OK # 006164

D&S Proj. #: 2014-

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

RECEIVED

S-												
Date of Notification (1)	Name of B	uilding Own	er/Operator (2)				ZEM MAY 2	PM	5: €	ī Ļ		
Agencies Notified Type Notific	ntion	CASABL	ANCA							- 3		
EPA Initial	Street Addr	ess				-	nails & LIO	o UUI	YTM:	it.		
□ DEP □ Amended		REMUS A	VENUE				& LIG	EMS/#	ł6			
	#: City, State,	Zip Code										
Emergence		ROCK, NJ	07452							265-11000		
DOH (including justificatio		ontact					Telephon	e Numbe	er	70.5		2.3384
DCA Cancellati		CASABI	LANCA				_					
		FAC	ILITY INFORM	ATION								
Name of facility where abatemen	it is taking place (3)					Ту	pe of Facility (4) I (K - 12				
BETTY CASABLANCA							=	- m 200000		non K	10)	
Street Address						-	The second secon	apter 8 (0 (Private/0			-12)	
502 DOREMUS AVENUE							Bldgs./	Homes,	etc.		dg. A	100
City (5)	County (6)			Cou	nty Code (7)	- °	quare reet	# 01 F100	ors	Ы	ug. A	vye.
				100000000000000000000000000000000000000	te use only)		Current Use (P	rior if beir	ng dem	olish	ed)	
GLEN ROCK	BERGEN						10					
Name of Monitoring Firm Hired b	y Bldg. Owner (8)		ASCM No.		Name of Abateme	ent Cont	tractor (9)					
					D & S RESTO	DRATI	ON, INC.					
Street Address					Street Address							
City, State, Zip Code				_	20 California							
City, State, Zip Code					City, State, Zip Co							
Project Manager for Monitoring Fir	rm In	hone Numb	^-	-	Paterson, NJ Telephone Number			Hisana	Niversh			
Troject Manager for Monitoring Fil	"" ["	none Numb	er		973-345-80			License)1169	er		
01-15-1-(10)				_	Name of OSHA M				71107			
Start Date (10)	Sched, Completi	ion Date (11	1)		D & S Restor		Inc.					
06/03/14	06/26/14				Street Address							
Occupancy Status During Abatem					20 California	Avenu	e					
Facility closed/vacated durin Abatement performed outsid					City, State, Zip Co	ode						
Other-Describe: NORMAL	HOURS			-11	Paterson, NJ	07503						
Scope of Work (check all that app	ply)					Full C	Containment w	/negative	press	иге		
≥ 3 sf or >3 If	Renovation				Ţ	Mini-	enclosure					
≥160 sf or ≥260 lf	Demolition				Ì		ebag procedur Exempted (*)		-friable	proc	edure	9
Location of	Is location normally								R	R	E	E
asbestos-containing material (acm) to be	by maintenance/cus staff(12)	stodiai			sbestos-containing		Amount	F	e m	e	n	n
abated in facility (13)	Yes No	N/A	material (/	ACM)			(Specify S LF)	r or	0 V	a	a	C
	110	IVA							e	L.	р	
BASEMENT	X		PIPE INSU				255 L FT					
BASEMENT BOILER			BOILER IN	ISUL	AITON		55 SQ FT					
				-								
									101			10
Registered Waste Hauler	INIE		Libio Vosta a/III	Vanta	N/5		15:11			Ц	Ш	
D & S RESTORATION, INC	NJDEP Hauler 13506	200	ubic Yards of W YDS	vasie	Name of Register TULLYTOW			COVE	RY			
City, State		Disposal D			City, State	, , , , , , ,						
PATERSON, NJ 07503		06/04/14	4		TULLYTOW	N, PA						
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	* Po not use this form	for achoese	e liconeuro esse	omete-	Lactivities			05/16/	2014			
ASB-41	* Do not use this form	iui asuesto	is licerisure exe	:mptec	activities.							

CK \$ 24519

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

RECEIVED

Date of Notification (1) 5/19/14			Name	e of Buildir	ng Owner/Operator	Desalvo	Y 21 PH	5: Q	2			
Agencies Notified	Type Notification	n		Stree	t Address		48 May Stre	et La vijn	TRE	7			
M DOL	Amended Amendment		_	City,	State, Zip (Brunswick, N	LIULIA	8				
DOH DCA	justification) Cancellation			Name	e of Contac Ange	t la Tami - Rea	ltor	Telephone Nu	mber			ű.	
				FA	CILITY IN	ORMATION			357 6	l Wile			
Name of Facility Whe	e Abatement is Taki Residen			rty			Type of Facility School (K-12	2)	10\				
Street Address	48 M	ay Sti	reet				Other (i.e., p	rivate & comme	rcial bu	ıildir	gs,		
City (5)	New Br	ıncızi	ck Ì	VII.			Square Feet 1800	# of Floors		Bldg	. Ag		
County (6)	fiddlesex	U113 VV 1	CK, I	Cou	nty Code (7) (STATE	Current Use (Pr	ior if being dem Residenti)	71		_
Name of Monitoring F		Owner	_	ASCM	No.	Name of Abaten	nent Contractor (9		aı			_	
(8)	MECS					25:22	vens Environr	V 0000	ices,	[nc			
Street Address	PO Box 34	1				Street Address	PO E	Sox 322					
City, State, Zip Code	Crosswicks, NJ	0851	5			City, State, Zip C	Code	n, NJ 08501					_
Project Manager for M			K -1/2 12	ephone	No.	Telephone No.		License No.		W			
Lou	Laureti		(6	09) 29	8-4070	(609) 25	59-9688		0049	93			
Start Date (10) 5/29/14	Sche	eduled C	omple 6/6/		ete (11)	Name of OSHA		ECS					
Occupancy Status Du	ring Abatement (Che			14		Street Address	171.	LC0			-	_	_
☐ Facility Closed/Vac				ement			PO B	ox 341					
☐ Abatement Perform Control Control		al Facilit	у Нос	ırs		City, State, Zip C		s, NJ 08515	5				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	call that apply)		enova emolitic			☐ Mini-End Gloveba	ntainment with Nectorie closure ag Procedure empted (*) and No		dure				
		N	_ocati ormall	y						Aba	tem ype		80
Locatio Asbestos-Containin <u>TO BE AB</u> IN Faci (13)	g Material (ACM) A <u>TED</u> lity	Mair Cu	Sole ntenar ustodi Staff? (12)	nce/ al		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	0 000	Denair	Encapsulate	Enclosure
		Yes	No	N/A		D		15010	-	-	_	Œ	
Basen	nent		×		The	ermal Pipe Ins	sulation	150 lf	. ×		+	-	
									-	F	+		
Name of Registered W	aste Hauler			NUDEP V		Cubic Yards	Name of Regis	tered Landfill	•		1.		-0-
	Environmental		_ '	lauler IC 182	292	of Waste 2 CU		T.R.R.F.,	Inc.				
City, State	Allentown, l	NJ				Disposal Date 5/30/14	City, State	Tullytown	. PA				
Completed By Mahlon E. S	Title	9	ojec	t Man	ager	Signature	17	Date	5/1	9/1	4	15	=
						-17/1							=

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

Date of Notification (1)				1.00	Name	of Buildin	g Owner/Operator (2)					
/	16	/	14		Mo	nmouth	County Prosecu						
Agencies Notified	Type No	tificatio	n	-1/38%	Stree	t Address	113,000-1	2014	MAY 21 PM	5: 0	3		
☑ EPA	☐ Initia				132	2 Jersey	Ville Avenue			0-4	J		
Ø DEP	Ame		_		City, S	State, Zip (Code	- A	and the same	7 15.20		-	
☑ DCA (NJAC 5:16) ☑ DHSS	Ame	ndment		~	100000	ehold N.		1+ 11-1	ico lo tun à ticensin	1146	75.		
☑ DCA		ication)		g	Name	of Contac	at .		Telephone Numb			-	
(NJAC 5:23-8)	☐ Cano	ellation	i.		To	m Aloia	•		TOLOGIC TRUTTE	_			
					FA	CILITY IN	FORMATION			22.5	-		
Name of Facility Where At	patemen	t is Tak	ing Plac	e (3)				Type of Facility	(4)				
Existing Bldg A								School (K-12					
Street Address					- 77			☐ Subchapter	(Other than K-12)				
132 Jersey Ville Ave	nue							Other (i.e., p homes, etc.)	rivate & commercia	ıl build	lings,		
City (5)								Square Feet	# of Floors	BI	dg. A	ne.	
Freehold NJ 07728								46,000 Sf.	1	1	1960	-	
County (6)					Cour	nty Code (7)(STATE USE ONLY)		ior if being demolis		1500		
Monmouth						, (.	Noville GGE GHETY	Prosecutor'	- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10	icu)			
Name of Monitoring Firm F	lired by	Building	Owner	(8)	ASCM	No	Name of Abateme						
Environmental Conn		Activities and the second	owner	(0)	30	140.	APS Contrac	51.5					
Street Address	icotion				- 50		Street Address	tors inc.					2010
120 North Warren St													
City, State, Zip Code								nsylvania Aver	iue				
Trenton							City, State, Zip Co						
Project Manager for Monito	orina Eir			T-1-		NI-	Paterson, NJ	07503					
Ryan Broadwater	oring Fin	n			phone		Telephone No.		License No.				
		10-6	- 1 1 1 6			-4200	973-754-1908		00875				
Start Date (10)	1.1	Sch	eduled C	Construction of the		and the second	Name of OSHA M	10.7273.07					
		-	06/	- C- C-	_ ′ -	14	EMSL ANALY	TICAL, INC					
Occupancy Status During							Street Address					7	
☐ Facility Closed/Vacated						1000-2400-00	1056 SHELTO	ON AVE					
Abatement Performed (Time of Abatement:	Outside o	of Norm	al Facilit	y Hour	s - Des	scribe	City, State, Zip Co	ode					
						/Alvi	PISCATAWA	Y NJ 08854					
Scope of Work (Check all t	hat appl	y)				***************************************	F3 = 110 ·						
≥3 sf or ≥3 If			ПВ	novati	on		⊠ Full Cont ☐ Mini-Enc	ainment with Neg	jative Pressure				
≥160 sf or ≥260 lf				molitic				Procedure					
				1 4			Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedure	9			
Location of			4000	Locat Norma						Aba	ateme	ent T	уре
Asbestos-Containing M		ACM)	Use	ed Sole	ly by	Ashe	Description o stos Containing Mar		Amount	Z	Z)	m	m
TO BE ABAT	ED ·		1000000	iintena todial :		(i.e., the	rmal systems insula	tion, surfacing,	(Specify	Remova	Repair	nca	nck
IN Facility (13)			Ous	(12)	Jian :		VAT, or other miscellane		SF or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellane	ous)		33.22		late	Ф
Thruout Bldg				Ø		VAT			8,448 sf.				
Thruout Bldg				\boxtimes			ass Wall Insul/Co	ement Brd	324sf				
EC Rm1038							Cork Floor Tile		7,940sf				
EC Rms 1040		- ***		\boxtimes		Cement	Piping/Pipe Ins	ulation	22 If	\boxtimes	П	П	
Name of Registered Waste	Hauler			N	JDEP V		Cubic Yards of	Name of Regis					_
Atlantic Carting, Inc.				Н	auler II	100	Waste	Grows Lan					
City, State					26085)	40 Yards Disposal Date						
Wayne, NJ 07470							06/11/2014	City, State Morrisville	DA 19967				
	·0)	1	ilo.					INIOTTISVIIIe					
Completed By (Print or Typ Svetozar Savreski	e)		tle Drooid				Signature	1	Dat	e /	. 1		
			Preside	:110			The	11/1 2/2	TOM- C	5/1	2//	4	
ASB-41								// .		1	1	/	

ASB-41 JUL 01

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

Print Form

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

#2329

Date of Notification (1)			-	Name	of Building Owner	Operator, (2)						
5-	9-14			Al	Address 66 No tate, Zip Code.	24/5	Tipina	1011	20	-	12	v	200
Agencies Notified	Type Notification			Street	Address	/	1 KIM HE	11111	70		~4	7	Ke.
EPA	Initial				66 NO	JEX	FERSON	SI		17			
DEP	Amended			City, S	tate, Zip Code		•	100 E	1	17.	v ka h		
DOOL	Amendmen				WhIPP	BNG	no						
DOH	Emergency justification		3	Name	of Contact			Telepho			-		200
DCA	Cancellation				8-11							-	
			energy over		LITY INFORMA	TION		·		į.		2	
Name of Facility Where	Abatement is Takir	ng Place ((3)				Type of Facility	(4)					
Besie	ENCE					1	School (K-	131 王	90°	4			
Street Address				•			Subchapte	r 8 (Other tha	n K-12)	s 7			
60	peany	181	4,	el So	N	1	Other (i.e.	private & con	nmercia	buil	dings	, hon	ies,
City (5)							etc.) Square Feet	# of Floo	re	16	Bldg. /	100	
WA	IDPANUL	NJ	7 /	700	7		1600	2	113	1	ug. / 55	- T	
County (6)	1			County	Code (7)		Current Use (Pr		maliaha	1	30	_	
MOR	eris		1	(STATE	USE ONLY)		_			a)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.	Name	f Abatement Co	otractor (9)	CP				
							sulation Co.						
Street Address			-0.000,410.00			Street A		, 1110.	-				
9 1 10 20 3440 0 0 14 15 15 15 15 11							introse Road	4					
City, State, Zip Code						1	ite, Zip Code						
							Neck, N.J. 0	7722					
Project Manager for Mon	itorina Firm		o alemi	Telepho	no No								
				relepite	ine NO.	Telephoi	ne No. 94-1757		nse No.				
Start Date (10)		Schedul	ed Co	moletion	Date (11)			000	129				
, ,		Concadi	eu co	mpietion	Date (11)	Name of	OSHA Monitor						
Occupancy Status During	Abatement (Chec	k Only O	ne)			Street Ad	ddrass						
100 A			111111111111111111111111111111111111111			Street At	uuress						
Facility Closed/Vac	ed Outside of Norm	eriod of a	Abatei	ment		City Cha	t- 71- 0- 1						
Abatement Perform Other – Describe:		1900	_	PA	>	City, Sta	te, Zip Code						
Scope of Work (Check A	II That Apply)												
-6													
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×.		Renova Demoli			H	Full Containme	ent with Nega	tive Pre	essur	e		1
			Jennon	поп		12	Mini-Enclosure Glovebag Prod	Control of the contro					1
					7292		Non-Exempted		-Friable	Proc	edur	e.	
		ls	Local	ion						-	Abate		\Box
Location			Norma		. De	scription of				-	Ту		
Asbestos-Containing TO BE ABA			d Sole intena		Asbestos Con	taining Mat	erial (ACM)	Amount				ш	
In Facili			todial		(i.e. thermal	systems in cing, VAT,	nsulation,	(Specify		Re	20	nca	ENC
(13)			(12)			niscellaneo		SF or LF	,	Removal	Repair	psu	Enclosure
		Yes	No	N/A			,			à	7	Encapsulate	a l
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Name of Registered Wast	e Hauter		1 6	IDED V	T > 7.							Į.	
				JDEP W lauler ID		Control and	14	Registered La	ndfill				
Ace Insulation Co., Ir	IC.		1000	2086	or reas	/	IESI						
City, State					Dispos	al Date	City, State	,					
Colts Neck, New Jers	sey						Easton,						
Completed by		Title	P	20510	S Language	ignature		. , ,	Date				\dashv
Bree McGuire Cia	est Calves	Secre	tary	Treasu	rer /		م الم	-		-60	200	2	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check # 0640

Date of Notification (1)			IN	lame of	Building (Owner/O	perator	(2)					_			
5/16/14			١,	Joyce	Taylor											
Agencies Notified	Type Notification		S	Street Ad	ddress							Т				
EPA			7	712 Sc	cotch Pl	ains Av	/e									
DEP	Amended		01 65		te, Zip Co							1		154		
₩ DOL	Amendment Emergency (- '	Westfi	eld, NJ	07090						3		- 100 m		-1574-
⊠ DOH	justification)	including			Contact					Tele	phone	Num	ber			
☐ DCA	Cancellation			Joyce	Taylor									TAY		- F
N		DI (6)		FACI	LITY INFO	DRMATI	ON	_	.=			j		1		
Name of Facility Where Residential	Abatement is Taking	g Place (3)						Type o	f Facility (4))		2				1917/86
									chool (K-12)			. 2	-		2	
Street Address	A							X O	ubchapter 8 ther (i.e. pri	vate &	comm	K-12, ercia	buil			95
712 Scotch Plains	Ave							et	c.)				125			
City (5)								Square		(0) 30	Floors			3ldg. A	ge	
Westfield								2,000	land the second	2				50+		
County (6)					Code (7)				t Use (Prior	if beir	ng dem	olishe	ed)			
Union			(SIAIE	JSE ONLY				dential							
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCN	No.				ement Contr			Т				
n/a				n/a			Lozn	nica Ma	anagemer	nt Co	rp					
Street Address							75.0 19.50	Address				Ī				
n/a								roy Ln								
City, State, Zip Code								tate, Zip		18 18 18		T	100	JUL 163		
n/a									k, NJ 070	035						
Project Manager for Mo	nitoring Firm			elephor	ne No.			one No.			Licens					
n/a				n/a				706.79			0119	3			1786	
Start Date (10)		Scheduled	Com	pletion l	Date (11)				A Monitor						100 PC	
5/26/14		5/27/14							nagemer	nt Co	rp	L				
Occupancy Status Durir	174	15700	30					Address	;							
Facility Closed/Vac	cated During Entire F	Period of Ab	ateme	ent				roy Ln								
Other – Describe:	ned Outside of Norm	al Facility F	Hours				and the second	tate, Zip		205						
	AUT A IIX						Linco	oin Pai	k, NJ 070	J35						
Scope of Work (Check /	All I nat Apply)	Transport .					_	-								
≥3 sf or ≥3 lf			novati	1000			-		Containmer	nt with	Negati	ve Pr	essu	ire		
≥160 sf or ≥260 lf		X De	molitic	on					Enclosure ebag Proce	dure				(+ 16)		
							×		Exempted		Non-F	riable	Pro	cedur	е	
		ls L	ocatio	n										Abate		t
Locatio	n of	10.10.10.10.10	rmally	900		Des	scription	of					- 2	Ту	pe	
Asbestos-Containing TO BE AB			Solely			tos Cont					mount		-		四	Е П
In Fac		Custo	B100000	taff?	(i.e.	thermal surface	systems cing, VA		ion,		pecify or LF)		₹em	Repair	cap	nck
(13)) -		(12)			other n	niscellan	neous)					Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A						-			-		ē.	•
Basem	nent			х		9.	x 9 VA	Т		50	0 SF	\top	x	\vdash		
	200000	-					ASSERTED STREET					+-		-		-
1st Fl	oor	-		Х		9)	x 9 VA	1		60) SF		x			
													99			
						2					10					
Name of Registered Wa	ste Hauler		NJ	IDEP W	aste	Cubic	Yards	T	Name of R	egiste	red Lar	dfill		!		
Lozinca Manageme			300000	uler ID	No.	of Was	ste		GROWS	Nor	th					
	00.5		03	3137		TBD										
City, State							sal Date		City, State		Α .					
Lincoln Park, NJ		1				TBD			Morrisvil	ie, P	Α .	_			-101	
Completed by		Title					Signature					Dat		4		
E. Cirovic		Secret	lary			2	z. Cin	bori	-		- 616	5/1	0/1	4		

CK 10223 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Sam Hyeaman 5-16-14 Agencies Notified Type Notification Street Address 289 Claremont Ave. []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Montclair, NJ, 07042 [X]DOL Notification [X] DOH Name of Contact Telephone Number []EMERGENCY Sam Hyeaman []DCA []Cancellation 7 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) 5)-[] Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A(973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5-25-14 5-27-14 N/A Month Month Year Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation []Mini-Enclosure []≥160 sf or ≥260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Is Location Location of Description of Normally Used Asbestos-Containing NCAPSUL NCHOSD Asbestos-Containing Amount MOV Material (ACM) Solely Material (ACM) (Specify EPAIR By Main-TO BE ABATED (i.e., thermal systems SF or tenance/ In Facility insulation, surfacing, VAT, LF) Custodial A (13)or other miscellaneous) Staff (12) RE N/A Yes No Basement X X Pipe Insulation 35 lf

Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S.

Hauler ID No. 17040

Disposal Date

City, State

5-28-14

Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Montclair, NJ 07042

City, State

Title President Signature

Date 5-16-14

Panhat Health & &														
Higher Megann and	enior Services	8	5	أَنُ خِلْطُكُ	Nov-Jorsey					CHE	at North	84	44	4
; a(signature)				MCF/	6225705 Al AC-8480 and '									
-102/11	Ima: [:50AV]	. 0				-	A						.	7
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Disposal Date

5-29-14

Signature

City, State

Morrisville, PA 19067

Date

5-16-14

City, State

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

5-16-14

Completed By (Print or Type)

Constantine Vivian

Title

President

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

RECCIVED

Date of Notification (1) 5/15/2014						f Building at Coms			(2)	221	I HAY	Micon	1				
Agencies Notified	Type Notif		100	Street A	ddress Stelton F	Road			cer	TOAI	/21	PM	2:	ବିଶ			
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			ST 10 ST 10 ST		FACI	LITY INFO	ORMATI	ON	1201				_	_			
Name of Facility Where A Vacant Strip Mall	Abatement i	s Taking	Place (3	3)						of Facility (School (K-1	2)						
Street Address 350 Comstock Stre	et								×	Subchapter Other (i.e. p etc.)				ouilo	dings,	home	es,
City (5) New Brunswick										re Feet ,000	# of 1	Floors			ldg. A 0 Ye		
County (6) Middlesex			Code (7) USE ONLY		_		ent Use (Prid ant Strip I		ng demo	olished)						
	ame of Monitoring Firm Hired by Building Owner (8) HS Environmental, Inc,									tement Construction,		(9)					
Street Address 411 Southgate Cou	ırt, Suite E	Ξ						Street 6012		ss idway Av	enue.	Unit 2					
City, State, Zip Code Mickleton, NJ 0805	6									ip Code York, NJ	0709	3					
Project Manager for Mon Jack Carney	nitoring Firm				Telepho 856 22	ne No. 24-0080		Teleph 201 2	one N 293-2			Licens 01210					
Start Date (10) 05/28/14			Schedul 6/10/1		pletion	Date (11)		0700 (00)		HA Monitor struction,	LLC						
Occupancy Status Durin	g Abatemer	t (Check	Only Or	ne)				Street									
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Other – Describe:							_	West	t New	York, N.	0709	3					
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City, State Riverdale, New Jers	еу	*****	10					al Date		City, State Tullytov							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK# 2326

Date of Notification (1)			N	ame of B	Building Owner	/Operator (2)							
5/19/14		2.34		Price	25+	Resic	Vence	7					_
Agencies Notified Type I	Notification		S	treet Ado	tress	\	1/5	0110	,				
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DEP	Amended		C	ity, State	, Zip Code		AITE	367-	10				
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	ustification)	Guuing	N	ame of C)		Telepho	ne Numb	er			
	Cancellation			Mil									
				FACIL	ITY INFORMA		of Facility (4						
Name of Facility Where Abatem	ent is Taking I	Place (3)					ype of Facility (4	0.5% 13.5%					
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to south	Jach	500	\ /	406	•	7	etc.)	# of Elo	re	TRI	g. Ag	10	7
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Street Address							ntrose Road		2	- : 26!			
City, State, Zip Code							te, Zip Code			25/4	3		_
ony, state, zip soue							Neck, N.J. 07	722	,				
Project Manager for Monitoring	Firm		T	elephon	e No.	Telephor	ne No.	Lic	ense No				_
Project Manager for Monitoring	1 1101		1.	Cioption	0 110.	UE 56	94-1757	00	029				
Start Date (10)	- 13	Scheduled	d Com	oletion D	ate (11)	Name of	OSHA Monitor						
5/28/14		(0	RI	14									
Occupancy Status During Abat													
Occupancy Status Duting Abat	ement (Check	Only One	F			Street Ad	ddress						
				ent		Street Ad	ddress						141-15
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Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED In Facility (13) Name of Registered Waste Ha Ace Insulation Co., Inc. City, State Colts Neck, New Jersey	uring Entire Po	Period of All Facility Port Re No Use Main Custo Yes	enovati emolitic Locatic dormalli d Soleli ntenan odial S (12)	ion on y y by ice/ itaff? N/A JDEP W auler ID	(i.e. there is oth	Description of containing Marial systems in arracing, VAT, er miscellane where the containing was a sposal Date 13 14	Full Containmed Mini-Enclosure Glovebag Proc Non-Exempter of terial (ACM) insulation, or ous) Name of G.R.O. City, Stat	Amou (Spec SF or	unt LF)	Removal	edure Abate Ty	ment	
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED In Facility (13) Name of Registered Waste Ha Ace Insulation Co., Inc. City, State	uring Entire Po	eriod of All Facility Poly Re No Use Main Custo Yes	enovatiemolitie Locaticlormalitid Solelyntenanodial S (12) No	ion on y y by ice/ itaff? N/A JDEP W auler ID	(i.e. there is not here is not here is not here) (aste No. of	Description of containing Marian systems in urfacing, VAT, er miscellane.	Full Containmed Mini-Enclosure Glovebag Proc Non-Exempter of terial (ACM) insulation, or ous) Name of G.R.O. City, Stat	Amou (Spec SF or	unt iffy	Removal	edure Abate Ty	ment	T

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

			(Pi	ursuant	to NJAC	8:60 and	12:120	0)	Ch	rle	16	29	10	$\hat{\zeta}$	
Date of Notification (1) 5/16/14		8)			f Building Mrs. Ka		perator	(2)							
Agencies Notified	Type Notification	12		Street A	ddress						-		2814	5.25-17-	
EPA DEP	Initial Amended				te, Zip Co						Se [-		K K	-1	-
X DOL	Amendment Emergency			Nutley										1	7
⊠ DOH □ DCA	justification) Cancellation	Associate ordered di	100		f Contact I Karme	el				Tel	ephone Nür	nher	2	**;	1
				FACI	LITY INFO	ORMATI	ON				<u> </u>		7		شعبر انهانيا
Name of Facility Where A house	batement is Takin	g Place (3)					Туре	of Facility (20		Ÿ		7))
Street Address							-	H	School (K-1 Subchapter		er than K-¶	0 ·	47	3.00	,
9 Sutton Avenue								×	Other (i.e. petc.)				dings,	home	es,
City (5)								100000000000000000000000000000000000000	are Feet	1,0583	f Floors	1000	ldg. A	ge	
Nutley County (6)				County	Code (7)			220		2	na domelial		0		
Essex					USE ONLY)		Curi	ent Use (Pri	or ii bei	ng demoilsi	iea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				atement Cor ronmenta						
Street Address							Street 4 E (2000	ess Drive,PO	Box 4	.83				7-0-0
City, State, Zip Code									Zip Code	-			-		
							Glen	wood	d, NJ 074	18					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973-				License N 703	0.			
Start Date (10) 5/23/14		Schedule 6/7/14	d Con	pletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Addre	ess	*					
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I d Outside of Norm	Period of A nal Facility	batem Hours	ent			City, S	State, 2	Zip Code			-			
Scope of Work (Check All	That Apply)											-,-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit					Mi	II Containme		Negative F	ressu	re		
							×		ovebag Prod on-Exempted		d Non-Friab	le Pro	cedur	e	
			Locati										Abate	ement	t
Location Asbestos-Containing I			ormal Sole		Anhan		scription		LACM					pe	
TO BE ABA	TED		ntenar			tos Cont thermal	system	s insul		(5	mount Specify	Re	, D	Encapsulate	Enc
In Facilit (13)	у		(12)				cing, VA niscellar			SF	or LF)	Remova	Repair	psul	Enclosure
7 5		Yes	No	N/A								=		ate	e)
kitcher	1			х		pipe	insula	ition		{	3 LF	x			
Name of Danists and Month	- 111			IDED IA											
Name of Registered Wast Freehold Cartage	e nauler		Н	JDEP W auler ID		of Was			GROW:	2000 P. T. M.	red Landfill				
City, State			18	5939		10 Dispos	al Date		City, State				****	-	
Freehold NJ	20					TBD			Morrisv		A				51
Completed by		Title				S	ignature	9			Da	te			

Andrew Scott Higgins

President

5/16/14

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

PECEMEN

Date of Notification (1) 05-16-14			of Building C Chase, In	Owner/Opera	ator (2)	5044					
Agencies Notified Type Notification	n		Address Armory D	Orive		2814	MAY 21	PM 2	. 2	7	
EPA Initial DEP Amended Amendme			tate, Zip Co ville TN 3			ر ر ۱۱	ESTUS & LICEN	CUMT (SING	1.9	L	
DOH justification			of Contact Adamo				Telephone		Y 1200 Look		
		FAC	ILITY INFO	ORMATION							
Name of Facility Where Abatement is Tak Old Dominion Freight Lines Inc. Street Address	ing Place (3)					e of Facility (4) School (K-12 Subchapter 8) (Other than	K-12)			
180 Talmadge Avenue					X	Other (i.e. pri etc.)	vate & comm	ercial bu	ilding	s, hon	nes,
City (5) Edison					Squ	are Feet	# of Floors		Bldg	Age	
County (6) Middlesex			Code (7) USE ONLY)		Curr	ent Use (Prior	if being dem	olished)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	ASC	M No.			atement Contr ntracting LL					
Street Address			10	100	eet Addre						
City, State, Zip Code			200		y, State, 2 nion Cit	Zip Code y NJ 0787		12			
Project Manager for Monitoring Firm		Teleph	one No.	Tel	lephone N	No.	Licens 0120	se No.			
Start Date (10) 05-26-14	Scheduled 05-29-14		Date (11)			HA Monitor	С				
Occupancy Status During Abatement (Ch				Str	eet Addre	ess			-		
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of Aba	itement ours		Cit	y, State, 2	Zip Code					
Other – Describe:					nion Cit	y NJ 08087	· · · · · · · · · · · · · · · · · · ·				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	ovation nolition			M G	ull Containmer ini-Enclosure lovebag Proce	dure			ure	
			T		<u> </u>	on Exempled	() did (toli)	Tiubio ()		ateme	nt
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	cation mally		Descrip	ation of					Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely by enance/ ial Staff? 12)	(i.e.	tos Containir thermal syst surfacing, other misce	ng Materia tems insu , VAT, or	lation,	Amount (Specify SF or LF)	Removal	Veball	Encapsulate	Enclosure
	Yes 1	No N/A					4000.05	,-	+		+
First Floor room A,B,H&C		×		VAT &	Mastic		1200 SF	X	+	+	+
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yard	ds	Name of R	egistered La	ndfill			-
Delfa Contracting LLc		Hauler I 35240	D N o.	of Waste	*		n Resourc	e Reco	very	Faci	lity
City, State Union City NJ				Disposal D 05-30-14		City, State Tullytow					
Completed by Jaime Delgado	Title Proj. M	anager.		Signa	ature	4		Date 05-16	6-14		N.

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

RECENTER

Date of Notification (1) 04/11/14						uilding Owner/ Department o		or (2)	٧٥١		,; 	
Month/Day/Year			it					2814 MA	121	LU 7:	49	
Agency Notified	Type No				Street Add							
x EPA		_ Initia			50 Barrack			وَيَونِهُ ــــهُ	1115 1	1 47	1.5:	
x DEP			ficatio	on	77.22	, Zip Code		21	ICEN	SING		
DCA	X	Amer			Trenton N.							
x DOH			ficatio	Section 1	Name of C			Teler	ohone Nu	mber		
		_ Canc	ellatio	n	Craig Cod	у.						
	25-12-74-01				FACILIT	TY INFORMA	TION					
Name of Facility Where Aba Marlboro Psychiatric Hospit Street Address		aking l	Place	(3)				Type of Facility (4) School (K1) Subchapter 8 x Other (i. e. 1)	(Other			
546 Newman Springs Road								buildings, h				
								Square Feet # of I	Floors	Bldg. A	ge	
City (5)			ity (6)		-0	County Code	100	0 70+ t		100+		
Marlboro Township		Mon	mouth	Coun	ty	(STATE USE ONL	Y)	Current Use (Prior if	being der	nolished)	
				(0)		T	Har	vacant	(0)			
Name of Monitoring Firm H		ilding ()wner	(8)		ASCM No.		of Abatement Contract				
Applied Accedited Technolo	gies, Inc.					N/A	Assoc	iated Specialty Contract	ing			
Street Address						547	Street	t Address				***************************************
28 North Pennell Road							98 la0	Crue Avenue	(4)			
City, State, Zip Code							City	State, Zip Code				
Media, PA 19063								Mills, PA 19342				
Project Manager of Monitor	ing Firm				Telephone	Number		hone Number		Licene	e Numb	er
David Turotsy	шу ги ш				610-891-01			64-9622		1103		~.
•		-	la :							1 -200		
Scheduled Start Date (10)			Sche	d. Con	pletion Date	(11)		of OSHA Monitor	ne Tu-			
04/28/14			1	320	05/28/15		Appli	ed Accedited Technologi	ies, Inc.			
Month/Day/Year		Charle		M	onth/Day/Ye	ar	C+	t Address				
Occupancy Status During Al					hatament			t Address orth Pennell Road				
x Facility Closed/Vaca					vatement					-		
Abatement Performe				cuity				State, Zip Code				
Hours - Describe: _	_7:00 AM	1 - 5:30	rM				Medi	a, PA 19063				
Other - Describe:												
Scope of work (Check all tha	t apply)						x	Full Containment with	h Negativ	e Pressu	re	
x Demolition				x	Renovation	n	x	Mini - Enclosure				
>3 sf or >3 if							x	Glovebag Procedure				
x >160 sf or >260 lf							xx	Non-Friable Procedu	re			
		1	Is							atement	Type	
Location of		Lo	cation	1	Desi	cription of			A	l	E	E
Asbestos - Containing		0 57555	rmally			os-Containing		Amount	R		N	N
Material (ACM)			sed		Mate	rial (ACM)		(Specify	E	R	С	C
TO BE ABATED		So	olely		C. Carlo Manager and Control	ermal systems		SF or	M	E	A	L
In Facility		175.95	Main			, surfacing, VA	2.56.95	LF)	0	P	P	0
(13)		7.70	nance/		or other	miscellaneous)		V	A	S	S
			stodia	-					A	I	U	U
			ff (12)	$\overline{}$					L	R	L	R
see attached sheets		Yes	1140	N/A					-	-		E
see attached sheets												
		+	+	-						+-	-	
Name of Registered Waste H	lauler			NJDI	EP Waste	Cubic Yards		Name of Registered L	andfill	A A STATE OF THE S	26	2.00
				Haul	er ID No.	of Waste						
Horizon Disposal						370	0	GROWS				
City, State				-		Disposal Dat	te	City, State / /				
Trenton NJ						As needed		Morrisville PA				
	- V		- 30	TEAL		1	T C:			-	Doto	7
Completed By (Print or Typ	ej			Title			Signa	iture			Date	10
John Heemer				rroje	ect Manager		1	11 TTV			12/	10/
ABS-41							1					3.50
JUN 95							/	/				G466

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:130 5)

GAC Project # 448-14							5		T11/5	7%		
Date of Notification (1)		33.30				Building Owner	Operator	r (2)	eler II v 😼	1.		
May 16, 2	014	T.,				A & LOUISE						
Agencies Notified		Notification Initial		ation	Street Add	ddress RELWOOD D	RIVE 14	MAY 2	PH PH	2: 22		
□ EPA		☐ Amer	ded Not	ification	City, Sta	te, Zip Code	28					(4)/10-14-14-14-14-14-14-14-14-14-14-14-14-14-
DDCA		□ Emer	aency (including	MEDF	ORD, NJ 080	55/100	SESTI	15 LUN	[] 操!		
⊠ DOL			ication)		Name of	Contact		2 1111	elephone N	Umber		
☑ DEP- No Longer REQUIRE	0	□ Cano			c/o MR	. PAT GARR	RISON -	_ \				
ĭ DOH		L Cario	elled		1000000	en's Marine						
				EACH ITY IN			•					
Name of Facility Where Abatemer	nt is Ta	king Place (3)	FACILITY INI	Type of F							
189 BARTHOLDI AVENUE			4		☐ School							
0						apter 8 (other that	n K-12)					
Street Address 189 BARTHOLDI AVENUE						(i.e. private & co		huildings	homes etc	.)		
109 BARTHOLDI AVENUE						t: 3000 SF					vears	
<u>City (5)</u> <u>Co</u>	unty (6)	Count	y Code (7)		<u>.</u>			ragi / igo:	•	your	
JERSEY CITY	HU	DSON	(State	Use Only)	Current l	Jse (prior if being	g demolis	shed): F	RESIDENC	E		
Name of Monitoring Firm Hired by	Bldg. (Owner (8)	ASCN		Name of 0	Contractor (9)						
ENVIROVISION, INC.			000	79	CDEEN	WOOD ABAT	CENTEN	T CON	CI II TANI	TC IN	~	
Street Address					Street Ad		EINIEIA	I COM	SULTAN	15, IN	<i>.</i>	
20-21 WARGARAW ROAD)				Street Au	uress						
					0.300 (80) 0.075	IN STREET						
City, State, Zip Code FAIRLAWN, NJ						ZipCode R. NJ 07405						
Project Manager for Monitoring Fir	m	Telephone	Number		Telephon	e Number		Lic	ense Numb	er		
FRED LARSON	2000	973-63	6-9145									
					973-492			00)840			
Scheduled Start Date (10)	1 2			on Date (11)	Name of	OSHA Monitor						
05/27/14		05/28/14			ENVIRO	OVISION, INC) .					
Occupancy Status During Abate					Street Ad	dress	12	1000 1400	T			
▼ Facility Closed/Vacated Duri				ent (NOT SUB 8)	20.24 W	ARGARAW	DOAD					
Abatement Performed Outsid	e of N	ormal Facilit	y Hours			e, Zip Code	KUAD					
Describe			5075-507 4		Oity, Otale	s, Zip Code						
☐ Facility Occupied During Enti Hours 8AM — 4PM	re Peri	lod of Abate	ment		190000000000000000000000000000000000000							
Hours GAINI - 4PIN					FAIRLA	WN, NJ						
Source of Work (Check all that app	oly)											
							Full Con	ntainment	t with Nega	tive Pre	ssure	
\ge 3 sf or \ge 3 lf				■ Renovation			Mini-End	closure (Cut & Wrap)		
□≥ 160 sf or ≥ 260 lf	f			Demolition		X	Gloveb	ag Proce	edure			
Was 2000									*) and Non-	Friable	Proced	ure
Location of Asbestos-Containing		cation Norma		Description of Ask				mount		nent Typ	e	
Material (ACM) in Facility (13)		ly by Maint./0 ? (12)	Custodial	(ACM) (i.e. therm		nsulation, surfaci		pecify SF	Remove	Repair	Encan	Enclose
	YES		NA	VAT, or other mis	ceii.)		Or	LF)	romore	rtopan	200	Litorogo
Basement		X	1	TSI - PIPE IN	SULATI	ON	20	0 LF	X	T		
			1									
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	r ID#	Cubic Ya	ds of Waste:	5 CY	Na	me of Regis	tered La	ndfill	
Newark Carting, Inc.		NJ DEP			CUDIO 1 a	45 O. 114316.			R.O.W.S.			ili l
Newark, NJ 04509											-	
				0.00-10.00-10.00			Disposa	l Date		City, Star	te	
Notes: None							05/28/			100 New		ill Rd.
							00,20			Morrisvill		9067
Completed by (Print or Type)	13	itle			Cionatina			15		215-736-	1700	
RAYMOND C. PEDALING		<u>IUE</u> SENIOR F	RO IEC	T	Signature	,,,	, .	Da:	<u>ւе</u> ay 16, 20	1.4		
O. I EDALING	C-01				Kayın	and C. Pea	lalino	IALS	ay 10, 20	177		4
	1 17	MANAGE	T.					1				- 1

CK# 1850

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

RECEIVED

Date of Notification (1)			1	Name o	f Building	Owner/0	Operator ((2)			-				_	
05/13/2014				Luis A	Araujo				2014 M	AV 2	P	¥ 2:	17	}		
Agencies Notified	Type Notification	No.	5	Street A	ddress				es in the	11 =	• •		-			
▼ EPA	× Initial			85 Ad	lams Str	eet, Ap	partmer	nt 1		er eran		4452		6		
X DEP X DOL	Amended Amendment			0.00	ate, Zip Co rk, NJ 0				435 <u>°</u>	LIC	EMB	1#C	- 5			
DOH	Emergency justification)		1	Name o	f Contact				***************************************	Tele	ephone	Numb	er			
☐ DCA	Cancellation				Araujo											
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INF	ORMATI	ON	Туре	of Facility (4)		-	5000		-	
0									School (K-12							
Street Address 43 Belmont Avenu	e							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
City (5)									etc.) re Feet	# of	Floors		В	lda. A	ae	
North Arlington, N.	J 07105							1,44		2					3-	
County (6)					Code (7)			Curre	nt Use (Prior	r if beir	ng dem	olished)			
Bergen County			- (USE ONLY	'			idential							
Name of Monitoring Firm EnviroVision Cons	2000년 1916년 1일 전 10 10 10 10 10 10 10 10 10 10 10 10 10	Owner (8)		ASCN					tement Cont		(9)					
Street Address	ultants, inc.			0007	79				ntracting,	inc.						
20-21 Wagaraw Ro	nad Building 35	F					Street A		s on Avenue	llni	+ 265					
City, State, Zip Code	oud, Danding oc	· L :					City, St			5, 0111	1 303					
Fair Lawn, NJ 074							Clifto	n, NJ	07012							
Project Manager for Mor	nitoring Firm			elepho		_	Telepho									
Fred Larson Start Date (10)			636-914	.5	(973)				0103	36	_					
05/24/2014		Scheduled 05/24/20		pletion	Date (11)				IA Monitor ntracting,	Inc.						
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street A	Addres	s							
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of Aba	ateme	ent			1360 City, Sta		n Avenue	e, Uni	t 365					6
Other – Describe:			2000			_			07012							
Scope of Work (Check A	Il That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovati nolitic				×	nent with Negative Pressure re ocedure						er than K-12) a commercial buildings, homes, Floors Bldg. Age 1930 Ing demolished) (9) It 365 License No. 01036 It 365 Negative Pressure Non-Friable Procedure Abatement Type Fincapsulate Fincapsulate		
		Т						Non	-Exempted	(*) and	Non-F	riable l				
		Is Lo														1
Location Asbestos-Containing		Used S	mally Solely		Ashaa		scription of		(40014)							
TO BE AB		Mainte		15000			aining Ma systems				100000		D D	_	Enc	щ
In Facil	935	Custodi (1	iai St 12)	ап?	,		cing, VAT						eme	₹ера	aps	clos
(13)			No	N/A		otner n	niscellane	eous)				i	<u> </u>	Ħ	ulate	sure
Basem	ent		x			Pine	Insulati	ion		15	SIF	1	,		-	
						1 100	modiati	1011	-		<i>,</i> Li		-		_	
		+	\dashv									-		-		
			-						-		-	-	-			
Frank - Frank (introduction of the first production of					aste	Cubic			Name of Ro	egister	ed Lan	ndfill				
Atlantic Carting			1	uler ID I-641	No.	of Was	ste		IESI PA	Beth	lehem	1 Lanc	lfill	Cor	p.	
City, State						Dispos	al Date		City, State		+				30-	
Wayne, NJ			387	6					Bethlehe	em, P	Α					
Completed by		Title	33			S	ignature						200	5536 W		
Sean Zoric		Preside	ent				A	05/13				3/2014				

CK#19021

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

				,	ursuum	to Nono	0.00 and	1 12.12	٠,		6.	1 1	1 2 2 2 2	F",				
Date of Notification (1) 5/16/2014						of Building P OFFI				E DEVE	LOPMI	ENT	3 =					
	Type No	otification				Address BOX 420)			2	ata Ma	Y 21	PM 2	: (l			
EPA DEP DOL	Arr Arr	nended nendment i		_		ate, Zip C ITON, N		5	ABSESTES UUMTROL & LICENSING									
☑ DOH ☐ DCA	jus	nergency (i tification) ncellation	ncluding			of Contact KUNZE			Telephone Number									
					FAC	ILITY INF	ORMATI	ON				,	S	£2.	Hierara			
Name of Facility Where Al MELVIN DENHOLTZ Street Address					TATE I	FORES	Γ			of Facility School (K-	12)							
LAYTON-HAINSVILI	LE RO	AD	, a	etc.)									nan K-12) ommercial buildings, homes,					
City (5) SANDYSTON									Squa	ire Feet	# 01	Floors	E	Bldg. A	Age			
County (6) SUSSEX						Code (7) USE ONLY)		Curre	ent Use (Pr	ior if bei	ng demolis	hed)					
Name of Monitoring Firm H USA ENVIRONMEN					ASCI	M No.				atement Co OTHERS			NG					
Street Address 344 WEST STATE S	TREE	Т						Street 250		ss HERFOR	RD BL\	/D.						
City, State, Zip Code TRENTON, NJ 0861	8							3.50		ip Code , NJ 070	14							
Project Manager for Monite WILLIAM WEISGAR		m			Telepho	ne No. 56-8101		Teleph		0.		License N	No.					
Start Date (10) 5/27/2014		100	Schedul		pletion	Date (11)		Name	of OSHA Monitor ME AS (9) ABOVE									
Occupancy Status During	ne)	-			Street							-						
Facility Closed/Vacate Abatement Performed Other – Describe: DE	ed Durin d Outsid	g Entire P	eriod of	Abatem	ent				5-16-91,5-01-18-	ip Code								
Scope of Work (Check All	That App	ply)						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit			134	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
			ls	Locati	on									VB000110A-1	emen	t		
Location of	of		1	Normall	у		Des	cription	of					Ту	ре			
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	1aterial (<u>FED</u>	ACM)	Ma Cus	ed Sole intenar todial S (12)	ice/ staff?		Description Asbestos Containing M (i.e. thermal system surfacing, VA other miscellar			Material (ACM) Amou s insulation, (Speci T, or SF or L		pecify	Removal	Repair	Encapsulate	Enclosure		
			Yes	No	N/A										w			
BARN NO. 1 -				X			ANT & E			2270000-0000	3,6	00 SF	Х					
BARN NO. 2 -				X		SEAL	ANT & E	BLACE	K CO	ATING	3,5	00 SF	Х					
GARAGI	Ε			X		\	VINDO\	W GLA	AZIN	G			Х					
				700			(3 WI	NDOV	VS)									
Name of Registered Waste TWO BROTHERS CO		ACTING		H	JDEP W auler ID 3743		Cubic Y of Wast 40 +/	te				red Landfil IAGEME		.R.C	.W.S	S.		
City, State CLIFTON, NJ			l)				Disposa 6/17/2		6	City, Stat		E, PA						
Completed by VIVECA RAMOS			Title SEC	RETA	RY		Sig	gnature	14	A. A.) fi m		ate 16/20	114				

CK # 18989

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

E				(P	ursuant	to NJAC	8:60 and	d 12:120	0)	[2]	£. /	, 7 : 5 : 5	T .			
Date of Notification (1) 5/12/2014					Name of Building Owner/Operator (2) CONGREGATION B'NAI JESHURUN											
	Type Not				Street A	ddress SOUTH	ORAN	GE A\	/ENI		HAY 8	zi PM	3. €	1		
EPA DEP DOL	Ame	ended endment #				ate, Zip Co		7078		Aug.	[.] [] [] [JG (1)//	(181 (0	Ji,		
☑ DOH DCA	justi	ergency (in ification) ncellation	ncluding		Name of Contact ALICE LUTWAK SHORT HILLS, NJ 07078 LICERSING Telephone Number											
					FAC	ILITY INF	ORMATI	ON								
Name of Facility Where At TEMPLE B'NAI JESI			Place (3)					Тур	e of Facility (School (K-1						
Street Address 1025 SOUTH ORAN	GE AV	ENUE	115-1			7777				Subchapter Other (i.e. p etc.)				dings	, hom	es,
City (5) SHORT HILLS									Squ	are Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) ESSEX						Code (7) USE ONLY)		Curi	rent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm F ENVIRONMENAL CO)	ASCN	И No.				atement Cor			IC.						
Street Address 120 NORTH WARRE		1			Street	VO BROTHERS CONTRACTING et Address 0 RUTHERFORD BLVD.										
City, State, Zip Code TRENTON, NJ 0860		City, State, Zip Code CLIFTON, NJ 07014														
Project Manager for Monito		Telepho			Teleph	none I	No.	14	License N	lo.						
ROLAND C. JONES Start Date (10)	ONES Scheduled C					52-7300 Date (11)				-8700 SHA Monitor		00494				
5/12/2014			5/15/2	014						S (9) ABO	VE		v-111			
Occupancy Status During	Abateme	nt (Check	Only O	ne)				Street	Addre	ess						
Facility Closed/Vacate Abatement Performed Other – Describe: ST	d Outside	of Norma	eriod of a	Abaten y Hours	nent			City, S	tate,	Zip Code						
Scope of Work (Check All	That App	oly)			7.01											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7700			Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e edure	-			e	
			Is	Locati	on				Aba						ement	
Location of				Normal ed Sole		201 - 324		scription					-	1)	ре	\vdash
Asbestos-Containing M TO BE ABAT In Facility (13)	ED	ACM)	Ma Cus	intenar todial S (12)	nce/ Staff?	Asbes (i.e.	thermal surfac	aining M systems sing, VA niscellan	laterial (ACM) Amo s insulation, (Spe T, or SF o		mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
POU ED DO	NO.14	*	Yes	No	N/A			10111 4	T10			\				
BOILER RC	OOW			Х			PIPE IN	NSULA	1110	N		3 LF	X			
Name of Registered Waste	Hauler			I NI	JDEP W	aste	Cubic `	Varde		Name of I	2 paieto	red Landfil				
TWO BROTHERS CO		CTING		Н	auler ID 8743		of Was					NAGEME		R.C).W.S	S.
City, State CLIFTON, NJ							Dispos 5/15/2	al Date		City, State		E, PA				
Completed by VIVECA RAMOS			Title PRO	JECT	COOF	RDINAT		ighature	er	a Pa	n.		ate 12/20	014		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 16, 2014						Name of Building Owner/Operator (2) DeLuca Contracting												
Agencies Notified [X] EPA [] DEP	15 5	tion I Notificat			Street Address 124 Delaware Trail City, State, Zip Code Lakewood, NJ 08701 3ES 103 CUNTROL & LICENSING Name of Contect													
[x] DOL	Ame [x] Eme	ndment #_ rgency (in					le Lakew	ood, N	J 08701	&E5 (03 & LICE	S CUP ENSIN	lirt lG	L					
[] DCA		ication) ellation			Lou DeLuca													
N	11	DI (A)		FAC	LITY	INFORM	LATION						301 Per 10.2 2					
	esidence.	Place (3)						Type o	f Facility (4 []	School ((k-12) oter 8 (oth	ner than	ı k-12)					
	04 Alhama Drive								[x]	Other (i.	.e., privat etc.)	te & co	mmerc	ial build	dings,			
City		County	(6)			Code (7) E USE ONL	γ)	Square 1	feet 000 sf	# of Fl	oors 1	Bldg	g. Age	sn.				
Brick						Current Use (Prior if being demolise Residence								60 hed)				
Name of Monitoring Firm Hired by Building Owner (8) N/A					ASCM 1	No.	Name of	Abateme	nt Contracto			T						
Street Address				Street Add	iress	Guard	lian Contr	acting,	Inc.		-	_						
City State 7in Code										Route 9, U	Jnit 61							
City, State, Zip Code							City, State	e, Zip Co		River, Ne	ew Jerse	ev 08'	755-1	271				
Project Manager for Monitoring Firm Telephone Number							Telephone 732-349			L	icense N 0624							
Scheduled Start Date (10 5/16/1			Scheduled 5/19/1		on Date (11)	Name of (OSHA M		S.L. Analy	tical							
Occupancy Status During	g Abatement (Check acility Closed/Vacate		Entire Perio	od of Abat	tement		Street Add	iress		Stelton Ro	100	****						
	batement Performed						City, State	Zin Co			Juu		<u> </u>					
[] 0	ther - Describe						City, black	, zip co		away, Ne	w Jerse	y 088	54					
Scope of Work (Check a	ll that apply)						[]	Full	Containmen	nt with Nega	tive Pres	sure						
[] %	3 sf or ≥3 lf		Гі	Renova	[] Mini-Enclosure ration [] Glovebag Procedure													
	160 sf or ≥260 lf		[x]	Demoli			[x]			cure (*) and Non-	-Friable I	rocedu	ire		9			
		Γ			Ī	VIII 10					-	Abat	ement	Type				
		1	ls Locatio				Description			0		R	R	E	Е			
Location Asbestos-Containing	55.05.5	N	ormally us Solely by				estos-Cont		aining Amount				E	N	N			
TO BE AB		Maint	enance/Cu					faterial (ACM) (Spe , thermal systems or					P A	CA	C			
in facil			Staff			inst	lation, sur			1		O V	I R	P	0			
(13)			(12)			oth	VAT, or er miscellar					A	K	S	S			
		YES	NO	N/A								L		L E	R E			
Exterior	xterior X						g		**	1000	sf	Х			1			
				ļ					1920 10 70									
Name of Registered Was	te Hauler	l Ni	JDEP Wast	te Hauler	ID No	Cubic Vo	rds of Waste	Nie	me of Regia	tered Landfil	11							
Guardian C	Guardian Contracting, Inc. 2022						F (1)	7	Γ.R.R.F.	CICU LANGII								
City, State Toms Rive	r, New Jersey			Dispos 5/20/	al Date		City, Stat	e	nnsylvan	ia				116.72.5				
Completed by (Print or T	ype)	Title		-	Signa	ture	Tullylo	WII, FE	misyivan	ıa		Date	3					
Nicholas Fe	ernicola		t Manag				1270 y 13 y 1					5/16	5/2014	4				
		*D	o not use	inis forn	i jor ast	estos licen	sure exemp	ted act	ivities.									

CHECK # 3308

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

	A June		-				
100	June.	1	-	12	17	is less	10-

One of Naufania (1)			Name	/ Bullding	Owner/Operator	(2)							
Date of Notification (1)	116/14					Dr Gare De	EFDGIN	a	STATE OF THE REAL PROPERTY.				
Agencies Nouned	Type Notification		Street	ddrass			41 111 6.1	2 7	20	_			
□ ®A	Repuri.					1-8 CC	ERMONT		20	<u>-</u>			
□ œ .	Amended -		City, Sta	ile. Zip C	ode C	NDEIMI	3- Low, 13	į.					
Dor.	Emergency (in	duding		PLIC	UND			0	,	_			
□ DOH	justification)	4 7	Name o	Contact	1		elephone Humber						
□ ∞	Cancellation		<u>J</u>	1m/	VEMINO	- WAY	40-						
			FACI	JTY INFO	DRHATION								
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility (4)						
PESI	DENCE	20. #85				School (K-12)	Other than K-12)						
		-	1		,	Other (I.e., priv	ate & commercial	building	s ,				
130	9 DELAU	ARE	1,16.			Square Feet	# of Floors	Bldg .	Age	\neg			
Ciry (5)						1000	2		+				
Non	AM MICON	4600	T Count	Code (7	STATE	Current Use (Prio	If being demolish	ed)					
County (6)	ram y		USE	WLY)	, , , , , , ,	VAC	DNT						
			I ASCM N	0 1	Name of Abater	meni Convador (9)	10.						
Name of Manitoring Firm	Thired by Building	Wilei	~~~		KLEM	CD INC	// 5	,					
(8)	//		===		Sueet Address	- <i>(</i> .	= 1.12						
Street Address						S. SPRUC	EAVE			_			
					City, State, Zip	C∞de	· 11 T 1	805	٢	Ł			
City State Zip Code					MA	PLIE SHAD	License No.	000		=-			
Project Manager for Mi	onitorino Firm	1.70	elephone h	ю.	Telephone No.	79-0472	The second second second second second	4.					
Project manager to					Narrie of OSHA					-			
Stan Date (10)		duled Comy		e (11)	Name of OSPA	PKALEM	M						
/2/14	/ 1 _	60/2/	14			9:0				-			
O COOK Status Du	nno Abatement (Che	sck only one	e)		7 40 6	Spruce	- A UE I						
E CLORESTO CIOCESTON	ated Dunno Entre P	enco of Ace	aternan										
Abatement Perform	ed Outside of Norm	al Facility H	ours		V4.3816.25	Code SHADE	= , N, J,	0805	2				
Other - Describe										,			
Scope of Work (Check	k all that apply)				□ Full C	ontainment with Ne	gabye Pressure						
>3 st or >3 If		Reno				vini-Enclosure Slove bag Procedure Non-Exempled (*) and Non-Friable Procedure							
2160 st or 2260 II		Ø Demo	31001		Non-	Exempled (') and No	X-FRable Floor	alemen:					
		Is Loc						Typ					
		Used S	olely by		Descriptor sios Containing I	n of	Amount			6			
Aspesios Containin	g Malenal (ACM)	Mainte	nance/ odial	Asbe (i.e	inernal system	ns insulation.	(Specity SF & LF)	Removal	Rapau	Encapsulate			
TO BE A	BATED	Sta	3Η?		surfacing. Vi other myscella	neous)		evo	É	Encapsulate			
(13		(1	2)	}	0410	0.13 (0.00 Sec. 200.00 Sec				5			
	3	Yes	NO NIA					+-					
			1		TRONS 1	+ 5	800 0	X	-	-			
517	INE	=	- 1 ^-	-					_				
				-					_	1			
				-					1				
			TNOE	Morris	Cubic Yards	Name of Re	gistered Landfill	. 1					
Name of Registered	Waste Hauler		Hauler	D No.	of Waste	C,M	, C , M , C	J, B					
KLÉMI	co INC.		129	04	SO Issada								
Cir. State	/ /	~ 110	2057		05,000	W.00	DBINE,	\sim		===			
MAPLES	HADE, N	J,08			Signatu		· · · · · · · · · · · · · · · · · · ·			,			
Compeled By		Tide 🗸 🗀	NER	_	1 >	osiph I St		-/16	11				
10SEPH	LEMM					S	12.52 . 7.	. •					
ASS 41	Turk (1997)	. Do not us	se this for	n lor asb	estos licensure	exempled activities							
		22											