CK# 23354

Data of Natification (1)					Name	- 4 D. II-II.	0 10 1	(0)	0111		~ ~	A 17050	
Date of Notification (1) 5 /	7	/	4				ng Owner/Operator (Corporation Inc.	3895	- 10	··. r	9		5.3
Agencies Notified EPA	Type No				1	t Address 01 Legac					9814	9	
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County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
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Name of Monitoring Firm		Building	Owner	(8)	ASCM		Name of Abateme						
Hillmann Consultin	g LLC				622	52	JVN Restora	tion Inc					
Street Address							Street Address						
1600 Route 22 East							47 Foster Ro	3333					
City, State, Zip Code							City, State, Zip Co						
Union NJ 07083							Staten Island	N.					
Project Manager for Moni	toring Firm	1		1 200	ephone		Telephone No.		License No.				
Tom Rubino					08-956	200000000	718-605-6256		00774	9			
Start Date (10)6/_24/	14			11000	etion Da 1 /	(1)2 (1) (2)	Name of OSHA M Testor Tech	Ionitor					
Occupancy Status During		50 000 - 400	orizin Ti	70.00	<u>- ' </u>	17							
☐ Facility Closed/Vacate					mont		Street Address						2
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Time of Abatement: _							City, State, Zip Co						
Scope of Work (Check all	that apply	')		10				ainment with Neg	ative Proceure				
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Name of Registered Wast	e Hauler				JDEP I		Cubic Yards of	Name of Regist	ered Landfill				
Newark Carting					lauler II NJ-56		Waste 40	T.R.R.F					
City, State				- 1	140-00		Disposal Date	City, State 7				-	
Newark, New Jersey	,						7/11/14	Tullygown P	a.				
Completed By (Print or Ty	pe)	Title				-	Signature	11		Date,	2000-0		-
Joseph Tardy	to Park of	792550	rojec	t Mar	nager	/	- DW	h Jaide	1	4/11	1.	ı/	
SB-41	-					/		/		2/1	1	7	

ASB-41 MAY 11

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

CK# 3358



Date of Notification (1) 5/16/14	V		N	Name of Tinton	Building Falls So	Owner/Colar Fa	perato	(2)	T 4000 1		J					
Agencies Notified	Type Notification			Street A	ddress mee Dri	ive		2011	MAY 20	54.1						
□ EPA □ DEP □ DOL	Initial Amended Amendmen Emergency		_	City, Sta Finton	te, Zip Co Falls, N	de	12	***************************************	- 100	000	** 14					
DOH DCA	justification) Cancellation			Name of AJ Gal	Contact				1.5 m. m.	Tele	phone	e Numl	per			
	Carreenation				LITY INFO	DRMATI	ON				-	-				
Name of Facility Where Residential	Abatement is Takir	ng Place (3)						Туре	of Facility (
Street Address 829 Lakewood Fal	rmingdale Road	ď		1000000				×	Subchapter Other (i.e. petc.)					dings,	home	es,
City (5) Howell								Squa 2,50	are Feet	# of	Floors	S		ldg. A		
County (6) Monmouth					Code (7) JSE ONLY)		50 939555	ent Use (Pri sidential	or if bei	ng den	nolishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.			of Aba	atement Cor	ntractor	(9)					
Street Address	2000						Street	Addre	ss	Umbrida	C.	.:4- 51	20			
510 Heron Drive, S City, State, Zip Code							City, S	State, 2	Lincoln F Zip Code	ngnwa	iy, St	ille o	JU			
Bridgeport, NJ 080	200.00						New York		19341							
Project Manager for Mon Tony Alessandrini	nitoring Firm			elephor 356-46	ne No. 37-2276		1.0	hone N -872-8			0116	ise No 31				
Start Date (10) 5/27/14		Scheduled 5/29/14	Com	pletion (Date (11)		Name EMS		HA Monitor							
Occupancy Status Durin X Facility Closed/Vac								Addre	ss e 130 Nor	th						-5-0-5/10
Abatement Perform Other – Describe:	ned Outside of Non	mal Facility H	lours	ent			The state of the s		Zip Code son, NJ	 18077	T					
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Accessed to the same of the sa	novati molitic					Mi GI	III Containm ni-Enclosur ovebag Pro	e cedure						: 12
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Asbestos-Containing TO BE AB In Faci (13)	IATED lity	Custoo	tenan	ce/		thermal surfa		is insul AT, or		(S	mount pecify or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			97WC-14.50771.03.15	***************************************		8			<u>B</u>		ate	Ге
Kitche	en			Χ		Floo	r Shee	eting		1.	44 sf		X			
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Name of Registered Wa	ste Hauler			IDEP W			Yards		Name of	Registe	red La	ındfill			-	
ecoservices, LLC			На	uler ID	No.	of Wa >1 cy			GROW							
City, State Exton, PA						Dispo: TBD	sal Date)	City, Stat Morrisv		Ą					
Completed by Jack Bally		Title Sr. Pro	ject	Manag	ger		ignatur	<u>L</u>	Baller	- Gu	0)	5/1	e 6/14			
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MAY 5, 2014			Name	of Building (V JERSEY	Owner/Operato	r (2) RMACY, LLC	AY or) bu	^ -	Pag	01/	of 2
Agencies Notified Type Notificati	on		0000	t Address CVS DRI		ASSE	Sinc	000	T 1= -			JI Z
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DOH justification Cancellation	n)	"19		of Contact L PHILLIP	S		Tg	lephone	Numbe		1020	
Name of Facility Where Abatement is Tal	de - Di-	(0)	FA	CILITY INFO	RMATION							
BLOCK BUSTER VIDEO STORE	ing Place	3)				Type of Facility	100	1008			- 20	
Street Address 117 SPEEDWELL AVENUE						School (K Subchapte Other (i.e. etc.)	er 8 (Oth	ner than I & comm	K-12) ercial b	uildin	gs, ho	omes
City (5) MORRISTOWN						Square Feet 10,000	# c	f Floors			. Age	ı
County (6) MORRIS			County (STATE	Code (7)		Current Use (P				1.00		
Name of Monitoring Firm Hired by Building	Owner ((8)	ASC	M No.	Name	of Abatement Co						
OMEGA ENVIRONMENTAL SEF	RVICES		00	120		ON REMEDIA						
Street Address 280 HUYLER STREET					- CONTRACTOR - CON	Address BURNS AVE	NUE				=======================================	
City, State, Zip Code SOUTH HACKENSACK, NJ 076	06		•			tate, Zip Code TAGH, NY 1	1793					
Project Manager for Monitoring Firm ANTON RESIN				one No. 89-8700	Teleph	one No. '81-3000		License 01138				
Start Date (10) 5/19/2014	Schedu 5/30/2		mpletion	Date (11)	Name	of OSHA Monitor						
Occupancy Status During Abatement (Che					Stroot	Adrose						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of	Abate	ment rs			Address ate, Zip Code						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	ACCOUNTS NO.	Renov Demol	0.00		×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re .	
	ls	s Loca	tion				17-11-		1	0.000.000	emer	nt
Location of		Norma			Description of	of				T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena todial (12)	ince/	(i.e. the	Containing Ma rmal systems surfacing, VAT her miscellane	nsulation, or	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		42				-		ate	6
EXTERIOR		Х		WINDOV	V GLAZING	& CAULK	702	2 SF	x			\vdash
EXTERIOR		Х		WAL	L TAR COA	TING	364	SF	х		-	
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Date of Notification (1) MAY 5, 2014			Name	of Building Own	er/Operato	r (2)	n PM	a: an		Doc		
Agencies Notified Type Notification EPA Initial	on		Street	Address CVS DRIVE		ABBESTO				Pag		JI 2
DEP Amended Amendment	nt#_			State, Zip Code ONSOCKET, I		& LIC	ĚNSIJY					
DOH Emergency justification Cancellati	n)	ng		of Contact L PHILLIPS			Tele	anhone I	\l\r.	er .	1-000	
Name of Facility Where Abatement is Tak BLOCK BUSTER VIDEO STORE Street Address	king Place	e (3)	FA	CILITY INFORMA	ATION	Type of Facilit	, , ,	r than V	40)			
117 SPEEDWELL AVENUE City (5)						Other (i.e etc.)	. private &	comme	rcial b			
MORRISTOWN County (6)			Count	0-1- (7)		Square Feet 10,000		Floors 1		Bldg 6	. Age 2	8
MORRIS			(STATE	Code (7) USE ONLY)		Current Use (F	IAL BUI	LDING	ished)			
Name of Monitoring Firm Hired by Building OMEGA ENVIRONMENTAL SER	Owner (RVICES	8)	001	M No. 20		of Abatement C ON REMED						
Street Address 280 HUYLER STREET					1 / E PEP 570 TO TO	Address BURNS AVE	ENUE					
City, State, Zip Code SOUTH HACKENSACK, NJ 0760	06					ate, Zip Code TAGH, NY 1	11793				<u> </u>	
Project Manager for Monitoring Firm ANTON RESIN			Telepho 201-4	ne No. 89-8700	Teleph	one No. '81-3000		License 01138	No.			. 10
Start Date (10) 5/19/2014	Schedu 5/30/2			Date (11)		of OSHA Monitor	1	71130				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	mal Facili	Renova Demoli	ation tion		City, Sta	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re_	
Location of Asbestos-Containing Material (ACM)		s Locat Norma ed Sole	lly	De	scription o	f					emen /pe	t
TO BE ABATED In Facility (13)		todial (12)	Staff?	Asbestos Con (i.e. therma surfa other r	taining Ma systems i cing, VAT, niscellane	nsulation, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	
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me of Registered Waste Hauler	S, INC.	1.002	JDEP Waauler ID N		ite		Registered VA ENTE		SES		-	
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* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY LZC MAY 16, 2014 Page 1 of 2 Agencies Notified Type Notification Street Address ONE CVS DRIVE **EPA** Initial City, State, Zip Code DEP × Amended × WOONSOCKET, RI 02895 DOL Amendment # 1 Emergency (including Name of Contact Telephone Number X DOH justification) PAUL PHILLIPS DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BLOCK BUSTER VIDEO STORE School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 117 SPEEDWELL AVENUE etc.) City (5) # of Floors Square Feet Bldg. Age MORRISTOWN 10,000 62 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) MORRIS COMMERCIAL BUILDING Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIRONMENTAL SERVICES 00120 ACTION REMEDIATION, INC. Street Address Street Address 280 HUYLER STREET 3010 BURNS AVENUE City, State, Zip Code City, State, Zip Code SOUTH HACKENSACK, NJ 07606 WANTAGH, NY 11793 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. ANTON RESIN 201-489-8700 516-781-3000 01138 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/21/2014 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A **EXTERIOR** X WINDOW GLAZING & CAULK 702 SF X X **EXTERIOR** WALL TAR COATING 364 SF X 1ST FLOOR X FLOOR TILE & MASTIC 196 SF X 1ST FLOOR X PIPE INSULATION 50 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste TRI-STATE TRANSFER ASOCIATES, INC. MINERVA ENTERPRISES 19551 Disposal Date City, State City, State BRONX, NY 5/30/2014 WAYNESBURG, OH Completed by Signature Date 5/16/2014 ANN SWEENEY ADM. ASSISTANT Un

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Date of Notification (1) MAY 16, 2014		Name o	of Building O	wner/Operato CVS PHAR	r (2)	HC -2	011 4/3 V	0.0	D-	200 '	of f	,
Agencies Notified Type Notification		Street A	Address CVS DRIV		uu, (O 1 ,	7.50 (T	- 17/1 E	20)	o i	012	
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DOH justification) Cancellation			of Contact PHILLIPS	3			Telephor	ne Numi	рег			
		FAC	ILITY INFOR	RMATION								
Name of Facility Where Abatement is Takir BLOCK BUSTER VIDEO STORE	ng Place (3)	(21)				Facility (4)						
Street Address 117 SPEEDWELL AVENUE					St. Ot etc	bchapter 8 her (i.e. pri	(Other that vate & com	n K-12) mercial	buile	dings	hom	es,
City (5) MORRISTOWN					Square 10,000	Feet	# of Floo	rs	В	Bldg. A	ge	
County (6) MORRIS			Code (7) USE ONLY)			Use (Prior MERCIAL			d)			
Name of Monitoring Firm Hired by Building OMEGA ENVIRONMENTAL SER'	Owner (8) VICES	ASCI 001				ment Contr).				
Street Address 280 HUYLER STREET					Address BURN	S AVENI	JE					
City, State, Zip Code SOUTH HACKENSACK, NJ 0760	6			City, S	State, Zip			-				
Project Manager for Monitoring Firm ANTON RESIN		Telepho 201-48	one No. 89-8700	Telepl	none No. 781-300			nse No.				
Start Date (10) 5/21/2014	Scheduled C 6/30/2014	- 1539 AT-141 AT			of OSHA		011			-		
Occupancy Status During Abatement (Chec	k Only One)			Street	Address			<u> </u>	W.			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Abate	ement urs			State, Zip	Code						
Scope of Work (Check All That Apply)										0.000.000	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor Demo	vation dition		×	Mini-E Glove	Containment Enclosure Ebag Proced Exempted (dure				a	
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Location of	Norm	ally		Description	of					Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	ance/ I Staff?	(i.e. the	Containing Nermal systems surfacing, VA other miscellar	faterial (A s insulatio T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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ROOF	X			FLASHIN	IG		2,510 S	F	X			
·								+				-
Name of Registered Waste Hauler		NJDEP W	/aste (Cubic Yards	11	Name of Re	gistered La	andfill				
TRI-STATE TRANSFER ASOCIATE	ES, INC.	Hauler ID 19551		of Waste 30	1566	MINERVA			ES			
City, State BRONX, NY				Disposal Date 5/30/2014		City, State	BURG. (DH.				
Completed by ANN SWEENEY	Title ADM. AS	SISTAN		Signature	1	vecz		Date 5/16	/20	14		

NO CK

Date of Notification (1) MAY 5, 2014	,			Name	of Build	ing Owner	Operato	RMACYPLLC	PM H	3	0	Page	210	of 3
Agencies Notified	Type Notification	1		Street	Address CVS [3	26	(TATA COMPT	47.20	भि ह	: 00	_		
DEP DOL	Amended Amendmen				State, Zip	Code CKET, R	0289	5 & Light	LICENS	UN 1	101			
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N				FAC	CILITY II	NFORMAT	TION						-	-
Name of Facility Where Al BMW DEALERSHIP	batement is Takii	ng Place	(3)					Type of Facili			4			
Street Address 115 SPRING STREE	ΞT							Subchap Other (i.e	oter 8 (Other e. private &	than K-	-12) rcial bu	uilding	ıs, ho	mes
City (5) MORRISTOWN					8			etc.) Square Feet 11,000	# of F	loors 2		Bldg 6		
County (6) MORRIS					Code (7			Current Use (F	Prior if being	demoli	ished)			
Name of Monitoring Firm H OMEGA ENVIRONM	lired by Building	Owner (8)	ASC 001	M No.			of Abatement C	ontractor (9)			-	
Street Address 280 HUYLER STREE	T						Street	Address BURNS AV	<u>-</u>	140.				
City, State, Zip Code SOUTH HACKENSA	CK, NJ 0760	6					City, S	tate, Zip Code TAGH, NY						_
Project Manager for Monito ANTON RESIN				Telepho	one No. 89-870	0	Teleph	one No. 781-3000	L	icense	No.		1000,000	
Start Date (10) 5/19/2014		Schedu 5/30/2		ompletion				of OSHA Monito	20-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1136				
Occupancy Status During A	batement (Chec						Street /	Address			•			
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	eriod of al Facili	Abate ty Hou	ement rs				ate, Zip Code						
Scope of Work (Check All T	hat Annly)													
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	, ш. г. г. г.	ELECTION AND ADDRESS OF THE PARTY OF THE PAR	Renov Demoi				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
Location of			s Loca Norma									Abat	emer ⁄pe	t
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1ST FLOOF			Х		FL	OOR TI	LE & N	IASTIC .	2,612	SF	Х			
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ompleted by NN SWEENEY		Title ADM	ASS	SISTANT	 r	Sig	nature	frue		Date	e /201		-	

Print Form

Date of Notification (1) MAY 2, 2014				Name	e of Buildin	ng Owner	Operato	or (2) RMACY, LLC	64.50	0.1	5:54	Dog		.f 2
Agencies Notified	Type Notificatio	ก		Stree	t Address			1000 1000				ray		
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DOH DCA	Emergence justification Cancellation	1)	ng		of Contact	7.7.1			<u>Ι τ</u> ,	elenhon	Numbe	or		
Name of Facility Where	Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMAT	ПОМ	T =	78			_		
BMW DEALERSHI	P	ng i lac	. (0)					Type of Facili	5) 5)/5					
Street Address 115 SPRING STRE	ET			•				School (I Subchap Other (i.e	ter 8 (Ot	her than & comn	K-12) nercial b	uildin	gs, ho	mes
City (5) MORRISTOWN								etc.) Square Feet 11,000	# (of Floors	,	Bldg	. Age	
County (6) MORRIS					y Code (7) E USE ONL			Current Use (F						
Name of Monitoring Firm OMEGA ENVIRONI	Hired by Building MENTAL SER	Owner (8)	110000000	CM No. 120			of Abatement C			5 Table 1			
Street Address 280 HUYLER STRE	ET							Address BURNS AV	ENUE		1		C	
City, State, Zip Code SOUTH HACKENS/)6						tate, Zip Code ITAGH, NY	11793					
Project Manager for Moni ANTON RESIN	toring Firm		-		one No. 189-8700)	190000000000000000000000000000000000000	one No. 781-3000		Licens 0113				
Start Date (10) 5/19/2014		Sched: 5/30/2		mpletion	Date (11))	Name	of OSHA Monito	οr					
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire d Outside of Norm	Period of	Abater	ment s				Address ate, Zip Code						
Scope of Work (Check All ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)	X	Renova Demoli	777-77-77			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				re	
Location of			s Locati Normal	ly		Des	cription	200200		4		Abat	emen	t
Asbestos-Containing N TO BE ABAT In Facility (13)	ED	M	ed Sole aintenar stodial S (12)	nce/	Asbes (i.e.	tos Conta thermal s surfac	aining Ma	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
1ST FLOO	DR	1	X	1	INT T	AR FI A	SHING	& PAPER	27	4 SF	7	-		
EXTERIO		1	X					RCAULK		8 SF	X	-		
EXTERIO	R	 	X			WALL F				0 SF	X	-		
ROOF		†	X					ASHING		72 SF	X	-		
ame of Registered Waste RI-STATE TRANSFE		S, INC	N.	JDEP Wauler ID 19551	aste No.	Cubic Y of Wast	ards	Name of MINER	Register	ed Land	fill			
ity, State RONX, NY						Disposa 5/30/2		City, State		G, OH				
ompleted by NN SWEENEY		Title ADM	ASS	ISTAN	 Т	Sig	nature		-		Date 5/5/201	4		

NO CK



Date of Notification (1) MAY 5, 2014				Name	e of Buildi	ng Owner	r/Operato	MACY, LLC	¥.20 P	M 2:5)Pa	uo 3	of 3
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendme	nt #		Stree	t Address E CVS D	DRIVE	Pr Viri	488E0	HOS Cr	NTRO		ge 3	
DOH DCA	justification Cancellation	n)	ng	PAU	t of Conta	LIPS			Telepho	one Numb	ъ-Д		
Name of Facility Where BMW DEALERSHI Street Address 115 SPRING STRE	Р	ing Place	e (3)	FA	CILITY IN	IFORMAT	TION	Type of Facility School (K- Subchapte Other (i.e.		nan K-12) mmercial	buildi	nas, h	omes.
City (5) MORRISTOWN								etc.) Square Feet 11,000	# of Flo		Blo	lg. Ag	
County (6) MORRIS					y Code (7 E USE ON!			Current Use (Pr	ior if being d AL BUILD	emolished			5)
Name of Monitoring Firm OMEGA ENVIRON	Hired by Building MENTAL SER	Owner ((8)		M No. 120		Name ACTI	of Abatement Co ON REMEDIA	ntractor (9) ATION, IN	C.			
Street Address 280 HUYLER STRE	ET							Address BURNS AVE	NUE			101 . 000.000	
City, State, Zip Code SOUTH HACKENS)6						ate, Zip Code TAGH, NY 1	1793				
Project Manager for Moni ANTON RESIN	toring Firm				one No. 189-870	0		one No. 81-3000		ense No. 138			
Start Date (10) 5/19/2014	20	Schedu 5/30/2		mpletion	Date (11)	Name o	f OSHA Monitor					
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: Scope of Work (Check All	ted During Entire d Outside of Norr	Period of	Abate	ment rs	9		Street A	ate, Zip Code					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			lure	
Location			s Locat Norma ed Sole	lly		Des	scription o	f				ateme Type	nt
Asbestos-Containing M TO BE ABA [*] In Facility (13)	TED	Ma	aintena stodial (12)	nce/	Asbes (i.e	thermal .	aining Ma systems i sing, VAT, niscellane		Amount (Specify SF or LF	/ 2	Nepair	Encapsulate	Enclosure
GARAGE R	OOF	Tes	X	N/A		FI A	ASHING		930 SF		+	-	+
GARAGE EXT		-	X		WIND			& CAULK	126 SF		+		+
GARAGE EXT			X		.,,,,,		R CAUL		72 SF		+	+	+
					110002-1-002-						1	+	+
lame of Registered Waste RI-STATE TRANSFE		S, INC		JDEP W auler ID 19551	No.	Cubic Y of Wast		The second section of the second	egistered La A ENTER				1
ity, State RONX, NY						Disposa 5/30/2	al Date	City, State	SBURG, C)H	y.		
ompleted by NN SWEENEY		Title ADM.	. ASS	ISTAN	T		gnature		,	Date 5/5/20	14		

CK# 26859

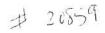


Date of Notification (1)				Name of	Building (Owner/Ope CVS PH	erator	(2)	1481	PM	L: 53	Da	1	-6.0	
MAY 16, 2014	T N. E E					CVS PF	TAR	MAC L	FLLG	1 1 1		Ра	ge i	of 3	
Agencies Notified EPA	Type Notification Initial			Street Ad ONE C	VS DRI	VE		4345	E LIVE	(""					
EPA DEP DOL	Amended Amendment				e, Zip Cod ISOCKE	de T, RI 02	2895	, d	LIUE	K31		¥0			
□ DOH	Emergency (justification)	including	-	Name of	Contact			-		Tele	ephone Nun	nber	-		
DCA	Cancellation			PAUL F	PHILLIP	S				ı —		-5			
				FACIL	ITY INFO	RMATION	4								
Name of Facility Where BMW DEALERSHI		g Place (3)						Type o	f Facility (4	1)					
Street Address									chool (K-1		er than K-12	^			
115 SPRING STRE	EET							X O	ther (i.e. p		commercia		lings,	home	es,
City (5)							-	Square	c.) Feet	# of	Floors	В	ldg. A	ne.	
MORRISTOWN								11,00			2		62	9-	
County (6)				County C	ode (7)						ng demolish	ed)		<u> </u>	
MORRIS	a Lliand by Dyildina	D (0)							MERCIA						
Name of Monitoring Firm OMEGA ENVIRON				0012					ement Con EMEDIA						
Street Address 280 HUYLER STR	EET							Address	S AVEN	NUE					
City, State, Zip Code SOUTH HACKENS	SACK NJ 0760	 6						state, Zip	Code I, NY 11	793				-	
Project Manager for Mor			- 1	Telephor		Т	releph	none No.			License N	0.			
ANTON RESIN		0.1.1.1		201-48			Tours.	781-30			01138				
Start Date (10) 5/21/2014	#	Schedule 6/30/20		npietion L	Date (11)		vame	of USHA	A Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)		-	S	Street Address								
Facility Closed/Vac Abatement Perform Other – Describe:						_ c	City, S	state, Zip	Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		0.00	enova emolit				×	Glov	-Enclosure rebag Prod	edure	Negative P			_	
								i Non-	-Exempled	() an	d Non-Friab	T		ement	
1			_ocati ormal	0.0000000000000000000000000000000000000		D								pe	
Locatio Asbestos-Containing		Used	Sole	ly by	Asbest	Descr tos Contair			(ACM)	Α	mount			ш	
TO BE AB	ATED	100000000000000000000000000000000000000	ntena odial S	Staff?	(i.e.	thermal sy surfacin			ion,		Specify or LF)	Ren	Re	nca	End
(13)			(12)			other mis				31	Of LI)	Remova	Repair	Encapsulate	Enclosure
**		Yes	No	N/A		k ×						_		ate	G.
1ST FLO	OOR		Χ		J	OINT CO	OMP	OUND)	22,	720 SF	Х			
1ST FLO	OOR		X		FLO	OOR TIL	E &	MAST	IC	2,6	12 SF	X			
1ST FLO	OOR		Х		CEIL	ING TILI	E GL	UE DO	STC	8	16 SF	Х			
1ST FLO	OOR		X		5	SHEET F	LOC	DRING		10	00 SF	X			
Name of Registered Wa	ste Hauler		10000	JDEP W		Cubic Ya			Name of I	Registe	red Landfill				- 1
TRI-STATE TRANS	FER ASOCIATI	ES, INC.	-	lauler ID 19551		of Waste	30		MINER'	VA E	NTERPRI	SES			
City, State BRONX, NY			40			Disposal 5/30/2			City, State WAYNE		RG, OH				
Completed by ANN SWEENEY		Title	ΔΟΟ	SISTAN	т		nature		vec	<u>~~</u>	Da 5/	te 16/20	11/1		
ANTIN OVVELINE I	1.0	ADIVI.	700	JO I AIN	1		n	1/6			2 3	10/20	, 17		

20859

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Date of Notification (1) MAY 16, 2014	Name o	of Building Owner/Ope JERSEY CVS PI	erator (2) HARMACY, 担BC 🍍	MALHAY320	РМРа	ge 2	of 3	
Agencies Notified Type Notification EPA Initial	Street A	Address						
DEP X Amended Amendment	City, Sta	ate, Zip Code NSOCKET, RI 0	2895 & LICENS	SING LICEN	VSING			
Emergency (i justification) DCA Emergency (i justification) Cancellation	Name o	of Contact	10-x0-pax	Telephone N	Number			
DCA Cancellation		PHILLIPS			. 0			
Name of Facility Where Abatement is Taking	Place (3)	ILITY INFORMATIO	Type of Facility	(4)				
BMW DEALERSHIP	100 P. C.		School (K-					
Street Address 115 SPRING STREET		NO.	Subchapter	r 8 (Other than K private & comme		lings, l	home	es,
City (5) MORRISTOWN			Square Feet 11,000	# of Floors	В	ldg. Aq 62	ge	
County (6) MORRIS		Code (7) USE ONLY)		ior if being demo				
Name of Monitoring Firm Hired by Building COMEGA ENVIRONMENTAL SERV			Name of Abatement Co					
Street Address 280 HUYLER STREET			Street Address 3010 BURNS AVE	NUE				
City, State, Zip Code			City, State, Zip Code				-	
SOUTH HACKENSACK, NJ 07606 Project Manager for Monitoring Firm	Telepho	one No.	WANTAGH, NY 1 Telephone No.	License				
ANTON RESIN			516-781-3000	01138	}			
	Scheduled Completion 6/30/2014	Date (11)	Name of OSHA Monitor					
Occupancy Status During Abatement (Check	Only One)		Street Address					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Abatement al Facility Hours		City, State, Zip Code					
Scope of Work (Check All That Apply)	The second secon							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosur Glovebag Pro	cedure				
	T	T	Non-Exempte	d (*) and Non-Fr		Abate		
Location of	Is Location Normally	D	dution of			Тур		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Contai (i.e. thermal sy surfacir	ription of ning Material (ACM) ystems insulation, ig, VAT, or scellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
18	Yes No N/A						ē	
1ST FLOOR	X	172200000000000000000000000000000000000	SHING & PAPER	274 SF	. X			
EXTERIOR	X		DOOR CAULK	198 SF	Х			
EXTERIOR	X		LASHING	180 SF	X			
ROOF	X		0 & FLASHING	9,072 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASOCIATE	S, INC. NJDEP V Hauler ID 1955	No. of Waste		Registered Land				
City, State BRONX, NY		Disposa 5/30/2		te ESBURG, OH	H			
Completed by ANN SWEENEY	Title ADM. ASSISTAN	NT Sig	nature Impulle	ney	Date 5/16/20	14		





Date of Notification (1) MAY 16, 2014	_	-		Name	of Building	Owr	ner/Operato	r (2)	277.11.0		-					
Agencies Notified	Type Notification	1		Street	Address			CIVIAC	CY, HAGA	7 20	Pil	<u>!</u> ::	P	age	3 of	3
EPA DEP DOL	Initial Amended Amendmen	.+ # 1		City, S	CVS DF	ode			7	LIGE			-			
DOH DCA	Emergency justification Cancellatio	(includin	9	Name	of Contact		RI 0289	5	'spira-			a Nium	hor	1		
					ILITY INF		ATION									
Name of Facility Where BMW DEALERSHI	Abatement is Takin	ng Place	(3)			0.110	ATION	Тур	e of Facility (4)	\dashv					
Street Address 115 SPRING STRE								×	School (K-1 Subchapter Other (i.e. p	8 (Othe	r thar	n K-12) mercia	bui	ldings	, hon	nes,
City (5) MORRISTOWN								0.000,000	etc.) are Feet 000	# of	Floor	s	T	Bldg.		
County (6) MORRIS				County (STATE	Code (7)	· _		Curi	rent Use (Prio	or if bein	g der	nolishe	d)			
Name of Monitoring Firm OMEGA ENVIRON	Hired by Building MENTAL SER	Owner (8 VICES)	ASC 001	M No. 20		Name ACT	of Ab	atement Con REMEDIA	tractor (9)		1000000			
Street Address 280 HUYLER STRE	ET						Street	Addre								
City, State, Zip Code SOUTH HACKENS	ACK, NJ 0760	6					City, S	state, 2	Zip Code GH, NY 11							
Project Manager for Mon ANTON RESIN				Telepho	one No. 89-8700		Teleph 516-	none N	No.		Licen	ise No.				
Start Date (10) 5/21/2014		Schedul 6/30/2			Date (11)				HA Monitor		0113					
Occupancy Status During	Abatement (Cher		Table 500				Street	۸ ما ما م								
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire led Outside of Norm	Period of	Ahater	ment s					Zip Code							
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	і і пат Арріу)	The same of the sa	Renova Demoli				×	Mi Gl	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					•	
		8	Locat							() and	10111	Habic		Abate	emen	t
Location Asbestos-Containing I	of Material (ACM)	Use	Norma d Sole	ly by	Ashoot	- C	Description	of		201	- 00	-		Ту	pe	
TO BE ABA In Facilit (13)	TED	Cus	intena todial ((12)	Staff?	(i.e.	thern su	ontaining M nal systems rfacing, VA er miscelland	insula T, or	ation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
GARAGE R	2005	Yes	No	N/A											ë	
GARAGE EXT		-	X		14/11/15		LASHIN			930			X			1
GARAGE EXT			X	-	WIND		GLAZING		AULK	126			X			
ON TOTAL EXT	LINON	-	X			DC	OOR CAU	ILK		72	SF		X			
Name of Registered Wast	e Hauler		I N	JDEP W	aste	Cub	ic Yards		Nome of D			1511				
TRI-STATE TRANSF		S, INC.	1 2000	auler ID 19551	No.		Vaste 30		Name of R MINERV	100000000000000000000000000000000000000			S			
City, State BRONX, NY						10000000	oosal Date 30/2014		City, State WAYNES	SBUR	3 0	н			0	
Completed by ANN SWEENEY		Title ADM.	ASS	ISTAN	Т		Signature	~/1	Ever		J, U	Date 5/16	/20	14		
							·	//			~					

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Date of Notification (1) MAY 5, 2014		-	Name NEW	of Building	Owner Y CVS	Operato	MACY, LLC	9°V 00	final .		Dog	010	
Agencies Notified Type Notifica	ation		Street	Address CVS DF	6.16	1111111	To specify	ni ZU	PM 8	: (1)	jay		л 1
DEP Amende	ment #			State, Zip C ONSOCK		0289	5	LICEN	SING				
DOH justificat		g		of Contact L PHILLI				Telep	hone Nu	ımbe	er		
Name of Facility 145			FAC	CILITY INF	ORMAT	TION							
Name of Facility Where Abatement is T GAS STATION Street Address 111 SPEEDWELL AVENUE	aking Place ((3)					Other (i.e.		than K-1	2) ial bi	uilding	js, ho	omes
City (5) MORRISTOWN							etc.) Square Feet 1,500	# of Fi	loors 1		Bldg 6	. Age	
County (6) MORRIS				Code (7)	,		Current Use (Pr	ior if being AL BUIL	demolis DING	hed)			
Name of Monitoring Firm Hired by Build OMEGA ENVIRONMENTAL SE	ing Owner (8) RVICES)	ASCI 001	M No.		Name ACTI	of Abatement Co	ntractor (9)		-			
Street Address 280 HUYLER STREET						Street	Address BURNS AVE						
City, State, Zip Code SOUTH HACKENSACK, NJ 07	606					City, St	ate, Zip Code TAGH, NY 1	1000000000	+-				
Project Manager for Monitoring Firm ANTON RESIN			Telepho 201-48	one No. 89-8700		Teleph		Li	cense N	0.	-		
Start Date (10) 5/19/2014	Schedule 5/30/20		pletion	Date (11)			f OSHA Monitor		100				
Occupancy Status During Abatement (Cl	neck Only On	ne)				Street A	ddrass						
Facility Closed/Vacated During Enti- Abatement Performed Outside of No Other – Describe:	re Period of A	hatem	ent ·				ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re	
Location of	N	Locatio	,		Des	cription o		7,		2110	Abat	emen /pe	it
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	d Solely ntenano dial St (12)	ce/	(i.e. ti	s Conta hermal s surfac	ining Ma	terial (ACM) nsulation, or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	res	No	N/A	VAUNIDO	144.01	.=:::0						Ф	
EXTERIOR	+	X			V		& CAULK	18 SI		X			
ROOF	+	X	-	METAL			L CAULK	388 S		X			
11001		^			FLA	SHING		1,297 9	SF	Х			
ame of Registered Waste Hauler RI-STATE TRANSFER ASOCIAT	TES, INC.	Hau	DEP Wauler ID N		Cubic Y of Wast	е	Name of R	. Turkeni in i		ES			
ty, State RONX; NY			1 606		Disposa 5/30/2		City, State						
ompleted by NN SWEENEY	Title ADM. A	ASSIS	STANT		Sig	nature	(mee 2		Date 5/5/:		4		





Date of Notification (1) MAY 16, 2014						wner/Operato CVS PHAF		LLC	20.cP	M 8:	()()Pa	ge 1	of 1	
Agencies Notified Ty	pe Notification			Street Ac		9815		Jake St.	ns c	TMT	ini.			
DEP X DOL	Amended Amendment #				te, Zip Cod ISOCKE	e T, RI 0289	5	& LI	ČĚNS	ING				
DOH DCA	Emergency (ir justification) Cancellation	ncluding	- 1	Name of PAUL I	Contact PHILLIPS	6			Telep	hone N	lumber			
		4		FACIL	LITY INFOR	RMATION	07-1-07		•					
Name of Facility Where Aba GAS STATION	tement is Taking	Place (3)					☐ s	of Facility (4 chool (K-12	ć 2)		100			
Street Address 111 SPEEDWELL AV	ENUE						X C	ubchapter 8 other (i.e. pr tc.)	ivate & d	comme	rcial build	C.S. 11500	no serence	es,
City (5) MORRISTOWN							1,500		# of F	loors 1	В	ldg. A	ge	
County (6) MORRIS				County C (STATE U	Code (7) ISE ONLY)			nt Use (Prior MERCIA						to .
Name of Monitoring Firm Hi OMEGA ENVIRONME	•	• •		0012				ement Cont EMEDIA						
Street Address 280 HUYLER STREE	Т				-		t Address	s NS AVEN	IUE					
City, State, Zip Code SOUTH HACKENSAC	K, NJ 07606						State, Zip	Code I, NY 11	793		(6)			
Project Manager for Monitor ANTON RESIN	ing Firm		T	Telephor	ne No. 89-8700	Telep	ohone No -781-30		I	icense				
Start Date (10) 5/21/2014		Schedule	d Con				MONSK MAN	A Monitor						
Occupancy Status During A		A- STANIS AND A MOVED CO.				Stron	t Address				-			
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire P	eriod of Al	baten				State, Zip	**						
Scope of Work (Check All T	hat Apply)		-							20.00				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				Mini Glov	Containment Enclosure Webag Proces	edure				_	
								- Externation	() a.i.a .		1		ement	
Location of			_ocati ormal			Description						Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	iterial (ACM)	Used Mair Custo	Sole ntena dial S (12)	ely by nce/ Staff?	(i.e. t	os Containing hermal syster surfacing, V other miscella	Material ns insulat AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIO	2	Yes	No X	N/A	WINDO	W GLAZIN	NG & C.	AULK	18	SF	- x	-		
EXTERIO			X			WALL PA				SF	X			
ROOF			X			FLASHI	NG		1,29	7 SF	Х			
										-	_			
Name of Registered Waste	Hauler		IN	JDEP W	aste	Cubic Yards		Name of R	Registere	ed Land	lfill			
TRI-STATE TRANSFE		S, INC.		lauler ID 19551	No.	of Waste		MINERV						
City, State BRONX, NY			7.0			Disposal Dat 5/30/2014	88	City, State WAYNE		G, OH	1			
Completed by ANN SWEENEY		Title ADM.	ASS	SISTAN	IT	Signatu	re	Picce	ne	9	Date 5/16/20)14		

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

			(PURSUAN	II IO NJA	C 0.0U-/ A	ND 12.120		0010		- 0	
Date of Noțification (1						wner / Ope	erator (2)				
	14			First Ener	~ .						
America Natifical 17	France of No.	A161 41		Street Ad							
	Type of No			76 South					_		
☐ EPA ☐ DEP	The same of	Initial Amended		Akron, Oh	e, Zip Code	е					
☑ DOH	-	Amendment #	4	Name of				Talanho	ne Numbe	r	
☑ DOL			/ justification	Jim Halse				relebilo			
		Cancellation	, justinoution	oiiii riaise	· y			ı		281/	. 3
			F	ACILITY IN	FORMATI	ON			Rein		1
Name of Facility When	e Ahatem	ent is Taking	Place (3)		Type of F	acility (4)					,
reality which	CADatem	ent is raking	race (5)		Type of t	acinty (4)			\overline{c}	20	
						School (H	K-12)		ロッ		1
Street Address						Subchap	ter 8 (Other	than K-12	2) 📆 🗆	70)
101 ALEXANDER AVE					V		., private &	commerc	ial 📃		
							omes, etc.)		57	÷.	
	County (6)		County Code	(7)	Square F	eet	# Of Floor	S	Building	Age 🐸	7
PEQUANNOCK	MORRIS								J 1		6
						교생하다 내리를 가는 것이 되었다.	f being dem	olished)	1		~
					Telephone	e Pole					
Name of Monitoring F	irm Hired	by Bldg. Own	er (8)	ASCM NO	1						
Environmental Uselth Is					1.VII.D	1141 C					
Environmental Health In	nvestigatio	ns				lition Service	ces inc.				
Street Address 655 West Shore Trail					Street Ad	aress					
City, State, Zip Code					22 Million	a Darkway					
Sparta, NJ 07871						ns Parkway e, Zip Cod	Control of the Contro				
Project Mngr. For Mor	itorina Ei	PIN .	Telephone Nu	mbor	City, Stat	e, zip cou	e				
Dino Nappi	iitoriiig i i		212-682-9271	ilibei	Fast Hand	over, NJ 07	036				
Sheduled Start Date (1	10)	Sched Comp	letetion Date (1	1)		e Number		License	Number		
05 // 31 /	14	06	02 /	14	, Giopiioii	o mambo.					
//		/			973-8	84-8682			00	860	
Occupancy Status Du	ring Abate	ment (Check	Only 1)		Name of	OSHA Mon	itor				
☐ Facility Clo	sed/Vacat	ed During Ent	ire Period of		LVI Demo	lition Service	ces Inc.				
Abatement					Street Ad	dress					
			lormal Facility								
		8:00 am to 5;0				is Parkway					
☑ Other - Des	cribe:					e, Zip Code					
Scope of Work (Check	All That	Annly)			East Hand	over, NJ 07	036	- Table - 1			-
ocope of work (once	CAII THAT	(PPI)							13		
Demolition		V	Renovation		Full Cont	ainment w	ith Negative	Pressure	3		
≥3sf or ≥3lf		.—.			Mini - End	closure	-				
≥160 sf or ≥						Procedure					
				V	Non-Exen	npted (*) a	nd Non-Fria	ble Proce	dure		
							·				<u> </u>
Location of		Is		Descript			1	Abateme		le.	le .
Asbestos Contain	ning	Location Normally	As	bestos - C Material			Amount	R E	R	E N	E N
TO BE ABATE	n	Used	l "	e., thermal			(Specify	M	E	C	C
in Facility	≝	Solely		lation, sur		т	SF or LF)	7985	P	Ā	L
(13)		by Main-		other misc			0. 0. 2. /	v	A	P	o
()	- 1	tenance/			,			À	l i	s	s
	- 1	Custodial					1	L	R	U	U
		Staff (12)								L	R
		YES NO N/A									
Exterior Telephone Pole	9		Transite Condu	ıit			20 LF	V			
Name of Registered W	aste Haul	er	NJDEP Waste			Registered	Landfill				
NEWARK CARTING				Yards	I.E.S.I.						
Olt Otal			4509	of Waste	014 01 1						
City, State				Disposal	City. State		105				
NEWARK, NJ				Date	DETHIER	IEM, PA 18	105				
Completed by (Print o	r Type)		Title			Signature	. 6			Date	
- Sp.o.cou by (Finit O	, po)					F.	1	-			
Stavan Stiles			Project Manage	or.		1107	M T		2	OF	116/14

ASB-41

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO MIAC 8:50 7 AND 12:120 7

			(PURSUAI		AC 8:60-7 A			rec	1(=		00
Date of Notific	cation (1) 16 / 14			Name of First Ene	Building C	wner / Op	erator (2)				
	-10 /- 14	_		Street A							
Agencies Noti	ified Type o	f Notification		76 South					*	22	
_	EPA 🛛	Initial			te, Zip Cod	е			-	Dan	7
	DEP	Amended			hio 44308			17.1.1	Qυ.)	巫	**
	DOL	Amendmen	w/ justification	Jim Hals	Contact			I l elenno	Numbe		*
		Cancellation		John Hais	,cy			1	1513	20	ì
	A A STATE OF THE S		F	ACILITY I	NFORMATI	ON			750	۵-	
Name of Facil	:4 . \An AL .	4 1.	D1 (0)		1- /-				3200		1- 19
Name of Facil	ity where Abai	ement is Takin	g Place (3)		Type of F	acility (4)			5	- -	J
						School	(K-12)			. الم	
Street Addres					7 🗆		oter 8 (Other				<u> </u>
12 CORSALO	ROAD				V		e., private & nomes, etc.)	commerc	ial z		
City (5)	County	(6)	County Code	(7)	Square F		# Of Floor	'S	Building	Age	
LAMBERTVILL											
							if being dem	olished)			
Name of Moni	itorina Eirm His	ed by Bldg. Ow	mor (9)	IASCM N	Telephon	Pole					
I value of Mon	itoring rinn rin	ed by Blug. Ow	ilei (o)	ASCINI IN	9						
	Health Investig	ations			LVI Demo	lition Serv	ices Inc.				
Street Address	7.0				Street Ac	dress					
655 West Shor City, State, Zip	AND CONTRACTORS OF				32 William	ns Parkwa	,				
Sparta, NJ 078						e, Zip Coo					
Project Mngr.	For Monitoring	g Firm	Telephone Nu	ımber							
Dino Nappi	15.4. (45)	10 1 1 0	212-682-9271			over, NJ 07					
Sheduled Star	29 / 14	Sched. Com 05	pletetion Date (*	11)	Telephon	e Number		License	Number		
// -	/	- ,	//		973-8	84-8682			00	860	
		patement (Chec			200000000000000000000000000000000000000	OSHA Mo					
D	cility Closed/Va atement	cated During E	ntire Period of		Street Ad	lition Serv	ices Inc.				
2.00		med Outside of	Normal Facility		Street Au	uress					
Ног	urs - Describe:	8:00 am to 5	;00 pm		32 William	ns Parkway	/				
☑ Oth	er - Describe:				City, Stat			-			
Scope of Worl	k (Check All Th	at Apply)			East Hand	over, NJ 07	036				
Coope of trois	K (OHOOK AH TI	at Apply)									
	molition	V	Renovation		Full Cont	ainment v	ith Negative	Pressure)		
	of or <u>></u> 3If 50 sf or >260 If				Mini - End Glovebag						
	0 Si Oi <u>2</u> 200 ii						nd Non-Fria	ble Proce	dure		
THE R. P. LEWIS CO., LANSING, MICH. 47, 1811	ation of Containing	ls Location		Descrip	tion of Containing			Abateme		ie	Ie.
Aspestos	Containing	Normally		Material			Amount	R E	R	E N	E N
	ABATED	Used		.e., therma	al systems		(Specify	М	E	С	С
	Facility	Solely			rfacing, VA		SF or LF)	0	P	A	L
,	(13)	by Main- tenance/	or	otner misc	cellaneous)			V A	A	P S	o s
		Custodial						Ê	R	Ü	ŭ
		Staff (12)								L	R
Exterior Teleph	ono Polo	YES NO N/	Transite Condu	iit .			20 LF				+
Exterior relepir	ione Pole		Transite Condi	JIL .			ZU LF		HHH	H	++-
							†				11
			1								
Name of Regis		auler	NJDEP Waste		Name of I	Registered	Landfill				
NEWARK CAR	UNING		Hauler ID No. 4509	Yards of Waste	I.E.S.I.						
City, State	************		.,,,,,	Disposal	City. State						
NEWARK, NJ				Date	BETHLEH		3105				
Completed by	(Print or Type)		Title			Signațur		,		Date	
-ompleted by	(init of Type)		Tide			*		0	$\setminus \mid \cdot \mid$	Date	
Steven Stiles			Project Manage	er		120	NA		-	05	5/16/14



Date of Notification (1)		-		Nam	e of Buildir	ng Owner/Operator ((2)	Dis 1 . 1. C				_
	14	_		JC	P&L/Firs	ng Owner/Operator (stEnergy Compន្ទី[64 HJ66#140	05-4760 Ch	eck 627	6		
Agencies Notified ☐ EPA ☐ Initial ☐ Men	ded	\		10	et Address Legion F State, Zip	Place- Building Á		421HB 00HJ N.E	i. 2 ¹			
	dment #1	-/		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A CONTRACTOR OF THE CONTRACTOR	, NJ 07960						
	gency (inc cation)	cludir	ng		e of Contac			Telephone	Number			
☐ Cance					hn T. Gre			reiepitotie	Number			
				FA	CILITY	NFORMATION				-		
Name of Facility Where Abatement	is Taking	Plac	e (3)				Type of Facility	(4)				-
JCP&L/First Energy							School (K-1					
Street Address							Subchapter Other (i.e., p	8 (Other than	K-12)	والمالييط		
1345 Englishtown Road							homes, etc.))	mmercia	Dulidir	igs,	
City (5)				The second			Square Feet	# of Floor:	s	Bldg.	Age	
Old Bridge							**************************************			9	3	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molished	1)	-	
Middlesex							Utility Build			orti		
Name of Monitoring Firm Hired by B	uilding O	wner	(8)	ASCM	No.	Name of Abateme	1.550	-				
1 Source Safety & Health					-	AbateTech, In						
Street Address				<u> </u>		Street Address						-
140 South Village Ave. Suite	130					30 Maple Ave	PO Box 25					
City, State, Zip Code				-		City, State, Zip Co	of the annual control of the con-					
Exton, PA 19341						Lumberton, N						
Project Manager for Monitoring Firm			Tal	ephone	No	Telephone No.	15 06046	Titisana N	(20)			
Brian Hovendon		 			I-5525	609-265-2107		License N	0.			
Start Date (10)	Schedu	ulad C			-	Name of OSHA M		00529				
05 / _19_ / _14_	1		5.11	2 /	1,100	EMSL Analyti		*				
Occupancy Status During Abatemen	t (Check-	only.	one)			Street Address					-	
☐ Facility Closed/Vacated-During E	ntire Perio	od of	Abate	ment		200 Route 130	0 North					
Abatement Performed Outside of	Normal F	acilit	ty Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM-3	:00PM/ <u>1</u>	1:30	PM	A	M \	Cinnaminson						
Scope of Work (Check all that apply)						И	,			-	_	- 1
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	0		enovat			☐ Mini-Encl ☐ Glovebag	ainment with Neg osure Procedure npted (*) and No					
			Loca						1	Abatem	ent T	ype
Location of Asbestos-Containing Material (AC			Norma			Description of				1	T	Т
TO BE ABATED	JIVI)	Ma	intena	nce/	Asbe	stos Containing Mat ., thermal systems in	erial (ACM)	Amount (Specify		Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?	(0	surfacing, VAT,	or	SF or LF) 2	<u> </u>	nsc	Sur
(13)	<u> </u>	Yes	No	N/A	-	other miscellaneo	ous)				ate	(D
Weeting Room		Tes	No	IN/A	Ceiling	Diagtor		4 000 0	-			-
A STATE OF THE PARTY OF THE PAR			Library A.					1,062 SI				
Meeting Room					Floor til	e and Mastic		1,062 SI			П	
		_		 □								
	Г			П					I	In	П	
Name of Registered Waste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill		1 -	Ш	
AbateTech, Inc.			1	auler IC	No.	Waste	G.R.O.W.S.					
City, State				18750		Disposal Data		Landin				
Lumberton, NJ	25					Disposal Date 6/2/14	City, State Tullytown,	PA				
Completed By (Print or Type)	Title			-		Signature		_	Date i			_
Jennifer Piraine	10.150.550.000.00	erati	ons (Coordi	nator	Same	er Priai	he	5	15	14	
SB-41						- U - U	,		-			
AY 11	* Do	not	use th	is form	tor asbesto	os licensure exempt	ed activities.					



								1.1.)				
Date of Notification (1) 5 /	14 /	14				g Owner/Operator (Princeton		103-4737 Chec	k #62	75		
	-					Timeeton	2019 MAT	103-4737, Chec	ن	75		
Agencies Notified ⊠ EPA	Type Notific				Address	Princeton Unive	rsity F A Mac	Millan Bldg				
☑ DOLWD					State, Zip (7 M M 1	112 61 1 1 1	1			
□ DHSS	Amendm	10.00	1			NJ 08544	us L	IDENSING				
☐ DCA (NJAC 5:23-8)	Emergen justificati		9		of Contac			Telephone Numl	per	•		
(111110 0120 0)	Cancella			Rol	pert Orte	go, P.E.			6			
				-		FORMATION						
Name of Facility Where A	Abatement is	Taking Plac	e (3)				Type of Facility	(4)				
Sayre Hall							School (K-12					
Street Address								Other than K-12				
300 Forrestal Road	, Princeton	Universit	y For	restal (Campus		homes, etc.)	rivate and commer	cial bu	ııldıng	js,	
City (5)	-						Square Feet	# of Floors	BI	dg. A	ge	
Princeton							29,000	4	100000	70+		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Middlesex						22		80	5%			
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates				0009	98	AbateTech, I	nc.					
Street Address	25					Street Address						
3 Terri Lane						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					_455
Burlington, NJ 0801	16					Lumberton, N	NJ 08048					
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.				
Michael R. Keehn			6	09-386	-8800	609-265-2107		00529				
Start Date (10)	1500	Scheduled (Name of OSHA M	lonitor					
4 / _02_ /	14	5	/ _3	1_/_	14	EMSL Analyt	ical					
Occupancy Status During		U 75	1/2			Street Address						
☐ Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed Time of Abatement:						City, State, Zip Co						
Scope of Work (Check all	that apply)			-		Cinnaminson	i, NJ 00077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enc ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedu	ro.			
		1 1	s Loca	tion	1	⊠ No⊓-Exe	impled () and 140	11-1 Hable Flocedu		otom	ent T	
Location	of		Norma	ally		Description of	ıf			_		
Asbestos-Containing I			ed Sol ainten:			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
<u>TO BE ABA</u> IN Facilit				Staff?	(i.∈	e., thermal systems surfacing, VAT.		(Specify SF or LF)	ova	ai.	sde	uso
(13)	*	-	(12)			other miscellane		,	-		late	Ġ.
1 st through 4 th Floor		Yes	No 🖂	N/A	laint C			75 SF				
						ompound	1			屵		
1st through 4th Floor 2 nd Floor Ramp Area			-			t Asbestos Pane	IS.	25 SF		H		7
2 Floor Ramp Area					Transit	e Panels		15 SF		닏	4	
Name of Registered Wast	te Hauler			NJDEP N Hauler II		Cubic Yards of Waste	Name of Regis					
AbateTech, Inc.				18750		5	G.R.O.W.S	. Landfill				
City, State						Disposal Date	City, State	to to				
Lumberton, NJ						5/31/14	Tullytown,	PA				
Completed By (Print or Ty Jennifer Piraine	rpe)	Title Opera	tions	Coordi	inator	Signature .	h. Oi	Da Da	1	ا ا	(1	r.
SB-41						TIME	ha ina	me E	اار	1	4	

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

MAY 11



Date of Notification (1)					Name	of Buildin	g Owner/Oper	ator (2)	Y. In.	-44			
	14	14			Ne	wark Cor	mmunity He	alth (Centers, Inc.	Job-#1206-450	8 Che	eck #	627	4
Agencies Notified	Type No	tification				t Address					3- 33-	9		-89
⊠ EPA					74	Broadw	<i>i</i> ay			STOS CONT	12.34			
⊠ DOLWD	☐ Amer	75 95			City,	State, Zip	Code			LICENSING				
□ DCA	The state of the s	dment #_ gency (in	71 (1)		Ne	wark, NJ	07107		يارا.	2.4-1101116				
(NJAC 5:23-8)		cation)	Ciuuiiig	j	Name	of Contac	ct			Telephone Num	ber			
	☐ Cano				Bu	siness O	ffice			4				
			1.5		FA	CILITY IN	NFORMATIO	N						
Name of Facility Where A	batement	is Takino	Place	(3)		ΦΙΣ ΙΙΙ ΙΙ	VI OTAMATIO	-	Type of Facility (4)				
Newark Community				(-)					School (K-12)	Sec.				
Street Address										(Other than K-12				
741 Broadway									homes, etc.)	ivate and comme	rcial bu	ııldıng	js,	
City (5)	7								Square Feet	# of Floors	BI	dg. A	ge	
Newark														
County (6)					Cou	nty Code (7)(STATE USE O	NLY)	Current Use (Pri	or if being demoli	shed)			
Essex									Health Cente	er				
Name of Monitoring Firm	Hired by E	Building C)wner	(8)	ASCM	No.	Name of Ab	ateme	ent Contractor (9)					32-500
Environmental Con	nection,	Inc.					AbateTe	ch, li	nc.					
Street Address		-					Street Addre	ess						
120 North Warren S	treet						30 Maple	e Ave	e. PO Box 25					
City, State, Zip Code							City, State, 2	Zip Co	ode					
Trenton, NJ 08608							Lumbert	ton, N	NJ 08048					
Project Manager for Mon	itoring Firm	n		Te	lephone	No.	Telephone N	No.		License No.				
Ryan Broadwater				1	609-392	2-4200	609-265-	2107	•	00529				
Start Date (10)		Sched	uled C	omp	letion Da	ate (11)	Name of OS	SHA N	1onitor	-				
5 /27 /	14		3_/		03 /	14	EMSL A	nalyt	ical					
Occupancy Status During	Abateme	nt (Check	only	one)			Street Addre	ess	70			22 23-3		
☐ Facility Closed/Vacate							200 Rou	te 13	0 North					
Abatement Performed							City, State, 2	Zip Co	ode	-				
Time of Abatement: 7	:00AM-3:	30PM/	P	M	AM		Cinnami	nson	n, NJ 08077					
Scope of Work (Check al	that apply	/)								_				
☐ ≥3 sf or ≥3 lf			⊠ Re	nova	tion				tainment with Neg losure	ative Pressure				
⊠ ≥160 sf or ≥260 lf			De				Glo	veba	g Procedure					
							⊠ No	n-Exe	mpted (*) and Nor	n-Friable Procedu	re			
				Loc Norm	ation			Wes			Ab	atem	ent T	ype
Location Asbestos-Containing		(CM)			lely by	Ashe	Descrip estos Containir			Amount	Re	Re	ᄪ	四四
TO BE ABA	TED	,	377	1000	ance/		e., thermal sys	tems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facili (13)	ty		Cus	(12	l Staff?		surfacing, other misce			SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A		other misce	clianc	ous)				e e	
1 st Floor				\boxtimes		Floor T	ile & Mastic			2,720 SF	\boxtimes		П	
1 100001	-					11001	no a maono		-	2,720 01	+_	-] [
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Name of Registered Was	te Hauler			T	NJDEP	Waste	Cubic Yards	of	Name of Regist	tered Landfill				-
AbateTech, Inc.					Hauler I		Waste		G.R.O.W.S.					
City, State					1875	U	20 Disposal Da	te	City, State					
Lumberton, NJ							6/3/14		Tullytown,	PA				
Completed By (Print or Ty	/pe)	Title					Signatu	ıre	1 ,		ate :			
Jennifer Piraine	de en	1		ions	Coord	inator	Ognate	AL 10.	Les Vivil	ne	~ h	u	h :	
ASB 41								rru	you run	ry	<u> </u>	41	14	

ASB-41 MAY 11

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



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										273	Check #6	4739	b #1403-47	Jo	nson /	& Jo	nnson 8	Joh				14	_ /	12	/ _	_ /	05	_	
										N. 10 8	10			-		s	Address	Street				cation	Noti	Type N		d	Notified		
											is con				et	je S	Georg	410						Init				EPA	20000000
		_			_	_		_		U III	FNSIL	2 110	2			р Сс	State, Zip	City, S						☐ Am				DOLWE	
										()	7147114	OE L. P.	GE.		NJ 08901	swi	w Bruns	Nev		_		ment #						DHSS	
						_			r	Number	Telephone						of Conta			ling	iciuai	ency (in				3)	5:23-8)	DCA NJAC !	-
										100	, olephone					mie	eph Kn	Jos						☐ Ca		• /	0.20 0)		
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						_						polity (A	Type of Faci	1	RIVIATION	1141	CILITI	ГА	(3)	ace	n Pla	Takin	ent i	Abateme	ere A	Whe	acility \	ne of F	Nan
											'		School (K						(0)	100	9 1 14	Conting					r Coun		
										K-12)	Other than		Subchapt												71111	, ,	-	et Add	
ngs,	ngs,	s,				js,	dinç	uil	al bu			(i.e., priv	Other (i.e													,on:	irn Av		2010
									- 11			46 (1110) 1945	homes, e												ue	venu	IIII AV		
Age	Age	е				ge				700	# of Floor	Section 1	Square Feet	1															City
							0	5			1/mezz		37,000 SI															wing	
	.00								ed)	emolishe	if being de	se (Prior	Current Use	0	TE USE ONLY)	(7)	nty Code	Cour										inty (6)	
												t	Airport				*		- 2		-223 1300							lercer	1900
												tor (9)	nt Contractor	men	ne of Abatem		No.	ASCM	3)	er (Owne	_		Hired b		-			
													c.	, Ind	bateTech, I							ıc.	n, I	nectio	Con	tal C	nment	nviror	Er
				(8)											eet Address												Iress	et Addi	Stre
												25	PO Box 25	ve.	0 Maple Ave									treet	en S	arre	rth Wa	20 Nor	12
												2000	de	Cod	, State, Zip C		- 10.00						T			ode	, Zip Co	State,	City,
													J 08048	, N.	umberton, I										808	0860	n, NJ (rentor	Tr
						_	-		-	lo.	License N	-			ephone No.	+	No.	phone	Tele				irm	toring F	Moni	for N	anager f	ect Ma	Proje
											00529			07	09-265-2107		-4200								er	wate	Broadw	yan B	R
			-	_									nitor	Mo	ne of OSHA N	+	te (11)	tion Da	mple	l Co	luled	Sched	_		30000		(10)	t Date (Star
													V.16%	333886	MSL Analyt			_ / _	63				-ş	14	_ /	12			
				_		_		_	_		-	-		i.	et Address	\exists			ne)	ly o	k only	(Check	men	Abaten	uring	s Du	y Status	upancy	Occi
													North	130	00 Route 13									d Durin					
		_	_		_	_	_	_					de	Cod	, State, Zip C									Outside					
												7			innaminsor		Λ	2:00AN	M- <u>12</u>	<u>30</u> F	W/ <u>3:</u> 3	PI	M	A	nt:	emen	f Abate	ime of	Т
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(K# 006156

D&S Proj. #: 2014-196

No:

State of NJ	
otification of Asbestos Abatement	
irsuant to NJAC 8:60 and 12:120)	

Date of Notification (1)	The second secon		Name of kevin o		wne	er/Operator (2)				2514	MAY 2	PH OF	8: 7	dies.		
	ype Notificat Initial	ion	Street Ad						_	488	EST	IS CO	NTRE			
	Amended		309 C	OOK AVI	EN	UE				ě	& LIC	ENSI		2		
An	nendment #:		City, Stat	e, Zip Code	е							***************************************				
	Emergency		SCOT	CH PLAI	IN:	S, NJ 07076			55-500-0	NII CO LITERATION						
	(including justification)	11	Name of 0	Contact						T	Telepho	one Numi	per	CCC 44,44		The second second
	Cancellation	.	kevin	coyle		AMADE AND ADDRESS OF THE ADDRESS OF					4					
				FA	ACI	LITY INFORM	ATION	ı								
Name of facility where	abatement i	s taking p	lace (3)						П	Type of			-			
kevin coyle						₹						ool (K - 1 chapter 8		han K	(-12)	
Street Address	ASSESSMENT OF THE PROPERTY OF								71	⋉	Othe	r (Private s./Homes	/Comme			
309 COOK AVEN	UE								- 11	Square	Feet	# of Fk	oors	В	dg. A	Age
City (5)		Cou	unty (6)					nty Code (7)	11							
SCOTCH PLAINS	S	U	NION				(Sta	te use only)		Currer	it Use (Prior if be	eing den	olish	ed)	
Name of Monitoring Fir	rm Hired by I	Bldg. Owr	ner (8)		T	ASCM No.	\neg	Name of Abateme	ent C	ontracto	r (9)					
						-		D & S RESTO	ORA	TION,	INC.					
Street Address								Street Address								
04.04.30.0							_	20 California		e.						
City, State, Zip Code								City, State, Zip Co								
Project Manager for Mor	nitoring Firm		T	Phone Nur	- h		_	Paterson, NJ		03		Litiana	- N			
rojectiviariager for wor	illoring Film			Phone Nur	пре	er .		Telephone Number 973-345-80				Licens	se Numb 01169	oer		
Start Data (10)		ICaba	10000	ties Dele	74.4		_	Name of OSHA M		or			01107			
Start Date (10)		Sche	a. Compi	etion Date	(11)		D & S Restor								
05/22/14			0/42					Street Address								
Occupancy Status Durin	Charles and the second of the							20 California		nue						
Facility closed/vac								City, State, Zip Co	ode							
Describe: Other-Describe:							-	Dataman NI	075	02						
Scope of Work (check					_		-	Paterson, NJ								
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material (acm) to abated in facility (Yes	No	N/A	_	material (A	ACM)				Specify F)	SF or	0	a	a	C
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D & S RESTORATI			EP Haule 506	I IU#		YD Yards of W	vasie	Name of Register TULLYTOW			RCE R	ECOVE	ERY			
City, State	7500			Disposal				City, State								
PATERSON, NJ 0				05/23/	/14			TULLYTOW	N, I	PA	-				_	
Completed by (Print or T BOGDAN JOLDZIO		Title PRESID	DENT			Signature						05/0	9/2014			
ASR-41				m for asbes	stos	s licensure exe	mnted	Lactivities				05/0	2,2017		-	

CX# 606157

D&S Proj. #: 2014-197

ASB-41

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

RECEIVED

Name of Building Owner/Operator (2) Date of Notification (1) 0 5 / 1 2 / 1 4 JOHN FERRARA Agencies Notified Type Notification Street Address X Initial ☐ EPA 14 CENTRAL AVENUE Amended DEP City, State, Zip Code Amendment #: DOL Emergency HILLSDALE, NJ 07642 DOH DOH (including Telephone Number Name of Contact justification) DCA JOHN FERRARA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) JOHN FERRARA Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 14 CENTRAL AVENUE Square Feet # of Floors Bldg. Age County Code (7) County (6) (State use only) Current Use (Prior if being demolished) HILLSDALE BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. 05/27/14 Street Address 06/20/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 !f Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A p X PIPE INSULATION 10 L FT BASEMENT BASEMENT BARE HEATING PIPES 70 L FT Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill 13506 D & S RESTORATION, INC. TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State PATERSON, NJ 07503 05/28/14 TULLYTOWN, PA Completed by (Print or Type) Signature Date Title **BOGDAN JOLDZIC** 05/12/2014 PRESIDENT

Do not use this form for asbestos licensure exempted activities.





Date of Notification (1) 05/15/2014					of Buildin Industri	g Owner/Operator es	(2)	91	M GILY	0.0	1	0.8 - 0	S. n
1	e Notifica	ation			Address PPG Pla	ce			No.				
DOL DEP	Amended Amendme		_		ate, Zip C urgh, P	Code A 15272	9 11 19		å L	IĈ E	NS	INC	TVE
⊠ DOH □	justificati Cancellati	on)	Ť		of Contac Mc Guir	97	<u> </u>	Telepho	one Numb	er			
				FACIL	LITY INF	ORMATION							
Name of Facility Where Abate Former Commercial Buil		aking Place	€ (3)				Type of Facility School (K-1	12)					
Street Address 22 Halladay St.,		_		281			Subchapter Other (i.e., homes, etc.)	private & c		300 mm - 1997	dings		
City (5) Jersey City, NJ							Square Feet 80,000 SF	# of FI	loors		ldg. / ()+	Age	
County (6) Hudson			I	County USE O		7) (STATE	Current Use (P			hed)			
Name of Monitoring Firm Hired		Hard Chillian Franciscome in		ASCM No	0.	Name of Abatem	ent Contractor (9)					_
(8) J & S Environmental	Laborat	ories	_ 1	N/A		DIA Genera	I Constructio	n, Inc.					
Street Address 2333 Rt 22 West						Street Address 1360 Clifton,	Avenue, PM	B Suite :	218				
City, State, Zip Code Union, NJ 07083						City, State, Zip C Clifton, NJ C							
Project Manager for Monitoring	Firm		Telep	hone No	D.	Telephone No.		Licens	se No.				
Sherry Gelsomino			908-	-206-00	073	973-389-008	89	006	93				
Start Date (10) 05/30/2014	1000	cheduled C 08/30/201		on Date	(11)	Name of OSHA N	Monitor Construction	n, Inc.					
Occupancy Status During Aba	tement (0	Check only	one)			Street Address		75-4-1-1-1-1-1-1					
Facility Closed/Vacated Dur							Avenue, PM	IB Suite	218				
Abatement Performed Outs Other - Describe:	de of No	rmal Facility	y Hours	i 		City, State, Zip C Clifton, NJ 0							
Scope of Work (Check all that	apply)	-				V 5		tive Dec					
>3 sf or >3 lf 2160 sf or 2260 lf			novatio emoliti			Mini-End Goveba	ntainment with Ne closure g Procedure cempted (*) and			luro			
		ls L	ocation			IN NOII-EX	tempted () and	NOII-FIIAD	ie Proced		bate	ment	
Location of			ormally Solely	hv		Description of					Ту	е	
Asbestos-Containing Materia TO BE ABATED IN Facility (13)	(ACM)	Main Cu s	itenance istodial itaff? (12)			bescription of the containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amou (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u>a</u>		ē	æ
As Attached		163	140	INA.									
					T	Outle Verde	Name of Regi	stored I s =	dfill				
Name of Registered Waste Har Service Transport Group	nier		Hau 20	DEP War uler ID No 0970	o.	Cubic Yards of Waste 200	Minerva La		umi				
City, State						Disposal Date	City, State						_
New Castle, DE						08/30/2014	Waynesbur	g, OH 44					
Completed By Krutarth Jagad		^{Title} President				Signature	4	7	Date 05/15/2	014			

<u>List of Asbestos Containing Materials to be Removed from the Following Location</u>:

Note: Is location normally used by maintenance/custodial: N/A

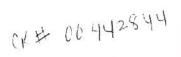
22 Halladay Street Jersey City, NJ

Location	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Building 1 -Entire Roof	Built-up roofing and all flashing materials	11,700 SF
Building 1 - Roof and warehouse interior	Exhaust pipe and cap	40 LF
Building 1 - Exterior windows	Window Glazing	2,800 LF
Building 2 - Lower and Upper Roofs	Penetration Roof flashing materials	1,920 SF
Building 2 - Upper Roof	Tar/paper coating	25 SF
Building 2 - Upper Roof	Window caulking	100 LF
Building 2 - Top of exterior tanks	Roof coating	350 SF
Building 2- Exterior Tanks	Gasket	20 SF
Building 2-Throught interior	Corrugated pipe insulation	175 LF
Building 2-First floor and Mezzanine	Electrical components	9 SF
Building 2 - Throughout Interior	Ballast Gaskets	6 SF
Building 3 - Roof	Roof flashing materials	2,200 SF
Building 3 - Roof	Window caulk	50 LF
Building 3 - Throught Interior	Pipe Insulation	400 LF

22 Halladay Street Jersey City, NJ

2014 MAY 20 PM 8: 01

	A CONTRACTOR OF THE PARTY OF TH	ESLOS CONTRAL
Location	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Building 3 - Exterior windows	Window glazing	480 LF
Building 3 - Throughout Interior	Ballast gaskets	7 SF
Building 4-Throughout Interior	Pipe fitting insulation	4 LF
Building 4 - Throughout Interior	Corrugated pipe insulation	110 LF
Building 4 - Roof	Roof flashing materials	1,150 SF
Building 4 - Interior-North East corner	Electrical components	1 SF
Building 5 - Throughout interior and on warehouse roof	Pipe fitting insulation	184 SF
Building 5-North interior room, sprinkler room&roof	Electrical components	6 SF
Building 5-Exterior-west	Door caulk	84 LF
Building 5-Lower roof	Roof flashing materials	90 SF
Building 5- Entire mid- level roof	Flashing materials	12,200 SF
Building 5- Upper Roof	Roof flashing materials	550 SF
Building 6- Roof perimeter/parapet walls	Roof flashing materials	1,350 SF
Building 6-Interior above office area	Pipe fitting insulation	8 Fittings
Building 6-Exterior East	Window glazing	34 SF
Building 7- Entire Roof	Built-up roofing&flashing materials	19,000 SF
Building 7-Roof and Interior	Exhaust pipe and cap	40 LF
Building 7- Boys&Girls bathrooms in warehouse,south west warehouse floor	9"x9" Brown Floor Tile	370 SF



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



Date of Notification (1) 05/14/14					Name of Build	3	er/Operator (2)							
Agencies Notified		Notification	Type		Street Addres		-2114×M	11 26)	PM	8-01				
00 504														
(X) EPA () DEP		() Initial No		-4:	920 Sylvan Av		Albert	51115		TREL				
(X) DOL		(X) Amend () Cancelle		ation	City, State, Zi	p Code		LICE	MSIN					
(X) DOH		() Caricelle	,u		Englewood Cl	iffs N.I O			-					
() DCA					Name of Cont		1002	Tel N	umber					
					Steven Yu			3000		•				
				FACILITY IN	IFORMATION			-						
Name of Facility Where Abate	ment is T	aking Place (3)		Type of Facilit									
LG Electronics					() School (K-12) () Subchapter 8 (other than K-12)									
Street Address					(X) Other (i.e.	brivate &	commercial blo	las hom	nes etc					
					(X) Other (i.e. private & commercial bldgs., homes, etc.									
111 Sylvan Avenue					Sq. Feet 410,000 # of Floors 2									
<u>City (5)</u> <u>Co</u>	unty (6)		County C		Dida Asa E									
Englewood Cliffs Be	rgen		(State U	se Only)	Bldg. Age 58		ing demolished)	comme	arcial/off	ice				
Name of Monitoring Firm Hired		Owner (8)	ASCM N	lo.	T odiront obe (pilor ii bo	Name of Co			100				
		107	1.0.0	<u> </u>			ivanic or oc	milacion	(3)					
Omega Environmental Service	es, Inc.						Brandenbur	g Indust	rial Sen	rice Cor	npany			
Street Address					Street Address	<u>s</u>	C1000		-1-11-63-7111					
280 Huyler Street														
City, State, Zip Code					2217 Spillman Dr City State, Zip Code									
Gity, Gtate, Zip Code				*	City State, Zip	Code								
South Hackensack, NJ 07606					Bethlehem Pe	ennsylvar	ia 18015							
Project Manager for Monitoring	g Firm	Telephone I	Number		Telephone Nu			License Number						
			_											
Anton Rezin		201-489-87	00		610-691-1800	00721								
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSHA Monitor									
05/19/14		08/29/14					Service Compa	ny ·						
Occupancy Status During Aba () Facility Closed/Vacated Du	tement (C	heck only on	<u>e)</u>		Street Address	<u>S</u>								
() Abatement Performed Outs	side of No	mal Facility	Hours -	80	2217 Spillman	Drive								
		arr womey	10410		City, State, Zir			-+						
Describe				· .**:	<u> </u>	0000								
(x) Other – Matl discovered du	uring dem	olition of build	ding											
Source of Mode (Charle all that					Bethlehem, PA	18015								
Source of Work (Check all that	apply)													
(x) Demolition () Renovati	ion													
(x) Large Proj. (>160 SF or >2	260 LF AC	M) () SM Pr	oj. (>25<1	60 SF or >10 <26	60 LF ACM) () Minor	Proj. (<25 SF or	<10 LF	ACM)					
() Full Containment with Neg					ovebag Procedu				(f.) (1200-1200-1200-1200-1200-1200-1200-1200					
Location of Asbestos- Containing Material (ACM) in		tion Normally		Description of		Amoun	t (Specify SF or	LF)	Abater	ment Ty	<u>pe</u>			
Facility (13)	Staff?	by Maint./Cus	louiai	thermal system surfacing, VAT										
· domity (10)	YES	NO NO	NA	miscell.)	, or other				Rem.	Rep.	Encap	Enclose		
Foundation Walls			X	Mastic	1000	4,000 L	F		x	I	T	T		
Brick Façade			Χ			25,000	SF ·							
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Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	<u>D#</u>	Cubic Yards of	Waste	= 1	Name o	of Reg.	Landfill				
Brandenburg Industrial Serv Co	.	21838			1500 cy			IESI B	ethlehen	n I andfi	H:			
City, State		21000			1000 Cy		Disp. Date	ILOI De		ity, Sta				
						0 =			-	, Ola				
Bethlehem, PA							TBD		E	ethlehe	m, PA			
Completed by (Print or Type)		<u>Title</u>			Signature Date									
Jennifer Strobel	ĺ	Contract Adr	ninistrator	× .	05/14/14									
		2011.140(710)	·······································		1/11	8 M		03/14/1	7					
1 22000														

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00

CK \$ 5326

State of New Jersey

CKDS		N	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1)	14			Name of P.S.E.	Building (Owner/O	perator (STR LIAN			-			
Agencies Notified	Type Notification		1000	Street A	ddress HADLEY	ROA	D		BIE MAY	235 1	11 6 0	9			,
EPA DEP DOL	Amended Amendment #				te, Zip Co H PLAIN), NJ 07	7080	å Li	CENS	UN RE	n			
DOH DCA	Emergency (ir justification) Cancellation	ncluding		CH	Contact		GH	7		Telep	phone Num	ber			4
				FACI	LITY INFO	RMATI		_							
Name of Facility Where PSE (G			A. 100					of Facility (4 School (K-1) Subchapter	2) 8 (Other					
231 M	ONROE	57	-						otner (i.e. p etc.)	rivate &	ate & commercial buildings, home				
City (5) P. IVERS		2						11.	e Feet 500		Floors 2	1	dg. A	74 m	25,
County (6)		. 1			Code (7) USE ONLY)	V		Curre	nt Use (Pric		•	•		7	
	iNGTO!			•			Nama	£ 0 L = 4			47.01	<u>U</u>			
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCN 004			UNIQ	UE S	ement Con SYSTEMS			•			a_
Street Address 64 BROAD STREE	Т				8			VHITE	EHEAD A						
City, State, Zip Code MATAWAN, NJ 077	747						City, St.		p Code VER, NJ	2					
Project Manager for Mor TOM GEIGER	itoring Firm			Telepho 732-29	ne No. 92-2217		Telepho 732-4				License No 01111	0.			
Start Date (10) 6/2 /	14	Schedule	d Con	npletion	Date (11)		***		A Monitor	S OF A	MERICA	١			
Occupancy Status During	g Abatement (Check	Only On	e)	-/ 1	/		Street A		Filosopa a sa						
Abatement Perform	ated During Entire Poled Outside of Norma (1000000000000000000000000000000000000	al Facility	Hours	0			City, St	6 WHITEHEAD AVE. , State, Zip Code DUTH RIVER, NJ 08882							
Scope of Work (Check A	II That Apply)					-									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	enova emolit				XX	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e edure	20			a	
		lo	Locati	00			le-t-	1401	Complete	/ / una	Non't Habi		Abate		
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Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED	Ma	d Sole intenar odial S (12)	nce/ Staff?		os Cont thermal surfac	aining Ma systems cing, VAT niscelland	aterial insula 「, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		No	N/A	TPAS	TE	Elast	PA	115/6						_	
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200	Floor		X				OOR (CAU	1KiNG		OLF	X			
1157 F1	00 R		X		PIPE	= II	usul	ATio	ao	15	OLF	X			
BASER	X		Boil		INS	ulAT			OSF	X	:				
Name of Registered Was WASTE MANAGEM	Н	JDEP W lauler ID 1125	/aste	Oubic of Was			Name of GROW		red Landfill RTH						
City, State ELIZABETH, NJ	W	Disposal Date City, State TR N MORRISVILLE								E, PA					

Date S

Completed by

CAROL RAIMO

Title

OFFICE MGR.

CK # 245/8

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

MOEIVED

Date of Notification (1)	/15/14			Name of Building Owner/Operator (2)										
Agencies Notified	Type Notification	n		Stre	et Address	*	11 Devoe St	À	BE3	US	L.	utī		
DEP DOL	Amended Amendment		_	City,	State, Zip	Code	South River,			ΨĒ	No	NG		
DOH DCA	Emergency justification Cancellation)	ng	Nam	e of Contac	t lee Segura PR		Telephone i	Number		22			
-				F.A		FORMATION			-			_		
Name of Facility Where		-					Type of Facility	/ (4)				120		
	Residen	tial P	roper	ty			School (K-1	ol (K-12) napter 8 (Other than K-12)						
Street Address	11 De	voe S	Street				Other (i.e., phomes, etc.	orivate & comm	K-12) nercial bui	ldings	S,			
City (5)	South	Rive	r, NJ				Square Feet 1800	# of Floors Bldg. Age 2 60						
County (6)	iddlesex			Cou	inty Code (E ONLY)	7) (STATE	Current Use (P	rior if being de Residen						
Name of Monitoring Firm		Owner		ASCN	1 No.	Name of Abater	ment Contractor (9							
(8)	MECS						vens Environ	mental Serv	vices, I	nc.				
Street Address	Address PO Box 341					Street Address	PO Box 322				75.97-			
City, State, Zip Code	y, State, Zip Code					City, State, Zip (50X 3ZZ						
	rosswicks, NJ	0851	5			Oity, Otate, Zip C		n, NJ 0850	1					
Project Manager for Mo	37.00 (1.00	-	VZ/SS 25/6/8	phone		Telephone No. License No.								
	_aureti		_		8-4070		59-9688	0049	3					
Start Date (10) 5/27/14	Sche		5/30/		ate (11)	Name of OSHA	2500	ECS						
Occupancy Status Durin	ng Abatement (Che			14		Street Address	IVI					_		
☐ Facility Closed/Vacat	ted During Entire P	eriod o	f Abate				PO E	341 Box 341						
☐ Abatement Performe ☑ Other - Describe:		al Facil	ity Hou	rs		ks, NJ 0851	.5							
Scope of Work (Check a	all that apply)					Пг.:II 0-	-1-1	p				=		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-En	ntainment with Ne closure ag Procedure empted (*) and No	_						
			Locatio	100000				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Abate				
Location		Used	lomally d Solel	y by		Description of				Тур	oe .			
Asbestos-Containing N TO BE ABA			ntenan ustodia			os Containing Mat thermal systems i		Amount (Specify	R	Re	Ē	四		
IN Facility (13)			Staff? (12)		(,	surfacing, VAT,	or	SF or LF)	Remova	Repair	caps	Enclosure		
(10)		Yes	No	N/A		other miscellaned	ous)		<u>a</u>		Encapsulate	лге		
Baseme	ent		×		Th	ermal PipeIns	sulation	160 lf	×			\Box		
									-					
												\neg		
L in				JDEP \ auler ID		Cubic Yards of Waste	Name of Regis							
Stevens Environmental				182	292	2 CU	<u> </u>	T.R.R.F.	, Inc.			_		
City, State Allentown, NJ						Disposal Date 5/30/14	City, State	Tullytow	п РА					
Completed By	Title)		200		Signature	h //	Date		==		=		
Mahlon E. Stevens Proje					ager	///	_//		5/16	5/14		_		

ASB-41

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* 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)

CK#24068

Date of Notification (1)					Name of Building Owner/Operator (2) 28 4 MAY 20 PM 4: 52										
5/12/2014			Current Demolition & Disposal Corp. (owners rep)												
Agencies Notified	Type Notifica	tion			Street Addres	ss	0.	The second							
□ EPA	17 Initial				93 Route 53	9		1.7							
☐ DEP	Amende	ed Amer	ndmen	t #	City, State, Z	ip Code		# V # TECH	7	2					
□ DOL	<u></u> Emerge	ncy (inc	luding		Allentown, I	NJ 08501				7					
□ DOH	justificat	tion)			Name of Con	ntact			T	Telep	hone	Numh	ег		
DCA	☐ Cancella	ation			Russell Ken	ny			1			i	9		
	-		-	F	ACILITY IN	FORMAT	TION					-			
Name of Facility Where A	batement is Ta	aking Pl	ace (3)					Type of Facility (4)							
GOODRIDGE RESIDE	NCE							School (K-12)							
Street Address								Subchapter 8 (Other than K-12)							
25 BUD HOLLOW LAN	NE							Other (i.e., privat	te &	com	merci	al buil	dings)		
City (5)					(N 2).			Square Feet	1	# of F	loors	Bldg.	Age		
Willingboro															
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if t	bein	g der	molist	ned)			
BURLINGTON															
Name of Monitoring Firm I	Hired by Buildi	ng Own	er (8)	_	ASCM No.	Name of	Abatement Cont	ractor (9)							
		•	3.00			CREAN	A RIDGE ENVI	RONMENTAL INC.							
Street Address						Street A									
		***				15 BLA	CK FOREST R	OAD							
						City, Sta	te, Zip Code								
- X							TON, NJ 08691	1							
Project Manager for Monit	toring Firm	Teleph	none N	0.	-	Telephoi				Licen	se No).			
, ,	-					609-890	-7110			0067	6				
Start Date (10)		Sched	uled C	omplet	ion Date (11)		OSHA Monitor		-						
5/12/2014		5/12/2			A COMMON STREET, STREE	N/A									
Occupancy Status During	Abatement (C)		Street A	ddress			-					
Facility Closed/Vaca					ent								8.		
Abatement performed ou						City, Sta	ite, Zip Code				2 975				
ESSENTIAL PERSONN							30 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Scope of Work (Check all					-			Full Containment	t wi	th Ne	gative	Pres	sure		
≥ 3 sf or ≥ 3 lf					Renova	tion		Mini-Enclosure							
∑ ≥ 160 sf or ≥ 260 if					Demolit	tion		Glovebag Proced	dure	Э					
								☐ Non-Exempted (*) &	Non-	-Friab	le Pro	cedure		
		l Is	Locat	ion	1			T -				Туре			
Location of Ashestos	Containing	100000000000000000000000000000000000000	mally l		Description	n of Asbes	stos Containing		ı			m	m		
Location of Asbestos- Material (ACM) TO BE			Solely I		A.S. (6/25e)3:137		hermal systems	Amount (Specify SF	or	Removal	교	Encapsulate	Enclosure		
Facility (13)	and the second of the second o	100000000000000000000000000000000000000	enance Staff?	/Custo		, surfacing miscellane	, VAT, or other	LF)		Von	pai	usc	uso		
A 20 10		Yes	No No	N/A		miscenanc	eous)			<u>a</u>		ate	ē		
EXTERIOR			V		ASBESTOS	SHING	LES	1100 SF	\exists	X					
DAY DAGOA		1	~						\neg						
		1		\vdash											
Name of Registered Wast	te Hauler				NJDEP Waste		Cubic Yards of	Name of Registered	Lan	dfill					
				Hauler ID No.		Waste									
Jack Robinson Waste D	isposal				17304		30 yd	GROWS							
City, State	, State						Disposal Date	City, State							
Bellmawr, NJ							5/13/2014	Morrisville, Pa.							
Completed By Title						Signatur		1.00		Date			200000		
DAVID D'ANDREA PRESIDENT						A Va	wid	J. Durol	12	5/12/	2014				
ASB-41							(



^{*} 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)

Data of Notification (4)					T		DE MANAS	CK#24098					
Date of Notification (1)					200000000000000000000000000000000000000	with the same	nei/Operator (2)	2014 MAY 2	n		0. 0	•	
5/15/2014					DAMAGE	CLEAN	UP CREW		٧.,١	41	0- 9	Ľ.	
Agencies Notified	Type Notific	ation			Street Addre	ess	,						
□ EPA	Ix Initial		8		3034 SYLC	N BLVI	D. (M/AP.O.)	BOX 29, RANCOC	AS, I	NJ)	NB		
☐ DEP	Amend				_ City, State,	Zip Code		W C101	-14	TALL	7		
□ DOL		ency (in	cluding	g	HAINESPO	ORT, NJ	08036						
□ DOH	justifica	ation)			Name of Co	ntact				Tele	phone	Num	ber
DCA	☐ Cancel	lation			DON SMIT	TH							
					FACILITY IN	FORMA	ATION				303-00-0		
Name of Facility Where Aba	atement is T	aking F	Place (3	3)				Type of Facility (4)					
PRIVATE RESIDENCE								School (K-12)					
Street Address								Subchapter 8	(Othe	er tha	n K-12	2)	
80 TWIN HILLS DR.								Other (i.e., priv	rate 8	соп	nmerc	ial bu	ildings
City (5)	1000000							Square Feet		# of	Floors	Bldg	. Age
WILLINGBORO, NJ													
County					County Code	e (7) (S7	ATE USE ONLY)	Current Use (Prior	if bei	ng de	molis	hed)	
BURLINGTON										Ū			
Name of Monitoring Firm Hi	ired by Build	ing Ow	ner (8)		ASCM No.	Name	of Abatement Con	tractor (9)	-			-	
								RONMENTAL IN	C				
Street Address						_	Address	ACTUAL TITLE IN	<u>. </u>				
						15 BL	ACK FOREST R	OAD					
							ate, Zip Code	OAD	-			7 70	
							LTON, NJ 0869	1					
Project Manager for Monitor	ring Firm	Telep	hone N	lo.			one No.		-	Licer	se No		
						609-89				0067		<i>J</i> .	
Start Date (10)		Sched	duled C	Complet	tion Date (11)		of OSHA Monitor			000 /	0		
5/15/2014		5/16/2				N/A							
Occupancy Status During A	batement (C			2)			Address						
Facility Closed/Vacate					ent	1							
Abatement performed outs						City St	ate, Zip Code					-	
ESSENTIAL PERSONNEL		.5	0			Jony, or	ate, zip oode						
Scope of Work (Check all th								Full Containme	nt wi	th No	antive	Droc	curo
≥ 3 sf or ≥ 3 lf	-ac app.y/				Renova	tion		Mini-Enclosure		III IAC	gauve	FIES	Suic
∑ ≥ 160 sf or ≥ 260 lf					Demolit			Glovebag Proc					
					Demont						Crick	le Dre	
		I le	Locat	ion	T			☐ Non-Exempted		San Carlotte			
		F 23	mally I		Description	n of Asbe	stos Containing		F	ADate	ment	Туре	_
Location of Asbestos-Co Material (ACM) TO BE Al	-		Solely I				thermal systems	Amount (Specify SF	For	Z,	77	Encapsulate	Enclosure
Facility (13)	DATED III			/Custo			g, VAT, or other	LF)		Removal	Repair	aps	응
		dial	Staff?		· '	miscellan	eous)			val	₽	ula	E
EXTERIOR		165	No	N/A	TO A NOVEMBER	CIPTUC		2005	-			é	
EATERIOR		-	X	-	TRANSITE	SIDING	<u> </u>	2086	_	X	Ш		
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				-		-			1				
Name of Registered Waste	Haules				N IDED West		louris value						
waitie of Registered waste i	nauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered	Lan	dtill			
Jack Robinson Waste Disp	osal				17304		10 YDS	GROWS					
City, State					1/304								
F1-411 -1 111-01101-10104							Disposal Date	City, State					
Bellmawr, NJ Completed By		Title	_			lo:	5/19/2014	Morrisville, Pa.	- 1:				
various and a series and a seri		The same of the same of		_		Signatu	7)	000	- 1	Date			
DAVID D'ANDREA ASB-41		PRES	IDEN	I.			Laval Q	Lenger	- 1	5/15/2	2014		

^{*} 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)

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1 5 /	TTO	cm,	

CK#24099

Date of Notification (1)			Name of Building Owner/Operator (2) 26 14 HAT 20 PM 4: 18											
5/16/2014			ALIANO BOTHERS GENERAL CONTRACTORS, INC.											
Agencies Notified	Type Notificati	on		1	Street Addres	S	1 3	3-91/3 CONTA	-21					
☐ EPA	Initial				2560 INDUS	TRIAL W	VAY	& LICENSING	·					
□ DEP	Amended	Amen	dment		City, State, Zi			77.10						
DOP DOP	☑ Ernergen				VINELAND.		50							
	justification		•		Name of Conf				Telep	hone l	Numb	er		
□ DOH	Cancellat				PHILIP ALI									
DCA	L Caricella	1011			ACILITY INF		ION							
	71 / 1:- T-I	ina Dia	120 /21	2.000	ACIEIT IN	ORIVIA	IOI	Type of Facility (4)						
Name of Facility Where		ang Pia	106 (2)				70 t 10 1	School (K-12)						
WILDWOOD CREST	LIBRARY							Subchapter 8 (Other than K-12)						
Street Address								Other (i.e., private				dings		
6300 ATLANTIC AVI	ENUE							Square Feet	# of F					
City (5)								Square reer	W 01 1	10013	Diag.	, igo		
WILDCREST, NJ 082	60							5 (N (D) (t)		naliah	ad)	_		
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if be	ing der	HOUSH	eu)			
CAPE MAY						181	INTA LA							
Name of Monitoring Firm	n Hired by Buildin	g Own	er (8)		ASCM No.	Control of the Contro	Abatement Contr							
						CREAM	RIDGE ENVI	RONMENTAL INC.						
Street Address	Address					Street Ac	idress	-144 - 1111		1				
Oliect Address						15 BLAG	CK FOREST R	OAD						
							te, Zip Code	TO PART THE						
NAME OF THE PARTY							TON, NJ 08691							
		Talank	ana N	_		Telephor			Licen	se No).			
Project Manager for Mo	nitoring Firm	Teleph	IOHE 14	0.		609-890-			0067	6				
	13				D-1- (44)		OSHA Monitor		1000					
Start Date (10)		200001000000000000000000000000000000000		ompleti	on Date (11)		OSHA MONICO							
5/19/2014		5/23/2				N/A								
Occupancy Status Durin	ng Abatement (Cl	neck or	nly one)		Street A	adress							
Facility Closed/Vac					ent				_					
Abatement performed	outside of working	g hours	s 5PM-	2 AM		City, Sta	te, Zip Code							
ESSENTIAL PERSON	INEL ONLY			00A) 88							-			
Scope of Work (Check	all that apply)							Full Containment	with Ne	gative	Pres	sure		
r _> 3 sf or ≥ 3 lf					Renova	tion		Mini-Enclosure						
≥ 160 sf or ≥ 260 l	f				Demolit	ion		Glovebag Procedu						
								☐ Non-Exempted (*)						
		Is	Locat	ion					Abat	emen	Type)		
		2.0	mally		Descriptio	n of Asbes	stos Containing			Г	En	m		
Location of Asbesto			Solely				hermal systems	Amount (Specify SF o	Removal	Repair	cap	nclosure		
Material (ACM) TO E Facility (e/Custo			, VAT, or other	LF)	l Š	pai	capsulate	nso		
racinty (13)		Staff?	N/A		miscellan	eous)		8	1	ate	9		
		Yes	INO	INV	A CRECTO	TENED	DUCT	450 S.F.	X					
CONCRETE FOUND	DATION SLAB	-	X	-	ASBESTOS	LIMED	DUCI	730 S.E.	1	1		+		
									+	+-	-	+-		
									+	+		+		
							lo bla Wests of	Name of Registered L	andfill					
Name of Registered W	aste Hauler				NJDEP Waste Hauler ID No.	-	Cubic Yards of Waste	Name of Registered L	andilli					
					nauler ID NO.			GROWS						
BLUE DIAMOND							5				-			
City, State	y, State						Disposal Date	City, State						
WOODBINE							5/19-23/14	Morrisville, Pa.	1-					
Completed By Title					Signato	Te m	Or a	Date						
I am a series of the series of		PRE	SIDE	T		1	will .	Alakea	5/16	/2014				
DAVID D'ANDREA PRESIDENT ASB-41							7/							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) 5/14/2014 Dean Enterprises. (owners rep) Street Address Agencies Notified Type Notification Initial 1535 Route 206 EPA City, State, Zip Code Amended Amendment # ☐ DEP □ Emergency (including) Tabernacle, NJ 08088 DOL. Telephone Number Name of Contact □ DOH justification) DCA Cancellation Dean Kramer **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Hoeganaes/Air Products Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings) 1001 Taylors Lane # of Floors Bldg. Age Square Feet City (5) Cinnaminson, NJ County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County BURLINGTON Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 609-890-7110 00676 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 5/13/2014 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement performed outside of working hours 5PM-2 AM **ESSENTIAL PERSONNEL ONLY** Full Containment with Negative Pressure Scope of Work (Check all that apply) Renovation Mini-Enclosure \searrow \geq 3 sf or \geq 3 lf Glovebag Procedure Demolition ≥ 160 sf or ≥ 260 lf Non-Exempted (*) & Non-Friable Procedure Abatement Type Is Location Description of Asbestos Containing Normally Used Encapsulate Enclosure Location of Asbestos-Containing Amount (Specify SF or Material (ACM) (i.e. thermal systems Remova Solely by Material (ACM) TO BE ABATED In LF) insulation, surfacing, VAT, or other Maintenance/Custo Facility (13) miscellaneous) dial Staff? (12) N/A Yes No 100 l.f. Storedasbestos pipe EXTERIOR Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. GROWS Jack Robinson Waste Disposal 17304 1 yd City, State Disposal Date City, State 5/15/2014 Morrisville, Pa. Bellmawr, NJ Date Title Completed By alles 5/14/2014 PRESIDENT DAVID D'ANDREA



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

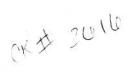
State of New Jersey

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

Date of Notification (1) 0 5 / / / / / Agencies Notified Type Notification [XEPA [X]DEP [XInitial Notification	Exam Medil RESEARCH AND Engineering C Street Address 1545 US NoviE 22 EAST Contain	TWS-f
[X]DOL []Amended Notification [X]DOH []Cancellation	Annandale NJ OSE01-3059 Name of Contact Telephone Number SHIFT BURRENTUMENT	
Name of Facility Where Abatement is Tank Street Address Street Address City (5) Annual dale Annual dale	School (K-12) Isubchapter 8 (Other than K Other (i.e., private & come cial buildings, homes, etc. 22 & st Charte Du Batte CSD 000 3 3 3 4 (6) County Code (7) (STATE USE ONLY) CUrrent Use (Prior if being demolitional Contract of County Code) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolitional Contract of Code) Code (7) (STATE USE ONLY) Code (7)	mer- :.) ge shed)
Name of Monitoring Firm Hired by Build Owner (8) Street Address City, State, Zip Code	New States Contracting, UC Street Address 2400 Main St Extension, Suit City, State, Zip Code 29172	- L 10
1015111 2711/14 105111	Deletion Date (11) Name of OSHA Monitor TOGER Environmental Street Address 234 24 74 AV	9
Scope of Work (Check all that apply) []Demolition []>3 sf or >3 lf [] \(\overline{1} \) \(\overline{1}	[]Full Containment with Negative Pressure []Mini-Enclosure []Glovebag Procedure [Non-Friable Procedure	
Loc2 of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Normally Used Asbestos-Containing Amount E R Containing Solely Material (ACM) (Specify M E Amount E R Containing Solely Material (ACM) (Specify M E Amount E R Containing Solely M E Amount E R Containing Solely M E Amount E R Containing Material (ACM) (Specify M E Amount E R Containing Material (Type E E E N N C C C A L P O S S S S U U L R
LAG 367	X VAT 13005FX	
Name of Registered Waste Hauler ETGI City, State FUMDERS, MJ Completed By (Print or Type) Title	NJDEP Waste Hauler ID No. of Waste OO0697061 10 WASTE MANAGEMENT OF A Disposal Date City. State Signature Date Disposal Date Signature Date	14.12/
ASB-41 JUN 95		4667



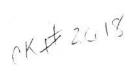
Date of Notification	A.15*()			Name of Building Owner / Operator (2) Macys Inc.											
Aganaias Natified	5/14/14	4:							SEIF HYA	MAY 20 PH 4: 09					
Agencies Notified EPA	Type Notifica	ition		treet			Chunch			-0 117	4: 6	9			
DEP					and a second		Street		-						
⊠ DOL	☐ Initial		1			& Zip C			7. 11.		1	Ť.			
☑ DOH		gency				ontact	45202			Tolonk	ono I	dumb	05		
DCA		ellation		ia W						Teleph	one r	dilinin	er		
					9508.65113	E419702						-			
Name of Facility Wh	oro Abotomo	at in Takina D	lana (2)		ILIT	Y INF	ORMATION								
Macys Store	iere Abateme	III IS TAKING P	iace (3)				Type of Facili								
Street Address				-				ter 8 (Other th	an K-12\						
755 Route 18								e. private & cor		dinas ho	mee	etc)			
roo Routo 10							Square Feet	# of Flo		Bldg. A		010.7			
City (5)		County (6)	Cou	nty C	ode	(7)	- Oqualo i oot	" 01110	0.0	Diag. /	90				
East Brunswick	5 20	Middlesex	1000	, 0	,000	(.)	Current Use (Prior if being d	lemolished)						
Luot Branswick		Middlesex					Retail	r nor ir being e	icinolionica)						
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	CM No		ement Contrac	ctor (9)						
Pennoni Associa			. ,				7	ironmental, I							
Street Address							Street Addres								
515 Grove St.		(1)					1123 Beave	r Street							
City, State & Zip Co							City, State & 2								
Haddon Heights,							Bristol, PA								
Project Manager for	Monitoring F	irm	Teleph			ber	Telephone Nu			e Numbe					
Alan Lloyd Scheduled Start Date	20 (10)	Scheduled Cor	856-6			`	(215)788-60 Name of OSH		00509						
6/3/14	.6 (10)	ocheduled Col	6/5/1		6 (11	,		ronmental Ir	ıc.						
Occupancy Status D							Street Addres	s							
		During Entire P			teme	ent	1123 Beave								
1000 (m) (m)		itside of Norm	al Hour	rs –			City, State & 2								
V <u>A </u>	10 PM to 7 Al						Bristol, PA	19007							
	upied During														
Scope of Work (Che	ck all that ap	piy)						☐ Full Cor	ntainment wit	h Negativ	e Pre	SSUIFE			
☐ ≥3 sf or ≥3 lf	5 77		\boxtimes	Ren	ovatio	on		☐ Mini-En		rrogani	0110	oou.c			
≥160 sf ≥260				Dem					ag Procedure	es					
_								Non-Ex	empted and N	Non-Friab	le Pro	ocedu	ıre		
Lo	cation of		Is Lo	ocatio	on		Description	of	Amoun	t Al	oatem	ent T	уре		
	os-Containin	9	Norma				Asbestos-Cont		(Specify		T	V-200			
	erial (ACM)		Sol Mainte	ely b			Material (AC		SF or LF	·) 7	, _	E	四		
	E ABATED Facility		Custo				(i.e., thermal sy insulation, surfac		i i	Kemova	Repair	aps	Co		
	(13)		Danage and	(12)	tuii.		or other miscella			Va	_ ª-	Encapsulate	Enclosure		
5			Yes	No	N/A						T	6	"		
Throughout				\boxtimes			Pipe Fittin	gs	1						
Throughout				M			Debris		1,286 S	F 🛛					
*	1334420133322=1														
					百										
Name of Registered	Waste Haule	er		1000000			Cubic Yards	Name of Reg	istered Landf	ill					
a : =				Hau		O No.	of Waste		16:11						
Service Transpor	t inc.				209	90	1/4 Cu Yd	Minerva La	natill						
City, State							Disposal Date 6/5/14	City, State	~ O⊔						
New Castle, Dela				T:41				Waynesbur	у, ОП	Det					
Completed By (Print				Title	e oject		Signature		1.	Date	_/	, /	/		
Gino Pizzigoni	I			1 25 P D - 100 P	nage		Lins Per	zigoni /	The	5	/14	114	/		
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Date of Notification	(1) 5/14/14			Name Macy			ng C	Wner / Operator	(2)						
Agencies Notified	Type Notifica	tion			dress		2814 HAY	20 PM	L: 69		-		21151: -1.		
☐ EPA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ıth	Street							
☐ DEP						te & Zip				.e. /* .	1. 11				330.00
□ DOL	Amer	ded				ati, O		5202	* 2 2 3 3 8 1	en de la companya de La companya de la co		2			
□ DOH		gency	100			Conta	ct		4/10 <u>~</u>	ter and a second second	Te	epho	ne N		
☐ DCA	☐ Canc	ellation		Tia V	Ver	ırich								7	•
				FA	CIL	ITY II	NFO	ORMATION						70.70	*******
Name of Facility Wh	nere Abateme	nt is Taking P	lace (3	3)				Type of Facility							
Macys Store		1000						School (K							
Street Address									er 8 (Other tha						
237 Woodbridge	Center								private & con					etc.)	
			- 1-					Square Feet	# of Flo	ors	Bid	g. Ag	е		
City (5)		County (6)	Co	unty	Coc	de (7)									-
Woodbridge		Middlesex						Current Use (F	Prior if being d	emolished)				
				The state of				Retail							
Name of Monitoring		y Building Owr	ner (8)		P	ASCM I	No.								
Pennoni Associa Street Address	ites, Inc.							Street Address		nc.					
515 Grove St.								1123 Beaver							
City, State & Zip Co	ndo							City, State & Z							
Haddon Heights								Bristol, PA 1	•						
Project Manager for		irm	Teler	hone	e Nu	umber		Telephone Nu		Lice	nse Nur	nber			
Alan Lloyd	•		856-					(215)788-604	10	005	09				
Scheduled Start Da	te (10)	Scheduled Cor	npletio	on Da	ate ((11)		Name of OSH							
5/29/14	ALL CONTRACTOR OF THE PARTY OF		5/30					Bristol Envi		ıc.					
Occupancy Status I	During Abater	nent (Check o	nly on	e)				Street Address							
		During Entire P				ment		1123 Beaver						-	
	10 PM to 7 All	utside of Norm	аі но	urs –				City, State & Z							
	upied During							Bristol, PA 1	19001						
Scope of Work (Che							-								_
Coope of Horn (on	ook all triat ap	P-37						1	Full Cor	ntainment	with Neg	gative	Pres	ssure	9
≥3 sf or ≥3 l	lf		\boxtimes	Re	nov	ation			Mini-En						
≥160 sf ≥26	0 If			De	mol	ition				ag Proced					
										empted an					
	ocation of			Loca				Description		Amo		Aba	atem	ent T	ype
	tos-Containin	9		nally olely		ea		Asbestos-Conta Material (AC		(Spe SF or	LE)			m	
	terial (ACM) BE ABATED			itenai		or		(i.e., thermal sy		0, 0,	_, ,	Re	20	nca	E
	n Facility		0.000	odial	100	100	i	nsulation, surfaci				Remova	Repair	Encapsula	Enclosure
	(13)			(12)				or other miscella	ineous)			<u>a</u>	_	late	Гe
			Yes	No	N	I/A							F 7		
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Throughout			Ш	\boxtimes	ļĻ			Debris		5 S	F		片	님	H
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10			Ш	Щ			- 1				ICII				
Name of Registered	d Waste Haul	er		1.00				Cubic Yards	Name of Reg	istered Lai	natili				
Comica Transpa	et Ino			H		er ID No 0990	0.	of Waste 1/4 Cu Yd	Minerva La	ndfill					
Service Transpo	IL HIG.					0330	-	Disposal Date	City, State						
City, State New Castle, Dela	ware							5/30/14	Waynesbur	a. OH					
Completed By (Prin	CANDO CONTRACTOR			Ti	tle		-	Signature		J, J	1	Date	,		
Gino Pizzigon				100000	roje	ect		_) ·	10		5	liu.	14	
Onio i izzigon	••					ager		Lino Pe	gregore.	1 pc		7/	1/	′ ′	
L		100.00		- 4		177 2410		U	V (1	- 1/					

CKX 2017

Date of Notification (1)			Name of Building Owner / Operator (2)										
5/14/14			Macys Inc. 2814 hat 20 PM 4: 68										
Agencies Notified Type Notification EPA			Street Address										
			7 West Seventh Street A STORY CONTROL OF THE STORY										
☐ DEP ☐ Initial ☐ Amended			City, State & Zip Code Cincinnati, OH 45202										
		Name of Contact						Tolophone Niverban					
□ DOH □ Emergency □ DCA □ Cancellation		# SEED FOR THE SEED FOR	Tia Wenrich						Telephone Number				
									1.				
Name of Facility Where Abate	mont is Taking DI	FA(CILITY	NFO	RMATION						٠.		
Macys Store	ment is raking Pi	ace (3)			Type of Faci								
Street Address			School (K-12) Subchapter 8 (Other than k					(12)					
100 Route 46			Other (i.e. private & comme						inge hon	nac i	atc)		
Processor					Square Feet # of Floors Bldg. Age								
City (5)	County (6)	County C	unty Code (7)		1				Diag. 7 gc				
Wayne	Passaic				Current Use (Prior if being demolished)								
					Retail								
Name of Monitoring Firm Hire	d by Building Own	er (8)	ASCM I	No.	Name of Aba	atement	Contractor	(9)					
Pennoni Associates, Inc.					Bristol Environmental, Inc.								
Street Address			Street Address										
515 Grove St. City, State & Zip Code			1123 Beaver Street										
Haddon Heights, NJ 08035					City, State & Zip Code								
			Number		Bristol, PA 19007 Telephone Number License Number								
Alan Lloyd 856			875		Telephone Number License Number (215)788-6040 00509								
Scheduled Start Date (10) Scheduled Completi					Name of OSHA Monitor								
6/2/14 6/3					Bristol Environmental Inc.								
Occupancy Status During Abatement (Check only on			82 77		Street Address								
 ☐ Facility Closed/Vacated During Entire Period ☑ Abatement Performed Outside of Normal Ho 			atement		1123 Beaver Street								
Abatement Performed Describe: 10 PM to 7	l Hours –	1			& Zip Code								
Facility Occupied Durin		Bristol, PA 19007											
Scope of Work (Check all that											- 10		
(~PP-37						Full Contain	ment with	Negative	Pres	ssure		
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			ovation		✓ Mini-Enclosure✓ Glove Bag Proced								
			olition										
								d Non-Friable Procedure					
Location of Asbestos-Contain	ina	Is Location			Description of Amo								
Material (ACM)	Normally Used Solely by			Asbestos-Containing (Sp Material (ACM) SF of						ш			
TO BE ABATED Main				(i	i.e., thermal systems			01 01 21)	Re	Z	Encapsulate	Enclosure	
in Facility Cust (13)			staff?		sulation, surfacing, VAT				Remova	Repair	psu	losi	
(13)	-	Yes No	or	r other miscellaneous)				<u>a</u>	7	late	ē		
Throughout			N/A	-	Dina Fiftin				\dashv	K7			
Throughout			H		Pipe Fittings			5 LF 110 SF		\boxtimes	무	H	
····ougriout		 	H	-	Debris			110 5F		H	H	H	
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Name of Registered Waste Ha	uler	NJE	DEP Wast	te Cu	ubic Yards	Name	of Register	ed Landfill			رب		
			ıler ID No	200	Vaste								
Service Transport Inc.			20990		1/4 Cu Yd		va Landfi	II .					
City, State			Di		sposal Date	City, S							
New Castle, Delaware		1			6/3/14	Wayn	esburg, O	Н					
Completed By (Print or Type) Gino Pizzigoni		Title	ject	Sig	gnature	0	,	1.0	Date	/	,		
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		10164		1 /		1/1/	0		1	1			



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

Date of Notification (1)		N	lame	of E	Building	Own	er / Opera	tor (2)				20000			
5/14/14			lacy						2814	MAY :	20 Př	4:	68			
Agencies Notified Type Notific	ation				iress								- 1.50			
					event		eet				> m _ (_ 0	11	. 91			
☐ DEP ☐ Initia					& Zip				50 5000	811	CEMBI	HG.				
	gency				ti, OH Contact		12						1			
	ellation	1887	ia W									rei	epno	ne r	lumb	er
Name of Facility Where Abateme	nt in Taking Die	nn (2)		CILI	TY INI		MATION		(4)							
Macys Store	ent is Taking Pla	ce (3)				I L	ype of Fac									
Street Address									8 (Other th	an K-1	2)					
South Orange Ave & Walnu	Street								rivate & co			nas	hom	AS 6	etc)	
						_	quare Fee	_	# of Flo			Bldg				
City (5)	County (6)	Cou	nty C	Code	(7)	\neg	2.0							5		
Livingston	Essex		150		\$615.U	c	urrent Use	e (Pri	or if being	demolis	hed)					
9							etail									
Name of Monitoring Firm Hired b	y Building Owne	r (8)		AS	CM No). N	ame of At	oaten	nent Contra	ctor (9)						
Pennoni Associates, Inc.						$\overline{}$			nmental,	Inc.						
Street Address							treet Addr		15 /5							
515 Grove St. City, State & Zip Code		70		_			123 Beav									
Haddon Heights, NJ 08035							ity, State & ristol, PA									
Project Manager for Monitoring F	irm T	eleph	one	Nun	nber		elephone				icense	Num	her			
Alan Lloyd	0.34(1604)	56-6					15)788-6		301		00509	· vaiii	DO			
	Scheduled Comp	letion	Dat	e (1	1)		ame of OS		Monitor							
6/5/14		6/6/1		(69)	25	В	ristol En	viro	nmental l	nc.						
Occupancy Status During Abater	nent (Check only	one)		20			reet Addr									
Facility Closed/Vacated [atem	ent		123 Beav									
Abatement Performed Or Describe: 10 PM to 7 All		Hour	rs –				ty, State									
Facility Occupied During						IB	ristol, PA	4 190	007							
Scope of Work (Check all that ap			-	-		-	-	1207 111								
	F-57							П	Full Co	ntainme	ent with	Nega	ative	Pres	ssure	
≥3 sf or ≥3 If		~	Ren						Mini-En	closure						
≥160 sf ≥260 lf			Dem	nolitio	on				Glove E							
								\boxtimes			and No	n-Fr				
Location of Asbestos-Containing	, ,	is Lo Norma	ocatio			ΔοΙ	Description Destos-Co			1	mount Specify		Aba	tem	ent T	ype
Material (ACM)	, ,		ely b				Material (/				or LF)				т	
TO BE ABATED	10.000	/lainte	enand	ce or	Table 1	(i.e	, thermal	syste	ems		.36 35.		Rer	Repa	nca	inc
in Facility (13)	0	ustod		Staff?	'		ation, surfa						Remova	pai	Encapsulate	Enclosure
(13)	Y		12) No	N/A	\exists	01 01	her misce	mane	ous)				<u>a</u>	Ġ	ate	6
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Name of Registered Waste Haule	er						c Yards	Na	me of Reg	istered	Landfill					
Comico Transport			Hau		D No.	of W										
Service Transport Inc.	-			209	190		Cu Yd	100000	inerva La	ndtill						
City, State New Castle, Delaware							osal Date 6/6/14		ty, State	~ OU						
Completed By (Print or Type)			T:A				THE RESERVE OF THE PARTY OF THE	AA	aynesbur	y, UH			-1			
Gino Pizzigoni			Title	e oject	F		ature	0'	٠,	1.0		D	ate		/	,
Onio i izzigoiii				nag		1	Lino t.	ugg	ugone,	Je		-	5/1	4,	114	+

CK# 2610

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

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)	Na	me of Building C	Owner / Operato	or (2)					
5/14/14	Ma	acys Inc.		2014 M	AY 20 PM				2000
Agencies Notified Type Notificat	Francisco - Franci	eet Address			··· ZU FA	4: 87			
☐ DEP ☐ Initial	Total Contraction of the Contrac	West Seventh	01000040405510EXCEX	1					
□ DOL □ Amend		y, State & Zip Co ncinnati, OH 4		2	Closk Hill	1131			
☑ DOH ☐ Emerg	0.1	me of Contact	3202		- 10-5 K STAT	Tolophe	no N	umb	
DCA Cancel		Wenrich				Telepho	me iv	umb	er
								-	•
Name of Eacility Whore Abstames	t in Taking Diago (2)	FACILITY INFO							
Name of Facility Where Abatemen Macys Store	it is Taking Place (3)		Type of Facil School (
Street Address				oter 8 (Other th	on K 12)				
275 Parsonage Road				e. private & cor		dinas hon	200 0	oto)	
			Square Feet	# of Flo		Bldg. Ag		(6.)	
City (5)	County (6) Count	ty Code (7)	Hodaaroroot	" 01110	0.0	Diag. Ag	C		
	Middlesex	, (. /	Current Use	(Prior if being d	emolished)		-	-	565 1970
			Retail	(Doing o	omononou)				
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM No.		tement Contrac	ctor (9)				
Pennoni Associates, Inc.				ironmental, l					
Street Address			Street Addres					-	
515 Grove St.			1123 Beave						
City, State & Zip Code			City, State &						
Haddon Heights, NJ 08035 Project Manager for Monitoring Fire	T-11-		Bristol, PA						
Alan Lloyd	856-65	ne Number	Telephone No. (215)788-60		00509	e Number			
	cheduled Completion I	ADVALUE CONTROL OF THE PARTY OF	Name of OSI		00509				
5/28/14	5/29/14			ironmental Ir	nc.				
Occupancy Status During Abateme			Street Address						
Facility Closed/Vacated Du		Abatement	1123 Beave						
Abatement Performed Outs	side of Normal Hours	_	City, State & .	Zip Code					
Describe: 10 PM to 7 AM			Bristol, PA	19007					
Facility Occupied During A									
Scope of Work (Check all that appl	(y)			☐ Full Cor	tainment with	Monetine	Dron		
≥3 sf or ≥3 If	⊠ R	Renovation		Mini-End		rivegative	ries	sure	ř.
≥160 sf ≥260 lf		emolition			ag Procedure	es			
_					empted and N		Proc	cedu	re
Location of	is Loc	cation	Description	of	Amount		ateme		
Asbestos-Containing	Normali		Asbestos-Con		(Specify			i	<u> </u>
Material (ACM) TO BE ABATED	Solel Mainten		Material (AC		SF or LF) 2	_	E	匝
in Facility	Custodia		(i.e., thermal sy sulation, surface			Remova	Repair	aps	clo
(13)	(1)	지하는 100만원이 하고 기를 보고 1000S	or other miscella			oval	활	Encapsulate	Enclosure
Ya I	Yes N	o N/A		- 1				6	
Throughout			VAT		5 SF			П	П
Throughout			Debris		5 SF		面		Ī
Name of Registered Waste Hauler		NJDEP Waste		Name of Regi	stered Landfil	II			
Service Transport Inc.		Hauler ID No. 0 20990	of Waste 1/4 Cu Yd	Minerva Lar	Meill				
City, State			20 20 2000		idili				
New Castle, Delaware		ال	Disposal Date 5/29/14	City, State Waynesburg	1 OH				
Completed By (Print or Type)	17	Title S	Signature		,, 0.1	Date			
Gino Pizzigoni		Project		j · ,	/il		11/	11/	
		Manager	Sino 1	zzegori	11	3/1	7//	1	

(K# 2620

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

(1/					110 5000					67.5	-11/1	- m				
Date of Notification	(1) 5/14/14					f Bui		Owner / Operato	r (2)			as inte				
Agencies Notified EPA	Type Notifica	tion	:	Stre	et A	ddre	ess	Street		2814 HAY 2	O PM	4: E	Ġ.			
☐ DEP ☐ DOL	☐ Initial	ded	1	City,	Sta	ate 8	Zip C	ode	,	0.52310 2.110	3 (2)	ijků	i.			
□ DOH □ DCA	☐ Emer			Nam	e o		ntact		60	(1 11		Te	lepho	ne N	umbe	er
				F	ACI	IIT	Y INF	ORMATION								
Name of Facility Wi	here Abateme	nt is Taking Pla	ace (3					Type of Facili							201-2012	
Street Address							12124			(Other than k						
180 Route 35								Other (i.e Square Feet		ate & comme	ercial bu		, hom g. Ag		tc.)	
City (5)		County (6)	Co	unty	Co	ode (7)									
Eatontown	a "	Monmouth						Current Use	(Prior	if being dem	olished)				it	
Name of Monitoring		Building Own	er (8)		\neg	ASC	M No.				(Table 1990)					
Pennoni Associa	ates, Inc.							Bristol Env		nental, Inc.						
Street Address 515 Grove St.								Street Addres	er Str							
City, State & Zip Co								City, State &	100 M							
Haddon Heights		irm	Telep	hon	A N	lumb	or	Bristol, PA Telephone N			Licer	nse Nur	nher	-		
Project Manager for Alan Lloyd			856-	656	-28	75		(215)788-60)40		0050		IIDEI			
Scheduled Start Da 5/27/14		Scheduled Con	pletio 5/28			(11))	Name of OSI Bristol Env								
Abatement Describe:	sed/Vacated D	Ouring Entire Po Itside of Norma	eriod	of A		eme	nt	Street Address 1123 Beave City, State & Bristol, PA	Zip C	ode						
Scope of Work (Ch																
≥3 sf or ≥3 ≥160 sf ≥26	lf	P-97)				vatio				Full Contain Mini-Enclose Glove Bag Non-Exemp	ure Procedi	ures	4.76Tables 427			
	ocation of			Loca				Description			Amou		Aba	ateme	ent T	ype
Mat TO	tos-Containing terial (ACM) BE ABATED n Facility (13)		Norr S Main Cust	olely	y by ance I St	e or	i	Asbestos-Con Material (A (i.e., thermal s nsulation, surfac or other miscell	CM) system cing, \	ns VAT	(Spec		Removal	Repair	Encapsulate	Enclosure
Throughout				X				Fireproof	ing		5 S	F		\boxtimes		
Throughout								Debris	;		5 S	F				
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Name of Registered Service Transpo		er		1000	lau		O No.	Cubic Yards of Waste % Cu Yd	Min	ne of Registe		dfill				
City, State New Castle, Dela	aware			40				Disposal Date 5/30/14		, State ynesburg, (ОН					
Completed By (Prin	it or Type)			100	itle Pro	ject		Signature P) "	/	Ż		Date 5/	14	/14	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PENTIMED

Date

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2214 MAY 20 PM 4: 65 Date of Notification (1) DAMAGE CLEANUP CREW 5/14/2014 Street Address Type Notification Agencies Notified 3034 SYLON BLVD. (M/A P.O. BOX 29, RANCOCAS, NJ) Initial EPA City, State, Zip Code Amended Amendment #_ ☐ DEP HAINESPORT, NJ 08036 Emergency (including DOL. Telephone Number Name of Contact justification) DOH DON SMITH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PRIVATE RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings) 23 BUD HOLLOW LANE # of Floors Bldg. Age Square Feet City (5) WILLINGBORO, NJ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County BURLINGTON Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00676 609-890-7110 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation ≥ 3 sf or ≥ 3 ff Glovebag Procedure Demolition ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) & Non-Friable Procedure Abatement Type Is Location **Description of Asbestos Containing** Encapsulate Normally Used Amount (Specify SF or Removal Location of Asbestos-Containing Material (ACM) (i.e. thermal systems Repair Solely by insulation, surfacing, VAT, or other LF) Material (ACM) TO BE ABATED In Maintenance/Custo miscellaneous) Facility (13) dial Staff? (12) N/A Yes No TRANSITE SIDING 1200 sf EXTERIOR Name of Registered Landfill Cubic Yards of **NJDEP** Waste Name of Registered Waste Hauler Waste Hauler ID No. **GROWS** Jack Robinson Waste Disposal 17304 Disposal Date City, State City, State Morrisville, Pa. 5/16/2014

Title

PRESIDENT

Signature

Bellmawr, NJ

Completed By

ASB-41

DAVID D'ANDREA

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

CK#24517

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

orarlyED

Date of Notification (1)	16/14			Nam	e of Buildin	ng Owner/Operator	(2) Square Manag	remeni Yi.C	20	PM	4: 8	3
Agencies Notified	Type Notification	on		Stree	et Address						2020000	- ASVES
EPA DEP	Initial ☐ Amended			City.	State, Zip (40 Nassau St	reet 🗧 🔭				<u> </u>
⊠ DOL	Amendment Emergency	(including	<u>_</u>	——	Otato, Zip		inceton, NJ 0		0_1			
DOH DCA	justification Cancellation			Nam	e of Contac	t im Elkington		Telephone Nur	nher			
				FA		FORMATION						_
Name of Facility Where							Type of Facility	(4)	-			_
Street Address	Re	sidentia	al				School (K-1)	2) 8 (Other than K-1	12)			80
- Circum Careas	3A 30 I	Vassau	Stre	eet				rivate & commerc		ldings),	
City (5)	D.						Square Feet	# of Floors	В	ldg. A		
County (6)	Pr	incetor	1	I Cou	nty Code (7) (STATE	Current Use (Pr	ior if being demo	lished)		90	
N	1ercer				ONLY)			partments/ R				
Name of Monitoring Firm (8) N	Hired by Building ECS Inc.	Owner		ASCM	No.	30.00	nent Contractor (9		т.			
Street Address	ECS IIIC.			-		Street Address	ens Environr	nental Servic	es, II	nc.		_
	PO Box 3	41					PO E	322 Box 322				
City, State, Zip Code	rosswicks, NJ	08515				City, State, Zip C		n, NJ 08501				
Project Manager for Mor		00010		ephone	No.	Telephone No.	7 HIGHOW	License No.				_
	Veisgarber		12.000		8-4070	the state of the s	9-9688		0049	3		
Start Date (10) 5/26/14	Sch	eduled C	omple /29/		ate (11)	Name of OSHA		ECS				
Occupancy Status Durin		eck only	one)			Street Address						
						City, State, Zip C		Sox 341				_
Other - Describe:				1.7.		Oity, Olate, Zip O		s, NJ 08515				
Scope of Work (Check a	ll that apply)					☐ Full Con	tainment with Neg	native Pressure				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rei Der	novat			☐ Mini-End Gloveba			ıre			
			ocatio								ment	
Location of Asbestos-Containing M		Used Main	Solel	y by	Achaet	Description of os Containing Mate	orial (ACM)	Amount	-	Тур	,e .	
TO BE ABAT IN Facility	ED '	Cu	stodia taff?			thermal systems in surfacing, VAT,	nsulation,	(Specify	Remova	Repair	Enca	Enclosure
(13)			(12)			other miscellaneo		SF or LF)	oval	¥.	Encapsulate	osure
		Yes	No	N/A		2					ate	5000
Apartmen	t 3A		×		The	ermal Pipe Ins	sulation	60 lf	×			
			×									
		+++									\dashv	
Name of Registered Was		-		JDEP V		Cubic Yards of Waste	Name of Regis					1000
Stevens Environm	nental Service	es, Inc.		auler ID 182	292	2 CU		R.R.F., Inc. I	Landf	ill		
Oity, State	Allentown,	NJ				Disposal Date 5/29/14 / /	City, State	Tullytown,	РА			
Completed By	Titl	е) (Signature		Date	0			=
Mahlon E. Ste	vens	Pro	oject	Man	ager	-1///			5/26	/14		_]

NO CK

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



Date of Notification (1) 5/16/14					of Building	Owner/	'Operator	(2)		5-W 135				
Agencies Notified	Type Notification	1		PSE	Address			2014 MA	Y 20 P	4 5: 55	,			
☐ EPA	Initial				Eagle Ro	ck Rd			, ele sel est est est	syure :				
DEP DOL	Amended Amendmer				tate, Zip Colland, NJ		3	Act of	LICENS					
DOH DCA	Emergency justification Cancellatio)			of Contact Neville				т.	elenhone N	lumbor			
None of Facility and				FAC	CILITY INF	ORMAT	ION							
Name of Facility Where A Saddle Brook Subs	Abatement is Taki tstation	ng Place (3	3)					Type of Fa	ol (K-12)	8				
Street Address 392 Jefferson St								Subc	hapter 8 (Ot (i.e. private	her than K & comme	-12) rcial bu	ilding	s, hon	nes,
City (5) Saddle Brook NJ 07	7663							Square Fe	et #	of Floors		Bldg. n/a	Age	
County (6) Bergen County				County (STATE	Code (7)	,		Current Us	e (Prior if be	eing demol	ished)			.5
Name of Monitoring Firm n/a	Hired by Building	Owner (8)		ASC n/a	M No.		Name	of Abateme	nt Contracto	or (9)	1			
Street Address				1			Street	Address Id Dock R		vices				
City, State, Zip Code	-	-					City, S	tate, Zip Coo	de					
Project Manager for Moni	toring Firm		\neg	Telepho	one No.	_	Teleph	ank NY 1 one No.	1980	License	No.	9-6015		
n/a Start Date (10)		Schodulo	d Cor	n/a	Data (44)			24-8111		33039				
5/15/14		5/15/14		npietion	Date (11)		The state of the s	of OSHA Mo as above						
Occupancy Status During	Abatement (Chec	k Only One	e)		-		Street /	Address						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I d Outside of Norn	Period of A nal Facility	baten Hours	nent S			City, St	ate, Zip Coo	le					
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	3400	-	enova				×	Mini-Encl Glovebag	ainment with osure Procedure npted (*) an				Α.	
		ls l	_ocati	on					7			Abate	emen	t
Location (Asbestos-Containing N		Used	ormal Sole				cription				-	1)	ре	-
TO BE ABA' In Facility (13)	TED	Mair Custo	ntenar dial S (12)	nce/ Staff?	(i.e. t	hermal : surfac			(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
avdavia v trav	ala la a	Yes	No	N/A									Œ.	
exterior tren	cning			х		Tran	site Pip	e	20) LFT	x			
15		-									-			
											-			
Name of Registered Waste	Hauler		I N.	JDEP W	aste	Cubic Y	′ards	Nam	e of Registe	red Landfil				_
eolia ES Technical S	Solutions			auler ID 1071		of Wast 1/2 yd:	te	1000000	ne Dispo					
City, State Eden Lane, Flanders	s NJ 07836		ū.			Disposa 5/23//1			State eville, MI	48111	8			
Completed by Michael J DiMaria		Title Project	Mar	nager		Sig	nature	chai	20	- Da	ate /16/14			
				or Amilian		/	ILL	such	MY	LIEC				

CK # 25958

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

					t to NJAC 8	COUNTY OF STREET				E.					3
Date of Notification (1)					Name	of B		vner/O	perator (2 CORP.		wr	2		.D	
5 / 19 /	14				Street	Addr	ess				-			-	
	Notification	1			126 E.	LING	COLN AVE	NUE.	P.O. BOX	2000, 👫 26-4	解7 2	0	PH	7: 6	.,
	nitial Notif		Y				Zip Code			, 2011 1	17.1	_			
DEP	Arnended Cancellation	Notific					NEW JER	SEY 0	7065	ارد د		٠			
	On Hold EMERGE	NCY N	IOTIFI	ICATIO	Name N MIKE		ontact RONICA			Telephone *	· 34	۳ا⊇	: LITT	C	, , , , , , , , , , , , , , , , , , ,
					ACILITY INF	FORM	NOITAN								
Name of Facility Where Abateme	nt is Taki	ng Pla	ice (3)					Туре	of Facility School (K					4	
MERCK SHARP & DOHME CORP	ORATION	1						Х	Other (ie.	er 8 (Other that private & com	mcl. bld				
Street Address	III DINO	007							uare Feet	# of Floo	ors		200000000000000000000000000000000000000	. Age	
126 EAST LINCOLN AVENUE - BU					Count		do (7)		9,975	2	maliaha	٩/	•	35	
7.01 /	County (6 JNION)			Count (STATE	The state of the s	A CONTRACTOR OF THE PARTY OF TH	VAC		ior if being de	molisne	a)			
Name of Monitoring Firm Hired b		a Own	ner (8)		(OIAIL		SCM No.			ment Contra	ctor (9)				
ENVIRONMETAL HEALTH INVES							17			MENTAL CO			N		
Street Address									t Address						
655 WEST SHORE TRAIL									250,000,000,000,000,000	OCK ROAD					
City, State, Zip Code	TA NEW	, IED	CEV O	7074					State, Zip (01				
Project Manager for Monitoring Firm	RTA, NEV	JER		phone N	lumber			_	hone Num	W YORK 109	Licens	e Ni	ımher		
WILLIAM S. KERBEL, CIH				729-564				1 '	369-7500	DOI	1101	C 140	arribor		
Expected State Date (10)		Sche			on Date (11	1)			of OSHA	Monitor	1101				
	14 ar		10 onth		30 Day		/14 Year			ORATORIES	INC		#11	480	
Occupancy Status During Abatemen								Stree	t Address						
X Facility Closed/Vacated Abatement Performed C	utside of I	Norma	l Facili	ity Hour	rs - Describe	e:				STREET					
X Other - Describe:	MONDAY.	-FRID	AY /A	W-3:30	PIVI			City,	State, Zip (Jode W YORK, NE	W YOF	2K 1	0016		
Scope of Work (Check all that apply)				Г		Full Conta	I inment		tive Pressure		XIX I	0010		
X Demolition		Reno	vation				Mini-Enclo								
>3SF OR LF						_	Glovebag								20
X >160 SF OR 260 LF		т		— т			Non-Friab			Т		000	0 80		
Location of		1000	Locati			A CONTRACTOR	ption of As ing Materia			A	. -		oatem		
Asbestos-containing Material (ACM)			mally ເ solely b		CC		hermal sys		")	Amoun (Specif	i i	π S	REP	ENC,	ENC
TO BE ABATED			nt/Cust		ins		on, surfacii		Г.	SF or Li	F) 3	2	AIR	AP	5
in Facility (13)			taff (1				er miscella	11 m 2 12 12 12 12 12 12 12 12 12 12 12 12 1		1	'	OVAI	~	APSULE	LOSURE
		Yes	No	N/A		20 000					-			m	R
ROOF		х		L E	BUILT UP R	ROOF	ING & FLA	ASHIN	G	2,000 sf	>	(
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		_				922111895					-				
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	-	-		\vdash						+	-		-	-	\vdash
		+		\vdash			(to to t		0	 	-+			_	\vdash
Name of Registered Waste Hauler			EP Wa		Cubic Yards		/aste			ered Landfill					
FREEHOLD CARTAGE, INC.		Haule	er ID N			120		- I		UNTY RESO			IAGE	MENT	SER
825 HIGHWAY 33 City, State		L	15939		Disposal Dat	te		City,		R DRIVE/RC	OIE IS	,			_
FREEHOLD, NEW JERSEY					5/30/14-10/1		1			Y , PA 17752			1	1	100
Completed by (Print or Type)	Title				5	Signa		1			Date	/	119	11	9
BENJAMIN SANCHEZ	IDIRE	CTO	R OF (UPERA	TIONS		1-1	K			\ \ \	· /	1/	1 1	

[K# 3359

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



Date of Notification (1) 5/19/14					Building C					Tayon Top	,				S
Agencies Notified	Type Notification		0.000	treet Ad 119 W.	dress 57th St	treet, #9	906	2814	HAY 20	PM 7	: ('4				
EPA DEP DOL	Initial Amended Amendment				e, Zip Coork, NY			į, j		S (C)	13				
DOH DCA	Emergency justification) Cancellation		1 7		Contact r Gabot	f		, ,		elephone		per			
	- Curiociación			FACIL	ITY INFO	RMATIC	ON					-			
Name of Facility Where Staples (Former)	Abatement is Takin	g Place (3)							ol (K-12)	MI - II	K 42)				
Street Address 760 Route 33								Other etc.)	napter 8 (C (i.e. privat			build	ings,	home	es,
City (5) Hamilton	11							Square Fe 70,000	et #	of Floors		BI 40	dg. A)+	ge	
County (6) Mercer				County C	ode (7) SE ONLY)	· <u>·····</u>		Current Us Retail (u	managed and the Solid	TO SOUTH A STATE OF THE STATE O	olishe	d)			
Name of Monitoring Firm Acer Associates	n Hired by Building	Owner (8)		ASCM	No.			of Abateme ervices, L		tor (9)					
Street Address 1012 Industrial Driv	/P			l				Address Vest Linc	oln High	wav. Su	ite 50	00			
City, State, Zip Code West Berlin, NJ 08							City, St	tate, Zip Co	de	,,					
Project Manager for Mon			90	elephor	e No. 9-1202	92	Teleph	one No. 872-8884		Licen:	se No.				
Start Date (10) 6/2/14		Scheduled						of OSHA M	onitor						
Occupancy Status Durin	ng Abatement (Chec	2/23/3/3)				Street	Address		-					
Facility Closed/Vac	ned Outside of Norr			ent				Route 130 tate, Zip Co						-	
Other – Describe:	7:00 am - 3:00 pm					_	Cinna	aminson,	NJ						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	-	enovat emolitic				×	Mini-End Gloveba	itainment v closure ig Procedu empted (*)	re				e	
		1900	ocatio										Abate	ement pe	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mair Custo	Solely Solely Itenan Idial S (12)	y by ce/		tos Conta thermal surfac		laterial (ACI s insulation, T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	3									(D)	
Retail Area a	nd Offices			Х		Floor	Tile M	astic	1	5,000 S	F	Χ.			
Bldg. S	eam			Х		(Caulk		-	96 LF		X			
Name of Registered Wa Waste Managemen			3,1000	JDEP W auler ID		of Was			me of Reg ROWS v			ale			
City, State Trenton, NJ						Dispos TBD	al Date		y, State orrisville,	PA				n	
Completed by Jack Bally		Title Sr. Pr	oject	Manag	ger	Si	ighature	Bal	1	8	5/1	e 9/14			
ASB-41 (R-06-08)							* Do no	ot use this	orm for ast	estos lice	nsure	exem	npted	activi	ities.

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

	V2000							*C2 (C) 236	The state of the s				1.00
	Date of Notification (1)			Name (of Building C	wner/Opera	tor (2) Realt	100	CIAF	,	- 1	#37 #11	. 3
-	Agencies Notified Typ	e Notification,		Street	Address	river	Rearry	1 CORC				9/	24
	D EPA	e Notification New St	aret	12/	9 Co	lodia	al RD	MA LINI K	UP PM	1100	12.		4
	DEP.	Amended 1		City, S	ate, Zip Coo	le ,		18	2171	35.			
	DOL DOL	Amendment # Emergency (including	-		whes	ter,	C/- 0	1045	201011	~	Ģi L		
30,000,00	DOH DCA	justification) Cancellation		_	of Contact	11		Tele	phone Nur	nber			
	La DOA Lad	Cancellation		/ 0	ILITY INFO	11 - 1 -	are			-0		V	
	Name of Facility Where Abate	ment is Taking Place ((3)				Type of Fac	sility (4)	7			. i i	
	Future 1	CVS					School	(K-12)	57-5	- 1	60	0	
	Street Address						Subch Other	apter 8 (Other (i.e. private &	than K-12 commercia	al bui	ildina	s. hor	2
200	453 Valley	Street				-	etc.)		4		3		- T
	City (5) /	1				2:	Square Fee		-ioors	1	Bldg.		54
	Maplewoo	<u> </u>	<u> </u>	County	Code (7)		26,000 Current Use	(Prior, if being	demolish	ed)	13	2_	
335550	ESSEX Com	14		(STATE	USE ONLY)		Vaca	. /	e e	•			
	Name of Monitoring Firm Hire		5)	ASC	M No.	200	ne of Abatemen		9)	ı		a	
000000000		3					icres +	ectilo.	NHRAC	Lin	49	(0)	ec
	Street Address				38 38	1 -	et Address	101	4.0	20	9		. 1
	City, State, Zip Code					City	State, Zip Cod	M 57	<u> </u>				
	City, State, 2p Gode				50		est L	, (/	1.111.	11	20	4	
0.00 M	Project Manager for Monitoring	g Firm		Telepho	one No.		phone No.	Ti	icense No	-			
		· ·	1						010	2	1		
	Start Date (10) 5/22/14		led Gor		Date (11)	Nam	e of OSHA Mor 7 2-eo-leg	e Mo	NCay	10			
	Occupancy Status During Aba	itement (Check Only O	ne)			Stree	i Address,		100,000 0000				
	Facility Closed/Vacated I				D 12		3 Ger		it, 11	7	<u></u>		
	Abatement Performed Or Other - Describe:	utside of Normal Facility	y Hours	;		City,	State, Zip Code	Dalt	07	2	_		
	Scope of Work (Check All Tha	et Apply)	-	-			112000	- / 100	070		<u> </u>		
	≥3 sf or ≥3 ff		Renova	tion		. 1	Full Conta	inment with N	ethative Pre	-55111	Te		
	≥160 sf or ≥260 lf		Demolit				Mini-Endo	sure Fr	pganto	~			
		a		.de	(2)		Glovebag Non-Exem	Procedure pted (*) and N	on-Friable	Proc	edur	е	
		Į.	s Locati	מס		3						meni	
	Location of	Hea	Normal ed Sole			Descriptio			. F	-1	Ty	pe .	
	Asbestos-Containing Mate TO BE ABATED	enal (ACM) Ma	aintenar	nce/			Material (ACM) ns insulation,	Amo (Spe		20	- I	Encapsulate	5
	in Facility	Cus	todial S (12)	tair?		surfacing, V. ther miscella		SF or	LF)	Removal	Repair	nsde	Enclosure
Q	(13)		T	1 200		uloi mocene	uncous)			<u>a</u>	-	ale	10
		Yes	No	N/A	1/0		.,	1.00		,			
		Heater Am		X	VATY	Flu Yac	King	683	5/	X			
	1St FI-Sales FIXSH	ock .		X	VAT, I	Mastro		6811	SF	Y.	_		
	1St A-Hoove ceil	ing		X	Picer	Jusul.		92	LF !	X	1		
	Exterior +1200+	23		y	ROOFING		Flashung	20.00	OSF'	\times	i		
	Name of Registered Waste Ha			JDEP Wauler ID		ubic Yards f Waste	Name	of Registered	Landfill		y See		
	ATC INC	<u>.</u>	"				Mi	Jerva	Elter	40	RIS	30	5
	City, State			1 - 6		Disposal Date	City, S	tate	·	ر ا ار	. =		
	2 Moreiches	MiDDIEI	Slax	WRI). MY	- Cianatur	/ Way	desbu	PO, C	A	10) 	
	Completed by Vincent Adams			(L	L - · ·	Signatur	SI		5	1)	14		**
	IN INCENT HEADL	<u>u</u> 110	211	LH 1									

CK\$ 000158

D&S Proj. #: 2014-200

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



Date of Notification (1)	IIN	ame of Bi	uilding Own	er/Operator (2)			OBLA MAN	00 5	N. F. 6	- 10			
0 5 / 1 3 / 1 4		BARBA	RA Engle	r			2014 MAY	20 h	in 5:5	τ,			
Agencies Notified Type Notificati	~~] [-	treet Addr					K your	rn- c	mitte d				
☐ EPA ☐ Initial ☐ Amended		94 MEA	DOWBR	OOK ROAD			A 3 3 2 3 1	ICEN.	L Nuc				
DEP Amended Amendment #:	1		Zip Code	OOR ROLL			<u> </u>	101 14.	111212	1		_	
☑ DOL ☐ Emergency		7800 89	HILLS,	NI 07078									
DOH (including	Na	ame of Co	Name and Address of the Owner, where the Park of the Owner, where the Owner, where the Owner, where the Owner,	10 07070				Telephor	ne Numbe	r			77.00
DCA justification)		DADD.	ARA Engl	or									
Cancellation	$-\mu$	DAKDA	AKA Eligi	CI					0				
			FAC	ILITY INFORM	MOITA	N		nu sono					
Name of facility where abatement is	taking pla	ce (3)					Type of	Facility					
BARBARA Engler							-	=	ol (K - 12)			4.01	
Street Address									napter 8 (0 (Private/C			-12)	
									/Homes,		iciai		
94 MEADOWBROOK ROAI							Square	e Feet	# of Floo	rs	BI	dg. A	\ge
City (5)	Coun	ity (6)				inty Code (7)) -		
SHORT HILLS	ESS	FX			(Sia	te use only)	Curre	nt Use (F	rior if beir	ng dem	olish	ed)	
Name of Monitoring Firm Hired by E				ASCM No.	-	Name of Abateme	nt Contracto	or (9)					
				, 1001111101		D & S RESTO							
Street Address					=	Street Address	KATION,	IIVC.					
₹						20 California	Ave.						
City, State, Zip Code					_	City, State, Zip Coo							
						Paterson, NJ	07503						
Project Manager for Monitoring Firm		P	hone Numb	er		Telephone Numbe			License	Numb	er		
						973-345-802				1169			
Start Date (10)	Sched.	Completi	on Date (1	1)		Name of OSHA Mo							
05/29/14	06/16	/14				D & S Restora	ation, Inc.					_	
Occupancy Status During Abatemen					-	20 California	A vanua						
Facility closed/vacated during	entire perio	od of abate				City, State, Zip Coo				_			
Abatement performed outside Describe:	of normal f	acility hou	ırs-			ony, onato, zap ood							
Other-Describe: NORMAL Ho	OURS				_	Paterson, NJ	07503						
Scope of Work (check all that apply)						Full Conta	ainment v	v/negative	press	ure		
	Renovation	n					Mini-encl		,	3/0			
≥160 sf or ≥260 lf	Demolition					₽	Glovebag Non-Exer			friable			_
Location of	Is location	normally	used solely	/	7.0		_ Non-Exer	ripted ()	and Non-	R	R	E	1
asbestos-containing	by mainter staff(12)	nance/cus	stodial	Description	on of a	sbestos-containing	11 07 100	Amount		e m	e p	n	l E
material (acm) to be abated in facility (13)			Т	material (Specify S .F)	SF or	0	a	a	c
, , , , , , , , , , , , , , , , , , , ,	Yes	No	N/A				1	/		v e	i	р	-
BASEMENT		X		PIPE INSU	LAT	ION	47 L	,FT		X			
BASEMENT		X		BARE HEA	TIN	G PIPES	33 I	FT		X			
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 1350	P Hauler		ubic Yards of V YD	vaste	Name of Registers TULLYTOWN		RCE DI	COVE	2V			
City, State			Disposal D			City, State	1, RESOU.	NOL IN	COVER	. 1			
PATERSON, NJ 07503			05/30/1			TULLYTOW	N, PA						
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Title			Signature					Date				
	PRESIDI								05/13/	2014			
ASB-41 *	Do not use	this form	for asbesto	os licensure exe	empte	d activities.							

0x + 00 6159

D&S Proj. #: 2014-203

ASB-41

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





						1000								
Date of Notification					ner/Operator (2)			2	理程 HAY 20	PH	5: 5:			
Agencies Notified	Type Notifica	ntion		D M. PA	TEL									
☐ EPA [Initial		Street Addr	ess				·i-	:35_3,01	11111	1 - 7			
☐ DEP [Amended			OVER A	VENUE	111			& LICE	NEIN	J.			
□ DOL	Amendment #	: '	City, State,	Zip Code										
_	Emergency				NJ 07003									
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_ DCA	Cancellatio		HEMAI	ND M. PA	ATEL		The same of the sa					SP.		
				FAC	ILITY INFORM	IOITA	V		10		19			
Name of facility whe	ere abatement	is taking pl	ace (3)					TIT	ype of Facility	(4)				-
HEMAND M. P.	ATEL								School	ol (K - 12	'			
Street Address										apter 8 (
										(Private/0 /Homes,	etc.	erciai		
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City (5)		Cou	nty (6)	11.350			unty Code (7)	7						
DI COMETEI D		FO	2022			(Sta	ate use only)		Current Use (P	rior if bei	ng den	nolist	ied)	
BLOOMFIELD Name of Monitoring			SEX		1001111		This can day	<u> </u>						
reame of Monitoring	Tilli Tilled by	Blug. Own	31 (0)		ASCM No.		Name of Abateme		35565					
Street Address							D & S RESTO	DRAT	ION, INC.					
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City, State, Zip Code						_	20 California							
Oity, State, Zip Code							City, State, Zip Co							
Project Manager for M	Appitoring Fire		Tai			_	Paterson, NJ		3					
r roject warager for h	worldoning Filth	1	Ph	one Numb	er		Telephone Number			License		per		
							973-345-802 Name of OSHA M			1)1169			
Start Date (10)		Sched	. Completio	on Date (11)		D & S Restor		Inc					
05/30/14		06/16	5/14				Street Address	ation,	IIIC.				_	
Occupancy Status Du	ıring Abatemei	nt (Check o	nly one)	·			20 California	Aveni	10					
Facility closed/\	acated during	entire perio	od of abate	ment.			City, State, Zip Co	77.70.4 (1.4)						
Abatement perf Describe:	ormed outside	of normal	acility hour	s-										
Other-Describe	: NORMAL H	IOURS				_	Paterson, NJ	07503	3					
Scope of Work (chec	k all that apply	y)] Full	Containment w	/negative	nress	ure		
\boxtimes >3 sf or >3 lf		Renovatio	n				Ī	_	i-enclosure	mogative	, p. 000	uic		
≥160 sf or ≥260	of \square	Demolition	<i>7</i>				2		vebag procedur					
			normally u	sed solely				Nor	-Exempted (*)	and Non-	-friable			_
Location of asbestos-conta	inina	by mainte	nance/cust		i				Amount		e	R	E n	E
material (acm)	to be	staff(12)		·	material (A		sbestos-containing		(Specify S	For	m	р	C	n
abated in facility	y (13)	Yes	No	N/A		,			ĹF)		o V	a	a	L
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BASEMENT			X		PIPE INSUI	_			50 1 ft			<u>Ц</u>	닏	ᆜ
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Registered Waste Hau	lor		511		T-V									
D & S RESTORA		NJDE 135	P Hauler II 06		ibic Yards of W YD	aste	Name of Register			001777	37			
City, State				Disposal Da			TULLYTOWN	N, KE	SOURCE RE	CUVER	Y			
PATERSON, NJ	07503			06/02/14			City, State TULLYTOW	NDA						
Completed by (Print or		Title			Signature		TOLLITOW	II, FA		Date				
BOGDAN JOLDZ		PRESIDI	ENT							05/13	/2014			

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

State of NJ Notification of Asbestos Abatement

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he	ck	#	65	40

(Pursuant to NJAC 8:60-7 and 12:120-7) 2014-80 B & G proj. #: Sub Chapter 8 Date of Notification (1) Name of Building Owner/Operator (2) 2014 MAY 20 PH 5:52 0 5 / 1 4 / 1 4 Newark Housing Authority Agencies Notified Type Notification Street Address ☐ EPA 500 Broad Street V Initial 2 HOFWAIN DEP City, State, Zip Code DOL Amendment Newark, NJ 07102 DOH. Name of Contact Telephone Number Cancellation Janet Abraham ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Newark Executive Offices (sub chapter 8) Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 500 Broad Street Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Newark, NJ 07102 Essex **Executive Offices** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0004 **Briggs Associates** B & G Restoration, Inc. Street Address Street Address 3 Crosswicks Street 105 Ryerson Road City, State, Zip Code City, State, Zip Code Bordentown, NJ 08505 Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 609-847-2957 Michael Hoodak Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 05/30/2014 06/01/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: OCCUDIED wrap & cut Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure ☐ Demolition Renovation Non-friable procedure Mini-enclosure >3 sf or >3 If ≥160 sf or ≥260 lf Is location normally used solely E Location of e e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or C material to be material (ACM) 0 a LF) abated in facility (13) Yes No N/A 140 lf pipe insulation Chiller Room 40 sf chiller insulation Chiller Room Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State 06/01/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature

Ciordana Luna

05/14/2014

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

B & G proj. #: 2014-79

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

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Check #6543

Date of Notification	(1)	JIN	ame of Build	ling Owne	er/Operator (2)					PM S						
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Agencies Notified	Type Notificati	on Si	reet Addres	S						r 1981						
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DOH Name of Contact									Telephone Number							
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Name of facility who	ere abatement is	s taking pla	ice (3)	10.0				Ту	pe of Facility							
Janet Rotter							School (K - 12)									
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Street Address										(Private/		rciai				
106 Buckingha	am Road							S	quare Feet	# of Flo	-	BI	dg. Ag	ge		
City (5)		Cour	ity (6)			200000000000000000000000000000000000000	ounty Code (7)									
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Street Address	1471					_	B & G Restorat	tion, I	nc.					_		
Street Address							105 Ryerson Re	oad								
City, State, Zip Code						_	City, State, Zip Code									
Oity, State, Zip Code			24				Lincoln Park, 1		035							
Project Manager for	Monitorina Firm		Pho	ne Numb												
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05/27/2014			/28/2014				Street Address									
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Other-Describ	e:					-	Lincoln Park, l	NJ 07	035				_			
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Registered Waste H	auler		EP Hauler ID)# C	ubic Yards of 1½	Waste	Name of Registere Tullytown Reso			v Center						
B & G Restoration, Inc. 19563 City State Disposal							City, State	Source at Receivery Contain								
City, State Lincoln Park, N.	J 07035		ľ		8/2014		Tullytown, PA									
Completed by (Print	Title			Signature	anaturo .			Date								
Gordana Luna		Secretar	y/Treasure				Gordana Luna	05/16/2014								

State of NJ

B & G proj. #: 2014-78

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

B & G proj. #:	2014-78		(Pursuant to NJAC 8:60-7 and 12:120-7) Check #6544												
Date of Notification	X 31	-11			ner/Operator (2) ny Giaimo		2814 MAY 20 PM 5:4:								
Agencies Notified EPA DEP	Type Notificat	tion S	treet Addre	ss ont Stre				Téatea 13	OP (C CENS	18.	s (NE)				
☑ DOL	Amend		ity, State, 2 Clifton,		11										
DOH DCA	Cancell			me of Contact Victoria & Anthony Giaimo					Telephone Number						
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Name of facility wh Victoria & Anth			ace (3)						(4) ol (K - 12) apter 8 (0		han K	12\			
Street Address 9 Dumont Stre	eet						7	Other	(Private/C /Homes, e	omme etc.	rcial		70		
City (5) Clifton, NJ 07		nty (6)				nty Code (7) te use only)	9 (7)								
Name of Monitoring	Bldg. Owne	er (8)		ASCM No.		Name of Abatement B & G Restorati	Contractor (9)								
Street Address City, State, Zip Code	ě			ni.			Street Address 105 Ryerson Ro City, State, Zip Code	ad							
Project Manager for	Monitoring Firm	n	Phone Number				Lincoln Park, NJ 07035 Telephone Number 973-696-6869 License Number 0378								
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Decupancy Status D Facility closed Abatement pe Describe: Other-Describ	/vacated during	entire peri	od of abate				105 Ryerson Ro City, State, Zip Code Lincoln Park, N						(a)		
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basement				X	pipe insulat	tion		150 lf					品		
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City, State Lincoln Park, N.	J 07035		Disposal Date 05/29/2014				City, State Tullytown, PA								
Completed by (Print Gordana Luna		Title Secretar	y/Treasure	er	Signature		Gordana Luna Date 05/16/2014								