CNECK # 3313

STATE OF NEW JETTEY : HOTHPRATION OF ASBESTOS ABATEMENT (PUTTURE TO NIAC 2:50 and 12:120)

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Otic of Monification []	Hame of Bulldin	Owner/Operator	(3)	الحملاً سين	
5/2914		HELL X			
Agencies Notified Type Hothication	Surel Address		14 EAY 23 P	1 3 (13	
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区 20cm (Natification) Carcellation	Hama of Contac	J. P.	THE LIVE THE	ואים אים אים	
□ Caucalation		Dm = 3			
	FACILITY INF	ORMATION			
name of Facility Where Abatement is Taking	Place (3)		Type of Facility	0	
RESIDENCE			□ Sch∞((X-1?)		
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Couns (6)	County Code (1) (31415	VA C	~ ~T	
CAPE MAY		THE STATE OF	reni Conuscioi (9)		
name of Martioning Firm Hired by Building On	YNO! ASCH HO	Kirc			
18) N/A		SULLIAGOLLA	100	,	
Sire Appless		369	5. School	1. 3 Nor.	
		CAY, State, Dp C		. ~	
City State Zip Code	``	MARC		= N.20	S:12
	TV: Va Via	לא פריסים אם		LICENTE NO	
PIGK: Manager la Montany Firm	14 show HO		79-0471	001-	
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Der page Status During Abatement (Chec	x only one)	Sucer Address	S SPRV	CE AVE	
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D wiemeni Peramed Outside of Hormal	Facility Hours	CAY, State, Do	C001.	N.J. 13	
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Scope of more (Check all was apply)	- Renovation	C 40.1	ACIOS UIT	**************************************	
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Location of	Used Solely DY	OUNTED COUNTED	Malenal (ACM)	Anan	- I
Acoesios Conisiano Material (ACM)	Maintenance/ Asi	· INCOMI ITTIES	A NICALIA	Sto J.	}
TO BE ABALED	Siani	SUNSCINO. Y	A1. QI		i 1 !
IN F SOUT	(17)	OAJM WATCH			
(13)	TE HO HIA	1/20			
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TRANSITE		21 VIN		1	
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name of Registered Waste Hauter	· HUNE DNO	01211111	1 (' }	16/90	/-
Haimen INC.	17901	Onmul O	ale Ciry Stati	1	. —
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TALVE STATE	ix /a	Signal	, <u>/</u>	-	5/20/14
Compriso B1	V/f'		100		
Jusiani KLEMM		0	E		

NO CK.

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Date of Notification (1)		Name of Building Owner/Operator (2)														
5-20-14			Levin Management Corp. 2014 MAY 22 Div.													
Agencies Notified	Type Notification			t Address				7 1111 2	J PH	1:	69					
₩ EPA	□ Initial			5 US Hw		West		1.4",								
□ DEP ■ DOL	Amended Amendment	#1		State, Zip C rth Pla		ld, N	J 07060	& LICE	D CUM ENSIN	HE G	91.					
DOH DCA -	☐ Emergency (justification) ☐ Cancellation	including		e of Contact			× 13		Telephone Number							
			F.A	CILITY INF	ORMATIO	ON										
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Facility	(4)								
Blue Star Shop	ping Center	Space	19				☐ School (K	School (K-12)								
Street Address Route 22 & Bon	nie Burn Ro	ad					☐ Subchapte	chapter 8 (Other than K-12) er (i.e. private & commercial buildings, home								
City (5) Watchung			27				Square Feet 3,120	# of Flo	f of Floors		3ldg., 20+	-				
County (6) Somerset				ty Code (7) E USE ONLY	ý		Current Use (P		demolish	ed)						
Name of Monitoring Firm	Hired by Building C	Owner (8)	AS	CM No.		Name	of Abatement Co			-						
EHS Environmen		105				ironmen	tal C	o.	Tnc							
Street Address							Address				1110	•	e 87			
411 Southgate	Court, Suit	e E				923	Haws Ave	nue								
City, State, Zip Code						200	tate, Zip Code					1000	-			
Mickleton, NJ					Nor	Norristown, PA 19401										
Project Manager for Moni		Telepi	hone No.	-	Telephone No. License No.											
Jack Carnev			856-	-224-00	80	610	-239-9920		003	98						
Start Date (10) 6-5-14	Scheduled 6-12-	Completio	n Date (11)			of OSHA Monitor		Inc.		- 407						
Occupancy Status During	Abatement (Check	Only One)					Address			Day to de						
Facility Closed/Vaca		0 0 0000	tement				Southgate	Court,	Suit	e E	2					
☐ Abatement Performe ☐ Other – Describe: _	ed Outside of Norma	al Facility Ho	ours			City, St	ate, Zip Code Leton, NJ									
Scope of Work (Check All	That Apply)						1000117 110									
	ттаг другу)	17 <u>11-17</u>	00000000				S - 500000000000000000000000000000000000									
□ ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf			ovation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		12.1.2		T			Non-Exemple	d () and No	ni-i iiabie	710	Abate					
Location	of		cation mally		5							ре				
Asbestos-Containing I	Part Control of the C	Used S	olely by	Asbes		cription (ot aterial (ACM)	Amou	int			_				
TO BE ABA In Facilit (13)	Custodi	nance/ al Staff? 2)	(i.e.	thermal s surfaci	ystems ng, VAT	insulation, , or	(Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure				
(10)		Yes N	lo N/A	-	other mi	Scenario	eous)			val	Ŧ	ulate	ure			
Formor main						-										
Former main gym			X	blaci	kmasti	.C		1,100	SF	x						
Name of Registered Waste	a Hauler		NJDEP	Masta	Cubi- M	a a d c		D- 11-1	100							
Robinson Waste	Disposal		Hauler II	D No.	Cubic Yaste	70.000	GROW	Registered	Landfill							
City, State Voorhees, NJ					Disposa 6-12-		City, Stat	е	מם מ							
Completed by		Title			6-12-14 Morrisville, PA											
David Rowley		Projec	et Man	ager												

NO CK.

Date of Notification (1)	Amended May 21 May 12, 2014	, 2014		e of Building	Owner / Operator	r (2)		. Crieck	# 0%	94		
Agencies Notified	Type Notification		Street Address 2014 MAY 23 PH 1: i									
□EPA □DEP			111 (Greenbrook	Road							
⊠DOL	Initial		1,12,000,0	State & Zip C		4	& LICE	SIND CONTRACTOR	. i.			
⊠рон	Amended Amendmer	nt # 1	Gree	n Brook, NJ	08812	₹1	g ~ EIOLI	10114D	4.			
DCA	Cancellatio		Name	e of Contact				Telepho	ne N	umbe	er	
									9)	- 1	
			F/	CILITY IN	FORMATION	1						
Name of Facility Where Washington Park State	Abatement is Taki e House	ing Place (3)			Type of Fa	cility (4) ol (K-12)						
Street Address						napter 8 (Other	than K-12\					
16 Rock Road West							& commercial bu	uildinas. ho	me.	etc.)		
0:: /5:					Square Fee		of Floors	Bldg. Ag		,,		
City (5) Green Brook					5,0		2 + Basement		70			
Green Brook					Home	e (Prior if being	demolished)					
County (6) Somerset		County Cod										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM No		patement Cont	ractor (9)					
Hillman Consulting Street Address					Synatech, Street Addr							
1600 Route 22 East, St	e. 107				829 Radio							
City, State & Zip Code Union, NJ 07083					City, State	11.00 to 400 #100 to 100 to	-2/2/8/0				- 22	
Project Manager for Mor	nitoring Firm	Te	elephone	Number	Telephone	Harbor, NJ 08		e Number				
Brian Nemetz	000 0000 0 0 101 00	90	8-686-26	36	609-296-69		Licens	008°	17			
Scheduled Start Date (1 May 27, 2014		uled Complet	ion Date e 20, 201		Name of OS Synatech, I	SHA Monitor				A 100		
Occupancy Status Durin	g Abatement (Che	ck only one)			Street Addr							
	Vacated During Er			ent	829 Radio	Road						
	formed Outside of	Normal Hours	S		City, State 8	& Zip Code						
Other – Describ	ee: ed During Abateme	ent			Little Egg I	Harbor, NJ 08	087					
Scope of Work (Check a	279		-									
M		5 3				Full Contain	ment with Negative	Pressure				
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 lf		. 🖺	Renovati		₽	Mini-Enclosi						
			Demolition	on	L	☐ Glovebag Pi						
Location	on of	Is Locati	on Norm	ally Used	Descrir	otion of	ted(*) and Non-Fria		ure patem	ont T	Cupo	
Asbestos-Containin		Solely b	y Mainte	nance or	Asbestos-	Containing	Amount (Sp	pecify	Jacon	SIIL I	ype	
TO BE A		Custo	dial Staf	? (12)	Materia (i.e., therm		SF or Li	-)			_	
(13					insulation, su	rfacing, VAT	1	,		g g	ш	
					or other mis	cellaneous)		Remova	Repair	сар	ncic	
		Yes	No	N/A				oval	air	Encapsulate	Enclosure	
1 st Floor Landing of Ba	sement Staircase			х	Floor Tile	& Mastic	8 SF	Х	\vdash	Н	1	
					/							
Name of Registered Was	ste Hauler	NJDEP V		Cubic Yard	ds of Waste	Name of Re	egistered Landfill					
Synatech, Inc.			429	< 1		Grows Lan	dfill					
City, State				Disposal D	ate	City, State						
ittle Egg Harbor, NJ 0	8087			June 23, 2	2014	Morrisville	ΡΔ					
Completed By	Title			Signature	<i>∧</i> .	Inomisvine	Date					
Diane Aloia	Free	utive Adminis	strator	1 /10	i Illa		Amer May 12, 2014	ided May 21	, 201	4		
	-ACC	running	Juliu	1 1161	C UUIL		WINDY IZ. ZUTA					

NO CK

					NJAC 6:60 and		nra-	Che	eck a	# 83	64	
Date of Notification (1)	May 12, 2014		Nam	e of Build	ing Owner / Opera Green Brook	itor (2)			D			
Agencies Notified	Type Notification		_	et Address			7814 MAN		-	-	Ne As	-
П							ZE14 MAY 23	13 PM 1: 22				
□EPA □DEP	13		111	Greenbro	ok Road							
⊠DOL	KZI Imikial		-	D			338ESTOS D & LICEN	COMI	Del			
17. T. C.	Initial Amende	-	1000	State & Z		4	D & LICEN	SING	1 1 50- 1			
⊠DOH	Amendm		Gree	n Brook,	NJ 08812	,	. DF	-	1	4.5 数上		
DCA	Cancella		Nam	e of Conta	act		El Company	Tele	∋pho	ne Ni	ımbe	er
										¥		
	H. W. Carlotte		F	ACILITY	INFORMATIO	ON						
Name of Facility When Washington Park Sta	e Abatement is T	aking Place (3))			Facility (4)						
Street Address	te riouse					100l (K-12)						
16 Rock Road West							ner than K-12)					
							te & commercial b				etc.)	
City (5)					Square F	-eet 5.000	# of Floors 2 + Basement	Bldg	. Age			
Green Brook						,	ing demolished)			70		
					Home		g comencue,					
County (6) Somerset		County Co										
Name of Monitoring Fir	m Hired by Ruildi	USE ONL	<u> </u>	ASCN	INIa Nama of	A1 -1 1 O						
Hillman Consulting	in threa by buildi	ing Owner (6)		ASCIV	Synateci	Abatement Co	ontractor (9)					
Street Address	:		- 111979		Street Ad							
1600 Route 22 East, S	Ste. 107				829 Radi							
City, State & Zip Code Union, NJ 07083						te & Zip Code	00007		10.000			
Project Manager for Mo	onitoring Firm	I-	Telephone	Number		g Harbor, NJ e Number		se Numb	or	-		
Brian Nemetz	* 10 * 10 * 10 * 10 * 10 * 10 * 10 * 10		908-686-20	636	609-296-		LICEII		0081	7		
Scheduled Start Date (May 22, 201		eduled Comple	etion Date ne 20, 201			OSHA Monito	r				2.4-17	
Occupancy Status Duri	ng Abatement (C	heck only one)			Synateci Street Ad	Idress		-				
	Nacated During			ent	829 Radi	o Road						
	rformed Outside	of Normal Hou	ırs		City, Stat	e & Zip Code						
Other - Descri	170.70				Little Eg	g Harbor, NJ	08087					
the same of the sa	ied During Abater	ment										
Scope of Work (Check	all that apply)											1000000
M		F	71			Full Cont	ainment with Negativ	e Pressu	ire -			
≥3 sf or ≥ 50 lf			Renovat			Mini-Encl	osure					
≥160 sf or ≥260	IT	<u></u>	Demoliti	on		A CONTRACTOR OF THE PROPERTY O	Procedure					
1000	V						mpted(*) and Non-Fr	iable Pro				
Asbestos-Contain	tion of ing Material (ACN		ation Norm by Mainte			cription of s-Containing	Amount (C	nacif.	Ab	atem	ent 7	Гуре
	ABATED		todial Stat			rial (ACM)	Amount (S SF or L					
	acility			1	(i.e., the	rmal systems]′			_	
(1	3)	1	1	1		surfacing, VA niscellaneous)			Z	711	inc	g
		1		1	or other in	iliscellarieous)			Removal	Repair	aps	응
		Yes	No	N/A					val	랆	Encapsulate	Enclosure
1 st Floor Landing of B	asement Stairca	se	-	×	Floor T	ile & Mastic	8 SF		Х		0	<u> </u>
				 	1,007 /	no a madao	1 001	1	^			
Name of Registered Wa	acta Haular	NIDED	Masta	I Cubia	Y151M1-	IN.						
Tanie of Negistered Wi	aste ridulef	Hauler	Waste	Cubic	Yards of Waste	Name of	Registered Landfill					
Synatech, Inc.			27429	< 1		Grows I	andfill					
City, State		1007000		Dispos	al Date	City, Sta	AND THE RESERVE OF THE PARTY OF					
ittle Egg Harbor, NJ	08087				2 2044		W D4		00			
Completed By	Tit	e		Signat	23, 2014	Morrisv	Ille, PA				-	
	1			Signat	1/2 /	ń.	Date					
Diane Aloia	Ex	ecutive Admir	nistrator	11/	Were Al	07	May 12 2014					

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"Simple"	100		40.00	

Date of Notification (1)					Name	of Buildin	g Ov	ner/Operator	r (2	2)		0,000			
	15 /	14			Me	rck Shar	p an	d Dohme C	Cor	rporation	0818 14	* V 00	5		
Agencies Notified	Type Notifi	ication			Street	Address					2014 M	N 23	111	1:	23
⊠ EPA	☐ Initial				126	E. Linco	oln A	Avenue							
		TOTAL			City, S	State, Zip (Code		-		- AUDE	3133	COL	TR	31.
☑ DHSS	Amend		-	9		nway, NJ						LICE			ΑĒ
DCA (NJAC 5:23-8)	Emerge justifica		cluding	1		of Contac					Telephone N				<u> </u>
	☐ Cancell	100000000				ry Stank	i on	z			releptione is	No.			
								RMATION							
Name of Facility Where Ab	atement is	Taking	Place	(3)		01211111		TUILATION	Т	Type of Facility (4)			- 300000	
Building 121/121E &				,					- 1	☐ School (K-12)	250				
Street Address									\dashv	☐ Subchapter 8	(Other than k				
126 E. Lincoln Avenu	ue									Other (i.e., pri homes, etc.)	vate and com	mercial b	uildin	gs,	
City (5)			-						+	Square Feet	# of Floors	E	Bldg. A	ae	
Rahway										115000	4		50	.go	
County (6)					Cour	tv Code (7VSTA	ATE USE ONLY	1	Current Use (Price	or if heing den	nolished)			
Union						, (.	η		1	Vacant	in boing don	ionoriou)			
Name of Monitoring Firm H	lired by Ru	ildina C	Junar	(8)	ASCM	No	No	me of Abator		nt Contractor (9)					
EHI, Inc.	illed by bu	nung c	JWHEI	(0)	ASCIVI	NO.	1								
Street Address								eet Address	ını	nental Manage	ment, inc.				
655 West Shore Trail										4					
City, State, Zip Code	<u> </u>							3436 Enterp y, State, Zip			*****	-	-		
Sparta, NJ 07871								Philadelphi						- 2	
Project Manager for Monito	oring Firm			Tele	phone	No.	_	lephone No.			License No				
Lisa Liloia	1000 3 00 000 10			97	3-729	-5649	2	215-365-581	10		1156	2			
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Na	me of OSHA	Mo	onitor	1	2-20	-		-
6/_02_/_	14		9/	_ 26	_ /	14	ι	JSA Enviro	nn	nental Manage	ment, Inc				
Occupancy Status During A	Abatement	(Check	only o	ne)			Str	eet Address			-				
☐ Facility Closed/Vacated	During En	tire Per	riod of	Abater	nent		8	3436 Enterp	oris	se Avenue					
☐ Abatement Performed C								y, State, Zip (- 000		
Time of Abatement: 7:0	00_AM- <u>3:3</u>	0PM/_	P	M	AM		100	hiladelphi							
Scope of Work (Check all the	hat apply)					2					2007 27002				
			ПР	novati	n.			☐ Full Co ☐ Mini-Er		ainment with Nega	tive Pressure	l.			
≥160 sf or ≥260 lf				molitio				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Procedure					
										npted (*) and Non	-Friable Proce	edure			
				Locati Iormal								A	batem	ent T	уре
Location of Asbestos-Containing Ma		NAN		d Sole		Acho	ctos	Description Containing M			Amazint	R	Re	m m	m
TO BE ABATI		(VI)		intena				ermal systems			Amount (Specify	Remova	Repair	car	Co
IN Facility			Cust	odial 9 (12)	Staff?	******	S	surfacing, VA	T, 0	or	SF or LF)	Val	_	Encapsulate	Enclosure
(13)		1	Yes	No	N/A		oti	her miscellan	ieo	us)				ate	
See attached															
							10000								
Name of Registered Waste					IDEP V		100000000000000000000000000000000000000	oic Yards of		Name of Registe	red Landfill				
Freehold Cartage Inc.					uler ID 15939	INU.	Was	200	2)	Lycoming C	ounty RMS				
City, State			-		-	ORAN COLOR OF THE ORAN		posal Date		City, State					
Freehold, NJ							8/	/26/2014		Montgomery	, PA				
Completed By (Print or Type	e)	Title	3					Signature	,	10		Date	i		
Dilip Kumar		Pr	ogran	n Mar	ager			Deli	L	paua	, (5/15	114		

Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)	Abatement Type				
	YES	NÒ '	NA	miscell.)		Rem.	Rep.	Encap	Enclose	
Building 121			x	Pipe Fittings	4 EA	Х			T	
Building 121			х	Pipe Wrap Cloth	10 LF	x	-	_	-	
Building 121			Х	Window Caulking	60 LF	X	1			
Building 121			X	Transite Window Sill	54 SF	X	-	_	-	
Building 121			Х	Window Glazing	10 EA	X	_			
Building 121			Х	Window Sill Caulk	85 EA	X		_		
Building 121			X	Door Caulk	200 LF	X			1	
Building 121			Х	Roof Coping Stone Caulk	150 LF	X	_			
Building 121			Х	Roofing Tar	24000 SF	X			+	
Building 121			X	Crawl Space	2000 SF	X	_	_	+	
Building 121E			X	Pipe Fittings	5 EA	x	+	-	+	
Building 121E			X	Transite Table Top	15 SF	x	+	_	+	
Building 121E			Х	Water Proofing	400 SF	X	+	-	+	
Building 121E			X	Window/Door Glazing Caulk	63 EA	X	+		+	
Building 121E			X	Window Sill Caulk	90 EA	x	-			
Building 121E			X	Exterior Building Caulk	160 LF	×	+	-	-	
Building 121E			X	Roof Flashing	800 SF	×	+	_	-	
Building 121E			X	Roofing Tar	8200 SF	x	-	-	-	
Building 121E			X	Coping Stone Caulk	130 LF	×	+-		+	
Building 121E			Х	Mastic on Duct	20 SF	×	-	-		
Building 123			Х	Window Caulk	46 EA	×	-		-	
Building 123	1000		Х	Door Caulk	80 LF	×		_	-	
Building 123			X	Roofing Tar	9500 SF	X	-		+	
Building 123			X	Coping Stone Caulk	300 LF	×	-	-	-	

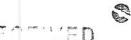
NO CK.

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



Date of Notification (1) Name of Building Owner/Operator (2) 04/11/14 State of NJ Department of Treasury Month/Day/Year PH 1: 31 Agency Notified Type Notification Street Address EPA X Initial 50 Barrack Street DEP X Notification City, State, Zip Code ICENSING DCA Amended Trenton NJ 08608 DOH Notification Name of Contact Telephone Number Cancellation Craig Cody **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Marlboro Psychiatric Hospital School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial 546 Newman Springs Road buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) 70+ bldgs 100+ Marlboro Township Monmouth County (STATE USE ONLY) Current Use (Prior if being demolished) vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Accredited Environmental Technologies, Inc. Associated Specialty Contracting N/A Street Address Street Address 28 North Pennell Road 98 laCrue Avenue City, State, Zip Code City, State, Zip Code Media, PA 19063 Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Licence Number **David Turotsy** 610-891-0114 610-364-9622 1103 Scheduled Start Date (10) Sched, Completion Date (11) Name of OSHA Monitor 04/28/14 Accredited Environmental Technologies, Inc. 05/28/15 Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address x Facility Closed/Vacated During Entire Period of Abatement 28 North Pennell Road Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: 7:00 AM - 5:30 PM Media, PA 19063 Other - Describe: _ Scope of work (Check all that apply) Full Containment with Negative Pressure X x Demolition Renovation Mini - Enclosure x >3 sf or >3 if X Glovebag Procedure >160 sf or >260 lf XX Non-Friable Procedure Is Abatement Type Location of Location Description of E E Asbestos - Containing Normally Asbestos-Containing Amount R N N Material (ACM) Used Material (ACM) (Specify E C R C TO BE ABATED Solely (ie. Thermal systems SF or M E A L In Facility by Maininsulation, surfacing, VAT, LF) 0 P P 0 (13)tenance/ or other miscellaneous) V S S A Custodial U U A I Staff (12) R Yes No E see attached sheets Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hanler ID No. of Waste Horizon Disposal 3700 GROWS City, State Disposal Date City, State Trenton NJ Morrisville PA As needed Completed By (Print or Type) Title Signati John Heemer Project Manager ABS-41 JUN 95 G4667





Date of Notification (1)		Name of Building Owner/Operator (2)														
May 20, 2014			Avalon Bay Communities, Inc.								D M	1.5				
Agencies Notified EPA	Type Notification		- 1	Street A	ddress oute 1 S	outh									3 83	
EPA DEP DOL	Amended Amendment				ite, Zip Co NJ 0883				FA			DS C DEM:			Di.	4
× DOH	Emergency (justification)	ncluding	N	Name of	f Contact			July Service	7.A		anh	- · · n	ber		i i	
DOH DCA	Cancellation		1	Albert	Hromin											
				FACI	LITY INFO	RMATI	ON	Out of		_						
Name of Facility Where	Abatement is Taking	Place (3)						Ту	pe of Facility (4	•)						
Avalon Princeton									School (K-12							
Street Address									Subchapter 8 Other (i.e. pr					linas	home	
253 Witherspoon S	treet							×	etc.)	ivate o	COIIII	Herciai	Dunc	ılıys,	Home	55,
City (5)									quare Feet		Floor	s	4.5	ldg. A	ge	
Princeton									39,000	7			9	0		
County (6) Mercer					Code (7) USE ONLY)				urrent Use (Prio bandoned Fo				ed)			
Name of Monitoring Firm EWMA, LLC	Hired by Building (Owner (8)	_	ASCN N/A	No.				Abatement Cont Environment							
Street Address				10.7015(0)1			Street			710 M	A					
PO Box 5430/100 M	Misty Lane		,				623	Cut	tler Ave.							
City, State, Zip Code Parsippany, NJ 070)54								e, Zip Code Shade, NJ 0	8052						
Project Manager for Mor Craig Gorzyca	nitoring Firm			elephoi 973-56	ne No. 30-1400		Teleph 856-		e No. 5-0099		Licer 008	nse No 42	*			
Start Date (10) April 14, 2014		Scheduled July 31, 2			Date (11)		Name EMS		OSHA Monitor							
Occupancy Status Durin	a Abatament (Chac		-01-	r.,			Street		dross					_		
Power Comments of the Comments	A CO								ddon Ave							
Facility Closed/Vac Abatement Perform	ated During Entire F lied Outside of Norm	eriod of Aba al Facility H	iteme	ent			SVENS N		e, Zip Code							
Other - Describe:		arr domey rr				_	2500		ont, New Jei	rsev	081	08				
Scope of Work (Check A	II That Apply)													- 0 . 0		
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≥160 sf or ≥260 lf		**********	nolitic				×	<	Mini-Enclosure	nt with	nega	live Pr	essui	е		
		5-5					×		Glovebag Proce				-			
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(13)						othern	niscellar	ileot	us)				<u>val</u>	=	Encapsulate	ure
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Name of Registered Was	ste Hauler		1,0745500	IDEP W		Cubic of Was			Name of R		rea La	Indtill				
Freehold				253		30			GROWS	>						
City, State Mount Holly, New Je	ersey 08060					Dispos 7/31/2	al Date		City, State Morrisvil		4					
Completed by		Title	V- V-				ignature		~		-	Date				
Christina Lynch		Operati	ons	Mana	iger	7	ms	PA	000 A					, 20	14	

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

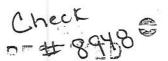
B & G proj. #:	2014-62	_	(Pu	rsuant to	NJAC 8:8 ON H	60-7 a OLD	ind 12:120-7)	5	Check #	N/A				
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Date of Notification			ne of Buildin		Operator (2)			2010	HEV-					
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Agencies Notified	Type Notification	11	et Address											
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☐ DEP	☐ Amendme	City	, State, Zip	Code	07920			à d	LICEN	SING	41			
DOL DOL	L Amendina	1 1 2	Basking R		01920				Telephone	Number	-			_
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☐ DCA	Cancellati	on [Daniel Mil	ler							_			
				FACILI	TY INFORMA	NOITA	2							_
N of fo cilibs w	here abatement is	taking place	e (3)					Туре	of Facility (4) (K - 12)				
	nere abatement to	.cg p	• • •							apter 8 (Oth	er the	an K-1	2)	
Daniel Miller										Private/Con			-,	
Street Address		3000							Bldgs./	Homes, etc	ì			
60 Lake Roa	d							Squ	are Feet	# of Floors		Bldg	J. Age	;
City (5)		Count	y (6)				nty Code (7)	_			ــــــــــــــــــــــــــــــــــــــ	U-b		_
	ge, NJ 07920		Somerse	st.		(Stat	e use only)		rrent Use (P sidential	rior if being	aemo	lisnec	1)	
877						L.,	Name of Abatemer							
Name of Monitoria	ng Firm Hired by B	ldg. Owner	(8)		ASCM No.									
	N/A						B & G Restora	tion, In	c.					
Street Address		-			· · · · · · · · · · · · · · · · · · ·		Street Address	,						
							105 Ryerson R							
City, State, Zip Co	de						City, State, Zip Coo		25					
							Lincoln Park, Telephone Numbe		33	License	Numb	er		
Project Manager fo	or Monitoring Firm		Phor	ne Numbe	r		973-696-6869			0378		50,040		
							Name of OSHA M							
Scheduled Start D	ate (10)	Sched.	Completion	Date (11)			B & G Restora		nc.					
05/05/2014		05/	30/2014				Street Address							
Occupancy Status	During Abatemen	t (Check or	nly one)				105 Ryerson F							
Facility clos	ed/vacated during	entire perio	d of abatem	ent.			City, State, Zip Co	de						
Abatement	performed outside	of normal f	acility hours	•					8000 <u>0</u>					1
Describe:	ribe.						Lincoln Park,	NJ 070)35					
	check all that apply)								wrap				
Demolition	200000	Renovatio	n				full Containment w/	/negative	e pressure	Glove				
		≥160 sf or					Mini-enclosure			Non-fr	iable p	proced	dure	
>3 sf or >3	<u> </u>		normally us	sed solely							R	R	E	E
Location of asbestos-c		by mainte	nance/custo	odial		tion of a	asbestos-containing		Amount	SE or	m	p	C	n
material to	be	staff(12)			material				(Specify LF)	Gr OI	O V	a	a	L
abated in fa	acility (13)	Yes	No	N/A							е	1	1	_
				X	pipe insula	ation			72 lf			凵		붜
crawl space				X	pipe insu	lation			36 lf			빝	브	무
garage area	Iroom		-	Х	VAT				150 sf			븯	ᆜ	무
2nd floor bed	HOOH										븯	屵	片	닏
													Ш	
Registered Waste	e Hauler		EP Hauler II	D# C	ubic Yards of	Waste	Name of Register Tullytown Re	ered Lan	dfill	v Center				
B & G Restora	ation, Inc.	195			2 1/2		City, State	source	& KCCOVCI	, conto				
City, State	NIX 05035		1	Disposal D 05/0	ate 7/14 - 05/3	30/14	Tullytown, P	PΑ				_		
Lincoln Park,		Tale			Signature		The second secon			Date	200			
Completed by (P		Title Secretar	y/Treasure	r			Gordana Lun	ra		05/06	3/201	4		-
Gordana Lun	а	-55010001	J											

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Agencies Notified EPA	Type Notification X Initial				side Ave				2814 H							
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DOH DCA	instification) Cancellation	,	1000		Contact Carmea	n			9	Tele	phone	Num	ber	100		
No 45 - 77 188				FACI	LITY INFO	RMATI	NC									
Name of Facility Where house	Abatement is Takin	ig Place (3)						Туре	of Facility (School (K-1					8	10	iir o
Street Address 16 Hillside Avenue								×	Subchapter Other (i.e. p etc.)	8 (Othe	r than comm	K-12) nercia	l build	dings,	hom	es,
City (5) Newton	Ti I							Squa 220	are Feet	# of 2	Floors			ldg. A	ge	
County (6) Sussex				County C	Code (7) USE ONLY)			Curr	ent Use (Prid	or if bein	g dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				atement Con			LLC				
Street Address							Street	Addre								
City, State, Zip Code		29 - 20					City, S	tate, 2	Zip Code d, NJ 0741							
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 973-	one N	No.	$\neg \tau$	Licen:	se No			-	
Start Date (10) 7/21/14	Com	pletion [Date (11)		700007.22	V4 14/22/2017	HA Monitor		-							
Occupancy Status During	Abatement (Chec	k Only One)				Street	Addre	ess			_		- 1		
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norm	Period of Ab nal Facility F	atem	ent			City, S	tate, 2	Zip Code							
Scope of Work (Check A	l That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	,,,,,,		novat moliti	vation dition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					9		
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Baseme		х		Boiler	insula	ition		20	SF		х					
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City, State Freehold NJ				Disposa TBD	al Date		City, State Morrisvi									
Completed by Andrew Scott Higgins	ent			Sig	gnature	a		$\overline{}$		Date 5/20/14						





Repenses Notified Type Notification Steed Address Steed Ad	Date of Notification (1)	. 1		Name (of Building Owner/	Operato	r (2)				_	
EPA 3851 Maria Street	2814 MAY 23 FOR 1:1	\mathcal{H}_{-}				و ج	Schade	2814 HAY 2	3 PM	1:6	E	
DOP County (a) Emergency (including Emergency (including Emergency (including Emergency (including Emergency (including DA) DOA				Street /		1		22 like		100		
DOH Emergency (including justification) Name of Contact School (2) Telephone Number Telephone Numb	O DEP & I D Amended	Entre of	÷F	City, St	ate. Zip Code		- 347	0 1 10			ei i	*
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Name of Facility Where Abatement is Taking Place (3) Single family Develling Street Address 83 Fast Main Street City (6) Maniton NJ 08053 County (66) Maniton NJ 08053 County (66) Maniton NJ 08053 County (66) Maniton NJ 08053 County (67) County Code (77) Name of Monitoring Firm Hirgh by Buildings Owner (8) Back Technologies ASCM No. Breet Address Street Address Scope of Work (Check All That Apply) Scope of Work (Chec	DOH justification)					, ;	1	Telephone	Number			
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County (6) Man to NJ 08053 Square Feet \$ of Floors Slidg. Age	Street Address				65	85	Subchapt	er 8 (Other than	K-12)			
County (c) Bualtington County Code (7) Current Use (Prior if being demolished) Street Address Street Address City State Ci	City (5)	Main		24	ncet		etc.)			lliaings	, nom	ies,
Courty (6) Courty (7) Cou	Marlton N	7	80	20	3		Square Feet	# of Floors		Bldg.	Age	
Name of Matement Contractor (9) ECT Technologies Street Address Street Addr	County (6)			County	Code (7)		Current Use (F	rior if being den	nolished)			
Street Address City, State, Zip Code New Eyrh Telephone No. City, State, Zip Code Name of Registered Waste Hauler EPC Technologies Normally Service Address City, State, Zip Code Name of Registered Waste Hauler EPC Technologies Name of Registered Waste Hauler Name of Registered Waste Hauler Proceed Manager for Monabright im About 10 8533 Telephone No. Telephone No. Telephone No. Cody 758-3365 Cody 758-365 Cody	Name of Monitoring Firm Hired by Building (ASCI	M No.	Name			0010	e	7.	
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Telephone No. Got 758-3365 Cog	City, State, Zip Code	ZW	- (280	5.33	City	State, Zip Code		70	100	5 2	2
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Abatement Performed Outside of Normal Facility Hours	Occupancy Status During Abatement (Check	k Only One)			Street	Address	~	<u> </u>	760	-	
Cither - Describe:	Facility Closed/Vacated During Entire F	eriod of At	ateme	ent				337				
≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if □ Pull Containment with Negative Pressure	Other – Describe:	al Facility F	Hours			City, S	tate, Zip Code	1100	~ ~		_	
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Demolition Description of Abatement Type Demolition Description		□ Re	novati	on			l Full Containn	nent with Negati	ve Pressi	ire		
Non-Exempted (*) and Non-Friable Procedure	□ ≥160 sf or ≥260 lf	□ De	molitic	n			Mini-Enclosu	re	vo : 1000			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Pipe Tosulation Of Waste Hauler ID No. Type Name of Registered Waste Hauler EPC Technologies City, State Normally Used Solely by Maintenance/ Custodial Staff? (12) Page Tosulation Of Waste Disposal Date City, State Completed by Title Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Of Page Tosulation Amount (Specify SF or LF) Of Page Tosulation Amount (Specify SF or LF) Of Page Tosulation Type Tosulation Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17000 City, State Collic Yards Of Waste Disposal Date City, State Collo 14 Moenisville PA Completed by Title Signature Date					r				riable Pro	ocedur	e	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler EPC Technologies City, State No N/A Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Tosulation Of Waste Cubic Yards of Waste Disposal Date City, State Completed by Date Date Date Date Description Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal system												t
Maintenance/ Custodial Staff? (1.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A Pipe Insulation Registered Waste Hauler EPC Technologies City, State Name of Registered by Name of Registered by Name of Registered Landfill Disposal Date (1.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (2.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (3.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (4.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (5.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (6.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Registered Landfill Waste Management of PA Completed by Title Signature Date									-	T ',	pe	
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Name of Registered Waste Hauler EPC Technologies City, State NJDEP Waste Hauler ID No. 17000 Disposal Date City, State Name of Registered Landfill Waste Management of PK Completed by Title Signature Date		Yes	No	N/A			,		l la	=	ilate	ure
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Date of Notification (1) 5-21-1	Name of	Building Owner/Operato Rose Man	r(2) Lie Poloni	, .	1 1 2	A 9	-0
Agencies Notified Type Notification	Street A					E_	*
□ EPA . Initial □ Amended □ Amended	- I	te, Zip Code	evue R	E LICATION	NTRE	1.	
DOL Amendment #	ncluding Name of	Contact	son DN:	Telephone Nur		AP:	
□ DCA □ Cancellation		Marie Polit	i			7	
Name of Facility Where Abatement is Taking		LITTINFORMATION	Type of Facility (4)		٠.	-
Street Address Street Address	Dwelling		☐ School (K-1	2) 8 (Other than K-1)	2)		
10 Valeure Ro	ad			private & commerci		gs, hom	es,
City (5) Madison, NJ			Square Feet	# of Floors		g. Age 75 4	_
County (6) Morris	County	Code (7) USE ONLY)	Current Use (Pri	or if being demolish			
Name of Monitoring Firm Hired by Building On	wner (8) ASCN	No. Name	of Abatement Cor	A 15	• •		
Street Address	3162	Stree	† Address	<u>thnelor</u>	1168	Ir	16
RO. Box 35	37	City	O. Box State, Zip Code	337	,	1	
New Equat	N2 08	533 N	ew Equ	pt 115	08	53	3
Project Manager for Monitori go Firm	Telepho		758-334	License N	53	94	
Start Date (10)	Scheduled Completion	Date (11) Name	of OSHA Monitor	hnologies	T-		
Occupancy Status During Abatement (Check		N 95	t Address	~			
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			State, Zip Code	337			
☐ Other – Describe:			kew Egypt	NJ	285	33	0
Scope of Work (Check All That Apply)			- (I				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	☐ Renovation ☐ Demolition	>	☐ Mini-Enclosure Glovebag Pro	-		duro	20 €
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Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. thermal system	ns insulation,	Amount (Specify	Reg	Enca Re	Enc
In Facility (13)	(12)	surfacing, V. other miscella		SF or LF)	Removal	Encapsulate Repair	Enclosure
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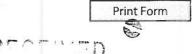
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Date of Notification	(1)			Name	of Bu	ilding	Owner / Opera	tor (2)						
	5/11/2014			Saint				28	14 MAY 23	PM I: i				
Agencies Notified EPA	Type Notific	ation	- 1	Street				Lu	IT LIMI LO	111 1. 15				
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				FAC	CILIT	YINE	ORMATION						-	
Name of Facility Wh	nere Abatem	ent is Taking P	lace (3				Type of Fac	cility (4)					5.0044	
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Street Address									(Other than K-	000000	000 0000000		900 12	
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City (5)		County (6)	100	unty C	'odo	(7)	Square Fee		# of Floors	B	ldg. Ag			
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Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No		atemer	nt Contractor (9)				
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Street Address							Street Addr 2129 Rt 33							
City, State & Zip Co	de				-		City, State		ode					
Decision Management			- ·				Hamilton,			r				
Project Manager for	Monitoring F	·Irm	i elep	hone	Numi	oer	Telephone 215-295-1			License N	umber 010 !	91		
Scheduled Start Date		Scheduled Cor	npletic	on Dat	e (11))	Name of OS							
5/21/201 Occupancy Status D		6/1/2014					EMSL Ana							
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Scope of Work (Che	eck all that ap	oply)						\Box	Cull Contains	mant with Al		D		
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	(13)			(12)			or other misce				oval	ai-	Encapsulate	Encisoure
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City, State				100			Disposal Date		State					
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Nou Nicilalusuli				PN	71		Rod Richardso	n			5/11	120	14	

CK # 385

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



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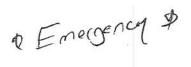
Date of Notification (1)				1	Name of	Building	Owner/C	nerato	r (2)								
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Agencies Notified	Type Noti	fication		-	Street Ad	ddress											
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Ĭ DOH		rgency (i ication)	including	f	Name of	Contact					Tel	enhone Ni	الدحسا				
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					FACI	LITY INF	ORMATI	ON									
Name of Facility Where	Abatement	s Taking	Place (3)				State Library	Ту	oe of Facility (4)				The Sales		
residence										School (K-12	?)						
Street Address										Subchapter 8					•		
1000 W Oak Rd									×	Other (i.e. pr etc.)	ivate 8	& commerc	cial bui	dings	, home	35,	
City (5)					ž,				Sq	uare Feet	# 0	f Floors	1	3ldg. /	Age	-	
Vineland									11	84	1			90			
County (6)	***************************************				County C	Code (7)			Cu	rrent Use (Prio	r if bei	ng demolis	shed)				
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Name of Monitoring Fire	n Hired by B	uilding C	Owner (8)		ASCM	No.		Name	e of A	batement Cont	ractor	(9)					
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Street Address								Stree			•			-		_	
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City, State, Zip Code								City.	State	, Zip Code					-	-	
ony, craic, zip codo								1-1000000000000000000000000000000000000		vr, NJ 08031							
Project Manager for Mo	nitorina Firm				Telephor	ne No		Telep	77.0 V. C.	STREET, VALUE OF STREET,		License	No.				
1 Tojour Manager for Mo		- 1	relepitor	10 140.				6-6452		01204							
Start Date (10)	Start Date (10)					Date (11)				SHA Monitor			1111				
6-9-2014			7-9-20		inpicaoii i	Jule (11)				Ricco							
Occupancy Status Durin	na Ahatemer	nt (Chec				84-15											
					Street Address 282 Creek Road												
Facility Closed/Vac Abatement Perform	ated During ned Outside	of Norm	eriod of /	Abater	tement												
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Scope of Work (Check A	All That Ann	(v)			Bellmawr, NJ 0803												
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Print Form

Date of Notification (1) 5/20/14			Name of Building Owner/Operator (2) Gary Raynor Private Home Street Address Private Home														
Agencies Notified	Type Notification		Street Ad	•				2814 H	HT 2	?3 P	K 1:	21	+				
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DOH DCA	justification) Cancellation	_	Name of Gary	Contact				¥	i ele	phone	Numne	r	Ca.				
			FACII	ITY INFO	RMATIC	ON											
Name of Facility Where A		Place (3)					PROPERTY.	Facility (4) hool (K-12									
Street Address 28 Walkill Road								bchapter 8 her (i.e. pri				uildi	ngs, I	nome	s,		
City (5) Little Egg Harbor N	J 08097						Square 1000 -	Feet	# of	Floors		Blo 35	dg. Ag	ge			
County (6) Ocean			County C	Code (7) ISE ONLY)			Current	Use (Prior	if beir	ng demo	olished						
Name of Monitoring Firm	Hired by Building O	wner (8)	ASCM	No.			of Abater aco Inc	ment Contr	ractor	(9)	7.00						
Street Address		8					Address Box 329										
City, State, Zip Code	*					City, S	tate, Zip	·)1								
Project Manager for Mor	nitoring Firm		Telephoi	ne No.			one No. 753-980	00		Licens							
Start Date (10) 5/21/14		Scheduled Co 5/23/14	mpletion I	Date (11)		Name Same	of OSHA e	Monitor									
Occupancy Status Durin	g Abatement (Check	Only One)	Street Address														
	ated During Entire Pened Outside of Norma				_	City, S	tate, Zip	Code		-					\dashv		
Scope of Work (Check A	Il That Apply)									-			All resident				
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Location	n of	Norm	ally		Des	cription	of						Ту	ре			
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Used So Mainten Custodia (12	ance/ Staff?		os Conta thermal surfac	aining N	Material (/ s insulati T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure		
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City, State Elm NJ				Dispos 5/23/	al Date		City, State Morrisvil		1906	57							
Completed by Anthony T Perna	mpleted by Title				S	ignațure				_	Date 5/20	/14					



CK 4107



Date of Notification (1) 5/20/14		9		me of Buildin			(2)				+ L	المعط		
Agencies Notified	Type Notification			at Mathis I	rivate	nome			14 MA	V 00	DM	1 0	_	
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EPA DEP DOL	Amended Amendment #	ŧ		y, State, Zip (tle Egg Ha		J 08097	•	4:	ಶ೭	STOS	COM	TRE		
	Emergency (in justification)	ncluding		me of Contac				-9	Tele	LICE!	Vumber	2	e.	
DOH DCA	Cancellation		Pa	at						•	D		No.	
N		D. (6)		FACILITY IN	FORMA	TION	T							
Name of Facility Where Pat Mathis Private		Place (3)					-	of Facility (4						
Street Address								chool (K-12 ubchapter 8		er than K	(-12)			
112 east Mohawk [Drive						X O	ther (i.e. pr				lding	s, hom	es,
City (5)							Square	tc.) e Feet	# of	Floors	1	Bldg.	Age	
Little Egg Harbor N	J 08097						1000	+	1			35+	1550	
County (6) Ocean				unty Code (7 ATE USE ON			Curren	nt Use (Prio e	r if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building C	wner (8)	1	ASCM No.			of Abate	ement Cont	ractor	(9)				
Street Address						10,000,000	Address			-				
Substitution of the substi						7.70	Box 32	5.						
City, State, Zip Code							State, Zip t Berlir	Code NJ 0809	91					
Project Manager for Mor	nitoring Firm		Tel	ephone No.		100	hone No 753-98			License 00727				
Start Date (10) 5/21/14	Scheduled (5/23/14	Comple	etion Date (1	1)	Name		A Monitor							
Occupancy Status Durin	g Abatement (Check	Only One)				Street	Address	S					-	
	ated During Entire P ned Outside of Norm			t		City, S	State, Zip	Code						
Scope of Work (Check A	All That Apply)					4								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		MARKET MA	ovatior nolition				Mini Glov	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		T					i Non	-Exempled	() an	u Non-Fi	Table P		temer	nt
Locatio	n of		cation mally		r	Description	n of						уре	
Asbestos-Containing	Material (ACM)	Used S Mainte	Solely be	ASD	estos Co	ontaining I	Material			mount	_		g	ш
TO BE AB In Faci	lity	Custod	ial Staf 12)	ff? (1	sur	nal system facing, V	AT, or	tion,		pecify or LF)	Remova	Kepair	caps	Enclosure
(13)					othe	r miscella	neous)				oval	ar	Encapsulate	sure
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Name of Registered Wa	H 50,000,000,000	EP Waste	N 10010100	oic Yards		Name of F	Registe	ered Lan	dfill					
United Containers	224	ler ID No. 59	of V	Vaste .		G.R.O.V	V.S.							
City, State Elm NJ					- 10000000	oosal Date 3/14	Э	City, State Morrisvi		1906	7			
Completed by		Title				Signatur	e /				Date	4		
Anthony T Perna		Preside	HIL			0					5/20/	4		



1 Emergence 1

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

4101	
	-
	4106

#*: N.27.19

Date of Notification (1) 5/20/14			Name of Building Owner/Operator (2) Maureen Tait Private Home										
Agencies Notified	Type Notification			et Address Tiller Court		170	2914	MAY	23 P	HT	: 29	?	
EPA DEP DOL	Initial Amended Amendment			r, State, Zip Coo tle Egg Harb		7	Å g	dEST	OS C	OHT	P.01		
DOH DCA	Emergency (i justification) Cancellation	nciuding	20000	ne of Contact aureen			79	Telepho	one Num	ber	4	ie i	
			F	ACILITY INFO	RMATION					8			
Name of Facility Where A		Place (3)				☐ s	of Facility (4) school (K-12)						
Street Address 4 Tiller Court						×	Subchapter 8 Other (i.e. priv tc.)	(Other the rate & co	mmercia) Il build	dings,	home	s,
City (5) Little Egg Harbor N	J 08097					Square 1000		# of Flo	ors	100000	ldg. A 5+	ge	
County (6) Ocean	#			Inty Code (7) ATE USE ONLY)		Currer	nt Use (Prior i	if being o	lemolish	ed)			
Name of Monitoring Firm	Hired by Building C	Owner (8)	A	SCM No.		e of Abate	ement Contra	actor (9)					
Street Address				2		et Address Box 32	-						
City, State, Zip Code					City,	State, Zip		1				*	
Project Manager for Mon	itoring Firm	*************	Tele	ephone No.	0.0752.000	phone No 3-753-98		1 (100)	cense No 1727).			
Start Date (10) 5/21/14		Scheduled 5/23/14	Comple	tion Date (11)	Nam Sar		A Monitor				,		
Occupancy Status Durin	g Abatement (Check	k Only One)			Stree	et Address	S		_				-
➤ Facility Closed/Vac	ated During Entire F led Outside of Norm	eriod of Aba			City,	State, Zip	o Code						
Scope of Work (Check A	II That Apply)								-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	ovation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		T				1401	I-Exempled () and ivi	JIPI Habi	T	Abate		
Landin			cation mally		D'-#							ре	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Used S Mainte Custod	Solely by enance/ ial Staff 12)	Aspest	Description os Containing thermal system surfacing, \ other miscell	Material ms insulat /AT, or	(ACM) tion,	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yes 1		N/A					<u> </u>	_		W	
Exterior S	Siding	-		X	Exterior S	Siding		1200	SF	x			_
				_						_			
Name of Registered Was	ste Hauler		100000000000000000000000000000000000000	EP Waste	Cubic Yards		Name of Re	egistered	Landfill	-			
United Containers	2245	er ID No. 59	of Waste		G.R.O.W	.S.							
City, State Elm NJ	Disposal Date 5/23/14				City, State Morrisville PA 19067								
Completed by Anthony T Perna	npleted by Title				Signatu	Ite)		of gas	Da: 5/2	te 20/14	4		

Mary Mary

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

Date of Notification	on (1)		Na	ame o	of Buil	ding	Owner/Operator	(2)			-	5			
5-20-14				Jer	ry R	aym	ond	C	F C - 1	7 E	V/10	1000			
Agencies Notified	Type Noti	fication	St	treet	t Addre	ss				270 20					
[]EPA	[X]Init	ial		120	Rid	gew	ood Ave.	981# N	IAY 23 P	H 1:	35				
[]DEP	Not	ification	Ci	ity,	State,	Zip	Code	2817 1	IAT ZO T	1 1 -	ਾ ਹ				
[X] DOL	[]Amend	ded ification		Gl∈	en Ri	dge	,NJ,07028	ನ 536	Estas co	MT	RO.				
[X] DOH			Na	ame o	of Cont	act			ne Number			a s			
[]DCA	[]EMER	SENCY ellation		Jer	ry R	ayn	ond	45				11			
	i louice		11		FACII	LITY	INFORMATION								
Name of Facility Wh		ent is Ta	king	Pla	ce (3)			Type of Facil	ity (4)						
Same as above	9							[]School	3.5						
Street Addres								[X]Other	oter 8 (Oth (i.e., privouildings,	rate	& cc	mme	:-		
			2000					Square Feet	# of Flo	ors	В1	dg.	Age		
City (5		Count	y (6) Ess	ex		inty Code (7) TATE USE ONLY)	Current Use (Prior if being demolished)							
								Current Use	(Prior if b	eing	den	olis	hed	1)	
Name of Monitoring	Firm hired	by Build	ing	ASC	M No.		Name of Abate	ment Contracto	or (9)						
N/A (8)							AZTECH M	MANAGEMENT, Inc.							
Street Address							Street Address	topher St							
City, State, Zip Co	ity, State, Zip Code						City, State,	Zip Code r, NJ 070	42						
Project Manager for	a Firm	Tele	phon	e Numbe		Telephone Numb			Lice	nse	Numb	ner.			
	Project Manager for Monitoring Firm						(973) 744				37		,er		
Scheduled Start Dat	e (10)	Sched. Co	- T		Date	(11)	Name of OSHA	Monitor							
5-30-14		6-2					N/A								
Month Day Occupancy Status Du	Year ring Abate	Month ment (Che	Day ck o	y nlv	Year one)		Street Address								
[X]Facility Clo of Abatemen	osed/Vacate						Deres Address								
[]Abatement Po					acilit	У	City, State, 2	Zip Code							
Hours - Des					ript»										
Scope of Work (Chec								Full Containment with Negative Pressure							
[X]>3 sf or	- \2 1£		רשו	Bono	ti.a.				th Negativ	e Pre	essu	re			
[]>160 sf					vation lition			Enclosure bag Procedure							
				т.			[]Non-F	riable Procedu	ire						
Locatio	n of			Is catio			Descriptio	n of			Aba	teme	nt 1	Type	
Asbestos-Co			U	mall Jsed	- 1		Asbestos-Conf	caining	Amount	33	R	R	N	N	
Material TO BE A				Mair			Material ((Specif	(770)	M	E	A	L	
In Faci			ten	ance	4	ir	(i.e., thermal usulation, surfa		SF or LF)		o V	AI	PS	o s	
(13)	-		Staf	f (1	2)		or other miscel				A L	R	L	UR	
Basement	Ye	\$	No	N/A X	Pir	e Insulat	ion	230 1	-	X		•	E		
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Name of Registered AZTECH MANAG			NJDEP Waste Cubic Yards Hauler ID No. of Waste 1.5					Name of Regi		dfil:	l				
	17040														
City, State Montclair, NJ						City, State Morrisville, PA 19067									
Completed By (Print					Signature			Da	te	-					
Constantine V	den	t			(1)	iÚCm		5 13880		20-	14				
						MM			0	W.	1				

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

Date of Notification	on (1)		1			_	Owner/Operator	(2)							
5-19-14				Smi	ita M	ieht	a		רו רו	A	* * *	ED			
Agencies Notified	Type Notif	icatio	on		t Addre										
[]EPA	[X]Initia	al		27	Ridg	e T	errace		2814 MA	Y 23	Ph	1:3	17		
[]DEP	Noti	ficati	on	City,	State	Zip	Code		2011 1111	, _0	1 1				
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[X]DOH	NOTI	ficati		Name o	of Cont	act		Telephor					5000000		
[]DCA	[]EMERGE	ENCY		The state of the s	ita M		a.			74T			$\mathcal{E}_{i,j}^{(b)}$		
(1241	[]Cancel	llatio	n												
					FACI	LITY 1	NFORMATION								
Name of Facility Wh Same as above		nt is	Taki	ng Pla	ice (3)			Type of Facil []School		or the	n K	-12)			
Street Addres								[X]Other (i.e., privuildings,	ate &	COM	mer-			
								Square Feet	# of Flo	ors I	Bldg	. Age	3		
City (5		Cou	inty	(6) Ess	ex	100000000000000000000000000000000000000	nty Code (7) ATE USE ONLY)	Current Use (Prior if b	or if being demolished)					
Name of Monitoring Owner (8) N/A	Firm hired	by Bui	ldin	g Asc	M No.			ment Contracto MANAGEMENT							
Street Address							Street Addres	s							
							86 Chris	stopher St	•						
City, State, Zip Co	ity, State, Zip Code						City, State, Montclai	Zip Code Lr, NJ 070	42						
Project Manager for	Firm	Te	lephon	e Numb	er	Telephone Num	ber		Licens	e N	umber				
		N				(973)744	1-8800		003	71					
Scheduled Start Dat	cheduled Start Date (10) Sched.						Name of OSHA	Monitor		l					
6-4-14		6-	-06-	-14			N/A								
	Year	Month		Day	Year		011 333								
Occupancy Status Du [X]Facility Cl of Abateme	osed/Vacated						Street Addres	38							
[]Abatement P					Facilit	Эy	City, State,	Zip Code							
lother - Des	cribe: «OffHo cribe: «Other			_	ript»										
Scope of Work (Chec	ck all that	apply)				-	11	100							
[X]≥3 sf o			C		ovation olition		[]Mini- [X]Glove	Containment wi -Enclosure -bag Procedure Friable Procedu		e Pres	sur	e			
220 000 100	203		-	Is						A	bate	ement			
Location Asbestos-Co				Normal	ly		Description Asbestos-Con		Amount		R	R	E N		
Material				Used Solel	У		Material	(ACM)	(Specif	y j	M	EA	C		
TO BE A			t	y Mai enanc	e/	in	(i.e., therma	7T (SF or LF)		V 0	A S	o s		
(13				ustodi aff (or other misce				A	RUL	UR		
	Yes	No	N/A				00.16	-	-	- ·	E				
Basement		-	X	Pi	e Insulat	ion	90 lf	X		-	+				
,			-						+						
Name of Registered	N.	JDEP W	l Maste	C11	bic Yards	Name of Regi	stered Lan	dfill							
AZTECH MANA	H		ID No.	1.000	Waste 1.5	G.R.O.W.					10				
City, State Montclair, NJ 07042							sposal Date 5-9-14	City, State Morrisvi	lle, PA	190)67	,			
an included the control of the contr															
Completed By (Print Constantine)	side	ent			Signature			Dat 5-1	:e 19-1	4					
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Froject#		(P)	ursuant	to NJAC	8:60 an	d 12:120)		Toneck	# 245	+ ω;			
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Date of Notification (1)		1		f Building			(2)	2014 1	1AY 23	PM	1.	. 2		
05/19/2014	-4'	-		ngton T	ownsh	hip BOE			.n. 20	111	1.	42		
Agencies Notified Type Notific	ation		Street A	aaress st Mill F	Dood		1	1 341	chie	masi	70	, h		
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Emerg	ency (including			f Contact	VO 076	333	-		Telephoi	ne Num	ber	- 1	<u> </u>	
DOH justific			Burt H						1.		£			
				ILITY INF	ORMAT	ION				-	7			
Name of Facility Where Abatement is	Taking Place (3	3)				- 1	Type of Fa	cility (4)					1112
Flocktown School							School	ol (K-12	2)					
Street Address									Other tha			di		
90 Flocktown Road							etc.)	(i.e. pr	ivate & con	imercia	ii buli	ungs	HOITE	35,
City (5)							Square Fe	et	# of Floo	ors	В	lldg. A	ge	
Long Valley, NJ									1					830
County (6)				Code (7) USE ONLY	2		Current Us	se (Prio	r if being de	emolish	ed)			
Morris			312 55000											
Name of Monitoring Firm Hired by Bu	ilding Owner (8))	ASC	M No.			of Abateme							
Aero Environmental	-12						Restorati	on LL	C					
Street Address						0.000.000.000.000.000	Address	- 1						
275 Rt 10 East							ookside f							0.0000
City, State, Zip Code						852	tate, Zip Co							
Succassuna, NJ 07876 Project Manager for Monitoring Firm			Telepho	ne No			olph, NJ one No.	07868		ense No				200
Michael Berta		- 1		20-9061		Barrier San	33-2550		011					
Start Date (10)	Schedul	100		Date (11)			of OSHA M	onitor	1011	00			-	
05/29/2014	06/02/2			,			Environm							
Occupancy Status During Abatement	100000000000000000000000000000000000000		-		1,755		Address			_			-	
Facility Closed/Vacated During B	ntire Period of	Abaten	nent			2333	Rt 22 We	est						
Abatement Performed Outside o						City, S	tate, Zip Co	de						
Other - Describe: 3pm						Union	, NJ 070	083						
Scope of Work (Check All That Apply						755								Œ
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	emission .	Renova Demolit					Mini-End Gloveba	closure ng Proce	nt with Neg edure (*) and Noi				re	
	le	Locati	ion					T	<u> </u>			Sales State	ement	t
Location of		Normal			, De	escription	of					Ty	/pe	,
Asbestos-Containing Material (AC		ed Sole			stos Cor	ntaining M	aterial (ACI		Amour				ш	_
TO BE ABATED In Facility		todial S		(i.e		al systems acing, VA	insulation,		(Special SF or L		Removal	Repair	Encapsulate	Enclosure
(13)		(12)				miscellan				.,	lova	pair	sula	Sur
	Yes	No	N/A	1							-		ite	O.
Hallway area		×		TSI				7	LF		×			
						William Tools								
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N		L	1	<u> </u>	1					100				
Name of Registered Waste Hauler		3.0	IJDEP W lauler ID	0.727.757	of Wa	c Yards aste			legistered L	.andfill				
Nick Restoration LLC			03378		TBD		G.F	R.O.W	I.S					
City, State Randolph, NJ	·				Dispo	sal Date	1	y, State						
Completed by	Title						ji ul	lytow	n, Pa	Dat	0			
Elvira Mrda	Presi	dent			1	orginature: C	Cirica	LU	da	100000000000000000000000000000000000000	192	014		

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

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Check #6548 []	

B & G proj. #: 2014-62 **RESUME & Additional footages** Name of Building Owner/Operator (2) 2014 MAY 23 PM 1:45 Date of Notification (1) Daniel Miller 1015/12/01/114 ₽39ESTOS CONTR⊕L Agencies Notified Type Notification Street Address 60 Lake Road EPA Initial DEP City, State, Zip Code Basking Ridge, NJ 07920 Amendment DOL. Telephone Number Name of Contact DOH Cancellation Daniel Miller ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Daniel Miller Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 60 Lake Road County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Basking Ridge, NJ 07920 Somerset residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) 05/22/2014 05/05/2014 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 if >3 sf or >3 lf E E Is location normally used solely e n Amount n Location of by maintenance/custodial m p Description of asbestos-containing C (Specify SF or c asbestos-containing 0 staff(12) a а material (ACM) material to be L V abated in facility (13) N/A No Yes е 72 lf pipe insulation crawl space M 36 lf pipe insulation garage area 150 sf VAT 2nd floor bedroom 118 sf & 21 sf *** VAT ** 1st fl kitchen & bathroom*** 30 sf *** linoleum 2nd floor bathroom*** Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 05/07/14 - 05/22/14 Lincoln Park, NJ 07035 Signature

Ciordana Luna

05/20/2014

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

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mergency	177 APURA	Put	ATTIONS (of asi	RESTOS ARAT			450	E41	
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Agency Notified Type	Notice of the	1 . 15 1		Address				APPR	OWED -	\exists
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Spent Address						D School (K-1	8 (Other than 19	42a .		
121 NORTH N	IAIN STE	2557	_	*		MORNEY (Lo. p	Marita & committe		E .	1
CBY (5)		-				Square Foot	# of Floors	Bidg.	Age :	-
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Kamp of Manifering Figur Kined (8)	by Building China	r AS	DAI NO.			mont Contractor (5)			7
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Supper Andrigans					Street Address					
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PUELDRAN	Estima	tor			R-Valera	los.		5-20	-14'	
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Data of Natification (1)										10	7 1	1		
Date of Notification (1) 5-19-14					f Building C Mobile H	S			2814 MAY	23 F	PM :	52		
	Notification			Street A Three	ddress America	n Wav								
DEP DEP	nitial Amended Amendment a	#	İ	City, Sta	ate, Zip Coo	de			AssiES & L	ICEN	SING		61	
⊠ DOH	Emergency (i ustification)		-	Name of	f Contact				Tel	ephone N			**1	
DCA C	Cancellation				ntopadre						7			
Name of Facility Where Abatem	ent is Taking	Place (3	3)	FACI	LITY INFO	RMATION	N	Type of Faci	lity (4)	-		-		
house					_			☐ School						
Street Address 778 Route 36									pter 8 (Oth e. private 8			ldings	, hom	es,
City (5) Hazlet					7.2			Square Feet 2200	# of 2	Floors		3ldg. <i>i</i>	\ge	
County (6) Monmouth					Code (7) USE ONLY)			Current Use	(Prior if bei	ng demoi	shed)			
Name of Monitoring Firm Hired	by Building C	wner (8)		ASCN	ΛNo.			of Abatement						
Charact Address								Environme	ntal Serv	ices, LL	.C			
Street Address						100		^{Address} Sate Drive,F	PO Box 4	83				
City, State, Zip Code		11190						tate, Zip Code					- 7 - 2 - 2 - 2	
					**			wood, NJ (7418	Coll				
Project Manager for Monitoring		Telepho	ne No.			one No. 583-8500		License 703	No.					
Start Date (10)							lame	of OSHA Mon	itor		-			
Occupancy Status During Abate	ment (Check	Only Or	ne)	1-0		s	Street	Address			17			
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	iring Entire P side of Norma	eriod of a	Abaten Hours	nent		C	City, S	ate, Zip Code						
Scope of Work (Check All That	Anniv)						_							
≥3 sf or ≥3 lf	дріу)	П	Renova	tion				Eull Conto	nmont with	Nonetive	Deser			
≥160 sf or ≥260 lf		Spinster, Spinst	Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		Is	Locati	on					1			Abat	ement	t
Location of	1 (4 0 4 4)		Normal d Sole			Descri					-	1	/pe	Т
Asbestos-Containing Materia TO BE ABATED In Facility (13)	ii (ACM)	Ma	intena todial 9 (12)	nce/			stems g, VA		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Ö	"
Flat roof		-		X		roof	core)	34	00 SF	x			
									-			-		
		1		-				1035	-	_	-			
Name of Registered Waste Haul	er		N	JDEP W	/aste	Cubic Ya	rds	Name	of Registe	red Landi	FIII			\vdash
Freehold Cartage					No.	of Waste 10		GROWS						
City, State Freehold NJ						Disposal I	Date	City, S Morr	State isville, P	e, PA				
Completed by Andrew Scott Higgins	dent			Sign	nature	Ai-	$\overline{}$	1	Date	19	-14	1		

Checke # 10919 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Build	ling O110			9						
					wner/Operator	r (2)	are all SET 1.3	y speed fich.	(S)						
05/16/2014							الم المحدد المحاسبة	لأخذ							
					Frank Mat										
Agencies Notified		Notification	Type		Street Address	S 9914 B	4AY 23 F	PH 1: 1	52						
(X)EPA		(X) Initi	al Motifi	cation	68 Hudsor		IAI ZU I	11 1 1	h. 6						
(X)NJDEP		N 2		Cation			ニヘッパウ じ	ONTH	123 T						
(X) NJ DOL			celled	HIIICALIO		o Code	ESTOS D	HIPU.							
(X) DOH		() Car	icelled		Weehawke	en, NJ 07086	is LIVEN	SIRU							
() DCA					Name of Cont	act	Tel. I	Number							
() DCA					Frank Mat	tiace			6						
				FACILITY	INFORMATION										
Name of Facility Where Abater	ment is T	aking Place (3)		Type of Facilit										
D: -!					() School (K-	12) r 8 (other than K-1:	2)								
Residence						private & commerc		mes, etc.							
Street Address					1 Water of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
68 Hudson Place					Sq. Feet: 3	000_# of Floor	s 2 Bld	g. Age	<u>45</u>						
City (5)	County (6)	County (Code (7)	Current Use (r	orior if being demol	ished) Anart	ment Rui'	dina						
319 (6)	<u>oounty</u> (<u>01</u>	(State U		Ourient Ose (p	onor il being demoi	isricu)_Apart	nent bui	ullig						
Weehawken	HUDS	SON													
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM N	lo.	Name of Contr	ractor (9)									
ISES, Inc,					Industrial S	Safety and En	vironmen	tal Soli	utions	Inc					
Street Address					Street Address						30				
3300 Hudson Avenue					3300 Huds	son Avenue									
City, State, Zip Code					City State, Zip	Code									
Union City, NJ					Union City	. NII 07007									
Project Manager for Monitoring	Firm	Telephone I	Numbor		Telephone Nu	y, NJ 07087	Linon	aa Niimb							
David Camacho	1 11111				(201) 325-		011	nse Numb	<u>er</u>	#100 F					
Scheduled Start Date (10)	amacho 917 455				Name of OSH		1011	24							
05/29/2014		06/02/20	14	T Date (11)	ISES, Inc,	A WOIIIO									
Occupancy Status During Abat					Street Address	-		w.							
(X) Facility Closed/Vacated I () Abatement Performed Or				π	3300 Huds										
Describe:			i, riouio		City, State, Zip	Code									
Other:	72				Union City	y, NJ 07087									
Source of Work (Check all that	annly)														
Oddice of Work (Check all that	арріу														
() Demolition (X) Reno	vation													
		r > 260 LF	ACM)	(X)	SMALL Project	t. (>25 <160 S	F or >10 <	260 LF	ACM)						
() Minor Proj. (< 2	25 SF o	r < 10 LF A	ACM)					22(262)(22)(
(X) Full Containment v				()	Mini-Enclosure	() Glove	ebag Proce	edure							
Location of Asbestos-		tion Normally		Description	of ACM (i.e.	Amount (Specify	SF or LF)	Abate	ment Ty	ре					
Containing Material (ACM) in Facility (13)	Solely to Staff? (by Maint./Cus	stodial		tems insulation, AT, or other										
	YES	NO NO	NA	miscnous.)	7(1, or outor			Rem.	Rep.	Encap	Enclose				
Boiler & Storage Room		X		TSI Pipe	Insulation	150 LF		X							
Boiler Room	r Room X				r Insulation	30 SF		X							
Boiler Room					ue Vent	2 SF		X							
ewark Carting NJDEP Waste Hauler ID # 04509					Cubic Yards of Waste Name of Reg. Landfill						~				
						20 Cumberland County Landfil									
City, State					Disp. Date City, State										
369 Raymond Blvd, No	06/02/2014 ₂ Newburg, PA 17242														
Completed by (Print or Type)	Signature Date														
The state of the s															
David Camacho	M/M///mi/ 05/16/2014														
					4 Just Chi			2014							

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

Date of Notificatio	n (1)	(Purst				7 and 12:120-7 Owner/Operator							
5-19-14	(1)			ris			(2)	, האחרי	٠ ۶ حم	n	6	7	
Agencies Notified	Type Noti	fication	Stre	et Addr	ess							-	-
[]EPA	[X]Initi	383930	15	7 Mo	rnin	gside Road	1 2014	MAY 23	DM I		^		
[]DEP	Noti	fication	City	, State	, Zip	Code							
[X]DOT	[]Amend	led fication	Ve	erona	,NJ,	07044	0.35	ESTOS C	OHT	Pø	:		
[X] DOH			Name	of Con	tact		Telepho	he Number	ING	t to	<u> </u>	-	100
[]DCA	[]EMERG	******	Ch	ris :	Lawr	ence	,	•	£	6	Et.		
	1			FACI	LITY	INFORMATION				-		_	
Name of Facility Wh		ent is Taki	ing Pl	Lace (3))		Type of Facil	Lity (4)		_			
Same as above	1						[]School	(K-12)					
Street Addres							[]Subchap [X]Other	oter 8 (Oth (i.e., privouildings,	ate a	2 00	mme	-	
							Square Feet	# of Flo		-	dg.		
City (5		County	(6) Es	sex	200	nty Code (7) ATE USE ONLY)	Current Use					2.72	
						e	Current Use	(FIIOI II I	emig	dell	IOTT:	sned	.)
Name of Monitoring 1 Owner (8) N/A	Firm hired	by Buildin	ng As	SCM No.		Name of Abate	ment Contracto						
Street Address			- 1			Street Address	s	-		1102			
						86 Chris	topher St	:.					
City, State, Zip Coo	ie					City, State, Montclai	Zip Code r, NJ 070	42					- 117
Project Manager for	Monitoring	Firm Te	lepho	ne Numb	er	Telephone Num			Licer	nse	Num	ner	
			/A			(973)744			00				
Scheduled Start Date	(10) S	ched. Comp		n Date	(11)	Name of OSHA	Monitor	,		- LINE			
6-2-14 Month Day Y	ear	6-3-3		****		N/A							
Occupancy Status Dur [X] Facility Clo	ing Abatem	ent (Check	Day only ntire	Year one) Period		Street Address	3						
of Abatemen []Abatement Pe Hours - Desc []other - Desc	rformed Out	ours Descri	ript»										
Scope of Work (Check			Desc	pc»									
[X]≥3 sf or []≥160 sf o	≥3 lf			ovation olition		[X]Mini- [X]Glovel	Containment wi -Enclosure bag Procedure riable Procedu		e Pre	ssu	re		
F 12 11 3825		т	Is	ion					1.	Aba	teme	nt T	Гуре
Location Asbestos-Con			Normal	Lly		Description Asbestos-Cont		Amount		R		E	E
Material	(ACM)		Used	Ly		Material ((Specif	1	E	R	CA	C
TO BE AR		t	By Mai	ce/		(i.e., thermal		SF or		0	PA	P	0
In Facil (13)	ııcy		ustod			sulation, surfa or other miscel		LF)	ł	A	I R	S	S
		Yes	No	N/A						L		L	R
Basement				X	Pip	e Insulat:	ion	20 lf	2	K			
	98				Boi	ler	16 SF						
Name of Registered W AZTECH MANAGE		TNC Ha		ID No.		oic Yards Waste 1.5	Name of Regi G.R.O.W.		dfill	8	7.0		
City, State			17040					City, State					- 77
Montclair, NJ	07042							lle, PA	, PA 19067				
Completed By (Print	or Type)	Title		_		Signature			Da	te			
Constantine V:	ivian	Preside	ent			CViv	iom		3 50000000	19-	14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

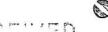




Date of No 05/19/201	otification (1):				ilding O	wner/Operator (2)				-	Transa Sau			
Agencies	Type Notificat	ion	Stree	et Addr	ess:				2814 MAY 2	2 P	M 2:	ລນ		
Notified	☐ Initial		- 22 0 - 22 0 - 22	dar Str	202001				2814 FIAT 2	J F	LI E.	0.0		
□EPA □DEP	☐ Amended Amendment#:				Zip Code 07102	e:				0.0	7657	0.41		
B DOL	☐ Emergency			e of Co			-	Telepho	one Mumber: LIC	CNS	1610		τ.	
methor:	(including justification		Mr. 1	Benjam	in Olaga	deyo		1	D & LIC	<u>⊆ 13 -</u>	HITU	i.		
☐ DCA	☐ Cancellation													
						FACILITY INF	ORM	ATION						
	acility Robert	o Clen	nente I	Elemen	ary Sch	ool		e of Facility (4):				E STATE		
257 Summ	ner Avenue							chool (K-12) ubchapter 8 (Other than	V 13)					
City/ (5)		Count	y (6):		Coun	ty Code (7):	- 60	other (i.e., private & con	(K-12) nmercial buildings, l	omes.	etc.)			
Newark		Essex			07114			are Feet:						
							670		# of Floo	ors:				
								lg. Age rrent Use : School						
	Monitoring Firm			uilding	Owner:	ASCM No.:		me of Abatement Con	ntractor (9):					
THENV	IRONMENTA	L, INC	<i>)</i> .			0003	An	ex Development,	Inc.					
Street Add							-	eet Address:						
1253 Nor	th Church Str	eet						A. Mari						
City Ctyle	7' 0 1							8 Rutgers Plac	e					
	, Zip Code:						City	y, State, Zip Code:						
	wn, NJ 08057						_	ramus, NJ 07652						
James A. C	mager for Mon	itoring	Firm:			Telephone No.: 856-840-8800	Tel	ephone No.:	License No.:			. 7. 15.153		
		1.0	1 1 1	1.0				3) 350-0101	01215					
Start Date 05/30/14	(10):	0	6/01/1	led Cor 14	npletion	Date (11):		ne of OSHA Monitor tro Analytical Labora						
Occupancy S	Status During Al	1 8 3			one)			et Address:	itories					
☐ Facility C	losed/vacated Di	uring Er	ntire Pe	riod of A	Abatemen	t		West 36th Street, Si	uite 203					
☐ Abatemen Describe:	t Performed Out	side of	Normal	Facility	Hours		City	, State, Zip Code:						
							Nev	v York, New York,	10018					
☐ Other Describe:														
	ork (Check all th	at apply	v):							7				
$\square \ge 3 \text{ sf or }$					Renov	t:		□ Full	Containment with	Nega	tive Pr	essure	,	
160 sf	$rac{2}{2}$ or $rac{2}{2}$ 260 lf				□ Demo			☐ Glov	i-Enclosure vebag Procedure					
		-	Te	Locat	ion	W		G-Non-	Exempted (*) and !	Von-Fr			(AC-C)/1-11-	
	ocation of			Vorma		De	escript	ion of				emen ype	t	
	Containing Mat	erial		d Sole		Asbestos Con	taining	Material (ACM) ems insulation,			Γ.	T		
	(ACM) SE ABATED			intena ustodi		surfa	icing,	VAT, or	Amount	Re	R	Encapsulat	Enc	
	N Facility			Staff?		other	misce	llaneous)	(Specify	Removal	Repair	aps	los	
	(13)	-	Yes	(12) No	N/A				SF or LF)	val	H.	ulat	Enclosure	
Room B	15			X		Pipe Insulation			60 LF	*				
Room B	5			X		VAT and Masti	ic		440 SF	*				
	_													
Name of D	agistand West	Waste Hauler: NJDEP Waste Hauler					NI.	[C 1: W]						
	egistered waste E TRANSFER							Cubic Yards of Waste: 30	Name of Regis	stered			ODO .	
			OC., INC.						ASSOC, INC.		ENI	ERPRI	SES	
City, State: Bronx, NY	10474		Disposal Date:					City, State:						
Completed		Title:					Signa	Waynesburg, OH 4			agento St			
Sylvester O					Preside	ent	Signature: Date: 05/19/2014							
		1000					0							

CK 4104

Date of Notification (1) 5/20/14					Building (See See	to the p	5 d name 5 d name 70 d n	D	
Agencies Notified	Type Notification		100	Street Ad 50 Lake	ldress e Heron	i				201	MAY	23	PH	3: (i	3
EPA DEP DOL	Initial Amended Amendmen	t #	1		e, Zip Co gg Harb		08097				aE31				1000
DOH DCA	Emergency justification Cancellatio)	185	Name of Angelo						Jelep	hone No	mber	Sili	G	al t. Nat
				FACIL	JTY INFO	RMATI	ON		- V						
Name of Facility Where Angelo Digiovanni Street Address		ng Place (3)						of Facility (School (K-1 Subchapter	2)	than K 1	2)			
50 Lake Heron								×	Other (i.e. petc.)			ial buil			is,
City (5) Little Egg Harbor N	J 08097							Squar 1000	e Feet +	# of F	loors		ildg. A	ge	
County (6) Ocean		0		County C	Code (7) ISE ONLY)			Curre	nt Use (Pri	or if being	demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abat	ement Cor	ntractor (9	9)				
Street Address								Addres							
City, State, Zip Code							City, S	State, Zi	p Code	.01					
Project Manager for Mor	ject Manager for Monitoring Firm						Telepi	none No		T	License	No.			
Start Date (10)	rt Date (10) Schedule						1	753-9	800 A Monitor		00727				
5/21/14	art Date (10) Schedule 5/23/14						Sam								
Occupancy Status Durir	g Abatement (Che	eck Only Or	ie)	Street Address tement											
Facility Closed/Vac Abatement Perforn Other – Describe:	ned Outside of No					_	City, S	State, Zi	p Code			10 			
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Management .	Renova Demolit					Mir Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
		le le	Locat	ion									7/2/02/02/03	ement	t
Locatio	n of	1	Normal	lly		De	scription	n of				_	Ty	ре	
Asbestos-Containing TO BE AE In Fac (13)	Material (ACM) SATED ility	Ma Cus	ed Sole intena todial ((12)	nce/ Staff?	Asbes (i.e.	tos Con therma surfa	taining I	Material is insula AT, or	(ACM) ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								+-	-		
Exterior	Siding			X		Exte	erior Si	ding		120	0 SF	x			
												+	\vdash		
													T		
Name of Registered Wa	ste Hauler			NJDEP W		of Wa	Yards aste		Name of G.R.O.	Register	ed Land	ill	1	L	1
City, State		10	2	2459	**	3 Dispo 5/23/	sal Date	9	City, Sta	te ville PA	19067	7			
Completed by Anthony T Perna		Title	ident				Signatur	e /	2		1	Date 5/20/1	4		



Date of Notification (1)					Name	e of Buildir	ng Owi	ner/Opera	ator (2)					e3 Men	
5 /20	_ / .	14				ustees of	4576			/ Job #14	PF-4768	@heck	#635	333	Į	
	Notific	ation			Stree	t Address										
☑ EPA ☑ Ini	51 F3377				Tre	ustees of	f Prin	ceton U	nive	ersity E.A. MacN	/lillan Bl	dg.5 ()	ON	TR &	i.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nende				and the second second second	State, Zip				<u>a</u>	21 2 - 11	TUEN.		100		
	nendm		cludin	-	Pri	nceton,	NJ 08	3544			•			7		
	stificati		Ciudin	g	Name	e of Contac	ct				Telepho	ne Numb	er	_		
A STATE OF THE PROPERTY OF THE	incella	tion			Ro	bert Orte	ego, F	P.E.								
					1	CILITY II			NI.					-		
Name of Facility Where Abatem	ent is	Taking	n Plane	2 (3)	I A	CILITI	NFOR	NIA I IOI	V	Type of English /	4)					
Princeton University Mai					II/Math	Donarto	aant			Type of Facility (- ☐ School (K-12)	(18)					
Street Address	Journ	puo		CIII	muau	Departit	ICIIL		_	Subchapter 8		an K-12)				
Washington Road & Pros	pect	Aver	nue							Other (i.e., pri			cial bu	uilding	js,	
City (5)										Square Feet	# of Flo	oors	BI	dg. A	ge	
Princeton										160,000	17		100	46+		
County (6)					Cou	nty Code ((7)(STA	TE USE ON	ILY)	Current Use (Price	or if being	demolish	ned)			
Mercer										University						
Name of Monitoring Firm Hired I	y Buil	ding C	Owner	(8)	ASCM	No.	Nan	ne of Aba	teme	ent Contractor (9)		-				_
ATC Associates					000	98	10000	bateTec								
Street Address	_	-		-				et Addres								
3 Terri Lane										e. PO Box 25						
City, State, Zip Code				-				, State, Z								
Burlington, NJ 08016										NJ 08048						
Project Manager for Monitoring I	irm			Tel	ephone	No	_	phone No	1000	10 00040	License	a No				-
Michael R. Keehn		4		1	09-386		1000000	09-265-2			0052					
Start Date (10)	15	Sched	uled C		etion Da			ne of OSH	- IF OR U.S.		000		- 315-72			
06/09/14						14	5780	MSL An								
Occupancy Status During Abate								et Addres	_	1.7.27.17.2						
☐ Facility Closed/Vacated Durin			20 TO 10 TO		ement		10000000	00 Route		0 North				74		
☐ Abatement Performed Outsid						scribe		, State, Zi								
Time of Abatement:A	M	PN	Λ/	PN	l	AM	100			, NJ 08077						
Scope of Work (Check all that ap	nhv)	-	_					IIIIIaiiiiii	5011	i, NJ 00077			30			
	γ, γ, γ,							⊠ Full	Cont	ainment with Nega	ative Pres	sure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re					☐ Mini-	-Encl	losure						
△ ≥100 \$1 01 ≥260 II			☐ De	emolit	on			☐ Glov	ebaç Exer	g Procedure mpted (*) and Non	-Friahle F	Procedure				
			ls	Loca	ition	T	-			mptod () drid 140ii	1 Habie 1	roccaure	T	atem	ont T	
Location of			1	Norma	ally	1		Descripti	on o	f			700000			1
Asbestos-Containing Materia	(ACN	1)			ely by ance/			Containing	Mat	terial (ACM)	Amo		Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility					Staff?	(i.e		rmal syste urfacing, \		insulation,	(Spe SF or		3701	air.	aps	losu
(13)				(12)			er miscel			31 01	LF)	<u> </u>		Encapsulate	ē
			Yes	No	N/A										Ф	
Second Floor - Math Depart	ment	:		\boxtimes		Floor T	ile &	Mastic			2,740	SF	\boxtimes	П	П	
											•	D. 7.0] [1
		-	=		-											
			Ц													
Name of Registered Waste Haule	er			100	NJDEP '			ic Yards o	of	Name of Registe	ered Land	Ifill				
AbateTech, Inc.				_ '	lauler II		Was 40)		G.R.O.W.S.	Landfill					
City, State							The state of the s	osal Date		City, State						
Lumberton, NJ							6/3	30/14		Tullytown, F	PA					
Completed By (Print or Type)		Title						Signature		, 0 -		Date	e /	ı		
Jennifer Piraine		0	perati	ions	Coord	inator	K	Den	MI	ber Pual	ne	5	5/2	01	14	

CK# 3390



Date of Notification (1) 5/22/14	=				Building ard Ser		perator	(2)	O E		ME	ال			
Agencies Notified	Type Notification		1	Street A					2814 M	AY 23	PM 5	: 28		-	
DEP DOL	Initial Amended Amendment	#			te, Zip Co						S CONT		-		-
DOH DCA	Emergency justification) Cancellation				Contact				a å	Life	ephone No	mber :			
					LITY INFO	DRMATI	ON								
Name of Facility Where A	Abatement is Takin	g Place (3)		1 701	LITT HEI	ZIGHA II			of Facility (201			
Street Address 1630 Poplar Road								×	School (K-1 Subchapter Other (i.e. p	8 (Othe			dings	hom	es,
City (5) Oakhurst					14.		-		etc.) ire Feet IOO	# of	Floors	- 1	3ldg. <i>A</i> -40 y	100000	
County (6)					Code (7) JSE ONLY			Curre	ent Use (Pri	or if bei	ng demolis		40 y	curs	
Monmouth Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN		-	Name		ndoned S atement Cor		(9)				
Finnog Environmen	tal			1001	82				es, LLC						
617 Stokes Road, S	Suite 4-318						Street 407		ss ncoln Hig	hway,	Suite 50	00			
City, State, Zip Code Medford, NJ 08055	i								ip Code 19341						
Project Manager for Mon Mark Rubnitz	itoring Firm		1	Telephoi 888-71	ne No. 5-2211	ti .	Teleph 484-	none N 872-8			License I	No.			
Start Date (10) 6/9/14		Schedule 6/20/14		pletion I	Date (11)		Name EMS		HA Monitor						
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addre							
Facility Closed/Vaca									130 Nor	th					
Other - Describe:	ed Odiside of North	- aointy							son, NJ (08077					
Scope of Work (Check A	ll That Apply)						92								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Ministration .	enovat emoliti					Mi Gl	ll Containme ni-Enclosure ovebag Prod	e cedure					
		T ,						IJ No	n-Exempted	d (*) and	d Non-Fria	ble Pro	William Same	e emen	t
Location	of	N	Location or mall	у		Des	scription	of						ре	1
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED	Mai	Solel ntenar odial S (12)	ice/				s insula T, or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		2						=		ate	G)
Office				X			oor Til	0 NO.			100 sf	X			
West Section	on Roof			X		Rolle	ed roo	fing		4,0	000 sf	X			
												-			
Name of Registered Was	te Hauler	1	N.	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfi	11			-
Waste Management	of New Jersey		H	auler ID	No.	of Was 25	ste		GROW	S					
City, State Trenton, NJ						Dispos TBD	al Date		City, State Morrisv		4				
Completed by Jack Bally		Title Sr. Pr	oject	Manag	ger	S	ignature	1 .	2000	leh (ate 1ay 22	2, 20	13	
ASB-41 (R-06-08)							7		this form for	asbest	os licensu	re exer	npted	activi	ties.



Date of Notification (1)		-	Name	e of Building Owner/Operat	tor (2)					
5/20/14				3 Queens //	7 / Long 12/ 14	AX 23 PM 5	: 5	7		
Agencies Notified Type Notification	n	-		t Address	ear in the	145.23 1110	,	777		
EPA Initial			17	IE FLEXON I	Plaza		TOS			
DEP Amended			City, S	State, Zip Code	LACK	ESTAS COM	1110	•		
DOL Amendme			2000	WARK, NJ O	7100	LICENSIN	u	F. 1		
DOH Emergency		g	Name	of Contact	7/13	Tolophone N			•	
DCA Cancellation			_		7	Telephone N	umbe	ŗ		2
			FA	EX FOLKMAN CILITY INFORMATION	/	<u>/</u>		-	_1	
lame of Facility Where Abatement is Tak	ing Place	(3)		OILITT INFORMATION	Type of Facil	ity (A)	86			
LEXON INDUSTRIES	Conp									
Street Address					School (K-12) oter 8 (Other than K-	40)			
ONE FLEXON PLATA					Other (i.	e. private & commer	cial bu	iildina	s hor	nes
City (5)					etc.)					103,
Vanne NT 03	114				Square Feet	# of Floors		Bldg.	Age	
County (6)	117		0: 1		30,00			5	0	
, (5)		- 1	(STATE	y Code (7) E USE ONLY)	Current Use (Prior if being demoli	shed)			
ame of Monitoring Firm Hired by Building	0					tory				
4// acc	Owner (8	5)	ASC	M No. Nam	e of Abatement (Contractor (9)				
ALIGNEEN ENVIRONMENTAL treet Address	INDIEC	T Del	C 7	5649 E.	CABATZ	MENT IN	1			
				Stree	et Address					
1) BENKECY TENNAC ity, State, Zip Code	E			12:	31-01/	NDEN BL	Dra			
ity, State, Zip Code			AS 11		State, Zip Code	. 0210 00	- Д.			
EVINGTON, NJ 071 roject Manager for Monitoring Firm	//			6	mbria Hi	eights, NY	110	111		
			Teleph	one No. Telep	hone No.	License	No.	///		
HINENYE (BELEAGE	At .			173	2)824-	9654 012				
tart Date (10)	Schedu	led Cor	npletion	Date (11) Name	e of OSHA Monit	or	6-1			
5/31/14	12	2/1	//			TIS OM	197	An	E	
Occupancy Status During Abatement (Che	ck Only O	né)	, ,		t Address) - 0/11	0,	1-		
Facility Closed/Vacated During Entire	Period of	Ahatan	nant	1	,	1				
Abatement Performed Outside of Norr	nal Facilit	y Hours	3	City	State, Zip Code	NOEN BLU	10.			
Other – Describe:	77			1		. 11 111	, ,	,,,		
cope of Work (Check All That Apply)				la	nona He	ights, N4	11	41	1	
23 sf or ≥3 lf	П	Renova	41	ò	gr'					
≥160 sf or ≥260 If		Demolit		f	Full Contain Mini-Enclose	ment with Negative	Pressi	ıre		
	- Fernand		20011		Glovebag Pr					
					Non-Exempt	ted (*) and Non-Fria	ble Pro	ocedu	re	
	Is	Locati	on		88			Abat	emen	t
Location of		Normal		Description	n of			Ty	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole		Asbestos Containing N	Material (ACM)	Amount			m	
In Facility		todial S		(i.e. thermal system surfacing, VA		(Specify	Re	Z	nce	E
(13)		(12)		other miscellar		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				a	7	late	лге
BOILER ROOM										
JUILEN KOOM	-	X		751 Boil	er	200 sf	X			
							1			
	+ -									
me of Registered Waste Hauler										
7		000930	JDEP Wauler ID	ouble ruide	Name o	f Registered Landfill				
ENE AUETTA		10000	717			E MANAGE				
y, State		10	117		111500	AL SERVICES	OF 1	ENN	154CV	ANIA
		1+	27	Disposal Date	A City, Sta	rte				
9 NAYMOND BLUD, NEWAR	Title	J	011	05 1	11/001	Van Ford Mic	1/4	P	4/9	1067
	Title			Signature	11/1.	Da	te /	1	, ,	,
EVENTIS UMOTADE	Uw.	NE	r	In	11/1	. 8	2/20	9/	15	4
1.44 (7.00.00)					V		1	1	1	
3-41 (R-06-08)				* Da/no	t use this form fo	r asbestos licensure	exem	pted a	activiti	es.

					NOTIFICA	TION OF A		SEY ABATEMEI ND 12:120-		Ch	of t) <u>#</u>	2089
Date of N 05	lotification 22	(1) / <u>14</u>			(FORGON	Name of	Building C IS PHARM	wner / Ope		RATION	VEL		900
Agencies	Notified	Type of N	otificat	ion		_	H PLAZA				_		
	EPA		Initial				te, Zip Cod		2814 M	Y 23	PM 5	· 2 &	
	DOH		Amen	aea dment :	#	Name of	NOVER, N	J 07936		ITolonh	one Nun		
<u> </u>	DOL		Emerg		v/ justification	KEN PIR			から得り	\$ TOS	CDN I	MOL.	
					F	ACILITY II	NFORMATI	ON		=30		*	
Name of NOVART	Facility Wh	ere Abaten	nent is	Taking	Place (3)		Type of F	acility (4)	Enclosed	ŧ			. 5
Street Ac	droce						- -	School (F		41 16	46)		
1 HEALTI								Other (I.e	ter 8 (Other ., private & omes, etc.)				
City (5)	NOVED	County (6)		County Code	(7)	Square F	eet	# Of Floor	'S	Buildi	ing Age	-
EAST HA	NOVER	MORRIS					The second second	V/A	N being dem	/A	4	N/A	4
					<u> </u>		EXTERIO		being dem	iolisned)			
	Monitoring		by Bld	g. Own	er (8)	ASCM NO			Contractor	(9)			
Street Ad	ENVIRONI	WENTAL						lition Servic	es Inc.	2022			
	JTE 22 EAS	Т					Street Ad	uress					
	e, Zip Code							s Parkway					
UNION, N		mite -!- =			T-1- 1		City, Stat	e, Zip Code)				
Project M MIKE NEI	Ingr. For Mo	onitoring Fi	ırın		Telephone Nu 908-688-7800	ımber	East Hand	over, NJ 079	36				
	Start Date	(10)	Sched	. Comp	letetion Date (1	11)		e Number	300	License	Number	г	
	/ _20/			06_/		14_	973-8	84-8682				00860	
	Facility CI	uring Abati osed/Vacat	ement (ted Dur	ina Ent	only 1) tire Period of			OSHA Moni lition Servic	77.70				
	Abatemen	t					Street Ad		C3 1110.				
	Abatemen Hours - De	t Performe	d Outsi	de of N	lormal Facility		22 14611:	- DJ					
$\overline{\mathbf{v}}$	1	scribe:	5:00pm	STAR	T			s Parkway					
								ver, NJ 079					
cope of	Work (Chec	k All That	Apply)										
	Demolition >3sf or >3l	10	[3	3	Renovation		Full Conta	ainment wit	th Negative	Pressur	е		
	≥160 sf or	≥260 If					Glovebag	Procedure					
							Non-Exen	ipted (*) an	d Non-Fria	ble Proc	edure		
	Location of			s		Descript				Abatem	ent Type		
	estos Conta laterial (ACI			ation	As	bestos - C			A	R	_	E	E
	D BE ABATI	50.55.c.		nally ed	a.	Material (e., thermal			Amount (Specify	E M	R	N C	N C
× 	in Facility		Sol	lely	insu	lation, surf	facing, VAT	Γ,	SF or LF)	0	P	A	L
	(13)		- The Co.	lain- nce/	ord	other misc	ellaneous)			٧	A	P	0
				odial						A L	l R	S	S U
			Staff							_		Ĺ	R
XTERIOR	R-402		YES N		PIPE	IN The second second			20.15	- Invest		1	
			H	+++	1111				20 LF	✓	++	++	╁╫╼
											HH	1 1	+=
	Registered V	Vaste Haul	er		NJDEP Waste Hauler ID No.	Cubic Yards	Name of R	egistered l	_andfill				
						of Waste	.201						
ity, State IEWARK,						Disposal Date	City. State BETHLAHI						
ompleted	by (Print o	r Type)			Title			Signature/	,			Date	
TEVEN S					PROJECT MAN	NAGER		1	ILM S	le E	2) Cate	05/22/14

ASB-41

CK 9133

4
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1

Date of Notification (1)				Name	of Building	Owner/	Operator	(2)							
5/19/2014	T			Suno	co Inc. (R&M)	- Marcu	us Ho	ok Refine	374	PM 5: i	4			
Agencies Notified EPA	Type Notification			Street	Address Dall Aver						No. State of				
EPA DEP DOL	Amended Amendmen				tate, Zip C us Hook		9061	P ₁	35 <u>131</u> & L	ICEN	SING	an Lat	:		
DOH DCA	justification Cancellation	,			of Contact lark Stru			3			ephone Ni				
	_				ILITY INF		ION								
Name of Facility Where	Abatement is Takir	ng Place (3	3)					Туре	of Facility	(4)					
Sunoco Eagle Poin Street Address	it Refinery					300			School (K-						
US Highway 130 S	outh							×	Subchapte Other (i.e. _l etc.)	r 8 (Oth private	er than K-1 & commerc	(2) cial bui	ildings	, hom	ies,
City (5) Westville					- 0				re Feet	2770000	f Floors		Bldg.	Age	
County (6) Gloucester					Code (7))		Curre	nt Use (Pri			S. C.		311	
Name of Monitoring Firm AET, Inc.	Hired by Building	Owner (8)		ASC	M No.			of Aba	tement Con			Inc			
Street Address 28 Pennell Road				<u> </u>			Street	Addres	ss		systems,	IIIC.			
City, State, Zip Code Media, PA 19063							City, S	tate, Zi	Jnion Str						_
Project Manager for Mon	itorina Firm			Toloph	ana Na		Land of the second seco		ster, PA	19382					
Tony Keir Start Date (10)	morning i min				91-0114		VI account of	701-9	000		License 1 00508	No.			
6/6/2014		6/16/14	1	npletion	Date (11)		Name (IA Monitor	-6-607010		8			
Occupancy Status During		- 50	367				Street		177						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	batem Hours	nent			City, St	tate, Zi	Road p Code						
Scope of Work (Check A	II That Apply								19063						xe
≥3 sf or ≥3 lf	іг ттаг Арріу)	П.		265707		**bTe	ease s		the att					pti	on.
≥160 sf or ≥260 lf		printers.	enova emolit					Min Glo	Containme i-Enclosure vebag Prod	e cedure				100000000000000000000000000000000000000	
		T to	1					I Non	-Exempted	d (*) and	Non-Frial	ole Pro			-
Location	of .	N	Locati ormali	ly		Do	scription	of						emen vpe	'
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	aining M systems cing, VAI niscellane	aterial insulat T, or	(ACM) tion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	6
Crude U	Init	+		X	Therma	al Insul	ation-Ta	ank B	ottoms	1,1	00 SF	Х			
				-											
Name of Registered Was	te Hauler		l N.	JDEP W	/aste	Cubic	Varde		Name of I	Dogisto	red Landfill				
Waste Management			Ha	auler ID 273		of Was	72	,	GROWS						
City, State Camden, NJ			-	K.		Dispos TBD	al Date	h	Offy, State Tulkytow	n PA					\dashv
Completed by Robert M. Casciato		Title Presid	lent			S	ighaturé				Da	ite 19/14	 1		
ASB-41 (R-06-08)		1					* Do not	use th	is form for	asbesto				activit	ies.

Sunoco Crude Unit

All of the abatement work will be performed outside. Engineering controls will consist of the following:

- Wind breaks (sides only, no top) will be installed around all areas where abetement is taking place.
- The required warning signs will be posted.
- All asbestos materials will be wetted during removal and packaging.
- Asbestos containing materials will be packaged in accordance with regulations and transported by a licensed hauler to an approved landfill.
- Area of abatement will be cleaned of all asbestos debris.
- Daily perimeter monitoring will be performed.
- Final air monitoring will be performed as each phase is complete.

CK 16/16



Date of Notification (1)			_			g Owner/Operator						
	/14	<u> </u>		Di	vision of	Property Manag	ement apply	HUZBO PM 5:	: !			
☑ EPA ☑ Initia				Stree	et Address	ite Street		STOS CONTA				
	enaea endment#	:			State, Zip		6 &	LICENSING	f.	2		-
	ergency (ir	ncludir	ng		enton, NJ				73	ţ-		¥.
	ification)			100000	e of Contac			Telephone Num	ber			
L Can	cellation		- 100	1 1000	ck Ferrer		44		•			
Name of Earth 18th All 1	ļ <u>.</u>			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement Residential House	nt is Takin	g Plac	e (3)				Type of Facility (1,550				
Street Address							School (K-12)) I (Other than K-12	1			
12 Weber Avenue							Other (i.e., pr	ivate and commer	rcial b	uildin	gs,	
City (5)			170				homes, etc.)	L				
Sayreville							Square Feet	# of Floors	В	ldg. A	(ge	
County (6)	4			Cou	inty Code ()(STATE USE ONLY)	Current Line (De)	as if haire days it	1			
Middlesex				000	inty Code (/)(STATE USE UNLY)	Current Use (Pric	or if being demolis	shed)			
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)		-			
Tiger Environmental, Inc.						ALL PRO MA	NAGEMENT LL	_C				
Street Address						Street Address						
16 West Elizabeth Avenue						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C	ode					
Linden, NJ 07036						Garfield, NJ	07026					
Project Manager for Monitoring Fir	m		3399	ephone		Telephone No.	v	License No.				
Helen Schwoerer			100		2-4301	973-928-4888		1188				
Start Date (10) 05 /21 /14					ate (11) 14	Name of OSHA N	Monitor NAGEMENT LL	С				
Occupancy Status During Abatem	30000					Street Address			_			
□ Facility Closed/Vacated During				ement		27 Outwater	l ane					
☐ Abatement Performed Outside	of Normal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Time of Abatement:AM	PI	W/	PM		_AM	Garfield, NJ						
Scope of Work (Check all that app	ly)			-		· · · · ·						
≥3 sf or ≥3 If≥160 sf or ≥260 If			enovat emoliti			Mini-End Gloveba	tainment with Nega losure g Procedure mpted (*) and Non		·e			
		1	Loca				-		Ab	atem	ent T	уре
Location of Asbestos-Containing Material (TO BE ABATED IN Facility (13)	ACM)	Us:	aintena	ely by ance/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)				ate	
Exterior Foundation				⊠	Waterp	roofing Mastic		1600 LF	\boxtimes		×	
Basement, 1 st and 2 nd Floor					Joint C	ompound		7000 SF	Ø		\boxtimes	
1st and 2nd Floor				\boxtimes	Floor Ti	ile		180 SF			\boxtimes	
Exterior Chimney				\boxtimes	Top Co	at		200 LF	×		\boxtimes	
Name of Registered Waste Hauler			1.83	JDEP		Cubic Yards of	Name of Registe	ered Landfill				
Newark Carting & Future S	anitation	Inc.		lauler II 04509	D No. 9 22051	Waste _As Needed	IESI Landfil	1				
City, State						Disposal Date	City, State					
Newark & Farmingdale, NJ						TBD	Bethlehem,	PA				
Completed By (Print or Type)	Title)				Signature	,//	Dai	te ,		1	
Zvonko Veskov		reside	ent			13	1/1/10		5	20	11	4
ASB-41			2 E			11/1	and the	/	-4	DX.	-	-
AN 13		o not	use th	ns form	for asbest	os licensure exemp	ted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET-12 Weber Avenue

4						Abateme	ent Type	_	
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	No: : : : : Main	s Locat rmally Solely tenan al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A			585			
Exterior			X	Siding and Caulk	60 LF	Х		Х	
Exterior Windows			X	Caulking	200 LF	X		X	

Completed by: (Print or type) Zvonko Veskov	Title: President	Signature:	Date: 5 2014
			110

CK 1616



Date of Notification (1)					Nam	o of Buildi	ing Owner/Op		000	لسا لسا				
05 /	20	/ 1	4							uction				
Agencies Notified	Tune Ne	416 41			-		. roperty i	- AR	ement & Constr 14 MAY 23 Pl	465011				
⊠ EPA	☐ I ype No	itification)											
☑ DOLWD	☐ Ame						tate Street		& LICENS	THOL				
☑ DOH	- C	ndment #	#			State, Zip		0.1	TOP TICENS	ING ST				
☐ DCA			ncludir	ng		enton, N		Pa	à LIULIA	C.1.				
(NJAC 5:23-8)		ication)		-	Nam	e of Conta	act	0		Telephone Nu	mber			- 100
	☐ Cano	ellation			Ri	ck Ferre	ra		9					
					FA	CILITY I	NFORMAT	ION						
Name of Facility Where A	batemen	is Takir	ng Plac	e (3)					Type of Facility (4	1)				
Residential House									School (K-12)					
Street Address	27-120-100								Subchapter 8	(Other than K-1	12)			
15 Weber Avenue									Other (i.e., privalent homes, etc.)	ate and comm	ercial l	ouildir	igs,	
City (5)									Square Feet	# of Floors	- 11	3ldg. /	100	-
Sayreville									- 4	W 01 1 10013		Jiug. /	-ye	
County (6)		-			Cou	inty Code ((7)(STATE USE	ONLY)	Current Use (Prio	r if heing domo	lichod)	<u> </u>		
Middlesex							(-)(-)(-)	OILL!	odricit ose (i no	i ii beirig deiiio	iisi ieu)			
Name of Monitoring Firm	Hired by I	Building	Owner	(8)	ASCN	1 No.	Name of A	hateme	ent Contractor (9)					
Tiger Environmenta				. ,			10 and 10		NAGEMENT LL	6				
Street Address				-			Street Add		NAGENIENT LL	<u> </u>				
16 West Elizabeth A	venue						27 Out		Lane					
City, State, Zip Code			- 10						100,000,000					
Linden, NJ 07036							City, State							
Project Manager for Monit	oring Firm	1		TTO	lephone	NIo	Garfiel	S	07026					
Helen Schwoerer	omig i iii	10		100	. aa Maraan ah		Telephone			License No.				(0.00)
Start Date (10)		Coho	dulad C	100	908-862		973-928			1188		2		
05 /21 /	14				letion Da		Name of C							
					20_ /		ALL PR	RO MA	NAGEMENT LLC	3				
Occupancy Status During							Street Add	ress						
☑ Facility Closed/Vacated☐ Abatement Performed	Outside o	ntire Pe	riod of	Abat	ement		27 Outv	water L	_ane					
Time of Abatement:	AM-	PI	raciii M/	y Hou	ırs - Des	SCribe ΔM	City, State,	Zip Co	ode					
							Garfield	d, NJ (07026					
Scope of Work (Check all	that apply)					F7 -		200					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re				⊠ M □ G	ini-Encl lovebag	Procedure					
			la la		.0		⊠ No	on-Exer	npted (*) and Non-l	Friable Procedu	ıre			
Location of	of			Loca Norma			D				Al	oatem	ent T	ype
Asbestos-Containing M		CM)	Use	ed So	lely by	Asbe	estos Contain	ption of		Amount	Z	Z,	m	Щ
TO BE ABAT					ance/ Staff?	(i.e	e., thermal sy	stems in	nsulation,	(Specify	Removal	Repair	Cap	S
(13)				(12			surfacing other misc			SF or LF)	a S	,	Encapsulate	Enclosure
, ,			Yes	No	N/A		Otriej mist	chariec	ous)				ate	
Exterior Windows					\boxtimes	Caulkin	ng			200 LF			\boxtimes	
1 st Floor-Den					\boxtimes	Texture	ed Gypsum	Ceilin	g	350 SF	\boxtimes		\boxtimes	П
Den-Flue						Fibrous	se Flue Inst	ulation	1	3 LF				
Den-Floor						Mastic				450 SF		<u></u>		
Name of Registered Waste	Hauler			1	NJDEP N	Naste	Cubic Yards	s of	Name of Register			T-	2	ഥ
Newark Carting & Fu	ture Sar	itation	. Inc.	< 0	Hauler I		Waste	0.01	IESI Landfill	ca Landiiii				
City, State					04509	22051	As Need		AND AND STREET OF STREET SALES STREET STREET					
Newark & Farmingda	le. N.I						Disposal Da	ate	City, State					
		70							Bethlehem, F	9			-	
Completed By (Print or Typ Zvonko Veskov	e)	Title					Signat	ure	16 1	Da	ate	1		
SB-41			eside	111			15	. /	120	1	5/2	201	14	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET-15 Weber Avenue

						Abateme	nt Type		
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	Noi S Main	s Locat rmally Solely tenandal Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i r	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A						
2nd Floor-Bathroom			Х	Thinset Construction Adhesive	100 SF	Х		Х	
		_							
		-	-				-	-	
							-	-	
	_						-	-	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Division of Property Management & Construction 5: 11 05 20 / 14 Agencies Notified Type Notification Street Address **⊠** EPA 33 West State Street ☑ DOLWD HESTOS CONTRO ☐ Amended City, State, Zip Code Ø DOH & LICENSING Amendment # Trenton, NJ 08608 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Rick Ferrera **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential House School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 19 Weber Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sayreville County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental, Inc. ALL PRO MANAGEMENT LLC Street Address Street Address 16 West Elizabeth Avenue 27 Outwater Lane City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Helen Schwoerer 908-862-4301 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 21 / 14 06 / 20 / 14 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Garfield, NJ 07026 Scope of Work (Check all that apply) $\square \ge 3$ sf or ≥ 3 If Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor and Basement П X Joint Compound 3600 SF X \boxtimes 1st Floor-Basement Landing П \boxtimes Linoleum and Linoleum Adhesive 20 SF \boxtimes \boxtimes 1st Floor-Front Entry X Floor Tile and Floor Tile Adhesive 40 SF X П X Interior Porch Along Siding П П M Caulking 15 LF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Newark Carting & Future Sanitation, Inc. Waste IESI Landfill 04509 22051 As Needed City, State Disposal Date City, State Newark & Farmingdale, NJ TBD Bethlehem, PA Completed By (Print or Type) Title Signature Date Zvonko Veskov President ASB-41

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET-19 Weber Avenue

(13)					Abatement Type							
	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e			
	Yes	No	N/A									
1st Floor-Bathroom			Х	Wallpaper Adhesive	30 LF	Х		Χ				
Garage			х	Caulking	5 LF	x		x				
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Completed by: (Print or type) Zvonko Veskov	Title: President	Signature:	Date: 5 20 14
		1100	1 1 1 1

CK 1616



Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)						
05 / 20	/ 14	4		-		Property Manag	ement & Cons	truction					
Agencies Notified Type N						- 91	14 MAY 23 P	H 5: 1	1				
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☑ DOLWD ☐ Am	mended mendment #						JUNESTON C	OMTRO	Ų				
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	ergency (in	ncludir	ng		enton, N.	08608	& LIULI		15.8				
	ification)			0.000	e of Conta	d S		Telepho	none Number				
L Car	cellation			Ri	ck Ferrer	a		22-	- 4				
				FA	CILITY II	NFORMATION			(2) The same of th				
Name of Facility Where Abateme	nt is Takin	g Plac	ce (3)				Type of Facility	(4)					-
Residential House							School (K-12	2)					
Street Address							Subchapter 8	8 (Other th	an K-12)	-!-!	an area		
20 Weber Avenue							homes, etc.)		commerc	ciai bi	ullain	gs,	
City (5)							Square Feet	# of Flo	oors	BI	dg. A	ne	
Sayreville							1	,,, 0	,0,0	0,	ug. /	.gc	
County (6)			7	Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being	domolici	nod)		-	
Middlesex					, 0000 (MOTATE GOL GIVETY	Current Ose (F1	ioi ii beirig	demons	lea)			
Name of Monitoring Firm Hired by	Building	Owner	- (8)	ASCN	4 No	Name of Abatam	nent Contractor (9)						
Tiger Environmental, Inc.	Dunding	OWITE	(0)	ASCIV	INO.		· · · ·						
Street Address							ANAGEMENT L	LC					
						Street Address							
16 West Elizabeth Avenue					27 Outwater	Lane							
City, State, Zip Code						City, State, Zip C	Code						
Linden, NJ 07036						Garfield, NJ	07026						
Project Manager for Monitoring Fi	m			ephone		Telephone No.	License No.						_
Helen Schwoerer			9	08-862	2-4301	973-928-488	88 1188						
Start Date (10)	Sched	duled (Compl	etion Da	ate (11)	Name of OSHA Monitor							
05/21/14	(06	/ _2	0_/	14	ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatem	ent (Chec	k only	one)			Street Address				-			
☑ Facility Closed/Vacated During				ement		27 Outwater	Lane						
☐ Abatement Performed Outside	of Normal	l Facili	ty Hou	ırs - De	scribe	City, State, Zip Code							
Time of Abatement:AM	PM/PMAM					Garfield, NJ 07026							
Scope of Work (Check all that app	(v)					Garneid, NJ	07020						
oropa at train (orlean all that app	· y)					☐ Full Con	tainment with Neg	ative Pres	Sure				
≥3 sf or ≥3 lf	Renovation					☐ Mini-End	nclosure						
≥160 sf or ≥260 If	□ Demolition					☐ Gloveba	g Procedure						
		1	s Loca	ition	T	M NOTI-EXE	empted (*) and Nor	n-Friable P	rocedure	1			
Location of			Norma			Description of			Ab	atem	ent T	ype	
Asbestos-Containing Material (Asbe		ataining Material (ACM) all systems insulation, acing, VAT, or		unt	Re	Repair	Ē	m
TO BE ABATED					(i.e				cify	Removal	pair	cap	Enclosure
IN Facility (13)						other miscellane			LF)	a)		Encapsulate	ure
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Exterior-Foundation			П		Watern	roofing Mastic		4600	er.	N		N	
			+		waterp	rooming mastic		1600	3F	\boxtimes	П	\boxtimes	Ш
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Nome of Decisters 1997											Ш	Ш	Ш
Name of Registered Waste Hauler			1 100	NJDEP I		Cubic Yards of Waste	Name of Regist		fill				
Newark Carting & Future Sa	anitation	, inc.	1		9 22051	As Needed	IESI Landfi	11					
City, State						Disposal Date	City, State						
Newark & Farmingdale, NJ						TBD	Bethlehem,	PA					
Completed By (Print or Type)	Title	,				Signature		1	Date	2			_
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Zvonko Veskov	р	resid	ent				1/1.1			. 1	1		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) Name of Building Owner/Operator (2) Division of Property Management & Construction : 1 05 20 / 14 Type Notification Agencies Notified Street Address **⊠** EPA Initial 33 West State Street A CHESTOS CONTRA ☐ Amended **⊠** DOLWD City, State, Zip Code & LICENSING Amendment # Ø DOH Trenton, NJ 08608 ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Rick Ferrera FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 24 Weber Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sayreville County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental, Inc. ALL PRO MANAGEMENT LLC Street Address Street Address 16 West Elizabeth Avenue 27 Outwater Lane City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Helen Schwoerer 908-862-4301 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 21 / 14 06 / 20 / 14 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM- AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ≥160 sf or >260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior-Foundation П Waterproofing Mastic 1800 SF X \boxtimes \boxtimes П Basement and 1st Floor \boxtimes \boxtimes \boxtimes Joint Compound 1800 SF 1st Floor-Rear Porch X Floor Tile and Mastic Ø M 200 SF 1st Floor-Rear Porch Glass Door X 15 LF X X Caulking NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting & Future Sanitation, Inc. IESI Landfill 04509 22051 As Needed City, State Disposal Date City, State Newark & Farmingdale, NJ TBD Bethlehem, PA Signature Completed By (Print or Type) Title Zvonko Veskov President

ASB-41 JAN 13

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CK 1616

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



Date of Notification (1) Name of Building Owner/Operator (2) 20 / 14 05 Agencies Notified Type Notification Street Address 33 West State Street ☐ Amended **⊠** DOLWD City, State, Zip Code & LICENSING Amendment # **⊠** DOH Trenton, NJ 08608 ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Rick Ferrera **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential House School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 25 Weber Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sayreville County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental, Inc. ALL PRO MANAGEMENT LLC Street Address Street Address 16 West Elizabeth Avenue 27 Outwater Lane City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Helen Schwoerer 908-862-4301 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 21 / 14 06 / 20 / 14 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or >260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor-Kitchen \boxtimes Floor Tile 125 SF \boxtimes \boxtimes 1st Floor and Basement Joint Compound 3400 SF M X 1st Floor-Bathroom \boxtimes Construction Adhesive 75 SF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting & Future Sanitation, Inc. **IESI Landfill** 04509 22051 As Needed City, State Disposal Date City, State Newark & Farmingdale, NJ TBD Bethlehem, PA Completed By (Print or Type) Title Signature Date Zvonko Veskov President ASB-41

ASB-41 JAN 13

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