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

Date of Notification	n (1)					/Operator	(2)	AL SE				
4-22-15			Ken M	<b>fonte</b>	110				1 1/ 2	1		
Agencies Notified	Type Notifi	cation	Street Ad	ddress			2E+	Sizen				
[ ]EPA	[X] Initial	.cation	495 E	Highl	and A	we.	* C .	5 KAY -5	AH 1:	in		
[ ]DEP			City, Sta				4. 3.	0.0				
[X]DOL	[ ]Amended Notifi	cation	Monto	clair	,NJ,0	7042		á i héin	. 4. 7. 7.	01		
[X] DOH	[ ]EMERGEN	icv	Name of (				Telephon	e Number	1110			
[ ]DCA	[ ]Cancell		Ken M	1onte	ello			,				
	[ ] Cancers		F	ACILITY	Y INFORM	ATION						
Name of Facility Wh	ere Abatemen	t is Taki	ng Place	(3)			Type of Facil:	ity (4)				800
Same as above	è						[ ]School	(K-12)				
Street Addres							[X]Other (	ter 8 (Othe i.e., priva uildings, h	ate & c	omme	r-	
							Square Feet	# of Floo	ors B	ldg.	Age	
City (5		County	(6)Essex		County C	ode (7) SE ONLY)	2400	3		85		
				(	DIMIE 0	DE ONEI,	Current Use (	Prior if be	eing de	moli	shed	)
Name of Monitoring Owner (8)	Firm hired by	y Buildir	ng ASCM N	To.			ment Contractor  ANAGEMENT					
N/A						et Addres		, 1110.				
Street Address					1		topher St					
City, State, Zip Co	de				11	, State, : ntclai	zip Code r, NJ 070	42				
Project Manager for	Monitoring 1		elephone N	umber	111	phone Numb 73)744			Cicense 003		ber	
Scheduled Start Dat	e (10) Sch	ned. Com	oletion Da	te (11	) Name	of OSHA 1	Monitor					
5-14-15			5-15		N/A							
		Month	*	ear								
Occupancy Status Du [X] Facility Clo of Abatemen	osed/Vacated				Stre	et Addres	S					
[ ]Abatement Pe				ility	City	, State,	Zip Code					
[ ]other - Desc				<u>t»</u>								
Scope of Work (Chec	k all that a	pply)										
[X]>3 sf or	>3 lf		[X] Renovat	cion			Containment wi Enclosure	th Negative	e Press	ure		
[ ]≥160 sf			[ ]Demolit	cion			bag Procedure	52520				
			Is			[ ]NON-F	riable Procedu	re	Ab	atem	ent !	Type
Locatio			Location Normally			escriptio			B		E	E
Asbestos-Co Material	7		Used Solely			estos-Con Material (		Amount (Specify	_ E	R	C	C
TO BE A			By Main- tenance/			, thermal		SF or	0	PA	P	0
In Faci			Custodial			***	acing, VAT,	LF)	V	I	S	S
(13)	•	Yes	taff (12)	/A	or ot	her misce	Lianeous)		L	K	L	R
Basement			x	P	ipe I	nsulat	ion	40 lf	X			
Name of Registered AZTECH MANAGE	Registered Waste Hauler NJDEP Waste Hauler ID No. 17040						Name of Regi G.R.O.W.		dfill			
City, State		Disposa	l Date	City, State								
Montclair, NJ	J 07042				5-16		Morrisvi	lle, PA	190	67		
Completed By (Print or Type) Title						Signature			Date	9		
Constantine V	7ivian E	resid	ent			CV,	icn		4-22	2-15		



## CK 4819

Date of Notification (1) 5/1/15				of Building		perator								
Agencies Notified	Town Novie - C			Of Atlant	ic City			THE Pro	-					
EPA DEP	Type Notification  Initial			t Address 1 Bachara	ach Bou	levard	١,	ZETS KA;	-3 £	15 j:	24			
DEP DOL	Amended Amendment			State, Zip C ntic City N		1		81		10 25	7/:			
Ĭ DOH	Emergency ( justification)		127	of Contact					Teleph	one Nu	mber			
DCA	Cancellation		-	s Anders	<del>-</del>				1					
Name of Facility Where	Abatement is Takin	n Place (3)	FA	CILITY INF	ORMATIO	ON	Type	of Facility (4	,					
Vacant Building		9200 (0)						0.57.00.0	50					
Street Address				2000			T S	School (K-12 Subchapter 8	(Other th	nan K-1	2)			
5 S. New Hampshir	e Avenue							other (i.e. pr	ivate & co	mmerc	ial bui	ldings	, hom	ies,
City (5) Atlantic City NJ 084	.01							e Feet	# of Flo	ors	1000	Bldg. /		
County (6) Atlantic				ty Code (7) E USE ONLY	)		Currer	nt Use (Prior	r if being o	demolis				
Name of Monitoring Firm	Hired by Building (	Owner (8)	AS	CM No.		Name	000000000000000000000000000000000000000	ement Cont	ractor (9)					
N/A					7		aco In		(0)					
Street Address							Address 30x 32	0.00						-
City, State, Zip Code							tate, Zip	Code NJ 0809	91	-307-11-11-11-11	i de la la como			
Project Manager for Mon	itoring Firm		Telep	hone No.			one No 753-98			cense N	No.			
Start Date (10)	T	Scheduled (	Completic	on Date (11)			100000000000000000000000000000000000000	A Monitor						
5/14/15	5/19/15 Same													
Occupancy Status During						Street	Address	S						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of Aba al Facility Ho	tement	12.	_	City, S	tate, Zip	Code						
Scope of Work (Check A	That Apply)										-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		programme .	ovation nolition			×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	edure					
		ls I o	cation				11011	Exempted	( ) and rec	m-i mai	1		emen	t
Location		Norr	mally		Des	cription	of					Ty	/ре	
Asbestos-Containing TO BE ABA	Material (ACM)	Mainte	solely by enance/	Asbes	tos Conta	aining M	laterial (	(ACM)	Amou		77		m.	m
In Facili		1900	al Staff? 2)	(1.0	surfac	ing, VA	T, or		(Spec		Remova	Repair	caps	Enclosure
(13)			lo N/A		other m	iiscellan	eous)				oval	air	Encapsulate	sure
Exterior S	iding		Х		Exter	ior Sic	ding		5100	SF	x			
Rolled Ro	ofing		X			at Roo			110 3		x	-		
Main Roof F	lashing		X		Fla	ashing	1		582 5		x	-		
			-	1011		,				-	-			
Name of Registered Was	te Hauler		NJDEP	Waste	Cubic Y	Yards		Name of Re	eaistered	andfil				
Transformation			Hauler 18952	ID No.	of Wast			ACUA	09.0.0.00	Larram				
City, State Egg Harbor NJ				Disposa 5/15/1			City, State 6700 De	elilah Rd	E.H.	T. NJ				
Completed by Anthony T Perna		Title Presider	nt		Sig	gnature			>		ate 1/15			

### (H 1038

Date of Notification (1)				Name of	Building	Owner/C	perator	(2)						
May	01, 2015			Bridgew	ater Si	ite								
Agencies Notified	Type Notification			Street A	ddress				12.0	- ,				
⊠ EPA	Initial			10 Finde	erne A	venue								
DEP	Amended			City, Sta	te, Zip C	ode		16						
X DOL	Amendment Emergency (			Bridgew			7		-					
☑ DOH	justification)	morading		Name of	Contact				Te	lephoneNu	ımber			
☐ DCA	Cancellation			Project	Manag	er								
Name of Facility Where A	hatamant in Tabia	- Di (f		FACI	LITY INF	ORMATI	ON							
Page Approx 25 contests	batement is Takin	g Place (3	5)					Type of Facility	(4)					
Bridgewater Site Street Address								School (K						
										er than K- & commerc		dinas	hom	100
10 Finderne Avenue								etc.)				umge	, 110111	03,
City (5)								Square Feet	# 0	f Floors		Bldg.	Age	
Bridgewater, NJ 0880	7													
County (6)				County C		V)		Current Use (P	rior if be	ing demolis	shed)	94		
SOMERSET										ousiness				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abatement Co	ontracto	(9)				
AET				0021				ACK Group,	LLC					
Street Address							Street	Address						
907 Doolittle Drive					01515			Kings HWY N	, STE	209				
City, State, Zip Code							City, S	tate, Zip Code						
Bridgewater, NJ 0880								/ Hill, NJ 080	34					
Project Manager for Monit	oring Firm			Telephor	ne No.		Teleph	one No.		License	No.			
Eric Houseknecht				(908) 21			1	759 - 5000		00781				
Start Date (10)		Schedul	ed Co	mpletion [	Date (11)	)	Name	of OSHA Monito	г					
5/15/15				5/15/16	5		The M	ACK Group,	LLC.					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address						
Facility Closed/Vacat	ed During Entire I	Period of	Abate	ment			1500 k	Kings HWY N	, STE	209				
Abatement Performer Other - Describe:	d Outside of Norm	al Facility	/ Hour	S			City, S	tate, Zip Code						
							Cherry	Hill, NJ 080	34					
Scope of Work (Check All	That Apply)	_						_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		District of the last of the la	Renova					Full Containr		Negative	Pressu	re		
2100 \$1 01 2200 11			Demoli	tion				Mini-Enclosu Glovebag Pri						
								Non-Exempte	d (*) and	Non-Friabl	e Proce	dure		
		Is	Locat	tion								Abat	emen	t
Location	of	1	Vorma	372773		Des	scription	of				Т	уре	
Asbestos-Containing N	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	5.670270	d Sole			stos Cont	aining M	laterial (ACM)	P	mount			m	
TO BE ABA		50000		Staff?	(i.e		systems cing, VA	insulation,		Specify F or LF)	Re	Z	nca	Enc
(13)			(12)				niscellan		3	OI LF)	Remova	Repair	Encapsulate	Enclosure
			- 22	2000							/al	7	late	Гe
		Yes	No	N/A				5.00			-	-		
Building 1 Rm #	1209-1211		$\Delta$			transit	e table	tops	1	28 s/f	X			
Building 3 A	rea 1		X			trar	nsite w	all		1) 10"x10" & 'x10" opening	X			
									1.720	Are epermig				
												-		
Name of Registered Waste	a Haulas		NI DED Worte Cubic Vorde											
rame of registered wast	o i laulel		NJ DEP Waste Cubic Yard Hauler ID No. of Waste					Name of	Registe	red Landfil	I			
Newark Carting / Free	hold / Rovic D							Cumbe	rland (	County La	andfill			
City, State	City, State						TBD sal Date	City, Sta						
Newark / Freehold / R	ewark / Freehold / Riverdale, NJ					5	/15/16							
Completed by		Title					ignature		J, 1	D	ate			
Mike Cooper		Presid	lent				gart.	//	/	5/	1/15			

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

#### MO#22742782367

MAY 11

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Prop.		
HERM	ln .	
1		

Date of Notification (1)				Name	of Building	Owner/	Operator (2	00.0					
05/	01 / 15			Nancy	Young			2015	MAY -5 AM	1. ~.	277		
Agencies Notified	Type Notification				Address			4		1. (			
☐ EPA				253 A	shland Ro	nad		# 2 1 <u>1</u>	5705 pro 101/2/11				
▼ DOTMD	☐ Amended		-		tate, Zip C				LILITER	THOL			
▼ DHSS	Amendment #_									G.			
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding	1		it, NJ 079 of Contact				Telephone Nu	mber			
(110) 10 0.20 0/	Cancellation			Nancy	Young								
					CILITY IN	FORMA	TION				THE IN		
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility	(4)				-
Private house								School (K-12	2)				
Street Address				110000000					Other than K-1				
253 Ashland Road								Other (i.e., p homes, etc.)	rivate and comm	ercial bu	ilding	S.	
City (5)								Square Feet	# of Floors	Ri	dg. A	16	-
Summit, NJ 07901								Oquare rect	,, 01110010		og. A	90	
County (6)				Coun	v Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being demo	lished)			
Union				10.00		<b>V</b>			,	215731307A			
Name of Monitoring Firm	Hired by Building (	Dwner (	8)	ASCM	No.	Name	of Abateme	ent Contractor (9)		23/2-1/2-			
						Gr Tec	h LLC						
Street Address						Street .	Address						
						576 Va	lley Rd#	283					
City, State, Zip Code						City, S	tate, Zip Co	ode		51			
						Wayne	, NJ 0747	0					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Teleph	one No.		License No.				
						973-63	8-1777	100	01127				
Start Date (10)					te (11)	Name	of OSHA N	lonitor					
		)5 /		/ _	15	Enviro	visiot: Co	nsultants,Inc					
Occupancy Status During	맛이는 맛있다면 맛있다면 하는 얼마나 맛이 되어 있었다.					Street.	4ddress						
▼ Facility Closed/Vacat     □ Abstracest Defender					- 11 -			Road, Bldg .#	35 E				
Abatement Performed	Outside of Norma AM- P	г насиц М/	y Hour	s - Des	Cribe AM	0.000	tate, Z p Co						
		8-11-11				Fair La	wn, NJ 0						
Scope of Work (Check al	I that apply)					H		and decontaming and decontaminate		ive press	ure		
		X Re	novati	on			Mini-Enc	losure					
☐ ≥ 160 sf or ≥260 lf		☐ De	emolitic	n		×	Gloveba	p Procedure mpted (*) and No	Tent with Negati	ive Press	ure		
		I Is	Locat	ion	1		NOICX6	inpled ( ) and No	M-1 Hable Froce		1	- L T	
Location	of		Norma			Da	escription c	ıf		AD	atem	ent 1	ype
Asbestos-Containing	Material (ACM)	1000000	d Sole		Asbe			terial (ACM)	Amount	Removal	Repair	Encapsulate	Enc
TO BE ABA		- 55	intena todial			e., therma	l sysiems	insulation,	(Specify	l mo	pai	aps	Enclosure
IN Facil (13)	ity	003	(12)	otan:			acing VAT miscellane		SIF or LF)	<u>a</u>	-	sula	ure
(10)		Yes	No	N/A		outer	miscerate	1,05)				ē	
Pasamant		T		X	Die .	.lec'			40.1.5				
Basement		H	H	1	Pipe inst	ulation			40 LF		1	Ш	Ш
			Ш										
		П	П			A STATE OF THE PARTY OF THE PAR				П	П	П	П
Name of Registered Was	ste Hauler		NJ	DEP Wast	Hauler ID No.	Cubic Y	arda of Wasi	Name of Regi	stered Landfill				
Gr Tech LLC				003378	35	TB	D	T.R.R.F. Inc					
City, State							al Date	City. State					
Wayne, NJ 07470						ТВ			Δ				
Completed By (Print or T	vpe) Titl	e						Tullytown, P		Date			
	1.20 00					3	entire /	Sho Wer	100		115		**
N.Jevtic	Ow	mer						unc. Wer	CHO	05/01/20	112		

# MO 22820878271

Date of Notification (1)	- 1	Nama of	Building C	)umor/C	Inorotor	(2)		_				_			
4/28/15					y Compa		perator	(2)	gris erv	~					
Agencies Notified	Type Notification		1 6	Street A					POS KAY	Ų.	int 1:	ï			
× EPA × DEP × DOL	Initial Amended				te, Zip Coo		7070				11-1				
(V=316	Amendment #				Orange,	NJ U/	079		SE HARRY	-	1115	8			
DOH DCA	justification) Cancellation	3	- 18	Name of Marcus	Contact					Tel	ephone Nur	nber			
				FACI	LITY INFO	RMATI	ON			-			-		- 22
Name of Facility Where House	Abatement is Taking	Place (3)				5	4	Туре	of Facility (4)						
Street Address								H	School (K-12 Subchapter 8		er than K-12	')			
3348 Kennedy Blv	d							×	Other (i.e. prietc.)	ivate 8	& commercia	al buil	dings	home	es,
City (5)								100000000000000000000000000000000000000	are Feet	15 228	Floors		Bldg. A	Age	
Jersey City								N/A		N/A			N/A		
County (6) Hudson					Code (7) JSE ONLY)			Curr	ent Use (Prior ISE	if bei	ng demolish	ed)			
Name of Monitoring Firm	m Hired by Building C	wner (8)		ASCN	No.				atement Conti		(9)				
N/A				2					tement, Inc						
Street Address							7.50	Addre	ess gren Avent	ue					
City, State, Zip Code							City, S	State, 2	Zip Code						
Project Manager for Mo	nitoring Firm	Τ.	Telephoi	ne No.		- Committee	wa, N	NJ 07512 No.	-	License N	D.				
						973-	345-8	3685		#00675					
Start Date (10) 5/14/15		Scheduled 5/16/15	d Com	npletion I	Date (11)		7.75 500 500 500		HA Monitor tement, Inc	;.					
Occupancy Status Durin	ng Abatement (Check	Only One	2)				Street	Addre	ess						
Facility Closed/Vac	cated During Entire P	eriod of Al	batem	ent					gren Avent	ue					
Other – Describe:	ned Outside of Norma Occupied	al Facility I	Hours						Zip Code NJ 07512						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf		☐ Re	enova	tion			2	₹ Fi	ıll Containmer	nt with	Negative P	ressu	ire		
× ≥160 sf or ≥260 lf		De	emoliti	ion			-	Mi	ni-Enclosure						
37 - 13			123						ovebag Proce on-Exempted		d Non-Friab	le Pro	cedur	e	
		ls L	ocati	on									Abate	ement	t
Locatio		No	ormall	y		De	scription	n of	1				T	pe	
Asbestos-Containing			Sole			os Cont	taining N	<b>Nateria</b>	I (ACM)		mount	_		ш	m
TO BE AS		Custo		Staff?	(I.e.		system cing, VA		ation,		Specify or LF)	Rem	Repair	ncap	inclo
(13)	)		(12)	,		other r	niscella	neous)			· ·	Remova	air	Encapsulate	Enclosure
		Yes	No	N/A								_		te	(D
basen	nent		Χ			duct	insula	tion		40	00 SF	X			
Name of Registered Wa	ste Hauler		2000	JDEP W	0.0000000000000000000000000000000000000		Yards		Name of R	egiste	red Landfill				
D&S Abatement, In	c.			auler ID 20996	No.	of Was	ste		Waste M	lana	gement of	PA			
City, State Totowa, NJ		n,				Dispos TBD	sal Date		City, State Tullytown		Α	:17			
Completed by		Title		Miller Co.	Signature	m	\ \ \ \ \ \ \ \ \	111	Da	te					
Deanna Brkusanin		1 2 2 2 2 2	t Ma	nager			/	////	Mua B	MU		28/1	5		

# mo 17181712889

Date of Notification (1) 4/28/15			Name of	f Building	Owner/C	Operator	(2)	j	217:	řeř - S					
Agencies Notified	Type Notification			Street A							111:1	f.	1.	71	
	× Initial		- 1.2		ry Stree	et				2.1					
× EPA × DEP × DOL	Amended Amendment				ite, Zip Co ille, NJ (						111	- 1	Ì		
▼ DOH DCA	Emergency (i justification) Cancellation	ncluding	- 1	Name of Jeff Gr	Contact					Tel	ephone Nu	mher			
			_	FACI	LITY INFO	ORMATI	ON	Man		-					
Name of Facility Where House	Abatement is Taking	Place (3)						Туре	of Facility (4)	)					
Street Address									School (K-12 Subchapter 8		or than K 1	2)			
654 Doremus Aver	nue								Other (i.e. pri				dings	hom	es,
City (5)									etc.) re Feet	# 0	Floors	T F	Bldg. A	Age .	
Glen Rock								N/A		N/A			V/A	.gc	
County (6) bergen					Code (7) USE ONLY,			Curre	nt Use (Prior se	if bei	ng demolisi	ned)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCN	No.				tement Contr		(9)				
Street Address								Addres							
City, State, Zip Code								oseng State, Zi	ren Avenu p Code	ne		. No			
Project Manager for Mo	nitoring Firm			T-1			Toto	wa, N	J 07512						
				Telepho				345-8			#00675	0.			
Start Date (10) 5/13/15		Scheduled 5/14/15	Com	pletion	Date (11)		04717100000000		IA Monitor ement, Inc						
Occupancy Status Durin	ng Abatement (Check	Only One)						Addres	_						
Facility Closed/Vac	cated During Entire P ned Outside of Norma	eriod of Aba	tem	ent					ren Avenu	ie.					
Other – Describe:	Occupied	al Facility Ho	ours			_		state, Zi wa, N	p Code J 07512						
Scope of Work (Check A	All That Apply)	_						_							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Ren Den					×	Min	Containment i-Enclosure vebag Proce		Negative F	ressu	re		
								J Nor	n-Exempted	(*) an	d Non-Friab	le Pro		and the second	
Lagatio	n of	Is Lo Noi		53935		_		000020						ement pe	t
Locatio Asbestos-Containing	Material (ACM)	Used S Mainte	Solel	y by	Asbes	be: tos Cont	scription aining N		(ACM)	А	mount			Е	
TO BE AB		Custod		6.70.000		thermal		s insula			pecify or LF)	Rer	Re	nca	Enc
(13)		(1	12)				niscellar			Si	UI LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	No	N/A								_		ate	e.
basem	ent		X			pipe	insula	tion		2	0 LF	Х			
						/									
														T.	
Name of Registered Wa	ste Hauler		00000	JDEP W		Cubic			Name of Re	egiste	red Landfill				
D&S Abatement, Inc	Э.			auler ID 20996	No.	of Was	ste		Waste M	anag	gement of	PA			8
City, State Totowa, NJ			-			Dispos	sal Date		City, State Tullytowr	n, PA			4		
Completed by		Title					ignature	)	7	1	· Da	te			
Deanna Brkusanin		Project	Ма	nager			1/1/2	luu	4 hill	lu	75,550	28/1	5		

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

RECEIVED

Date of Notification (1) April 30, 2015				f Building o				201	5 ří¢iyeck	c# 20:	54	(_,'			
Agencies Notified	Type Notification			Street A	ddress		-3.0011-0-1.163-			,	) / h	1	24		
≥ EPA	× Initial				Tuckah		ek Par	kway	45	<u> </u>		1 -			
DEP X DOL	Amended Amendment Emergency				ate, Zip Co nond, VA		3		4	& LICE	H314	G	'0L		
DOH DCA	justification)  Cancellation				f Contact Kenned	ly		MIR-SALE		Telephor	ne Num	her			
Name of Facility Where	Abstament is Takin	a Diago /	27	FACI	ILITY INFO	DRMATI	ON	_							
The Quality Inn	Abatement is Takin	g Place (	3)						of Facility (4	8					
Street Address								S		8 (Other tha					
531 Route 38 West									ther (i.e. pr	rivate & com	nmercia	l buil	dings	, hom	es,
City (5) Maple Shade								Square 100,0	Feet	# of Floo	rs	100	8ldg. /	Age	
County (6) Burlington		***			Code (7) USE ONLY)	)	_			r if being de Future Ca		ed)			
Name of Monitoring Firm Dynamic Engineering			)	ASCN	Л No.		200200		ement Cont ironment						
Street Address		<u> </u>					Street A			ui, 220		III S			
1904 Main Street City, State, Zip Code									Avenue						
Lake Como, NJ 077							City, St Maple		de, NJ 08	3052					
Project Manager for Mon Mark Whitaker	itoring Firm			Telepho 908-87	ne No. 79-7095		Telepho 856-7			Lice 008	nse No 342				
Start Date (10) May 14, 2015		Date (11)		100200000000000000000000000000000000000		A Monitor ratories, I	Inc.	0	<b>*</b>	201					
Occupancy Status During	g Abatement (Chec	k Only O	ne)				Street A		reconstitute es ma		0.0	7	2015 11/1		
Facility Closed/Vac	ated During Entire F	Period of	Abaten	nent			6 Gar	field V	Vay				~	78	T,
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facilit	y Hours			_	City, Sta Newa		Code = 19713	1	77.0	C	77	1 =	.1
Scope of Work (Check A	II That Apply)								-H- 20-2/- A-V	-	-	- 117	Sn lov	445	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		#100000000	Renova Demolif				×	Mini- Glov	-Enclosure rebag Proce	nt with Nega edure (*) and Non	9	20		[]] []]	
		15	Locat	on										ement	t
Location			Normal ed Sole				scription (						Ту	rpe T	
Asbestos-Containing TO BE ABA		Ma	intena	nce/			aining Ma systems			Amoun (Specif		Z	_	Enc	<u> </u>
In Facili (13)	ity	Cus	todial 8 (12)	otan?	6%		cing, VAT		320.10	SF or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		0.1101 11	, , , , , , , , , , , , , , , , , , ,	3000)				/al	-=-	late	ure
Building	g A		XXX		Te	extured	d Ceiling	g Pain	nt	30,800	SF	Х			
Buildings /	A & B		XXX		Pi	ipe Fitt	ing Inst	ulatior	1	880 LF	=	Х			
Building A Busir	ness Center		XXX			FI	oor Tile	,		500 SF	=	Х			
Buildings /	A & B		XXX			Mirr	or Mast	tic		181,800	SF	Х			
Name of Registered Was	te Hauler		200	JDEP W		Cubic			Name of R	egistered L	andfill				
Jack Robinson Wast	e Disposal		100	auler ID 7304	NO.	of Was 160	3			/.S. North	Land	fill			
City, State Voorhees, NJ					63	Dispos 7/10/2	al Date 2015		City, State Morrisvil	le, PA					
Completed by Christina Lynch		Title Oper	ations	Mana	iger	S	ignature	M	JX.	- / \	Date 4/3	9 0/20	15		

ocation of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility			Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
200 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes	No	N/A	Salar Anna Caran Car	,	
Buildings A & B		X		Façade Support Sealant	280 SF	X
Building A		X		Mechanical Flashing	100 SF	X
Buildings A & B (Exterior Roof Areas)		X		Vent Sealant	25 SF	X

CK 20149

Date of Notification (1) 4/30/2015		Name of	Building (	Owner/C	perator RESO	(2) URCE	E DEVEL	OPM	ŽŇť47.		E cy					
Agencies Notified  X EPA	Type No	otification			Street A	ddress OX 420	9				2.					5
DEP DOL	Arr Arr	nended nendment #				te, Zip Co TON, No		5				& Lice	N.		$:$ $\mathcal{I}_i$	
DOH DCA	jus	nergency (i tification) ncellation	ncluding		Name of	Contact YNE					Tel	ephone Nun	nber			
					FACI	LITY INFO	RMATI	ON								
Name of Facility Where A DELAWARE & RAF				5.	< - MAI	NTENAI	NCE B	LDG	7.00-0.000	of Facility ( School (K-1						
Street Address ROUTE 1												er than K-12 & commercia		dings,	home	es,
City (5) LAWRENCE TOWN	NSHIP									re Feet	# 0	f Floors	E	ldg. A	ge	
County (6) MERCER					County (	Code (7) JSE ONLY)			Curre	nt Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm USA ENVIRONMEN		150	35. 50		ASCN	1 No.		l		tement Cor		(9) TRACTIN	G			
Street Address 344 WEST STATE								Street	Addres		oran dere ed e m					
City, State, Zip Code						4155		City, S	state, Z	ip Code		/D.				
TRENTON, NJ 086 Project Manager for Mon		rm			Telepho	ne No.		200000000000000000000000000000000000000	none No	, NJ 070 <sup>-</sup>	14	License N	٥.			
WILLIAM WEISGAR	-				609-65	6-8101			956-8			00494				
Start Date (10) 5/11/2015			Schedule 5/25/20		mpletion I	Date (11)				A Monitor (9) ABC						
Occupancy Status During	g Abatem	ent (Check	Only On	e)				Street	Addres	ss						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outsic							City, S	tate, Z	p Code					<u> </u>	
Scope of Work (Check A		ply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			CHITECON	enova emoli					Mir Glo	i-Enclosur vebag Pro	e cedure	Negative P			е	
			Is	Locat	ion			_	3 140	Literapie	4 ( ) 4 !!	3 11011 11100		Abate	ement	t
Location		(4.014)		lorma d Sole		0 - 1		scription		(4.03.4)			-	13	ре	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	(АСМ)	Ma	intena odial ( (12)	nce/ Staff?				s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A										te	CD .
SEE ATTA	CHED			X												
Name of Registered Was	ste Haulei	-		- N	NJDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfill				
TWO BROTHERS (				F	Hauler ID		of Was			EDOSTO DOSTO DE		NAGEME	NT C	R.C	).W.S	S.
City, State CLIFTON, NJ							25000	sal Date		City, Stat		LE, PA				
Completed by VIVECA RAMOS			Title SEC	RET	ARY		S	Signature	ec vec	a Ra	n	Da 4/:	te 30/20	)15		

Delaware & Raritan Canal State Park Route I - Maintenance Building Lawrence Township, NJ



Material	Location	Quantity
12" Light Green/Grey Floor Tile with Grey and White Specks (Top Layer)	101	168 SF
12" Green Floor Tile & Associated Black Mastic (Bottom Layer)	101	168 SF
Grey Sealant at Exposed Ends of Fiberglass Pipe Insulation	102, 103, 104, 105, 106	26 LF
Grey Boiler Rib Packing Insulation	103	60 LF
12" Off-White Floor Tile with Green Mottled Pattern	104, 105	308 SF
Garage Door Caulk	Exterior	90 LF
Black Window Caulk at Interface of Metal Windows and Block Wall	Exterior	96 LF
White Window Glazing on Aluminum Windows	Exterior	10 Units
Black Mineral Coat Roof Shingle (Top Layer)	Rl (Roof)	1,521 SF
Yellow Door Caulk at Interface of Metal Door Buck and CMU	101, 103, 104, 106	105 LF (5 Units)

NO CK



Date of Notification (1)		Name	of Building C	Owner/Operate	or (2)	9	Fig Here		N.			
May 1, 2015		Ralp	h DeSimo	ne			113 MAY	-5	15	٠.	,de	
Agencies Notified Type Notification		17-17-17-17-17	Address		12	,					- 3	
EPA Initial		146	th Terrace	)		<i>f</i> =			* =			
DEP Amended		14 25 25 45	tate, Zip Coo				. * I.C	F				
DOL Amendment # Emergency (in	cluding	Seas	side Heigh	its, NJ 087	51			22.0				
DOH justification)	oldding		of Contact				Telephone	Num	ber			12
DCA Cancellation		Ralp	h DeSimo	ne								
	DI (0)	FA	CILITY INFO	RMATION	-	C = 1111 (4)						
Name of Facility Where Abatement is Taking	Place (3)				Type	of Facility (4)						
House						School (K-12)						
Street Address						Subchapter 8 Other (i.e. priv				lings	home	20
14 6th Terrace					lieud (	etc.)					200	J.,
City (5)			60		1100000	re Feet	# of Floors	3		ldg. A	ge	
Seaside Heights					1000		1			+0		
County (6)			y Code (7) E <b>USE ONLY</b> )			nt Use (Prior	if being den	nolishe	ed)			
Ocean					Hou							
Name of Monitoring Firm Hired by Building On	wner (8)		CM No.			tement Contr						
n/a		n/a	L			lanagemer	nt Corp					
Street Address				100000	et Addres	300		8				
					Troy L						=,,(4)=	
City, State, Zip Code				14	, State, Z	ark NJ 070	25					
Project Manager for Monitoring Firm		Toloni	none No.		phone N			se No				
n/a		n/a	ione ivo.		370679		011					
	Scheduled C		n Date (11)			-IA Monitor	011	-				
	5-10-201		ii Daio (11)			lanagemer	nt Corp					
Occupancy Status During Abatement (Check					et Addres		it ooip					
					Troy L							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	l Facility Ho	urs			, State, Z						_	
Other – Describe:				4 5		ark NJ 070	35					
Scope of Work (Check All That Apply)				1						2141		
≥3 sf or ≥3 lf	T Pen	ovation				NE DUMPST I Containmen				100000000000000000000000000000000000000		
≥160 sf or ≥260 lf		olition				i-Enclosure	it with Negai	uve Fi	essu	e		
8					Glo	vebag Proce n-Exempted (	dure	Erioble	- D		2	
	T		T		had NO	II-Exempled (	) and Non-	rnabil			ement	
	IS Loc	ation nally		_							pe	
Location of Asbestos-Containing Material (ACM)	Used S	olely by	Asbest	Descripti tos Containing		(ACM)	Amount				_	
TO BE ABATED	Mainte Custodia			thermal syste	ms insula		(Specify		Re	Z	Encapsulate	En
In Facility (13)	(1			surfacing, \other miscell			SF or LF	)	Remova	Repair	psc	Enclosure
	Yes N	o N/A	-		,				<u>a</u>	-	late	lre
	TES N	O NIA	`									
exteriro		X		transite sh	ningles		700 SF		Κ.			
		-						_	_		_	
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yards	-	Name of D	egistered La	ndfill				
		Hauler I		of Waste	,	STATE OF THE PARTY		riuilli				
Loznica Management Corp						GROWS	Landill					
City, State			4	Disposal Da	ite	City, State						
Lincoln Park, NJ 07035		1	- 8	TBD		Morrisvil	le PA 190	67				
Completed by	Title			Signati	19,	1		Dat	Barrery.			
E. Cirovic	Secreta	ıry		40	1	لسمع	)	5/	1/20	15		

NO CK

Date of Notification (1) 4/22/15 & 4/29/15			Name Jewis	of Building	Owner/Operato	or (2)	Heek	<i>\</i>		00	U	)
Agencies Notified Type Notifica			1449	Address	n Avenue	OI FOR Lee		<u>E</u> 2-2	1 - 6	4		
justificat	nent #_ ncy (includi ion)	ing	Fort I	tate, Zip Co Lee, NJ ( of Contact	07024	4	Teleph	ione Nur	mhei			
Name of Facility Where Abatement is To			150,170,000	na Dawso	ORMATION				11061			
Jewish Community Center of Fo Street Address 1449 Anderson Avenue	ort Lee	∋ (3)				Type of Facilit School (IX Subchap Other (i.e etc.)	51105000	nan K-12 mmercia	!) al bu	ilding	ıs, ho	omes
Fort Lee County (6)						Square Feet 3000	# of Flo	Ors		Bldg 65	. Age	,
Bergen			County (STATE	Code (7) USE ONLY)		Current Use (F	Prior if being o	lemolish	eď)			
Name of Monitoring Firm Hired by Buildin Detail Associates Street Address	ng Owner (	(8)	0001	M No. 12	ABS	of Abatement C Environment	ontractor (9) tal Services	s, LLC				
300 Grand Avenue City, State, Zip Code						Address Box 483, 4 E	Gate Drive					
Englewood, NJ 07631					City, S	tate, Zip Code wood, NJ 07						
Anthony Valentine	D-1 ((a)					one No. 764-2276		ense No				
Start Date (10) 5/6/15 Occupancy Status During Abatement (Ch	Date (10) Scheduled					of OSHA Monitor		3	-			
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 if ≥160 sf or ≥260 if	rmal Facili	Abater ty Hours Renova Demolit	ation		City, St	ate, Zip Code Full Containm	e	ative Pre	ssur	e		
	10	s Locati	on			Glovebag Pro Non-Exempte	cedure d (*) and Non	-Friable	Prod	edur	е	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	Normall ed Solel aintenar	ly ly by	Asbestos	Description of Containing Ma	terial (ACM)	Amount	.	7		emen pe	t
In Facility (13)	Cus	todial S (12)	Staff?	(I.e. the	ermal systems i surfacing, VAT, ther miscellane	nsulation,	(Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
boiler room		110	X	,	pipe insulation	_					te	0
boiler room			X				75 LF	x				
boiler room			×		ngs on fiberg		20 LF	x				
boiler room			X			n	60 SF	x				
ame of Registered Waste Hauler		NJ	DEP Was	ste I C	floor tile		50 SF	х				
eehold Cartage		Ha	uler ID No 939	1 73	Waste	The second of the second of the second	Registered La land Landfi		3.3			V
ity, State reehold, NJ		10 3	in to		sposal Date	City, State Newburg		-				
ompleted by Scott Higgins	Title Presid	lent			Signature	, I wewpung	J FA	Date				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 4/22/15 & 4/29/15"PAGE	E 2"		Nan	ne of Build	ding Owne	er/Operato	or (2)	THEC	L	li	<u> </u>	21(	5
	tification		Stre	et Addres	mmunity	y Cente	of Fort Lee	ž[m	Ell for				
EPA Init	577		144	49 Ande	erson Av	enue				776	i. it	1	ż
DOL Am	ended endment #		City,	, State, Zi	p Code NJ 0702	1						_	_
iust lust	ergency (includification)	ding	-	ne of Cont		+		2	1.47	4			
DCA Car	cellation			rtha Dav				Tele	phone	Numb	er		
Name of Facility Where Abatemen	Is Taking Plac	ne (3)	F	ACILITY	INFORMA	TION						-7.	_
Jewish Community Center (	of Fort Lee	20 (0)					Type of Facili	ity (4)					
Street Address 1449 Anderson Avenue							Other (i.	K-12) oter 8 (Other e. private &	than K	(-12) ercial h	ulldir	ias h	om
City (5) Fort Lee							Square Feet		loors		Manual Property	g. Age	
County (6)			Coun	ity Code (	7)		3000	1			65	S). Bi	
Bergen			(STAT	TÉ USE ON	VLY)		Current Use (	Prior if being	demo	lished)	)		
Name of Monitoring Firm Hired by E Detail Associates	ullding Owner	(8)	110	CM No.		Name	of Abatement C	Contractor (9	2)		1-35,-		
Street Address			000	012		ABS	Environmen	tal Servic	es, LL	.C			
300 Grand Avenue							Address	0					_
City, State, Zip Code Englewood, NJ 07631	glewood, NJ 07631					City, S	tate, Zip Code		'e				_
Project Manager for Monitoring Firm Anthony Valentine			Teleph	none No.			wood, NJ 07						
Start Date (10)			201-	569-670		973-7	64-2276		icense 03	No.			
5/6/15	Sched 6/4/1	uled Co	ompletion	n Date (1	1)		of OSHA Monito						
Occupancy Status During Abatemen													
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Desiral -		ment rs			Street A	Address ate, Zip Code						
						Oity, Oil	ate, Zip Code						
Scope of Work (Check All That Apply ≥3 sf or ≥3 if	)												_
≥160 sf or ≥260 lf		Renov Demoi				×	Full Containm Mini-Enclosus Glovebag Pro	e cedure					
	1	s Locat	tion			Lud	Non-Exempte	d (*) and No	on-Friat	ole Pro			
Location of Asbestos-Containing Material (AC	M) Us	Norma ed Sole			Des	cription o	f					emer ype	it
TO BE ABATED In Facility (13)	M	aintena stodial ( (12)	nce/	Asbe: (i.e	thermal surfac	aining Ma systems i ing, VAT, iscellaned	Or I	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	
	Yes	No	N/A			iocciianet	ous)			oval	air	sulate	
coat room			X	elbo	ow insul	ation (4	fittings)	4 SF	:	x			-
													-
5													
ame of Registered Waste Hauler		N.	JDEP W	aste	Cubi- V	n a.d.							
eehold Cartage		Ha	auler ID I	No.	of Waste			Registered L land Land					
y, State eehold, NJ					Disposa	I Date	City, State		uill				
mpleted by					TBD		Newburg						80
Scott Higgins	Title Presid	dent			Sign	nature	1		Date	9		_	_

President

4/22/15 & 4/29/15

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

Check # 9291

Date of Notification (1) Name of Building Owner/Operator (2) 2-15 Type Notification Street Address Agencies Notified 505 PA K Initial City, State, Zip Code DEP Amended DOL Amendment # 08017 lunnersville Emergency (including Name of Contact Telephone Number justification) HOCH DeMairo **ECA** Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 00 etc.) UT # of Floors Bldg. Age City (5). Square Feet 08735 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished sinsle amil ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address 0 ,0. City, State, Zip Code City, State, Zip Code Telephone No. Telephone No. Project Manager for Mo 609 758-3365 69 758-3365 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 14-15 5-1 EPC 3~ Street Address Occupancy Status During Abatement (Check Only One) P-0 ( BOX Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours . City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure Demolition ≥160 sf or ≥260 lf Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13) Yes No N/A 1500 SF exterior Walls x K Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA 7000 Disposal Date City, State City, State Mornisvill -14-1 Date Signature Completed by President

#### State of New Jersey

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

PENSIFER

Date of Notification (1)			TA	lame	of Ruildi	na Ov	unarl	Operator (2)			3 -	37	Ch	eck a	<sup>‡</sup> 78	01	
	1/30/15				d Skin		WITEIT	Operator (2)	281	SHAY.	-5 AH	10. 5.					
Agencies Notified [ ] EPA [ ] DEP	Type of No [x] Initia Notifi		9	8 S	Address killmar tate, Zip	n Te		е			つ AN バラ もしか モ州 STA						
[X] DOL	[] Ame	nded cation	S		dle Bro			07668		A 1211	-CHO <sub>18</sub>	ŧG					
[] DCA		gency	1 1 1 1 1 1	lame	of Conta	ct				Tele	ephone Nu	umber					
[] DOA	[] Cance	ellation	, A	lfre	d Skin	ner				===		0,0					
	[] Cario	Silation				FAC	CILITY	INFORMATION								-	-
Name of Facility Where Residence Street Address	e Abatemen	t is Ta	king Pla	ice (3	)				Type of F	acility (4) School (K Subchapt Other (i.e.	-12) er 8 (Othe private a	er than K-1 nd comme	2) ercial b	uildi	nas		
98 Skillman Terr									Square Fe	nomes, e	tc.) # of Flo		Bldg			_	
City (5) Saddle Brook			County					nty Code (7) ATE USE ONLY)	2000		2	emolished	~65				
							(0 ,,		residence	<u> </u>	ii being d	ciriolistica	,	-,77			
Name of Monitoring Fir N/A	m Hired by	Buildir	ng Owne		ASCM N	No.		Name of Abatem	ent Contrac upiter Er		nental S	Services	s Inc	:			
Street Address								Street Address									
City, State, Zip Code							-	City, State, Zip C	23 Chan	igebria	ge Roa	a, Suite	100				
Project Manager for Mo	onitorina Eir	m	Tolo														
1 Toject Manager for Mic	onitoring t in			973-575-8700										mbe 0	r 088	52	
Scheduled Start Date ( 5/9/15	10)	Sche		9/3-5/5-8700  Completion Date (11)  5/16/15  Name of OSHA Monitor  J & S Environmental Laborator										LL	2		
Occupancy Status Duri [] Facility Closed [] Abatement Per	d/Vacated D	uring l	Entire P	eriod	of Abate				333 Rou	te 22V	1			3-2-			
Descr [x] Other - Descr	ibe:			ġ.				City, State, Zip C	<sup>ode</sup> Jnion, N	J 0708	3						
Scope of Work (Check	all that appl	ly)										Callege Callege					
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥26	60 If				[]	Re	novat	tion	[] [x] [x]	Mini – Glovet	ntainment Enclosure pag Proce Friable Pro	dure	ative P	ress	ure		
				Loca	ation Used			Descr	iption of					Ab Ty		men	t
Location Asbestos – Co Material (A TO BE ABA	ontaining ACM)		Main	Solely tenar				Asbestos - Materia	- Containing al (ACM) nal systems			Amou (Spec SF or I	ify	R E M	REP	ENC	E N C
In Facili (13)			Yes	No	N/A				scellaneous					0 V A	A I R	A P S	
Basement				x		TS	I					150LF/40	) SF	X		U	U
			101												4	_	
														+	_		
Name of Registered Wa Jupiter Environm			s Ha		Waste D No.		277777	vic Yards Vaste 3	Name of Minery		ed Landfill Ifill						
City, State							0.0000000000000000000000000000000000000	oosal Date	City, Stat		011						_
Pine Brook, NJ Completed By (Print or	Type\		5/21/15   Waynesburg, OH   Date														
Pane Repic	i ype)		10000 10000	eral	Mana	ger		Signature	$\subseteq$				e 30/15	i			
SB-41								/									- 10

#### State of New Jersey

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

				NUVAL INC.					1	11. 20	Chec	(#	780	4
Date of Notification (1) 4/30/15						perator (2) ment of Milita	an	v Affairs		1				
Agencies Notified Type of Notific			Address		Politi	or mine	)	CE 13 11 1 1		THIA	-			
[] EPA	200			. Cr	ossir	ng Road			O	PU 15:	54			
[ ] Initial		0 , 1	-990, 10	01	00011	ig rtodd		Assetti	21.0					
[ ] DEP Notification	on C	ity, St	ate, Zip (	Code				27	000	0.00	101			
[X] DOL [] Amended			encevil			3648		# 4 0 6 0 1 & U	$- \subseteq P_i^j$	S/46	S. P.			
[X] DOH Notification		lame r	of Contac	f				Telephone						
[] DCA [X] emergen	,		m McE		9			Totophone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
[] Cancellati		• • • • • • • • • • • • • • • • • • • •				NEODIA TION			0.00		-			
Name of Facility M/have Abatamantic	Falsia - Dia	(2)		FAC	ILIIYI	NFORMATION		T						
Name of Facility Where Abatement is Vineland Home – Old Kitche								Type of Facility (4)  [1] School (K-12)						
	il blug.						4	School (K-12) Subchapter 8 (Ot Other (i.e. private	her th	an K-12)	l build	nae		
Street Address 524 North West Blvd.								homes, etc.)	and c	, ott in the total	ii bullu	rigs		
524 NOITH West BIVG.								Square Feet # of F	loore		ldg. Ag	10		
City (5)	County	(6)		Т	County	y Code (7)	7	15000 2	10015		109. AŞ 65	je		
Vineland	Cumb	perla	ind		(STAT	E USE ONLY)		Current Use (Prior if being	demo	olished)				
Name of Monitoring Firm Hired by Build	dina Owne	er /	ASCM No	 D.	TT	Name of Abatem	_	Offices/kitchen nt Contractor (9)						_
AHERA Consultants,		200	00057					piter Environmenta	l Ser	vices. I	nc.			
Street Address					1 h	Street Address				,				
PO Box 385						3	32	3 Changebridge Ro	pad					
City, State, Zip Code					7 /	City, State, Zip C								
Oceanville, NJ 08231					_			ine Brook, NJ 0705	8					
Project Manager for Monitoring Firm Donna D'Ericco			Number			Telephone Numb		73-575-8700		License				
	ed. Comp		2-1833 Date (11		$\dashv$ $\vdash$	Name of OSHA I				-		08	52	
5/4/15		1/15		,				& S Environmental	Lab	oratorie	s, LL	С		
Occupancy Status During Abatement (						Street Address								
<ul><li>[] Facility Closed/Vacated During</li><li>[] Abatement Performed Outside</li></ul>						3471	11/10/27	33 Route 22W	52					
Describe:						City, State, Zip C								
[x] Other – Describe: partially vac	<u>cant</u>					,	UI	nion, NJ 07083						
Scope of Work (Check all that apply)											_			
[] Demolition			[]	Par	novatio	n		[] Full Containm		h Negativ	e Press	sure		
[] ≥3 sf or ≥3 lf			1.1	1101	ΙΟναιίο	I K.S		[] Glovebag Prod		1				
[x] ≥160 sf or ≥260 lf								[x] Non - Friable						
		Loca									A	oate	mer	nt
Location of		mally						tion of		Amount		pe	-	-
Asbestos – Containing		Solely tenan	ce/Cus			Asbestos - Materi				Amount (Specify	R	R		E
Material (ACM)		al Staf				(i.e., therr				SF or LF)	M			C
TO BE ABATED								facing, VAT,		(4.5)	0	Α	7.75	4
In Facility	1	٠,,				or other mi	nisc	ellaneous)			V	1	P	0
(13)	Yes	No	N/A								A	R	S	S
Main floor		X		clea	anup				50	00 SF	X		-	
Name of Registered Waste Hauler	5555000	DEP \	Vaste		Cubic Of Wa	Yards		Name of Registered Land	lfill					
Jupiter Environmental Service	es n	4782	J NO.		OI VV	3		Minerva Landfill						
City, State					Dispo	sal Date	1	City, State						
Pine Brook, NJ					5/21	/15		Waynesburg, OH						
Completed By (Print or Type)	Title	-				Signature	>	1		Date				
Pane Repic	Gen	eral	Manag	ger		1		Ly		4/30/	15			
SB-41						1			W					

Check# 11595

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

GAC Project # 2015-489						fret t	- 13 1-	E4	
Date of Notification (1)	markets.				Name of Building Owner/Op	erator (2)	101	1 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
May 1, 20	15				GRACE EPISCOPAL	CHILDO	1.1		
Agencies Notified		Notification			Street Address	(11) H	Y-5	AM 12: 55	
<b>□</b> EPA		☐ Initial I			4 MADISON AVENUE	2565-53		AM 12: 55	
DCA		□ Amende	ed Noti	fication#	City, State, Zip Code	45250	7		
⊠ DOL			gency (	including	MADISON, NJ 07940	45050	1050	Darron	
☑ DEP- No Longer REQUIRED	)	justific	ation)		Name of Contact	(H. 1	Telepho	ne Ni mhet	
⊠ DOH		☐ Cance	lled		MR. PAUL ROPER				
N				FACILITY IN	FORMATION				
Name of Facility Where Abatement					Type of Facility (4)				
GRACE EPISCOPAL CH	UKC	н			School (K-12)				
Street Address					Subchapter 8 (other than				
4 MADISON AVENUE					Other (i.e. private & comm				
City (5)		·		0 1 /70	Sq. Feet: N/A # of	Floors: 2	Bldg. A	ge: 60+ ye	ars
City (5) MADISON	unty (6	RRIS		V Code (7) Use Only)	Comment Have designed to be also also	12 1 10	4045	ENIO.	
WADISON	IVIO	KKIS	Totale	Ose Offig)	Current Use (prior if being d	emolisnea	: ACAD	EMIC	
Name of Maritaria Circuit	DI-I- C	. (0)	40014						
Name of Monitoring Firm Hired by ENVIROVISION, INC.	Blag. (	Jwner (8)	ASCM		Name of Contractor (9)				
LIAVIKOVISION, INC.			0007	9	GREENWOOD ABATE	MENT	ONSIII	TANTS INC	
Street Address	-	-			Street Address	MILIAI	ONSOL	ANTO, INC	/-
20-21 WARGARAW ROAD	BLI	DG. 35E			<u>Street Houress</u>				
					268 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
FAIRLAWN, NJ 07410					BUTLER, NJ 07405				
Project Manager for Monitoring Fin	<u>m</u>	Telephone N			Telephone Number		License	Number	
FRED LARSON		973-636	9145		973-492-0477		00040		
Scheduled Start Date (10)		Scheduled C	ompletic	n Date (11)	Name of OSHA Monitor		00840		
05/02/15		05/04/15	ompieuc	on Date (11)	ENVIROVISION, INC.				
Occupancy Status During Abater	ment (		ne)		Street Address				
□ Facility Closed/Vacated During				t/NOT SUB 8)	Officer Address				
□Abatement Performed Outside				idire i cop o)	20-21 WARGARAW RO	DAD		Œ.	
Describe	01140	iniai i dointy	ilouis -		City, State, Zip Code				
⊠Other - Describe: Shift Ho	urs: 8	B:00 AM -	5:00 P	M*					
		24 hours			EAIDI AWN NI 07440				
				/	FAIRLAWN, NJ 07410				
Scope of Work (Check all that appl	y)				02-27				
1 20 200					□ F	ull Contain	ment with	Negative Pres	ssure
≥ 3 sf or ≥ 3 lf				⊠Renovation	X	Mini-Enclos	sure		
≥ 160 sf or ≥ 260	)			Demolition		Glovebag F			
				0.2	□Nor	n-Exempte	d (*) and N	Non-Friable Pr	ocedure
Location of Asbestos-Containing		cation Normal		Description of Asl	bestos Containing Material	Amoun		batement Type	ž
Material (ACM) in Facility (13)	Staff	ly by Maint./Cι ? (12)	istodiai	VAT, or other mis	nal systems insulation, surfacing,	(Specifi or LF)	y SF   R	emove Repair B	Encap Enclose
	YES		NA	VAT, or other this	scen.)	Of LF)	-		Endag Endidoc
Boiler Room		X		TSI - pipe in	sulation	<9 LF	- 12	KI	
				10. p.po	.ou.u.ioii		-	-	
						_			
						+			
Name of Reg. Waste Hauler		NIDED Was	to Hauta	1D #	To a constant of the constant		N C	5	
See Hauler Below #1 & 2		NJDEP Was See Below		110#	Cubic Yards of Waste: 5 0	ΣY		Registered Lar	
			5				100000000000000000000000000000000000000	W.S. NORTH L	_driuiiii
Hauler #1) Greenwood Abatemen	t Cons	ultants, Inc. –	Butler, 1	NJ 07405, NJDE		isposal Da	te	City, State	
			~ 0 . = 0		0	5/04/15			Ford Mill
Hauler #2) Newark Carting, I	nc	Newark, N	J U4509	9, NJDEP # 450	09			19067	isville, Pa
					= =			215-736-1	1700
Completed by (Print or Type)	_	<u>itle</u>			Signature		Date		
RAYMOND C. PEDALING		SENIOR PI		CT	Raymand C. Peda	line	Ma	y 1, 2015	
	1	MANAGER			· Sugariore O. 1 Eller	ww			

M022572036472

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

REDEIVED

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

Date of Notification (1)					Building		perator	(2)		tere :					
04/30/15	T 11			250000000000000000000000000000000000000	s Laurit	:a			É	Tto!	4AY -5	£ M	12:	= =	
Agencies Notified	Type Notificat    Initial	ion		Street Ad 44 Cre	adress stwood	Drive									
× EPA × DEP × DOL	Amender Amendm	nent #			te, Zip Co wood, N		40			1.1		i i k		× 1,	
X DOH X DCA	justificati Cancella			Name of	Contact					Tele	ephone Nui	mber			
				FACI	LITY INFO	DRMATI	ON		***************************************						
Name of Facility Where	Abatement is Ta	aking Place (3	3)					Type	of Facility (4)			1757			
Thomas Laurita									School (K-12)		6 60				
Street Address									Subchapter 8 Other (i.e. pri				dinas	hom	20
44 Crestwood Drive	9								etc.)				16251		
City (5) Maplewood								Squa	re Feet	# of	Floors	E	Bldg. /	∖ge	
County (6) Essex				County (	Code (7) USE ONLY,			Curre	ent Use (Prior	if beir	ng demolis	ned)			
Name of Monitoring Firm	Hired by Build	ing Owner (8)	)	ASCN	1 No.		12.5		atement Contr	actor	(9)				
Street Address					-	· · · · · · · · · · · · · · · · · · ·	0.000	Addre							
							1009	87th	Street Su	ite A	4				
City, State, Zip Code									ip Code gen, NJ 07	047					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 201-	none N 293-6			License N 01223	lo.			
Start Date (10) 05/04/15		Schedule 05/05/		pletion I	Date (11)		100000000000000000000000000000000000000		HA Monitor	TING	SIIC				
Occupancy Status Durin	g Abatement (C	heck Only Or	ne)				Street							_	
➤ Facility Closed/Vac			700 <b>4</b> 0	ent					JTE EAST	SUI	TE 107				
Abatement Perform Other – Describe:	ned Outside of N	Normal Facility	Hours			_			ip Code J 07083						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥1.60 sf or ≥260 lf			Renova Demolit				×	Min	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure					
			re	£ 8				1 110	II-LXeIIIpted	) aric	I NOII-LIIAL	10	3787	emen	t
Location	o of		Locati Normal			Do	scription	of						/ре	
Asbestos-Containing	Material (ACM		d Sole		Asbes	tos Cont	taining N	/lateria	I (ACM)		mount			ш	_
TO BE AB		100000000000000000000000000000000000000	todial-S		(i.e.	thermal	system: cing, VA		ation,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)				niscellar			0.	J. L. )	nova	Repair	slusc	osur
100		Yes	No	N/A								=		ate	e.
Garaç	ge					Duct	insula	ition		4	0 SF	Х			
								-50000-50							
Name of Registered Wa	ste Hauler		800	JDEP W			Yards		Name of R	egiste	red Landfil				
SAN TON SERVICE	ES		7.1	auler ID 2430	No.	of Wa			MEDOW	/LAN	CHES C	OMN	IISIC	N	
City, State KENILWORTH, NJ						Dispos	sal-Date		City, State KEARN	/, NJ					
Completed by		Title				S	Signature		- ON -	$\overline{}$		ate			
Bryan Parra		Proje	ect Ma	anager		/	MA	40	n How	(0)	04	1/30/	15		

## MO 22572036461

Date of Notification (1) 04/30/15						Building					E.	i Hev			2	50 4 5 Cu	
Agencies Notified	Type Notifi				Street A 7855 E	ddress Boulevar	rd East				4)	THE Y	Aug. 141,	A.	112:	57	,
× EPA × DEP × DOL		nded ndment #		_		ite, Zip Co Bergen,		047				£ + 4;		1	7	Oį.	
X DOH X DCA	justific	gency-(ir cation) ellation	ncluding-		Name of	f Contact					Tele	ephone	Numb	er			
Name of Facility Where A	batement is	s Taking	Place (3	3)	FACI	LITY INFO	ORMATIO	ON	Type	of Facility (4	.)						
Parker Imperial Asso										School (K-12	2)						
Street Address 7855 Boulevard Eas	st								×	Subchapter 8 Other (i.e. pr etc.)	8 (Otherivate 8	er than h & comm	<-12) ercial	build	dings	hom	es,
City (5) North Bergen										e Feet	# of	Floors		В	ldg. A	\ge	
County (6) Hudson					County (	Code (7) USE ONLY)	)		Curre	nt Use (Prio	r if bei	ng demo	olished	i)			
Name of Monitoring Firm	Hired by Bu	uilding O	wner (8)		ASCN	l No.			of Abate	ement Cont	tractor	(9)					
Street Address									Addres 87th	s Street Su	iite A	4					
City, State, Zip Code									State, Zi	p Code gen, NJ 0	7047						
Project Manager for Monit	toring Firm				Telepho	ne No.		Teleph	none No 293-6	).		Licens 0122					
Start Date (10) 05/01/15			Schedule 05/04/		npletion l	Date (11)		Name	of OSH	A Monitor	LTING						
Occupancy Status During	Abatement	t (Check	Only Or	ne)					Addres							_	
Facility Closed/Vaca Abatement Performe									ROU State, Zij	TE EAST	SUI	TE 107	7				
Other – Describe: _							_			07083							
Scope of Work (Check All	That Apply	<i>'</i> )			92.55			ī	7				V250				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				Renova Demolit				×	Mini	Containment i-Enclosure vebag Proce	edure	<del></del>					
			le	Locati	on				_ INON	i-Exempted	(^) and	Non-F	riable		-	e emen	t
Location			1	Normal d Sole	ly		Des	cription	of				_	-	Ту	ре	
Asbestos-Containing N TO BE ABA In Facilit (13)	TED `	CM)	Ma	intenar todial-S (12)	nce/		tos Conta thermal s surfac other m	systems ing, VA	s insulat T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Living			Yes	No	N/A		19	\			4-	11.05				Ф	
Living roo						15		VAT VAT				4 SF 2 SF	X				
Closet								VAT				7,-7-36	X				
Hallwa							10000000000000000000000000000000000000				2 SF	X					
Name of Registered Wast				IN	JDEP W	aste	Cubic	VAT		Name of R		SF	Afill				
SAN TON SERVICES			80	Н	auler ID 2430	2000 4000	of Was			MEDOV				ИΝ	ISIO	N	
City, State KENILWORTH, NJ							Dispos	al-Date		City; State KEARN							
Completed by Bryan Parra			Title Proje	ct Ma	anager		Si	gnature	1400	Nour	À		Date 04/3	0/1	5		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

				(1 ursuc	ant to Mar	AC 8.00	anu 12.1.	20)					
Date of Notification (1)	M 1 2015				Name of	f Building	Owner/Ope		24.0		1/1/	1 /	
	May 1, 2015						ARM	Construction 2	Brayle		Ų	64	
Agencies Notified  [ X ] EPA	Type of Notifica		Constant Constant		Street A	ddress	711 D		10013	AME	2. 5		
[ ] DEP		al Notifi anded N	cation otification				711 P	ark Avenue	- 6-4		. 50	1	
[x] DOL		ndeu iv			City, Sta	ate, Zip Co		v 2002/2007/2007	41-2-	- 1	D. r		
			including				Lakev	vood, NJ 08701	\$ 1.50 E43	45	UL		
[x] DOH	F 7	fication) cellation			Name of	f Contact	,		Telephone Number				
[ ] DCA	L J Cane	CHALION				Armai	nd						
Name of Facility Where About		DI /		FA	CILITY I	NFORM	IATION						
Name of Facility Where Aba Resid	dence	, Place (	3)					Type of Facility (4)	0.1.10.10				
Street Address									School (k-12) Subchapter 8 (o	ther the	m le 10	V	
	North Oaklan	d Stre	et					[x]	Other (i.e., priva				dinos
City			138		0 . 0				homes, etc.)				80,
City		Cour	ity (6)		County Co (STATE U	ode (7) USE ONL	Y)	Square feet 1200 sf	# of Floors	Blo	lg. Age		
Lakewood		Oce	an					Current Use (Prior in	being demolished	)		60	
Name of Monitoring Firm Hi	rad by Duilding	O	(0)					Resider	nce				
N/A	ied by Building	Owner (	(8)		ASCM No	0.	Name of	Abatement Contractor	(9) an Contracting	Inc			
Street Address							Street Ad		an Contracting	, IIIC.		-	
City State Zin Code		-					01. 0		oute 9, Unit 61				
, o.m.e, 2.p code	ity, State, Zip Code							e, Zip Code Toms F	liver, New Jers	- Δ1/ Λ9	755 1	271	
Project Manager for Monitori	ing Firm		Telepho	ne Number	v.		Telephon	e Number	License N			2/1	_
Scheduled Start Date (10)			Schadul	d Commist	ion Date (11	10	732-34		00624				
5/4/15			5/6		ion Date (11	1)	Name of	OSHA Monitor F.M.S.1	L. Analytical				
Occupancy Status During Ab				A3200000	W/ W		Street Ad		3. 1 mai j tioui				
	y Closed/Vacated ment Performed (							1056 St	elton Road				
	– Describe	Outside	oi Normai	racility Ho	ours		City, Stat	e, Zip Code					
	12000					***		Piscata	way, New Jerse	ey 088	354		
Scope of Work (Check all tha	t apply)						[ ]	Full Containment	with Negative Pres	ssure			
[ ] >3 sf o	r >2 1f		r 1	D			[ ]	Mini-Enclosure					
[x] ≥160 s			[x]	Renova Demol			[ x ]	Glovebag Procedu Non-Exempted (*		D 1			
			r 1		1		[ \ \ ]	Non-Exempted (	and Non-Friable	Procedi	ire		
						-				Aba	tement	Туре	
Location of		,	Is Locat Normally				Description estos-Con		Amount	R	R	E	E
Asbestos-Containing Mat			Solely	by			laterial (A		(Specify SF	Е	E	N	N
TO BE ABATE	ED	Mair		Custodial		(i.e.,	thermal s	ystems	or LF)	М	P A	C A	C L
in facility (13)			Staff	5		insu	lation, sur			0	I	P	0
(13)			(12)			othe	VAT, or or miscella			V	R	S	SU
		YES	NO	N/A		Othe	i illiscella	neous)		A L	-	L	R
Exterior			X		A =1		W.					Е	Е
Exterior			1		Asbest	tos siding	3		1100 sf	X			
				-									
				-									
Name of Registered Waste Ha	uler		NJDEP W	ıste Hauler	ID No. I	Cubic Var	ds of Waste	Name of Register	ad Landfil				
Guardian Contr				20223		4	as or waste	T.R.R.F.	ou Landilli				
City, State Toms River, No.	ew Terces				sal Date	10	City, Stat	e a	·				
Completed by (Print or Type)	CW JEISEY	Title		5/7/1	Signatur	e -	lullyto	wn, Pennsylvania	1	Date			
Nicholas Fernic	ola	Proje	ct Mana	ger		V	ch	1 tu	,		2015		
		9414	_	Walter State			011	X IV		L			

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

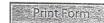
Date of Notification (1)					Name of Building	Owner/One	rator (2)		5.4 · *				
Manufacture of the supplemental and the supplementa	May 1, 2015				Thank of Banding		Constructio			T	to l	6-	
Agencies Notified  [ X ] EPA  [ ] DEP	5 5	ition al Notifica inded Not			Street Address	EASTER STEEL	ark Avenue	CE;	TMAY-5 A		(i)		
[x] DOL	[X] Eme	ndment # rgency (ir			City, State, Zip C		ood, NJ 08	701					
[ X ] DOH [ ] DCA		fication) cellation			Name of Contact Arm	and		T	elephone Number	1.			
				FAC	LILITY INFOR	MATION							
Name of Facility Where Al	patement is Taking	Place (3)		TAC	ILIT INFOR	VIATION	Type of Faci	lity (4)		×			
	sidence						[	]	School (k-12)				
Street Address							j l	j	Subchapter 8 (ot	her tha	n k-12)		
151	North Oaklan	d Stree	Į.				] [	x ]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City		Count	y (6)		County Code (7) (STATE USE ON	LY)	Square feet 1200	sf	# of Floors	Bld	g. Age	60	
Lakewood		Ocea						(Prior if Residen	being demolished	)			
Name of Monitoring Firm	[일하기 12] [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15	Owner (8	)		ASCM No.	Name of	Abatement Co						
N/A Street Address	A					Street Ac		Guardia	n Contracting,	Inc.			
0.100171001035						Street Ac		889 R	oute 9, Unit 61				
City, State, Zip Code						City, Sta	te, Zip Code		iver, New Jers		755_1	271	
Project Manager for Monito	oring Firm		Telephone	Number		Telephon 732-34	e Number	OIIIS IC	License N 00624			2/1	
Scheduled Start Date (10) 5/4/15			Scheduled 5/6/1		on Date (11)		OSHA Monito		. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated				ement	Street Ac	ldress		elton Road				
	tement Performed er – Describe	Outside o	f Normal F	acility Ho	urs	City, Stat	e, Zip Code		Service VANDER START	277404.000			
Scope of Work (Check all t	-					r 1			vay, New Jerse		354		
Stepe of Work (Check an E	пас арргу)					[ ]	Mini-Encl		with Negative Pres	sure			
2 1	f or ≥3 lf		[ ]	Renovat	tion	[ ]	Glovebag	Procedur	re				
[X] ≥160	) sf or ≥260 lf		[x]	Demolit	tion	[ x ]	Non-Exen	npted (*)	and Non-Friable l	Procedu	ıre		
										Abat	ement	Туре	
Location of	of	1	Is Location ormally u		Δ.	Descriptionsbestos-Con			Amount	R	R	E	Е
Asbestos-Containing M	laterial (ACM)		Solely by	y		Material (A			(Specify SF	Е	E P	N C	N C
TO BE ABA		Maint	enance/C	ustodial		e., thermal			or LF)	M	A	A	L
in facility (13)	,		Staff (12)		in	sulation, su				O V	I	P	0
(13)			(12)		ot	VAT, o her miscella				A	R	S	S
		YES	NO	N/A		ior imboone	arcous)			L		L	R
Exterior			X	T	Asbestos sidi	ng			1100 sf	X		Е	Е
												_	$\vdash$
Name of Registered Waste I	Hauler ntracting, Inc.	N	JDEP Was	te Hauler 1	ID No.   Cubic Y	ards of Wast	Name of		ed Landfill				
City, State Toms River,				Disposi 5/7/15	al Date	City, Sta							
Completed by (Print or Type		Title		1 3///1.	Signature	, /	/ / Fennsy	//		Date			
Nicholas Ferr			t Manag		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	chit	te	P		7337989	2015		
		*D	o not use	this form	for asbestos lice	nsure exem	pted activities	ς.					

		NOTIFICATION	State of New Jerse DN OF ASBESTOS nt to NJAC 8:60 an	ABATEMENT	Check # C		1	
	Date of Notification (1) 5-2-15	Name	of Building Owner/	1	To	5		Ť
	Agencies Notified Type Notification  □ EPA □ DEP □ Amended Amendment # □ Emergency (iii	City, S	Address P.O.	Box 546	J 086	38	!	Ten.
	DOH justification)  DCA   Cancellation	C	pary Vir	ich	Telephone Nur	nder	-,	
	Name of Facility Where Abatement is Taking Single Family T Street Address  613 North City (5)		ON AUE	Type of Facility  School (Ko		al building	gs, hom	nes,
	County (6) an	NJ Count	)8638 y Code (7)		nor if being demolish	3	30-	t-
	Name of Monitoring Firm Hired by Building O	(STAT	E USE ONLY)	- Single	family 1	Dwel	ling	
	EPC Technolo	Sics ASC	NA	Name of Abatement Co	chacles	ies	In	36
	F.O. Box 35	57		Street Address	337	)		
160	City, State, Zip Code New Egyat	N2 08	3533	City, State, Zip Code	pt NJ	08	53	13
Da	Project Manager for Moeth ril g Firm	609	one No. 1 <b>758-</b> 3365	Telephone No. 3669 758-336	License N	53	74	
3	May 14, 2015	Scheduled Completio	2015		hnologies	Inc		
Minde	Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	eriod of Abatement		Street Address P-0 . Box	337			
Z	Abatement Performed Outside of Norma  Other – Describe:	I Facility Hours		City, State, Zip Code New Egypt	LIJ (	185	33	
Spen	Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		☐ Full Containn ☐ Mini-Enclosus	nent with Negative P	ressure		
	Location of	Is Location Normally	Do	sorintion of		1	atemen Type	t
	Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A	Asbestos Con (i.e. thermal surfa	scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
	Basement/Ceau/space	Y NO IN/A	PiDe Ir	isulation	120 LF	K	+	H
	Exterior Walls	x	Siding	Shingles	2500 SF	×		
	Small Roof, Back of house	X	Roofing	)	400 SF	X	-	
1	Name of Registered Waste Hauler	NJDEP	Waste Cubic	Yards Name of	Registered Landfill			

Waste Management of PA
City, State Technologies EPC City, State Disposal Date Vanious Dates Date 5-2-15

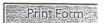


& Emerge	nay &	b	NOTIF (P	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MEN 0)	IT CK	US	16	me je			
Date of Notification (4) 4/30/15				Name of West	of Building Deptfor	Owner/o	Operator d Of Ed	(2) duca	ation2015 A	(AY	~				
Agencies Notified	Type Notification			Street	Address					F. 1 -	3 AH	1:01	1		
EPA DEP	Initial				rove Ro				6-3-	575	4	. 61			
X DOL	Amended Amendmen Emergency				ate, Zip C Deptfor		3066		差。	LICE	NSING	ROL			
Ĭ DOH	justification		'		of Contact					To	lephone N				
DCA [	Cancellation	1		Annin								~30			
Name of Facility Where At	patement is Takir	ng Place (	3)	FAC	ILITY INF	ORMATI	ION	Tv	pe of Facility	(4)					
West Deptford High	School	,						.,,							
Street Address				7-1-1-1				×	School (K- Subchapte	r 8 (Oth	ner than K-	12)			
1600 Crown Point Ro	oad								Other (i.e. etc.)	private	& commer	cial bui	ildings	, hom	ies,
City (5)								Sq	uare Feet	# 0	of Floors		Bldg.	Age	
West Deptford NJ 08	8066							10	+000	2		100	35+	J	
County (6) Gloucester					Code (7) USE ONL	0		Cui	rrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm H N/A	lired by Building	Owner (8	)	ASCI	M No.	,	Name Pern		batement Co Inc.	ntracto	(9)				
Street Address							Street PO E	The second							
City, State, Zip Code						4			Zip Code	091					
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph	one			License 00727	No.			
Start Date (10)		Schedul	ed Con	npletion	Date (11)				SHA Monitor		00727				
5/1/15		5/3/15					Same								
Occupancy Status During	Abatement (Che	k Only O	ne)				Street	Addr	ress						
Facility Closed/Vacate Abatement Performed Other – Describe: nig	Outside of Norr	nal Facility	Hours	nent			City, S	tate,	Zip Code						
	- 1	er 4 on fri	day			-			78 1						
Scope of Work (Check All	That Apply)						٤	UC-	+ wrap	4 Ci	7				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Acceptance	Renova Demolit					F N	ull Containm Ini-Enclosur Blovebag Pro	ent with e cedure	n Negative				
		1				_	×	IN	Ion-Exempte	d (*) an	d Non-Fria	ble Pro			
1			Locati Vormal											emen /pe	t
Location o Asbestos-Containing M		Use	d Sole	ly by	Ashes		scription		al (ACM)	^	mount		Τ.		
TO BE ABAT	ED		intenar todial S			thermal	systems	inst	ulation,	(5	Specify	Re	77	Enc	5
In Facility (13)			(12)				cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
20 10		Yes	No	N/A			no oo ii ar i		,			/al	=	ılate	ure
old wood sh	пор		Х			floor ti	le & m	asti	С	5	50 sf	x			
old wood sh	пор		Х		elbo	w mate	rial on	fibe	er glas	22	elbows	х			
			1			wet w	/rap &	Cut				1			
old wood sh	пор		Х			wind	low car	ulk		3 sm	all units	x			
Name of Registered Waste	7.		N	JDEP W	/aste	Cubic `	20000 00000		Name of		red Landfi	1			
United Containers			0.000000	auler ID 2459	No.	of Was			G.R.O.						
City, State Elm NJ					,	Dispos 5/4/15	al Date		City, Stat Morrisv		19067				
Completed by Anthony T Perna		Title Presi	dent			Si	gnature	,	(			ate /30/15	5		



& Energency

K Ewergen C		(Pursuant	t to NJAC	8:60 an	d 12:12	0) 0)	CK	y	815	i i fin	* T\		
Date of Notification (1) 4/30/15			of Building Deptfor				on I	- Y	3				
Agencies Notified Type Notifi	cation	Street A	Address Grove Ro				46	TO TIE	17-5	Fill	1:0	Ì	
EPA Initial Amen	ded		ate, Zip C				1	44		7	-30		
X Emerc	dment # gency (including	West	Deptfor	80 LN p	3066			Œ į	icen	iNo			
DOH justific	cation)	Name o	of Contact a					Tel	lephone M	ımher			
		FAC	ILITY INF	ORMATI	ON								
Name of Facility Where Abatement is Oakview Elm School	Taking Place (3)					-	of Facility (	30.5					
Street Address					-	×	School (K-1 Subchapter	8 (Oth	er than K-	12)			
350 Dubois Avenue			10				Other (i.e. p etc.)	rivate	& commer	cial bu	ildings	, hom	ies,
City (5) West Deptford NJ 08066			20			Squa 1000	re Feet 00+	# 0	f Floors		Bldg. 35+	Age	
County (6) Gloucester			Code (7) USE ONLY	)		Curre	ent Use (Prid	or if bei	ing demoli	shed)			
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (8)	ASC	M No.	6		of Aba	tement Con	tractor	(9)				
Street Address					Street	Addres	ss						
City, State, Zip Code				+			ip Code						
Project Monage for Manage in Transfer							n NJ 080	91					
Project Manager for Monitoring Firm		Telepho	ne No.			753-9			License 00727	No.			
Start Date (10) 5/1/15	Scheduled Co 5/3/15	ompletion	Date (11)		Name		HA Monitor						
Occupancy Status During Abatement	(Check Only One)					Addres	SS						-
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe: night & Weeke	f Normal Facility Hou	ement irs			City, S	tate, Zi	ip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renov Demo				×	Min Glo	I Containme ni-Enclosure evebag Proc n-Exempted	edure				-0	
	Is Loca	ation			-	- 1101	LXomptou	() ain	3 14011-1 TIE	DIC I II	Abat	ement	t
Location of Asbestos-Containing Material (AC	Norma Used Sol		Ashaa		scription		(4014)				T	/pe	
TO BE ABATED In Facility	Mainten Custodial (12)	Staff?			systems cing, VA	insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	1		other m	niscellan	eous)				oval	air	sulate	sure
Janitorial Closet	x			floor ti	le & m	astic		2	20 sf	x			
	8.												
Name of Registered Waste Hauler										x			
United Containers		NJDEP W Hauler ID 22459		Oubic of Was			Name of F		red Landfi	II			
City, State Elm NJ		100			al Date		City, State Morrisvil		19067				
Completed by Anthony T Perna	Title President	t			ignature	1		-	D	ate /30/1	 5		



# & Emergency &

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

Linesgen	100	B		(Pu	rsuant 1	to NJAC	8:60 and	12:120	0)	C	R	482	2_				
Date of Notification (1) 5/1/15				1	Name of Gorge	Building Sowner	Owner/C y Priva	perator te Hon	(2) ne:	TS FLAY -							
Agencies Notified	Type Notif			5	Street A				1: -		2 5 -	2					
EPA DEP DOL		nded ndment #				te, Zip Co					14 11						
DOH DCA	justifi	gency (inclu cation) ellation	ıding		Name of Josh	Contact					Tel	ephone Nun	nber				
					FACIL	LITY INFO	ORMATI	ON			1						
Name of Facility Where Gorge Sowney Priv			ace (3)						Тур	e of Facility (							
Street Address 404 Chestnut Street	et	•							×	Subchapter Other (i.e. p etc.)	8 (Oth	er than K-12 & commercia	2) al buil	dings,	home	es,	
City (5) Delran NJ 08077										uare Feet 00+	# 0	fFloors		8ldg. <i>A</i>	ige		
County (6) Burlington						Code (7) ISE ONLY	)		Cur	rent Use (Prid	or if bei	ng demolish					
Name of Monitoring Firm	n Hired by B	uilding Own	er (8)		ASCM	l No.		Name Pern			Contractor (9)						
Street Address					Street Address PO Box 329												
City, State, Zip Code					City,				, State, Zip Code est Berlin NJ 08091								
Project Manager for Mo	nitoring Firm			7	Telephone No.				none		01	License N	0.				
Start Date (10) 5/4/15			neduled	Com	Completion Date (11)				of O	SHA Monitor		00727					
Occupancy Status Durir	ng Ahatemen							Sam	2								
Facility Closed/Vac Abatement Perform	cated During	Entire Perio	d of Ab	atem	ent					Zip Code							
Other – Describe: Scope of Work (Check /			е				_										
	All That Appl		71					[	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novat moliti				×	N G	ull Containme lini-Enclosure Blovebag Prod	e cedure	6.50 h					
								150	א ב	Ion-Exempted	1 (*) an	d Non-Friab	le Pro		e ement		
Locatio				ocation rmally Solely	y	40		scription							pe		
Asbestos-Containing TO BE AB In Fac (13)	BATED	CIM)	Maint Custo	tenan	ce/		thermal surface		s insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
		,	r'es	No	N/A								=		ate	re e	
basem	nent				Х		Floo	r Tile C	Only	10	90	00 SF	x				
			-														
				-										_			
Name of Registered Waste Hauler					JDEP W		Cubic			Name of	Registe	ered Landfill					
United Containers					auler ID 459	No.	of Was			G.R.O.\							
City, State Elm NJ							Dispos 5/6/15	sal Date 5		City, State Morrisv		A 19067	125				
Completed by	Signature Date																

President

Anthony T Perna

5/1/15

		1		CATION	OF ASB	ESTOS	ABATE		alor	1	130	P57	5		
Date of Notification (1)	30-15			Name of Nick V	Building itale	Owner/C	Operator	(2)	El	W K	(r = p	,			
Agencies Notified	Type Notificat	ion		Street Ad 3 East	ddress Harves	t Aven	ue		8	g-		P401	- (3)	Ļ	
X EPA DEP X DOL	Amended Amendm	ent #			te, Zip Co anover,		7936			44	454	1	1,11		
□ DOH     □ DCA	Emerger justificati Cancella	100		Name of Nick V		<u> </u>					o 001-12				
				FACI	LITY INFO	ORMATI	ION								
Name of Facility Where A house	Abatement is Ta	aking Place (3	3)						of Facility (4 School (K-12	2)					
Street Address 41 Central Avenue								×	Subchapter of Other (i.e. pretc.)				dings,	home	es,
City (5) Caldwell									ire Feet	# of 2	Floors	1000	ildg. A	ge	
County (6) Essex				County (	Code (7) USE ONLY	)		Curre	ent Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Build	ing Owner (8)		ASCM	No.			ne of Abatement Contractor (9) S Environmental Services, LLC							
Street Address			Street Address PO Box 483, 4 E Gate Drive									×			
City, State, Zip Code							y, State, Zip Code enwood, NJ 07418								
Project Manager for Mon		Telephor	ne No.		Teleph 973-	none N 583-8			License N	10.					
Start Date (10) 5-1/-//	<u> </u>	Schedul	ed Cor	mpletion [	Date (11)		Name	of OS	HA Monitor				10		
Occupancy Status During		heck Only Or	ne)	9 (	<del>)</del>		Street	Addre	SS	Columbia					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of N						City, S	state, Z	ip Code						1-1-1-7-1-2-1
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арргу)	-	Renova Demoli				×	Min	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				e	
			Locat Norma	20000000		22010							Abate	ement	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM ATED	) Use Ma	d Sole intena todial (12)	ely by nce/ Staff?		tos Cont thermal surfa		Materia s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	LU .
baseme	ent			Х		pipe	insula	tion		18	30 LF	х			
												+			
						9-2-2-2-2									
Name of Registered Was Freehold Cartage	H	NJDEP Waste Cubic Yards Hauler ID No. of Waste 15939 10													
City, State Freehold, NJ		Disposal Date					City, State Birdsbor		4						
Completed by A. Scott Higgins	Signature / Date					ate	te 4-3015								



### UK 4810

Date of Notification (1)		Name of Building Owner/Operator (2)													
5/1/15				ity Of Atlanti	ic City		1613	MAY	-5 6		57				
Agencies Notified  EPA	Type Notification		1 1 1 1 1 1 1 1 1	reet Address 301 Bachara	ach Bou	ulevard		\ A	· 10.						
DEP DOL	Amended Amendmen			y, State, Zip C		01		3 1	CÊV:	-10					
DOH DCA	Emergency justification) Cancellation			me of Contact				Te	lephone i	Number					
				FACILITY INF		ION									
Name of Facility Where	Abatement is Takir	ng Place (3)					Type of Facility	(4)							
Vacant House							School (K								
Street Address 21 North Sovereig	ın Avenue						Subchapte Other (i.e. etc.)	er 8 (Oth private	er than k & comme	(-12) ercial bu	ildin	gs, ł	nome	es,	
City (5) Atlantic City NJ 08	3401						Square Feet 1000+	# 0	of Floors		Bldg 35		je		
County (6) Atlantic				unty Code (7) FATE USE ONLY	)		Current Use (P House	rior if be	ing demo	olished)					
Name of Monitoring Fir	m Hired by Building	Owner (8)	1	ASCM No.		Name o	of Abatement Co	ontracto	ractor (9)						
Street Address		*					Address	*							
City, State, Zip Code	, a		PO Box 329												
						100000000000000000000000000000000000000	State, Zip Code et Berlin NJ 08091								
Project Manager for Mo	onitoring Firm		Tel	lephone No.		Telepho 856-7	hone No. License No. 00727								
Start Date (10) 5/12/15		Scheduled 5/15/15	Comple	etion Date (11)	Name o	of OSHA Monito	r					14-25			
Occupancy Status Duri	ng Abatement (Che	ck Only One)				Street A	Address		7						
Facility Closed/Va Abatement Perfort Other – Describe:	cated During Entire med Outside of Norr	Period of Aba mal Facility H	atemen lours	t		City, St	ate, Zip Code								
Scope of Work (Check	All That Apply)							115							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	novatior molition			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		lele	ocation			Lead	Non-Exemple	su () an	וע ואטוו-רו	lable PI	13/17		nent		
Location		No	rmally		De	scription	nf.					Тур			
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED cility	Maint Custod	Solely because the solely becaus	Asbes	tos Coni thermal surfa	taining Ma	aterial (ACM) insulation, , or	(3	Amount Specify F or LF)	Remova	Kopan	Danair	Encapsulate	Enclosure	
		Yes	No	N/A									te	O O	
Exterior	Siding			х	Exte	rior Sid	ing	20	000 SF	x	1				
Kitch	ien			х	FI	loor Tile		1.	50 SF	×	+	+			
2nd Floor	r Closet			х	FI	loor Tile		5	7 SF	x					
Name of Registered Wa	NJD	EP Waste	Cubic	Yarde	Name o	f Registr	ared Land	1611							
Farth Tech				er ID No.		Cubic Yards Name of Registered Landfill of Waste 4 ACUA									
City, State Greenfield NJ				3	sal Date City, State (15 6700 Delilah Rd E.H.T. NJ										
Completed by Title Anthony T Perna President				Signature						Date			_		
,					5/1/15										



### CK 4818

Date of Notification (1) 5/1/15	7.		Name		CONTAVE TO SE									
Agencies Notified	Type Notification	1		Of Atlantic	City			ecie f	MY	- *	to -		`	
▼ EPA	× Initial		1301	Bachara	ch Boulevar	d		ÉSAT				· Č		
EPA DEP DOL	Amended Amendmer	nt #		tate, Zip Co tic City N.				ď.		-	12	-1		
▼ DOH □ DCA	Emergency justification Cancellation	)		of Contact Anderso	n			Teleph	one Nur	nber				
			FAC	CILITY INFO	RMATION					_				
Name of Facility Where Vacant Building	Abatement is Tak	ng Place (3)				Туре	of Facility (4	)						
Street Address				-			chool (K-12 ubchapter 8		han K-1	21				
2701 Fairmount Av	/enue					X C	ther (i.e. pri	ivate & co	ommerci	al buil	dings	hom	es,	
City (5) Atlantic City NJ 08	401			- 3		Square 1000-		# of Flo	oors		3ldg. <i>A</i>	\ge		
County (6) Atlantic				Code (7) USE ONLY)		100000000000000000000000000000000000000	nt Use (Prior		demolish					
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.	Name			Contractor (9)						
N/A						naco In		miracior (9)						
Street Address				Street Address PO Box 329										
City, State, Zip Code				City, State, Zip Code West Berlin NJ 0										
Project Manager for Mo	nitoring Firm	Teleph	one No.		phone No. License No. 00727									
Start Date (10) 5/13/15		Scheduled 5/15/15	Completion	n Date (11)		e of OSH	A Monitor							
Occupancy Status Durin	ng Abatement (Che				1 2 2 2 2 2	t Address								
Facility Closed/Vac Abatement Perform	cated During Entire	Period of Aba	atement ours			State, Zip	TO 1							
Other – Describe:					_									
Scope of Work (Check /	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor.	ovation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		lala	cation	T		△ Non	-Exempted	(*) and N	on-Friab	le Pro		e ement	1	
Locatio	n of	Nor	mally		Descriptio	n of					Ту	ре		
Asbestos-Containing TO BE AB	Material (ACM)		Solely by enance/		os Containing thermal system	Material (		Amo		77		Ē	т	
In Fac	ility	Custod	ial Staff? 12)	(1.6.	surfacing, V	AT, or	1011,	(Spe SF or		Remova	Repair	caps	Enclosure	
(13)			No N/A	-	other miscella	ineous)				oval	air	Encapsulate	sure	
Roof Fla	ehina	165 1			Doof			000	0.	-	-			
11001118	Silling		X		Roof			636	5F	X	-			
				-							-			
				-										
Name of Registered Waste Hauter				Maste	Cubic Varda		Name of D	ogintors -	I onde					
Transformation				NJDEP Waste Hauler ID No. 18952  Cubic Yards of Waste			Traine of Hogieterea Earlain							
City, State Egg Harbor NJ				Disposal Date City 5/15/15 670				elilah Ro	d E.H.1	Γ. NJ				
Completed by Title Anthony T Perna Presiden					Date 5/1/15									

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

Date of Notification	n (1)	N	ame of Bui	lding (	Owner/Ope:	rator	(2)	Fil							
5-1-15				Yana Ro	din-	Tracy		tor (2) RECEIVED							
Agencies Notified	Type Notif	ication	s	treet Addre	ess				2815			- 14	1		
[ ]EPA	[X]Initia	al fication		104 Mor			€.		2015 HA	7-5	A	H I	: 01	า	
[ ]DEP	NSS 85		C	ity, State	37.				Stage .	XIV.			43	9	
[X]DOL	[ ]Amende	ed fication		Montcla	ir,N	IJ,0704	12	(62)	& I.I.	File	Ų.	Vij	a,		
[X]DOH	[ ]EMERGI	PNCV	N	ame of Cont				(1000 to 500 to	ne Number	-13,	16	G	-		
[ ]DCA	[ ]Cancel			Yana Ro	din-	Tracy		1000	, 000-0	111					
				117000000000000000000000000000000000000	LITY I	NFORMATIO	N								
Name of Facility Who		nt is Ta	king	g Place (3)				Type of Facil	ity (4)						
Same as above								[ ]School	(K-12)						
Street Addres								[X]Other (	ter 8 (Oth i.e., privuildings,	ate &	CC	mme:	c-		
								Square Feet	# of Flo		_	dg.			
City (5		County	y (6	5) Essex		ty Code	100 March 100 mm	1				- 5			
					(STA	ATE USE ON	ILY)	Current Use (	Prior if b	eing d	len	oli	shed	1)	
Name of Monitoring E	Firm hired	by Build	ing	ASCM No.		Name of A	batem	ment Contracto	r (9)		_				
N/A (8)						AZTEC	H M	ANAGEMENT	, Inc.						
Street Address						Street Ad		topher St	<u> </u>						
City, State, Zip Coo	10					City, Sta			*						
orally state, are con						THE RESERVE AND ADDRESS.		r, NJ 070	42						
Project Manager for	Monitoring		rele	phone Numb	er	Telephone				Licens			per		
	15 to 1					- 1		-8800		003	> /	Τ			
Scheduled Start Date 5-10-1				tion Date		Name of C	SHA M	Monitor							
	F 111	Month	Da Da	L3-15 v Year		N/A									
Occupancy Status Dur	ing Abateme	ent (Che	ck o	only one)		Street Ad	dress						ALC: N		
[X]Facility Clo of Abatemen		During	Ent	ire Period											
[ ]Abatement Pe		side of	Nor	mal Facilit	y	City, Sta	te. Z	in Code			_		_		
Hours - Desc [ ]other - Desc	ribe: <u>«OffHo</u> ribe: <u>«Other</u>	urs Desc Occupan	rip cy I	<u>t»</u> Descript»	_	, , , ,	, _								
Scope of Work (Check	all that a	apply)			74										
[X]>3 sf or	>2 1£		[37]	Renovation		[XI	ull C	Containment wi	th Negativ	e Pres	ssu	re			
[] <u>&gt;</u> 160 sf o	-		- E*****	Demolition				Enclosure Dag Procedure							
				Ŧ- I		[ ]]	ion-Fr	riable Procedu	re						
Location	of			Is cation		Descri	ption	n of		A	ba	teme	nt 7	Type	
Asbestos-Con	_			rmally Used		Asbestos	277		Amount		R	R	N	N	
Material TO BE AR				olely Main-		Mater			(Specif	У ]	M	E	A	C	
TO BE AB			ter	nance/		(i.e., the		systems cing, VAT,	SF or LF)		O V	A	PS	0	
(13)	-			ff (12)		r other m			,		A	I R	U	U R	
D= ====+		Ye	S	No N/A									-	E	
Basement			$\perp$	X	VAT				550 SE						
		Pipe	e Insu	lati	Lon	22 lf	X								
Name of Registered W	laste Usula-	NT TT	EP Waste	0.1	io V		Name of Registered Landfill								
AZTECH MANAG	Hau	ler ID No.	10000	ic Yards Waste 1.	5	G.R.O.W.		TITI							
City, State	_ ,		Dist	posal Date	9	City, State									
Montclair, NJ	5-14-15 Morrisville, PA 19067						7								
Completed By (Print	-			Signa	ture			Dat	0						
Constantine V	len	it			11:	ilin-				-15	5				

#### Check#2172

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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a. J	3000	779				
1000						
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			Name of Building Owner/Operator (2)											
050	1 15	<u> </u>	ļ.i.	ohn Fo	ituna			2015 KAY -5 AH 1:69						
Agencies Notified Ty	pe Notification			straet A	vidreas			& LICER	KIT	1:0	Q			
	(Initial		1	510 W	estover R	toad	.0	" 94E			49			
X DOLWD □	Amended				ete. Zip Co	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NA		& 110F	- 447	Gray		6 45		
X DHSS	Amendment #		1		NJ 0703			-10 Th	ING		笞			
	] Emergency (inc justification)	luding			Contact			Telephone Num				-		
(NJAC 5:23-8)	Cancellation													
			1	ohn Fo				212				5		
				TAU	ILTEY INT	MOITAMAC	Tune of Cocility					-		
Name of Facility Where Aba	tement is Taking	Place (	3)				Type of Facility							
Private house							School (K-12	) I (Other than K-1 2	)					
Street Address								rivate and comme		dings				
1510 Westover Road City (5)					7 Milleus (\$525)		homes, etc.) Square Feet	# of Floors	Bld	g. Age	e)			
inden, NJ 07036														
County (6)				County	Code (7) (5	STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)		-	-		
10000 10000 mile				- Com		,	-							
Union Name of Monitoring Firm Hi	red by Puilding O	unor 18	5 17	SCM N	lo T	Name of Abateme	ant Contractor (9)							
Name of Montolling First Of	red by saliding o	MILE! (c	12 /	190M L	1		sile Guilli actor (9)							
						Gr Tech LLC								
Street Address						Street Address								
						576 Valley Rd #								
City. State, Zip Code						City, State, Zip C	ode	A						
						Wayne, NJ 074	70							
Project Manager for Monito	ring Firm		Tele	anone î	vo.	Telaphone No								
					1	973-638-1777	01127							
Start Date (10)	Sched	uled Co	l omplet	ion Dat		Name of OSHA N	Monitor					3 17		
				_ / _	15	Envirovision Co	onsultants,Inc							
Occupancy Status During A	batement (Check	only o	ne)			Street Address								
X Facility Closed/Vacated	During Entire Per	riod of	Abater	nent		20-21 Wagaraw	Road, Bldg .#	35 E						
Abatement Performed C	outside of Normal	Facility	Hour	s - Das	cribe	City, State, Zip C	ode					5115		
THE STATE OF THE S	AM- PI	A/	PN.		A.M	Fair Lawn, NJ 0	7410							
Time of Abatement	'					1 WILL TOWN IN THE C	, , , , ,				Mary Property and the Party of	-		
	9			TEN ALL POP		Clean u	p and decontami	nation with negative	re press	ure				
Scope of Work (Check all the	9			H.F.A.T.FO		☐ Full Cor	tainment with Ne	nation with negativ gative Pressure	re press	ure				
Scope of Work (Check all the >3 sf or >3 if	9	⊠ Re	novati			Full Cor	tainment with Ne	gative Pressure						
Scope of Work (Check all the	9	⊠ Re				Full Cor Mini-End Glovebs	tainment with Ne closure a Procedure	gative Pressure Tent with Negativ	e Press					
Scope of Work (Check all the >3 sf or >3 lf	9	⊠ Re	novati molino	n		Full Cor Mini-End Glovebs	tainment with Ne closure a Procedure	gative Pressure	e Press ure	ure	nt Ti	vne		
Scope of Work (Check all the same of work (Check all the same of work) >3 sf or >3 if	nat apply)	⊠ Re □ De	novati	ion		Full Cor Mini-End X Glovebs Non-Exe	stainment with Ne closure ig Procedure empted (*) and Ne	gative Pressure Tent with Negativ	e Press ure Aba	ure : ateme		T		
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Scope of Work (Check all the Scope of Work of	f aterial (ACM)	Re De Is No	novarimolino Locat Rorma	ion filty sty by nce/ Staff?	Pipe inst	Description stos Containing Ministos Containing Ministos Surfacing, VA other miscellandation  Cubic Yards of Wa	steinment with Neclosure g Procedure g Procedure empted (*) and Neclosure of aterial (ACM) insulation, r, or eous)  steinment with Neclosure and Neclosure steinment with Neclosure and	gative Pressure  Tent with Negative procedure.  Amount (Specify SIF or LF)  110 LF	Removal	ure : ateme		T		
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### (K 1753

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Date of Notification (1)					Name of Building Owner/Operator (2) RTL Services, Inc. Street Address 9 Basin Drive, Suite 120												
05/01/15					RTL S	Services,	Inc.				Ct i	MAY	-5	E:	, ,		
Agencies Notified	Туре	Notification			Street A		2022 ABT.	VOCUSION V			4	Delta:			1	: 69	2
X EPA	X I	nitial			ATTOMACH CALLSON	in Drive,	A Service March 1999	120			1647 - 1.						
DEP		Amended				ite, Zip Co					5	ž 1.10	÷.			, ,	
DOL		Amendment : Emergency (i		-		y, NJ 07	032						F4 :5	16	6		
<b>⊠</b> DOH	_ j	ustification)				f Contact					Tel	enhone N	Jumhai				
☐ DCA		Cancellation				mmern											
Name of Facility Where	Abatem	ent is Takino	Place (3	()	FACI	LITY INFO	RMAI	ION	Type	of Facility (	4)						
Building 54			, (0	/					_		0.000 0.000						
Street Address										School (K-1 Subchapter		er than K	-12)				
77 South Hackens	ack A	venue/AKA	14 Ca	mpus	Drive					Other (i.e. p	private 8	& comme	rcial bu	iildi	ngs,	home	es,
City (5)										etc.) re Feet	# of	f Floors		Blo	ig. A	ae	
Kearny										,000	- 1010113011	1			)+-		
County (6)				-1	County	Code (7)			Curre	ent Use (Pri	or if bei	ng demo	lished)	23016			
Hudson					(STATE	USE ONLY)			Vac								
Name of Monitoring Firm	Hired I	by Building C	wner (8)		ASCN	ЛNo.		Name	of Aba	tement Cor	ontractor (9)						
N/A					Stanmark Contractors, LLC												
Street Address					Street Address												
	do				27 Edsall Drive												
City, State, Zip Code	, Zip Code				City, State, Zip Code												
2										NJ 07461							
Project Manager for Mor	Project Manager for Monitoring Firm				Telepho	ne No.		2,2000,000	Telephone No. License No. 973-864-2022 01137								
					0.700				0.000	B. T. A. T. B. L.		01137					
Start Date (10) 05/14/15			O5/31/		ompletion Date (11) Name of OSHA Monitor  AmeriSci												
Occupancy Status Durin	a Abata	mant /Chapl			Amerisci Street Address												
	7.5			5250	117 Fact 20th Street												
X Facility Closed/Vac Abatement Perform										ip Code	CL				_		
Other – Describe:		0140 01 140111	ar r dointy	riouri						, NY 100	16						
Scope of Work (Check A	II That	Apply)			-			1,01	1011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
≥3 sf or ≥3 lf		11.37	Пв	Renova	tion			$\triangleright$	₹ =	II Containm	ant with	Negativ	o Proce	uro			
≥160 sf or ≥260 lf				emoli				Z	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
			42					X	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			Ι.		P.072				140	ri-Exemple	u ( ) ain	d NOH-FT	lable F	- 100		ment	
r				Locat Vorma			-								Ту		
Location Asbestos-Containing		al (ACM)	Use	d Sole	ly by	Asbes		scription taining N		(ACM)	А	mount				ш	
TO BE AB	ATED	1882 US	(0)500	intena todial s			therma	system	s insula		(8	Specify	Z e		Z,	nce	Enc
In Facil	(0.00)			(12)	7.000100			icing, VA miscellar			SF	or LF)	Kemova		Repair	Encapsulate	Enclosure
,			Yes	No	N/A				,				<u>a</u>		7	late	Гe
			168		IN/A			make alter Millians						+			
Building 54-maint	tenand	ce room		X		Pip	e cov	erings	& fittir	ngs	79	0 L.F.	X				
Building 54-sto	rage i	room		X		Pip	e cov	erings	& fittir	ngs	97	0 L.F.	x				
Building 54	4 - roo	f		X			roofir	ng mate	erials		3,6	15 S.F.	x				
Building 54-break	room i	restroom		×			floor ti	iles & r	nastic	;	40	0 S.F.	x				
Name of Registered Waste Hauler			I	JDEP W	aste	Cubic	Yards		Name of	Registe	red Land	10000					
Pro Tooh			1000	lauler ID	No.	of Wa			G.R.O.								
			190713 40					_									
City, State New Haven, CT					Disposal Date City, State on completion Morrisville, PA												
Completed by Title																	
Marko Stankovic	170					Signature Marko Stankovic Date 05/01/15											
Marko Stankovic Preside																	