly		Desc	ription	of				-		Ту	pe			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	d Sole ntenai odial S (12) No	nce/		tos Contai thermal sy surfacir other mis	ning M ystems ng, VA	laterial s insula T, or		(\$	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
EXTERIOR		Х			CAU	LKIN	IG		2	00 LF		X					
		15			<u>40</u>												
Name of Registered Waste Hauler			IJDEP W		Cubic Ya			Name of R	Registe	ered Lan	dfill						
TWO BROTHERS CONTRACTIN	1.	lauler ID 8743	No.	of Waste 10					.R.C).W.S	3.						
City, State CLIFTON, NJ				Disposa 4/10/20			City, State MORRI		LE, PA					2004000			
Completed by VIVECA RAMOS	tie ROJECT COORDINATOR Signature 3/18/2015					15											

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CHECK#24823 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					Name of Bu	ilding Ow	ner/Operator (2)		2						
3/23/2015							P BOARD OF E	DUCATION				2			
Agencies Notified	Type Notific	ation			Street Addre		F BUARD OF E	DUCATION				<u>.</u>			
	Initial	ation			Contract Contractory and		NT A STENITE				* 1.j				
	Amend	lad Ame	andmar	at #	City, State, 2		N AVENUE					÷			
					7		0050 (
DOH		0.000.00	ciuuing	3	BRICK TO		08/24		1						
	justifica				Name of Co			9	liele	phone	Num	ber			
DCA	Cancel	lation					OWNER'S REP)							
					FACILITY IN	IFORMA	TION		**** / A						
Name of Facility Where Ab				201 C				Type of Facility (4)							
VETERAN'S MEMORIA	AL ELEME	NTAR	Y SCE	IOOL				School (K-12)							
Street Address								Subchapter 8 (Ot			- Co				
103 HENDRICKSON AV	/ENUE							Other (i.e., private							
City (5)								Square Feet	# of	Floors	Bldg.	Age			
BRICK TOWN, NJ 0872	24														
County					County Code	e(7)(ST	ATE USE ONLY)	AIRPORT							
OCEAN															
Name of Monitoring Firm H	ired by Build	ing Ow	ner (8)		ASCM No.	Name o	of Abatement Con	tractor (9)							
N/A						CREA	M RIDGE ENVI	RONMENTAL INC.							
Street Address						Street A	Address								
						15 BLA	CK FOREST R	OAD							
						City, St	ate, Zip Code								
						HAMI	LTON, NJ 0869	1							
Project Manager for Monito	ring Firm	Telep	hone N	lo.		Telepho			Licer	nse No	D.				
t						609-89	0-7110		00676						
Start Date (10)		Schee	duled C	complet	ion Date (11)	Name o		10001	0						
4/6/2015	22	4/7/20		÷ -,		AMER	ITECH SERVIC	TES							
Qçcupancy Status During A	batement (C)		Street A									
Facility Closed/Vacate					ent	1.030.000.000	UM PT. ROAD,	STF 7							
Abatement performed out							ate, Zip Code	STE /							
			0 01 M	- /			, NJ 08723								
Scope of Work (Check all the	nat apply)					DRICK	,113 00/23	Full Containment	with No	active	Droop				
$\ge 3 \text{ sf or } \ge 3 \text{ lf}$	·				Renova	tion	11.23	Mini-Enclosure	WILLI INC	gative	Fies	sule			
$\boxed{1} \ge 160 \text{ sf or} \ge 260 \text{ lf}$					Demolit										
	·C					1011		Glovebag Proced		Esish					
		1 10	Locati	ion								ceaure			
	75 - 27 25	1 100 C	mally l		Description	n of Asbe	stos Containing		Abate	ement					
Location of Asbestos-C		1 2 2 2 2 2 2 2	Solely b				thermal systems	Amount (Specify SF o	r R	-	E No	m			
Material (ACM) <u>TO BE A</u> Facility (13)	DATEDIN			/Custo			, VAT, or other	LF)	Remova	Repair	aps	clo			
· dointy (10)			Staff?			miscellan	eous)		ova	air	Encapsulate	Enclosure			
WIDD OWIG		Yes	No	N/A					-		te	^w			
WINDOWS			\times	<u> </u>	GLAZING				X						
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered La	andfill						
CURRENT CONSTRUCTION					Hauler ID No. Waste										
					35149	35149 1 YDS GROWS									
City, State							Disposal Date	CITY, STATE							
ALLENTOWN, NJ					1	1.01	4/8/2015	MORRISVILLE, PA							
Completed By Title						1 1/	a 27-Mar	No.	Date						
DAVID D'ANDREA	IDEN'	T		INC	und X	Kandree	3/23/	2015							
ASB-41							1/								

(KOU5921

D&S Proj. #: 2015-91

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

Data Charles and	(4)	TIN	ame of Buil	dina Owne	er/Operator (2)	N	7	1,57						
Date of Notification (1)						219 MAP 25 MA 34 5 7								
Agencies Notified Type Notification			SUZANN						;					
							112							
DEP		11 VAN DYKE DRIVE												
DOL	Bol #: City, State, Zip Code													
100000	HO-HO-KUS, NJ 07425								N					
🛛 DOH	justification)	N:	ame of Con	tact			Telephone Number							
DCA	DCA Cancellation SUZANNE CURTIS												_	
				FACI	LITY INFORM	ATION								
Name of facility wh	nere abatement is	taking pla	ce (3)					Type of Facility						
								School (K - 12)						
SUZANNE CURTIS								Subchapter 8 (Other than K-12)						
Street Address									./Homes, e		rcial			
11 VAN DYKI						Square Feet	# of Floor	rs	Blo	dg. A	ge			
City (5)			County (6)				punty Code (7)							
a							tate use only) Current Use (Prior if being demolished)							
HO-HO-KUS		BERGEN												
Name of Monitorin	ng Firm Hired by E	Bidg. Owne	er (8)		ASCM No.		Name of Abatement							
							D & S RESTOR	ATION, INC.						
Street Address					1		Street Address							
							20 California A	ve.				_		
City, State, Zip Code							City, State, Zip Code							
							Paterson, NJ 07503							
Project Manager for Monitoring Firm Phone Nur														
							973-345-8020	73-345-8020 01169						
Start Date (10) Sched. Completion Date					1)									
03/25/15 04/02/15							D & S Restoration, Inc. Street Address							
Occupancy Status During Abatement (Check only one)							20 California Avenue							
Exactly closed/vacated during entire period of abatement.							City, State, Zip Code							
Abatement p	of normal	nal facility hours-												
Describe:	ibe: _NORMAL H	OURS				=	Paterson, NJ 07	503						
Scope of Work (cl							Π	Full Containment	w/negative	press	ure	-		
$\boxed{\times}$ >3 sf or >3 lf $\boxed{\times}$ Renovation									Mini-enclosure					
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ \square Demolition								Glovebag proced						
			n normally u	ised solely	/			Non-Exempted () and Non-	friable R	Proce	edure E	1	
			enance/cust	1000	on of c	shostos containing	Amount		e	e	n	E		
material (acr	m) to be	staff(12)			material		sbestos-containing	(Specify		m o	р а	c	n c	
abated in fac	cility (13)	Yes	No	N/A		8 B		LF)		v	i	a p	L	
ידיז גידא גידיא כו				1	PIPE INSU	ΠΔΤΙ	ON	63 L FT		e	r		+	
BASEMENT BASEMENT					BARE HEATI			20 LFT	-				+=-	
DASEMENI			$\vdash \Delta$				e a la sele			╡╞╡╴			븜	
					1							+	+	
					1							+	H	
Registered Waste	Hauler		EP Hauler I		Lubic Yards of	Waste	Name of Registered	l Landfill						
D & S RESTOR			506	T3000 1000	1 yd.		TULLYTOWN,		RECOVER	RY				
City, State Disposa					Date		City, State						A REAL PROPERTY AND	
				03/26/1			TULLYTOWN	, PA						
Completed by (Print or Type) Title			Signature				Date							
BOGDAN JOI	PRESII	DENT					03/18	/15						