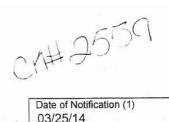
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#21901429361 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 25 / 03 14 499 Lincoln Park Care Center LLC Type Notification Agencies Notified Street Address ☐ EPA X Initial 499 Pine Brook Road Amended X DOLWD City, State, Zip Code Amendment # X DHSS Lincoln Park, NJ 07035 ☐ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Ari Rosenberg **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Nursing home Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 521 Pine Brook Road, Renaissance Bldg. homes, etc.) # of Floors Square Feet Bldg. Age Lincoln Park, NJ 07035 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Envirovision Consultants, Inc. 00079 Gr Tech LLC Street Address Street Address 20-21 Wagaraw Road, Bldg.#35 E 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No Telephone No. License No. Guillermo Morales 973-636-9145 973-638-1777 01127

Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 03 / 14 05 / 03 / 14 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Absternent Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-_____PM/06:00 PM_6:00 AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf ■ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Boiler room-first floor \times X Breeching insulation 140 SF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signatus N.Jevtic Owner 03/25/2014 ASB-41 * Do not use this form for asbestos licens re exempted activities. MAY 11

Check#1851

Date of Notification (1)		-	· · ·	Name	of Building	Owner/Operator (2	2)		100			-
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(NJAC 5:23-8)	justification)			Name	of Contact			Telephone Nu	mber			
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				FA	CILITY IN	FORMATION						
Name of Facility Where Ab	atement is Taki	ng Place	(3)	100			Type of Facility	(4)				
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Street Address								8 (Other than K-1 private and comm		didina		
835 Summit Avenue							homes, etc.		ercial bu	numg	3.	
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						Wayne, NJ 074						
Project Manager for Monito	orina Firm		Tei	ephone	No	Telephone No.	70	License No.		/)		
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Wayne, NJ 07470						TBD	Tullytown, P	PA				
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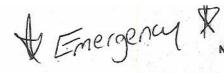


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City, State NEWARK, NJ	11.			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Disposal Da 04/07/14	te`	City, State	e . EHEM PA				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2) Date of Notification (1) Robert Stack (Private Home) 3/25/14 Street Address Type Notification Agencies Notified MAR 1207 Long Beach Blvd **EPA** Initial City, State, Zip Code Amended DEP Beach Haven NJ 08008 × DOL Amendment # × Emergency (including Telephone Mumbar Name of Contact iustification) DOH Rob Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Robert Stack (Private Home) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 1207 Long Beach Blvd etc.) # of Floors Bldg. Age Square Feet City (5) 35 +1000 +Beach Haven NJ 08008 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Home Ocean ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 3/28/14 3/26/14 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Removal (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) N/A Yes No 1200 SF **Exterior Siding** Exterior Siding X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste G.R.O.W.S. United Containers 22459 Disposal Date City, State City, State 3/28/14 Morrisville PA 19067 Elm NJ Signature Date Title Completed by 3/25/14 President Anthony T Perna



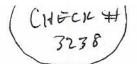
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Date of Notification (1) 3/25/14						wner/Operat (Private H			```		7 1	2 F.	7	
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Date of Notification (1)			Name	of Building	Owner/Operal	tor (2)	<u> </u>	5.5 1	I				
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TO BE AB	ATED	Custo		(1.6	surlaging, VA	T, 01	SF & LF)	Removal	Repar	psu	10.21
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,		Yes h	10 N	A			- A 1	-	_	_	-
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517/1	<u> </u>		-	+==							_
				+==						_	
		-	-	+							
	l v Maular		THIO	P Waste	Cubic Yards	Name of Re	gistered Landfill	, ,	,		
Name of Registered Y	O INC.		Hauk	90 Ho.	of Waste	C,M	1, C, M, C	, /3		_	==
			-		Deposal Date	City, State		1).J	•		
City State MAPLE SI	IDE, NI	5,08	052		-		DB/NE,	,	-	.,	
Completed By	Tit	le			Signature	ough Se	Date 3	/25	//	4	
TOSEPH K	LEMM -	00	~ [<u> </u>	-						

MO#21901429348

MAY 11

Date of Notification (1)	-		1	lame o	f Building (Owner/Op	erator (2)) in the la			- 1- -	-)	
03/25	14	_	4	99 Lin	coln Park	Care Ce	enter LL	C				13	
Agencies Notified Type	Notification		100		ddress				. 1	and the same of th	100	,1	
⊠ EPA ⊠ Ini			4	00 Pin	e Brook I	Soad		7	MAR 3 1	2014	•		
	nended		1		ate, Zip Co								
X DHSS A⊓	nendment #_											1	
	nergency (inc	duding			Park, NJ	07033			Telephone Nun	nber		\dashv	
(NJAC 5:23-8) Jus	stification)		- 1					1	i ciopiione rian	. 1001		ı	į.
	ancellation		A		senberg							-	
				FAC	ILITY INF	ORMAT	ION						
Name of Facility Where Abatem	ent is Taking	Place ((3)					Type of Facility (4)				
Nursing home								School (K-12)				
Street Address									(Other than K-1		ildina		
	I D. I. C.	. 04					11	homes, etc.)	rivate and comme	erciai oc	numg	5.	1
499 Pine Brook Road, Linco	in Park Car	e Cent	er					Square Feet	# of Floors	B	dg. A	oe.	
City (5)								Oqualo 1 cot			-51	5 7	
Lincoln Park, NJ 07035					0 1 (7) (TATE 1101	- ON! \O	Ourset Head On	les if being dama	linhad)	_		
County (6)				County	y Code (7) (8	STATE USE	E UNLY)	Current Use (Pr	or it being delilo	iisileu;			
Morris											275.0		
Name of Monitoring Firm Hired	by Building C) wher (B) /	ASCM N	No.	Name of	Abateme	ent Contractor (9)					
Envirovision Consultants, In	С		0	0079		Gr Tech	LLC						
Street Address						Street Ac	ddress			***************************************			
20-21 Wagaraw Road, Bldg.	#35 E					576 Vall	lev Rd#	283					- 1
City, State, Zip Code	#33 D					City, Sta	-						
						Wayne,							
Fair Lawn, NJ 07410 Project Manager for Monitoring	Firm		Tolo	phone i		Telephor		70	License No.		-		
	1 11111		135500		20,620	1.00							
Guillermo Morales				636-91	0.0000000000000000000000000000000000000	973-638		4	01127		NO. OF LOCAL		
Start Date (10)		duled C				Name of	USHA N	NOTITO					
	- -	05 /		_ / _	14	Envirov	ision Co	onsultants,Inc					
Occupancy Status During Abat	ement (Chec	k only c	ne)	9:E534		Street A	ddress						
Facility Closed/Vacated Dur	ing Entire Pe	riod of	Abater	ment		20-21 W	/agaraw	Road, Bldg .#	34A				
X Abatement Performed Outs	ide of Norma	Facility	Hour	s - Des	cribe	City, Sta							-
Time of Abatement:	AMP	M/06:0	<u>O PM_</u>	6:00	AM	Fair Lav	Secretarists.						
Scope of Work (Check all that a	analy)					I all Lav		p and decontami	nation with negat	tive pres	sure		
Scope of Work (Grieck all that a	ipply)							tainment with Ne					
			novati				Mini-End	closure	I 	D	2002		
≥ 160 sf or ≥260 lf		☐ De	molitic	n		\bowtie	Gloveba	ig Procedure X	l ent with Negat	ive Pres	sure		
							NOII-EXE	simpled () and M	Trable Froce		1		
			Locat Norma			5				A	_	ent T	ype
Location of Asbestos-Containing Mater	ial (ACM)		d Sole	V	Ache		scription	or aterial (ACM)	Amount	₽ R	Repair	E	臣
TO BE ABATED	a. (Aow)	Ma	intena	nce/				insulation,	(Specify	- ĝ	pa	Cap	5
IN Facility		Cus	todial	Staff?	, , ,	surfac	cing, VAT	Γ, or	SIF or LF)	Remova	=	Encapsulate	Enclosure
(13)			(12)		1	other n	niscellan	eous)		-		ale	12
		Yes	No	N/A							-	1	
Boiler room-first floor				X	Breechin	ng insula	tion		250 SF	X			
				X	1			-	60 SF	X	đП	1	-
Boiler room-first floor		-			Expansion		nsulatio	n		-	-	L	Ħ
Boiler room-first floor			ᆜ		Pipe inst	ulation			30 LF	X	+	1=	닏
Boiler room-first floor				\boxtimes	Elbows				80 each	X			
Name of Registered Waste Ha	uler		NJ	DEP Wast	e Hauler ID No.	Cubic Ya	rds of Was	ste Name of Reg	isterea Landiiii				
Gr Tech LLC			1	003378	85	TBI)	T.R.R.F. Inc					
City State						Disposa		City, State					
						III AMARINE SANCESAN			2.4				
Wayne, NJ 07470	1=					TBI		Tullytown, I	A	Date	-	-	
Completed By (Print or Type)	Tit	16				Sig	nature Z	2 .	1				
N.Jevtic	Ov	vner					18	who wh	hens	03/25/2	2014		
ASB-41		* Fv-		die fan	n for when	tos licano		pted activities.					
MAY 11		DO HO	et tise i	1113 1011	u in aspez	·no tirelly	THE STATE ALL	pion acrivilles.					

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Date of Notification (1)			Na	nne of	Building	Owner/Operator	(2)					
3/	25/ A		17	EM	PLE	BETH E	<u></u>					4
Agency Notified	Type Notification		Str	eet A	didress	mmit A	JIENICKE	MAR 3	201	4	7	
D EPA	initial .		-	-	- T- 0	ada -					-	\neg
DI DEP	☐ Amended Amendment#		1	100	VEA	SACK, 1	UIO	7601	•		1970	
-	☐ Emergency (including	g	Nia	Inne of	F Contact	311012 11		Talashana Marah	-		-	-
DI DOH	justification) D Cancellation		,		ROSE			A				
MILL.	E Calabases.			_		RMATION	, 5	• -		ř.		1
Name of Facility Where /	Abatasanst is Taking Pla	ce (3)	•				Type of Facility	(4)				
TEMPLE B		(-)		<i>-</i> -	. ·		☐ School (K-12	2)	0.00			
Street Address				•		:	Chapter (i.e. pr	3 (Other than K-12) ivate & commercial	buildings	i.,		
280 SUM	MIT AVENU	E				,	homes, etc.	# of Floors	Bidg. A			-
Cay (5)							18,000	2	58			•
ItACKENSAG	CK.		- 10		0.4.00	(STATE USE	Compat Use (P	rior if being demolish				-
BERGEN	(A) K 5		30	NLY)	Coge (/)	(SINIE OC		DAYCARE/OFI				
Name of Monitoring Firm	Hired by Building Owns	er /	ASCM N	200	77	Name of Abaten	nent Contractor (9)				
10 DIECA EN	VIRON WENTA	e.	00	12	0	Best R	emoval I	nc				
Street Address						Street Address	12 Table					
280 HUYLE	PR STREET		17				River St					
Cilw, State, Zio Code			-			City, State, Zip C	Code	J. 07601	(6)			
S. HACKENS	ACK N. +. C	216	e O O	Ma		Telephone No.	Sack, M.	License No.			_	-
Project Manager for Mor	NUS	20	01 48	78-	700	201-329-	7444 -	00388				
21 12 1 140	Och scholad O					Name of OSHA	Monitor	. 7: T				
4/14/1	4 4/2	11	14		.	Omega En	vironmer	ital inc			_	
Occupancy Status Durin	g Abatement (Check on	ly one)				Street Address 280 Huy	ler St					
I Facility Closed/Vacats	ed During Entire Period	of Abate	ement			City, State, Zip C						
☐ Abatement Performed ☐ Other — Describe:	S Officials of Morning Lac	my rot	25			South B	ackensa	k, N.J. 0	7606			
Scope of Work (Check a	all that apply)							Negative Pressure				
M23ser23#			· ·	Ren	ovation	. □ Mini	-Enclosure					
□ ≥ 160 sf or ≥ 260 lf				1 Dem	notifica	Glov	rebag Procedure Fromblad (*) an	d Non-Friable Proce	dure			
		ls.	Location	P						Abata	eme /pe	est
		- B	lomally			Description	nd.	,	r	T	Г	Γ
	ng Material (ACM)		d Solely intenance		Asbe	stos Containing M	laterial (ACM)	Amount	١.	2 _	Encapaulate	m
TO BE A			ustodial Stet2		Æe.	thermal systems surfacing, VA	s insulation, T. or	(Specify SF or LF)		Removal	ĕ	Enclosure
(1:	[1][[전기 [1][[[[]]]] [1][[[]] [[]] [[]] [[]] [[l	(12)			other miscellan					1	1
<u>.</u>	•••	Yes	No	N/A								estimate .
Bucomin + 12-	LEL ROOM	X			1110	EMAL INSO	ULATINIA	80 ELBOWS	LF	X	T	Т
BASEMENT BOO	Car Po-11	文	\vdash			emac Fibe				X	T	Т
INT SEITEN (100)	LETE KUBIN	1			THEE	11138	-5-17-2			T	I	T
												Γ
Name of Registered Wa	ste Hauler		DEP W	aste F	lauler	Cubic Yards of	Name of Reg	istered Landill				
Best Remova			No	2		2 YOS	Minerv	a Enterpri	ses			
City, State		1-	1103		k - 3	Disposal Date	City, State					_
Hacker	nsack, N.J.	076	01			A 21/14	Waynes	burg , Oh				
Completed by	Title		77.5			Signature	1 , 0 ,	ا هـ.ه	3/2	1>	14	4
J. Maiorano	Estin						1	Lames !	2/4	9	1-	
ACR-41	2 Do 00	of second	hin Garage	San an	Anches H	censure exemple	a sistantines					

W#1319

Date of Notification (1 3-24-2014)		Nai W	me of Buildin	g Owner/C ewick	Operator	(2)				, !		
Agencies Notified	Type Notification			eet Address 4 Bloomfie	eld Aven	ue	W	AH -	i da	Ĕ.			
DEP DOL	Amended Amendment Emergency			, State, Zip (rona, NJ (j	
☑ DOH DCA	justification) Cancellation			ne of Contac Iliam A. Le				Tal	anhone Ni	ımher.			
Name of Facility Whe	re Abatement is Takir	a Diago (2)		ACILITY IN	FORMATI	ON							
Residential	re Abatement is Takii	ig Place (3)					Type of Facility (School (K-1	1115					1
Street Address 304 Bloomfield A	venue					-	Subchapter Other (i.e. petc.)	8 (Oth	er than K- & commer	12) cial buil	dings	, hom	es,
City (5) Verona, NJ 0704	4		***				Square Feet 2400	# 0	f Floors		3ldg. / 38+	Age	
County (6) Essex				inty Code (7) ATE USE ONL			Current Use (Pri	or if be	ng demoli	shed)			
Name of Monitoring F	irm Hired by Building	Owner (8)	A	SCM No.			of Abatement Cor n Environmen			LC			
Street Address							Address Virginia Avenu	е					
City, State, Zip Code					***		tate, Zip Code by City, NJ 073	804					
Project Manager for M	Ionitoring Firm	-	Tele	ephone No.			one No. 333-8855		License 01174	No.			
Start Date (10) 4-2-2014		Scheduled 4-2-2014		tion Date (11)		of OSHA Monitor as above						
Occupancy Status Du	ring Abatement (Chec	k Only One)			-	Street	Address						
Facility Closed/V Abatement Perfo Other – Describe	acated During Entire rmed Outside of Norm	Period of Aba	tement			City, S	tate, Zip Code						
Scope of Work (Check	All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	f	The state of the s	ovation nolition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	- 70			e	
	20 %	5470500000	cation mally					() (2 (10)		Abate		ı
Locat Asbestos-Containi	ion of no Material (ACM)	Used S	olely by			scription	of aterial (ACM)	^	mount		Γ.		
TO BE A	ABATED (Custodi (1	2)	fic	e. thermal surface	systems cing, VA niscellan	insulation, T, or	(8	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Att	tic		K		Pipe	insulat	tion	3	0 LF	x			
					-								
Name of Registered W	/aste Hauler		NJDE	P Waste	Cubic	Yards	Name of F	Registe	red Landfi	1			-
Waste manageme			400000000000000000000000000000000000000	r ID No.	of Was		G.R.O.V						
City, State Coraopolis, P.A.		-			Dispos 4-2-20	al Date 014	City, State Morrisvi		A.				
Completed by Liliana Serrano		Title Office M	lanag	er		ignature	rewsen	191	~	ate -24-20	014		

1000 Print Form 200

Date of Notificati 03/21/14	ion (1)						Building C		Operator	(2)	111				1		
Agencies Notifie	ed	×	Notification Initial Amended				ddress ole Way te, Zip Coo	de				MAF	3 7	2014			
DOH DCA			Amendment Emergency (justification)	including	-	Mounta Name of	ain Lake Contact	s, NJ	07417			Telep	ohone Nu	mber			
DCA			Cancellation				DeMarc							•	- +	-	
Name of Facility Private Hous		Abater	nent is Takin	g Place (3)	FACII	LITY INFO	RMATI	ION		of Facility (4	1.6.5 12.5					
Street Address 15 Maple Wa	ау		11.29							×	Subchapter Other (i.e. pretc.)				lings,	home	es,
City (5) Mountain Lal	kes				526000					Squa 800	re Feet SF	# of I	Floors	100	ldg. A O+	ge	
County (6) Bergen						County C STATE U	Code (7) ISE ONLY)				ent Use (Pric idence	r if bein	g demolis	hed)			
Name of Monitor Sky Environr				Owner (8)		ASCM	No.				tement Con Enterprise		9)				
Street Address 140 Bouleva	rd								Street 29 N		ss eld Ave, S	Ste 202	2				
City, State, Zip C Mountain Lal		074	117								ip Code nge, NJ 07	052					15
Project Manager Leonid Shere			Firm			Telephor 973-58	ne No. 88-4821		Teleph 877-	none N 977-9			License N 01203				
Start Date (10) 03/31/14	/31/14 04/03						Date (11)		Name n/a	of OS	HA Monitor						
Occupancy State	us During	g Abat	ement (Ched	k Only Or	ne)	- * *			Street	Addre	ss				/////////////////////////////////////	- 103	
Facility Clo Abatement Other – De	Perform	ed Ou	uring Entire I tside of Nom	Period of A	Abatem	ent			City, S	State, Z	Zip Code						
Scope of Work (Check A	II That	Apply)				-					-					
≥3 sf or ≥3 ≥160 sf or ≥	If		,		Renova Demolit				2	Mi Gi	ill Containme ini-Enclosure ovebag Proc on-Exempted	edure	_			e	
					Locati					90		(/ 55			Abate		1
Asbestos-Co	Location ontaining O BE AB In Facil (13)	Mater	rial (ACM)	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Con therma surfa	escription taining M Il system acing, VA miscellar	Materia s insul AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
1	Basem	ent		Yes	No	N/A X			TSI			50) LF	X			
Name of Registe	ered Was	te Ha	uler	1	100000	JDEP W		Cubic	Yards		Name of I	Register	ed Landfi	1			
America Ente	erprise (Corp			110000	auler ID 2980	No.	of Wa	ste		G.R.C						
City, State West Orange	, NJ							TBE		/ ,	City State						
Completed by Eli Brito	d by Title Projec							Ž	Signature	1	1/	2	10.70	ate 3/21/	14		
ASB-41 (R-06-08)						10	editor I	4	Do no	ot use	this form for	asbesto	s licensu	e exer	npted	activi	ties.

CK5080 Print Form \$200

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 03/21/14					Building Co		perator	(2)								
Agencies Notified	Type Notification			Street Ac	dress ole Way					M/	AR S	1 20	14			-
DEP DOL	Initial Amended Amendment #				te, Zip Coo ain Lake		7417							1		
DOH DCA	Emergency (in justification) Cancellation	cluding	N	lame of	Contact DeMarco					Tele	phone I	Number	i i			
				FACIL	ITY INFO	RMATIC	NC			1						
Name of Facility Where A Private House	Abatement is Taking	Place (3)							of Facility (4 School (K-12	2)		**************************************				
Street Address 15 Maple Way								×	Subchapter 8 Other (i.e. pr etc.)				ıildir	igs, I	nome	s,
City (5) Mountain Lakes								Squa 800	re Feet SF	# of 1	Floors		Bld 50	g. Aç +	je	
County (6) Bergen					Code (7) ISE ONLY)				nt Use (Prior	r if beir	ng demo	olished)				
Name of Monitoring Firm Sky Environmental		wner (8)		ASCM	No.			of Aba	tement Cont		(9)					
Street Address 140 Boulevard							Street 29 N		ss eld Ave, S	te 20	2					
City, State, Zip Code Mountain Lakes, N	J 07417						City, S	tate, Z	ip Code ge, NJ 07				12.00			\exists
Project Manager for Mor Leonid Shereshevs	nitoring Firm			elephor	ne No. 88-4821	73	Teleph		0.		Licens 012					
Start Date (10) 03/31/14		Schedule 04/03/1		pletion [Date (11)		Name n/a	of OSI	HA Monitor	III.						
Occupancy Status Durin	g Abatement (Check	Only One	e)				Street	Addres	SS							\neg
	ated During Entire Pened Outside of Norma			ent		_	City, S	state, Z	ip Code		+					-
Scope of Work (Check A	II That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				XX	Mir Glo	Il Containme ni-Enclosure ovebag Procon-Exempted	edure						
			Locatio												ment	
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) ATED lity	Used	d Solel ntenan odial S (12)	y by ice/	Asbest (i.e.	tos Conta thermal	system cing, VA	Materia s insula T, or	I (ACM) ation,	(S	mount specify or LF)	Kelliova	Domouol	Repair	Encapsulate	Enclosure
		Yes	No	N/A		9,535363	M. Charles						1		æ	
Basem	ent			Х			TSI			5	0 LF	X	+			
Name of Registered Wa	ste Hauler	1	N.	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Lan	ndfill				
America Enterprise			Ha	auler ID 1980		of Was			G.R.O	.W.S					*********	
City, State West Orange, NJ				C:		TBD	/		City State Pullytow		\	E				
Completed by Eli Brito		Title Projec	ct Ma	nager		ş	ignature	1	1h	>		Date 03/2*	1/14	ŀ		
ASB-41 (R-06-08)	<					4	* Do no	ot use	this form for	asbest	os licen	nsure ex	emp	ted a	activit	ies.

State of them sersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 24, 2014			Nar	me of Building C	wner/Opera Elite C	itor (2) onstr	uction Corp	р.	2	3	89	0	
Agencies Notified Type of Notificar [X] EPA [] Initia	ion Notification		Stre	eet Address	49 Lin	den A	venue		,	**	7 [1
[x] DOL Ame	nded Notifica		Cit	y, State, Zip Cod	e Mantu	a, NJ	08051		MAR 3	1 20)1∆	,	
[] DCA justif	gency (includication) ellation	ung	Na	me of Contact Nick				Telephon	e Number			•	
		F.	ACILI'	TY INFORM	ATION								J
Name of Facility Where Abatement is Taking Residence	Place (3)					Турс	of Facility (4		l (k-12)				
Street Address 55 Patrick Drive				5.			[] [x]	Other	apter 8 (other (i.e., private s, etc.)	& com	mercia	l buildi	ngs,
City	County (6	9)		inty Code (7) ATE USE ONL	Y)	1000.32	1200 sf		Floors 1	Bldg.	Age 60)	
Manahawkin	Ocean	-			II >1		rent Use (Prio	lence	iemolisnea)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		AS	CM No.			ment Contract Guar		ntracting,	Inc.			
Street Address					Street A			Route 9	, Unit 61				
City, State, Zip Code					City, Sta	te, Zip	Code Tom:	s River,	New Jerse	y 087	55-12	71	
Project Manager for Monitoring Firm	Te	elephone Num	iber		Telephor		nber		License No 00624				
Scheduled Start Date (10) 3/25/14	Sc	cheduled Com 3/27/14	pletion I	Date (11)	Name of	OSH	A Monitor E.M.	S.L. An	alytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [Other – Describe	ed During En			ent	Street A City, Sta		1056 Code	Stelton ataway, 1	Road New Jerse	y 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} $			enovation		[[[[x	j :] '	Full Containm Mini-Enclosur Glovebag Prod Non-Exempte	nent with N	egative Pres	sure			
	1									Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Cust Staff (12) YES NO				(i. in	Descripti sbestos-Co Material (e., thermal sulation, s VAT, ther miscel	ontaini ACM syste urfaci or	ing) ems ng,	(S	Amount pecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sid	ing			10	00 sf	X	1-	-	-
									+	+	-	-	+
	+-		-					+					
Name of Registered Waste Hauler Guardian Contracting, Inc	1000	DEP Waste F		No. Cubic	Yards of Wa	iste	Name of Re T.R.R.F		ındfill				
City, State	··		Disposal 3/28/14	Date	City, S		n, Pennsylv						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Projec	t Manager		Signature	And the	1	12	A		Date 3/2	e 4/14		
			is form 1	for asbestos lic	ensure exe	mpte							

CK 4955

Date of Notification (1) 3/24/14			Name o	of Building	Owner/Operator	Neu			\mathbb{V}	5_	
gency Notified Type	Notification		I ALLA	A didagan		11	1 1 1 5		OCTA		
EPA E Init			2	ate. Zio C	SQUANI	COM IC D			<u> </u>		-
	ended rendment#		Cary, St	A/A	NG DALE	TH	0772	7			
/ DI Em	ergency (includin	g	Name o	of Contact	100 01100		Telephone No	mber	HUL &		
	dication) ncellation		M	S. WE	eus					-	=
			FACIL	LITY INFO	RMATION						
Name of Facility Where Abatem	ent is Taking Plac	œ (3) ·				Type of Facility	(4)				
MS. WE	ELLS.		_	7.		School (K-12)				
Street Address					:	Other (i.e. pr	3 (Other than K- ivate & commen	(2) Hal buildin	gs,		
289 Sc	JUANKI) M	(20)			homes, etc.)		Bldg.			_
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Project Manager for Monitoring	Finn	Telep	hone No.		Telephone No.	7111	License No. 00388	9626			
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Start Date (10) 4 /2/ 14	Scheduled Co	Contract Contract Contract	Date (11)	-	Omega En	wommer vironmer	tal Inc				
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Scope of Work (Check all that						Containment will					
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Abatement Perform	ned Outside of No				cribe	City, State, Zip	Cod	Oad, Blue #	J4N				
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Completed By (Print of	or Type)	Title				Signature	1	-		Date			
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Check # P244

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Agencies Notified	Type Notification	5-:· ;	1.00	Street Ad 2100 S	dress tanley	Геггасе)		1				- 1	/14		=/
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DOH DCA	Emergency (justification) Cancellation	iricidaling		Name of Janet V	Contact /otapek					1 -						
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	ORMATIO	NC	Type	of Facility	(4)		-				
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Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCM N/A	No.				tement Co t Haz M		-	nc.				
Street Address				= 0		577		E. 41s	st Street	400						
City, State, Zip Code							Pater	rson,	ip Code NJ 0750)4						
Project Manager for Mor	itoring Firm			Telephon				345-0	022		00507				5	
Start Date (10) April 3, 2014		Schedule April 8,	2014		Date (11)		Same	e as a	HA Monitor above	r 						
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	Period of A	batem				Street City, S		ip Code							
Scope of Work (Check A	Il That Apply)											-				
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Project Manager for	Monitoring F		Te	lephon	e No.		Telephone No.		License No.	 			
Project manages for	monutaes r		1.		0	30	201-329-	7444 -	00388				
Start Date (10)		Scheduled Co	ompleti	on Dat	e (11)		Name of OSHA	Monitor					
4-8-2014		4-10-				,	Omega En	vironme	ntal Inc				
Occupancy Status D	uring Abates	ment (Check on	y one)				Street Address						
Q Facility Closed/Va	cated During	: • • Entire Period o	of Albah	ement		đ	280 Huy					_	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Township of Weehawken 2/27/14 Street Address Agencies Notified Type Notification 372 Park Ave **EPA** Initial City, State, Zip Code × Amended DEP ASBESTOS CONTROL & Weehawken, NJ 07086 × Amendment # DOL Emergency (including Name of Contact × DOH justification) c/o James Bartley Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Weehawken Town Hall School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 400 Park Ave etc.) # of Floors Bldg. Age Square Feet City (5) 2 50+ Weehawken, County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Municipal Building Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. America Enterprise Corp Sky Environmental Services Inc Street Address Street Address 140 Boulevard 29 Northfield Ave. Ste 202 City, State, Zip Code City, State, Zip Code West Orange, NJ 07052 Mountain Lakes, NJ 07046 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Leonid Shereshevsky 877-977-9516 01203 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 03/02/14 N/A 03/01/14 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: occupied × Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation × Demolition Mini-Enclosure ≥160 sf or ≥260 If × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF (12)other miscellaneous) (13)Yes No N/A X Χ Pipe insulation 7 LF Basement 2 LF X X Pipe insulation 1st Floor bathroom area 12 SF X X ACM debris 1st Floor (drench by stairs) NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S America Enterprise corp TRD 32980 Disposal Date City, State City, State TBD Tullytown, PA West Orange, NJ Date Completed by Title Signature 82/27/14 Manager

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

State of New Jersey

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Date of Notification (1) 03/24/2014					Building Cliam Osv		perator	(2)			MAR	9/	114		
Agencies Notified	Type Notification	×	2.9 7/7	Street Add	dress donhurs	t Aven	ue							1	
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DOH DCA	Emergency justification)			Name of (Contact					1			- 1	-	
☐ DCA	Cancellation		^		Oswald ITY INFO		ON.			*		- VI			
Name of Facility Where Residence	Abatement is Takin	g Place (3)	TAGIL	17 1 1141 0	TO TO			of Facility (
Street Address 45 Gordonhurst Av	renue							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	r than K-1 commerc	12) cial build	ings,	home	s,
City (5) Montclair					15 mg/s = 2000 mg				re Feet	# of 2	Floors	10000	dg. A	ge	
County (6) Essex				County C	ode (7) SE ONLY)				ent Use (Pri	or if beir	ng demolis	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM N/A	No.				atement Cor st Haz Ma		1.000	С.			
Street Address							Street 494		ess st Street						
City, State, Zip Code									Zip Code NJ 0750	4					
Project Manager for Mo	nitoring Firm		1	Telephon	e No.		Teleph 973-	none N	No.		License 00507	No.			
Start Date (10) April 5, 2014		Schedule April 7,			Date (11)				HA Monitor above	2					
Occupancy Status Durin	ng Abatement (Che						Street	Addre	ess						
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Scope of Work (Check	All That Apply)						1								
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M DOH ☐ DCA	justification) Cancellation	cidaling		Name	of Contac			Telephone Numl	ner			=
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Name of Facility Where	Abatement is Taking Retail		200				Type of Facility					
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City (5)							Square Feet	# of Floors	Ble	dg. A	je	
	Pleasan	tville,	, NJ				9000	11	_	8	00	_
County (6)	tlantic				nty Code (ONLY)	7) (STATE	Current Use (Pr	ior if being demoli Retail Store				
Name of Monitoring Firm	(49)		7	ASCM	No.	2.9	nent Contractor (9					
(8) Environ	mental Tactics		_ -			Stev	vens Environi	nental Servic	es, In	c.		_]
Street Address	64 Broad Stre	eet				Street Address	P.O. 1	Box 322				_
City, State, Zip Code	Matawan, NJ 07	7747				City, State, Zip C		n, NJ 08501				
Project Manager for Mon	nitoring Firm			ohone		Telephone No.		License No.				
Tom	Geiger		_		0-2534		59-9688		0493	3		_
Start Date (10)	Sched	luled Co			ite (11)	Name of OSHA		antal Tastica				
4/10/14			/12/1	4			Environm	ental Tactics			_	_
Occupancy Status Durin	·			nont		Street Address	64 Bro	ad Street				
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Other - Describe:			, , , , , ,			Oity, Otate, Zip C		wan, NJ				
Scope of Work (Check a	all that apply)					MATERIAL DESIGNATION OF THE PARTY OF THE PAR		,, dazi, 1 t <u>j</u>			-	=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Re	novation molition			☐ Mini-En ☐ Gloveb	ntainment with Ne closure ag Procedure rempted (*) and No	gative Pressure	ire			
		No	ocatio omally						A	bater		
Location Asbestos-Containing I			Solely		Ashes	Description o tos Containing Ma		Amount		_		
TO BE ABA	TED	Cu	stodia			thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	y	1000	Staff? (12)			surfacing, VAT other miscellane		SF or LF)	lova	¥.	nsde	osur
XX-2		Yes	No	N/A							late	roi
Roof				×		Roofing/Flas	hing	9600 SF	×			
Name of Registered Wa	ste Hauler		1000	JDEP \		Cubic Yards	Name of Regi	stered Landfill				\neg
	le Disposal		_ H	auler II 172	297	of Waste 40 CU Disposal Date	City State	GROWS Lar	ndfill			_
City, State	Hamilton, N	JT				5/12/14 /	City, State	Morrisville,	РΔ			
Completed By	Title					Signature	1 //	Date	IA		==	=
Mahlon E. Ste	132379,053		oject	Mar	nager	111			3/24	1/14		_

CK#25414

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

						400-1-12-1-12-1		5				
Date of Notification (1)	2/26/14			Name	of Buildin	g Owner/Operator	(2) tville Mixed	Income WAS	11	201	4	
Agencies Notified	Type Notification		_	Circo	t Address	Treasan	tvilic ivilixed	income L.i				\pm
Agencies Notified	1		1	Siree	Address		77 Park Stre	et L		·** 01	,	
	Initial Amended		-	City	State, Zip (Code	17 Turk out	# Video	iceksir	iG.	·	=
⊠ DOL	Amendment #		.	City, c	State, Zip C		ontclair, NJ ^L	1.0	TO LITERI			
⊠ DOH	Emergency (i	nciuding	+	Name	of Contac		, , ,	Telephone Nun	nher	=		
☐ DCA	Cancellation		-			oel Wallace		,				
				FA	CILITY INF	ORMATION						7
Name of Facility Where	e Abatement is Takir	g Place	(3)				Type of Facility	(4)				P
		l Stor				1	School (K-1)	2)				
Street Address							☐ Subchapter	8 (Other than K-1		dinac		
	1-9 M	ain St	reet				homes, etc.	rivate & commero	ciai buli	aings		
City (5)							Square Feet	# of Floors	В	dg. A	ge	
	Pleasar	ntville	, NJ				9000	11	_ _	8	0	
County (6)						7) (STATE	Current Use (Pr	ior if being demo				
	Atlantic			USE	ONLY)			Retail Store	es			
Name of Monitoring Fir				ASCM	No.		ent Contractor (9	\$ 0.000 m				
(8) Enviro	nmental Tactic	S	_			Stev	ens Environi	nental Servic	es, Ir	ıc.		
Street Address	200 March 200 Ma	-				Street Address			3			-70
	64 Broad Str	eet				22 <u></u>		Box 322				
City, State, Zip Code	M. NII.O	77.47				City, State, Zip C		NII 00501				
	Matawan, NJ 0	1141				\	Allentow	n, NJ 08501				
Project Manager for Mo	270			phone		Telephone No.	0.000	License No.	0049	2 .		
	Geiger.		_		0-2534	(609) 25		1	0043.)		=
Start Date (10)	Sche	duled Co			ite (11)	Name of OSHA		ental Tactics				
3/10/14 Occupancy Status Dur	- Al-1		/28/	14		Street Address	Elivitolili	emai ractics				_
Facility Closed/Vaca	5	1000		mont		Street Address	64 Bro	ad Street				
Abatement Perform						City, State, Zip C		· ·				_
Other - Describe:			20	1750	-3	Oity, Otate, Zip o		wan, NJ				
Scope of Work (Check	all that apply)					-						_
	· · · · · · · - · - · · · · · · ·						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf x >160 sf or >260 lf		Rei	novati			☐ Mini-End	dosure ag Procedure					
		A 200	7101110				empted (*) and No	n-Friable Proced	ure			
			ocatio		1000000				F		ment	
Location	of .	Used	mally Solet		87	Description of	1			Тур	e	
Asbestos-Containing	Material (ACM)	Main	tenan	ce/		tos Containing Mat	erial (ACM)	Amount	Z	Ŗ	Ш	Ш
TO BE ABA IN Facili			stodia taff?	11	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Repair	ncap	Enclosure
(13)	.,		12)			other miscellaneo		J. J /	val		Encapsulate	sure
		Yes	No	N/A							ate	
	<u>r</u>				-	D C /E1 1		0000 CE	1	_		
Roo	I			×		Roofing/Flash	ning	9600 SF	×			
												-
									_			
Name of Registered W	aste Hauler			IJDEP V lauler IC		Cubic Yards	Name of Regi					
Carnav	ale Disposal		_ _	172	292	of Waste 40 CU		GROWS La	ndfill			
City, State		The Little				Disposal Date	City, State					
-	Hamilton, 1	VJ				3/28/14	n//	Morrisville	, PA			
Completed By	Title		200000		الح سب	Signature	1//	Date	2/2/	2/1/	1	
Mahlon E. St	evens	Pro	oject	Mar	ager		1/		2/26	0/14		
SB 41						/ // / /	~					

ASB-41 MAR 00

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

No Chack		NO	(Pur	suant	to NJAC	8:60 and 5:16)						-
Date of Notification (1)	/25/14	_		Name o	f Building	Owner/Operator Pleasant	(2) ville Mixed I	ncome L.P	2014		الا	7
Agencies Notified	Type Notification			Street A	Address		77 Park Stre	et ASPESTOS GO	MTDOL	8.	1	
EPA BPA	☐ Initial Amended			011 01	. 7 6	-1-	11 Parkisue	LIGENS GE		<u> </u>	_	=
DEP DEP	Amendment #	1	1	City, St	ate, Zip C	Mc	ontclair, NJ (77042				
™ DOH	☐ Emergency (in justification)	cluding	-	Name o	of Contact		meian, 115 c	Telephone Numb	or			=1
DCA	Cancellation		_	- Traine c		oel Wallace						
	-			FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility					
	Retai	Store	es				School (K-1) Subchapter	8 (Other than K-12)			
Street Address	27-29 N	ain S	treet				Other (i.e., p	rivate & commercia	ıl buildi	ngs,		
City (5)	21-23 IV.	tani U	пссі				Square Feet	# of Floors	Bld	g. Ag	je	
City (5)	Pleasan	tville.	NJ		01-2-5		6200	2	\ <u>-</u>	80)	_]
County (6)) (STATE	Current Use (P	rior if being demolis				\Box
	Atlantic		_,_		ONLY)	N of Ab stee	nent Contractor (9	Retail Stores	5			=
Name of Monitoring Fir	m Hired by Building (nmental Tactics		1	ASCM N	NO.			nental Service	es. Inc	c.		
Street Address	illielitai Tactics		_		_	Street Address	CHO EMPLOTE					\exists
Street Address	64 Broad Str	eet					P.O.	Box 322				_
City, State, Zip Code	Matawan, NJ 0	7747				City, State, Zip C	Code Allentow	n, NJ 08501				
Project Manager for M			Tele	phone I	No.	Telephone No.		License No.			-	\exists
	Geiger)-2534		59-9688		0493			_
Start Date (10)						Name of OSHA		nental Tactics				
4/10/14 Occupancy Status Du	ring Abatement (Che		/12/1	14		Street Address		icital Tactice				=
Facility Closed/Vac				ment			64 Br	oad Street				
Abatement Perform Other - Describe:	ned Outside of Norma	al Facilit	y Houi	rs		City, State, Zip (awan, NJ				
Scope of Work (Check	k all that apply)											
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf			enovati emolitic			Mini-Er	ontainment with Nonclosure pag Procedure	egative Pressure lon-Friable Procedu	ıre			
		Isl	ocatio	on		Non-E	xempled () and h	Thable Freedom		bater	ment	
	190	N	omally	y		Description				Тур	e	
Location Asbestos-Containin			i Solei ntenan		Asbes	Description of stos Containing Ma	aterial (ACM)	Amount	R	R	ш	Щ
TO BE A	BATED		ustodia Staff?		(i.e.	, thermal systems surfacing, VA	insulation, Γ. or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Fac (13			(12)			other miscellane			val	i se ax	sula	ure
		Yes	No	N/A							le	
1st F	loor			×		VAT/Mas	stic	_2700 SF	×			
									_			
									-	_		
	and the second		<u></u>		<u></u>	Cubic Yards	Name of Pe	gistered Landfill				
Name of Registered V	Waste Hauler vale Disposal			NJDEP Hauler II	D No.	of Waste	Haine of Ne	GROWS La	ndfill			
City, State	vale Dispusal				297	Disposal Date	City, State		ACTION AND ADDRESS OF THE PARTY.			
On, State	Hamilton,	NJ				5/12/14/	1-1-1	Morrisville	, PA			_
Completed By Mahlon E. S	Tit	le	roiec	et Ma	nager	Signature	(1/	Date	3/2	4/14		
IVIdIIIOII E. C	JICVEII3 _		10,00	J. 171U		-1///	-					

ASB-41 MAR 00

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

		110	(Pu	rsuant	t to NJA	8:60 and 5:16		17.25				
Date of Notification (1)	/3/14		T	Name	of Building	Owner/Operator Pleasan	tville Mixed	Income L.P	201	Ť	1	7
Agencies Notified	Type Notification		-	Street	Address						1	_
⊠ EPA	Initial						77 Park Stre	et ASBESTOS CO	NE HOL	Ğ		
I □ DEP	Amended		-	City, S	tate, Zip C	ode			CHARLES ON	-	-	
⊠ DOL	Amendment #						ontclair, NJ (07042				_ 1
⊠ DOH	justification)	ioloding	+	Name	of Contac	t		Telephone Ni	~-			
□ DCA	Cancellation].		J	oel Wallace						
2.1				FAC	ILITY INF	ORMATION						
Name of Facility Where							Type of Facility	(4)				
	Retai	1 Store	es				School (K-1		Š.			
Street Address			s. 5				Other (i.e., p	8 (Other than K-12 private & commercia) ıl build	lings,		
	27-29 N	lain S	treet				homes, etc.)		1650 2000 — 2001	122 012	
City (5)	Pleasar	.tr::110	MI				Square Feet 6200	# of Floors	BK	dg. Ag 8	200	
Courty (6)	Fleasai	itvine,	INJ	Cour	h, Code (7) (STATE		rior if being demolis	hed)		0	=
County (6)	tlantic		5		ONLY)	i) (SIAIL	Current Ose (i	Retail Stores				
Name of Monitoring Firm		Owner	_	ASCM I	No.	Name of Abater	ment Contractor (9					=
7.2	mental Tactic		1	100111	10.			mental Service	s. In	c.		
Street Address	inontal raction					Street Address						=
oli ooli / tuul ooo	64 Broad Str	eet					P.O.	Box 322			United the state of the state o	
City, State, Zip Code			11111			City, State, Zip 0						
N	Matawan, NJ 0	7747					Allentow	n, NJ 08501				_
Project Manager for Mo				phone I		Telephone No.		License No.	0.400			
Tom	Geiger				0-2534		59-9688	0	0493	<u>}</u>		_
Start Date (10)	Sche	duled Co			te (11)	Name of OSHA		. 1.77				
3/17/14			1/4/1	4	<u> </u>			ental Tactics				_
Occupancy Status Durin	() 			50		Street Address		oad Street				
Facility Closed/Vaca								Dad Street			_	_
☐ Abatement Performe☐ Other - Describe:	a Outside of Norma	ai Facility	Hour	S		City, State, Zip		wan, NJ				
	- 11 41 4 1- 1						IVIALA	waii, Nj			==	=-
Scope of Work (Check	all that apply)					☐ Full Co	ontainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			novati				nclosure					
≥160 sf or ≥260 lf		De De	molitio	n		Non-E	pag Procedure empted (*) and N	on-Friable Procedu	re			
			ocatio							bater		
			smally Solely			Description of	. f			Тур	е	
Location Asbestos-Containing			itenan		Asbes	tos Containing Ma	aterial (ACM)	Amount	70	ת	m	ш
TO BE ABA	TED		stodia staff?	d	(i.e.	thermal systems		(Specify SF or LF)	Remova	Repair	nca	nclo
IN Facilit (13)	У		(12)			surfacing, VAT other miscellane		SF OI LF)	oval	₹:	Encapsulate	Enclosure
(1.17		Yes	No	N/A			87				ate	(D
1 2		100		0.02073		MATC/NA		2700 SF	1			
1st flo	or			×		VAT/ Mas	SUC	_2700 SF	×			
						2102						
Name of Registered Wa	ste Hauler			JDEP \ lauler IC		Cubic Yards of Waste	Name of Reg	istered Landfill				
Carnava	ale Disposal		_ [[172	292	10 CU	.	GROWS Lan	dfill			_
City, State						Disposal Date	City, State	1.	n .			ur la lange
	Hamilton,					4/4/14	H = H = H	Morrisville,	PA			
Completed By	Titl	е				Signature	1	Date	0.15			

ASB-41 MAR 00

Mahlon E. Stevens

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

Project Manager

3/3/14

do Okock			(Pu	rsuan	t to NJA	2 8:60 and 5:16)		NAR 1	1 2	014		
Date of Notification (1)	/2/14		T	Name	of Building	Owner/Operator	(2) tville Mixed I			1115		
	/3/14				A -	Fleasaili	tville ivilxeu i		20175	01.0	_	=
Agencies Notified	Type Notification			Street	Address		77 Park Stre	ASBESTOS et LICE	GONTE	IUL &		
EPA DEP	Initial Amended	Thursday and a second	_	City S	State, Zip C	ode	TT Tark out	Ct				=
⊠ DOL	Amendment #			City, S	olale, Zip C		ontclair, NJ (_
DOH DCA	justification) Cancellation			Name	of Contac	t oel Wallace		Telephone Numb	ner .			
				FAC	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking Retai						Type of Facility	3.0			N.	
Street Address	Retai	JUL	<u>C3</u>		****		Subchapter	8 (Other than K-12	2)			
Street Address	35 Ma	in Str	eet	-				rivate & commerci	al build	lings,		
City (5)	700 1710	m ou	CCL				homes, etc.	# of Floors	Blo	dg. Ag	ie	_
Ony (O)	Pleasan	tville	NI				7500	2		8		
County (6)	Ticusun	CVIIIC	, 113	Cour	nty Code (7) (STATE		ior if being demolis	shed)			=-
A	tlantic			USE	ONLY)			Retail Store				_
Name of Monitoring Firm (8) Environ			1	ASCM	No.		nent Contractor (9) nental Servic	oc In	^		
LIIVHOI	nmental Tactics	5				Street Address	ens Environi	nental Service	es, m	C.		-
Street Address	64 Broad Stre	eet				Street Address	P.O. 1	Box 322				_
City, State, Zip Code	Matawan, NJ 0	7747				City, State, Zip C		n, NJ 08501				
Project Manager for Mo			Tele	phone	No.	Telephone No.		License No.		-		=
	Geiger		<u>(73</u>	2) 29	0-2534	(609) 25	59-9688	(0493	3		_
Start Date (10)	Sched	duled C			ite (11)	Name of OSHA		. 1				
4/10/14			5/2/1	4	Ber		Environm	ental Tactics				
Occupancy Status Duri						Street Address	64 D	ad Ctuant				
Facility Closed/Vaca								ad Street				_
☐ Abatement Performe ☐ Other - Describe:	ed Outside of Norma	Facility	y Hour	S		City, State, Zip C		NIT				
						l seed	Iviala	wan, NJ				_
Scope of Work (Check	all that apply)					□ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			Mini-En Gloveb	closure ag Procedure	on-Friable Procedu	re			
		33.000	ocatio				(/			bater		
Location	of		omally I Solel			Description of				Тур	е	
Asbestos-Containing		Mair	ntenan	ce/		tos Containing Ma	terial (ACM)	Amount	71	ת	m	m
TO BE ABA IN Facilit			ustodia Staff?	al	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Remova	Repair	ncal	nclo
(13)	y		(12)			other miscellane		Of Or Lif	oval	=	Encapsulate	Enclosure
and the second		Yes	No	N/A			30				ate	W.
Basem	ent			×	***	Transite		40 SF	×			
Basem	ent			×	The second second	Boiler Insula	ation	30 SF	×			
Basem				×		Air Cell De	bris	20 SF	×			
2000				,-								
Name of Registered Wa	aste Hauler		IN	JDEP V	Waste	Cubic Yards	Name of Regi	stered Landfill	-			\neg
40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Environmental		_ +	lauler IE	292 292	of Waste		GROWS Lar	ndfill			
City, State	Allentown, l	VI			11	Disposal Date 4/30/14/	City, State	Morrisville,	PA			
Completed By	Title					Signature	7	Date	1.1			-
Mahlon E. St	1.001505		ojec	t Mar	nager				3/24	1/14		

3/3/14 Pleasantville Mixed Income L.P Agencies Notified Type Notification Street Address ☐ DEP ☐ Amended City, State, Zip Code Pleasantville Mixed Income L.P ASRESTOS CONTR ASRESTOS CONTR City, State, Zip Code		
EPA Initial 77 Park Street LIGENSING City State 7 Code	2. 0	1
DEP Amended City State 7in Code	JL &	
Amendment #		
DOH justification) Name of Contact Telephone Number		
Joel Wallace		
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)		
Retail Stores School (K-12) Street Address Subchapter 8 (Other than K-12)		
35 Main Street Other (i.e., private & commercial build homes, etc.)	ings,	
	ig. Age	9
Pleasantville, NJ 7500 2	80	
County (6) Atlantic County Code (7) (STATE Use (Prior if being demolished) USE ONLY) Current Use (Prior if being demolished) Retail Stores		
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)		
(8) Environmental Tactics Stevens Environmental Services, Inc.	С.	
Street Address Street Address		
64 Broad Street P.O. Box 322		
City, State, Zip Code Matawan, NJ 07747 City, State, Zip Code Allentown, NJ 08501		
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.		
Tom Geiger (732) 290-2534 (609) 259-9688 00493		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/17/14 4/4/14 Environmental Tactics		
3/17/14 4/4/14 Environmental Tactics Occupancy Status During Abatement (Check only one) Street Address		
★ Facility Closed/Vacated During Entire Period of Abatement ★ Facility Closed During Entire Period Of Abatement ★ Facility Closed During Entire Period Of Abatement ★ Facility Closed During Entire Period Of Abatement ★ Facility Cl		
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		
Other - Describe: Matawan, NJ		
Scope of Work (Check all that apply)		
Full Containment with Negative Pressure I ≥3 sf or ≥3 lf I Renovation I ≥160 sf or ≥260 lf I Demolition I Renovation I Glovebag Procedure I Non-Exempted (*) and Non-Friable Procedure		
Is Location At	atemen	nt
Normally Location of Used Solely by Description of	Туре	
Ashastas Containing Material (ACM) Maintenance/ Ashastas Containing Material (ACM)	Z m	ı m
TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify of Staff? (13) (12) other miscellaneous)	Encap Repair	Enclosure
(13) other miscellaneous)	Encapsulate Repair	sure
Yes No N/A	ate	
Basement X Transite 40 SF X		
Basement Boiler Insulation 30 SF x		
Basement Air Cell Debris 20 SF x		
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill		
Name of Registered Waste Hauler Stevens Environmental NUDEP Waste Hauler ID No. 17292 Cubic Yards of Waste GROWS Landfill		
Stevens Environmental Hauler ID No. 17292 of Waste 2 CU GROWS Landfill City, State Disposal Date City, Stafe		-
Stevens Environmental Hauler ID No. 17292 2 CU GROWS Landfill		

ASB-41

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No Choix			(Pu	rsuant	to NJAC	8:60 and 5:16)		N T	- 0	U	12			
Date of Notification (1)	25/14			Name (of Building	Owner/Operator Pleasant	(2) tville Mixed I	ncome L.P	1 2	014		Щ		
Agencies Notified	Type Notification			Street	Address		77 Park Stre	L		_				
EPA DEP	☐ Initial ☑ Amended —	(integration)		City. St	ate, Zip C	ode	11 Talk Sue	LIGEN	-	OL &		=		
⊠ DOL	Amendment #_ Emergency (inc						ontclair, NJ 0	7042		_		=		
M DOH □ DCA	justification) Cancellation			Name	of Contact	oel Wallace		Telephane Number	25					
				FAC	ILITY INF	ORMATION								
Name of Facility Where	Abatement is Taking Resid						Type of Facility School (K-12		7					
Street Address	Nesic	ICITEIO					☐ Subchapter	-/ 8 (Other than K-12) rivate & commercia) I build	inge				
	33 Wash	ingto	n Rd				homes, etc.			- 50				
City (5)	Pleasan	tville	, NJ			Square Feet # of Floors Bldg. Age 3000 3 75								
County (6)	tlantic) (STATE	Current Use (Pr	ior if being demolis Retail Stores		_						
Name of Monitoring Firm	n Hired by Building C		7	ASCM I		nent Contractor (9		-						
	nmental Tactics						vens Environi	nental Service	s, In	c		_		
Street Address	64 Broad Stre	et				Street Address	P.O. 1	Box 322						
City, State, Zip Code					City, State, Zip Code									
	Matawan, NJ 0'	7747				Allentown, NJ 08501								
Project Manager for Mo	nitoring Firm Geiger			phone (2) 29(No. 0-2534	Telephone No. (609) 2:	59-9688	177 (2	0493	3				
Start Date (10)		duled C	d Completion Date (11) Name of OSHA Monitor											
4/10/14			/12/	14	A P		Environm	ental Tactics				_		
Occupancy Status Duri				ment	ž.	Street Address	64 Bro	ad Street						
☐ Abatement Performe						City, State, Zip C				-		=		
Other - Describe:		-					Mata	wan, NJ				_		
Scope of Work (Check	all that apply)					☐ Full Co	ntainment with Ne	gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Re	novati			Gloveb	nclosure lag Procedure							
		M.—M.			_	Non-Ex	cempted (*) and No	on-Friable Procedu		bate	mont	\dashv		
		No	ocation of the company of the compan	,					'	Typ				
Location Asbestos-Containing		Mair	Solel ntenan	ce/	Asbes	Description of tos Containing Ma	aterial (ACM)	Amount	R	R	П	ш		
TO BE ABA		1	ustodia Staff?	al	(i.e.	thermal systems surfacing, VAT	, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)	•		(12)			other miscellane	eous)		/al		sulate	ure		
		Yes	No	N/A							w			
1st and 2nd				×		Linoleum Flo		300 SF	×					
Exterior S	Siding					Transit	<u>e</u>	2500 SF	×	- 3				
				-					-			\vdash		
Name of Registered Wa	aste Hauler			JDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill	1			Щ		
1000	ale Disposal			lauler II		of Waste 10 CU	\triangle	GROWS Lan	dfill	,				
City, State	Hamilton, I	VI.	-1.			Disposal Date 5/12/14	City, State	Morrisville,	PA					
Completed By	Title					Signature	17/	Date			_	-		
Mahlon E. St	evens	Pı	rojec	t Mar	nager	_ ////	_/_		3/2	4/14				

ASB-41 MAR 00

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

				NI	-4 O. :!!d!=	- Owner/Operator	(2)				1444	+		
Date of Notification (1) 2/	25/14			Name	ot Bullaing	Owner/Operator Pleasan	tville Mixed	Income L.P	31	201	4			
Agencies Notified	Type Notification			Street	Address									
EPA DEP	Initial						11 Falk Su	NUULU	U. V.	1110	٤.	_		
DOL DEP	Amended Amendment #			City, S	State, Zip C		toloi- NII		ICENS1	140				
	Emergency (ir	ncluding	L				onician, nj		hor			_		
MODOH DCA	justification) Cancellation			Name	of Contac	oel Wallace		relepriorie Num	UCI			- 1		
				FAC		ORMATION								
Name of Facility Where	Abatament is Takin	a Place	(3)	FAC	JILIT INF	ORMATION	Type of Facility	v (4)				-		
Name of Facility vvnere		dentia					The south that we can be supposed to							
Street Address	resi	deritte					Subchapter	8 (Other than K-1,	2)					
Sirect / Iddi Goo	33 Wash	ingto	n, Ro	ł		_			al buil	aings				
City (5)							Square Feet	# of Floors	В	850	9			
	Pleasar	itville	, NJ				3000	_ 3	- _	7	5			
County (6)						7) (STATE	Current Use (F							
	Atlantic USE ONLY)													
Name of Monitoring Firm			7	Name of Abatement Contractor (9)										
(8) Environ	mental Tactic	S					vens Environ	mental Servic	es, II	IC.		_		
Street Address	64 Broad Str	0.0+				Street Address	PΩ	Box 322						
City, State, Zip Code	04 Droad Sti	eet			City, State, Zip Code									
	Matawan, NJ 0	7747				Only, Otato, Zip o	Allentow	Allentown, NJ 08501						
Project Manager for Mor	nitoring Firm		Telep	No.	Telephone No.		License No.							
The state of the s	Geiger		(73	2) 29	0-2534	(609) 25	59-9688	(049	3				
Start Date (10)	Sche	duled C	omplet	ion Da	te (11)	Name of OSHA								
3/7/14			/21/1	.4			Environn	nental Tactics		52:77/2		_		
Occupancy Status Durin						Street Address	64 Br	and Street						
Facility Closed/Vacat Abatement Performe	ed During Entire Pe	eriod of	Abater	nent		City, State, Zip C		Jau Sueet		-		_		
Other - Describe:	d Outside of Norma	ii Facility	Hour	5		City, State, Zip C		iwan, NJ						
Scope of Work (Check a	all that apply)		1											
	125.25		novatio					egative Pressure						
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			molition			Gloveb:	ag Procedure							
				018		Non-Ex	empted (*) and N	on-Friable Procedu I		L ata		-		
			ocation mally						'					
Location		Used	Solely	by		Description of		A	ther than K-12) e & commercial buildings, e of Floors Bldg. Age 3 75 being demolished) Residential Ital Services, Inc. 2322 NJ 08501 License No. 00493 al Tactics Street Amount (Specify SF or LF) Amount (Specify SF or LF) Residential ROWS Landfill ROWS Landfill					
Asbestos-Containing N TO BE ABA			tenano stodial			thermal systems i	Type of Facility (4) School (K-12)							
IN Facility			taff?		(,)	surfacing, VAT	, or	SF or LF)	nova	air	aps	losu		
(13)			(12)	-		other miscellane	ous)		1 8		ulate	Te		
		Yes	No	N/A							(D			
1st and 2nd	floors			×	I	Linoleum Flo			×					
Exterior S	iding					Transite Sid	ling	2500 SF	×					
					10-									
Name of Registered Was				JDEP V auler ID		Cubic Yards of Waste	Name of Reg							
Carnava	92	10 CU		GROWS Lar	dfill			_						
City, State	·													
		VJ				3/21/14 /	A/		rA			=		
Completed By Mahlon E. Ste	Title		oject	Man	ager	Signature	7/	Date	2/25	5/14				
IVIAIIIOII E. Ste	vens	110	oject	iviali	agei	- ////								

ASB-41 MAR 00

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

CK# 25440

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

			(Pı	ırsuar	nt to NJAC	2 8:6	0 and 5:16)		DEC	E	7	V	E	5		
Date of Notification (1)		700-y-03-03-03-0-		Name	of Building	g Ow			4			_	7			
					. A dalas	-	Pleasant	ville Mixed	Income, L	.P _	-2	014	_	Ш		
Agencies Notified		ation		Stree	t Address			77 Park Str	eet			011				
	Amended		.	City, S	State, Zip C	ode				etne r	ONTD	01.8		=		
M DOL			<u> </u>		5 B		Mo	ntclair, NJ	07042	LICEN	SING	ULQ				
M DOH □ DCA	justificat	ion)		Name		500	Wallage		Telephan	• • • •						
									 _			2000		=		
Name of Facility Where	Abatement is	Taking Place	e (3)	FA	CILITY	■ The state of th										
				ng												
Street Address												linas				
03-75	117 V	Vashingt	on R	<u>d.</u>				homes, etc	o.)							
City (5)	Plea	asantville	e NI						# of Floor	rs	Bi	- 1000				
County (6)	110.	dodii: viii	, <u>, , , , , , , , , , , , , , , , , , </u>			7) (S	TATE		Prior if being d	emolisi	ned)			=		
				C-5055 N.D.				-		tores						
				ASCM	No.	Nar			to re-		. T.,	_				
Livion	imentai ra	cues				Stre		ens Environ	imental Se	rvice	S, III	c.		=		
	64 Broad	Street				Street Address P.O. Box 322										
City, State, Zip Code	Nataryan N	JI 07747				City, State, Zip Code										
		VJ 01141	Tele	nhone	No	Tele	enhone No	Allentov						_		
[2 - 경 : 경우 [1일] -))			1000000			(609) 259-9688 00493										
Start Date (10)								_								
4/10/14			Environn	nental Tact	ics											
11227 St St	5		18		(Te. 20) (V 2004)	Stre	eet Address	61 Rr	and Street							
						City	State Zin C		oau Sueet				_	$=$ \mid		
Other - Describe:			.,			United the control of										
Scope of Work (Check a	all that apply)													\dashv		
X ≥3 sf or ≥3 lf									egative Pressi	ıre						
≥160 sf or ≥260 lf	Name of Building Owner/Operator (2) Pleasantville Mixed Income, L.P.															
		14817	Name of Building Owner/Operator (2) Pleasantville Mixed Income L.P													
		Use	d Sole	y by								тур	e T	=		
										8	Re	Re	Ē	四		
IN Facility					(,	sur	facing, VAT,	or			Mov	pair	caps	clos		
(13)		Ves		A1/A		otne	er miscellaned	ous)			<u>a</u>		ulate	ire		
Mon's De	2000	Yes	NO				VAT	-	120 CE	7	~	-				
		ASTS CONTRACT		-							-	-	-	-		
			DE DATA	X							_	-	-	\dashv		
Opper K	001		-8-				Plasining	S. S. (195) C. (196) H. H.		_		-	\dashv	\dashv		
Name of Registered Wa	ste Hauler		IN	JDEP '	Waste	Cub	oic Yards	Name of Reg	jistered Landfi	<u> </u>				\dashv		
Name of Facility Where Abatement is Taking Pilace (3)																
Name of Facility Where Abatement is Taking Place (3)	\dashv															
Completed Du	Hamilton	Name of Suiding Owner/Operator (2)														
	evens	2000	roject	t Mar	nager		Signadie		Da		3/24	/14				

ASB-41 MAR 00

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

State of New Jersey

		N				ESTOS ABA			IKI						
Date of Notification (1)			-	Name	of Building	Owner/Ope	erator	(2)		MAD	-3	Ť.	2014		
	25/14	_						ville Mixed	Income L	.P					
Agencies Notified	Type Notif	ication		Street	t Address			77 Park Stre	eti – L	ASBE		CONT	ROL 8	×	
	Amend		ŀ	City, S	State, Zip C	ode								=	
⊠ DOL	☐ Emerge	ment #_ ency (including	-				Mo	ontclair, NJ (07042						
M DOH □ DCA	justific Cancel		Γ	Name	of Contac				Telephone	Numbe	r				
						oel Walla			L=					**	
Name of Facility Where	Ahatement is	s Taking Place	(3)	FAC	CILITY INF	ORMATION	1	Type of Facility	(4)						
Name of Facility Where		mercial B	Company of the Compan	ng	School (K-12)										
Street Address					- 1			Subchapter Other (i.e., p	8 (Other tha	n K-12)	build	lings			
	117	Washingt	on R	d				homes, etc.)		VIII				
City (5)	PI	easantville	e. NI		*			Square Feet 10000	# of Floo	ors	Blo	dg. A 6	2500		
County (6)			,,,,,			e (7) (STATE Current Use (Prior if being demolished)									
	tlantic				ONLY)		_	<i></i>	Office B	uildin	<u>g</u>			_	
Name of Monitoring Firm (8) Environ	The second of th	The property of the second		ASCM	No.			ent Contractor (9	×.						
Street Address	mental T	actics		-			ens Environ	mental Se	ervices	, In	с.		_		
Street Address	64 Broa	d Street													
City, State, Zip Code	√atawan,	NJ 07747 City, State, Zip Code Allentown, NJ 08501													
Project Manager for Mor	nitoring Firm		0073-009	phone		Telephone			License		493				
	Geiger		(732) 290-2534 (609) 259-9688											_	
Start Date (10)		Scheduled C			ate (11)	Name of O	SHA N	Monitor Environm	ontol Too	tion					
3/7/14 Occupancy Status Durin	a Abatemer		3/21/	14		Street Add	iress	Ellylfollill	emai rac	iics				=_	
	3			ment		Olicelyida	11033	64 Bro	ad Street						
Abatement Performe						City, State,	Zip C	ode							
Other - Describe:								Mata	wan, NJ	::					
Scope of Work (Check a	all that apply)				ПFu	ull Con	tainment with Ne	gative Press	ure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mi	ini-End Ioveba	closure ag Procedure	<u>.</u>						
		le	Locatio		1	⊠ No	on-Exe	empted (*) and No	on-Friable Pr	ocedure		bater	a a n t	\dashv	
p	e =	N	omally	,		1922 270					^	Typ			
Location Asbestos-Containing N		VI) Mai	d Soleh ntenan	ce/	Asbest	Descript os Containin			Amoun	t İ			m	m	
TO BE ABAT IN Facility			ustodia Staff?	al	(i.e.,	thermal syst surfacing,			(Specify SF or LF		Remova	Repair	nca	Enclosure	
(13)			(12)			other misce			. 0, 0, 2,	1	val	=	Encapsulate	sure	
25		Yes	No	N/A									ate		
Men's Ro	oom			×		VA	ΑT		120 S	F_	×				
Name of Registered Wa		2		JDEP \ lauler IC		Cubic Yard of Waste	is	Name of Regi			527				
Stevens E.	nvironme	ental		lauler IC 182	292	1 CU		211/211	GROWS	Land	fill				
City, State	Allentov	wn NI				Disposal Da 3/21/1		City, State	Morrisy	rillo D	Δ				
Completed By	THEIIIO	Title				Signatu	10 11	1 // /		ate	Α			=	
Mahlon E. Ste	evens	The second secon	roject	Mar	nager						2/25	/14		_	

ASB-41 MAR 00

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

CK # 25441

D (1) (15 11 13					- (D 11 II	0 10	(0)								
Date of Notification (1)	3/3/14			Name	of Building			Income L.PA	R A	1_2	01/				
Agencies Notified		ation		Street	Address		77 Danis Ctm			l de	UNT				
EPA I DEP		Lanca					11 Park Sur		F01000	ONTE	Δ1 0				
DOL.	Amendm	ent # 1		City, S	State, Zip C		ontclair. NI	A CONTRACTOR OF THE PARTY OF TH			ULā				
DOH DOH	justificat	ion)	,	Name		i	, ,		nber			_			
	L Cancellat	tion			J	oel Wallace									
				FAC	CILITY INF	ORMATION	r = 7 = 100	7.8							
Name of Facility Where															
Street Address		ctan oto					☐ Subchapter	8 (Other than K-1							
	41-4	19 Main S	Street	t					cial build	ings					
City (5)	Di-	:11 -	NIT				Square Feet	# of Floors	BI		7				
County (6)	Ple	asantville	e, NJ	Cour	nty Code (7	7) (STATE		Prior if being demo	_		U	=			
	Atlantic			USE	ONLY)) (01/41/2	Carroni Goo (i								
				ASCM	No.				_						
LIIVIIO	nmental Ta	ctics	_			CO.	ens Environ	mental Service	ces, Ir	c.		_			
Street Address	64 Broad	Street				Street Address	PΩ	Box 322							
City, State, Zip Code	0 1 Diodd	Outcor				City, State, Zip C		DON OLD				=			
		NJ 07747				Allentown, NJ 08501									
2 (50) (50)	5.0		1		The State of the S	Telephone No.	50 0600	License No.	0040)					
Andrew Commencer		Scheduled (-			Name of OSHA Monitor									
	DANES ES ES	The state of the s	San		10 (11)	Name of Corp.		nental Tactics							
	ing Abatement					Street Address						_			
(50-50) (50-5)	10.00														
Other - Describe:	ed Outside of N	IOITTAI FACIII	ty Hou	15		City, State, Zip C		awan, NJ							
Scope of Work (Check	all that apply)		Milleberry									_			
⊠ ≥3 sf or ≥3 lf						☐ Full Containment with Negative Pressure ☐ Mini-Enclosure									
≥160 sf or ≥260 lf	Pleasantville Mixed Informer L.BAR. 21 2014 Pleasantville Mixed Informer Mixed Informer L.BAR. 21 2014 Pleasantville Mixed Informer Mixed Informer L.BAR. 21 2014 Pleasantville Mixed Informer L.BAR.														
		Used	Sole	y by					-	ıyı	Je .				
									Re	Re	En	Enc			
IN Facili					(1.0.,	surfacing, VAT	, or		mov	pair	caps	dosu			
(13)		V	· · ·	T	-	other miscellane	ous)		<u>n</u>		ulate	Гe			
1.7		Yes	INO			D: T 1	*	100 I E	-						
		_		×	20										
		_		- Table 1					×	_		\vdash			
			IN	JDEP V	Waste										
Pack															
Agencies Notified EPA □ DEP ■ DOL □ DOL □ DOH □ DCA □ DOH □ DCA □ DOH □ DCA □ DOH □ DCA □ Cancellation □ Locardinary □ Locardi	Disposal Date			al Date City, State											
	Allentow					- // /	h_//	Morrisville	, PA						
	ovone		roice	t Mar	2200	Signature		Date	3/2/	1/1/	10				
Namon E. St	Stevens Project Manager					_///			3/ 24	1/14		_			

CK# 25/22

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

	V 0-71 V 0-70 V									9 L	5 L] W	T.	
Date of Notification (1	Maria de la companione			Nam	e of Buildir	ng Owner/Operato		T D			-			
Agencies Notified		n		Stron	at Address		itville Mixed	income	L.P	h-	2+	70	14	
EPA	538			Silee	el Address		77 Park Stre	eet					1	
DEP	☐ Amended			City,	State, Zip	Code			100	DECTA	0.00	uzna.	ā.	
			g			M	Iontclair, NJ	07042	. Au				. &	
DOH DCA	justification)			Name				Telepho	ne Nijimb	or	Z-Linkson.		1	
						Joel Wallace								
N				FA	CILITY IN	FORMATION								
Name of Facility Where		-												
Street Address	- Nota	11 310	ics				Subchapter	8 (Other th	nan K-12)				
	41-49 N	Main S	Stree	t			Other (i.e., p	orivate & co	ommercia	al build	dings	,		
City (5)							Square Feet		oors	В	dg. A	ge	-	
	Pleasa	ntville	e, NJ				13000							
County (6)						7) (STATE	Current Use (P							
		^	<u> </u>			L KI	1		Stores	3				
The state of the s				ASCM	NO.			15	Corrido	. T.				
Street Address	initental Lactic	3						mental S	oei vice	s, II	iC.	_		
	64 Broad Str	eet				Street Address		Box 322	2					
City, State, Zip Code			10.77			City, State, Zip C								
		7747					Allentow	n, NJ 08	3501					
	70	,	1	53 33 93		Telephone No.	50.0000	Licens		0.406				
	Tom Geiger								0)493	3			
	Sche				ite (11)	Name of OSHA		ontal Ta	ctics					
	ng Abatement (Che			4		Street Address				=				
<u></u>		5.0	300	ment			64 Bro	ad Stree	d Street					
	ed Outside of Norma	l Facilit	y H <mark>o</mark> ui	rs		City, State, Zip C	Code						_	
Other - Describe:						wan, NJ					_			
Scope of Work (Check	all that apply)					□ Eull Cor	ntainment with Ne	native Pres	cura			NO - 1. T.A.		
≥3 sf or ≥3 lf						Mini-Enclosure								
☐ ≥ 160 St 01 ≥ 260 ft		X De	molitio	n		Non-Ex	ag Procedure empted (*) and No	n-Friable F	rocedure	9				
										Α				
		Used	Sole	y by	1						lyp	oe 		
Asbestos-Containing	Street Address P.O. Box 322 Street Address Street Address P.O. Box 322 Street Address P.O. Box 323 Street Address P.O. Box 324 Street Address P.O. Box 325 Street Address P.O. Box 326 Street Address P.O. Box 326 Street Address P.O. Box 327 Street Address P.O. Box 328 Street Address P.O. Box 329 Street Address P.O. Box 320 Street Address													
IN Facili					(1.0.,	surfacing, VAT	, or			vomi	pair	caps	clos	
(13)		-		Г		other miscellane	eous)			'al		sulat	ure	
		Yes	No	N/A								e		
1st Flo	oor			×		Pipe Insula	tion	100 I	LF_	×				
1st Floor Ba	ck Room					Linoleun	130 5	SF	×					
				,		Access to the second								
			1000		2)(2)(2)		Name of Regi	7/82/2921 S=1						
	Environmental		_ .	172	292			GROW	S Land	lfill				
City, State	A 11 1	NIT					City, State			2.4				
							HOY /			A			_	
						Signature			Date	3/3/	14			
17.14.11.011 13.01		701		7	<u> </u>		-, 01							

ASB-41 MAR 00

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

Wa aded	X	C 14	WAY	de0 =	VUC	200111	- (/	ala K	i		
Additional Materia	NO	TIFICA (Purs	State 1000 On suant to	of New Jerse ASBESTOS NJAC 2:60 an	/ ABATEM d 12:120	MENT/	30년(388	7		
Date of Notification (1) 1/6/14	2	Na N	ame of Bu	iliding Owner/Guard Arm	Operator	(2)	11/1	ARAH	2014	. 川	肍
Agencies Notified Type Notification	<u> </u>		reet Addi			amer	ided:	3""CK	-5	110	2
EPA IX, Initial	4	1	048 Ro	ute 206 Sou	ith	Add.	trond	neter	I WA		
DEP Amended	8			Zlp Code wn, NJ 085		110	. 0	1 40898	9		
DOL Amendment # Emergency (incl	uding	_	ame of C		005 /	veit	14	7-1-1-1	U-bar		
DOH justification DCA					N			ı.			
Name of Facility Where Abatement is Taking Pi	ace (3)		FACIL	Old of only)	3	Type of	Facility (4)	Ē		*	
National Guard Armory			H	0157	1	Sch	nool (K-12))		f	
Street Address	-	S	1,	Jester		X Sut	ochapter 8 ner (i.e. pri	(Other than I	<-12) ercial bu	ildinas.	home
1048 Route 206 South	6	5`J	ir i			etc	.)	# of Floors		Bldg. A	
City (5) Bordentown, NJ 08505	11.	مرار	, hed			1000+		1	2.0	35+	ge
County (6)	141,	Hou	anty Co	de (7)		Current	Use (Prior	r If being demo	olished)		
Burlington	ce !	(5	STATE US	E ONLY)				The Late of			1
Name of Monitoring Firm Hired by Buildin Whitman	ner (8)		ASCM 1	lo,	Name	of Abater		ractor (9)			
Street Address			.00,7 (0.	'		t Address			•		
7 Pleasant Hill Rd					PO	Box 329)	V	÷		
City, State, Zip Code Cranbury NJ 08512				**		State, Zip st Berlin		91			
Project Manager for Monitoring Firm		1000	Telephone			hone No.	00	Licen: 0072	se No.		
Kevin Lovely	abadula	a ranks	732-39(pletlon D			-753-98		0072	.,		
Start Date (10) S 1/20/14	2/2			ate (11)	San		, Monno				
Occupancy Status During Abatement (Check C			4		Stree	t Address					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Limited Occupancy	riod of A Facility	batem Hours	ent		City,	State, Zip	Code				
Scope of Work (Check All That Apply)						K W	et wrap	and cut			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	⊠ R	enovat emoliti	tion ion	3.7]	Full (Mini- Glov	Containme Enclosure ebag Prod	ent with Negat			ıre
20.	Is	Locati	on								teme
Location of		Normal d Sole			Descripti			A	ŀ	<u>_</u>	Ť
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena todiai s	nce/		nal syste	ms insulat	lon,	Amount (Specify		R R	Encapsulate
In Facility (13)	Cus	(12)	7/33/2007	st. oth	rfacing, \ er miscel	/AT, or laneous)		SF or LF)	Removal	psula
	Yes	No	N/A	Floor	- ·		tic	760:		~	ate
Office Area 121-129 Drill Floor BP3			X			lation .		300 LF			+
BP1 ,2,3,&4			X		Fire do	4	40'0 4 0	8 Door	s .	<	+
Kitchen, Dining Room offices &	-		1	P	pe Insu	lation		700 LF	-	اير	1
1 5 00 4		-	X		unsit		7	2600 :	5/=	2	1
Name of Registered Waste Hauler		1	NJDEP W		blc Yard		Name of	Registered L			
Thairie of the Biotote a trade the state	10	1	Hauler ID		Waste		G.R.O.	.W.S.			
Freehold Cartage Inc.		13									
Freehold Cartage Inc. City, State Freehold NJ	-			DI	sposal Da	ate .	City, Sta Morris	te ville PA 190	067		

CK 3990

Date of Notification (1)						vner/Operate	or (2)				V- [
Agencies Notified	Type Notification		Stre	eet Add	ress			***************************************]] MAR	3 1 2	014	Transfer of		
EPA DEP DOL	Amended Amendment #		City	y, State,	Zip Code	9		13						
DOH DCA	Emergency (in justification) Cancellation	ncluding	Nar	me of C	ontact				Telephone N	umber 177 CENSING	UL&			
bused				FACILI	TY INFOR	RMATION	T=	55-77-74						
Name of Facility Where See attached	Abatement is Taking	Place (3)					Ty	School (K-12	?)					
Street Address						27	B	Other (i.e. pr etc.)	ivate & commer	rcial build	(6)		5,	
City (5)				8,85			Sq	uare Feet	# of Floors	Bi	dg. Ag	е		
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Name of Monitoring Fire	m Hired by Building (Owner (8)	1	ASCM I	No.	Nai	Name of Abatement Contractor (9)							
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n/a						Froy Lane	,		8	- 3.	190
City, State, Zip Code n/a					55.00	State, Zip Co coln Park,		35			
Project Manager for Monitoring Firm		Tele	ephone No.			hone No.	140 0700	License	e No.		_
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Name of Registered Waste Hauler Loznica Management Corp		100000000000000000000000000000000000000	EP Waste er ID No. 137	of Was			me of Reg ROWS	gistered Land Landfill	dfill		
City, State Lincoln Park, NJ 07035				Dispos	al Date		y, State orrisville	PA 1906	57		
Completed by	Title			S	ignatur	æ .			Date		
E. Cirovic	Secret	tary		6	- (vov	nc		3-21-	2014	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) New Jersey Department of Military Affairs 3/21/14 Type of Notification Street Address Agencies Notified MAR 101 Eggerts Crossing Road [x] EPA Initial Notification DEP [] City, State, Zip Code ASBESTOS CONTROL & DOL Lawrenceville, NJ 08648 [X] Amended LICENSING DOH Notification [X] Telephone Number Name of Contact [] DCA William McBride [] Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12)
School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Jersey City Armory Street Address 678 Montgomery Street Square Feet # of Floors Bldg. Age ~68 County Code (7) 35000 City (5) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Jersey City armory Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Jupiter Environmental Services, Inc. Whitman Companies, Inc. 00110 Street Address Street Address 7 Pleasant Hill Road 3 Lynn Court City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Cranbury, NJ 08512 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 00852 973-709-0200 732-390-5858 Kevin Lovely Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) J & S Environmental Laboratories, LLC 4/30/14 4/1/14 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W [] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Renovation Demolition [X] Glovebag Procedure [] [] ≥3 sf or ≥3 lf Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Type Description of Normally Used E Asbestos - Containing Amount R R E Solely by Location of EP (Specify E N N Material (ACM) Maintenance/Cus Asbestos - Containing M C C (i.e., thermal systems SF or LF) todial Staff (12) Material (ACM) insulation, surfacing, VAT, 0 A A TO BE ABATED 1 PS 0 V or other miscellaneous) In Facility A R S N/A Yes No (13)U 600 LF Pipe insulation - "wrap & cut" Basement & 2nd floor X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Of Waste Minerva Landfill Hauler ID No. Jupiter Environmental Services 04782 Disposal Date City, State City, State Waynesburg, OH 4/18/14 Lincoln Park, NJ Date Signature Completed By (Print or Type) 3/21/14 General Manager Pane Repic

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Date of Notification (1)		Name	of Building	Owner/Operato	or (2)	· · · · ·	1137	ALAI	ب		
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City, State, Zip Code				94 5950	State, Zi	5.64 C.					
Project Manager for Monitoring Firm		Talasi	hana Ma			k, N.J. 077					
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City, State Colts Neck, New Jersey				Disposal Date	,	City, State	5.				
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Bree McGuire		ary Treas	urer	Signature		/\	15	Date	١.,	,	
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Project Manager for Monitoring Firm			Telephon	ie ivo.		Telephon 732-29	14-1757	28 17752	029	υ.			
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City, State Elm NJ	16						Disp 3/27	osal Dat 7/14	е	City, Stat Morrisv		A 1906	57	22			
Completed by Anthony T Perna			Title Presi	dent				Signatu	FB)				Date 3/24/	′14	93		

Date of Notification (1)	M41		100000		uilding Ow		perator (2)			,		,		F	7
3/24/14			1,500		& Johns	on		13-32-5	# 4							4
Agencies Notified	Type Notification		-	reet Add 75 Tab	ress or Road						MAR	3 1	20	14	T.	!!
EPA DEP DOL	Amended Amendment #				, Zip Code lains NJ	0795	50				4					
X DOH	Emergency (incliging justification) Cancellation	uding	1	ame of C						Teler	hone Nii	mhor	Harry 1			
☐ DCA	Cancellation				TY INFORI	MATIC	ON			. 12						
Name of Facility Where A Johnson & Johnson Street Address 175 Tabor Road		ace (3)				2		Sci Sul X Oth	Facility (4) hool (K-12 bchapter 8 her (i.e. pri) (Other	r than K-1 commerc	12) cial bu	ildin	gs, h	omes	i,
City (5)								Square	Feet	# of	Floors	- 1	Bldg	g. Ag	е	\neg
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County (6) Morris				ounty Co	ode (7) SE ONLY)			Office	Building	1		srieu)				
Name of Monitoring Firm N/A	Hired by Building Ow	ner (8)		ASCM	No.			of Abater aco Inc	ment Cont	ractor ((9)					
Street Address								Address Box 329								
City, State, Zip Code			-					tate, Zip	Code NJ 0809	91						
Project Manager for Mor	nitoring Firm		Ť	elephon	e No.		Teleph	none No.	ā		License 00727	No.	-			
Ot-1 D-1- (10)	16	chodule	d Com	nletion C	ate (11)			753-98	Monitor		00/2/	M		_		\dashv
Start Date (10) 4/4/14	4	/25/14		pietion c	ale (11)		Sam	е	X7							
Occupancy Status Durin	ng Abatement (Check C	Only One	e)				Street	Address								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pened Outside of Normal	riod of A Facility	bateme Hours	ent		_	City, S	State, Zip	Code							
Scope of Work (Check A	All That Apply)					-111-6		2009	e e e e e e e e e e e e e e e e e e e							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Mini- Glov	Containme -Enclosure rebag Prod -Exempted	e cedure					е	
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Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED cility	Mai Cust	d Solel intenar odial S (12)	ice/ staff?		herma surfa				(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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front of building an				X	betweer			ipe fitti			Fittings	_		_		\vdash
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Upper				X	lai		e Atta		011		Attache	-				-
See Att			I N	JDEP V	laste	A STORY	ic Yards		Name of		ered Lan		_			_
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City, State Hamilton NJ					I V	Disp	osal Da	te	City, Sta Morris		A 1906	7				
Completed by		Title	ident				Signato	Пре				Date		4		
Anthony T Perna		reis	uent					_					_			

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

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gencies Notified	.Type Notification		S	treet Ac		ster Rd., Ste.10	1					
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DHSS	Amendment #0			Allent	town, PA	A 18104					7552	
DCA 5:23.8)	☐ Emergency (inclu iustification)	iaing	N	lame of	Contact		1:	Talanhara				-
(NJAC 5:23-8)	☐ Cancellation			Jim P	intabon	е						
				FACII	LITY INF	ORMATION					-	-
ame of Facility Where	Ahatement is Taking P	Place (3	3)				Type of Facility (4)				
222 Red School La			Ť.				School (K-12)	(OI) (I) K (O)				
treet Address		_			-01-07-07-07		Subchapter 8	(Other than K-12) vate and commerc	cial build	dings,		
222 Red School La	ane						homes, etc.)					
City (5)		-20-2					Square Feet	# of Floors	1 3	J. Age	į	
Phillipsburg, NJ 0	8865						22,000	1.5	50)+		
ounty (6)				County	/ Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolis	hed)			
Warren				- 3			Vacant Office	Э	-	1 0 2		
lame of Monitoring Fire	n Hired by Building Ov	vner (8) A	SCM N	0.	Name of Abatem	ent Contractor (9)					
Accreditted Enviro	onmental Technolo	aies		NA		Alliance Env	ironmental Syst	tems				-
Street Address	Jimonia Toomis					Street Address						
28 N. Pennell Rd.		S#				550 East Uni	ion St.					
City, State, Zip Code				-		City, State, Zip C	ode					
Media, PA 19063						West Cheste	er, PA 19382					
Project Manager for Mo	nitoring Firm		Teler	ohone N	lo.	Telephone No.		License No.				
Dave Turotsy	micoming i iiii			0-891-		610-701-900	0	00508				
Start Date (10)	Schedu	ıled Co	mplet	ion Date	e (11)	Name of OSHA	Monitor	· · · · · · · · · · · · · · · · · · ·				
3 / 17				_ / _		AET						
Occupancy Status Duri						Street Address						
Sccupancy Status Duri ☐ Facility Closed/Vaca	ated During Entire Peri	iod of A	bater	nent		28 N. Penne	l Road					
☐ Abatement Perform	ed Outside of Normal	Facility	Hour	s - Desc	cribe	City, State, Zip C	Code					
Time of Abatement	7AMPM/3:30	PM		MA		Media, PA 1	9063					
Scope of Work (Check $\boxtimes \ge 3$ sf or ≥ 3 If $\boxtimes \ge 160$ sf or ≥ 260 If		⊠ Rei	novati	on on			ntainment with Neg nclosure ag Procedure cempted (*) and No		ıre			
		ls	Locat	ion						ateme	ent Ty	ype
Locati	on of	١	lorma	lly		Description			_D	R	四	П
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TO BE A	BATED cility -	1,1550000	odial	Staff?	(1.0	surfacing, VA	T, or	SF or LF)	val		sula	0
	3)		(12)	_		other miscellar	neous) ·				6	
		Yes	No.	N/A	VAT			180 SF				Е
Basement			П			ittings		200 EA				E
Basement					1995	Board Mastic		100 SF				Е
Basement						Insulation		50 SF				
Basement			니.	NJDEP '	- 1. 161	Cubic Yards of	Name of Regi	stered Landfill		p .		-
Name of Registered V	vaste Hauler				D No.	Waste	8099	Imperial -				
— N.E.T.S.				1894		Diagonal Data	City, State					-
City, State Hazelton, PA				2 1		Disposal Date TBD	Imperial, I	PA		2 17		
Completed By (Print of	or Type)	e				Signature	AH		Date 1		-1	-
Mark Griffin		stima	tor	TL			7//		2/	28	//	4
ASB-41 MAY 11	*	Do no	t use i	this form	n for asbe	stos licensure exe	mpted activities.		/	/		
VIA I II		110		Personal State of the State of			property Transport and Language					

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Macada Properties Mgmt. LLC 28 3 Street Address Agencies Notified Type Notification **⊠** EPA ☐ Initial 3435 Winchester Rd., Ste.101 **⊠** DOLWD M Amended City, State, Zip Code Amendment #1 **⊠** DHSS Allentown, PA 18104 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Jim Pintabone **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 222 Red School Lane ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) 222 Red School Lane Bldg. Age # of Floors Square Feet City (5) 1.5 50± 22,000 Phillipsburg, NJ 08865 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Vacant Office Warren Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alliance Environmental Systems Accreditted Environmental Technologies NA Street Address Street Address 550 East Union St. 28 N. Pennell Rd. City, State, Zip Code City, State, Zip Code West Chester, PA 19382 Media, PA 19063 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00508 610-701-9000 610-891-0114 **Dave Turotsy** Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AET 3 / 17 / 14 4 / 18 / 14 Street Address Occupancy Status During Abatement (Check only one) 28 N. Pennel Road □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____PM/3:30PM-_ Media, PA 19063 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf ☐ Demolition >160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Location of Remova Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No 180 SF X П M VAT П П Basement 200 EA \boxtimes П П П X Pipe Fittings Basement 100 SF \boxtimes Base Board Mastic M Basement \boxtimes 50 SF **Boiler Insulation** П Ø Basement Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Allied BFI Imperial N.E.T.S. 100 18947 Disposal Date City, State City, State Imperial, PA TBD Hazelton, PA Signature Title Completed By (Print or Type)

ASB-41 MAY 11

Mark Griffin

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

Estimator

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1305-4638 Check#

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Date of Notification (1)					Iding C	wner / Operato	r (2)			1			,
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DCA Cand	ellation		Geor	gette	Bunc	h		7					
			FA	CILIT	Y INFO	DRMATION		<u>. F</u>					
Name of Facility Where Abateme	ent is Taking Pl	ace (3)			Type of Facil							
NJ Training School for Boys	S					School (K-12)						
Street Address						Subchap	oter 8 (Other th	nan K-12)				
1 State Street						Other (i.e	e. private & co	mmercia	l building	gs, hom	es, e	tc.)	
						Square Feet	# of Flo	oors	В	ldg. Ag	е	.000	
City (5)	County (6)	Co	ounty	Code (7)		100						
Jamesburg	Middlesex			•	•	Current Use	(Prior if being	demolish	ned)				
daniesburg	Middlesex					Training So			,				
Name of Monitoring Firm Hired b	y Building Own	or (8)		IASC	M No.		tement Contra	ector (0)					
Environmental Connection,		iei (o,	,	1730	IVI IVO.	AbateTech,		actor (3)					
Street Address	mc.					Street Addres							-
120 North Warren Street						PO Box 25	55						
City, State & Zip Code				-		City, State &	Zin Code				-		
Trenton, NJ 08608						Lumberton							
Project Manager for Monitoring F	irm	Tele	nhone	Numb	er	Telephone N			icense N	lumber		-10.00	
Jim Frisbee			392-			609-265-21				0052	9		
	Scheduled Cor			te (11)		Name of OSI							
5/29/13			0/14)	EMSL Anal				- E			-
Occupancy Status During Abate				atamai	34	Street Addres							
Facility Closed/Vacated	10.00			ateme	IL	108 Haddo							
Abatement Performed O	utside of Norma	al Ho	urs			City, State &	1.5						
Describe:						Westmont,	NJ 08108						
Facility Occupied During													
Scope of Work (Check all that a	oply)						□ Full Co	ontainme	nt with N	logative	Dros	euro	
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TO BE ABATED				nce or		(i.e., thermal s				Re	Z.	nca	inc.
in Facility		Cust	odial	Staff?	i	nsulation, surface				Remova	Repair	psu	Enclosure
(13)			(12)			or other miscell	aneous)			<u>a</u>	=	Encapsulate	l le
		Yes	No	N/A									
Building #9 Basement Mechan	ical Room	\boxtimes				Pipe Fitti	ngs	75	total				
Building #9 1st & 2nd Floor						Pipe Fitti	ngs	28	5 total	\boxtimes			
Building #7						Plaste	r .	1	0 SF	\boxtimes			
Building #7 Perimeter						Window C	aulk	1	2 LF				
Building #31 Basement Offi	ce					Pipe Insula	ation	2	0 LF	\boxtimes			
Building #32					١	Vindow/Door	Glazing	3	0 SF				
Name of Registered Waste Hau	er					Cubic Yards	Name of Re	gistered	Landfill				
			100	auler ID	No.	of Waste							
AbateTech, Inc.	801		18	3750		12	TRRF Land	dfill					
City, State					-	Disposal Date	City, State						
Lumberton, NJ			1	4		4/30/14	Tullytown,	PA		In-		-	
Completed By (Print or Type) Jennifer Piraine				tle ops. C		Signature	0	113		Date	IA A		
Jennier Filanie	352 Annual - 1			ups. C	ooru.	Anny	en I ha	ine		3/28	114		
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1305-4638 Check#

Date of Notification (1)			g Own	er / Operator	(2)		
3/28/14		DPMC					
Agencies Notified Type Notification		et Address					
		Box 034	0 1				
☐ DEP ☐ Initial ☐ Amended		, State & Zip					
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DOH Emergen	2	ne of Contac					Telephone Number
DCA Cancellat	ion Ge	orgette Bui	nch				Г
		ACILITY IN			7		
Name of Facility Where Abatement is	s Taking Place (3)		Ţ	ype of Facilit			
NJ Training School for Boys				School (K			
Street Address			I		Annual Control of the	r than K-12)	
1 State Street			-				dings, homes, etc.)
			S	quare Feet	# of	Floors	Bldg. Age
City (5)	unty (6) Count	y Code (7)					
Jamesburg Mic	ddlesex		C	Current Use (I	Prior if beir	ng demolished)	
			T	raining Sci	hool		
Name of Monitoring Firm Hired by Bu		ASCM N	lo. N	lame of Abat	ement Cor	ntractor (9)	
Environmental Connection, Inc	4		Α	bateTech,	Inc.		
Street Address				Street Addres	S		
120 North Warren Street				O Box 25			
City, State & Zip Code				ity, State & Z	1.7		
Trenton, NJ 08608				umberton,			
Project Manager for Monitoring Firm		ne Number		elephone Nu		Licens	e Number
Jim Frisbee	609-392			09-265-210	400		00529
Scheduled Start Date (10) Sche	eduled Completion E 4/30/14			lame of OSH MSL Analy			
Occupancy Status During Abatemen			- Contraction of the Contraction	treet Addres			
Facility Closed/Vacated Durin		Abatement	1	08 Haddon	Ave.		
Abatement Performed Outside			-	ity, State & Z			
Describe:			100	Vestmont, I			
Facility Occupied During Aba	atement			, .			
Scope of Work (Check all that apply)	S C CONTROL S CO			100000000000000000000000000000000000000			
					Full	Containment wit	h Negative Pressure
≥3 sf or ≥3 lf	⊠ R	enovation			Mini	-Enclosure	
≥160 sf ≥260 If		emolition				e Bag Procedure	es
	-					-Exempted and I	Non-Friable Procedure
Location of	Is Loc	ation		Description	of	Amoun	t Abatement Type
Asbestos-Containing	Normall		As	sbestos-Cont		(Specif	
Material (ACM)	Solel			Material (AC		SF or LF	F)
TO BE ABATED	Mainten Custodia			e., thermal sy lation, surfact			Encapsulate Repair Removal
in Facility (13)	(1)			other miscella			sula sula ova
(10)	Yes N		0, 0	outer milocone	arroodo)		-
Building #8			10000000	Plaster		10 SF	
Power House				Pipe Insula		9 LF	
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						-	
Name of Registered Waste Hauler		NJDEP Wast	to Cub	oio Vordo	Name of I	Registered Landt	
Name of Registered Waste Hauter		Hauler ID No	Annual Contraction	Vaste	INAME OF F	registered Lariui	
AbateTech, Inc.		18750	. 0, ,	2	TRRF La	ndfill	
City, State			Dist	posal Date	City, State		
Lumberton, NJ				4/30/14	Tullytow		
Completed By (Print or Type)	1-	Title		nature ,	^	### 4 445 545	Date
Jennifer Piraine		Opps. Coord		(A) . Las	() 11	0	3/28/14
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Date of Notification (1)	/ 1	4		Name o		ding O	wner/Oper	ator (2	²⁾ / Job #1403-4	735 Chec	ck #610	17	1	7. [
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Name of Facility Where Abaten	nent is Taki	no Place	(3)	170		1141 0	7741174110	-	Type of Facility (4)					
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Street Address						1000000	TARRY CONTRACTOR OF THE PARTY O		Subchapter 8			ial bui	ldina		
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City (5)								-	Square Feet	# of Floo	ors	Bld	g. Ag	e	
Burlington													4		
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Burlington					,	- /· // - ·			• • • • • • • • • • • • • • • • • • •			30000			
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Health & Safety Services		0	(0)	117			AbateTe								
Street Address						S	treet Addr						-		
318 12 th Street								77.6	e. PO Box 25						
City, State, Zip Code	-		CC_TV			C	ity, State,	- Commence	ACCUMATION OF THE PROPERTY.		-				
Hammonton, NJ 08037									NJ 08048						
Project Manager for Monitoring	Firm		Tele	phone I	No.	T	elephone	Section 1		License	No.			_	
Jim Proctor				9-704		11	609-265		•3	0052					
Start Date (10)	Sch	eduled C	Comple	tion Dat	te (11)	N	lame of O	SHA N	Ionitor		_	-			
03/21/14		03					EMSL A	nalyt	ical						
Occupancy Status During Abat	ement (Che	ck only	one)			S	treet Addr	ess					-		
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☐ Abatement Performed Outs						C	city, State,	Zip C	ode					1000	27.2
Time of Abatement:	AM	PM/	PM-	/	AM		Cinnam	insor	n, NJ 08077						
Scope of Work (Check all that a	apply)						VI								
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 ≥3 sf or ≥3 lf >160 sf or ≥260 lf 			enovat emoliti				ПGI	oveba	a Procedure						
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IN Facility		Cus	stodial (12)				surfacing			SF or	LF)	/al		Encapsulate	ure
(13)		Yes		N/A	1		other misc	cellane	eous)					te	
Exterior					Evto	rior T	Transite (Cond	nit	1,500	LE			П	П
Exterior		ᆜ	12		LALC	11011	Tallsite	COITG	are	1,000] [_
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Jennifer Piraine		Opera	uons	Coord	mator		NA TOP	uly	Xer PUGUR	¥	13	178	11	7	
ASB-41 MAY 11		* Do no	t use t	his form	for as	bestos	licersure	exem	pted activities.		1		12		

Date of Notification (1)	28 /	1/					g Owner/Operator Princeton		310-4626 Ched	:k.#61:	31	1	
Agencies Notified	Type Notifica					Address	Timocton		MAR	3 1	2014		-):
⊠ EPA	☐ Initial				Trus	stees of	Princeton Unive	ersity E.A. Mad	Millan Bldg.				1
☑ DOLWD		500	3	1	City, S	tate, Zip	Code				la de la constante de la const	1,	
☑ DHSS	Amendm	-	-		Prin	ceton, I	NJ 08544				66		
DCA (NJAC 5:23-8)	Emergen justificati		cluding		Name	of Contac	ot .		Telephone Num	ber	= 1 = 0		
(140710 0.20 0)	☐ Cancellat				Rob	ert Orte	go, P.E.		_				
					FAC	CILITY IN	NFORMATION		i)		F.		
Name of Facility Where A	hatement is 7	Takino	Place	(3)	in	7,2,11111	u oranz crion	Type of Facility	(4)				
20 Washington Roa				(-)				School (K-1	2)				
Street Address								Subchapter	8 (Other than K-12	2)	مرامان		
20 Washington Roa	d. Princeto	n Un	iversi	tv Ma	in Car	npus		homes, etc.	orivate and comme	rciai Du	liding	5,	
City (5)	,			,		**************************************		Square Feet	# of Floors	Ble	dg. A	ge	
Princeton								1,000,000	5		35		
County (6)			-		Coun	tv Code (7)(STATE USE ONLY)		rior if being demoli	ished)			
Mercer						,	,	University					
Name of Monitoring Firm	Hired by Build	dina C)wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)				
ATC Associates				1	0009	8	AbateTech,	Inc.					
Street Address							Street Address						3
3 Terri Lane							30 Maple Av	e. PO Box 25					1
City, State, Zip Code		-				-	City, State, Zip C	ode					
Burlington, NJ 0801	16						Lumberton,	NJ 08048					
Project Manager for Moni				Tele	phone l	No.	Telephone No.		License No.		-	25-17-20	
Michael R. Keehn				60	9-386	-8800	609-265-210	7	00529				
Start Date (10)	/ 18	Sched	uled C	omple	tion Da	te (11)	Name of OSHA	Monitor					
3 / 24 /	14	1	2_/	31	_ / _	14	EMSL Analy	tical					
Occupancy Status During	Abatement (Check	only	ne)			Street Address					-	
☐ Facility Closed/Vacate					nent		200 Route 13	30 North					
☐ Abatement Performed	Outside of N	ormal	Facility	Hour	s - Des		City, State, Zip C	ode					
Time of Abatement: _	AM	PI	Λ/	_PM-		AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check al	I that apply)					- " -	☐ Full Cor	ntainment with Ne	gative Pressure			2	
≥3 sf or ≥3 lf			⊠ Re		7.570		☐ Mini-En						
≥160 sf or ≥260 lf		50	∐ De	molitic	n		☐ Gloveba	ag Procedure empted (*) and No	on-Friable Procedu	ure			
			Is	Locat	ion	1		, ,,			atem	ent T	уре
Location	of			Vorma			Description			Z	Z.	Ш	Ш
Asbestos-Containing		/I)	1500000	d Sole intena			estos Containing M e., thermal systems		Amount (Specify	Remova	Repair	ıcap	nclo
TO BE ABA				todial S		(1.0	surfacing, VA		SF or LF)	va	7	Encapsulate	Enclosure
(13)	5			(12)	Τ	-	other miscellan	eous)				ate	
Room 227A		t	Yes	No 🖂	N/A	Floor 7	Tile & Mastic		400 SF				
Abandon Exterior Ste	am Tunnal	1		Ø	10-	Cut & \	Nran		300 LF		П	П	П
Light Court TAR Share							ope Packing assoc v		20 each				
Heritage Glass TAR S	Shaft		П	П		Tar & Ro	pe Packing assoc w	/ terra cotta &	20 each				
Name of Registered Was	Charles and the Control of the Control		ш		JDEP\	Vaste Vaste	glass duct/pipe	Name of Regi					
AbateTech, Inc.	C Hadion			-	auler II	No.	Waste	G.R.O.W.					
					18750		40 Disposal Date	City, State			-		
City, State							12/31/14	Tullytown	PA				
Lumberton, NJ		1	_					1 dilytown		ate:			
Completed By (Print or Ty	/pe)	Title			> "	make-	Signature	Ru Orin	ine	ate 2/20	110	Í	
Jennifer Piraine		0	perati	ons (oordi	nator	Am	P. rull	019	SOIC	110	7_	
ASB-41							U			92			

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

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO C'hear		5		(Pu			C 8:60 and 5:16				1. 1		
Date of Notification (1)	27_ / _	14				MODEL CONTRACTOR OF THE SECOND	Owner/Operator (2 nopping Center /		MAR 3 1	2014	ļ		
	Type Notificat ☐ Initial	tion				Address 15th St	reet Ste 130						
				ı	City, St	ate, Zip C	ode	I.	0	N: 1			
☑ DHSS	Amendme				Fort	Lee NJ	07024					17.00	_
DCA (NJAC 5:23-8)	justification		uding		Name	of Contact			Telephone Numb	per			
	☐ Cancellation	on			Greg	gg Slate	r						
					FAC	ILITY IN	FORMATION				_		
Name of Facility Where Ab					OLIGAS.			Type of Facility (4)				
252 Livingston Stree	et (P	rojec	t Pha	se 2	4/05/2	014 - 4/0	06/2014	School (K-12) Subchapter 8 (Other than K-12)			
Street Address								Other (i.e., priv	rate and commer	cial bui	ldings	5,	
252 Livingston Stree	et							homes, etc.)	# of Cloors	DIA	a Aa		_
City (5) Northvale								Square Feet 15,380	# of Floors		g. Ag 6	е	
County (6)					Count	ty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)			
Bergen								Commercial	(19)			224	
Name of Monitoring Firm H	lired by Build	ing O	wner (8	3)	ASCM I	No.	The state of the s	ent Contractor (9)					
Health & Safety Serv	rices, Inc				0011	7	Superior Aba	atement Inc					
Street Address							Street Address						
318 12th Street							2 Henderson						
City, State, Zip Code							City, State, Zip C						
Hammonton NJ 0803				-			West Caldwe	eli, NJ 07006	License No.		- 1111	-	_
Project Manager for Monit	oring Firm			2000	ephone I 609) 70		Telephone No. (973) 808-16	16	00411				
Jim Proctor	Te	chode	ulad Co		tion Dat	and the second second	Name of OSHA		00411				
Start Date (10) 09 / 09 /				2000	6 /		Superior Aba						
Occupancy Status During			Control Land	V	- 1. %40	N STREET	Street Address			-			_
☑ Facility Closed/Vacated					ment		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip C						
Time of Abatement:	AM	PN	٨/	_PM		AM	West Caldwe						
Scope of Work (Check all	that apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Rei ☑ Dei				☐ Mini-End ☐ Gloveba	ntainment with Nega closure ag Procedure empted (*) and Non		ıre			
		-	Is	Loca	tion						atem	ent T	уре
Location of Asbestos-Containing Machine ABA TO BE ABA IN Facility (12)	Material (ACM TED	1)	Use Ma	inten	ely by ance/ Staff?	Asbe (i.	Description estos Containing M e., thermal systems surfacing, VA other miscellan	aterial (ACM) s insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			Yes	No	000 March 1979		ou or misociali					Ф	
Roof					⊠	Roof F	lashing		350 LF				
Exterior Windows					\boxtimes	Windo	w Caulk		6 EA				
Interior	ē.				\boxtimes	VAT	1 750		2 SF				
Interior						Mastic	:		300 SF				
Name of Registered Wast	te Hauler			- 1	NJDEP		Cubic Yards of	Name of Regist	tered Landfill				
Service Transport 0	Froup, Inc				Hauler II SW2		Waste	Minerva La	ndfill		7/201		
City, State New Castle, DE					J.112		Disposal Date	City, State Waynesbur	rgh, OH			il	
	(00)	Title					Signature	, /		ate			
Completed By (Print or Ty Nick Petrovski	(he)		reside	ent			Max	Mh	um	3 -	27	-/	4
ASR-41			100000	250									

ASB-41 MAY 11

Date of Notification (1)							g Owner/Operat			*		7 1		- 7
2 / 12	_	14	_		Nor	thvale S	hopping Cent	ter /	Associates					
Agencies Notified Type	Notifica	ition	100000		Street	Address				MAR 3	1 20	1.4		1.1
□ EPA □ Ir	nitial			3	135	5 15th S	treet Ste 130			WAIT	' 20	14		•
	mended				City, S	tate, Zip C	Code		1.					-
	mendme mergend		ıdina	r 8	Fort	Lee NJ	07024							900
	ustificatio		Julia		Name	of Contac	:t		ž.	Telephone Numb	ner '			
The state of the s	ancellati	Janes San Contract Co			Gre	gg Slate	r							
					FAC	CILITY IN	FORMATION	1	\$		डे			
Name of Facility Where Abater	nent is T	aking P	Place (3)					Type of Facility (4	1)				
252 Livingston Street	(P	roject	Phas	se 2	4/01/2	2014 - 4/	02/2014		School (K-12)	(OII I/- 40)	V			
Street Address						7			☐ Subchapter 8 ☐ Other (i.e., pri	vate and commer) cial bui	lding	S,	
252 Livingston Street									homes, etc.)				-88	
City (5)									Square Feet	# of Floors	Bld	g. Ag	je	
Northvale							-		15,380	1	5	6		77
County (6)					Coun	ty Code (7)(STATE USE ON	LY)	Current Use (Price	or if being demolis	shed)			
Bergen									Commercial					
Name of Monitoring Firm Hired	by Build	ding Ow	ner (8)	ASCM	No.	Name of Abat	teme	ent Contractor (9)					
Health & Safety Services	s, Inc				0011	7	Superior	Aba	tement Inc					
Street Address							Street Addres	SS						
318 12th Street							2 Henders	Drive						
City, State, Zip Code							City, State, Zi	ode						
Hammonton NJ 08037							West Calc	dwe	II, NJ 07006	## E				
Project Manager for Monitoring	Firm			17.5	phone l		Telephone No			License No.				
Jim Proctor				(6	09) 70	4-8850	(973) 808-	-161	6	00411				
Start Date (10)	7,1				tion Da		Name of OSH				*			
09 /09 /13	_ [04	_ / .	02	<u> </u>	14_	Superior	Aba	tement Inc					
Occupancy Status During Abat	ement (C	Check o	only or	e)			Street Addres	SS						
□ Facility Closed/Vacated Dur							2 Henders	son	Drive		4			
☐ Abatement Performed Outs	ide of No	ormal Fa	acility	Hour	s - Des	cribe	City, State, Zi	ip Co	ode					
Time of Abatement:	AIVI	PIVI/_		_P IVI-		AIVI	West Calc	dwe	II, NJ 07006					
Scope of Work (Check all that a	apply)						⊠ Full (Conf	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf			Ren	ovati	on		☐ Mini-	-Enc	losure	auvo i roccaio				
≥160 sf or ≥260 lf		Σ	☑ Den	olitic	on		☐ Glov	ebag	g Procedure mpted (*) and Nor	Eriable Procedu	ıro.			
			le l	ocat	Hon	г	⊠ Non-	-EXE	Impled () and Nor	- Hable Flocedo		ateme	ent Ty	VDA.
Location of				orma			Descripti	ion o	of					
Asbestos-Containing Mater	ial (ACM)			ely by		estos Containing			Amount	Remova	Repair	nca	Enclosure
TO BE ABATED IN Facility					ince/ Staff?	(i.e	e., thermal system surfacing, \			(Specify SF or LF)	ova	¥i-	ısdı	uso
(13)				(12)		1	other miscel			,	-		Encapsulate	œ,
			Yes	No	N/A		,				-		_	_
Roof		[Roof F	lashing			350 LF				
Exterior Windows		[コー		\boxtimes	Windo	w Caulk			6 EA				
Interior] [\boxtimes	VAT				2 SF				
Interior		1				Mastic				300 SF				
Name of Registered Waste Ha	uler			1000	JDEP \		Cubic Yards	of	Name of Regist					
Service Transport Group	o, inc				lauler II SW21		Waste		Minerva La	ndfill				
City, State							Disposal Date	е	City, State					
New Castle, DE							4/2/14		Waynesbui	rgh, OH				
Completed By (Print or Type)		Title	_				Signatur	re	1, 1 11	D	ate (1		
Nick Petrovski		Pre	side	nt				//	1. / Alh	San	2/12	-11	+	
			Same				1	M	Me of h	- June	-11-	+		

Date of Notification (1)		933			100000000000000000000000000000000000000		2000	Owner/Operator (MAR 3	1 2	014			11
1 / 0	9/	14	<u>-</u>		N	orthvale	She	opping Center	Associates			.017		53	.
	pe Noti	fication			Stre	et Address	s				- 1				1
	Initial			*2	1:	355 15th	Str	eet Ste 130	1		10		i		i
	Amend		2		City	, State, Zip	Co	de		***	7)				J
☐ DHSS	Emerg			a	F	ort Lee N	IJ 0	7024	•	-			1	+	
(NJAC 5:23-8)	justifica		ioidaiii	9	Nan	ne of Conta	act			Telephone Nu	mber	ő.			
	Cancel	llation			G	regg Sla	ter			-					
			-		F	ACILITY	INF	ORMATION		-		8	-		
Name of Facility Where Abar	tement i	s Takin	g Plac	e (3)					Type of Facility	(4)				3800	
252 Livingston Street		(Proje	ct Ph	ase .	2 2/1	8/2014 - 2	2/19	/2014	School (K-12		46)				
Street Address									Subchapter (i.e., p			l bui	Idina	s	
252 Livingston Street									homes, etc.)		1010101			,	
City (5)		107							Square Feet	# of Floors	Bldg. Age			je .	
Northvale									15,380	1	.	5	6		
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	(Prior if being demolished)					
Bergen	10								Commercia	l					
Name of Monitoring Firm Hir	ed by Bo	uilding (Owner	(8)	ASC	M No.	T	Name of Abatem	ent Contractor (9)						
Health & Safety Service	es, Inc	:			00	117		Superior Aba	stement Inc						
Street Address						Street Address		12.							
318 12th Street						2 Henderson	Drive								
City, State, Zip Code							City, State, Zip C	ode							
Hammonton NJ 08037							West Caldwe	ii, NJ 07006	. Kanana						
Project Manager for Monitori			Te	lephon	e No.		Telephone No.		License No.	1 0					
Jim Proctor			1 '		704-8850		(973) 808-161	16	00411		<u></u>				
Start Date (10)		G160 350				Date (11)		Name of OSHA N							
_09 / _09 /	13		02_		9 /	14		Superior Aba	stement Inc						
Occupancy Status During Ab	atemen	t (Chec	k only	one)				Street Address							
□ Facility Closed/Vacated D	100							2 Henderson	Drive	¥7					
Abatement Performed Ou Time of Abatement:								City, State, Zip C					Virtue 15		
Time of Adalentesis.			VI/	F	/I ⁻			West Caldwe	ii, NJ 07006						
Scope of Work (Check all that	t apply)							M Eull Con	tainment with Ne	antiva Praecure				10	
☐ >3 sf or ≥3 If			□ R	enova	etion	2.5		☐ Mini-End		galive Fressure				0	
≥160 sf or ≥260 lf			⊠ De	emoli	tion				g Procedure	a Edoble Dance	ali ina				
			1 6	- 1	ation	-1		⊠ Non-Exe	mpted (*) and No	п-главів Рюсе		Ale		-4.7	
Location of				Norm				Description of	of		-			ent Ty	
Asbestos-Containing Mat		CM)			lely by	730		os Containing Ma	iterial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure
TO BE ABATE	5				nance/ i Staff	, (i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)		SVOL	air	aps	oso
IN Facility (13)				(12	/			other miscellane		SF OI LI)		m		ulat	re
			Yes	No	N/A	A		9						Ф	
Roof					×	Roof	Fla	shing		350 LF					
Exterior Windows					Ø	Wind	OW	Caulk		6 EA		×			
Interior					×	VAT				2 SF		×			
Interior	7				×	Masti	c			300 SF		×			
Name of Registered Waste H	lauler			1	100000	P Waste		Cubic Yards of	Name of Regis	stered Landfill					
Service Transport Gro						ID No.	1	Waste	Minerva L						
City, State					SW	2117	-	Disposal Date	City, State			-	-		
New Castle, DE								2/19/14	Waynesbu	ırah, OH					
							1		7.29000	7	Date				
Completed By (Print or Type) Title Nick Petrovski President								Signature	1///		A	a	1	Ч	
			16910	on(1/11/11/100mm 1-1-1						1	
ASB-41 MAY 11			Do no	t use	this for	rm for asb	esto	s licensure exem	oted activities.						

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					71		
12 / 12 /	13			Northvale Shopping Center Associates MAR R 1 2014										
Agencies Notified Type Notif	fication			Street	Address			B. C.	20	14-		_		
☐ EPA [3 Initial				135	5 15th S	treet Ste 130						1		
☑ DOLWD ☑ Amend				City, S	State, Zip (Code				-				
E 51100	ment #	F. C. C. C.		100000000000000000000000000000000000000	t Lee NJ						4	1		
DCA Emerg justific		iciuain	3		of Contac			Telephone Numb		-				
☐ Cancel					gg Slate			1 Gillian						
								L			-			
Name of Facility (Affects Al. 1)	- T-(-)		(0)	FA	CILITY IN	IFORMATION				, ·				
Name of Facility Where Abatement is 252 Livingston Street	- 31	500	11000	~ 0/0	0144 9 4	/13/14-1/14/14	Type of Facility (School (K-12)	(6)(5)()						
Street Address	(r rojo	GI & F	IIdac	10 - 010	-9/11 Gt 1	/ 13/ 14-1/ 14/ 14		(Other than K-12))					
252 Livingston Street								ivate and commer		liding	5,			
City (5)							Square Feet	# of Floors	Blo	ig. Ag	ie			
Northvale							15,380	1	1	56	63777			
County (6)	County (6) County Code (7)(STATE							or if being demolis	hed)		-	*		
Bergen					,	,,,	Commercial		,					
Name of Monitoring Firm Hired by Bu	ılldina (Owner	(8)	ASCM	No.	Name of Abateme								
Health & Safety Services, Inc.			·- <i>,</i>	0011		Superior Abs								
Street Address						Street Address								
318 12th Street						2 Henderson	Drive					5.5		
City, State, Zip Code						City, State, Zip Co			-			-		
Hammonton NJ 08037				12	West Caldwell, NJ 07006									
Project Manager for Monitoring Firm			Tel	phone	No.	Telephone No.	., .,, .,,.,	License No.			_			
Jim Proctor			1		4-8850	(973) 808-161	6	00411						
Start Date (10)	Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	fonitor	4		-	-			
09 / 09 / 13	_0	1_ /	1.	4_/	14	Superior Aba	tement inc					- 1		
Occupancy Status During Abatement	(Check	only o	one)			Street Address								
☑ Facility Closed/Vacated During Er						2 Henderson	Drive	•						
Abatement Performed Outside of														
Time of Abatement:AM	—-i-	<i>N</i>	_PM		AM	West Caldwe								
Scope of Work (Check all that apply)														
☐ >3 sf or >3 lf		□Re	novei	ion		ative Pressure								
⊠ ≥160 sf or ≥260 lf		☑ De				☐ Mini-Enc	Procedure							
						☑ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re					
10 00 00			Loca			(9)			Ab	ateme	ent T	уре		
Location of Asbestos-Containing Material (AC	'NA'	200000000000000000000000000000000000000		ety by	Acho	Description o stos Containing Ma		Amount	Z D.	₽.	Щ	中		
TO BE ABATED	,		inten			., thermal systems		(Specify	Removal	Repair	250	CO		
IN Facility		Cus	todiai (12)	Staff?		surfacing, VAT,		SF or LF)	죝		Encapsulate	Enclosure		
(13)		Yes	No	N/A	1	other miscellane	ous)				ate			
Roof	•			×	Roof FI	ashing		350 LF	×					
Exterior Windows				×	Windov	v Caulk		6 EA	×					
Interior				×	VAT			2 SF	×		Ö			
Interior 🔲 🗖					Mastic	٥		300 SF	X					
					Waste	Cubic Yards of	Name of Regis	tered Landfill				-		
Service Transport Group, Inc	ŀ	tauler II SW21		Waste	Minerva La	ndfill		a.						
City, State				Disposal Date	City, State	175.00 hore-5000	88 65-3		VIII - 13					
New Castle, DE				9/11& 1/14/14 Waynesburgh, OH						- 1				
Completed By (Print or Type) Title						Signature, Date								
Nick Petrovski	President / / / / / / / / / / / / / / / / / / /						12-	-13	-V-	3				
V00 42			***************************************				011400	and I	16-	10	- 1-			

Date of Notification (1)					Assertance of the same of the		ng Owner/Opera	Same and	0.00000000	MAR	310	01/				
08 /	29 /	13			Nort	hvale !	Shopping Cen	ter A	Associates	(6), 1), (U1 +				
Agencies Notified	Type Notifi	cation			Street	Address										
Marie Committee	Initial				1355	5 15th	Street Ste 130			*			à			
	☐ Amende	TO (TO)			City, S	tate, Zip	Code				70.0		n sre	-		
⊠ DHSS	Amendr Emerge		dudina		Fort	Lee N	J 07024									
DCA (NJAC 5:23-8)	justifica		iddii ig		Name	of Conta	ct			Telephone Num	ber					
	Cancell	ation			Greg	gg Slat	er			_						
					FAC	ILITY	NFORMATION	4	. ,		3					
Name of Facility Where Ab	atement is	Taking	Place	(3)				T	Type of Facility (4)		D.				
252 Livingston Stree					s - 9/9-	9/11 &	12/16-12/18)		School (K-12)							
Street Address								\neg	Subchapter 8	(Other than K-12	2) rcial hui	dinas				
252 Livingston Stree	t				Other (i.e., private and commercial b homes, etc.)								beidings,			
	City (5)							Square Feet # of								
Northvale			15,380					1	5	6						
County (6)							(7)(STATE USE ON	VLY)	Current Use (Prid	or if being demoi	shed)	3000				
Bergen									Commercial							
Name of Monitoring Firm H	lired by Bu	illding O	wner (8)	ASCM I	No.	Name of Aba	teme	ent Contractor (9)							
Health & Safety Serv					0011	7	Superior	Aba	tement Inc							
Street Address							Street Addres	SS		126						
318 12th Street						2 Henderson Drive										
City, State, Zip Code					City, State, Zip Code									100000		
Hammonton NJ 0803	7						West Cal	dwe	II, NJ 07006							
Project Manager for Monito	ring Flrm			Tele	phone t	No.	Telephone N			License No.			9			
Jim Proctor		(6	309) 70	4-8850	(973) 808			00411								
Start Date (10)				200 Sime	etion Dat	and the second	Name of OS									
09/09/	13	1	2 /	18	<u> </u>	13	Superior	Aba	tement inc							
Occupancy Status During /	Abatement	(Check	only o	ne)			Street Addre									
☑ Facility Closed/Vacated						200	2 Hender				-					
Abatement Performed C Time of Abatement:	Outside of	Normal	Facility	Hou PM	rs - Des -	Cribe	City, State, Z									
						CIAI.	West Cal	dwe	II, NJ 07006	12			_			
Scope of Work (Check all t	hat apply)						⊠ Full	Cont	tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf			Re				☐ Min	l-Enc	closure							
≥160 sf or ≥260 if			☑ De	moliti	on				g Procedure	n-Eriable Proced	ure					
-			ic	Loca	✓ Non-Exempted (*) and Non-Friable Procedure							ateme	ant Ti	/DA		
Location of	f		1	Noma	ally		Descrip	tion o	of							
Asbestos-Containing M	aterial (AC	CM)			ely by ance/		pestos Containin	ng Ma	aterial (ACM)	Amount (Specify	Remova	Repair	nca	DC.		
TO BE ABAT IN Facility					Staff?	(i.e., thermal syst surfacing,			SF or LF)	ova	₹	Encapsulate	Enclosure		
(13)				(12)		4	other misce			40x 20			late	(D)		
			Yes	No								_	_	_		
Roof					\boxtimes	Roof	Flashing			350 LF	×					
Exterior Windows					\boxtimes	Wind	ow Caulk			6 EA	×					
interior		W. 100 10 10 10 10 10 10 10 10 10 10 10 10			×	VAT				2 SF	⊠					
interior					M	Mast	С			300 SF	×					
Name of Registered Waste	Häuler	-			NJDEP Y		Cubic Yards	of	Name of Regis	stered Landfill			-			
Service Transport G	roup, Inc	:			Hauler II SW21		Waste		Minerva La	andfill						
City, State					9447	11/	Disposal Da	ite	City, State							
New Castle, DE							9/11 & 12	2/18	Waynesbu	rgh, OH						
Completed By (Print or Typ	29)	Title)				Signatu	ure.	1111	/	Date	-				
Nick Petrovski			resido	ent	34	:		11	Allas	Zern -	8-	20	7-1	ζ		
100.44							1/1	40	11/1/11/11		ی		1-			

ASB-41 MAY 11

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

CHECK#: 8414

			120)		THE RESERVE OF THE PERSON NAMED IN		1	18
15 E-40	Name of Build	ding Owner/Oper	ator (2)	31				1
e of Notification (1)	I MC	Lafac	10.		100 2 1			
3 2 G/14 Type Notification	Street Address	SS		1-6-0-1	MAR 3 1	2014		1/1
ncies Notified Type Notification	151	NIS	>	t(eet				-11
EPA Initial	City, State, Z	ip Code	989201		2			
DEP Amended Amendment #	_ Pac)- N Y	TL	0885	7.			
DOL Emergency (including		ntact	-		T-'			1
DOH justification)	hane of co	Lafal	10			10,00		2
DCA Cancellation		Y INFORMATION			1			
		TINFORMATION	T	Type of Facility (4)				
me of Facility Where Abatement is Taking Place (3	3)		1	☐ School (K-12)				
truse.			\neg		Other than K-12)	huildings	home	es.
reet Address	22		1	☑ Other (i.e. priva	ate & commercial			~ .
15 LOUIS Street	et-		-	etc.) Square Feet	# of Floors	Bldg.	Age	
			1	1500	2		60	
"Dealin NT D	8859.			Current Use (Prior	if being demolishe	d)		
ounty (6)	County Cou	de (7)		20 <	dence-			
MIDALESEX	(STATE USE	E UNL 1)		10010	actor (9)			-
ame of Monitoring Firm Hired by Building Owner (8	3) ASCM	No.	Name	of Abatement Contr AC Contracting Inc	actor (9)			
ame of Monitoring Firm Filed by Building Office ('							
			Street	Address				
treet Address			105	Lowell Road				
			City. S	State, Zip Code				
city, State, Zip Code			Glen	Rock, NJ 07452				
			- 1	Lana No	License N	0.		
Project Manager for Monitoring Firm	Teleph	one No.		hone No. 1-262-5841	00156			
•								
Sche	ed 4711/14	ate (11)	Name	e of OSHA Monitor nega Environmental	Services Inc.			
Start Date (10) 4/4/14	4/11/14		- OII	lega Environmenta				
1 (Ob cale On	v One)		Stree	et Address			-0-000 to 0.000 to 0	
Occupancy Status During Abatement (Check Onl Facility Closed/Vacated During Entire Period October of Normal Fac	of Abatement		280	Huyer Street State, Zip Code				
Facility Closed Vacated Saling	The Alberton			Oldic, Zip Con				
Abatement Performed Outside of Norman, and	ality Hours		Had	kensack, NJ 07606				20000000
☐ Abatement Performed Outside of Normal Fac ☐ Other - Describe:	ality Hours		Had	kensack, NJ 07606				
Other - Describe:	ality Hours		Had			Proceura		
Scope of Work (Check All That Apply)	/		Had	Full Containme	nt with Negative F	Pressure		
☐ Other - Describe: Scope of Work (Check All That Apply) 3 sf or ≥3 if	Renovation Demolition		Had	Full Containme	nt with Negative F			
Scope of Work (Check All That Apply)	Renovation		Had	Full Containme	nt with Negative F	ole Proce	dure	
☐ Other - Describe: Scope of Work (Check All That Apply) 3 sf or ≥3 if	Renovation		Hac	Full Containme	nt with Negative F	ole Proce	Abater	
☐ Other - Describe: Scope of Work (Check All That Apply) 3 sf or ≥3 if	Renovation Demolition		Hac	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	nt with Negative F	ole Proce	dure Abater Typ	
Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renovation Demolition Is Location Normally	A-hanton C	Description	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	nt with Negative Foodure (*) and Non-Frial Amount	ole Proce	Typ	e T
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Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Rovic Transport City, State, Zip Code	I Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Hauler II	Asbestos C (i.e. them su other 30 ST Waste D No. Di	Descriptiontaininal systematics of the Market Sposal I	Full Containmer Mini-Enclosure Glovebag Proc Non-Exempted ion of g Material (ACM) ems insulation, VAT, or silaneous) Tysulation ds Name IESI F Date City, S Bethle	Amount (Specify SF or LF)	Tempy8	Typ	e T
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Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Rovic Transport City, State, Zip Code	I Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Hauler II	Asbestos C (i.e. them su other 30 ST Waste D No. Di	Descriptiontaininal systematics of the control of t	Full Containmer Mini-Enclosure Glovebag Proc Non-Exempted ion of g Material (ACM) ems insulation, VAT, or silaneous) Tysulation ds Name IESI F Date City, S Bethle	Amount (Specify SF or LF) of Registered Land A Bethlehem Land tate, Zip Code shem, PA 18015	Tempy8	Typ	e T

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

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		NO		ATION C	e of New Jersey OF ASBESTOS A NJAC 8:60 and	BATE			¥			1			
Date of Notification (1)			Na	ame of B	HARDFOR	perator 0 /2	(2) 13-9-6	ity	1970	MAR 3	1 :	2014			
Agencies Notified	Type Notification		St	treet Add 4 8 d	iress ORT 3	É									
区 EPA 区 DEP 区 DOL	Initial Amended Amendment	#	Ci	ity, State	Zip Code	GH L	19,	ע במט	7	07716	127	le)			
DOH DCA	Emergency justification) Cancellation			ame of C			-339			phone Numb					
E DOA	E.a. Gariociiatioi			FACILI	TY INFORMATI	ON	Verse Centre								
Name of Facility Where		g Place (3)					Тур	e of Facility (4	-)						
FORMER STR	210 MALL							School (K-12							
Street Address 480 RT 3	6						×	Subchapter of Other (i.e. preetc.)	8 (Otherware 8	er than K-12) commercial	buildii	ngs, h	omes	,	
City (5) ATLANTC /	41614CANDS				a la			uare Feet	# 0	Floors	Blo	lg. Ag			
County (6) MONMONTH				ounty Co	ode (7) SE ONLY)		Cui	rrent Use (Prio	r if bei	ng demolishe	d)	 o			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			batement Con Contracting		(9)	34				
Street Address						Stree	t Add								
City, State, Zip Code	 					City,	State	, Zip Code	450		<i>G</i>			_	
						5	010-000-100-	ock, N.J. 07	452						
Project Manager for Mo	nitoring Firm		T	Telephone No.			hone -262	No. 2-5841		License No.	•				
Start Date (10) /		Schedule			Date (11)	Name of OSHA Monitor Omega Environmental Services Inc.									
Occupancy Status Duris	ng Abatement (Che		V. S. C.			57.550.00	t Add								
Abatement Perform	cated During Entire med Outside of Nor	Period of A mal Facility	batem Hours	ment 280 Huyler Street City, State, Zip Code										_	
Other – Describe:						Ha	cker	nsack, NJ 0	7606						
Scope of Work (Check ≥3 sf or ≥3 If ≥160 sf or ≥260 If	All That Apply)		enovat emoliti					Full Containmonth Mini-Enclosure Glovebag Pro-Non-Exempter	e cedure	-			1		
		lo.	Location	nn								Abate	ment		
Location	on of	N	Iormali	у	De	escription	on of					Ту	oe T		
Asbestos-Containin TO BE Al In Fac (13	ng Material (ACM) BATED cility	Mai	d Solel intenar odial S (12)	ice/	Asbestos Cor (i.e. therma surfa	ntaining	Mate ms in: /AT, o	sulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							-		-		
PIZZA SH	00 Hoop			X	TRAN WINDOWS	5178				1505,5	X				
047510E				x	WINDOWS	10	fu i	ic		400 LF	X				
				-			ne 1972								

NJDEP Waste Hauler ID No. 20785

Title

President // M January 3/26/14

City, State

Cubic Yards

15

Disposal Date

4/5/1400

Signature

of Waste

R. McDonald

Completed by

Rovic Transport

Name of Registered Waste Hauler

City, State Riverdale, New Jersey 07457 Name of Registered Landfill

Bethlehem, PA 18015

IESI PA Bethlehem Landfill Corp.

Date

Date of Notification (1)			me of Bu	ildina (Owner/Op	perator (2)	ALTY								
3/26/14		-	1	100	1100	, , , , ,				MAR 3 I	20	1.6		-	
Agencies Notified Type Notification			eet Addr 470	R	LT 3	6		5			20	14			
EPA Initial Amended Amendment #		Cit	y, State,	Zip Co	de / C /	416-1+6	AND-	1. W.	J.	0777	6		4		
Emergency (iii		Ne	me of C	ontact					Telepi	none Number				4	
DOH justification) Cancellation		140												4	
			FACILIT	TY INF	ORMATIC	NC	Typo of E	acility (4)						\dashv	
Name of Facility Where Abatement is Taking FORMER CAR WASH Street Address	Place (3)						Sch	ool (K-12)	(Other	than K-12)					
470 RT 36					*	Ī	Othe etc.		vate & o	commercial b	ullain	gs, no	mes,		
City (5)							Square F		# of F	loors		. Age			
ATLANTIC HIGHLANDS							315			10	10 53	50		_	
County (6)		C	County Code (7) Current Use (Prior if (STATE USE ONLY) For 2 min Carro						if being	demolished みょけ / の	Em	0			
Mame of Monitoring Firm Hired by Building C	wner (8)	1	ASCM I	No.		Name o	f Abatem	nent Contracting	ractor (
Street Address							Address Lowell F	Road							
City, State, Zip Code						City, St Glen	ate, Zip (Code N.J. 074	452						
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph	one No. 262-58			License No. 00156					
Start Date (10)	Scheduled	Com	pletion D	ate (11)	Name	of OSHA	Monitor	ntal Se	ervices Inc					
	- /		177			1	Address						E-04910	-	
Occupancy Status During Abatement (Chec			2022			0.000	Huyler	Street							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility H	atem	ent				tate, Zip kensac	Code k, NJ 07	7606		54-111				
						1,00									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nolition Mir					Containment with Negative Pre hi-Enclosure ovebag Procedure n-Exempted (*) and Non-Friable							
						Ł	Non-	Exempled	1 () an	1 MOLLI LIADIC	, 1 100	Abate	ment		
		ocati										Ту			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tena	ly by nce/	Asb (i	estos Co .e. therm sur	ermal systems insulation.			(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		0 0					A:4.A	3			-	
OUTSIDE			X		Roos		1 = 2			3 3 0 tsF	_	-	-	-	
OUTSIDE			X		WIN	DONS	1017	uik		3406	X				
										- 41 - 160					
Name of Registered Waste Hauler			NJDEP V Hauler ID			oic Yards Vaste				ered Landfill hlehem La	ndfil	I Co	ro		
Rovic Transport			20785	. 140.		25		City, Sta		I HEHEIH LE	, idili		φ.		
City, State Riverdale, New Jersey 07457	Disposal Date 4/5/14 c.d				Bethle	ehem,	PA 18015		,						
Completed by R. McDonald	Title Presi	iden	t			Signatu	re				3/2	0/1	£.		

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-108			(Pursua	nt to NJAC	2 8:60	and 12:120)			1	F,		1				
1 hock # 005510	5															
Date of Notification (1)	Na	me of Build	ling Owner	r/Operator (2	2)		1 1	MAH 3	201	4						
0 3 /1 4 /1 4	L	ILY DEL	A TORR	E/JUSTI B	OYER	L						1				
Agencies Notified Type Notifica	tion Str	eet Address	5									-				
DEP Amended		7 VALLE		D						4			_			
Amendment #	·——	y, State, Zip														
Emergency		MONTCL		07042				Telephone	Number			_=				
justification) Nai	me of Conta	act													
DCA Cancellatio	n .	LILY DE	LA TOR	RE/JUSTI	BOYE	R		='		=			_			
			FACIL	ITY INFORM	MOITAN	1	1 1	a of Facility /A	,				_			
Name of facility where abatement	is taking place	e (3)					lliyp	e of Facility (4	(K - 12)							
LILY DELA TORRE/JUSTI	BOYER								pter 8 (Ot			12)				
Street Address								Other (F	Private/Co Homes, et	mmer	cial					
27 VALLEY ROAD							Sq		of Floors		Bld	g. Age)			
City (5)	Count	y (6)			Cou		100		p. 1	-1\	_					
MONTOL ATP	ESS	FY			(Sta	ate use only)	C	urrent Use (Pri	or if being	demo	olishe	a)				
MONTCLAIR Name of Monitoring Firm Hired by				ASCM No.	-	Name of Abateme	ent Contr	actor (9)					_			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						D & S RESTO	ORATIO	N, INC.								
Street Address						Street Address										
Walland Control of the Control of th						20 California										
City, State, Zip Code						City, State, Zip Co										
		I Dh	- a Nicosala	-		Paterson, NJ Telephone Numb		-	License	Numb	er					
Project Manager for Monitoring Fir	m	Pho	one Numbe	er		973-345-80	21162									
	I Cahad	Completion	n Data (11	1		Name of OSHA Monitor										
Start Date (10)		_	II Date (11)		D & S Resto	ration, l	nc.								
04/16/14	04/30			J. W		Street Address		52								
Occupancy Status During Abatem Facility closed/vacated during			ment			20 California City, State, Zip Co			_	_	_		_			
Abatement performed outside	ie of normal f	acility hours	S-			City, State, Zip O	oue									
Describe: NORMAL NORMAL	HOURS				_	Paterson, NJ	07503									
Scope of Work (check all that ap							Full (Containment w	/negative	press	ure					
	7	n						enclosure								
≥160 sf or ≥260 lf	Demolition	1					Non-	ebag procedu -Exempted (*)	and Non-	friable	proc	edure				
Location of	Is location	n normally u	sed solely	/						R	R	E n	E			
asbestos-containing	by mainte staff(12)	nance/cust	odial			asbestos-containin	g	Amount (Specify S	F or	m	р	С	n			
material (acm) to be abated in facility (13)	Yes	No	N/A	materia	al (ACM)	1	LF)		o v	a i	a p	Ĺ			
	, 55		1 11/1	DEED TO	TIT AS	PION		190 L FT	***	e	1					
BASEMENT/CRAWL SPACE		X	<u> </u>	PIPE INS				50 sq ft			片	片	H			
BASEMENT BOILER		-X		CHIMNE				3 SQ FT			H	Ħ	Ī			
BASEMENT	-	-X		CHIVINE	LITAC	MINO				ī	Ī					
Registered Waste Hauler		EP Hauler II		ubic Yards	of Wast	Name of Regist	ered Lan	dfill	ECOVET	v						
D & S RESTORATION, INC	C. 135			3 yds		TULLYTOV City, State	VN, RE	SOURCE RI	COVE	(1						
City, State PATERSON, NJ 07503			Disposal [04/17/1			TULLYTO	WN. PA									
Completed by (Print or Type)	Signature		-			Date										
BOGDAN JOLDZIC	Title PRESID								03/24	/2014						
ASB-41	* Do not us	e this form	for asbest	os licensure	exemp	ted activities.										

ASB-41

Check# 23227

Date of Notification (1)	•					g Owner/Operator (2	2)	• 1				
		14		TIFO	ASSOCI	ates, LLC		3		7	Œ	
Agencies Notified Ty	ype Notificatio	on	1	Street A	Address							1 1
	Initial			300	Executi	ve Drive		2 % 2				
\ 	Amended	. 44		City, St	ate, Zip (Code		kÅ A ⊑	3 1	2011		
□ DHSS	Amendment Emergency		,	Wes	t Orang	e, NJ 07052		1417.	1 0	- 4U 19		
DCA (NJAC 5:23-8)	justification)		1	Name o	of Contac	t		Telephone Nun	nber			
	Cancellation			Kevi	n Code	у		w			i.	
				FAC	ILITY IN	NFORMATION					-5	
Name of Facility Where Aba	tement is Tak	king Place	(3)				Type of Facility	(4)	1			
Former Car Dealer		J					School (K-12	2)	P			
Street Address							Subchapter 8	Other than K-1	2)	dinas		
134 Main Street							homes, etc.)	rivate and comme	erciai bui	aings	6	
							Square Feet	# of Floors	Bid	g. Age		
City (5)							15000	1	14	5		. 4
Madison, NJ 07940				10	Code /	ZVOTATE LICE ONLY		ior if being demo	200		-	-
County (6)				Count	y Code (7)(STATE USE ONLY)	Former Car	100 miles	listicu)			
Morris											_	-
Name of Monitoring Firm Hi	red by Buildin	ng Owner	(8)	ASCM N	No.	Name of Abatem						
ABS Environmental,	L.L.C.					JVN Restora	tion Inc					
Street Address						Street Address						
P.O Box 483						47 Foster Ro	ad				9	
City, State, Zip Code						City, State, Zip C	ode					
Glenwood, NJ 07418					Staten Island NY 10309							
Project Manager for Monito	ring Firm	.9	Tele	ephone N	No.	Telephone No.		License No.				
Scott Higgins			9	73-5838	8500	718-605-6256	3	00774				
Start Date (10)	Sc	heduled	Comple	tion Dat	e (11)	Name of OSHA	Monitor					
03 / 24 /	W W			4 /		Testor Tech						
Occupancy Status During A	5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1					Street Address						
☐ Facility Closed/Vacated				ment		10 59 Jackso	n Avenue					
☐ Pacifity Closed/Vacated ☐ Abatement Performed C					cribe	City, State, Zip C					-	-
Time of Abatement: 8:0						LIC, NY 1110						
						LIO, NI TITO			_			_
Scope of Work (Check all the	nat apply)						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			enovat			☐ Mini-En	closure	-				
≥160 sf or ≥260 lf			emoliti	on		☐ Gloveba	ng Procedure empted (*) and No	on Friable Proces	Hure			
			ls Loca	tion		⊠ Non-Ex	empled () and No	Jii-i Habie i Toce		ateme	nt Ty	/De
l aantian at			Norma			Description	of	2 1				
Location of Asbestos-Containing M			sed Sol	ely by	Asb	estos Containing M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT	ED	I N	lainten	ance/ Staff?	(i.	e., thermal systems		(Specify	Nov	air	aps	losu
IN Facility		00	(12			surfacing, VA other miscellan		SF or LF)	<u> </u>		ulat	re
(13)		Yes	No	N/A	1	outer micoonari	,				(D)	
1st Floor Showroom					Floor	Tiles		1,800 SF		П		
											一	
Roof					Roof	Shingles		6,000 SF		ш	Ц	Ш
Boiler Room			\boxtimes		Boiler	Insulation		100 SF	\boxtimes			
		П	П									
Name of Registered Waste	Hauler			NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill				
Newark Carting			11.5	Hauler II	D No.	Waste	IESI, Inc					
315 (31) (40) (31) (40) (40) (41) (41) (41) (41) (41) (41) (41) (41				04509	9	80 Disposal Date	City, State			_		-
City, State						04/04/14	Bethleher	m PA				
369 Raymond Blvd								,,,,,,	Deta			
Completed By (Print or Type	oe)	Title				Signature	11 11	\rightarrow	Date	27	22	iu
Ralph Barnhardt		Proje	ect Ma	nager		/h/	In /home	<u>/</u>	83-	11-	دے	
ASB-41				Hale f	· • • • • • •	atas ligano.	anted activities					
MAY 11		- Do n	ot use	uns tom	I IOF ASDE	estos licensufe exen	ipieu activities.					

MAY 11