W0003/0005

CK# 24802

pri :			NOT	TEKA (Fun	TION OF A	New Jersoy Sbestos abate Jag 8:50 and 5:10	MENT (6)	DOL	- 1.0	() (	AY	
Date of Nothication (1)	15.44.5		-	IA	ama of Buik	ding Owner/Operate	00(2)					
Agencies Natified	78/15	N		_   -		Winds	of Regency C	ondo Assa	a' y	A:	15/	
	Type Notifica	ition		S	treet Addres	88				17:	7	$\Rightarrow$
EPA L DEP E DOL	Amended			-	ty, Sing. Zi	43-09	Garden Vie	w Terrace	201	100	A	J
	Amendma Emergence	V finchis	dina	1	ny, creup, za	Code Co-	t Windsor, N	WALVER	AP	17/6	TV	-11
DOH DCA	Cancellatio	(חנ		N	ame of Cart	ad	WINDSOF. N			, 17		
		art .			F	Patricia Ippolite	0	Telephone	di imina	•		
Name of Facility Where	Analament is T	blas FW			FACILITY I	NEORMATION		<u> </u>		_		
The state of the s	Resider	tial A	DAL.	) Ment			Type of Facilit			_		
Street Address							School (K-	# 100 AL	d an			
DISTRICT.	48-23 Gar	den V	iew'	Teore	ice		El Caner (I.e.	brivata A comm	K-TZ) encial l	buildi	nas.	
다 (5)	Pand TILL	,			-		Paguere Feet	) # at Floors				
County (8)	East Wir	idsor,	NIC				6000	2			60+	
M	ercer	.4		18	SE ONLY	(7) (STATE	Current Use (P	for if being dan	noisha	(D)	00 17	
Name of Monitoring Flori (8)	Hired by Buildin	g Owne	of .		M No.		neni Contractor (G	•••				
	MECS					Stov	ens Environs	minorial Class	,			
Street Address	DO Don 1	41				Street Address	THE MATTER OF	TIETHET SOLA	res,	INC	-	
City, State, Zp Code	PO Box 3	41					POE	lox 322				
Cro	sswicks, N	1 0851	15			City, State, Zip C		100		and the sales		
Project Manager for Monit	oring Firm		THE PERSON NAMED IN	aphor	e No.	Talephona No.	Allentow	NJ.08501	-	4558500		
Bill Weis			(7	732) 7	40-8408	(609) 25	9-9688	Lionne No.	004	07		
Start Date (10) 5/12/15	Sch				Pate (11)	Name of DSHA N	lamol	<del></del>	004	73		
Occupancy Status During	Abgramanire		5/13	/15			N	BOS				
Facility Closed/Vacated	During Entire P	Period o	£ A hos			Street Address	7.0.0		STREET, STREET	lb		
_ Apalement Paricimad (	Surairie of Name	al Facili	ly Ho	11.9		City, State, Zip Co		0x 341				
Othar - Dascribe: 88				_		Only Dieic, Sip Co		s, NJ 08515				-
Scope of Work (Check all I	that apply)					Deal			-			_
_ 5120 at ot 53 M	1	R	enoval enoiik	lion on		Glovebad	einment with Neg Plocedure noted (*) and Non					
		N <sub>b</sub>	Locate	1.				Luania Proced	The Real Property lies	Abete	man	_
Ashactes-Containing Mat	enel (ACM)	Used	Bole	A DA		Description of				Ty	pe .	
TO SE ABATED		C	alodia		(J.s., t	e Containing Maler hermal systems ins	ulation i	Amount (Specify	_		E.	
(13)			(12)		1	surfacing, VAT, or other miscellaneous		SF or LF)	Removal	Repair	CE	End
200		Yes	No	N/A	1	- Transcriating Gud	,		8	<u>₹</u>	Encapsulate	Endosure
Crawl Spac		×			The	mal Pipe Insu	lation	71015	+			
Crawl Space	8	×			Th	ermal Pipe De	hrie	210 Lf 30 \f	×			
						7157200	-	30 (1	×	_		
ime of Registered Wasto I						-			+-	-	-	_
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		N	DEP V	Vaste I	Cubio Yards	Name of Register	red Landfill				$\dashv$
Sievens Environmen	Tal Services	, Lnc.		182		2 CU	/G	ROWS Lan	वहा।			
A	llentown, N	J				5/22/15 n	CITY STATE					=
mpleted By Mahlon E. Steven	Tria		lass.			Signature/	- 4/	forisville.	PA			
++ Ca	-		iect.	Man	agei	19			5/8/	15		
ta .	* Do	not use	this f	א ממט'	r Babaatoa i	licensure exempted	d activities.					

CK# ZXPOZ

Date of Notification (1)	/8/15			Name	e of Buildin	ig Ov	wner/Operator Windsor	(2) Regency Co	ando A	2022				
Agencies Notified	Type Notific	cation		Stree	t Address		***IIId501	regency co	ondo 1	13300.				_
EPA EPA	Initial -							Garden View	w Terra	ace				
DEP  DOL	Amende Amendn	nent#		City,	State, Zip (	Code		TY!! 1 >T!	00.50					
<b>⊠</b> DOH	Emerger iustifica		ng	Nome	e of Contac		East	Windsor, N.						_
DCA	Cancella			Name			ia Ippolito		relepi	none Numb	er			
				FΔ	CILITY INF				L .		_		-	_
Name of Facility Where	Abatement is	Taking Pla	æ (3)	- '^	OILITT IN	Ord	WATION	Type of Facility	, (4)					
		ential A	STATE OF THE PARTY	ent				School (K-1						
Street Address	32 02 1	7.3						Subchapter Other (i.e., p				dinas		
	48-23 G	arden Vi	ew T	errace				homes, etc	.)					
City (5)	East W	Tindson .	TT NO	520				r Square Feet	# of i	Floors	В	dg. A	0.94	
County (6)	East W	indsor,	NJ UO		nty Code (	7) (9	STATE	6000 Current Use (P	rior if boi	2	- hod	60	+/-	
77.	1ercer				ONLY)	,, ,,	JIAIL	Current Ose (F	ioi ii bei	ng demons	neu)			
Name of Monitoring Firm	Hired by Bui	lding Owne	-	ASCM	No.	Na	ame of Abatem	ent Contractor (9	9)					_
	MECS					_	Stev	ens Environ	mental	Service	s, It	nc.		
Street Address	DO D	241				Sti	reet Address	DO I		_				
City, State, Zip Code	PO Box	X 341				-	y, State, Zip C		30x 32	2				_
Table 11 Miles	osswicks,	NJ 085	5			Cit	y, State, Zip C	Allentow	n. NJ (	08501				
Project Manager for Mor			100000	phone	No.	Te	lephone No.			nse No.			_	_
Bill We	isgarber		(7:	32) 74	0-8408	_	(609) 25	9-9688	_	0	049	3		_
Start Date (10)		Scheduled			ate (11)	Na	me of OSHA N							
5/12/15	- 15-4	(Observer)	5/13/	15		_		M	ECS					
Occupancy Status During Facility Closed/Vacat				ment		Str	reet Address	PO F	30x 34	1				
☐ Abatement Performed						Cit	y, State, Zip C		JOA J T			_		_
Other - Describe:	8am to 4pt	m						Crosswicl	ks, NJ	08515				
Scope of Work (Check a	all that apply)						Пг.:II 0	4-1	- " D					_
<b>≥</b> 3 sf or ≥3 lf			enovat				Mini-End	tainment with Ne losure	gative Pr	essure				
≥160 sf or ≥260 lf			emolitio	on			Gloveba Non-Exe	g Procedure empted (*) and No	on-Friable	Procedur	9			
			Location					-		7 1000001	T	bate	ment	
Location	of		Normally d Solel				Description of					Тур	e	
Asbestos-Containing N	Material (ACM)	) Ma	intenar Sustodia	ice/		tos C	Containing Mate	erial (ACM)		ount			ш	_
TO BE ABAT IN Facility		,	Staff?	21	(i.e.,	su	mal systems ir rfacing, VAT,	or	SF o	ecify r LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			oth	er miscellaneo	us)			oval	oair	sula	nusc
1		Yes	No	N/A									ē	(D
Crawl Sp	ace	×			Th	erm	al Pipe Ins	ulation	210	0 lf	×			
Crawl Sr	pace	x			T	her	mal Pipe I	Debris	30	lf	×			
No. of Body			<u>L</u> ,		ļ									
Name of Registered Was			L	JDEP \ lauler ID	No.		bic Yards Waste	Name of Regi	$\neg$					
Stevens Environn City, State	nental Ser	vices, in	2	182	292		2 CU	City State	GROV	WS Land	dfill			
Oity, State	Allentow	vn. N.I					posal Date 5/22/15. /-	City, State	Morr	isville,	РΛ			
Completed By		Title			s	=	Signature		1/1011	Date	П			=
Mahlon E. Ste	vens	P	rojec	t Man	ager		///\	$\mathcal{Y}_{-}$			5/8/	15		_

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

									*	11.0	30	71 =		
Date of Notification (1)	5/11/2015				Name o	f Building (			struction Inc		16-	115		
Agencies Notified  [ X ] EPA  [ DEP		Notific	ation tification		Street A		104 T	arpon	Drive	1/2/	1			0.000
[x] DOL	[X] Emer		f ncluding		City, St	ate, Zip Coo		Beac	h, NJ 08751					
[x] DOH [] DCA		ication) ellation			Name o	f Contact Joe			Те	lephone Number	1920			
				FAC	III.ITY	INFORM	ATION				11-53			
Name of Facility Where Ab	patement is Taking idence	Place (3	)					Туре	of Facility (4)	School (k-12)				
Street Address	Princeton Ave	enue				11			[ ] [x]	Subchapter 8 (off Other (i.e., privat homes, etc.)			al build	lings,
City	5 E	Count	ty (6)		County C	Code (7) USE ONL	Y)	Squa	re feet 900 sf	# of Floors	Bldg	, Age	50	
Lavallette		Ocea	an					Curr	ent Use (Prior if t Residence				<u> </u>	
Name of Monitoring Firm I		Owner (	8)		ASCM N	No.	Name of	Abaten	nent Contractor (9		Inc.			
Street Address							Street Ad	ddress		ute 9, Unit 61				
City, State, Zip Code							City, Sta	te, Zip	Code	ver, New Jers	ev 08°	755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number	\$		Telephor 732-34		ber	License N 00624				
Scheduled Start Date (10) 5/12/14			Scheduled 5/13/1		ion Date (	11)	Name of	OSHA	Monitor E.M.S.L	. Analytical				
Occupancy Status During A	Abatement (Check of lity Closed/Vacated			od of Aba	itement		Street Ad	ddress	7.53	lton Road				
	tement Performed ( er – Describe	Outside	of Normal F	acility H	ours		City, Sta	te, Zip		ay, New Jerse	v 088	54	-0	
Scope of Work (Check all t	hat apply)					*	[ ]	Fi	ull Containment v		•	J4		
[ ] >3 s	f or ≥3 lf		[ ]	Renova	ation		[ ]		fini-Enclosure lovebag Procedur					
	0 sf or ≥260 lf		[ x ]	Demol			[x]		on-Exempted (*)		Procedu	ire		
								.441			Abat	ement '	Гуре	
Location	of	١,	Is Location Normally u				Description of the Description o		_	A	R	R	E	Е
Asbestos-Containing M			Solely by				Aaterial (A		g	Amount (Specify SF	Е	E P	N C	N C
TO BE ABA	TED	Mair	itenance/Ci			(i.e	., thermal	system		or LF)	M	A	A	L
in facility (13)	<i>y</i>		Staff			ins	ulation, su VAT, o		g,		V	I R	P S	OS
(13)			(12)			oth	er miscell		(2		A	K	U	U
-		YES	NO	N/A					7		L		L E	R E
Exterior			X		Asbe	stos sidir	ıg			700 sf	X			
Name of Paristructure	T.T1	L.,	VIDES III	. ,, .	ID );	T a	,							
Name of Registered Waste Guardian Co	ntracting, Inc.		NJDEP Was 2	te Haule 20223	TID No.	Cubic Ya	ards of Was	te 1	Name of Registers T.R.R.F.	ed Landfill				
City, State Toms River,	New Jersey				sal Date /14	•	City, St Tullyt		Pennsylvania				- 5	
Completed by (Print or Typ Nicholas Ferr		Title Proje	ect Manag	ger	Signat	hure	dil	1	tel .		Date 5/1	1/201	5	n

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

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

									134	3	
Date of Notification (1)  May 11, 2015				Name of Building		rator (2) ne Alarmo	26	$\gamma_I$	-		
	Notific	ation		Street Address	V.E7.E333E.43	an Trail	N.F.I.				
[x] DOL Amer	ndment			City, State, Zip Co		Neck, NJ 07722	7			. 4	
[x] DOH justifi	ication) ellation	orading		Name of Contact Corrir	e Alarmo	)	Telephone Number	AP 16 1 CAR -	9 <b>4</b> 1 <b>4</b> 2 11 21 21 21 21 21 21 21 21 21 21 21 21	A	
t 1			EAC	IL	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3		rac	ILII I INFORM	ATION	Type of Facility (4	School (k-12)				
Street Address 220 4 <sup>th</sup> Avenue						[ ] [x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City	Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg	. Age	50	
Ortley Beach	Oce	an					r if being demolished)				
Name of Monitoring Firm Hired by Building (	Owner (	8)		ASCM No.	Name of	Abatement Contract		Inc			
Street Address					Street Ac	ddress	Route 9, Unit 61	me.			
City, State, Zip Code					City, Sta	te, Zip Code		007	755 17	271	
Project Manager for Monitoring Firm		Telephone Nu	mber			ne Number 9-9932	River, New Jerse License N 00624		33-1.	2/1	
Scheduled Start Date (10) 5/11/15		Scheduled Cor 5/13/15	npleti	ion Date (11)		OSHA Monitor	S.L. Analytical				
Occupancy Status During Abatement (Check   X ] Facility Closed/Vacated			f Aba	tement	Street Ad	ddress	Stelton Road				
Abatement Performed Other – Describe					City, Sta	te, Zip Code	taway, New Jerse	N Q Q	51		
Scope of Work (Check all that apply)					[ ]		ent with Negative Pres	•			
		r 1 -				Mini-Enclosure	•	Suit			
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf			enova emoli		[ x ]	Glovebag Proce Non-Exempted	edure (*) and Non-Friable I	Procedu	re		
					à.			Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A				As l (i.e ins	Description pestos-Con Material (Augustian Materia) (Augustian Materia) (Augustian Mat	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidir	ıg		950 sf	Х			
				115505105 51011	.0		750 51	7.			
,											
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste F		ID No. Cubic Y	ards of Was	te Name of Regi	stered Landfill				
City, State  Toms River, New Jersey				sal Date	City, St		nia		2.0		
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manager		Signature	1	1	20000	Date 5/11	/201:	5	

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

Date of Notification (1) May 11, 2015				Building C Univers	wner/Oper	ator (2)	Check # 2	075 Y	11. 1	16 10-	20		
Agencies Notified Type Notification			Street Ac	201011111111111111111111111111111111111			31130K <sub>0</sub> π 2	-01.0,	17 8	mille.	Ų,3		
			201 Mu	ullica Hill			\$ S	9531	OE#S	o Mi	· . I		
EPA Initial DEP Amended Amendment#				te, Zip Cod oro, NJ				ál	OE#3	: MG			
Emergency (in justification)  DCA  Cancellation	cluding	91.3	Name of Robert	Contact				Tele	phone N	umber			
Cancellation				I DETOTAL	RMATION			1			-		
Name of Facility Where Abatement is Taking Rowan University Bole Hall	Place (3	3)	17101		Tun-ATTOTA		e of Facility (						
Street Address Whitney Avenue						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			dings	, hom	es,
City (5) Glassboro						Squ. 20,0	are Feet	# of 2	Floors	114	3ldg 100	Age	
County (6) Gloucester			County C	Code (7) USE ONLY)			rent Use (Prid	or if bein	ig demoli	ished)			
Name of Monitoring Firm Hired by Building Ov TTI Environmental, Inc.	vner (8)		ASCM	No.			atement Con						
Street Address 1253 N. Church Street					1000	reet Addre	ess er Avenue						
City, State, Zip Code Moorestown, NJ 08057					Ci	ty, State, 2	CONTRACTOR MANAGEMENT	8052				-	
Project Manager for Monitoring Firm Jim Guilardi		- 4 2	Telephor	ne No. 0-8800	Te	elephone N	No.		License 00842	No.			
Start Date (10)	Schedul			Date (11)			SHA Monitor		00042		-		
7.0 Particular to 1000 Particular Control Cont	July 3,			MA PO			alytical, In	iC.					
Occupancy Status During Abatement (Check		**************************************				reet Addre	ess e 130 Nor	th		32			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Work to be performed	Facility	/ Hours		uildina	Cit	ty, State, 2	Zip Code		<del></del>				
Scope of Work (Check All That Apply)		N di odo	0, 1,0 0		_   0	innamir	nson, NJ 0	8077					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renovat Demoliti				× M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure	858				
	le	Location				IN IN	on-Exempled	1 ( ) and	NOII-FII	able Fit		emen	t
Location of	1	Normall	y		Descrip	otion of					Т	уре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Solel iintenan todial S (12)	ice/		os Containi thermal sys surfacing other misc	ng Materia tems insu , VAT, or	lation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
17	Yes	No	N/A									е	
1st Floor Bathroom Pipe Chase		XXX		36 13 STEAM	nsulation				0 LF	Х			
Throughout Exterior/Interior			XXX		Window				00 LF	X			
Throughout Exterior/Interior			XXX		Window	Glazing		43 W	indows	X			
2nd Floor		XXX		FI	oor Tile a				00 SF	X			
Name of Registered Waste Hauler		100	JDEP W auler ID	202.000	Cubic Yard of Waste	ds	Name of				22.00		750
Freehold Cartage			265	20.75%	80		Wester		s Comr	munity	Lan	dfill	
City, State Freehold, NJ					Disposal D 7/3/2015		City, State Birdsbo						
Completed by Christina Lynch	Title Oper	ations	Mana	ger	Sign	Han	26			Date 5/11/2	015		

CK 1935

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

Data of Notification (4)			N	r D -1 F	0 10		(0)						_	
Date of Notification (1)			Name of	f Building	Owner/C	Operato	T(2)	leal	. [	RECE	310	<u> </u>		
Agencies Notified Type Notification	<del>5</del> %	1	Street A	ddress	171	1030	PA	(I)	2615	HAY 14	EL	110.	<u> </u>	
DEP Initial Amended Amendment	#		City, Sta	ite, Zip Co	ode /	O C	- N	11.0	20	112	Pat	12.	31	
Emergency (		-  -	Name of	Contact	HU	UVI	1/	0.5	JOIN TO	ephone Nu	mhor	-1-	0!	
DOH justification) Cancellation			Eric P						,	,		41.		
Name of Facility Where Abatement is Taking	Diago (2)		FACI	LITY INF	DRMATI	ON	T 7	-5 - 72	(4)					
reality where Abatement is Taking	y riace (3)						-	of Facility (						
Street Address	$\cap$							School (K-1 Subchapter	8 (Oth					4
71 MOULE	Mac	2						Other (i.e. petc.)	orivate a	& commerci	al buil	dings	, hom	es,
City (5) MONTCLONIC				80			Squa	are Feet	# 0	Floors	E	Bldg. A	lge	
County (6)		1	County (	Code (7)			Curre	ent Use (Pri	or if bei	na demolisi	ned)	1	)~	
SSEX		- 1	STATE	USE ONLY	·						07.00 <b>6</b> 7		.83	•
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	No.		1		atement Cor		(9)				
Street Address							t Addre	ustries Ind	<i>i.</i>					
							. Box							
City, State, Zip Code								Zip Code						
Project Manager for Monitoring Firm			Telepho	na Nin				w Jersey	08723		12			
rojot managorior monitoring rimi			i eleptio	ile No.		1000000	hone N 2)899-			License N 01196	Ю.			
Start Date (10) 5 112/15	Scheduled	Com	pletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abatement (Chec	k Only One	)	1110			Street	t Addre	SS		-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab al Facility H	atem lours	ent			City, S	State, Z	ip Code					-	
Scope of Work (Check All That Apply)														•
≥3 sf or ≥3 lf	N Pa	novat	ion			Г	7 5	II Containm	ant with	Nogative E	Proces	-		
2160 sf or ≥260 lf	Designation of the last of the	moliti				F	Mi	ni-Endosur	9	ivegauve r	10350	iie		
						Ŀ		ovebag Prod n-Exempted		d Non-Friab	le Pro	cedur	е	
	320,000	ocatio											emeni pe	1
Location of Asbestos-Containing Material (ACM)	No Used	rmall Solel		Anhon		scription		I (ACM)		mount	-	1,	İ	
TO BE ABATED In Facility	Maint Custon				thermal	system	insula		(8	specify	Re	, D	Encapsulate	Enclosure
(13)		(12)			other n	cing, V/ niscella	neous)		SF	or LF)	Remova	Repair	psula	osur
	Yes	No	N/A						,	14	-		te	0
			X	Pla	or t	ile	+M0	Stil	58	SP	X	1		
				7.00						, , , , , , , , , , , , , , , , , , , ,				
														8
Name of Registered Waste Hauler		0.00	JDEP W		Cubic of Was			To an inches		red Landfill				*
Brick Industries Inc.		U	1602		J. ava.	7	_	GROW	S					
City, State Brick, New Jersey					Dispos	sal Date	_	City, Stat	е					
Completed by	Title				151	16/1 Signatur		PA	)	l Da	ite~	11 1	16	
Eric Plackis	Presid	ent				-Silatal	Y	NYV	2	1 50	1	1/1/	17	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursuant	to NJAC	8:60 an	d 12:120	0) 1	0	地	AL	13	55	37	X	
Date of Notification (1) 5/11/15				Name of Groun	f Building dswell (	Owner/C	Operator oting <b>%</b>	(2) <b>115</b> M	AY 14 /	M 12	: 45			<del></del>	-	
	Notification			Street A	ddress											
□ DEP □ A	nitial Amended			City, Sta	ite, zip Co	ode		<u>35t</u> &	STOS C	SING	ROL					
	mendment Emergency	(including	_		Rutherfo	rd, NJ	07073		- V 6.111		enhone N	dumbe				
	ustification) Cancellation				in Unsw	orth				1 1 100	emme i	MITTIDE	:1			
Name of Facility Where Abatem	ent is Takin	o Place (	3)	FACI	LITY INFO	ORMAT	ION	Type	of Facility (4	1)						
house		gacc (	-,						School (K-12	0.50						
Street Address 220 North 12th Street								×	Subchapter of Other (i.e. prefetc.)				uild	ings,	hom	es,
City (5) Kenilworth								Squa 2600	re Feet )	# of 2	f Floors		BI 62	dg. A	ge	
County (6) Union					Code (7) USE ONLY	)		Curre	ent Use (Prio	r if bei	ng demo	lished	)			
Name of Monitoring Firm Hired t	by Building	Owner (8)	)	ASCN	ЛNo.				tement Cont onmental			LC				
Street Address								Addres Box 48	ss 33, 4 E Ga	ate D	rive					
City, State, Zip Code	3					- 1			ip Code , NJ 0741	8						
Project Manager for Monitoring F	Firm			Telepho	ne No.		J. 3530 C. S.	ione No 583-8			License 703	e No.				
Start Date (10) 5/20/15		Schedul 6/20/1		mpletion	Date (11)		Name	of OSH	HA Monitor							
Occupancy Status During Abate	ment (Chec	k Only O	ne)				Street	Addres	SS							
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire I side of Norm	Period of hall Facility	Abaten y Hours	nent s			City, S	tate, Zi	ip Code							
Scope of Work (Check All That A	Apply)		4776				14									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mir Glo	l Containme ni-Enclosure ovebag Proce n-Exempted	edure	<del></del>				9	
			s Locat							1/2//				Abate	men	i
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	II (ACM)	Use Ma	Norma ed Sole aintena todial ( (12)	elý by nce/		tos Con thermal surfa	scription taining M I systems cing, VA niscellan	Material s insula T, or		(S	mount Specify or LF)		Removal	Ty Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ate	9.
basement				Х		pipe	insulat	tion		6	0 LF	х				
1												-	+			
Name of Registered Waste Haul Freehold Cartage	er		H	JDEP W lauler ID 5939		Cubic of Wa	Yards ste		Name of R Western							
City, State Freehold, NJ			- 10			Dispos	sal Date		City, State Birdsbor		4					
Completed by A. Scott Higgins		Title Pres	ident			S	Signature	-6	2	_		Date 5/11/	15			

CK 1001

Date of Notification (1) 05/08/2015		8		Name of FOX &	Building (	Owner/O	perator	(2)		. 1			,		
Agencies Notified	Type Notification			Street Ad 940 AM	ddress VBOY A	VENUI	E - SL	JITE	101 99	75. 城丘	Y 11 1	e Po.	. 7		
EPA DEP	Initial Amended				te, Zip Co						*				
DOL	Amendment Emergency		_		N NJ. 0	8837					153		77:		
DOH DCA	justification) Cancellation		1.5	Name of ANDRI	Contact EW					Jele	enhone Nun	nber-			
				FACI	LITY INFO	RMATIC	NC								
Name of Facility Where FOX & FOX	Abatement is Takin	g Place (3)						ETION .	of Facility ( School (K-1	1050					
Street Address 940 AMBOY AVEN	IUE - SUITE 10	)1						X	Other (i.e. p		er than K-12 commercia		lings,	home	es,
City (5) EDISON NJ. 08837	7							Squa	etc.) re Feet ,200	# of	Floors 2	Bi	ldg. A	ge	
County (6)				County C				Curre	ent Use (Pri	or if bei	ng demolish	ed)	-		
Name of Monitoring Firm	Hirad by Building	Owner (8)		ASCN	ISE ONLY)		Name	N/A	itement Cor	ntractor	(9)				
Name of Monitoring Firm	Trilled by building	Owner (b)		ACCIV	1140.						ISTRUCT	TON	LLC		
Street Address		=,					Street 22 V	10.75	ss RDEN P	L.					
City, State, Zip Code									ip Code SACK NJ	. 0760	1				
Project Manager for Moi	nitoring Firm		T	Telephor	ne No.		Teleph	none N			License N 01135	0.			0
Start Date (10)		Schedule	d Con	nnletion I	Date (11)				HA Monitor		01100				
05/09/15		05/12/1	5				EMS	L AN	ALITYCA						
Occupancy Status Durin  X Facility Closed/Vac				nent			Street 307 \		ss BTH STRI	EET.					
Abatement Perform Other – Describe:	ned Outside of Non								ip Code RK NY. 1	0018				15	
Scope of Work (Check A	All That Apply)									-		•			
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Section 2015	enova emolit	-			×	Mi	ni-Enclosur ovebag Pro	e cedure	Negative P				
		1						_ No	in-Exempte	a (*) an	d Non-Friab	T	Abate		t
	2		Locati		Ì	_								ре	
Locatio Asbestos-Containing TO BE AE In Fact (13)	g Material (ACM) BATED ility	Used Mai	d Sole	ly by		tos Cont thermal surfac		Materia s insul T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
KITOL	· FAI	Yes	No	N/A	Non E	richle \	\/AT E	1.00	R TILE	0	0 SF.	X			
KITCH			7777	-	133						0 SF.	-	-	-	-
BASEM	ENI	-	X		Non F	MANAGEMENT AND	TMAS		R TILE	32	0 SF.	X			-
	~~~~	++				.,,						1			
Name of Registered Wa	ste Hauler		110-11	JDEP W		0.0000000000000000000000000000000000000	Yards	-	Name of	Registe	ered Landfill	-			-
TRI - STATE - ASS	OC INC.		10000	lauler ID 991	No.	of Was	ste		MINER	RVA E	NTERPRI	SE II	VC		
City, State 1199 RANDALL AV	E. BRONX NY.			123-2		Dispos TBD	sal Date	E .	City, Sta WAYN		RG OHIC	)			
Completed by CARLOS ESQUIVE	L.	Title SAFE	ETY	MANA	GER	S	Signature		Enny	nny	1111 10	ite 5/08/1	15	**	
ASB-41 (R-06-08)	2						*Do no	ot/use	this form fo	r asbes	/ tos licensum	e exen	npted	activ	ities.

MAY 11

	7	NOTI	FIC.	SEATION	ate of Ne	w Jersey BESTOS ABAT	EMENT		- 148)			
MO#22742787014			(Pi	าเลสยบ	t to NJA	C 8:60 and 5:16	5)	Emerge	ency )	Votific	atic	on
Date of Notification (1)		*		Name	of Building	Owner/Operator (2	2)	AUPROV	ED	-	T	
05 / 1	1 / 15	_		Barbar	a Kimmi	ch	N	Dept. of Health &	Senior	Servic	es	
	pe Notification			1	Address		per	HOW L	DIM	101	+	
	Initial	- 82		431 T	keside B	lvd. unit#1		(signature	*) 1	13:31	11/	1.
	Amended "				State, Zip O			nto-511115	Amo:	ノシ	14	TA
☑ DHSS	# Amendment Emergency (in			6000	cong, NJ					1.0	ocritorali	2
(NJAC 8:23-8)	justification)	claning			of Contect			Telephone Numb	ner i			7
	] Cancellation			Barber	ra Kirami	ch		T THOUSANT TO SERVICE	70-1	Z :		~<
						FORMATION			-	-	_	
Name of Facility Where Aba	tement is Taking	Place	(3)		O(M01 : 116	ORINATION	Type of Facilit	5(14)		-		4
Apartment bldg.	-		1-1				School (K-		e ringe	: <u>\$</u> =		-
Street Address		_	_				Subchapte	r 8 (Other than K-1 2	) [	3 -	í	्
431 Lakeside Blvd, unit#	1						Other (i.e.	private and commer	cia) bu	Illdings,		c-
City (5)	4		-				homes, etc Square Feet	# of Floors	-	F		E)
Hoparcong, NJ 07843							primms Lest	# 61 ribors .	Di	dg. Age	3	
County (6)				Cosin	ty Code (7)	(STATE USE ONLY)	Current line (	Prior if being demolis	E - 41			
Sussex				- Dull	() Odde (/)	(OTATE OSE ONET)	Contain ose (	Prior it being demotis	ined)			
Name of Monitoring Firm Hi	red by Building	Owner	8)	ASCM	No.	Name of Abateme	ent Contractor I	(0)				
						Gr Tech LLC	SHE GOING EDIGI	(4)				
Street Address						Street Address						
	•					576 Valley Rd #	222					
City, State, Zip Code		-				City, State, Zip C					_	_
						Wayne, NJ 0747						
Project Manager for Monitor	ing Firm		Te	aphone	No.	Telephone No.		License No.				_
		10				973-638-1777		01127				
Start Date (10) 05 / 12 /	Sche			etion Da		Name of OSHA N			*			
Occupancy Status During A	betement (Chec					Envirovision Co Street Address	nsultants, inc					
☐ Facility Closed/Vacated	During Entire Pe	arlad of	Abah	ement								
Abatement Performed O	utside of Norma	Fadlit	y Hou	rs - Des	soribe	20-21 Wagaraw City, State, Zip Co	Road, Bldg	# 34A				
Time of Abatement:	AMP	W	PN		AM.							
Scope of Work (Check all th	at apply)		Personne			Fair Lawn, NJ 0	7410	nination with negative				
⊠ >3 sf or >3 if		_				Full Con	teinment with A	legetive Pressure	: press	sure		
≥ 160 sf or ≥260 if			Evon molit			Mini-Enc	osure		_			
			atturit	DIC		Non-Exe	g Procedure ( mpted (*) and l	Tent with Negative Non-Friable Procedu	Press	ura		
	1000		Loca			Y800			-	atemer	16 Tx	700
Location of Asbestos-Containing Ma	forini / A OBAL		Norm	aliy Joly by		Description of	of			T	_	_
TO BE ABATE	D (MOINT)	Ma	inten	ence/	Asbe:	stos Containing Ma ., thermal systems	terial (ACM)	Amount	Remova	Repair	3	Enclosura
IN Facility		Cus	todial (12	Staff?	(	surfeding, VAT	. of	(Specify SIF or LF)	NOI	B. 7	180	130
(13) -			1	_	4	other miscellane	ous)		10		Engapsulata	20
4.42	***	Yes	No				THEFTELDI			<u> </u>		
Attic			Ш	X	Transite p	oanels-pick up&dec	contamination	2 CY				
										m		
				П		T MINE .			lough		=	문
-		i i	1	10	-		-	+				Щ
Name of Registered Waste	Hauler		1	IDEO What	1 10 ti	T/2						
	i rotatul		- 1		e Havier ID No.		1	gistered Lundfill				
Gr Tech LLC City, State				00337	85	TBD	T.R.R.F. It	ıc				
						Disposal Date	City, State					
Wayne, NJ 07470					-	TBD	Tullytown,	PA				
Completed By (Print or Type	e) (Titl	8			and the second second	Signature X	1 .	. 4 5	ate			
N.Jevtic	OW	ner				Ha.	fic vila	viabl 05	/11/20	015		
ASB-41		-				/rec	( 7	0.5	1 4 4/ 4			

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

### MO#22742787025

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	1	
	1	
1-1-1		

Date of Notification (1)					Name	of Building	g Owner/O	perator (2	2)	F=1-726	- iar			
05/	11 /		-	-	Cathe	rine Cron	enberg		2015	TAY 14 AM	4 12- t.	3		
Agencies Notified	Type Notific	cation			Street	Address				WI THE	116-4	9		
<b>⊠</b> EPA					66 Me	eeker Ave	enue		ASAE	Stom m.	E I Hat am			
⊠ DOLWD	Amende			Ì	and the second second is	State, Zip (	CALLES SOLD		- J J j	STUS CU	NIKO		-	-
⊠ DHSS	Amendm				Allen	dale, NJ (	37401		Or	LICENSI	NG			
DCA (NJAC 5:23-8)	Emerger justificat		iding			of Contac				Telephone N	umher	v		
(110113 0.20 0)	Cancella					rine Cron				, oropirono i	- Ciliboi			
							VFORMA'	TION			_			
Name of Facility Where A	Abatement is	Taking P	lace	(3)			*** ********	11011	Type of Facility	(4)				
Private house				1.7					School (K-12					
Street Address					-				Subchapter (	(Other than K	-1 2)			
66 Meeker Avenue									Other (i.e., phomes, etc.)		mercial b	uilding	S,	
City (5)									Square Feet	# of Floors	TE	ldg. A	ge	
Allendale, NJ 07401									economic de la composición del composición de la composición de la composición del composición del composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del c					
County (6)					Coun	tv Code (7)	(STATE US	SE ONLY)	Current Use (Pr	ior if being den	nolished)			
Bergen						* 117		/		ior ir boning don				
Name of Monitoring Firm	Hired by Bui	ilding Ow	ner i	8) T	ASCM	No	Name o	f Ahateme	ent Contractor (9					
							110000000000000000000000000000000000000		in contractor (5	,				
Street Address							Gr Tech Street A							
									202					
City, State, Zip Code							-	lley Rd # ate, Zip Co						
							all							
Project Manager for Mon	itorina Firm			Tele	phone	No	Telepho	NJ 0747	0	License No				
				10,0	pilono	110.	4				1			
Start Date (10)		Schedul	ed C	omnie	tion Da	to /11\	973-638	f OSHA N	Innitat	01127				
05/_20/		05												
Occupancy Status During									nsultants,Inc					
➤ Facility Closed/Vacate					mant		Street A							
Abatement Performed						scribe			Road, Bldg .#	34A				
Time of Abatement: _	AM-	PM/		PM_		AM	886	ate, Zip Co						
Scope of Work (Check al				-			Fair Lav	vn, NJ 0						
	ir citat appty)						H	Full Cont	and decontamination and de	nation with nega	ative pres	sure		
>3 sf or >3 If > 160 sf or >260 If		≥	₫ Re	novati	on		$\boxtimes$	Mini-Enc	losure	•				
≥ 160 st or ≥260 lf		L	_ De	molitic	n		6	Glovebag	Procedure mpted (*) and No	Tent with Nega	ative Pres	sure		
			İs	Locat	ion			NOII-EXE	mpted ( ) and No	III-FHADIE PTOC		i		_
Location	of			Vorma			Des	scription o	f	-	A	batem	ent T	ype
Asbestos-Containing		M)		d Sole		Asbe			terial (ACM)	Amount	Re	Repair	Enc	Enc
TO BE ABA				intena odial		(i.e	e., thermai		2.1-11-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	(Specify	Removal	pai	aps	Enclosure
(13)	ity			(12)			other m	cing, VAT, niscellane	or ous)	SIF or LF)	/a		Encapsulate	ure
			Yes	No	N/A				ectivity, a esta <b>d</b> ee				æ	
Basement					X	VAT flo	or tiles			1,200 SF	×			
Basement					$\boxtimes$	Transite	nanele			1,500 SF	×	1		
			7		-	114113110	pariots	<del>2</del>		1,500 35			1	
					닏						_		Ш	
			J											
Name of Registered Was	ste Hauler			NJE	EP Wasti	e Hauler ID No	Cubic Yar	rds of Wast	Name of Regis	stered Landfill				
Gr Tech LLC				(	03378	35	TBE	)	T.R.R.F. Inc					
City, State							Disposal	I Date	City, State	*				
Wayne, NJ 07470							TBE	)	Tullytown, P.	A				
Completed By (Print or T	ype)	Title						nature /	1 0 0	1	Date			-
N.Jevtic		Owne					-"	401	In wer	100	1052000	015		
ASB-41		OWIE	1					//E	Mar Josep		05/11/2	015		
MAY 11		* D	o noi	use il	nis form	n for asbes	stos licensu	ire deemp	ted activities.					

CK 1380 . -

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1 - 1	5 ,			7.4	
					1.60

Date of Notification (1) 5/11/15		Name of Building Owner/Operator (2) 2013 HAT 14 AH 12: 58														
Agencies Notified Type Notification  EPA Initial		Street Ad 139 B	ddress High Str	eet		950E	STUS	OUT WELD	7/20.							
■ DEP			te, Zip Coo air NJ 07						****							
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	ciuaing	Name of Kim Mi	Contact itchell					Teleph	one Num	ber						
		FACI	LITY INFO	RMATION												
Name of Facility Where Abatement is Taking N/A	Place (3)						ol (K-12)	04141	K 40							
Street Address 139 B High Street					Konzi	Other etc.)	apter 8 (0 (i.e. priva	ite & co	mmercia	l build			es,			
City (5) Montclair NJ					2007	# of Flo 2	oors		ldg. A 7	.ge						
County (6) Essex		County C (STATE L	Code (7) JSE ONLY)			Current Use Resident		being o	demolish	ed)						
Name of Monitoring Firm Hired by Building Ov Divine Environmental	vner (8)	ASCN	ASCM No. Name of Abatement Contractor (9)  Turningpoint Contracting Corpora							ation						
Street Address 358 Broadway			Street Address 51 Berkeley Terrace													
City, State, Zip Code Newark NJ			City, State, Zip Code Irvington NJ 07111													
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephor 201-48	ne No. 33-9788	2000		ne No. 72-2177	d	100	cense No 4331	).						
Start Date (10) S 5/22/15 S	ompletion (	Date (11)	1100		f OSHA Mo nvironme											
Occupancy Status During Abatement (Check			1777		ddress											
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of Abate I Facility Hou	ement irs		Ci	ty, Sta	est 25th Sate, Zip Coo	de		20.20.00							
Other – Describe:			3	-   N	IYC,I	NY 1000	/			4120						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renor Demo	vation dition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							e				
					Seemed	THOIL EXC	01111100		Abatement							
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	Asbestos Containing (i.e. thermal system surfacing,)				ystems insulation, (S			Amount (Specify SF or LF)		Repair	e Encapsulate	Enclosure			
	Yes No	N/A										Ф				
Basement	X			Pipe Ins	sulati	ion		116	LF	х						
30																
e e																
Name of Registered Waste Hauler Newark Carter Inc		NJDEP W Hauler ID 4506		Cubic Yar of Waste 1	ras	12500000	ne of Reg llytown									
City, State Newark NJ 07102		1		Disposal [	Date		, State Ily Towi	n PA								
Completed by Emeka Okeke	Title Presiden	it		Sign	ature NL	ture Date 5/11/15										

\*Sondo \*

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

MENT CK\$646

Date of Natification (1)	Remo of Building Owner/Operator (2) 1 2815 HAY IL ALLIONS											
Agencies Notified Type Notification	Street Ad	dress	an 3.2.					3 \$				
EPA Initial Amended	City, State	diress 3 W.Wil  e. Zip Code 1005 Pon	1 1 - 1	37.080	146	5 56. Exista	1 1 15 1	JL				
DEP Amended Amended Amendment # Emergency (including	SON	vers by	1+ K	1) 000	Talan	L MOIN	Q hor					
DOH Z justification)	Name of	Ph Ph			i (enare							
Lesi Lesi		ITY INFORMATI	ION .	= (F:\\)								
Name of Facility Where Abatement is Taking Place (3)			1	Type of Facility (4								
Olenah Addisons				Subchapter Other (i.e. p	8 (Other	than K-12 commercia	) al build	ings, t	iomes	s.		
5025. Geen St				etc.) Square Feet	i # of F		Bidg. Age					
City (5) Charles				_					_			
County (0)	County C	Code (7) USE ONLY)		VG COLE	of if being		ed)					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM	No.	4	f Abatement Cornsulation Co.,		9)						
Charlet Address				isulation Co.,	, 1110.							
Street Address				ontrose Road	1							
City, State, Zip Code			1000	ate, Zip Code Neck, N.J. 07	7722							
Project Manager for Monitoring Firm	Telephor	ne No.	Telepho		1 '	License N	0.					
Start Date (60) Scheduled (	Completion F	Date (11)		94-1757 f OSHA Monitor		00029						
5/9/15	15											
Occupancy Status During Abatement (Check Only One)			Street /	Address								
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Eacility Ho	urs 2urs		City, State, Zip Code									
Scope of Work (Check All That Apply)	****		1000									
17 - 23 31 01 20 11	ovation polition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur								
lelo	cation		المال	Non-exemple	u ( ) anu	Abate						
Location of Nor	mally Solely by	Asbestos Cor	escription		Am	nount		Ty				
In Facility Custod	enance/ ial Staff? 12)	(i.e. therma		insulation, , or	(Sr	or LF)	Removal	Ropair	Encapsulate	Enclosure		
Yes 1	N/A OF						1		0			
wtdoor Slab	- X	Floor	file		150		X					
Name of Registered Waste Hauler	NJDEP W		c Yards	Name of	Register	ed Landfil	1	11				
Ace Insulation Co., Inc.	Hauler ID 12086	No. of W	aste	Chrins	(							
City, State Colts Neck, New Jersey		Disp	osal Date	City, Sta								
Completed by Title	ary Treasu		Signatura	1		Da	te 8	115				

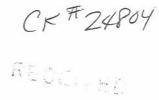
Date of Notificality

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

CK 4841

Date of Notification (1) 5/11/15	A STORY CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONT						Name of Building Owner/Operator (2) Christine Peterson Private Home Street Address 5614 Pounique Ave													
Agencies Notified	Type Notification		200	treet Ad 614 B	dress ayview	Ave			± 4	- I.r.	1	Alt i	2:	₹2						
DEP DOL	Initial Amended Amendment				e, Zip Coo Beach N		08		Sec. 2	ر <u>آن</u> ا کے ا	TUEN TUEN			- *.						
DOH DCA	iustification) Cancellation		100	ame of Christin	Contact ne					Tel	enhone N	lumbe	er							
				FACIL	ITY INFO	RMATI	ON													
Name of Facility Where Christine Peterson		g Place (3)					Type of Facility (4)  School (K-12)													
Street Address 5614 Bayview Ave								×	Subchapter Other (i.e. p etc.)				ouild	dings, homes,						
City (5) Brant Beach NJ 08	008							Squar 1000	e Feet +	# o	f Floors		35	dg. A	ge					
County (6) ocean					ode (7) SE ONLY)			Curren	nt Use (Prid Se	or if bei	ng demol	lished	i)							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abat aco In	ement Con	tractor	(9)									
Street Address					500000	Addres														
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091																		
Project Manager for Mor	T	elephor	ne No.		1 3	pne No			License											
Start Date (10) 5/12/15	Comp	oletion [	Date (11)		Name Sam	4	IA Monitor													
Occupancy Status Durin	)			-		Addres	9													
Facility Closed/Vac Abatement Perforn Other – Describe:	ateme								<======================================											
Scope of Work (Check A	All That Apply)																			
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		THE REAL PROPERTY.	novati molitio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								411-000					
		le i	.ocatio	notion .										Abatement						
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	Solely Solely itenand dial St (12)	/ . / by ce/		os Con therma surfa	taining N I system acing, VA	scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure				
		Yes	No	N/A											(D					
Exterior	Siding			Х		Exte	erior Si	ding		9	00 SF		ĸ							
Name of Registered Wa	1,000,000	IDEP W		Cubic of Wa	Yards		Name of	Regist	ered Land	dfill										
United Containers			United	459	.10.	2	sal Date		G.R.O.											
City, State Elm NJ						5/15/		8	Morrisv		A 1906	7								
Completed by Anthony T Perna		Title Presid	lent				Signature	e	1	2	T	Date		;						
And to try i i billa		Preside				III.								5/11/15						

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Agencies Notified  Type Notification  Initial Amended Amended Amendent # DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP DOL DEP D	dings, homes,								
Name of Facility Where Abatement is Taking Place (3) Pat Damiani Private Home  Street Address 501-503 Dock Rd  City (5) Beach Haven NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address Pat  Name of Contact Pat  Name of Contact Pat  Name of Contact Pat  Name of Contact Pat  Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildin etc.) Square Feet # of Floors Bldg 1000+ 2 35- 1000+ 2 000 Current Use (Prior if being demolished) House  Name of Abatement Contractor (9) Pernaco Inc.  Street Address PO Box 329  City, State, Zip Code	Bldg. Age								
Name of Facility Where Abatement is Taking Place (3) Pat Damiani Private Home  Street Address 501-503 Dock Rd  City (5) Beach Haven NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Pat  Name of Contact Pat  Name of Contact Pat  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildin etc.)  Square Feet # of Floors Bldg 1000+ 2 35- County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address PO Box 329  City, State, Zip Code	Bldg. Age								
Name of Facility Where Abatement is Taking Place (3)   Pat Damiani Private Home   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial building etc.)   Square Feet	Bldg. Age								
Name of Facility Where Abatement is Taking Place (3)  Pat Damiani Private Home  Street Address  501-503 Dock Rd  City (5)  Beach Haven NJ 08008  County (6)  Ocean  County (6)  Ocean  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Paguare Feet  1000+  2  Current Use (Prior if being demolished)  House  ASCM No.  Name of Abatement Contractor (9)  Pernaco Inc.  Street Address  PO Box 329  City, State, Zip Code	Bldg. Age								
Street Address 501-503 Dock Rd  City (5)  Beach Haven NJ 08008  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Other (i.e. private & commercial building etc.)  Square Feet # of Floors 2 Bld; 35- Current Use (Prior if being demolished) House  Current Use (Prior if being demolished) House  Name of Abatement Contractor (9) Pernaco Inc.  Street Address PO Box 329  City, State, Zip Code	Bldg. Age								
City (5) Beach Haven NJ 08008  County (6) Ocean  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address PO Box 329  City, State, Zip Code									
County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  County Code (7) (STATE USE ONLY)  ASCM No.  Name of Abatement Contractor (9) Pernaco Inc.  Street Address PO Box 329  City, State, Zip Code	·								
Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Address  PO Box 329  City, State, Zip Code									
Street Address PO Box 329 City, State, Zip Code									
City, State, Zip Code  West Berlin NJ 08091									
11001 = 1									
Project Manager for Monitoring Firm Telephone No. Telephone No. S56-753-9800 License No. 00727									
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same Same									
5/12/15 5/15/15 Same Same Street Address									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  City, State, Zip Code	City, State, Zip Code								
≥3 st or ≥3 ft  ≥160 sf or ≥260 lf    X   Demolition   Mini-Enclosure   Glovebag Procedure     X   Non-Exempted (*) and Non-Friable Pro	Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure								
Is Location	Abatement Type								
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)	Encapsulate Repair Removal								
Yes No N/A  Exterior Siding X Exterior Siding 2500 SF X									
Exterior Siding X Exterior Siding 2500 C. II									
N IDEP Waste   Cubic Yards   Name of Registered Landfill									
Name of Registered Waste Hauler  United Containers  NJDEP Waste Hauler ID No. 22459  Name of Registered Landilli G.R.O.W.S.									
City, State City, State Elm NJ  Disposal Date 5/15/15  Morrisville PA 19067									
Completed by Anthony T Perna  Title President  Signature 5/11/									



Date of Notification (1)	12/15			Name of Building Owner/Operator (2)  Weihmann  Weihmann													
Agencies Notified	Type Notifica	tion	_	Street	Address		Wellmain	<b>A</b> - 2 :		n ar	r ch		_				
EPA	initial 🔀					1	154 Jennifer I	Lane	9103	Cly	4TE	101					
DEP	Amended Amendme			City, S	tate, Zip C			-	- IULA	3/3	G	-					
	☐ Emergend	y (including					nahawkin, NJ										
DOH DCA	justification Cancellation			Name	of Contac	t ter Weihmanr		Telepho	one Numbe	er			a				
_				FAC		NFORMATION											
Name of Facility Where	Abatement is T	aking Place	(3)	FAC	JILITY INF	ORIVIATION	Type of Facility (4)										
Ivaille of Facility viviere		Lesidenti:					☐ School (K-12)										
Street Address	1154	Jennifer	Lan	e		Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings, homes, etc.)											
City (5)							rSquare Feet					g. Age					
	wkin, N	J 080				1500	.	2	_	80	+/-						
County (6)				nty Code (i ONLY)	7) (STATE	Current Use (Pr	rior if bein	g demolisl	ned)								
Name of Monitoring Firm	n Hired by Build	ling Owner		ASCM	No.		nent Contractor (9	53			950						
(8)						-	vens Environi	nental	Service	s, In	c.		_				
Street Address						Street Address	PO E	30x 322	2								
City, State, Zip Code						City, State, Zip Code Allentown, NJ 08501											
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.	CONCRETE TO SERVICE VIOLENCE V	Licen	se No.								
							59-9688	l -	00	0493							
Start Date (10)	S	Scheduled C			te (11)	Name of OSHA		ECS									
5/21/15 Occupancy Status Duri	na Abatament (		(29/	15		Street Address	101	ECS									
Facility Closed/Vaca		ment		Oli Col / Idal Coo	PO E	3ox 341											
Abatement Performe										_							
Other - Describe:							Crosswich	cs, NJ (	)8515								
Scope of Work (Check	all that apply)					□ Full Co	ntainment with Ne	gative Pre	essure								
≥3 sf or ≥3 lf			enovat	ation Mini-Enclosure													
≥160 sf or ≥260 lf		X De	emolitic	on Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								В					
			Locatio					8	Abatement Type								
Location	of		omally Solel			Description of	of				Typ	e -					
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IN Facilit		16	Staff?		(1.0.	surfacing, VAT	, or	SF or		Remova	Repair	Encapsulate	Enclosure				
(13)		-	(12)			other miscellane	ous)			oval	air	ulat	sure				
		Yes	No	N/A								ιυ					
Exterior I	House			×		Transite Sic		160		×							
Exterior C	Garage	_		×		Transite Sid	ding	700	) sf	×							
												85%					
									1611								
Name of Registered Wa		No.	h	JDEP \ lauler ID	No.	Cubic Yards of Waste	Name of Reg										
Stevens Environ	mental Serv	rices, Inc		182	292	4 CU	/	GROV	VS Lan	dfill			_				
City, State	Allentow	n, NJ		Disposal Date City, State  5/29/15 / Morrisvil					isville,	e, PA							
Completed By		Title		4 N 1 -		Signature	Date 5/12/1:				/15						
Mahlon E. St	P	Liviai	nager	_ / / / /				JI 12	11)	_	_						

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

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Date of Noțification (	Pate of Notification (1)						Name of Building Owner / Operator (2)									
05_/13/	<u> 15</u>				First Energ Street Add	-										
Agencies Notified	Type of No	tification	on		76 South S						> 5.0					
☐ EPA	252000	Initial	011			, Zip Code		* 1 1			= X					
DEP		Amend	ded		Akron, Ohi											
☑ DOH			iment _	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Name of C	[1] [2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1										
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		Cancel	liation	FΔ	CILITY IN	FORMATIO	V			-						
				1.7	COLLIT I III	ORMATIO										
Name of Facility Whe	ere Abateme	ent is T	Taking P	lace (3)		Type of Fac	cility (4)									
****							School (K-	12)								
Street Address								er 8 (Other i	han K-12	)						
MEMORIAL DRIVE &	SEWALL A	VE			%			private &								
						bldgs., homes, etc.)										
City (5) County (6) County Code (						Square Fee	et	# Of Floors	5	Buildin	g Age					
ASBURY PARK	ASBURY PARK MONMOUTH					Current Use (Prior if being demolished)										
							Telephone Pole									
Name of Monitoring	Firm Hired	by Bld	g. Owne	er (8)	ASCM NO											
	20000			D COLUTE	A OTINO O	DOLID IN	0									
	Environmental Health Investigations					NORTHSTA Street Add		ACTING G	KOUP. IN	U						
Street Address						Street Add	ress									
655 West Shore Trail City, State, Zip Code						32 Williams	Parkway									
Sparta, NJ 07871						City, State,										
Project Mngr. For Monitoring Firm Telephone Nu					mber											
Dino Nappi 212-682-9271						East Hanov		l	lumber							
Sheduled Start Date (10) Sched. Completetion Date (					1)	Telephone	Number		License	vumber						
05 // 15	15	_	<del>"</del>	/		973-884	4-8682			(	00860					
Occupancy Status D	uring Abate	ement (	(Check (	Only 1)		Name of O										
				ire Period of				RACTING G	ROUP. IN	C.						
Abatemer						Street Add	ress									
				ormal Facility n to 5;00 pm		32 Williams	Parkway									
25557	escribe:				City, State, Zip Code											
					East Hanover, NJ 07036											
Scope of Work (Che	ck All That	Apply)														
☐ Demolitio	_	-	7	Renovation		Full Conta	inment wit	h Negative	Pressure							
		L	ত্র	Kenovation	H	☐ Full Containment with Negative Pressure ☐ Mini - Enclosure										
≥160 sf or						Glovebag Procedure										
100000000000000000000000000000000000000					✓	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure						
Location o	f		ls		Descript	ion of			Abateme	nt Type						
Asbestos Conta	1110 190	100 100	ation	As	bestos - C				R		E	E				
		233	mally	2.	Material	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		Amount	E	R	N	N				
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(13)			ance/		outer times	onanooao,			Α	1	s	s				
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			ff (12)							-	<u> </u>	R				
Exterior Telephone De	olo		NO N/A	Transite Condu	uit			30 LF	7			+				
Exterior Telephone Po	JIE .			Transite Condu	iii.			55 2.1	H	H		17				
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	Name of Registered Waste Hauler NJDEP Wast					Name of R	egistered	Landfill								
NEWARK CARTING				Hauler ID No. 4509	of Waste	I.E.S.I.										
City, State	4505	Disposal	City. State													
NEWARK, NJ					Date	BETHLEH		105								
			(F)	lee:												
Completed by (Print	or Type)			Title			Signature		11	11	Date					
Steven Stiles Project Manage					er		Me	w,	Str	W	7 0	5/13/15				

CK A 6252

Date of Notification (1) 5/13/15		Name of Building Owner/Operator (2) PSEG - Southern												
Agencies Notified Type Notification		Street Ad	idress w Alban	v Road	d	0				<del></del>				
EPA   X Initial   Amended   Amendment #_   Emergency (inc	cluding	City, Stat Moores	e, Zip Cod stown, N	le				d L of	- (\$ ) is	-	<u> </u>			
DOH justification)  Cancellation	acuing	Name of Robert						Telephone N	Number					
		FACIL	ITY INFO	RMATIO	N	-	( = / A)							
Name of Facility Where Abatement is Taking F PSEG	Place (3)	Type of Facility (4)  School (K-12)												
Street Address 4140 Quaker Bridge Rd.					oter 8 (Other than K-12) e. private & commercial buildings, homes,									
City (5) Lawrenceville						Square 120,0	Feet	# of Floors	Bldg. Ag 57 yrs			je		
County (6) Mercer		County Code (7) Current Use (Prior (STATE USE ONLY) SUB STATION							olished)					
Name of Monitoring Firm Hired by Building Ow	vner (8)	ASCM	No.		Name	0.0001000000000000000000000000000000000	ement Contr						$\dashv$	
ENVIRONMENTAL TACTICS		0045	5				a na anata ma	OF AMERI	CA					
Street Address 64 BROAD ST.						Address WHITE	: HEAD A	VE.						
City, State, Zip Code MATAWAN, NJ 07747			14	J 08882										
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 12-2217			one No 432-83		License 01111						
	Scheduled Con 5/23/15	mpletion [	Date (11)				A Monitor YSTEMS	OF AMERI	ICA					
Occupancy Status During Abatement (Check	Only One)					Address	HEAD A	/E						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: NECESSARY OPERA	Facility Hour	ment s			City, S	tate, Zip	Code	NA STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST						
Other – Describe: NECESSARY OPERA:  Scope of Work (Check All That Apply)	TORG GIVET				SOU	THRI	VER, NJ	08882						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Exiable Procedure									
					Ion-Exempted (*) and Non-Friable Proce				edure batement					
Location of	ls Loca Norma	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Des	crintian	of					Тур			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Sole Maintena Custodial (12)	ance/ Staff?		os Conta thermal s surfac	escription of ntaining Material (ACM) all systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)	Kellioval		Repair	Encapsulate	Enclosure	
WITCHEN ADEA	Yes No	N/A		OOR T	11 厂 0	MACT	10	144	X	+				
KITCHEN AREA	^		FLC	JUK I	ILE &	IVIAST	10	144		+	-			
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Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic \ of Was				egistered Lan	dfill					
WASTE MANAGEMENT		1125	INO.	APPX	5			NORTH						
City, State ELIZABETH, NJ				Dispos TBD				SVILLE, PA		67				
Completed by CAROL RAIMO	Title OFFICE I	Title SOFFICE MGR.					rel Ramo Date 5/13/15							