

State of New Jersey

Completed by		Title				S	ignature	1		7-		Dat	е			
New Castle, DE 197	720					5/31/			Waynest	oı rg	, OH	168	88			
Service Transport G	iroup		111	Hauler ID 20990	NO.	of Was	ste sal Date		Minerva City, State	L ₃n – –	dfill	_				
Name of Registered Was			100 174 100	NJDEP W		Cubic			Name of Re	eç ste	ered La	Ifill				
												-	X			
		-									50 50					
Basement and			Х	F	Pipe/Elb	ow Ins	sulatio	n	2	30 LF		X				
		Yes	No	N/A		otner n	niscellan	ieous)					val	air	ulate	sure
Locatior Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Use Ma	Local Norma d Sole intena todial (12)	illy ely by ance/ Staff?		stos Cont thermal surfac		faterial s insula T, or		(5	moun Specify F or LF		Remova	Abate Ty Repair	men Encapsulate	Enclosure
≥3 sf or ≥3 if ≥160 sf or ≥260 if	0 0	promotion of the last of the l	Renova Demoli				×	Min Glo	Containment i-Enclosure vebag Proce n-Exempted (d re				re cedur	е	
Scope of Work (Check A	II That Apply)					1		7								
Other - Describe:						_			J 07012							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abater	ment			1360		on Avenue	·,	/IB Sı	e 2	18			
5/30/2015 Occupancy Status Durin	a Abstamont (Cha	5/31/2	-						ral Constru	u tic	on, In	-				
Start Date (10)		Schedul	ed Co	mpletion !	Date (11)		AT 15 AT 15	389-0	0089 A Monitor		006	3				
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Clifte		J 07012		Lice	e No	o.			
City, State, Zip Code							1360	O Clift	on Avenue	e, PN	MB S	e 2	18			
N/A Street Address							DIA		ral Constru			-				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN			Name		idence tement Contr	a :to	r (9)					
County (6) Monmouth					Code (7)	0			nt Use (Prior	i be	ing de	olish	ed)			
City (5) Colts Neck								2,00	re Feet 0	2	of Floo		1655	3ldg. / 70+	\ge	
Street Address 52 Creamery Road	i	83						×	Subchapter 8 Other (i.e. pri etc.)	v te	& com	(-12 ercia	al buil			es,
Residence			504						School (K-12)						
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FACI	LITY INF	ORMAT	ION	Type	of Facility (4)							
DCA DCA	Cancellation				incent N					7:						
ĭ DOH	Emergency justification)	(including		The American	f Contact						lephor	Nun	nber			
DEP X DOL	Amended Amendmen	t#			ate, Zip C Neck, N				્ર હૈ	110	DEN!	MIC	RC	L.		
EPA	initial				eamery				458E	ST	ne -					
Agencies Notified	Type Notification			Street A	0.0000000000000000000000000000000000000	nailese			2015	li I	22	11	3: 1	. £.		-
Date of Notification (1) 5/19/2015					f Building incent N			(2)	2815	1 10			- 1,			
		1		ursuant					j.e.	71.	CI	1/	7	,		

Project Manager

Krutarth Jagad

5/19/2015



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Date of Notification (1) 5/18/2015		1.100000		uilding Owner/ Berliner	Operator	(2)		2015	172	2	514		
Agencies Notified Type Notification			reet Add	lress ey Terrace				ASBE	TO	3.0	```		ži
EPA Initial DEP Amended Amendment	ŧ	Ci	ity, State	, Zip Code			<u> </u>	ASBE	TCE	NS	HG	RO	
X Emergency (in justification) DCA Cancellation	ncluding		ame of C	Contact v Berliner			I	elephone	lumbe	er			
			FACILI	TY INFORMAT	TION	Toma	of Facility (4)						\dashv
Name of Facility Where Abatement is Taking Private dwelling	Place (3)					Гуре	School (K-12)						
Street Address 281 Altamont Place						×	Subchapter 8 (Other (i.e. priva		-12) rcial l	buildi	ngs, i	omes	5,
City (5) Somerville NJ 08876						Squa n/a	are Feet	of Floor		Blo n/a	ig. Ag	e	
County (6)			County Co	ode (7) SE ONLY)			ent Use (Prior it		lished	i)			
Somerset	Dumor (9)	16	ASCM		Name	100	ate dwelling				-		\dashv
Name of Monitoring Firm Hired by Building of Bioterra Environmental Solutions	JWHEI (O)		ACCIM				ntracting						
Street Address 1130 W Chestnut St						t Addre							
City, State, Zip Code Union NJ 07083							Zip Code d Park NJ 07	124					
Project Manager for Monitoring Firm Rick Eustaquio			elephon 973-49	e No. 4-3762	0.0000000000000000000000000000000000000	hone I -692-	No. 6298	Lice 012	e No.				
Start Date (10) 5-20-2015	Schedule 5-21-20		pletion D	Pate (11)	100000000000000000000000000000000000000		SHA Monitor ontracting		-				
Occupancy Status During Abatement (Che					- 1	t Addr							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A nal Facility	batem Hours	ent		City,	State,	Zip Code nd Park NJ 0	424	- 11				
Scope of Work (Check All That Apply)						_		-			10050		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			Ī	II N	full Containment Mini-Enclosure Blovebag Proce						
							lon-Exempted (and No	riable			ement	
		Location Normall	577	1	Descriptio	nn of			1		Ту	ре	\dashv
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/	Asbestos C (i.e. them su	ontaining	Mater ms insi /AT, or	ulation,	Amoui (Speci SF or L		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			l=#1==		1801	_	35	_	-	
Basement			X	pı	pe insu	lauon		1001	-	x		X	
		L		100	bic Yards		Name of R	nietorod	ndfill				L
Name of Registered Waste Hauler Newark Carting	H	IJDEP W lauler ID 4509		Waste		IESI PA	The second	n La	ındfi	ll Co	гр		
City, State Newark NJ					sposal Da 21-2015		City, State Bethlehe						
Completed by Tome Maslarkov	Title Proje	ect Ma	anager		Signati	ure /	Va_	P	Dai 5-		015		

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,		N		ATION	OF ASBE	STOS	ABATEN		8		31.	2/	;		
Date of Notification (1) 05/19/2015				lame of Michae	Building C	wner/0	Operator	(2)		20%	Arz	20	-	: .,	*
	Type Notification		S	Street Ad	Idress	20040				400	-1	<	4.15	3	
□ EPA [✓ Initial				ckstone	1000 700				. 	170				
DEP DOL	Amended Amendment #		- 1	27.10	e, Zip Coo ston, NJ		9				ICE	4/2/	N//	201	
□ DOH	Emergency (in iustification)	cluding	25 / 25	200000000000000000000000000000000000000	Contact	0700		-		Telepho	Numl	_	10	-	
DOA [Cancellation			Michae	el Kay						200				
Name of Facility Where Al	natement is Taking	Dlace /3	· ·	FACIL	ITY INFO	RMAT	ION	Typ	e of Facility (4			-1.00			
26 Blackstone Drive		i lace (o	,					, yp	School (K-12	16 					
Street Address		4-01-2							Subchapter 8	Other th	K-12)		inas	homo	
26 Blackstone Drive								X	Other (i.e. pr etc.)		nercia				5,
City (5) Livingstone, NJ 070	30							Squ	are Feet	# of Flo	3	BI	dg. A	ge	
County (6)	33			County C	Code (7)			Cur	rent Use (Prio	if being c	nolishe	ed)	10-225		
(0)					ISE ONLY)					J		76			
Name of Monitoring Firm I Consulting Services)	ASCM	No.				patement Cont Contracting						
Street Address							Street								
PO BOX 367									37th ave						
City, State, Zip Code Belmar, NJ 07719							100000000000000000000000000000000000000		Zip Code nd Hill, NY	1418					
Project Manager for Monit	oring Firm		- 1	Telephor	ne No.		Telepi	Total Control	allows of the transfer of the con-	Lic	ise No),			
Michael Chain				65.5	219233	8			-7029	0	62				
Start Date (10)		Schedule	ed Com	pletion [Date (11)		Name	of O	SHA Monitor						
Occupancy Status During	Abatement (Check	Only Or	ne)				Street	Addr	ress	-					
Facility Closed/Vacat Abatement Performe Other – Describe: N	d Outside of Norma	l Facility	Abatem Hours	ent			City, S	State,	Zip Code		-				
Scope of Work (Check All											-				-
≥3 sf or ≥3 lf		Пв	Renovat	tion			Σ	₫ F	ull Containme	it with Ne	tive P	ressu	re		
2160 sf or ≥260 lf			Demoliti	on			-	91	Mini-Enclosure Blovebag Proc						
									Non-Exempted		Friabl	e Pro	100 m		
			Locati										Abate Ty	ement pe	
Location Asbestos-Containing I		Use	ed Solel	y by	Asbes		escription ntaining I		ial (ACM)	Amo				Ш	
TO BE ABA	TED	100000	intenar todial S	1000	(i.e.		al system acing, VA			(Spe		Remova	Repair	Encapsulate	Enclosure
(13)	,		(12)				miscella					oval	oair	sulat	sure
		Yes	No	N/A										ro .	
Gargag	e		Х			Duc	t Insula	ation	1	34L	_	Х			
											-				
											1		_		
Name of Registered Wast	to Unidos		l N	JDEP W	lasto	Cubi	c Yards		Name of I	egisterec	andfill				
SERVICE TRANSPO			Н	auler ID 0990		of W		ED		'/A LAN					
City, State 58 PYLES LANE, NE	EW CASTLE. D	E, 197	20			Disp	osal Date	9	City, State	SBUR	OH,	4468	88		
Completed by		Title					Signatur	е		-	Da	te			
GEORGE MONCAY	0	OW	NER								05	5/19/	2015	5	

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Date of Notification (1)					Name	of Buildin	g Owi	ner/Operator	(2)					-		_
5/	18 / _	15	-					son Univers		2815	TAY 2	AM 3	- 4.5			
1.00	Type Notifica	ation			Street	Address				A pi 30	P	S 723				
	☐ Initial				285	Madiso	n Av	е		435	STU.	CONTI	ROI			
☑ DOLWD						State, Zip (. (:	LICE	SING	102	0		
	☐ Emergen	1838 (1938 1.)	uding		Mad	dison, N	J 07	940		260						
(NJAC 5:23-8)	justificatio	on)				of Contac					Teleph	ne Numbe	er			
		1011									1	-		_		
Nome of Facility When At	t t !- T	-13		(0)	FA	CILITY IN	IFOR	RMATION	1							
Name of Facility Where At			Place	(3)					- Page 2	pe of Facility	1.00					
FDU - Hennessey Ha	all (SNAAS))] School (K-1 ?] Subchapter ?		an K-12)				
										Other (i.e.,)	rivate ar		ial bu	ilding	ıs,	
285 Madison Ave										homes, etc						
City (5) Madison, NJ 07940									So	quare Feet	# of I	ors	Ble	dg. A	ge	
County (6)	- Comme	2-2-7	1-2		Cour	nty Code (7)(STA	TE USE ONLY)	Cı	urrent Use (P	or if bein	demolish	ed)			
Morris					5-0-5-2/2/2/2					×						
Name of Monitoring Firm H	Hired by Build	ding Ov	vner (8)	ASCM	No.	Nar	me of Abatem	nent	Contractor (9		-				-
EWMA							10000			GEMENT I.						
Street Address							Stre	eet Address				-				_
100 Misty Lane							2	7 Outwater	Lar	ne						
City, State, Zip Code	Silveni						City	, State, Zip C	Code			3				
Parsippany, NJ							G	arfield, NJ	07	026						
Project Manager for Monito	oring Firm			Tele	phone	No.	Tele	ephone No.			Licer	No.				
Craig Gorczyca				97	3-703	-6649	9	73-928-488	8		11	1.			t	
Start Date (10)	S	Schedu	led C	omple	tion Da	te (11)	Nar	me of OSHA I	Moni	itor		-				
_5 / _20 / _	15	_ 9	/	15	_ / _	15	Α	LL PRO MA	ANA	GEMENT	LC					
Occupancy Status During	Abatement (0	Check of	only o	ne)			Stre	eet Address								-
☐ Facility Closed/Vacated							2	7 Outwater	Lar	пе						
Abatement Performed						cribe	City	, State, Zip C	Code							
Time of Abatement:	AM	PM/	6:00	PM- <u>4:</u>	<u>30</u> AM		G	arfield, NJ	07	026						
Scope of Work (Check all ≥3 sf or ≥3 If ≥160 sf or ≥260 If	that apply)	<u> </u>		novati molitio				☐ Mini-En☐ Gloveba	closi ag Pi							
			ls	Locat	ion	T		M HOLL-CX	Silip	tou () and iv	11 1 1 I I I I I	Tocedule	1	atem	ant T	VDC
Location of			1	Vorma	ly			Description	of					_		T
Asbestos-Containing N TO BE ABAT		1)		d Sole intena				Containing M rmal systems			Ar	unt cify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	todial	Staff?	(1.6	S	surfacing, VA	T, or		(S SF	LF)	oval	=	psu	Sur
(13)			V	(12)	NI/A	-	oth	her miscellan	eous	5)					late	G)
Basement			Yes	No	N/A	VAT &	Masi	tic			1.1	SF		П		
Exterior						Caulkir					3	_F				
				2.5			.5					<u> </u>				1
Name of Daylet 197	- Harden		Ш		ΙЪС.	Mark		i. V. i.	1.	Jan 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1	tarad I	IEII		Ш	Ш	
Name of Registered Waste All Pro Management				1 120,00	JDEP \	D No.	Wa		1	Name of Reg		Ifill				
City, State		I BUILDER OF THE SECOND			00348	000		s Needed posal Date	-	City, State		-				
Garfield, NJ								BD		Bethleher	, PA					
Completed By (Print or Type	pe)	Title					1	Signature /	1)	//		Date	e			
Raymond Blum			oiect	Mana	ager				111	11-		-	5-	18	-1	5
		L	,		J				1/	WEG-1			~		- 1	•

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

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Date of Notification (1)	1111			Name	of Buildin	g Owner/Operator (2)	na.	200	V-1		• • •	
	15	_		Fai	rleigh Di	ckinson Univers	ity	(8	ESTO:	22 /	914 -	2× 4	
Agencies Notified Type Notifie	ation			Street	Address			45	2°C 3			1 2	9
☐ EPA ☐ Initial ☐ Amende	۵				Madiso			//3	-010	3 00	DAT	20	,
☑ DOLWD ☐ Amende				City, S	State, Zip (Code		it.	= 111	ENS	NO	NU	_
□ DCA □ Emerge		_		Ma	dison, N	J 07940					• 0		
(NJAC 5:23-8) justifica	ion)		2	Name	of Contac	t		Teleph	e Numb	<u>or</u>			
☐ Cancella	ition			Cra	ig Gorcz	yca				e			
				FA	CILITY IN	IFORMATION			-	2-31 12-11			
Name of Facility Where Abatement is		Place	(3)		-2007-02-		Type of Facility	4)					
FDU - Hennessey Hall (SNAX)	5)						School (K-12						
Street Address							☐ Subchapter { ☐ Other (i.e., p			rial hui	Idinas		
285 Madison Ave							homes, etc.)	ivate and	Similaro	iai bui	runigo	3	
City (5)							Square Feet	# of F	rs	Bld	g. Ag	е	
Madison, NJ 07940													
County (6)		1/2		Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	or if bein	lemolish	ned)			
Morris													
Name of Monitoring Firm Hired by Bui	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-					
EWMA						ALL PRO MA	NAGEMENT L	.C					
Street Address						Street Address			-				
100 Misty Lane						27 Outwater	Lane						
City, State, Zip Code						City, State, Zip Co	ode		-				
Parsippany, NJ						Garfield, NJ	07026						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		Licens	No.				
Craig Gorczyca			97	3-703	-6649	973-928-4888		118					
Start Date (10)	Schedu	led Co	omple	tion Da	te (11)	Name of OSHA M	lonitor						
5 /20 /15	9	/	15	_ /	15	ALL PRO MA	NAGEMENT L	.C					
Occupancy Status During Abatement	Check	only o	ne)			Street Address		_	-				_
☐ Facility Closed/Vacated During En						27 Outwater	Lane						
Abatement Performed Outside of N					cribe	City, State, Zip Co	ode	-	-				
Time of Abatement:AM	PM	/ <u>6:00</u>	PM- <u>4:</u>	<u>30</u> AM		Garfield, NJ							
Scope of Work (Check all that apply)								7					
☐ ≥3 sf or >3 If	1	⊠ Rei	novoti				tainment with Nec	ative Pre	ure				
☑ ≥160 sf or ≥260 lf		Der				☐ Glovebag							
			•			Non-Exe	mpted (*) and No	ı-Friable	ocedure	4	v –		
			Locat Iorma							Aba	temer	nt Ty	rpe
Location of Asbestos-Containing Material (AC	4)		d Sole		Ashe	Description o stos Containing Ma		Am	nt	Re	Re	m I	ш
TO BE ABATED	,		ntena odial 3			., thermal systems	insulation,	(Sp	ify	Remova	Repair	cap	clos
IN Facility (13)		Cusi	(12)	olan!	100	surfacing, VAT, other miscellane		SF	_F)	<u>a</u>		Encapsulate	Enclosure
(13)		Yes	No	N/A	1	outer miscellane	ous)					te	
Basement		П			VAT &	Mastic		1,10	SF				
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										Ш	ш	ш	ш
									1				
Name of Registered Waste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	ered Lar	ill				
All Pro Management LLC			Н	auler II		Waste	IESI Landf						
City, State				00348	000	As Needed Disposal Date	City, State						
Garfield, NJ						TBD	Bethlehem	PA					
Completed By (Print or Type)	Title					Signature			Date	e /	7		
Allen Monchik		oject	Mana	ager		(AT)	1 -		5	/1	11	5	
	32000			J .			1/		7	10	,		

OK 3866

		(Pu	ırsua	ant to	NJAC	8:60 and 12:1	20)			强于2;	7	53	. 1	
Date of Notification (1)			T	Name o	of Building	owner/Operator	(2)	of (lalem	Count				
5-20-14				1110	e Men	iorrar no	spicar c	, ,	a Lone		7	-		71
Agency Notified	Type Notification			Street /	Address Woo	dstown Ro	oad			LIČE			40	
E KEPA	Initial Amended			1								-		
			1	uity, Si Sa	em .	NJ 08079								
ET DOL	Amendment # Emergency (including)	20									Y 682.454			
ĽKDOH	justification)	ig			of Contac			Te	ephone N	ther				
DKDCA .	☐ Cancellation			Kim	Dool	.ey				_				
				FACI	LITY INFO	ORMATION								_
Name of Facility Where A	batement is Taking Pla	ce (3)					Type of Facility	(4)						
The Memorial	Hospital o	f Sa	ale	m C	ounty	7	☐ School (K-1)	2)						-
				455 201	-		☐ Subchapter		er than K	.)				Ì
Street Address 310 Woodstow	m Road						St Other (i.e. p		& comme	al building	gs,			- 1
						2.	homes, etc.							
City (5)							Square Feet	# (Floors	Bldg.	Age			
Salem							200,000	9	4	+/-	5 ()		
County (6)				County	Code (7)	(STATE USE	Current Use (F		peing den	shed)		-2000 C		
				ONLY)		TOTAL DOL								
Salem							hospita		-			8	2)	
Name of Monitoring Firm		r A	SCM	No.		Name of Abaten								
(8) Quad 3 Gro	up					Pepper E	nvironme	nta	I Se:	rices	1	I	ıc	
Street Address						Street Address				•				
72 Glenmaura	a National I	3lvd	l.				aley Sti	cee						
										-				
City, State, Zip Code	10507					City, State, Zip (7 1	1127					
Moosic, PA 1	10007					Philadel	pnia, P	A T	113/					
Project Manager for Monit	toring Firm	Tel	ephor	ne No.	1/2	Telephone No.		Lic	ense No.				tgi.	
Scott Jenkin		57	70-4	106-	-6288	215-533-	-5155	(1166					
	Scheduled Co					Name of OSHA	Monitor			-				-
Start Date (10)			n Dai	le (11)		Quad 3								
6-1-15	6-12-15			- 5	-			65						
Occupancy Status During	Abatement (Check only	y one)				Street Address								
D = -11% Olever 18/2	. D E D	£ 0 1-4-				72 Glenn	naura Na	tic	nal E	vd.				
☐ Facility Closed/Vacated ☐ Abatement Performed						City, State, Zip (Code							
☑ Other – Describe: OC		ity Flou	13			Moosic,		7						
	*													
Scope of Work (Check all	that apply)					🗀 Full	Containment with	h Nea	itive Pres	·e				
□ ≥ 3 sf or ≥ 3 lf				ĭ Ren	novation		-Enclosure							
छू≥ 160 sf or ≥ 260 lf	17			□ Den	nolition	☐ Glov	ebag Procedure		28 2 8					
						₹⊒ Non-	Exempted (*) ar	nd No	-Friable F	cedure	020			
	200 CONTROL OF SERVICE	ls l	Locati	on	1						A	bate Ty		30
2	_		ormal	3000		-						1 9	1	
Location			Sole		Achae	Description stos Containing M			Amou				m	
Asbestos-Containing TO BE AB			ntenar ustodi			, thermal systems			(Spec		Re	20	nc	En
IN Faci			Staff?		(1.0)	surfacing, VA			SF or I	İ)UK	Repair	aps	clos
(13)		,	(12)			other miscellan				l	Removal	air	Encapsulate	Enclosure
			# 1850 1988	1	-				98				e	CD.
		Yes	No	N/A										
4 Bathrooms on 4th f	loor			X	9x9 flo	or tile and ma	stic	50sf	(each ro)	x			
					1			$\overline{}$			-			
				-	-			_	-	-	-			
													-	
Name of Registered Wast	te Hauler	NJE	DEP V	Vaste F	Hauler	Cubic Yards of	Name of Reg	istere	Landfill				-	
		ID1	ALCOHOL: CAR			Waste	100-00 - 000 00 00 00 00 00 00 00 00 00 0							
Service Tran	sport						A & L S	aT.	rage					
City State		1				Disposal Date	City, State			-	-	-		
City, State	ת ת					Olopusai Date		0	J					
Morrisville,			-505				Libson	, 0	1					
Completed by	Title				. (Signature	7			Date	0			
Jennifer Niv	en Dir. of	Op	era	tlo	ns	ter	/1			5-20	U -	15		
ASB-41	* Do not	use thi	is form	n for as	sbestos/lic	ensure exempted	activities.	_						

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Date of Notification (1)			(1		t to NJAC					300	ą.	YE	5			
05-15-15				Name	of Building vella Den	Owner/	Operato	۲ (2)								
Agencies Notified T	ype Notification				Address	IOIIIIOI	1			A TOP	2 2	UK	•	11.		
□ EPA □	Initial				eforest Av	ve.			**	: / : w/ % :	,					
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City (5)			-						etc.) uare Feet	T# of F	_					
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Name of Monitoring Firm Hi N/A	red by Building (Owner (8)	ASCI	M No.				batement Co)					
Street Address			-				Street		ontracting L	.1.0.	_		_			
							522									
City, State, Zip Code							City, S	tate,	Zip Code	-	-		-	-		
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Project Manager for Monitor	ing Firm		Telepho	ne No.		Teleph		No. -9603	L		e No.					
Start Date (10)	Т	Schedul	ed Con	noletion	Date (11)	-			SHA Monitor		06	·				
05-25-15		05-28-		piction	Date (11)				ontracting L	.I C						
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Abatement Performed Other – Describe:	Outside of Norm	al Facilit	y Hours			Series			Zip Code							
Scope of Work (Check All Ti	hat Apply)						Unio	n C	ity NJ 0708							
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Union City NJ					05-29			Tullytov								
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DOH Justification)	,	1 12		Contact ry Egli				Telephi	(Be 1 B		AF		10V	ED
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City (5) Woodcliff Lake							Square Fee 1075	# of Figor	1		g. 4	ge S	17.7	
County (8) Bergen	*****			ROSE (7)			Current Use Residenc	(Frior if being de	talist	ed)			-	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	1	ABCM	No.		Name of		Contractor (8)	_		-		-	
Street Address		-			-	Street A	a gotto de conseila de la	II Per	-	_		_		
							aple Ave							
City. State, Zp Code							ts. Zip Cod gton, NJ (
Project Manager for Monitoling Film		Tel	laphon	s No.		Telephone 973-40	ne No. 38-7341	Lice 011	36 N	D ₁				
Start Date (10) 05/16/15	Scheduled 05/16/15		mion C) ste (11)	\neg	777.5	CSHA Mor							
Occupancy Status During Abatement (Chec					-+	Street A		-	-		-			
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								neted (*) and Non	Friab	s Pto	dun			
		restion mally					_				Ty	P8		
Location of Asbestos-Containing Material (ACM)	Used :	Spiely b			Carls		torial (ACM)					57		
In Facility	Custoo	ial Staff 12)		(i.e. th		ing, VAT,	nsvletion, or	(Specify SF or LF		Removal	Renair	Cap	Enclosure	
(13)	-		\dashv	2	sher m	iscallenec	(פשל			OK-S)	T.	Encapsulate	sms	
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Name of Registered Weats Hauler	1		EP VVI		Cubic V		Name	of Registered La	Velfill					
Newark Carting Inc.		0540	er ID N D9	10.	of West 	te	G.R	.D.W.S					}	
City, State Newark, NJ				1000	05/18/	el Date 15		State risville, PA			_			
Completed by	Title				P4-			in tine, 176	Dat	đ	-		-	
Leslaw Naiodka	Preside	ınt				gracure .	Vd-		05	/14/	_			

Fax # 862-221-9207

* Do not use this form for astrestes lice saure exer an activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2195

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

- a	NUMBER OF STREET	
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to the same		_

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Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		
05 /	18 / 15			GI '1	0		2	115 HA	22 64 6 4
	Type Notification				a Srere			THE LIM	22 AH 1:24
EPA				Stree	t Address				
⊠ DOLWD	∑ Initial			50 Oa	kland Pla	ice	<i>[</i> 2]	Sacc	JS CONTROL
☑ DHSS	Amended Amendment #			City,	State, Zip (Code		& L	JS CONTROL ENSING
□ DCA	Emergency (ir		-	Sumn	nit, NJ 07	901			
(NJAC 5:23-8)	justification)	iciuain	9		of Contac			Telepho	Number
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellation					3		relebilo	14d11Del
					a Srere				
				FA	CILITY IF	NFORMATION			
Name of Facility Where Al	batement is Takin	g Place	(3)				Type of Facility (()	
Private house							School (K-12)		
Street Address							Subchapter 8	Other tha	K-1 2)
50 Oakland Place							homes, etc.)	rate and	mmercial buildings,
City (5)								14-15	
							Square Feet	# OT FIC	5 Bldg. Age
Summit, NJ 07901 County (6)				1.					
1000 20				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (Price	if being	molished)
Union							1.5		
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-	
						Gr Tech LLC	en e		
Street Address						Street Address		-	
							202		
City, State, Zip Code						576 Valley Rd #			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City, State, Zip Co			
Project Manager for Monit	oning Figure		1=7			Wayne, NJ 0747	70		
Project Manager for Month	oring rirm		Tele	phone	No.	Telephone No.		License	0.
						973-638-1777		01127	
Start Date (10)					ite (11)	Name of OSHA M	lonitor	-	
	15 ()5	_ 28	3_/	15	Envirovision Co	ncultants Inc		
Occupancy Status During						Street Address	iisuitaiits,iiic		
				ment					
Abatement Performed	Outside of Norma	Facilit	v Hou	rs - Des	scribe	20-21 Wagaraw	Road, Bldg .# 3	<u>A</u>	
Time of Abatement:	AM- P	M/	PM		AM	City, State, Zip Co	ode		
						Fair Lawn, NJ 0'			
Scope of Work (Check all t	that apply)				- 03		and decontamina		
		₩ Re	enovati	OB		Full Cont Mini-Encl	ainment with Nega	ive Pres	re
☐ ≥ 160 sf or ≥260 If			emolitic				g Procedure T	ent with N	jative Pressure
						Non-Exe	mpted (*) and Non	Friable F	cedure
		1:	Loca	ion					Abatement Type
Location o			Norma			Description o	f		
Asbestos-Containing M TO BE ABAT			ed Sole		Asbe	stos Containing Mat	terial (ACM)	Amo	Enclosure Encapsulate Repair Removal
IN Facility			todial		(i.e	., thermal systems i		(Spe	nov
(13)			(12)			surfacing, VAT, other miscellaned		SIF or	yal val
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Basement					p:	*******		-	
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		П	Iri						
Name of Registered Waste	Hauler		NJI	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Registe	red Land	
Gr Tech LLC				002279) E				
City, State			(003378	53	TBD	T.R.R.F. Inc		
(1.70)						Disposal Date	City, State		
Wayne, NJ 07470			10, 10, 10, 10, 10, 10, 10, 10, 10, 10,			TBD	Tullytown, PA		
Completed By (Print or Typ	oe) Title					Signature	1	-	Date
N.Jevtic	Own	1er				4/	1		
ASB-41	JOWI	101				1/20	wie New	Re	05/18/2015
MAY 11	烽	Do no	t use t	his forn	for asbest	tos licensure exempi	ted activities.		

Emegend

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

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Date of Notification (1) 5/18/15					mer/Operat e Private		9 7	75 11 A S	12 KM	1. 4	20		
Agencies Notified Type Notification			reet Add 9 Mary			8							
EPA Initial Amended Amendment #.		Ci	ty, State	, Zip Code wkin NJ		<u> </u>		3858 & L	is con	YTR YG	OL		
	cluding	1.000	ame of C	Contact				Tele	ione Num	ber			
			FACILI	TY INFOR	MATION			700					
Name of Facility Where Abatement is Taking Patricia O'Rourke Private Home	Place (3)			3		Type	e of Facility School (k						
Street Address 99 Mary Alice	•					×	Subchapt Other (i.e etc.)	er 8 (Other	han K-12 ommercia		ngs, l	nomes	ŝ,
City (5) Manahawkin NJ 08050						100		# 0	oors	35	dg. Ag	ie	
County (6) Ocean			ounty Co	ode (7) SE ONLY)		200	rent Use (I USE	rior if bei	demolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	0.000		patement (ontractor)				
N/A	59 - 19 					rnaco					•		
Street Address						eet Addr Box (
City, State, Zip Code							Zip Code rlin NJ 0	3091					
Project Manager for Monitoring Firm		T	elephon	e No.		ephone 6-753			icense N)0727	0.			
Start Date (10) 5/19/15	Scheduled 5/22/15	Comp	oletion D	ate (11)	1000000	me of O	SHA Moni	or					
Occupancy Status During Abatement (Check	(Only One)				Str	eet Addr	ress						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility H	ateme lours	ent		Cit	y, State,	Zip Code						
Scope of Work (Check All That Apply)									-				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		novati molitic					Full Contai Mini-Enclo Glovebag I	ure	Vegative"	Pressu	re		
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		ocatio			Descrip	41 af						ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan dial S (12)	ce/ taff?	Asbest (i.e.	os Containii thermal sys surfacing other misc	ng Mater tems ins , VAT, o	sulation, r	5	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			0'-"-		1	0 SF	x	-	-	
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	-	-						+-		-		-	+
	-							+-		+	-	-	+
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yar	ds	Nam	of Regis	ed Landf	11			1
United Containers		1000000	auler ID 2459	No.	of Waste		G.R	O.W.S			8.		
City, State Elm NJ				7.	Disposal 5/22/15	Date	25775	State isville f	19067				
Completed by Anthony T Perna	Title Presic	dent			Sign	afurė		~		ate 5/18/1	5		

CICT SOSYED

Date of Notification (1)		Name o	f Building	Owner/Operator	(2)	9815	1 22	3 5 14	1.	-	,
5/18/15				LEAH KA	ELMAN_	C#110	41 22	- 2.17	1.	38	
Agency Notified Type Notification		Street A	Address			AED	orno	2 00	UT	001	
Q EPA Initial		/(O FA	MRHILL	140	4.05	STO			(U	-:
□ DEP □ Amended		City, St	ate, Zip C	Code .	10.0		LICE	1401	UF		
Amendment #		E	515	011, 100	8 1880. 2		11 1				_
DOH justification)	19	Name o	or Contac	a		Telepho	Numbe				
□ DCA □ Cancellation		Le	AH	KELMAN		-	- +		1		_
		FACIL	JTY INF	ORMATION					9944		
Name of Facility Where Abatement is Taking Pla	œ (3)		8		Type of Facility	4)					
LEAH KEL	MAN				☐ School (K-12)						
Street Address				:	Subchapter 8 Other (i.e. pri	Other th	K-12)	u iildinas			
10 FAIRHIU R	S				homes, etc.)	ate a col	resolat i	rescent ty-	*,		
City (5)					Square Feet	# of Flor		Bidg. A	ge		
EDISON				4.	2500.	2		7:	570	A	ne
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County (6)		ONLY)		, , ,							
MIDD UESEX Name of Monitoring Firm Hired by Building Owner	ar Asc	CM No.		Name of Abater	nent Contractor (9		-				
(8)	1 /10	OW NO.			emoval Ir	C					
				Street Address	EMOVAL II.					-	_
Street Address				450 South	th River	St					
02 04 to 7- 0-da				City, State, Zip							
City, State, Zip Code						0.7	11				
Project Manager for Monitoring Firm	Telen	hone No.		Telephone No.	ack , N.J	License).				
Project Manager for Monitoring Fund	1000	mone no.		201-329-			1038	8			
Start Date (10) Scheduled C	ompletion	Date (11)		Name of OSHA	Monitor		-				_
	115	200 (1.)		Omega Er	nvironmer	tai	10				
Occupancy Status During Abatement (Check on				Street Address	IVII OIIMOI	-					
				280 Huy	ler St						
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac	of Abatem	ent		City, State, Zip				11			
DOTHER - Describe: 7 AM TO SPM	mty . routo	-		Hackensa	ack , N.J	. 07)1				
Scope of Work (Check all that apply)						- 1 22					
D-04>24		Ren	ovation	10 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Containment with -Enclosure	vegauve	sssure				
□≥3 sfor≥3 lf ☑≥160 sfor≥260 lf		□ Den	nolition	☐ Glov	rebag Procedure		-				
				□ Non	-Exempted (*) and	Non-Fria	Proced	lure	Abat	eme	nt
	ASSESSED AND ADDRESSED	cation			1			L		уре	
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Asbestos-Containing Material (ACM)	Mainte	enance/	Asbe	stos Containing N	laterial (ACM)	P	ount ecify		2 2	Encapsulate	En
TO BE ABATED IN Facility		todial	(1.€	surfacing, VA		S	r LF)		Repair	aps	clos
(13)	1	12)		other miscellar	ieous)				5 =	ulat	ure
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Name of Registered Waste Hauler	1000000000	P Waste I	Hauler	Cubic Yards of Waste	Name of Regit	ered Lar	В				
Best Removal Inc	ID No			3e7	Minerva	En+	:pri	202	Ţ.T.	C	
	171	109		Disposal Date	City, State	וונו	PIT	000	1111		_
City, State	((0)			Dispusal Date)h .	1.1.69	2 2		
Hackensack , N. J. 07	601			Signature /	Waynest	urg	1 [Date	1		
Completed by					iovani			5/18	11	Z	
J. Maiorano Estim	ator			1 /	d activities			1.	1		_

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	e of Notification (1) 8/15					Building Cavis Res			(2)	11,	- isr	J F	Pro-)					
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×	DOH DCA	Emergency (ir justification) Cancellation	ncluding		Name of Korina	Contact				€,	ं स्ति	enho	Num 4	ber.					
_					FACI	LITY INFO	RMA	TION			-0		-						
hou	use	Abatement is Taking	Place (3	3)					Тур	School (K-1	2)	201	1010100100						
	et Address Kathleen Place								X	Subchapter Other (i.e. p etc.)					lings,	home	3S,		
City Mo	(5) rris Plains								2000	uare Feet 00	# o 2	f Flor			ldg. A 5	ge			
	nty (6) rris	×				Code (7) USE ONLY)			Cu	rrent Use (Prid	r f be	ing d	olish	ed)					
Nam	ne of Monitoring Firm	Hired by Building O	wner (8)		ASCN	I No.		0.0000000000000000000000000000000000000		batement Con vironmental		555 77	LC						
Stre	et Address							Street PO I		ress 483, 4 E G	= al e D	rive							
City	, State, Zip Code									, Zip Code od, NJ 0741	٤						N		
Proj	ect Manager for Mor	itoring Firm			Γelepho	ne No.		Telepi 973-		No. -8500		Lic 70	se No						
	t Date (10) 26/15	21 12	6/8/15							SHA Monitor									
Occ	upancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Add	ress									
	Facility Closed/Vac Abatement Perform				City, S	State	, Zip Code	_											
Sco	Other - Describe: _ pe of Work (Check A					100310000			-			1							
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ion on			della	- 1	Full Containme Mini-Enclosure Glovebag Prod		n Neg	ive Pr	essu	re							
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,	Asbestos-Containing <u>TO BE AB</u> In Facil	Location of stos-Containing Material (ACM) TO BE ABATED						escription ntaining I al system facing, VA miscella	Mater s ins AT, o	r	(3	Spec F or I		Remova	Repair	Encapsulate	Enclosure		
			Yes	No	N/A									_		te	(D)		
	basem	ent			х			floor tile	е		2	50 8		х					
											_		_						
	ne of Registered Was	ste Hauler		10.500	JDEP W auler ID		Cubi of W	c Yards aste		Name of			ndfill						
	ehold Cartage				939		10			Cumber		Lan	111						
Free	, State ehold, NJ						Disp TBD			City, State Newbur	wburg PA								
Completed by A. Scott Higgins Title President							Signatur	e A	lin	-		5/1	ate 18/15						

Data of Notice (1)					20,000	LYL	CI		+ (10	-	
Date of Notification (1) 5/18/15				f Building Owner/ ey Rubin	Operato	r (2)							
Agencies Notified Type Notificat	ion	-	Street A	ddrees	1 (4 to 1 to	722 EK :	10	_	_				
	11		26 Br										
EPA Initial Amended	1	-	City Sta	ookfield Way	3055 0 1	US CONTR	4 24-						
DOL Amendm	ent #			stown, NJ	Ct [ICENSING							
DOH Emergen	cy (including	-		f Contact			TTe	lept	e Niir	nha-			**
DOH justification Cancellar				y Rubin			1 200	U					
				LITY INFORMAT	ION		- 1		- 00			_	
Name of Facility Where Abatement is Ta	king Place (3)					Type of Facility ((2)						
Residential House						School (K-1	1;)						
Street Address						Subchapter	(Oth		1 K-12				
26 Brookfield Way						Other (i.e. p	o vate	& C(mercia	al bui	dings	, hom	es,
City (5)			Market			Square Feet	# 0	f Flo	s	E	Bldg. A	Age	
Morristown						1500	2				50+	20	
County (6)				Code (7)		Current Use (Pri	o if be	ing	nolish	ed)			
Morris			(STATE I	JSE ONLY)		Residential H	Juse						
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCN	No.	Name	of Abatement Cor	actor	(9)					
n/a			n/a		Harr	mony Contract	ir g						
Street Address					Street	Address				1.15			100
n/a					360	Palisade Ave							
City, State, Zip Code					P. T. C.	State, Zip Code							
n/a					Gar	field, NJ 07026							
Project Manager for Monitoring Firm			Telepho	ne No.		none No.		Li	ise N	o			
n/a			n/a		1	.460.6026		0	55				
Start Date (10)	Scheduled		pletion I	Date (11)		of OSHA Monitor						0657	
5/28/15	5/29/15					mony Contracti	r g						
Occupancy Status During Abatement (CI						Address							
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of Ab	atem	ent			Palisade Ave			_				
Other – Describe:	ormal Facility F	Hours		TV-300		State, Zip Code							
Scope of Work (Check All That Apply)					Gan	field, NJ 07026	<u> </u>						
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	THE REAL PROPERTY.	novat			-	Full Containme Mini-Enclosure		Ne	tive P	ressu	re		
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TO BE ABATED		tenan		Asbestos Con (i.e. thermal		s insulation,		moi Sper		R	_	E	ш
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City, State					sal Date	City, State	e		-	The state of			
Lincoln Park, NJ				TBD		Morrisv		Α					
Completed by	Title			Is	ignature				Dat	е			
Caporino Secretary				- (G	ure Date 5/18/15							

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Date of Notification (1)			N	ame of	Building Owner/Operator	(2)		#15/##25#	er.			
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D DEP	☐ Amended		C	ity, Sta	ate, Zip Code	15 27	21	S	TENSI	VO	10	_
DOL	Amendment#	20			GEWOOD.	NJ 075		-		1.7		_
DOH DOH	☐ Emergency (including justification)	ng	N	ame o	f Contact		Teleph	Numb	er			
□ DCA	☐ Cancellation			Bile	- Mc Quiver	2L		7- 3	10 !	,	_	
				FACIL	ITY INFORMATION			STATE OF STA				
Name of Facility Where	Abatement is Taking Pla	ice (3)			•	Type of Facility (4))					
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Street Address	CICE C					☐ Subchapter (0	Other t	1 K-12)	12			
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County (6)					Code (7) (STATE USE	Current Use (F ion		iemolis	nea)			
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	m Hired by Building Own	er A	SCM I	No.	Name of Abates	ment Contractor ()						
(8)					Best R	emoval Inc	2	III.				
Street Address					Street Address							25.5
					450 Sou	th River S	St	Ment of the section				
City, State, Zip Code					City, State, Zip	Code						
					Hackens	ack . N. [.	07	01				
Project Manager for Mo	nitoring Firm	Tek	ephone	e No.	Telephone No.		Licens	lo.				
. Julian manager for me	3		u. = v.9001(940)		201-329	-7444 -		0038	38			
Start Date (10)	Scheduled C	ompletio	n Date	(11)	Name of OSHA	Monitor						_
5/28/15		91			Omega Ei	nvironment	ai	nc				
Occupancy Status Durin	ng Abatement (Check on				Street Address							
				*	280 Huy	ler St						
☐ Facility Closed/Vaca	ted During Entire Period d Outside of Normal Fac	of Abate	ment		City, State, Zip			-				_
2 Other - Describe: 7	SM TO SPM	maty 1100		•	1 6	ack , N	07	01				
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City, State	1- N T 0.7	1601			5/29/15		iro	Ob	4468	8		
	ack ,N.J. 07	DUI			Signature /	wayiles ju	ILE	T.	Date			
Completed by		4	_		1 To A	عتسويد ه			5/19	8/1	5	
J.Maiora	no Estim			for an	hestos licensure/exempte	d activities				-		-

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 15 Reagant Chemical 15 05 Type Notification Agencies Notified Street Address □ EPA
 □ DEP
 □ DCA (NJAC 5:16)
 □ DHSS
 □ DCA 115 US-202 #E Initial Amended City, State, Zip Code CURIROL Amendment #1 Ringoes NJ ENSING Emergency (including justification) Name of Contact Teleph e Number (NJAC 5:23-8) ☐ Cancellation Brian Skeuse FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-1;)
Subchapter (Other Barn in K-12) Street Address Other (i.e., private & nmercial buildings 351 Rosemont Ringoes Road homes, etc. City (5) Square Feet # of F Bidg. Age 2980 2.5 114 Stockton New Jersey County Code (7)(STATE USE ONLY) | Current Use (P or if beir demolished) County (6) Delaware Township Hunterdon County NJ Barn Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9 ASCM No. Weatchester Environmental LLC 0268 Diamond Huntbach Construction (rporation Street Address Street Address 500 East Luzerne Street 307 N Walnut Street City, State, Zip Code City, State, Zip Code West Chester, PA 19380 Philadelphia, PA 19124 Project Manager for Monitoring Firm Telephone No. No. Telephone No. Licer Matt Abraham 610-431-7545 215-739-8166 00 6 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 19 / 15 05 / 22 / 15 SAME AS ABOVE Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-___AM Scope of Work (Check all that apply) Full Containment with Negative Prosure ☐ Mini-Enclosure $\square \ge 3$ sf or ≥ 3 If ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable rocedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Ап int Maintenance/ TO BE ABATED (i.e., thermal systems insulation, surfacing, (SI Custodial Staff? IN Facility VAT, or (12)(13)other miscellaneous) Yes N/A No Interior X SF Transite Ceiling 2,4 NJDEP Waste Name of Regi: tered La Name of Registered Waste Hauler Cubic Yards of Hauler ID No. Waste Diamond Huntbach or Service Transport Republic (ervices nc. 19689/20990 20 City, State Disposal Date City, State Philadelphia, PA 19124 / New Castle, DE 05/26/15 Philadelphia, PA Completed By (Print or Type) Signature

ASB-41, JUL 01

Wayne Huntbach

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

Project Manager

REDAINED

Date of Notification (1) 5/15/2015					Building t-Englev			(2)		理節	50	22	AM		C E	
Agencies Notified	Type Notification		8	Street A	ddress		-			18 14	1 it	24	14	•	لان	
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Ĭ DOH	Emergency justification)		5.620		Contact Devlin					Tele	eph	e Nun	nber			
☐ DCA	Cancellation				LITY INFO	DRMATI	ON				_	99.40	-			
Name of Facility Where N/A (Garage)	Abatement is Takir	g Place (3)		17.01		JI WIATT	0.11	Туре	of Facility (4 1		•				
Street Address							v		School (K-1 Subchapter		ar f	1 K-12	1)			
315 East Palisades	s Avenue							×	Other (i.e. p	vate 8	& CC	mercia	al build	dings,	home	es,
City (5)	201							Squa	etc.) are Feet		FI	s		ldg. A	ge	
Englewood, NJ 076	031			`ounty (Code (7)			250		2		- Cab		0		
Bergen			(STATE L	USE ONLY				ent Use (Priontenance			nolish	ea)			545
Name of Monitoring Firm ABS Environmenta	n Hired by Building	Owner (8)		ASCN	1 No.				atement Cor			-				
Street Address	ii Services, LLC			N/A				Addre	st Haz Ma	Rem	101	, Inc.	6			
P.O. Box 483						9			st Street							
City, State, Zip Code Glenwood, NJ 074	10								Zip Code			-				
Project Manager for Mor			Т	elephor	ne No.		373300	none N	NJ 07504		Li	nse No	۵.			
Scott Higgins	-				34-6041			345-0			0(07	39) 			
Start Date (10) May 28, 2015		Scheduled July 10.			Date (11)		18218		HA Monitor above			1				
Occupancy Status Durin	ng Abatement (Chec			<u>1</u>			0.000	Addre		-		-				
Facility Closed/Vac	ated During Entire	Period of Al	bateme	ent												
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Scope of Work (Check A	All That Apply)								3311 Y 3							_
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Name of Registered Wa			10750	DEP W		Cubic of Was			Name of	10.00		andfill	-			
East Coast Haz Mat	Removal, Inc.	题	1,000,000	419		1	20		G.R.O.\		Vo	Inc.				
City, State Paterson, NJ 07504						Dispos 6/20/2	sal Date 2015	,	City, State Morrisv		A					
Completed by		Title	197000				ignature	9	/ //	-,.,	100	Da	-			
James E. Unger		Projec	t Mar	nager		Ш,	pro	24	1//	_	_	5/	15/20)15		
ASB-41 (R-06-08)							* Do no	ot use	this form for	sbest	os	nsure	exen	npted	activi	ties.

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Date of Notification (1),			Na	me of	Building	Owner/Operator	(2)	ME MA	22 AB	4 1:5	Fic		- 1
5/18/15	117			11	12 1	Owner/Operator 31 USA	ic Mon	IR TIB	ZZ PIL	1 1 2	150		\dashv
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		(0)					☐ School (K-	2)					
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Street Address						98	Other (i.e.	rivate & (mercial	ouildings			
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City (5)					,	3.4		_			P	TAK	u
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Name of Monitoring Firm Hired I	ov Building Owner	AS	CM N	lo.		Name of Abatem	nent Contractor	(9)					
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	F	Teler	hone	No.		Hackensa Telephone No.	ICK , I	Licen	No.				
Project Manager for Monitoring	rım	Telep	nione			201-329-	-7444		0038	38			
	Scheduled Co	lotion	Data	(11)	-	Name of OSHA						10.000	
Start Date (10)		30 1		(11)		Omega Er		ntai	Inc				
5/29/15			7			Street Address	TVILOIIII	11001					
Occupancy Status During Abate	ement (Check only	one)	Œ.	300		280 Huy	ler St						
☐ Facility Closed/Vacated Duri	ng Entire Period or	f Abatem	ent			City, State, Zip							
D Abatamant Performed Outsid	le of Normal Facil	ity Hours	,	70		Hackens		J. 0	501				
Z Other - Describe: 7 AM													
Scope of Work (Check all that a	rbbj\)				-022-031 - 0		Containment v	th Negati	Pressure	6	*		
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TO BE ABATEL IN Facility			stodia	21		surfacing, VA	T, or		F or LF)	-	10/6	S S	med
(13)	⁽²⁾		(12)			other miscellar	neous)			1		910	. 0
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Name of Registered Waste Ha	uler	NJD	EPV	Vaste I	Hauler	Cubic Yards of	Name of R	gistered	ndfill				
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Best Removal	Inc	17	10	9		107	Miner	a EI	erpr	TSES	•; 1.1	10	
City, State						Disposal Date	City, State			,,,	0.0		
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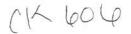
Date of Notification (1) 05/19/2015	Name of Building Owner/Operator (2) Sisters of Charity of Saint Elizabeth							r.	22	R¥	î:	36					
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Name of Facility Where A Sisters of Charity Ad)						oe of Facility (4 School (K-12								
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City (5) Morristown					F.			Sq	uare Feet	# 0	f Flo	3	В	ldg. A	ge		
County (6) Morris County				County (Code (7) JSE ONLY)		_		rrent Use (Prior Iministration			nolish	ed)				
Name of Monitoring Firm T&M Associates	Hired by Building	Owner (8)		ASCM	l No.				batement Cont struction Cor								
Street Address 11 Tindall Road				-			Street 235		ress tchung Ave								
City, State, Zip Code Middletown, NJ 0774	48						City, S	State	, Zip Code ange NJ 070	52							
Project Manager for Monit Kevin Burns	toring Firm			Telephor	ne No. 76-1725		Teleph	hone		-	Lic O1	ise No).				
Start Date (10) 06/02/2015	Date (10) Scheduled Completion Date						Name	of C	SHA Monitor er Laborator	es							
Occupancy Status During	Abatement (Chec	omerce of the later					Street				-	-		-			
Facility Closed/Vaca	ted During Entire	Period of A	Abaten	nent					Cary Street								
Abatement Performe Other – Describe: W	ork performed duri	nal Facility ng facility h	Hours	5		_			, Zip Code nd VA 23220								
Scope of Work (Check All	That Apply)	_					-	_				-					
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Be Construction Corp	ooration			lauler ID 035767		of Was	ste		Tullytow		cilit						
City, State West Orange, NJ							al Date		City, State Tullytow		A						
Completed by Barbara Reed Title President						S	an	la	ua fl	d	Date 05/19/2015						

CK 3692

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Pursuaget to NIAC 2-68 and 12-179)

	Date of Notification (1)	(Pursuant to	NJAC 8:60 and 1	2:120)		, E	9075
	5-17-15		f Building Owner/Ope		1	(i) 8	ر اد
	Agences Noticed			(2) RAN,-	11-	2	=
		Street A	diffess	11201 0			2)
t	Door Demanded	Co. Co.		4788 Oca	enn	Dri	-
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Ĭ	E P		211/216	E STATE OF S	eistian /2-	la main	10,
	Name of Feeding Williams As as	FACELI	Y HE-ORDAHON	There	150°		445
	Name of Facility Where Abstract is Taking Pace (3) [CLS (CLL n + C) Street Address		7505030	I Time of Fa			
	1 1 2 7 2 2			Type of Feeling (4 T School (K-12)			
-	4788 Ocean Dr			E I DETERMENT O L V	ier Ge	-121	
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	County (E)			Strate Feet 1	र्ज निकास	Bidg. A	
l	_ CAPE MAY	County Co	te (T) (STATE	3000	2	_1_/	D
	Name of Monitoring Fina Hired by Busining Owner (8)	1 COS CHIT		Curent Use (Prior i	eing de	Elizary	
		ASOY No	Name of Ataca	ent Contactor (9)	314	nt	
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Do not use this form for esbestos licensure exempled activities.



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Street Address Street Addr				(Pt	ursuant 1	to NJAC	8:60 and	112:120	0)		7 5	58 200 200 1 1 1	17.	1		
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282 Creek Road City, State, Zip Code City, State, Zip Code Bellmawr. NJ 090: 1 Scheduled Completion Date (11) Relephone No. S56 456-452 204											Corp					
Bellmawr. NJ 0900: 1 Project Manager for Monitoring Firm	Street Address															
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Date of Notification (1) 5/19/15				Building O akian Pr			(2)	8	,- et a	124	-			
Agencies Notified Type Notification		7 1 133	Street Add	dress nor Ln.			7	2875 7	A1 22	AN I	C. C.			
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Emergency (in justification) DCA Emergency (in justification) Cancellation	ncluding	1100	Name of (Contact					Tele	UT-010	U			
			FACIL	ITY INFO	RMATIC	N								
Name of Facility Where Abatement is Taking Anne Zakian Private Home	Place (3)			÷			☐ s	of Facility chool (K- subchapte	2)	an V 10				
Street Address 109 Manor Ln.							× c	ther (i.e. tc.)	orivate &	mmercia	l build	32300		s,
City (5) Willingboro NJ 08046							1000		# of 1.5		35	dg. A	ge	
County (6) Burlington NJ			County C	ode (7) SE ONLY)		8	Currer	nt Use (Pi	or if bein	lemolish	ed)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCM	No.			of Abat aco In	ement Co	ntractor (
Street Address							Addres Box 32					PCDF II		
City, State, Zip Code					*			p Code n NJ 08	091					
Project Manager for Monitoring Firm			Telephor	ne No.			753-9			cense No)727).			
Start Date (10) 5/20/15	Scheduled 5/22/15	Com	npletion [Date (11)		Name		IA Monito	-					
Occupancy Status During Abatement (Chec	k Only One)	-(1.1818)			Street	Addres	is .						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atem	nent			City, S	State, Zi	p Code						
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	Yes	No	N/A											
Living room & 2 bedrooms					Floo	r Tile	Only		62	SF	x	-		
Name of Registered Waste Hauler			NJDEP W		389688888	Yards		Name	f Registe	d Landfil				
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City, State Elm NJ					5/22/	sal Dat 15 Sjønatu		City, S Morri	ate ville P/	9067				
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Date of Notification (1)			1	Name of	Building O	wner/C	Operator	(2)	v						
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Agencies Notified	Type Notification			Street Ad						٤.	7 111	1: 4	_	ri.	
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Name of Facility Where	Abatement is Takin	g Place (3)	FACIL	LITY INFO	RIVIATI	ION	Tvp	e of Facility (4)		1.05			
Residential Buildin		g / 1000 (c	<i>t</i> .						School (K-12						
Street Address	3							H	Subchapter 8		K-12)				
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City (5)					-			Sau	etc.) uare Feet	# of Flor	-	В	ldg. A	ge	
Morristown									500	2			0+-		
County (6)				County C	Code (7)				rrent Use (Prior	f being d	olishe	ed)			-
Morris				(STATÉ L	JSE ONLY)				esidential Bu						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		Name	of Al	batement Cont	r ictor (9)					
N/A				200 2000000			Stan	ma	rk Contracto	s, LLC					
Street Address							Street	Add	ress		-				
	State 7:- Codo						27 E	dsa	all Drive						
City, State, Zip Code						City, S	State,	Zip Code							
	State, Zip Gode						Sus	sex,	NJ 07461						
Project Manager for Mo	ect Manager for Monitoring Firm						Teleph	none	No.	Lic	se No).			
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Start Date (10)		Schedule	ed Con	pletion l	Date (11)		100000000000000000000000000000000000000		SHA Monitor						
05/29/15		05/31/	15				Ame	eriSc	ci ¹						
Occupancy Status Durin	ng Abatement (Ched	ck Only Or	ne)				Street								
	cated During Entire								st 30th Stree						
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours				350		, Zip Code						
							New	v Yo	ork, NY 1001	·					
Scope of Work (Check /	All That Apply)						_	_							
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	Completed by Title						Signatur	е			Da	te	_		
Marko Stankovic		00000000	ident				Mark	o St	ankovic			5/19/	15		
									0600				20,02		

CK 5624

Date of Notification (1)				1	R.	Owner/Operator	EUAL	1 500	WEY 22 /	14		
5/19/15	Type Notification	-	Stre	et Ad	dress	SOUTH	2			7 (100	3
Agency Notified				33	2 -	SOUTH	f knos	(E,C)	· · · · ·		_	_
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DEP DOL	Amendment#		1	35	RGE	ode NFIECO	, NO.	5	6-61-11	is G		_
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DOH DCA	justification) Cancellation			MA	C. EL	IANS			20.003	*1		\dashv
2001			FA	CILI	TY INFO	RMATION						_
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County (6)	= 1			LY			RESI	DENI				
	n Hired by Building Owner	ASC	CM No).·	$\neg \neg$	Name of Abatem	nent Contractor (1)				
Name of Monitoring Fer (8)	in rined by Daliding Office					Best Re	emoval I	10				
1						Street Address	¥00					
Street Address				*		450 Sout	th River	St		-		
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City, State, Zip Code	•					Hackensa	ack , N.	1. 07	01			_
Project Manager for Mo	nitoring Firm	Telep	hone	No.		Telephone 140.		Licens				
1 Tojeca inches	Í					201-329			00388			\dashv
Start Date (10)	Scheduled Co	mpletion	Date ((11)		Name of OSHA						
5/29/15		30/	17				nvironme	ital	nc			\dashv
Occupancy Status Duri	ng Abatement (Check only	y one)	1.0			Street Address	1 C+					
□ Facility Closed/Vaca	ted During Entire Period o	f Abatem	ent			280 Huy						\neg
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□ ≥ 160 sf or ≥ 260 lf						□ Nor	-Exempted (*) a	d Non-Fi	le Procedure	Aha	teme	ent
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			mally	- 1	3	Description					_	
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Completed by	Title	301				Signature	/ 10.	2	Date	1191	1,1	
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ASB-41	* Do no	at use this	s form	for as	sbestos	licensure exempt	ed activities.					

State of New Jersey APPROVED: PA L HORNER, NJOOH NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) # 28/2

Data of Notice of	(4)								ارف ا		KO B	_		
Date of Notification	(1) 5/18/2015		I.	lame	of Bu	uilding	Owner / Operation Owner / Operation	tor (2)						
Agencies Notified	Type Notific	ation	-	iazi	et 10	wnsn	ip Board of E	ducation	on.	-				
EPA	Type Notific	alion	1	otree	Midal Midal	ess e Roa	, al		onicz Al	12.	-2			
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LAST CONTROLL			-	ıllal	ies n	illulle				1	76	4.84	C	
				FA	CILIT	Y INF	ORMATION							
Name of Facility Wh	ere Abateme	ent is Taking Pla	ace (3))			Type of Fac			-				
Raritan High Sch	ool							(K-12) N	ION SU 38					
Street Address							Subcha	pter 8 (0	Other than K-12					
419 Middle Road							Other (i	i.e. priva	te & col nmerc <mark>i</mark> a	uildin	ngs, hon	nes,	etc.)	
							Square Fee	t	# of Flc ors	E	Bldg. Ag	je		
City (5)		County (6)	Cou	inty (Code	(7)	18				9075			
Hazlet, NJ		Monmouth					Current Use	(Prior if	being cemolish	1)				
							High Scho		· · · · · · · · · · · · · · · · · · ·	,				
Name of Monitoring	Firm Hired b	y Building Owne	er (8)		ASC	CM No.			Contra :tor (9)	-				
Environmental Co	onnection						Bristol En							
Street Address							Street Addre		,	-				
120 N. Warren St							1123 Beav	er Stre	et					
City, State & Zip Coo							City, State &							
Trenton, NJ 08608							Bristol, PA	19007						
Project Manager for	Monitoring F		Teleph			per	Telephone N		IL	nse N	Number			
Rollie Jones			609-3				(215)788-6	040	0	09				
Scheduled Start Date		Scheduled Com	pletion	n Da	te (11))	Name of OS	HA Mon	itor					
5/19/2015			/22/20				Bristol Env	vironm	ental lı c.				k	
Occupancy Status D	uring Abaten	nent (Check onl	y one)			F.	Street Addre	ess						
		During Entire Pe					1123 Beav							
		utside of Norma	l Hour	's - '	7am to	3pm	City, State &	Zip Coo	le					
Describe: 4							Bristol, PA	19007						
Facility Occu	pied During	Abatement												
Scope of Work (Ched	ck all that ap	ply)												
≥3 sf or ≥3 lf			<u></u>	_	100				Full Cor tainmer	vith N	legative	Pres	sure	1
	ıe				ovatio	0.000			Mini-En losure					
≥160 sf ≥260	11			Den	nolition	1			Glove Bag Proc					
l a	4if		1001						Non-Ext mpted	-				22222
	cation of s-Containing	,	Is Lo Norma				Descriptio		An		Aba	ateme	ent T	ype
	rial (ACM)	,		ely b			Asbestos-Cor Material (A		(S _I	cify LF)			m	
	EABATED	1	Mainte				(i.e., thermal s		SF	Lr)	Re	77	Encapsulate	ᄪ
in	Facility		Custod			i	nsulation, surfa		Т		Remova	Repair	aps	clso
	(13)			12)			or other miscel	laneous)			val	ai-	ula	Enclsoure
			res 1	No	N/A								e	
C Wing				X			Pipe Insula	ation	5	F		П	П	П
C and D Wing						Fitti	ngs (Cut and			_F		Ħ	Ħ	Ħ
							fiberglass			_		Ħ	Ħ	Ħ
										-		Ħ	Ħ	H
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			T I	T	Ħ					-	- H 	님	H	H
Name of Registered \	Naste Haule	г		NJ	DEP V	Vaste	Cubic Yards	Name	of Regi itered L	dfill				
					ıler ID		of Waste		o	Giiii				
Service Transport	Group Inc			209	990		5	Miner	va Lar dfill					
City, State							Disposal Date	City, S	tate	-				
New Castle, DE							5/22/2015		esburg, OH					
Completed By (Print of	or Type)			Title	9		Signature			-	Date	,	-	
Gino Pizzigoni	2004M - 69				ject		11- //) 33440	18		5/	18/1	_	
•					nage	r	Neno 1	gago	we of		19/1	9/10)	

State of New Jersey

		N			OF ASBE to NJAC 8					lp.	21	3	89	3	
Date of Notification (1) 5/19/15					Building C Favabok		perator	(2)	715 MAY 22	- 1. ¥	,				
Agencies Notified Type	Notification			Street Ad 435 10	ddress th Stree	t		, 1	5 2 1 3 T A	14.					
DEP DOL	Initial Amended Amendment #_				te, Zip Coo des Park		07650		& LICE	YSINC	:U.,				
Ĭ DOH □ □ □	Emergency (inc justification) Cancellation	cluding	1.		Contact Favabok	ija				Telenho	Num	ber			
				FACII	LITY INFO	RMATI	ON				-				
Name of Facility Where Abate house	ment is Taking F	Place (3)					Туре	of Facility (4) School (K-12						
Street Address 435 10th Street								×	Subchapter 8 Other (i.e. pri etc.)	(Other th	K-12 nercia		lings,	home	es,
City (5) Palisade Park								Squ 220	are Feet	# of Flo	Ü	6:	ldg. A	ge	
County (6) Bergen					Code (7) USE ONLY)			Curr	ent Use (Prior	if being d	iolish	ed)			
Name of Monitoring Firm Hired	d by Building Ow	/ner (8)		ASCM	1 No.				atement Cont ironmental		LLC		Ŷ.		
Street Address			******			e e	Street 4 E (ess Drive, PO	lox 483	84				
City, State, Zip Code							95,555		Zip Code d, NJ 0741	3					
Project Manager for Monitoring	g Firm		T	Telephor	ne No.		Teleph 973-		No. 2276	Lic 70	se No).			
Start Date (10) 5/27/15		chedule 3/17/15		pletion (Date (11)		Name	of OS	SHA Monitor		AV.				
Occupancy Status During Aba	tement (Check (Only On	ne)				Street	Addre	ess		-				0-1764
Facility Closed/Vacated I Abatement Performed On Other – Describe:							City, S	State,	Zip Code		-				
Scope of Work (Check All Tha	t Apply)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Арріу)	-	Renova Demolit					M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	dure	ive Pr			e	
		Is	Locati	on										emen	t
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility No Used Mair Custo					tos Con thermal surfa	escription taining N I system icing, VA miscellar	Materi s insu T, or	300000000000000000000000000000000000000	Amou (Spec SF or)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A					,					e	
basement				X		pipe	insula	tion		45 L		x			
				-						-				_	⊢
						-			-		-				-
Name of Registered Waste Ha	uler		TN	JDEP W	/aste	Cubic	Yards		Name of R	aistered	ndfill		l		
Freehold Cartage				auler ID 5939	No.	of Wa	O.		Western	Berks I	ndfill				
City, State Freehold, NJ						Dispo TBD	sal Date	!	City, State Birdsbor		esta s				
Completed by A. Scott Higgins	by Title						Signatur	e			Da: 5/	te 19/15	5		

NOTI

State of New Jersey	1	E.			
IFICATION OF ASBESTOS ABATEMENT	A 1		A	/	_
(Pursuant to NJAC 8:60 and 12:120)	(40	W.	13	X

Date of Notification (1) 5/19/15					Building Owne	er/Operator	(2)	SELP AWA	22		1: 12		1 '		
Agencies Notified	Type Notification		1000	treet Ad 31 Libe	dress rty Street			167 - 11			1 3	-			
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Code n, NJ 07871			& L	ĴΞį	43	G	÷			
☑ DOH □ DCA	Emergency (justification)	including	4 3		Contact in Meng				Tele	phc	Nicon				
_ DOA	Caricellation				ITY INFORM	ATION			-						
Name of Facility Where A	Abatement is Takin	Place (3)					_	of Facility (4) School (K-12)						58	
Street Address 31 Liberty Street					il.		×	Subchapter 8 Other (i.e. pri etc.)			K-12) iercia		ings,	home	s,
City (5) Newton								re Feet	# of	Flo		80 80	dg. A	ge	
County (6) Sussex				County C	Code (7) SE ONLY)		Curre	ent Use (Prior	f bei	ng d	iolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			atement Contr ronmental			LLC				
Street Address						100000000000000000000000000000000000000	Addre Gate	ess Drive, PO I	OX ·	483					
City, State, Zip Code								Zip Code	3		-				
Project Manager for Mor	oject Manager for Monitoring Firm					Telep	hone N	No.		Lic 70	se No				
Start Date (10) 6/3/15		Schedule		pletion [Date (11)	Name	of OS	HA Monitor			-				
Occupancy Status Durin	g Abatement (Chec	13-57-mil-1AL (16)-				Street	Addre	ess		-	-		W		
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire lated Outside of Norm	Period of A	batem	ent		City, S	State, Z	Zip Code	-						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enovat emoliti				Mi K GI	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure		tive Pr			e	
		lo	Location								1,1,2,2,1		Abate	ement	
Location	n of	1	Normall	y		Description	n of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Solel intenar todial S (12)	ice/	(i.e. the	Containing mal system urfacing, V ner miscella	Materia ns insu AT, or	lation,	(Spec or)	Removal	Repair	Encapsulate	Enclosure
basem	ent	100	-110	×	r	ipe insula	ation		1	00		x			
basem				X		or tile & s		or	_	00	:	х			
Name of Registered Wa	eta Haular		N	JDEP W	/aste I C	ubic Yards		Name of F	agist	ered	ındfill				
Freehold Cartage	Н	auler ID 5939		Waste		Western			ndfill						
City, State Freehold, NJ			100-00	sposal Date BD	е	City, State Birdsbor		A			S-4				
Completed by A. Scott Higgins	eehold, NJ empleted by Title					Signatu	re A	li-			Da 5/	te 19/1	5		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

					to NJAC 8				Che	ch	13	38	75)	
Date of Notification (1) 5/19/15				Name of Circle	Building C Lanes	Owner/C									
	e Notification			Street Ad	ddress Route 46		14/0	1 :3%	22 AX	1110		125			
X EPA X DEP DOL	Initial Amended Amendment #				te, Zip Coo wood, N				ICENSIA						
DOH DCA	Emergency (in justification) Cancellation	ncluding			Contact Dougher	ty				Teleph	₃ Num	ber			
					LITY INFO	<u> </u>	ON				-				
Name of Facility Where Abate Circle Lanes	ement is Taking	Place (3)					_	of Facility (4 School (K-12						
Street Address 1113 Route 46								×	Subchapter { Other (i.e. pr etc.)	(Other th			lings,	home	≥S,
City (5) Ledgewood									re Feet	# of Flc	3	B 5	ldg. A	ge	
County (6) Morris					Code (7) USE ONLY)			Curre	ent Use (Prio	if being (nolish	ed)			
Name of Monitoring Firm Hire	ed by Building O	wner (8)		ASCM	No.				atement Cont ronmental		LLC				
Street Address							Street	Addre							
City, State, Zip Code									ip Code						
									I, NJ 0741						
Project Manager for Monitoring	ng Firm			Telepho	ne No.		Teleph 973-	none N 583-8		7(ise No).			
Start Date (10) 6/1/15	1	Schedule 6/27/1		pletion I	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Ab	atement (Check	Only Or	ne)				Street	Addre	ss						
Facility Closed/Vacated Abatement Performed C Other – Describe:						_	City, S	State, Z	Zip Code		-				- THE
Scope of Work (Check All Th	at Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mi Gl	III Containme ni-Enclosure ovebag Proci on-Exempted	dure				0	
		le	Locati	00				1 140	JII-Exempled) and iv	THAD		District Inc.	ement	t
Location of Asbestos-Containing Mate TO BE ABATEI In Facility (13)		Use Ma	Normal ed Sole intenar todial S (12)	ly ly by nce/		tos Con thermal surfa	scription taining N I system cing, VA miscellar	Nateria s insul T, or		Amo (Spe SF or)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A						7				te	L.
water heater room to	bathroom			X		pipe	insula	ition		150	:	х			
		-					-	-							
Name of Registered Waste H	auler		IN	JDEP W	/aste	Cubic	Yards		Name of F	egisterec	andfill				
Freehold Cartage				lauler ID 5939	No.	of Wa			Westerr		ndfill				
City, State Freehold, NJ					+1	Dispo TBD	sal Date		City, State Birdsbor						
Completed by A. Scott Higgins	impleted by Title					3	Signature		File		Da ⁻	te 19/15	5	-	

CK#24813

Date of Notification (1)	/19/15			Name	of Bullain	g Owner/Operato	Ahrens	2015 F	Y 22	Y.	:	45	
Agencies Notified	Type Notification	1		Street	Address		16 Eval: 4 A	35.7	7. 1 ;				
□ EPA □ DEP	☐ Initial ☐ Amended		-	City, S	State, Zip C	Code	16 Euclid A	/e			1 u		-
⊠ DOL	Amendment :		<u> </u>				Lingston, NJ	(8528					
DOH DCA	justification)			Name	of Contac			Teleph	e Numb	er			
	Gariociiation					Gary Ahrens			_		ノンマ	1	_
Name of Facility Where	Abstament is Takin	na Dina	2/2/	FAC	CILITY INF	ORMATION	Type of Facilit	74)					_
Name of Facility Where		identi					School (K-	10 10 2					
Street Address		iclid A					Subchapte Other (i.e.,	rivate &	an K-12 nmercia		dings	1	
City (5)	9.9	ston,		(1			homes, etc	# of F	ors	В	dg. A	ige +/-	
County (6)		Ston,	113		nty Code (7) (STATE	Current Use (I	ior if bei	demolis	hed)	90	1/-	_
Name of Monitoring Firm	iddlesex n Hired by Building	Owner		ASCM	-	Name of Ahate	ment Contractor						_
사람들은 얼마 보다 아니라 얼마 아이에 얼마를 받았다. 그리고 있다면 그렇게 되었다.	invironmental	J 111101		, 100101	, 10.		vens Enviror		ervice	es, Ir	ıc.		
Street Address						Street Address		:====					_
	4 Berkeley P	lace						30x 32					
City, State, Zip Code	Freehold, NJ (7728	4.125000			City, State, Zip	Code Allentov	n, NJ (501				
Project Manager for Mo	nitoring Firm Bunocore			ephone 32) 74	No. 0-8408	Telephone No. (609) 2	59-9688	Licer	No.	049:	3		
Start Dale (10)	- Sche	eduled C	Comple	etion Da	te (11)	Name of OShA			-				_
5/21/15			5/26/	15		\ 		ironme	tal				
Occupancy Status Duri						Street Address		eley Pl	0				
						City, State, Zip		siey I I					=
Other - Describe:	200-pas						Freehol	, NJ 0	28				_
Scope of Work (Check	all that apply)					□ Full Co	ontainment with N	gative Pr	sure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-Er ☑ Gloveb	nclosure pag Procedure xempted (*) and N			·o			
		Is	Location	on			xempled () and r	11-FILADIE	rocedur	T	Abate	ment	
Location	of		iormally d Solel			Description of	nf				Тур		
Asbestos-Containing	Material (ACM)	Mai	ntenar ustodia	nce/		tos Containing Ma	aterial (ACM)	Amo				Ш	_
TO BE ABA IN Facilit			Staff?		(i.e.,	thermal systems surfacing, VAT	, or	(Spe		Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellane	eous)			loval	oair	sulat	Sure
1-4 G D''	D	Yes	No	N/A	Tri-	1 D' '-	1	40	,			6	
1st floor Dini	ng Room		×	-	In	ermal Pipe in	isulation	40		×			
Name of Registered Wa	este Hauler			NJDEP V	Naste I	Cubic Yards	Name of Reg	stered I s	fill	1			
Stevens Environ		es Inc	1 1	Hauler ID	No.	of Waste	Traine or rios	GROV	3 Lan	dfill			
City, State	mentar berviet	55, 1110	<u>- L</u>	102	292	2CU Disposal Date	, City, State		3 Lan	um			_
	Allentown,	NJ	<u> </u>			5/26/15	1/2/	Morr	ville,	PA			
	Allemown,								-			_	_
Completed By Mahlon E. St	Tit	le		t Man		Signature	(V/ /		Date	5/19			



Date of Notification (1)					Building (Owner/Op	perator	(2)		Allers Stocks (
5/20/15				Rober	t Bailey				71	17 27	. V	19 1	. 4	: 12	1	
Agencies Notified	Type Notification			Street A		25 17			10 m		ė.	-			*	
× EPA	× Initial				ith Surf	7-17-77-0				-, -	14			2	·	
X DEP	Amended		- 1		te, Zip Co				3.1	ا در در ادر الو		DEN.		7		
▼ DOL	Amendment Emergency				River, N	47				-	_					
▼ DOH	justification)				Contact					I Tele	ph	e Num				
☐ DCA	Cancellation	1		Brian							_	-				
Name of Facility Where	Abatamant is Takin	n Place (3)		FACI	LITY INFO	DRMATIC	ON	Typ	e of Facility (4			-				_
Bailey Residence	ADALEMENT IS TAKIN	y riace (3)						Lyp	(27/10)							
Street Address								H	School (K-1: Subchapter		rt	1 K-12	is.			
14 S. Surf Rd								×	Other (i.e. p					lings,	home	es,
City (5)								Sau	etc.) are Feet	# of	FI	5	TB	ldg. A	ne	
Toms River								160		1		3	1 20	0+	9-	
County (6)				County (Code (7)			Cun	rent Use (Pric	if bein	Q (nolishe	ed)			
Ocean					USE ONLY)	\		sidence		3		7			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.		Name	of At	patement Con	ractor (9)					
	•						Ace	Insu	lation Co.,	nc.						
Street Address							Street	Addr	ess			-				
							95 M	lonti	rose Road							
City, State, Zip Code									Zip Code							
							Colts	Ne	ck, N.J. 07	'22						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph			100	Li	nse No				
									-1757		0	29				
Start Date (10)		Schedule	d Con	npletion	Date (11)		Name	of OS	SHA Monitor							
5/29/15		6/5/15									_	_				
Occupancy Status Durin	g Abatement (Che	ck Only One	9)			1	Street	Addr	ess							
Facility Closed/Vac						-	C:1 C		7:- O-d-		- 12					
Abatement Perform Other – Describe:		nai Facility	Hours	•			City, S	tate,	Zip Code							
Scope of Work (Check A	II That Apply)	January C. St.									_	_				
	ai mac/ppiy)	তা চ		r			F	٦ ,		. 4	k t	D		200		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit						ull Containme lini-Enclosure	IL WITH	NE	itive P	essu	е		
		-					-		Slovebag Proc							
		1			I			N	lon-Exempted	(*) and	V	-Friabl	1	F5337 165		
		10000	Locati ormal		1				1				1		ement pe	
Location Asbestos-Containing			i Sole		Achor	Des stos Conta	cription		ial /A CMA	٨٠	ne					
TO BE AB			ntena	nce/		thermal :	systems	s inst	ulation,		pe		Z.	7.	Enc	En
In Faci		Custo	(12)	oldii!		surfac other m	ing, VA			SF	01	•)	Removal	Repair	apsu	Enclosure
(13)				Τ	-	oniei iii	iscella	ieous	"				val	7	Encapsulate	ure
		Yes	No	N/A												
kitchen, living	room, and			Х		floortile	and r	nasi	tic	80	00		X			
dining r	moom															
												1000				
						-	+		_	-						
Name of Registered Wa	ste Hauler	1 1	IN	JDEP W	l /aste	Cubic `	Yards		Name of I	egister	rec	andfill				
	Ace Insulation Co., Inc.						te		Chrins	. 25.000						
	1	2086		3												
City, State				1	al Date		City, State	D.A								
Colts Neck, New Je				6/5/15			Easton,	TA	_		_					
Completed by Bree McGuire		Title	tanı	Treasu	ırar	Si	gnature	,	201. N	1		Dat	e 20/1	5		
Diee McGulle		Jecre	lai y	Treast	1101		1)	/	ew,		1	3/2	_0/ 10	_		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building			· ·	- 4	57	81424 12	-0	
May 19, 2015		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Afford	lable Renovatio is		-). (J	7	5	
[] DEP [] Amen	ion Notification ded Notification dment #	Street Address City, State, Zip Co		Vellington Aven e	3/17	12 AX	1: 1	i į:		
	gency (including		Toms	River, NJ 0875	2	EMRIA	I K)_		
1 DCA	cation) ellation	Name of Contact Nick		Te	elepho	Number	2 000			
		CILITY INFORM	IATION			15till 1				
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility ()	Scho	(k-12)				
Street Address 104 W Tarpon Wa	у	59		[x]	Othe home	oter 8 (oth .e., private etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONL	V)	Square feet	# 0	oors	Bldg.		^	
Lavallette	Ocean	(STATE USE ONL	1)	700 sf Current Use (Price if Residence	2500	nolished)		6	0	
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contrac or (Guar lia	9)	acting,	Inc.			
Street Address			Street Ac	ldress		5-				
City, State, Zip Code			City, Sta	te, Zip Code Tom : R		Unit 61 ew Jerse	x, 097	55 10	71	_
Project Manager for Monitoring Firm	Telephone Number	r		ne Number 9-9932	ivei,	icense N		JJ-12	2/1	
Scheduled Start Date (10) 5/20/15	Scheduled Comple 5/21/15	etion Date (11)		OSHA Monitor E.M S.L	. An	rtical				
	only one) During Entire Period of Ab		Street A		0.00	oad				
Abatement Performed C	Outside of Normal Facility F	Iours	City, Sta	te, Zip Code Pisca tav	vay,	w Jerse	y 088:	54		
Scope of Work (Check all that apply)			[]	Full Containm nt v	with N	itive Press	sure		-	
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renov		[] [x]	Mini-Enclosur Glovebag Proc dur Non-Exempter (*)		-Friable F	Procedu	-		
[X] 2100 \$1 01 2200 11	[X] Delilo	ntion	. [^]	Non-Exemples (*)	and I	-Friable F	rocedui			=
	T. T.		.				Abate	ment 7	ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12)	Asi ins	Description bestos-Conversal (A., thermal ulation, su VAT, control of the conversal of the conversal of the control of the conversal of the conversal of the control of the conversal of the conversal of the control of the control of the conversal of the conversal of the control of the conversal of the control of the cont	ntaining ACM) systems rfacing, or	(S ₁	ount ify SF LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S U
	YES NO N/A						L		L E	R E
Exterior	X	Asbestos sidii	ng		650	f	X			
					_	-				
					_		2			
Name of Registered Waste Hauler	NJDEP Waste Haule	Carrier and Carrie	ards of Was		ed La	ill				
Guardian Contracting, Inc. City, State Toms River, New Jersey		osal Date 2/15	City, St	T.R.R.Fate own,-Pennsylva iia		5				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Signature		OWIĘ I CINISYIVA IIA	1		Date 5/19	/2015		
		rm for asbestos licer	rsure exen	pted activities.						



Date of Notification			Owner / Operator (2)	
Agencies Notified	05-19-2015	Rider University	2005 (AY 2)	AX :: 42
EPA	Type Notification	Street Address 2083 Lawrenceville	Road	
	☐ Initial	City, State & Zip Co	ode	JU 1. 20:
□ DOL	Amended	Lawrenceville, NJ 086		12110
DEP DOL DOH DOA	Emergency	Name of Contact	2007	Telephone Number
☐ DCA	☐ Cancellation	Mr. Steve Arkuszev	wski	60 - 00
		FACILITY INFO	DRMATION	
	nere Abatement is Taking P		Type of Facility (4)	
Wright Hall - Basen	nent		School (K-12)	
Street Address 2083 Lawrenceville	Dane		Subchapter 8 (Other than K-12)	
2003 Lawrenceville	Road		Other (i.e. private & corr mercial Square Feet # of Floc rs	ildings, homes, etc.)
City (5)	County (6)	County Code (7)	21,830 2 plus baseme	Bldg. Age
Lawrenceville, NJ 086			Current Use (Prior if being de molishe	
			Campus Building	410
Name of Monitoring	Firm Hired by Building Own		Name of Abatement Contrac or (9)	
Pennoni Associates	, Inc.	00102	Resource Management Group, LLC	
Street Address 515 Grove Street, #	1R		Street Address 2115 Hamilton Ave, Suite 20 !	
City, State & Zip Co			City, State & Zip Code	
Haddon Heights, N.			Trenton, NJ 08619	
Project Manager for	Monitoring Firm	Telephone Number	Telephone Number Lic	se Number
Mr. Tom Adams	1-	856-547-0505	609-977-6159	01185
Scheduled Start Da 06-01-201		mpletion Date (11) 6-12-2015	Name of OSHA Monitor	
	During Abatement (Check o		J&S Environmental Laborato ies, Inc Street Address	
	sed/Vacated During Entire F		2333 Route 22 West	
	Performed During 1st Shift		City, State & Zip Code	
	8:00am to 5:00pm		Union, NJ 07083	
Facility Occ	upied During Abatement			
Scope of Work (Che	eck all that apply)			ith Magatina Propours
≥3 sf or ≥3 l	f	□ Renovation	Mini-Enc osure	rith Negative Pressure
≥160 sf ≥26		☐ Demolition	Glove Bag Proce	ıres/Cut & Wrap
		5 77 4		Non-Friable Procedure
	ocation of	Is Location	Description of Am	nt Abatement Type
	os-Containing	Normally Used		ify
	erial (ACM) BE ABATED	Solely by Maintenance or	Material (ACM) SF (i.e., thermal systems	Encap Encap Rep
	n Facility		nsulation, surfacing, VAT	Encap: Rep: Remo
58	(13)		or other miscellaneous)	oure osulat oval
		Yes No N/A		
Boiler Room			Interior Boiler Insulation 150	F 🛛 🗆 🗆
Boiler Room		Pipe fitt	tings assoc w/ pipe insulation 65	
				
Name of Registered	Waste Hauler	NJDEP Waste		llift
Doorumes Manager	II O		of Waste	
Resource Managem	ient Group, LLC		TBD Grows Landfill	
City, State Trenton, NJ			Disposal Date City, State	
			TBD Morrisville, PA	
Completed By (Print Mr. Brian J. Haney	(or type)	Title President	Signature	Date
wii. Dilaii J. Hailey		riesident	1 74 A /MIP	05-19-2015
			The living	

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

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Ema yerky in com				Teleco	e Numbe		
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☐ caucagaso.	·	_ <u> </u>					
	I LEAGUTY INF	ORMATION	¥ .	•			
The state of the s	11:		Type of Facilit	(4)			
Name of Facility Where Abatemen' is Taking Place		3	Sichool (K-	2)			
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Street Address	N = =		Other (i.e.,		mmerca.	buildings.	
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City (5)			50,00101001		5.00		
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County (6) ~	County Code 7	ISTA E	Current Use (F	CAN	Udiko:	~/	
COUNTY 107 CAPE MAY	USE ONLY! _	i				===	
	1500 Vs	Name of Abatem	en: Contrador!)			
Name of Marilloring Firm Hired by Building Owner	4	1 6	MOE	JE, _			
(8) ~ /A		Syee: Address					
Street Address	92		S, S Pruc	= Du	2		
*		Chr. State, Zip Co			-		
City State Zip Code				DEI	T, 0	18052	
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Project Manager for Monitoring Firm	Telephone 'kic	Telephone No		Licet	044	4	
bidect Manager to months and		856-77	9-0472				
- Cabadyad C	moleton Date 11	Hame of OSHA N	fourtor 17				
Stan Date 107	5/15	2 8 5	3P4 KI	EHK			
3 / 22//3		Street Address		· .		***	
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Abatement Performed Dutside of Normal Facility	Hours	Ut Sale Up w	OLE S	AD:	N.J	08	
Other - Describe			W L E 3				
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Scope of Work (Check all that apply)		= FUI CON	tainment with N	90011011			
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TO BE ABATED	- 43	s magne VAT.	01	SFC	F)	Repair	
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Name of Registered Waste Hauler		of maste	1 1 N	(.1	.v. A.		
7	7000		1				
KLEMIO INC.		Disposal Date	City, State	5/21	_ 1	7	
City State APEE SIARDE	N. J		1 1000	731	GN	: / .	
CIN STATE SHADE		- Signature			Date 1	~ /	
Completed By Title	0	Ja. 1	n Kalin	~	3 /18	113	
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Date of Notification (1)	te of Notification (1) Name of Building Owner/Operator (2)													
Agencies Notified Type Notification)	Street A	ddfacc	. 7 201										
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EPA Initial DEP Amended		City, Sta	te, Zip Co	_ HI / (
DOL Amendmen		\ \	neur	i	RO									
DOH Emergency justification)	Name of Eric P	Contact			777	poüe Natu	ber		15000				
DCA Cancellation		<u>r</u>												
Name of Facility Where Abatement is Tak	ng Place (3)	FACI	LITY INFO	RMATI		of Facilit (4)	-				-			
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Street Address	/	-				Subchap er 8 (Oth	than K-12)				2			
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County (6)			Code (7) USE ONLY)		Cum	ent Use (1 rior if be	demolishe	ea)						
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	I No.		Name of Aba	atement (ontractor)			-	-			
	(-)					ustries I 1c.	,							
Street Address					Street Addre									
					P.O. Box									
City, State, Zip Code					City, State, 2						18			
Project Manager for Monitoring Firm		Tolopho	no No		Telephone N	w Jerse / 0872	icense No							
Project Manager for Monitoring Firm	reiebilo	Telephone No. Telephone No. (732)899-7499						Idings, homes, Bldg. Age Ocedure Abatement Type Enclosure						
Start Date (10)	Scheduled (Completion	(732)899-7499)1196 pmpletion Date (11) Name of OSHA Monil pr											
511916	1221	15.	15.											
Occupancy Status During Abatement (Ch	eck Only One)				Street Address									
Facility Closed/Vacated During Entire	Period of Aba	tement			City, State, Zip Code									
Abatement Performed Outside of No Other – Describe:	mai Facility Ho	ours		_	City, State, 2	Zip Code								
Scope of Work (Check All That Apply)							-				-			
≥3 sf or ≥3 lf	□/Ren	ovation			- Fi	III Contair ment witi	legative Pr	essur	e					
≥160 sf or ≥260 lf		nolition	Ilition Mini-Enclos re Glovebag F ocedure											
27			0			on-Exemplied (*) ar	Non-Friable	e Proc	cedure					
	Is Lo	cation												
Location of		mally Solely by			escription of				1 9	he				
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/			taining Materia I systems insul		ount ecify	R	77	Enc	m			
In Facility (13)		ial Staff? 12)		surfa	cing, VAT, or miscellaneous	S	r LF)	Remova	lepa	apsı	closi			
(13)	Yes N	In NI/A	1	Outer	Tiliscellal lecus,	,		/al	7	ilate	Jгө			
	res i	No N/A	0: 0	100	11/2/50-			7	-					
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		X	05/00	100-	CONTAININ	e SDE	155	8						
		Y	MRC						- 2					
Name of Registered Waste Hauler	NJDEP W Hauler ID		Cubic of Wa	: Yards	Name of Regist	d Landfill								
Brick Industries Inc.	21602	1.75	3	10	GRC WS									
City, State				Dispo	sal Date	City, S ate								
Brick, New Jersey				151	(3/1)	PA	- 15							
Completed by Eric Plackis	Title Preside	ant		1	Signature	N 0)	Dat	511	211	T				
LITO I IGUNIO	»1 I L								J					

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

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Date of Notification (1)	Date of Notification (1) Name of Building Owner/Operator (2)							-							
May 18, 2015					Naomi Reissner Che							400	F:	8 1.	: 26
Agencies Notified	Type Notification			Street A			2 52094 22 411				-60				
X EPA	× Initial			2165 Vauxhall Road								The	F-1	LIT	001
DEP	Amended	220		City, Sta	BES	ICE	110	HIO	MUL						
X DOL	Amendment : Emergency (i		- [Union	CE L	ILE	(F)	ITU							
X DOH	justification)	inolading			f Contact	ne Nur	nber								
DCA	DCA Cancellation Naomi Reissner FACILITY INFORMATION														
Name of Facility Where A	Abatement is Taking	Place (3)	1	FACI	LITY INF	ORMATI	ON	Type	of Facility	4)					
Residence	and the state of t	3 1 1200 (0)	FS.												
Street Address									School (K- Subchapte	2) 8 (Other	an K-12	2)			
2165 Vauxhall Road	d							X	Other (i.e.	rivate &			dings,	home	es,
City (5) etc.) Square Feet									# of F	ors	F	Bldg. A	90	7.	
Union								3,000		2	713		00	ige	
County (6)				County	Code (7)			Current Use (Pr or if being emolished)							
Union				(STATÉ	USE ONLY)			dence			/			
Name of Monitoring Firm				ASCN	√l No.		Name	of Abat	tement Co	tractor (_				
Management and E	nviro. Consultin	g Service	ces				Sha	de Env	vironmer	tal, LLC					
Street Address							Street	Addres	ss	·		7			
PO Box 341							623	Cutler	Avenue						
City, State, Zip Code								State, Zi							
Chesterfield, NJ 085							Map	le Sha	ide, NJ (8052					
Project Manager for Mon	itoring Firm			Telepho				hone No			ense No.				
Bill Weisgarber			98-4070			755-0	(342							
Start Date (10) May 27, 2015			Date (11)		100000000000000000000000000000000000000		A Monitor								
	May 27, 2015 June 1, 201 Occupancy Status During Abatement (Check Only One)								ılytical, lı	C.					
			Street Address 200 Route 130 North												
Abatement Performs	Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou				ement						-				
Other – Describe:				Cinnaminson, NJ						8077					
Scope of Work (Check Al	Il That Apply)						0		7011, 110 (-				_
≥3 sf or ≥3 lf	11 21	X R	onove	ation			7	K	Containm	ant with N	inthia F				
≥160 sf or ≥260 lf				nolition Full Conta Mini-Enclo Glovebag							ative F	ressu	re		
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		1	on the same	Non-Exempte							n-Friable Procedure Abaten				
	32	727	Locat lorma			1920						лен пре	5		
Location Asbestos-Containing		Used	d Sole	ely by	Ashes	De stos Conf	scription		(ACM)	Am	nt				
TO BE ABA	ATED	0.0000000000000000000000000000000000000	ntena	ince/ Staff?		thermal				(Sp	fy	R	д Д	Enc	Ē
In Facili	ity	Custo	(12)		855		acing, VAT, or miscellaneous)			SF	.F)	Remova	Repair	apsı	Enclosure
(10)		1		T	-	otheri	IIISCEIIAI	neous)				val	=	Encapsulate	ure
		Yes	No	N/A										10	
Laundry Room and	Heater Room		XXX			Pipe	Insula	ation		42	Ξ	X			
												-			
			-100	3											
		1			-							-		-	
Name of Registered Was	te Hauler			JDEP W	/asta	Cubic	Yards		Name of	Registere	andfill				
Name of Registered Waste Hauler			0 60	Hauler ID		of Wa							1	4£11	
Freehold Cartage			0	2265		1		Western Berks			omm	unity	Lan	JIIII	
City, State	VI.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sal Date		City, Sta						
Freehold, NJ						6/1/2	015		Birdsb	ro, PA					
Completed by		Title	.4:-	o M-		1 5	Signatur	200 5	D.	1	Da		145		
Christina Lynch Operations Manager						MA	AN	0		5/	18/20	J15			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2183 (Pursuant to NJAC 8:60 and 5:16) ANCELLATION Date of Notification (1) Name of Building Owner/Operator (2) 18 / 15 Elizabeth Harbison Agencies Notified Type Notification Street Address X EPA Initial 305 1st Street X DOLWD Amended City, State, Zip Code Amendment #_ X DHSS □ DCA Keyport, NJ 07735 Emergency (including (NJAC 5:23-8) justification) Name of Contact Cancellation Vincent Heckelman FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4 Private house School (K-12) Street Address Subchapter 8 ()ther tha (-1 2) Other (i.e., pri ate and onmercial buildings, 305 1st Street homes, etc.) City (5) Square Feet # of Flo Bldg. Age Keyport, NJ 07735 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prio if being molished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License). 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 17 / 15 05 / 20 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34 A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontaminal on with r ative pressure Full Containment with Nega ve Press ≥ 3 sf or >3 If≥ 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with N ative Pressure Non-Exempted (*) and Non- riable P edure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amou Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Spec Custodial Staff? IN Facility surfacing, VAT, or SIF or (12)(13)other miscellaneous) Yes No N/A Exterior siding X Transite siding X 1, 100 SF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registe ed Landf Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 05/18/2015 ASB-41 * Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 04/27/15			Building C Associa	25 1 AV 20	616 1: <u>58</u>									
Agencies Notified Type Notification		Street A		20										
EPA Initial 9 Robinson Lane A.55 City, State, Zip Code							SIN	ति	DŁ.					
DOL Amendment #_ Emergency (in		-	wood, Ne f Contact	ew Jersey 07	Telepho									
DOH justification) Cancellation		A STATE OF THE STA	nfante											
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)														
Toyota Building School (K-12)														
Street Address 1096 Route 17 North Subchapter 8 Other (i.e. priviletc.)								build	lings,	home	s,			
City (5) Ramsey, New Jersey 07446					Square Feet 10,000	# of Floo 2								
County (6) Bergen			Code (7) USE ONLY)		Current Use (Pr Car Dealers		olishe	d)		nge				
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	ASC	M No.		e of Abatement Contractor (9) h Corporation									
Street Address				Stree	Address McBride Aver									
City, State, Zip Code				City,	State, Zip Code		-							
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	odland Park, None No. 225-8400	J 0 7424	ie No.							
Charl Data (10)	\	D-+- (44)	01	4										
6 8 15	7/8		J&S											
Occupancy Status During Abatement (Check	10 10 10 10 10				Address B Route 22 We	est ·								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			=	City,	State, Zip Code on, New Jerse									
Scope of Work (Check All That Apply)					on, New Jerse									
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	The state of the s	ovation olition			Full Containmen with Neç ve Pressure Mini-Enclosure						re			
7					Glovebag Pr Non-Exempt	oce ure ed () and No	riable	Pro	management to the					
		cation					Abatement Type							
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TO BE ABATED In Facility	Custodi	al Staff?	(i.e.	thermal system surfacing, V	AT, or	(Spec SF or I		Remova	Repair	Encapsulate	Enclosure			
(13)		lo N/A	-	other miscella	neous)			oval	air	ulate	sure			
Lower Roof	10 11/11	Roof	ing material	4,500	:	X								
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Name of Registered Waste Hauler Lilich Corporation	19000 - 10000 - 10000	DEP Waste Cubic Yards Name of uler ID No. of Waste G.R.O.\(\frac{1}{24}\)				ndfill								
City, State Woodland Park, New Jersey 07424		10	Disposal Date 06/22/15		ate svill », Penn	Ivan	a							
Completed by Momo Glavatovic	Title Vice Pre	esident		Signatu	· AO	>	Dat	-	91	15	-			
AND THE PROPERTY OF THE PROPER						LU	7/1	0	"less"					