State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Mn#	10100	annie	ála	NOT (Pt	rifical irsuant to	NJAC 8:60 and 1	2:20/N.J.	A.C. 7:26-2.12)		··					
110		otification (1):				ner/Operator (2)									
	05/06/201 Agencies	4 Type Notifica	tion	Port Autho Street Add				9	Hay -	. 0			1		
	Notified	□Initial	Lion	3 Brewster					MAY -	9 2	014	_			
	□ÉPA	☐ Amended		City, State									. 1		
	E'DEP	Amendment#	1	Newark, N				Telephone	Vumber:				-		
	DOL	☐ Emergency		Name of C Dan Nune				1,200,		141		4	- 1		
	EDOU	(including justification	1)	Dan Nunc	.2										
	□ DOH □ DCA	□ Cancellatio									-		-		
	Брек					FACILITY INFO		ON Facility (4):							
	Name of	Facility													
	3 Brewste	er Road					□ Subcl	ol (K-12) hapter 8 (Other than K-	12)						
				(6)	Count	y Code (7):	□ Other	r (i.e., private & comme	rcial buildings, hor	nes, etc	.)				
	City/ (5)		Essex	y (6):	07114	y Code (7).	Square	Fast:	# of Floors	:					
	Newark		ESSEX				Square	reet.	# 01 1 10011						
								Age 83							
				100000000000000000000000000000000000000			Currer	nt Use : Garage	-t (O):						
	Name of	Monitoring Fi	rm Hire	d by Buildi	ng Owner:	ASCM No.:	Name	of Abatement Contra	ictor (9).	•					
ř	TURNIN	IGPOINT CO	NTRAC	TING COR	Р.		Apex	Development, Inc	:						
	0, 4	11					Street	Address:							
	Street Ad	eley Terrace													
	31 Delk	eley Terrace						Rutgers Place					_		
	City Sto	te, Zip Code:					City,	State, Zip Code:							
							Para	mus, NJ 07652							
	Irvingto	n, NJ 07111		- Pierri		Telephone No.:	200	hone No.:	License No.:						
	Project M Emeka	Manager for M	onitorii	g riiii.		973-372-2177		350-0101	01215						
			-		- 1.1			of OSHA Monitor:	1 41212						
	Start Da 05-19-20			06-19-201		Date (11):		Analytical Laborato	ories						
		cy Status During		1			Street	t Address:		et a Maria					
		Closed/vacated				nt	1 (2) (2)	West 36 th Street, Sui	te 203						
	☐ Abaten Describe	nent Performed	Outside (of Normal Fa	cility Hours		City, State, Zip Code: New York, New York, 10018								
	□ Other														
-	Describe														
	Scope of	Work (Check a	ll that ap	ply):			☐ Full Containment with Negative Pressure								
	$\square \ge 3 \text{ sf}$	$or \ge 3 lf$				ovation nolition		Clove	Enclosure ebag Procedure		#0000 BE				
	□≥ 160	sf or $\geq 260 \text{ lf}$			□ Deli	iontion		□Non-I	Exempted (*) and	Non-Fr	iable F	rocedu	ire		
	-			Is L	ocation		Descripti	on of			Abai	ement ype	L		
		Location of			rmally	A shestos Co	ntaining	Material (ACM)	4	-	Τ .	Ī	T		
	Asbesto	s-Containing	Materia	Used	Solely by tenance/	(i.e., ther	mal syste	Material (ACM) ems insulation,	Amount	72	-	Encapsulat	En		
		(ACM)	.D	Cus	todial/	Sui	facing, Ver miscel	(AI, or	(Specify	Removal	Repair	ap	Enclosure		
	1	O BE ABATE IN Facility	517	S	taff?	otn	er miscei	laneous)	SF or LF)	OVa	air	sul	rus		
		(13)		-	(12)				51 01 21)	_		124	(0		
					No N/A										
	TERN		C RAGE		x	ROOF FLAS	HING		400 SF	*					
	PARK			-	Α.	1001 1 ====				G.			1		
	TOLL	PLAZA (10))	-								1			
	-														
					-	-									
					NITT	DEP Waste Hauler	ID No ·	Cubic Yards	Name of Reg	istered	landf	ill:			
	Name	of Registered	Waste F	lauler:			10	of Waste: 30	MINERVA		ENT	ERPR	RISES		
	TRI-S	TATE TRANS	orek A	SSUC., INC	"	ramon, SS.			ASSOC, INC	D					
	City, S	tate:			Disposal D	ate:		City, State:	44600						
		NY 10474			355 555 - 255		T 61	Waynesburg, OH 44688 Signature: Date:							
	Compl	eted By:			Tit				Date: 05-06-14						
	Sylves	ter Oraegbuna	ım		Pre	sident	100	Ru							

ASB-41 (R-06-08)

20803/43/6/05)	МО	(Pursu	ION OF	F ASBE NJAC 8	Jersey STOS ABA ::60 and 12:			0.0	MAY	- 9-2 8) <u>}</u>	7	
: 30800 cm						10	IUM ASSOCIA	TION	MILL			-\.	j
Date of Notification (1)	-tion	Str	eet Add	ress						1/2			لســــ
Agencies Notified Type Notification	ation			K BL\	ode				Ja.				
EPA Amend	ied iment#	_ \ V	VEST	NEM,	YORK, IN	J 070	93	Telepho	one Number				
	ency (including	N	ame of	Contact NELS	ON							\exists	
DOH Cance	ellation		FACIL	ITY INF	ORMATIO	N	Type of Facility (4)					
Name of Facility Where Abatement is RESIDENTIAL PROPERTY	s Taking Place (3)					School (K-1	2)	than K-12) ommercial bu	ildings, t	nomes	5,	
Street Address							etc.) Square Feet	# of F		Bldg. Ag			
6050 JFK BLVD E							345000 Current Use (Pr	23	demolished)				
City (5) WEST NEW YORK		T	County	Code (7) VLY)								-
County (6) HUDSON	<u> </u>			M No.		Nam	ne of Abatement Co	ontractor (9) OLUTIONS	INC			
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			et Address	MINGO					
						12	4-17 18TH AV	<u> </u>					1
Street Address						City	/, State, Zip Code OLLEGE POIN	T, NY 1	1356				4
City, State, Zip Code			1=1-	hone N	0	Tel	ephone No.		License No.				
Project Manager for Monitoring F	irm					7	18-353-8400 me of OSHA Moni	01220					
	Sche	duled C	completi	ion Date	(11)	EVENAIR INC							-
Start Date (10) 05/21/14		15/201 v One)				St	reet Address 0-59 JACKSO	N AVE					4
O5/21/14 Occupancy Status During Abate Facility Closed/Vacated Du	ment (Check On	d of Aba	tement			C	ity, State, Zip Code	9					
Abatement Performed Out	side of Normal Fa	acility Ho	ours			1	LIC, NY 11101						
Scope of Work (Check All That	Apply)	X Rei	novatior molition	า			Mini-Enc	osure	rith Negative F re and Non-Fria	ble Proc	edure		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf							Non-Exe	Inpice ()		<i>A</i>	Abate		
Location of Asbestos-Containing Mate TO BE ABATED In Facility	erial (ACM)	Used Mai	ocation ormally Solely ntenano odial St. (12)	by ce/	(i.e. the	Conta ermal s	cription of sining Material (AC) systems insulation, ing, VAT, or niscellaneous)	M)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A			I tien on Fittir	ngs	100 SF	Х			
Mechanical Room Th	ru Building			X	TSI Pip	e Ins	ulation on Fittir	·ge			-	-	-
Mechanical Room 11					-						+	+	+
		-		-					i torod l ar	dfill			
			1	NJDEP N	Waste	Cubic of W	c Yards	Name of R	Registered Lar THLEM LA	NDFIL	L		
Name of Registered Waste NEWARK CARTING	Hauler		1	Hauler II 04509) No.	15		City State	3				
City, State						TBI		BETHL	EHEM PA	Date	7		
NEWARK NJ		Title)	T 3 4 4 1	NAGER		Signature	MI	167	05/0	6/20	14	
Completed by		DE	OIFC	II MA	MAGEN		11/2		V V				ctivities

n		 2300	
٢	rin	or	m

10						70.00	-,						
Date of Notification (1) 05/05/2014			Na M	me of Build ARIO PE	ting Owner/	Operato	r (2)	and the second					
Agencies Notified EPA	Type Notification	n	1	eet Addres 4 BLOO	s MFIELD /	AVE.							
DEP X DOL	Amended Arnendme		Cit	y, State, Zip JTLEY N	p Code								-
DOH DCA	justificatio		Na	me of Cont	act			Te	lephone	Numba	r		
E DCA	Cancellati	on		ARIO PE		1011							
Name of Facility Where PRIVATE	Abatement is Tal	ring Place (3)		PACILITY	INFORMAT	ION	Type of Facilit	ty (4)					
Street Address							School (I	K-12)					
594 BLOOMFIELD	AVE.						Subchap Other (i.e	e. private	er than K & comme	(-12) ercial bu	uilding	s, hor	nes,
City (5) NUTLEY N.J.							Square Feet 2,200	7 #0	f Floors		2000 DE 100 TE	Age	-
County (6)			COL	inty Code (7) VLY)		Current Use (F	Prior if bei		lished)		7	
Name of Monitoring Firm	n Hired by Building	Owner (8)		SCM No.		Name	of Abatement C	0)2	(0)				
N/A Street Address						SHA	RON QUALI	TY CON	(9) NSTRU	CTIO	N LL	C.	
			Ł				Address AN ORDEN	PL.					
City, State, Zip Code						City, S	tate, Zip Code KENSACK N						
Project Manager for Mor	nitoring Firm	*	Tele	phone No.			one No.	I.J. 0760	License	No			
Start Date (10)		Scheduled	Complet	ion Data (1	4)		08.4270		01135				
05/0 3/2014		05/09/20)14	ion Date (i	''		of OSHA Monito		2			-0-20	
Occupancy Status During		2.0				Street A	Address						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Nor	Period of Ab mal Facility H	atement lours	-		City, St	VEST 38TH		-				
Scope of Work (Check A	F2174 117533					INEVV	YORK N.Y.	10018	*				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		PRODUCTION .	novation molition			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
			ocation				THE EXCHIPE) and	NON-FILE	DIE PIC		re ement	t
Location Asbestos-Containing	of Material (ACM)	Used 8	mally Solely by	Ash	Desc	cription o	of aterial (ACM)	l .		-	T:	уре	
TO BE ABA In Facilit (13)	TED	Custod (*	enance/ lial Staff? 12)	(i.	e. thermal s	systems ng, VAT	insulation, or	(Sp	nount becify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEME	NT	+	X N/	4	PIPE IN	SIII AT	FION		15	-		ित	
			_		FIFEIN	SULA	ION	50	LF.	X			
										-			
Name of Registered Waste	e Hauler		NJDEP	Waste	Cubic Y	arda	I Nome of						
SHARON QUALITY (N	Hauler 00339	ID No.	of Waste		Name of MINER				VC.		
City, State ACKENSACK N.J.					Disposal	l Date	City, Stat	е			Lucentrial		
Completed by CARLOS ESQUIVEL		Title SAFETY	/ NAANA	CER		nature	2 /	17/	20 Da	ate			
		SAFEII	IVIAINA	NGER		7.5	Jerumphon	Til	0	5/06/2	014		

CK # 503

Date of	f Notification (1)			Name o	f Building Owner	(Onombo	e (2)					
	5	6/14		I vante C	a panered Causes	W.	TOLAN	UK	0 0	25.5		
Agency	Notified	Type Notification		Street /	ddress 12 /	de	ict of a	MAY	- 9 2) (* †		μ
D EPA		D Amended		Cily, St	sile 710 Code							
A DOL		Amendment #			RON	TCL	SIR. N	5.076	142		1.	
Z DOH		justification)	ang .	Name o	f Contact	100	WIC .	Telephone	Number	-		
2007	1	Cancelation		FACU			IWIC	\perp \perp			<u>·</u>	
Name o	of Facility Where A	batement is Taking F	face (3)	PAGE	ITY INFORMATI	OR	Type of Facility	(4)			_	
	W,	indruic	(-)		-,	v .	C School (K-1)			1		
Street /	Address				:		Subchapter	6 (Other than I		.		
Ch. (5)		MONTCH	HR	AUE			-E Other (i.e. pr homes, etc.)		ercial build	ings,		
City (5)		NTCLAIN	2	ř			Square Feet	# of Floors		g. Ag		00
County		in the training		County	Code (7) (STATE	IIOE	.2800			30	41	43
	ES	SEY		ONLY)	2008 (1) (2171E	USE	Current Use (P	eo gried ii 70m シンクシン				
Name o	d Monitoring Firm I	fired by Building Own	ner ASC	M No.	Name o	f Abaten	nent Contractor (S		-	+		
Street A	Mohace						emoval I	nc				
00000	,				Street A		River St					
City, St	ate, Zip Code					me, Zip C			-+	-		
Daniost	Manager for Monik						sack, N.	J. 0760	1			
riojax	manager for mores	xiig riin	Telepho	one No.	201 -		7.1.1.	Uicense No. 00388	. [1		
Start Da		Scheduled C	ompletion D	ate (11)		OSHAR		00300		_		
	5/20/14		21	4			vironmen	tal Inc				
		Abatement (Check or			Street A		ler St			-		
	ment Performed O	During Entire Period utside of Normal Fac	elidy Marie	t	City, Sta					+		
A Other	- Describe: 8 A	m to sy	94				ackensac	k, N.J.	0760	6		
- 1	f Work (Check all ti	nat apply)		_	-Y055		ontainment with I	Negative Press	ure			
Ø≥356 D≥160	or ≥ 3 li sf or ≥ 260 li			Renov	abon .	O'Mini-E	inclosure bag Procedure			-		
						□ Non-E	xempted (*) and	Non-Friable Pr	rocedure	-		
Ì			ls Locat Normal	000000				2		Ab	aten Type	
Asb	Location . estos-Containing N	faterial (ACM)	Used Solo Maintena		Desc Asbestos Contai	ription of ining Mad	erial (ACM)	Amoun			,	
. ,	TO BE ARA		Custod	al	(i.e., thermal s	ystems in	nsulation,	(Specifi SF or LF	у	Ren	R S	Enc
	(13)		(12)			scellaneo		ŠĒ GIEL	7	Removal	Repair	Enclosure
			Yes No	N/A							9	
P	BASELLE	74		-	HERMAN 1	J UZ M	ATION	239	SLF	X	T	Ħ
+	-											
				\vdash							1	Ш
Name of	Registered Waste	Hauler	NUDERV	Vaste Hau	er Cubic Ya	nde nd	Name of Regista	mad I and III		Ш.	\perp	Ц
- 1	Removal		ID No.		Waste	/						.
City, State			1710	9		/	Minerva	Enterp	rises			
July, Sall		ck, N.J.	07601		Disposal I		City, State Waynesbu	irg , Ol	n	-		
Complete	d by	Title			Signature	1)		Date	_		\dashv
	iorano	Estim					a'snowa		\$	6/	12	7
ASB-41		* Do not	use this form	for asbes	tos licensure exe	unpted a	division:	Will William Tolling		1		

CHECK # 8283

Date of Notification (1)		2					ing Owner/Operator									
	05	′ —	14		P	New Jerse	y Institute of Tec	nnology	2		13/3	E [
Agencies Notified EPA	Type No		on		3 2	eet Address 23 Dr. Ma	rtin Luther King	Jr. Blvd.								
□ DOLWD □ DHSS □	Amer	nded idment	#		-	y, State, Zip			YAM	- 9	2014					
⊠ DCA	☐ Emer			ing		lewark, N.										
(NJAC 5:23-8)	500 mm 20	cation)		2.17 (A.T.)		me of Conta	7.7		Telephone N	lumber		- 2				
	☐ Cance	ellation	1		N	fir. Joseph	Myers		114			. 4				
					F	ACILITY I	NFORMATION				Para a	distribution of the second				
Name of Facility Where	Abatement	is Tak	ing Pla	ice (3)	7000			Type of Facility (4)							
NJIT - Central High	School							School (K-12 Subchapter 8		12)						
Street Address 363-383 Martin Luti	her King	Jr. Bl	vd. (1	00 Su	mmit	Street)		Other (i.e., pr	ivate and com	mercial b	uildings,					
City (5)								Square Feet	# of Floors	В	ldg. Age	Ŋ				
Newark								300,000 SF	4		40+					
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)						
Essex						7										
Name of Monitoring Firm	Hired by B	uilding	Owne	r (8)	ASCI	M No.	Name of Abateme	ent Contractor (9)								
Health & Safety Ser					11	7	East Coast H	az Mat Remova	I, Inc.							
Street Address		-					Street Address			-						
318 12 th Street																
	ty, State, Zip Code						City, State, Zip Code									
	Hammonton, NJ 08037						Paterson, NJ									
	roject Manager for Monitoring Firm					e No.	Telephone No.		License No.							
James J. Proctor				e	09-70	4-8850	973-345-0022		00507							
Start Date (10)		Sche	duled	Compl	etion D	ate (11)	Name of OSHA Mo	onitor								
05/16/	14					14	East Coast Ha	ız Mat Removal	, Inc.							
Occupancy Status During	Abatement	(Chec	k only	one)		-	Street Address									
☐ Facility Closed/Vacated					ement		494 E. 41 Stre	et								
Abatement Performed						scribe	City, State, Zip Coo	de								
Time of Abatement: 7:	00AM-4:00)PM/4	:00PN	1- <u>1:00</u>	AM		Paterson, NJ (07504								
Scope of Work (Check all t	that apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	2.2 5%			enovat emoliti			☐ Mini-Enclo			iure						
		-	Is	Loca	tion	1		· · · · · · · · · · · · · · · · · · ·		Aba	tement '	Туре				
Location of	f	A		Norma			Description of			-		1				
Asbestos-Containing M		M)		ed Sole intena			tos Containing Mate thermal systems in:		Amount (Specify	Removal	Encapsulate Repair	Enclosure				
TO BE ABAT IN Facility	ED		0.000	todial		(1.6.,	surfacing, VAT, o		SF or LF)	va	ir	sure				
(13)				(12)	T	-	other miscellaneou	ıs)			ate	"				
Rm 203-Electric Room			Yes	No	N/A	Wall Plas	ster		148 SF							
AII 200-EIGGUIC ROOM				-		1.2						17				
												닏				
							34									
	VI .															
ame of Registered Waste	Hauler			10000	JDEP V			Name of Register	ed Landfill							
East Coast Haz Mat R		nc.		1 10000	auler ID 18602		Waste 10	GROWS, Inc.								
ity, State					10002	1		City, State								
Paterson, NJ 07504							05-19-2014	Morrisville, P.	A 12506							
ompleted By (Print or Type)	Title					Signature	1.1.	D	ate						
Leslie Olszewski							W.J.W	WWW		05-05-2014						

D .	 -	Form	
-	1	F()((())	

Date of Notification (1)		Name of Building Owner/Operator (2) Judith Fees MAY - 9 2014													
5-7-2014											MAI		LUI		-
, tgoriolog treamer					reet Addr 6 S. Hig	_{ress} ghland <i>A</i>	Ave		1	1	- 4.				
DEP I	× Initi	al ended		25000		Zip Code						1			
X DOL		endment #		10	and the second second	ede, NJ	08078			Tala	phone Num	hor			_
DOH DCA	just	tification)	loldding		ame of C ndrew					i eiei	pnone Muin	Dei			
DCA	Car	ncellation		A		TY INFOR	MATION								
Name of Facility Where Al	batemen	it is Taking	Place (3)	1,000	FACILI	I I INFOR	MATION	Ту	pe of Facility (4)					
Residence	batomon								School (K-12	2)					
Street Address									Subchapter of Other (i.e. pr	8 (Othe	r than K-12)) I buildir	nas. h	omes	i.
22 S. Highland Ave								×	etc.)						
City (5)									quare Feet		Floors	10	g. Ag	е	
Runnemede								100.000	332	2	a demolish	1	-		
County (6)					ounty Co	ode (7) SE ONLY)		10000	urrent Use (Prio acant	r if bein	ig demolish	eu)			
Camden								0.00	Abatement Con	tractor	(9)			-	
Name of Monitoring Firm	Hired by	Building O	wner (8)		ASCM I	NO.			Construction		(-)				
n/a								eet Ad		F					
Street Address								T. T. T.	eek Road						
Oity State 7's Code				- (-		77 - 33			e, Zip Code						
City, State, Zip Code							Be	ellma	wr, NJ 0803	1					
Project Manager for Moni	itorina Fi	irm		T	elephone	e No.	Te	lephor	e No.		License N	0.		9.00	
Project Manager for Mem								* I * I	6-6452		01204				
Start Date (10)	art Date (10)					ate (11)	1.5		OSHA Monitor						
5-19-2014	5-21-201	14					v Ricco								
Occupancy Status During	Abaten	nent (Check	k Only One)				1 (2.000.00)	reet Ac	idress eek Road						
Facility Closed/Vaca	ated Duri	ing Entire F	Period of Ab	ateme	ent		C 13000		te, Zip Code		-				
Abatement Performed Other – Describe:	ed Outsi	de of Norm	al Facility H	iours					e, zip code awr, NJ 0803	11					
_								Cilina	100, 140 0000				-		709
Scope of Work (Check A	II That A	pply)	- Lond					П	Full Containm	ent with	Negative F	Pressur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Section 1974	novat moliti					Mini-Enclosur	е					
× 2100 St 01 2200 II								×	Glovebag Pro Non-Exempte	cedure d (*) an	d Non-Friat	ole Prod	cedure	Э	
			T		Т				NOI-Exemple	4 / / 4			Abate		2
				ocatio									Ту	ре	
Location Asbestos-Containing		I (ACM)	Used	Solel	y by	Asbest	Descrip os Containi	ing Ma	terial (ACM)		Amount			Щ	m
TO BE AB.	ATED	i (AOM)	Main Custo	tenan	1 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C	(i.e.	thermal sys	stems i	nsulation,		Specify F or LF)	Remova	Repair	cap	nclo
In Facil (13)				(12)			other misc				,	ova	air	Encapsulate	Enclosure
(13)			Yes	No	N/A							-		te	
			165	140			transite	o cidi		1	300 sf	x			
exterio	or				X		transit	Sidil	19	-	-	+			
												+	-		-
				11								+	-		-
															\perp
Name of Registered Wa	ste Haul	ler		10.00	JDEP W		Cubic Ya		3 88		tered Landfi	II.			
Ricco Construction				19 223	lauler ID 8909	140.	of Waste		Salem	Cour	nty				
City, State							Disposal	Date	City, Sta						
Bellmawr, NJ							TBD	/1	Allowa	NJ					
Completed by			Title	-		-	Sign	ature	. 1.)		ate	14.4		
Andrew Ricco			owne	r				MM	dut 1	~	: ال	5-7-20	114		
				-			\mathcal{U}_{\cdot}	Do so	t use this form f	or ache	stos licensi	іге ехе	mpted	activ	vities
ASB-41 (R-06-08)							•	חס עס	Luse misponii)	UI GSDE	JUG HOOHSE				

Check # 8744

2014 phone Number home, etc.)	25
home, etc.)	er .
home, etc.)	16
home, etc.)	1
home, etc.)	15
home, etc.)	er
home, etc.)	16
home, etc.)	er
home, etc.)	
. Age	_
. Age	
. Age	1
50	
ber	
00817	
sure	
rocedure	
Abateme	ent Ty
/	
-	
	Encapsulate
Re Re	Sap
nov pair	ncapsulat
<u>B</u> '	ate
	+
$- _{x} $	
	1
35	-
	Removal X

7.1.														
Date of Notification (1) 5/6/2014					f Building ANSIT	Owner/Op	perator	(2)	\$6					
Agencies Notified	Type Notification			Street A		LAZA E	AST			(in) =	0 00			1
EPA DEP DOL	Initial Amended Amendment	±		City, Sta	ate, Zip Co	FARETAN STANS				MAY -	3 /1	14.		-
□ DOH	Emergency (i			Name of	f Contact				Te	lephone Ni	Impor	_	i	
☐ DCA	Cancellation					MAROC								لــــ
Name of Facility Where NJ TRANSIT HOB				.,,,,,,		Oranizatio		Type of Facility	33 0			-		
Street Address 1 HUDSON PLACE	=		****		50 17				er 8 (Oth	er than K-		dings	, hom	ies,
City (5) HOBOKEN						-		etc.) Square Feet	# 0	f Floors	E	3ldg.	Age	
County (6) HUDSON				County (Code (7)	1	-	Current Use (P	rior if be	ing demolis	shed)			
Name of Monitoring Firm	n Hired by Building C	Owner (8))	ASCM			Name	of Abatement Co	ontractor	(9)				
TTI ENVIRONMEN	ITAL, INC.						.111 5.65, 6.66	BROTHERS	CON.	TRACTIN	VG, IN	IC.		
1253 NORTH CHU	IRCH STREET						250	RUTHERFO	RD BL	VD.				
City, State, Zip Code MORRISTOWN, N	J 08057						77.00	tate, Zip Code TON, NJ 070	014					
Project Manager for Mor	nitoring Firm		Telephoi	ne No. 04-3969			one No. 956-8700		License 00494	No.				
Start Date (10) 5/12/2014		Schedul		mpletion Date (11) Name of OSHA Monitor SAME AS (9) ABC						00101				
Occupancy Status Durin	a Abatement (Check	U.S. 10. S. 10. S. 10. C. 10.	T0070/5-0	51 (51.00)				Address		_				
Facility Closed/Vac	ated During Entire P	eriod of	Abater	ment s				tate, Zip Code						
Scope of Work (Check A	All That Apply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACT	Renova Demoli					Full Containr Mini-Enclosu Glovebag Pri Non-Exempti	re ocedure				re	
		Is	Locat	tion			1,5					Abat	emen	t
Location			Norma ed Sole				ription					1	уре	т —
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	intena todial (12)	nce/ Staff?			ystems ng, VA				Removal	Repair	Encapsulate	Enclosure		
TRAINMEN'S LO	CKER ROOM	Yes	X	IN/A	(CEILING	PLA	STER	2	4 SF	X			
						(C	(M&C							
20-2 manuary														
N 75						1 6 1 : :		1.7						
Name of Registered Was TWO BROTHERS (NJDEP W Hauler ID 18743		of Waste			10000	ered Landfi NAGEME		3.R.C).W.S	S.
City, State CLIFTON, NJ						Disposa 5/16/2		City, Sta		LE, PA				
Completed by VIVECA RAMOS	JECT	COOF	RDINAT		nature	mes &	Dan	100000	ate /6/201	14				

i/08/2014 14:35 Two Brothers Contracting								F	LX)973 85	8811			P.	002/
		•		ICATION	nte of New Jern OF ASBESTOR to NJAC 8:86 as	ABATER				D()L -	H	Di	17
ate of Notification (1) 5/8/2014				Name of	Building Owner	Operator	(2)			M		76	1	4
gendes Negried	Type Netites	llon	-	Street A	ddreso				1-1		4//	11	-	\dashv
EPA DEP	initial Amondo		-		ENN PLAZA	EAST			W	AIVE	P/	pp	RA	YE
DOL	Arriendin				RK, NJ 0710	5-2246			1			ΛΥ		1 7
DOH	justilicat Dencette	en)			Contact ELL SAMAR	00			Talanh	986 M:-				
ame of Facility Where A	hatemane la T	ekino Piede /	31	FACI	LITY INFORMA	TIÓN	Tim	of Facility (4				-		\Box
IJ TRANSIT HOBO ROOI Address HUDSON PLACE					-			School (K-1) Subshapter Other (I.e. p	2) 6 (Other ti	en K-13	t) Ni bulta	ilhga,	name	a,
ty (6)						\rightarrow		mic.) gra Faot	# of Flo	ers	18	ldg. A	30	\dashv
ounty (6)				County (Dade (7)		Curr	ent Dee (Pric	e if baing o	emolle	ed)			\dashv
eme of Monitoring Firm		Ing Owne (8)	ABCM	I No.	Name	BR	atement Con OTHERS	tractor (9)	CTIN	G, IN	C.		
reel Address 253 NORTH CHUR	CH STRE	ET				Street . 250		HERFOR	BLVD.	1				
lly, State, Zip Code MORRISTOWN, NJ	08067			1100	4			≥ip Cods N, NJ 0701	4					
raject Managar for Monit IIM GUILARDI	loring Firm			Telepho 609-30	no No. 14-3868	Telaph 973-		No. -8700	100	99125 N	0.			
on Date (10) 5/12/2014		90mdu 5/19/2		mpletton	Data (11)			BHA Monitor B (8) ABO	VE					
Pacifity Glosed/Vaces Abelement Parleme Citar - Describs: 0	ad Duning En d Outside of I	line Period of	Abster	ment 15		City, S		Zip Code						
cope of Work (Check All	That Apply)									- V				\dashv
월 ef or 전 16 2180 ef or 2250 ff			Ranov Damoi				M	uli Containmo Ini-Englosure Processor On-Exemples	a Caractura					
			s Leca	tion) la	SWEMBURSANG	(C) line M	on-rngg	Pro	Abate	mont	\neg
Lecation		1	Norma ed Bal	lly		esoription					_	Ty	pe	-
Actorica-Containing R <u>TO BE ARA</u> In Facility (13)	TEO	, cn	alnie na stodial (12)	Ince/ Bieff7			ineu T, er	letton.	Amo (Spe SF or	olly	Rapped	Repair	Encypsubl	Badosura
TRAINMEN'S LOC	KER ROO	M Yes	Νo	NIA	CEILI	NG PLA	STE	R	24 8	F	X		-	\vdash
						(O&M)								
		-	-	+-								_	_	\vdash
ame of Registered Wast		ING	1	NJDEP W Hauler ID 18743		lo Yerde 'asté			Registered E MANA			R.C	.w.	s.
ly, Biels LIFTON, NJ						088 Dan 6/2014	-	City, Stat	ISVILLE	. PA				\neg
TVECA RAMOS	PRO PRO)JEC	7 0001	RDINATOR	Blandulre	,	4)	Date 5/6/2014					

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

No Check

Date of Notification (1) 04/29/2014			Name of Building Owner/Operator (2) PASSAIC VALLEY SEWERAGE AUTHORITY												
Agencies Notified	Type Notification			Street	Address VILSON			2814	MAY - 9	PM	7:45				
EPA DEP DOL	Initial Amended Amendment Emergency		_	City, St	tate, Zip C ARK N	Code			- /CT	1	· - e-, -c			-	
DOH DCA	justification) Cancellation		9		of Contac AMOD F		KAL				one Nu	mber			
Name of Facility Where	Abatement is Takir	g Place	(3)		ILITY IN	FORMAT	ION	Type of F	acility (4)						
PASSAIC VALLEY Street Address 600 WILSON AVE		OHTU	RITY					Subo	ool (K-12) chapter 8 (er (i.e. priva	Other to	han K-1	2) ial bu	ildings	s, hon	nes.
City (5) NEWARK								etc.) Square Fe		# of Flo			Bldg.		
County (6) ESSEX					Code (7) USE ONL	n		Current U	se (Prior if	being (demolis	ned)			
Name of Monitoring Firm BRIGGS ASSOCIA		Owner (8)	ASCI	M No.		Name BE C	of Abateme	ent Contra	ctor (9)	PORA	TIOI			
Street Address 3 CROSSWICKS S	TREET						Street	Address VATCHL			. 0.17		•		
City, State, Zip Code BORDENTOWN No	08505						City, St	tate, Zip Co	ode						
Project Manager for Mon DOUGLAS FERRY							Teleph	one No.		Lic	cense N	0.			
Start Date (10) 05/08/2014		Schedul 05/16/			Date (11)	1		of OSHA M							
Facility Closed/Vaca Abatement Perform Other – Describe:	ited During Entire F	Period of	Abater	ment s				Address ate, Zip Co	ode						
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)		Renova Demoli				×	Mini-End	ntainment v		gative P	ressu	re		
							占	Gloveba Non-Exe	g Procedu empted (*)	ire and No	n-Friab	le Pro	cedu	е	
Location Asbestos-Containing	of	1	Locat Normal d Sole	lly			scription (emen pe	t
TO BE ABA In Facilit (13)	TED	Ma	intena todial ((12)	nce/	Asbes (i.e.	thermal surface	aining Ma systems cing, VAT niscellane		M)	Amou (Spec SF or L	ify	Remova	Repair	Encapsulate	Enclosure
CHIMNE	Υ	Yes	No X	N/A	СН	IMNEY	JOINT	PASTE		8SF				ite	Ф
					- Ori	IIVIIVE I	JONA	TASTE		031		X			
Name of Registered Wast	e Hauler		N	JDEP Wa	aste	Cubic `	Yards	Nan	ne of Regi	stered I	andfill				
CIRCLE RUBBISH			Н	auler ID I	No.	of Was		N A	LLYTON			E F.	ACIL	ITY	
City, State _INDEN NJ		75				Dispos	al Date		, State LLYTOV	VN,PA					
Completed by BARBARA REED		Title PRES	SIDEN	NT		Si	gnature	1 3			Date	e 05/2	014		

NO CHECK

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

ON HOLD

Date of Notification (1) 04/29/2014		Nar PA	me of Buildi	ing Owner/	Operator (DITY	110				
Agencies Notified Type Notifica	tion	Stre	eet Address 0 WILSO	3	201	HAY -9	7: 4	5		_		
	nent #_1 ncy (including	City NE	y, State, Zip EWARK N	Code NJ	OL	a LICEN.	ON RO	d 70-				
DOH justificat Cancella		PA	RAMOD	PANACI	the contract		Teleph	none Nur	nber			
Name of Facility Where Abatement is To PASSAIC VALLEY SEWERAGE Street Address 600 WILSON AVENUE	aking Place (3 E AUTHOR	3)	ACILITY IN	NFORMAT		Type of Facility School (K- Subchapte Other (i.e.		nan K-12)	lding	e ho	
City (5) NEWARK	-		-			etc.) Square Feet	# of Flo		400000	Bldg.		TIE.
County (6) ESSEX		Cour (STA	nty Code (7) Ly		Current Use (Pri	or if being o	demolish	ed)			_
Name of Monitoring Firm Hired by Buildin BRIGGS ASSOCIATES INC	ng Owner (8)	AS	SCM No.		Name of	Abatement Cor NSTRUCTION	ntractor (9)	ODAT	101			
Street Address 3 CROSSWICKS STREET			*		Street Ac			-ORA1	ION	-		
City, State, Zip Code BORDENTOWN NJ 08505					City, Stat	e, Zip Code ORANGE N		+	_			
Project Manager for Monitoring Firm MICHAEL		Telep 609-	ohone No. -298-552	0	Telephon 973-66	e No.	Lic	ense No				
Start Date (10) ON HOLD	Schedule: 05/09/20	d Completio	on Date (11			OSHA Monitor	01.	231				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of Al	natement		_	Street Ad	dress e, Zip Code	- 222					
≥3 sf ∪r ≥3 lf × ≥160 sf or ≥260 lf	Difference of the last of the	novation molition				Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
Location of	No	ocation rmally		Desc	ription of		. ,	I			men	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo (Solely by enance/ fial Staff? 12)	(i.e.	stos Contai thermal sy surfacir	ning Mate	ulation,	Amoun (Specify SF or LF		Removal	Repair	Encapsulate	ciiciosure
CHIMNEY		No N/A		IMNEY J	IOINT P	ASTE	8SF	X	1	-	te	Œ
								^	1	20		
ame of Pagistars / Waste V								+	-	-		
ame of Registered Waste Hauler RCLE RUBBISH		NJDEP V Hauler ID		Cubic Ya of Waste		Name of Re			FA	CILI	TY	
ty, State NDEN NJ				Disposal	Date	City, State						_
ompleted by ARBARA REED	Title PRESID	ENT		Sign	ature	1. OLL I I	ZVVIN,FA	Date 04/29		4.4		

NO CHECK

			(P	ursuant	to NJAC	8:60 an	d 12:120))	- P	tur tur		r.				
Date of Notification (1) 05/19/2014					f Building eNovo (Operator	(2)				; , ,				
	ype Notification			Street A	ddress West Ra	andolph	n Stree	t	2014 HA	Y -9	PH	7: 5	1			-
EPA DEP DOL	Amended Amendment		_		ate, Zip Co go, IL 6					HO.; LICEI				•		
DOH DCA	Emergency (justification) Cancellation	including		Name o	f Contact King				- Colo		phone I			<u> </u>		
				FACI	ILITY INF	ORMAT	ION							-		
Name of Facility Where Aba DeNovo New Brunswi		g Place (3	3)	22:				Туре	of Facility (4 School (K-1)	83			1,500			
Street Address 760 Jersey Ave								×	Subchapter Other (i.e. p etc.)	8 (Othe rivate &	r than K comme	-12) rcial	build	dings,	hom	es,
City (5) New Brunswick						533		Squa 310	re Feet ,000	# of l	Floors		12.00	ldg. A 8 yrs	-	
County (6) Middlesex					Code (7) USE ONLY)			ent Use (Pric ustrial War			lished	i)			
Name of Monitoring Firm Hi Amereco Engineering	red by Building (Owner (8)		ASCN	M No.				atement Con Contracts		9)				X-10-300-	
Street Address 204 E. Jefferson Stree	et			- 72.			Street 85 Ke			7/2						
City, State, Zip Code Valparaiso, Indiana 46	3383							1000 - 10	ip Code NJ 07072	?						
Project Manager for Monitor John Blosky	ing Firm			Telepho (219) 5	ne No. 531-053	1	Teleph	one N			License					
Start Date (10) 05/19/2014		Schedule 06/16/2		npletion	Date (11)				HA Monitor Michalik							
Occupancy Status During Al	batement (Check	Only Or	ne)				Street				-					
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire P Outside of Norm	eriod of A	Abatem Hours	nent i			0.5710 200	tate, Z	load ip Code New Jers	ev 070	172		-			
Scope of Work (Check All Ti	hat Apply)						Odilo	idat,	140W 0013	Cy Orc						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR OF THE PARTY OF THE	Renova Demolit	F1(5,0)()			×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					_	
		Is	Locati	on					LXCITIPLEG	() and	14011111			Abate		
Location of		1	Normal	ly		De	scription	of					_	Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Ma Cust	d Sole intenar todial S (12)	nce/ staff?		tos Cont thermal surfa	systems cing, VAT niscelland	aterial insula r, or		(Sp	ecify or LF)		Removal	Repair	Encapsulate	Enclosure
office/mezzanine	0.000	Yes	No	N/A)/AT	Floor			10.0						
office/mezzanine		X					Floor				00 SF	×				
		X) SF	×	-			
Office/ffiezzariine	office/mezzanine area x						Insulat	ion		300) LF	X		-		
Name of Registered Waste H	Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Penistere	hns I h	fill				
Asbestos Transportatio	0.000	auler ID		of Was 485.1	ste		Cycle Cl									
City, State Shirley, NY						sal Date /2014		City, State Elizabet								
Completed by Michael Colman	e conservation of the cons	Title Presi	dent			S	ignature AL	0	ala	n		Date 5	/5	-/1	4	

Date of Notification (1)					Name o	of Building Ov ON	wner/O	perator (2)	, so pre pe 2	- 1.	r office for a	20 m.		
5 / <u>6</u> /	14				Street A	ddress								
Agencies Notified Type N	Votification	1			126 LAI	KESIDE BLVD).	28	14 BAY -	9 P	M 7	: 30	1	
DEP X A	nitial Notit Amended Cancellatio	Notific		2	LANDIN	ate, Zip Code IG, NEW JER	SEY 0		.35970	3,0		RU		
	On Hold EMERGE	NCY N	NOTIF	ICAT		f Contact .AS J. O'HARI	E		Telephone	Numb	per C)	AP Cal	
					FACILITY INFO	RMATION								
Name of Facility Where Abatemer		ng Pla	ice (3)				Туре	of Facility						
VERIZON - BERGEN CENTRAL O	FFICE						Y		·12) er 8 (Other th private & con			hon	non of	·o \
Street Address 71 MADISON AVENUE			2	-0.00			- CONTRACTOR	uare Feet 13,347	# of Floor		Dickers		g. Age 40	
	County (6)			-	Code (7)			or if being de	emolis	shed)			S
Name of Monitoring Firm Hired by	HUDSON	n Owen	or /9\		(STATE L	ASCM No.			ICATIONS		(0)			
VERIZON c/o ESIS, INC.	y bunun	y Own	iei (o)			17	E.S. 19-20-20-20-20-20-20-20-20-20-20-20-20-20-		ment Contra MENTAL CO			ON		
Street Address								Address		1				
po box 430 City, State, Zip Code									CK ROAD					
	H VERS	AILES	. PA 1	5137				State, Zip C ERN. NEV	ode V YORK 109	901				
Project Manager for Monitoring Firm					Number			hone Numb			se N	umber		
DANIEL PETROVAY			412-3		THE RESIDENCE OF THE PERSON NAMED IN CO.			69-7500		460				
Expected State Date (10) 5 / 2 /	14	Sche	ed. Co		tion Date (11) 6	/14		of OSHA		9				
Month Day Yea	r		onth	′	Day	Year	QUAL	LIT ENVI	RONMENTA	\L				
Occupancy Status During Abatemen Facility Closed/Vacated I Abatement Performed On X Other - Describe:	Ouring En utside of I	tire Pe Vorma	riod of I Facili	ty Ho		-3:30 PM	1376	: Address ROUTE 9 State, Zip C	ode					
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X]Reno	vation	1.7	X X	Full Contai Mini-Enclo Glovebag Non-Friabl	e, Proce	with Negati dure	GERS FALL ive Pressure		W Y	ORK '	12590	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		norr s Main	Locationally usolely both total taff (1:1)	ised by codial	Con (i- insu	scription of Asl taining Materia e. Thermal sys lation, surfacin other miscellar	al (ACM stems ng, VAT	1)	Amoun (Specif SF or LF	y	REMOVAL	REPAIR	ent ENCAPSULE	e ENCLOSURE
BASEMENT HALLWAY ADJACENT	гто													1
CABLE VAULT				Х	PIPE INSULA	TION			20 LF		X			
										70	,			
													 	
	-													
										-				
Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE	-	Haule	P Wa r ID N 15939	0.	Cubic Yards of		CUME		red Landfill COUNTY LA ROAD	NDFI	LL			
City, State					Disposal Date		eity, s	1919						
NEWARK, NEW JERSEY 07114 Completed by (Print or Type)	Title				05/02-06/30/20 [Sic	nature	MEW	BURG, PA	17242	Date		/	0/	///
BENJAMIN SANCHEZ		CTOR	OFC	PER	ATIONS	//	20	0		Date	3	/ '	//	14

Date of Notification (1)					Name VERI	e of Building O ZON	wner/0	Operator (2	2)	11)				Min
5 / 1 /	14				Strao	t Address								
	Votificatio	n	-			AKESIDE BLV	D. (2014 MAY	-9 PM	7: 7	50			
DEP X DOL	nitial Noti Amended Cancellati On Hold	Notific		1	LAND	State, Zip Code DING, NEW JEF	RSEY (07850	IC-N-18	- 6	41	2		
	EMERGE	NCY I	NOTI	FICAT		of Contact GLAS J. O'HAR	ξE		Telephone	Numi	ber :	ŗ.		
N					FACILITY IN	FORMATION								
Name of Facility Where Abatemer		ing Pla	ace (3	5)			Тур	e of Facilit						
VERIZON - BERGEN CENTRAL O	FFICE						X	School (K Subchapt	(-12) er 8 (Other to private & co	han K-	-12)	hor	maa a	fa \
Street Address 71 MADISON AVENUE							Sc	quare Feet 113,347	# of Flo		liage		lg. Age	
City (5)	County (6	3)			Coun	ty Code (7)	1		rior if being d	omolio	 		40	
JERSEY CITY	HUDSON					USE ONLY)	TEL	ECOMMUN	NICATIONS		70			
Name of Monitoring Firm Hired by VERIZON c/o ESIS, INC.	y Buildin	g Owr	ner (8)		ASCM No. 17	100000000000000000000000000000000000000		ment Contr			ON		
Street Address	-							et Address	IVILIVIAL	OKFO	INAI	ION		
po box 430						t.			OCK ROAD					20
City, State, Zip Code NORT	H VERS	AILES	. PA	15137				State, Zip	Code W YORK 10	Q 0 1				
Project Manager for Monitoring Firm				-	Number			phone Num		-	ise N	umbe	r	
DANIEL PETROVAY			412-	373-6	520			369-7500		460	.00 14	GIIIDO	1 00	
Expected State Date (10)	P 1500	Sch	ed. Co	omple	tion Date (1	1)		e of OSHA	Monitor	100				
5 / 2 /* Month Day Yea	14 r	M	enth	6 /	30 Day	/14 Year	QUA	LITY ENVI	RONMENTA	AL.				
Occupancy Status During Abatement Facility Closed/Vacated [During En	only or	ne) eriod o	n of Aba	tement			t Address ROUTE 9						
Abatement Performed On X Other - Describe: F					ours - Describ ATURDAY 7A		City.	State, Zip (Code	_				
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X	Reno	ovation	1	-	Full Conta X Mini-Enclo X Glovebag Non-Friab	inment , Proce	WAPPIN with Negaredure	IGERS FALI		EW Y	ORK	12590	
Location of		Is	Local	ion		escription of As			T		Ι Δ	baten	nent T	vpe
Asbestos-containing		non	mally	used	C	ontaining Materia	al (ACI	√l)	Amour	nt				
Material (ACM)			solely			(ie. Thermal sy			(Speci	The second	REMOV	REPAIR	ENCAP	ENCLO
TO BE ABATED in Facility (13)			nt/Cus			sulation, surfacio			SF or L	F)	8	ā	PS	SO
		Yes	taff (1 No	N/A	1 '	or other miscella	neous)				AL	-	SULE	SURE
BASEMENT HALLWAY ADJACENT	гто													
CABLE VAULT				х	PIPE INSUL	ATION			20 LF		х			
•		_	_											
				_										
		\vdash								_				
			_		-		_		-	\dashv		_	\vdash	
	•													
	-	\vdash												
		\vdash		-		-	-		2.5	-		_		\vdash
										\neg		-		
Name of Registered Waste Hauler EXPRESS WASTE LLC		NJDE Haule			Cubic Yards	of Waste 5			red Landfill COUNTY LA	MDEI	1.1		denomina.	
614 FRELINGHUYSEN AVENUE			15939					EWVILLE		NADLI	LL			
City, State NEWARK, NEW JERSEY 07114					Disposal Dat 05/02-06/30/		City, S							
Completed by (Print or Type)	Title	070-			S	Signature	X)	11242	Date	1	/	14	
BENJAMIN SANCHEZ	JUIKE	CIOR	OF (JPER	ATIONS	10	06			9	1/1	//		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursuar	nt to NJAC 8										
Date of Notification (1)					Name VERIZ		Building Ow	vner/Ope	erator (2)	ia prom.	4-3-4-6	; pres			
4 /- 22	14				Street	Add	ress							ca .	
Agencies Notified Type I	Votification				126 L	AKES	SIDE BLVD).	28	14 MAY -	-9 P	H 7	: 30	1	
TEPA X	nitial Notifi	ication			City S	State	Zip Code				-		-		a esta edi
DEP	Amended I Cancellatio	Votifica					NEW JER	SEY 078	50	12	335	13 15 2115 2115	, RO		
	On Hold EMERGEN	NCY N	IOTIF	ICATIO			ontact S J. O'HARI	E		Télephoni			:	Tan	
			_	F	ACILITY INF	FORM	MATION			1.,					
Name of Facility Where Abateme	nt is Takir	ng Pla	ce (3)					Type o	f Facility	(4)					
VERIZON - BERGEN CENTRAL C	FFICE							s	chool (K-	12)					
										r 8 (Other t					- \
Street Address									re Feet	private & co		Diags T		j. Age	
71 MADISON AVENUE									3,347	2	0013	-	20-1000	40	
City (5)	County (6)			Count	ty Co	ode (7)	Current	Use (Pri	or if being	demolis	hed)			
The state of the s	HUDSON				(STATE	USE	EONLY)	TELEC	OMMUN	ICATIONS					
Name of Monitoring Firm Hired b	y Building	g Own	er (8)			A	SCM No.			nent Cont			٠.,		
VERIZON c/o ESIS, INC. Street Address					1		17		NVIRONI Address	MENTAL C	ORPO	RATI	ON		
po box 430										CK ROAD					
City, State, Zip Code							-		ate, Zip C						
	TH VERSA	AILES	, PA 1	5137				SUFFE	RN, NEV	V YORK 10	0901			NATIONAL SECTION AND ADDRESS.	
Project Manager for Monitoring Firm	ı l		Telep	ohone l	Number			Telepho	one Numb	per	Licen	se N	umber		
DANIEL PETROVAY			2000	373-65				845-369		Hea	460				
Expected State Date (10) 5 / 2	14.4	Sche			ion Date (1	1)	14.4		of OSHA						
Month Day Ye	/14 ar	Mo	onth	1	30 Day		/14 Year	QUALI	I Y ENVI	RONMENT	AL				
Occupancy Status During Abateme				n				Street A	Address					-	
Facility Closed/Vacated								1376 R	OUTE 9						
Abatement Performed C X Other - Describe:	Outside of I MONDAY					e:		Ciby St	ate, Zip C	odo					
Other - Describe.	WICHDAT	-FKID	A14	F 191-2.	OMINI					GERS FAL	LS. NE	W Y	ORK '	12590	
Scope of Work (Check all that apply	()	200			Γ			inment w		ive Pressui					
Demolition	X	Reno	vation	1		X	Mini-Enclo								
>3SF OR LF >160 SF OR 260 LI	=				F	X	Glovebag Non-Friabl			. 10					
Location of		le.	Locat	ion		2000	ription of As		ure	T		_	haton	nent T	vne.
Asbestos-containing		N 2585	mally i				ning Materia			Amou	unt	RE	R		
Material (ACM)		1	solely I	- 1			Thermal sys			(Spec	cify	<	יס	ENC/	ENC
TO BE ABATED		The second second		todial	in	sulati	ion, surfacir	ng, VAT,		SF or	LF)	OVAL	AR	APSULE	00
in Facility (13)			taff (1			or oth	ner miscella	neous)		-		10		ĮĖ.	OSURE
	_	Yes	No	N/A						-		-	-	ш	m
BASEMENT HALLWAY ADJACEN	IT TO														
CABLE VAULT				X	PIPE INSUI	LATIO	ON			20 LF		х			
		Γ													
														1	
		-	-	\vdash		-							-	+-	\vdash
		\vdash	\vdash	\vdash						-		_	-	-	-
				-	***********								1	1	-
													1		
													1		
										-				_	\vdash
Name of Pagistared Maste Lleville		NUD	-D W/		Cubia Vardo		Venta	Mama	f Degists	rad Landfil					\Box
Name of Registered Waste Hauler EXPRESS WASTE LLC		1000 Miles - 1	EP Wa	38 W. 1877	Cubic Yards	s or v	vaste			red Landfill COUNTY		ILI			1
614 FRELINGHUYSEN AVENUE		ludie	15939	- 1		0			WVILLE		U/	. Lo la			
City, State					Disposal Da			City, Sta	ate						
NEWARK, NEW JERSEY 07114	ITW.				05/02-06/30			NEWBI	⊮RG, PA	17242	In-t-	,	1	-/	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTO	ROF	OPER	ATIONS	Signa	ature	X			Date	41	20	11	4
	Direct		,				1//	1	THE PERSON NAMED IN COLUMN 1	in the sector.				1	

(NECK # 1014.

05/03/2014		Nan	ne of Building	Owner/Operat	or (2)	h m m i .				
Agencies Notified Type Notifi	ication		et Address	MAYON	2814	1AY -9 PM	7: ts	3		
EPA Initial Amen		66	12 MC. K	INLEY PLAC	· -	STOO on				
Amen	ndment#	, WE		YORK 07093	920	LICENSIN	B	ARS		
1	cation) ellation	PAI	e of Contact JL MINOY	'AN		Telephon	e Numb	per		
Name of Facility Where Abatement is PRIVATE	Taking Place (3)	ACILITY INF	ORMATION	Type of Facili	ity (4)				_
Street Address					School (K-12)				
6612 MC. KINLEY PLACE. City (5)					Other (i.e	oter 8 (Other than e. private & comr	K-12). nercial I	buildin	gs, ho	٠mc
WEST NEW YORK 07093 County (6)					Square Feet 2,200	# of Floors	3		g. Age	
		(STAT	ty Code (7) E USE ONLY)	Current Use (I	Prior if being dem	nolished			
Name of Monitoring Firm Hired by Buil N/A	lding Owner (8)	AS	CM No.	Name	of Abatement C	Contractor (9)				
Street Address		· \		Street	Address	TY CONSTRU	JCTIC	N LL	.C.	
City, State, Zip Code					AN ORDEN tate, Zip Code	PLACE.				
Project Manager for Monitoring Firm		Teleph	ione No.	HAC	KENSACK N					
Start Date (10)	Schedule	d Completion		201.7	08.4270	Licens 0113		SOURCE INC.		200.00
05/07/2014 Occupancy Status During Abatement (0	05/08/2	014	Date (11)	Name SA	of OSHA Monito N AIR TECH	r INOLOGIES L	.AB			
Facility Closed/Vacated During En	ofira Dariani - 5 au			Street /	Address	E DR. SUITE.				
Other - Describe:	Normal Facility I	Hours		City, St	ate, Zip Code		D.			
cope of Work (Check All That Apply)				POW	HATAN VA.	32139				
	(Control of the last of the la	novation		×	Full Containm		e Press	lire		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Re De	molition		×	Glovebag Pro	cedure				
	∐ De	molifion		×	Glovebag Pro	e		ocedu		
≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM)	is Line	molifion ocation rmally Solely by		Description of	Glovebag Pro Non-Exempte	re ocedure		ocedu Abat	re ement	ŧ
≥160 sf or ≥260 if	Is L No Used Maint Custoo	molifion ————————————————————————————————————	(i.e. In		Glovebag Pro Non-Exempte of terial (ACM) nsulation, or	re ocedure	able Pri	Abat	ement ype	Γ
Location of Asbestos-Containing Material (ACM) FO BE ABATED In Facility (13)	Is Line No Used Maint Custon (ocation rmally Solely by renance/ fial Staff? 12) No N/A	(i.e. th	Description of secondaring Material systems is surfacing, VAT, other miscellaneous control of the control of th	Glovebag Pro Non-Exempte if terial (ACM) nsulation, or ous)	e cedure d (*) and Non-Fri Amount (Specify		ocedu Abat	ement	Γ
Location of Asbestos-Containing Material (ACM) FO BE ABATED In Facility	ls L No Used Maint Custoo	ocation rmally Solely by tenance/ dial Staff? 12) No N/A	PI	Description of Scientific Containing Maisermal systems is surfacing, VAT, other miscellane	Glovebag Pro Non-Exempte f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	able Pri	Abat	ement ype	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	ls L No Used Maint Custoo	ocation rmally Solely by renance/ fial Staff? 12) No N/A	PI	Description of secondaring Material systems is surfacing, VAT, other miscellaneous control of the control of th	Glovebag Pro Non-Exempte f terial (ACM) nsulation, or ous)	e ccedure d (*) and Non-Fri Amount (Specify SF or LF)	Pr. Removal	Abat	ement ype	Eliciosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	ls L No Used Maint Custoo	ocation rmally Solely by renance/ dial Staff? 12) No N/A X	PII	Description of secondaring Maintenance of the secondaring of the secondaring of the secondarian of the secon	Glovebag Pro Non-Exempte fterial (ACM) nsulation, or pus)	Amount (Specify SF or LF)	Removal	Abat	ement ype	Γ
Location of Asbestos-Containing Material (ACM) FO BE ABATED In Facility (13) BASEMENT BASEMENT BASEMENT The of Registered Waste Hauler ARON QUALITY CONSTUCT!	Is Links No Used Maint Custon (ocation rmally Solely by tenance/ dial Staff? 12) No N/A	PII BOILER	Description of Scontaining Managemal systems in Surfacing, VAT, other miscellaned PE INSULAT PAPER INSULAT Cubic Yards of Waste	Glovebag Pro Non-Exempte of terial (ACM) nsulation, or pus) TION ULATION Name of F	Amount (Specify SF or LF) 140 LF. 1.8. SF	Removal X	Abat T)	ement ype	Γ
Location of Asbestos-Containing Material (ACM) FO BE ABATED In Facility (13) BASEMENT BASEMENT BASEMENT The of Registered Waste Hauler ARON QUALITY CONSTUCTION, State CKENSACK N.J.	Is Links No Used Maint Custon (ocation rmally Solely by renance/ dial Staff? 12) No N/A X NJDEP W: Hauler ID	PII BOILER	Description of Containing Maisermal systems is surfacing, VAT, other miscellane. PE INSULAT PAPER I	Glovebag Pro Non-Exempte If terial (ACM) Insulation, or Ous) ION ULATION Name of F MINER\ City, State	Amount (Specify SF or LF) 140 LF. 1.8. SF	Removal X X	Abat T)	ement ype	Γ
Location of Asbestos-Containing Material (ACM) FO BE ABATED In Facility (13) BASEMENT BASEMENT BASEMENT The of Registered Waste Hauler ARON QUALITY CONSTUCT!	S L No Used Maint Custoo (ocation rmally Solely by renance/ dial Staff? 12) No N/A X NJDEP W: Hauler ID	PII BOILER	Description of Containing Maisermal systems is surfacing, VAT, other miscellaned PE INSULAT PAPER INSULAT PAPER INSULAT PAPER INSULAT Waste TBD	Glovebag Pro Non-Exempte If terial (ACM) Insulation, or Ous) ION ULATION Name of F MINER\ City, State	Amount (Specify SF or LF) 140 LF. 1.8. SF Registered Landfi	Removal X X	Abat T)	ement ype	Γ

Cht(K # 1013

ASB-41 (R-06-08)

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

Date of Notification (1) 05/03/2014		•/	Name	<i>.</i> *	Owner/Operato		Per yes, grown and	[)_			-
Agencies Notified Type Notifical EPA Initial DEP Amende			Stree 661	t Address 2 MC. KIN	ILEY PLAC	2314 H	AY -9 PH 7	:42	-		_
DOL Amend	nent#_ ncy (includi	ng	WES	State, Zip Coo ST NEW Your of Contact	DRK 07093	ě	LICEMSTAG		a En		
DCA Cancella			PAU	IL MINOYA			Telephone	Numbe	er		
Name of Facility Where Abatement is T.	aking Place	(3)	FA	CILITY INFO	RMATION	Tyme of E- 30					
PRIVATE		, ,				Type of Facility	:T:::00::0.10::				
Street Address 6612 MC. KINLEY PLACE.						Other (i.e	K-12) ter 8 (Other than k s. private & comme	(-12). ercial b	uildin	gs, hc	omes
City (5) WEST NEW YORK 07093				9		etc.) Square Feet 2,200	# of Floors		Bldg	ı. Age	-1111
County (6)		1	Count (STATE	y Code (7) E USE ONLY)	95		Prior if being demo	lished)		0	-
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	ASC	CM No.	Name SHA	of Abatement C	ontractor (9) TY CONSTRU	CTIO	ALL!		
Street Address					Street	Address AN ORDEN			N LL	.C.	
City, State, Zip Code						tate, Zip Code	PLACE.				
Project Manager for Monitoring Firm					HÁC	KENSACK N	.J. 07601				
N/A	20			one No.		one No 708.4270	License 01135	Ño.			
Start Date (10) 05/07/2014	05/08	2014	mpletion	Date (11)	Name o	of OSHA Monito		 \R			
Occupancy Status During Abatement (CF Facility Closed/Vacated During Entire Abatement Perfection	a Dariad of	A hoto	ment		Street	Address	E DR. SUITE, E				
Other - Describe:	ermal Facilit	y Hour	s.		City, St	ate, Zip Code HATAN VA.	- 				
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renova Demolit	ition ion		×	Glovebag Pro	ocedure				
		Locati				14011-EXEMPLE	ed (*) and Non-Fria	Die Pro		re temen	
Location of Asbestos-Containing Material (ACM)		Normal			Description of	of				уре	
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	nce/ staff?	(1.e. the	Containing Ma rmal systems surfacing, VAT her miscellane	insulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A					-		ate	e e
BASEMENT	+				E INSULAT		140 LF.	Х			
		X		BOILER	PAPER INS	ULATION	1.8. SF	Х			
ame of Registered Waste Hauler		N.	IDEP W	aste Lo	Ibic Yards						
HARON QUALITY CONSTUCTION	N	Ha	uler ID I 33967	No. of	Waste TBD	A ANTHONORSON CONTRACTOR	Registered Landfill VA ENTERPRI		IC.		
ity, State ACKENSACK N.J.				Dis	sposal Date	City, State	5		۷C.		
ompleted by ARLOS ESQUIVEL	Titte	TY M	ANAG		Signature	Erunfa	SBURG OHIO				

Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement Notification of Aspesius Abatelians (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 6522

B & G proj. #:

2014-69

Date of Notification (1)	. Nar	me of Bu	ilding Own	er/Operator (2))	PRIA HEV	0 5					
0 4 / 2 9 / 1 4		tlantic l	Health S	ystem		1.7 [-9 PM 7: 3	6				
Agencies Notified Type Notificat	ion Stre	et Addre	ess	<u> </u>								
DEP Initial	1 1	00 Mad	dison Av	enue			OS CONTRO	i.				
		, State, Z	Zip Code			.3	1.0	AS				
DOL Amend	nent	Norristo	own, NJ	07960		and the second s		174 (
□ DOH □ □ ·		ne of Cor	ntact				Telephor	e Numbe	г	All Burkers		Contract of the Contract of th
DCA Cancell	ation	² atrick	J. Burke	, Jr.								
			FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement	s taking place	∌ (3)					Type of Facility				23	
Atlantic Rehabilitation Insti	tute (Non-S	Sub 8)					l <u>=</u>	(K - 12				
Street Address							12.2.2	apter 8 (0 (Private/0			(-12)	
95 Mt. Kemble Avenue								Homes,		3: CI21		
							Square Feet	# of Floo	rs	В	ldg. A	ge
City (5)	County	(6)			1000000	unty Code (7)						
Morristown	Morris		a**		(Sta	ate use only)	Current Use (P		-	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg Owner	(8)		ASCM No.	L	Name of Abatement C	elderly rehal	cente				
T and M Associates	oleg. Chilor	-,		00145								
Street Address					-	B & G Restoration	n, Inc.					
11 Tindall Road						105 Ryerson Roa	d					
City, State, Zip Code					-	City, State, Zip Code	u	-	-			_
Middletown, NJ 07748					.	Lincoln Park, NJ	07035					
Project Manager for Monitoring Firm		Ph	one Numb	er	-	Telephone Number	07033	License	Num	per		
Kevin Burns		73	2-676-17	725		973-696-6869		0378		1.002.014		50
Scheduled Start Date (10)	Sched. (Completic	on Date (1	1)	_	Name of OSHA Monit	or	-				
05/01/2014		1/2014		*		B & G Restoratio	n, Inc.					
Occupancy Status During Abatemer					_	Street Address						
Facility closed/vacated during	15	1	ment			105 Ryerson Roa	d					
Abatement performed outside						City, State, Zip Code						
Describe: Occupied Other-Describe: Occupied	NON-Sub	Ω			-	Lincoln Park, NJ	07035					18
Scope of Work (check all that apply						Elifcont I di R, 143	07033		0			
Demolition	Renovation				\Box	Full Containment w/neg	ativo areasura. [утар	-		-	
	330	00 16				Mini-enclosure	auve pressure	Glove				
☐ >2 81 01 >2 II ☐ .	≥160 sf or ≥2				<u> </u>	viini-enciosure		Non-f				
Location of asbestos-containing	Is location n by maintena			The same of the same			Amount		e	R	E n	E
material to be	staff(12)		т	Description material (/		asbestos-containing	(Specify S	For	m	р	С	n
abated in facility (13)	Yes	No	N/A		,		LF)		v	i	a p	L
1at El Machanical Day				pipe insulat	ion		00.16	_	e	r	<u></u>	
1st Fl. Mechanical Rm			X	Pipe msulat	uUII		20 If	_	Z	H	H	H
		-		-			-	-	쓔		片	쓔
-								_	H	님	H	H
								_	믐	片	片	片
Registered Waste Hauler	INIDED	Hauler II	D# 10	ubic Yards of V	Vacto	Name of Registered L	andfill		JЦ	Ш	Ш	ഥ
B & G Restoration, Inc.	19563		J# C	1 yd	10310	Tullytown Resour		Center				
City, State		I	Disposal D			City, State				-		
Lincoln Park, NJ 07035			05/0	2/2014		Tullytown, PA						
Completed by (Print or Type)	Title		esta.	Signature		Gordana Luna		Date 04/20	100	,		
(=Ordono I uno	L'aamatam./		94			THE WALLEST CONTRACTOR		1 11/1/10	1. 11 1 4	A .		

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

B&G proj. #: 2014-69

B & G pro]. #: 2014-69		(Fulsuani	EMERG	ENCY***	Check	#6522		
Date of Notification (1)	11	Building Owner ic Health Sys		2014	MA -9 P	Health & Sc	n nior Servi	iga
Agencies Notified Type Notification	11	idress Vladison Aver	nue		1/24	(signature)	3.	5/2
DEP Amendma	ent Morr	te, Zip Code istown, NJ 07	7960		Date		me:	
DOH Czncelleti	Name of Patri	Contact ick J. Burke,	dr.		Telephon	e Number		
	,,	FACIL	ITY INFORMATI	ION ·				
Name of facility where abatement is Atlantic Rehabilitation Institu Street Address		8)			Subch	(4) of (K - 12) apter 8 (Other (Private/Com /Homes, etc.		2)
95 Mt. Kemble Avenue					Square Feet	# of Floors	Bldg	. Age
City (5) Morristown	County (6) Morris		100	County Code (7) (State use only)	Current Use (P		bedeilomsi)
Name of Monitoring Firm Hired by B T and M Associates Street Address 11 Tindall Road City, State, Zip Code	dg. Owner (8)		ASCM No.	Name of Abatement B & G Restoration Street Address 105 Ryerson Roi City, State, Zip Code	Contractor (9)			
Middletown, NJ 07748			-	Lincoln Park, N	J 07035	License N		
Project Manager for Monitoring Firm Kevin Burns		732-676-17		973-696-6869		0378	OFFICIAL	
Scheduled Start Date (10)	Sched Com	pletion Date (11		Name of OSHA Mon				
05/01/2014	05/01/2		,	B & G Restorati	on, Inc.			
Occupancy Status During Abatement Facility closed/vacated during a Abatement performed outside of Describa: Other-Describe: Occupied	entire period of a of normal facility	batement.		105 Ryerson Ro City, State, Zip Code Lincoln Park, N	53		Agill	
Scope of Work (check all that apply) Demolition >3 or >3 if	Renovation 160 st or ≥260	4	- 1 - T	Full Containment wine	gative pressure	wrap & Gloveba		
Location of appearing material to be abated in facility (13)	by maintenance staff(12)	naily used solely c/oustodial		of asbestos-containing DM)	Amount (Specify LF)	SFor	e e e	n c a b
1st Fl. Mechanical Rm			pipe insulation	n	20 lf		2 0	
Registered Waste Hauter	NJDEP Ha	uler ID# C	ubic Yards of Wa					
B & G Restoration, Inc. City, State	19563	Disposal D	1 yd	City, State		y Center		
Lincoln Park, NJ 07035 Completed by (Print or Type) Gordana Lunu	Title Secretary/Tre		2/2014 Signature	Tullytown, PA Gordana Lana		Date 04/29/2	2014	
	-	Mail of the second second						-

State of NJ Notification of Asbestos Abatement 8 & G proj. #: 2014-69 (Pursuant to NJAC 8:60-7 and 12:120-7) *** EMERGENCY *** Chebit & Braz Date of Natification (1) Mama of Building Owner/Operator (S) 0/4//2/9//1/4 Atlentic Health System Agencies Notified Type Notification Street Addivis ☐ EPA InHal 100 Madison Avenue DEP City, State, Zip Code WAIVER APPROVED DOL. Amendment Morristown, NJ 07960 NO DOH Name of Contact Telephone Number Concellation ☐ DCA Patrick J. Burke, Jr. FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4)

Behoof (K - 12) Atlantic Rehabilitation Institute (Non-Sub 8) Street Address Subchapter 8 (Other than K-12) Other (Private/Commercial 95 Mt. Kemble Avenue Bidgs./Homes, etc. Square Feet | # of Floors City (5) Bldg, Age County (6) County Code (7) Morristown (State use only) Morris Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bildg, Owner (8) elderly rehab center ASCM No. Name of Absternant Contractor (9) T and M Associates B & G Restoration, Inc. Street Address Street Address 11 Tindall Road 105 Ryerson Road CRY, SIERS, ZIS COOR City, State, Zip Gode Middletown, NJ 07748 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Clourse Number Kevin Burns 732-676-1725 973-696-6869 0378 Schoduled Blan Date (10) Sched, Completion Date (11) Name of OSHA Monitor 05/01/2014 B & G Restoration, Inc. 05/01/2014 Street Address Occupancy Status During Abatement (Check only one) Facility obsectivecated during entire period of abatement. 105 Ryarson Road Abstement performed putelds of normal facility hours-City, State, Zip Code Other-Describe: Occupied NON-Sub 8 Lincoln Park, NJ 07035 Scope of Work (check all that apply) Demolition Wrap & cut Renovation Full Containment w/negative pressure Glavebeg procedure **2** >3 sf or >3 lf _ ≥180 af or >280 M Mini-enclosure Non-Mable procedure to location normally used colely Location of aubastos-containing by maintanance/custodial Staff(12) Description of asbastos-containing 2 material to be . Amount abated in facility (13) material (ACM) m n (Specify SF or P ¢ Yes Mo N/A 0 C B 1st Fl. Mechanical Rm pipe Insulation 20 If W. Registered Wasts Haule NJDEP Houler ID Jubic Yarde of Waste B & G Restoration, Inc. Name of Registered Landfill 19563 1 40 Tullytown Resource & Recovery Center CRy. State Disposal Date City, State Lincoln Park, NJ 07035

05/02/2014

Secretary/Tyeasurer

Signature

Completed by (Frist or Type)

Gordana Luna

Tullytown, PA

04/29/2014

Carolina Suma

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

2014-70

Gordana Luna

B & G proj. #:	2014-70		(Pui	*** E	MERG	FN	C Y ***	Check #	65	26				_
									18	: 17				
ate of Notification			e of Building						y te	= .we"				
0 5 / 0 1	J/1 <u>114</u> 1		wton Boa	rd of Ed	ucation	-	781	4 MAY -9	DM	7. 21	-	to and the		_
gencies Notified	Type Notification		t Address	. 8			201	T 11A1 -9	Tin	1: 34				
☐ EPA	✓ Initial	11	Trinity St					3.3100 C		TROI				
DEP	- · · · · · · · · · · · · · · · · · · ·		State, Zip C					LICEN.						
DOL DOL	Amendme	11	ewton, N.			-		Telephon			Int			-
☑ DOH			e of Contact											
☐ DCA	Cancellation	on	onna Sny	der					_		_	_		=
				FACILIT	TY INFORMA	TION								
Al of facility w	here abatement is t	aking place	(3)					Type of Facility School	(4) ol (K	- 12)				
			181							r 8 (Oth	er thai	n K-12	2)	
	School (Non-S	ub 0)						☐ Other	(Priv	ate/Com	merci	al		
Street Address							11	The same of the sa		nes, etc. Floors	\neg	Blda	. Age	
44 Ryerson A	Avenue						0 1 (7)	Square Feet	# 0	110013				
City (5)		County	(6)				y Code (7) use only)	Current Use (F	rior	if being	demol	ished)	_
Newton		Susse	Χ .	7				school						_
Name of Monitori	ng Firm Hired by Bl	dg. Owner	(8)	1	ASCM No.		lame of Abatement C	ontractor (9)						
P & K Occur	ational & Environment	onmental	Analysis,	Inc.	0090		B & G Restoration	i, Inc.					_	
Street Address						3	Street Address							
403 St. Jame	es Avenue					_ -	105 Ryerson Road	1 -				-		
City, State, Zip Co							ity, State, Zip Code	07025						
Phillipsburg,	NJ 08865						Lincoln Park, NJ Telephone Number	07033	TL	icense N	lumbe	er		
Project Manager f	or Monitoring Firm			e Numbe		11	973-696-6869			0378				
Jonathan S. C	Gilbert			454-63		_	Name of OSHA Monit	or						
Scheduled Start D	Date (10)		Completion	Date (11)			B & G Restoration	n, Inc.						
05/02/2014		05/0	03/2014			_ [Street Address							
Occupancy Statu	s During Abatemen	t (Check or	ly one)				105 Ryerson Roa	<u>id</u>						_
T Eacility clos	ed/vacated during	entire perio	d of abatem	ent.		119	City, State, Zip Code							
Abatement	performed outside START: HKIDAY 3:	or normal is	11:30 p.m			-11	Lincoln Park, NJ	07035						
Other-Des	cribe:									wrap	& cut		_	
ACCORD SINGSTON	check all that apply					Пы	ull Containment w/neg	ative pressure		Gloveb			re	
☐ Demolition		Renovation					lini-enclosure			Non-fri	iable p	roceo	lure	
$\sqrt{} > 3 \text{ sf or } > 3$	if \Box	≥160 sf or		- d - alphu				T			R	R	E	E
Location o		ls location	normally us nance/custo	sed solely odial		ion of a	sbestos-containing	Amoun		ero mi	e m	e p	n	n
asbestos-		staff(12)			material	(ACM)	3000,000 00	(Specif	y SF	or	0	a	a	C
	facility (13)	Yes	No	N/A							e	r	ρ	
				X	acoustical	ceilin	g plaster (clean-u	p) 8 sqft			V		片	붜
Auditorium				X	surface a	rea to	reclean	400 sqft			ዙ	님	붜	뷰
Auditorium					Hepa vac	uumin	g & wet wiping				ዙ	片	ዙ	ዙ
					utilizing n	egativ	e pressure				분	ዙ	片	卄
-							10 10	1 andfill	==		.			
Registered Was	te Hauler		EP Hauler II	D# C	ubic Yards of	Waste	Name of Registered Tullytown Reso	urce & Recov	ery (Center				
B & G Restor	ation, Inc.	195		Disposal [1 yd	-	City, State						X	
City, State	NI 07025			05/0	02-05/2014		Tullytown, PA							_
Lincoln Park		Title			Signature		Gordana Luna			Date 05/01	1/201	4		
Gordana Lui			y/Treasure	er	_		goraana Luna			03/0	1/20	-		

1 44 17 44 1

State of NJ

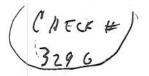
B& G proj. # 2014-70

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

B& G proj. # 2014-70	(Pursuant to	MERGENC	Y ***	Check #65	26		
				211.10.1	-175	**	
Date of Notification (1)	Name of Building Owner/O		API	PROVED			
0151/1011/114	Newton Board of Edi	ucation	NITDent of Hea	th & Senior Secul	9 PM 7	: 34	Station .
Agencies Notified Type Notification	Street Address		raul C	Ignature) N : 23		. 34	
EPA Initial	57 Trinity Street		5111	CATALOG STATE OF THE PERSON STATE OF THE PERSO		Dn:	
	City, State, Zip Code	,	Date: 110	Time:		ROL	
DOL Amendmen	1 House II had			Telephone No		13	_
DOH .	Name of Contact		· ·				
DCA Cancellation	Donna Snyder						==
	FACILIT	Y INFORMATION					
Name of facility where abatement is to	Idea nisne (3)		· Ty	ps of Facility (4) School (8)	(-12)		
		7			er 8 (Other tha	an K-12)	
Newton High School (Non-Su	D 0)			Other (Pri	vate/Commen	cial	
Street Address		80	1-L	Bidgs./filan	mes, elc.	Bidg. A	TIE .
44 Ryerson Avenue				Square Feet # 0	y Fleets	Controller of	10
City (5)	County (6)		Code (7) use only)	Current Use (Prior	if being dem	(berdelle	 -
Newton	Sussex .	(Came	V-0-0000000000000000000000000000000000	school			
Name of Monitoring Firm Hired by Ele	in Owner (8)	ASCM No. IN	ame of Abatement Cor	hractor (9)			•
R & K Occupational & Enviro	nmental Analysis, Inc.	0090	B & G Restoration,	Inc.			
Street Address	-		treet Addrass				
403 St. James Avenue			105 Ryerson Road		-		
City, State, Zip Code		Ci	ty, State, Zip Code				
Phillipsburg, NJ 08865		<u> </u>	Lincoln Park, NJ 0 elephone Number	7035	icense Numb	er	
Project Manager for Monitoring Firm	Phone Number		973-696-6869	68	0378		
Jonathan S. Gilbert	908-454-631	- I'N	lame of OSHA Monitor				
Scheduled Start Date (10)	Sched. Completion Date (11)	- 11	B & G Restoration	Inc.			
05/02/2014	05/03/2014	5	treet Address				
Occupancy Status During Abatement	(Check only one)		105 Ryerson Road			- 11 - 1 0	<u> </u>
Facility closed/vecated during e	infire period of abetement.	[6	lly, State, Zip Code				
Abatoment performed outside of Describe: Staff: PRICEY 3:U	p.m,11:30 p.m.		Lincoln Park, NJ	7035			
Other-Describe:		1		T I	MLED & CO	ıt	
Scope of Work (check all that apply)	Renovation	Пы	II Containment w/nega	tive pressure	Glovebag pi		
Name of the last o		100	ni-endosore		Non-friable		à
☑ >3 stor>৪ f	160 st or ≥250 if			T	IK	RE	E
Location of ashestos-containing	by maintenance/custodial	1	bestos-containing	Amount	. m	PC	n
material to be	sist((12)	material (ACM)		(Specify SF LF)	or o	a a	1:
abated in facility (13)	Yes No N/A				В	l' P	-
Auditorium	X	- da	plaster (clean-up			부분	
Auditorium	: X	surface area to r	The second secon	400 sqft		###	卄片
		Hepa vacuuming utilizing negative	The state of the s	-		情情	TIT
SCHOOL SECTION		unizing negative	pressure			后信	10
	NJDEP Hauler ID# C	upic Yards of Waste	Name of Registered L	andfill		1	
Registered Waste Hauler B & G Restoration, Inc.	19563	1 vd	Tullytown Resour	ce & Recovery	Center		-
City, State	Disposal D		City, State				
Lincoln Park, NJ 07035		2-05/2014 Signaturo	Tullytown, PA		Date		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer		Gordana Guna		05/01/20	14	aca Middina
charles thanks		L-			1		

CNECKE)

			(Pursuan	11 to NJAC 8:60	and 12:12	0)			
Date of Notification	5/6/14		Nan	ne of Building Own	er peralo	182+9-19 1 0NSTRUC	: 32 TIBO		-
Agencies Notified	Type Notificati	on	Stre	el Address		TACTOR			
☑ BPA	[2] Initial			300.	フフェ	14. ST.	RUL -		-
Ø DEP Ø DEP	Amended Amendmen		City.	State Zip Code SED TY	LE C 1	ry NiJ	08243		Marin and the
□ DOH □ XXA	Emergency justification Cancellation	1)		ne of Contact			Telephone Num	nher	
0 000					DUDITO	21			
				CILITY INFORMA	TION				
	here Abatement is Tal		(3)			Type of Facility School (K-1	2)		
Street Address	31 W. Bu	TI ERCL	D Are	ri		Subchapter Other (i.e.; phomes, etc.)	8 (Other than K-1 private & commerce.)	2) dal bulk	≢ngs,
City (5)		ハチゥャ				Square Feet	# of Floors	Bk	dg Age
County (6) A			Cou	inty Code (7) (STA	ATE	Current Use (P	rior If being demol	ished)	
LAP		Ouner	- ASCM	No Name	e of Abatem	neni Contractor (9			
Name of Monitoring (8)	Firm Hired by Building	Omilei	~~~		1/	FM CD I	10 102		
Street Address		·.		Stree	Address		1 -		
Street Address	*				369 State, Zip C	S,S Pruc	.€ A ∪ € .		
City, State, Zip Code	e			City.	MO P		DE, N.J	,080	5.5
Project Manager for	Monitoring Firm		Telephone		hone No.	9-0472	License No.	44	T
Start Date (10)		eduled Cor		ate (11) Name	O OSHA N	Honitor KL	Enm		
	Ouring Abatement (Ch	5 / 23 eck only or		Stree	1 Address		7. 1		
M Fardin ClosedV	acated During Entire F	eriod of Al	batement		369		Lucia ducia		
Abatement Perfo	rmed Outside of Norm	al Facility I	Hours	City, S	State, Zip C	∞e	4)	-	0 50
Other - Describe					\sim	10 6 5	IDDE, N.		
Scope of Work (Che	eck all that apply)				Full Con	ntainment with Ne	cative Pressure		
100 S S S S S S S S S S S S S S S S S S		Reno	ovation		Mini-End	closure			
23 sf or 23 lf 2160 sf or 2260 l	If	□ Dem	atition		Gloveba	ag Procedure amoled (*) and N	on-Friable Proced	ure	
D		Isto	cation	T		1,473-47		A	Datem Type
		100000000000000000000000000000000000000	nally iolely by	De	scription of	Ki.		-	
Locat	ng Matenal (ACM)	A PERSONAL PROPERTY.	inance/	Asbestos Con	taining Mat	erial (ACM)	Amount	77	
TO BE A	BATED	100	odial : aff?		al systems in cing, VAT,		(Specify SF or LF)	Remova	Repair
IN Fa	city	UB 110570.0	2)		miscellaneo			levo	air
1,	3)	Yes	NO N/A		54				
<u> </u>) IN QL		X	TRAN	SITE		2400 4	X	
31)	717-5							_	
								+-	\vdash
•			T NUDEP (Minds Cubic	Yards	T Name of Reo	istered Landfill	لسلہ	النا
Name of Registered	~		Hauter IC	No. of Wa		<u>C. M</u>	: C, M.V.	٥.	
Ciry. State			N,J		sal Date	City, State	73ING	NJ	
Completed By	Tit		10	S	ignature	1/0	Date	16/	res
	V-1	V	11		John	n Jour	7		



Date of Notification (1).		Name of Buil	dina Outra Outra	4 1/2			
5/6/1	4	PIN	ding Owner/Operate	10 1 - 29 d	H 72.52	-	
	otification	Street Addre					
☑ EPA ☑ Initia	d .	30	0 777	A STATE	Carana.		
☐ PA ☐ Initial Initia Initial Initial Initial Initial Initial Initial Initial Initial		City, State, Zi	p Code	G LIVER	THIS		Commission of the
DE Eme	endment # ergency (including	SE4	I Tyle CI	TY NIS	082193		
DOH just	ffication)	Name of Con	lact _		Telephone Num	ber	
□ DCA □ Canc	cellation	FADO	# EDUDILI	וסו			4
		FACILITY	NFORMATION		_		
Name of Facility Where Abatemen	t is Taking Place (3)			Type of Facilit	y (4)		
RESIDE	RCG "			School (K-	12)		
Street Address	nder.				r 8 (Other than K-1) private & commerci		tings,
City (5)				Square Feet	# of Floors	Bk	dg. Age
- 10 0727 18 W/1	-D 40600	T County Code	(7) (STATE	Current I be /	Prior if being demosit	shed)	
County (6) CAPE NA		USE ONLY)		V A	CANT		
Name of Monitoring Firm Hired by E	Building Owner	ASCM No.	1.1	nent Contractor (
(8)				EMCO I	NC,		
Street Address			Street Address	S,S Pruc	EDUE.		
City, State, Zip Code			City, State, Zip C	ode		040	
			. Telephone No.	CC SHO	DE NJ		<u> </u>
Project Manager for Monitoring Firm	n ,.1ei	ephone No.		9-0472	004	44	
Start Date (10)	Scheduled Comple	etion Date (11)	Name of OSHA	Monitor KL	Enm		
5/16/14	5/23	14		G P R F-C	CHM		
Occupancy Status During Abateme			Street Address	5 500	with vo.		
Facility Closed/Vacated During E	Intire Period of Abate	ment			7 007		=
Abatement Performed Outside o	Normal Facility Hou	ITS	City, State, Zip C	∞e = <	LODE, N.	T. (250
Other - Describe:			1-1/2	11 3	7276 11-1		=
Scope of Work (Check all that apply	Y)		Full Con	ntainment with Ne	gative Pressure		
≥3 sf or ≥3 If	Renovat		Mini-End				
≥160 st or ≥260 H	Demotitic	n	Gloveba Non-Exe	ig Procedure empted (*) and N	on-Friable Procedu	re	
	Is Location	on					palem
·	Normali		Description of				Type
Location of	Used Solei Maintenan		stos Containing Mat	recent of a recent of the contract of the last	Amount		
Asbestos-Containing Material (ACI	Custodia		, thermal systems in	nsulation,	(Specify	Ren	R
IN Facility	Staff? (12)		surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair
(13)	1121			,		5	
	YES NO	NIA				+	-
SIDING		X	RANSITE		1500 d	X	_
							_
Name of Registered Waste Hauler	T N	JDEP Waste	Cubic Yards	Name of Reg	stered Landfill		
KLEMED INC,	Н	3 y 0 4	of Waste		, C, M.V. A		==
	10DG, N	5	Disposal Date	City, State	73ING ,	٠, ٦.	
Completed By	Title	^	Signature	1/	Date	. 1	0
JOSEPH KLEM	1///	<u>-</u>	Jours	n Colin	n 5/1	9 /	14



Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)			epec.			
05/06	/	14		10000		lealth System	/ Job #1405-47	62 Check	#6250.	<u></u>	7		
Agencies Notified Type N	otificatio	n		Stree	et Address				11111	L	<i>!</i>		
☑ EPA ☑ Initia	al			18	East La	urel Road			tan enga	100			
☑ DOLWD ☐ Ame		21020		City.	State, Zip	Code	52.34 E.	1 1 1	4 11 1			-1500	
	endment		_			NJ 08084			1 2		15		
	rgency fication)		ng		e of Conta			Tolophon	o Numba	_	1,1		
1	cellation			1000000	b Reed	G.		Telephon	e Milmoo				
				-						,			
Name of Facility Where Abatemer	t in Tak	na Dia	(2)	FA	CILITY	NFORMATION							
							Type of Facility						
Kennedy Memorial Hospita Street Address	ai - Lab	& AS	social	ed Aw	ning		School (K-12		n K 10\				
18 East Laurel Road							Other (i.e., p	rivate and c	ommerci:	al bi	uildin	as.	
							homes, etc.)					30,	
City (5)							Square Feet	# of Floo	ors	В	ldg. A	\ge	
Stratford		Vision											
County (6)			\$-17,3° (1	Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being o	demolishe	ed)	10770		3 100
Camden							Hospital	3270		550			
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASCN	l No.	Name of Abateme	ent Contractor (9)						
Criterion Laboratories, Inc.						AbateTech, I							
Street Address						Street Address						-	
3370 Progress Drive						30 Maple Ave	PO Boy 25						
City, State, Zip Code						City, State, Zip Co							
Bensalem, PA 19020						Lumberton, N							
Project Manager for Monitoring Fir	m		Tal	ephone	No		13 00046	10					
Michael Panepresso			11/2	00.000	1-1300	Telephone No.		License	389				
Start Date (10)	Sche	haluba	- 10 10 10 10 10 10 10 10 10 10 10 10 10		ate (11)	609-265-2107		00529					
05 /19 /14	_	05	/ _3		14	Name of OSHA M EMSL Analyti	22/00/2004						
Occupancy Status During Abateme	nt (Che	ck only	one)	1775	0	Street Address			- 10				
☐ Facility Closed/Vacated During	Entire P	eriod o	f Abate	ment		200 Route 13	0 North						
Abatement Performed Outside	of Norma	al Facil	ity Hou	rs - Des	scribe	City, State, Zip Co							-
Time of Abatement:AM-		PM/ <u>8:0</u>	<u>0</u> РМ- <u>4</u>	:30AM		Cinnaminson							
Scope of Work (Check all that appl	y)				-		, 110 000, 1			_	_		
	,,						ainment with Neg	ative Pressu	ure				
≥3 sf or ≥3 If ≥160 sf or ≥260 If			enovat				osure						
23 2 100 31 01 <u>2</u> 200 11		∐D	emoliti	on		☐ Glovebag	i Procedure npted (*) and Nor	Erioble Dr	0000				
		1	s Loca	tion			ripted () and Nor	i-Filable Fit			(illanos)		
Location of		100	Norma			Description of			-	Aba		ent T	-
Asbestos-Containing Material (A	ACM)		ed Sol		Asbe	stos Containing Mat		Amour	nt	Rer	Repair	E E	E E
TO BE ABATED IN Facility		1.0	aintena stodial		(i.∈	., thermal systems in	nsulation,	(Specif	fy	Removal	pair	ap	clos
(13)			(12)			surfacing, VAT, other miscellaned		SF or L	F)	al		Encapsulate	Enclosure
8. IE		Yes	No	N/A		other middenance	,43)					ē	
ab and Associated Awning					Ceiling	Spray On	7	200 6	- 1				
9					Centrig	Spray On		200 S	- 1			Ш	Ш
									[
									1		П	П	
				 									1
lame of Registered Waste Hauler					N						П		
			0.000	JDEP \ auler II		Cubic Yards of Waste	Name of Registe		1				
AbateTech, Inc.				18750		40	G.R.O.W.S.	Landfill					
City, State						Disposal Date	City, State				97.5		
Lumberton, NJ						5/30/14	Tullytown, F	PA					
Completed By (Print or Type)	Titl	e			(ii)	Signature ,		essection and the second	Date	-			
Jennifer Piraine	8.090		ions (Coordi	nator	YAL. 1	. n·		/ /	1		,	
SB-41		74				LANNY	er Puac	Ni	151	0	10		
AY 11	*	Do not	use th	is form	for ashest	os licensure exempt	ed activities						



Date of Notification (1)				Nam	ne of Build	ing Owner/Operator	(2)	11/2-	<u>) </u>			
/06	_ /1	4		JO	CP&L/Fir	stEnergy Compa	ny / Job #140	5-4760 Check	¢#625	51		
⊠ EPA		n			et Address Legion	s Place- Building A		7-9 PMT	- 1.17			
	ended endment	#		City,	State, Zip	Code		Territoria		0		
	ergency (na	M	orristow	n, NJ 07960	. (a L	ICLN HAT	4	E.a.		
(NJAC 5:23-8) jus	tification)			Nam	e of Conta	act		Telephone Nu	mber			-
☐ Ca	ncellation			Jo	hn T. Gr	eco						
Name of Eacility Whose Abstance	-4 !- T-1!	- Di	(0)	FA	CILITY	INFORMATION						
Name of Facility Where Abateme JCP&L/First Energy	nt is Taki	ng Plac	ce (3)				Type of Facility (
Street Address							☐ School (K-12 ☐ Subchapter 8	(0454546-				
1345 Englishtown Road							Other (i.e., pr	ivate and comm	2) ercial l	ouildir	าตร	
City (5)							homes, etc.)		0.0.0.	Junian	190,	
Old Bridge							Square Feet	# of Floors	E	Bldg.	Age	
County (6)												
Middlesex				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Prid		ished)			
							Utility Buildi	ng				
Name of Monitoring Firm Hired by	/ Building	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
1 Source Safety & Health						AbateTech, I	nc.					
Street Address						Street Address						
140 South Village Ave. Su	te 130					30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Exton, PA 19341						Lumberton, N	J 08048					
Project Manager for Monitoring Fi	rm		Tel	lephone	No.	Telephone No.		License No.	_			
Brian Hovendon			20 P	10-524		609-265-2107		00529				
Start Date (10)05 /19 /14				etion Da		Name of OSHA M EMSL Analyti				- 30		
Occupancy Status During Abatem	the state of the s					Street Address	Cai					
☐ Facility Closed/Vacated During				ement			0.11					
Abatement Performed Outside	of Norma	I Facili	tv Hou	ırs - Des	scribe	200 Route 130			- 500		M	
Time of Abatement: 7:00AM-	3:30PM/_	F	M	AM		City, State, Zip Co						
Scope of Work (Check all that app	lv)					Cinnaminson	, NJ 08077					
	.37						ainment with Nega	tive Dressure				
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 		⊠ Re	enovat	tion			osure	live Flessule				
24 E 100 31 01 E 200 11			emoliti	on		☐ Glovebag	Procedure	Fish B				
		I Is	Loca	tion		LI NOII-EXE	npted (*) and Non-	Friable Procedu	1			
Location of			Norma	ally		Description of			Ab	atem	ent T	
Asbestos-Containing Material (ACM)		ed Sol	ely by	Asbe	stos Containing Mat	erial (ACM)	Amount	Re	Repair	Ē	Enclosure
TO BE ABATED IN Facility				Staff?	(i.∈	e., thermal systems in		(Specify	Removal) air	aps	clos
(13)			(12)			surfacing, VAT, other miscellaneo	or ous)	SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A			,				fe	
Meeting Room					Ceiling	Plaster		1,062 SF				
									П	П		
				П					岩			
			П	П					屵		ᆜ	
lame of Registered Waste Hauler				JDEP V	Vasto	Cubic Vand	M					
AbateTech, Inc.			0.377	lauler ID	705077	Cubic Yards of Waste	Name of Registe					
City, State				18750		40	G.R.O.W.S. L	andfill				
Lumberton, NJ						Disposal Date	City, State					
	1					5/26/14	Tullytown, P.	A				
ompleted By (Print or Type) Jennifer Piraine	Title					Signature	1 1-	Da		1	,	
	0	perati	ons (Coordii	nator	Vine	Bes PULL	in 5	16	11	1	
B-41 Y 11	* [Do not	use th	is form i	for asbesto	os licensure exempte	17		1 -	1 .		



					(1	ursua	nt to NJ/	AC 8:60 and 5:1	6)	i f					
Date of Notification (1)								ng Owner/Operator (201 20					
	06	1.	14	_		Ca	pe Liber	ty Cruise Port, L	LC / Jbb #1404	-9757 Che	æ€#62	253			
	Type N		cation			Stree	t Address								
⊠ EPA ⊠ DOLWD	Initi □ □ □	-	57 9 5			10	50 Caribb	oean Way			F),				
⊠ DHSS	☐ Ame		a nent#_			City,	State, Zip	Code	ar a bio	d. Karran	4 "	0			
			ncy (inc		1	Mia	ami, Flor	ida 33138	-e**		- 1	1			
(NJAC 5:23-8)	just	ificati	ion)		,	Name	e of Contac	ct		Telephone	Numbe	r			_
	☐ Can	cella	ition			Do	n Fergus	son							
						FA	CILITY I	NFORMATION	22.00					Cer .	
Name of Facility Where At									Type of Facility ((4)				9	
Cape Liberty Cruise	Termi	nal -	- Roya	ıl Ca	ribbe	an Lir	ne		School (K-12		K 40)				
Street Address		22							Subchapter 8	ivate and co	mmercia	al bu	uilding	as.	
14 Port Terminal Bo	ulevar	d							homes, etc.)					g-0,	
City (5)									Square Feet	# of Floor	s	BI	dg. A	ge	
Bayonne															
County (6)						Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being de	emolishe	ed)		3-2	
Hudson									Port Termina	al					
Name of Monitoring Firm F		Buil	ding O	wner ((8)	ASCM		Name of Abateme	202						
Omega Environment	al					001	20	AbateTech, I	nc.						
Street Address								Street Address							
280 Huyler Street								30 Maple Ave	. PO Box 25						
City, State, Zip Code								City, State, Zip Co	ode						
South Hackensack, I		1000			-Anno 1000			Lumberton, N	J 08048						
Project Manager for Monito	oring Fi	m			Tele	ephone	No.	Telephone No.		License N	lo.				
					825		8700	609-265-2107		00529					
Start Date (10)		5					ate (11)	Name of OSHA M	lonitor						-0.30
05 /07 / _	14		05	_ /	14	1_/	14	EMSL Analyti	ical						
Occupancy Status During A								Street Address			1100	- 7			_
☐ Facility Closed/Vacated	During	Enti	re Perio	od of	Abate	ment		200 Route 13	0 North						
Abatement Performed C Time of Abatement:	outside ^^	of No	ormal F	acility	Hou	s - Des	scribe	City, State, Zip Co	ode						
			PIVI/		_PIVI-		AIVI	Cinnaminson	, NJ 08077						
Scope of Work (Check all to	nat app	ly)								300 590					
≥3 sf or ≥3 lf			D	☑ Re	novati	on		☐ Full Cont ☑ Mini-Encl	ainment with Nega	ative Pressu	re				
≥160 sf or ≥260 lf					molitic				Procedure						
								☐ Non-Exer	mpted (*) and Non	-Friable Pro	cedure				
Location of					Locat lorma							Aba	ateme	ent T	уре
Asbestos-Containing Ma		ACM	1)	Use	d Sole	ely by	Asbe	Description of stos Containing Mat	terial (ACM)	Amount		Re	Re	Ē	Ē
TO BE ABATI	<u>ED</u>				ntena	nce/ Staff?	(i.e	., thermal systems i	nsulation,	(Specify	,	Remova	Repair	cap	clos
IN Facility (13)				Oust	(12)	Stail:		surfacing, VAT, other miscellaned		SF or LF	5)	/al	**	Encapsulate	Enclosure
1.57				Yes	No	N/A	1	other miscellanet	ous)				- 1	ite	10000
Excavated Trench		-	1	7	П		Steam I	Line		150 LF	: 1		П	П	
			1	7			11-2			100 E.					분
													Ш	Ц	
			L					<u> </u>							
			E]											
Name of Registered Waste	Hauler				100000	JDEP V		Cubic Yards of	Name of Registe	ered Landfill					
AbateTech, Inc.					H	auler II 18750		Waste 40	G.R.O.W.S.	Landfill					
City, State						10/30		Disposal Date	City, State	and the second section of the sect		_	-		
Lumberton, NJ								5/14/14	Tullytown, F	PA					
Completed By (Print or Type	e)	· Title		-	-		Signature	0 0	carlo Pal	Date					
Jennifer Piraine	78			eratio	ons (oordi	nator	O M M I	den Diair	100	1		11		

ASB-41 MAY 11

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



Date of Notification (1) 05 / 06	,	14				ding Owner/Operator		وري والا				
							/ Job #1404-47	59 Check #62	52			
⊠ EPA ⊠	pe Notificati Initial	ion		Angeria	eet Addres 00 South	o Orange Ave.	111111	((:				
	Amended Amendmen	nt #		City	, State, Zi	p Code	: - & L10E	Roller				
	Emergency		dina	S	outh Ora	ange, NJ 07079	**		7			
(NJAC 5:23-8)	justification	1)	3	Nar	ne of Cont	act		Telephone Nu	ımber			
	Cancellatio	n		P	atrick De	eclesis		day.				
				F	ACILITY	INFORMATION			AND DESCRIPTION OF THE PERSON			
Name of Facility Where Abate							Type of Facility	(4)				
Seton Hall University -	Recreation	n Cer	nter - \	Nalsh	Gym		School (K-12					
Street Address			2 22 10		5-1		Subchapter 8	Other than K-	12)			
400 South Orange Ave.							Other (i.e., pl homes, etc.)	rivate and comm	ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		Dida	^	
South Orange							oquale i cci	# 01110015	1	Bldg.	Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if boing dame	Ealer of			
Essex				800		()(o i i i i o o o o i i o i i	University	or it being demo	lished))		
Name of Monitoring Firm Hired	by Buildin	g Own	er (8)	ASCI	M No.	Name of Abateme						
Omega Environmental		•	(-)	1.00		AbateTech, I						
Street Address						Street Address	nc.			7.0	60	
280 Huyler Street						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
City, State, Zip Code		-				30 Maple Ave						
South Hackensack, NJ	17606					City, State, Zip Co						1000
Project Manager for Monitoring			To	lanhar	- NI	Lumberton, N	J 08048					
Geiser Fajardo			V.	lephon		Telephone No.		License No.				
Start Date (10)	Sch	edulad			9-8700 ate (11)	609-265-2107		00529				
5/20/_14	John				14	Name of OSHA M EMSL Analyti	T.0.117776					
☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outs ☐ Time of Abatement: ☐ Scope of Work (Check all that a ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If	ide of Norm AM- <u>3:00</u> PN	lal Faci	lity Hou OPM Renova Demolit	urs - De A tion	scribe M	∐ Mini-Encl	de , NJ 08077 ainment with Nega		ıre	3		
1 1			Is Loca							patem	nent T	Type
Location of Asbestos-Containing Materi	al (ACM)	Us	Norma sed Sol	ely by	Aab.	Description of		Agenta and a service		7	T	
TO BE ABATED		IV	lainten	ance/	(i.e	estos Containing Mate e., thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cu	stodiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova	=	psu	Insc
()		Yes	1	N/A		other miscellaneo	us)				late	O
adies Bathroom 4024					Floor T	ile & Mastic		120 SF	\boxtimes	 		
adies Bathroom 4014					Floor T	ile & Mastic		120 SF				
11								12001		H		
									 		-	
lame of Registered Waste Hau AbateTech, Inc.	er			JDEP I		Cubic Yards of Waste	Name of Registe					Ш
ity, State				18750)	20	G.R.O.W.S. L	andfill				
Lumberton, NJ						Disposal Date 5/21/14	City, State Tullytown, P	^				
ompleted By (Print or Type)	Title	e				Signature	ranytown, P					
Jennifer Piraine		5	ions (Coordi	nator	Signature	1 0	Da	_ /	1		
B-41				- Joi ui		CAMU	ser than	ne 15	516	11	4	
Y 11	*	Do not	use th	is form	for asbest	os licensure exempte	d activities.					

(K # 8994

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

City.		7	0.000
	-		

Date of Notification (1)				-	Name	of Buildin	g Owner/Operator (2)					
5/	5	14	4		Bri	xmor Pro	operty Group	9814 MAY	020 NO. 150 C				
Agencies Notified	Type No	tification		_	Stree	Address		2814 MAY -9	PHH: 62				
⊠ EPA					200000		St., Ste. 150						
□ DOLWD	☐ Amer	ided			1	State, Zip (<u>- 27759</u>	(11)				
☑ DHSS		dment #	-				ken, PA 19428	- 4 LICE	HSERT .				
DCA	☐ Emer		ncludin	3		of Contac		- 10 Me					
(NJAC 5:23-8)	Cano	cation)			100000000000000000000000000000000000000	normal and an arrange of			Telephone Nun	nber			
	Callo	Silation				vid Bock			4	1			
					FA	CILITY IN	NFORMATION						
Name of Facility Where Al	batement	is Takin	ng Place	(3)				Type of Facility	(4)				
Dover Park Plaza								School (K-12	2)				
Street Address									(Other than K-1)		ildina	•	
3 Sunnybrae Blvd,								homes, etc.)		Ji Olai Du	iidiiig	3,	
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
Yardville, NJ 08620								100,000+	1		10÷		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Mercer								Vacant Reta	· · · · · · · · · · · · · · · · · · ·				
Name of Monitoring Firm I	Hired by E	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
VERTEX Air Quality				(-/	NA			ironmental Sys	tome				
Street Address		-,					Street Address	ironinental Oys	items		S. 188950		
700 Turner Way							550 East Unio	on Ct					
City, State, Zip Code					-								
Aston, PA 19014							City, State, Zip Co						
	i Fi			1 = 1			West Chester	r, PA 19382					
Project Manager for Monit	oring Firm	1		1 3 3 3 3	phone		Telephone No.		License No.				
Don Heim				1	10-558		610-701-9000		00508				
Start Date (10)	4.4		duled C	17.00%		9850 (8)	Name of OSHA M	lonitor					
5/19/_		-			/ .	14	AET						1
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated							28 N. Pennel	Road					
Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement: 7A	AIVI-	_PM/ <u>3:3</u>	<u>30</u> PM		AM		Media, PA 19	063					
Scope of Work (Check all	that apply	r)											_
≥3 sf or ≥3 lf			₩ D.					ainment with Neg	ative Pressure				
				novat			☐ Mini-Enc	losure g Procedure					
								mpted (*) and No	n-Friable Procedi	ıre			
			Is	Loca	tion		, t	6		Aba	ateme	ent T	vpe
Location of			20014-12	Vorma			Description o						
Asbestos-Containing N		CM)		intena	ely by ance/		estos Containing Ma		Amount	Removal	Repair	nce	Enclosure
TO BE ABAT IN Facility			1.0	todial	Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	₩.	psu	nsc
(13)				(12)		1	other miscellane		S. S. L. ,	-		Encapsulate	9
			Yes	No	N/A							u	
Video Express					\boxtimes	VAT / N	/lastic		20 SF	\boxtimes			
		16		П							$\overline{}$	$\overline{}$	
				_	- -	-				-	Ш	Ш	Ш
								1					
9(1-24)											П	П	П
Name of Registered Waste	Hauler				JDEP '	Vaste Vaste	Cubic Yards of	Name of Regis	tered Landfill				_
N.E.T.S.				250	lauler II	O No.	Waste	Allied BFI					
City, State		1400			18947		90 Disposal Data				2411-0		
							Disposal Date	City, State					
Hazelton, PA							TBD	Imperial, P	A		3	/	
Completed By (Print or Typ	oe)	Titl					Signature	-hM	D	ate /	/		-
Mark Griffin		E	Estima	tor				XIII		5/5	7/1	>	10
ASB-41 MAY 11		*	Do not	uce #	nic form	for onbo-	tos licensura evemn	ated activities		/	/		

CK \$24510

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

Date of Notification (1)	5/5/14				Nam	e of Buildir	ng Owner/Operato	r (2) e _E Jim Kimb	ell				
Agencies Notified	Type Not	ification	- 177	*****	Stree	et Address		59 Highland	111:51				
DEP DOL		dment #			City,	State, Zip	Code	etuchen, NJ	·				
DOH DCA		gency (ir cation) Illation	ncludin	ig	Nam	e of Contac		etuchen, rvy	Telephone Nu	mber		· •	
	1				FΔ		FORMATION						
Name of Facility Where	Abatement	is Takin	g Plac	e (3)		- IOILITT III	Ordin trion	Type of Facili	ty (4)				
Street Address		Resi	dent	ial				School (K-	12) r 8 (Other than K- private & commer	12)	سمالوان	_	
	59	High	ıland	Ave	<u>). </u>			homes, et	c.)				
City (5)		Metuc	chen,	NJ		u lui		Square Feet 1800 SF	# of Floors		Bldg.	Age 80	
County (6)	iddlesex					inty Code (E ONLY)	7) (STATE	Current Use (I	Prior if being demo)		
Name of Monitoring Fire		uilding (Owner		ASCN	No.	Name of Abater	ment Contractor	(9)				
(8)	MECS						Ste	vens Enviror	mental Servi	ces, l	nc.		
Street Address	PO B	ox 34	1				Street Address		Box 322				
City, State, Zip Code	Crosswicks, NJ 08515						City, State, Zip (vn, NJ 08501				
	roject Manager for Monitoring Firm Bill Weigarber						Telephone No. (609) 2	59-9688	License No.	0049	93		
Start Date (10)		Sched	duled (-		08-4070 ate (11)	Name of OSHA Monitor						
5/15/14				5/18/	14			DB En	vironmental				
Occupancy Status Duri					4		Street Address	4 Rorl	olov Placo				
☐ Facility Closed/Vaca☐ Abatement Performe													_
Other - Describe:				,	Freehold, NJ 07728								
Scope of Work (Check	all that apply	')					☐ Full Co	ntainment with N	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emolitic			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure						
				Locati				omptou () and)		1	Abate		
Location			Used	ormall Sole	ly by		Description of			-	Ty)e	
Asbestos-Containing TO BE ABA		M)		ntenar ustodi:			tos Containing Ma thermal systems i		Amount (Specify	Re	Repair	Enc	Enc
IN Facility				Staff? (12)		(,,,,,	surfacing, VAT	, or	SF or LF)	Removal	pair	Encapsulate	Enclosure
(13)		ŀ	Yes	No	N/A		Other miscellane	ous)		=		ulate	Гe
Baseme	ent			×		Th	ermal Pipe In	sulation	160 lf	X			
		-								+			
							Cubic Yards						
Name of Registered Wa Stevens Environs		~	Inc		JDEP 1 Jauler 10 182		of Waste 2 CU	Name of Reg	istered Landfill	T			
City, State	nemai se	1 VICES	s, IIIC	- -	184	292	Disposal Date	City, State	G.R.O.W.S	. IIIC.		_	_
Allentown, NJ						5/19/14//	1	Morrisville	PA				
Completed By Mahlon E. Stevens Title Projec				ojec	t Mar	nager	Signature	1	Date		/14		
SB-41 AR 00	11						slicensure exem	pted activities.					

(K# 5267

Date of Notification (1)		Name of	of Building Ow	ner/Operato	(2)						
Agencies Notified Type Notifica	tion	Street A	Address		CONTROL	-9 34	4:50	-			
EPA Initial Amende	_		HADLEY R ate, Zip Code			<u> </u>					
X DOL Arnendr	nent #				7080 &	ÜLKĞII	16	47%			
DOH justifica			of Contact	- 40	-	Telepl	none Nu	mber			
DCA Cancelli	ition		LL:AM	AC TO PROGRAM	NTA GUE	6	, =		_	_	
Name of Facility Where Abatement is T	aking Place (3)	FAC	ILITY INFORI	MATION	Type of Facility	(4)					_
PSE46					School (K-						
Street Address Julius ST. +	PT 1	9			Subchapte Subchapte Other (i.e.				dings	hom	es,
City (5)	N1, 1 Y				etc.) Square Feet	# of F	oors	E	Bldg. A	Age	
WOODBRIDG	EE				120	/	•	4	HX	30	URS
County (6)			Code (7) USE ONLY)		Current Use (Pr			222			
Mibbles E. Name of Monitoring Firm Hired by Build			M No.	Name	of Abatement Co	SS/A	7,0	1)		
ENVIRONMENTAL TACTICS	(6)	004			QUE SYSTEM			A			
Street Address 64 BROAD STREET					Address	A) /F					
City, State, Zip Code				V 1250V	WHITEHEAD State, Zip Code	AVE.					
MATAWAN, NJ 07747	72				ITH RIVER, N	J 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	one No. 92-2217	0.00	none No. 432-8350		icense N 01111	0.			
Start Date (10) 5/16/14	Scheduled Con	mpletion	Date (11)		of OSHA Monitor		1FRICA	<u> </u>			
Occupancy Status During Abatement (C	heck Only One)	0/1	7		Address		12, (10)	•	10		
Facility Closed/Vacated During En	ire Period of Abater	nent			WHITEHEAD	AVE.					
Abatement Performed Outside of in Other – Describe:	Ry OFERATOR	52 or	sly_		state, Zip Code ITH RIVER, N	J 08882					
Scope of Work (Check All That Apply)	_						-	133			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli			-	Full Containm Mini-Enclosur Glovebag Pro	e cedure					-
	Is Locat	ion			Non-Exempte	d (*) and N	on-Friab	$\overline{}$		e ement	\dashv
Location of	Norma	lly		Description	of			_	Ту		_
Asbestos-Containing Material (ACM TO BE ABATED	iviaintena	nce/		Containing N	Material (ACM)	Amo (Spe		70		En	ш
In Facility (13)	Custodial (12)		s	urfacing, VA ner miscellar	T, or	SF or		Remova	Repair	Encapsulate	Enclosure
(14)	Yes No	N/A	0,0	ici illisociiai	ieous)			val	=	ulate	ure
CONTROL HOUSE	X		Tean-	15 El.	R PANELS	19,	SF				
COIOTROR TIDUSE			1 RAPOIT	C //00	r I ANCIS	100	37				
Name of Registered Waste Hauler	3.0	IJDEP W lauler ID		ubic Yards Waste	The second second second	Registered			,		
WASTE MANAGEMENT		1125		6	GROW	S NORT	Н				
City, State ELIZABETH, NJ			Di	sposal Date	City, Stat MORR	e ISVILLE,	PA	0			
Completed by CAROL RAIMO	Title OFFICE M	ICP		Signature	real Ra	•	Da	e_5/	1	/,	$\overline{}$
O. I. COL I CHIVIO	OFFICE IV	IGK.		1/1	rel Ka	imo		/	5,/	14	-

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

B & G proj. #:

2014-71

Check #6529

							CHOOK	11 0020
Date of Notification (1)	- 11	Name of B	uilding Own	er/Operator (2	2)	*		
0 5 / 0 6 / 1 4	11	Miguel			•	74	11	
Agencies Notified Type Notifi	cation	Street Add	ress					
☐ EPA Initia	a	48 Dov	vns Avent	ue`				4.4
☐ DEP ☐	11	City, State,	Zip Code					
DOL Ame	ndment		on, NJ 07	785				N.
№ DOH	1	Name of Co	ontact				Telephon	ρ Ni···· '
☐ DCA ☐ Cand	ellation	Miguel	l Lazo				4	~
			FAC	ILITY INFORM	MATION		L	
Name of facility where abateme	nt is taking p	lace (3)	-				Type of Facility (4)
Miguel Lazo							1 =	I (K - 12)
Street Address	-		***************************************			-		apter 8 (Other than K-12) Private/Commercial
48 Downs Avenue							Bldgs./	Homes, etc.
CONTRACTOR		. (0)					Square Feet	# of Floors Bldg. Age
City (5) Wharton, NJ 07885	Col	unty (6)			1 01000000	nty Code (7) e use only)		
Whatton, NJ 07005	N	/lorris	191		(Stat	e use only)	residential	rior if being demolished)
Name of Monitoring Firm Hired	by Bldg. Own	ner (8)		ASCM No.	<u>' 11</u>	Name of Abatement (
N/A						B & G Restoratio	n, Inc.	
Street Address						Street Address	407	
						105 Ryerson Roa	d -	
City, State, Zip Code						City, State, Zip Code		
Project Manager for Monitoring F	irm	10	hone Numb	ner .	<u> </u>	Lincoln Park, NJ Telephone Number	07035	License Number
Troject Manager for Monitoring F		1	Hone Numb)CI		973-696-6869		0378
Scheduled Start Date (10)	LSobo	d Complet	tion Date (1	1\	<u> </u>	Name of OSHA Monit	tor	
05/16/2014				1)		B & G Restoratio	on, Inc.	
		5/17/2014	4			Street Address		
Occupancy Status During Abaten Facility closed/vacated duri						105 Ryerson Roa	d	
Abatement performed outsi					- 11	City, State, Zip Code		
Describe:					-11	Lincoln Park, NJ	07035	*
Other-Describe: Scope of Work (check all that ap						Eniconi i aix, 143	07033	¬ wrap & cut
	Renovati	ion			621 c.	ıll Containment w/neg	ativo propura	
					100000000000000000000000000000000000000	ini-enclosure	alive pressure _	Glovebag procedure
<u>M</u> > <u>3</u> sf or > <u>3</u> If			used solely			in-enclosure		Non-friable procedure
Location of asbestos-containing		tenance/cu				h	Amount	e e n E
material to be	staff(12)	Т		material (bestos-containing	(Specify S	For m p c n
abated in facility (13)	Yes	No	N/A		ō 95		LF)	v i p L
basement		1	T X	IVAT			145 sf	
Dascinont	+		#]			170 31	
		1						
0.		1						
		1						
Registered Waste Hauler		EP Hauler	ID# C	ubic Yards of \	Waste	Name of Registered I		
B & G Restoration, Inc.	19	563		2		Tullytown Resour	rce & Recovery	Center
City, State			Disposal D 05/1	ate 9/2014		City, State		
Lincoln Park, NJ 07035 Completed by (Print or Type)	Title			Signature		Tullytown, PA		Date
Gordana Luna	0.000	ry/Treasur	rer		9	Gordana Luna		05/06/2014

Date of Notification (1)					Name	of Building	g Owner/Operator (2)							
	06	/14	_	AGL Resources, Inc. / Job # 1405-1872 Chk. #3562											
Agencies Notified	Type No	otification			Street	Address				1					
⊠ EPA		d			300	Connell	Drive, Suite 300	0		80					
□ DOLWD	☐ Ame	nded				State, Zip C			- In 1	-					
☑ DHSS		ndment #	1 202 20216				ights, NJ 07922			A.					
DCA		rgency (in	ncluding	3	-	of Contac			Telephone Numb						
(NJAC 5:23-8)	101-1011/1-201	fication) cellation			\$15,500 ASS		7.								
	L Can	Jenation				Steven (A						
Name of Facility Address of				(0)	FAC	CILITYIN	IFORMATION								
Name of Facility Where A			g Place	(3)				Type of Facility (•						
AGL Flemington Se	ervice Fa	acility						School (K-12	1						
Street Address									(Other than K-12) rivate and commerce		ilding	S.			
60 East Main Street	t							homes, etc.)				-			
City (5)								Square Feet	# of Floors	Bl	dg. A	ge			
Flemington				2,400 1											
County (6)		10.			County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)										
Hunterdon					Vacant										
Name of Monitoring Firm	Hired by	Building	Owner	(8)	ASCM No. Name of Abatement Contractor (9)										
Horizon Envirinmen		Dulluling	Owner	(6)	A CONTROL OF THE CONT										
	itai				Asbestos and Mold Services, Corp.										
Street Address					Street Address										
PO Box 336					3859 Sylon Boulevard										
City, State, Zip Code	_				City, State, Zip Code										
Thorofare, NJ 0808				T= .	Hainesport, NJ 08036										
Project Manager for Mon	itoring Fir	m			phone		Telephone No.		License No.						
Dave Flanigan		10.			56-848		609-702-0400		00862	62					
Start Date (10)5 /15 /	14	The second second			tion Da		Name of OSHA M			785					
						14		L Analytical, Inc.							
Occupancy Status During Status During Facility Closed/Vacate							Street Address								
☐ Abatement Performed						oribo	200 U.S. Rou								
Time of Abatement:							City, State, Zip Co								
Scope of Work (Check all	I that app	lv)					Cinnaminson	i, NJ 08077					-		
10 N 10 N		37					☐ Full Cont	tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf				novat			☐ Mini-Enc	losure							
≥160 sf or ≥260 lf			⊠ De	molitic	on			g Procedure	n-Friable Procedur	_					
			le	Loca	ion	Т	⊠ Non-Exe	Impled () and No	II-I Hable Flocedul	_					
Location	of			Norma			Description of			Ab	atem	ent I	ype		
Asbestos-Containing		ACM)	WE19034	d Sole		Asbe	stos Containing Ma		Amount	Re	Repair	E	Enc		
TO BE ABA	TED	·	US25013977	intena			, thermal systems		(Specify	Removal) air	Encapsulate	Enclosure		
IN Facilit	ty		Cus	(12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		sula	ure		
(13)			Yes	No	N/A		other miscellane	ous)				ate			
Exterior											П				
Exterior							Tar Insulation		15 SF		П	\Box			
Exterior			П			Roofing	g Material		600 SF			_			
LAIGHOI			-			Roomig	- waterial		000 31						
Ness of Device 1111				Щ		<u> </u>	T =				Ш	П			
Name of Registered Was				100	IJDEP \		Cubic Yards of	Name of Regis							
Freehold Cartage, In	nc.				lauler II 02265		Waste 5	GROWS La	ndfill						
City, State					32200		Disposal Date	City, State							
Freehold, NJ							5/20/14	Morrisville	PA 19067						
Completed By (Print or Ty	/ne)	Titl	Α	W 4255			Signature/	1.0000000000000000000000000000000000000		-					
Kimberly A. Trumbe				Coor	A 611										
ASR-41															

ASB-41 MAY 11

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

CK# 1601

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)				
	_ /	14		Sta	acy Fred	ericks		11 M 1 1 1 2 9 7			
Agencies Notified Type	e Notificatio	n	* 1	Stree	t Address			3	n (2) (5)	2	7.110-2
□ EPA 🔯 I	nitial			16	Osborne	Place				<	
	Amended			City	State, Zip	Code					
	mendment		-			ge, NJ 07052					
	mergency		ng		e of Contac			Trick		***	
1 1 122 123 7	ustification) Cancellation			200000000000000000000000000000000000000				Telephone Num		: 1	
	ancenauon				acy Frede			•	-		
Nome of Facility Miles of Aberta		. Di	(0)	FA	CILITY II	NFORMATION					
Name of Facility Where Abates Residential House	nent is Tak	ing Plac	e (3)				Type of Facility	30000			
							School (K-1)	²⁾ 8 (Other than K-12	2)		
Street Address							Other (i.e., p	rivate and comme	rcial buildir	ngs,	
16 Osborne Place							homes, etc.				
City (5)							Square Feet	# of Floors	Bldg.	Age	
West Orange									(100)		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)		
Essex	60										
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			
Bio Terra Solutions			2 %				NAGEMENT L	S			
Street Address						Street Address	WAOCINETT E				
P.O. Box 1224						27 Outwater	Lana				
City, State, Zip Code				_							
						City, State, Zip Co					
Union, NJ						Garfield, NJ	07026	1 2	11	20 1	5 0
Project Manager for Monitoring	Firm		0.000	ephone		Telephone No.		License No.			
Rick Eustaquio					1-3762	973-928-4888		1188			
Start Date (10) 05 /17 /14					ate (11) 14	Name of OSHA M	Ionitor NAGEMENT L	I C			
Occupancy Status During Abat						Street Address				0.000	
☐ Facility Closed/Vacated Dur				mont			i au a				
☐ Abatement Performed Outs					scribe	27 Outwater		8			
Time of Abatement:						City, State, Zip Co			*		
						Garfield, NJ	07026				
Scope of Work (Check all that a	ipply)					⊠ Full Com	nalananan ku ilila Nin				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enc ☐ Glovebag	Procedure		30		
		1	s Loca	lion		□ Non-Exe	mpted (*) and No	n-Friable Procedu	T	37.75	
Location of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Norma			Description o	f		Abaten	and the same of	ype
Asbestos-Containing Materi	al (ACM)	Us	ed Sol	ely by	Asbe	estos Containing Ma		Amount	Remov	m	ᄪ
TO BE ABATED			aintena stodial			e., thermal systems i	insulation,	(Specify	Removal	cap	Enclosure
IN Facility (13)		Cus	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u>8</u>	Encapsulate	ure
()		Yes	10000	N/A		Other miscellane	ous)	34		8	
Basement				\boxtimes	VAT			250 SF			
		-	-	-		201					+=
							-				
			П								
Name of Registered Waste Hau	lor			JDEP	Mosto	Cubic Yards of	Name of Regis	tanad Landfill		\perp	
ALL PRO MANAGEMENT				auler II	D No.	Waste	IESI Landf				
City, State				00348	000	As Needed Disposal Date	City, State				
Garfield, NJ						TBD		. DA			
	1-						Bethlehem	, FA			
Completed By (Print or Type)	Tit					Signature	1/2	Da	te /	/,	,,
Zvonko Veskov		Presid	ent			6	1/1/11	6	16	1/4	/
SB-41		V01.22-0			8070	11	in C		1	//	_
AN 13		* Do not	t use th	is form	for asbesi	tos licensure exemp	ted activities.		·		

CHECK # 1602

Date of Notification (1)					I NI	- (0 ""	0 10 .	(0)						
Date of Notification (1)					Name of Building Owner/Operator (2) Stephen D. Leshnoff MANAY - S PANCE 51									
Agencies Notified	fication	117-00-		Stree	et Address		21, 18	CALTS F	ii li, - 🙃	1				
□ EPA			220 Locust Street Apt 2D											
☐ EPA ☐ Initial ☐ Amended					01.01.7.0.1									
☑ DOH Amendment #					City, State, Zip Code Philadelphia, PA 19106-3928									
☐ DCA		rgency (including ication) cellation				The state of the s		8						
(NJAC 5:23-8)	100000000000000000000000000000000000000					e of Contac	-		Telephone *	imhr				
	☐ Cancel				Ste	ephen Le	shnoff	1						
					FA	CILITY IN	NFORMATION					101		
Name of Facility Where Al	batement is	s Taking	Plac	e (3)				Type of Facility	(4)					
Residential House							☐ School (K-12)							
Street Address					-			☐ Subchapter 8	Other than K	(-12)				
52 Park Avenue								Other (i.e., pr	rivate and com	mercial b	uildin	gs,		
City (5)								homes, etc.)						
Caldwell								Square Feet	# of Floors	B	ldg. A	ge		
County (6)		County Code (7)(STATE USE O					(STATE USE ONLY)	LY) Current Use (Prior if being demolished)						
Essex								10.						
Name of Monitoring Firm H	Hired by Bu	uilding C)wner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)						
Bio Terra Solutions							ALL PRO MANAGEMENT LLC							
Street Address							Street Address							
P.O. Box 1224							27 Outwater Lane							
City, State, Zip Code							City, State, Zip C						_	
Union, NJ														
Project Manager for Monito	orina Eirm	Garfield, NJ Telephone No. Telephone No.						07020	1	M M				
	oning Film						Telephone No.	And the control of th						
Rick Eustaquio		973-494-3762					973-928-4888	1188						
Start Date (10) 05 /18 /	Scheduled Completion Date (11) 06 /18 /14					Name of OSHA Monitor ALL PRO MANAGEMENT LLC								
								NAGEWIEN I LI	_C					
Occupancy Status During							Street Address							
	Intire Period of Abatement					27 Outwater								
		of Normal Facility Hours - Describe PM/PMAM					City, State, Zip Co							
			"				Garfield, NJ	07026						
Scope of Work (Check all t	that apply)						П г. II О							
≥3 sf or ≥3 lf		□ Renovation □ Demolition					☐ Full Containment with Negative Pressure ☐ Mini-Enclosure							
☐ ≥160 sf or ≥260 lf						☑ Glovebag Procedure								
							☐ Non-Exe	mpted (*) and Nor	-Friable Proce	edure				
				Loca						Ab	atem	ent T	vpe	
Location of		Normally Used Solely I					Description o				1		T	
Asbestos-Containing Material (A) TO BE ABATED		(CM) Used Sole				Asbe	stos Containing Ma ., thermal systems	terial (ACM)	Amount	em	Repair	200	Enclosure	
IN Facility		Custodial S				(1.6	surfacing, VAT, or		(Specify SF or LF)	Removal	≒	Encapsulate	uso	
(13)		-		(12)			other miscellane	ous)	. 0, 0, 2, ,	=		ulat	6	
			Yes	No	N/A							Ф		
Basement						Pipe Ins	sulation		45 LF			\boxtimes		
				П										
			S. 35	_	170							Ц		
											П	П		
Name of Registered Waste Hauler				JDEP 1	Waste	Cubic Yards of	Name of Regist	ered Landfill			ш			
ALL PRO MANAGEMENT LLC			Hauler ID No. Waste					Name of Registered Landfill IESI Landfill						
					00348	860	As Needed	A Story	ı					
City, State							Disposal Date	City, State	24-27					
Garfield, NJ							TBD	Bethlehem,	PA					
ompleted By (Print or Type) Title						Signature			Date	7	1	-		
Zvonko Veskov President				/ //// = 1/1/11.										
SB-41				10.00 T			7.6	MAN		0/	6/	19		
AN 13		* D	o not	use th	is form	for asbest	os licensure exemp	ted activities		/	/	- (



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

Date of Notification (1) 05/06/14	Name of Building Owner/Operator (2)														
05/06/14				LG Electronics											
Agencies Notified	Notification	Type		Street Address											
(X) EPA		() Initial No	tification		920 Sylvan Avenue										
() DEP	(X) Amend		cation												
(X) DOL		() Cancelle		oation	City, State, Zip Code										
(X) DOH		1 , , , , , , , , , , , , , , , , , , ,			Englowed Cliffo N.I. 07022										
() DCA					Englewood Cliffs, NJ 07632 Name of Contact Tel Nime Sept.										
	=			Name of Con Steven Yu	₽ .										
Name of Facility Address of				FACILITY I	NFORMATION										
Name of Facility Where At	Type of Facility (4) () School (K-12)														
LG Electronics					() School (K-12) () Subchapter 8 (other than K-12)										
Street Address					(X) Other (i.e. private & commercial bldgs., homes, etc.										
111 Sylvan Avenue	0		T		Sq. Feet 410,	000 # of l	Floors 2								
<u>City (5)</u>	County (6)			Code (7)	Dide Ass. 50										
Englaward Cliffs	D		(State U	se Only)	Bldg. Age_5										
Englewood Cliffs Name of Monitoring Firm F	Bergen	O (0)	400141		Current Use (prior it bein	g demolished)			rice					
Name of Monitoring Firm F	nirea by Blag	. Owner (8)	ASCM N	<u>10.</u>			Name of Co	ntractor	<u>or (9)</u>						
Omega Environmental Ser	vices Inc						Brandonhur	a Indust	rial Can						
Street Address	11000, 1110.				Street Addres		Brandenbur	g mausi	nai Ser	vice Cor	npany				
					<u>Street Addres</u>	55									
280 Huyler Street					2217 Spillman	2217 Spillman Dr									
City, State, Zip Code			18.		City State, Zir	Code									
South Hackensack, NJ 076	ene				D. // 1 D										
Project Manager for Monito		Telephone I	Number	·	Bethlehem P	r.,									
1 Toject Wanager for World	Jillig Fillii	Telephone I	vurriber		relephone Nu	Telephone Number Lice					ense Number				
Anton Rezin	201-489-870	00		610-691-1800)		00721	21							
Scheduled Start Date (10)	Scheduled (Completion	Date (11)	Name of OSH	A Monitor										
05/12/14		08/22/14			Brandenburg Industrial Service Company										
Occupancy Status During	Abatement (C	check only on	e)		Street Address										
() Facility Closed/Vacated () Abatement Performed (batement Hours -		2217 Spillman Drive												
					City, State, Zip Code										
Describe															
(x) Other – Matl discovered during demolition of building					B. W. L. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co										
Source of Work (Check all	Bethlehem, PA	A 18015													
1980 - 19															
(x) Demolition () Reno	vation														
(x) Large Proj. (>160 SF o () Full Containment with I	r >260 LF AC	M) () SM Pr	oj. (>25<1				roj. (<25 SF or	<10 LF	ACM)						
Location of Asbestos-					lovebag Procedu										
Location of Asbestos- Containing Material (ACM) in Solely by Maint,/Ci				Description of			Specify SF or LF)		Abatement Type						
Facility (13)	12)	toulai	surfacing, VA		ns insulation,										
	YES	NO	NA	miscell.)	i, or other			- 11	Rem.	Rep.	Encap	Enclose			
Foundation Walls		1	X	Mastic		4,000 LF			BASS SECOND	T T	Г	T			
Brick Façade			X	Widolic		25,000 S			X		-	-			
						20,000 0						\vdash			
												\vdash			
Name of Reg. Waste Haule	er e	NJDEP Was	te Hauler I	D#	Cubic Yards of	f Waste	T	Name	of Reg.	Landfill					
Brandenburg Industrial Serv Co 21838															
	V Co	21838			1500 cy			IESI Be		n Landfi					
City, State		69				1	Disp. Date		2	City, Stat	<u>e</u>				
Bethlehem, PA						١.	TDD		1_						
Completed by (Print or Type	Title			Cianatura		TBD	Deti	I_B	Bethlehe	m, PA					
Completed by trained Type	TILLE			Signature Date											
Jennifer Strobel	Contract Adr	ninistrator				1	05/06/1	4							
essere entre approximation (FT)					X	05/06/				17					
					11										

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00