Data of Notification (d)						·							
Date of Notification (1) 03/20/2015		Name of Building Owner/Operator (2) Stone Industries Inc.											
Agencies Notified Type Notification EPA Initial		100000000000000000000000000000000000000	^{ddress} entral Av	enue		13							
EPA Initial Amended Amendment #			ite, Zip Co				t					lat at	
Emergency (in justification) DCA Cancellation	cluding	Name of	f Contact I Gerver				Te	lephone Nu	mber			2	
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Name of Facility Where Abatement is Taking Detention Center Building	Place (3)	1 701	EII I IIVI C	· · · · · · · · · · · · · · · · · · ·	ion	Type of Fac	25 Mai						
Street Address Valley View Road & Kattak Parkway						Subch	l (K-12) apter 8 (Oth (i.e. private			dings	home	es,	
City (5) Haledon						etc.) Square Fee 40,000	et # 0	f Floors	533	Bldg. A	ge		
County (6)			Code (7)			Current Use	e (Prior if be	•		U			
Passaic Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCN			Name	Commercof Abatemer	cial - Vacant Contractor	AUGU 18.56					
TBD Street Address					-	Contractin Address	g, LLC						
01-01-2					1385	Valley Ro		K					
City, State, Zip Code						tate, Zip Cod ne, New Jo		70					
Project Manager for Monitoring Firm		Telepho	ne No.			one No. 928-5040)	License N	۱o.				
	Scheduled C 05/11/2018		Date (11)			of OSHA Mo							
Occupancy Status During Abatement (Check	Only One)				- 3	Address	<u> </u>						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Abate	ement			3855	Valley Ro	entransis entransis	K					
				_		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)	arteriolitic												
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Location of	Norm Used Sc			De	escription	of					ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ I Staff? 2)		therma surfa			(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
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Name of Registered Waste Hauler		NJDEP W			Yards	Nan	ne of Regist	ered Landfi	II				
Service Transport Group, Inc.	Hauler ID No. of Was 20990 40			aste			Enterprises, LLC						
City, State New Castle, Delaware	Disposal TBD			Disposal Date City, State TBD Waynesburg, Ohio									
Completed by Predrag Sarcev	sident			Signature		England :		ate 3/20/	2015				

Check # 9659 Date of Notification (1) Name of Building Owner / Operator (2) March 24, 2015 Ricardo Yoselevitz Agencies Notified Type Notification Street Address EPA 2046 Arrowwood Drive DEP X DOL Initial City, State & Zip Code Amended Scotch Plains, NJ 07076 XDOH Amendment # DCA Cancellation Name of Contact Telephone Number FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) 2046 Arrowwood Drive Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 2,200 55 years Scotch Plains Current Use (Prior if being demolished) Residence County (6) County Code (7) Union USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor April 7, 2015 Synatech, Inc. April 27, 2015 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure \ge 3 sf or \ge 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify Custodial Staff? (12) TO BE ABATED Material (ACM) SF or LF) (i.e., thermal systems IN Facility Encapsulate (13)insulation, surfacing, VAT Enclosure Remova or other miscellaneous) Repair N/A Yes No Garage X Air-cell duct wrap 90 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ Morrisville, PA April 28, 2015 Completed By Title Signature 10 Diane Aloia Executive Administrator March 24, 2015



Date of Notification (1) 03/23/15 CK# 35	53 \$200		Name of Building Owner/Operator (2) Monmouth Regional High School													
Agencies Notified	Type Notifica	ation		Street A	ddress Iorman	J. Field	d Way									
EPA DEP X DOL	Initial Amend Amend	7177E		City, Sta	ate, Zip Co Falls, N	ode		724								
X DOH	Emerge justifica Cancel			Name o	f Contact Anne Pa					Telep	phone 1	Numbe	er			
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Name of Facility Where Monmouth Regions			3)			-		Emmi	of Facility (4 School (K-1)	858						
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City (5) Tinton Falls, New J	ersey 0772	4		W				Squar 20,0	re Feet 00	# of F	Floors		1000	ldg. <i>A</i> 5+	ge	
County (6) Monmouth	ring Firm Hired by Building Owner (8)				County Code (7) (STATE USE ONLY)				nt Use (Pric	or if being	g demo	lished)			illinos.
Name of Monitoring Firm AHERA Consultant	n Hired by Buil is Inc.)	ASC	Л No.				tement Con	tractor (9	9)						
Street Address PO Box 385							Street 606 N		ss de Avenu	——— е						
City, State, Zip Code Oceanville, New Je	ersey 08231								p Code Park, Ne	w Jers	ev 07	424				
Project Manager for Mor John Smoyer	nitoring Firm			Telepho	ne No. 77-8801		Teleph 973-2	one No	o.		License 01104	e No.				
Start Date (10) 04/03/15		Schedu 04/10/			Date (11)		Name	of OSH	A Monitor							
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Date of Notification (1)	16 BILL GRE	FIA / CRAFTED DOILDERS LE
Agency Notified Type Notification	Street Address	- AUF
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D DCA D Calcalant	FACILITY INFORMATION .	
Name of Facility Where Abatement is Taking Place	e (3)	Type of Facility (4)
Name or Patally Village Page 1		© Schoot (K-12) D Subchapter 8 (Other than K-12)
Street Address		Citier (Le. private & commercial bundanys,
1		homes, etc.) Sonsare Feet # of Floors Bidg. Age
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ELIZABETH NO.	E STATE LICE	Office of Or
2	County Code (7) (STATE USE	RESIDENT.
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Name of Monitoring Firm Hired by Building Owner	ASCM No. Name of All	FCD. IDC
(8)	Street Address	SS OIII
Street Address	176.13	50x 814
City, State, Zip Code	City, State of	PRIDGE NO. 08857
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Project Manager for Monitoring Firm-	Telephone No. Telephone	238x7500 0006
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Start Date (10)	HUQUH	TECH INL
Occupancy Status During Abatament (Check only	y one) Street Addin	
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A Facility Clinsed National During Entire Period of Abstancent Performed Outside of Normal Facility	By Hours	BRIDGE NO 08857
TO Other - Describe	1019	Full Containment with Negative Pressure
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Date of Notification (1)		1.	Name of	f Ruilding (DINDOELO	noretor /	2)				-	19/	7177		
1/38/15		Name of Building Owner/Operator (2) 171KOVA COMPANIES Street Address PO BOX 10.56													
Agencies Notified Type Notification				ddress	10.5	6		A holes are many						***	
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Name of Facility Where Abatement is Taking F	Place (3)				directories.		Type of	Facility (4	lity (4)						
Street Address							☐ Sch	ool (K-12	(Other	r than K-12					
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Street Address							Address				-				
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						City, S Midla	itate, Zip C nd Park, N	Code NJ 07432		(2					
Project Manager for Monitoring Firm			Telep	hone No.		Teleph	one No. 262-5841		e e e e e e e e e e e e e e e e e e e	License No).				
Start Date (10) _ 2/6/15	Schedul	ed Cor	nolétion I	Date (11)		Name	of OSHA			-	_				
Occupancy Status During Abatement (Check	Only Or	ne)					ega Enviro	nmental	Service	es inc.					
 ☑ Facility Closed/Vacated During Entire Pe ☑ Abatement Performed Outside of Normal 	riod of A	bateme	ent			280 F	Address luyer Stre								
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Scope of Work (Check All That Apply)											-	_			
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City (5)						20,000	homes, etc.	.)			3-1		
Princeton							Square Feet	# of Floors		Bldg.	Age		
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ATC Associates Inc.				000	98	1	VIRONMENTA	•					
Street Address						Street Address		,				_	
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Burlington, NJ 08016													
Project Manager for Monitori	na Firm		Tel	ephone	No	BRISTOL, PA Telephone No.	19007						
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gencies Notified	Type No			Stre	et Address							
⊠ DOLWD	☐ Initial				00 Elm Dr							
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Street Address				000	98	BRISTOL EN	VIRONMENTA	L, INC.				
Three Terri Center						Street Address						
City, State, Zip Code						1123 BEAVER						
Burlington, NJ 08016						City, State, Zip Co						
Project Manager for Monito						BRISTOL, PA	19007					
Michael Keehn	oring Firm			lephone		Telephone No.		License N	0.			_
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Ok# 2783

Notification (1) Name of Building Owner/Operator (2) 15 / 14 Princeton University - Office of Design and Construction encies Notified Type Notification Street Address ☐ Initial A EPA 200 Elm Drive **⊠** DOLWD M Amended City, State, Zip Code ☑ DHSS Amendment #16-3/24/15 Princeton, NJ 08544 **⊠** DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Ortego FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University-Firestone Library School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Washington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER Library Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates Inc. 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Three Terri Center 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 2 / 15 4 / 10 / 15 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 6:30AM-3:00PM/____PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☑ Renovation☑ Demolition ≥3 sf or ≥3 lf Mini-Enclosure ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Used Solely by Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout Levels C, B and A \boxtimes Floor tile and Mastic 71,198 SF \boxtimes \boxtimes X \Box П Throughout Levels C, B and A П П Pipe Insulation 4,660 SF Throughout Levels B and A X Joint Compound 24,690 SF \boxtimes \boxtimes Pipe Fittings \boxtimes Throughout Levels B 20 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP INC. G.R.O.W.S. NORTH LANDFILL 20990 City, State Disposal Date City, State New Castle, DE MORRISVILLE, PA 19067 Date 3/24/15 Completed By (Print or Type) Title Signature Brian Scafiro Estimator

ASB-41 0 < 11/0 12

Date of Notification (1)		Name o	f Building	Owner/	Operator	(2)		R E(1	17-3			
3 23 15 Agencies Notified Type Notification		Ctroot /	100	20	1111/2	\wedge		The section	4		- 2			
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DEP Amended Amendment	#	City, St	ate, Zip C	1 .	P.	AIT	777	1/2						
Emergency (-	f Contact	OV	K/	100	U 1/2	elephone Nu	ımher	-1		to		
DOH justification) DCA Cancellation			lackis				1 .	erebrione ive	III IDEI	1154	7			
		FAC	LITY INF	ORMAT	TON									
Name of Facility Where Abatement is Takin	g Place (3)					(and a second	of Facility (4)							
Street Address							ol (K-12)	her than K-1	121					
405 FLEV A	18010					Other		& commerce		ildings	, hom	es,		
City (5)	9 me			-		etc.) Square Fe	et #	of Floors	Bldg, Age					
Spring Lake						2933		2		82)			
County (6)		County (STATE	Code (7)	2	-	Current Us	12 -	eing demolis	shed)					
Name of Monitoring Firm Hired by Building	Numer (8)	ASCI			Namo	of Abateme	10me	or (0)			*			
the state of memoring that the day building the	owner (b)	7301	W INO.		THE R. P. LEWIS CO., LANSING, MICH.	Industrie) (9)						
Street Address					30.000.000	Address								
					P.O.	Box 915								
City, State, Zip Code						tate, Zip Co								
Project Manager for Monitoring Firm		Telepho	no No			, New Jei	rsey 0872		1-					
roject manager for womtoring rimi		releptic	HE NO.		1 350	one No.)899-7499	9	License 1 01196	NO.					
Start Date (10)	Scheduled Co	ompletion	Date (11)			of OSHA Mo								
3124/15	3/26	112				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Occupancy Status During Abatement (Chec					Street	Address						0,500		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Abate	ement			City S	tate, Zip Co	de							
Other Describe:	an i domity i loc				City, S	tate, Zip Co	ue							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	Renov							th Negative	Pressu	ıre				
≥160 sf or ≥260 lf	Demo	lition				Mini-End Gloveba	dosure g Procedure	9						
			1					nd Non-Fria	ble Pro	1000000000	219831 - N.S.YO			
	Is Loca Norma										ement pe			
Location of Asbestos-Containing Material (ACM)	Used So	lely by	Asbes		scription taining M	of laterial (ACN	(A)	Amount		T	-			
TO BE ABATED In Facility	Mainten Custodial			. therma		insulation,		(Specify F or LF)	Rer	R	nca	Enc		
(13)	(12)			miscellan			or or Lr)	Remova	Repair	Encapsulate	Enclosure		
	Yes No	N/A							-		ate	.0		
		X	Asbe	idi	Pig	Maila	tion 5	DLF	/					
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		+					-							
Name of Registered Waste Hauler	NJDEP W		Cubic	Yards	Nar	ne of Regis	tered Landfil	1						
Brick Industries Inc.	Hauler ID 21602	No.	of Wa	ste	2	ROWS								
City, State		_		sal Date	-	, State			Ulas-Vi					
Brick, New Jersey Completed by	3 1 L7 / 1 5			1.0										
Eric Plackis	Title Presiden					Re	5	Ui	3/23/15					

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

8505.1

Date of Notification (1)		Name of	Building Ow	ner/Operator	(2)	f.c.e.						
31,54117		H	Naira	1,1621	748N	THIS MAR 27	FH	11-	==			
Agencies Notified Type Notification EPA Initial		Street A	ddress 42	Right	prive	L.		144 8	# 6°			
DEP Amended Amendment #		City, Sta	te, Zip Code	17 08	123	& Line	1514	3	c +			
Emergency (ir justification)	cluding	Name of	Contact	. 1	20.000	Telephone Nu	mber					
DCA Cancellation		TIL	LITY INFORI					-		-		
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITTINFOR	MATION	Type of Facility	(4)						
					School (K-12)							
Street Address 42 Rialto Drive						r 8 (Other than K-1 private & commerc		dings,	home	es,		
City (5) B(IUL					Square Feet # of Floors Bldg. Age 55							
County (6) D(LD)			Code (7) USE ONLY)		11	ior if being demolis	hed)					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	No.	Name	of Abatement Co	*	n C.					
Street Address				Stroot	Address		1					
					BOX P	115						
City, State, Zip Code				City, S	State, Zip Code	15 08	123					
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph 732	none No. -899-14	QQ License N	119	6				
Start Date (10) 3(25 15	Scheduled Co	ompletion	Date (11)		of OSHA Monitor							
Occupancy Status During Abatement (Check	-	- (()		Street	Address							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma				City 6	State Zin Code							
Other – Describe:	п гасшіў пос	115		. City, S	State, Zip Code							
Scope of Work (Check All That Apply)	,											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo			Full Containment with Negative Pressu Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro								
				L	■ Non-Exempte	ed (*) and Non-Frial	ble Pro	100000000000000000000000000000000000000	e ement			
	Is Loca Norm				120				ре Ре			
Location of Asbestos-Containing Material (ACM)	Used Sc	lely by	Asbestos	Description Containing N	n of Material (ACM)	Amount			Е			
TO BE ABATED In Facility	Mainter Custodia	I Staff?		ermal system surfacing, VA		(Specify SF or LF)	Ren	Re	ncap	Encl		
(13)	(12	2)		ther miscella		0. 3. 2. 7	Removal	Repair	Encapsulate	Enclosure		
	Yes No	N/A							te	w		
		X	Asses	toj Floo	ortie	525 SF	8					
		1 X	Asbesto	> DIMM	all	90059	X					
Name of Registered Waste Hauler	NC.	NJDEP W Hauler ID	No.	Cubic Yards of Waste	Name o	Registered Landfil	7					
City, State		010		Disposal Date	City, Sta	P. 17.						
Completed by Plauhis	Title P(esid	ent	Signatur	Pla	D	S/	2	1/15			

NO CK

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

CHECK-#-030446

Date of Notification (1) 03-23-15	Name of Building Owner/Operator (2) Johnson & Johnson															
Agencies Notified	Type Notification		Street A			n Dlaz		5	The Maria	- 1.00	00.0		180			
EPA DEP DOL DOH	Initial Amended Amendment Emergency justification)	(including	-	City, Sta New E	ate, Zip Coo Brunswick of Contact	de		a	ļ.	Telephor	(,1,5)		h T			
☐ DCA	Cancellation				ta Kamda											
Name of Facility Where Kilmer House (J&	e Abatement is Takin J Museum)	g Place (3)	l l	FACI	ILITY INFO	RMATI	ION		Facility (4)							
Street Address 501 George Stree	t							☐ Su	hool (K-12) bchapter 8 ner (i.e. priv	(Other tha ate & com	n K-12 mercia	?) al bui	ldings	, hom	ies,	
City (5) New Brunswick							5	Square 20,000	Feet	# of Floo 2	rs		3ldg. ,			
County (6) Middlesex				County (STATE)	Code (7) USE ONLY)			Current Museu	Use (Prior i Im	f being de	molish	ed)				
Environmental He	e of Monitoring Firm Hired by Building Owner (8) vironmental Health Investigators, Inc.								nent Contra vironmen							
Street Address 655 West Shore T	rail						Address Broad S	treet								
City, State, Zip Code Sparta, NJ 07871								state, Zip (stadt, N.								
Project Manager for Mo Laura Wieczezak	onitoring Firm		- 1	Telepho (973) 6	ne No. 351-1040	,		none No. 939-656	5	Lice 007	nse No 56).				
Start Date (10) (1)Project Postpor	ned(2)03-25-15	Scheduled 06-30-15		npletion l	Date (11)			of OSHA -Air Inc.								
Occupancy Status Duri	ng Abatement (Chec	k Only One)					Address	- 100							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of Ab al Facility F	atem lours	ent			City, S	tate, Zip 0								
Scope of Work (Check							Long	Island	City, NY	11101						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	уш глас друу	processes.	novat moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur							0		
			ocatio		13		(8)		Xomptou (dia Hoir	THOU	0110	Abate	atement		
Location Asbestos-Containing		Used		y by	Asheeto		cription	of laterial (A	CM)	A			Ту	ре		
TO BE AB In Fac (13	BATED illity		dial S 12)	taff?	(i.e. th	nermal : surfac		insulation T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure	
1st Floor Perir	meter Walls	Yes	No	N/A		CM	Nall Di			4.0000	_			Ф		
Basement				X			Vall Pla			1,080\$1		х				
Date		^	AC	JIVI CE	alling P	riaster		90SF	-	x						
					NJDEP Waste Cubic			N	ame of Reg	istered La	ındfill					
100 to 1000				Hauler ID No. of Was				1000	GROWS Landfill							
City, State Flanders, NJ 07836				Disposal Date City, State TBD Morrisville, PA 19067												
Completed by Richard Doran Title Project Ma				nager		Si	gnature	de l	2		Date	23-1	5			

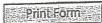


Date of Notification (1)		Nam	e of Building Owne	r/Operato	(2) Saund	Francisco	27	Pig	1:-	. (
Agencies Notified Type Notifical	ion	Stree	2 A 2.1			nt De		101	. Y	
EPA Inilial Amende	50	City,	State, Zip Code	nes L	MIT	11 1/2	ž		7 1 1 1	- 1-
	cy (including on)	Name	e of Contact	grn &	- 700	Telephone N	lumbe	er .		
		FA	ACILITY INFORMA	TION						
Name of Facility Where Abatement is Ta	iking Place (3)				Type of Facility School (K	-12)				
Street Address 217 N. Beln	10nt	Dz	ė.		Subchapte Other (i.e. etc.)	er 8 (Other than K- private & commer	·12) rcial b	ullding	js, ho	mes,
City (5) Hargate	NJ				Square Feet 2500	# of Floors		Bldg	Age	
County (6) Attantic			y Code (7) E USE ONLY)		Current Use (Pr	nor if being demoli Resident				
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	CM No.		of Abatement Co	ontractor (9)				
Street Address				Street	Address	Ing fess	1	0	15	
City, State, Zip Code				City, S	late, Zip Code	-		07	_	
Project Manager for Monitoring Firm		Teleph	ione No.	Teleph	one No.	PIE Ci		70		
Start Date (10), 4-4-15	Scheduled	Completion		-	of OSHA Monitor			_		_
Occupancy Status During Abatement (Chi	eck Only One)		<u> </u>	Street A	Address	Self				
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of Aba mal Facility H	atement ours		City, St	ale, Zip Code					
Scope of Work (Check All That Apply)										
≥3-≤i or ≥3 li ≥160 sf or ≥260 li		ovallon nolition		Full Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		cation nally				· () and Northial	le Fit	Abat	emeni ype	l
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte	olely by nance/ at Staff?	Asbestos Cont (i.e. thermal surfac	scription o alning Ma systems i cing, VAT, niscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
hitel-	Yes N	o N/A	1	<u> </u>	-		a a		ate	Te G
OUTSIDE			ACM.	Sidir	5	1700SF				
ame of Registered Waste Hauter		NJDEP W Hauler ID	No. of Was	le		egistered Landfill				
ANI SOFLIC ily, State i) elanco N	<u> </u>	356:	Dispose	3 c al Date	City, State	of Pa	-			
Delanco Nompleted by	Title	. 0	TB1	nature	Tu					
JHII	V	/			1	3	-2	5-	15	

OK 3608



Date of Notification (1)			I	lame of	Building O	wner/O	perator (2)	11	Aura	373 -	-	4	¥ 8		
3-2	4-15				H	meni	e.A.N	Perne	il, ties	, Cap	AU.	1	10 1	31		
Agencies Notified	Type Notification		5	Street Ad	idress	Ex	olich	La		1 234 *				9. I		
EPA EPA	Initial Amended		-	City, Stat	ie, Zip Cod	e	11.	11		/ 4-				111		
DEP DOL	Amendment	#	_		E99;	Holo	17 /		050	234		100		0.00		
T DOH	Emergency justification)		h		Contact	1	-			Telephone h	lumbe	ī			1	
DCA	Cancellation				Beam		<u> </u>					_				
	Abatament in Takin	a Diana (3)		FACIL	ITY INFO	RMATE	ON	Type of F	acility (4))		_				
Name of Facility Where	Residen							Sch	ool (K-12		101					
Street Address	Achivey.	Aue_						Othe etc.)	er (i.e. pri	ivate & comme	rcial b	ulldi	ngs,	home	s,	
City (5) 79	MESTURY !	777					1	Square F	eet	# of Floors		Ble	dg. A			
City (d)	C'							1500		r if being demo	lichari		7			
County (6)	An				code (7) ISE ONLY)		_	Gurrent C	ise (Filai Re	sident	/					
Name of Monitoring Firm		Owner (8)		ASCM	No.			of Abatem	ent Cont	ractor (9)						
Name of mountaining care							Am	Jos	120	2						
Sireet Address				A			Street /	Address	upli	often Hi	tel					
City, State, Zip Code							City, St	late, Zip C	ode	817	2977	7	<u>(``</u>			
Olly, State, Zip Code							D	2e/m	100	NJ	000	,)			
Project Manager for Mor	nitoring Firm		17	Telephor	ne No.		Lalann	one No. Sスナ C		License	No.	78	7			
				7 - 17 F	Data ###\			of OSHA I	111		, - ,					
Start Date (10) 4-3-15		Scheduled					Name	ui Odi iA i	ς.	ial f			*			
Occupancy Status Durin	o Abalement (Che	ck Only One	2)	-12			Streel	Address								
Facility ClosedNac	ated During Entire	Period of Al	batem	ent												
Abatement Perform Other - Describe:	ned Outside of Norr	nal Facility	Hours			_	City, St	late, Zlp C	ode							
Scope of Work (Check A	All That Apply)															
23 sf or ≥3 lf			enoval				Full Containment with Negative Pressure Mini-Enclosure						9			
≥160 sf or ≥260 lf		DE DE	emoliti	on				Glovet	ad Proce	edure						
							<u>K</u>	Non-E	(*) and Non-Fr	iable i			ement			
			_ocalio					942 V	-				Ту			
Location Asbestos-Containing	n of Material (ACM)	Used	ormall Solel	y by	Asbesto	s Cont	scription taining M	aterial (A	GM)	Amount				ш	TD	
TO BE AB	ATED		itenan idlat S		(i.e. i	hermal surfar	systems cing, VA	insulation T. or	1,	(Specify SF or LF)		Remova	Repair	cap	Enclosure	
in Faci (13)	•		(12)				niscellan					levo	air	Encapsulate	sure	
		Yes	No	N/A									_	0		
OVISIDE				Sic	din	<i>'</i>			25005	-						
										_	-					
											_					
				N.IDEP Waste Cubic Yards Name of Registered Landfill												
Name of Registered Wa		= 1		JDEP Wauler ID		Cubic of Was	Yards sle	_ N								
Au Six 1	20		1	3563	5		5			Mot	on	_				
City, State	Delunco T Hill	NJ			-	Dispos	sal Date		ily, State	Ultition	1 /1	2				
Completed by	///	. //	0		S	Signature	7-11			Date 3-7	4.	-10	-			
	J 14111		VI					71			1 1	- /	/)			



Date of Notification (1)		Name of	Building Owner/G	1	11	10/57991	MAG	-,	EMS.	
3-24-15		<u> </u>	Cour	Me y	1 MAN.	10/5/19	127	4. 1	7 12	102
Agencies Notified Type Notification		Street A	ddress 224	11	bany 1	Are to				T -
EPA Initial Amended		City, Sta	ite, Zip Code	1	1,14		1	٠.		10
F DOL Amendment			BARRING	cher	NJ	0800		0 10 1		
Emergency justification)		Name o	Contact /			Telephone Nur	nber			
DCA Cancellation			COURTNE	4						
ind		FACI	LITY INFORMAT	ION	T 5 F 100 /	21				
Name of Facility Where Abatement is Takin	g Place (3) ent				Type of Facility (School (K-1	2)				
Street Address 224 Albany	Ane		190		Olher (i.e. p	8 (Other than K-12 private & commerch	el bull	dings,	home	es,
City (5) BARRING FOR	NJ				Square Feet	# of Floors	B	Idg. A		
County (6)	7.0	County	Code (7)		Gurrent Use (Pri	or if being demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCA	A No.	Name	of Abatement Cor	ntractor (9)				
Name of Monitoling Pilm Piled by Building	Owner (o)	1,400%			In It L					
Street Address				Street.			P			
					212 DVII late, Zip Code	21711120 147				
City, State, Zip Code				Oity, o	Delano	elington An	250) j"		
Project Manager for Monitoring Firm		Telepho	ne No.		one No.	License N	0.			
			0 1 1/4	856	824 0917, of OSHA Monitor					
Start Date (10)	Scheduled C	ompletion 5-15	Date (11)	Name	oj OSPIA iviolitioi	Self.				
Occupancy Status During Abatement (Cher	k Only One)			Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	Period of Abate	ement Irs	- 11 - 11 - 12	City, S	lale, Zip Code					
Scope of Work (Check All That Apply)										
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	valion dition			Mini-Enclosure	cedure				
					Non-Exemple	d (*) and Non-Friab	le Pro			
	Is Loc	alion				-	1		emeni pe	t
Location of	Norm Used So			escription		Amount	-	1		
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	nance!	Asbestos Con (i.e. therma	l systems	s insulation,	(Specify	Re	72	Encapsulate	Enclosure
In Facility	Custodia (12			cing, VA miscellan		SF or LF)	Remova	Repair	psu	losu
(13)	Yes No	N/A	Onion	moodion			(a)	-	ate	re
	163 14	1	Duch	V 11071	Liveage	24CF	1	-		
Living Room		-	1/001	C-10-11	- 21-7					
/		-								
	+	+-								
Name of Registered Waste Hauler	1	NJDEP W		Yards	Name of	Registered Landfill	0	-		
		Hauler ID	5	\$	kx V	VM of 1	1			
Au Jos LLC City, State Jelunco NJ			Dispo	sal Date	/ City, Stat	Tully town	PA	-		
Completed by	Title			Signature	41	7 Da	ite 2	j-1	5	
O MI	1			1	1-10	12	0.000	1	-	

check# 11520

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) March 23, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ▼ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Telenhana Mumhar Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BOYDEN HALL, BLDG# 7217 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/24/15 04/27/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD XAbatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ☑Other - Describe: Shift Hours: M-F 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf ■ Mini-Enclosure **X**Renovation > 160 sf or > 260 lf ■ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NA Rooms 311, 334, 344 X VAT 2400 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 30 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 04/27/15 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT March 23, 2015 Raymand C. Pedalino

MANAGER

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Nationalis (1)						0 m 11 11		5000	2					
Date of Notification (1)	3/24/2015			Name o	of Building	Owner/Ope Four S		ons Tree Servi	ces)(. (/) 5		
Agencies Notified [X] EPA [DEP		ition Il Notifica nded Not			Street A	Address	1301	Ven	tura Drive	ROT PHIL	:58			
[x] DOL	Ame [X] Emer	ndment # rgency (ir			City, St	tate, Zip Co	de Lakev	vooc	i, NJ 08701.		ose" is			
[x] DOH [] DCA		fication) cellation			Name o	of Contact Mr. H	orowitz		Т	elephone Number				
				FAC	YTLIE	INFORM	TATION			-				
Name of Facility Where Ab	atement is Taking	Place (3)	1	1110	12111	II (I OIG)	MIIIOI1	T	ype of Facility (4)					
	idence		1.0					1.5	γρε οι <i>τ</i> αειπιγ (+)	School (k-12)				
	2 000 0 7 7 7 0 7 X							1	[]	Subchapter 8 (otl	har tha	l. 12\		
Street Address	Arlington Av	enue							[x]	Other (i.e., private homes, etc.)		-020	ial build	dings,
City		Count	y (6)			Code (7) USE ONL	Y)	Sq	quare feet 1000 sf	# of Floors	Bldg	g. Age	50	
Lakewood		Ocea	n				70	Cı	urrent Use (Prior if Residen)		,,,	
Name of Monitoring Firm I		Owner (8)		ASCM 1	No.	Name of	Aba	tement Contractor	(9)				
N/A Street Address										in Contracting,	Inc.			
Street Address							Street Ad	ddres		oute 9, Unit 61				
City, State, Zip Code			7				City, Sta	ite, Zi	ip Code	liver, New Jers		755_1	271	
Project Manager for Monito	oring Firm		Telephone	Number			Telephor 732-34		ımber	License N 00624		133-1	2/1	
Scheduled Start Date (10) 3/25/15		Completion 15	letion Date (11) Name of OSHA Monitor					L. Analytical		9	1			
Occupancy Status During A	batement (Check ity Closed/Vacate				tement		Street Ac	ddres	S	elton Road				
	ement Performed						City Ct-	t- 7:						
[] Othe	r – Describe						City, Sta	ite, Zi		way, New Jerse	y 088	54		
Scope of Work (Check all the	nat apply)						[]		Full Containment	with Negative Pres	sure			
[] 52.0	or ≥3 lf		r 1	D			[]		Mini-Enclosure					
5 5	or ≥3 if sf or ≥260 lf		[x]	Renova			[]	502	Glovebag Procedu					
[x] 2100	SI 01 2200 II		[x]	Demon	uon		[x]	š	Non-Exempted (*)) and Non-Friable I	rocedu	ire		
											Abat	ement '	Гуре	
Location o	c		Is Location				Description				R	R	E	Е
Asbestos-Containing M	•	1	lormally u Solely b				oestos-Cor Material (A			Amount (Specify SF	E	E	N	N
TO BE ABA		Maint	tenance/C				, thermal			or LF)	M	P	C	C
in facility			Staff				ulation, su			OI LI)	0	A	A P	LO
(13)			(12)				VAT, c				V	R	S	S
						oth	er miscella	aneo	us)		A		U	U
		YES	NO	N/A							L		L E	RE
Exterior X						stos sidir	ıg			900 sf	X		L	L
														\vdash
					+									\vdash
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler ID 20223					ID No.		rds of Wast	te	Name of Register	ed Landfill				
City, State Disposal Date					al Date] 3	City, Sta	ate	T.R.R.F.					
Toms River, New Jersey 3/30/15									Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola Title Project Manager						ure	111		1		Date			
TAICHOIAS PEH	ncora	0.0				1100	TP -	一			3/24	1/2015)	
	ı jor asb	estos licer	sure exem	iptea	l activities.									

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name o	f Building	Owner/One	rator (2)									
**	3/24/2015				Tvaine 0	T Dunding	Four S	Seasons Tree	Service	S	3	K-4	.2 .	9			
Agencies Notified [X] EPA [] DEP		l Notific	ation tification		Street A			Ventura Dri	vels F.L.	727 PM1	f: E:						
[x] DOL	[X] Emer		# ncluding		City, Sta	ate, Zip Co	de Lakev	vood, NJ 08	701	1							
[x] DOH [] DCA		fication) cellation			Name o	of Contact Mr. H	orowitz	1	Tele	ephone Number]						
				FAC	CILITY	INFORM	IATION										
Name of Facility Where Ab	patement is Taking	Place (3)					Type of Faci		School (k-12)							
Street Address				171-171-171] [9.75	Subchapter 8 (ot	her tha	n k-12)					
186	Arlington Ave	enue					1	j	x] (Other (i.e., priva				dings,			
City		Coun	ty (6)		County C (STATE	Code (7) USE ONL	Y)	Square feet 1000 s	sf	# of Floors	Bld	g. Age	60				
Lakewood		Ocea				_		Free process and the control of the	(Prior if be Residence	ing demolished)							
Name of Monitoring Firm I N/A	ing named and state of the second	Owner (8)		ASCM N	lo.	Name of	Abatement Con									
Street Address	1						Street Ac		dardian	Contracting,	racting, Inc.						
City State 7in Code									889 Rou	te 9, Unit 61							
City, State, Zip Code				City, Sta	te, Zip Code T	oms Riv	er, New Jers	ev 08	755-1	271							
Project Manager for Monito	Number			Telephon 732-34	e Number		License N 00624										
Scheduled Start Date (10) 3/25/15	Completi 15	letion Date (11) Name of OSHA Monitor					Analytical										
Occupancy Status During A	abatement (Check lity Closed/Vacated)				Street Ac	ldress					-				
	ement Performed						6: 6		US6 Stell	ton Road							
	r – Describe						City, Stat	e, Zip Code P	iscatawa	y, New Jerse	y 088	354					
Scope of Work (Check all the	hat apply)						[]	Full Conta	inment wit	h Negative Pres	sure						
[] 53 et	for≥3 lf		Г 1	D	4:		[]	Mini-Encl									
	sf or ≥260 lf		[x]	Renova Demoli			[x]	Glovebag Non-Exen		nd Non-Friable I	Procedi	ıre					
					Т		. ,						Tr.				
			Is Location	on]	Descriptio	n of				ement	T .				
Location of Asbestos-Containing M		1	Normally u			Asb	estos-Con	taining		Amount	RE	RE	E	E N			
TO BE ABAT		Main	Solely b tenance/C				faterial (A , thermal s			(Specify SF or LF)	М	P	C	C			
in facility			Staff				lation, sur	facing,		Of Edit)	0	A I	A P	LO			
(13)			(12)			o the	VAT, o				V	R	S U	SU			
		YES	NO	N/A		otne	er miscella	ineous)			A L		L	R			
Exterior X					Asbes	stos sidin	g			1050 sf	X		Е	Е			
										1000 01	21						
Name of Registered Waste I Guardian Cor	Hauler ntracting, Inc.	1	NJDEP Was	te Hauler 20223	ID No.	Cubic Yar	ds of Wast	Name of T.R.R	Registered	Landfill							
City, State			2	Dispos	al Date		City, Sta	te									
Toms River,	New Jersey	Tiat-		3/30/	15 Signatu)	Tullyto	wn, Pennsy	lvania 🗷								
Completed by (Print or Type) Nicholas Fernicola Title Project Manager							hol	1			Date 3/24	1/2015	5				
*Do not use this for						stos licen	sure exem	pted activities	ī			-11-2-77-5					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) March 26, 2015					Name of Bui	ilding Owner	/Operator (2) Company,	LLC			
Agencies Notified (x) EPA		Notificatio			Street Addre	ess	2015 11/4		£t. 2:	- te	
(x) DEP (x) DOL (x) DOH (x) DCA		(x) Initial () Amend () Cance	led Certific	on cation	City, State, 2 Forked Riv	<u>Zip Code</u> ver, New (Jersey 987			-5	
					Name of Cor Edwin O'E			Tel. N	umber		
Name of Facility Where A	hatement is	Takina Place	(2)	FACILITY I	NFORMATION			-	-		
Oyster Creek Genera			[0]		Type of Facil () School (K	(-12) er 8 (other t	han K-12)				
P.O. Box 388, U.S. F	Route 9				Sq. Feet:		commercial bl				
City (5)	County (6)			Code (7)	Bldg. Age	<u><25</u>	# of Flo	ors: Var	ious		
Forked River	Ocean			Use Only)	Current Use	(prior if bein	g demolished)				
Name of Monitoring Firm F Accredited Environment	ental Tech	nologies	#0002				Name of Co	ontractor d Speci	(9) alty Co	ontracto	rs
Street Address 28 North Pennell Roa	ad				Street Address 120 North		et .				
City, State, Zip Code Media, PA 19063					City State, Zin	<u>, Code</u> PA 1760	2				
Project Manager for Monitor Tony Smith	oring Firm	Telephone 610-842-			Telephone Nu 800-437-04		1)	License #0075	Numbe	er o A	
Scheduled Start Date (10) September 15, 2014		Scheduled December	Completio	n Date (11)	Name of OSH Edward Gr	IA Monitor	Oveter Cre				
Occupancy Status During /	During Entir	Check only or	ne)		Street Addres	<u>s</u>		er Ger	eraung	Station	1
() Abatement Performed (Dutside of No	ormal Facility	Hours -		P.O. Box 3		Route 9				
Describe					City, State, Zij Forked Rive	<u>o Code</u> er, New Je	ersey 0873	1			
Other – N/A Describe – Notification is	for conting	ency, no pla	anned ab	atement							
Source of Work (Check all to all to be all to	vation >260 LF AC	M) () SM P	roj. (>25<1 Mini-Enclo	160 SF or >10 <2	60 LF ACM) ove bag Procedu	(x) Minor P	roj. (<25 SF a	r <10 LF	ACM)		
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca	tion Normally by Maint./Cus 12)	Used stodial	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or	LF)	Abateme	ent Type	
Site-wide (contingency)	123	NO	NA x	misc.) Misc,			<25 SF		Rem.	Rep. En	cap Enclose
Name of Reg. Waste Hauler (PSC Industrial)	[NJDEP Was	te Hauler SW2497		Cubic Yards of	Waste		Name of		andfill Landfill	
<u>City, State</u> 2869 Sandstone Drive	, Hatfield,	PA 19440		20	fo		Disp. Date 12/31/15		100000	v. State organtov	wn, PA
Completed by (Print or Type Edwin O'Brien		<u>Title</u> Sr. Enviro	nmental	Chemist	Signature	12 DL		Date -	3/25	11	*
Vail to: NIDED DOLLA	DDDTD				VA	V	1		1-1	11/	

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

9/18/00

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	= 2	111					
	26 /	15		Ve	rizon		Dhea .							
Agencies Notified	Type Notific	ation		Stree	t Address		6816	er. Zi kei	25	Đ.				
⊠ EPA				34	Englewo	od Street				-				
⊠ DOLWD	☐ Amende	700 AND STATE		City,	State, Zip (Code	A	1100 b. h	1801	1				
☑ DHSS	Amendm		_			NJ 07631	E.	LICENT	ABUI	-				
DCA (NJAC 5:23-8)	☐ Emerger justificat		ing		of Contac			Telephone Nur	0					
(NJAC 3.23-8)	☐ Cancella			2002000000	x Baylor			releptione idir	TIT LOS					
						FORMATION						-		
Name of Facility Where Al	patement is	Taking Pla	ce (3)	IA	CILITI	NORMATION	Type of Facility	(4)						
Verizon			00 (0)				School (K-12							
Street Address							☐ Subchapter 8	Other than K-1						
34 Englewood Stree	t						Other (i.e., pr homes, etc.)	rivate and comme	ercial b	uilding	js,			
City (5)							Square Feet	# of Floors	В	Ida A				
Englewood							8,000	2	В	ldg. A	ge			
County (6)				Cau	-b. C-d- /	ZVOTATE LIGE ONLY		1578		50				
Bergin				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	ished)					
Name of Monitoring Firm I	Hired by Buil	ding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-					
TTI Enviornmental		24.000	(5)(37)			JVN Restorat								
Street Address						Street Address								
1253 North Church S	Street					47 Foster Ro	ad							
City, State, Zip Code					-	City, State, Zip Co	ode							
Moorestown, NJ 080	57					Staten Island	NY 10309							
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.						
Harold Baldwin				(908) 81	2-6742	718-605-6256		00774						
Start Date (10)		Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	lonitor							
04 / _6_ /	15	04	/	14 /	15	Testor Tech								
Occupancy Status During	Abatement (Check onl	y one)			Street Address								
☐ Facility Closed/Vacated						10 59 Jackso	n Avenue							
Abatement Performed	Outside of N	ormal Fac	ility Ho	urs - Des	scribe	City, State, Zip Co	ode							
Time of Abatement: 9A	M- <u>7</u> PM/	PM	AN	Л		LIC NY 11101								
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf		\boxtimes	Renova	ation		☐ Mini-Enc	ainment with Neg losure	ative Pressure						
≥160 sf or ≥260 lf			Demoli	tion			Procedure							
			Is Loc	otion	T	□ Non-Exe	mpted (*) and Nor	n-Friable Proced	ure					
Location of	of		Norm	22.50		Description o	f		Ab	atem	ent T	ype		
Asbestos-Containing N				olely by	Asbe	stos Containing Ma	terial (ACM)	Amount	Re	Repair	E	En		
TO BE ABAT		100000		nance/	(i.e	e., thermal systems	insulation,	(Specify	Remova	pair	cap	Enclosure		
IN Facility (13)	/ 8		(12			surfacing, VAT, other miscellane	or or	SF or LF)	la la		Encapsulate	ure		
		Ye	s No	N/A		other misochane	ous)				ite			
Basement Cable Vault	:			\boxtimes	VAT/Ma	astic		2,000SF			П			
						19			$\exists \Box$	П	П			
		П							10					
			-						ᆜᆜ					
Name of Posistered West	- Haules			L L	101									
Name of Registered Waste Newark Carting	= mauler			NJDEP Hauler I		Cubic Yards of Waste	Name of Regis							
	15			NJ-56		1	G.R.O.W.S.	, inc.						
City, State						Disposal Date	City, State	22501						
Hackettstown, NJ					4/14/15	Morrisville,	PA							
Completed By (Print or Typ	oe)	Title				Signature	-711	D	ate					
Ignatius Marraccino	1	Proje	ct Ma	nager		Soneti	1 / lun	wem	3-	26	,-\	5		

ASB-41 MAY 11

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

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

(% O. LA 23	76

Date of No	otification	(1)				Name of	Puilding O	wner / Ope	rotor (2)		N				
09	/ 02	/ 14				Mondolo	Internation	wher / Ope	rator (2)						
/	/	/				Street A	_	ai			- 65	-			
Agencies	Notified	Type of N	lotificat	ion		_	ite 208 Nort	L			f				
	EPA					-									
	DEP		Initial				te, Zip Cod		2613	MAR 27		~ ~ ~			
			Amen				New Jersey	7, 07410		FRANCE :	7.17	J- 114			
	DOH			dment		Name of				Telepho	ne Numb	per			
\Box	DOL				v/ justification	JOHN LI	SSY		L		-				
\vdash			Cance	ellation	The state of the s					1 1 1 2					
					F	ACILITY II	NFORMATI	NC			13.	2	-132		
NI CE	* ****														
	acility Wh		nent is	Taking	Place (3)		Type of F	acility (4)							
ivionaelez	Internationa	ai					_	1 PAGE 2012/05/2012 - 1 2019 - 444							
21 11 1								School (K							
Street Add								Subchapt	er 8 (Other	than K-12	2)				
2211 Rout	e 208					33	✓		, private &	cmmercia	al				
									mes, etc.)						
City (5)		County (6	5)		County Code	(7)	Square F	eet	# Of Floor	rs	Buildin	ig Age			
Fairlawn		Bergen					1,00	0,000		3					
							Current L	se (Prior if	being dem	nolished)	Î	40	+		
								AREHOUSE		67					
Name of N	Nonitoring	Firm Hired	by Blo	g. Own	ner (8)	ASCM NO									
1			Ī				T								
AET							NORTHS.	TAR CONTE	RACTING G	ROUP IN	C				
Street Add	dress						Street Ad		0.00.000	, 110	<u> </u>				
907 Doolitt	tle Drive						Street Address								
_	, Zip Code						32 Williams Parkway								
	er, NJ 0880							e, Zip Code							
	ngr. For Mo		irm		Telephone Nu		City, State								
Eric House		officoring F			908-218-1108	ımber	Foot Hone	NII 070	20						
_	Start Date	(4.0)	Icahaa			(4)	East Hanover, NJ 07936 Telephone Number License								
12023	n	1			letetion Date (11)	lelephon	e Number		License I	Number				
09/	/16	/14	-	04/	/ <u> </u>	00000									
	21.1.2		Ц.	101	/			34-8682			(00860			
Occupanc								OSHA Moni							
	1750		ited Dui	ring En	tire Period of	Period of NORTHSTAR CO Street Address				ROUP, IN	C.				
	Abatemen		0.020 888	2007 Vilte	25 25/20 00/40		Street Ad	dress							
			ed Outs	ide of N	Normal Facility										
_	Hours - De							s Parkway							
V	Other - De	scribe: _	7:00 A	M - 3:30	OPM		City, State	e, Zip Code							
							East Hand	ver, NJ 079	36						
Scope of \	Work (Chec	ck All That	Apply)												
	Demolition	n		1	Renovation	~	Full Conta	ainment wit	h Negative	Pressure					
	≥3sf or_>3					~	Mini - End	losure							
~	≥160 sf or	≥260 If				V	Glovebag	Procedure							
74.750						J	Non-Exen	pted (*) an	d Non-Fria	ble Proce	dure				
L	ocation of	f		ls		Descript	ion of			Abateme	nt Type				
Asbe	stos Conta	aining	Loc	ation	As		Containing			R		E	İΕ		
			Nor	mally		Material	(ACM)		Amount	E	R	N	N		
TC	BE ABAT	ED	Us	sed	(1.	e., therma	systems		(Specify	M	E	С	C		
	in Facility		So	lely			facing, VA	r. I	SF or LF)	0	Р	A	Ĺ		
	(13)		by I	Main-			ellaneous)		/	v	A	P	ō		
			2000000000	ance/			,			À	i	s	s		
				todial						Ĺ	R	Ü	Ü		
			Staf	f (12)								li.	R		
			YESI	N/A								+			
129119117					1							1	1		
SEE ATTA	CHED											1	1 !-		
/11/1/1										⊢⊢		1 4			
												+	1 4		
Nama of D	amintara d N	Manta Hair			NUDED W.	0.11	111 (5								
Name of R	-	waste Hau	ier		NJDEP Waste			egistered L	_andfill						
NEWARK (JAKTING				Hauler ID No.	Yards	I.E.S.I.								
O:t. O: 1					4509	of Waste									
City, State						Disposal	City. State								
NIESTAN ESTA TATA					Date	BETHLEH	EM, PA 181	05							
Completed by (Print or Type) Title						Signature Date									
							oiget Manager					1			
Steve Stiles Project Mar						nager 03/26					3/26/15				

1	_								
Location of		ls		Description of		Abateme	nt Type	1-	1=1
Asbestos Containing	1000	ocati		Asbestos - Containing		R		E	E
TO DE ADATED	N	orma		Material (ACM)	Amount	E	R	N	N
TO BE ABATED		Use		(I.e., thermal systems	(Specify	M	E	C	С
in Facility		Sole		insulation, surfacing, VAT,	SF or LF)	0	P	Α	L
(13)		y Ma		or other miscellaneous)		V	A	P	0
	93316	enan				A	1	S	S
		ustoo taff (0	1	L	R	U	U
		S NO					-	IL.	R
BAKERY - 2ND FLOOR	1	V	NA	DUCT INSULATION	1,025 SF		-	 	-
BAKERY - 2ND FLOOR	1	7	Н	GASKET	1500 SF	7	-	+ +	
BAKERY - 2ND FLOOR		17	H	TRANSITE	80 SF				
BAKERY - 2ND FLOOR	╁┼	V	H	WIRING		V			
BAKERY - 2ND FLOOR	╂∺		H	PIPE & FITTING INSULATION	3,000 LF	V		44	
BAKERY - 1ST FLOOR	-	Name of Street			4,265 LF	V			
STAIRWELL #1	14	V	<u>H</u>	PIPE & FITTING INSULATION	175 LF	V			
STAIRWELL #1	14	✓	<u> </u>	PIPE & FITTING INSULATION	10 LF	✓ ,			
A SAN THE RESIDENCE OF THE PROPERTY OF THE PRO		~	Ц.	PIPE & FITTING INSULATION	20 LF	V			
2ND FLOOR PAINT SHOP		✓	Ц	VAT & MASTIC	1050 SF	V			
1ST FLOOR SHOP AREA		1		DUCT INSULATION	200 SF	7			
1ST FLOOR SHOP AREA		4		PIPE & FITTING INSULATION	150 LF	J			
BAKERY - 2ND FLOOR		7		PIPE & FITTING INSULATION	2 LF	V			
BAKERY COLUMN M-5		V		PIPE & FITTING INSULATION	16 LF	7			
BAKERY COLUMN M-7		V		PIPE & FITTING INSULATION	16 LF	V			
LADIES ANNEX		~		VAT & MASTIC	2400 SF	V			
COLUMN P-23		1		PIPE & FITTING INSULATION	20 LF	V	n	Th	
BAKERY DRAIN LINES		J		PIPE & FITTING INSULATION	130 LF	7		一市	
BAKERY RACK CORRIDOR		1		PIPE & FITTING INSULATION	270 LF	N	h	H	
SPIRAL COOLER AREA		1		PIPE & FITTING INSULATION	300 LF	7		H	H -
BAKERY WATER LINE		V	T	PIPE & FITTING INSULATION	8 LF	V	H	-	1 -
BAKERY DRAIN LINES		1	-	PIPE & FITTING INSULATION	190 LF	V	-		H
2ND FLOOR SUGAR WAFER		1	Ħ	VIBRATION CLOTHES	20 SF	7	H	-	
2ND FLOOR LOCKER ROOM		7		DUCT INSULATION	3000 SF	7		-	
2ND FLOOR OREO	1	1		PIPE & FITTING INSULATION	300 LF	_	-		-
2ND FLOOR ICING	15	7	H	PIPE & FITTING INSULATION	120 LF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	
2ND FLOOR LOCKER ROOM	++	7	H	PIPE & FITTING INSULATION		<u> </u>			
IST FLOOR WATER PIPING	+-	7		PIPE & FITTING INSULATION	85 LF	<u> </u>			<u> </u>
MEZZANINE	++	7	H	PIPE & FITTING INSULATION	120 LF	<u> </u>			
BOILER ROOM	++		H		100 LF	V			
BAKERY PACKAGING		V	/ manual	PIPE & FITTING INSULATION	20 LF	V			
EXTERIOR	-	✓	Н.	PIPE & FITTING INSULATION	20 LF	V			
	14	~	Ц	TRANSITE WINDOW PANELS	2,000 SF	V			
BAKERY WAREHOUSE	14	1		PIPE & FITTING INSULATION	15 LF	V			
SHOP AREA	and the real Persons in case of	7	_	PIPE & FITTING INSULATION	35 LF	7			
BRD FLOOR MIXING		1		PIPE & FITTING INSULATION	6 LF	7			
	The Real Property lies								
					1	T		Ī	
	-					H			
						1 1 1			

MO 22252848085

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

			(Pi	ursuant	to NJAC 8:60 a	nd 12:12	D)		REC	The f	1/12	1:		
Date of Notification (1) 03/23/15					of Building Owner Help of Christ	11.5	*****	ny .						
Agencies Notified	Type Notification			Street A	Address elmont Ave			21	MS MAR	27	AH 3	ोः हो		
× EPA × DEP × DOL	Initial Amended Amendment				ate, Zip Code Haledon, NJ,	07508		Δ	SOEST & LI	DS C	SING	RO		
X DOH X DCA	Emergency- justification) Cancellation		100		f Contact amona Beltre					none N				
Name of Facility Manage	Abatana dia Tali	DI (0		FAC	ILITY INFORMA	TION	-							
Name of Facility Where Mary Help of Chrisi Street Address		ig Place (3)				Ype	of Facility (School (K-1	12)					
659 Belmont Ave								Subchapter Other (i.e. petc.)				ldings	, hom	es,
City (5) North Haledon							Squa	are Feet	# of Fl	oors		Bldg.	Age	
County (6) Passaic					Code (7) USE ONLY)	-	Curre	ent Use (Pri	or if being	demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	8	ASC	M No.			atement Cor ement	ntractor (9))				
Street Address							Addre 87th	ss Street S	uite A4					
City, State, Zip Code								Zip Code gen, NJ (7047		2			
Project Manager for Mor	nitoring Firm			Telepho	ine No.		none N			icense 1223	No.			
Start Date (10) 04/01/2015		Schedule 04/07/2		pletion	Date (11)	A CONTRACTOR		HA Monitor	JLTING I	LC		Ť		
Occupancy Status Durin	g Abatement (Che	ck Only On	e)			A	Addre							
Facility Closed/Vac Abatement Perform	ated During Entire led Outside of Norr	Period of A	batem Hours	ent				JTE EAS	TSUITE	107				
Other – Describe:				UNION NJ 07083										
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova: emoliti			<u> </u>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		le	Location	on			1 140	II-Excilipted) and iv	011-1116	IDIC 1 10	marin	emen	t
Location	n of	N	omall	у	D	escription	of					T	/ре	
Asbestos-Containing TO BE AB. In Facil (13)	ATED	Mai - Custo	l Solel ntenar odial-S (12)	taff?	Asbestos Co (i.e. therm: surf	ntaining N	Materia s insula T, or	ation,	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Boiler R	nom	Yes	No	N/A	D		41		05.0		-	-	,,,	
Boiler R	707.000				ct Insula			65 5		X	-			
Boiler R				er Insula		:1-4:-	150		X					
Doller K			2-8" 151 pipe	ipe & pipe joint insula# 200 LF X										
Name of Registered Was	ste Hauler	Line and the		JDEP W		Cubic Yards Name of Registered Landfill			ill					
NEWARK CARTING	Hauler ID No. 22430 of Waste I.E.S.I.					arionii								
City, State NEWARK, NJ						osal Date		BETHLI	∍ EHEM, F	PA 18	105			1
Completed by Bryan Parra	ct Ma	nager		Signature	7			1 652	ate /23/20	015				



Date of Notification (1) 03 /	24	/ 20				of Building naniel Bra	Owner/Operator (2					,	
Agencies Notified		otification				Address	auburu				1 1/2		
☐ EPA	☐ Initia						Avenue	ž					
□ DOLWD	☐ Ame			1		tate, Zip Ci		· ·					
☑ DOH □ DCA	1	ndment #_ rgency (in			Map	lewood,	NJ 07040						
(NJAC 5:23-8)		ication)	cluding	1	Name	of Contact		The state of the s	Telephone Numb	er			
(ellation			Nath	naniel Br	adburd						
					FAC	ILITY ÍN	FORMATION		dama.				
Name of Facility Where	Abatemen	t is Taking	Place	(3)				Type of Facility (4)				
residential house								School (K-12					
Street Address									(Other than K-12) ivate and commerce		ildina		
89 Plymouth Aver	nue							homes, etc.)		nai bu	nung	٥,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	e	
Maplewood									2				
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolisi	ned)			
Essex								residence					
Name of Monitoring Fire	m Hired by	Building (Owner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)					
						5	Pow/R/Save	Inc					
Street Address							Street Address						
							27 West Stre	et					
City, State, Zip Code							City, State, Zip Co	ode					
						*	Bloomfield, I	Nj 07003					
Project Manager for Mo	nitoring Fir	m		Tele	phone i	Vo.	Telephone No.		License No.	121			
							973-680-0088	3	357				
Start Date (10)					tion Dat	670 577	Name of OSHA N	Monitor	•				
04 /10	/ _15_		04_ /	10	/ _	15							
Occupancy Status Durin	ng Abatem	ent (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vaca													
Abatement Performe							City, State, Zip C	ode					
Time of Abatement:	AIV	P	IVI/	_PM-		AM							
Scope of Work (Check	all that app	oly)											
			ПВ	novati	on		☐ Full Con	tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf			⊠ De					g Procedure					
							□ Non-Exe	empted (*) and No	n-Friable Procedur	е			
1 100			7000	Locat Vorma						Ab	atem	ent T	ype
Location Asbestos-Containin		(ACM)	and the second second	ed Sole		Ashe	Description of stos Containing Ma	727	Amount	Re	Repair	En	回
TO BE A		(, (011.)	30,477.0	intena			e., thermal systems		(Specify	Removal	pair	cap	Enclosure
IN Fac			Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	/al		Encapsulate	ure
(13)		Yes	No	N/A	1	outer miscellane	eous)				te	
hacomont					-	piping			50 If				
basement				Ш		piping			30 II			Ш	
	14.000												
				П					7	П	П	П	П
Name of Registered W	aste Haule	er.		1 7	NJDEP '	Waste	Cubic Yards of	Name of Regis	L stered Landfill				
Pow/R/Save		78.0		1,500	Hauler II	D No.	Waste		ntral or Tullytow	/n			
City, State					1713	2	Disposal Date	City, State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Bloomfield, NJ							Disposal Date		l or Tullytown, F	PA			
	Time	Tit	lo.				Signature	- A				,	
Completed By (Print or sharon Hendee	ype)		ie sec/tre	25			Signature	SII 1.	5	ate	,,/	50.48====	_
ASB-41			300/116					1/herd 4/1		1%	7/1	5	
JAN 13			* Do no	t use t	his form	for asbes	tos licensure exem	pted activities.		/			

			NOT	(Pursua	ION OF AS ant to NJA	SBESTO	S ABATE and 12:12	MENT 0)		*1	r			
Date of Notification (1) 03/24/2015				Nam	e of Buildir	ng Owne	r/Operato	(2)	\$317.2					
Agencies Notified Type Notif				Stree	Address Engle S			10	11-11-11		201		17	2_
X DEP Amer	nded ndmeni	t #		City,	State, Zip (Code	31		pur .	7				_
justific	gency cation) ellation		ng	Name	of Contac Young H	et .		Xi.	Te	elephor	ne Numb	er		
Name of Facility Where Abatement is	T-12	-			CILITY IN		TION							
Private/Commercial	akin	ig Place	9 (3)					Type of Fac	cility (4)					
Street Address 16 State Highway 5								Subchi Subchi	l (K-12) apter 8 (Ot i.e. private	her tha	n K-12) Imercial	buildir	ias hr	nme
City (5) Edgewater NJ 07020								etc.) Square Fee 2000		of Floor			g. Age	
County (6) Bergern				Count	y Code (7) E USE ONL	VI.		Current Use	(Prior if be	eing der	molished		0	
Name of Monitoring Eirm Hired by Bui	ildina (Dwner /	8/	/	CM No.	r)		Apartmen	ts			,		
Street Address ,	1ca	Jou	<u></u>		012	0	All CI	of Abatement ean Enviro	Contracto nmental	r (9) , LLC				
280 Huyler St City, State, Zip Code	L 		10-12-12			1	106 V	Address reeland A	N. C.					
HACICENSACK A Project Manager for Monthstring Firm	1/	0	760				City, St South	ate, Zip Code Hackensa	ack, NJ 0	7606				
GAISEL FAIALD)				one No. 181 - 6	200	Telepho	ne No. 46 2027			ise No.			
Start Date (10)		Schedu	ıled Co	mpletion	7 3 / ~ <i>Q</i> , Date (11)	207		OSHA Mon	itor	0124	13			
03/26/2015 Occupancy Status During Abatement (100	04/05	/2015		30 52			Analysis L						
							Street A							
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe; Building Close	Norms	Facili	Abater ty Hour	nent s				nollwood F te, Zip Code						
	for Der	nolition				_		Plains, NY						
Scope of Work (Check All That Apply)		Person						an cuspending decided a					_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa	Renova Demolit				×	Full Contain Mini-Enclos Glovebag F	ure Procedure					
			s Locati					Non-Exemp	ned () and	I NON-F	riable P		ire temen	nt .
Location of Asbestos-Containing Material (ACM	11		Normal ed Sole		1	Des	scription o						уре	-
TO BE ABATED In Facility (13)	2		aintenar todial S (12)		Aspest (i.e.	thermal surfac	aining Mat systems in sing, VAT, niscellaned	or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Liferonia
2nd floor		Yes	No	N/A							<u> </u>		ate	ā
3rd floor				X				ris PACM	200	00 SF	Х			
3rd floor				X	Clean	1000		is PACM	800	0 SF	Х			
				X			noleum		10	SF	Х			
						Dino	Insulatio	n	70	1.5				-
3rd floor			1.62	X					100,000	LF	X		1	
3rd floor ame of Registered Waste Hauler			Ha	IDEP W	No.	Cubic Y of Wast	'ards		of Registere					L
			Ha	IDEP W	No. 9	Cubic Y	ards e	Name of Lesi	of Registere	ed Land				

JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Nama	of Duildin	z Ownor/Opperator/	2)	**	110	The street		
3 /	24	/ 15			Div	ision of	g Owner/Operator (Property Manage	2) ement & Cons	kuction	V 1.	* \$.J		
							roporty marrage	cilicite de doils	2015 HAR 27	Ets.	-		
Agencies Notified EPA	Type No									HM,	1: 1	3	
☑ DOLWD	☐ Amer						Street, 3rd Flr.	£	BHFSTON N	×4.			
⊠ DOH		idea idment#				State, Zip (& LICENS	- TV	RO	L	
DCA	100000000000000000000000000000000000000	gency (in		9	Tre	nton, NJ	08608		- LICENS	114G			
(NJAC 5:23-8)	justifi	cation)			Name	of Contac	t		Telephone Num	ber			
	☐ Canc	ellation			Ric	k Ferrera	a		1				
					FA	CILITY IN	FORMATION	s					
Name of Facility Where	Abatement	is Taking	Place	(3)				Type of Facility	(4)				
Residential House		310		Wester				School (K-12					
Street Address									8 (Other than K-12		2007		
12 Washington Str	eet							M Other (i.e., p homes, etc.)	rivate and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	P	dg. A	00	
Woodbridge, NJ 0	7095		100					Oquare 1 eet	# 01 1 10015		ug. A	ge	
County (6)					Cour	aty Codo /	7)(STATE USE ONLY)	Current Lies (De	ior if being demolis	Jan all			
Middlesex					Cour	ny code (/)(STATE USE UNLT)	Current Use (Pr	for it being demoils	inea)			
	Llicad by F	Duilding C	V	(O) T	10014	NI	Tal. Cal.						
Name of Monitoring Firm	- 10	Building C	wner	(8)	ASCM	No.	Name of Abateme	and the contract of the contra					
Bio Terra Solutions	S							NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater						
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Mon	itoring Firn	n		Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494	-3762	973-928-4888	É	1188				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
03 /30 /	_15_	_ 6	<u> </u>	_ 23	_ / _	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	g Abateme	nt (Check	only	one)	2.7.7	71	Street Address						-
☑ Facility Closed/Vacate							27 Outwater	Lane					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	N/	PM-		AM	Garfield, NJ						
Scope of Work (Check al	I that apply	()											
П - 0 - f 2 / f				774				ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf				novati molitic			☐ Mini-Enc ☐ Glovebag						
2 _ 100 0. 0 200			2300	onuc			☑ Non-Exe	mpted (*) and No	n-Friable Procedu	e			
				Locat						Ab	atem	ent T	vne
Location				Norma ed Sole			Description o				_		<u> </u>
Asbestos-Containing TO BE ABA		(CM)		intena			stos Containing Ma		Amount	Remova	Repair	nc	Enclosure
IN Facili				todial		(1.6	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	340	a n	sde	osu
(13)	8.5			(12)	Total veri		other miscellane		J. J. 2. 7	=		Encapsulate	6
			Yes	No	N/A							0	
2 nd FI - Throughout						Joint C	ompount assoc.	w/Drywall	3,100 SF				\boxtimes
2 nd FI-Hallway & rear	3 Bedroo	oms				Floor T	îles & Mastic		640 SF			×	
Basement/Crawlspac	се				\boxtimes	Pipe In:	sulation		30 LF			\boxtimes	
Basement/Crawlspac	e				\boxtimes	Fitting/	Joint Insulation		10 LF			\boxtimes	
Name of Registered Was	te Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1			
Newark Carting				Н	auler II		Waste	IESI Landf					
City, State					04509)	As Needed Disposal Date	City, State		1100			
Newark, NJ							TBD	Bethlehem	DΛ				
							200000000000000000000000000000000000000	Detilienem					
Completed By (Print or T	ype)	Title					Signature	1 1	Da	tė	1		
Allen Monchik		Pr	oject	Mana	ager		1 32	~Mar		12:	21	15	
SB-41									1. /	1	1	-	
IAN 13		- L	o not	use th	is form	ior asbest	tos licensure exemp	ted activitiés.					

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

				12 Washington Street		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main	Locat mally Solely tenancal Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A						
Exterior Door			Х	Door Caulk at Siding & Casing	84 LF	Χ		Х	
			Х	Window Glazing	216 LF	Χ		Х	
Exterior Roof			Х	Black Flashing	6 SF	Х		Х	
٦						1)			
	- 1	- 1	- 1			- 1	- 1		

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date: 32315
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1)			-		Name	of Ruildin	o Ow	ner/Operator (2)	and and the 1 th	L+ LJ			
	24	1	5		Div	rision of	Prop	erty Manage	ement & Gonst	ruetion Lu	3: 1:	2		
Agencies Notified EPA	Type Not				Stree	t Address		et, 3rd Flr.						
☑ DOLWD	☐ Amen	ded			_	State, Zip (0, 0, 0, 1, 11.	# 3 N <u>-</u>	5740 cm	(IRO			
Ø DOH	No.	dment #		-0		enton, NJ		ng	ζk:	LICENSI	ť G			
DCA (NJAC 5:23-8)		gency (i cation)	ncludin	g		of Contac	ANT SE			Telephone No	ımbar			
(110/10 0.25-0)	☐ Cance					k Ferrera				relephone N	umber			
								MATION					- 221	
Name of Facility Where A	hatament	ic Takir	a Place	2 /2)	FA	CILITYIN	NFOR	RMATION	T					
Residential House	batement	15 Takii	ig Flaci	= (3)					Type of Facility (W. 180				
Street Address									☐ School (K-12 ☐ Subchapter 8		-12)			
13 Armstrong Aven	ue								Other (i.e., pr homes, etc.)	ivate and comr	nercial b	uildin	gs,	
City (5)									Square Feet	# of Floors	E	ildg. A	.ge	
Woodbridge, NJ 07	095													
County (6) Middlesex					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Name of Monitoring Firm	Hired by E	Building	Owner	(8)	ASCM	No.	Nar	me of Ahateme	ent Contractor (9)					
Bio Terra Solutions	1000	J		,-,					NAGEMENT LI	C				
Street Address								eet Address	MACENIEN E			-		
P.O. Box 1224							1	7 Outwater	lane					
City, State, Zip Code								, State, Zip Co						
Union, NJ							5	arfield, NJ						
Project Manager for Monit	toring Firm	1		Tele	ephone	No.		ephone No.		License No.				
Rick Eustaquio	ă			4	73-494		46.55	73-928-4888		1188				
Start Date (10)		Sche	duled C	1		ite (11)		ne of OSHA M		1100				
03 /30 /	15			3.7		15			NAGEMENT LL	_C				
Occupancy Status During	Abatemer	nt (Ched	k only	one)			Stre	et Address						
□ Facility Closed/Vacate	d During E	Entire Pe	eriod of	Abate			2	7 Outwater I	_ane					
Abatement Performed							City	, State, Zip Co	ode					
Time of Abatement:	AM	P	M/	PM		AM	4	arfield, NJ						
Scope of Work (Check all	that apply)								- F - D				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				enovat emolitic				☐ Mini-Encl			dure			
			1	Loca							Al	atem	ent T	vpe
Location of Asbestos-Containing N		CM)		Norma ed Sole		A-h-		Description o		n who years and the strains		_		
TO BE ABA		CIVI)	Ma	intena	nce/			Containing Mar		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	У		Cus	todial (12)	Staff?		S	urfacing, VAT,	or	SF or LF)	BVB	=	nsd	Sur
(13)			Yes	No	N/A		oth	ner miscellaned	ous)				ate	
1 st Fl - Throughout						Joint C	omp	ount assoc.	w/Drywall	3,425 SF				\boxtimes
1 st Fl-Bk RT Br & Grou	ıd Floor				\boxtimes	Floor T	iles			175 SF				\boxtimes
Roof						Flashin	ıg & (Grey Caulk/	Sealant	35 SF			\boxtimes	
Exterior Door						Caulk				21 LF				П
Name of Registered Waste	e Hauler			1000	JDEP \			ic Yards of	Name of Regist	ered Landfill				
Newark Carting				H	04509		Was	ste s Needed	IESI Landfil					
City, State					U 7008			osal Date	City, State					
Newark, NJ								BD	Bethlehem,	PA				
Completed By (Print or Type	pe)	Titl	е					Signatura 7	۱۸ ۸		Date /	1		
Allen Monchik		P	roject	Man	ager			alle	11/1	_	$\frac{3}{2}/2$	-3/	15	

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

	_			13 Armstrong Avenue		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely stenand ial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u	E n c l o s u r e
New Land	Yes	No	N/A						
Northwest of Backyard	_		Х	Debris Pile #1		Х		X	
	-	-							
	_								
				\$77					
									N

) — · · · · · · · · · · · · · · · · · ·			$\sim \sim \sim 1$.		r ,	
Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature	- Date	23/	R
			<u> </u>			-

Date of Notification (1)	24	1	15			200000000000000000000000000000000000000		g Owner/Operator () Property Manage	ment & Gonsti	ruction	* : :				
Agencies Notified EPA	Type N		ation				Address	Street, 3rd Flr.		11 27 AH	3. [Ŝ			
□ DOLWD	☐ Ame						State, Zip C		<u>~</u>	7 1 1 1 1 1 1 1 1 1 1	37.11				
☑ DOH	The second second	endme	_			1	nton, NJ		ÚK.	LICERSIN	G.				
☐ DCA (NJAC 5:23-8)	⊠ Eme	ification		cluding			of Contac			Telephone Num	ber				
(110,10 0.20 0)	☐ Can					Ric	k Ferrera	1							
						FA	CILITY IN	FORMATION							
Name of Facility Where A	bateme	nt is T	aking	Place	(3)				Type of Facility (4)					
Residential House									School (K-12	·	2101				
Street Address										(Other than K-12 ivate and comme		ilding	ie		
19 Armstrong Aven	ue								homes, etc.)	ivate and comme	i Giai Di	man ig	ιο,		
City (5)									Square Feet	# of Floors	BI	dg. A	ge		
Woodbridge, NJ 07	7095														
County (6)						Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	ished)				
Middlesex															
Name of Monitoring Firm	Hired by	Build	ding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions									IANAGEMENT LLC						
Street Address								Street Address							
P.O. Box 1224								27 Outwater	Lane						
City, State, Zip Code								City, State, Zip Co							
Union, NJ									J 07026						
Project Manager for Moni	torina Fi	rm			Tel	lephone	No.	Telephone No.	200000	License No.					
Rick Eustaquio	•				in the same	73-494		973-928-4888		1188					
Start Date (10)		Is	Sched	uled C		etion Da		Name of OSHA M							
03 / 30 /	15					3 /			NAGEMENT LI	_C					
Occupancy Status During		ant /	Chack			5000 18-		Street Address	SS						
☐ Facility Closed/Vacate					127-070 FE	ement		27 Outwater I	200						
☐ Abatement Performed							scribe	City, State, Zip Co							
Time of Abatement: _								Garfield, NJ							
Scope of Work (Check all	that app	oly)							1						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				☐ Re		51700		☐ Mini-Enc	ainment with Neg losure Procedure	ative Pressure					
<u> </u>				M De	1110110				mpted (*) and Nor	n-Friable Procedu	ure				
	721				Loca			72 7 2			Ab	atem	ent Ty	уре	
Location Asbestos-Containing	-	(ACM	1)			lely by	Ashe	Description o estos Containing Ma		Amount	20	Re	m	m	
TO BE ABA		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·/	0.75500		ance/		e., thermal systems	insulation,	(Specify	Remova	Repair	cap	clos	
IN Facilit	ty			Cusi	(12	Staff?		surfacing, VAT,		SF or LF)	8		Encapsulate	Enclosure	
(13)				Yes	No			other miscellane	ous)				ate		
1st Fl & Stairwell- Thr	oughou	urt					Joint C	ompount assoc.	w/Drywall	3,500 SF			\boxtimes		
Garage- Throughout							Joint C	ompount assoc.	w/Drywall	550 SF			\boxtimes		
Roof-Chimney & Ven	ts						Black F	lashing		35 SF					
Exterior Windows							Caulk u	under metal casi	ng	201 LF	\boxtimes				
Name of Registered Was	te Haule	r				NJDEP		Cubic Yards of	Name of Regis	tered Landfill	-				
Newark Carting						Hauler I 0450		Waste As Needed	IESI Landfi	11					
City, State						0430		Disposal Date	City, State						
Newark, NJ								TBD	Bethlehem	, PA					
Completed By (Print or Ty	/pe)		Title)				Signature	1 1		ate [1		
Allen Monchik	CCT/		102/2007		Mar	nager		1100	allon.	\sim $ $	31-	27	113	3	
						Manager									

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

				19 Armstrong Avenue		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenandial Staf	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u	E n c I o s u r
	Yes	No	N/A						
1st Fl-Kitchen			X	Floor Tiles	228 SF	X		Х	Х
Ground Fl-Behind Walls & Ceiling			×	Fabric Duct Wrap	20 LF	X		Х	X
Exterior at Concrete Slab			Х	BK Flashing/ Vapor Barrier	150 LF	X		Х	
				3					

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	signarore: VonCr	Date: 3/23/15
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1)					Name	of Duildin	- Ouman/O	2)		44 [1]			
3 / 24	4/	15	5		Div	ision of	g Owner/Operator (Property Manage	²⁾ ement & Consti	ruction27	13:	iL		
⊠ EPA ⊠	pe Noti			-	Stree	t Address	Street, 3rd Flr.						
☑ DOLWD ☐	Ameno Ameno				City,	State, Zip	Code		de Littehin	-J.	7.1		
	Emerg			a	Tre	nton, N.	08608						
(NJAC 5:23-8)	justific		roidaiir	9	Name	of Contac	ct		Telephone Num	ber			
	Cancel	llation			Ric	k Ferrer	a						
					FA	CILITY II	NFORMATION						
Name of Facility Where Abar	tement i	s Takin	g Place	e (3)				Type of Facility (4)				
Residential House				0.5				School (K-12)	C.P.				
Street Address								☐ Subchapter 8	(Other than K-12	2)			
86 Causeway Street								Other (i.e., pri homes, etc.)	ivate and comme	rcial bi	uilding	gs,	
City (5)								Square Feet	# of Floors	R	ldg. A	00	
Woodbridge, NJ 0709	5										iag. A	ge	
County (6) Middlesex					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Name of Monitoring Firm Hire	ed by Bu	uilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					00.17.171
Bio Terra Solutions							ALL PRO MA	NAGEMENT LL	.C				
Street Address							Street Address					_	
P.O. Box 1224							27 Outwater I	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monitorion Rick Eustaquio	ng Firm			1000000	ephone 73-494		Telephone No. 973-928-4888		License No.		4		
Start Date (10)		Sched	duled C	12	etion Da		Name of OSHA M		1100				
03/_30_/_1	15				3 /	C 40		NAGEMENT LL	C				
Occupancy Status During Ab							Sen 20080 O 2000 No. 2 1000 Date 100, 1000 No.	TAOLINENT EL	.0				
☐ Facility Closed/Vacated D					mont		Street Address	724172-1					
☐ Abatement Performed Ou						cribe	27 Outwater L						
Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all tha	t apply)		110.000	115			Garfield, NJ	98 39 39933999					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			□ Re	enovat emoliti			☐ Mini-Encl ☐ Glovebag			re			
				Loca						Ab	atem	ent T	vpe
Location of	:-1/00	N #\		Norma	ally ely by		Description of		***************************************				T
Asbestos-Containing Mate TO BE ABATED		JIVI)	Ma	intena	ance/		estos Containing Mat e., thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	7		Cus	todial (12)	Staff?	1	surfacing, VAT,	or	SF or LF)	OVA	=	psu	Sur
(13)			Yes	No	N/A	1	other miscellaned	ous)				late	0
1 st FI - Throughout						Joint C	ompount assoc.	w/Drywall	1,950 SF			\boxtimes	
2 nd FI- Throughout						Joint C	ompount assoc.	w/Drywall	1,400 SF				
1 st Fl-Mudroom, Attic & I		ent			M	Insulati	ion Board		100 SF				\boxtimes
2 nd FI-Hall, Front Br & Ba	ack Br					Floor T	iles		48 LF	\boxtimes		×	
Name of Registered Waste H	auler			198	JDEP \	200	Cubic Yards of	Name of Registe	ered Landfill			- 3	
Newark Carting				F	lauler II 04509		Waste As Needed	IESI Landfil					
City, State					04308		Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem,	PA	20			
Completed By (Print or Type)		Title	9				Signature	1	Da	te /		1	
Allen Monchik		0.000	roject	Man	ager			-Mana		3(-	23	1	T

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

	Is Location			86 Causeway Street		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	In Solely by (, Maintenance/Cust sodial Staff (12) Yes No N/A		Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e
			N/A						
2nd Fl-Back Br				Multi-Layered Relilient Flooring	110	X		Х	Х
2nd Fl-Back Br			X	Textured Ceiling Surface	130 LF	X		X	X

Completed by: (Print or type)	Title:	Project Manager	Telephore I a	
Allen Monchik	Title.	r i oject ivianagei	Signature:	Date 7 23 15
			V V	

JAN 13

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

Date of Notification (1)						g Owner/Operator (200		f				
3 / 24	/15			Div	rision of	Property Manage	ement & Cons	truction					
Agencies Notified Type N	otification			Street	Address		CE - 4	ruction SER 27 AP	- i	L			
☑ EPA ☑ Initia	al			20	W. State	Street, 3rd Fir.	2,00						
☑ DOLWD ☐ Ame				City, S	State, Zip (Code				1			
	endment #_ ergency (in			Tre	nton, NJ	08608			1일 1년 1년	1-			
	fication)	auamg	3	Name	of Contac	t t		Telephone Num	ber				
	cellation			Ric	k Ferrera	a							
				FΔ	CILITY IN	FORMATION				_	_		
Name of Facility Where Abatemer	nt is Takino	Place	(3)	1.7	CILITI	AL OLVINA LIOIA	Type of Facility	(4)					
Residential House	1,10	, , , , , , ,	(0)					School (K-12)					
Street Address								-) 8 (Other than K-12	2)				
114 Causeway Street							Other (i.e., p	rivate and comme		uildin	gs,		
City (5)							homes, etc.						
Woodbridge, NJ 07095							Square Feet	# of Floors	BI	dg. A	ge		
				·									
County (6)				Cour	County Code (7)(STATE USE ONLY) Current Use (Prior if being demolish								
Middlesex													
Name of Monitoring Firm Hired by	Building C)wner ((8)	ASCM	No.	Name of Abateme							
Bio Terra Solutions					ALL PRO MANAGEMENT LLC								
Street Address					Street Address								
P.O. Box 1224						27 Outwater I							
City, State, Zip Code						City, State, Zip Co							
Union, NJ						Garfield, NJ	07026						
Project Manager for Monitoring Fin	rm		1	ephone		Telephone No.		License No.					
Rick Eustaquio				73-494		973-928-4888	1100						
Start Date (10)				etion Da		Name of OSHA M	onitor						
03 /30 /15				3 / -	15	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During Abatem					Street Address								
☐ Facility Closed/Vacated During						27 Outwater I	_ane						
Abatement Performed Outside Time of Abatement:AM	of Normal	Facility	/ Hou	ırs - Des	cribe	City, State, Zip Co	ode						
		,u			AIVI	Garfield, NJ	NJ 07026						
Scope of Work (Check all that app	ly)												
☐ >3 sf or >3 lf		□Re	nova	tion			ainment with Neg	gative Pressure					
≥160 sf or ≥260 If		☑ De				☐ Glovebag	Procedure						
						Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedu	ге				
			Loca Iorma						Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM)			ely by	Ashe	Description of stos Containing Mat		Amount	D	Z	щ	ш	
TO BE ABATED	,,			ance/		., thermal systems i		(Specify	Removal	Repair	Cal	100	
IN Facility		Cust	odial (12	Staff?	3	surfacing, VAT,	or	SF or LF)	Va	=	Encapsulate	Enclosure	
(13)		Yes	No			other miscellaned	ous)				ate	0	
1 st FI - Rear Addition		П	П	×	Tiles &	Assoc. Yellow N	lastic	72 SF					
Exterior Siding		П			18.0	ementitious Pane		1,770 SF					
Roof						Flasing at Chimi		10 SF					
					Dit iui	rading at Online	icy a venta	10 31					
Name of Registered Waste Hauler				NJDEP V	Naste	Cubic Yards of	Name of Regis	tered Landfill		Ш	Ч		
Newark Carting			383	Hauler II		Waste	IESI Landf						
				04509)	As Needed			Œ:				
City, State						Disposal Date	City, State						
Newark, NJ						TBD	Bethlehem	, PA					
Completed By (Print or Type)	Title		20.00			\$ gnature	\ ^	Da E	te		1	1	
Allen Monchik	Pr	oject	Man	ager					5/-	23	1 V		

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	1.1					
3/24	/15	5				Property Manage	ement & Cons						
Agencies Notified Type N ⊠ EPA ☑ Initia	otification				Address	Ctreet 2nd Fla	dri gg	27 AH 3: (ď				
☑ DOLWD ☐ Ame				-		Street, 3rd Flr.			4				
☑ DOH Ame	endment #			150	State, Zip (* 2-12						
	ergency (ir	ncluding	3		nton, NJ	The second secon		(- ×					
	fication) cellation			0.0000000000000000000000000000000000000	of Contac k Ferrera			Telephone Num	ber				
	Condition					-		1					
No. 15 101 140				FA	CILITY IN	FORMATION	Pine						
Name of Facility Where Abatemen	nt is Takin	g Place	(3)				Type of Facility (4)						
Residential House							School (K-1)						
Street Address					☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial b								
2 Lee Street						20130-7-	homes, etc.		Oldi Di	andin	90,		
City (5)							Square Feet	# of Floors	B	ldg. A	ge		
Woodbridge, NJ 07095													
County (6)			A E 5.000	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	for if being demolis	shed)				
Middlesex							-	5					
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No.)							
Bio Terra Solutions					CM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC								
Street Address	A				Street Address								
P.O. Box 1224					27 Outwater Lane								
City, State, Zip Code						City, State, Zip Co				_			
Union, NJ						Garfield, NJ							
Project Manager for Monitoring Fir	m		Tele	phone	No	Telephone No.	0.020	License No.					
Rick Eustaquio			140000000000000000000000000000000000000	3-494		973-928-4888 1188							
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA M		1100					
03 /30 /15				_ / _			NAGEMENT L	LC					
Occupancy Status During Abatem	ent (Chec	k only o	one)			Street Address							
☐ Facility Closed/Vacated During						27 Outwater I	_ane						
Abatement Performed Outside						City, State, Zip Co	ode						
Time of Abatement:AM		IVI/	PIVI-	-	AIVI	Garfield, NJ	07026						
Scope of Work (Check all that app	ly)					D	V 0 112 00						
☐ >3 sf or >3 If		П Ве	novati	on			ainment with Neg	gative Pressure					
≥160 sf or ≥260 lf		-	molitic			☐ Glovebag	Procedure						
						Non-Exer	mpted (*) and No	n-Friable Procedur	e.				
#0000W000 041			Locat Norma						Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM)		d Sole		Asho	Description of stos Containing Mat		Amount	Z	\u03ba	ш	ш	
TO BE ABATED	, (011)	2000	intena			., thermal systems i		(Specify	Removal	Repair	Cal	nclo	
IN Facility		Cus	todial ((12)	Staff?		surfacing, VAT,	or	SF or LF)	BVB	-	Encapsulate	Enclosure	
(13)		Yes	No	N/A	1	other miscellaned	ous)				ate		
1 st FI - Kitchen					Smooth	Coat Finish Pla	ster	100 SF					
Under Exterior Siding					Grey Co	ementitious Stud	co Siding	2,200 SF					
Roof					Black F	lasing at Chimne	ey & Vents	10 SF					
Exterior Windows		П	П		Glazino	& Flashing und	er silicon	438 LF		П		П	
Name of Registered Waste Hauler			IN	JDEP V		Cubic Yards of	Name of Regis				2		
Newark Carting			11 100 100	auler I	No.	Waste	IESI Landf						
						04509 As Needed							
City, State Newark, NJ						Disposal Date TBD	City, State Bethlehem	ΡΔ					
2002 S 2000 20 10 2000 0							Dedilenell	T-	• 0000				
Completed By (Print or Type) Allen Monchik	Title	e roject	Man	200-		Signature	1	Da	le -	-1	./		
Alleri Wollchik	_ P	oject	ividili	ger			1	~ 4	1/2	5	17		

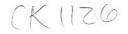
(K 1126

Date of Notification (1)				Nami	of Buildin	g Owner/Operator (2)					
3/24	/ _ 1	5				Property Manage		ruction				
Agencies Notified Type	Notification	1		Stree	t Address		£.3				-	
⊠ EPA ⊠ Ini	tial					Street, 3rd Fir.		white en a	# 3			
	nended	ц		City,	State, Zip (Code	- 4 .				_	
	nendment : nergency (i			Tre	enton, NJ	08608		A Torrest		9		
	tification)	nciuan	ig		e of Contac			Telephone Num	hor			
	ncellation			Ric	k Ferrera	3		. Cophone real	Dei			
				FA	CILITY IN	FORMATION						
Name of Facility Where Abatem	ent is Takir	ng Plac	e (3)				Type of Facility	(4)				
Residential House							School (K-12					
Street Address						□ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildir						
3 Lee Street							Other (i.e., pr homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	Tr	Ida (\	
Woodbridge, NJ 07095						- 1	Oquare r eet	# 01 F10015		Bldg. A	Age	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Hay /Dd					
Middlesex				Cou	nty Code (7	MOTATE USE CIVEY)	Current Use (Pri	or if being demolis	shed)			
Name of Monitoring Firm Hired b	v Building	Owner	/8\	ASCM	No	Nome of Abote	-10 1 10					
Bio Terra Solutions	y Danamig	OWNER	(0)	ASCIVI	SCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address							NAGEMENT LI	LC				
P.O. Box 1224						Street Address						
						27 Outwater I						
City, State, Zip Code						City, State, Zip Co						
Union, NJ						Garfield, NJ	J 07026					
Project Manager for Monitoring F	irm *		Tele	phone	No.	Telephone No.	License No.					-
Rick Eustaquio					-3762	973-928-4888		1188				
Start Date (10)					ite (11)	Name of OSHA M	onitor					
03/30/15				_ / .	_15	ALL PRO MA	NAGEMENT LL	.C				
Occupancy Status During Abater						Street Address						
☑ Facility Closed/Vacated Durin	g Entire Pe	eriod of	Abater	ment		27 Outwater L	ane					
Abatement Performed Outside	of Norma	l Facilit	y Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement:Al	ЛP	M/	PM-		AM	Garfield, NJ (
Scope of Work (Check all that ap	ply)											
☐ ≥3 sf or >3 If		ПR	enovati	on			ainment with Nega	ative Pressure				
≥160 sf or ≥260 If			molitic				Procedure					
						Non-Exen	npted (*) and Non	-Friable Procedur	е			
1 6			Locati Vormal						Ab	atem	ent T	уре
Location of Asbestos-Containing Material	(ACM)	Use	ed Sole	ly by	Achas	Description of stos Containing Mat	orial (ACM)		-	_		
TO BE ABATED	(intena		(i.e.	, thermal systems in	nsulation.	Amount (Specify	Remova	Repair	nca	nclo
IN Facility		Cus	todial 9 (12)	starr?		surfacing, VAT,	or	SF or LF)	BY B	=	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellaneo	ous)				late	œ'
2 nd FI - Stairwell & Bathroom	1				Floor Ti	les		70 SF	\boxtimes	П		
Attic - Exterior Siding					Grey Ce	mentitious Pane	el Siding	75 SF		П		
Roof & Rear Wall at Chimne	у				Black Fl	lasing at Chimne	y & Vents	50 SF				
Exterior Windows					Caulk			360 LF				
Name of Registered Waste Haule	r		N.	JDEP V	Vaste	Cubic Yards of	Name of Registe				K-N	
Newark Carting			Ha	auler ID	No.	Waste	IESI Landfil					
City, State				04509		As Needed						
Newark, NJ						Disposal Date TBD	City, State	D.A.				
Completed By (Print or Type)	A420333						Bethlehem,	PA	1			
Allen Monchik	Title					Signature	111	Dat	e	Acesy	1	_
Alleri Worldlik	P	roject	iviana	ger		- Cal	WIML	5	-	13	113	

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

				3 Lee Street	No.	Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	O BE ABATED In Solely by y (13) Maintenance/Cust odial Staff (12)		Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o,	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	Yes No N/A		1				· `	`
1st Fl - Kitchen & 2nd Fl-								-	_
Back Br-Main House			X	Joint Compount assoc. w/Drywall	1,725 SF	Х		Х	X
Guest House-Lower Level			Х	Tiles	4 SF	X			
Guest House-Interior Concrete Block Foundation				Tar Vapor Barrier	432 SF	X		X	X
Guest House-Exterior Front					432 31			_^	
Door			Х	Door Window Glazing	16 LF	Х		Х	
Pool House-Exterior									
Windows			X	Window Glazing	48 LF	X		X	

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature Data 27 K
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AGC COL

3 /	24 /	15		Division of Property Management & Construction									
	Type Notifica	ation		Street	t Address								
	Amended	d				Street, 3rd Fir.				5.1			
☑ DOH	Amendm	ent #	_		State, Zip				***				
			ng		enton, NJ				t				
(NJAC 5:23-8)	justificati Cancella			1 - 55555	k Ferrer	77.6		Telephone Num	ber				
				FA	CILITY IN	NFORMATION						10	
Name of Facility Where Ab	atement is	Taking Pla	ce (3)			100	Type of Facility	(4)					
Residential House							School (K-12) Subchapter 8 (Other than K-12)						
Street Address								8 (Other than K-12 rivate and comme		ildin	70		
31 Levinson Ave							homes, etc.)		roidi bi	old, buildings,			
City (5)							Square Feet	# of Floors	В	dg. A	ge		
Woodbridge, NJ 070	95												
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)				
Middlesex													
Name of Monitoring Firm H	lired by Build	ding Owne	r (8)	ASCM	No.		0.00						
Bio Terra Solutions						ALL PRO MA	LC						
Street Address						Street Address							
P.O. Box 1224						27 Outwater	Lane						
City, State, Zip Code						City, State, Zip C	Code						
Union, NJ						Garfield, NJ	J 07026						
Project Manager for Monito	oring Firm		Tele	ephone	No.,	Telephone No.	License No.						
Rick Eustaquio			9	73-494	-3762	973-928-4888	1188						
Start Date (10)	0240.00	Scheduled	Comple	etion Da	ite (11)	Name of OSHA N	Monitor						
03 /30 / _	15	6	/ _23	3_ / .	15_	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During A						Street Address							
☐ Facility Closed/Vacated						27 Outwater	Lane						
Abatement Performed C						City, State, Zip C	ode						
Time of Abatement:			PIVI-		Alvi	Garfield, NJ	07026						
Scope of Work (Check all to	hat apply)					F1 - 11 0							
☐ >3 sf or >3 lf			Renovat	ion		⊠ Full Con ☐ Mini-End	tainment with Neg	gative Pressure					
≥160 sf or ≥260 lf)emoliti			☐ Gloveba	g Procedure						
			1-1	de e		M Non-Exe	empted (*) and No	n-Friable Procedu	re				
Location of	f		Is Loca Norma			Description of	of		Ab	atem	ent T	уре	
Asbestos-Containing M			sed Sole	ely by	Asbe	stos Containing Ma	iterial (ACM)	Amount	Re	Re	E	E	
TO BE ABAT IN Facility		5.000	faintena Istodial		(i.e	e., thermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure	
(13)			(12)	-		surfacing, VAT other miscellane		SF or LF)	8		Encapsulate	ure	
Y		Ye	s No	N/A			/				te		
2 nd Fl - Front & Middle	Bedroom				Floor T	iles		156 SF	\boxtimes		\boxtimes		
Exterior Basement Wir	ndow			\boxtimes	Windov	w Glazing		6 LF			\boxtimes		
Og.													
Name of Registered Waste	Hauler		1.50	JDEP I		Cubic Yards of	Name of Regis	tered Landfill			100	-	
Newark Carting			H	lauler II 04509		Waste As Needed	IESI Landf	ill					
City, State						Disposal Date	City, State						
Newark, NJ	lewark, NJ					TBD	Bethlehem	, PA	12				
Completed By (Print or Typ	e)	Title				Signature	101	Da			1		
Allen Monchik		Proje	ct Man	ager		Ull	-More	1	31.	23	12	3	

ASB-41 JAN 13

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



JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

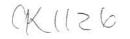
(Pursuant to NJAC 8:60 and 5:16)

				(Pt	ırsuaı	nt to NJ	AC 8:60 and 5:1	6)	-				
Date of Notification (1)					Name	of Buildin	ng Owner/Operator (2)					
3 /	24	15	iii		Div	rision of	Property Manag	ement & Const	ruction				
Agencies Notified	Type No	tification			Stree	t Address		440 为在最上					
☑ EPA					20	W. State	Street, 3rd Flr.	et	¥				
☑ DOLWD	☐ Amer					State, Zip					-		-
☑ DOH □ DCA	Management and the Control of the Co	idment #		•		nton, N.		\$ 1 P					
(NJAC 5:23-8)		gency (in cation)	ciuain	g		of Contac			Telephone Numb	er			
1	☐ Canc	E CHARLES TO SERVICE			Ric	k Ferrer	a			,01			
					FA	CILITY IN	NFORMATION		1				_
Name of Facility Where	Abatement	is Taking	Place	e (3)				Type of Facility	(4)				
Residential House			2	33 - 53				School (K-12	50 · 60				
Street Address						☐ Subchapter 8 (Other than K-12)							
20-22 Levinson Av	е							Other (i.e., p homes, etc.)	rivate and commerc	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	00	
Woodbridge, NJ 0	7095										ug. /	ige	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolish	ned)			
Middlesex							an the control of the			.00)			
Name of Monitoring Firm	Hired by E	Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	s			30.50			그는 기계를 하는 것이 없는 것이 없는 것이 없는 것이 없었다.	NAGEMENT L					
Street Address							Street Address		•				
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					550
Union, NJ							Garfield, NJ						
Project Manager for Mor	itoring Firn	1		Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				97	73-494	-3762	973-928-4888		1188				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
03 /30 /	15		6/	_23	_ /	15	ALL PRO MA	NAGEMENT L	_C				
Occupancy Status During	g Abateme	nt (Check	only	one)			Street Address				7 10 2		
☐ Facility Closed/Vacate							27 Outwater I	ane					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AIVI	P	///	_PIVI-		AM	Garfield, NJ	07026					
Scope of Work (Check a	I that apply	')						W 11 500 500	979.8 ZZS				
≥3 sf or ≥3 lf			□R€	novati	on			ainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf				molitic			☐ Glovebag	Procedure					
			le	Locat	ion		Non-Exer	mpted (*) and Noi	n-Friable Procedure	-			
Location	of			Vorma			Description o	f		Ab	atem	ent T	уре
Asbestos-Containing		CM)		ed Sole			stos Containing Ma	terial (ACM)	Amount	Rer	Repair	EN	E
TO BE ABA IN Facili	THE RESERVE OF THE PARTY OF THE PARTY.		9393	todial:		(i.e	 thermal systems i surfacing, VAT, 		(Specify	Removal	bair	Sape	Enclosure
(13)	· · ·			(12)			other miscellane		SF or LF)	8		Encapsulate	ure
			Yes	No	N/A							0	
1 st FI - Bathroom						Linoleu	ım Flooring unde	er tiles	108 SF	\boxtimes		\boxtimes	\boxtimes
Under Wall of Stairw	ell				\boxtimes	Tile un	der flooring & bla	ack mastic	16 SF				\boxtimes
2 nd Fl-Hallway & mide	dle right l	3r				Tile & E	3k Mastic under l	hardwood	184 SF	\boxtimes	П		
Exterior Siding						Grey C	ementitious Pan	el Siding	2,060 SF	×	П		
Name of Registered Was	te Hauler			N	JDEP V		Cubic Yards of	Name of Regist				_	
Newark Carting				Н	04509		Waste	IESI Landfi					
City, State				_	04509	-	As Needed Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem,	PA				
Completed By (Print or T	ype)	Title					Signaturé	1 0	Date	1			
Allen Monchik	55 SW	1	oject	Mana	ager			Men	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	500	15	11	
ASB-41		1 7 7 7	JON 1557		J			- C1 1/0,00		1	^>	1)
JAN 13		* [Do not	use th	is form	for asbest	os licensure exemp	ted activities.					

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

	_			20-22 Levinson Avenue		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Noi S Main	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No							
Garage-Exterior Siding	_		Х	Grey Cementitious Panel Siding		X		Х	
	_	_							
				<u> </u>					
	-		-						
		-	-						
			-						
			-						
								-	
		\Box							
							-		

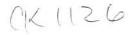
			 	8	Y		f.	1
Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	V	m	Date:	23	12



Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		100			
3/24	15	<u> </u>		Division of Property Management & Construction Street Address								
Agencies Notified Type No						01		1 4 APT 35	ij			
☑ DOLWD ☐ Amer						Street, 3rd Fir.						
	dment #				State, Zip (i ju			
☐ DCA ☑ Emer	gency (ir	cluding	9		enton, NJ							
(NJAC 5:23-8) justifi	cation)	6		75.12	of Contac	₹2.		Telenhone Numb	per			
Cano	snauon			10000000	k Ferrera			B			_	
Name of Facility Where Abatement	is Takin	n Place	2/31	FA	CILITY	IFORMATION	Time of Facility	. (4)				
Residential House	io rakiir	91 1000	(0)				Type of Facility School (K-1	, , ,				
Street Address								8 (Other than K-12))			
17 Maple Street							Other (i.e.,	private and commer	cial b	uildin	gs,	
City (5)							homes, etc.	# of Floors	10		0.00	**
Woodbridge, NJ 07095							Square reet	# Of Floors	B	dg. A	ige	
County (6)				Cour	ahy Codo /)(STATE USE ONLY)	Comment Head (D					
Middlesex				Cour	ny code (7	NSTATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm Hired by B	Building (Owner	(8)	ASCM	No							
Bio Terra Solutions	zanan ig v	S WITCH	(0)	ACCIVI	140.	Name of Abateme		1				
Street Address												
P.O. Box 1224						Street Address 27 Outwater I	lane					
City, State, Zip Code						City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monitoring Firm	1		Tele	phone	No.	Telephone No.						
Rick Eustaquio			1	73-494		973-928-4888						
Start Date (10)	Sched	duled C	1 0000		te (11)	Name of OSHA M		1100				
03/30/15				3_ /		ALL PRO MA		LC				
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address					-	
☑ Facility Closed/Vacated During B	ntire Pe	riod of	Abate			27 Outwater L	_ane					
Abatement Performed Outside o	f Normal	Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode			-		
Time of Abatement:AM-	PI	VI/	PM-		AM	Garfield, NJ						
Scope of Work (Check all that apply)						ainment with Ne	gotive Dress				
≥3 sf or ≥3 If		-	novati			☐ Mini-Encl		gative Pressure				
≥160 sf or ≥260 If		☑ De	molitic	on		☐ Glovebag		- F:-U B I				
		Is	Locat	ion	1	M Non-Exer	ripled () and ivo	on-Friable Procedure	-			
Location of		1	Norma	lly		Description of	f		-	1	ent T	ype
Asbestos-Containing Material (A	CM)		d Sole intena			stos Containing Mat	terial (ACM)	Amount	Removal	Repair	E	Enc
TO BE ABATED IN Facility			todial		(i.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	Von	a	apa	Enclosure
(13)			(12)	_		other miscellaned		SF OF LF)	80		Encapsulate	J.
et		Yes	No	N/A							0	
1 st FI - Center Column					Black N	lastic assoc. w/F	Plaster	80 SF			\boxtimes	
Exterior Roof					Tar Flas	shing at Chimne	у	7 SF			\boxtimes	
Exterior Siding					Grey Ce	ementitious Pane	el Siding	1,075 SF				
Name of Registered Waste Hauler			2576	JDEP V		Cubic Yards of	Name of Regis	stered Landfill				\dashv
Newark Carting			H	auler II 04509		Waste As Noodod	IESI Landi	fill				
City, State				04309		As Needed Disposal Date	City, State					-
Newark, NJ						TBD	Bethlehen	n, PA	h		_	
Completed By (Print or Type)	Title					Signatore	100	Dat	e i		-	
Allen Monchik	Р	roject	ect Manager 3/73				131	16	5			
ASR-41	150						W		1		-	

JAN 13

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



Date of Notification (1)				Name of Building Owner/Operator (2)										
3 / 24	/15	15 Division of Property Management & Construction												
Agencies Notified Type N	otification	ification Street Address												
☑ EPA ☑ Initia	•			20 1	20 W. State Street, 3rd Fir.									
☑ DOLWD ☐ Ame				City, S	City, State, Zip Code									
	ndment#			22,0500	Trenton, NJ 08608									
	☐ Emergency (including justification)					Name of Contact Telephone Number								
	cellation				Rick Ferrera									
	-							1						
Name of Facility Where Abatemer	t is Takin	a Place	121	FA	CILITY	NFORMATION	Tune of Facility	(4)						
Residential House	it is Takiii	y Flace	: (3)				Type of Facility ☐ School (K-12							
Street Address) 3 (Other than K-12))					
University out which is				Other (i.e., private and commercial buildings,										
29 Maple Street							homes, etc.)							
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
Woodbridge, NJ 07095				1 -										
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)					
Middlesex														
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.			t Contractor (9)						
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC						
Street Address						Street Address								
P.O. Box 1224						27 Outwater	Lane							
City, State, Zip Code						City, State, Zip Co	ode							
Union, NJ					Garfield, NJ 07026									
Project Manager for Monitoring Fire	m		Tele	ephone	No.	Telephone No.		License No.						
Rick Eustaquio			9	73-494	-3762	973-928-4888		1188						
Start Date (10)	Sche	duled C	comple	tion Da	te (11)	Name of OSHA N	lonitor							
								LC						
Occupancy Status During Abatement (Check only one) Street Address														
☑ Facility Closed/Vacated During				27 Outwater	Lane									
☐ Abatement Performed Outside of Normal Facility Hou						City, State, Zip Co	ode					-		
Time of Abatement:AM	Time of Abatement:AMPMAM Garfield, NJ 07026													
Scope of Work (Check all that app	ly)					200000000000000000000000000000000000000								
П. о. б о. и							ainment with Neg	ative Pressure						
□ ≥3 sf or ≥3 lf □ Renovati □ ≥160 sf or ≥260 lf □ Demolition						☐ Mini-Enc	ag Procedure							
Non-Exempted (*) and Non-Friable Procedure														
		100	Loca						Ab	atem	ent T	уре		
Location of	20070	Norma			Description o		Z	2 2 0		т				
Asbestos-Containing Material (TO BE ABATED	intena	ince/		estos Containing Ma e., thermal systems	Amount (Specify		Repair	Encapsulate	Enclosure					
IN Facility Custodial					,	surfacing, VAT,	or	SF or LF)	Removal	-	nsc	sur		
(13) (12) other miscellaneous)										ate				
Exterior - Original/Main Root		T			Tar Fla	shing at chimne	v. vents &	75 SF			N			
Exterior Roof at Rear Addition	+		-	-	seams			THE STATE OF THE S				님		
	PI I				-	shing at seams		18 LF				Ш		
Basement	-					titious Fitting/Jo	ints	30 LF		Ш				
Basement			Ш		Pipe In	sulation		120 LF			\boxtimes			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste								_						
Newark Carting	Newark Carting 04509 As Needed IESI Landfill													
City, State						Disposal Date	City, State					\neg		
Newark, NJ						TBD	Bethlehem	, PA	20					
Completed By (Print or Type)	Titl	e				Signature /	101	/ Da	te l					
Allen Monchik	F	rojec	Man	ager		1111	- Norl		3/	つ	118	5		
ASB-41							1 9000		-	()	1-			
JAN 13	34	Do not	use th	nis form	for asbes	tos licensure exemp	ted activities.							

Date of Notification (1)	24 /	1	15						erty Manage	ment & Constr	ruction						
Agencies Notified Type Notification						Street Address 20 W. State Street, 3rd Fir.											
⊠ EPA																	
⊠ DOLWD	Amend	endment # ergency (including				City, State, Zip Code											
☑ DOH ☐ DCA						Trenton, NJ 08608											
(NJAC 5:23-8)	[10] [10] [10] [10] [10] [10] [10] [10]					Name of Contact Telephone Number											
☐ Cancellation						Rick Ferrera											
						FAC	ILITY IN	FOR	MATION								
Name of Facility Where A	batement	is Tak	ing Pla	ce (3)					Type of Facility (4)						
Residential House										School (K-12							
Street Address		-									(Other than K-12						
27 Water Street													ıildin	gs,			
										Square Feet	# of Floors	BI	dg. A	ne.			
City (5)	005									oquare r cet	11 01 1 10015		ug. /	ge			
Woodbridge, NJ 07	095				_	Causa	b. Codo /7	VCTAT	TE USE ONLY)	Current Hea /Bri	or if being demolis	(bod)			_		
County (6)						Court	ty Code (7)	MOTAI	IE USE UNLT)	Current Ose (Fir	of it being demons	sileu)					
Middlesex			_	(0)			1	Late									
Name of Monitoring Firm		Buildin	g Owne	er (8)	F	ASCM I	No.	1-250000000000		ent Contractor (9)							
Bio Terra Solutions										NAGEMENT L	LLC						
Street Address									et Address								
P.O. Box 1224								100000	7 Outwater	100000000000000000000000000000000000000							
City, State, Zip Code									, State, Zip Co								
Union, NJ									arfield, NJ	07026	Tr. 1		-				
Project Manager for Monitoring Firm								0.000	ephone No.	. 9	License No.						
							-3762		73-928-4888								
Start Date (10) Scheduled Compl								100500000	ne of OSHA N								
03 / 30 / 15 6 / 2							15			NAGEMENT L	LC						
Occupancy Status During Abatement (Check only one)								0.000	et Address								
☑ Facility Closed/Vacated During Entire Period of Aba							COMP. CY		7 Outwater								
Abatement Performed Outside of Normal Facility Ho								200-200	, State, Zip Co								
Time of Abatement:AMPM/PN							Tuvi	G	arfield, NJ	07026							
Scope of Work (Check all	that apply	1)							M Full Con	tainment with Nec	entivo Proceuro						
☐ >3 sf or >3 lf				Reno	ovatio	on			☐ Mini-End	하고 하는 이번 이번 이번 이번 가는 사람이 되었다.	Jalive Fressure						
≥ 160 sf or ≥260 lf						ion Glovebag Procedure											
									M Non-Exe	empted (*) and No	n-Friable Procedu						
Is Location of Norm									Description of	of		At	Abatement Type				
TO BE ABATED IN Facility				Jsed	Sole	ly by	Asbe	stos (Containing Ma		Amount	Reg	Repair	E	Enclosure		
				Main			(i.e		rmal systems		(Specify	Removal	a	aps	los		
				Custodial Staff (12)			taπ? surfacing, VAT other miscelland					20	8	Encapsulate	ure		
(13)			Y	es	No	N/A		- 01	ioi imodoliano	,000				6			
2 nd Fl - Throughout 8	2 nd FI - Throughout & Stairwell						Joint C	Joint Compount assoc. w/Dryv			2,850 SF						
Kitchen							Floor T	iles	& Mastic		25 SF			\boxtimes			
Kitchen]			Linoleu	ım u	nder Ceram	ic Tile	194 SF			\boxtimes			
Exterior Foundation	Wall]		\boxtimes	Tar Vap	oor E	Barrier		720 SF						
Name of Registered Was	te Hauler	-			257337	JDEP \		10000000	oic Yards of	Name of Regis	stered Landfill						
Newark Carting						auler II 04509	uler ID No. Waste IESI Landfill As Needed										
City, State						04003			posal Date	City, State							
Newark, NJ								Т	BD	Bethlehem	n, PA						
Completed By (Print or T	vpe)	1	Title					_	Şignatur,e.	1 1		ate	i				
Allen Monchik			Proj	ect l	Man	ager			1 000	MIC		3/2	3	15			
						-				- 141	10.00		1				

ASB-41 JAN 13

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

				27 Water Street	Abatement Type				,
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	ation of Asbestos-Containing Nor terial (ACM) TO BE ABATED In Faculty (13) Main		on Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u l	E n c l o s u r e
5	Yes	No	N/A		51015				
Exterior Windows			X	Window Glazing	510 LF	Х		Х	
Garage - Exterior Window			Х	Window Glazing	12 LF	Х		Х	
1									

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:
Allen Monchik			Control	15/25/12