NO CK

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

Farm Com

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	-		120			
	15			Pars	sippany-	Troy Hills Board	l of Educatio 1	7815	11.26	AM:	L = 8:		
Agencies Notified Type Noti	fication			Street	Address	Se.		C 2 18	ANCO	AIT	4.4	3	
⊠ EPA ☐ Initial				292	Parsippa	any Road		ACD	0700				
□ DOLWD □ Amend □ Amend			Ì	City. St	tate, Zip C	ode		#35	STOS (HU	111	IL.	
	iment # <u>1</u>			1 8513	32 35	NJ 07054		1	LIUER	JIMI	à		
DCA Emerg		luding	-		of Contact			Tolor	ne Numbe	or .			_
(NJAC 5:23-8) justific					Gavegli			100	and realined	1			'
						FORMATION			-				
Name of Facility Where Abatement	is Taking	Dlace	(3)	TAC	/ILIT 1 114	TOTALIZATION	Type of Facilit / (4)	-		_		_
Parsippany High School	is raking	riace	(3)				School (K- 2						
							Subchapte 8	Fill of the control o	nan K-12)				
Street Address							Other (i.e., pr	ivate a		al bui	dings	ŝ,	
309 Baldwin Road							homes, et .)						
City (5)							Square Feet	# of	oors	Bld	g. Ag	е	
Parsippany								1					
County (6)	38307 594			Coun	ty Code (7)(STATE USE ONLY)	Current Use ('ri	or if be	g demolish	ed)			
Morris							school						
Name of Monitoring Firm Hired by B	uilding O	wner (8)	ASCM I	No.	Name of Abatem	ent Contractor (3)						
Whitman				0110	ř.	Pow/R/Save	Inc						
Street Address						Street Address							
7 Pleasant Hill Road						27 West Stre	et						
City, State, Zip Code						City, State, Zip C	ode		-				
Cranbury, NJ 08512						Bloomfield, I							
Project Manager for Monitoring Firm	1		Tele	phone I	No.	Telephone No.		Lic	se No.				
Kevin Lovely			(7	32) 64	4-5418	(973) 680-008	38	3	*				
Start Date (10)	Schedi	uled Ci	omple	tion Dat	te (11)	Name of OSHA N	Monitor		-				
07 / 06 / 15	_ 0	7_/	09	_ / _	15								
Occupancy Status During Abatemen	nt (Check	only o	ne)			Street Address			-				
☐ Facility Closed/Vacated During E	Entire Per	iod of	Abate	ment									
☐ Abatement Performed Outside o						City, State, Zip C	ode	-	3-7-				
Time of Abatement:AM	PN	//	PM-		AM								
Scope of Work (Check all that apply	1)								Water Street				-0.0
☐ >3 sf or >3 lf		⊠ Re	novati	on		☐ Full Con	tainment with he	gative	ssure				
≥160 sf or ≥260 lf		☐ De				☐ Gloveba	g Procedure						
						⊠ Non-Exe	empted (*) and Vo	n-Fria	Procedure	-			
		100	Locat Vorma							Aba	atem	ent Ty	/ре
Location of Asbestos-Containing Material (A				ely by	Ache	Description estos Containing M			iount	Re	Re	En	En
TO BE ABATED	(CIVI)	1000	intena			e., thermal systems			ecify	Removal	Repair	cap	clos
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT		5	or LF)	Val	3	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	eous)					ate	
guidance & CST area		П			VAT				48 sf		П	П	П
garaanoo a oo r aroa				$\frac{1}{1}$	1								
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		Ш			-					닏	Ш		
	У.												
Name of Registered Waste Hauler				NJDEP Hauler I		Cubic Yards of Waste	Name of Regi		ndfill				
Pro Green Management LL0	J.			2205		1.000	Grand (e	ntral (Tullytow	n			
City, State					- 11	Disposal Date	City, State		T 128 W	257.00			
East Brunswick, NJ						1/21/14	Pen Arç yl	PA o	fullytown	, PA			
Completed By (Print or Type)	Title					Signature	/1/		Da	te	_/	1	
Sharon Hendee	S	ec/Tr	eas				March	-		3	/21	/,	5-
ASB-41 JAN 13	*	Do no	tuen t	his form	for asher	stos licensure exen	anted activities			/	/		
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NO CK

Data of Natification (4)				_	NI	. C D . 11-11	0	2)	5					
Date of Notification (1)	24	45			Name	of Building	Owner/Operator (2	2) Laf Faloración a		,				
/	21 /	15	-		Pars	пррапу-	Owner/Operator (2 Troy Hills Board	of Educatic	TS MA	OC EM				
Agencies Notified	Type Notific	cation			Street	Address			1177	CO AN	4.	1		9
⊠ EPA	☐ Initial	22000			292	Parsippa	any Road	- 65	250	20.00				
☑ DOLWD ☑ DOH					City, S	tate, Zip C	ode		20	OEHSIN	TR	JL		
□ DCA	☐ Emerger	managar-			Pars	sippany,	NJ 07054		CC [JEMOIR	G			
(NJAC 5:23-8)	justificat		naanig	Ì	Name	of Contact			Teler	ne Numbe	er			
	☐ Cancella	ation			Ton	Gavegli	io				-			
					FAC	ILITY IN	FORMATION	·						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facili y	(4)	\$7-100 miles				
Rockaway Meadow	School	- -		33.50%				School (K- 12						
Street Address								Subchapte :						
160 Edwards Road								Other (i.e. p homes, et :.)		commerci	al bui	iaing:	s,	
City (5)					11.000			Square Feet	# of	oors	Bld	g. Ag	ie .	
Parsippany								555k230 8 0 E 8	1		1000000			
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (3r	ior if be	a demolish	ed)			
Morris								school						
Name of Monitoring Firm	Hired by Bui	ilding O	wner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor 3		-				
Whitman			· · · · · · · · · · · · · · · · · · ·		0110		Pow/R/Save							
Street Address		000-10-10-					Street Address							
7 Pleasant Hill Road	d						27 West Stre	et						
City, State, Zip Code			1970-5592				City, State, Zip Co	ode		-				
Cranbury, NJ 08512	2						Bloomfield, N							
Project Manager for Moni	toring Firm			Tele	phone !	No.	Telephone No.		Lic	se No.				
Kevin Lovely	S			(7	32) 64	4-5418	(973) 680-008	38	3	** 1				
Start Date (10)		Sched	uled Co	omple	tion Dat	e (11)	Name of OSHA N	Monitor			11			
06 /27 /	_15_	_ 0	7_/	03	_ /	15								
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address			(
☐ Facility Closed/Vacate	ed During En	tire Per	iod of	Abate	ment						400			
☐ Abatement Performed							City, State, Zip Co	ode		-	3.9			
Time of Abatement: _	AM	PN	Λ/	PM-		AM	5-301-75-0 A S.							
Scope of Work (Check al	I that apply)							-				7		
≥3 sf or ≥3 lf			⊠ Re	novoti	0.0		☐ Full Con	tainment with I e	gative	ssure				
≥3 \$1 \$1 ≥3 11 ≥160 \$f or ≥260 If			⊠ De					g Procedure						
				200 ACLES A C			Non-Exe Non-Exe	empted (*) and	on-Frial	Procedure)			
			2016	Locat Vorma							Aba	ateme	ent T	уре
Location Asbestos-Containing		(M)	14.7167	d Sole	*	Ashe	Description of stos Containing Ma			iount	Re	Re	En	E
TO BE ABA			100000000000000000000000000000000000000	intena			., thermal systems		(ecify	Removal	Repair	cap	clos
IN Facili	ty		Cust	(12)	Staff?		surfacing, VAT		S	or LF)	val		Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellane	ous)					ite	1000
main office suite						VAT				4 sf		П		П
				V2-203				1			Allena a			
boiler room						boiler	ope packing & f	lue packing		0 sf		Ш	Ц	Ш
										JAN TO THE REAL PROPERTY OF THE PERTY OF THE				
Name of Registered Was	ste Hauler			1	JDEP I	Waste	Cubic Yards of	Name of Reg	stered	ndfill	1			
Pro Green Manage				F	lauler II		Waste	Grand (e		Tullytown	n			
City, State					2205		Disposal Date	City, State		-				
East Brunswick, N.	J							Pen Arç y	PA o	ullytown	, PA			
Completed By (Print or T		Title	9				Signature		/	Dat	9 223 7 25-4 CLANS			
Sharon Hendee	25.20	1 200	ec/Tr	eas				2/4 1	4	/	5/:	r/	15	_
ASB-41				veces50				2/1m/2			1/0	/	11	
JAN 13		*	Do not	use t	his form	for asbes	tos licensure exem	pted activities.				/		

(x 24388

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	2)					
05/	22 / _	15		DCH	l Investn	nents of NJ	2	15 MAI	26 AM	4:5	P	
Agencies Notified	Type Notifica	tion		Street	Address							
☐ EPA				995	Route 91	N	.1	3853	JS CH	#TPn	•	
□ DOLWD	☐ Amended		Ì	City, S	tate, Zip C	ode		2	DS CUI	10	-	
☑ DHSS	Amendme			Sou	th Ambo	y, NJ 08879		-	2 - 1 · O ; 1	, 0		
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio			200000	of Contact			Telep	ne Number			_
(140/10/0.20/0)	☐ Cancellati	50.		Fran	nk Gioe			,	, -zU3U2	2		
			-	FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking Place	(3)				Type of Facilit	(4)		-20_7_m		
Paramus Honda							☐ School (K-12	2)				
Street Address							Subchapte			المائينا الما		
120 Route 4 West							Other (i.e., the homes, etc.)		commerc	ai bullo	ngs,	
City (5)	N .						Square Feet	# of	ors	Bldg.	Age	
Paramus							2700	2		50	+	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Fi	ior if be	demolish	ed)		
Bergen							Commeric	ıl				
Name of Monitoring Firm	Hired by Build	ing Owner (8)	ASCM	No.	Name of Abatem	ent Contractor ()	-			
N/A						Superior Aba						
Street Address						Street Address			-			
0.1001/1001						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip C		W	1			
Oity, Otato, 2.p 0000						West Caldwe						
Project Manager for Mon	itorina Firm		Tele	phone	No	Telephone No.		Lice	e No.			
1 Tojout Manager for Mon	itoring r intri		1010	prioric		(973) 808-161	16	10000000	11			
Start Date (10)		cheduled C	omple	tion Da	to (11)	Name of OSHA N			-			
						Superior Aba						
Occupancy Status During	Abatement (C	Check only o	ne)			Street Address			-			
☐ Facility Closed/Vacate				ment		2 Henderson	Drive					
☐ Abatement Performed	-				cribe	City, State, Zip C						-
Time of Abatement: _	AMPN	I/PM-		_AM		West Caldwe						
Scope of Work (Check al	I that apply)				1	1			-	77		
D - 2 - 4 2 14				2027		☐ Full Con	tainment with N	gative P	ssure			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re ☑ De	novati molitic				g Procedure					
							empted (*) and I	on-Friab	Procedure)		
		10000	Locat							Abate	ement T	уре
Location			Norma		۸-6-	Description of		_	arrant.	R :	D III	ш
Asbestos-Containing TO BE ABA			intena			stos Containing Ma ., thermal systems		A (5	ount ecify	Removal	Encaps	1Clo
IN Facili		Cust	todial (12)	Staff?	No.	surfacing, VAT	, or	ŠI	r LÉ)	val .	Encapsulate	Enclosure
(13)		Yes	No.	N/A		other miscellane	eous)				ate	
Main Building Roof 1	& 3	П			Roofing	g and Flashing I	Materials	1,0	5 SF			П
						3			Maria de la companya del companya de la companya de la companya del companya de la companya de l		10	Ħ
												$ \sqcup $
Name of Registered Was			11 (1722)	JDEP \		Cubic Yards of	Name of Regi		dfill			
Service Transport	Group, Inc		F	lauler II SW21		Waste 40	Minerva .	andfill				
City, State						Disposal Date	City, State					
New Castle, DE						6/10/2015	Waynest	urgh, C				
Completed By (Print or T	ype)	Title				Signature	111	11	Dat	е		
Nick Petrovski	300	Preside	ent			16	Mh	En	n 5	-2	2-/	15

ASB-41 MAY 11

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

JAN 13

Date of Notification (1)				NI	- (D "I"	0 10 1				2 200	1-4	24	
A A Section	9	4.5				ng Owner/Operator (2)	=				1	
	_ ′ _	15		LIC	nel Davi	S		22	HAY 26				
	e Notifica	tion		Stree	t Address				111 26	Ai	1 4:	47	
	Initial			8 E	dgebroo	k Road		45	STUS			* /	
	Amended			City,	State, Zip	Code		-	1105	CUI	YTE	01	-
	Amendme			Ne	w Bruns	wick, NJ 08901	ŕ		LILE	431A	C	OF	
	Emergeno justificatio		ng		e of Contac			Tele	one Numb		u		
	Cancellati	1.50			ce Zagar			1 1010	One realin	, ,			
								-				0///1100	
Name of Facility Where Abate	ment is T	akina Pla	20 (2)	FA	CILITI	NFORMATION	T (5. 7)	(4)					
Residential House	ment is 1	aking Fia	Je (J)				Type of Facil :						
Street Address							School (K	12) r.8 (Othu	han K-12	Č.			
0.00.00.00.00.00.00.00.00.00.00.00.00.0							Other (i.e.	private	d commer		uildin	gs,	
8 Edgebrook Road							homes, e	.)					
City (5)							Square Feet	# 0	loors	BI	dg. A	ge	
New Brunswick, NJ 08	901												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use	Prior if b	g demolis	hed)			
Middlesex													
Name of Monitoring Firm Hire	d by Buildi	ing Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor 9	9)	-				
Bio Terra Solutions						ALL PRO MA							
Street Address				1777	-	Street Address							
P.O. Box 1224						27 Outwater	l ane						
City, State, Zip Code						City, State, Zip Co	I THE TOTAL STATE OF THE TAXABLE PARTY.		-				
Union, NJ													
Project Manager for Monitorin	. Eirm		T	la-b	NI-	Garfield, NJ	07026	1	-				
	3 LIIII		1	lephone		Telephone No.		100	se No.				
Rick Eustaquio				973-494		973-928-4888		1	18				
Start Date (10)		cheduled				Name of OSHA M	lonitor						
6/15/18				30 /	15	ALL PRO MA	NAGEMENT	LLC					
Occupancy Status During Aba						Street Address							
□ Facility Closed/Vacated Du	ring Entire	e Period o	f Abat	ement		27 Outwater I	Lane						
Abatement Performed Outs	ide of Nor	rmal Facil	ity Hou	urs - Des	scribe	City, State, Zip Co	ode .		-				-
Time of Abatement:	.AM	PM/	PN	Λ	AM	Garfield, NJ							
Scope of Work (Check all that	apply)								-				
		<u> 20.</u> 2					ainment with N	egative F	ssure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Authoritie	enova			☐ Mini-Enc	losure						
≥ 100 Si 0i ≥200 li			emolit	ION			g Procedure mpted (*) and I	on-Friat	Procedur	0			
			s Loca	ation		LI HOIT EXC	mpted () and i	T	Trocedur	1		t T	
Location of			Norm	ally		Description o	f					ent T	
Asbestos-Containing Mate	ial (ACM)	3 3000	ed So ainten	lely by		estos Containing Ma	terial (ACM)	1	ount	Remova	Repair	Enc	Enclosure
TO BE ABATED IN Facility		10000		I Staff?	(i.∈	e., thermal systems i		(ecify	Vou	air	aps	los
(13)			(12	2)		surfacing, VAT, other miscellaned		S	ır LF)	<u>m</u>		Encapsulate	иге
		Yes	No	N/A			*					e	
Basement				\boxtimes	Pipe In	sulation			LF	\boxtimes	П	\boxtimes	
	-	1	-						-				
											Ш		
									12				
			П			,							
Name of Registered Waste Ha	uler			NJDEP I	Nasta	Cubic Yards of	Name of Re	intored!	dell	ТП	Ш	Ш	
All Pro Management LL			1 93	Hauler II		Waste			dfill				
		- 10 N		00348		As Needed	IESI Lan I	Ш	-				
City, State						Disposal Date	City, State						
Garfield, NJ						TBD	Bethlehe 1	n, PA					
Completed By (Print or Type)		Title				Signature/)	1 .		Dat	е			
Raymond Blum		Projec	t Mar	nager			\wedge		1	-1	1)	12	
ASB-41		-			Mara	11				0	0	1)	1
AN 13		* Do no	t use t	this form	for asbest	tos licensure exemp	ted activities.						

CK Z4387

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

UK 5420.		N	10111				70.7	05 ABA1 30 and 5:16		· 15	0: -	.,.	٠.		
Date of Notification (1)					Name o	of Building	Own	er/Operator (2	2)	*	- ·	*			_
5 /	20 /	15							cal Center of	a soac	Velley 1				_
Agencies Notified	Type Notifica	tion				Address			-			7 4:	42		_
☐ EPA	☐ Initial	uon			100000000000000000000000000000000000000	Old Hook	Ro	ad	. 4	SBES & t	75 00				
☐ DOLWD						ate, Zip Co				81	FAID	211	OL		
□ DHSS	Amendme	_			158	twood, N		675			いたほう日	Æ.G	-		
DCA	☐ Emergend		uding			of Contact	-			Telepi	ie Numbe	er			
(NJAC 5:23-8)	justificatio				1117777777477	y Mousa				1 GIODI	10 11011100				
	Caricellati	011				-		MATION		-	-			-	_
Name of Facility Where A	hatament is T	okina [Dlace	/2\	FAC	ILITY INF	OK	WATION	Type of Facility	(4)					-175
Hackensack Univer				3000	ook Va	llov Emo	raai	nev Poom	School (K-1						
	Sity Weulca	Cem	teror	rasu	ack va	ille y-Lille	gei	icy Room	Subchapter		an K-12)				
Street Address	i e								Other (i.e.,		commerc	ial bui	lding	s,	
250 Old Hook Road									homes, etc Square Feet	# of	0.00	TRIC	α Λο		
City (5)									423.240	6	ors		ig. Ag 5 1	je	
Westwood					T.O	- Codo (7)	/OTA7	EL LICE ONLY	Current Use (F		demolish) [_	
County (6)	Bergen							E USE ONLY)	Hospital	TOT II DEI	demonsh	eu)			
		0) [ASCM N	ua T	Non	a of Abotom	ent Contractor (-		
	ame of Monitoring Firm Hired by Building Owner Pennoni Associates Inc)					
	Pennoni Associates Inc							et Address	tement Inc					11-2-2	
00017.1	treet Address 515 Grove Street Suite 1B							et Address Henderson	Drive						
	uite 1B						270						-		-
City, State, Zip Code	100025							, State, Zip Co	II, NJ 07006						
Haddon Heights, N				Tale	-bono N	No.	A			Lice	e No.				
Project Manager for Mon	itoring Firm				phone N			ephone No.	16	I post tibes.	11				
Alan Llyod		S - L L	1-10	0.000	56) 54			73) 808-161 ne of OSHA N			111				-
Start Date (10)	Water-factor (Control of Control				tion Dat	The state of the s			itement Inc						
Occupancy Status During	g Abatement (Check	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacate	ed During Enti	re Peri	od of	Abate	ment		2	Henderson	Drive						
Abatement Performed							City	, State, Zip Co	ode					S-170	
Time of Abatement: _	7:00 AM-3:30	JPM/	h	N	AIV	1	W	lest Caldwe	ell, NJ 07006						
Scope of Work (Check a	Il that apply)														
☐ >3 sf or >3 lf		31	⊠ Re	novat	ion				tainment with N	gative P	sure				
≥160 sf or ≥260 lf		30.3		moliti				☐ Gloveba	g Procedure						
								☐ Non-Exe	empted (*) and N	on-Friab	Procedure	_			
1	-6			Loca Norma				Description	nf.			Ab	atem	ent T	ype
Location Asbestos-Containing	CONTRACTOR CONTRACTOR	1)	Use	d Sol	ely by	Asbes	stos (Description of Containing Ma		Α	ount	Rer	Repair	Enc	Enc
TO BE ABA	ATED				ance/ Staff?		, the	rmal systems	insulation,	(\$	cify	Remova	air	aps	Enclosure
IN Facil	ity		Ous	(12)				urfacing, VAT ner miscellane		16	r LF)	<u>a</u>		Encapsulate	лге
(10)			Yes	No	N/A		0.0	ioi iiiioooiiaiio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					le	
1st Floor Emergency	/ Area				\boxtimes	Drywall	/Joir	nt Compour	nd	38,	i0 SF	\boxtimes			
1st Floor Emergency	/ Area					Black M	lasti	c on Cinde	r Block	2,	0 SF				
1st Floor Emergency	/ Area				\boxtimes	Black M	lasti	c - Block A	bove Window	2	SF	\boxtimes			
Name of Registered Was	ste Hauler			1	NJDEP N	Vaste	Cub	oic Yards of	Name of Re	istered L	dfill				
Service Transport				ŀ	Hauler II		Was	ste 00	Minerva	Enterpr	:S				
City, State					SW21	17		oosal Date	City, State	-					
New Castle, DE								/02/15	Waynest	urg, Oł					
Completed By (Print or 1	vne)	Title	Marine Service					Signature		77	Dat	te			
Nick Petrovski	,,,,,	0.0000	eside	ent					11/	11		=	n	-1	5
Mon I ou ovon			20.00					10	10/1/1/1	1662	2.	- <	-0	1	/

ASB-41 MAY 11

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					7.00	
5/	12 / _	15		Hack	censack	University Medi	cal Center of	Sega5K	ALEX E	: 4	2		
Agencies Notified	Type Notificat	ion		Street A	Address		A 1 3	~~~~					
□ EPA	☐ Initial			250 (Old Hool	k Road	A59	19103	CONT	20	1		
☑ DOLWD				City, St	ate, Zip C	ode	. (SING				
☑ DHSS	Amendme	- Company		Wes	twood, N	U 07675			W CONST				
☐ DCA (NJAC 5:23-8)	☐ Emergence justification			Name o	of Contact			Telepho	Number	r			
(145/15 0.25 0)	☐ Cancellation			Barr	y Mousa	1							
				FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement is Ta	aking Place	(3)				Type of Facility						
Hackensack Univer	sity Medical	Centerof	Pas	cack Va	dley-Em	ergency Room	School (K-12	1	14 400				
Street Address							☐ Subchapter ☐ Other (i.e., p			al bul	idinas	š.	
250 Old Hook Road							homes, etc.						
City (5)							Square Feet	# of F	'S	Bld	g. Ag	e	
Westwood							423,240	6		5	1		
County (6)				Count	v Code (7	(STATE USE ONLY)	Current Use (Pr	or if being	emolishe	ed)			
Bergen							Hospital			9).			
Name of Monitoring Firm	Hired by Build	ing Owner (8)	ASCM N	Vo.	Name of Abateme	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
Pennoni Associates		ing onlies (-/	0010		Superior Aba	ACCOUNTS OF THE PROPERTY OF TH						
Street Address	5 1810			0010		Street Address							_
515 Grove Street St	ille 1R					2 Henderson	Drive						
City, State, Zip Code	ulte 1D					City, State, Zip C							
	100025					West Caldwe							
Haddon Heights, N.			Tal	ephone l	Na.	Telephone No.	711, 195 07000	Licen	No.				_
Project Manager for Moni	ntoning irinin					(973) 808-16 ⁴	18	004	140.				
Alan Llyod		1-11-16		856) 54		Name of OSHA		004					
Start Date (10)04 /15 /	2000	cheduled Co	THE STREET			Superior Aba							
Occupancy Status During		heck only o	ne)			Street Address			-				
☐ Facility Closed/Vacate				ement		2 Henderson	Drive						
☐ Abatement Performed	Transfer that the same of the last the same of the last the same of the same o				cribe	City, State, Zip C			-				-
Time of Abatement:						West Caldwe							
Scope of Work (Check al	I that apply)					1100101111	, 1.0 0.000		-				
	· crac approy						tainment with Ne	jative Pre	ure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	nova molit			Mini-End	closure g Procedure						
△ ≥ 100 SI OI ≥200 II		□ 06	mont	10(1			empted (*) and N	n-Friable	ocedure				
		ls	Loca	ation						Aba	ateme	ent Ty	ре
Location		11	d Sa	ally lely by		Description				70	ZJ.	Ш	Ш
Asbestos-Containing TO BE ABA				ance/		stos Containing Man, thermal systems		An (St	nt Ify	Remova	Repair	nca	Clo
IN Facili		Cus		Staff?	(1.0	surfacing, VAT		SF	_F)	Val	=	Encapsulate	Enclosure
(13)		Yes	(12 No		1	other miscelland	eous)					ate	CD.
1st Floor Emergency	Area				Drywal	I/Joint Compou	nd	38,7	SF	×			
1st Floor Emergency				×	Black N	fastic on Cinde	r Block	2,1	SF	×			
									<u> </u>				
								-			П	П	
Name of Registered Was	te Hauler	1		NJDEP \	/Vaste	Cubic Yards of	Name of Reg	stered La	Fil)				
Service Transport			- 1	Hauler II	D No.	Waste	Minerva E		1				
City, State				SW21	17/	300 Disposal Date	City, State		•	-			
New Castle, DE						5/22/15	Waynesb	ırg, OH					
Completed By (Print or T	'vpe)	Title				Signature		11	Dat	e			
Nick Petrovski	415.24	Preside	ent			1/1		200		5=	10	-/	-
			71.00 (E.S.)			- 110	14/1/19	- and		, de	1 60	/ -	4

ASB-41 MAY 11

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

(K 11197

Date of Notification (1)							Owner/Operator (2	1.5		- :	7.	2		
05 / 20	/_	15			Par	sippany-	Troy Hills Board	d of Education				<u> </u>		
Agencies Notified Type	Notific	cation			Street	Address			0000	25	£.4 ,			
⊠ EPA ⊠ Ir	iitial				292	Parsipp	any Road				Tax : -,	- 37		
A. C.	mende	0000		8		tate, Zip C		1	135	12 6		7.0		
		nent#_					NJ 07054		ď	CEN	TO THE	KUL		
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	ancella					Gavegl			1 Copi	O I VOIIII	J G1			
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Name of Capilly When Abeton		T-1:1	Di	(0)	FAC	ILIIY IN	IFORMATION	T (F '''						
Name of Facility Where Abaten		i aking	Place	(3)				Type of Facility	20.30					
Parsippany High School			. 97					School (K-1		n K-12	1			
Street Address								Other (i.e., p	rivate an			ldings	1	
309 Baldwin Road								homes, etc.						
City (5)								Square Feet	# of F	ors	Bld	g. Age	е	
Parsippany									1					
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (P	or if beir	demolis	hed)			
Morris								school						
Name of Monitoring Firm Hired	by Buil	Iding O	wner (8)	ASCM	Vo.	Name of Abateme	ent Contractor (9						
Whitman					0110		Pow/R/Save	Inc						
Street Address							Street Address						P - 3 - 1	
7 Pleasant Hill Road							27 West Stre	et						
City, State, Zip Code							City, State, Zip Co	ode						
Cranbury, NJ 08512							Bloomfield, N	NJ 07003						
Desired Messes of Marie 1	Firm			Tele	phone l	Vo.	Telephone No.		Licer	No.				_
Project Manager for Monitoring							()							
Kevin Lovely				(7	32) 64	4-5418	(973) 680-008	38	35					
Kevin Lovely Start Date (10)		Schedu	ıled C	- 8	457		(973) 680-008 Name of OSHA N		35					
Kevin Lovely				omple	457	e (11)	1 0		35					
Kevin Lovely Start Date (10)	5	07	7_ /	omple 09	tion Da	e (11)	Name of OSHA M		35					
Kevin Lovely Start Date (10) 06 / 13 Occupancy Status During Abat	5 ement (Oneck	7 / only c	omple 09	tion Dat	e (11)	1 0		35					
Kevin Lovely Start Date (10)	ement (OT (Check tire Peri Vormal F	only o	omple 09 one) Abater	tion Date	15 cribe	Name of OSHA N	1onitor	35				W.04	e e
Kevin Lovely Start Date (10) 07	ement (OT (Check tire Peri Vormal F	only o	omple 09 one) Abater	tion Date	15 cribe	Name of OSHA M	1onitor					W to U	œ
Kevin Lovely Start Date (10)	ement (ing Entide of NAM	OT (Check tire Peri Vormal F	only o	omple 09 one) Abater	tion Date	15 cribe	Name of OSHA N	1onitor	35					
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Kevin Lovely Start Date (10) 07 / 06 / 1; Occupancy Status During Abat □ Facility Closed/Vacated Dur □ Abatement Performed Outsi Time of Abatement: Scope of Work (Check all that a	ement (ing Ent de of NAMapply)	OT (Check tire Peri Normal F	7 / Only cood of A Facility V	omple 09 one) Abater / Hour PM- novati molitic Locat Norma d Sole intena todial (12) No	ment s - Des	e (11) 15 cribe AM Asbe	Name of OSHA N Street Address City, State, Zip Co Full Cont Mini-Enc Gloveba Non-Exe Description of the control of the containing Macaca, thermal systems surfacing, VAT	tainment with Ne closure g Procedure empted (*) and N	pative Pr	unt sify LF)	Aba			
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Start Date (10)	ement (ing Ent de of NAMapply)	OT (Check tire Peri Normal F	only cood of a facility of the coordinate of the	omple 09 one) Abater / Hour PM- novati molitic Locat Vorma dd Sole intena (12) No	ment s - Des on	Asbe (i.e.	Name of OSHA M Street Address City, State, Zip Co Full Cont Mini-End Glovebar Non-Exe Description of estos Containing Mate, thermal systems surfacing, VAT other miscellane Cubic Yards of Waste	tainment with Neclosure g Procedure empted (*) and N of atterial (ACM) insulation, , or eous) Name of Reg Grand Ce	pative Pr n-Friable Ar (S SF 46	Int sify LF)	A Removal			
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Kevin Lovely Start Date (10) 07 / 06 / 13 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) guidance & CST area Name of Registered Waste Har Pro Green Management City, State East Brunswick, NJ	ement (ing Ent de of NAMapply)	OT (Check tire Peri Normal F	7 / Only cool of a cool of	omple 09 one) Abater / Hour PM- novati molitic Locat Vorma dd Sole intena (12) No	ment s - Des on lly lely by ince/ Staff?	Asbe (i.e.	Name of OSHA M Street Address City, State, Zip Co ☐ Full Cont ☐ Mini-Enc ☐ Glovebat ☑ Non-Exe Description of estos Containing Mate, thermal systems surfacing, VAT other miscellane Cubic Yards of Waste Disposal Date	tainment with Neclosure g Procedure empted (*) and N of atterial (ACM) insulation, , or eous) Name of Reg Grand Ce	pative Pr n-Friable Ar (S SF 46 stered Le ntral or	Ilytow	Aba Removal			
Kevin Lovely Start Date (10)	ement (ing Ent de of NAMapply)	OT (Check tire Peri Normal F PM	7 / Only cool of a cool of	omple 09 one) Abater / Hour PM- novati molitic Locat Norma d Sole intena todial (12) No	ment s - Des on lly lely by ince/ Staff?	Asbe (i.e.	Name of OSHA M Street Address City, State, Zip Co Full Cont Mini-End Glovebar Non-Exe Description of estos Containing Mate, thermal systems surfacing, VAT other miscellane Cubic Yards of Waste	tainment with Neclosure g Procedure empted (*) and N of atterial (ACM) insulation, , or eous) Name of Reg Grand Ce City, State	pative Pr n-Friable Ar (S SF 46 stered Le ntral or	Ilytow	A Removal	Repair		

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)				-	10	
05 / 20	/ 15			Pars	ippany-	Troy Hills Board	of Education	7					
Agencies Notified Type	Votification			Street A	Address			- 1	HAYS	26 1	41 1 4	: 3	7
⊠ EPA ⊠ Ini				292	Parsippa	any Road			9				
	nended		-	110000000000000000000000000000000000000	ate, Zip C			/3	& L10	100	The last	RO	13
	nendment#_			50	100	NJ 07054			& LIC	EN3	1140	}	-
**************************************	nergency (in- stification)	cluding	-		of Contact			Telep	ne Numb	er			
	ncellation				Gavegl			1000	10 1101110	<u> </u>			
	TICCHALIOTT							-	-				
				FAC	ILITY IN	FORMATION		-					
Name of Facility Where Abatem		Place	(3)				Type of Facility						
Rockaway Meadow Scho	ol						School (K-12 ☐ Subchapter 8		an K-12\				
Street Address							Other (i.e.,)				ldings	,	
160 Edwards Road							homes, etc)						
City (5)							Square Feet	# of	ors	Bld	g. Ag	е	
Parsippany								1					
County (6)				Count	y Code (7)(STATE USE ONLY)	Current Use (Fr	or if be	demolish	ned)			
Morris							school						
Name of Monitoring Firm Hired	ov Building C	wner (3) /	ASCM N	No.	Name of Abateme	ent Contractor (!)				-		
Whitman	, ,	,	1	0110		Pow/R/Save							
Street Address				200 (0.00)		Street Address							
7 Pleasant Hill Road						27 West Stre	et						
City, State, Zip Code						City, State, Zip Co							
Cranbury, NJ 08512						Bloomfield, I							
Project Manager for Monitoring	Eirm		Tolo	phone N	lo.	Telephone No.		Lice	e No.				_
Kevin Lovely	-1000				4-5418	(973) 680-008	28	3	e ivo.				
Start Date (10)	Cobos	lulad C		tion Dat		Name of OSHA N							-
06 / 27 / 15				(ION Dat		Name of OSHA N	TOTILO						
				_ ′ -	10				34				
Occupancy Status During Abate						Street Address							
☐ Facility Closed/Vacated Duri	-												
Abatement Performed Outsi Time of Abatement:						City, State, Zip C	ode						
Time of Abatement		-			1101								
Scope of Work (Check all that a	pply)					□ F.// Com	talaan aat colta NI s	notive C					
☐ >3 sf or >3 lf		⊠ Re	novati	on		☐ Mini-End	tainment with N a	jauve F	ssure				
≥160 sf or ≥260 lf		☐ De				☐ Gloveba	g Procedure						
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			Locat					n-Friab	Procedur	1	ateme	ent Ty	
Location of	al (ACM)	1	Locat Iorma d Sole	lly	Asha	Description	of			Aba		1	回
Location of Asbestos-Containing Materi TO BE ABATED	al (ACM)	Use Ma	lorma d Sole intena	lly ely by nce/			of aterial (ACM)	on-Friab	Procedur ount ecify	Aba		1	Enclos
Asbestos-Containing Materi <u>TO BE ABATED</u> IN Facility	al (ACM)	Use Ma	lorma d Sole intena odial	lly ely by		Description of the store Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation, , or		ount	1	ateme Repair	1	Enclosure
Asbestos-Containing Materi TO BE ABATED	al (ACM)	Use Ma Cus	lorma d Sole intena odial ((12)	Ily ely by nce/ Staff?		Description of the control of the co	of aterial (ACM) insulation, , or	<i>‡</i>	ount ecify	Aba		t Encapsulate	Enclosure
Asbestos-Containing Materi <u>TO BE ABATED</u> IN Facility (13)	al (ACM)	Use Ma	lorma d Sole intena codial ((12)	lly ely by nce/	(i.e	Description of the store Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	, (ount ecify r LF)	A Removal		1	Enclosure [
Asbestos-Containing Materi <u>TO BE ABATED</u> IN Facility	al (ACM)	Use Ma Cus	lorma d Sole intena odial ((12)	Ily ely by nce/ Staff?		Description of the store Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	<i>‡</i>	ount ecify	Aba		1	Enclosure
Asbestos-Containing Materi <u>TO BE ABATED</u> IN Facility (13)	al (ACM)	Use Ma Cus	lorma d Sole intena codial ((12)	Ily ely by nce/ Staff?	(i.e	Description of the store Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	, (ount ecify r LF)	A Removal		1	Enclosure
Asbestos-Containing Materi <u>TO BE ABATED</u> IN Facility (13)	al (ACM)	Ves Yes	Jorma d Sole intena codial (12)	Illy lely by nce/ Staff? N/A	(i.e	Description of the store Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	, (ount ecify r LF)	A Removal		1	Enclosure
Asbestos-Containing Materi <u>TO BE ABATED</u> IN Facility (13)	al (ACM)	Use Ma Cus	Jorma d Sole intena codial (12)	Illy lely by nce/ Staff? N/A	(i.e	Description of the store Containing Manager, thermal systems surfacing, VAT	of aterial (ACM) insulation, , or	, (ount ecify r LF)	A Removal		1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite	=	Ves Yes	Norma d Sole intena codial (12) No	Illy by by nce/Staff?	VAT	Description of the store Containing Manager, thermal systems surfacing, VAT other miscellane	of aterial (ACM) insulation, , or cous)	()	ount ecify r LF)	A Removal		1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite Name of Registered Waste Harmonian Materian M	ıler	Ves Yes	Norma d Sole intena codial: (12) No	Illy by by nce/ Staff?	VAT Waste	Description of estos Containing Materials, thermal systems surfacing, VAT other miscelland	of aterial (ACM) insulation, or eous)	stered	ount ecify or LF)	Removal		1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite	ıler	Ves Yes	Norma d Sole intena codial: (12) No	Illy by by nce/ Staff? N/A	VAT Waste D No.	Description of the store Containing Manager, thermal systems surfacing, VAT other miscellane	of aterial (ACM) insulation, , or cous)	stered	ount ecify or LF)	Removal		1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite Name of Registered Waste Harmonian Materian M	ıler	Ves Yes	Norma d Sole intena codial: (12) No	Illy by by nce/ Staff?	VAT Waste D No.	Description of estos Containing Materials, thermal systems surfacing, VAT other miscelland	of aterial (ACM) insulation, or eous)	stered	ount ecify or LF)	Removal		1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite Name of Registered Waste Har Pro Green Management	ıler	Ves Yes	Norma d Sole intena codial: (12) No	Illy by by nce/ Staff? N/A	VAT Waste D No.	Description of the sector of t	Name of Re 3	stered I	ount ecify of LF) 4 sf	A Removal	Repair	1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite Name of Registered Waste Har Pro Green Management City, State East Brunswick, NJ	ıler	Yes	Norma d Sole intena codial: (12) No	Illy by by nce/ Staff? N/A	VAT Waste D No.	Description of estos Containing Manager, thermal systems surfacing, VAT other miscelland other miscelland Cubic Yards of Waste	Name of Re i	stered I	ount ecify or LF) 4 sf	A Removal	Repair	1	Enclosure
Asbestos-Containing Materian BE ABATED IN Facility (13) main office suite Name of Registered Waste Har Pro Green Management City, State	iler LLC	Yes	lorma d Soleida	Illy by by nce/ Staff? N/A	VAT Waste D No.	Description of the sector of t	Name of Re i	stered I	ount ecify or LF) 4 sf	Aba Removal	Repair	1	Enclosure

(K 111 99

Date of Notification (1)						-	Owner/Operator (2		-7	Dt.F	, ,	17		
05 / 2	.0 /	15	_		Pars	ippany-	Troy Hills Board	of Education						
Agencies Notified Ty	ype Notific	ation			Street A	Address			7115 2	25		. 5		
	Initial				292	Parsippa	any Road			20 1	Tall to the	• 31		
10 mm and 10 mm	Amende			t	City, St	ate, Zip C	ode		456	1J3 C	r	DO	,	
⊠ DOH	Amendm				Pars	sippany,	NJ 07054		2	10FNS	0 ñ.; N⊻∩	KU.	-	
DCA (NJAC 5:23-8)	Emerger justificat		luaing	Ì	Name	of Contact			Teleph	e Numbe				
] Cancella				Tom	Gavegli	io				4			
					FAC	ILITY IN	FORMATION			-				
Name of Facility Where Aba	tement is	Takino	Place	(3)				Type of Facility	(4)	-				
Central middle Schoo		, anning	, 1400	(0)				School (K-1	S 50					
Street Address	/a							Subchapter		ın K-12)	-1.6			
Route 46 West								Other (i.e., phomes, etc.	rivate an	ommerci	iai buii	aings	1	
City (5)					7			Square Feet	# of F	ors	Blde	g. Ag	е	
Parsippany									1					
County (6)					Count	tv Code (7)(STATE USE ONLY)	Current Use (P	ior if bein	demolish	ed)			
Morris					0.00	,, (-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	school			·			
Name of Monitoring Firm Hi	red by Bui	Idina O	wner (8)	ASCM I	Vo	Name of Abateme			-				
Whitman	roa by bar	iding 0	W1101 (0110		Pow/R/Save	Salan perchasing security 50%						
Street Address			-				Street Address			-				
7 Pleasant Hill Road							27 West Stre	et						
City, State, Zip Code							City, State, Zip C			-				
Cranbury, NJ 08512							Bloomfield, I							
Project Manager for Monitor	rina Firm			Tele	phone l	Vo.	Telephone No.		Lice	∍ No.				
Kevin Lovely	9					4-5418	(973) 680-008	38	35					
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSHA N	- 27					-	_
07 / 01 /	15			A CARLON SANCTON	3 /									
Occupancy Status During A	batement	(Check	only o	one)			Street Address		-	-		217		
☐ Facility Closed/Vacated					ment									
☐ Abatement Performed O						cribe	City, State, Zip C	ode						
Time of Abatement:	AM	PN	Λ/	_PM-		AM								
Scope of Work (Check all th	nat apply)													
								tainment with N	gative P	sure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re				☐ Mini-End	olosure og Procedure						
24 2 100 St of 2200 II				2110110	J.,			empted (*) and N	on-Friab	Procedure	е			
			1000	Loca							Aba	ateme	ent Ty	/ре
Location of				Norma	ally ely by	A-6-	Description estos Containing M		A	ount	Re	Re	En	E.
Asbestos-Containing Ma TO BE ABATI		NVI)	Ma	aintena	ance/		e., thermal systems		(5	ecify	Remova	Repair	cap	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT	, or	SF	rLF)	val		Encapsulate	ure
(13)			Yes	No	N/A	1	other miscellan	eous)					ite	
librom, 0 librom - cf:				×		VAT			3	0 sf		П		
library & library office				100.00		VAI				- 31				닏
								167				П	Ш	Ш
			П						1	-	In	П	П	П
Name of Registered Waste	Hauler				NJDEP	\Masta	Cubic Yards of	Name of Re	istered I	dfill				
Pro Green Managem				14.0	Hauler I		Waste	Grand C		ullytow	'n			
	SIIL LLG				2205	1	Dianasal Data							
City, State							Disposal Date	City, State Pen Arg	I DA or	ullytown	. PA			
East Brunswick, NJ								Fell Arg	A					
Completed By (Print or Typ	oe)	Titl					Signature	-1/1	/	Da	te /		1,-	
Sharon Hendee		S	Sec/Tr	eas				Month	5	19	12	0/1	15	
ASB-41 JAN 13		*	Do no	t use	this forn	n for asbe	stos licensure exer	npted activities.		/	/			

CK # 248/9

Date of Notification (1)	22/15			Name	e of Buildin	g Owner/Operato	r (2) Baus		1115	AY	25	ξ,	
Agencies Notified	Type Notific	cation		Stree	t Address		Daus						
☐ EPA	Initial	990					1 Carter R	ad	456	٠Ņ.	JJ	CO	JIA
DEP DOL	Amende Amendn			City,	State, Zip (- (3)		J. 1	7.	(G)
(92	☐ Emerger	ncy (includin	g				rinceton, NJ	28540	-				
DOH DCA	justifica Cancella		100	Name	e of Contac	S		Telep	ne Numi	per			
						Bob Baus							(c)
				FA	CILITY INF	ORMATION							
Name of Facility Where							Type of Facili						
Street Address		Residenti	lai				School (K-		ıan K-12	2)			
Street Address		1 Carter I	2.4				Other (i.e.,	private &	mmerci		dings	1	
City (5)		1 Carter 1	.vu				homes, et		ors	TD	ldg. A		
	р	rinceton,	NI				5500	# 01	3	1 "	12000	ige }+/-	
County (6)		Time Cton,	110	T Cou	ntv Code (7) (STATE	Current Use (rior if be	demolis	hed)	12) 1/-	_
25 52.5	1ercer				ONLY)	., (0,,,,,_	Current Coc (, 101 11 00	domon	sileu)			
Name of Monitoring Firm	Hired by Bui	lding Owner	$\overline{}$	ASCM	No.	Name of Abater	ment Contractor	9)			_		=
(8) DB E	nvironmer	ntal				Ster	vens Enviror	menta	ervice	es, Ir	ıc.		
Street Address						Street Address			-				-
	4 Berkele	y Place					PO	Box 32					
City, State, Zip Code	2 . 1. 11 3	II 07700				City, State, Zip C							
	reehold, N	NJ 07728					Allentov		501				
Project Manager for Mor			1	phone		Telephone No.	50 0000	Lice	e No.	0.40	2		
Start Date (10)	unocore	Cabadulad (-		0-8408		59-9688			049:	5		_
6/1/15		Scheduled (5/12/		· (11)	Name of OSHA	DB En	rironm	ıtal				
Occupancy Status Durin	ng Abatement			13		Street Address	DD EII		<u> </u>				_
☐ Facility Closed/Vacat				ment	8	otroct / tadroos	4 Berl	elev P	ce				
Abatement Performe					1	City, State, Zip C				_			=
Other - Describe:	8am - 4pn	1					Freehol	l, NJ (728				
Scope of Work (Check a	all that apply)										_		=
⊠ ≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Cor ☐ Mini-En	ntainment with N	gative P	sure				
≥160 sf or ≥260 lf			emolitic			Gloveb:	ag Procedure						
	- 3.0		1 4*			☐ Non-Ex	empted (*) and N	on-Friabl	² rocedu	1			
		100000000000000000000000000000000000000	Location Location							^	bate. Typ		
Location		Used	Solei			Description of		***			.,,,		
Asbestos-Containing N TO BE ABAT		C	ntenan ustodia		Asbest (i.e.,	os Containing Mat thermal systems i	terial (ACM) insulation	Am (Sp	nt ify	71		E	т
IN Facility	,		Staff?		,	surfacing, VAT,	or	SF	.F)	Removal	Repair	caps	nclo
(13)		-	(12)			other miscellaned	ous)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A								6	
Baseme	ent		×		Th	ermal Pipe in	sulation	1(f	×			
Crawlspa	ace				Th	ermal Pipe In	sulation	1:	f	×			\neg
Crawl Sr	pace					Pipe Debr		10	f	X			\neg
	Market State of State									/			
Name of Registered Was	ste Hauler		IN	JDEP \	Vaste	Cubic Yards	Name of Reg	stered L	ifill				-
Stevens Environn	nental Ser	vices Inc	. +	auler ID	No. 292	of Waste 1 CU		GRO'	S Lan	dfill			
City, State			-1-	102	-12	Disposal Date	City, State			TITT			-
1850	Allentow	vn, NJ			4.5	6/12/15 /	h./	_Mon	ville	PA			
Completed By		Title				Signature	7/1		ville,				-
Mahlon E. Ste	vens	P1	oject	Mar	ager	_////				5/22	/15		_

2K#Z48/6

Date of Notification (1)	21/15			Name	of Buildin	g Owner/Operator	(2) 7 Vizam	15 116 Y	15 5	¥ !.	. 30	1	
Agencies Notified	Type Notific	cation		Stree	t Address		VIZaiii	:===			- (</td <td>2</td> <td>_</td>	2	_
□ EPA	Initial	Jation		Otree	. Addiess	10	04 Garden A	rrace	500	.47	RN		
DEP	☐ Amende			City, S	State, Zip (-4-	TH3	36		*	
⊠ DOL	Amendn	nent #_ ncy (includin	<u> </u>	-		I	Edison, NJ 0	817					
M DOH ☐ DCA	justifica Cancella	tion)		Name	of Contac			Teleph	∋ Numb	er			
	L Cancella	illori			Mo	hamed Vizar	<u>n</u>	_					_
				FA	CILITY INF	FORMATION							
Name of Facility Where			200				Type of Facilit						
		Residenti	ıal				School (K-	12)	ın K-12	1			
Street Address	104	Garden T	`orro	20			Other (i.e.,	rivate &	nmercia	Paragraph and the same	dings		
City (5)	104	Garden 1	enac	JE .			homes, etc Square Feet	# of F	ors	I DI	da A	~~	
Oily (0)		Edison, N	JT	1			2200	# 01 F	115	Pi	dg. A 7∩	ye +/-	
County (6)		Daibon, 1	13	Cou	ntv Code (7) (STATE	Current Use (F	ior if beir	demolis	hed)	70	1/-	_
	ddlesex				ONLY)					/			
Name of Monitoring Firm			T	ASCM	No.	Name of Abaten	nent Contractor ()					
(8) DB E	nvironmer	ntal				Ster	vens Environ	nental	ervice	s, Ir	c.		
Street Address	15 1 1	7.1				Street Address							
0.4 0.4 7.0	4 Berkele	y Place						lox 32.					
City, State, Zip Code	Freehold, N	JI 07728				City, State, Zip C	Code Allentov	n NIC	501				
Project Manager for Mor		13 07720		ephone	No	Telephone No.	Anchiov	Licer	No.				_
	unocore			100	0-8408		59-9688	Licei		0493	3		
Start Date (10)		Scheduled (-			Name of OSHA				0175			_
6/1/15			6/12/			5,00,000,000,000,000,000,000,000	DB Env	ironme	al				
Occupancy Status Durir	ng Abatement					Street Address							_
☐ Facility Closed/Vacat	Control of the contro						4 Berk	eley Pl	e				
Abatement Performe			ity Hou	ırs		City, State, Zip C			1112012015				
Other - Describe:		1					Freehold	, NJ 0	28	-			_
Scope of Work (Check a	all that apply)					Full Co.	ntainment with N	rative Pr	sure				
≥3 sf or ≥3 lf			enovat			☐ Mini-En	closure	ganvori	7410				
≥160 sf or ≥260 lf			emolitio	on		Gloveb	ag Procedure empted (*) and N	n-Friable	rocedur	e			
			Locati								bate		
Location	of		iormall d Sole			Description o	f				Тур	e	
Asbestos-Containing N	Material (ACM) Mai	intenar	nce/		tos Containing Ma	terial (ACM)	Amo	t			ш	
TO BE ABAT IN Facility			ustodi Staff?		(i.e.,	thermal systems surfacing, VAT		(Sp∈	<u>-</u>)	Remova	Re	Encapsulate	Enclosure
(13)			(12)			other miscellane			,	nova	Repair	sula	osui
		Yes	No	N/A						_		ate	G.
Baseme	ent		×		Th	ermal Pipe in	sulation	10		×			
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	-	_				Doller House				^			
		_	-	-	-						-		
Name of Registered Was	ste Hauler		1	NJDEP '	Vaste	Cubic Yards	Name of Reg	stered La	fill				
Stevens Environn	nental Ser	vices Inc	. +	Hauler II	No.	of Waste	/	GROY	3 Lan	4511			
City, State	110111111 1001	, 1003, 1110	<u>- .</u>	104	292	2CU Disposal Date	/ City, State	GROV	Lall	TITIT			_
NOW WELL THE STATE OF THE STATE	Allentov	vn, NJ				6/12/15	497	Morr	ville.	PA			
Completed By		Title	20			Signature	1/		ville,				_
Mahlon E. Ste	evens	P	rojec	t Mar	nager					5/21	/15		



Date of Notification (1)				ne of Building rter Road \	Owner/Operato							
Agencies Notified	Type Notification		Stre	et Address) Township		2218	147 2 3 F.Y	: 5	Ü			
EPA DEP DOL	Initial Amended Amendment		City,	State, Zip C	ode	- A56	15175 JUN ELIO (NSIX	RO	L.			
DOH DCA	Emergency (justification) Cancellation	including		ne of Contact eph Felice			Telepho	Num	nber			
			F	ACILITY INF	ORMATION			-				
Name of Facility Where Former Lucent Tra		g Place (3)				Type of Fa	cility (4)					
Street Address	an in ig Conton					Subch	ol (K-12) napter 8 Other tha			100	S.	
353 Carter Rd.						Other etc.)	(i.e. priv ite & con	ercia	al buile	dings	hom	es,
City (5) Hopewell						Square Fee 175,000	# of Floo 2			3ldg. <i>A</i> 300	\ge	
County (6) Mercer				nty Code (7)	ກ		e (Prior i being de		ed) year	'c		
Name of Monitoring Fir	m Hired by Building (Owner (8)	A	SCM No.	Nam		nt Contractor (9)	-	you			
AET	E		00	0021	Allia	ance Enviro	nment il Syste	s, li	nc.			
Street Address 28 N. Pennell Rd.						et Address) East Unior	n St.					
City, State, Zip Code Media, PA 19063						State, Zip Coost Chester,						
Project Manager for Mo Eric Houseknect	onitoring Firm			phone No. 3-296-1132		phone No. 0-701-9000	Lice 00f		0.			
Start Date (10)			l Complet	ion Date (11)) Nam	e of OSHA Mo						
6/3/15	Ab-t 1 (Ob	10/15/15			AE							
Occupancy Status Duri		15 15	200			et Address N. Pennell F	34					
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire F med Outside of Norm	Period of Ab nal Facility H	atement lours		City,	State, Zip Coo	de				2 12 2 -	
Scope of Work (Check	All That Apply)				- Ivie	dia, PA 190	163					
≥3 sf or ≥3 if ≥160 sf or ≥260 if			novation molition			Mini-End Gloveba	g Procedure		ressu			
		lat				Non-Exe	mpted (* and Nor	riabl	e Pro	Cedur Abat	ement	+
Location	on of	No	ocation rmally		Description	n of					pe	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED Cility	Maint Custoo	Solely by tenance/ dial Staff? (12)	Asbe	stos Containing thermal system surfacing, V other miscella	Material (ACN ns insulation, AT, or	Amour (Specif SF or L		Remova	Repair	Encapsulate	Enclosure
1000	•	Yes	No N	/A					/al	=	ılate	ure
Basement med	hanical room		>	<	boiler pac	king	6 SF	-	X			
Basement cer	nter building		>		VAT/Ma	stic	5,500	-	X			
First Floor cer	nter building		X	<	VAT/Ma	stic	2,200		X			
Guest	wings		X	(VAT/Ma	stic	1,600		X			
Name of Registered Wa	Guest wings me of Registered Waste Hauler				Cubic Yards	Nan	ne of Rei istered L	llift				
Mercer Group			10416	r ID No. 3	of Waste 90	Gro	ows Landfill					
City, State Trenton, NJ			L		Disposal Date		State Ship, P	-				
Completed by		Title			Signatur	11/11/1/	STIP, P	Dat	е			
Robert M. Casciato		Preside	ent		10	IXW)	17			015		

Location of Asbestos-Containing Material (ACM)	Nor	Locati mally L	Jsed	Description of Asbestos Containing Material (ACM)	An	int ify	<i>F</i>	Abatem Type		
TO BE ABATED In Facility (13)	Ma	Solely be intenar todial S (12)	nce/	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(SI SF	LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				<u>a</u>		late	IГе
Guest rooms			X	Mastic on condensate pans	1,800	•	X		1	
Basement electric room			X	Transite Board	10 SF		X		7	
Window panels guest rooms			X	Transite Board	7,000 :	·	X		1	
Tennis Courts			X	1/8" wear surface	37,000	F	X			

Date of Notification (1) Name of Building Owner/Operator (2) New Jersey Turnpike Authority MAY 26 5 21 / 15 1502-1982 Chk. #3974 / Job Agencies Notified Type Notification Street Address **⊠** EPA 581 Main Street ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Woodbridge, NJ 07095 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Teler ne Number ☐ Cancellation Ashraf Abdallah **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facili / (4) NJSP - Troop D Barracks School (K- 2) Subchapte 8 (Othe Street Address 1an K-12) Other (i.e., private a commercial buildings, Garden State Parkway MB 153.0 NB homes, et .) City (5) Square Feet # of oors Bldg. Age Bloomfield 3000 60 County (6) County Code (7)(STATE USE ONLY) Current Use ('rior if be (demolished) Essex Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (1) Horizon Environmental Asbestos and Mold Services, Col Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. Lice e No. Dave & Steve Flanigan 856-848-0800 609-702-0400 01 52 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 1 / 15 6 / 12 / 15 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ AM-PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) N gative P sure ENCLOSUYE, ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friab Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Remova Encapsulate Enclosure Asbestos Containing Material (ACM) unt Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (5 cify Custodial Staff? IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Garage Building \boxtimes **Exterior Caulk** 7 W awok X П 2nd Floor of Main Building \boxtimes Floor Tile & Mastic 1,5) SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Reg stered La Freehold Cartage, Inc. Hauler ID No. Waste GROWS I andfill 02265 5 City, State Disposal Date City, State Freehold, NJ 6/12/15 Morrisvill +, PA 15 37 Completed By (Print or Type) Signaturé Kimberly A. Trumbetti 5-21-15 Office Coordinator ASB-41

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

MAY 11

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)			* in 12			
4 /	29	15	_		DPI	MC		?:	Job	1503-19	72 CI	ık. N	Α	
Agencies Notified	Type Not	ification			Street	Address				h = 2	1	:0		
⊠ EPA	☐ Initial				20 \	West Sta	te Street, 3 rd Flo	or 43	5 (3) T & 1.7					
□ DOLWD	⊠ Amen				City, S	State, Zip C	Code		<u> </u>	 	RC	11		
☑ DHSS		dment #1	·		entreentre.	nton, NJ			-	- C.	3	~		
☐ DCA (NJAC 5:23-8)	☐ Emer	gency (in cation)	cluaing	l		of Contac			Telep	ne Numb	er			
(16/10/0120/0)	☐ Cance				Dor	Juechte	er		1 , 0.00	710 7101110				
					FAC	CILITY IN	FORMATION			-				
Name of Facility Where A	batement	is Taking	Place	(3)	3,5,10,0,0	20.75.7.30.00 (2.07.2. 0.7.0.0)		Type of Facilit	(4)					
CRRNJ Terminal Bu								School (K-						
Street Address								Subchapte						
1 Audry Zapp Drive								Other (i.e., : homes, etc		commer	cial bu	ilding	s,	
City (5)								Square Feet	# of	ors	Blo	dg. Ag	ne e	
Jersey City								Control Contro	1			200		
County (6)					Cour	tv Code (7)(STATE USE ONLY)	Current Use (I	rior if be	demolis				
Hudson					50.2200	,	,,	Vacant)			
Name of Monitoring Firm	Hired by E	Building C)wner ((8)	ASCM	No	Name of Abateme			-	-2727			
USA Environmenta				, ,	, 10 0111	110.		d Mold Service						
Street Address	g, .						Street Address	a Word Servic	55, 001	-			_	
344 West State Stre	et						3859 Sylon B	oulevard						
City, State, Zip Code							City, State, Zip Co							
Trenton, NJ 08618							Hainesport, N							
Project Manager for Moni	toring Firm	1		Tele	phone	No	Telephone No.		Lice	e No.				
John Duggan				Taller Age	9.656		609-702-0400		100000000000000000000000000000000000000	32				
Start Date (10)		Sched	uled C		tion Da		Name of OSHA M				-			
5 /13 /	15			7.5		15	EMSL Analyti							
Occupancy Status During	Abateme	nt (Check	only o	one)			Street Address			3-				
☐ Facility Closed/Vacate							200 U.S. Rout	te 130 North						
☐ Abatement Performed							City, State, Zip Co	ode .						
Time of Abatement: _	AM	PN	Λ/	_PM-		AM	Cinnaminson							
Scope of Work (Check all	that apply	')								-			. *************************************	
≥3 sf or ≥3 lf			⊠ Re	novati	on		☐ Mini-Encl	ainment with N : losure	gative P	sure				
≥160 sf or ≥260 lf				molitic			☐ Glovebag	Procedure						
								mpted (*) and N	n-Friab	Procedur	е			
Laatiaa			10000	Locat Norma							Aba	ateme	ent Ty	/pe
Location Asbestos-Containing I		CM)		d Sole		Ashe	Description o stos Containing Ma		А	ount	Re	Re	Ē	En
TO BE ABA	TED	2	7,765.0	intena			., thermal systems i		(5	cify	Removal	Repair	cap	Enclosure
IN Facilit (13)	.y		Cusi	todial (12)	olaii?		surfacing, VAT,		SF	· LF)	/al	25	Encapsulate	ure
(13)			Yes	No	N/A	1	other miscellane	ous)					ite	
Rooms 105, 106, 106,	Α					Interior	Asbestos Flash	ing	3	LF			П	П
			П	П			5°04°55°04°04°05°04°05°05°05°05°05°05°05°05°05°05°05°05°05°			-		$\overline{\Box}$		$\overline{\Box}$
										-	+=			
			Ш	Ш							Ш		Ш	Ш
Name of Registered Wast				10.67	JDEP V		Cubic Yards of	Name of Reg	stered L	llift				
Freehold Cartage, Ir	nc.			H	auler IE 02265	300000000000000000000000000000000000000	Waste 5	GROWS I	andfill					
City, State					02200		Disposal Date	City, State		-		-		
Freehold, NJ							6/1/15	Morrisvill	, PA 1	67				
Completed By (Print or Ty	rpe)	Title	8				Siġnaţure /	1		Dat	6			
Kimberly A. Trumbe		envision.		Coord	linator	į.	1 2 X				5-2	1-1	5	
,							ITNI			10	UI)		

ASB-41 MAY 11

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

Ok. 7 2813

Date of Notification (1)				_	T N I	(0.11	•			ξ,				1	
	20 /	15	5		Pr	e of Buildir inceton l	ng Owner Jniversi	Operator (ty-Office	of Design and	2011ste	tion			,	
Agencies Notified EPA	Type Noti	fication			Stre	et Address 0 Elm Dr				ISBE:	tion 26	AM	4:	41	
☑ DOLWD	☐ Amend					State, Zip				SOUT.	DS (HO	TOT	TI.	
□ DHSS	75-75	dment #		-	C. C. C. C. C. C.	inceton,		4		Ó.	CEN.	SIN	Ġ	JL.	
DCA (NJAC 5:23-8)	☐ Emerg		ncludin	g		e of Conta					e Numb		4		
(110/10/0.20-0)	☐ Cance				2000	bert Orte				Teleph	e Numi	er			
					1000										
Name of Equility Where	1 h a t a t :	- T-1.	- DI	(0)	F/	CILITY	NFORMA	ATION							
Name of Facility Where			g Place	e (3)					Type of Facility						
Princeton Universit	ty- Guyot	нап							School (K-12		n K-12\				
Street Address Washington Rd									Other (i.e., p	ivate and	ommer	cial b	uildin	gs,	
City (5)									Square Feet	# of F	ırs	В	ldg. A	ge	
Princeton													-g.,	.90	
County (6)					Cou	inty Code (7)(STATE U	JSE ONLY)	Current Use (Pr	or if bein	lemolisi	ned)			
MERCER												,			
Name of Monitoring Firm	Hired by B	uilding (Owner	(8)	ASCN	1 No.	Name	of Abateme	l ent Contractor (9)						
ATC Associates Inc				(-/	12.100.00.11		(4)		VIRONMENTA						
Street Address								Address	VIICONIIILIY	-, 1110.	-				
Bromley Corporate	Center-T	hree T	erri I	ane			100000000000000000000000000000000000000		R STREET						
City, State, Zip Code								ate, Zip Co			-				
Burlington, NJ 080	16						100000000000000000000000000000000000000	STOL, PA							
Project Manager for Mon				Ta	lephone	No		one No.	(19007	Liens	Na				
Michael Keehn	.comig i iiiii					6-8800		788-6040		Licen:	No.				
Start Date (10)		Scher	fuled C			ate (11)		of OSHA M		000)				
6 / 3 /			6 /		5_/				VIRONMENTA	., INC.					
Occupancy Status During							Street A	Address					*****		
☐ Facility Closed/Vacate							1123	BEAVER	R STREET						
Abatement Performed Time of Abatement: _							-	ate, Zip Co							
Scope of Work (Check all	that apply)										-				
$\boxtimes \ge 3$ sf or ≥ 3 lf $\Box \ge 160$ sf or ≥ 260 lf			⊠ Re				\boxtimes	Mini-Enc Glovebag	ainment with Neg losure g Procedure mpted (*) and No		ure				
			Is	Loca	ation				· · · ·			_	atem	ent T	vne
Location Asbestos-Containing I <u>TO BE ABA</u> IN Facilit	Material (AC TED	CM)	Use Ma	inten	ally lely by ance/ I Staff?		estos Con e., therma	l systems i	terial (ACM) nsulation,	Am (Sp	fy	Removal	Repair	Encapsulate	Enclosure
(13)	у		1000	(12)			cing, VAT, niscellane		SFc	.F)	<u>a</u>		ulate	ıre
Room 105A			Yes	No	N/A	pipe fit	tings			4					
Room 105					-	pipe fit				2	(*)				
Room 104											-	-			
100111 104						pipe fit	ungs			3			Ш	Ш	
Name of Registered Wast BRISTOL ENVIRONI		INC.		1.3	NJDEP Hauler I	D No.	Cubic Y Waste	ards of	Name of Regis G.R.O.W.S		.ANDF	ILL			
City, State BRISTOL, PA 19007					1870	5	Disposa	I Date	City, State MORRISVII						
Completed By (Print or Ty		Title					Sin	nature		7	-	. /			
Brian Scafiro	r-7	100000	stimat	tor			\(\lambda \)	Trian	Scaliro	jl		-/2	0/	15	

ASB-41 MAY 11 BS 15 0 42

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

D&S Proj. #: 2015-171

State of NJ	
Notification of Asbestos Abateme	ent
(Pursuant to NJAC 8:60 and 12:1	20)

D&S Proj. #: 2015-171	 -	(Pursua	ant to NJAC	8:60	and 12:120)		P. 7.1	O. L.	· 1.: 1			
Date of Notification (1)		f Building Owne	er/Operator (2)				N B II	26 A	4 4:	43		
Agencies Notified Type Notification EPA Initial DEP Amended Amendment #:	Street A		D ROAD					US CO CENSI				
☐ DOH ☐ Emergency (including justification) ☐ DCA ☐ Cancellation	Name of	GEWOOD, N Contact ID RAHILL	J 07450				Teleph	e Number				
		FACII	LITY INFORMA	OITA	V							
Name of facility where abatement is	taking place (3)					Тур	of Facili	4) I (K - 12)				
DAVID RAHILL						_	Sut	apter 8 (C			12)	
Street Address 215 BEECHWOOD ROAD						Sa.	Oth Bldg	Private/C Homes, e	tc.		lg. Ag	96
City (5)	County (6)			Col	inty Code (7)	= 34	t ale i eet	# 01 1 1001	°	Dic	9. 7 15	,0
RIDGEWOOD,	BERGEN	o =			ate use only)	Cu	ent Use	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by B	dg. Owner (8)		ASCM No.	\neg	Name of Abatem	ent Contra	tor (9)					
					D & S RESTO	ORATIO	I, INC.					
Street Address				_	Street Address							
					20 California							
City, State, Zip Code					City, State, Zip Co							
Project Manager for Monitoring Firm		Phone Number	ar .	_	Paterson, NJ Telephone Numb			License	Numb	er		
r roject Manager for Monitoring Film		I Hone Walliot	51		973-345-80				1169	01		
Start Date (10)	ISched Com	letion Date (11)	-	Name of OSHA	Monitor		=				
		ololion Bato (11			D & S Resto	ration, Ir) ;.					
06/01/15 Occupancy Status During Abatement	06/19/15	2)		_	Street Address							
Facility closed/vacated during e	ntire period of a	batement.			20 California City, State, Zip Co							
Describe: NORMAL HO	URS			_	Paterson, NJ	07503						
	Renovation Demolition				V	☐ Mini-e ☑ Glove	tainmer closure t ag proce cempted	v/negative re and Non-	50		edure	
ashestos-containing	Is location norm by maintenance staff(12)	ally used solely /custodial	2000 200 200 200 200 200 200 200 200 20		asbestos-containin	g	Amoun (Specif	SE or	Rem	Rep	E n c	E n
abated in facility (13)	Yes No	N/A					ĹF)		o v e	a i r	a p	L
ATTIC CRAWL SPACE	\sim		DUCT INS		ACCOMPANY AND ADDRESS OF THE PARTY OF THE PA		LFT		\boxtimes	ᆜ		닏
BASEMENT			DUCT INS	ULA	TION		SQ FT			屵	부	믐
					SKHWALLAND				ዙ	井	片	片
									ዙ	屵	Η	片
Registered Waste Hauler	NJDEP Hau	uler ID# Ci	ubic Yards of V	Vaste	Name of Registe	ered Land	f			ш_		
D & S RESTORATION, INC.	13506	1	yd.		TULLYTOW			ECOVER	Y			***************************************
City, State PATERSON, NJ 07503		Disposal D 06/02/13			City, State TULLYTOV	VN DA						
	Title	00/02/1	Signature		1 TOLLITON	, 1 , 1 /1		Date				
	PRESIDENT							05/19/	15			
ASB-41 *	Do not use this f	orm for asbesto	s licensure exe	empte	ed activities.							

D&S Proj. #: 2015-170

CK 00 6016 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

FOINED

							9882 4			•		
Date of Notification (1)	Name of Buildir	ng Owr	ner/Operator (2)			400 000	7 26 A	4 4:	50		
0 5 / 1 9 / 1 5	jasmine sieg	el					ASRE	FOS CO ICENSI		74		
Agencies Notified Type Notification	Street Address						30	102 00	NTR	01		
DEP Amended	47 sheridan	avenu	ie				-	105421	₩G			
■ DOL Amendment #:	City, State, Zip	Code										
Emergency	WEST OR	ANGE	E, NJ 07052									
DOH (including justification)	Name of Contac	t					Tele	one Numbe	er			
DCA Cancellation	jasmine sie	gel										
		FAC	ILITY INFORM	IOITAI	١							
Name of facility where abatement is	taking place (3)					Ty :	e of Fac	y (4) ool (K - 12)	\			
jasmine siegel					1		☐ s	chapter 8 (0		han K	10)	
Street Address							X o	er (Private/C	Comme		-12)	
47 sheridan avenue						Si	B uare Fe	s./Homes,		В	dg. A	ge
City (5)	County (6)			Cou	nty Code (7)						Ü	
WEST ORANGE	ESSEX			(Sta	te use only)	C .	urrent Us	(Prior if beir	ng dem	nolish	ed)	
Name of Monitoring Firm Hired by B			ASCM No.	\vdash	Name of Abatement	t Con	actor (9					
3	(5)		ACCIVITYO.		D & S RESTOR		1000					
Street Address				_	Street Address		11, 211					
					20 California A	-						
City, State, Zip Code					City, State, Zip Code)						
Droinet Manager for Marilla in Ei				_	Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	Phone	Numb	er		Telephone Number 973-345-8020	,		License		er		
					Name of OSHA Mor				1169		_	
Start Date (10)	Sched. Completion D	ate (1	1)		D & S Restorat		nc.					
06/08/15	06/22/15				Street Address	1011,						
Occupancy Status During Abatement					20 California A	venu:						
Facility closed/vacated during e Abatement performed outside of Describe:	entire period of abatemer of normal facility hours-	nt.			City, State, Zip Code)	-					
Other-Describe: NORMAL HO	DURS			_	Paterson, NJ 07	7503						
Scope of Work (check all that apply)					П	Full (ontainm	: w/negative	press	ure		_
☐ > <u>3</u> sf or > <u>3</u> If	Renovation				☒		nclosur		•			
≥160 sf or ≥260 lf □ □	Demolition				H		bag proc Exempte	lure *) and Non-	friable	proce	edure	
Location of	Is location normally used		/			\top			R	R	Е	E
aspesios-comanino	by maintenance/custodia staff(12)	al			sbestos-containing		Amou	. CE	e m	e p	n c	n
abated in facility (13)	Yes No	N/A	material (ACM)			(Spec	SF or	0	a i	а	C
						→.			e	r	р	
ATTIC and attic closet	X		vermiculite				00 sq f					
2nd floor closet, bathroom			vermiculite	attic i	nsulation		SQ F		X	<u> </u>	므	Ш
									ᆜ			
						<u> </u>			1			Щ
Registered Waste Hauler	NJDEP Hauler ID#	10	ubic Yards of V	Vaeto	Name of Registered	1100	GII -			Ш	Ш	Ш
D & S RESTORATION, INC.	13506		yds	vasic	TULLYTOWN,			RECOVER	RY			
City, State		osal D			City, State							AND DECL OF
PATERSON, NJ 07503		5/10/1			TULLYTOWN	, PA						
	Title PRESIDENT		Signature					Date	115			
	Do not use this form for a	sbesto	s licensure exe	empted	l activities.			05/19/	13			-

State of NJ

2015-95 B & G proj. #:

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

B & G proj. #:	2013-93	-	(-	ursuar	IL TO NOTICE	5.00-7 and 12.1	20-1)	√: <u>C</u>	ck # 7216	3			_
Date of Notification	(1)	11	Name of Build	ing Own	er/Operator (2)		4						
10 15 1/12 11	1/115		Carol Petr	- 70			2815 H	128	4 4: 45				
Agencies Notified	Type Notificat	ion	Street Address	3			2,51 851 1 7		משדתחו				
☐ EPA	X Initial		272 North	Living	ston Avenu	е	- AS3E	3702	OHTRON			191	
☐ DEP	☐ Amendr		City, State, Zip				Œ	LIVE				-	
X DOL	Amendi		Livingstor		7039							near the same of	-
X DOH	Cancella		Name of Conta					Tel	none Numb	er			
DCA			Carol Pet	trucelli						^ .:			
				FAC	ILITY INFORM	ATION							
Name of facility wh	nere abatement i	s taking p	lace (3)				Т	rpe of Fa	ity (4)	2)			
Carol Petruce	lli								hool (K - 12 ochapter 8		han K	12)	
Street Address								X (er (Private/	Comme		12)	
272 North Liv	ingston Aver	nue						- E	gs./Homes,		RI/	dg. Ag	70
City (5)		T Cou	inty (6)			County Code (7		quare F	# 01 F10	OIS	Dic	ig. As	30
	r:				3	(State use only)		Surrent L	(Prior if be	ing den	nolishe	ed)	
Livingston, N			ssex			1100		esiden					
Name of Monitoring	g Firm Hired by	Blag. Owr	ier (8)		ASCM No.	2 P CN00000	batement Co	1070					
Street Address				l		Street Add	Restoration	inc.					
Olieet Address							erson Roa	t:					
City, State, Zip Cod	e		12			City, State,							
							n Park, NJ	07035		N			
Project Manager for	Monitoring Firm	1	Phor	ne Numb	er	Telephone (973)	Number 696-6869		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	se Numb 00378	er		
Scheduled Start Da	to (10)	IScho	d. Completion	Date (1	1\	Name of O	SHA Monitor						
06/01/2015	te (10)		/02/2015	Date (1	1)		Restoration	Inc.					22
Occupancy Status I	Qurina Abatama			-		Street Addr	ress erson Roa	1					
Facility closed				ent.		City, State,				2010			
	erformed outside												
Other-Describ	oe:					Lincoln	Park, NJ 0	7035					
Scope of Work (ch		у)											
☐ Demolition	X	Renovati				Full Containn		e pressi		ebag pr			
> <u>3</u> sf or > <u>3</u> If		≥160 sf o				Mini-enclosu	re		☐ Non-	-friable			
Location of asbestos-con	taining	by main	on normally us tenance/custoo			on of asbestos-con	taining	Amo	ıt	e	R	E n	E
material to be		staff(12)	T	1,000,000	material (itali ling	(Spe	fy SF or	o	p a	c a	C
abated in faci	ility (13)	Yes	No	N/A				٠.,		v e	i r	р	
basement				X	thin duct i	nsulation		50 s		×			旦
										井		<u> </u>	븜
					1	- Company of the Comp				井	H	H	H
					1					井	H	H	一
Registered Waste H		NJE	EP Hauler ID#	# C	ubic Yards of \		Registered La						
B & G Restorat	ion, Inc.	L_	19563	sposal D	1½)ate	City, State	ıllytown Re	source	Recover	/ Cent	.er		_
City, State Lincoln Park, N	1 J				03/2015		llytown, PA					v	
Completed by (Print		Title	- IT		Signature	Gordana .	Luna		Date 05.1	24/00	-		
Gordana Luna		Secreta	ary/Treasure	er		zoraana .	Zuna			21/201	5		

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

2015-94 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/12 11 1/11 15 Gar Moy Agencies Notified Type Notification Street Address EPA X 133 Washington Avenue Initial DEP City, State, Zip Code Amendment X DOL Morristown, NJ 07960 one Number X DOH Name of Contact Cancellation DCA Gar Moy **FACILITY INFORMATION** Type of Fa y (4) Name of facility where abatement is taking place (3) iool (K - 12) 5 Gar Moy chapter 8 (Other than K-12) er (Private/Commercial Street Address X s./Homes, etc. 133 Washington Avenue € quare Fe # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) (urrent U (Prior if being demolished) Morris Morristown, NJ 07960 resident Name of Abatement Con ractor (9 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration Inc. Street Address Street Address 105 Ryerson Roa I City, State, Zip Code City, State, Zip Code Lincoln Park, NJ)7035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration Inc. 06/01/2015 06/02/2015 Street Address 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: LincolnPark, NJ 0" 035 Other-Describe: Scope of Work (check all that apply) Demolition ☐ Full Containment w/negativ a pressu ▼ Glovebag procedure **X** Renovation Mini-enclosure Non-friable procedure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely Location of Ε e by maintenance/custodial e n Amo asbestos-containing Description of asbestos-containing m p C staff(12) y SF or (Sp€ material to be material (ACM) C 0 a а LF) abated in facility (13) L V Yes No N/A p X 51 If main room pipe insulation X X 9 If laundry room pipe insulation pipe insulation 5 If X hallway X 3 If X closet area X pipe insulation Cubic Yards of Waste Name of Registered Lar Ifill Registered Waste Hauler NJDEP Hauler ID# 19563 B & G Restoration, Inc. 11/2 Tullytown Re ource Recovery Center Disposal Date City, State Tullytown, PA 06/03/2015 Lincoln Park, NJ Signature Completed by (Print or Type) Cordana Luna

Secretary/Treasurer

Gordana Luna

05/21/2015

										(t->
Date of Notification (1)				Name	of Building	g Owner/Operator (2)			110
5 /20 /	15			Pet	roleum N	larketing Group		2215 M	100	AM 4:45
Agencies Notified Type Notif	ication			Street	Address			- 2 165	-28	AM Lote
				235	9 Resear	rch Court	.2.0	الم الم الم		4.40
☑ DOLWD ☐ Amend		2		City, S	State, Zip C	Code		158E	33 (THIDOL
☐ DCA Amend	ment # <u>0</u>		~	Wo	odbridge	e, VA 22192	3,	Ċ	CEN!	OHTROL SING
(NJAC 5:23-8) justifica		Cluum	A	Name	of Contac	t		Telepho	Numbe	er
☐ Cancel	lation			Tec	d Beck					
				FA	CILITY IN	IFORMATION				
Name of Facility Where Abatement is	s Taking	Place	e (3)	- A - 13 13			Type of Facility (1)	-	
3503 Route 46							School (K-12			
Street Address							Subchapter & Subch	(Other th		ial buildings,
3503 Route 46							homes, etc.)	vate and	HIMEICI	lai bulluligs,
City (5)							Square Feet	# of FI	'S	Bldg. Age
Parsippany, NJ 07054							2500	1		40+
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ir if being	emolish	ed)
Morris							Vacant Gas	Station		
Name of Monitoring Firm Hired by Br	uilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			
Accredited Environmental Te	chnol	ogies	;	NA		Alliance Env	ironmental Sys	:ems		
Street Address						Street Address		-	-	
28 N. Pennell Rd.						550 East Uni	on St.			
City, State, Zip Code						City, State, Zip C	ode		-	
Media, PA 19063						West Cheste	r, PA 19382			
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.	_	Licens	No.	
Dave Turotsy			6	10-891	-0114	610-701-9000	Ĺ	005		
Start Date (10)	Sched	uled (Comple	etion Da	ite (11)	Name of OSHA N	lonitor		-	
5 /26 /15	_ = 5	5	_ 29	9_/	15	AET				
Occupancy Status During Abatemen	t (Check	only	one)			Street Address			-	
□ Facility Closed/Vacated During En						28 N. Pennel	Road			
Abatement Performed Outside of	Normal	Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	ode		-	
Time of Abatement: 7AM	PM/ <u>3:3(</u>	<u>0</u> PM		AM		Media, PA 19				
Scope of Work (Check all that apply)	ii.									
☐ ≥3 sf or ≥3 lf		Пр	enovat	ion		☐ Full Cont	ainment with Neg	ıtive Pre	ire	
⊠ ≥160 sf or ≥260 lf			emolitic				g Procedure			
1500 AVE. 11 COA AVE.		110000000					mpted (*) and Noi	-Friable	ocedure	
			Locat							Abatement Type
Location of	>8.4\		Norma ed Sole		A - b -	Description o		0.450000		2 2 0 0
Asbestos-Containing Material (AC TO BE ABATED	JIVI)	Ma	aintena	ince/		stos Containing Ma ., thermal systems		Amı (Spe	it y	Enclosur Encapsu Repair
IN Facility		Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SFo		Enclosure Encapsulate Repair Removal
(13)		Yes	No	N/A	-	other miscellane	ous)			ate a
Pacif		_		GURSESSE,	D	/ FI . 1 .			-	
Roof		Ш			Kooting	g / Flashing		17		
V			П							
			1	-					-	
Name of Posistered Mesta Hand		Ц	14.		0/	0.1:- 2				
Name of Registered Waste Hauler			2000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist		1	
David Geppert Recycling						30	Western Be	rks Cor	nunity	Landfill
City, State						Disposal Date	City, State	NICHOY.		
Hatfield, PA						TBD	Birdsboro,	PA		
Completed By (Print or Type)	Title	¥				Signature	B.A.	· · · · · · · · · · · · · · · · · · ·	Date	Dr.
Mark Griffin Estimator							7/1		5	-20-15
ASB-41			7928		50, 85 m	2002	FU			
MAY 11	* L	Do not	use th	is form	for asbest	os licensure exemp	téd activities.			

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Agencies Notified	Date of Notification (1) 05/20/2015					Building Owner/oueen City Aca			chool	201	YAY.	26	AM	L:	55
DOP				St	reet A	ddress				*					
Emergency (including Including Inclu	DEP DOL	Amended	#	Ci	ty, Sta	te, Zip Code					E Li	CE	₹S11	VG	(U <u>L</u>
Name of Facility Where Abatement is Taking Place (3) The Queen City Academy Charter School Street Address Size Abatement Size Abatemen	X DOH	justification)		Na	ame of	Contact				Telepl	e Nur	nber			
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Union	1 - 6 300 0							Square Fe	eet -	The second second second	'S			-	
Westchester Environmental Inc	The state of the s									if being	molish	ned)			
Street Address 307 N Walnut St 205 Route 46 Suite 15 205 Route 46			Owner (8)								-				
City, State, Zip Code West Chester, PA 19380 City, State, Zip Code Totowa, NJ 07512 Telephone No. (610) 431-7545 973-339-9735 0 0 34 Project Manager for Monitoring Firm							Street	Address			-				
Project Manager for Monitoring Firm Philip Condeh Scheduled Completion Date (10) 05/29/2015 Start Date (10) 05/29/2015 Scheduled Completion Date (11) 05/31/2015 Street Address 205 Route 46 Suite 15 City, State, Zip Code Totowa, NJ 07512 Scope of Work (Check All That Apply) 23 sf or 23 lf 21 Scope of Work (Check All That Apply) 23 sf or 23 lf 24 Suite Ontaining Material (ACM) Asbestos-Containing Material (ACM) 10 Se ABATED In Facility (13) Scope of Work (Check All That Apply) See Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Auditorium / under stage X TSI Fittings 9 Fitti S X X X X Name of Fegistered In Facility Signature Name of Fegistered Signature Sig		19380	÷				City, S	tate, Zip Co	ode						
Start Date (10) 05/29/2015 Scheduled Completion Date (11) 05/29/2015 Scheduled Completion Date (11) 05/29/2015 Savic Construction Sorp Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Officer — Describe: start 36m Officer — Renovation Demolition Full Containment tt with Nt Mini-Enclosure Glovebag Proc dure Non-Exempted (*) and N Officer — Prisole Procedure Abatement Type Aba	Project Manager for Mo		-				Teleph	one No.		100.00		0.			
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Totowa, NJ 07512 City, State				temer	nt				Suite 1	5					
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D&S Proj. #: 2015-167

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

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Date of Notification (1)	Name o	f Building Ow	ner/Operator (2)		-	HAY 26	£M.	4:4	0	
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Agencies Notified Type Notificati	Olicol / C	ddress AND SPRIN	IG POAD			2.3	ESTOS : LICEN	TUN	TRO	L	
DEP Amended Amendment #:	1	ite, Zip Code	G ROAD				- 02,	:01/41	7		
DOL Emergency		DING TWI	NI								
DOH (including	-	Contact	.,			Tele	one Numbe	er			
□ DCA justification) □ Cancellation	BOE	SMIGELS	KY			I					
			CILITY INFORM	IATION		=: -	-				
Name of facility where abatement is	s taking place (3)				T	Ty ie of Fac	v (4)				
BOB SMIGELSKY							ool (K - 12		han K	10\	
Street Address							chapter 8 (r (Private/			12)	
05 CAND CDDDIG DOAD						В	s./Homes,	etc.	2550223554	1 4	
85 SAND SPRING ROAD City (5)	County (6)			Cour	nty Code (7)	S uare Fe	# of Floo	ors	Bio	dg. Ag	je
City (5)	County (o)			100000000000000000000000000000000000000	e use only)	C arrent Us	Prior if bei	ng dem	nolishe	ed)	
HARDING TWP.	MORRIS			L.,		ļ					
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatemen						
Street Address					D & S RESTOR	CATT JN, INC			12 =		-
Ottoot Addition					20 California A	ve.					
City, State, Zip Code					City, State, Zip Code						
					Paterson, NJ 0	7503					
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number 973-345-8020	1	100000000000000000000000000000000000000	e Numb 01169			
					Name of OSHA Mor			31109			
Start Date (10)	Sched. Comp	oletion Date (*	11)		D & S Restorat						
06/02/15	06/19/15				Street Address						
Occupancy Status During Abatemen Facility closed/vacated during					20 California A						
Abatement performed outside					City, State, Zip Code						
Describe: NORMAL H	OURS				Paterson, NJ 0	7503					
Scope of Work (check all that apply				— П		Full (:ontainm	t w/negativ	e press	sure		
$\boxtimes > 3$ sf or > 3 lf	Renovation					Mini- enclosur					
≥160 sf or ≥260 lf	Demolition				-	Glov bag pro	ture *) and Nor	n-friable	proce	edure	
Location of	Is location norm		ly		_	THOI Exemple) and two	R	R	E	E
asbestos-containing	by maintenance staff(12)	/custodial			sbestos-containing	Amo	.05	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes No	o N/A	- material	(ACM)		(Spe LF)	/ SF or	0	a	a	C L
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			-				-	耑	H	H	H
Registered Waste Hauler	NJDEP Hat	ıler ID#	Cubic Yards of	Waste	Name of Registere						
D & S RESTORATION, INC.	13506	Disposal	20 YDS		TULLYTOWN	, RE! OURC	RECOVE	RY		- Parada	III) C BANK
City, State PATERSON, NJ 07503		06/05/			City, State TULLYTOWN	I, PA					
Completed by (Print or Type)	Title		Signature		1		Date				
BOGDAN JOLDZIC	PRESIDENT						05/18	8/ 2015	5		
ASB-41 *	Do not use this f	orm for asbes	tos licensure ex	kempted	activities.						

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

D&S Proj. #: 2015-168						and 12:120)		U = :				
Date of Notification (1)		lame of Bu		er/Operator (2))		CATS TAY 26	AN 4:	 5g			
Agencies Notified Type Notificat EPA Initial DEP Amended Amendment #:	ion	treet Addre	orhees	S AVENUE			#15 IAT 26 1105 & LICE	UNTRU)L			
DOL Emergency (including justification) DCA Cancellation		ame of Cor	TWP., NJ ntact DIETRI				Tele	one Numb	er			
			FAC	ILITY INFORM	MATION							
Name of facility where abatement i	s taking pla	ace (3)					Ty e of Fac	7 (4) pol (K - 12	21			
GLENN DIETRICH Street Address		-						hapter 8 (Other th		-12)	
1607 VOORHEES AVENUE							Bl St uare Fet	# of Floor	etc.		dg. A	ge
City (5)	Cour	nty (6)				nty Code (7) te use only)						
WALL TWP., NJ 07719	MC	NMOUT	Н		(Sta	te use offiy)	C irrent Us	Prior if bei	ing dem	olisne	ea)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abateme	nt Cont actor (9)					
Street Address					_	D & S RESTO Street Address	RATION, INC					
Street Address						20 California	Ave.					
City, State, Zip Code						City, State, Zip Coo						
Project Manager for Monitoring Firm	ı	Ph	one Numb	per		Paterson, NJ Telephone Numbe 973-345-802	r		e Numb	er		
Start Date (10)	ISched	. Completio	on Date (1	1)	_	Name of OSHA M						
05/21/15	05/29	1,3%	u.o (.			D & S Restor	ation, l ac.				-	
Occupancy Status During Abatemer						20 California	Avenu					
Facility closed/vacated during Abatement performed outside Describe:	of normal					City, State, Zip Coo						
Other-Describe: NORMAL H					_	Paterson, NJ	07503			- 1		
Scope of Work (check all that apply 3 sf or >3 lf ≥160 sf or ≥260 lf	() Renovation						Full (ontainmand) Mini- inclosure Glovi bag prod Non- Exempte	w/negativ	***		adura	
Location of		normally		/			1 voil 2xcmpte) and two	R	R	E	Е
asbestos-containing material (acm) to be abated in facility (13)	staff(12) Yes	enance/cus	N/A	Descripti material		sbestos-containing	Amou (Spec LF)	SF or	e m o v	e p a i	n c a p	n c L
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			-	1				Name of the last o	井	屵	부	H
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler I	T-100	Cubic Yards of	Waste	Name of Register		PECONT	_ <u> </u>	Ш	Ш	
City, State			Disposal D			City, State	N, RES OURCI	ECOVE	1 1			
PATERSON, NJ 07503 Completed by (Print or Type)	Title		05/22/1	Signature		TULLYTOW	N, PA	Date				
BOGDAN JOLDZIC	PRESID								8/2015			
ASB-41	Do not us	e this form	tor asbesto	os licensure ex	cempte	activities.						

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D&S Proj. #: 2015-169

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

7101000

Date of Notification (1)	Name of	Building Owr	ner/Operator (2	2)			ATO HAY	26 A	H 4:	51
0 5 /1 8 /1 5	ROY	MANGOLD)							
Agencies Notified Type Notificati	on Street Ad	dress					3023 £	036	JNIR	Û!
DEP Amended	12111	KENYON A	VENUE				∝ Li	CENS	ING	
Amendment #:	City, Stat	e, Zip Code								
DOL Emergency	PLAI	NFIELD, N	J 07061							
DOH (including justification)	Name of 0	Contact				Tel	ione Numbe	er		
DCA Cancellation	ROY	MANGOL	D			1	4/14			
		FAC	ILITY INFORM	MOITAN	1					
Name of facility where abatement is	s taking place (3)		ai .			Ti pe of Fa	ty (4)	·		
ROY MANGOLD							50	10	- K 10	v
Street Address							er (Private/C)
1211 KENYON AVENUE						E quare Fe	js./Homes,		Bldg.	Ane
City (5)	County (6)			Cou	nty Code (7)	- qualette	# 011100	,,,	Diag.	Age
DI ABIETE D	YD WOLL				te use only)	(urrent U	(Prior if beir	ng demo	lished)	
PLAINFIELD Name of Monitoring Firm Hired by B	UNION Sida Owner (8)		ASCM No.	L.,	Name of Abatamant	000 000000				
Tham of Morntoning Film Filliog by E	olag. Owner (b)		ASCIVI NO.		Name of Abatement					
Street Address				-	D & S RESTOR Street Address	ATI JIN, IIN				
	74.				20 California A	ve.				
City, State, Zip Code					City, State, Zip Code					
					Paterson, NJ 07	503				
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number			Number	r	
					973-345-8020 Name of OSHA Mon	itor		01169		
Start Date (10)	Sched, Comple	etion Date (1	1)		D & S Restorati					
05/28/15	06/15/15				Street Address	on, nc.				
Occupancy Status During Abatement					20 California Av	enu :				
Facility closed/vacated during e	entire period of aba of normal facility he	itement. ours-			City, State, Zip Code					
Describe:NORMAL HO	OURS			_	Paterson, NJ 07	503				
Scope of Work (check all that apply)					П	Full Containm	t w/negative	pressur	'e	
	Renovation					Mini- enclosur	J			
≥160 sf or ≥260 lf [Demolition					Glov bag pro	dure			
Location of	Is location normal	y used solely	1			Non Exempte	*) and Non-		R E	e
asbestos-containing	by maintenance/ci staff(12)		1	on of a	sbestos-containing	Amo		1 - 1	e n	E n
material (acm) to be abated in facility (13)		T	material (J	(Spe LF)	/ SF or		p c a	С
	Yes No	N/A						v i	ір	L
BASEMENT	X		PIPE INSU	LATI	ON	15 L FT		Ø		
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Pagiatored Waste III			11	100						
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haule 13506	1.78	ubic Yards of V yd.	Vaste	Name of Registered TULLYTOWN,		ECOVER			
City, State		Disposal D	ate	-	City, State	JOHO	CCC YEN	. 1		
PATERSON, NJ 07503	<u> </u>	05/29/13			TULLYTOWN,	PA	N.			
	Title		Signature				Date			
	PRESIDENT	n for achaeto	e liceneuro ovo	amntan	activities		05/18/	2015		

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

2015-96

B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Marion Schraub 10 15 1/12 12 1/11 15 1 Type Notification Agencies Notified Street Address ☐ EPA 15 Emerson Road Initial DEP City, State, Zip Code Amendment Glen Rock, NJ 07452 DOL one Number Tele Name of Contact X DOH Cancellation Marion Schraub DCA FACILITY INFORMATION ty (4) T pe of Fa Name of facility where abatement is taking place (3) 100l (K - 12) ochapter 8 (Other than K-12) Marion Schraub er (Private/Commercial Street Address gs./Homes, etc. Bldg. Age # of Floors 15 Emerson Road quare F County Code (7) County (6) City (5) (Prior if being demolished) (State use only) Current L esiden Bergen Glen Rock, NJ 07452 Name of Abatement Co tractor (ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoratior, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, N. 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoratio I, Inc. Scheduled Start Date (10) 06/04/2015 Street Address 06/02/2015 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 117035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure ✗ Full Containment w/nega ive press X Renovation ☐ Demolition Non-friable procedure Mini-enclosure ¥ ≥160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E e e n Location of unt by maintenance/custodial Ar n m Description of asbestos-containing p C cify SF or asbestos-containing (S C staff(12) 0 a a material (ACM) material to be ٧ p abated in facility (13) No N/A Yes е X 600 VAT & mastic basement X 3 If pipe insulation X boiler room X 3 11 pipe insulation X basement closet X 10 pipe insulation basement main rm finished side Name of Registered I andfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler & Recovery Center Tullytown F esourc 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, FA 06/04/2015 Lincoln Park, NJ Signature Ciordana Luna Completed by (Print or Type) 05/22/2015 Secretary/Treasurer Gordana Luna

Date of Notification (1) 5/19/15					Owner/Opera ange Towr									
Agencies Notified	Type Notification			Address	ange rowr	ЮПР		May						
EPA	Initial		100000000000000000000000000000000000000	Day Str	eet		Z# []	· FAY	; AH I	: 5	3			
DEP	Amended Amendment #		1000	tate, Zip Co ge, NJ 08			4.5	EST	CUNT	TD 2	,			
X DOL	Emergency (in	cluding		of Contact	0044		<u> </u>	2 1 1	one Num	nor.	- .			
DOH DCA	justification) Cancellation			Mayes			4		OFFE NOTE	Der				
					RMATION				-					
Name of Facility Where		Place (3)				T	ype of Facility	(4)						
Fire Damaged Prop	perty					_ [K 10					
Street Address 276 Snyder Street							Subchapte Other (i.e.				ings,	home	es,	
City (5)							etc.) Square Feet	# of	ors	B	dg. A	ae		
Orange						635	2500	" "	,0.0		50+	9.0		
County (6)				Code (7)			Current Use (P	or if bein	demolishe	∋d)				
Essex				USE ONLY)		- 1	Abandoned		_					
Name of Monitoring Firm	n Hired by Building Ov	vner (8)	ASC	M No.			Abatement Co		rvices,	Inc				
Street Address							ddress	Terrial	il vices,	1110.				
Street Address							nnelon Roa	d, Suite	02					
City, State, Zip Code							te, Zip Code		-					
					1 2.084	aro manesaro	on, NJ 074(5						
Project Manager for Mor	nitoring Firm		Teleph	one No.			ne No. 18-0880		cense No 1228	i,				
Start Date (10) 5/26/15		Scheduled 0 5/30/15	Completion	n Date (11)			OSHA Monito	nental	rvices,	Inc.			24	
Occupancy Status Durin	ng Abatement (Check	Only One)			1000000		ddress	8 999 999	1900000					
	cated During Entire Pe				d, Suite	02								
Abatement Perform Other – Describe:	ned Outside of Norma	I Facility Ho	ours				te, Zip Code on, NJ 0740	5						
Scope of Work (Check A	All That Apply)								77.					
≥3 sf or ≥3 lf		☐ Ren	ovation				Full Contain	nent with	egative P	ressur	e			
≥160 sf or ≥260 lf		X Dem	olition			H	Mini-Enclosu Glovebag Pr	1778						
							Non-Exempt		on-Friabl	e Prod	cedur	е		
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Locatio			mally olely by	Achee	Descrip tos Containir			A	unt					
Asbestos-Containing TO BE AB	BATED		nance/ al Staff?		thermal syst	ems i	nsulation,	(5	cify	Re	Z.	Enca	Enc	
In Faci		17.000	2)		surfacing, other misce			SF	·LF)	Remova	Repair	Encapsulate	Enclosure	
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BUILDING BEING														
AS ASBE														
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Name of Registered Wa	ste Hauler		NJDEP Hauler I		Cubic Yard	ds	Name (d Landfill	3000				
Yannuzzi Group, Inc.				D INU.	600		WM -		ows Indfill North					
City, State Kinnelon, NJ	2	rd	Disposal D 5/30/15	ate	City, St Morris									
Completed by		D 970	Signa	ture			Dat		s:		\neg			
Anna Bastos	istrative Assistant Grand Buton 5/19/15													

Date of Notification (1) 5/19/15			211500000000000000000000000000000000000	of Building Owner City of Orange	7	1 12						
Agencies Notified	Type Notification		Street A	Address . Day Street		ð	15 KAY	?6 A?	f 4:	53		-
EPA DEP DOL	Initial Amended Amendment #		City, Sta	ate, Zip Code ge, NJ 08844				75 CU	NIF			
DOH DCA	Emergency (i justification) Cancellation	ncluding		f Contact Mayes			Tel	one Nu	00			
			FAC	ILITY INFORMA	TION							
Name of Facility Where A		Place (3)				Type of Facility School (K.						
Street Address 278 Snyder Street						Subchapte Other (i.e.	r 8 (Othe			dings,	home	es,
City (5) Orange	ı				9-00	Square Feet 2500	# of	oors	E	3ldg. <i>A</i> 50+	ge	
County (6) Essex				Code (7) USE ONLY)		Current Use (P Abandoned	ior if bei	demolisi	ned)			
Name of Monitoring Firm	Hired by Building C	wner (8)	ASCI	M No.		of Abatement Conuzzi Environi		rvices	Inc.			
Street Address				11		Address Kinnelon Roa	1. Suite	02				
City, State, Zip Code					City, S	State, Zip Code elon, NJ 0740						
Project Manager for Mon	itoring Firm		Telepho	one No.	Telep	hone No. 218-0880		cense N	0.			
Start Date (10) 5/26/15		Scheduled (5/30/15	Completion	Date (11)	Name	of OSHA Monito nuzzi Environi	nental :	-	Inc			
Occupancy Status During						Address			1110.			
Facility Closed/Vac	ated During Entire P	eriod of Aba	tement		I, Suite	02						
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility Ho	ours	City, State, Zip Code Kinnelon, NJ 074(5								
Scope of Work (Check A	II That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			Full Containr Mini-Enclosu Glovebag Pro	е	gative F	Pressu	re		
					Ė	Non-Exempte	4 444	on-Friab	le Pro	cedur	е	
			cation								ement	
Location Asbestos-Containing	97.0		olely by		escription	n of Material (ACM)	Aı	unt		T .		
TO BE ABA	ATED	Custodi	nance/ al Staff? 2)	(i.e. therm	al system facing, VA	s insulation, T, or	(S SF	cify LF)	Remova	Repair	Encapsulate	Enclosure
(13)			lo N/A	otne	miscella	neous)			val	air	ulate	sure
BUILDING BEING	DEMOLISHED							-				
AS ASBES	STOS											
Name of Registered Was	te Hauler		NJDEP W	Vacto Cub	o Varda	Nama a	Dogisto	Londfill				
Yannuzzi Group, Inc			NJDEP Waste Hauler ID No. of Waste 17467 Cubic Yards of Waste WM - Grows					Landfill ndfill N				
City, State Kinnelon, NJ 07405				Disp 5/30	osal Date	C-121 TO 1	e rille, P/					
Completed by Anna Bastos		Title Adminis	trative As	ssistant	Signatur	/')	tos	Da 5/	te 19/15	5		

Date of Notification (1) 5/19/15			Name of Building Owner/Operator (2) The City of Orange Township											
Agencies Notified	Type Notification		Street A		unge 1				-	·				
□ EPA	☐ Initial		29 No	. Day St	reet		2015	AY 26	AM	L: 5	3			
DEP X DOL	Amended Amendment # Emergency (ir		Orang	ate, Zip Co ge, NJ 0			1535	3703	1114	Tan	i			
DOH DCA	justification) Cancellation	3	400000000000000000000000000000000000000	of Contact Mayes			Č	Tell	one	Numbe	T			
П вох	Cancellation			ILITY INFO	DRMATI	ON			-					
Name of Facility Where		Place (3)					Type of Facility	(4)	-					
Fire Damaged Prop	perty						School (K-			((0)				
280 Snyder Street							Subchapte Other (i.e.			(-12) ercial b	uild	ings,	home	es,
City (5) Orange							Square Feet 2500	# of	ors			dg. A	ge	
County (6) Essex			County (STATE	Code (7) USE ONLY			Current Use (P Abandoned	or if bei	demo	olished)			
Name of Monitoring Firm	Hired by Building O	wner (8)	ASCI	M No.			of Abatement Co		rvic	es, In	C.			
Street Address							Address Kinnelon Roa	1. Suite	02	2000				
City, State, Zip Code			-			City, S	tate, Zip Code elon, NJ 0740							
Project Manager for Mor	nitoring Firm		Telepho	one No.		Teleph	none No. 218-0880		cens	e No.				
Start Date (10)		Scheduled C	ompletion	Date (11)			of OSHA Monito		1220					
5/26/15	64	5/30/15				Yann	uzzi Environi	nental	rvic	es, In	C.			
Occupancy Status Durin	g Abatement (Check	Only One)					Address	1 Cuite	02			23 1 10		
Facility Closed/Vac Abatement Perform	ated During Entire Pened Outside of Norma	eriod of Abat Il Facility Ho	ement urs				Kinnelon Roa tate, Zip Code	1, Suite	02					
Other - Describe:			-		_		elon, NJ 0740	5						
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	ovation olition			F	Full Containr Mini-Enclosu Glovebag Pro	е	n ≱gative Pressure					
							Non-Exempte		on-F	riable F		William Wilder	and the track	
200		Is Loc Norm									1	Abate Ty	ment pe	
Location Asbestos-Containing		Used S	olely by	Asbes		scription taining N	of laterial (ACM)	Aı	unt					
TO BE AB	ATED	Mainte Custodia			thermal		s insulation,	(S SF	cify LF)	3	Rer	Re	inca	Enc
(13)		(1	2)			niscellar		OI.	LI)		Remova	Repair	Encapsulate	Enclosure
		Yes N	o N/A						_				te	· O
BUILDING BEING														
AS ASBE	STOS								-	-		_		
Name of Registered Was			NJDEP V Hauler ID		rds Name o Registe Landfill WM - Frows I ndfill North									
Yannuzzi Group, Inc).	17467		60				ows ndfill North						
City, State Kinnelon, NJ 07405			Ø11		5/30/	1	Morris	rille, P/						
Completed by Anna Bastos		Title Adminis	trative A	ssistant	S	ignature	ra Bas	tos	Date 5/19/15					

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

Initial lotific tion Check #: 62

Date of Notification (1)		Nam	e of Bui	lding	Owner/	Operator	(2)		-				
0 3 /1 1 1/1	1 5						ducation			MLV.		. 296	
Agencies Notified Type Not			eet Add		IISIIIP DO	Jaiu Oi L	-ducation			16 6			T
** = 1 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		070		D	. Dl						86		
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74,221													
XIDOL []Ame	inded Lification	1	sboroug				ITAL IT	hone	mber				-
[]Car	cellation	11	e of Co										
[X]DCA		Mr.	Aiman Ma	hmoud,	, Bus. Adm	nin./Board	Secretary						_
					NFORMATI								_
Name of Facility Where Aba	ement is Ta	king	Place (3)			Type of Facil						
Triangle Elementary School							X) School [] Subch a	oter !	Oth	er th	an K	(-12)	
Street Address							[]Other cial o	(i.e.	DEIVE	ate &	COM	mer-	
450 Octab Triangle Bood							Square Feet	# of	DOES	Blo	ig. A	ge	
156 South Triangle Road	County	(6)			nty Cod	e (7)	32,000		-		50-		-
2.00 12 52				(ST	ATE USE	ONLY)	Current Use (P	rior	bel	ng ae	emoli	.snec	1)
Hillsborough, NJ 08844	Somer	set	NOCH NO	<u></u>	IName o	f Abater	School ment Contractor	(9)	_				_
Name of Monitoring Firm Hi Owner (8)	red by Bull	iing	ASCH NO	·	Manie 0	L Hoace	iidiic ooii.ee doo.e						
McCabe Environmental Servi	ces, LLC		00118			trong Bu	ilders, Inc.				-		_
464 Valley Brook Avenue					180 Sa	argeant A	Avenue		_				_
City. State. Zip Code					500		Zip Code						
Lyndhurst, NJ 07071 Project Manager for Monito	ring Firm [Telep	hone Nur	mber	Clifton	NJ 070	13-1935 ber		icen	se N	umbe	r	
Ralph Coppola	5	201-4	38-4839		973-61	4-0377			0807	7			
Scheduled Start Date (10)					Name o	f OSHA	Monitor						
0 6 / 2 6 / 1 5	0 7 / Month /	0 3	1/11/5	1	Four S	trona Bi	uilders, Inc.						
Month / Day / Year Occupancy Status During Ab	Month /	Day eck o	nly one)		Addres							- Commission
X Facility Closed/Vacat	ed During E	ntire	Period		180 Sa	argeant /	Avenue						
of Abatement []Abatement Performed (outside of N	ormal	Facili	ty			Zip Code		-				
Hours - Describe: []Other - Describe:	-				Ol:Man	N I 070	113						
Scope of Work (Check all	hat annly				Clitton	, NJ 070							
[]Demolition []>3 sf or >3 lf []>160 sf or >260		X 3	Renovat	ion		[]Mini	Containment F -Enclosure rebag Procedur : Friable Proce 3		!tive	e Pre	ssur	e	
	1 74 200		Is							Abat	emer		7pe
Location of			ation		Des	scriptio	on of			R		E N	E
Asbestos-Contain:	ng	T.	sed		Asbest	tos-Conterial (A	aining	Ame (Sp	it	E	R E	CA	C T.
Material (ACM) TO BE ABATED		by	Main-		(i.e.,	thermal	systems	S	or	0 0	P A	PS	S
in Facility (13)		Cus	todial	11			acing, VAT, cellaneous)		,	A	I	Ü	UR
*.			No N/A							-	Α.		E
Boiler Room No. 1		X			r Rib Pa	cking		10 SI		X			
Boiler Room No. 1		X		Corru	ugated F	Pipe Insu	ılation	8 LF		X			
Boiler Room No. 1		X		Pipe	Joint Ins	sulation		16 LF		X			
25.00.1.00.1110.1		1		1					-				
Name of Registered Waste	Hauler		DEP Was		Cubic of Was		Name of Reg:s	tered	andf	ill			-
Four Strong Builders, Inc.		1:	2609				G.R.O.W.S. 11	orth, li					
City. State					Dispos	al Date	City, State						
Clifton, NJ							Tullytown, PA						
Completed By (Print or Ty	pe) Title				Is	ignatur				D.	ate		
	Office A	dmin	ietrator		-	B.	A.	\		2	/11/	15	
Bilyana Kulakovska	Office P	AUT III	istrator			1				10	1 17		_
JUN 95								No.				G46	67

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 62

Initial Votific tion

Date of Notification (1) 1 1 1 1 5			10						Olleck	W. 02	•				
Agenties Notified Type Notification IXIEPA IXIDIA I	Date of Notification	(1)		Nar	ne of Bu	ildin	Owne	er/Operato	or (2)						
XSERGE NOTITIES Spre Notification XIDEPA	0 3 / 1	1 1/11	5]] Hi	llsboroug	h Tov	vnship	Board of	Education		E)				e e
Notification Noti	Agencies Notified T	ype Notifi	cation								1.5	11 -1	H 2	h - 1	tr'
Millsborough, NJ 08844 Name of Contact Tel. phone Millsborough, NJ 08844 Name of Contact Tel. phone Millsborough, NJ 08844 Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Nilshoon (8)	25 26			11							_		_	-	
Name of Facility Where Abatement is Taking Place (3) Short Street Address Street Addr	⊠] DOL														
Mile American Mile America	12323000			1	_				Tel	phone	mbe	r			-
FACILITY INFORMATION FACILITY INFORMATION Triangle Elementary School Street Address 156 South Triangle Road CITY (3) County (6) County Code (7) STATE USE DNLY) County (7) County Code (7) STATE USE DNLY) County Code (7) School	⋉]DCA	[]Cancel	lation	Mr	Aiman Ma	hmoud	Rus	Admin /Roard	l Secretar						
Triangle Elementary School Street Address Street Address Street Address Street Address Street Address Street Address School Street S				11.00					- Coordian						_
Iflangie Elementary School Street Address County (5) County (6) County (6	Name of Facility Whe	ere Abateme	ent is Ta	king			ME ORGI	ATTOM	Type of Facil	.ty (4)			_		_
Street Address Country Code (7) Square Feet Solet Square	Triangle Flomentes C	`abaal							X]Schoo	. (K-1;					
County (5) County (6) County (6) County (5) Cou		SCHOOL	-						1 [löther	(i.e.,	riv	rate	& CO	mmer	-
Control Cont		oad								# OI I	OCE	BI			
Name of Monitoring Firm Hired by Building ASCM No. Downer (8) McCabe Environmental Services, LLC MCCabe Environmental Services, LLC MCCabe Environmental Services, LLC MCCaty, State. Zip Code Lyndhurst, NJ 07071 Froject Manager for Monitoring Firm Telephone Number Ralph Coppola Scheduled Start Date (10) Sched. Completion Date (11) Month / Day / Year Month / Day / Month / Day	City (5)		County	(6)					Current Use (rior :	bei	ng d			d)
Street Address Stre	Name of Monitoring	4 Firm Hired			ASCM No).	Name	of Abate	School ment Contracto	: (9)					_
464 Valley Brook Avenue City. State. Zip Code Lyndhurst. NJ 07071 FFGjett Manager for Monitoring Firm Melephone Number Ralph Coppola Scheduled Start Date (10) Sched.Completion Date (11) O 6 /2 6 /1 1 5 0 0 71 / 10 13 / 1 1 5 Month / Day / Year	McCabe Environment	al Services	LLC		00118		Four	Strong B	uilders, Inc.						
Carry, State, Zip Code Cliffton, NJ 07013 1935 Cleanse Number Project Manager for Monitoring Firm Telephone Number Project Manager for Monitoring Firm Project Manager for Ma	464 Valley Brook Ave	nue					180	Sargeant.	Avenue						
Ralph Coppola Scheduled Start Date (10) Sched Completion Date (11) O	City. State. Zip Coo	de					City	, State,	Zip Code						
Scheduled Start Date (10) Sched.Completion Date (11) O 6 / 2 6 / 1 5 Month / Day / Year Month / Day / Month /	Project Manager for	Monitoring	i			ber	Tele	phone Num	ber		55 CONTO		umbe	r	
Statement Performed Outside of Normal Facility Cliffton, NJ 07013	Scheduled Start Date	1	ched.Com	oleti	on Date						080	7			
Statement Performed Outside of Normal Facility Cliffton, NJ 07013	0 6 / 2 6 / 1 Month / Day / Occupancy Status Du	Year	0 7 / Month /	Day	3 1 5										_
Scope of Work (Check all that apply) Completed By (Print or Type) Title	X) Facility Closed of Abatement [] Abatement Perfo Hours - Describ	d/Vacated ormed Outs. be:	During En	ntire	Period	2	City	. State.	Zip Code		-			8	
[] Demolition [] 3 sf or >3 lf [] 15 sf or >260 lf [] [] 15 sf or >260 lf [] [] 15 sf or >260 lf [] [] Slovesag Procedure [] Non-Friable P	Scope of Work (Check	k all that	apply)		-		Cint						_		
Location of Asbestos-Containing Material (ACM) Used Solely Material (ACM) (Special Property of the Normally Used Solely Material (ACM) (Special Property of the Normally Used Solely Material (ACM) (Special Property of the Normal P	[]>3 sf or	>3 If		 	Renovati	on		[]Mini []Glov	-Enclosure rebag Procedure		tiv	e Pre	essu	e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room No. 1 Boiler R				Loc								Aba	eme		
Boiler Room No. 1 Boiler Room No. 1 Boiler Room No. 1 Corrugated Pipe Insulation Boiler Room No. 1 Boiler Room No. 1 Pipe Joint Insulation Name of Registered Waste Hauler NJDEP Waste Hauler ID No. City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska Boiler Rib Packing Corrugated Pipe Insulation B LF Corrugated Pipe Insulation B LF Cobic Yards Of Waste Cubic Yards Of Waste G.R.O.W.S. North, In Tullytown, PA Signature Date 3/11/15	Asbestos-Co Material TO BE A in Faci		by ter Cus	sed lely Main- ance/ todial		Asbe Ma (i.e.,	estos-Cont aterial (F thermal tion. surf	aining ACM) systems facing, VAT,	(Spe SF	fy	EMOV	E P A	CAPSU	C I. O S U R	
Boiler Room No. 1 Boiler Room No. 1 Pipe Joint Insulation Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S. N orth, In City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska Corrugated Pipe Insulation B LF Cubic Yards Of Waste G.R.O.W.S. N orth, In City. State Clifton, NJ Tullytown, PA Signature Bilyana Kulakovska Office Administrator	Boiler Room No. 1			X		Boile	Rib I	Packing		10 SF		X			E
Boiler Room No. 1 Pipe Joint Insulation 16 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 12609 G.R.O.W.S. North, In City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska Disposal Date Signature Date 3/11/15			X					ilation	8 LF	_	X				
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S. North, In City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska Office Administrator Cubic Yards Of Waste G.R.O.W.S. North, In City. State Tullytown, PA Signature Bilyana Kulakovska Office Administrator	Boiler Room No. 1		X						16 LF	_	X				
Four Strong Builders, Inc. Hauler ID No. of Waste G.R.O.W.S. North, Inc.												1			
Clifton, NJ Clifton, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Disposal Date City. State Tullytown, PA Signature Bilyana Kulakovska Office Administrator			er	Ha	uler ID						ndf	ill			
Clifton, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Tullytown, PA Signature Bilyana Kulakovska 3/11/15	Four Strong Builders,	Inc.		12	2609		Disp	sal Date		orth, In					
Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Signature 3/11/15							-200		200 10 00 2000						
Bilyana Kulakovska Office Administrator B. 2. 3/11/15		OF Tyrno)	TTTE 12					Signatur				TN	at o		
		or tabel		g concre				R				D.	216		
JUN 95	ASB-41	Office A	dmin	istrator			40,2	du	U	_	3,	/11/1	5		

NOTIFICATION OF ASBESTOS ABATEMENT | Initial Notific to (Pursuant to NJAC 8:60-7 and 12:120-7) | Check #: 62

Initial Votific tion

Date of Notification (3128 N		Na	me of B	ildin	ng Owne	r/Operato	or (2)		14		-		
0 3 / 1 1	_1/1_1_1	5	Hi	llsborou	gh To	wnship	Board of	Education						
Agencies Notified Typ	e Notific	noiss	St	reet Ad	iress				LEEV		0045		10	
[X]EPA			37	'9 South	Brand	ch Roa	d		MAY	Ü	2015	•		
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X1DOL (]Amende		Hi	llsborou	ah N.	1 0884	4							
(X1DOH	Notifi	cation	1 1	me of C	-			Tel	phone	mbe	r	_		
	[]Cancel	lation	11					10			1000			
N 1 DCA			Mr				Admin./Board	Secretary						
			107			INFORM	MOITA	Type of Facil	F97 (A)	_				_
Name of Facility Where	e Abateme	nt is re	aking	Place	(3)									
Woodfern Elementary S	chool							[]Schoo	ipter (Oth	er t	han	K-12)
Street Address								[]Other	(i.e.	oriv	omes	& co . et	mmer	-
425 Woodfern Road								cial Square Feet	# of]	OFS	B1	dg.	Age	
City (5)		Count	y (6)		Co	unty C	ode (7)	32,000		-		50		21
1138-1					(S	TATE U	SE ONLY)	Current Use (Prior :	bel	.ng a	ешот	ısne	a)
Hillsborough, NJ 08844		Some		IASCM N	0.	IName	of Abate	School	F (9)					
Owner (8)	III IIII Cu	01 0414	9						A. A					
McCabe Environmental Street Address	Services,	LLC		00118			Strong B	uilders, Inc.						
464 Valley Brook Avenu	ie.					1180	Sargeant.	Avenue						
City. State. Zip Code							. State.							_
Lyndhurst, NJ 07071 Project Manager for M	onitoring	Firm [Teler	hone Nu	mber		on, NJ 070			Cer	nse N	umbe	T	
Ralph Coppola	(10) 150	had Com	201-4	38-4839	9		614-0377		-	080	7			
0 6 / 1 9 / 1 Month / Day / Ye	5 ()	0 6 / .	2 5	/ 1 / Yea	5 1	Four	Strong B	uilders, Inc.						
Occupancy Status Duri	ng Abatem	ent (Ch	eck c	only one	>)	Stre	et Addres	SS						
<pre>XJFacility Closed/ of Abatement []Abatement Perfor Hours - Describe []Other - Describe</pre>	med Outsi					City	Sargeant State,	Zip Code		-				
1						Clift	on, NJ 070	013						
Scope of Work (Check		abbīA)		_			[X]Full	Containment :	ith Ne	tiv	e Pre	essu	e	100
[]Demolition []>3 sf or > [X]\(\sum_160 sf or	3 1f		IX.	Renovat	ion		[]Glov	-Enclosure rebag Procedure -Friable Proces	ure					
			100	Is cation							Abat	eme	it T	ype E
Location Asbestos-Con			No	rmally Used			escriptions		Amo	t	R	R	N	N
Material (ACM)		S	olely		Ma	iterial (/	ACM)	(Spe		MO	EP	CAP	T. 0
TO BE ABA			ter	Main- nance/	i	insulat		facing, VAT,	L	1	V	A	S	S
. (13)			Sta	stodial	_	or c	otner misc	cellaneous)			A L	R	L	R
Boiler Room No. 1			Yes	No N/		er Insul	ation		120 S	-	V	-	-	E
		\Diamond		1				75 SF		\Diamond	_		-	
Boiler Room No. 1				Bree	ecning	Insulation		/5 SF					-	
N						70	V3-	Diese		-25				
Name of Registered Wa	ste Haule	i.C		JDEP Was auler II		of Wa	Yards este	Name of Regi	CEIED	ndf	AAL			
Four Strong Builders, In	nc.		1:	2609				G.R.O.W.S. N	orth, In					
City. State						Dispo	sal Date	City. State						
Clifton, NJ						1		Tullytown, PA						
Completed By (Print o	r Type)	Title					Signature	e / .			Da	ate		
Bilyana Kulakovska		Office A	dmin	istrator			BA	ter			3	/11/	15	
ASB-41									/		101			
JUN 95														

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

Initial Notifi ation Checl: #: 62 3

Date of Notification	on (1)		Na	me o	f Bui	ldin	g Owner/Operat	or (2)		_			1	
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Agencies Notified			- St	reet	Addre	10\	wnship Board of	Education		_				-
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⊠]DOL	[]Amen						08844							
[X] DOH		fication			f Cont			Tel	phone	imb	er			
⋉]DCA	[]Canc	ellation	M	Δim	an Mahr	moud	I Pus Admin /Dass							
			Tivii				, Bus. Admin./Boar	a Secre		_				
Name of Facility W	nere Abate	ment is T	aking				NOTTAMADAM	Type of Facil	Ity (4	_				_
Woodfern Elementar	v School							X1Schoo	L (K-1;					
Street Address	y Oction					-		[]Subch []Other	apter !	(Ot	her t	than & co	K-1	2)
425 Woodfern Road								cial Square Feet	puildin	3 -	home	2 0	(.)	
City (5)		Count	y (6)			Cou	nty Code (7)	32,000				50)+	
Hillsborough, NJ 088	44						ATÈ USE ONLY)	Current Use (Prior :	be	ing o	demo.	lish	ed)
Name of Monitoring	Firm Hire	Some	ding	IASC	M No.	<u></u>	Name of Abate	School	= (9)	_	-			
Owner (8)			-		10 TOTAL				. (),					
McCabe Environmen	ital Service	s, LLC		001	18		Four Strong B	uilders, Inc.		_				
464 Valley Brook Ave	enue					Ì	180 Sargeant	Avenue						
City. State. Zip Co	ode					-	City, State,	Zip Code		-				
Lyndhurst, NJ 07071 Project Manager for	Monitori	ng Firm	Telep	hone	Numbe	75	Clifton, NJ 070			Ce	nse t	lumne	• •	
Raiph Coppola Scheduled Start Date							973-614-0377)80	9145115 - 61 1781	· ·		
10 61/11 191/1	1 : 5 :	Sched.Com	2 1 5	1711	151	(1)	Name of OSHA							
Month / Day / Occupancy Status Du	Year hring Abate	Month /	Day eck o	nly	Year one)		Four Strong B	uilders, Inc.		_				
X)Facility Close of Abatement	d/Vacated	During E	ntire	Per.	iod	ļ								
[]Abatement Perf Hours - Descri	be:	side of N	ormal	Fac	ility		180 Sargeant	Zip Code						
[]Other - Descri						Ì	Clifton, NJ 070)13						
Scope of Work (Chec		apply)					[X]Fu]]	Containment w	th No.		- D			
[]Demoliti []>3 sf or ⊠]∑160 sf	>3 1f	:	XII	Reno	vation	1	[]Mini []Glov	-Enclosure rebag Procedure Friable Proced		.10	e Pre	essui	e	
				ls ation						-	Abat	emer		
Locati Asbestos-C	on of		Non	nall;			Descriptio Asbestos-Cont	n of	3		R		E	N
Material TO BE A	(ACM)		Sol	lely fain-		1.	Material (A	CM)	(Spec	Y	E	R E	CA	C T.
in Faci	lity		tena	nce	/	ins	sulation, surf or other misc	acing, VAT.	SF		V	P	P	0
				f(12	2)		or other mist	eligieods)			A L	I R	U	U R
Boiler Room No. 1			X	140 1		iler	Insulation		120 SF	_	X		-	E
Boiler Room No. 1	X	\forall	_		ning Insulation		75 SF	-	X	-	-	_		
				1						-	/\		-	-
								***************************************						_
Name of Registered	Waste Haul	er			Vaste ID No	. 10	Cubic Yards of Waste	Name of Regis	ered I	df:	11			_
Four Strong Builders,	Inc.		126					G.R.O.W.S. No	rth. Inc					
City. State						I	Disposal Date	City. State		-				
Clifton, NJ								Tullytown, PA						
ompleted By (Print	or Type)	Title					Signature	11		_	Da	te		_
Bilyana Kulakovska		Office Ac	lminis	trato	r		B. 4	011	7		21.	11/1:	5	
ASB-41									1		10/	1 17 15		_

Date of Notification (1) 05-20-2015		me of Building (Owner / Operator	(2)		- 0	
Agencies Notified Type Notification EPA	Stre	eet Address 33 Lawrenceville	Pood			V 5 G	2ME
☐ DEP ☐ Initial	City	y, State & Zip C	ode			V 1 14	2019
DOL Amended		vrenceville, NJ 08	648			- I - .	
□ DOH □ Emergen □ DCA □ Cancella	22.573	me of Contact Steve Arkuszer	wski		11.0	I ele	phone Number
		FACILITY INFO	ORMATION				*****
Name of Facility Where Abatement i	s Taking Place (3)	1710ILITT INI	Type of Facili		-		
Alumni Gymnasium –Ground Floor Street Address			School (F		- K 13)		
2083 Lawrenceville Road				ter 8 (Other that e. private & con		uildings, l	homes, etc.)
			Square Feet	# of Flo			. Age
1. 10 0 0 0	unty (6) Count	ty Code (7)	29,480		1		57
Lawrenceville, NJ 00046	ercer		Campus Build	Prior if being d ling	molism)	
Name of Monitoring Firm Hired by Bu	uilding Owner (8)	ASCM No.		tement Contrac			
Pennoni Associates, Inc. Street Address		00102	Street Addres	nagement Gro	p, LLC	-	
515 Grove Street, #1B				n Ave, Suite 20	2		
City, State & Zip Code Haddon Heights, NJ 08035			City, State & Z				
Project Manager for Monitoring Firm	Telepho	ne Number	Trenton, NJ 0 Telephone Nu		Lic	nse Numi	ber
Mr. Tom Adams	856-547	7-0505	609-977-6159	9			1185
Scheduled Start Date (10) Sch 06-08-2015	eduled Completion I 6-19-201		Name of OSH J&S Environm	lA Monitor nental Laborato	ries, Inc		
Occupancy Status During Abatemen	t (Check only one)		Street Addres	S			
☐ Facility Closed/Vacated Duri ☐ Abatement Performed During	ng Entire Period of /	Abatement	2333 Route 2 City, State & 2				
Describe: 8:00am to 5:00p	m		Union, NJ 070				
Scope of Work (Check all that apply)							
Scope of Work (Check all triat apply)	<u> </u>				ainmer	vith Nega	ative Pressure
≥3 sf or ≥3 If		Renovation		☐ Mini-En	losure		print 2520 0 co
≥160 sf ≥260 If		Demolition			ig Proci	ures/Cut	& Wrap iable Procedure
Location of	Is Loc	cation	Description		An		Abatement Type
Asbestos-Containing		ly Used	Asbestos-Conf		(St	ify	
Material (ACM) TO BE ABATED		ly by nance or	Material (AC (i.e., thermal sy		SF	LF)	Enclsoure Encapsulat Repair Removal
in Facility	Custodi	al Staff? i	nsulation, surfac	ing, VAT			Enclsoure Encapsula Repair
(13)		2) lo N/A	or other miscella	aneous)			ulat ulat
Boiler Room A		3 D	Tank Insula	tion	30	3F	
Boiler Room A		□	orrugated Pipe I		30	SF F	
Boiler Room B			orrugated Pipe I	nsulation	30	F	
			300000000000000000000000000000000000000				
Name of Decistered Wests Haves]	0.1:- 1	N	- 11	1611	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Reg	stered L	dfill	
Resource Management Group, LLC		0035218	TBD	Grows Landfi			8.4
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed By (Print or Type)		Title	Signature			D	ate
Mr. Brian J. Haney		President \	Khin	1/1/1	Λ	0	5-20-2015
				1 / 1	1		

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

Initial Friabl Notification Check #: 63)

	- /1		INam	a of Bui	lding	Owner	/Operato)T	(2)			and the second	-		-
Date of Notification		5 .	1								10				
				rrington l		loard c	f Educat	101	1						-
Agencies Notified	Type Mocrit	cation	SCI	eer vaar	. = 55						6#7.W	2.	•	=	
[X]EPA	[X]Initia	1	1	1 Harriot							Wi M. I			14	_
[X] DEP	Notifi	cation		y. State											
⊠1por	[]Amende Notifi	d cation		rrington			40								
[X] DOH	[]Cancel		Nam	e of Co	ntact				Lelab	none	umber				
⋉]DCA	[]odnocz	2022011	Bry	an Jurso	ca, Bu	siness	Adminis	tra	tor				-		
				FACIL	ITY IN	FORMA'	NOIT								_
Name of Facility W	here Abateme	ent is Ta	king	Place (3)			T	ype of Faci. it	y (4					
Harrington Park Eler	mentary Scho	ool					į		X]School 2	nter	(Oth	er th	an K	-12)	i
Street Address	nentary och	701							7 10440	11 0	20 77 77 772	ate &	COM	mer-	•
40411								S	cial bu	# of	OOLS	Blo	ig. A	ge	
191 Harriot Avenue		County	(6)		Cou	nty Co	de (7)		50,000			<u> </u>	60	-500	3.
10 30 50 50 50 50 50 50 50 50 50 50 50 50 50					(ST	ATE US	E ONLY)		urrent Use P	rior	bel	ng ae	MOTI	Snet	2)
Harrington Park, NJ	07640	Berger	ing	TASCM NO	-	Name	of Abate	eme	School int Contract in	(9)					
Owner (8)	FILM HILEG	o, bull	2119												
Westchester Environ	nmental, LLC			000127		Four	Strong B	ss	ders, Inc.						
307 North Walnut S	treet					180 5	Sargeant	A۷	enue						
City. State. Zip (City.	State,	Zi	p Code						
West Chester, PA 1	9380 or Monitoria	g Firm []	elep	hone Nur	nber	Clifto	n, NJ 070	01:	3-1935		Licen	se N	итре	-	_
Matt Abraham Scheduled Start Da	le	10-4	31-7545			614-0377		onitor		0807	7				
0 6 / 1 5 /	1 5	0 6 / 2	2 1	1/1 1 1 5 Year	-1	Four		Buil	lders, Inc.						
Occupancy Status	During Abate	ment (Che	eck o	nly one	}										
of Abatement []Abatement Per Hours - Desc. []Other - Desc.	rformed Outs					City	Sargeant State.	Z	ip Code				_		
Scope of Work (Ch		apply)		•		Cinto	n, NJ 07	_						400	
[]Demoli []>3 sf			 	Renovat	ion		[X]Min [X]Glo	i-	Containment wi Enclosure bag Procedu: e riable Proc du		ative		0 200		
			Loc	Is ation								Abat	emen	Ε	E
Asbestos Materi TO BE in Fa	tion of -Containing al (ACM) ABATED Cility 13)		Nor So by ter Cus Sta	rmally Jsed olely Main- nance/ stodial aff(12)	iı	Asbe Ma (i.e., nsulat		AC S	ining M)		nt ify or }	REMOVAL	REPAIR	NUAPUUL	N C I O S U R E
5 7 5			Yes	No N/A	_	Roping				1,00	_F	X		·	-
Boiler Room			\Diamond			Insula	tion	-		20 L		X			-
Compressor Room					-		Insulation	n		39 E	;h	X			-
Compressor Room	1		-	-	Pipe	rithing	Ilisulatio	711		00 L		/	_	-	+
Name of Registere	d Barra Van	ar	IN	JDEP Was	i F P	Cubic	Yards	_	Name of Regis	tere	andf	111			_
Name of Registere	d waste nau.	Let		auler ID		of Wa							9		
Four Strong Builde	ers, Inc.		1:	2609		Diene	sal Date		G.R.O.W.S. In	1C					
City. State	X+					prepo	GGT DGC								
Clifton, NJ									Tullytown, P 4			- 1×			
Completed By (Pri	nt or Type)	Title					Signatur	re	7			ים	ate		
Bilyana Kulakovsk	Office A	dmir	nistrator			\D,	2	yer-		_	5,	/21/1	5		
ASB-41 JUN 95														G46	567

State of New Jersey

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

(Pursuant to NJAC 8:60-7 and 12:120-7)

										Cite	LK#. 0	10				
Date of Notification				T	Nan	e of	Build	in	g Owner/Operat	or (2)		-				*
Agencies Notified Ty					На	rringt	on Par	rk	Board of Educa	ation	×××					
(X)EPA	he wor	TITCE	scron		Str	eet &	Addres	S				7	= 12/0. 5 =			
77.00	[X]Ini Not		ation				riot Av		ue p Code		₩		3 5	2015		
⊠] DOL	[]Amer	nded		- 11												
(×) DOH			ation				Conta		NJ 07640							
⋉]DCA	[]Can	cella	ation	11						L	e .ephone	lum	ber			
				Ш	Вгу			_	isiness Adminis	strator	1	1				
Name of Facility Where	e Ahar	ement		Pales		FAC	CILITY	I	NFORMATION							
				- avT	ug	Flace	= (3)			Type of Fac:						
Harrington Park Elemen	tary So	chool								[]Subo	ol (K-1 capter	10	ther	tha	n K-1	12)
A.										[]Othe	e (i.e.	pr:	ivate	. &	comme	er-
191 Harriot Avenue										Square Feet	# of	.00	ES E	lag	. Age	9
CITY (2)			Count	Y (6	6)		C	out	ATE USE ONLY)	50,000 Current Use	Delo-				30	
Harrington Park, NJ 076	40		Berge	en					JOE (ME1)	School	Prior	De	eing	dem	olish	.ed)
Name of Monitoring Fir Owner (8)	m Hire	ed by	Buil	ding	g	ASCM	No.	T	Name of Abate	ment Contract	F (9)					
Westchester Environment	ntal, LL	_C			. (00012	27	_	Four Strong B	uilders, Inc.						
307 North Walnut Street																
City. State. Zip Code								-	180 Sargeant	Avenue Zip Code		_				
West Chester, PA 19380 Project Manager for Mo	ing F	irm	Tele	epho	one N	umber	-11	Clifton, NJ 070	13-1935		100	ense	Nume	-		
Matt Abraham				610-	43	1-754	-5		973-614-0377					14 (7)115	Je L	
Scheduled Start Date (1		d.Com	plet	101	n Dat	e (11)		Name of OSHA	Monitor		080	31			
Month / Day / Yea	5 G Abat	Mon	61/1 th //	Day	1/	/ 1 Ye	5 ar	_	Four Strong Bu	uilders, Inc.		2020				
<pre>X) Facility Closed/v of Abatement [] Abatement Perform Hours - Describe: [] Other - Describe:</pre>	acated ed Out	Dur	ing E	ntir	e I	Perio	đ		180 Sargeant /	Avenue						
Scope of Work (Check a		r ani	ושו		_			Ш	Clifton, NJ 070	13						
[]Demolition []>3 sf or >3 []\[\frac{1}{2}\] 160 sf or	T F) PTA)	×]Re	nova	tion		[X]Glove	Containment -Enclosure bag Procedur Friable Proce		tiv	e Pr	essu	re	•
				Lo	Is	ion	T					-	Aba	teme	nt T	уре
Asbestos-Cont. Material (A TO BE ABATI in Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)			No. Sy ter Cus	rma Use ole Ma nan sto aff	11y	1	(i	Description Asbestos-Conta Material (Au e., thermal s ulation, surfa or other misce	Mining M) Systems	Amot (Spec SF LI		REMOVAL	REPAIR	ENCAPSUL	ENCI. OSUR
Boiler Room				X			Rib F	Rop	oing		1,000 [_	X	_	·	E
Compressor Room				X			-	_	sulation		20 LF	-	X		-	
Compressor Room	ompressor Room						Pipe	Fit	ting Insulation		39 Eac	-	X			
							-			_		-	-			
e of Registered Waste Hauler				N. Ha	JDE.	P Was	te No		bic Yards Waste	Name of Regis	ered [df:	ill			
ur Strong Builders, Inc.				1	260					G.R.O.W.S., Ir	1 :					
y. State								Di		City. State	·	-		-		
Clifton, NJ	ifton, NJ									Tullytown, PA						
mpleted By (Print or Type) Title								_	Signature	11		_	I Da	te		
ilyana Kulakovska Office A				lmini	istra	ator			95	Ler	-				_	
SB-41 TUN 95	1						77.72				_	15/2	21/1	5		

				N OF ASBESTOS to NJAC 8:60 ar				CHE	# 2	198	3	- 13.	
Date of Notification (1) 05-18-15				of Building Owner/ nd School	Operator	(2)		-					
Agencies Notified Type Notific	ation			Address rk Place				N.A	2		14"		
DEP Amend	dment #		0.500	ate, Zip Code rk, NJ 07102				Gell 10			185		
X DOH justific DCA ☐ Cance			Name of Amy E	of Contact Blake				Teleph	∍ Nur	nber			
			FAC	ILITY INFORMAT	ION								
Name of Facility Where Abatement is Vacant Apartment Building	Taking Place (3)					of Facility (4 school (K-12						
Street Address 418-422 South Orange Avenu	е					S X	Subchapter 8 Other (i.e. pr tc.)	(Other th	K-12 nercia		dings	, hom	es,
City (5) Newark						Square 18,00	e Feet	# of Flc 4	3		3ldg. /	\ge	
County (6) Essex				Code (7) USE ONLY)			nt Use (Prior	if being c	nolish	ed)			
Name of Monitoring Firm Hired by Bui Environmental Tactics, Inc.	lding Owner (8)	ASC	M No.		of Abate	ement Conti		Day				
Street Address 64 Broad Street					Street	Address Broad	S		_				
City, State, Zip Code Matawan, NJ 07747					City, S	State, Zip	Code						_
Project Manager for Monitoring Firm			Telepho	ne No		none No	NJ 07072	Lic	se No				
Tom Geiger Start Date (10)	10.1		732-29	90-2217	201-	939-65	65	OC	56	J,			
06-15-15	07-15-		npletion	Date (11)	25.00	of OSH/ I-Air In	A Monitor C.						
Occupancy Status During Abatement	(Check Only O	ne)			33.00	Address			-				
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Area isolated of	Normal Facility	y Hours	nent			9 Jack: tate, Zip	son Aven	ie	_				
	dring abatemen	ıı			Long	Island	d City, NY	11101					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit			×	Full Mini- Glov	trolled Demo Containmer -Enclosure rebag Proce -Exempted (with Neglure	ive P		10 7 00	e	
		Locati									Abate	ement	-
Location of Asbestos-Containing Material (ACN	Line	Normali ed Sole		770170	scription			*****		_	1 9	ре	
TO BE ABATED In Facility (13)	/ Ma	intenar todial S (12)				s insulati T, or		Amou (Spec SF or I		Removal	Repair	Encapsulate	Demolition
Dest	Yes	No	N/A									e	ם
Roof			X		embrar	111.50		4,500	-				Х
Throughout Hallways			X		lashing	<u> </u>		600	-				Х
Basement			X		looring			1,200					Х
Name of Registered Waste Hauler		LN	JDEP W		Packi		Name of De	25	100				X
Freehold Cartage		Ha	auler ID 8693			- 1	Name of Re	jistered	ndfill				
City, State Freehold, NJ				Dispos TBD	al Date		City, State Tullytowr	PA	_				
Completed by Niamh Fleming	Title Office	e Man	ager	S	ignature	(C)	IL	100	Date 05-	e -18-1	5		

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

				ľ			OF ASBE to NJAC 8				VT	CHECI	‡ 21	 L987	1		
	e of Notification (1) -19-15						Building (npany of Ame	ı ca				1	
Age	encies Notified	Type Not			100	Street Ad 751 Br	ddress oad Stre	eet				te, - Y	J V.	7.1	5		
×	DEP DOL	Ame	ended endment	70 to 100		100000000000000000000000000000000000000	ite, Zip Co k, NJ 07										
×	DOH DCA	just	ergency (fication) cellation	including			Contact	:				Telephoi	Num	ber	-		+ ²²
						FACI	LITY INFO	DRMATI	ON						11271	-	
	ne of Facility Where	Abatement	is Takin	g Place (3	3)					Ту	pe of Facility (4) School (K-12)						
	eet Address 1 Broad Street									×	Subchapter 8 Other (i.e. privetc.)				lings,	home	es,
95	(5) wark										quare Feet 47,506	# of Floc 29		13.50	ldg. A 7 yrs	_	
P. F. C. C. C. C.	inty (6) sex					County (Code (7) USE ONLY				urrent Use (Prior ommercial	being de	olishe	ed)			
Nar N//	me of Monitoring Firm	Hired by	Building (Owner (8)		ASCM	/ No.				Abatement Contro e Environmer						
Stre	eet Address								Street 200		dress and Street						
City	, State, Zip Code								City, S	State	e, Zip Code dt, NJ 07072		-				
Pro	ject Manager for Mor	nitoring Fire	n	341111		Telepho	ne No.		Teleph	none		Lice 00	e No	١,			
0.467.000	rt Date (10) -21-15		t	Schedul 05-22-		mpletion I	Date (11)		Name	of (OSHA Monitor						
2000000	cupancy Status Durin	a Abateme	ant (Chec	O TO THE OWNER OF THE OWNER	eromeo				Street	2.012.002	2. (0.000)		-				
×	Facility Closed/Vac					nent					ackson Aven	. е					
	Abatement Perform Other – Describe:	ned Outsid	e of Norn								e, Zip Code land City, NY	11101					
Sco	pe of Work (Check A	II That App	oly)		011						OSHA Class I						
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit				>	<	Full Containmen Mini-Enclosure Glovebag Proce	ure					
											Non-Exempted (and No	riabl	e Pro		emen	t
	7	5			Locat Normal			Do	scription	. of						/ре	
	Location Asbestos-Containing TO BE AB In Faci (13)	Material (<u>ATED</u> lity	ACM)	Ma	ed Sole aintena todial ((12)	nce/		tos Con thermal surfa	taining N	Mate is in AT, o	erial (ACM) sulation, or	Amou (Speci SF or L		Removal	Repair	Encapsulate	Enclosure
				Yes	No	N/A										(D	
	3rd Basement	Mech. R	m.			X		Pipe	Insula	atio	n	13LF	_	х			
									0000								
	ne of Registered Wa C, Inc. / JBT (500				H	IJDEP W lauler ID 4310		of Wa	Yards		Name of Ro Minerva		ndfill S				
	, State rley, NY / Bronx,	NY						Dispo TBD	sal Date)	City, State Waynest	urg, Oh	468	8			
Cor	npleted by vin Moriarty			Title Proje	ect Ma	anager			Signatur	e /	W-CA		Dai 05	te -19-	15		

* Do not use this form for a bestos li sure exempted activities.

Print Form

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

	of Notification (1) y 20, 2015						Building C Gianne		perator	(2)			Ch	ecl	2109				
	ncies Notified	-	Notification		1	Street Ad 3138 B	idress Seachvie	w Driv	re						. 2				
×	EPA DEP DOL		nitial Amended Amendmen	t #			te, Zip Coo River, N		3				-					57	
×	DOH	j	mergency ustification)	(Contact Gianne	44;					Te	leph	e Num	per	-		
Ш	DCA		Cancellation	1					ON						_		- 1150		
Nan	ne of Facility Where	Abatem	ent is Takir	na Place (3	()	FACIL	LITY INFO	RIVIATI	ON	Ty	vpe	of Facility	2	_	-				
	annetti Residenc				,						-	School (K-							
	et Address 38 Beachview Dr	rive								×		Subchapte Other (i.e.	(Oth				ings,	home	s,
City	(5) ms River											etc.) re Feet 0	# 0	of FI	'S	6.6800	dg. A	ge	
	inty (6)				-	County (Code (7)			1000		nt Use (Pr		ina	molishe				
	ean						JSE ONLY)		—	1000		dence		9		, -,			
	ne of Monitoring Firm RS Environment		하루 [18] [18] [18] [18] [18] [18]	Owner (8)		ASCN	l No.					tement Co vironmer							
	et Address 0 Horizon Drive,	Suite	540						Street 623			ss Avenue	_						
City	, State, Zip Code bbinsville, NJ 08											ip Code ade, NJ (
Proj	ject Manager for Mor		Firm			Telepho			Teleph	hon	ne N	0.		L	nse No				
-8.39	oz Jan			10			90-7277		856-	300000	200			0	42				
100	rt Date (10) ne 6, 2015	2)		June 9			Date (11)			Sec.		HA Monitor alytical, I							
	cupancy Status Durin	-							Street 200			ss : 130 No	rl 1	17					
×	Facility Closed/Vac Abatement Perform Other – Describe:	ned Out										ip Code son, NJ (0 1077						
Sco	pe of Work (Check A	All That	Apply)						_ STAME		34	•							
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		35 (355	TAXABLE PARTY.	Renova Demolit					×	Mir	Il Containn ni-Enclosus ovebag Pro	·E		ative Pr	essu	re		
												n-Exempte			-Friabl	e Pro	cedur	е	
				ls	Locat	ion												ement pe	t
	Locatio				Normal ed Sole				scription								13	he	
	Asbestos-Containing TO BE AB		al (ACM)	Ma	aintena	nce/			taining 1 I system					Amc Spe	v	R	_	Enc	m
	In Faci	lity		Cus	todial ((12)	Staff?	(1.0.	surfa	icing, VA	AT,	or			Fo	É)	Remova	Repair	aps	Enclosure
	(13)				1	1		other	miscella	neo	ous)			47		val	H.	Encapsulate	ure
				Yes	No	N/A		-		. 1	8			100	F				
	Gara	ge		_	XXX			5	heetro	CK				300		Х			
				-										_	-				
Nar	ne of Registered Wa	ste Hai	ıler		19.56	JDEP W		2007/17/06	Yards			Name o	egis	tere	.andfill				
Fre	ehold Cartage					lauler ID 2265	No.	of Wa		8		Weste		rks	ommı	ınity	Lan	dfill	
	r, State ehold, NJ							Dispo 6/9/2	sal Date 015	е		City, Sta Birdsb		PΑ					
	npleted by ristina Lynch			Title Ope	ration	s Mana	ager	1	Signatur	e G	γ	50	·		Da	te 20/20	015		
- 1.11	/ 1 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			1-1-	7.1.		-		MI	M	-		_	_					

ASB-41 (R-06-08)

* Do not use this form for asbestos :ensure exempted activities.

Date of Natification (4)					Name of Building O	wner/Operator (2)		-			
Date of Notification (1)					ERICSSON TECHNO	LOGIES INC.					
5 / 19 /15					Street Address			70.	97		7 (7)
Agencies Notified Type No	tification				530 SOUTH AVENUE	EEAST					
	tial Notif	ficati	on		City, State, Zip Code		•	12.1	1	*	70
	nended N		ation	#4	CRANFORD, NEW J	JERSEY 07016	,		× 10		
	ncellation Hold	n			Name of Contact						Section 1
	IERGEN	CYN	Ī		Name of Contact RICHARD SMITH		Telepho	Nim	hor		
				FΔſ	CILITY INFORMATION						
Name of Facility Where Abatement	is Takin	g Pla	ce (3	1)	SILIT IN ONWATION	Type of Facility	4)	-			
		3	(-	,		School (K-					
ERICSSON LABS						Subchapte		on k	10)		
						X Other (ie. p				e be	mes, et
Street Address						Square Feet	# of F	ors		3., ric	
1 ERICSSON DRIVE						70,000	2	63.650	`	44	
	unty (6)				County Code (7)	Current Use (Prid	r if being	emol	ished)	1	
	DDLESE				(STATE USE ONLY)	COMMERCIAL (FFICE				
Name of Monitoring Firm Hired by I ENVIRONMENTAL TACTICS INC.	Building	Owr	ier (8)	ASCM No.	Name of Abaten		ctor			
Street Address					17	PAR ENVIRONN	ENTAL	RPC	PRATI	ON	
64 BROAD STREET						Street Address 313 SPOOK RO	K BOAL				
City, State, Zip Code						City, State, Zip C		-			
MATAWA	N, NEW	JEF	SEY	07747	7	SUFFERN, NEW		01			
Project Manager for Monitoring Firm			Tele	phone	Number	Telephone Numb			nse N	umbe	r
THOMAS GEIGER			732-	290-2	217	845-369-7500		460			
Expected Start Date (10)		Sche	d. Co	mple	tion Date (11)	Name of OSHA	onitor				
5 / 20 / /15 Month Day Year		1.4-		1	30/ 15	QUALITY ENVIP	DNMEN.	L			
Occupancy Status During Abatement	(Check o		nth	_	Day Year	Street Address					
Facility Closed/Vacated D	uring Ent	ire P	eriod	of Aba	atement	1376 ROUTE 9 V	F.5.				
Abatement Performed Out	side of N	lorma	al Fac	ility H	ours - Describe:	107011001201					
X Other - Describe Monday-	Saturday	5pm	-1am	/Satur	day & Sunday 7am-3:30pm	City, State, Zip C	ide		22.7		
Scope of Work (Check all that apply)							GERS F		NY 12	590	
Demolition	X	Reno	vatio	n	Mini-Enclo	ainment with Neg	tive Pre	ure			
>3SF OR LF	<u></u>	10110	valio.			Procedure					
X >160 SF OR						e Procedure					
Location of		Is	Locat	tion	Description of As	bestos-			Abat	emer	nt Type
Asbestos-containing	- 1		nally		Containing Materia		Amo	t			
Material (ACM) TO BE ABATED	- 1		olely I	by todial	(ie. Thermal sys		(Spe		REMOVAL	REPAIR	ENCLOSURE
in Facility (13)	1		taff (1		insulation, surfacir or other miscella		SF or	-)	X	园园	SSI
53353.0250		Yes		N/A		,			-		꿆
2ND FLOOR -NORTH EAST AREA				х	VAT & MASTIC		0,000 S		Х		***
BASEMENT- BREAK ROOM				x	VAT & MASTIC		25 SF	-	Х	\vdash	
2ND FLOOR NORTHEAST AREA				Х	PIPE FITTINGS			-	_	\vdash	-
1ST FLOOR MER ROOM 3-1							OLF		Х	\vdash	
				Х	PIPE FITTINGS		LF		Х	\square	
1ST FLOOR MER 1 ADDITION TO SCOPE:	-			Х	PIPE FITTINGS		4 LF		X		
ADDITION TO SCOPE.	-			_							
1st FLOOR MER 1		_		Х	PIPE FITTINGS		0 LF		Х		
Name of Registered Waste Hauler		UDE	P Wa	note	Cubic Yards of Waste	IN					
DJM TRANSPORT , LLC			rIDI	2000 seems 1	80	Name of Register					
			2698			J. O. VO CANDI					
City, State KEARNEY, NEW JERSEY	-				Disposal Date 1/16-5/30/2015	City, State	^			-	
Completed by (Print or Type)	Title				Signature //	MORRISVILLE, F	4	Date		775	1:1
BENJAMIN SANCHEZ	\$7000000000000000000000000000000000000	TOR	OF (OPER	ATIONS OF ATIONS	200		Jaio	2//	41	15

CK 3965

Date of Notification (1)	-	- COUDER (S. I	WAC 5:60 and 12	::120)			
_5-	19-15	Name of 5	enting Owner/Crea	:120) Ew (2) Rep. a-16:		1/1V 1 1 1012	
Agendes Noticed 179	pe No acción			Kun All.		Page 17	-
		Street Act					
	Amended	Tribun		Contacil 1	2-2:		7
1 2 3 0 2	Amandment o	City, State,	ATT Code				
i I i i i i i i i i i i i i i i i i i i	CIRCUSTER COMPANY	Autono	D.	dean Cit	1		
	insinceton) Consistan	Name of Co			7		
			Frank		Teleninn	Muniper	_
1100					1071		
Name of Facility Where Abeter	Nent is Tailing Day	FACELITY	HOTAMATON			No.	
	Sident			Type of Feeling (
Suest Address	1			School (K-12)	2		-
4619 (entral Au	10		The state of the s	Dina-G	£	
City (5)				1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 & can	भारी इंग्लें कालेक्ट	
- C	cean Cit					The operation	Manage.
County (6)	/			-diese les	F of Floor	Bidg. Age	1
		County Cone USE ONLY)	(7) (STATE	Outent Use (Print			-
Name of Monitoring Form Fired by (8)		رد المال المال			.pang d	Zaned)	Į.
(8)	AS AS	DIY NO	Name of Atmosph	out Contrade to			-
Street Address			Anio	102 LLC	Haran San		
The street of th			Street Address				Ž.
City, State, Zip Confe			_ 1712	- Burlingt	m A		
1 miles			City, State, Zip Con	5	7		
Project Manager for Menitoring Fin			T.	elanco i	50	276	
F	Telephon	ne No.	le enhane No			275	
Stati Date (10)		- September	609-346-	OSILA II	ense No.		
5-28-15	Schemical Completion (Date (11) 1	Name of OSHA Mon	- 17 P		270	
Company States During Abatana		etry.	a octor and	Self'			
			Street Activess	1121:			
Abstract Performed Curside of	Marris C. 7	· PERSON					
Cher-Describe:	House Party House		Xiy, Siele, Xip Code				
Scope of Work (Check all that epply)					-		
The second second						.	
_3\$6036 Q2160500≥2006	I Barthelin		Full Contains	isit win Negatira P			
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Location of Asbestos-Containing Metarial (ACM)	USED Spiels Fre		Donner -	T.		Abatement	
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84 Facility (13)	SER?	1	the State of the second		ार्च	Parties	
(10)	(12)	offic	macing, YAT, or a misceleneous)	m. (Spe SFor	ñ	Enclos	
	YE NO NA			ath and		Enclosure Enclosure Elicapsulate Elicapsulate Papair	
OUTSIDE Blog.				William	A CENTRAL PARTY	ate To	
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	THE PARTY OF THE P				- della		
Verma of Flegistered Wasta Hauter	NEWS	the I Care	V.				
I TNI JOE LIC	2(63)	- of Wa	Yards Name	of Registered Legal			
AV, State	3665		604 U	JM of	Pa	1	
Delano	0		7 Cay. S	E3 7 1 1			
Ottopished Ros			35	Tollyter	n Pa	Section 1	
I 5 411 1"	VP	S	gnature 11	The second secon			
4			1	R	3-19	-15	
200	To not use this form for a	shorter P-					
	To not use this form for as	meacs licens	sure exempted activi	ities.			

State of New Jersey

Energy Enter of Notification (1)	1 1		Nar	me of Bui	Iding Own	er/Opera	ator (2	2)				63				
5/20/15			1		io Privat	e Hom	10									-
Agencies Notified	Type Notification			eet Addre 'Carlyle							1	No.	1			
EPA DEP	Initial Amended Amendment #		Cit	y, State, 2 avville N	Zip Code NJ 08721											
DOL	Emergency (ir	ncluding	1	me of Co							Tal	ages Numbe	r			
DOH DCA	justification) Cancellation		10000	om							. ~				-	-
_		(0)		FACILIT	Y INFORM	MATION		Type	of Fac	ilit (4)	_					
Name of Facility Where	Abatement is Taking	Place (3)						П	School	(1:-12)						
Tom Dgulio Private	3 HOHIE		-						Subcha	ar er 8	(Oth	than K-12) commercial t	uildin	as, ho	mes,	
Street Address 37 Carlyle Dr.								12.33	etc.) re Fee		# (loors		. Age		
City (5) Bayville NJ 08721								1000	+0		1	de maliabor	35+			
County (6)			C (S	ounty Co	de (7) E ONLY)			Curre		Prior	if b€	g demolished	1)			
Ocean Name of Monitoring Fire	rm Hired by Building (Owner (8)	1	ASCM N	10.			of Aba		nt Cont	acto	9)				
N/A						1	00000000	Addre	attentivo eso			-				
Street Address								Зох З				-			-	
City, State, Zip Code							City, S Wes	state, a t Ber	Zip Co Iin No	a∈ J +1809	91					
Project Manager for M	onitoring Firm		Т	Telephone	No.	-	Telep	hone I	No. 9800			License No 00727	8			
				-letion D	ata (11)	- 1			SHA M		_					
Start Date (10) 5/21/15		Scheduled 5/25/15	Com	ipietion D	ale (11)		San									_
Occupancy Status Du	ring Abatement (Che	ck Only One)				Stree	t Addr	ess							
Facility Closed/V	acated During Entire ormed Outside of Nor	Period of Al	atem	nent		_	City,	State,	Zip Co	od ;	_					
Other - Describe																
	K All Illat Apply)	П в	enova	ation				A F	-ull Co	nt sinm	ent 1	1 Negative P	ressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260	If	X De	emolit	tion					Gloveb	a Pro	cedi	= 1.1.	L. Dra	o du r		
								×	Non-Ex	ke npte	d (*)	d Non-Friab		Abate		
		100	Locat	A Committee of the Comm										Ту	ре	-
Asbestos-Contain TO BE	ation of ning Material (ACM) ABATED Facility	Use Mai	ntena	ely by ance/ Staff?	Asbest (i.e.	tos Conti	aining syste	ms ins	sulation or	CII) n,		Amount Specify F or LF)	Removal	Repair	Encapsulate	Linconic
	(13)	Yes	No	N/A											е	-
Exteri	or Siding			Х		Exte	rior	Sidin	g		-	100 SF	x			+
											+		+			+
										_	-		1	-	1	+
				NJDEP V	Masta	Cubic	Yarr	is	1	Vi me o	of Re	stered Landf	II		-	
Name of Registered United Containe				Hauler II 22459		of Wa				G R.C).W	×				
1						Dispo		ate		Ci y, St		PA 19067				
City, State Elm NJ						5/25				N orri	SVIII		ate			
Completed by		Title Pres	ider	nt			Signa	ture	1			95	5/20/1	5		

Anthony T Perna



Emergency

Date of Notification (1) 5/20/15						wner/Opera Private Ho		2)				5.9	8	
Agencies Notified	Type Notification		1 1 1 1 1 1	Street Add	dress Mawr	Ave			N	Y 2 :				1
EPA DEP DOL	Initial Amended Amendment		1 1 2		e, Zip Coo tte NJ 0				0 300 3					
≥ DOH DCA	Emergency (injustification) Cancellation	including		Name of (Contact				Tel	ione Num	ber			-
				FACIL	ITY INFO	RMATION				-		- Degree and De		
Name of Facility Where		Place (3)					100	Type of Facilit	(4)					
Beth Mautner Priva	te Home							School (k						
Street Address 236 BrynMawr Ave		•						Subchapt Other (i.e etc.)		than K-12 ommercia		ings,	home	s,
City (5) Lavallette NJ 08735	5							Square Feet 1000+	# o 1+	oors		dg. A 5+	ge	
County (6) Ocean				County C	ode (7) SE ONLY)			Current Use (F	rior if bei	demolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.	0 2025		of Abatement C	ontractor)				
Street Address								Address		-				
0, 0, 7, 0, 1								ox 329 ate, Zip Code						
City, State, Zip Code								Berlin NJ 0	1091					
Project Manager for Mor	nitoring Firm			Telephon	ie No.			one No. '53-9800		icense N 10727	0.			
Start Date (10) 5/21/15		Scheduled 5/25/15		npletion [Date (11)	1 920	me d amè	of OSHA Monit	or		8			
Occupancy Status Durin	ng Abatement (Chec	k Only One	9)			Str	reet /	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I	Period of A nal Facility	baten Hours	nent s		Cit	ty, St	ate, Zip Code			, <u> </u>			
					4	_	2001							
Scope of Work (Check A	All That Apply)						-	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Secretary .	enova emoli					Full Contain Mini-Enclos Glovebag F	ле	legative"F	ressu	re		
							×	Non-Exem		Non-Friab	le Pro	1,033		
		Is	Locat	ion									ement rpe	į.
Locatio	n of		orma	lly ely by	: : : : : : : : : : : : : : : : : : :	Descrip				75		Τ',		Г
Asbestos-Containing TO BE AB		Mai	ntena	nce/		tos Containi thermal sys		laterial (ACM)	1	ount ecify	Z	_	Enc	四四
In Fac		Cust	odial (12)	Staff?	(1.0.	surfacing	, VA	T, or	S	or LF)	Remova	Repair	aps	Enclosure
(13))		(12)	_		other misc	ellan	eous)			val	ai-	Encapsulate	ure
		Yes	No	N/A									Ф	
In Gar	age			X		Exterior	Sic	ding	1) SF	x	-		
						_			+		+			
				+			-		_					
Name of Registered Wa	aste Hauler		1	NJDEP W	/aste	Cubic Yar	ds	Name	of Regis	ed Landfil	1			
United Containers				Hauler ID 2459	No.	of Waste			D.W.S.					
City, State Elm NJ						Disposal I 5/25/15	Date		tate sville P	19067				
Completed by		Title	dent		8.131.203	Sign	ature	3			ate /20/1	5		



Date of Notification (1)			Name	of Buildin	g Owner/Operator	(2)	1.6	int	<			
Agency Notified	Type Notification		Street	Address	(H) THE	15 and	40	LANN			-	-
	⅓-Initial		1/	Juen	ne J	,	N; F. 1	- 5 2015				
☐ EPA ☐ DEP	☐ Amended		100	tate, Zip (1 . 1	ガラガバ						
D DOL	Amendment # D Emergency (include	na		yonn		0700	-					_
D DOH	justification) Cancellation			of Contac	1 1 11	n /	Teleph	 Number 				
D DCA	3 Cancellation		10.	11/9	ORMATION	7 /	• -			2	_	-
Name of Facility Where	Abatement is Taking Pla	nce (3)	FACI	LITTINF	ORMATION 7	Type of Facility	(4)					\dashv
Former Ka	none Luhru	cations	s mit	a. P.	Got	☐ School (K-1						
Street Address	_		2 11 1	1		☐ Şubchapter	(Other t		ara a a			
1 Aware						Other (i.e. p homes, etc.		merciai buli	aings,			
City (5)						Square Feet	# of Flo	s Blo	dg. Age	_		
Bryonne							NI	10	150			
County (6)			Count) (STATE USE	Current Use (F	o ior if beir	jemolished))			
Name of Monitoring Firm	Hirad by Building Own	or A90	CM No.		Name of Abater	ment Contractor (\dashv
(8) Acc of Monitoring Filtr	7 111	,	JIVI 140.		Tourn !	intraction	(11Cin. C	111			
Street Address	mon Hechholog	18			Street Address	11/14/4/11	2 200	· co, c	10	>		\dashv
123 N. Tea K	and follows	0/5			5787 5	tadium	- Dr	no				
City, State, Zip Code	1.1/	11016)		City, State, Zip	Code	1100	2				
South Hampt	/	11969			LACHMA	100 /111	4702	7				_
Project Manager for Mon			hone No. 450-9	1217	Telephone No. 269-375-	9595	Licensi O/:	10. 18				
Start Date (10)	Scheduled C	1			Name of OSHA		61.	10		-		\exists
6-8-15	7.3				Angentica	d Fetin	3 × C	754H11	205	er	111	10
Occupancy Status Durin	g Abatement (Check on	ly one)			Street Address	- 1	, ,	-	1			
☑ Facility Closed/Vacate	ed During Entire Period	of Abateme	ent		14625 0		TAN					
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fac	ility Hours			City, State, Zip	,	1918,					
Scope of Work (Check a	Il that apply)					1	1000					\dashv
□ ≥ 3 sf or ≥ 3 lf			□ Rer	novation		Containment with -Enclosure	n Negative	ressure				
1 ≥ 160 sf or ≥ 260 lf				nolition	☐ Glov	ebag Procedure	No. Fel	- 0	9			
					Non-	-Exempted (*) an	Non-Fri	e Procedure		ater		it
		Is Loc Norr	nally						\vdash	Typ	e	\dashv
Location Asbestos-Containin		Used S Mainte		Asbes	Description stos Containing M			ount		1	E	Е
TO BE AS		Cust Sta	odial	(i.e.	, thermal systems surfacing, VA		S	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13		(1			other miscellan			Essential (oval	air	sulat	sure
Pad 8		Yes N	o N/A							1	e	
1700			X	ASOK	aftic Coo	tina	7/2	1)	X	T	1	\exists
				1	sh'	Tank	-)				1	
Name of Registered Was	1 /	ID No.	P Waste H	Hauler	Cubic Yards of Waste	Name of Regi		/ /	[.,			
HAZMAT LOUIRO	nountal Given		65		60	H194 A	19115	andt	7//			
City, State	1)				Disposal Date	City_State	- nVA					
BUTTELO IV.	7				Di	HIPPOI	- May	- Det-			_	_
Completed by	Title	(HI]	. 1	C	Signature	· ' A	nl	Date	-18	/<	-	
ASB-47 MOL	Director e	t Houte		bestos lic	ensure exempled	Lactivities.	10/0		10	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Check#2196

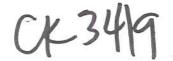
Date of Notification (1)					Name o	f Building I	Owner/Operator (2	2)					1000	
05 /	20 /	15						**************************************						
		-	_			ungay				1 \/	- 4	nem.		-
Agencies Notified EPA	Type Notifi Initial	cation				Address					-	51.8		
☑ DOLWD	Amend	ed					ade Road			-	_			-
☑ DHSS		ment #_			7.62	ate, Zip Co								
DCA	☐ Emerge		luding			e, NJ 070	124		T-1	Number				_
(NJAC 5:23-8)	justifica				Name	of Contact			Telepho	Number				
	Cancel	iation			Γed Lh	ungay								
					FAC	ILITY INF	FORMATION							
Name of Facility Where A	batement is	s Taking	Place	(3)				Type of Facility (()					
Private house								School (K-12)		17.4.00				
Street Address								Subchapter 8 Other (i.e., pr			al buil	dinas	ie	
1019 Cumbermeade Ro	ad							homes, etc.)				5-	2	
City (5)								Square Feet	# of Fl	S	Bid	g. Ag	е	
Fort Lee, NJ 07024														
County (6)					Count	y Code (7) (STATE USE ONLY)	Current Use (Pri	r if being	emolishe	ed)			
10 NO														
Bergen Name of Monitoring Firm	Hired by B	uildina O	wner (8) [ASCM I	No.	Name of Abateme	ent Contractor (9)						_
			*			3013000	Gr Tech LLC	• •						
Street Address							Street Address		. ——					
Street Address							576 Valley Rd #	+263						
City, State, Zip Code			_				City, State, Zip C							_
City, State, Zip Code							To 70 No. 150							
Decises Manager for Magi	torina Eira			Tala	abana I	vie.	Wayne, NJ 074' Telephone No.	/0	Licens	No				
Project Manager for Moni	toring Firm		3	Tele	phone l					40.				
		10.					973-638-1777	A 15	01127					
Start Date (10)	15				tion Dat		Name of OSHA	VIORITOF						
		_0	0 /		_ / -	13	Envirovision Co	onsultants,Inc						
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate							20-21 Wagaraw		5E					
Abatement Performed Time of Abatement: _	Outside of AM-	f Normal	Facility	/ Hour	s - Des	cribe	City, State, Zip C	ode						
Time of Abatement		P	/U	- 101		AIVI	Fair Lawn, NJ (
Scope of Work (Check all	that apply)						p and decontamin			press	ure		
			ズ Re	novati	on		Mini-En	ntainment with Neg closure						
☐ ≥ 160 sf or ≥260 lf			-	molitic			Gloveba	ag Procedure	ent with	gative l	Press	ure		
							Non-Exe	empted (*) and No	ı-Friable	ocedure	_	1		
				Locat							Aba	ateme	ent Ty	уре
Location		CM		Norma ed Sole		Ashai	Description		۸۰۰	n.t	R	Re	En	四
Asbestos-Containing TO BE ABA		(CIVI)		intena		Asbes (i.e	stos Containing Ma ., thermal systems	insulation.	Am (Sp	nt Ify	Removal	Repair	Encapsulate	Enclosure
IN Facili			Cus		Staff?	1	surfacing, VAT	Γ, or	SIF	_É)	ova	=	Sul	sure
(13)				(12)	T	-	other miscellan	eous)			-		ate	***
			Yes	No	N/A					-				
Basement					X	Pipe insu	ılation		50 LF		\boxtimes			
Loundry room			П	П	\boxtimes	Pipe inst	lation		20 LF		\boxtimes	П	П	
Laundry room				1	120.00	r ipe ilist	Ilation		20 11	-				
				Ш						_	Ш	Ш	Ш	Ш
Name of Registered Was	ste Hauler		1	NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Was	ste Name of Regi	tered La	ill	-		-	
Gr Tech LLC					00337	25	TBD	T.R.R.F. Inc						
City, State					0033/	33	Disposal Date	City, State						
							00000000	\$2.00 Carrier State 107						
Wayne, NJ 07470		1					TBD	Tullytown, P	1000					
Completed By (Print or T	ype)	Title	е				Signature	Parka ver	Í	Dat				
N.Jevtic		Ow	ner				7	leurc Wer	lao	05/	20/20)15		
ASB-41			F Do w	27 1100	this for	m for ache	ios licensure exem	anted activities						
MAY 11			LIUNG	" MYE	into juri	a jui usues	too ticensine exem	great the transfer						

MO#22742787047

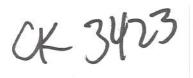
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant	to	NJAC	8:60	and	5:16)
II di Suant	20	10000	0.00	CHILM	0.101

Date of Notification (1)					Name o	of Building	Owner/Operate	or (2)	1						
05 /	21 /	15	_	T	Ila M	ae Arnold			1			15	1881		
Agencies Notified	Type Notifica	ation				Address	<u> </u>			3	-		11		
☐ EPA	✓ Initial	22727771					nnedy Blvd.								
■ DOLWD	Amended	į		-		tate, Zip Co					-				
□ DHSS	Amendme	-								088					
□ DCA	Emergen		luding	-		City, NJ (of Contact	17303			elephon	lumber				-
(NJAC 5:23-8)	justification Cancellate						,		1	Ciopiloti	, 0111001				
	Calicellat	LIUII				ae Arnolo					-				_
					FAC	ILITY IN	FORMATION								
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Facility (4						
Private house									School (K-12) Subchapter 8		-1 2)				
Street Address					gp				Other (i.e., pri			al buil	dings		
2154 John F. Kennedy	Blvd.								homes, etc.)						
City (5)									Square Feet	# of Floo		Bld	g. Ag	е	- 12541
Jersey City, NJ 07305															
County (6)					Count	y Code (7) (STATE USE ON	LY)	Current Use (Pric	if being	nolishe	ed)			
Hudson															
Name of Monitoring Firm	Hired by Buil	ding O	wner (8	3)	ASCM	No.	Name of Aba	temer	nt Contractor (9)		-				
8							Gr Tech LL	C							
Street Address							Street Address			-					
							576 Valley I	24 #2	983						
City, State, Zip Code							City, State, Z								
City, State, Zip Code							Scorphage Comment Spaces								
Designat Managar for Man	itorina Eirm			Tala	ahana	No	Wayne, NJ (J	License	2				
Project Manager for Mon	ntoring Firm			Tele	phone		8				٥.,				
							973-638-177			01127					
Start Date (10)					tion Da		Name of OSI	HA M	onitor						
		0	0 /	02	_ / _	15	Envirovision	n Cor	sultants,Inc						
Occupancy Status Durin	g Abatement ((Check	only o	ne)			Street Addres	SS			535 55		500,500		
□ Facility Closed/Vacat							20-21 Waga	raw]	Road, Bldg .# 3	: E					
Abatement Performe							City, State, Z	ip Co	de						
Time of Abatement:	7 (14)-	P	/U			AW	Fair Lawn, 1	NJ 07	410						
Scope of Work (Check a	Il that apply)								and decontamin			ress	ure		
			N 0.						ainment with Neg osure	a ive Pres	e				
≥ 160 sf or ≥260 lf			Re De	molitic	on		Glov	vebac	Procedure	Γ nt with Ν	jative F	ress	ure		
							Non	-Exer	npted (*) and No	n Friable F	cedure				
			00000	Locat								Aba	iteme	ent Ty	/ре
Location				Norma	lly ely by		Descript					Z	Z	ш	Ш
Asbestos-Containing TO BE AB		VI)		intens			stos Containin ., thermal syst			Amo (Spe	t	Remova	Repair	Encapsulate	Enclosure
IN Faci			Cust		Staff?	(1.6	surfacing,			SIF or	=)	SVO	¥:	nsq	JUS
(13)	850			(12)		1	other misce				15	=		late	O
			Yes	No	N/A									0.70	
Basement					X	Pipe inst	ulation			1 55 LF		\boxtimes			
											-				
										-			닏	Ш	
												Ш	Ш		
			П									П	П	П	П
Name of Registered Wa	ste Hauler	-		N.I	DEP Wast	e Hauler ID No.	Cubic Yards of	f Wast	Name of Regis	t red Land			_	_	_
							2000 March 1990 March								
Gr Tech LLC					00337	85	TBD		T.R.R.F. Inc		_				
City, State							Disposal Dat	te	City, State						
Wayne, NJ 07470						**************************************	TBD		Tullytown, P.	4					
Completed By (Print or	Гуре)	Title	9				Signatu	re /	11 .	0	Dat	е	7		
N.Jevtic		Ow	ner					Ne	who wer	120	05/2	21/20	15		
ASB-41			2/30-20-2					#			10012				
MAY 11		4	Do no	i use i	this for	n for asbes	tos licensure e	kemp	ted activities.						



Date of Notification (1) 05/19/15						Building O				CONSULTIN	134102	=	1+	K		
Agencies Notified	Type Notifica	ition		1000	treet Add	dress JEBERF	RY LE	EDGE l	ANE							
DEP X DOL	Amenda Amenda	ment #_		_ E	City, State BRIDGE	e, Zip Cod EWATE	e R CC	RNER	S, VT	05035	2		- 1			
ĭ DOH	justifica		luding		lame of (Contact /AN HO	OK			-	Ti lephone	mh	er			
☐ DCA	Cancell	ation			2012/01/2015			ION								
Name of Facility Where A	Abatement is	Taking P	lace (3)		FACIL	ITY INFO	TIVIA	ION	Туре о	of Facility (4)						
										chool (K-12)						
Street Address										Subchapter 8 (0 Other (i.e. priva		2) ial	huildi	nas l	nome	2
54 ABEEL STREET									e e	tc.)				107.000		-
City (5) NEW BRUNSWICK	i, NJ										# of Floors		Blo	dg. Aç	ge	
County (6) MIDDLESEX COUN	NTY				County C STATE U	ode (7) SE ONLY)			Currer	nt Use (Prior if IE	b ing dem	hed	d)			
Name of Monitoring Firm	Hired by Buil	ding Ow	ner (8)		ASCM	No.		100000000000000000000000000000000000000		ement Contract						
Street Address									Addres	s OOVE COU	R I					
City, State, Zip Code							-	City, S	itate, Zip	p Code						
					F-1b	a Na	- 170		EWOC	DD, NJ 0870	Licens	No.		-		
Project Manager for Mon	nitoring Firm				Telephon	ie ivo.	- 1000	BANGES 533, 900	668-90		1200	40.				
Start Date (10) 05/24/15	*		chedule 5/24/1		pletion D	ate (11)		10.000000000000000000000000000000000000		A Monitor PROFESS	SI DNALS					
Occupancy Status Durin	g Abatement	(Check (Only One	∋)			47.		Addres							
X Facility Closed/Vac Abatement Perform	ated During E	ntire Per	riod of A Facility	batem Hours	ent				HIIE L State, Zi	p Code		-				
Other – Describe:							_	LAK	EWOO	DD, NJ 087	0	_				
Scope of Work (Check A	All That Apply)		× R	enova	tion			Г	T Full	I Containment	w th Negat	Pre	essur	e		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Barrett .	emolit				F	Min	ni-Enclosure ovebag Proced						
										n-Exempted (*		ible	Prod	cedur	е	
			ls	Locati	on										ment pe	
Location				lormal d Sole		A-200 - #100 - 00 00 00		escription				1		· ,		
Asbestos-Containing TO BE AB		M)	Mai	ntenar	nce/			ntaining I			Amount (Specify		Re	ZI.	Enca	En
In Faci	ility		Cust	odial S (12)	Staff?	3		acing, V			SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)			Yes	No	N/A		oulei	IIIISCEIIA	neous)				/al	7	late	ıre
INTER	IOR		, 55			Ī	PIPE	INSUL	ATION	N	100 LF		X			
INTER	IOR					Т	RAN	SITE P	ANEL	S	40 SF		X			
INTER	IOR				LIN	IOLE	UM FL	OORII	NG	150 SF		X				
N (D)	-4-		LA	JDEP W	lasta	Cub	ic Yards		Name of Re	n stered La	fill					
Name of Registered Wa			H	lauler ID 4509		3000000000	aste		IESI							
City, State NEWARK, NJ		¥						osal Date 24/15	Э	City, State BETHLEH	H :M PA					
Completed by	TINI		Title	IED				Signatu	re .			Dat 05	e /19/1	15		
JOSEPH PERLSTE	LIIN		OWN	ICIX								_				



Date of Notification (1) 05/21/15			Building Ov CONST			2)				_	12111		
Agencies Notified Type Notification		Street Ad 14 IRE	ldress NE COU	RT				21					
EPA Initial Amended DEP Amended Amendment #_			e, Zip Code VOOD, N		701								
□ Emergency (inc □ DOH justification) □ DCA □ Cancellation	duding	Name of	Contact					elephone	umbe	er			
		FACIL	ITY INFOR	RMAT									
Name of Facility Where Abatement is Taking F	Place (3)					_	Facility (4) chool (K-12)						
Street Address 564 VINE STREET						St X Of	ubchapter 8 ((ther (i.e. priva		-12) rcial t	ouildi	ngs, l	nome	s,
City (5) LAKEWOOD, NJ						Square 2500		of Floor		Bio	dg. Ag	je	
County (6) OCEAN COUNTY		County C	Code (7) USE ONLY)				t Use (Prior if	eing der	ished	1)			
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCN	1 No			of Abate	ement Contract		_		7		
Street Address					Street	Address	3		-				
City, State, Zip Code		2			City, St	tate, Zip			-				
Project Manager for Monitoring Firm		Telepho	ne No			one No.	D, NJ 0870	1 Lice	No.				
					732-6	668-90	78	120					
	scheduled Co 05/31/15	ompletion I	Date (11)		100000000000000000000000000000000000000		A Monitor PROFESS	IONAL					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		ment			100000000000000000000000000000000000000	Address HTE D	OVE COU	₹T					
Abatement Performed Outside of Norma Other – Describe:	Facility Hou	irs		_	581	tate, Zip EWOC	Code DD, NJ 087	11					
Scope of Work (Check All That Apply)		-						Marine San					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor	vation lition			×	Mini	Containment -Enclosure vebag Proced -Exempted (*	ıre	e Pre				
		00241000	I	-150	L	1 14011	-Exempled (dia ivoi			Abate		
	Is Loc Norm			-							Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	olely by nance/ ol Staff?	Asbest (i.e.	os Co therma surf	escription ntaining M al system: acing, VA miscellar	Material s insulat T, or	(ACM) tion,	Amoun (Specif SF or LI		Removal	Repair	Encapsulate	Enclosure
EVERIOR	Yes No	o N/A	1	۸.	M SIDI	NC		1500 S	-	X		w	
EXTERIOR		+		AC	ומוס ואו,	ING		1300 3	-	Λ			
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubi	c Yards	-	Name of Re	istered L	dfill				
NEWARK CARTING		Hauler ID 04509	No.	1	ARDS		IESI						
City, State NEWARK, NJ				7 (285)	osal Date 31/15		City, State BETHLEI	EM PA					
Completed by JOSEPH PERLSTEIN	Title OWNER	l			Signature	е	E		Date 05/	e 21/1	15		

Date of Notification (1) 05 /	20 /	15			500-0-000		Owner/Operator (2 UTHORITY OF I							
Agencies Notified	Type Notifica	ition			Street	Address				Y 2 -	7 7	i i p		
⊠ EPA					510	EAST FF	RONT STREET			-	2 22	140		
☑ DOLWD	Amended Amendme	ent #_				tate, Zip C	ode , NJ 07060	<i>(</i> ************************************		-		5:=		
☐ DCA	☐ Emergend		luding		1000		M. 1. 20 10 10 10 10 10 10 10 10 10 10 10 10 10		Tolopho	Numbe	r		-	
(NJAC 5:23-8)	justificatio	100			100000000000000000000000000000000000000	of Contact N CHANO			Telepho	Numbe	1			
	☐ Caricellat	1011										-		
N			Di	/O\	FAC	CILITY IN	FORMATION	T of Facility		_				
Name of Facility Where A				(3)				Type of Facility (School (K-12) Subchapter 8		(K-12)				
Street Address 532 WEST 2 ND STR	EET							Other (i.e., proposed homes, etc.)	rate and	mmerci	al bui	lding	s,	
City (5)								Square Feet	# of Fl	'S		g. Ag	je	
PLAINFIELD								20,000	6			÷0		
County (6) UNION					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	r if being	emolish	ed)			
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-					
SKY ENVIRONMEN	ITAL SERVI	CES					PLYMOUTH	ENVIRONMEN ³	I AL					
Street Address					N		Street Address 923 HAWS A	VENUE						
140 BOULEVARD			- 1111							-				
City, State, Zip Code MOUNTAIN LAKES	, NJ 07046						City, State, Zip C NORRISTOW							
Project Manager for Mon				Tel	ephone	No.	Telephone No.		Licens	Vo.				
leonid shereshevsl	ky			9	73-769	-6946	610-239-9920)	003					
Start Date (10)		Sched	uled Co	ompl	etion Da	te (11)	Name of OSHA N	/lonitor						
6/_8_/	15	7	/	1	5_/_	15	PLYMOUTH	ENVIRONMEN	1 AL					
Occupancy Status During							Street Address	revo s						
☐ Facility Closed/Vacate							239 HAWS A	Contracts for the last						
Abatement Performed Time of Abatement:							City, State, Zip C NORRISTOW							
Scope of Work (Check a	Il that apply)						M Full Con	tainment with Neg	a stive Bro	uro.				
≥3 sf or ≥3 lf			☐ Re					closure	alive Pre	ure				
≥160 sf or ≥260 lf			□ De	molit	ion		☐ Gloveba	ig Procedure empted (*) and No	-Friable	ocedure	1			
			ls	Loca	ation			sinpled () dire i i	- 110010	-	-	atem	ent T	vpe
Location	of		1	lorm	ally		Description				-			1
Asbestos-Containing		۸)	1.0000000000000000000000000000000000000		lely by ance/		stos Containing Ma		Am	nt	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	CONTRACTOR		-550	odia	Staff?	(1.6	 thermal systems surfacing, VAT 		(Sp SF c	fy F)	oval	=	psu	Sur
(13)			Vac	(12	1		other miscellane	eous)					ate	(D)
BLDG, C2			Yes	No	N/A	PIPE IN	ISULATION		10	F				
BLDG. D, B2, B1						VAT			5,1	0				
BLDG. D, C3, C2, C1	, B2, B1, A2,	, A1				ENTRA	NCEWAY WIND	OW CAULK	3					
BLDG. D, C3, C2, C1	, B2, B1, A2	, A1				SINKS			1	111				
Name of Registered Was	ste Hauler				NJDEP	Waste	Cubic Yards of	Name of Regis	ered Lar	ill				
NEWARK CARTING	G				Hauler II 04509		Waste 67	WASTE M	NAGE	ENT				
City, State					U-100.		Disposal Date	City, State	-					
NEWARK, NJ							7/15/15	ARGYLE,	IΑ					
Completed By (Print or T	ype)	Title	9				Signature	, 1		Dat			.~	
RUSSELL KING		P	M					NA		S	7/2	0/13)	

ASB-41

JAN 13

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

The F

		,		<u>.</u>							
Date of Notification (1) 5-22-15	5	Name of	Building Owner/C		ء مذكرة		2.5				
Agencies Notified Type Notification		Street A		_ '	eties	W. A.Y.	£ -	Jib			10.60
□ EPA 🛣 Initial			P.O. 1	30x 5	508	- FF	- 101				
□ DEP □ Amended	14-5	City, Sta	te, Zip Code		17	- /	90	21			
☐ Emergency (in		Name of	Contact	nsuille		Telep	ne Numb	er er		<u> </u>	-
DOH justification Cancellation		FR	ank M) orang	5						,
Name of Capita Make an Abstract in Toking	Place (2)	FACI	LITY INFORMATI	ON	f Facility (·)		_				_
Name of Facility Where Abatement is Taking	Flace (3)	DILLE	lling		chool (K-1?)			*			
Street Address	7 -	01	()	□ s	ubchapter B (C		n K-12)	buildi	inas	nome	s
169 Chest	nut	24	reet.	/ et	tc.)						-,
City (5) Bridgewater	0 11	TO	2807	Square	e Feet #	# of F	7	BK	dg. A	je	
County (6)		County	Code (7)	Curren	t Use (Pri r if	being	molishe	d)			-032
Somerset	18 17		USE ONLY)			ar	(y)	Du	sel	(r'n	5
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	No.	Name of Abate	ement Cor trac	tor (9	امما		,	In	0
Street Address	3162		MIN	Street Address	161	11.1	10ad	6	9	W 8 8	6
Ro. Box 3	37	5 5		P.O. 1	30x 3	3					
City, State, Zip Code	NT	00	522	City, State, Zip	Code	&	71	1	26	12	2
NEW E 9 VAT	NO	Telepho	ne No	Telephone No	ESYP	8	ense No.	VI			
Project Manager for Monitori lg Firm	<u>.</u>		758-3365				OC	3	19	4	
Start Date (10)	Scheduled (Name of OSH	A Monitor	1		_		-	*
6-1-15	(0 -	8-1	5	Street Address	- Tecn	704	jies	L	ıc		
Occupancy Status During Abatement (Check		tomont			Box 3	33-					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	al Facility H	ours		City, State, Zip	Code						
Other – Describe:				New E	gypt_	N	0	85	53	3	
Scope of Work (Check All That Apply)				□ Fuil	Containm ent	with N	ative Pre	ecciir	·e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition		☐ Min	i-Enclosur :		SUAC 1 14	Coour	0		
	/		7.		vebag Pro ædi -Exempte I (*)		n-Friable	Proc	ædun	2	
9	Is Lo	cation							Abate Ty	ment pe	
Location of		mally Solely by		escription of ntaining Material	(ACM)	Am	nt		,		
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enance/ lial Staff?	(i.e. therma	il systems insula		(Sp	fy	Ren	Re	Encapsulate	Encl
In Facility (13)	2/15/07/07/07/07	12)		acing, VAT, or miscellaneous)		SF	_F)	Remova	Repair	sluso	Enclosure
(10)	Yes	No N/A					-	-		ate	e e
and floor		×	121/21211	FLOORTI	les :	35	SF	k			
a Floore	1 1		19-21-								
					5)						
		NJDEP \		c Yards aste	Name of Reg	E	Landfill			_	1. A
Name of Registered Waste Hauler	100	Harner			1 1 4 4	0.0			1	n 1	YA
	ş	Hauler II	00	1	Wase	INT	agen	rent	0	- 1	4
Name of Registered Waste Hauler EPC Technologies City, State		A CONTRACTOR OF THE CONTRACTOR	Dispo	osal Date	City, Sta e		15. 36		6	- 1	*.
EPC Technologies	NJ Title	A CONTRACTOR OF THE CONTRACTOR	Dispo	1			P	A		2.	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		N			OF ASBE to NJAC 8					A.K.	1	39	()	0		
Date of Notification (1) 5/21/15						Building Coute 46 V				LLC			1			
Agencies Notified	Type Notific	cation		4 8	Street Ac PO Bo						M.A	2	6 20	115		
EPA DEP DOL	Amen	dment #				te, Zip Coo NJ 076						Τ				
DOH DCA	justific	ency (ir ation) Ilation	iciuaing	1 5	Name of Lou To	Contact lerico					Telephor	Num	ber			
		encor son that you			FACIL	ITY INFO	RMATI	ON			-					
Name of Facility Where House	Abatement is	Taking	Place (3)						Тур	oe of Facility (4) School (K-12))					
Street Address 115 Woodland Ave	nue								×	Subchapter 8 Other (i.e. pri etc.)) I build	lings,	home	es,
City (5) Little Ferry									Squ 28	uare Feet	# of Floo 2		B 6	ldg. A	ge	
County (6) Bergen	4				County C	Code (7) ISE ONLY)			Cui	rrent Use (Prior	i being de	olish	ed)			
Name of Monitoring Firm	n Hired by Bu	ilding O	wner (8)		ASCM	l No.				batement Contr vironmental		LC				
Street Address								Street PO E	10000	ress 483, 4 E Ga	t: Drive	-				
City, State, Zip Code										Zip Code od, NJ 0741	 E					
Project Manager for Monitoring Firm					Telephor	ne No.		Teleph 973-		No. -2276	Lice 701		ο.			
Start Date (10) 5/30/15			Schedule 6/15/15		pletion [Date (11)		Name	of O	SHA Monitor		_				
Occupancy Status Durin	ng Abatement	(Check	Only On	e)		74		Street	Add	ress						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside o	Entire Po of Norma	eriod of A	batem Hours	ent			City, S	State	Zip Code		_				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чи тпат Арргу	7		enova emoliti					7	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	ec are		ressui		9	
			Is	Locati	on					TOTI EXOTIPIOS	1 10110	1100		Abate	emen	
Locatio Asbestos-Containing	Material (AC	CM)	Use	lormali d Sole	ly ly by		os Con		Mate	rial (ACM)	Amou		_		pe	m
<u>TO BE AB</u> In Faci (13)	ility		Cust	odial S (12)	Staff?	(i.e.	surfa	l system icing, VA miscella	AT, o	r	(Speci SF or L		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								-		ite	е
exterior siding					Х		tran	site pa	nels	3	1850 \$		x			
basement					Х		9"x	9" floor	tile		120 S		х			
												_				
Name of Registered Waste Hauler					JDEP W	lasto	Cubic	Yards		Name of R	e vistered l	ıdfill				
Name of Registered Waste Hauler Freehold Cartage					auler ID 5939	100	of Wa				Berks L	dfill				
City, State Freehold				Dispo TBD	sal Date	9	City, State Birdsbor									
Completed by A. Scott Higgins			Title Presi	dent				Signatur	e//	~		Da 5/2	te 21/15	5		

^{*} Do not use this form for a: bestos live sure exempted activities.



e of Notification (1)			Name	of Buildir	ng Owner/O thority of	perator (2 NY & N	2) JJ		W.A	2	12	015				
-21-15						111 0.						500				
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EPA	× Initial	t	City, S	tate, Zip	Code						3.	***				
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CK \$ 1557

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

Date of Notification (1)		$\overline{}$			g Owner/Operator	(2)		AY 9	5 3	ŋ1E		
5/20/15				s Keator	1			971 A	-	W. (W.		_
Agencies Notified Type No	ification			Address	and							
EPA Initial Amer	hah			nglers R								_
DOL Amer	dment #	_		tate, Zip (erton, N								
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	ellation			Keaton	.uot							
					ORMATION		. 1: '-	-				_
Name of Facility Where Abatement	is Taking Place	(3)				Type of Facilit	(4)	-				
Residence		1.00				School (K-	50					
Street Address						Subchapter Other (i.e.,		an K-12) nmercial		inge		
17 Anglers Road						homes, etc)	10-2000-2000-20				
City (s)						Square Feet 1800 SF	# of F	ors		dg. A yrs		
Tuckerton, NJ 08087			Ι Δ	h. 0- 1- 1	7) /07475	Current Use (F	ior if hei	demolish	_	yıs	_	_
County (6) Ocean			USE	ONLY)	7) (STATE	Residence	IOI II DEI	ucitions	iouj			
Name of Monitoring Firm Hired by	Buildina Owner	_	ASCM	No.	Name of Abaten	nent Contractor ()					_
(8) N/A				-	AEi2, LLC							
Street Address					Street Address		h.					
					300 S. Lenola							
City, State, Zip Code					City, State, Zi	50 . 19 CANADA CANADA						
	F:	T = -	-		Maple Shade,	TAT 08027	Lice	No.				_
Project Manager for Monitoring	Firm	Tele	ephone	No.	Telephone No. 609-481-212	22	006	i NO.				
Stort Data (10)	Scheduled C	omnio	tion Do	to (11)	Name of OSHA							
Start Date (10) 5/23/15	5/30/15	omple	מט ווטוו	to (11)	AEi2, LLC	in other						
Occupancy Status During Abatem	3.5 EXEMPLE:	one)			Street Address	;						
Facility Closed/Vacated During			tement		300 Lenola l							
Abatement Performed Outside					City, State, Zip	Code						
Other - Describe:					Maple Shade							_
Scope of Work (Check all that app	ly)				=	ntainment with I	egative	ssure				
≥3 sf or ≥3 lf	□ Re	enovat	ion		=	nclosure ag Procedure						
≥160 sf or ≥260 lf	⊠ De	emolitio	ווע			xempted (*) and	lon-Friab	Procedu	re			
	275743	Locati							А		ment	
Location of	70	ormally Sole	4		Description of	of			<u> </u>	Тур		
Asbestos-Containing Material (A	CM) Mai	ntenar	nce/	Asbes	tos Containing Ma	iterial (ACM)	Am (Sn		R	R	M n o	E n
TO BE ABATED IN Facility		ustodia Staff?		(i.e.	, thermal systems surfacing, VAT	nsulation, , or	(Sp	fy F)	m o	e	a	1 0
(13)		(12)			other miscellane	eous)			v a	a i	s u	s u
	Yes	No	N/A						1	r	a t	е г
Crawl Space	Tes	INO	X	Vinyl 7	Tile		200 st		X		e	
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			+									
	_	_	1	-								
Name of Registered Waste Hauler		10.0	NJDEP		Cubic Yards	Name of Re	istered L	dfill	-			
AEi2, LLC			Hauler II	O No.	of Waste	TBD		0				
City, State		-12	21376		Disposal Date	City, State		1				
Maple Shade, NJ					TBD /	TBD :	/	/				
Completed By	Title				Signature/	Menn	. /	Date				
Wm. Minnick	Program	n Mg	ŗ.		4/	11/1/10	n	5/20/15				_

NOCK CREDITION FOR NOTHER NOTHER

Date of Notification (1)	Nam	e of Buildin	ng Owner/Operator	(2)	A1 20 2	JID	_		
5 /20/17		TR	INSFOR	YATIDA (VT GR. PR	2156	55		=
Agencies Notified Type Notification		et Address			0.	THE REST			
☑ PA ☑ Initial				Kslaw	wa 100	00		_	=
Amended Amendment #	City.	State, Zip			06- 6		-		
DOL Amendment # Emergency (including		EG	-c INDRES	on, NJ	08218			. 1	=
DOH justification)	Nam	e of Conta		× 1	elephone Numb	er.			
□ DCA □ Cancellation		15.	INBARA						
· · · · · · · · · · · · · · · · · · ·	FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is Taking Place	(3)			Type o Facility					
RESIDENCE				□ Sch xxl (K-12					
	1 -			Sub shapter 8 Other (i.e., pr) al buik	finas,		
Street Address 2500 ATLANTIC	Art,			hor es, etc.)			- 01 - 02 - 03 - 03		
City (5) 1				Square Feet	# of Floors		dg. A	-	
City (5) LONGPORT				15 10			40	4	_
			(7) (STATE	Curren Use (Pri	Production of the Control of the Con	thed)			
County (6) ATLANTIC	US	E ONLY)			ANT				_
Name of Monitoring Firm Hired by Building Owner	ASON	1 No.	Name of Abatem						
(8) NA			160	GMC2 In	<u>. </u>				_
Street Address	=1-		Street Address						
Sheer vooress			36	95.5P	UCEALE	_			_
Di Otto To Code			City, State, Zip C	ode					
City, State, Zip Code			MAP	15 2 1N B	E, NIJ.	080	057	_	_
C Madiena Firm	Telephone	No	Telephone No.		License No.				
Project Manager for Monitoring-Firm		SYL105/40	856-7	79-3472	0040	14			_
Start Date (10) Scheduled Co	vmolation D	ate /11)	Name of OSHA I	Monitor ,	M				
Start Date (10)	717	0.0 (.1)	^	111					
			Street Address						
Occupancy Status During Abatement (Check only	hataman'		33331. 23.333						_
Facility Closed/Vacated During Entire Period of A	Hours		City, State, Zip C	ode ====					
Abatement Performed Outside of Normal Facility	11000		J.,, J. J., - P -	STATE OF THE STATE					
Other - Describe:			-						
Scope of Work (Check all that apply)				ntainmen with Neg	ve Pressure				
	novation		Mini-En	closure ag Procei ure					
23 \$1 or ≥3 11 2160 sf or ≥260 H	natition		☐ Non-Ex	empted () and No	riable Procedu	re			
leli	ocation				201000000000000000000000000000000000000	A	bate		
· · No	maty						Typ	~	
Location of	Solely by	Achae	Description of stos Containing Mai	terial (AC II)	Amount			m	
Asbestos-Containing Material (ACM) Maint	enance/ stodial	(i.e.	thermal systems i	nsulation	(Specify	Re	Re	Encapsulate	Enclosure
	taff?		surfacing, VAT,	or .	SF or LF)	Remova	Repair	psu	OSL
(13)	12)		other miscellaned	(20)		/al	-	lale	ll e
Yes	NO NIA				,				
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SIDING			TRAMSTE			1	-		
2						+-	-	-	
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		1							
	NOEP	Waste	Cubic Yards	Name of Regis	red Landfill				
Name of Registered Waste Hauler	Hauler I	D No.	of Waste	2.0	1 /				
KLEMCO INC		904	15	City tota	1		_		194
City, Stale			Disposal Date	City, state	GIN	111	71	= 1	5
MARLE SHORE, N.T. OFO	50			T= 10.C4	18 3,4-TU	AA	1 50		
C Later Pu			Signature	oh 16 cm	Date /	10/19	1/		
JOSEPHILLERAM OWY	YVR		- Joan				-		

NOCK

State of New Jersey

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

Date of Notification (1)	5/21/15				Building air Sta						-					
Agencies Notified	Type of No	tificatio			dress	.0 01					MAY	6 -	-20	_	_	
	Type of No	illicatio	2000		ormal	Aven	ILIA				101 1-1	4)	201			
[] EPA	[] Initial		01	10 14	omman	1101	100									
[] DEP	Notific		City	/, Stat	e, Zip Co	de					S41 S-11-					_
[X] DOL	[] Emerg [x] Amer				Monto		NJ C	7043								
[X] DOH		cation #	1 1	73°		5										
			100000		Contact					Telep none Nu	er					
[] DCA	[] Cance	ellation	Ar	ny F	erdina	nd				10. * (1						
					F	ACILIT	TY IN	FORMATION								
Name of Facility Where				e (3)					Ту	pe of Facility (4) [] School (K-1 2) [] Subchapter 8 (Other						_
Life Hall, Montcl	air State	Unive	ersity						4	Subchapter 8 (Other Other (i.e. rivate an	an K-12 commer	cial bui	lding	IS,		
Street Address										homes, etc)				COO 140.		
1 Normal Avenu	е									quare Feet # of Floc	-	Bldg.	Δne			- //
01- (5)			County (3)		Co	untv	Code (7)		0000 2		~ 50	ngc			
City (5)		100	Essex					USE ONLY)		urrent Use (Prior if being de	olished)					
Upper Montclair			LSSEX						ed	lucational						
Name of Monitoring Fi	rm Hired by	Buildin	g Owner		SCM No.		N	lame of Abaten				L				
Whitman Compa	anies, Inc).		0	0110				Jupi	ter Environm ental S	rvices	, Inc.				
Street Address							S	treet Address		6	0	400				
7 Pleasant Hill F	Road									Changebridς e Roa	Suite	100				
City, State, Zip Code		7					C	ity, State, Zip (
Cranford, NJ 08	512								Pin	e Brook, NJ (7058						
Project Manager for M	lonitoring Fire	m	Telep	hone	Number		Т	elephone Num			Licen	se Nun		۰-	_	
Kevin Lovely			732	390	-5858					3-575-8700			UC	85	2	
Scheduled Start Date	(10)	Sched	d. Comple				N	lame of OSHA								
3/30/1	5		12/3	31/1	5				J &	S Environme ntal La	orato	ries,	LLC	,		
Occupancy Status Du	ring Abatem	ent (Ch	neck only	one)	Ahatem	ent	S	street Address	223	3 Route 22 V '						
[] Facility Close [] Abatement P	erformed Ou	itside o	of Normal	Facili	ty Hours	-	_				_				_	
Desc	ribe:							City, State, Zip		ion, NJ 0708(2			
[x] Other - Desc	cribe: partiall	y vaca	nt						OH	1011, NO 07000						
Scope of Work (Check	k all that app	ly)									211 . 1.1					
- W					D.C.	D				[] Full Containmer [x] Mini – Inclosure	vith Neg	ative P	ress	ure		
[] Demolition					[X]	Reno	vatior	1.		[x] Mini – I nclosure [x] Gloveb ig Proce	re					
 ≥3 sf or ≥3 lf x ≥160 sf or ≥2 	260 If									[x] Non - I riable Pi	edure					
[/] [100 01 01 11		-	le	Locati	on								Aba	aten	nent	
			100000	nally l	25			Desc	criptio	on of			Тур			
Locatio	on of			olely I				Asbestos			Amou		R	R	200	E
Asbestos – C					e/Cus			Mate (i.e., the			(Spec		E M	E	N	N
Material (TO BE A			todia	l Staf	(12)			insulation,			01 01	,	0	A	A	Ĺ
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(13			Yes	No	N/A								A	R	S	S
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Various Areas - in	phases			Χ		TSI								-		_
							0 11	\/I-	-	Name of Register d Landfi	_					_
Name of Registered V Jupiter Environs			es Ha	DEP \ uler [[04782		1.283	Of Wa	Yards aste 60		Minerva Land fill						
City, State							Dispo	sal Date		City, State						
Pine Brook, NJ								0/15 +		Waynesburg OH						
Completed By (Print of	or Type)	1000	Title					Signature	1		Da	ite				
Pane Repic										9	5/	21/15	5			
rane Nepic			Cell	orai	iviaria	, , ,		1	2			monthly Edit	~			
ASB-41								1				1000				
arranends-fattatte								,				Se	e r	ex	t p	age

Note: Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via "wrap & cut" method and some 3000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other places?

5/21/15, Amendment #1: Phase 2 has been scheduled, with a starting date of 5 26/15 and anticipated completion on/about 6/5/15. Some 700SF of VAT is scheduled for removal.

State of New Jersey

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

	ame of E	Building O	wner/O	nerator (2)							
Ι Δ		y Enric		perator (2)				57			
ation S	treet Ad	dress					Y 2 5 2016				
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on V	vayne	e, NJ 07	470		1 -						
cy N					Tele	onone N	iner				
ion		FA	CILITY	INFORMATION							_
Taking Pla	ice (3)	20000	See and a second			40)					
					Subchapt Other (i.e	r 8 (Oth	than K-12) commercial bu	ilding	IS,		
						# of FI	's Bldg.	Age	-	_	_
County	(6)				2000	2	~87				
			(STA		residence	- being (Holistied)			_	
lding Own	33 (83)					nental	ervices, Inc				
				Street Address	323 Changebrio	ge Ro	1, Suite 100				
						07058					
Tele	ephone l	Number					License Nur		85	2	
hed. Com	pletion [Date (11)		Name of OSHA	Monitor						
6/	8/15				J & S Environn	ental	boratories,	LLC	,	_	_
ng Entire F	eriod of	f Abateme y Hours –	ent -			<u>V</u>					
acant_						13					
					***		with Negative P	ressi	ıre		
		[]	Renova	tion	[x] Glove	bag Pro	dure ocedure				
	Is Locat	ion		200	100 040 - 12			1372		nen	t
N		72.57			20.00 M 19.00 C 10.00 C 10.00 C		Amount	R	R	E	E
10 10 10 10 10 10 10 10 10 10 10 10 10 1	intenanc	ce/Cus		Mate (i.e., the insulation,	rial (ACM) rmal systems surfacing, VAT,		(Specify SF or LF)	E M O V	E P A	NCAD	NCLO
Yes	s No	N/A		or other r	niscellaneous)			A	R	s U	S
x TSI							30 LF	X			
		D No.			Minerva La						
						3, OH					
0.000		Manag	jer	Signature			7.50	5			
	ation S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ation Street Ad 1745 R	ation Street Address 1745 Ratzer For City, State, Zip Cook Wayne, NJ 07 Name of Contact Veronica County (6) Passaic Itelephone Number ASCM No. 000 Telephone Number Ascm No. 000 Telephone Number Is Location Normal Facility Hours - Is acant Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A X Itelephone Number Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A X Itelephone Number Is Location Normally Used Solely by Maintenance/Cus Title NJDEP Waste Hauler ID No. 04782 Title	ation Street Address 1745 Ratzer Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Veronica FACILITY Faking Place (3) County (6) Passaic County (6) Passaic County (6) Passaic County (6) Passaic County (7) Telephone Number hed. Completion Date (11) 6/8/15 (Check only one) Telephone Number hed Completion Date (11) 6/8/15 (Check only one) The of Normal Facility Hours — acant Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A X TSI NJDEP Waste Hauler ID No. 04782 Discontinuous Of Oddress Of Oddress Discontinuous NJDEP Waste Hauler ID No. 04782	ation Street Address 1745 Ratzer Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Veronica FACILITY INFORMATION Faking Place (3) County (6) County Code (7) (STATE USE ONLY) ding Owner ASCM No. 000 Telephone Number ASCM No. 000 Telephone Number Ascent Address City, State, Zip Company Code (7) Telephone Number Ascent Address City, State, Zip Code (7) Telephone Number Ascent	ation Street Address 1745 Ratzer Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Veronica FACILITY INFORMATION Faking Place (3) FACILITY INFORMATION Type of Facility (4) Subchapt Subchapt Subchapt Subchapt (5) Square Feet 2000 Current Use (Prior residence Name of Abatement Contractor (9) Jupiter Environn Street Address 323 Changebric City, State, Zip Code Pine Brook, NJ Telephone Number 973-575-8700 Name of OSHA Monitor J & S Environn Street Address 2333 Route 22\ City, State, Zip Code Union, NJ 070i Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A Is Location Normally Used Solely by Maintenance/Cus todial Staff (12) Is Renovation Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME of Regist Minerva La City, State Signature Possibly Systems Normally Used Solely Systems Insulation, surfacing, VAT, or other miscellaneous NAME of Regist Minerva La City, State Signature Possibly Systems Insulation, Surfacing, VAT, or other miscellaneous Name of Regist Minerva La City, State Waynesbur	ation Street Address 1745 Ratzer Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Veronica Type of Facility (4) School (K 12) Scho	ation Street Address 1745 Ratzer Road 1745 Ra	ation Street Address 1745 Ratzer Road	ation Street Address 17745 Ratzer Road (City, State, Zip Code Wayne, NJ 07470 (City, State, Zip Code Wayne, NJ 07055 (City, State, Zip	tion Street Address 1745 Ratzer Road 1745 Rat

State of New Jersey

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

					(i dioda	iii to	7 140/10	0.00-7 und 12.1	120 1)		-			Che	ck#	783	3	
Date of Notification (1)) 5/21/15		1797233573		Building Stawny			perator (2)					2,			4-4	-	
Agencies Notified [] EPA [] DEP [X] DOL	Type of Notification (x) Initial Notification	tion	31 ⁴ City	4 M	ddress iontros te, Zip C rford,	ode	:	70				M	2.5	ins.				_
[X] DOH	[] Amende Notificat [] emerge	tion ncy	Nan	ne of	Contact Stawny	t					Tel	phone N	nber					
	[] Cancella	ation				FAC	ILITY	INFORMATION					_				-	-
Name of Facility When Residence Street Address 314 Montross A		Tak	ing Place	(3)					Ту	[] 0	chool (k -	12) er 8 (Oth private : c.)	than K-12 d commen	2) rcial bu	uildin	gs,		
										uare Fe	et	# of FI	rs	Bldg	. Age			
City (5) Rutherford		100	County (6 Bergen					y Code (7) ΓΕ USE ONLY)	Cu	000 rrent Us sidence	e (Prior	2 if being	nolished)	~85		_	_	
Name of Monitoring F N/A	irm Hired by Bu	uilding	g Owner	Owner ASCM No. Name of Abatement Contractor (9) Jupiter Environment Street Address										s, Inc				
Street Address				Street Address 323 Changebric ge City, State, Zip Code										100				
City, State, Zip Code			City, State, Zip Code Pine Brook, NJ (
Project Manager for M								Telephone Num	973	-575-8	3700		Licen	se Nui)85	52	_
Scheduled Start Date 5/30/1	25	ched	6/8/		Date (11)		Name of OSHA			rironn	ental I	borato	ries,	LLC			8
[] Abatement Pe	ring Abatement ed/Vacated Dur erformed Outsic cribe: cribe: <u>partially v</u>	ing E de of	ntire Peri Normal F	od o	f Abaten ty Hours	nent -		Street Address City, State, Zip	Code	755.386	te 22\							
Scope of Work (Chec	k all that apply)												200	w =				_
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥2					[]	Re	enovati	on		[] [x] [x]	Mini - Glove :	ntainme Enclosu pag Proc Friable F	with Nega ure cedure	ative P	ressi	ıre		
			ls L Norm	ocat				Dose	cription	n of					Ab Ty		nent	1
Locatic Asbestos – (Material <u>TO BE AR</u> In Fac (13	Containing (ACM) BATED cility		Mainte todial	lely nanc	by ce/Cus			Asbestos Mate (i.e., the insulation, or other n		Amou (Spec SF or	ify	R E M O V A	REPAIR	ENCAPS				
Basement				X		TS	SI	2		250 LF		X		U	U			
Name of Registered V Jupiter Environr		vice	s Hau		Waste O No.		100000000000000000000000000000000000000	ic Yards Vaste 3	V	/linerv	Registe a Lar				,			
City, State Pine Brook, NJ											, ОН							
Completed By (Print of Pane Repic	or Type)		Title Gene	ral	Mana	ger		Signature	1	(L.	2	5/3	te 21/1	5			
SR-41								/										1000

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

ME I CAIR AT 141-

2015-92	Notification (Pursuant to N	JAC 8:60-7 and CY 10-day waive	12:120-7) r request	<u>Ch</u> <u>ck # 72</u>	
B & G proj. #: 2013-32			-		*
. 43	Name of Building Owner/Ope	rator (2)	APPROVE	enior Ser Heas	
Date of Notification (1)	Cape Liberty Cruise F	ort	Perkey Comment	1 - 0 - 1	e cost
0 15 1/12 11 1/11 15	Sevost Address	1.3	(sighature	一	6 2010
Agentics Notified Type Notified	14 Port Terminal Box	ilevard	Date: 52115		
☐ EPA 🗶 Initial	Tribe State 7th Code	1	Date:	Tunot	
DEP Amendment	Bayonne, NJ 07002		The state of the s	Te aphone h	ber
DOL Amendment	Name of Contact				
DOH Controlletton					
Cancallation	Marina Ondarza	THE TON			
☐ DCA	FACILIT	YINFORMATION		Type of acility (4)	- 12)
	: + alone (3)				rs (other than K-12)
Name of facility where abatement is ta Cape Liberty Crulse Terminal	ang piace (-)	ite of new parkin	ng garage	Subdia	ate/Commercial
Cruise Terminal	- Steam Pipe Tunner at a			Other (F Bidgs. A	ree els.
				Squan Feet	Floors Blog, Age
Street Address				Jaquan	
14 Port Terminal Boulevard	1.75	Cour	nty Code (7)	Curre it Use (P	if being demolished)
City (5)	County (6)	(Stat	e use only)	abar doned	am tunnel
	Hudson		Name of Abatemen	Contract or (9)	•
Bayonne	an Owner (8)	ASCM No.	B & G Restora	ation, in -	
Name of Monitoring Firm Hired by B	nc.	n/a	Address		
EnviroVision Consultants,			105 Ryerson	Road	
Street Address	255		atu. Chaha Zin Cod	ie	
20-21 Wagaraw Rd., bigg	, 004		Lincoln Parl	k, NJ 07)35	License Number
City, State, Zip Code N.I. 07410			Talantone Number	et .	00378
Fall Ldwill 114	Phone Num	ber	(973)695-0	903	000.
Project Manager for Monitoring First			Name of OSHA N	ionitor	
Frederick Larsen	Sahad, Completion Date (11)	B & G Resto	ration, ic.	The state of the s
Scheduled Start Date (10)	06/03/2015		Street Address	- Bood	
			105 Ryerson	n Road	
a la bond	ent (Check only one)		City, State, Zip C	ebo	
Occupancy Status During Abarems Facility closed/vacated during outside	g entire period of abatement		1)	k, NJ 0 035	
The Abelta Ment Political	le of normal recent	,	Lincoln Fai	R, 100 C	
Describe:				and the second	Glovebag procedure
Scope of Work (check all that ap	ply)	I		Wheelsth : pressur	Non-friable procedure
Demolition [I Montage	1	Mini-endosure		RREE
	≥160 sf or ≥280 lf	alaht		Amc	m p c n
	is location normally used a by maintenance/custodial		n of esbestos-contain	ing (Spi	ySFOT o a a C
Location of asbestos-containing	staff(12)	material (A	ACM)	(F)	V
- mendal to be	1	VA	11/2		bic yards X U U
abated in facility (13)		X Concrete \	with acm waterpr	oofing 140	
Steam pipe funnel					
		10.00			
			- Indiana - ar		
			W S. Islami & Do	gistered I andfill	IEU Com
- Control Control	INUDEP Hauler ID#	Cubic Yards of	Waste Name of Re	I.I. PAE athlehe	Landfill Corp.
Registered Waste Hauler	20785		City State		Y
Rovic Transport	Dis	posal Date /22/2015 - 06/03		nem, P/	Date
city, state Riverdale, NJ		Signature	· Gordana .	Long	05/21/2015
Completed by (Print or Type)	Title Secretary/Treasure		Gordano		Total Control of the
Gordana Luna	Secretary Treasure				

State of NJ
Notification of Asbestos Abatement

B & G proj. #: 2015-92	- V (Pursua	ant to NJAC 8:	30-7 and 12:120-7)	Check	N/A	ı
(1) (5-4-4)	Name of Building Ow	mer/Operator (2)	1	-		
Date of Notification (1)	Cape Liberty C				l y	
0 5 / 2 1 / 1 5 Agencies Notified Type Notification	Street Address	14100 1 010			Y 2 5 2015	
□ EPA □	14 Port Termin	al Boulevard			11 4 2 4000	_
□ DEP Initial	City, State, Zip Code			-		
	Name of Contact		4 100 100 100 100 100 100 100 100 100 10	Telepho	Number	
X DOH Cancellatio	_					220
□ DCA □	Marina Origan		ATION			-
		ACILITY INFORM	T T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4)	-
Name of facility where abatement is to	aking place (3)	= 10 200 2 (4-90)		Sch	(K - 12)	
Cape Liberty Cruise Termina	ıl - Steam Pipe Tunne	l at site of new	parking garage	Sub Sub	apter 8 (Other than K-12) Private/Commercial	
Street Address				Bldg	Homes, etc.	_
14 Port Terminal Boulevard				Squ ire Feet	# of Floors Bldg. Age	
City (5)	County (6)		County Code (7) (State use only)	Cur ent Use	rior if being demolished)	=
Bayonne	Hudson		(State use only)	abi indone	steam tunnel	=
Name of Monitoring Firm Hired by Ble	dg. Owner (8)	ASCM No.	Name of Abatemer	nt Contra :tor (9)		
EnviroVision Consultants,	nc.	n/a	B & G Restora	ation, It c.		=
Street Address			Street Address	Dond		
20-21 Wagaraw Rd., Bldg.	35E		105 Ryerson			-
City State, Zip Code			City, State, Zip Cod Lincoln Park			
Fair Lawn, NJ 07410			Telephone Number		License Number	=
Project Manager for Monitoring Firm	Phone N 973-636		(973)696-68	369	00378	=
Frederick Larsen			Name of OSHA Mo			
Scheduled Start Date (10)	Sched. Completion Dat	e (11)	B & G Restor	ation, Inc.	=	=
05/22/2015	06/03/2015		Street Address 105 Ryerson	Road		
Occupancy Status During Abatement	(Check only one)		City, State, Zip Coo			=
Facility closed/vacated during e	of normal facility hours-		City, State, Zip oo	40		
Describe:			Lincoln Park	NJ 07)35	— 4 V r	_
Other-Describe:	1					
Scope of Work (check all that apply) M Demolition	Renovation		Full Containment w/	negative pressure	Glovebag procedure	
	>160 sf or >260 lf		Mini-enclosure		Non-friable procedure	
>3 sf or >3 lf	Is location normally used	solely		T	R R E	E
Location of asbestos-containing	by maintenance/custodial		otion of asbestos-containing	Amou	SE OF M P C	n
material to be	staff(12)	materia	I (ACM)	(Spec	10 14 14 1	C L
abated in facility (13)	Yes No N	N/A			e r	
Steam pipe tunnel		× Concrete	e with acm waterproof	fing 140 c	ic yards 🗶 🔲 🗀 📗	H
						H
						Ī
*						
	IN ISER II - I - IS	Cubic Yards o	of Waste Name of Registe	ered Land fill	7 V V -	
Registered Waste Hauler Rovic Transport	NJDEP Hauler ID# 20785	140	Conestoga	a Landf II	**	
City, State	Disp 05/	osal Date 22/2015 - 06/0	3/2015 City State Morganto	wn, PA	**	
Riverdale, NJ		Signature			Date	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer		Gordana Lun	na	05/21/2015	_

State of NJ

Notification of Asbestos Abatement

2015-92 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: EMERGENCY 10-day waiver request # 7213 Date of Notification (1) Name of Building Owner/Operator (2) 0 | 5 | / | 2 | 1 | / | 1 | 5 | Cape Liberty Cruise Port Agencies Notified Type Notification Street Address EPA 14 Port Terminal Boulevard X Initial DEP City, State, Zip Code X DOL Amendment Bayonne, NJ 07002 DOH Name of Contact Telepi ne Number Cancellation DCA Marina Ondarza **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facili Scl) (K - 12) Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage apter 8 (Other than K-12) Sut (Private/Commercial X Oth Bld /Homes, etc. 14 Port Terminal Boulevard Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Cul rent Use rior if being demolished) Bayonne Hudson ab indone steam tunnel Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. EnviroVision Consultants, Inc. n/a B & G Restoration, II c. Street Address Street Address 105 Ryerson Road 20-21 Wagaraw Rd., Bldg. 35E City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Lincoln Park, NJ 07 035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Frederick Larsen 973-636-9145 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, II c. 05/22/2015 06/03/2015 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 070 35 Other-Describe: Scope of Work (check all that apply) X Demolition Renovation Full Containment w/negative r ressure Glovebag procedure > 3 sf or > 3 lf≥ 160 sf or ≥ 260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e е asbestos-containing n Amoun Description of asbestos-containing staff(12) m n p material to be For C (Specifi material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A 1 p e Steam pipe tunnel Concrete with acm waterproofing X 40 cul : vards Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfil NJDEP Hauler ID# Rovic Transport 20785 I.E.S.I. PA Bethle nem La 140 dfill Corp. City, State Disposal Date City, State Riverdale, NJ 05/22/2015 - 06/03/2015 Bethlehem, PA Completed by (Print or Type) Signature

Gordana Suna

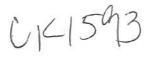
05/21/2015

Gordana Luna

Secretary/Treasurer



Date of Notification (1) 05/19/2015				of Building	Owner/C	perator (2)	7	-					
ART STREET, ST.			Michael Kay						V	20	000	_	
Agencies Notified	Type Notification			Street Address 26 Blackstone Drive					1.1			0	
EPA DEP	Initial Amended		City,	City, State, Zip Code Livingston, NJ 07039									
▼ DOL	Amendment		Livi										
П рон	Emergency (including		of Contact				Telepho	Mirro	har			
DCA DCA	Cancellation		Mic	nael Kay			- 1						
				CILITY INF	ORMATI	ON		-	-				
Name of Facility Where	Abatement is Taking	g Place (3)					ype of Facility (4)	-					
26 Blackstone Driv	/e						School (K-12)						
Street Address							Subchapter 8						
26 Blackstone Driv	/e					×	Other (i.e. priv etc.)	ite & con	ercia	build	lings,	home	es,
City (5)					***	S	quare Feet	# of Floo	-	В	ldg. A	ge	
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County (6)				ty Code (7)		С	urrent Use (Prior i	being de	olishe	ed)			
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Name of Monitoring Firm	원인 등에 있어서는 말이 보다를 하고 없어야다.		AS	CM No.			Abatement Contra	The state of the s		11772			
Consulting Service	es of America, In	C.				GMAC	Contracting C	orp					
Street Address						Street Ad	dress						
PO BOX 367						102-22	2 87th ave						
City, State, Zip Code						250.00	e, Zip Code		Cons.				
Belmar, NJ 07719						Richm	ond Hill, NY 1	418					
Project Manager for Mon	nitoring Firm			hone No.		Telephon		Lice	e No	١.			
Michael Chain			173	29219233	3	908-34	4-7029	01	2				
Start Date (10)		Scheduled	Completi	on Date (11)		Name of	OSHA Monitor	X					
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street Ad	dress						
	cated During Entire I												
	ned Outside of Norm M-F 8:00 AM - 5:00		ours			City, Stat	e, Zip Code						
Scope of Work (Check A													
	All That Apply)	П.											
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Date of Notification (1) 5/19/15					Building Cath & Be		perator	(2)		- 12		10		3	
Agencies Notified	Type Notification					eyond								-	
2010 - Santa -		Street Address 650 Liberty Avenue							AY 2 5 2015						
DEP DOL	Amended		11 22	City, State, Zip Code Union, NJ 07083							***************************************				
Emergency (including justification)		N							Teler	ne Nun	nber				
DCA	Cancellation		J	John P	urcel										
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Name of Facility Where A Former Coffee Dist		g Place (3)						Typ	e of Facility (
Street Address	3 р					-		H	School (K-1 Subchapter		an K-12	2)			
685 Liberty Avenue								×	Other (i.e. petc.)	rivate &	mmercia	al build	lings,	home	es,
City (5)								Squ	uare Feet	# of F	ors	В	ldg. A	ge	
Union								35	,000	2		2	5+		
County (6)					ode (7)				rrent Use (Pri		emolish				
Union		O (8)	1,			J			rmer Coffe		ıting C	orp.			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Aller Man Peter		batement Co zi Environn	The state of the s	vices,	Inc			
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City, State, Zip Code									, Zip Code n, NJ 0740	5	52.5				
Project Manager for Mor	itoring Firm		Т	elephor	ne No.		Teleph 908-		No. -0880		ense N 228	0.			
Start Date (10) 6/1/15		Scheduled 6/30/15	Com	pletion [Date (11)		100000000000000000000000000000000000000		SHA Monitor zi Environn	ental S	vices,	Inc.			
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Add	ress		•				_
Facility Closed/Vac			ateme	ent			135	Kinr	nelon Roac	, Suite)2				
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility Ho	ours	***************************************			2000		, Zip Code n, NJ 074(5					
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			ovati				XIXIXIX		Full Containm Mini-Enclosur Glovebag Pro	1	gative F	ressu	re		
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City, State Kinnelon, NJ						Dispo: 6/30/	sal Date 15	1	City, Sta Bethlel	em. P/					
Completed by Anna Bastos		Title Adminis	strat	ive As	eistant	5	Signature	7	R.	4	1000	ite 19/15			
Allia Dasios		Aumin	Jual	ive AS	ololalit		Up	m	~ Bas	102		10/10			

Firestop, red

Flashing Concrete

Flashing Tar, Membrane

Floor Tile, light gray

Floor Tile, light green

Joint Compound, white

Joint Tape, white

Mastic for white & black vinyl floor tile

Paint, tan/off-white

Roof Membrane, Tar Board

Tar

Tar Flashing

Tar from Vent Pipe

Tar with Stone

Tar Membrane

Tar Membrane, Flashing

Tar Paper, Black

Tar Paper Flashing

Tar Paper Insulation

Tar Roof Membrane

Vinyl Floor Tile, black

Vinyl Floor Tile, dark green

Vinyl Floor Tile, off-white

Vinyl Floor Tile, off-white with speckles

Vinyl Floor Tile, orange

Vinyl Floor Tile, tan with speckles

Wallboard

Wallpaper, Tan

Window Glazing

White Board Insulation

3.4 Results Summary Table

The following is a summary of the observed condition of the homogen ous n terials sampled that were identified as asbestos-containing material. All quantities are approximate and are subject to field verification.

	Jnion, NJ
Material	Total Quantity
	(4,800 SF)
ar	6LF
	Material Mastic for 12"x12" Carpet Tiles, Black Car

riabili ty ^F /NF)	Cond. (G/F/P)
NF	Good
NF	Good

Sample ID	Location	Material	Total Quantii y	Friabili ty (F/NF)	Cond. (G/F/P)	
W103275	lst Floor, Storage Area	9"x9" Vinyl Floor Tile, Gray	10.00	NIE	0 1	
W103276	1 11001, Storage Area	Mastic associated with Gray 9"x9" Vinyl Floor Tile, Black	10 SF	NF	Good	
Assumed	Ist Floor Sprinkler Room	Residual Floor Mastic	20 SF	NF	Fair	
W103300	1 st Floor, Martial Arts Studio, under Carpet and Matting	Mastic associated with 12"x12" Light Gray Vinyl Floor Tile, Black	2,400 S	NF	Good	
TB1740	1st Floor, Comcast Warehouse, East Side	Window Glazing	(1,152L)	NF	Good	
W103341	Roof, Office, Flashing, Fourth Layer*	Roof Flashing (Base)	3,560 S	NF	Good	
W103343	Roof, Warehouse*	Tar Board (Ròof Membrane)	35,000 EB	NF	Good	
W103357	Roof, Warehouse, First Layer*	Roof Flashing (Base)	2,240 S	NF	Good	
W103368	Roof, Warehouse, HVAC Ducts	HVAC Tar on Ducts	10 SF	NF	Good	
W103369 W103370	Roof, Warehouse, Vent Pipe	Tar on Vent Pipes	4 SF	NF	Good	
Assumed	Throughout Perimeter of Interior and exterior of Building – Up to 4' high on interior and 4' below the 1st floor slab	Vapor Barrier**	Under Slab -3, 40 SF 1 st Floor - 3,7 50 SF 2 nd Floor - 2,7 4 SF Total - 10,3(4 SF	NF	N/A	

 $Square\ Feet = SF$ Good = G

NF = Non-friable

#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann cor homogenous material. As such, all aircell and block pipe insulation are considered pos tive. ##Samples of same color and texture floor tile have yielded positive results. Hillr ann co homogenous material. As such, some floor tiles have been grouped together and are considered

Hillmann had the layers attached directly to the substrate analyzed first in ord component as ACM. If this layer is identified as ACM, then the ren aining analyzed and are assumed to be ACM as part of that component.

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^{*}ACM is located in at least one layer of a component. For construction purposes, the entire component mu **Assumed due to inaccessibility - It is recommended material is sampled at a later date provided.