NO CK.

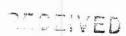
#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1)					100000000000000000000000000000000000000		g Owner/Operator (2	2)	5 Page Case 8 9 Page				
1 200	Type Notification Street Address □ Initial 1050 Caribbean Way Notification Continue Continu												
Date 5					105	0 Caribb	ean Way	N. tri F	STOS COM	T我\$L			
☑ DOLWD □			,		City, S	State, Zip C	Code	٥	LICENSIN	G	AP 11		
The state of the s	☐ Emerge		- CONTRACTOR - CON		Mia	mi, Flori	da 33138	89 a	Liozita				
(NJAC 5:23-8)	justifica		oluullig		Name	of Contac	t		Telephone Nur	mber			
	☐ Cancell	lation			Doi	n Fergus	on						
				9	FA	CILITY IN	IFORMATION						
Name of Facility Where Ab	atement is	Taking	Place	(3)				Type of Facility (	4)				
Cape Liberty Cruise	Terminal	- Roy	al Car	ibbe	an Lin	е		School (K-12)		(0)			
Street Address								☐ Subchapter 8 ☑ Other (i.e., pri			ildino	IS.	
14 Port Terminal Box	ulevard							homes, etc.)					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Bayonne													
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Hudson						Port Terminal							
Name of Monitoring Firm H	lired by Bu	ilding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)				15050-0	
Omega Environment	tal				00120 AbateTech, Inc.								
Street Address							Street Address						
280 Huyler Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code													
South Hackensack, I	NJ 07606						Lumberton, N	NJ 08048					
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.				
					01-489	II.	609-265-2107		00529		ŭ.		
Start Date (10)						Date (11) Name of OSHA Monitor							•
05 /07 / _	14	_ 0	6 /	02	/ _	_ / _14 _ EMSL Analytical							
Occupancy Status During A		1000	The second second			+600	Street Address						
☐ Eacility Closed/Vacated													
							City, State, Zip Co	ode					
AM		21 101/	JA 1 1	TOIR	A3 WC	11 101-	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	hat apply)						Cont	cinment with Nea	otivo Procesuro				
☐ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Full Cont	ainment with Nega Iosure	ative Pressure				
≥160 sf or ≥260 If			☐ De	molitie	on			g Procedure		Lanca.como			
							∐ Non-Exe	mpted (*) and Nor	-Friable Proced	1	600		
l				Loca: lorma			Description o			Ab	atem		-
Location of Asbestos-Containing M		M)	Use	d Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABAT	ED			ntena	nce/ Staff?		., thermal systems i	insulation,	(Specify	Removal	air	aps	losı
IN Facility (13)			Oust	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u> </u>		Encapsulate	ē
(1.0)			Yes	No	N/A							Ф	
Excavated Trench						Steam I	Line		150 LF				
				П						П	П	П	П
			122.22	$\overline{\Box}$			1					$\overline{\Box}$	
Name of Registered Waste	Hauler				JDEP \	Nasta	Cubic Yards of	Name of Regist	arad Landfill			Ш	Щ
AbateTech, Inc.	naulei			10000	auler II		Waste	G.R.O.W.S.					
					18750	)	40		цини				
City, State	-						Disposal Date	City, State	DA				
Lumberton, NJ							6/2/14	Tullytown,					
Completed By (Print or Typ	e)	Title		9	_		Signature	Λ		Date		(C = 12	
Jennifer Piraine		0	perati	ons	Coordi	nator	LANG	er Puai	ne	5	11	14	
ASB-41		Seattle - Francis			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO COST ROLLING	11 1		The second secon				

NO CK.

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





Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	A MAN A A				
5/23		4		Nev	wark Cor	mmunity Health (	Centers, Inc.	10b#1206-4508	chéi	ck#		
	Notification	1		Street	Address		760	JOTES AN	175	ž		
☑ EPA □ I				741	Broadw	/ay		HISTOS CO	HITE	II.		
	mended			City, S	State, Zip	Code	629	& LICENSI!	<del>46</del>	×1.	- 100	
LANCE TO SECURITY OF THE PROPERTY OF THE PROPE	mendment :	_			wark, NJ					(1)		
	mergency ( stification)	ncludin	g		of Contac			Telephone Numb	ner.			
	ancellation				siness O	2000		relephone realing	Jei			
	arroomation					NFORMATION						
Name of Facility Where Abate	ent is Taki	na Place	(3)	17	OILII I II	41 OKMATION	Type of Facility	(4)				
Newark Community Hea			(3)					101				
Street Address					-		School (K-12	) 3 (Other than K-12)				
							Other (i.e., pr	rivate and commer		ding	S,	
741 Broadway							homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	
Newark												
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Essex							Health Cent	er				
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Connect	on, Inc.					AbateTech, II	nc.					
Street Address					-	Street Address						_
120 North Warren Stree						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co				-		
Trenton, NJ 08608												
Project Manager for Monitoring	Firm		Tole	phone	No	Lumberton, No.	VJ 06046	License No				
Ryan Broadwater	1 11111		10000	99-392		609-265-2107		License No. 00529				
Start Date (10)	Cohe	dulad C			STATE OF THE STATE			00529				
5 / _ 27 / _ 14		duled C				Name of OSHA M						
			1000		/ 14 EMSL Analytical							
Occupancy Status During Abai						Street Address						
☐ Facility Closed/Vacated Du	20.70					200 Route 13	0 North					
					cribe	City, State, Zip Co	ode					
E Pro-			IVI			Cinnaminson	, NJ 08077					
Scope of Work (Check all that	pply)											
☐ ≥3 sf or >3 lf		⊠ Re	novat	ion		☐ Full Cont	ainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			moliti	3.00			Procedure					
					200-200-000	Non-Exe     Non-Exe	mpted (*) and No	n-Friable Procedur	e			
			Loca						Aba	teme	nt T	уре
Location of			Norma	illy ely by		Description o			<sub>D</sub>	R	Ш	Ш
Asbestos-Containing Mater TO BE ABATED	al (ACM)	1000000	intena	-		estos Containing Ma e., thermal systems i		Amount (Specify	ema	Repair	nca	nclo
IN Facility		Cus		Staff?	(16	surfacing, VAT,		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		-	(12)	7		other miscellane	ous)				late	0
ot .		Yes	No	N/A								
1 <sup>st</sup> Floor					Floor T	ile & Mastic		2,720 SF				
			П								П	
Name of Registered Waste Ha	ler	1		JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill		-	_	Щ
AbateTech, Inc.	100 OF		19776	lauler II	O No.	Waste	G.R.O.W.S.					
The state of the s				18750	)	20		Landini				
City, State						Disposal Date	City, State					
Lumberton, NJ	and the same					6/17/14	Tullytown,	PA				
Completed By (Print or Type)	Tit	le	20,000			Signature	0 0 -	Da	1		)	
Jennifer Piraine	(	Operat	ions	Coordi	inator	CXM 10.	her fual	ne 13	5 la	13	11	1
ASB-41						- 17 101W	15			_	100	1



Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)						
	22 /	14			Cap	oe Libert	y Cruise Port, LI			304				
Agencies Notified	Type Notific					Address O Caribb	ean Way		28 PM 1: 32			-		
☑ DOLWD ☑ DHSS		78	E		City, S	State, Zip 0	Code		OS CONTROL				II.	
□ DCA	☐ Emerger	20 100	7	1	Mia	mi, Flori	da 33138	29 & LI	CENSING	· ·				
(NJAC 5:23-8)	justificat		orading	,	Name	of Contac	t		Telephone Numb	er				
	☐ Cancella	ition			Dor	n Fergus	on							
					FA	CILITY IN	IFORMATION		<del>'</del>					
Name of Facility Where Al	batement is	Taking	Place	(3)				Type of Facility	(4)			-		
Cape Liberty Cruise	Terminal	- Roy	al Ca	ribbe	an Lin	e		School (K-12						
Street Address			-						3 (Other than K-12) rivate and commer		iildina			
14 Port Terminal Bo	ulevard							homes, etc.)		ciai bi	ununi	<b>J</b> S,		
City (5)		***						Square Feet	# of Floors	В	ldg. A	ge		
Bayonne														
County (6)		1000			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)				
Hudson								Port Termin	al					
Name of Monitoring Firm I	Hired by Buil	ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Omega Environmen	tal				0012	20	AbateTech, I	nc.						
Street Address					Street Address 30 Maple Ave. PO Box 25									
280 Huyler Street	<u> </u>					30 Maple Ave. PO Box 25								
City, State, Zip Code					City, State, Zip Code									
South Hackensack, NJ 07606					Lumberton, NJ 08048									
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.					
ALCOHOLIS CONTROL AND				2	01-489	-8700	609-265-2107	•	00529					
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA N							
05/07/	14	0	6 /	_0	2 / 14 EMSL Analytical									
Occupancy Status During	Abatement (	Check	only o	one)	1		Street Address							
☐ Facility Closed/Vacated	d During Ent	ire Per	iod of	Abate	ement 200 Route 130 North									
Abatement Performed							City, State, Zip Co	ode		7.4				
Time of Abatement: 7: AM	00AM- <u>5:30</u>	PM/**	SAIV	Vork	As we	II**PM-	Cinnaminsor	n, NJ 08077						
Scope of Work (Check all	that apply)	-												
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re					g Procedure	gative Pressure n-Friable Procedur	<b>e</b>				
			Is	Loca	tion	1	_			1	atem	ent T	vne	
Location of				Vorma		-	Description of			-	-	Г	T	
Asbestos-Containing M TO BE ABAT		Л)			ely by ance/	Asbe	stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility				todial	Staff?	(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	Sur	
(13)				(12)	1	-	other miscellane	ous)				late	Œ	
Excavated Trench			Yes	No	N/A	Steam	Line		150 LF			П		
Exterior concrete			12 <u></u>							-	+ =			
Exterior concrete	Ц			Mastic	on Concrete		10 Cubic Yds		Ш	Ш	Ш			
8														
Name of Registered Waste	e Hauler			1	NJDEP N		Cubic Yards of	Name of Regis	tered Landfill					
AbateTech, Inc.				1	dauler II		Waste	G.R.O.W.S	. Landfill					
City, State					18750	,	Disposal Date	City, State				-		
Lumberton, NJ							6/2/14	Tullytown,	PA					
Completed By (Print or Type) Title							Signature	7 0 :		h ,	- Tu			
					ns Coordinator Signature (1914) 5/22/14									
VCD 44		-						1						

ASB-41

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



Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)						
	21/	14			Nev	v Jersey	Turnpike Autho	rity / Job #14	105-4770 105-4770	Check	#63	: [00	31	
	Type Noti	fication			Street	Address								
					PO	Box 504	-2		to ATES	STOS	(:0	tii	idi.	
	☐ Amend				City, S	state, Zip (	Code		•	LICE	มูรา	HG		a Min.
□ DHSS     □		ment #					e, NJ 07095	Ą	3 a	LIUL	(12.7)		-	
			cluding	3		of Contac	7.9		Telephone	Nimaha				
(NJAC 5:23-8)	justific ☐ Cance						No. area.		relephone	Numbe	÷L			
	Cance	liation			ivir.	Peter Ju	110, PE		1					
			1272		FAG	CILITY IN	NFORMATION			22				
Name of Facility Where Ab	atement i	s Taking	g Place	(3)				Type of Facility	(4)					
Toll Utility Building								School (K-12						
Street Address								Subchapter 8			بيط لم	ildina	_	
NJ Turnpike Intercha	ange 9							Other (i.e., pr homes, etc.)	ivate and co	ommerc	iai bu	liaing	S,	
City (5)								Square Feet	# of Floo	rs	TBI	dg. A	16	
Monroe Township								oquaio i oot	011100		"	-9. / (	, ,	
County (6)					Cour	ty Codo (	7)(STATE USE ONLY)	Current Use (Pri	or if boing d	omolioh	04)		-	
Middlesex					Cour	ity Code (	I NOTATE OSE ONET)	Utility Build		CHOUSH	eu)			
	Jirod by D	ildina (		/o\	ACCM	Na	None of Alesten		ing	ri, myrth				
Name of Monitoring Firm F			Jwner	(8)	ASCM		Name of Abatem	127 65						
EnviroVision Consul	itants, in	C.			0007	9	AbateTech, I	nc.						
Street Address							Street Address							
20-21 Wagaraw Rd	Buildin	g 35E					30 Maple Ave	e. PO Box 25						
City, State, Zip Code							City, State, Zip C	ode						
Fair Lawn, New Jers	ey 07410	)					Lumberton, I	NJ 08048						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License	No.				
Guillermo M. Morales	s			97	72-636	-9145	609-265-2107	•	00529	)				
Start Date (10)		Sched	luled C	omple	tion Da	te (11)	Name of OSHA N	Ionitor	1 00020					
05/22/	14	_(	06_ /	_06	_ / _	14	EMSL Analyt	ical						
Occupancy Status During	Abatemen	t (Chec	k only	one)	500		Street Address	***						
☐ Facility Closed/Vacated							200 Route 13	0 North						
Abatement Performed (						cribe	City, State, Zip Co	ode						
Time of Abatement: 7:0	00AM- <u>3:0</u>	<u>0</u> PM/_	P	M	AM									
Scope of Work (Check all t	hat apply)						Cinnaminson, NJ 08077							
W_1100 W V800 P00000-	,							tainment with Neg	ative Press	ure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			-	novati molitic			☐ Mini-End							
☑ ≥100 St 01 ≥200 II				HOILIC	)[]			g Procedure mpted (*) and No	n-Friable Pr	ocedure				
			Is	Locat	ion			()				atem	ant T	vne
Location of	f			Norma			Description of	of				_		
Asbestos-Containing M		CM)		d Sole			stos Containing Ma	terial (ACM)	Amou	nt	₹en	Repair	nc	nc
TO BE ABAT				intena todial:		(i.e	e., thermal systems		(Speci		Removal	air	aps	Enclosure
IN Facility (13)			Ous	(12)	otan:		surfacing, VAT other miscellane		SF or L	.F)	<u>a</u>		Encapsulate	ıre
(10)			Yes	No	N/A	1	other miscellane	ous)					ë	
Boiler Room						Roiler	Ribs & Gaskets		192 L		$\boxtimes$	П	П	
			CONTRACTOR OF		1=						200	Ц	ш	ш
Boiler Room			$\boxtimes$			Boiler I	nsulation	4	300 S	F	$\boxtimes$		Ш	
										1				
											П		П	П
Name of Registered Waste	Hauler				JDEP V	Naste.	Cubic Yards of	Name of Regis	tered I andfi	11	Ш	ш	ш	ш
AbateTech, Inc.	laulei			225	auler II	STATE OF THE PARTY	Waste	177		ěl .				
					18750		20	G.R.O.W.S	Lanumi					
City, State							Disposal Date	City, State						
Lumberton, NJ							6/6/14	Tullytown,	PA					
Completed By (Print or Typ	e)	Title	9		1 10		Signature	0 0 -		Date	• .	1		
Jennifer Piraine		0	perat	ions (	Coordi	nator	Cena	ides Ma	in	-	12	11	M	- c
ASB-41							75.010	7 1		3	1			
MAY 11		*	Do not	use th	is form	for asbes	tos licensure exemp	ted activities.						

**MAY 11** 



Date of Notification (1) Name of Building Owner/Operator (2) Ms. Deborah Herrington & Mr. Dall Sall Ver Block 1405-1881 Chk. #3574 5 20 Type Notification Agencies Notified Street Address ESTOS CONTROL 284 Mercer Street & LICENSING ☑ DOLWD Amended City, State, Zip Code **⊠** DHSS Amendment # Princeton, NJ 08540 ☐ Emergency (including) ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation **Debbie Herrington FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 284 Mercer Street homes, etc.) City (5) Bldg. Age Square Feet # of Floors Princeton 3250 86 2 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 336 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. License No. Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 2 / 14 6 / 6 / 14 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-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure  $\boxtimes \ge 3$  sf or  $\ge 3$  If □ Renovation ≥160 sf or ≥260 lf ☐ Glovebag Procedure ☐ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Enclosure Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement - Laundry Room  $\boxtimes$ Pipe Insulation 2 LF  $\boxtimes$ Basement - 13 Locations П П  $\boxtimes$ **Duct Paper Wrap** 7 SF  $\times$ Throughout House  $\boxtimes$ **Duct Registers** 2 SF  $\times$ П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 City, State Disposal Date City, State Freehold, NJ 6/7/14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Kimberly A. Trumbetti Office Coordinator 5-20-14

ASB-41 MAY 11

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

CK # W6167

D&S Proj. #: 2014-208

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



		24						- V Shine (	_				
Date of Notification (1)	Name of I	Building Owne	er/Operator (2)			2814 1	AY 28	PH 1:	<b>~</b>				
$\frac{0}{1}$ $\frac{5}{1}$ $\frac{1}{9}$ $\frac{1}{1}$ $\frac{4}{1}$	LYNN	VAN SICK	LE										
Agencies Notified   Type Notified   Type Notified   Initial	Street Add		·			4 375	STAS	CONTI SING	ia.				
_	85 WE	ST SUMMI	T AVENUE		29	8	LICE	ASINE	[ ] 图[				
DEP Amendment	1	, Zip Code				V		TOTAL	-				
DOL Emergend	WIDL	AND PARK	K, NJ 07432										
DOH (including justification	Name of C						Telepho	ne Numbe	r		-		
	'	VAN SICI	KIE										
Cancellat	ion   ETN		LITY INFORMA	ATION						_			
Name of facility where abote we	-4 is 4s liss - slave (0)		LITT IN OTHER	111011		T+	f Facility	(4)					
Name of facility where abatement	nt is taking place (3)					Type c	of Facility School	(4) ol (K - 12)					
LYNN VAN SICKLE						1 7	= -	napter 8 (C		nan K	-12)		
Street Address							Other	(Private/C	omme		/		
85 WEST SUMMIT AVEN	лтс							/Homes, e		DI	-l - A		
City (5)	County (6)		— т	Caur	nty Code (7)	Squai	re Feet	# of Floo	rs	В	dg. A	.ge	
Oity (5)	County (o)				e use only)	Curre	nt Lise (F	Prior if bein	g dem	olich	ad)		
MIDLAND PARK	BERGEN			3 <b>4</b> (12)	,,	Curre	// OSC (I	nor in bein	ig den	Olioi	su)		
Name of Monitoring Firm Hired b	y Bldg. Owner (8)		ASCM No.	$\neg$	Name of Abatemen	t Contract	or (9)						
				D & S RESTOR	RATION	INC.							
Street Address			-11	Street Address			<del></del>						
	50				20 California A	ve.							
City, State, Zip Code		ii.	0		City, State, Zip Code	9							
					Paterson, NJ 0	7503							
Project Manager for Monitoring Fi	irm	Phone Number	er		Telephone Number			License		er			
				- 11	973-345-8020			01169					
Start Date (10)	Sched. Comple	etion Date (11	)		Name of OSHA Mon D & S Restorat								
06/02/14	06/20/14			- 11	Street Address	Hon, mc.			-1-1			-	
Occupancy Status During Abatem	nent (Check only one)		Andrew Market Co.		20 California A	venue							
Facility closed/vacated duri					City, State, Zip Code					-			
Abatement performed outsi Describe:	de of normal facility ho	ours-											
Other-Describe: NORMAL	HOURS			-11	Paterson, NJ 0	7503	24						
Scope of Work (check all that ap	pply)					Full Cont	ainment	w/negative	press	ure			
	Renovation					Mini-enc							
≥160 sf or ≥260 lf	Demolition				×	Gloveba	- Control of the second	ire and Non-	friable	nroc	adura		
Location of	Is location normal	y used solely		-		T TOOL DAG	mptod ( )	, and itom	IR	R	E	T	
asbestos-containing	by maintenance/ci staff(12)	ustodial	Description	n of as	bestos-containing		Amount		e m	e	n	E n	
material (acm) to be abated in facility (13)		Т	material (A	ACM)	577-y		(Specify S LF)	SF or	0	a	c a	C	
	Yes No	N/A					- /		v e	i r	р	-	
BASEMENT	X		PIPE INSUI	LATI	N	45 1	LFT		X				
BASEMENT			TRANSITE	PAN	EL	10	SQ FT		X				
				1020									
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haule C. 13506	- 1	ubic Yards of W YD	Vaste	Name of Registere TULLYTOWN		JRCE R	ECOVE	RY				
City, State		Disposal D			City, State	State	-	-					
PATERSON, NJ 07503		06/03/04			TULLYTOWN	I, PA							
Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT								Date					
BOGDAN JOLDZIC			Latitate -			05/19/	14/20	14					
4 SR-41	* Do not use this for	II for aspesto	s licensure exe	empted	activities.								

(K# 22,05

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





Date of Notification (1) 05/23/2	014		Name of Building Owner/Operator (2)  McWilliams Forge Company 2114 MAY 28 PM 1:56  Street Address																
Agencies Notified	Type Notifi			Stree	et Address			S COMT											
DEP DOL	Amende	ment #	_		State, Zip kaway, 1	Code VJ 07866		ENSING	161.			0							
⊠ рон	justifica		ig	Nam	e of Conta	ct		Telephone	e Number										
□ DCA	Cancell	ation		Willi	am Hun	nicutt													
				FA	CILITY IN	FORMATION													
Name of Facility Where A McWilliams Forge C		Taking Plac	e (3)				Type of Facilit	12)	- 16 4 0)										
Street Address 387 Franklin Avenue					5.5		Other (i.e., homes, etc	8 (Other that private & com (.)		uild	lings	c							
City (5) Rockaway					Ñ.		Square Feet 100,000 SF	# of Floo	ors	BI6 75	dg. A	\ge							
County (6) Morris					nty Code ONLY)	(7) (STATE	Current Use (F		demolishe	d)			_						
Name of Monitoring Firm	Hired by Bu	ilding Owner		ASCM	No.	Name of Abater	ment Contractor (						_						
(8) N/A						Valiant Ass	ociates, LLC						_						
Street Address						Street Address													
City, State, Zip Code						City, State, Zip (													
Project Manager for Moni	toring Firm		Tele	ephone	No.	Telephone No. 973-553-53	374	License 01108											
Start Date (10)		Scheduled (	Comple	tion Da	ate (11)	Name of OSHA		- 1 - 01100			_								
06/02/2014		06/05/20	100			Valiant Asso	ociates, LLC												
Occupancy Status During						Street Address 145 Mill Stre	not .			20014									
Facility Closed/Vacated Abatement Performed						City, State, Zip (													
Other - Describe:			-50			Paterson, N													
Scope of Work (Check all	that apply)						Containment with Negative Pressure												
>3 sf or >3 lf >160 sf or >260 lf			enovati Demol			Mini-Enclosure Govebag Procedure Non-Exempted (*) and Non-Friable Procedure													
		Is	Locatio	on.		I Non-E	xempted (*) and	Non-Friable	Procedur		bate	ment							
		N	ormally	1		5					Ту								
Location of Asbestos-Containing Ma  TO BE ABATE IN Facility	terial (ACM	) Mai	d Solel ntenan ustodia staff?	ce/	Asbes (i.e.	Description o tos Containing Ma , thermal systems surfacing, VAT	terial (ACM) insulation,	Amount (Specify SF or LF		RPI	Re	Encapsulate	Enclosure						
(13)			(12)			other miscellane	ous)			Remova	Repair	sulat	sure						
- TEACHER		Yes	No	N/A								е							
Boiler room		XX			Tank e	nds insulation		60 SF	X										
										-									
Name of Registered Wast			JDEP		Cubic Yards of Waste		istered Landfi	ill											
					No.	3	Minerva L	andfill											
City, State New Castle, DE						Disposal Date 06/05/2014	City, State Waynesbu	rg, OH											
Completed By Title					4	1 Signature			ate		_								
Miodrag Stamenovic	Project N	/anag		bias	ier loa	menton	0.	5/23/20	4										

CK#1621

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



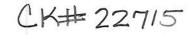
Date of Notification (1) Name of Building Owner/Operator (2) 2814 MAY 28 PM 1: 27 05 20 14 Borough of Middlesex Agencies Notified Type Notification Street Address DESCOTOS CONTROL ☐ EPA Initial 1200 Mountain Avenue ☑ DOLWD ☐ Amended & LICENSING City, State, Zip Code ☑ DOH Amendment # Middlesex, NJ 08846 □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Mayor Ronald S. Dobies **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential House School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private and commercial buildings, 126 7th Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Middlesex County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Bio Terra Solutions ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 21 / 14 06 / 20 / 14 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_PM-\_\_AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure
Glovebag Procedure  $\boxtimes \ge 3$  sf or  $\ge 3$  If ☐ Renovation ☐ >160 sf or >260 lf □ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Enclosure Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior П  $\boxtimes$ Roof Flashing Material 10 SF  $\boxtimes$ П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste All Pro Management, LLC IESI Landfill 0034860 As Needed City, State Disposal Date City, State Garfield, NJ TBD Bethlehem, PA Completed By (Print or Type) Title Signature Zvonko Veskov President JAN 13 \* Do not use this form for asbestos (cepsure exempted activities.

Date of Notification (1)	3/14		Name 3	of Build	ting Owner/Op	erator (	CA 2814 MAY	00 P	M 1:56										
Agencies Notified	Type Notification		Stree	t Addres	S (4.0 )	. (	OUS TAT	20 1	11 1-60			-							
EPA DEP DOL	Initial Amended Amendment # Emergency (in		City,	State 7		0.000	07 E	HEENS	ING A	i.		_	1						
DOH DCA	justification) Cancellation			STTY				-				0							
			F/	ACILITY	INFORMATIO	N	Top of Facility	. (4)					-						
Name of Facility Where  CASA BLA W  Street Address	2.A						B	(-12) er 8 (Oth	er than K-12) & commercial	huildir	nas h	omes							
202 NOKE	244) HOL.				328		etc.)												
Street Address  507 PORE  City (5)  Cuts (6)  County (6)  County (6)	K, NT OT	1452	-				Square Feet	0	f Floors	6	g. Ag	е							
County (6)			(STA	nty Code	: (7) ONLY)		Current Use (F			a) 									
Name of Monitoring Firm	n Hired by Building O	wner (8)	A	SCM No			of Abatement C ac Contracti		(9)										
Street Address							Address Lowell Road												
City, State, Zip Code							tate, Zip Code Rock, N.J.	07452											
Project Manager for Mo	nitoring Firm		Tele	phone N	lo.		one No. 262-5841		License No. 00156										
Start Date (10)	+	Scheduled	Comple 6 / I	tion Date	(11)	Name	of OSHA Monit	or nental S	Services Inc	).									
Occupancy Status Duri	ng Abatement (Check	Only One)	- 6				Address												
Facility Closed/Va	cated During Entire F med Outside of Norm	eriod of Ab	atement			City, S	Huyler Stree State, Zip Code												
Other - Describe:						Hac	kensack, NJ	07606											
Scope of Work (Check	All That Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novation molition			N. S.		sure Procedure	9	egative Pressure									
							Non-Exem	pied () a	nu Non-Friadi		Abate	ment							
			ocation		Γ.	scription	n of				Ту	pe							
Locati Asbestos-Containir TO BE A In Fa (13	ng Material (ACM) BATED cility	Main Custo	Solely batenance dial Staf (12)	i	Asbestos Con (i.e. thermal surfa	itaining l	Material (ACM) as insulation, AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure						
Q155050	r	+ + +		×	011	r'E			110 CF	×									
BASEMBERT		-		2	P11	SR	·	+	4835	×									
<i>V</i> ,,,,																			
Name of Registered V	/aste Hauler		NJD	EP Was	- C.	c Yards	Name	e of Regis	stered Landfill	<u> </u>	L								
Rovic Transport				ler ID No '85		2	~		thlehem La	indfil	l Co	р.							
City, State Riverdale, New Jersey 07457					6	1	fer Bot	State hlehem	, PA 18015	-1-									
Completed by R. McDonald	dent			Signate	2. My	0	Da	te/ 5/3	3/17	Ĺ									



Date of Notification (1)		Nan	ne of Building	Owner/Operato	or (2)	TOBET	110							
Agencies Notified Type Notification		Stre	et Address	.07.7 3	4	MATTAY 2	8 PM 1:	<del>? t.</del>						
FPA X Initial		/	109 NO	PRTH 5	JIH S	TREET								
DEP Amended Amendment Emergency (		ے ا	SAPPLE	BROOK,	相	OZE	s conth Besing	iet.						
DOH justification)  Cancellation	g	Nan O	ne of Contact	DU THACE			Telephone	Number						
Name of Facility Where Abatement is Taking	Place (3)	F	ACILITY INF	ORMATION	Tono	of Coalle (A)								
109 NORTH STIF ST.	LCC				-	of Facility (4)								
Street Address 109 N. 5TH 37						School (K-12) Subchapter 8 Other (i.e. priv	(Other than h	(-12) ercial buil	dings,	hom	es,			
SHAPPLE BROOK					Squa	etc.) ire Feet	# of Floors	E	Bldg. A	-				
County (6) BERLES			nty Code (7) TE USE ONLY	)	Curre	ent Use (Prior	if being demo	olished)		1	-			
Name of Monitoring Firm Hired by Building C	Owner (8)	A	SCM No.			ntement Contracting I				-				
Street Address		1		Stre	et Addre									
City, State, Zip Code					State, Z	ip Code k, N.J. 074	52							
Project Manager for Monitoring Firm		Tele	phone No.	Tele	phone N 1-262-	0.	License 0015				-			
Start Date (19) 6 /2/14	Scheduled	Complet	ion Date (11)	Nam	ne of OSI	HA Monitor								
Occupancy Status During Abatement (Check	Only One)				et Addre		onmental Services Inc.							
Facility Closed/Vacated During Entire F						er Street								
Other – Describe:	al Facility H	ours		7. M. C.	ip Code ack, NJ 076	06								
Scope of Work (Check All That Apply)					7									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition			Mir	ni-Enclosure ovebag Proced	Containment with Negative Pressure Enclosure ebag Procedure Exempted (*) and Non-Friable Procedure							
2	Isla	ocation			140	II-Exempled (	) and Non-Fi	Table Pro	Abate		t			
Location of	No	mally Solely by		Description	on of				Ту	pe				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custod	enance/ lial Staff 12)	? (i.e.	thermal system surfacing, \	ining Material (ACM)					Encapsulate	Enclosure			
WAREHOUS &	Yes		/A	A '	. 1:~/	6	4000	-		Ф				
Mitigatestof	1	t U	AT+P	appo m		4000	×							
Name of Registered Waste Hauler		NIDE	P Waste	Cubic Yards		Nome of D-	giotore d'I e e	160						
Rovic Transport	L. C.	r ID No.	of Waste		Commence of the commence of th	gistered Land Bethlehem		l Cor	p.					
City, State Riverdale, New Jersey 07457	Disposal Date City, State  6/2/14 Bethlehem, PA 18015													
Completed by R. McDonald	ent		Signato		Ild.		Date /	3/14	 i					

Date of Notification (1)				-	Name	of Buildi	ng Owner/Operator (	2)			-	250	
	27 /	14			Th	e State o	of New Jersey-The	e Department o	of Transportat	ion			
Agencies Notified	Type Notifi	ication			Stree	t Address		_					
⊠ EPA ⊠ DEP	⊠ Initial				103	35 Parkv	vay Ave-CN600		- 11 / TT FV				
DCA (NJAC 5:16)	Amenda Amenda				City,	State, Zip	Code	1.7					3
☑ DHSS	☐ Emerge			<u>.</u>	Tre	nton, N	J 08625						
	justifica				Name	of Conta	ct	ness MAY 2	Gelebuloue:Nñu	hber			
(110/10/0.20-0)	☐ Cancell	ation			Jai	nes Brit	ton	Calt IIII C					
					FA	CILITY	NFORMATION	, SESTI	IS CONTRE	Ìl.	-cooperture		
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	4F HSING	2 1	-		
BRIDGE No 12								School (K-12)	)	2			
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			dinac		
CREEK RD (CR753)	OVER RO	OUTE 4	42					homes, etc.)	ivate & commen	ciai bull	ungs	1	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
BELLMAWR								10,000	N/A		50÷		
County (6)			54.00		Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished)			
CAMDEN								BRIDGE					
Name of Monitoring Firm	Hired by Bu	ilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		1.000			
ATC Associates Inc	. Bromley	Corp	Cente	er			Diamond Hur	ntbach Constru	ction Corpora	ation			
Street Address					-		Street Address						
Three Terri Lane							500 East Luz	erne Street					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 0801							Philadelphia,	PA 19124					
Project Manager for Moni	toring Firm			Te	lephone	No.	Telephone No.		License No.				
John R Lutz					609-386		215-739-8166		00646				1
Start Date (10)					letion Da		Name of OSHA M	lonitor					
06 /10 /					10_/	14	SAME AS AB	OVE					40
Occupancy Status During					75.5046		Street Address						$\neg$
☐ Facility Closed/Vacate	d During En	tire Per	riod of	Abat	ement								
Abatement Performed Time of Abatement:	Outside of N _AMPN	Normal //_9	Facility PM	y Ho 6A	urs - Des \M	cribe	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 If			□Re	nova	ation		☐ Full Cont☐ Mini-Encl	ainment with Nega	ative Pressure				
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>			⊠ De				☐ Glovebag	Procedure					
			le	Loc	ation	1	Non-Exer	mpted (*) and Non	-Friable Proced	10.00			
Location	of		١	Norm	ally		Description of	f		Ab	atem	ent T	ype
Asbestos-Containing N	Material (ACI	M)			olely by nance/	Asb	estos Containing Mat		Amount	R	Re	m	m
TO BE ABA					I Staff?	(i.e., the	ermal systems insula VAT. or	ition, surfacing,	(Specify	Remova	Repair	cap	clos
(13)	,			(12		1	other miscellaned	ous)	SF or LF)	<u>a</u>		Encapsulate	Enclosure
Cas main viv			Yes	No								ē	
Gas main pipe wrap u	inderbridg	e		M		Tar			208 LF				
										П	П	П	
Name of Registered Wast	e Hauler			7	NJDEP \	Naste Vaste	Cubic Yards of	Name of Registe	ered Landfill		ш	Ц	
Service Transport G				100	Hauler II	No.	Waste	Minerva Lar					
City, State					20990		3 cy Disposal Date		MIII		-		
New Castle, DE 197	720						1 1 .	City, State	~ OH 44600				
Completed By (Print or Ty		Tin					07/30/14	waynesbur	g, OH 44688				
Charles F. Imbimbo	pe)	Title	oiost	BAC-			Signature	011	000	ate/		1	
Charles F. Imbilibo		Pr	oject	wal	nager		( ch	>10t	in	5/	21/	14	



Date of Notification (1)			-			g Owner/Operator (2		pa r	Eve			
05/	27 /	14		The	State o	f New Jersey-The	e Department o	f Transportation	DAN DE			
Agencies Notified	Type Notificati	on		Street	Address		0044.1		2 (2)	-	-	
⊠ EPA	☐ Initial			103	5 Parkw	ay Ave-CN600	2814 F	IAY 28 PH	1: 16	j		
DEP     DCA (NJAC 5:16)	Amended Amendmen			City, S	State, Zip	Code						
☑ DHSS	Emergency			Tre	nton, N.	08625		STOS COM	^	l.		
☑ DCA (NJAC 5:23-8)	justification	1)		Name	of Contac	et	69 6	Telephone Num	er .	<u> </u>		
(143/40/3.23-6)	Cancellatio	n		Jan	nes Britt	on	<b>'</b>		D	199		
				FAG	CILITY II	NFORMATION						
Name of Facility Where A	batement is Ta	king Place	(3)				Type of Facility (	4)				
BRIDGE No 11							School (K-12)					
Street Address				oranysisse:				(Other than K-12 ivate & commerci		linas		
BELL ROAD OVER	I-295						homes, etc.)					
City (5)							Square Feet	# of Floors		dg. A	ge	
MOUNT EPHRAIM							10,000	N/A		50+		
County (6)				Cour	ity Code (	7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)			
CAMDEN							BRIDGE					
Name of Monitoring Firm		•	, ,	ASCM No. Name of Abatement Contractor (9)								
ATC Associates Inc	. Bromley Co	orp Cent	er	Diamond Huntbach Construction Corporation Street Address								
Street Address Three Terri Lane												
City, State, Zip Code						500 East Luz						
Burlington, NJ 0801	6					City, State, Zip Co						
Project Manager for Monit			ΙΤο	lephone	No	Philadelphia, Telephone No.	PA 19124	License No.		_		
John R Lutz	oring r inti		W	809-386		215-739-8166		00646				
Start Date (10)	Sc	heduled C	100			Name of OSHA M		00040				
_06_ / 10 /			2.3	0 /		SAME AS AB						
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate	2		200	ement								
Abatement Performed	Outside of Non	mal Facilit	у Но	ırs - Des	cribe	City, State, Zip Co	nde					
Time of Abatement:	_AMPM/_	9_PM	<u>6</u> _A	M		J., J.						
Scope of Work (Check all	that apply)					_						$\dashv$
☐ >3 sf or >3 lf		□ Re	nova	tion		☐ Full Cont ☐ Mini-Enc	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		⊠ De				☐ Glovebag	g Procedure					
		l le	Loca	ation		Non-Exer     Non-Exer	mpted (*) and Non	-Friable Procedu				
Location of	of		Norm	ally		Description o			Ab	atem	ent T	уре
Asbestos-Containing N	Material (ACM)			lely by ance/		estos Containing Ma	terial (ACM)	Amount	Re	Re	Ē	m
TO BE ABAT IN Facility				Staff?	(i.e., the	ermal systems insula VAT, or	ition, surfacing,	(Specify SF or LF)	Remova	Repair	cap	Enclosure
(13)	6	Yes	(12 No			other miscellane	ous)	Si OiLi)	à		Encapsulate	ure
Gas main pipe wrap u	nderhridge	l les	No.		Tar			255 LF	$\boxtimes$			
Electric conduit unde			-					New York Control	_			
		_	DZ.	+=-		os concrete pipe		1,020 LF				님
Telephone conduit un	aerbriage		X		Asbest	os concrete pipe		1,530 LF		Ш	Ш	Ш
Name of Registered Waste				NJDEP V Hauler ID		Cubic Yards of Waste	Name of Registe					
Service Transport G	roup			20990		3 cv	Minerva Lai	ndfill				
City, State			-			Disposal Date	City, State	SANSKE ALIVERSIAN -			100	
New Castle, DE 197	720					07/30/14	Waynesbur	g, OH 44688				
Completed By (Print or Ty	pe)	Γitle				Signature	20 1.0	Da	te		1	,
Charles F. Imbimbo		Project	Mar	nager		V/ha	K11/	WA C	25/	27	11	4
A CD 44			-			1/2	11	1	7/	- '	1	-

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