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Date of Notification (1) May 12, 2015					Name of Chris N	Building C Nyers)wner/O		1000	ck # 2088	V	AY 1	5 .	(110		1-300	
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EPA DEP DOL	Initial Amende Amendm					te, Zip Coo ton, NJ (in the same of the		LIGE	YUNNY			CAPPER S	
DOH DCA	Emerger justificati Cancella	on)	luding	133	Name of Chris N	Contact					Tele	ephone I	Numb	er			
	Odinoona	don			2000	LITY INFO	PMATI	ON						_			
Name of Facility Where A	batement is T	aking P	Place (3	3)	1 AOII	LITT IN C	TOWN	OIV	Тур	e of Facility (4)						
Myers Residence Street Address				*// ×						School (K-1 Subchapter		arthan k	(12)				
124 Cleveland Road									×	Other (i.e. p				build	ings,	home	es,
City (5) Princeton		,							000000	uare Feet 000	# of 2	Floors		0.000000	dg. A	ge	
County (6) Mercer					County (Code (7) USE ONLY)			111111111111111111111111111111111111111	rrent Use (Pri	or if bei	ng demo	olishe	4)			
Name of Monitoring Firm MDG Environmental		ing Ow	ner (8)		ASCN	1 No.			of A	batement Cor Invironmen		W-12		70.77			
Street Address 1000 Maplewood Dr	ive, Suite 2	:07						Street 623		ress er Avenue							
City, State, Zip Code Maple Shade, NJ 08	052									Zip Code hade, NJ 0	8052		11,00				
Project Manager for Monit Chris Macri	toring Firm				Telephor	ne No. 55-9300		Telepi	hone			Licens					
Start Date (10) June 4, 2015				ed Con		Date (11)				SHA Monitor nalytical, Ir	nc.						
Occupancy Status During	Ahatement (C				### ### ### ### ### ### ### ### ### ##			Street			1.500						
Facility Closed/Vaca Abatement Performe	ted During En	tire Per	riod of	Abaten				200	Rou	ite 130 Nor	th						
Other – Describe: _		voimai	1 ading	riours			_	ST. 2017 ST. 2017 ST. 2017		inson, NJ 0	8077						
Scope of Work (Check All	That Apply)																
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			-	Renova Demolit					- !	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure					a	
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Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM TED	1)	Use Ma	ed Sole aintena todial ((12)	ely by nce/		tos Con therma surfa		Mater ns ins AT, o		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A											Ф	
Baseme	ent			XXX			Cen	nent B	oard		6	00 SF		Х			
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					1												
Name of Registered Was	te Hauler				JDEP W	l /aste	Cubic	Yards		Name of	Registe	ered I an	ndfill				
Freehold Cartage	ie Haulei			H	lauler ID 2265		of Wa			Wester	- 33			nity	Land	dfill	
City, State Freehold, NJ							Dispo 6/6/2	sal Date 015	9	City, Stat		Ą					
Completed by Christina Lynch			Title Ope	ration	s Mana	ager		Signatur	A.	D.		,	Date 5/1:	2/20	15		

Print Form

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Date of Notification (1) May 12, 2015					Building (Grapes		perator		ck # 208	6	MAY	15	20	115		
Agencies Notified	Type Notification			Street A	ddress chooley	Street			Į.							
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Co stown, N		57				1400				ů.	
DOH DCA	Emergency justification) Cancellation			Name of	Contact Grapes					Tel	ephone	Num	her			
					LITY INFO		ON			4				U-5-35	-4-72	
Name of Facility Where a Grapes Residence	Abatement is Takir	ig Place (3	3)	1 401	LITTINEC	ZINIA I II	OIN		of Facility (4	150 243						
Street Address 205 Schooley Street	et	13						S X	ubchapter ther (i.e. pr	8 (Oth				lings,	home	es,
City (5) Moorestown				-100				Square 2,000		# 0	Floors		250	ldg. A	ge.	
County (6) Burlington				County (Code (7) USE ONLY)			Curren	t Use (Prio	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Management & Env				ASCN	No.				ement Con ironment							
Street Address PO Box 341					-		Street	Address		.di, Li						
City, State, Zip Code Chesterfield, NJ 08	515	<u> </u>					City, S	State, Zip	Code	2052		<u> </u>				
Project Manager for Mor Bill Weisgarber				Telepho			Teleph	hone No		0002		se No			11-17-	
Start Date (10)		Schedul	ed Cor		98-4070 Date (11)			755-00 of OSH	A Monitor		0084	-2				
May 30, 2015	- Ab-1 1 (Ob-	June 2	, 201						ytical, In	С.				rice Milit		
Occupancy Status Durin Facility Closed/Vac				nent			17-	Address Route	s 130 Nort	h						
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	y Hours	S		_		State, Zip amins	Code on, NJ 08	3077						
Scope of Work (Check A	II That Apply)						25-02-702									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli	T-75-76 (C. 1)			>	Mini Glov	Containme -Enclosure rebag Proc	edure						
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1		2.0	s Locat Norma												pe	
Location Asbestos-Containing		Use	ed Sole	ely by	Asbest	bes tos Cont	scription aining M		(ACM)	Α	mount				ш	
TO BE AB In Faci (13)	lity	32005	intena todial ((12)	Staff?	(i.e.		system cing, VA niscellar	T, or	ion,		Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		12.2									te	
Dining Room an Basem		-	XXX		D-		Pack	100			5 LF		X			
Daseill	ent	-	XXX		Pa	aper on	Rour	ia Duc	ıs	ı	0 SF		X			
Name of Registered Was	ste Hauler		11 876	JDEP W	100 at 10	Cubic			Name of F	Registe	red La	ndfill				
Freehold Cartage				lauler ID 2265	No.	of Was			Western		ks Col	mmu	nity	Land	dfill	
City, State Freehold, NJ						Dispos 6/2/20	al Date 015		City, State Birdsbor		4					
Completed by Christina Lynch		Title Oper	ation	s Mana	iger	8	ignature	M	20		,	Dat 5/1	e 2/20	15		

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Date of Notification (1)					f Building		Operator	(2)		1115	7 -	- n	045		- 10
5/1 3 /15			10	Cyzne	r Proper	ties				M(A)	1	0 /	J15		1
Agencies Notified X EPA	Type Notification		1 23		ddress S Highw	ay 22									
DEP × DOL	Amended Amendmen	t #			ate, Zip Co Brook,		812		÷ .	L					ww
Ĭ DOH DCA	Emergency justification)		N	lame o	f Contact yzner		79// 1/10/07			Telephor	ne Nur	nber			33-6
DCA	Cancellation	1			<u> </u>	D1117	1011				1,-51			-	
Name of Facility Where	Abatement is Takir	ng Place (3)		FAC	LITY INFO	ORMAI	ION	Туре	of Facility (4))					
									School (K-12						
Street Address 1072 Route 46									Subchapter 8 Other (i.e. pri				dings	hom	es,
City (5)								<u> </u>	etc.)	# of Floo		-	Ida (\~~	
Parsippany								Squai	e Feet	# of Floo	15	100	31dg. <i>1</i> 30	-ige	
County (6) Morris					Code (7) USE ONLY)			Curre	nt Use (Prior	if being de	molish	ed)			
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASC	ЛNo.				tement Contr						
Street Address							Street		onmental	Services,	LLC				
							РО В	ox 48	33, 4 E Ga	te Drive					
City, State, Zip Code		33					19.35		p Code , NJ 07418	3					
Project Manager for Mo	nitoring Firm		Т	elepho	ne No.		Teleph 973-5			Lice 703	nse N	0.			
Start Date (10) 5/25/15		Scheduled 6/15/15	Comp	oletion	Date (11)		Name o	of OSH	IA Monitor						
Occupancy Status Durin	ng Abatement (Che	L ck Only One))	-			Street A	Addres	ıs	100					-
Facility Closed/Vac	ated During Entire	Period of Ab	ateme	ent			00017								
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H	lours				City, St	ate, Zi	p Code						
Scope of Work (Check /	All That Apply)							2							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	novatio molitio				0	Min Glo	Containmer i-Enclosure vebag Proce	dure					
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Asbestos-Containing	Material (ACM)	Used	Solely		Asbest		scription taining M		(ACM)	Amoun	t			ш	
TO BE AB In Faci		Custo			(i.e.		systems cing, VAT		tion,	(Specify SF or LF		Rer	Re	nca	End
(13)		((12)				miscellane			Of Of Li	,	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	Fe
Second	floor			Х	set bac	k roof	tar/chir	nney	mastic	20 SF		х			
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<i>E</i> :		-													
Name of Registered Wa	ste Hauler		NII	DEP W	/aste	Cubic	Yards		Name of Re	agistarad I	andfill				
Freehold Cartage			Hai	uler ID 939		of Wa			Western						
City, State Freehold, NJ						Dispo:	sal Date		City, State Birdsboro	o, PA	Carolina				
Completed by		Title					Signature		7		Da	te			
A. Scott Higgins		Preside	ent					6	ar		5/	13/15	5		

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P	rı	nt	Forn	n

Date of Notification (1) 5/12/15			1 200		Building Ow	vner/O	perator	(2)			<u>~ </u>	Y.	5	201	5	i ma
Agencies Notified EPA	Type Notification		1 5		ddress Pleasant P	arkw	/ay			Ĺ	78516	11-72				34-
EPA DEP DOL	Amended Amendment				te, Zip Code NJ 0708				-	with make it is		LIGH			Paucus: 0	san Pulatia
DOH DCA	justification) Cancellation				Contact v Cruz					Tel	ephone	Numb	er			
Name of Facility Where A house Street Address 1395 Pleasant Park		g Place (3)		FACII	LITY INFOR	MATI	ON		of Facility (4 School (K-12 Subchapter Other (i.e. pr	2) 8 (Oth			build	lings,	home	es,
City (5) Union								<u> —</u> е	etc.) re Feet	# of	f Floors		B 6	ldg. A	.ge	
County (6) Union					Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				tement Cont onmental			LC				
Street Address							Street A		s 33, 4 E Ga	ate D	rive					
City, State, Zip Code									p Code NJ 0741	8						
Project Manager for Mon	itoring Firm		Te	elephor	ne No.		Teleph 973-5				Licens 703	e No.				
Start Date (10) 5/23/15		Scheduled 6/15/15	Comp	letion [Date (11)		Name	of OSH	IA Monitor							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norn	Period of Aba	atemei	nt		-	Street /	01 71556	p Code						,	
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	December 1	novatio					Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure					e	
Location	of	No	ocation rmally			Des	scription	of						Abate Ty	ement pe	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Custod (enanc	e/		cont ermal surfac		aterial insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
basement closets	& vent areas	1.00		X		pipe	insulat	ion		1	8 LF			х		
Name of Registered Was	ste Hauler		35.7137012	DEP W	G117167414	Cubic of Was	Yards ste		Name of F	Registe	ered Lan	dfill				
City, State					1	Dispos	sal Date		City, State	-						
Completed by A. Scott Higgins		Title Preside	ent			S	ignature	a		_		Date 5/12				

CK 1936

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

Agencies Notified Type Notification Street Address PACILITY INFORMATION Name of Facility (A) Scheduled Completion Date (11) Street Address City, State, Zip Code Ascandation Street Address County (6) Street Address City, State, Zip Code County (7) Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Start Date of Non-Exempled (*) and Non-Friable Procedure
EPA DOL Amended Amended City_State, Zip Code Name of Contact Eric Plackis Telephone Number
DEP DOL Amendment # Emergency (Including justification)
Amendment #
DOH
School (K-12) School (K-12) School (K-12) Subchapler 6 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
Street Address City (5) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Coupancy Status During Abatement (Check Only One) Street Address Freelity (12) School (K-12) Subarpare Reet # of Floors Bidg, Age Current, Use (Prior if being demolished) Name of Abatement Contractor (9) Brick Inclustries Inc. Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 City, State, Zip Code Street Address Facility (4) School (K-12) Subarpare Reet # of Floors Bidg, Age Current, Use (Prior if being demolished) Name of Abatement Contractor (9) Brick Inclustries Inc. Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 Coupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure City State Procedure
Street Address City (5) County (6) County (7) Street Address County (8) County (8) County (9) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Telephone No. Street Address Project Manager for Monitoring Firm Telephone No. Street Address Street Address Project Manager for Monitoring Firm Telephone No. T
Street Address City (5) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Start Date (10) Start Date (10) Start Date (10) Scheduled Completion Date (11) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Storet Address Full Containment with Negative Pressure Mini-Enclosure Storedure & commercial buildings, homes, etc., Struct Adgress Current Use (Frior if being demolished) AscM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address P.O. Box 915 City, State, Zip Code Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovehag Procedure
City (5) County (6) County (7) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Project Manager for Monitoring Firm Telephone No. City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Street Address Telephone No. (732)899-7499 City, State, Zip Code Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Giovebag Procedure
County (6) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Street Address City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 O1196 Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
County (6) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 Otter Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Scope of Work (Check All That Apply) Start Date (10) Scheduled Completion Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Scope of Work (Check All That Apply) Street Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Glovebag Procedure
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 O1196 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Ofter − Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Cilovebag Procedure
Brick Industries Inc. Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 01196 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Ofter − Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Brick Industries Inc. Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Telephone No. Telephone No. (732)89
City, State, Zip Code City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Other — Describe: Scope of Work (Check All That Apply) State Address Telephone No. (732)899-7499 Other — Describe: Scope of Work (Check All That Apply) Renovation Demolition Telephone No. (732)899-7499 Other — Other — Other Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 City, State, Zip Code Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Ofther – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Demolition Telephone No. (732)899-7499 Name of OSHA Monitor City, State, Zip Code
Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Other – Describe: Scope of Work (Check All That Apply) Safet Control of Apply Renovation Demolition Brick, New Jersey 08723 Telephone No. (732)899-7499 Name of OSHA Monitor Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) As sf or ≥3 If ≥160 sf or ≥260 lf C732)899-7499 Name of OSHA Monitor Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Start Date (10) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Name of OSHA Monitor Name of OSHA Monitor Name of OSHA Monitor Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Street Address City, State, Zip Code
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Demolition Demolition In discontainment with regarder ressure Glovebag Procedure
Is Location Abatement
Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount
Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (13) Maintenan
Yes No N/A
X 0.00 (00) 10,000 3 1 E
A Libe II DAIMING J 2 PM 8
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Rrick Industries Inc. Hauler ID No. of Waste
City, State Disposal Date City, State
Brick, New Jersey 5/\ \ \ \ \ \ \ \ \ \ \ \ \ \ PA
Completed by Title Signature Date

State of New Jersey

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

RECEIVED Ch # 7814

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Date of Notification (1) 4/22/15					er/Operator (2) of New Jersey		2015 Kirls	115 ,	(A. 12			
Agencies Notified	Type of Notificat			ddress	nege	Of New Jersey			10 4	112:	9		
	Type of Notificat				n Val	ley Road		ASBEST & LI	00 0		-		
[X] EPA	[X] Initial		1 00	ramap	o vai	icy rodu		811	73 CO	MTRA	1		
[] DEP	Notification	C	ity, St	ate, Zip	Code			- h., [CEMS!	tG.	<u>. </u>		
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[X] DOH	Notification	1		son decret in the second									
[x] DCA				of Contac		- 44.000		Telephone	Number				
10 6 034 10000000	[] Cancellation	, (Grego	ory Ro	mero	Jr.							
					FACILI	ITY INFORMATION							
Name of Facility Whe	re Abatement is Ta	king Pla	ce (3)	t'			Type of Fa	cility (4)					
Holly Dorm, Ra		5777					[] Sc	chool (K-12)	thar than V	(12)			
Street Address								chool (K-12) ubchapter 8 (O her (i.e. private	and comn	nercial b	uildir	ıgs,	
505 Ramapo V	allev Road						h	omes, etc.)					
ood itailiapo ti	and) Hoda						Square Fee	et # of F	loors	Bldd	ı. Agı	9	
City (5)		County	(6)		C	ounty Code (7)	70000	2	2525000000	~-40	, 3	20	
Mahwah .		Berge	en		(S	STATE USE ONLY)		e (Prior if being	demolishe	ed)			
Name of Monitoring F	irm Hired by Ruildir	na Owne	ar I	ASCM N		Name of Abatem	College do						
USA Environn	사기 때 그리기를 받아 있다면 그 그 그렇게 되었다.		22	00112				vironmenta	I Service	es Inc			
Street Address	1. Managemen	it, iiic.		30112		Street Address	apiter Li	viiorinienta	OCIVIC	C3, IIIC	<i>.</i> .		
344 West State	St						323 Chand	gebridge Ro	ad Sui	te 100)		
City, State, Zip Code	Ot.		/			City, State, Zip C		gobilago i to	Juu, Oui	10 100			
Trenton, NJ								k, NJ 0705	8				
Project Manager for I	Monitoring Firm	Tele	phone	Number	r	Telephone Numb		.,		ense Nu	mbei		
William Weisga		100000000000000000000000000000000000000		3-8101	5.0		973-575-8	3700			0	285	52
Scheduled Start Date		0.0000000000000000000000000000000000000		Date (11		Name of OSHA I						(1)(1)(2)(2)	(071)
5/20/1	5	7/1	0/15	,			J & S Env	ironmental	Laborat	tories,	LL(\mathcal{L}	
Occupancy Status Du						Street Address							
	ed/Vacated During erformed Outside o						2333 Rout	e 22VV					
	cribe:		. ,	, , , , , ,		City, State, Zip C		07000					
[] Other – Des	cribe: partially vaca	<u>nt</u>					Union, NJ	07083					
Scope of Work (Chec	k all that apply)							50 KB 5- 50	60 HARD 2500	2000			
II Demetition					D		[x]	Full Containm		egative l	Press	ure	
[] Demolition [] ≥3 sf or ≥3 lf				[]	Keno	vation	[]	Mini – Enclos Glovebag Pro					
[x] ≥160 sf or ≥							[]	Non – Friable		9			
		ls	Loca	tion				All All Ave is the control of the co			Δh	ater	nent
			mally			Descr	ription of				Ту		
Location		L. Company (1997)	Solely				- Containing		100	ount	R	R	E
Asbestos – (Material		U	tenani al Stat	ce/Cus			al (ACM) mal systems			ecify or LF)	E M	E	N I
TO BE A	A STATE OF THE PARTY OF THE PAR	toui	ui otui	(12)			urfacing, VAT		01 0	21 -17	0	A	A
In Fac	3.0		V-100-0			or other m	iscellaneous)				V	1	P (
(13)	Yes	No	N/A							A	R	S
Entire building			×		Drvw	all and joint compo	und, stud ad	dhesive	29000	SF	X		
Entire building			Х		VAT	,	,		3900 \$		X		
													\top
Name of Registered \		00000		Waste		Cubic Yards		Registered Land	dfill				
Jupiter Environi	mental Service	, ,	auler II 04782		9	Of Waste 80	Minerva	a Landfill					
City, State			J410Z	S	-	Disposal Date	City, State						
Pine Brook, NJ					11 15	7/9/15 approx.		sburg, OH					
Completed By (Print of	or Type)	Title			1	Signature	vvayiie	obarg, orr	1 -	ate			
Pane Repic	,,,		eral	Mana	ger	o.g.rataro)		L	_	1/22/1	5		
. and hopio		001	oral	riaria	901	A							
ASB-41 JUN 95		-de-				7							

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Date of Notification			I	Vame	of Bu	ilding (Owner / Operator	2015 (2)		Dec.				
A	5/4/2015		5	Steve	n Pe	terso	n	CEID HAY	15 1	11000				
Agencies Notified EPA	Type Notification	on	2	Street	Addre	ess dan E)ood	Astro		12: 49				
□ DEP						dge F	ode	ASBESTO & LIC	311	WITCO	-			-
□ DOL	Amende	ed	4 150			NJ 08	560	& LIC	ENSI	KUL				
□ DOH	☐ Emerge	ency	-		of Co					Te	elepho	ne N	umb	er
☐ DCA	☐ Cancell	ation	9	Steve	en Pe	terso	n			1	anon s aans			
				FΔ	CILIT	V INF	ORMATION					1055-		
Name of Facility Wh	nere Abatement	is Taking Pl	lace (3		OIL!!	1 1141	Type of Facilit	ty (4)						
Residence		3					School (k							
Street Address							Subchap	ter 8 (Other th	an K-	12)				
24 Blue Ridge Ro	ad						Chamman	. private & co	mmer	cial buildings	s, hom	es, e	etc.)	
							Square Feet	# of Flo	DOES	Blo	dg. Ag	е		
City (5)		ounty (6)	Cou	unty C	Code (7)	1800		2			80+	9	
Titusville	N	lercer						Prior if being	demol	ished)				
					1.00		Residence							
Name of Monitoring	Firm Hired by I	Building Owr	ner (8)		ASC	M No.	Name of Abat ALPHA ENV		CONTRACTOR OF THE PARTY OF THE	9)				
Street Address							Street Addres PO BOX 829						Arrent C	
City, State & Zip Co	de						City, State & 2							
							Trenton NJ							
Project Manager for	Monitoring Firm	n	Telep	hone	Numb	ег	Telephone Nu 609-847-295			License Nu	mber 0122	2		
Scheduled Start Dat	te (10) Sc	heduled Cor	npletio	n Dat	te (11)		Name of OSH		-		O I MA			
5/13/201		14/2015					EMSL Analy							
Occupancy Status D							Street Addres	S						
	ed/Vacated Du						107 Haddon							
- Division Silvings and the	Performed Outs	ide of Norma	al Hou	ırs –	7am to	3pm	City, State & Z							
Describe:	upied During At	atamant					Westmont,	NJ 08108						
Scope of Work (Che		A BOUTH HAVE THE CONTRACT OF T												
Coope of Work (One	ok all that appl	y)						☐ Full Co	ntainn	nent with Ne	gative	Pres	sure	8
≥3 sf or ≥3 lf	f		\boxtimes	Ren	ovatio	n		Mini-Er						
≥160 sf ≥260	O If			Den	nolition	n		Glove E	Bag Pr	rocedures				
								☐ Non-Ex	empte	ed and Non-I	Friable	Pro	cedu	re
The state of the s	ocation of			ocati	.X		Description		T	Amount	Aba	atem	ent T	ype
	os-Containing erial (ACM)		Norm	nally to blely b			Asbestos-Cont Material (AC			(Specify SF or LF)				
	BE ABATED		Maint				(i.e., thermal sy			SF UI LF)	Re	D	ncs	En
	Facility		Custo	dial S		i	nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)	AI/A		or other miscella	aneous)			l'al	=	ilate	ure
D			Yes	No	N/A				-					
Basement			Ш		ш		Pipe Insula	tion	94lf			Ш	ш	Ш
Name of Registered	Waste Hauler			NJ	DEP V	Vaste	Cubic Yards	Name of Reg	istere	d Landfill				
ALPHA ENVIRON				2527.7	uler ID 33330		of Waste	Grows Lan						
City, State	INFIAIVE			00	ادددد	,	Disposal Date	City, State	uiii		1100000			-
Trenton, NJ							Various	Morrisville	DΛ					
Completed By (Print	or Type)			Titl	Δ		Signature	morrisvine,			Date			
Rod Richardson	or Type)			PI			Rod Richardson				5/4/2	201	5	
					••						5, 111		_	

CK 24145

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

RECLIVED

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Date of Notification (1) 5 /	08 /	15			of Building nson & J	Owner/Operator (ohnson		5 KAV 15	814.10			
							cai	5 KAY 15 ,	1112:	48		
Agencies Notified EPA	Type Notificati	on			Address George \$	Street		EESTOS r	ANTO			
☑ DOLWD	☐ Amended			City, S	tate, Zip C	ode		& LICENS	CILIC	UL		
□ DHSS	Amendmer			New	Brunsw	ick, NJ 08901		TOP IN	HILLE			
DCA	☐ Emergency justification		-	S. C. COCONINA	of Contact			Telephone Nur	mher			
(NJAC 5:23-8)	☐ Cancellatio				dita Kam							
				FAC	ILITY IN	FORMATION		L				
Name of Facility Where A	Abatement is Ta	king Place	(3)		. 		Type of Facility (4)				-
Kilmer Museum			3 7				School (K-12)					
Street Address							Subchapter 8	(Other than K-1				
501 George Street							Other (i.e., pr homes, etc.)	Nate and comm	ercial bu	ııldıng	IS,	
City (5)			170000				Square Feet	# of Floors	BI	dg. A	ge	
New Brunswick							9500	2		+/- 7	0	
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	if being demo	lished)			
Middlesex		8					Vacant					
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	- Walliam (1971)				
EHI, Inc.						USA Enviror	nmental Manage	ernent, Inc.				
Street Address	20					Street Address		-1				
655 West Shore Tra	ail					8436 Enterp	rise Avenue					
City, State, Zip Code						City, State, Zip C	ode					
Sparta, NJ 07871						Philadelphia	, PA 19153					
Project Manager for Mon	itoring Firm		Tele	phone l	No.	Telephone No.		License No.	*			
William Kerbel			97	3-729	-5649	215-365-581	0	1156				
Start Date (10)		cheduled C				Name of OSHA						
5 /18 /	15	5/	21	_ / -	15_	USA Enviror	nmental Manage	ement, Inc				
Occupancy Status Durin	g Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacat					(201 %) (2012)	8436 Enterp						
Abatement Performed Time of Abatement:						City, State, Zip C						
			1	.,		Philadelphia	i, PA 19153					
Scope of Work (Check a	II that apply)					☐ Full Cor	ntainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re	enovati	on		Mini-En	closure					
☐ ≥160 sf or ≥260 lf			emolitic	on			ag Procedure empted (*) and No	n Friable Proced	dure			
		1 - 1	s Locut	ion			cimpted () and the	Trable 1 1000		atem	ent T	vne
Location	n of		Norma	iiy		Description	of		-		-	
Asbestos-Containing		10 10 100000	ed Sole aintena	-		stos Containing M		Amount	em	Repair	nca	nclo
TO BE AB		1000	stodial		(i.e	., thermal systems surfacing, VA		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)			(12)			other miscellan					late	Ф
		Yes	No	N/A				_			1	
First Floor				\boxtimes	Floor T	ile & Mastic		24 SF				
Basement				\boxtimes	Pipe Fi	tting Insulation		6 EA				
Name of Registered Wa	ste Hauler			NJDEP		Cubic Yards of	Name of Regis					
USA Environment	al Mgmt., Inc			3261		Waste 1	GROWS L	andfill				
City, State						Disposal Date	City, State	10 to				
Philadelphia, PA						5/21/2015	Morrisville	, PA				
Completed By (Print or	Type)	Title				Signature/	111000		Date ,	7	_	
Dilip Kumar		Progra	am Ma	anager	•	like	Mike	en	5/8	101		

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PAGE 02/04

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Date of Notification (1)				ting Owner/Operate			. 1	7
S 11 15	Type Notification		MS. 5.	HAHIDA -	LOW SO F	· MAY	2018	-+
© EPA	- Initial			3.6 CE	LA INU	E They /	well -	Parker sand and
DEP .	☐ Amended		City, State, Z	ip Code		The state of the s	A SUV	20
₹ DOL	Amendment #	ing	טאום		0708		, ka	3"1
JE DOH	justification)	•	Name of Cor	70 NSUL		Ta sphere Hu	Mper =	B-
	1			NFORMATION			00 -	
Hame of Facility Whore	Abstament is Telving Pl	a40 (3)			Type of Facility	(A)		part .
	TONSUL	2			Q School (K-12			- Chin
Birent Address		A 1 4	•			8 (Od er than K-1 tvate & commerci	4)	V
(1223)	CIENN	AU E			homes, stc.		1 miles had be	ENCA.
() N1	S				2007.	7.	grant de	ove
County (6)			County Code	(7) (STATE USE		riot it being demo		
1 4410			ONLY		351	PIDON CE	•	
Hame of Montering Fire (2)	n Hired by Building Own	or Asc	4 No.		ment Contractor (•	AS	ران الله الله
Street Address				Breet Address	emoval I	<u>nc</u>	N	Carrie
					th River	5 t	2013	E
City, State, Zip Ceds				City, State, Zip			63	
				Hackens	ack . N.	I. 07601	miss t	U1
Project Klanager for Mo	though Leads	Tempn	one No.	201, -329	-7444 .	Lie sade No.	188	Total Control of the
Start Date (10)	Schaduled C		CONTRACTOR OF THE CONTRACTOR O	Name of OSHA				N
SISIS	5	16/1	5		nvironme	atal Inc		
Occupation Status Durk)		280 Huy		98	= 4	Ca.2
☐ Facility Closed/Vecat ☐ Abeliament Performe	ed During Entire Period d Outside of Normal For	of Abatames	nî	City, State, Zip	Code			
= Other - Describe: 7	Drico 264			1000 min 100	ack , N.	7. 07601		
Scope of Work (Check)	of dust apply)			E Full	Containment with	Neg Alve Pressu	79	
-23 of at ≥3 N □ ≥ 160 of at ≥ 200 N			□ Renoveto □ Demolition		FEnchaute vebso Procedure	2	7	
					-Exempted (*) an	d Not -France Pro		lement
		le Lea		1	1			AD6
, Locat Asbestos-Containi		Used Sa Manner	lely by	Description besten Cottolning &		Amount	-	100
TOPE	MATED	Cupio	eGini .	7.6., thorned system P. apleases	s trisulation,	(Specify SF of LF	Reprise	de de
	3)	(12		other misoriat		P. M. C.	量量	Endosurá
		Yes No	TNIA		,			18
BASEMENT			I THE	CHAC SYSTEM	INSULATION	ZOL	FX	IT
								II
Name of Rosistarod Wit	rete Haulet	MUDER	Waste Hauler	Cubia Yards of	Name of Regi	stered Landfill		
Best Remo	PARTICIPATE PARTICIPATE AND ADDRESS OF THE PARTICIPATE AND ADD	1710		Waste Z C-7		Enterpr	isės.LL	C
City, State				Disposal Date	City, State	,	Mark Harthard Street	
Hackensa Completes by	ck N.J. 07	601		Signature S	Waynest	ours .Oh	.4468B	
Completed by	Retin	***		ailluarnia.	Paisner	_2	\$ 11/	15

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				Printer	7.

Date of Notification (1) 5/12/15			- 1	Name of Jim Mi	Building of	Owner/(Operator	(2)		4	II A	AY I	17	EEC.		
Agencies Notified	Type Notification			Street A						# .		-	· ·	4,7.	2.5	S.
	x Initial				nden Av	e					8	'n		e j		
× EPA × DEP × DOL	Amended Amendment #	ŧ		A 450	te, Zip Co leach, N		rsev				7	165	14.	NĞ	ηU,	Ĺ.
_	Emergency (i	ncluding	-		Contact		,			Te	ephone	e Nun	ber			
☑ DOH ☐ DCA	justification) Cancellation			Georg												
				FACI	LITY INFO	DRMAT	ION	-			1,740,000					
Name of Facility Where	Abatement is Taking	Place (3)						Ту	pe of Facility (4)							
Mobley Residence									School (K-12)						
Street Address									Subchapter 8 Other (i.e. pri					dinac	hom	00
229 Linden Ave								Ш	etc.)	vale	& COIIII	HelGla	ii buii	uiiigs,	HOHI	65,
City (5)								1000000	uare Feet	1000	f Floors	S	1.00	lldg. A	ge	
Pine Beach							.y	85		1				+0		
County (6) Ocean					Code (7) USE ONLY				irrent Use (Prior esidence	f be	ing den	nolish	ed)			
Name of Monitoring Firm	n Hired by Building C	wner (8)	-	ASCN	I No.		Name	of A	Abatement Conti	ricto	(9)			_		
							Ace	Ins	ulation Co., I	IIC.						
Street Address							Street	Add	iress							
O'the Otata 7's Orde									trose Road							
City, State, Zip Code							- SERVED - SER		e, Zip Code eck, N.J. 077	22						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 732-		No. 1-1757		Licer 000	nse No 29).			
Start Date (10)		Scheduled	Con	pletion l	Date (11)		Name	of C	SHA Monitor						-	
5/21/15		5/26/15														
Occupancy Status Durin							Street	Add	iress							
	ated During Entire P ned Outside of Norma						City S	State	, Zip Code	-				_		
X Other - Describe:	7am-7pm								1							
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 lf			nova						Full Containmer	with	n Nega	tive P	ressu	ге		
× ≥160 sf or ≥260 lf		× De	molit	ion					Mini-Enclosure Glovebag Proce	clure						
							×		Non-Exempted		d Non-	Friabl	e Pro	cedur	е	
			ocati												ement	t
Location	n of	Used Used	rmal	2		De	escription	of					-	T '	/pe	T
Asbestos-Containing TO BE AB		Main	tenar	nce/			itaining N I system:		rial (ACM)		Amount Specify		R	_	En	Ш
In Faci	lity	Custo	dial S (12)	Staff?	(surfa	cing, VA	T, 0	or		F or LF		Remova	Repair	caps	nclo
(13)	(a)		(/			other	miscellar	neou	is)				oval	ai-	Encapsulate	Enclosure
		Yes	No	N/A											е	
outdo	or			х			siding			4	100sf		x			
											34					
Name of Registered Was	ste Hauler			JDEP W		Cubic of Wa	Yards		Name of R	egist	ered La	andfill	02 00 3			
Ace Insulation Co.,	Inc.			2086	140.	1	isie		Chrins							
City, State	roov					500	sal Date		City, State	12.4	600 000			5000		
Colts Neck, New Je	isey	T:41-				5/26/		_	Easton,,	PA		-	_			
Completed by Bree McGuire		Title Secret	arv	Treasu	ırer		Signature		A			Dat	e 12/1:	5		
			J		Markey -		11 76	n	11			,				

2ng Check - Amendment #1	7-0		0711101	tate of Nev N OF ASBE t to NJAC t	ESTOS	ABATE				14			- ()		·
Date of Notification (1) 5/12/15				of Building (r Caldwe		Operator	(2)		21	TO MA	i j	5	Etc		
Agencies Notified Type Notification				Address Green S	Streev	t			1.	3:	er.		-	Z= 4	4
X EPA Initial X DEP X Amended X DOL Amendment	# /	f	City, St	ate, Zip Co erton, Ne	de					6. [U.F	re S	140	R.J.	L
× DOH Emergency (justification)				of Contact	W JEIS	ьеу			Te	lephone	Nun	ber	11 (3		
DCA Cancellation			Ralph	ILITY INFO	RMAT	ION			i					_	
Name of Facility Where Abatement is Takin Vacated Lot	g Place (3)	1710	and the c	7140741	ioit	Туре	of Facility (4)						
Street Address 802 S Green St							×	School (K-12 Subchapter I Other (i.e. pr etc.)	(Oth				dings	, hom	ies,
City (5) Tuckerton		(E)					Squa -	are Feet	# 0	f Floors		E	Bldg. /	Age	
County (6) Ocean				Code (7) USE ONLY)				ent Use (Prio	if be	ing dem	olish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASCI	M No.		1 1000000000000000000000000000000000000		atement Cont ation Co.,		(9)					
Street Address	11990-11					Street	Addre	ess	110.						
City, State, Zip Code	- N, - Cato, - Lp - Odd														
Project Manager for Monitoring Firm	Colts Neck, N.J. 0														
Start Date (10)	Schedul	ed Con	nletion	Date (11)		732-		1757 HA Monitor		0002	9				
5/9/15	5/25/1	5		Date (11)											
Occupancy Status During Abatement (Checiling Facility Closed/Vacated During Entire F	eriod of	Abatem	nent			Street	Addre	SS							
Abatement Performed Outside of Norm X Other – Describe: 7am-7pm	al Facility	y Hours				City, S	tate, Z	ip Code						0	
Scope of Work (Check All That Apply)							,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	50F3A			×	Min Glo	Il Containmei ni-Enclosure ovebag Proce n-Exempted	dure						
		Locati					. 110	- Exempled	/ 411	4 14011-1	labic	, 1 10	Abate		t
Location of Asbestos-Containing Material (ACM)	Use	Normall d Solei intenar	ly by	Asbesto	os Cont	scription aining M	lateria	I (ACM)	А	mount			1,		
TO BE ABATED In Facility (13)	100000	todial S (12)	33350	(i.e. t	surfac	systems cing, VA	T, or	ation,		Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									al	7	late	ıre
outdoor slab	outdoor slab x floortile										1	X			
	and mastic											×)			
					_		*								
Name of Registered Waste Hauler		11 0010	JDEP W	100	Cubic			Name of Re	giste	red Land	dfill	-			
Ace Insulation Co., Inc.		100	auler ID 2086	INO.	of Was	sie		Chrins							
City, State Colts Neck, New Jersey					Dispos 5/25/	al Date 15		City, State Easton,,	> Α						
Completed by Bree McGuire	Title Secre	etary ⁻	Treasu	ırer	Si	ignature ///	u	4			Date 5/1	2/15	·		

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(HILLY T	1701
	770 1

Date of Notification (1)											T	1	-,"	-		
5/11/2015				Broad	of Building Iway 26	Owner/ , LLC	Operator	(2)		2.775	MAY	15	File	-		
Agencies Notified X EPA	Type Notification				Address Box 111			- 55	A	100	tr	5 2	Me a cy	150	43	
× EPA × DEP × DOL	Initial Amended Amendmen	t #			ate, Zip C		51			- &	LILE	n.	141	PU	H	
× DOH DCA	Emergency justification)	į.		Name o	of Contact					Tele	nhone	Numl	oer	<u> </u>		
<u> Бол</u>	Cancellation				ILITY INF		ION									_
Name of Facility Where A Commercial	batement is Takir	ng Place (3)	1 AC	ILIT IN	UNIVIAI	ION	Туре	of Facility (4)						
Street Address									School (K-12 Subchapter 8		r than	V 40V				
26-13 Broadway								×	Other (i.e. pr					dings	, hom	ies,
City (5) Fair Lawn								Squa	etc.) re Feet	111/03/5	Floors		100	Bldg.	Age	
County (6)				Causti	0-1- (7)			4,00		1				70		
Bergen				(STATE	Code (7) USE ONLY)		Reta	ent Use (Prio ail - Comm	ri beir e cia	ng demi	olishe	d)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8))	ASC	И No.		Name Sky	of Aba Contr	tement Cont acting, LL	ra otor	(9)					
Street Address								Addres Valle	ss ey Road, S	 Suite I	<					
City, State, Zip Code									ip Code							
Project Manager for Monit	oring Firm			Telepho	ne No.		10000	ne, N	ew Jersey	0/4/	Licens	o No				
0, 18, 10	2-27-2 2-69		50			0.0000000000000000000000000000000000000	928-			00874						
5/21/2015	Start Date (10) Scheduled Completion Date (11) Name of															
Occupancy Status During							Street	Addres	SS					-		
Facility Closed/Vacat Abatement Performe	ed During Entire	Period of a	Abater	nent					y Road, S	u te k	(
Other – Describe:			- I out						ip Code ew Jersey	0747	0					
Scope of Work (Check All	That Apply)	printed						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processes.	Renova Demoli				×	Min	Containmer ni-Enclosure vebag Proce	dire						
		Is	Locat	ion			E	ı Nor	n-Exempted	and	Non-Fi	riable		7/AV/	e emen	t
Location of			Normal d Sole		550 1000		scription					-		Ту	ре	
Asbestos-Containing N TO BE ABAT In Facility (13)	TED	Ma	intena todial ((12)	nce/	Asbes (i.e.		taining M systems cing, VA niscellan	insula T, or	(ACM)	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
D		Yes	No	N/A									_		ate	G.
Basemer			Х		Pip	e Insul			ngs	50	LF		x			
Basemer	nt		X		Floor Tiles						00 SF		х			
Name of Registered Waste	Haules		12													
Service Transport Gro	Н	IJDEP W lauler ID		Cubic of Was			Name of Re									
City, State			20	0990		10			Minerva I	=IIter	prises	, LL()			
New Castle, Delaware						Dispos TBD	al Date		City, State Waynesb	u -g. (Ohio					
Completed by Predrag Sarcev		Title Vice I	Droot	dont		S	gnature			<u> </u>		Date		50.000		
		VICE I	1621	ueni		17				==		5/11	/20	15		

			ICATIO		BEST	OS ABATE and 12:12		r			A	Jim.	17	ے ایمان	7.O T
Date of Notification (1) 05/12/15			Name of	of Building Army Co	Own	er/Operator of Engine	(2) ers	E	(lew)	ork2	D1Strik	*).	7-1-2	<u>(DX</u>	7
Agencies Notified Type Notification EPA Initial				Address deral Pla	aza			- 2	1111	A.S	AE:	M.T.	15	Ŕ,	12:
DEP Amended Amendment # Emergency (i				ate, Zip Co York, NY		275	-7	3. F J. H			& L	./(Eh	514	4 TR
DOH justification Cancellation	ricidaling	,		of Contact ric Hall			2		Telep	hone I	Numbe	г			(0
Name of Facility Where Abatement is Taking	DI /	0)	FAC	ILITY INF	ORM	ATION									
Caven Point Marine Terminal	Place (3)					Тур	e of Facility (4							
Street Address							H	School (K-1) Subchapter	8 (Other						
3 Chapel Avenue							×	Other (i.e. p etc.)	rivate & c	comme	ercial b	uildi	ngs,	hom	es,
City (5) Jersey City							Squ 40,	are Feet	# of F	loors			dg. A	.ge	
County (6) Hudson				Code (7) USE ONLY)			ent Use (Pric Iding	r f being	demo	olished)				
Name of Monitoring Firm Hired by Building O PARS Environmental, Inc.	wner (8)	ASCI	M No.				atement Con racting & E			al Co	nsı	ultin	g, In	c.
Street Address 500 Horizon Drive, Suite 540						Street 1141		ess ute 23							
City, State, Zip Code Robbinsville, NJ 08691							Zip Code IJ 07470								
Project Manager for Monitoring Firm Julien Fernandez-Obregon			Telepho 609-8	ne No. 90-7277		Teleph 973-6			1.000	icense 0408					
	Schedul 06/30/		npletion	Date (11)		1 N. S.		HA Monitor sion Consu	ıl ants,	Inc.					
Occupancy Status During Abatement (Check	Only O	ne)		and the second s		Street	Addre	ess							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Hours: Mon - Fri - 7:0	al Facility	v Hours				City, S	tate, 2	garaw Roa Zip Code		g. #34	4A				_
Scope of Work (Check All That Apply)	o a.m	о.оо р.			-	Fair	Lawr	n, NJ 0741	0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gi	ull Containme ni-Enclosure ovebag Procon-Exempted	ec ure)	
		Locati	The co									Α		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos C thern su	Description ontaining M nal systems rfacing, VA er miscellan	lateria insul T, or	ation,	Amo (Spe SF or	cify	Kemova		Tyl	Encapsulate	Enclosure
	Yes	No	N/A											te	Ф
Administration Area - A			X		Tra	ansite Pa	nels		3,500) SF	X				
Administration Area - B							nels		1,600) SF	X				
Tool Shop Rm 109/Storage Rm 110		X		Tra	ansite Par	nels		1,200	SF	X					
Name of Registered Waste Hauler		IN	JDEP W	laste	Cul	oic Yards		Name of R	o vietoro	NI ond	I SII				
J.R. Contracting & Environmental Co	nsul., I	Inc H	auler ID '819		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vaste		Grand C							
City, State Wayne, New Jersey					Disp	posal Date		City, State Pen Argy	/l Penr	nsylva	ania				
Completed by Jerry Bijelonic	Title Proje	ct Ma	nager			Signature	14	//			Date 05/12	/15			

CHECK # 11432 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBES 'OS ABATEMENT

Date of Notification (1)					Name of Building Owner/Operator (2)	
05/07/2015					I Western Monmouth Hillities Au hority	
Agencies Notified () EPA	Type of		2000 A		Street Address 103 Pension Road	
(X)NJDEP	1A ()	mende			City, State, Zip Code 45.855 500 CANONSON	
(X) NJ DOL (X) DOH			nent# ency (includ	ding	Manalapan, NJ & LIOENGING TOL	
() DCA	ju	stificat	tion)	anig	Name of Contact Robert J. Smith Jr.	
	() Ca	ancella		ACILIT	Y INFORMATION	
Name of Facility Where Abatem	ent is Taking	Place (3			Type of Facility (4)	
Western Monmouth Util	ities Autho	ority			() School (K-12) (X) Subchapter 8 (other than K-12)	
Street Address					() Other (i.e. private & commercial bldgs., homes, etc.	
103 Pension Road City (5)	County (6)		County Cod	e (7)	Sq. Feet: 10,000 + # of Floc's 5 Bldg. Age 55+	
Manalapan, NJ	Monmou	uth	(State Use (Current Use (if being demolished):	
Name of Monitoring Firm Hired b	by Bldg. Own	er (8)	ASCM No.		Name of Contractor (9)	
Street Address			0145		Industrial Safety & Environn ental Solutions, Inc.	
11 Tindall Road					Street Address 3300 Hudson Avenue	
City, State, Zip Code Middletown, NJ 07748		City State, ZipCode				
Project Manager for Monitoring R	Firm Telepl	Union City, NJ 07087 Telephone Number License Number				
Kevin Burns		676-17			(201)325-0055	
Scheduled Start Date (10) 05/11/2015	6000000000000	o/201	mpletion Date	e (11)	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abate (X) Facility Closed/Vacated D () Abatement Performed Out	uring Entire P	eriod of	Abatement		Street Address 3300 Hudson Avenue	
() Other - Describe:			,		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that a	pply)_	() Demolition		(X) Renovation	
() Minor Project (< 25 Si () Small Project (>25 <16 (X) Large Project (>160 Si	30 SF or >10	0 < 260			(X) Full Containment with Negative Pressure() Mini-Enclosure() Glove-bag Procedure	
Location of Asbestos-	Is Location	n Norm	ally Used		() Non-Exempted (*) and t on-Friable Procedure Description of ACM Amount Abatement Type	
Containing Material (ACM) To be Abated in Facility (13)	Solely by		nance or		i.e. thermal systems insulation, (St ecify SF or	
To be Abated III acility (15)				Suriac	cing, VAT, or other miscellaneous.) LF) 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및 및	Enc
	YES	NO	N/A		Removal Repair	Enclosure
Boiler Room 2			T x	Interio	r boiler refractory rib paste, ~½ cubic yard X	(D
Plant Operations Building			^		ting and /or interior fire bricks and	
			-			_
Name of Reg. Waste Hauler		NUDED	VA/aata I Iawla	-10.#	Louis Vandar (Marks III)	
NEWARK CARTING		04509	Waste Hauler)	TID#	Cubic Yards of Waste 1 cubic yard Name of Reg. Landfill IE: I BETHLEHEM LANDFILL	
City, State				Disp. [Date City, State	
369 Raymond Blvd., New Completed by (Print or Type)	ark, NJ 07	105		05/2	0/2015 BE THLEHEM, PA 18015	
David Camacho	Project	t Sune	rvisor	Oigilat	Date 05'07/2015	
			ALCONO DE CONTRACTOR DE CO		100 0112010	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM (Pursuant to N.J.A.C. 5:23-8.11(c)3.viii)

						2075	1Y 15	C 5/4 .	
Date of Notification (1) May 4, 2015		Name of Bu Western I	uilding Ov Vionmo u	wner / Ope	rator (2) es Autho	rity		rit: L	ा हो <u>।</u>
Type Notification	on	Street Addr				<u> </u>		0.47	`⊋ni
		103 Pensi		550		Č.	LICEN	SING	NUL.
	otification	City, State							
	ed Notification	Manalapa		Jersey 07	7726				
Cancell	ation	Name of Co						Tele	ephone Number
		Mr. Rober							
Name of Facility Where Abatement	ia Talijaa Dlass		YINFO	RMATION	15.				
Western Monmouth Utilities A	uthority - Place	nt One Buil	Idina		acility (4) ool (K-12)				
Street Address	dulotity - i la	пт Орз Бип	idirig	_	(0.70) 50	Other than	(-12)		
103 Pension Road				M Subc	mapter o (Other than	(-12)		
Total Sherion House				Square F	eet	# of Floors	-	Blda	. Age
City (5)	ounty (6)	County Code	(7)	-1	000+		19	Diag	55+
Landa and the same of the same	lonmouth		(,)			f being den	olished)		331
					on Buildi		3.101.100)		
Name of Monitoring Firm Hired by E	Building Owner (8) AS(CM No.			t Contractor	(9)		
T&M Associates		014		ISES			(-)	Apr 1839	
Street Address				Street Ad					
11 Tindall Road					dson Av				
City, State & Zip Code Middletown, New Jersey 0774	0				e & Zip Co		207		
Project Manager for Monitoring Firm		ephone Numi	har			Jersey 07		- M.	
Kevin Burns		2-676-1725	ber	201-325	e Number -0055		License		11124
5/11/15		20/15)	Name of 0	OSHA Mor	nitor			2
Occupancy Status During Abateme	nt (Check only o	ne)		Street Ad	dress				
Facility Closed/Vacated Dur	V			NA					
Abatement Performed Outs	ide of Normal H	lours – 7am to	o 3pm	200000	e & Zip Co	de			
Describe:				NA					
Facility Occupied During Ab									
Scope of Work (Check all that apply Full Containment)				OSM CI	ove Bag/No	· Erioblo/	Extorio	r Pomovol
Location of		s Location		Descrip		T Bag/No	-		
Asbestos-Containing		rmally Used		Asbestos-(S	Enter on juare Foo		Enter only Lineal Footage
Material (ACM)		Solely by	'	Material			r Cubic Y		Ellical i cotage
TO BE ABATED	10,000,000	intenance or	((i.e., therm				notification	
in Facility	Cur	stodial Staff?		sulation, su					
(13)	1	(12)	01	r other mis	cellaneous	5)			
Plant Operations Building - Bo	oiler	Yes	Interio	or boiler	rofractor	v rib	½ cubic	2 01/	lf .
Room – 2 Boiler Units		103		ste, gaske			yard		н
				erior fire			yare	1	
				pack					
				■ 200 ye = 200					If
									lf .
TOTALS							1/2 cubic	CY	LF
							yard	100	
Completed By (Print or Type)	Title			Sign	ature				Date
Kevin Burns		g Environm	iental		10		DESCRIPTION OF THE PERSON OF T		5/4/15
	Scientist								3/4/13

CK 4624

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

RECEIVED

Date of Notification (1)			_	Mama	a & Bulletta a Z	2 10		(6)				4, 3		-	J	
5/11/2015					of Bullding (kchester :			(2)		1779	MAY					
Agencies Notified	Type Notification	1			Address	1					+ 1191 1		1	× 5	37	
EPA	ズ Initial			847	Berkley S	treet										
DEP	Amended				tate, Zip Co		-			-	8	2=	20			
X DOL	Amendmen				Milford, N		3				C: _	UC	131	J.G		
DOH DCA	Emergency justification				of Contact					To	lephor	o Niu	mhor			
DCA	Cancellation				y Bates					, 0	периог	ie ivu	HIDEI			
					ILITY INFO	RMATION	V					-				
Name of Facility Where	Abatement is Takin	ng Place (3)					Type of	Facility (4)							
Brookchester Apar	tments							T Sc	hool (K-12							
Street Address								Su	bchapter 8	(Oth	ner thai	1 K-1	2)			
280-282 Faller Driv	ve							× Ot	her (i.e. pri	ate	& com	merc	al bu	ilding:	s, hon	nes,
City (5)								Square	-	# 0	of Floor	S	T	Bldg.	Age	
New Milford								2,000		2				65+		
County (6) Bergen					Code (7) USE ONLY)	d.			Use (Prior	f be	ing der	nolis	ned)			
	10. 11. 5.00			-			-	Aparti								
Name of Monitoring Firm	n Hired by Building	Owner (8))	ASC	M No.				ment Contr							
Street Address									I Constru	ctic	on, Ind	Э.				
ou oct Address								Address		-						
City, State, Zip Code									Avenue	PN	ЛВ St	lite 2	218			
0.137 Oldio, 21p Odde								ate, Zip								
Project Manager for Mon	itorina Firm			Telepho	no No			n, NJ C	17012							
				relebile	me No.	31		ne No. 889-008	20		Dicer 006	rse N	0.			
Start Date (10)		ed Cor	moletion	Date (11)			f OSHA			000	30					
5/22/2015		5/26/2		· · prodori	Date (11)				Constru	ctio	n Inc					
Occupancy Status During	g Abatement (Chec	k Only Or	ne)					ddress	COMOLIC	-	11, 1110	·				
Facility Closed/Vaca	ated During Entire	Period of	Abaten	nent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Avenue	PM	1B Su	ite 2	18			
- Aparomont Chlorin	ed Outside of Norn	nal Facility	Hours	S				ate, Zip (-						
Other - Describe:						1		n, NJ 0								
Scope of Work (Check A	Il That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova					Full Co	ontainmen	with	Negat	ive P	ressu	ıre		
≥160 sf or ≥260 if			emolit	ion			×	Mini-E	nciosure							
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		Is	Locati	ion			0.01					170121	T		emen	t
Location			lormal			Descrip	ntion o	f	1						/ре	
Asbestos-Containing TO BE ABA	Material (ACM)		d Sole intenar		Asbesto	s Containi	ng Ma	terial (A	CM)	A	mount				m	
In Facili		Cust	odial S	Staff?	(i.e. tr	nermal sys surfacing	tems i	nsulation	٦,		pecify or LF		Rer	Re	nca	Enc
(13)			(12)			other misc	ellane	ous)		Ů,	OI LI		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									3		ate	Fe
Boiler Ro	oom	X			Pir	oe/elbow	iner	lation	-	10	0 LF		x		-	-
Electric R	oom	X		-					-	-				_		
2.00010 11		1		Pipe/elbow insulation						10	5 LF		X			
						50										
Name of Registered Wast				JDEP W		Cubic Yard	ds	N	ame of Re	iste	red La	ndfill				-
Service Transport Gr	roup		10/03/50	auler ID 0990		of Waste 6 CY			/linerva l							
City, State				0990		Disposal D	lata									
New Castle, DE 197	20					5/26/201		100	ty, State	IFC	OH.	1400	0			
Completed by		Title					ature	v	Vaynesb	ing,	OH 2					
Krutarth Jagad			ct Ma	anager		Jugita	ruie /	1	5	1		Dat	e 1/2	015		
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CK 4625

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Date of Notification (1) 5/11/2015			1		f Building chester			(2)			287	5 K/	ν,	~	- /-	- 54
Agencies Notified	Type Notification		+	Street A		. 1					438	* 1 cj=	111	3/	7	- 5
T EPA	X Initial			847 B	Berkley S	Street					435	-	٠			- 4
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× DOL	Amendment Emergency (- [Milford, I	NJ 076	346					-	102	1531	$_{\mathcal{F}}\mathcal{C}$	
DOH DCA	justification)				f Contact						ephan					90000
DCA	Cancellation				y Bates					-						
Name of Facility Where	Abatement is Taking	Place (3)		FAC	LITY INFO	JRMAI	ION	Tvp	e of Facility (4			-				
Brookchester Apar									School (K-12							
Street Address									Subchapter &		er thar	K-12	2)			
855 Boulevard								×	Other (i.e. pretc.)	/ate	& com	nercia	al buil	dings	hom	es,
City (5)								Squ	are Feet	# 0	f Floor	S	E	Bldg. A	\ge	*******
New Milford			2551.000		5			2,0	000	2			1	35+		
County (6)					Code (7) USE ONLY	1			rent Use (Prior	if bei	ng der	nolish	ed)			
Bergen	-10-11 5 30	(6)							artment							
Name of Monitoring Firm	n Hirea by Building (Owner (8)		ASCN	ΛNo.				atement Cont			0				
Street Address						-	Street		eral Constr	ICHO	n, inc).				
,									ton Avenue	PN	IR SI	ite 2	18			
City, State, Zip Code									Zip Code	, , ,,	1000	1110 2				
1965 VX 55									J 07012							
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph	none l	No.		Licer	se No	D.	77-11-1		
							973-	389-	-0089		006	93				
Start Date (10)		Scheduled		npletion	Date (11)				SHA Monitor	10	-					
5/22/2015		5/26/201							eral Constr	ictio	n, Inc). 				
Occupancy Status Durin							Street			DI	ID C	o	10			
Facility Closed/Vac	ated During Entire P ned Outside of Norm	eriod of Ab	atem	ent					ton Avenue	PIV	IB 20	ite 2	18			
Other - Describe:		ar r domey r	- Curs	58: 			P		J 07012							
Scope of Work (Check A	II That Apply)						Ollite	911, 1	0 0/012	-				-		
≥3 sf or ≥3 lf		× Rei	nova	tion] F	ull Containmer	with	Nenal	ive D	raccu	ro		
≥160 sf or ≥260 lf			nolit				×	J M	ini-Enclosure		riega	ayo I	0000			
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		Is Lo	ocati	on						7				Abate		
Location	n of	No	mal	У		De	scription	of						Ту	ре	
Asbestos-Containing		Used Maint				tos Conf	taining N	lateria	al (ACM)		mount				ш	_
TO BE AB. In Facil		Custoc		staff?	(I.e.		systems cing, VA		lation,		pecify or LF		Ren	Re	ncap	ncl
(13)		(12)	,		other r	niscellan	eous)				Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ite	Ф
Boiler Roo	m # 84	X			Р	ipe/elb	oow ins	ulati	on	6	3 LF		X			
Electric F	Room	X		Pipe/elbow insulation						9	0 LF		X			
N																
Name of Registered Was	10.00	JDEP W auler ID		Cubic of Was	Yards ste		Name of Re	all in a		ndfill						
Service Transport G	1	0990		4 CY			Minerva	_and	dfill							
City, State				sal Date	92	City, State				_			\neg			
New Castle, DE 197	20	1					2015		Waynes	jurg.	, OH					
Completed by Krutarth Jagad		Title Projec	R 4-	10000-		S	Signature	0				Dat		745		
- Tudaili Jayau		Frojec	IVI	inager				N	~(5/	11/2	115		

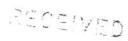
CHECK # 874)

Date of Notification (1)						2 12.120			CIVE	0			
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Agencies Notified Type Notifica	tion		Street /	Address			4013	11/4/	2 VX 5	5			-
□ EPA ☑ Initial			ó	26 G1	2005	STR	T OTO	t to mo	o nous				
☐ DEP ☐ Amende ☐ Amende			City, St	ate, Zip Co	de	11	7 070	2410	ENSIMO	तिरी			
_	ncy (including	-		of Contact		~	2 010	-				-	
□ DOH justificat □ DCA □ Cancella				کند یم ن				16	elephone Nu	mhor			
Name of Facility Where Abatement is Ta	okina Dlass /S		FAC	ILITY INFO	DRMATI	ON							
COBY	aking Place (3)					Type of Facility	95					
Street Address							☐ School (K		er than K-12	2)			
26 GROUE STREET	ET						☑ Other (i.e. etc.)	r ivate	& commercia	al buil	dings	, hom	es,
City (5)		O THE OWNER OF THE OWNER OWNER OF THE OWNER					Square Feet	# 0	of Floors	T	Bldg.		-
County (6)			Countr	Code (7)			1550		2-		60)	
UNION		1		USE ONLY)		_	Current Use (P	ri ir if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASC	CM No.		Name A. MA	of Abatement Co	or tractor	(9)				
Street Address						Street	Address reeland Ave.	***	NA TO THE PARTY OF		-		
City, State, Zip Code													
							tate, Zip Code nd Park, NJ 074:	32					
Project Manager for Monitoring Firm			Telep	hone No.			one No. 262-5841	_	License No	o.			
Start Date (10) 5/21/15	Schedu	led Con	nôletion/	Date (11)			of OSHA Monito		00136				
0/21/17		51	25/1	٠٠٠/			ga Environment		es Inc.		8		
Occupancy Status During Abatement (C Facility Closed/Vacated During Enti	heck Only O	ne)	ont				Address						
☐ Abatement Performed Outside of No ☐ Other - Describe:	ormal Facility	Hours	CIIL			City, St	uyer Street ate, Zip Code		-		-		
					-	Hacke	nsack, NJ 0760	5					
Scope of Work (Check All That Apply)								P D Carrows				ratu par mora	
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if		enovat emolitic				2	Full Containme	er t with	Negative Pre	essure	9		
							Glovebag Pro	ct dure	N	_			
	1 1	Locati	on				Non-Exempted) and	NOTI-FRADIE	Proc		emen	t
Location of		Normal	ly		Des	scription (of					ype	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Solei aintenar	ice/	Asbest	os Cont	aining M	laterial (ACM) insulation,	£	mount	ļ.,		Er	l m
In Facility (13)	Cus	todial S (12)	itaff?	(1.0.	surfac	ing, VAT	, ог		Specify or LF)	Remova	Repair	сара	Enclosure
(10)	Yes	No	N/A		otner m	niscellane	eous)	Control of the contro		IBAC	air	Encapsulate	enus
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				**************	-			-		_		_	
Name of Registered Waste Hauler	f		JDEP W	17.50.01077	Cubic Y	'ards	Name of	F agister	ed Landfill				
Newark Carting, Inc		Ha	auler ID 1 04509		of Wast	te /		- 5	lehem Landi	ill Cor	D.		
City, State, Zip Code Newark, NJ 07105					Disposa	al Date	City, Stat	e Zip Co		001	P.		•
Completed by	Title					gnature	1200161		Date	- /		1	
R. McDonald	Presid	ent				1/1	111/1	41	Dali	~//	2/	15	

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Date of Notification (1)	40	4.5						ner/Operator (2			1			
5/	12 /	15					Uni	versity Mea	ical Center of I	'ascack Valley				
Agencies Notified	Type Notifica	tion			Street	Address			CE . C 17.	¥ 15 AY 3:	59			
□ EPA	☐ Initial				250	Old Hoo	k Ro	ad						
☑ DOLWD ☑ DHSS		nt #2			City, S	tate, Zip C	ode		Moses	JUS CONTR	07			
DCA	☐ Emergend	(Table)	udina		Wes	stwood, I	MJ 0.	7675	Œ [TUS CONTR ICEMSING	J 1_			
(NJAC 5:23-8)	justificatio		3		Name	of Contact				Telephone Numb	er			
	☐ Cancellati	on			Bar	ry Mousa	3							
					FAC	ILITY IN	FOR	MATION						
Name of Facility Where A	Abatement is T	aking l	Place	(3)					Type of Facility	4)				
Hackensack Univer	rsity Medical	Cent	terof	Pasc	ack Va	alley-Em	erge	ncy Room	School (K-12					
Street Address										(Other than K-12) vate and commerce		ilding		
250 Old Hook Road	1								homes, etc.)		JIAI DU	munig	ιο,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Westwood									423,240	6		51		
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	or if being demolish	ned)			
Bergen									Hospital					
Name of Monitoring Firm	Hired by Build	ling Ov	vner (8	3)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
Pennoni Associate	s Inc				0010	2	S	uperior Aba	tement Inc					
Street Address						7227	Stre	eet Address						
515 Grove Street S	uite 1B						2	Henderson	Drive					
City, State, Zip Code							City	, State, Zip Co	ode					
Haddon Heights, N	addon Heights, NJ 08035							difference administration per possi-	II, NJ 07006					
			Tele	phone	No.		ephone No.		License No.				-	
Alan Llyod	oject Manager for Monitoring Firm							973) 808-161	16	00411				
Start Date (10)	Is	chedu	iled Co		tion Da	7-0505 te (11)		ne of OSHA N		DAMAS OF PRINCIPLE				
04/15/				929	2 /		S	uperior Aba	tement Inc					
Occupancy Status During					_			eet Address						_
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☐ Abatement Performed						cribe	4570	, State, Zip Co		-				
Time of Abatement:							1		II, NJ 07006					
Scope of Work (Check al	Il that anniv)							rest dalawe	, 140 07 000	-				
	ii tiiat appiy)								tainment with Neg	ative Pressure				
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△ ≥100 SI OI ≥200 II		ı	Der	HOHUG)H					n-Friable Procedur	е			
			ls	Loca	tion						1	atem	ent T	vpe
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Asbestos-Containing TO BE ABA)			ince/			Containing Ma mal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)	1	-	., 1	(12)		-		ner miscellane		SOURCE CONTROL OF THE	-		late	e.
			Yes	No	N/A		Anna -	1 80000			-	_		_
1st Floor Emergency	/ Area					Drywall	l/Joi	nt Compour	nd	38,750 SF				
1st Floor Emergency	Area				\boxtimes	Black N	lasti	ic on Cinder	Block	2,100 SF				
				$\overline{\Box}$							П	П	П	П
Name of Registered Was	ste Hauler		_		JDEP /		Cut	oic Yards of	Name of Regis	tered Landfill				
Service Transport		0.	lauler II		Was		Minerva E							
	oup, 1110				SW21	17		00						
City, State							5-1-1-1	posal Date /22/15	City, State	-a OH				
New Castle, DE							3		Waynesbu		entre-			
	ype)	18.75.95.05						Signature	1/1/	Da		10	194	_
NICK Petrovski	pleted By (Print or Type) Ck Petrovski Preside							1/h	Mo	mi.	5	12	/	2

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Date of Notification (1)		Name	of Building	Owner/Operator (2	204-								
5 / 07 /	15	_		Hac	kensack	Owner/Operator (2 University Medi	ical Center of P	scack Valley	15 ,	J.,	3: 5	19	
	fication			Street	Address			Action					
				250	Old Hoo	k Road		458E5T0		1	7);	
				City, S	tate, Zip C	ode		Ø: _ U	_ IK (1. 1.1	;		
				Wes	stwood, i	U 07675							
(NJAC 5:23-8) justific	ation)	oro carring		Name	of Contact			Telephone Numb	rec				
☐ Canox	llation			Ban	ry Mousa	1							
				FAC	ILITY IN	FORMATION							
							Type of Facility (•					
	ical Ce	nterof	Pasc	cack Va	alley-Eme	ergency Room	School (K-12)	Other than K-12)					
Street Address 250 Old Hook Road							Other (i.e., pri	ate and commer	cial bu	ilding	5,		
City (5)							Square Feet	# of Floors	Blo	ig. A	je		
Westwood							423,240	6		51			
S / 07 / 15 Agencies Notified EPA DOLWD DOLWD Amended Amendment #1 Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place Hackensack University Medical Centerof Street Address 250 Old Hook Road City (5) Westwood County (6) Bergen Name of Monitoring Firm Hired by Building Owner (including justification) Pennoni Associates Inc Street Address 515 Grove Street Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Llyod Start Date (10) 04 / 15 / 15				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	if being demolis	hed)				
Amendment #1 □ DCA (NJAC 5:23-8) □ DCA (NJAC 5:23-8) □ Cancellation Name of Facility Where Abatement is Taking Place Hackensack University Medical Centerof Street Address 250 Oid Hook Road City (5) Westwood County (6) Bergen Name of Monitoring Firm Hired by Building Owner (Pennoni Associates Inc Street Address 515 Grove Street Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Llyod Start Date (10) 04 / 15 / 15							Hospital						
Name of Monitoring Firm Hired by B	Building (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
The state of the s				0010	2	Superior Aba							
Street Address				300.000.1000		Street Address				-		_	
515 Grove Street Suite 1B						2 Henderson	Drive						
City, State, Zip Code				S)		City, State, Zip Co	ode						
				West Caldwe									
	1		Tele	phone	No.	Telephone No.	License No.						
					7-0505	(973) 808-161	6	00411					
	1	- 2		Name of OSHA N									
	A THE MAN IS	William - Charles	Property Co.	Superior Aba									
Occupancy Status During Abateme	ne)			Street Address				100					
I Company of the Comp	☐ Facility Closed/Vacated During Entire Period of Abate					2 Henderson	Drive						
☐ Abatement Performed Outside of Normal Facility Hou Time of Abatement: 7:00 AM-3:30 PM PM-						City, State, Zip Co West Caldwe							
Scope of Work (Check all that apply	/)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 						☐ Mini-End ☐ Gloveba	tive Pressure	rive Pressure Friable Procedure					
		Is	Loca	tion	T		7			atem	ent T	vne.	
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	(13)				-	other miscellane			-		late	6	
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TOT LINE GENCY ALDE		-	_		Diyeran	Joonic Compoun	14			-			
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						1							
Name of Registered Waste Hauler		1	- 10	NJDEP '		Cubic Yards of	Name of Regis	red Landfill		-	-		
Service Transport Group, Inc					D No. 117	Waste 300	Minerva Er	erprises					
City, State	City, State					Disposal Date	City, State						
New Castle, DE						5/13/15	Waynesbu	g, OH					
Completed By (Print or Type)	Titl	e				Signature	1 -		ate				
Nick Petrovski		resid	ent						<u> </u>	10	-1	+	
						1	1/1/1	The !	اد در	/	_/	J	



Date of Notification (1)				Name	of Building	Owner/Operator (2)	Way.							
_ 4 / 13 / 15					kensack	MAY 15	5. A?		: 50	3					
Agencies Notified	Type Notification					Other later						-			
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⊠ DHSS	Amendment #				state, Zip C					-					
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(NJAC 5:23-8)	justification)	Š		Name	of Contact	Į.	-	lephone !	Number						
	☐ Cancellation			Bar	ry Mousa	а	1	4.50							
				FAC	CILITY IN	FORMATION	-				10155				
Name of Facility Where A	Abatement is Taking	Place	(3)			. Ottoberion	Type of Facility (4				_	_			
Hackensack Univer				ack V	alley.Em	ergency Poom	School (K-12)	1							
Street Address					anoj zne	□ Subchapter 8 (C ther than K-12)									
250 Old Hook Road	1						a e and con	nmercia	l bu	ilding	IS,				
City (5)		-					hames, etc.)								
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Name of Monitoring Firm	Hirad by Building ((D) T	10011			Hospital								
Pennoni Associate		Jwner ((8)	ASCM		Name of Abateme									
Street Address	S INC			0010	12	Superior Aba	itement inc								
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515 Grove Street S	uite 1B					2 Henderson	Drive								
City, State, Zip Code				City, State, Zip Co	ode			-	-						
Haddon Heights, N						West Caldwell, NJ 07006									
Project Manager for Mon	itoring Firm		No.	Telephone No											
Alan Llyod			(8	7-0505	(973) 808-161	00411	00411								
Start Date (10)		luled C	omple	tion Da	te (11)	Name of OSHA N	Aonitor				_	-			
04 /15 /	_15()5_/	_ 08	1	15	Superior Abatement Inc									
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Completed By (Print or Ty Nick Petrovski	102			Signature	, 11	1	Date	-	,						
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Hackbreack University Medica Street Address	Comb	aref F	ones	ek Valley A	-	Type of Fes	制 (4)	Population	-	_		1 2 (0
255 Old Hook Road				- Janes P	amergency Roon	School ()	K-12)					10	
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Westweed						homes, a			e bu		E,		
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Bergen			16	County Code	(THE THE USE ONLY	Curane Line	IPRO E hair	-	1 \$	1			
Name of Monitoring Furn Hired by Build	or Char	Dr. (10)	-1	Commence of the Commence of th		namena i		TOUGH	ld)			1	
CALLUCATE WORSELFEED INC	d main	sei (6)		CM No. 10162	Plane of Abatem	ant Continues			-			1	
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roject Manager for Monitoring Firm Alan Llyod		19	slapho	me No.	Telephona No.	II, NJ 67662							
			(646)	BAT-DENS	(E72) 838-161		License N						
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