

Date of Notification (1)			Na	ame of	Building O	wner/Op	erator (	(2)		V	2 2	55.	-	
5/27/15						UNTY	HIST	ORICAL SO	CIE [Y		4		j	
Agencies Notified	Type Notification		7000	reet Ad										
X EPA	X Initial				HORE R	Average market								_
X DEP	Amended		V1000		ie, Zip Code									
	Amendment #_ Emergency (in	cluding			RS POIN	VT, NJ	0824	14	T talents	1,				
X DOH X DCA	justification)		N	ame of	Contact				elephone	umb	er			
X DCA	Cancellation		JI		APKINS	DREATIC	N.I							
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	KMA110	PIN	Type of Facility (	(4)	-			_	
			TILO	VIOT.				=	1000					
ATLANTIC COUNT Street Address	LY HISTORICAL	COUR	LHC	JUSE				School (K-	12) r 8 (1 )ther than oriva e & comi		buildi	noe l	nome	
5901 MAIN STREI	ET							etc.)		Icial	Martin Co.			٥,
City (5)								Square Feet	f of Floor		1	dg. Ag		
MAYS LANDING			16		20de /71			25,000	or If point der	lishe		-100		
County (6)					Code (7) ISE ONLY)			Current Use (Pri		IISTIE	u)			
ATLANTIC Name of Monitoring Firm	Hirad by Building O	Wher /p\		ASCM	1 No	T	Name	of Abatement Co		-			-	
		vilei (0)		MOUN	I IVO.					0	אואר		INIC	,
WHITMAN COMP Street Address	PANY					-		PER ENVIRO	JNI IENTA	SE	RVIC	ES,	INC	<i>.</i>
	1 0045						0001							
7 PLEASANT HIL City, State, Zip Code	L ROAD					-		FRALEY STE State, Zip Code	KEI I	-				
CRANBURY, NJ	08512						PHII	ADELPHIA,	PA 19137					
Project Manager for Mor			T	elephor	ne No.			none No.	Lice	∍ No	ļ			
SCOTT BLUTH			73	32-390	0-5858		215-5	533-5155	011	1				
Start Date (10)		Scheduled		oletion [	Date (11)			of OSHA Monitor						
6-8-15		-15-15						TMAN COMP	AN (					
Occupancy Status Durir	ng Abatement (Check	Only One)	)					Address						
Facility Closed/Vac	cated During Entire Pe	riod of Ab	ateme	ent			A LID TO STATE	EASANT HILL	ROAD	_				
Abatement Perform  Other – Describe:	ned Outside of Norma	I Facility H	iours					State, Zlp Code						
Scope of Work (Check /							CRAI	VBURY, NJ 0	85: 2	_				
	тиек другу/		DO: 1-1'				S	T Euli Cental	nent with Nega	IA D	'Accil	· a		
≥3 sf or ≥3 lf   X ≥160 sf or ≥260 lf			novati molitic				X	Mini-Enclosu	re	e Pi	essul	e .		
		_		vail ()			2	Glovebag Pro	oced tre	اماداد	e Prod	o di i	20	
					1		K	INOn-Exempte	ed (* and Non	Idbl		Abate		
W 81 400		***************************************	ocatio rmally			3000000						Ту		5) 
Locatio Asbestos-Containing		Used	Solely	/ by	Ashaet	Des	cription	n of Material (ACM)	Amoun				ш	
TO BE AB	BATED	Main! Custor	tenand			thermal	system	s insulation,	(Specif		Re	R	nca	Enc
In Fac	000.00	2022/2018/2018	diai Si (12)	an!		surfac	ing, VA		SF or LI		Removal	Repair	Encapsulate	Enclosure
(13)		V	N	X1/A		Juici II	nocena	noodoj			'al	5	llate	ле
		Yes	No	N/A							_			
					SEE A	TTAC	HED	SHEET		_				
							-							
Name of Registered Wa	iste Hauler		N	IDEP W	l Vaste	Cubic	Yards	Name o	f Re jistered L	dfill				
				uler ID		of Was		V - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -						
SERVICE TRANSF	ORI GROUP							100000000000000000000000000000000000000	RV \ LANI	ILL				
City, State					Dispos	al Date	e City, Sta	ate						
	NEW CASTLE, DE						1		VE: BURG	HC	re			
Completed by		Title				S	ighatur	e )	_	Da	te			
JENNIFER NIVEN		DIR. O	F OF	PERA	TIONS	(	w			5-2	7-15	5		
							* 5	ak was this fam. f	or as booten !!			antad	nofit.	ition
ASB-41 (R-06-08)						1	- Do u	ot use this form f	ut a: pestos ilc	Sure	exen	hied	auttV	ilies.

#### ATLANTIC COUNTY COURT HOUSE

LOCATION OF MATERIAL	Am u	nt 🕻	de**	Code***
EASTERN SIDE OF BASEMENT ABOVE DROP CEILING		3 L		REM
TUNNEL		312		REM
CRAWLSPACE UNDER JURY ROOM		600		REM
CRAWLSPACE UNDER GRAND JURY ROOM		200		REM
SURROGATE CRAWLSPACE	~10	L		REM
SURROGATE CRAWLSPACE		150 5		REM
TUNNEL		100 L		REM
BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER		10 L		REM
WINDOWS		120 [		REM
BOILER ROOM		400 l		REM
STEAM TUNNEL	1	200 [		REM
EASTERN SIDE OF BASEMENT	1	800 5		REM
WESTERN SIDE OF BASEMENT		50 5		REM
WESTERN SIDE OF BASEMENT CORRIDOR		120 5		REM
	EASTERN SIDE OF BASEMENT ABOVE DROP CEILING TUNNEL CRAWLSPACE UNDER JURY ROOM CRAWLSPACE UNDER GRAND JURY ROOM SURROGATE CRAWLSPACE SURROGATE CRAWLSPACE TUNNEL BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER WINDOWS BOILER ROOM STEAM TUNNEL TEASTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT	EASTERN SIDE OF BASEMENT ABOVE DROP CEILING TUNNEL CRAWLSPACE UNDER JURY ROOM CRAWLSPACE UNDER GRAND JURY ROOM SURROGATE CRAWLSPACE TUNNEL BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER WINDOWS BOILER ROOM STEAM TUNNEL TEASTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT	EASTERN SIDE OF BASEMENT ABOVE DROP CEILING TUNNEL CRAWLSPACE UNDER JURY ROOM CRAWLSPACE UNDER GRAND JURY ROOM SURROGATE CRAWLSPACE TUNNEL  BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER WINDOWS BOILER ROOM STEAM TUNNEL TEASTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT 120 L 150	EASTERN SIDE OF BASEMENT ABOVE DROP CEILING TUNNEL CRAWLSPACE UNDER JURY ROOM CRAWLSPACE UNDER GRAND JURY ROOM SURROGATE CRAWLSPACE TUNNEL  BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER WINDOWS BOILER ROOM  STEAM TUNNEL  TEASTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT 120 5

Date of Notification (1)			Name	of Building	Owner/Oper	rator (2	)					•	
5/27/15			CHI	CKFILA				16.47	3	2015			
Agencies Notified	Type Notification * POSTPONED*		Stree	t Address									
X EPA	Initial		100000000000000000000000000000000000000	0 BUFFIN		ROAD							
X DEP	Amended Amended		City,	State, Zip Co	de								
X DOL	Amendment :			ANTA, GA	30349								465
DOH DCA	justification)	rioladirig	Name	e of Contact				elephone	umb	er			
X DCA	Cancellation			GHT WIR									
N. 65 W. 140	A	DI (0)	F/	CILITY INFO	DRMATION		6 F 11th - / /						-
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facility (4	+)					1
CHICKFILA							School (K-1)		42)				
Street Address						F	Other (i.e. p	8 (1 ther than riva e & comr	-12)	buildi	ngs, h	ome	s,
RT 202-31						E	₹ etc.)		- W. C.				
City (5)						18	Square Feet	of Floor		902	ig. Ag	je	
FLEMINGTON							3,000	1			50		
County (6)				ity Code (7) TE USE ONLY	)		Current Use (Price	or if being der	ishe	d)			
HUNTERDON					· ·								
Name of Monitoring Firm	Contraction Confederation Contraction Cont	Owner (8)	AS	SCM No.	N	lame of	Abatement Con	itrai for (9)					
EHS ENVIRONM	ENTAL						ER ENVIRO	NI IENTA	SEF	RVIC	ES,	INC	)
Street Address					l s	Street A	ddress						- 1
9 SOUTH MAIN S	TREET						RALEY STR	EF I					
City, State, Zip Code							ite, Zip Code						
MULLICA HILL, N					<u> </u>	PHILA	ADELPHIA, F		NI-				
Project Manager for Mon	nitoring Firm		1 2 2	ohone No. 223-0080	1	elepho	ne No.	Lice	₃ No.				
JACK CARNEY		0.1.1.1.1			2	15-53	33-5155		1		2		
Start Date (10)		Scheduled	Completi	on Date (11)			f OSHA Monitor						
5-26-15	- 45-41/05	6-15-15		-12-31-22-0-			NVIRONME ddress	N1 AL	-				
Occupancy Status Durir					1			DUCT					
Facility Closed/Vac Abatement Perform	cated During Entire F ned Outside of Norm	Period of Aba	atement				TH MAIN ST ate, Zip Code	Rt E1		_			
Other - Describe:		iai i aciity i ii	ours										
Scope of Work (Check /	All That Apply)				IN	1ULLI	CA HILL, NJ	08 067	-			-	
	ai macrippiy)	₩ P				X	FII 0t-1		o De		_		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novation molition				Full Containm Mini-Enclosure		e Pi	essur	Е		
							Glovebag Pro			-			
					- 12 5	K	Non-Exempte	d (* and Non	iable	_	Abate		
		700 (0.00)	ocation								Ту		0
Locatio			rmally Solely by		Descr	ription	of aterial (ACM)	A	Ì				
Asbestos-Containing TO BE AB			enance/	(i e	thermal sy			(Specif		R	70	Enc	四
In Fac		100 Carlotter (C)	lial Staff? 12)	'   '	surfacin	ng, VAT	, or	SF or LI		Remova	Repair	aps	Enclosure
(13)	N.	,		_	other mis	scellane	eous)			val	Ħ.	Encapsulate	ure
		Yes	No N	/A								CD	
MAIN ELAT DOOL	-			( Bl	JILT UP I	POOI	EINIC	2.916	:	X			
MAIN FLAT ROOF		+								e a			
TAR FLASHING		-	X	RO	JND RO	OF E	XHAUST		_	X	_		
									_				
Name of Registered Wa	iste Hauler			P Waste r ID No.	Cubic Ya		Name of	Re listered L	dfill				
SERVICE TRANSF	SERVICE TRANSPORT GROUP					3	MINER	RVALAND	ILL				
City, State						Date	City, Sta	te					
NEW CASTLE, DE			-15,550			E! BURG	ЭН						
Completed by		Title			Side	nature		L DOILG	Dat	е			
10 828			- 005	DATIONS	11 1/	1							
LJENNIFER NIVEN		IDIK. OF	- UPE	RATIONS	A				5-2	7-15	)		
ASB-41 (R-06-08)					//*	Do no	t use this form fo	r as pestos lic	sure	exen	npted	activi	ities.

CK 4033

Date of Notification (1) 5/11/15					Owner/Operato versity, Facil		uren e	ent Off	е	1		100	
Agencies Notified	Type Notification			t Address	oronty, r doll	1100 1 100		0111011			-		
☐ EPA	× Initial		EAI	McMillan E				(4) 1	2 2015				
DEP X DOL	Amended Amendment #			State, Zip Co ceton, NJ									
⊠ DOH □ DCA	Emergency (i justification)	ncluding	100000	of Contact				Tei	hone N	mhar	A Line		
DCA	Cancellation			Ortego				-				-	
Name of Facility Where	Ahatement is Taking	Place (3)	FA	CILITY INFO	DRMATION	Type of F	acilit	(4)					
Residence	toutement to raking	1 1400 (0)					Telescope (	100.0					
Street Address							ool (k - chapi :	12) r 8 (Oth	than K-1	2)			
60 McCosh Circle						X Othe	er (i.e	private	commerci	50 € 10 10 10 10 10 10 10 10 10 10 10 10 10	dings,	home	es,
City (5)						Square F		# 0	loors	Тв	ldg. A	ae	-
Princeton						2,200	001	1	10010	1 50	0+	90	
County (6)			Coun	ty Code (7)		Current L	Jse (Fr	ior if be	demolisi	ned)			
Mercer			(STAT	E USE ONLY)		Resider	nce						
Name of Monitoring Firm Pennoni Associates		wner (8)	AS	CM No.		e of Abatem services,		ntractor	))				
Street Address					Stree	t Address							
515 Grove Street, S	Suite 1B				407	West Lin	coln l	Highwa	, Suite	500			
City, State, Zip Code	1 00005					State, Zip C			-				
Haddon Heights, N.						on, PA 19	9341			00			
Project Manager for Mon R. Alan Lloyd	itoring Firm		FEEDS 2000 CAN	hone No. -547-0505		hone No. -872-8884	4		license N	NSUN NSUN			
Start Date (10)		Scheduled	Completic	on Date (11)	Name	e of OSHA N	/lonite r		N	SER.			_
5/15/15		7/2/15			EM:	SL			_	AE	ت		
Occupancy Status During	g Abatement (Check	Only One	)			t Address			上		9		
Facility Closed/Vaca	ated During Entire P	eriod of Ab	atement			US Route		North	U	AL	2		
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility H	Hours		1500	State, Zip C			#:	EAC	-		
	11 77				— Cin	naminson	, NJ	08077	~ >	HEALTH	_		
Scope of Work (Check A	II I nat Apply)	_							H.	-6	-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novation molition			Full Co Mini-Er		nent with	legative F	Pressu	re		
2100 0101 2200 11			montion			Gloveb	ag P	cedure					
		T				☐ Non-Ex	kemp =	ed (*) an	Non-Friat	3	in the latest state		
		100000	ocation							1		ement pe	
Location Asbestos-Containing			rmally Solely by	Ashaa	Descriptio		28.61			-			
TO BE ABA			tenance/		tos Containing thermal syster			,A (\$	ount ecify	, D		Enc	m
In Facili	ity		dial Staff? (12)		surfacing, V		1		∍r LF)	Remova	Repair	aps	Enclosure
(13)				-	other miscella	ineous)				Val	=	Encapsulate	ure
Through	nout	Yes	No N/		/wall/Joint C	ompound		6,2	6 SF	X		W.	
Floor Tile and						an again the constant		0,2	-				
			X		, BR, LR, B		S, <b>i</b>		355	X			
Basement Mecha	200.00		X		Flue Patch N				SF	X		_	
Exterior Name of Registered Was	X		torm Windo			2	i LF	X					
Waste Management	Hauler	Waste ID No.	Cubic Yards of Waste	200		Registe /S Lan	d Landfill				/		
				50									
City, State Trenton, NJ				Disposal Dat TBD	500	ty, St i	te ville, N						
Completed by							ville, IV	- 15	***			/	
Jack Bally		ject Mar	nager	Signatu	10	1.1	0	Da 5'			/		
		1	, , , , , ,		1 pc	n La	lly.	No.				1	
ASB-41 (R-06-08)					* Do r	not use this f	form to	r asbes	3 licensur	e.		/	

Date of Notification (1) 5/11/15					f Building eton Uni				Procurei 16	ent O	ce				
Agencies Notified	Type Notification			Street A	ddress cMillan I	Building				715	2- 160	6			
DEP  DOL	Initial Amended Amendment	#		550.0	ate, Zip Co		ļ					*			
DOH DCA	justification)  Cancellation			Name o Bob O	f Contact Irtego					Te	phone Nu	mber			
				FACI	ILITY INF	ORMATI	ON			-	-		-		
Name of Facility Where Residence	Abatement is Takin	g Place (3	3)					Тур	e of Facili /						
Street Address 81 McCosh Circle								×	Subchar e Other (i.e.	r 8 (Ot	r than K-1 commerc		dings,	home	es,
City (5) Princeton					38700.24			Squ 2,2	etc.) uare Feet :00	# 1	Floors	100	lldg. A	ge	
County (6) Mercer					Code (7) USE ONLY	)		Cur	rent Use ( 'r	ior if be	g demolis	hed)			
Name of Monitoring Firm Pennoni Associate:		Owner (8)		ASCN	M No.		100000000000000000000000000000000000000	of Ab	patement ( o	ntracto	9)				
Street Address 515 Grove Street, S							Street	Addr		diaby	v Suite	500			
City, State, Zip Code Haddon Heights, N			<u> </u>				City, S	tate,	Zip Code A 1934	iigiiw	y, oute				
Project Manager for Mor R. Alan Lloyd				Telepho	ne No. 47-0505		Teleph	none			License N				
Start Date (10) 6/1/15	15	Schedule			Date (11)			of OS	SHA Monit or		C1101	20 CC	CONSUMER, EN		
Occupancy Status Durin	g Abatement (Chec	_0007W_007	) A		10-10-		Street	1000				<u> </u>	Ĭ.		
_	A   28		355						ess Route 130	Norti	_		MZ		
Facility Closed/Vac Abatement Perform Other – Describe:	Hours	nent			City, S	tate,	Zip Code		<del>2</del> T		NON NO				
Scope of Work (Check A	II That Apply)			Transit un ex-	2-311		011111	G11111		-			7_5		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Property .	lenova emolit				×	N G	ull Contair m lini-Enclos r Blovebag F to	e cedure	ī	Pressu		_	
		1-	1 4:					<u> </u>	lon-Exemr te	a (*) a	Non-Frial	T Pro	Abate		
Location Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Use Mai	Locati lormal d Sole intenar odial S (12)	ly ly by nce/		tos Cont thermal surfac		Materi s insu T, or			nount pecify or LF)	Remova		e Encapsulate	Enclosure
		Yes	No	N/A								_		ate	ro .
See Attac	ched										-				
								-0-0							
Name of Registered Was	te Hauler		9736	JDEP W		Cubic			Name of	Regist	ed Landfil				
Waste Management	Н	auler ID	No.	of Was			GRO N		lfill						
City, State Trenton, NJ				Dispos TBD	al Date		City, S at		J.						
Completed by Jack Bally		Sr. Pr	oject	Manag	ger	S	ignature )adl	***	Sally 6	D	0.00	ate 11/1	5		
ASB-41 (R-06-08)						l	* Do no	-	this form 'o	342	s licensur	e exer	npted	activi	ties.

ecoservices, LLC

Location of	Is location normally	3			Abatem	Abatement Type	
Aspestos containing Material (ACM)	nsed solely by	12					
To Be Abated	Maintenance/	Description of Asbestos Containing Material (ACM)	Amount				
In Facility	Custodial Staff?	(i.e. thermal systems insulation, surfacing, VAT, or	(Specify SF or LF)				
	Yes No N/A	other miscellaneous)		Removal	Repair	Encap	Enclosure
Throughout	No	Homosote Panels and associated black mastic	1,314 SF	×			
Kitchen	No	Mosaic Sheet Flooring	192 SF	×			
Attic and within wall/ceiling cavities	No	Corrugated Pipe Insulation	193 LF	×			
Attic	No	Transite Panels	40 SF	×			
Attic	No	Flue Patch Material	1 SF	×			
Kitchen and Bedrooms	No	Light Reflector Pads	5 Each	×			
Exterior	No	Window and Door Caulk	290 LF	×			
				,			

AY 2 1 2015

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(Purs	uant to NJAC 8	:60 and 12:12	0)	n)	KH!	21	05	Ulb		
Date of Notification (1)	Na	me of Building C	wner/Operator	r (2)			-				
5/22/2015	T	he Challenge	Printing Co	mpa	any						
Agencies Notified Type Notification	1000	reet Address									
☐ EPA 💌 Initial	2	Bridewell Pla	ice								
DEP Amended		y, State, Zip Coo									
DOL Amendment #_ Emergency (including		lifton NJ 070	14								
DOH justification)	Na Na	me of Contact				Teleph	e Num	her			
DCA Cancellation											
Name of Facility Where Abatement is Taking Place	(3)	FACILITY INFO	RMATION	Tyr	oe of Facility (4		-				
Commercial Warehouse	(3)			17,							
Street Address				H	School (K-12 Subchapter I		1 K-12	)			
2 Bridewell Place	* -			Ī	Other (i.e. pr	vate & cc	mercia	l build	ings,	home	ès,
City (5)				Sa	etc.) uare Feet	# of Flo	S	В	dg. A	ge	
Clifton					0.000	1			0+		
County (6)	Co	ounty Code (7)		Cu	rrent Use (Prio	if being	nolish	ed)			
Passaic	(S	TATE USE ONLY)		0	ffice						
Name of Monitoring Firm Hired by Building Owner (8	3)	ASCM No.	Name	e of A	batement Conf	actor (9)	-				
n/a		n/a	Loz	nica	Manageme	nt Corp	ation				
Street Address			Stree	t Add	ress						100
n/a					Lane						
City, State, Zip Code			9334		, Zip Code						
n/a				2000	Park, NJ 07	)35			2		
Project Manager for Monitoring Firm	2000	lephone No.	Telep			Li	nse No	).			
n/a		/a		377	3-7950	0	193				
		etion Date (11)	189920000		SHA Monitor Manageme	at Corn	ation				
6-2-2015 6-15- Occupancy Status During Abatement (Check Only C			Stree			it Corp	ation				
				a process	Lane						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	f Abatemer itv Hours	nt			, Zip Code		-				
Other – Describe:			1000		Park, NJ 07	035					
Scope of Work (Check All That Apply)							-				
☐ ≥3 sf or ≥3 lf 🔀	Renovatio	n			Full Containme	it with Ne	ative P	ressui	e		
≥ 160 sf or ≥260 lf	Demolition				Mini-Enclosure						
	97.0				Glovebag Proc Non-Exempted		-Friabl	e Pro	cedur	e	
	Is Location				T					ement	t
Location of	Normally		Descriptio	n of					Ту	pe	
Ashestes Containing Material (ACM)	sed Solely Maintenance	Aspesi	os Containing	Mate		Amo	t			ш	
TO BE ABATED	istodial Sta		thermal system surfacing, V			(Spe SF or		Ren	Re	ncar	ncl
In Facility (13)	(12)		other miscella			01 01	,	Remova	Repair	Encapsulate	Enclosure
Yes	No	N/A						-	0.000	ate	e
located in north west part of		X	9x9 VA	Т		5,000	3F	X			
warehouse		^	0,0 17				-	1			
warenouse							-	-			
								-			
Name of Registered Waste Hauler	100000000000000000000000000000000000000	DEP Waste uler ID No.	Cubic Yards of Waste		Name of I						
Loznica Management Corproation	gement Corproation 0033137					3 Landf					
City, State			Disposal Dat	e	City, State						
Lincoln Park, NJ 07035						lle PA	067				
Completed by Title			Signatu	re /	7		Da				
E. Cirovic Sec	cretary		ے ا	. (	inov	le	5/	20/2	015		

# CK2757

Date of Notification (1) 5/20/2015 Check	#2757				Building Ow y Coptic C											
Agencies Notified	Type Notification			Street A	ddress ness Stree					-		Ψi, Fi, i	2	1 2	Ulā	
EPA DEP DOL	Initial Amended Amendment # Emergency (in		_ [	City, Sta Daytor	te, Zip Code n, NJ 0881						_				196	
DOH DCA	justification) Cancellation				Contact ram Aziz					Telent	10	Mirm	har			
				FACI	LITY INFOR	MATIO	N									
Name of Facility Where At St Mary Coptic Scho		Place (3	)					Property .	f Facility (							
Street Address 80 David Street								S	ubchapter ther (i.e. p	Other to vate & co	n k	(-12) ercia	l build	lings,	home	es,
City (5) South River, NJ 0888	82							Square	c.) Feet	# of Fi	rs		В	ldg. A	ge	
County (6) Middlesex					Code (7) JSE ONLY)			Curren	t Use (Prid	if being	mo	olishe	ed)			
Name of Monitoring Firm I		wner (8)		ASCN	No.	100			ement Con	and the state of t						
	.dl								s Corpo	ration	_					
Street Address 280 Huyler Street								Address 19th St								
City, State, Zip Code Hackensack, NJ 076	06							ate, Zip nberg	Code , NJ 070	) 13						
Project Manager for Monit	oring Firm			Telephoi	ne No. 39-8700	10.00		one No.		Li	ns )74	e No				
Start Date (10) June 2nd-2015		Schedule June 6			Date (11)	11.72			A Monitor s Corp			Programme and the second				
Occupancy Status During				:: 				Address			-		-			
Facility Closed/Vacat	ed During Entire Pe	eriod of A	batem	ent			same	as ab	ove							
Abatement Performe Other – Describe:	d Outside of Norma	l Facility	Hours			-	City, St	ate, Zip	Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emoliti					Mini-	Containme Enclosure ebag Prod		ativ	e Pr	essur	re		
	0				<u> </u>		×			*) and N	<u>I-</u> F	riable	Pro	cedur	е	
	,	222	Location	35										Abate Ty	ement pe	
Location of Asbestos-Containing N		Use	d Solel	ly by	Asbestos		ription nina M		ACM)	Amo	Ť				m	
TO BE ABA			intenar odial S		(i.e. the	ermal sy	ystems	insulat		(Spe	у		Re	D.	nce	Enc
In Facility (13)	y	275555	(12)	400000		surfacir ther mis				SF or	-)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,					al	-	late	ıre
Basement Kitche	en Storage		Х			9x9 f	loor ti	ile		4.5				х		
Basement-Room A	-008 / A-108		х			9x9 f	loor ti	ile		10 :	=			х		
1st Floor Classro	om A-114		Х		9:	x9 Gre	y floo	or tile		30 \$	-		х			
1st Floor Multipurpos	se Room/Gym		х		Vertic	cal Wir	ndow	caulki	ng	3 5				Х		
Name of Registered Waste	e Hauler		100000	JDEP W	239457 HE 0	Cubic Ya			Name of	Fagistered	an	dfill				
Freehold Carting Inc			0.0245	auler ID 5939		of Waste bd	9		GROW	§ North	an	dfills	3			
City, State Freehold, NJ					1 -	Disposal bd	l Date		City, State Morrisv							
Completed by Gina Salvador		Title Office	Man	ager		Sig	nature	BU,	uas-	,		Date 5-2	e 20-20	)15		

05/22/2015 12:57

ND.38: #882

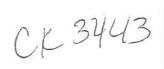
WAY	2 3 2015	N		ATION	of ABBE Of ABBE On NJAC 8	STOS I	AWATER		r (			· · · · · · · · · · · · · · · · · · ·	-, -,ur -	·	
Date of Natification (*	)				Building C		pere loi	(2)		T	<u>.</u>	2113			
Aguncies Natified	Type Notification		1 5	Irest A					_		1	1	1313		$\dashv$
EPA DEP	Amphodod				yoka Dri				<del>-   -</del>		7	A/A	1. 101	-	_
E DOL	_ Amendment				NJ 080					L/		7 100			
DOH DCA	Insplaying ()	nciuding	0.1		Contact				1	P	PH.	de Numi	1701	E	
DCA DCA	Cancellation			no action to the	DIFazio		0N				_	-			$\exists$
Name of Facility Who	re Abalement is Taking	Piace (3	)	FACI	LIT HAT L	ARUMA FI	UR	Тур	e of Facility (	4)	-		-		$\dashv$
DiFazio Rosidon	00								Bohool (K-1	2)					
Stront Address 24 Holyoke Drive									Submaplar Other (i.e., p	0 (Other	r N	nmercial I	idings,	פותמו	s.
City (5)								_	etc.) ura Foot "	# of	Fic	31%	3dg. A	98	
Delran								1,8		2			100		
County (5) Burlington					Code (7)		_		aldence	er If bein	g (	emplished			
	im Hind by Building Consulting			ASCN	No.				stement Con					V-1	
Street Address PO Box 341					-		Street 823 (		er Avenue		_				
Clly, State, Zip Code Chesterfold, NJ	09515						0.000		Zip Code	A052	_		-		$\dashv$
Project Manager for				elepho			Teleph	ONS	No.		Li	ense No.			$\dashv$
Bill Welsgarber					98-4070		1000		0099		00	842			
Start Data (10) May 29, 2015		Schedule June 1,			Data (11)				sha Mentior nelytical, in	IC.					
Occupancy Status Di	idng Abelament (Check	Only On	19)				Street CO.				_				$\neg$
	Fronted During Entire Pormed Outside of Norm			ษาป				. 555	Zip Gode	ın	_		-		_
Ofher - Describ		at / addity		-		_			nson, NJ 0	8077				17	
Scope of Work (Cher	that Apply)										_				
전 보고 보다 되 if 보 등 0 의 이 2280	ır		isvensi illemet				×	M	uli Containm fini Encicture Rovebeg Prot	:	NE	jalive Pni	JIE		
		T			Y		<u></u>	J N	lan-Exemple:	(') and	N	n-Frieble	205dur	emant	
Len	rtion of		Location			De	scription	al						bp Himili	
Asbestes-Conini	ring Minterial (ACM)	1 777	d Solei	, -,	Asbest	pe Conl		helat	al (ACM)		no pb			2	E.
In F	ABATED ADMY	CUBI	(12)	tali?	(1.0.	sum	ring, VA	T. er				JF)	Ropair	necter	arragin a
,	13)	Yes	No	N/A		Onjerr	NI SP CORT IVER IN	18078	•)				14	1	5
Klı	chen		XXX		F	loor TI	le and	Maa		12	0	iF.	1		
		1									_		+		_
		+	——								_	-	+		$\dashv$
Name of Registered		IDEP W		Cubic of Wa	Yards		Name of					. 1	***		
Freehold Cartege		265	1407	1	-14		Westen	n Berk	8 1	:ommun	Land	HILL			
City, State Freehold, NJ						B/1/2	m(Dale 016		City, Gran						
Completed by Christina Lynch		Open	ations	Mana	iger	1	148	n	200	3	_	5/22	015		$\neg$
Service (1970) The service of the se										-	_	-14			

Ui 1 U.S. HAII h# 1/22

		(Pursuant to NUAC)	The Sist sens			7
		I Name of Rudding	OmedOpsale	(2)	-	The state of the s
Date of Notification (1)	5/12/15	MADELI		L'ORDE EL		-
Agency Notified	Type Notification	Street Aritiess	ST SUM	MIT AUG		_
ÚEPA .		Chy, State, Zip C	cie	T 07177	· 1757	-
D.OEP	Amended Amendment #	SEWAR	FN: Nu	110111	one Number	_
	Emergency (including pastification)	Name of Contac	I BUMBACK	DEA/ Tek	Misc. Lemman	1
D DCA	© Cancellation	MADELIN	EVALUE	TIETY -		
		FACILITY INF	REMATION .	Type of Facility (4)	•	1.
Name of Facility Where A	batement is Taking Place	(3)		13 School (K 12)	Y	
				Other (i.e. private ii	han K-12)	
Street Address	- C + F	WE	¥**	(homes, e c.)		_
92 FAS	T SUMMIT 1	102		Square Feel #0	pors Bidg. Age	
City (5)	UT 0703	7-1255		12,000	ag demolished)	-
SEWAREN	NJ UI	-   County Gode tr	(STATE USE	Current Use Prior E	C C	
MIDDLESS	LY	ONLY		ment Contracts (9)		
Name of Mordoring Firm	Hised by Building Owner	ASCM No.	WOVA	TECH I'NE		
(8)		<u></u>	Street Address	- 11 0 11 1		l
Street Address	:			3018.9		
- David			City, State, Zip	Code	7885 F	
City, State, Zip Code	· .		OLU DR	100 / U.	se No. OAC	
Project Hanager for Man	Toing Fam-	Telephone No.	737-738	-750C	00806	
1	, I	phillip Date (11)	Name of OST	Aforalis	74 (20)	
Start Date (10)	15 6/20	15	NOVA	ITECH INC		
5/26/	g Abetsment (Check only	me)	Street Aridress	01 81.1		
Occupant Stairs pro-	Some Porint of	Aledement -	City, State, Zip	Code	F0 5 7	
Facility Closed/Vallet	ed During Entire Period of I Cutable of Normal Facility	Hous	OH BE	IDGE, NJ I	8857	-
TOWN - Design			. Xen	Containment with Ne	ve Pressure	
Scope of Work (Check a	al greet shirth.	Resovation Demotion	THE RAIL	ni-Endosuse twebsg Proces are		Į
0 ≥3 ≤ 0 ≥ 3 F 0 ≥ 160 ≤ 0 ≥ 260 F	*	Demoising.	- DN	in-Ecompted ( ) and Riv	Frishle Procedure	
U21609G 2200-		is Location		-	Typ	-
		Normally .	Description	of of Action (ACE)	Ammed . 20 -	智雪
Ashesius Contain	ion of no Material (ACM)	The state of the s	estus Containing e., thermal system		(Specify SFGLF)	Enclosure Encepsulate
TO BE A	C. C. Control of the	Staff? -	swiacing, V other miscell	72. S 930 S	Val	100
(1)	3)	(12)		-		$\perp$
		Yes No REA				$\dashv$
<u> </u>			PF INS	ULATION)	.80 L/F X	$\dashv$
HABEMENT		X P.	) F No.3	0011110		+
CABCICIO					Laurini	
		MIDEP Waste Hauter	Cubic Yards	of Name of Register		
Name of Registered VIII		DN 18501	Weste 5	1 6.K.	W.S).	
NOVATECH	INC.	10001	Disposal Dala	BOOK SIGNI	THA.	
City, State	- 0 0	8857		- Lipac 360111	- Date In In	-
1010 37136	E NO.	0007	Signature	A Kil	1.   Date   12/15	)
Completed by	1 5 0	NDENT.	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	teri activities.		
CARLOS A ME	OPA 1- Trees	use this form for asbestos	RESIDENCE EXCEPT	\		
ASB-41			_			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		,,,,	(Purs	uant to	NJAC 8:6					_					
Date of Notification (1)							uilding Ow I TECHNO		perator (2) S INC.						
5 / 21 /	15				Stree	t Addr	ess		C2			W	1 2		A.I.
Agencies Notified Type N	Votification				530 5	SOUTH	H AVENUE	EAST				100000			
DEP	nitial Notin Amended No Cancellatio	Votifica			100000000000000000000000000000000000000		Zip Code D, NEW J	ERSE	Y 07016					+1	
X DOH x C	On Hold EMERGEN	#5					ontact SMITH			T	lephone	uml	oer		
					ILITY INFO	RMA	ΓΙΟΝ			_					
Name of Facility Where Abateme	nt is Takin	g Pla	ce (3)	)				Туре	of Facility School (K-	12					
ERICSSON LABS						,= t-		X	Subchapte Other (ie. p	oriv a	ate & co	mcl.	bldgs		
Street Address 1 ERICSSON DRIVE									uare Feet 70,000		# of Flo 2			44 44	10.00
	County (6)						de (7)		ent Use (Pri			noli	shed)		
	MIDDLESE		(0)		(STATE		ONLY)		MERCIAL ( e of Abater			tor	(0)		
Name of Monitoring Firm Hired b ENVIRONMENTAL TACTICS INC.	y Bullaing	j Own	ier (8)	)		A	SCM No. 17		ENVIRONI					NC	
Street Address					1			-	et Address	_		-		-	
64 BROAD STREET								313 8	SPOOK RO	CI	ROAD				
City, State, Zip Code									State, Zip C						
	WAN, NEV	V JER							FERN, NEV	_	ORK 10	-			
Project Manager for Monitoring Firm	n				Number				ohone Numl	be			ise Ni	umbe	r
THOMAS GEIGER		Coho		290-22	tion Date (1	11\			369-7500 e of OSHA	M	nitor	60			
Expected Start Date (10)	15	Sche		/	30/	11)	15		LITY ENVIR						
Month Day Yea Occupancy Status During Abateme	ar	-	nth		Day		Year		et Address	_					
Facility Closed/Vacated Abatement Performed C  X Other - Describe Monda  Scope of Work (Check all that appl  Demolition >3SF OR LF	Outside of ay-Saturda	Norma	al Fac n-1am	ility Ho /Satur	ours - Desc			City,	nt with Neg	Co i	ERS FA		NY 12	590	
X >160 SF OR							Non-Friab	le Pro	cedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		norr s Main	taff (1	used by stodial	C ir	Contair (ie. <sup>-</sup> nsulati	iption of As ning Materia Thermal system, surfacion, surfacion per miscella	al (AC stems ng, VA	M) .T,		Amou (Spec SF or I	)	A REMOVAL	REPAIR	Type ENCLOSURE
2ND FLOOR -NORTH EAST AREA	A			X	VAT & MA	STIC				1	0,000 SF		X		
BASEMENT- BREAK ROOM				X	VAT & MA					-	5 SF		Х		
2ND FLOOR NORTHEAST AREA				X	PIPE FITT					+	) LF		X		
1ST FLOOR MER ROOM 3-1				X	PIPE FITT					+ .	LF		X		
				X	PIPE FITT					十.	LF	_	X		
1ST FLOOR MER 1 ADDITION TO SCOPE:				^	I FILL	INGO				†					
1st FLOOR MER 1				X	PIPE FITT	INGS				1	) LF	_	Х		
TOUT EOOIT WELLT				1						T.					
Name of Registered Waste Hauler DJM TRANSPORT , LLC	-	Haule	EP W er ID 2698	No.	Cubic Yard	80	Waste	GRO	e of Registo DWS LANDI						
City, State					Disposal D				State RRISVILLE,	P					
KEARNEY, NEW JERSEY Completed by (Print or Type)	Title				1/16-5/30/		ature /	TIVIOR	MINOVILLE,		•	Date	w/	-	/
BENJAMIN SANCHEZ		CTO	R OF	OPER	RATIONS	Julian	12	X,	XX	_				4/1	15



Date of Notification (1) 05/22/15			f Building C ONSTRU	wner/Operato	or (2)		MAY	2	2015			
Agencies Notified Type Notification		Street A 212 21		ET, SUITE	≡ 30	2						
EPA Initial DEP Amended DOL Amendment #			nte, Zip Coo	ie NJ 08701								
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding		f Contact KASSOV	ER			Telenho	Niumi	oor			
		FACI	LITY INFO	RMATION	en (d)		-					
Name of Facility Where Abatement is Taking	Place (3)				T	ype of Facility (4)						
Street Address 45 HENRY STREET AND 36 CEDA	R STREE	Т				School (K-12) Subchapter 8 Other (i.e. privetc.)	Other tha			ings,	home	es,
City (5) LAKEWOOD, NJ					11 82	quare Feet 500	# of Floc 1,3		BI	dg. A	ge	
County (6) OCEAN COUNTY			Code (7) USE ONLY)			Current Use (Prior HOMES	being de	olishe	ed)			
Name of Monitoring Firm Hired by Building O	vner (8)	ASCN	ЛNo.	13/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5		Abatement Contr EAD PROFES						
Street Address				W. C.		idress TE DOVE COI	. RT					
City, State, Zip Code				City,	Stat	te, Zip Code VOOD, NJ 08		-				
Project Manager for Monitoring Firm		Telepho	ine No.	Tele	phor	ne No. 88-9078		se No				
	Scheduled C	ompletion	Date (11)			OSHA Monitor EAD PROFES	SIONAL	/1	-			
Occupancy Status During Abatement (Check	Only One)	-		10000000	2000030	ddress		_				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	eriod of Abat			City,	, Stat	TE DOVE COI te, Zip Code						
Other – Describe:				_   LA	KEV	VOOD, NJ 08	01					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If		vation				Full Containmer	with Neg	ve Pr	essur	e		
≥160 sf or ≥260 lf	X Demo	olition			×	Mini-Enclosure Glovebag Proce Non-Exempted		riable	e Pro	cedur	е	
	Is Loc	ation								Abate		
Location of	Norm Used So			Descripti						1 y	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainter Custodia (1)	nance/ al Staff? 2)		os Containing thermal syste surfacing, \ other miscell	ms ir VAT,	nsulation, or	(Speci SF or L	a	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A										
EXTERIOR				SIDIN	1G		2000 \$		X			
								_				
19	-											
Name of Registered Waste Hauler NEWARK CARTING	NJDEP V Hauler ID 04509		Cubic Yards of Waste 10	S	Name of R	gistered	ndfill					
City, State NEWARK, NJ				Disposal Da 06/03/15	ate	City, State BETHLE	IEM P/	-				
Completed by JOSEPH PERLSTEIN	Title OWNER			Signati	ure			Dat 05	e /22/1	5		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

D (2) (2)										
Date of Notification (1) May 22, 2015		Name of Building		rator (2) lable Renovation s			26	7	91	
[ ] DEP [ ] Ame [ X ] DOL Ame [ X ] Emer	I Notification  nded Notification  ndment #  rgency (including	Street Address  City, State, Zip C	ode	Vellington Avent e		IA! \( \)	71 E		oft /	
[ ] DCA justif	ication) ellation	Name of Contact Nick		Т	elepho	Number				
	7.4	OH MAY D MODA								
Name of Position When Alexandia Tali		CILITY INFORI	MATION							
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	Scho	(k-12)				
Street Address				[ ]	Subc	pter 8 (otl	her than	k-12)		
120 W Plover Wa	у			[x]	Other home	etc.)	te & cor	nmerc	ial build	dings,
City	County (6)	County Code (7) (STATE USE ON	(V)	Square feet	# of	loors	Bldg	. Age		
Lavallette	Ocean	(STATE USE ON	LI)	900 sf Current Use (Prior if	being (	nolished)			50	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Resic en Abatement Contract r (		-	-			
N/A Street Address			Street Ad	Guare ia	10000	acting,	Inc.			
0.0000			Street Ad	1889 Ro	oute 9	Unit 61				
City, State, Zip Code			City, Stat	e, Zip Code Toms R	iver	ew Jers	ev 087	55-1	271	
Project Manager for Monitoring Firm	Telephone Number		700000000000000000	e Number	1,01,	icense N		33-1.	2/1	
Scheduled Start Date (10)	Scheduled Complet	tion Date (11)	732-34 Name of	OSHA Monitor		)0624				
5/26/15 Occupancy Status During Abatement (Check	5/28/15 only one)		Street Ad	E.M.! .I	. Ana	rtical				
	d During Entire Period of Ab			1056 St	elton	oad				
Other – Describe	Outside of Normal Facility H	ours	City, Stat	e, Zip Code Pisca av	way N	w Jerse	v 088	5/1		
Scope of Work (Check all that apply)			<u> </u>	Full Containme it	F100		. 15:13:15:1	J4		
			[ ]	Mini-Enclosure	WILLI INC	tive Fies	sure			
[ X ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	[ ] Renov		[ ] [x]	Glovebag Proce lui Non-Exempted (*)		Eriable T	)no oo duu			
	[11] Demoi	1	[ \ ]		and I	-Triable I				
	Is Location		Description	n of			-	ment '		
Location of	Normally used		sbestos-Con	taining	A	ount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)  TO BE ABATED	Solely by Maintenance/Custodial		Material (A		(Sp	ify SF	М	P	С	C
in facility	Staff		e., thermal s sulation, sur		0	LF)	0	A I	A P	L
(13)	(12)		VAT, o				V	R	S	S
40. 10.00	***************************************	otl	her miscella	neous)			Α		U	U
~	YES NO N/A						L		L E	R E
Exterior	X	Asbestos sidi	ng		800	f	Х			
		-								
						-				
Name of Registered Waste Hauler	NJDEP Waste Hauler	ACCESSOR OF THE COMMUNICATION	ards of Waste		ed Lan	II				
Guardian Contracting, Inc. City, State	20223 Dispo	osal Date	City, Sta	te T.R.R.F.		*				
Toms River, New Jersey	5/29		Tullyto	wn, Pennsylvan a	1					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1.01	11/1	1		Date 5/22	/2015		
	*Do not use this for	m for asbestos lice	nsure exem	pted activities.		-				

Date of Notification (1) May 19, 2015	Name of Building Owner/Operator Secaucus Board of Educa		AY 2 TOTAL	
Agencies Notified Type Notification    X   EPA   X   Initial	Street Address 20 Centre Ave			
DEP	City, State, Zip Code Secaucus, NJ 07096			
■ Emergency (including justification)     ■ DCA    ■ Cancellation	Name of Contact Fran Bialkowski	Telepho	e Number	
	FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place Secaucus High School	(3)	Type of Facility (4)  School (K-12		
Street Address 11 Mill Ridge Road	*	Subchapter 8 (Other to Other (i.e. pri rate & co etc.)	n K-12) mercial buildings, home	es,
City (5) Secaucus, New Jersey 07094		Square Feet # of Flo 80,000 2	s Bldg. Age 60	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being	molished)	
Name of Monitoring Firm Hired by Building Owner ( Ram Environmental		e of Abatement Conti actor (9) ademy Constructi in, Inc		
Street Address	Stree	et Address	-	
77 Nottingham Road City, State, Zip Code		State, Zip Code		
Fair Lawn, New Jersey 07410  Project Manager for Monitoring Firm		owa, NJ 07512	nse No.	
Roger Hedrick	(201) 475-9880 973	8 8 3 2 4 2 4 4		
		e of OSHA Monitor ademy Construction, Inc		
Occupancy Status During Abatement (Check Only	One) Stree	et Address		
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:		State, Zip Code	-	
Scope of Work (Check All That Apply)			<del></del>	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renovation Demolition	Full Containmel t with Ne Mini-Enclosure Glovebag Proce dure Non-Exempted *) and N	ative Pressure	
,	r. v sr	- Non-Exempled Jana II	Abatemen	nt
l and the second	Is Location Normally Descripti	on of	Туре	
TO BE ABATED	sed Solely by Naintenance/ ustodial Staff? (12)  Asbestos Containing (i.e. thermal syste surfacing, \ other miscel	ms insulation, (Spe VAT, or SF or	y R R R	Enclosure
Ye				Ф
exterior of school x	transite exterior	ground pads 500	f x	
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards	Name of F egistered	andfill	
Academy Construction, Inc	Hauler ID No. of Waste 0034422 4	GROW! North		
City, State Totowa, NJ	Disposal Da 6-15-15	City, State Tullytow 1, PA		
Completed by Titl Frank Marino Pro	Signat oj. Manager	ure/	Date 5-19-2015	

CK 3621.

**MAY 11** 

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

Date of Notification (.,													
05 / 20	/	_		Frai	nklin I w	p. Public School	S			= 625			
1 157				0000000000	100 100 10				W. A. I		231		
The state of the s		7000		Son	nerset, N	IJ 08873				100			
				Name	of Contac	t		Telepho	Numbe	er			
Cano	Type Notification												
				FAC	CILITY IN	IFORMATION		-	-				-
Name of Facility Where Abatemen	t is Taking	Place	(3)				Type of Facility	()	****				-
Franklin Middle school	t to Talling	,	(0)										
Street Address							☐ Subchapter 8	Other th					
415 Francis Street							Other (i.e., p	ri /ate and	ommerc	ial bu	ilding	s,	
City (5)								# of Fi	re	Blo	dg. Ag	16	
I	73						Oquare 1 det	# 0111	13	100	-g. / \	90	
County (6)	-			Cour	ty Code /	VISTATE LISE ONLY	Current Lice (Or	r if hoins	amolish	(hear			
				Cour	ity Code (i	NOTATE DOE ONLY)	school	K i ii beiiiş	emonsi	icu)			
Name of Monitoring Firm Hired by	Building (	)wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
AHERA Consultants, Inc.				0057	•	Lilich Corpor	ation						
Street Address	Type Notification												
PO Box 385	Notified   Type Notification   Name of Contact   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Type of Facility ()   School (K-12)   Subchapter 8 (Colter (I.e., privaries)   Subchapter 8 (Colter (I.e., privaries)   Subchapter 8 (Type Note)   Subchapter 8 (Ty												
City, State, Zip Code	Notified		City, State, Zip Co	ode		-							
Oceanville, New Jersey 082	231					Woodland Pa	ark, New Jerse	07424					
Project Manager for Monitoring Fir			Tele	phone	No.			Licens	No.				-
John Smoyer				10			1	011					
Start Date (10)	Schen	luled C					1		-	-			
06/05/15	100000000000000000000000000000000000000						1	t ries In					
Occupancy Status During Abatemi	ent (Check	c only c	one)			Street Address			-				
				ment		2333 Route 2	22 West						
						City, State, Zip Co	ode		-			-	<del>Carry</del>
Time of Abatement:AM	PM/ <u>3:30</u>	PM	12:0	0AM									
Scope of Work (Check all that app	ly)												
	•					Full Con	tainment with Neg	tive Pre	ure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>													
Z = 100 3/ 01 = 200 //			ii i Oillic	J11				r -Friable	ocedure	9			
		Is	Locat	ion						Ab	atem	ent T	ype
						Description of	of			-			1
	ACM)				Asbe	stos Containing Ma	iterial (ACM)	Arr		Removal	Repair	nca	nclo
		Cus			(1.6	surfacing, VAT	, or	(Spi	ify LF)	oval	=	Encapsulate	Enclosure
(13)				T	-	other miscellane	ous)					ate	(0
,		Yes		-	ļ				, pa	<b>E</b> 2			
boiler room			-		-			960	-				
boiler room			-	-				110	-				
boiler room		Ш	M		pipe ni	tings assoc.w/fii	bergiass	95 fit	ngs		ш	Ш	
Name of Registered Waste Hauler	- 1-M		N	JDEP I	Vaste	1,350,000 26	Name of Regis	ered La	ill			15	
Lilich Corporation							G.R.O.W.S	_andfi					
City, State				1012			City, State						
Woodland Park, New Jerse	y 07424							Penns	vania				
						Signature	1		Dat	Δ			_
Completed By (Print or Type)  Momo Glavatovic				né.		Signature	11		Dat	-1.	ì	1	
	V	ice Pi	esiae	:IIC		( <	2CX			0/0	0	7	
ASB-41										1	20		

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

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

Date of Notification (1)				-	Nome	of Duildie	- Owens/Onesster/	0)		1			-	
	20 /	15	_				ig Owner/Operator ( /p. Public Schoo							
Agencies Notified  EPA	Type Notific	cation				t Address	II Road	1		W 5	. 2	215		
⊠ DOLWD	☐ Amende					State, Zip								
⊠ DHSS	Amenda				10000	- 10 H	NJ 08873	- 1						
□ DCA     (NJAC 5:23-8)	☐ Emerger justificat	ncy (inclu	ıding			e of Contac			Talank	- M				
(140/10/3.25-0)	[] Cancella	50				ene Bies			relepno	e Numb	er			
	LE GUITOUR				1									
Name of Facility AND					FA	CILITY II	NFORMATION							
Name of Facility Where		Taking P	lace (	3)				Type of Fac	ility ( I)					
MacAfee Road sch	1001							School (H	(-12	14 48)				
Street Address								Other (i.e	ter 8 (Other to	n K-12)	rial h	uildin	ns.	
53 MacAfee Road								homes, e	etc.)	on an or	Jiu. U	unum	99,	
City (5)								Square Feet	# of F	ors	В	ldg. A	ge	
Somerset, New Je	rsey 08873								i		1			
County (6)			6		Cou	nty Code (	7)(STATE USE ONLY)	Current Use	(Pricr if being	<b>J</b> emolish	ned)			
Name of Monitoring Firm	n Hired by Bui	Idina Ow	ner (8		ASCM	No	Name of Abateme		(0)					
AHERA Consultan		ionig Ovi	nei (o	1	005		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(9)					
Street Address	10, 7110.				000	I	Lilich Corpoi	ation						
PO Box 385							Street Address							
City, State, Zip Code							606 McBride							
Oceanville, New Je	2001 00004						City, State, Zip Co	48 10						
							Woodland Pa	irk, New Jei	sey 07424					
Project Manager for Mor	nitoring Firm				phone		Telephone No.		Licen	No.				
John Smoyer						2-1833	973-225-8400		011	4				
Start Date (10)		Schedule		700			Name of OSHA M	100001400		-				
06 /05 /					/	15	J&S Environ	nental Labo	ratories Ir					
Occupancy Status Durin	g Abatement (	(Check o	nly on	e)			Street Address		<del></del>			-		-
☐ Facility Closed/Vacat	ed During Enti	ire Period	d of Al	ate	ment		2333 Route 2	22 West	1					
Abatement Performed	d Outside of N	lormal Fa	cility I	Hour	s - Des	scribe	City, State, Zip Co	de	<del> </del>	-				
Time of Abatement: _	AIVIPIV	1/3:30PN	/	2:00	D_AN		Union, New J	Secretary and the second	3					
Scope of Work (Check a	Il that apply)													
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		-	Rend   Dem				☐] Mini-Enc ☐] Glovebag	ainment with I osure Procedure npted (*) and	_					
			Is L	ocat	ion		Li Hon Exci	inpice ( ) and	Trable	ocedure				
Location			No	rma	lly		Description o	f				atem	_	T
Asbestos-Containing TO BE ABA		/i)	Used Maint			Asbe	stos Containing Ma	terial (ACM)	Am		Removal	Repair	Enc	Enclosure
IN Facili		(	Custo	lial S		(1.6	., thermal systems i surfacing, VAT,	nsulation,	(Sp:		SVOL	air.	apsi	OSU
(13)		_	(	12)	т—		other miscellaned			-1 )	=		Encapsulate	ē
boiler room			-	No	N/A								tb	
Doner room		L		3		2 comp	lete boilers	12	2-11	b	$\boxtimes$			
<u> </u>			] [	]_				1						
			] [[											
		T	1	٦						-	П			
Name of Registered Was	te Hauler			TN.	JDEP V	Vaste.	Cubic Yards of	Name of Do	giste red Land	ii .	Ш		ш	_
Lilich Corporation				0.056	auler ID		Waste		S I andfill					
City, State					18724	-	n/a		.o i anum	-	4			
Woodland Park, Ne	w Jereou 07	121					Disposal Date	City, State						
					310			Morrisvi	lle, 'ennsy	ania				
Completed By (Print or Ty	ype)	Title	555				Signature	0		Date	,			
Momo Glavatovic		Vice	Pres	ide	nt		(~	EA		i	51.	no	15	55
SB-41		-						<u> </u>	L		10	-	10	

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

MAY 11

State of New Jersey									
Notification of Abbestos X-14C. 8667-7 and 12-120-70   Pursuant to X-1			5550 14	CATON	Tersev		-01	3	
Parametric N_JA_C. 8, 560-7 and 12;120-7				- 1	LACE / LIVE LILL	クドキーゴー	) 5 (	1	
Series   Molfing   Series		No	tification o	TAC. 8:6	60-7 and 12:120-7)	4.1	6.5	TE .	
Barrier   Notification   11   12   13   14   14   15   15   15   15   15   15		(	Pursuant to N.	J.A.C.		Operator 2)	74 5 2 50	10	-
Display   Special Content				P	amapo Indian i iii	gional B /E			1
Second   Comparison   Contract   Contract	Date of Notification (1)			10	troot Address	1 20 50	-	15	
DE PEA	03/21	Notification Type	<u>se</u>	-	State 7ip Code				47.5
Display	Agencies Notified	I⊠ Initial Notific	cation	10	Oakland, NJ 07400		phone Numb	-	
DDC	⊠ EPA	☐ Amended #	notification (incl	uding [	- Contact			* * *	
DEP       Cencelled     FACULTY (NPC ORMATTON   Table   Tabl	□ DCA	inetification)	Tiotin-	1	Frank Ceurveis Di		-		
Name of Facility Windows Absternant is Taking Piace (a)		☐ Cancelled		150	DMATION		-		
School (New Papers Abatement is Taking Place (3)   Subscriptions (softwarthan K 12)   Subscriptions (softwarthan K 12)				ILITY INFO	VDC O.				
Street_Address   School   Street_Address   Septer   100,000	Abstement is	Taking Place (3	0)	1	IN School (K-12)	er than K 12)	homes, etc.)		
Size Address   Safe to the time time to the time time to the time time to the time time time time time time time tim	Name of Facility Where Abatement				Other (i.e. private do	# of Fluors: 3	Blda. Age:	1960's	
Salidade   Street   Source   Street	Ramapo High con-				Sq. Feet: 100,000	eing dem slished)	igh School		
Street Address   Address	Street Address		2 12 (	7)	Current Ose (p.15				
Name of Monitoring Firm Hired by Bidg, Owner (8)   ASCIM No.   Name of Contractor (9)   Panoramic Vindows 2 Door   State Environmental	County (S	3)	County Code (	ily)			-		
Name of Montoring Firm Hired by Bigg, Owner (6)   ASCM 100   Panoramic Window & Door , system; 100	City (5)	Bergen			Name of Contractor (	(9)			
Street Address   Addres	Franklin Lakes	olda Owner (8)	ASCM No.		:- Window	& Door iystems	ic.		
Street Address   A01 Saint James Ave.   City. State, Zip Code   City. State,	Name of Monitoring Firm Hired by E	tal			4 1-1-000				
Street Address   City State . Zip Code   Stockton, NJ 0856   St	RK Occupational & Elivinosis				712 Sergeantsville	Road			
Stockton, NJ 08855	Street Address								
Telephone Number   Telephone Number   Telephone Number   (732)26-0900 x102	401 Saint James Ave.				Ctackton, NJ 0000		License Num	ber	
Phillipsburg, I/O Manager for Monitoring Firm   908-454-6316	City State, Zip Code		1 - 2		- I-shane Numbe	13	01237		
Scheduled Start Date (10)	Phillipsburg, NJ 08865	rm Telephon	6316		1 3				
Scheduled Start Date (10)	Project Manager for West	908-454-		(11)	Name of OSHA M	onitor			
Scheduled Start Darier 107   Ost30145		Schedul	ed Completion L	ate (11)	IAQ GURU LLC		-		
Occupancy Status During Abatement (Check only one)   Status During Entire Period of Abatement   City, State, Zip Code   Lincoln Park, NJ 07035	Scheduled Start Date (10)	08/30/15	5		Street Address				
Facility Offices Rooms (002,004,006,008)   Source of Work (Check all that apply)		ment (Check on	ly one)		87 Main Street				
Facility Offices Rooms (002,004,006,008)   Source of Work (Check all that apply)	Occupancy Status During Abate	ng Entire Period	of Abatement		City State, Zip C	code			
Source of Work (Check all that apply)   Sou	☐ Facility Closed/Value  ☐ Facility Closed/Value  ☐ Paperement Performed Outside	e of Normal Fac	mey						
Source of Work (Check all that apply)   Source of Check (Check all that apply)	Describe				Lincoln Park, N				
Source of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥ 160 sf or ≥ 260 lf   □ Demolition	Describe: Mon-Sat 7	7:00 -3:30							
Source of Work (Check all tiles Leptical Processing Removation   Sigle Procedure   Proc	1					Mini Enclosu			
Demontor   Demontor	Source of Work (Check all that	t apply)		⊠ Renova	ation				
Location of Asbestos-Containing Material (ACM) in Facility (13)   Second Solely by Maint./Custodial Staff? (12)	0.15		58		1 Demolition		le Procedure	Abatemen	t Type
Location of Asbestos-Containing Material (ACM) in Facility (13)   Staff?   Surfacing, VAT, or other misc.)   Surfacing, VAT, or other misc.   Surf	☑ > 160 sf or	≥ 260 lf		1 6	on of Ashestos Containi	ing Materi II	pecify SF or		
Location of Asbestor Containing Material (ACM) in Facility (13)   Surfacing, VAT, or own Maint./Custodial Staff?    Maint./Custodial Staff?    YES		Light ocation	Normally	Description (ACM) (i	i.e. thermal systems insi	ulation,		Enclose	1,00
Main Offices Rooms (002,004,006,008)   X	Location of Asbestos-			surfacing	, VAT, or other miso.)			DZI I	
Main Offices Rooms (002,004,006,008)	Containing Waterial	(12)			Danals G	laze & C; ulk	3&C)286LF	0.000000	
Main Offices Rooms (002,004,006,008)	1 00000			Trans	site Window Panels, C			152	
Carteria Courtyard (Hall,005)   Carteria Courtyard (Hall,005	Main Offices Rooms					Slaze, Cai Ik &	G&C)176LF		
Suidance Offices Rooms	(002,004,006,008)			Trans			(VAT)119SF	X	
Cafeteria Courtyard	orsing Rooms	- 0		V.		and the second s	(G&C)286LF		
Cafeteria Courtyard	(041,041A,042,043,017)	5,0	[X]	Tran	nsite Window Panels,	Giazo G , EE	(T) 2005F	X	
(Hall,005)       100 Wing Rooms (101,103, 105, 107A,107 & 2 Exit Doors       III       Transite Window Panels, Glaze, C ulk & VAT (VAT)51SF       III	10047			Tro	neite Window Panels,	Glaze & Caulk	(T) 336 SF		
105, 107A,107 & 2 Ext.   32 Windows   100/200 Wing Rooms   203,203A,201,102,104,106,10   Ext.   100 Wing Rooms   100 Wing R	(Hall,005)	13		Ira	21 windows	Glaze, C ulk &	(G&C)704LF	X	
105, 107 A, 105   32 Windows   32 Windows   Gaze & Caulk   (G&C)506LF   (T) 368 SF   (T) 368 S	100 Wing Rooms (101,10	oors	X	Tra	nsite Window Panels, VAT	Accesses 100 to	(VAT)51SF		-+-
203,203A,201,102,104,104,105,110,112	105, 107A, 107 & 2 25					Glaze & Caulk	(G&C)506LF		
6A,108,2 EXIL DOOTS,  100 Wing Rooms (109 111,113,115,117)    XAT	203,203A,201,102,104,10	),112		Tra	ansite Window Panels	vs	(G&C)374LF	X	
1400 111.713,113,113	6A,108,2 EXIL DOORS			Tran	site Window Panels, C	Glaze, Ca Ilk &	(T)272SF		
	1400 111 113,113,111		X	I VAT	W 95		(VAT)18LF		v
400 Wing Rooms (401,405,407, Back Hall, 2		1, 2		17 W	vindows				
Exit Doors)	(401,405,407, 200 Exit Doors)		1						

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

400 Wing Room 424		X	Transite Window Panels, Glaze & Caulk 5 Windows	T) 80SF		X	
400 Wing Front Hall		X	Transite Window Panels, Glaze & Caulk 11 Windows	G&C)24 T) 1765		X	
300/500 Wing Breezeway		X	Transite Window Panels, Glaze & Caulk 20 Windows	T) 3205		X	
500 Wing Rooms (551, 553,555,557,559,Exit Door)		×	Transite Window Panels, Glaze, Caulk 8 VAT 11 Windows	G&C) 2/ T) 1765 VAT)18		X X	
Cafeteria Courtyard (Hall)		X	Pipe Fitting Insulation Via Glovebag Removal	2 Fitting <1 LF)		X	
Other Rooms (900,016,020,032)		X	Transite Window Panels, Glaze & Caull 14 Windows	(T) 2245		X	
Associated Windows (kitchen,Café Courtyard,100 Wing,400 Wing,500 Wing)		X	Transite Window Panels, Glaze & Caull 10 Double Doors 3 Single Doors	(G&C)46 (T) 208 5	: 0	X	
Name of Reg. Waste Hauler	NJDEP Wa 0036057	ste Haul	er ID # Cubic Yards of Waste			of Registered Landfill	andfill
Panoramic Window & Dr Sys Inc				Disp sal Da		City, Star Allentow	
Completed by (Print or Type) Mark M Jovic	<u>Title</u> Consultar	t	Signature	/-	ate 5	-11-15	

MAY 2 8 201

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

								14		F 1	
Date of Notification (1) May 22, 2015			Name of Build	ing Owner/Oper DnA I	rator (2) Demolition	19		)	(,7	93	2
[ ] DEP [ ] Amer	Notification	tion	Street Address City, State, Zi	2156	Camplain Road		1 L	AY 2	0.2	015	
[X] DOH [X] Emer	ndment # gency (includ	ing			orough, NJ 088	4					
DCA .	ication) ellation		Name of Conta	ect Itonio Dimuz	io	Teleph	Number				
		TA		DAGATION							
Name of Facility Where Abatement is Taking	Dlace (2)	FAU	CILITY INFO	KMATION	T 6F11 (	<del></del>	_				
Residence	riace (3)				Type of Facility (	Sch	(k-12)				
Street Address					[ ]	Subs	pter 8 (ot	her than	k-12)		
430 3 <sup>rd</sup> Avenue					[x]	Oth:	i.e., priva	te & con	nmerci	al build	lings,
City	County (6)		County Code (7		Square feet	# 0	loors	Bldg.			
Elizabeth	Union		(STATE USE C	INLI)	N/A Current Use (Pric	if being	I/A molished)	)	N.	/A	-
N 614 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Resid						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	Name of	Abatement Contrac		racting,	Inc			
Street Address				Street Ad	ldress						
City, State, Zip Code				City, Stat	te, Zip Code	Route	Unit 61				
Project Marie Co. Marie Co.	- T 1				Tom	River	ew Jers		55-12	271	
Project Manager for Monitoring Firm	Tele	phone Number		732-34	e Number 9-9932		License N 00624	lumber			
Scheduled Start Date (10) 5/22/15		eduled Complet 5/25/15	ion Date (11)		OSHA Monitor	3.1. 4.					
Occupancy Status During Abatement (Check	only one)			Street Ad		3.L. An	ytical				_
[ X ] Facility Closed/Vacated					1056	Stelton	load				
Abatement Performed ( Other – Describe		rmal Facility H	ours	City, Stat	e, Zip Code		Y	0000	.,		
						:away, ]			)4		
Scope of Work (Check all that apply)				[ ]	Full Containme Mini-Enclosure		ative Pres	sure			
[ ] >3 sf or ≥3 lf	]	] Renova	ation	[ ]	Glovebag Proc						
[ X ] ≥160 sf or ≥260 lf	[>	[ ] Demol	ition	[x]	Non-Exempted	(*) and	n-Friable I	Procedur	е		
						T		Abate	ment 7	Гуре	
Y		ocation	97	Descriptio				R	R	Е	Е
Location of Asbestos-Containing Material (ACM)		ally used lely by	ĺ	Asbestos-Con Material (A		(Si	ount cify SF	Е	E	N	N
TO BE ABATED		nce/Custodial		(i.e., thermal:		(3)	LF)	М	P A	C A	C L
in facility	5	Staff		insulation, su			2-7	0	I	P	o
(13)		(12)		VAT, o				V	R	S	S
	YES 1	NO N/A		other miscella	ineous)			A		U	U R
7			1				-	L		Е	Е
Exterior	X		Asbestos f	loor tile on sl	ab	400	3f	X			
						-					
						+	-		-		
Name of Registered Waste Hauler	NJDE	P Waste Hauler		Yards of Wast		tered Lar	ăll				
Guardian Contracting, Inc. City, State		20223 Dispo	sal Date	City, Sta	T.R.R.F.						
Toms River, New Jersey		5/26	/15		wn Pennsylvai	ia					
Completed by (Print or Type) Nicholas Fernicola	Title Project M	Ianager	Signature	11-12	11			Date 5/22/	2015	i	
			n for asbestos l	icensure exem	pted activities.						

CK 3442

Date of Notification (1) 05/22/15			1100 Street 10 Locks		Owner/Oper ROWITZ	ator (2)			<b>KA</b> Y	2 :	20	15	
Agencies Notified	Type Notification			Address VENTUR	RA DRIVE								
DEP X DOL	Initial Amended Amendment			tate, Zip Co EWOOD,	ode NJ 08701	9					C Fe		
DOH DCA	Emergency ( justification) Cancellation	including		of Contact	ROWITZ			Teleph	ie Nun	nber			
			FAC	CILITY INFO	ORMATION			-	-			-	
Name of Facility Where	Abatement is Taking	g Place (3)				T	ype of Facility (4			V5 (500)			
Street Address 108 VAN BUREN	-					E	School (K-12 Subchapter & Other (i.e. pr etc.)	(Other II			dings,	home	es,
City (5) LAKEWOOD, NJ		3				1000	quare Feet 000	# of Fig 3	S	E	Bldg. A	ge	
County (6) OCEAN COUNTY			County (STATE	Code (7)	)		urrent Use (Prio	if being (	molish	ed)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)	ASC	M No.	200		Abatement Cont		S				
Street Address					Sti	reet Ad			_				
City, State, Zip Code					Cit	ty, State	e, Zip Code						
Project Manager for Mor	nitoring Firm		Teleph	one No.	Te	lephon		TL		٥.	004754		
Start Date (10)		Scheduled (	Completion	n Date (11)		Same and the	8-9078 OSHA Monitor	12	0				7.2
06/02/15		06/02/15		N 2			EAD PROFES	SIONA	S				
Occupancy Status Durin  × Facility Closed/Vac	ated During Entire F		tement			reet Ad WHIT	dress E DOVE CO	JRT					
	ned Outside of Norm	al Facility Ho	ours		100		e, Zip Code VOOD, NJ 08	701					
Scope of Work (Check A	III That Apply)								-				3///
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition				Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure				re.	
		1000000	cation								Abate	ement	t
Location			nally olely by	7.20179.01000	Descrip						1)	ре	$\overline{}$
Asbestos-Containing TO BE AB In Faci (13)	ATED	Mainte Custodi (1	nance/ al Staff? 2)	(i.e.	tos Containir thermal syst surfacing, other misce	tems in , VAT, o	sulation, or	(Spec SF or	1	Removal	Repair	Encapsulate	Enclosure
EXTER	IOR	Yes N	lo N/A		SIDI	NG	<del></del>	2000	F	X			
	.01(		-		OIDI				-	Λ			
								-					
Name of Registered Was NEWARK CARTING			NJDEP Hauler II		of Waste 10 YARD		Name of R	gistered	andfill				
City, State NEWARK, NJ					Disposal D 06/02/15	ate	City, State BETHLE		-				
Completed by JOSEPH PERLSTE	IN	Title OWNER	?		Signa				Dat 05	e /22/1	15		



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

Date of Notification (1) 05 /	20 /	15			1			er/Operator () Elizabeth	2)							
Agencies Notified	Notified    Type Notification   Initial   Amended   Amendment #_   Emergency (incligitation)   Cancellation   Cancellation					Address					- 4	r V	1 0	201	<u> </u>	-
☐ EPA	2723	illO11				onvent R	oad									
⊠ DOLWD						State, Zip C										
☑ DHSS	Amendme	ent #						7060								
☐ DCA			uding			rristown,		7 300		Teleph:	a NI	- d co				
(NJAC 5:23-8)						of Contact				i elepri.	= 101	111111111111111111111111111111111111111				
	☐ Cancellati	ion			Jar	nes Garis	sn			_						
		N.			FA	CILITY IN	FOR	MATION								
Name of Facility Where A	Abatement is T	aking l	Place	(3)					Type of Faci	ity ( ·)						
Henderson Hall									School (K		n 1/	10)				
Street Address							11114200		☐ Subchapt ☐ Other (i.e				al bui	lding	S,	
2 Convent Road									homes, e							
City (5)									Square Feet	# of F	ors		Blo	g. Ag	je	
Morristown													-			
County (6)					Cou	nty Code (7	)(STAT	TE USE ONLY)	Current Use	(Pri r if beir	dem	olishe	ed)			
Morris									college							
Name of Monitoring Firm	Hired by Build	ling Ov	vner (	8)	ASCM	No.	Nan	ne of Abateme	ent Contractor	(9)						
Whitman Companie							Li	lich Corpor	ation							
Street Address							Stre	et Address			-					
7 Pleasant Hill Roa	d						60	06 McBride	Ave							
City, State, Zip Code							City	, State, Zip C	ode		_					
Cranbury, NJ 0851	2						1		rk, NJ 0742	4						
				Tel	ephone	No	-	phone No.	,		No.					
Kevin Lovely	intorang r inin				32-390			73-225-8400		011						
Start Date (10)	10	chedu	led C					ne of OSHA N			-			-		
	1				5_ /		3000000		mental Labs	;						
Occupancy Status During	g Abatement (0	Check	only o	ne)			Stre	et Address								
					ement		2:	333 Route 2	2 West							
☐ Abatement Performed	d Outside of No	ormal F	acility	y Hou	rs - De			, State, Zip C								
Time of Abatement: _	AM	PM	/	_PN	l	_AM		nion, NJ 07								
Scope of Work (Check a	II that apply)						1		tainment with	Nos ativo Pr	11150					
☐ >3 sf or >3 lf			⊠ Re	nova	tion			Mini-End		iveg slive Fi	Suite					
⊠ ≥160 sf or ≥260 lf			De			20			g Procedure							
						_		Non-Exe     Non-Exe	mpted (*) and	No -Friable	roce	dure				
				Loca									Ab	atem	ent T	уре
		,			lely by	Ashe	etne (	Description of Containing Ma		Ar	unt		Re	Repair	En	En
		"			ance/		e., the	rmal systems	insulation,	(S:	cify		Remova	pair	caps	Enclosure
The state of the s	ity		Cust	todia (12	Staff?			urfacing, VAT		SF	LF)	1	al		Encapsulate	ure
(13)		1	Yes	No	1	-	Ott	ner miscellane	ousj						te	
biological/chemical	lab					transite	e hoc	ods		41	sf					
biological/chemical						table to	ps			1,5	2sf	-				
hallway						elbows				1:	If					
chemical lab.offices						glue do	ots			4	sf		$\boxtimes$			
Name of Registered Was	ste Hauler		orași III		NJDEP			oic Yards of	Name of R	egis ered La	fill					
Lilich Corporation					Hauler		Was	ste		V.S Landfil						
					1872	4	Dier	oosal Date	City, State			- 11				-
City, State Woodland Park, No.	1						1	la		ille PA						
							110		111011131		-	Det				
Completed By (Print or T	ype)	Title						Signature	700 -			Date	- 7	1		
Momo Glavatovic		VIC	ce pr	esid	ent			(	XX			5	0	10	12	

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)	W. Fart Address		Name	of Building Ow	ner/Operator	(2)			MP	PRON			-
Agencies Natified Type Notification				Address	HAD M	DISTON SC	1 3/1	lept.				r Ser	vices
□ EPA ☑ Initial			16-	- 20 BA			100	-1		gnalut	Y 12	-	SA
☐ DEP ☐ Amended ☐ Amendmen	t#	_	City, St	ale. Zip Code	1 NT	0700	र विश	1	11	<u>S</u>	Timo:		747
区 DOH justification)	(including	-		of Contact		0 / 0 0		lepho :	Nun	abor			*****
□ DCA □ Cancellation				torid			1 10	industing.	Mari	NOU!	7	رج. ﴿	
Name of Facility Where Abatement is Taking	g Place (3)		FAC	ILITY INFOR	MATION	Topo of Facility	<del></del>		MA ATT		- 1		
BELLOVILLE + MURTON BO	te Coppet L					Type of Facility  School (K-							
Street Address 16-20 BELLBULLE AVE				717	Trimen	☐ Subchapter	8 (( the	er tha	·12)	i			
City (5)	·					图 Other (i.e. etc.)			rcla	buil	dings	home	28,
Bloom Field						Square Feet	# 6	f Flaci			Bidg. G		
County (5)	***********	1	County	Code (7) USE ONLY)	- 19	Current Use (Pr	iog if xei	ng de	lishe	ed)	<u> </u>		
Name of Monitoring Firm Hired by Building (	Owner (8)			OM No.	7 Al	STORE	1 1.00	-					Autorite announce de
And the space of the state of t		50500000	7000	TIM IACT	A. M	of Abatement Co AC Contracting In	ntractor	(9)	de la company			-	
Street Address				711 17 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address /reeland Ave.		HirmsHd4,Aak D					distribution or
City, State, Zip Code			uu.t.		City, S Midia	itale, Zip Code	<del>-</del>		•				
Project Manager for Monitoring Firm			Telep	hone No.	Telept	one No. 262-5841		Lice:	) No				
Start Date (10) 5/3-1/13	Schedule	ed Clar	mpletion	Date (11)	Name	of OSHA Monitor		D()	6				
Occupancy Status During Ahatement (Che	-t- Only On	(4)		,		ega Environmente	al Se Alc	es in	•	-		TTO National Sections	_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:	Period of Al	holam	nant		280 F	Address luver Street late, Zip Code			_				
Scope of Work (Gheck All That Apply)						nsack, NJ 07608	i						
□ ≥3 sfor≥3 if	E D.		•						-				
Æ ≥160 of or ≥260  f	■ (E) (160)	enoval emoliti			120	Full Containme Mini-Enclosure		Vegat	Pre	95176	9		
-					2	Glovebag Prod Non-Exampted	edu 3	Nan-li	hie	Proc	edure		
		Locat				to the same of the		71011	-010	1,00	Abat	ement	
Location of Asbestos-Containing Material (ACM)	Use	lorma d Sois	iy by	Ashaetae	Description	of					T	ype	
TO BE ABATED  In Facility		ntena odial 8		(i.e. the	mai systems surfacing, VA	flaterial (ACM)	(5	mourt Specif		끃	,	Esca	E 3
(13)	-	(12)		pt	hor miscellan	eous)	S	or Lif		Removal	Rapair	Escapsulate	алвадэпЭ
A CONTRACTOR OF THE PROPERTY O	Yes	No	N/A	21000	5					-		alto	ø
BASBABAT		-	×		PIPE	The training of the same and		3 8	100	X			
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											of hard a balance		
Name of Registered Waste Hauler	<u>].</u>	133	Interior	note 2	41-52								
Newark Certing, Inc		7	JOEP W	No, of	rbic Yards Waste 2	Name of			THE				NAME OF TAXABLE PARTY.
City, State, Zip Code			04509		sposal Date		PA B kh		ndfi	II Cor	р.		manusia E
Newark, NJ 07105					1 30 / 15	City, State	a, Zip Co etner , P	180° A					and the second
Completed by R. McDonald	Title Preside	nf			Signature	JAMOIY	01		Date	1	- 1	_	
	Fricalde				100	· III omas	40	1	5	-/2	2/	15	1

							OS ABATEMENT								
Date of Notification	(1)	(PC					and 12:120-7 Owner/Operator				1000		-	1 4	
5-21-2015				Sar	nuel	Est	reicher				1				
Agencies Notified	Type Noti:	fication	n s	Stree	t Addr	ess					-		202		
[ ]EPA	[X]Initi	al		79	High	land	d Ave				MAY	2 3	2015		
[]DEP	Noti	ficatio	n	City,	State	. Zip	Code								
[X] DOL	[]Amend		- 11				s,NJ,07078	8							
[X] DOH	Noti	ficatio	1000		of Con		* *		Malanha	.c. Muse					
15 5	[ ]EMERG	ENCY					reicher		Telepho	ie num:	I			13	
[ ]DCA	[ ]Cance	llation		-		100.	-0101101								
					FACI	LITY I	NFORMATION			·	-				
Name of Facility Whe	re Abateme	ent is T	akin	g Pla	ace (3)			Type	of Faci	ity (4	-				
Same as above								r :	School	(K-12)					
Street Addres								1 :	Subchaj	ter 8					
Street Addres								[X	Other cial 1	i.e., uildin					
								Smiare	e Feet		Floors		dg.		
City (5		Coun	ty (	6) Ess	ex	Cou	nty Code (7)	320		W 0	3	1	95	nge	
						(ST	ATE USE ONLY)	2.00	nt Use	Prior	beir			shed)	)
												_			i
Name of Monitoring F	irm hired	by Buil	ding	ASC	M No.		Name of Abate	ment Co	ontracto	r (9)					
Owner (8) N/A							AZTECH N	<b>IANAG</b>	EMENI	, In					
Street Address							Street Addres	s		<del></del>					
							86 Chris	stoph	er St						
City, State, Zip Cod	e						City, State,	Zip Coc	ie		-				
							Montclai			42					
Project Manager for	Monitorino	Firm	Tele	ephon	e Numb	er	Telephone Num	ber			Lic	cense	Numl	oer	
		000000000000000000000000000000000000000	N/				(973) 744		0		5 55 55 55	037			
Scheduled Start Date	(10)	Sched. C	comple	etion	Date	(11)	Name of OSHA	Monitor							
6-2-15		700	3-1.			A	N/A								
-	ear	Month		ay	Year		1000 • Ordina								
Occupancy Status Dur [X]Facility Clos							Street Addres	s							
of Abatement	5														
[ ]Abatement Per Hours - Descr					Facilit	-Y	City, State,	Zip Coc	ie						
[ ]other - Descr					ript»										
Scope of Work (Check	all that	apply)			31.00						-				
[77] > 2 - C	. 2 . 7 . 7						[ ]Full			th Neg	tive I	ress	ire		
[X]>3 sf or []>160 sf o			- E) 62		ovation olition		[ ]Mini- [X]Glove								
					201-11 10 1 <b>2</b> 12 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	×	[]Non-F			re					
Location	of			Is catio			Description	on of				Aba	teme	nt I	Type
Asbestos-Con	100			rmal: Used			Asbestos-Con		ī	Αι	unt	R	R	N	N
Material	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		S	olely	Y		Material			100	cify	E	E	CA	C
TO BE ABA			te	nance	e/	ine	(i.e., thermal sulation, surf			1	or ')	A O	Ā	PS	0
(13)				stodi ff (:			or other misce			1	,	A L	R	U	UR
		3	Yes	No	N/A								-		E
Basement					X	Pip	e Insulat	ion		95	f	X	_		
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				TI - To											
Name of Registered W			0.00000	DEP W	aste ID No.	0.5430703	ic Yards Waste 1.5		of Reg:		andfi	11			_
AZTECH MANAGI	EMENT,	INC.		040		OL	maste 1.3	G.R	.O.W.	S.					
City, State	212/10 SIS						posal Date	0.70	State						
Montclair, NJ	07042					6	-4-15	Mor	risvi	lle,	PA 1	.906	7		
Completed By (Print	or Time!	Title					C:					\			
Constantine Vi		Pres	i de	n t			Signature	t			1	Date		F	
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State of New Jersey

Check # 15161

[]EPA [X]I	(E	ursu	ant to	NJAC	8:60-7	os abatement and 12:120-7							
5-22-15 Agencies Notified Type N	(E		Account the control	V. Carlotte State Control	A STATE OF THE STA	The state of the s						-	
Agencies Notified Type N		- 1	1		raing	Owner/Operator	(2)						57 10 9
Agencies Notified Type N			Sue			Schwartzn			3 9 5				3
[ ]EPA [X]I	otification	on	Stree	t Addr	ess				-				
	nitial		30	Madi	son	Street			14.4	4 2	- 20	16	
IDEE	Notificati	on	City	State	7in	Podo.			-			***	
r 1Ac	mended				1900, 1900 N <del>a</del> ra - 1	NJ,07028		6					
Name and the second second	Notificati												
	MERGENCY			of Con		Schwartzn	Telephon	· Numb:					
[ ]DCA	ancellatio	n	Sue	2 G I	2 v all	SCHWALCZI	lan						
				FACI	LITY I	NFORMATION				13.00			
Name of Facility Where Aba	tement is	Takir	ng Pla	ce (3)			Type of Facil:	ty (4)					
Same as above							[ ]School						
Street Addres							[ ]Subchapt [X]Other (:						
								ilding					
							Square Feet	# of	Loors	Bl	dg. A	ge	
City (5	Cou	nty	(6) Ess	ex		ty Code (7)	2500	3		9	91		
					(512	III OSE ONEI)	Current Use_(I	rior_i	bein	g dei	olish	ned)	
Name of Monitoring Firm hi	rod by Pui	ldin	~ 300	M No.		Name of Abata	ment Contractor	(0)	_				
Owner (8)	red by Bul	· Tarri	y ASC	M NO.		The same of the sa	ANAGEMENT						
N/A Street Address						Street Addres			_				
Street Address							topher St						
City, State, Zip Code							act to the second contract		-				
city, state, zip code						City, State, Montclai	r, NJ 0704	2					
Project Versey for Verity	m/	m - 1	1			300 - 30 - 30 - 30 - 30 - 30 - 30 - 30	3-0:50 S02/63 C02/6 EX	_					
Project Manager for Monito	ring Firm	N/	0.00	e Numb	er	Telephone Num (973)744				ense 037	Numbe 1	er	
Scheduled Start Date (10)	Sched.	Сотр	letion	Date	(11)	Name of OSHA	Monitor						
6-3-15		5-4-				N/A							
Month Day Year Occupancy Status During Ab	Month		Only	Year		Street Addres	•		-				
[X] Facility Closed/Vac						Derect Addres	5						
of Abatement [ ]Abatement Performed	d Outside	of No	rmal I	Facili	tv	City, State,	Zin Code	-	_				
Hours - Describe: «( [ ]other - Describe: «(	OffHours De	escri	pt»		-	orcy, scace,	aip code						
Scope of Work (Check all t						1			-				
[17]							Containment wit	h Nega	ve P	ressu	ire		
[X]>3 sf or >3 lf []>160 sf or >260	lf	- 7		vation		957 S	Enclosure bag Procedure						
	. 2023						riable Procedu	е	_				
Location of			Is ocation			Description	on of			Aba	temen	t T	ype E
Asbestos-Containin	g		Used	-		Asbestos-Con	taining	Amo		RE	R	NC	NC
Material (ACM) TO BE ABATED			Solely Wair			Material ( (i.e., thermal		(Spe	Lfy	M	E	A P	LO
In Facility			enance		ins	ulation, surf		LI		V	A	S	S
(13)	1		aff (		(	r other misce	llaneous)			A L		L	R
Basement		res	NO	X	Pin	e Insulat	ion	120	f	X	-	•	E
				-		- 11104140	2011		-	-		-	
									-			-	_
Name of Registered Waste H	auler	No	DEP W	aste	Cub	ic Yards	Name of Regis	tered	indfi	11			
AZTECH MANAGEMEN			7040	ID No.	1 22333	Waste 1.5	G.R.O.W.						
City, State		1	1040		Dis	posal Date	City, State	-	-				
Montclair, NJ 070	12				1000000	-5-15	Morrisvi	le,	'A 1	906	7		
		17.6											
Completed By (Print or Typ	ASS	و د				Signature	Ψ.		1	ate	2 00		
Constantine Vivian	rres	Tde	nt			1 /1 //				5-2	2-15	5	

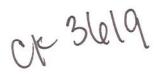
State of New Jersey

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

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) VERIZON /15 Street Address Agencies Notified Type Notification 126 LAKESIDE BLVD. EPA Initial Notification City, State, Zip Code DEP Amended Notification LANDING, NEW JERSEY 07850 DOL Cancellation DOH On Hold Name of Contact T :lephon: \umber DCA EMERGENCY N DOUGLAS O'HARE **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4 School (K-12 **VERIZON** Subchapter { (Other t in K-12) Other (ie. pri ate & co mcl. bldgs., homes, et Street Address Square Feet # of FI: 's Bldg. Age 9 GATES AVENUE 57,000 City (5) County (6) County Code (7) Current Use (Prior f being molished) MONTCLAIR **ESSEX** (STATE USE ONLY) COMMERCIAL OF FICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abateme it Cont stor (9) ESIS HEALTH & SAFETY PAR ENVIRONME TAL CO 17 RPORATION Street Address Street Address 436 WALNUT STREET 313 SPOOK ROCH ROAD City, State, Zip Code City, State, Zip Cor e PHILADELPHIA, PA 19106 SUFFERN, NEW ) ORK 1( Project Manager for Monitoring Firm Telephone Number Telephone Number icense Number **BRIAN KINGSBURY** 201-356-5166 845-369-7500 Expected : Start Date (10) Sched. Completion Date (11) Name of OSHA Mc nitor /15 3 / 30/ 15 QUALITY ENVIRO IMENT Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Coc e WAPPING ERS FALS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negat ve Prest re Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amou REMOVAL REPAIR ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Speci TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or !. ) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A X FLOORS 1-3 -EXTERIOR CAULKING 6t SF X ROOF X COPING STONE CAULK 5( SF X 1ST FLOOR SIDEWALK CAULK 5 3F X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registerer Landfil EXPRESS WASTE LLC Hauler ID No. 20-40 110 SAND CO. 26981 City, State Disposal Date City, State NEWARK, NEW JERSEY MELVILLE, NY 117 )4 6/3-8/30/2015 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

MAY 11

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)		-				-
	) / 15	_		Fra	nklin Tw	p. Public School	s		į.	AY 2	9	015	
Agencies Notified Ty	pe Notification			Street	Address			-					
□ EPA □	Initial			175	5 Amwe	II Road							
⊠ DOLWD	Amended	1		City S	State, Zip (	Code			-				
□ DHSS   □	Amendment #					J 08873							
	Emergency (in	cluding	1		of Contac			Talank	AI.				-
(NJAC 5:23-8)	justification) Cancellation			220000	2.22	80 900		Telepho	3 Milu	nner			
	Cancellation				ene Bies								
None of Facility Miles of About		Disease	(0)	FA	CILITY IN	FORMATION	The second secon						
Name of Facility Where Abai	ement is Taking	Place	(3)				Type of Facility (		米	ž.			
Conerly Road school							School (K-12		303.5				
Street Address							Subchapter 8 Other (i.e., pr	i rate and	omme	ercial bu	ilding	ıs	
35 Conerly Road							homes, etc.)						
City (5)			6-6-6				Square Feet	# of F	rs	BI	dg. A	ge	-
Somerset, New Jersey	08873										N.		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	r if bein	emoli	shed)		-	
						*	school		1	6			
Name of Monitoring Firm Hir	ed by Building (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-				
AHERA Consultants, I			,	0057		Lilich Corpor	Commission of the Assessment of the Property of the Commission of		į				
Street Address							acion		_				
						Street Address							
PO Box 385						606 McBride						2012	
City, State, Zip Code						City, State, Zip Co							
Oceanville, New Jerse	5					Woodland Pa	irk, New Jersey	07424					
Project Manager for Monitori	ng Firm	40	Tele	phone	No.	Telephone No.		Licens	No.				
John Smoyer			6	09-652	-1833	973-225-8400		011	1				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OSHA M	lonitor		-			-	-
05/26/1	5 0	06_ /	04	1_/_	15	J&S Environr	nental Laborat	ries In					
Occupancy Status During Ab	atement (Check	c only o	one)			Street Address					-		
Facility Closed/Vacated D	The second control of the control of			ment		2333 Route 2	2 West						
★ Abatement Performed Out					cribe	City, State, Zip Co							
Time of Abatement:	_AMPM/3:30	PM	12:0	0_AM		Union, New J							
Scope of Work (Check all tha	t seed of					Officit, New 3	ersey 07063						
Scope of Work (Check all tha	іт арріу)					⊠ Full Cont	ainment with Neg	tive Pres	III				
≥3 sf or ≥3 lf			novat			☐ Mini-Encl	osure	i live i ic.	216				
≥160 sf or ≥260 lf		☐ De	molitic	on		☐ Glovebag			1				
						☐ Non-Exe	mpted (*) and Nor	Friable	ocedu	ire			
			Loca Vorma							Ab	atern	ent T	уре
Location of Asbestos-Containing Mate	orial (ACM)		d Sole		Anha	Description o		۸		R	Re	Щ	ū
TO BE ABATEL		Ma	intena	nce/		stos Containing Ma		Am: (Sp:	7.7	Removal	Repair	car	ıclo
IN Facility		Cus	(12)	Staff?		surfacing, VAT,		SFC	.F)	val		Encapsulate	Enclosure
(13)		· · ·		1	1	other miscellane	ous)					ate	10
		Yes	No	N/A	ļ				_		-		
boiler room			$\boxtimes$		comple	te boilers(gaske	ts,ribs,rope)	2-11	b				
		П	П	10					-	1	F		
				1					_	+-	][	1	
				<u>                                    </u>	<u> </u>	Ta			-		Ш	Ш	Ш
Name of Registered Waste H	auler		1183	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist		11				1
Lilich Corporation				18724		n/a	G.R.O.W.S	andfil					
City, State						Disposal Date	City, State						
Woodland Park, New J	ersey 07424						Morrisville,	<sup>2</sup> erins	rania				
Completed By (Print or Type)	Title	,				Signature	- 1		TD	ate.			-
Momo Glavatovic	199	ice Pr	eside	ent		/	( the		110	-10	0	<	
ASB-41							100			52	U	7	
MAY 11	*	Do not	use th	nis form	for asbest	tos licensure exemp	ted activities.						



MAY 11

Date of Notification (1)	-	1000000		Name	of Buildin	g Owner/Operator (2	2)						
	15	_		year case was co		p. Public School							
Agencies Notified Type Notifica	ition			Street	Address				-				
☐ EPA ☐ Initial				175	5 Amwe	II Road							
☑ DOLWD ☑ Amended		6:			State, Zip (	F3.0.10.40.40.40.40.			-				
□ DHSS Amendme	ent #			1 23377	100000	NJ 08873							
□ DCA     □ Emergence		uding											
(NJAC 5:23-8) justificatio	1000000				of Contac	\$		lelephon	Mumi	200			
☐ Cancellati	ion				ene Bies								
Name of Facility Where Abatement is T	akina l	Dlace	/3\	FA	CILITY IN	FORMATION	Tuna of Facility	3					
	aking i	riace	(3)				Type of Facility (	/ //					
Sampson G Smith school							School (K-12) Subchapter 8		K-12	Y.			
Street Address							Other (i.e., pri				ilding	IS,	
1649 Amwell Road		77					homes, etc.)				51 5		
City (5)							Square Feet	# of Floo	3	Bl	A.gt	ge	
Somerset, New Jersey 08873													
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Prid	or f being	molis	hed)			
							school						
Name of Monitoring Firm Hired by Build	ling Ov	vner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-				
AHERA Consultants, Inc.				0057		Lilich Corpor			1				
Street Address	-					Street Address							-
PO Box 385						606 McBride	Avenue		1				
City, State, Zip Code						City, State, Zip Co			-		-		
Oceanville, New Jersey 08231						[] 그래픽 학교 () 학교 ( 학교() ( ) 학교		17404					
			T =			경우 그는 그렇게 살아 하지만 하지 않아 하셨다.	rk, New Jersey						
Project Manager for Monitoring Firm				phone		Telephone No.		License	0.				
John Smoyer		_			-1833	973-225-8400		0110					
The state of the s					te (11)	Name of OSHA M	lonitor						
05 /26 /15	06	_ /	1	_ / _	15_	J&S Environ	nental Laborat	ories Inc.					
Occupancy Status During Abatement (C	heck o	only o	ne)			Street Address							
Facility Closed/Vacated During Entire						2333 Route 2	22 West						
						City, State, Zip Co	ode		-				
Time of Abatement:AMPM/	3:30P	M	12:0	0AM		Union, New J							
Scope of Work (Check all that apply)						<u> </u>							
		_					ainment with Nega	at /e Pres:	e				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Rei				☐ Mini-Enc	1900 Maria 1900 Maria 1900						
△ ≥ 160 St 01 ≥ 260 II	L	7 06	molitic	λU			g Procedure mpted (*) and Nor	-Friable F	cedur	·e			
		Is	Local	ion	T		The transfer of the transfer o	- 100101	5000		otono	ant T	
Location of		N	lorma	lly		Description o	f					ent T	
Asbestos-Containing Material (ACM)	)		d Sole ntena	ely by		stos Containing Ma	terial (ACM)	Amo.	3	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility				Staff?	(i.e	e., thermal systems i surfacing, VAT,	nsulation,	(Spe:		lova	air.	aps	losu
(13)			(12)			other miscellane		31-01	,	1 20		ulat	ē
144 mm 2042		Yes	No	N/A					1			æ	
boiler room	1			$t_{\Box}$	comple	ete boilers(gaske	ts,ribs,rope)	2-17	)		П	П	П
	1	7	П	10							F		
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	[												
Name of Registered Waste Hauler	1.00	V/2-1-1-1-1	1123	JDEP \		Cubic Yards of	Name of Regist	er ad Lanci			1 20		
Lilich Corporation				18724		Waste n/a	G.R.O.W.S	Lindfill					
City, State		100000		10124		Disposal Date	City, State						
Woodland Park, New Jersey 07-	424						Morrisville,	Fennsyl	ınia				
Completed By (Print or Type)	Title					Signature	1 1 2		Da	te	-		
Momo Glavatovic		e Pre	seide	nt		Oignature	Cetto		100	1 .	1-1	سکا	
	V10	- 1 10					U			2 0	40	17	
ASB-41 MAY 11	* D	o not	use th	is form	for asbes	tos licensure exemp	ted activities.						





ASB-41 MAY 11	* Do	not u	se th	is form	for asbesto	os licensure exempt	ed activities.			5 100	+		
Momo Glavatovic	1.345.4	e Pre	side	nt		Signature	Ell)			1te	3/1	~	
Woodland Park, New Jersey 07 Completed By (Print or Type)	7424 Title						Morrisville,	enns)					
Lilich Corporation City, State			111	18724		n/a Disposal Date	G.R.O.W.S I	andfil	-				
Name of Registered Waste Hauler			15955	JDEP \ auler	Control of the Contro	Cubic Yards of Waste	Name of Registe		11				
Name of Barrier and American			Ц										
					-				-	٤		Ш	Ц
	-	_			-					10			
JOHN TOOM		<u> </u>		<del>                                      </del>	comple	te boilers(gasket	s,ribs,rope)	2-11	di				
boiler room		Yes	No 🖂	N/A	nome = l -	to boilers/!	in aller are a			K-3			
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)		Used Mai Custo	d Sole ntena odial (12)	ely by ince/ Staff?	Asbe: (i.e	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Ama (Sp: SF a	fy	Removal	Repair	Encapsulate	Enclosure
7			Locat				T				atem	ent T	ype
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if		☑ Rer	novat molitic			☐ Mini-Encl ☐ Glovebag				ıre	3		E V
Time of Abatement:AMPt	M/ <u>3:30</u> P	M	12:0	<u>0</u> _AN	Λ	Union, New J							
☐ Facility Closed/Vacated During En	Normal F	acility	Hou	rs - De	scribe	2333 Route 2 City, State, Zip Co			- 1				
Occupancy Status During Abatement	(Check o	only o	ne)			Street Address			+	-	-		
					ate (11) 15	Name of OSHA M	<sup>onitor</sup> nental Laborat	ries In					
John Smoyer Start Date (10)	Schedu	104.0			2-1833	973-225-8400		011	4				
Project Manager for Monitoring Firm			10000	ephone		Telephone No.	19	Licen	No.		<del>5 15 3</del>	ed liste	
Oceanville, New Jersey 08231							rk, New Jersey	07424					
City, State, Zip Code				-		City, State, Zip Co			-		-		
PO Box 385						606 McBride	Avenue		100				
Street Address				005	1	Lilich Corpor	ation		-				
Name of Monitoring Firm Hired by Bu AHERA Consultants, Inc.	ilding Ov	vner (	8)	ASCN		Name of Abateme							
Name of Markete Electric	11-11 -		-				school						
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pri	r if beir	demol	ished)	-		
Somerset, New Jersey 08873								011	,,5		ug. r	.90	
City (5)							homes, etc.) Square Feet	# of F	)rs	IR	ldg. A	000	
130 Highland Ave							Other (i.e., pr	vate an:	omme	ercial b	uildin	gs,	
Pine Grove Elementary  Street Address							School (K-12 Subchapter 8	(Other		2)			
Name of Facility Where Abatement is	Taking	Place	(3)			(	Type of Facility (	4)	*				
				FA	CILITY IN	NFORMATION					-		
☐ Cancell	lation			Ar	lene Bies	iada				2.0			
(NJAC 5:23-8) justifica	ation)	rounts	,	Nam	e of Contac	et		Teleph	e Nur	nber			
☑ DCA ☑ Emerge	ment #_		1	Sc	omerset, l	NJ 08873			1				
<ul><li>☑ DOLWD</li><li>☑ Amend</li><li>☑ DHSS</li><li>Amend</li></ul>	7 m m m	1		City,	State, Zip	Code			***	-			-
☐ EPA ☐ Initial					55 Amwe	II Road							
Agencies Notified Type Notifi	ication	_			et Address				394	2017	_	-	, 10
05 / 20 /	15			5000		p. Public Schoo							Contract to
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (	2\		-				

### State of New Jersey APPROVED: AUL HORNER, NJOOH NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

		(1-	'ursuant	to N.J	<u>.A.C.</u> 8:60 an	nd 12:120)	== 1	"是#	7 9	19		
Date of Notification			Nam	e of Build	ding Owner / Oper	ator (2)		1× 1	201			
Aganaina Natio	5/18/2015		Haz	let Towi	iship Board of	Education		F.1 4				
Agencies Notified EPA	Type Notific	cation	Stree	et Addres	S			-				
	<b>5</b> 7			Middle								
☐ DEP ☐ DOL		7.	City,	State & 2	Zip Code			-				
		ended	Hazi	et, NJ 0	7730							
⊠ DOH □ DCA		ergency	Nam	e of Cont	act				Toler			
☐ DCA	☐ Can	cellation	Cha	rles Hilo	ner				Telep	none	Nun	nber
Name of Facility 140			FA	CILITY	INFORMATION			-	1			
Name of Facility Wh	ere Abatem	ent is Taking F	Place (3)		Type of Fa							
Raritan High Sch	100				School	l (K-12) NON	UB 8					
Street Address					Subch	apter 8 (Other	than K.	2)				
419 Middle Road					Other	(i.e. private &	Omme:	al buildi	nac ho	maa	-4-	
					Square Fe	et # of	loors				etc.	)
City (5)		County (6)	County	Code (7)	- Joquano I o	# 01	10015		Bldg. A	ige		
Hazlet, NJ		Monmouth	1	(. )	Current Lle	a (Daire if I						
			1			e (Prior if bein	demo	hed)				
Name of Monitoring I	irm Hired h	v Building Own	205 (9)	10001	High Sch			9				
Environmental Co	nnection	, building OW	iei (8)	ASCM		batement Cont	actor (					
Street Address	modulo				Bristol Er	nvironmenta	, Inc.					
120 N. Warren St					Street Addr							
City, State & Zip Cod	0					ver Street						
Frenton, NJ 08608					City, State						100	
			I= .		Bristol, P							
Project Manager for N Rollie Jones	vionitoring F	ırm	Telephone	Number	Telephone	Number		icense l	Number			_
	(40) Ta		609-392-4		(215)788-6	3040		0509				
Scheduled Start Date		Scheduled Con		e (11)	Name of OS	SHA Monitor		-				
5/19/2015			5/22/2015	10221 10262	Bristol En	vironmental	Inc.					
Occupancy Status Du	iring Abatem	nent (Check or	nly one)		Street Addre			3				
Facility Close	d/Vacated D	ouring Entire Po	eriod of Aba	tement	1123 Basy							
Abatement Pe	erformed Ou	tside of Norma	al Hours - 7	am to 3p	m City, State 8					-		
Describe: 4	:00 PM to	12:30AM		T/F 669	Bristol, PA							
Facility Occup	ied During A	Abatement			Diristor, 17	13007						
cope of Work (Check	k all that app	oly)						_				
						D EULC	ntoine	- A		_		
≥3 sf or ≥3 If			⊠ Reno	ovation		Mini C	nclosure	nt with N	egative	Pre	ssure	9
≥160 sf ≥260 l	f		=	olition		=						
				Ontion				edures				
Loca	ation of		Is Location			Non-E	empter	and Non	n-Friable	e Pro	cedu	ıre
	-Containing		Normally U		Descriptio		12		Ab	atem	ent T	уре
	al (ACM)		Solely b		Asbestos-Cor	ntaining	(5					Ť
	ABATED		Maintenand	e or	Material (A (i.e., thermal s	(CIVI)	SI	or LF)	70		E	m
in F	acility		Custodial St		insulation, surfa	cina VAT			Removal	Repair	Encapsulate	Enclsoure
(	13)		(12)		or other miscel	laneous)			100	pai	nsc	SOL
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and D Wing					Pipe Insula			LF				
una b tring			<del>                                     </del>		ttings (Cut and		1	) LF				
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me of Registered Wa	aste Hauler		NJD	EP Waste	Cubic Yards	Name of Reg	stered	andfill				Ш
				er ID No.	of Waste	1	otorca	MIGHI				
rvice Transport G	roup Inc		2099	90	5	Minerva La	adfill					
y, State					Disposal Date	City, State		-				
w Castle, DE	7				5/22/2015	Waynesbu	7 OU					
mpleted By (Print or	Type)		Title			waynesbul	J, UH	_				
no Pizzigoni	. , , , ,			not	Signature		1		Date	,		
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			ivian	ager	1	111	/ //		1	100		- 1

### State of New Jersey APPROVED: AUL HORNER, NJOOH NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

12# 1812

Date of Notification (1)		INI- CE				,	KH	001			
5/18/2015		Name of E	Building (	Owner / Oper	rator (2)		LY 2	1 141	J		
Agencies Notified Type Notific		Street Add	ownshi	p Board of	Education						
☐ EPA											
☐ DEP ☐ Initia	al	421 Midd	e Road	<u> </u>							
	ended	City, State	& ZIP C	ode						-0.25	
☑ DOH ☑ Eme	ergency	Hazlet, N	J 07730	)							
	cellation	Name of C Charles H						Teleph	hone	Nun	nber
								720 0			
Name of Facility Where Abatem	ent is Taking Place	FACILI	TY INFO	DRMATION			A STATE OF				
Raritan High School	ent is raking Flace	: (3)		Type of Fa							
Street Address				→ School	ol (K-12) NON 5	UB 8					
419 Middle Road				Subch	napter 8 (Other	:han K-	?)				
				Other	(i.e. private & c	ommen	al buildi	ngs, ho	mes,	etc.	)
City (5)	County (6)	County Code	(7)	Square Fe	et # of F	loors		Bldg. A	ge		
Hazlet, NJ	Monmouth	county Code	(7)								
	MOUNTOURN				e (Prior if being	demoli	ned)				
Name of Monitoring Firm Hired b	y Building Owner (	0) 1.04		High Sch							
Environmental Connection	y building Owner (a	B) ASC	CM No.	Name of A	batement Cont	actor (9					
Street Address				Bristol Er	nvironmental	Inc.					
120 N. Warren St				Street Add							
City, State & Zip Code					ver Street						
Trenton, NJ 08608					& Zip Code					-10.7-	
Project Manager for Monitoring F	irm Tele	ephone Numb	201	Bristol, P							
Rollie Jones	0.0000000	-392-4200	Del	Telephone	Number			Number			70
Scheduled Start Date (10)	Scheduled Complet			(215)788-6	0040		0509				
5/19/2015	5/22	/2015		Bristol En	SHA Monitor	(address)					
Occupancy Status During Abatem	ent (Check only or	ne)		Street Addr		nc.	_	70.000			
	uring Entire Period	of Abatemen	nt	1123 Beav							
Abatement Performed Out	tside of Normal Ho	ours - 7am to	3pm	City, State &			_				
Describe: 4:00 PM to	12:30AM			Bristol, PA							
Facility Occupied During A	Abatement			Director, 1 7	13007						
cope of Work (Check all that app	oly)			(4)		_					
≥3 sf or ≥3 lf					☐ Full Cc	ntainm	t with N	legative	Pre	COLIFC	
	$\boxtimes$	Renovation			Mini-Eı	closure		oguneo	1 100	Suic	ě.
≥160 sf ≥260 lf		Demolition				lag Pro					
		61-					ind Non	-Friable	Pro	codu	150
Location of	ls	Location	1	Descriptio	on of	1				ent T	
Asbestos-Containing Material (ACM)	Norr	mally Used	P	Asbestos-Cor	ntaining	(1)		7100	ALCITIC	2111	ype
TO BE ABATED	Main	olely by tenance or		Material (A	(CM)	SI	or LF)			ш	_
in Facility	Custo	odial Staff?	l)	.e., thermal s	systems			Rer	Re	пса	Enc
(13)	0 000	(12)	Or	ulation, surfa other miscel	laneous)			Remova	Repair	psu	Enclsoure
	Yes	No N/A	0,	outer miscer	ianeous)			<u>a</u>	7	Encapsulate	ıre
Wing				Pipe Insula	otion						
and D Wing							LF	$\boxtimes$	Ш		
	H				wrap from	1	LF	$\boxtimes$			
		<del>           </del>		fiberglass	line)						
		HHH					4				
		片片									
me of Registered Waste Hauler		NJDEP Wa	note Cul	hia Vanda	IN CO		_				
3		Hauler ID N		bic Yards Waste	Name of Reg	stered .	ndfill				
rvice Transport Group Inc		20990	VO.  01 V	5	Minomedia	46:11					
y, State			Dia		Minerva Lai	arili	-				
w Castle, DE				posal Date 5/22/2015	City, State						
mpleted By (Print or Type)		Title		nature	Waynesbur	, UH					
no Pizzigoni		Project	Sigi	V- D		10		Date /	,		
5-111		Manager	1 X	kno The	zegone	1-1		5/18	3/13	>	
			/	//	(1 /)	11		/	/		



Date of Notification (1) 05/21/2015			1		Building (		perator	(2)				W.A.	1 2	3 2	015	
Agencies Notified	Type Notification		5555	eet Ad WYN	dress NDALE	AVE.						-				
DEP  DOL	Initial Amended Amendment	#			e, Zip Co SHAD		08052					_		9		140
▼ DOH DCA	Emergency ( justification) Cancellation	including	100000	me of 0	Contact					Tele	ephi	e Num	ber			
				FACIL	ITY INFO	DRMATI	ON			. —	-	-				
Name of Facility Where RESIDENTIAL	Abatement is Taking	Place (3)						Economic .	of Facility (4 School (K-12							
Street Address 22 WYNDALE AVE								×	Subchapter ( Other (i.e. pretc.)	(Othe				dings,	home	es,
City (5) MAPLE SHADE									re Feet	# of	FI	rs	0.35	ldg. A	ge	
County (6) CAMDEN					ode (7) SE ONLY	)			ent Use (Prio		ng (	molish	ed)			
Name of Monitoring Firm	,	Owner (8)		ASCM	No.				atement Cont			I SE	R\/I(	CES	INC	
Street Address 904 KINGS ARM D	AMARINE. I						Street	Addre	ss	NIVIL	.141	IL OL	1 ( ) 1 (		IIVO	
City, State, Zip Code				-2.79			City, S	state, Z	IS RUN		-					
DOWNINGTOWN,							MUL	LICA	HILL NJ (	3062	2					
Project Manager for Mor	nitoring Firm		5765700	ephon 4-432	e No. 2-9363		Teleph 610-	none N 304-4			0.	nse No 45	0.			
Start Date (10) 05/26/2015		Scheduled 05/27/20		etion D	ate (11)		Name EMS		HA Monitor							
Occupancy Status Durin		9701 070					Street 200		ss 30 NORTI							
Abatement Perform	ated During Entire F ned Outside of Norm RESIDENTIAL- CRA	al Facility H	lours						ip Code NSON, NJ	. ——	77	-				
Scope of Work (Check A	All That Apply)						CIIVI	VAIVII	INSOIN, INC			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		novation nolition	1			×	Mi	Il Containme ni-Enclosure ovebag Proc on-Exempted	dure	2019742		20.00	(CT) (1	e	
			ocation											Abate	emen pe	t
Locatio Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED Lity	Used S Maint Custod	rmally Solely be enance dial Staf (12)	i		tos Cont thermal surfa		Nateria s insul T, or	ation,	(8	mcı Sper	У	Removal	Repair	Encapsulate	Enclosure
		Yes	2000	N/A		1170 1000 1000		8							е	2220
CRAWL S	SPACE		-	X		DUC	T PAF	PER	-	4	0.	-	X			
Name of Registered Wa	ste Hauler		NJDI	EP Wa	aste	Cubic	Yards		Name of F	∍giste	rei	andfill				
ASSURED ENVIRO	NMENTAL SEF	RVICES	100000000000000000000000000000000000000	er ID N 4895	No.	of Wa			MINER	A LA						
City, State MULLICA HILL, NJ							sal Date 72015		City, State		RG	ОН				
Completed by RON SWANSON		Title GM					Signature	alk	Obie	111.	7:	7 Da	te /21/2	2015		
ASB-41 (R-06-08)		5/				U	* Do no	ot use	this form for	sbest	tos	ensure	exen	npted	activi	ities.

NOCH

PD 15050

# NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 5/8/15				Owner / Operator				-
Agencies Notified  EPA  DEP  DOL  DOH  DCA	Type Notification		Street 119 W City, S Toms Name	Address  /ashingtor  tate & Zip C  River Nev  of Contact  d Baldwin	Street		130	MAY 2	2015 elephone Number
			FAC	ILITY INF	ORMATION				
Name of Facility WI Toms River Cent Street Address 19 Washington S	tral Office	ent is Taking Plac			Type of Facility School (kg) Subchap	(-12) ter 8 (Other tl e. private & co	mmerci		s, homes, etc.)
City (5)		County (6)	County C	ode (7)	37000		3		80
Toms River	N	Ocean		\$ - 200 P	Current Use (	Prior if being	demoli	ed)	00
Name of Monitoring			r (8)	ASCM No.	BRISTOL E	NVIRONME		IC	
Street Address 1253 NORTH CH	прси стр	EET			Street Addres 1123 BEAVE				
City, State & Zip Co	ode	<u> </u>			City, State & Z BRISTOL, P	Zip Code		-	
Project Manager for		irm T	elephone	Number	Telephone Nu			cense Nu	mber
Harold Baldwin			56-840-8		215-788-604			_	00509
Scheduled Start Da ON HOL	.D	Scheduled Comp		e (11)	Name of OSH BRISTOL E	A Monitor	NTAL	C	
Abatement Describe:	sed/Vacated	During Entire Per utside of Normal ) AM	riod of Aba		Street Addres 1123 BEAVE City, State & 2 BRISTOL, P	ER STREET Zip Code			
Scope of Work (Ch								40 400 800	
<ul><li>≥3 sf or ≥3</li><li>≥160 sf ≥26</li></ul>	60 If		Dem	ovation nolition	±	Mini-E Glove Non-E	nclosure Bag Pri cempter	edures and Non-	gative Pressure
	ocation of		Is Locati	20-01-a	Description Asbestos-Conf		A series	nount	Abatement Type
Mat TO I	tos-Containin terial (ACM) BE ABATED n Facility (13)	N	Normally L Solely b Maintenand Custodial S (12) Yes No	ce or	Material (AC (i.e., thermal sy insulation, surfac or other miscella	CM) ystems ing, VAT	ξ.	or LF)	Enclsoure Encapsulate Repair Removal
Admin Ramp Are	a				Vat/Mast	ic		0 SF	
Name of Registered			Ha	uler ID No.	Cubic Yards of Waste	Name of Re			
City, State		DUP, INC.	209	990	3 Disposal Date	City, State		H 44688	
NEW CASTLE, D			17:11		Cianatura	WAYNESE	UKG,	T 44000	Date
Completed By (Prin PATRICK T. DeC			PR	e OJ. MGR.	Signature	T.D.	D lece	jl	5/8/15

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

	(Pur	suar	nt t	to <u>N.</u>	J.A.(	<u>C.</u> 8:6	60 and	12:120	0)		2#0	28/6	2015	
Date of Notification (1)							/ Operato		_					
5/8/15						MUNIC	CATIONS	5						
Agencies Notified Type Notific	ation			Addre		n Stre	o f							
DEP   Initia	d			State 8			et				-			
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DCA Cand	cellation	На	arol	ld Bal	ldwin							26		
			FAC	CILIT	Y INF	ORM	ATION				-			
Name of Facility Where Abatem	ent is Taking Place						e of Facili	ty (4)						
Toms River Central Office							School (I							
Street Address							Subchap							
19 Washington Street											al building			
		T				Squ	uare Feet		of I	loors	BI	dg. Age		
City (5)	County (6)	Cour	nty C	Code (	7)		37000			3		-	80	
Toms River	Ocean					1000000	rent Use (			demo	ned)			
No. of Maritanian Firm History	ou Building Owns	- (0)	-	IACC	AA NIa		MMUNIC			notor /				
Name of Monitoring Firm Hired t		(0)		ASC	M No.		me of Aba			1,71				
Street Address	1					_	eet Addres		1 4141	IV I / N	10			
1253 NORTH CHURCH STR	EET						23 BEAV		REE	Г				
City, State & Zip Code							, State &							
MOORESTOWN, NJ 08057	- 1						ISTOL, F		7					
Project Manager for Monitoring I		elepho			per		ephone No 5-788-604				icense Nu	umber 00509		
Harold Baldwin Scheduled Start Date (10)	Scheduled Comp						me of OSH		or			00303		
5/26/15		5/28/1		ie (11)			ISTOL E			NTAL	NC			
Occupancy Status During Abate						_	eet Addres							
Facility Closed/Vacated	During Entire Per	riod of	Aba	ateme	nt	112	23 BEAV	ER STE	REE	Г				
Abatement Performed C	utside of Normal	Hours	s – :	7am to	3pm	City	, State &	Zip Code	9					
Describe: 5 PM - 1:3	0 AM					BR	ISTOL, F	A 1900	7					
Facility Occupied During	The second of th													
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SERVICE TRANSPORT GRO	OUP, INC.		1	990		3		MINE	RVA	LAND	ILL			
City, State	,		_			Dispo	sal Date	City, St	tate					
NEW CASTLE, DE 19720						Section Control				BURG,	)H 44688	3		
Completed By (Print or Type)			Titl	е		Signa	ture					Date		
PATRICK T. DeCARO			PR	ROJ. I	VIGR.	9700	_	in	1	ven	1-0	5/8/15	Š	
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Agencies Notified	Type Notifica	ition		Stree	t Address					-		-		119
□ EPA [	Initial			17	55 Amwe	II Road								
10.00					State, Zip									-
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	☐ Cancellati			200000	ene Bies				relett	ne Numi	Del			
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Name of Facility Where Ab	atement is T	aking Plac	e (3)	ГА	CILITY	NFORMATION	Time of Fee	HIA. 74						_
Conerly Road school		uning i luc	C (5)				Type of Fac		20					
Street Address							School (			an K-12	Y			
35 Conerly Road							Other (i.e	e., t Liv	vate ar	commer	rcial b	uilding	JS,	
							homes,	etc.	1.0					
City (5)	00070						Square Fee	t	# of I	ors	BI	ldg. A	ge	
Somerset, New Jerse	ey 08873													
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use school	(P o	r if be i	demolis	hed)			
Name of Monitoring Firm H	ired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contracto	r (9						
AHERA Consultants,	Inc.			005	7	Lilich Corpor								
Street Address						Street Address				-				
PO Box 385						606 McBride	Avenue							
City, State, Zip Code						City, State, Zip Co				_				
Oceanville, New Jers	ev 08231					Woodland Pa	N.C. 101	ree /	07424					
Project Manager for Monitor	(2015년 기념당 명기 원)		Tele	phone	No	Telephone No.	IN, NEW JE		_	_				
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			00	00-002	-1000	3/3-223-0400			01	)4				
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05 /26 /	15	06	04			J&S Environr		ora :0	ries	<b>).</b>				
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⊠ DOLVVD [	Amended  Amendmen	ıt #2		City,	State, Zip	Code								-
	☐ Emergency		na	So	merset, I	NJ 08873								
(NJAC 5:23-8)	justification	)	19	Name	e of Contac	ot .		$\vdash$ $\vdash$	Tele	one Nu	ımher			-
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Sampson G Smith so		mig i iac	0 (0)				Type of Fa	4 58	.)					
Street Address							School Subcha		Other	han K-	.12)			
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							homes,	etc )						
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Somerset, New Jerse	y 08873													
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Us	e (F rio	r if be	g demo	olished)		-	
Name of Monitoring Firm Hi	ired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme		or (5)		-				
AHERA Consultants,			/	005		Lilich Corpor		(1)						
Street Address	78 (F.56)					Street Address	audii			-				
PO Box 385							A							
City, State, Zip Code						606 McBride				-				
Oceanville, New Jerse	01/ 00224					City, State, Zip Co								
			T= .			Woodland Pa	rk, New Je	ersi y	0742					
Project Manager for Monitor John Smoyer	ring Firm			ephone 09-652	No. 2-1833	Telephone No. 973-225-8400			Lice 01	e No.				
Start Date (10)	Sch	neduled (	Comple	tion Da	ite (11)	Name of OSHA M	onitor			-	-			
05 /26 /		06				J&S Environn	nental Lab	or: to	ries	C.				
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NOCK

**MAY 11** 

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

Date of Notification (1)				Name	e of Buildin	g Ov	wner/Operator (	2)		-		-		
05/21	/1	5		Fra	anklin Tw	/p. F	ublic Schoo	ls						
Agencies Notified Typ	e Notificatio	n	101	Stree	t Address					-	-	- 0	-	
District Control of the Control of t	Initial			17	55 Amwe	II R	oad							
	Amended	9		City,	State, Zip	Code	3	375		-				
	Amendment	_			merset, I									
	Emergency ( justification)	incluain	g		e of Contac				Telenh:	e Numh	ner .			-
The real section of the section of t	Cancellation				ene Bies	D 1000	9		relepir.					
1-										_		-		
Name of Facility Where Abate	mant in Tabi	Di	- (0)	FA	CILITY	NFO	RMATION	1		_				
Franklin Middle school		ng Place	e (3)					Type of Facility (	222					
								School (K-12) Subchapter 8		n K-12\				
Street Address								Other (i.e., pr				uilding	JS,	
415 Francis Street								homes, etc.)						
City (5)								Square Feet	# of FI	ors	В	dg. A	ge	
Somerset, New Jersey	08873													
County (6)				Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (Pri	r if bein	lemolisi	hed)			
								school						
Name of Monitoring Firm Hired	d by Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
AHERA Consultants, In	c.			005	7	1	Lilich Corpor	ration						
Street Address				-		Sti	reet Address			-				
PO Box 385						1	606 McBride	Avenue						
City, State, Zip Code						Cit	ty, State, Zip Co	ode		-				
Oceanville, New Jersey	08231							rk, New Jersey	07424					
Project Manager for Monitoring	g Firm		TTe	elephone	No.	4	lephone No.		Licens	No				
John Smoyer				609-652			973-225-8400		011					
Start Date (10)	Sche	eduled C	omp	letion Da	ate (11)		me of OSHA M							
06 /05 /15			100	19 /	(b) 50	100		nental Laborat	ries Ir					
Occupancy Status During Aba				. 20		_	eet Address			_				
☐ Facility Closed/Vacated Du				tement		100000	2333 Route 2	22 \M/oot						
Abatement Performed Outs	side of Norma	al Facilit	y Ho	urs - Des	scribe		y, State, Zip Co			-				
Time of Abatement:	AMPM/3:3	0PM	12:	00_AN	I		Jnion, New J							
Scope of Work (Check all that	apply)						7111071, 11017 0	01009 07000						
≥3 sf or ≥3 If		⊠ Re						ainment with Nega	tive Pres	ure				
≥160 sf or ≥260 lf			moli				☐ Mini-Encl	17 F F F F F F F F F F F F F F F F F F F						
								mpted (*) and Non	Friable I	ocedure	9			
		23030		ation							Ab	atem	ent T	уре
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IN Facility		Cus		I Staff?	(1.0		surfacing, VAT,		(Sp:		Removal	=	psu	Enclosure
(13)		V	(12	1		ot	her miscellaned	ous)		100 de	-		Encapsulate	e e
boiler room		Yes	No	N/A	boiler b	roo	ohina		96:	E				
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boiler room		+=-	-	-										Ш
Doller room		1			pipe fitt	tings	s assoc.w/fib	erglass	95	<u>.                                    </u>				
						200000								
Name of Registered Waste Ha	uler		100	NJDEP \		115.350	oic Yards of	Name of Registe	red Lar	11				
Lilich Corporation				Hauler II 18724		Wa	ste /a	G.R.O.W.S	andfill					
City, State				.014		_	posal Date	City, State		-				
Woodland Park, New Jer	rsey 07424					8		Morrisville,	enns	'ania				
Completed By (Print or Type)	Tit	e					Signature o			Date				
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SB 41			J-114				(0)	7		03	121	100	3	

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

NOCK

Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator (	2)		-			
05 /21 /	15	<u> </u>		100000000000000000000000000000000000000					1-0-0-0-0	/	4.5	
Agencies Notified Type Not	ification	-		Stre	et Address				1/21	7	13	
□ EPA □ Initial				2000		II Pood						
☑ DOLWD ☑ Amen	ded											
☑ DHSS Amen	dment #	1		1 5								
		cludir	ng									
	1			Nam	e of Contac	ct		Telepi	ne Numb	per		
☐ Cance	ellation			Ar	lene Bies	iada		1				
				FA	ACILITY II	NFORMATION						
	is Taking	g Plac	æ (3)				Type of Facility	(4)		THE STATE OF THE S		
MacAfee Road school												
Street Address							Subchapter	(Other	an K-12)			
53 MacAfee Road							U Other (i.e., p	ivate an	commerc	cial buildir	gs,	
City (5)								14.5		Tau	V. Const	
	3						Square reet	# 01	ors	Blag. A	\ge	
County (6)				Too	unti Cada /	71/07475 / 105 048 14		1,				
County (c)				Col	inty Code (	(STATE USE ONLY)	( ) ( ) ( ) ( ) ( )	or if beir	demolisi	hed)		
None of Maria de Citation												
	uilding C	Owner	(8)	ASCN	/I No.	Name of Abateme	ent Contractor (9)					
				005	57	Lilich Corpor	ation					
Street Address						Street Address			-			
PO Box 385						606 McBride	Avenue					
City, State, Zip Code	Notified											
Oceanville, New Jersey 0823	31							, 07/21				
Project Manager for Monitoring Firm			Tel	enhone	- No				-			
John Smoyer												
Start Date (10)	School	ulad (						- 01	14			
						J&S Environi	nental Labora	ories li				
						Street Address						
☐ Facility Closed/Vacated During E	ntire Per	riod of	Abate	ement		2333 Route 2	22 West					
Abatement Performed Outside of	Normal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co	de		-			
Time of Abatement:Alvi-	1V1/ <u>3:30</u>	PIVI	12:0	U_A	VI	Union, New J	ersev 07083					
Scope of Work (Check all that apply)	)						,		-			
A		_					ainment with Neg	ative Pre	sure			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			71.00			☐ Mini-Encl	osure					
23 E 100 31 01 E200 11			emonu	on		☐ Glovebag	Procedure	, Eriable	les se due	_		
		10	sloca	tion	T	M HOH-EXE	ripled ( ) and No	-Filable	Tocedure	T		
Location of						Description of				-	ent T	ype
Asbestos-Containing Material (A)	CM)	Use	ed Sol	ely by	Asbe			Ar:	unt	Re	En	En
	100 1100				(i.e	, thermal systems i	nsulation,			mo	cap	clos
		Ous						SF	LF)	a ·	sul	Enclosure
(10)		Yes	T	T	1	other miscellaned	ous)				ate	
boiler room			-	20000								
4			M		2 boiler	<b>'S</b>		1:2	sf			
boiler room					boiler g	askets		Z.	f		П	П
boiler room					boiler b	rick		36	sf		П	П
boiler room		П	$\Box$	П	boiler r	one			Other an K-12) ate an commercial buildings,  # of i pors Bldg. Age  if beindemolished)  742  Licendemolished  743  Licendemolished  744  Licendemolished  745  Licendemolished  746  Abatement Type  Removal  Repair  Repair  1.2 sf			
Name of Registered Waste Hauler	-			LIDED			Name of Boo!-					
Lilich Corporation			10000				1		1111			
				1872	4			Landiii				
City, State	7404					Disposal Date	City, State		9			
Woodland Park, New Jersey	1/424						Morrisville,	Penns	vania			
Completed By (Print or Type)	Title		-			Signature			Date	9		
Momo Glavatovic	Vio	ce Pr	eside	ent		a	10-3			-1 1	20.	_
SB-41							0			201	JW 1.	7
IAY 11	* D	o not	use th	is form	for asbest	os licensure exempt	ed activities.			5 "		

State of New Jersey

Check # 15160

CK 3017

MAY 11

DOLWD	Date of Notification (1)				N			wner/Operator (2								
Initial	05 /	20 /	15		1	Frank	lin Iwp. i	Public Schools	·		17	100	1			-
3   2PA	Agencies Notified	Type Notifica	ition		S	Street Ac	idress									
DOLIVO Sampaon G Smith school  FACILITY INFORMATION  Type of Facility (*) School (K-12) Dolivo (*) Subchaper 8 (*) there the house of th	☐ EPA					1755	Amwell R	load								_
SOME Content (Including plantification)  Someraet, NJ 08873  Name of Contact Arlane Bleslada  FACILITY INFORMATION  Type of Facility (14)  School (Kr. 12)  Sc	⊠ DOLWD				C	City, Stat	te, Zip Cod	le								
Quarter   Quar	☑ DHSS															
Cancellation   Arlene Biesiada   FACILITY INFORMATION	□ DCA			iding	1	Name of	Contact			T	elephone	Number				
FACILITY INFORMATION   Type of Facility (4)   School (K-12)	(NJAC 5:23-8)							ła								
Sampson G Smith school						EACI	ITY INFO	ORMATION								
Sampson G Smith school    County Code   Chief (Le., priv te and shouldings, private that shouldi	65 W MB	Abatamont is 7	Taking E	Diace (3	(1)	1 ACI	L111 1141 V	Ji dina Ci To I I	Type of	Facility (4)						
Street Address  1649 Amwell Road  1640 Square Feet # of Fix # of F			laking r	lace (a	,,				☐ Scho	ol (K-12)						
County (6)   County Code (7)STATE USE ONLY)   Current Use (Prior if Ibeling Somerset, New Jersey 08873   County (6)   County Code (7)STATE USE ONLY)   Current Use (Prior if Ibeling School S		school							⊠ Subc	hapter 8 (	Other tha	K-12)	المستاما	linas		
Square Feet											te and	mmercia	Dullo	iliys,		
County (6)  Somerset, New Jersey 08873  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  AHERA Consultants, Inc.  Street Address PO Box 385  City, State, Zip Code Oceanville, New Jersey 08231  Coupany Status During Abatement (Check only one)  Tacility Closed/Azacted During Entire Period of Abatement Oceans The Coupany Status During Abatement (Check only one)  The Call Coupany Status During Abatement (Check only one)  The Call Check all that apply)  Scope of Work (Check all that apply)  Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Name of Registered Waste Hauler Lillich Corporation  Name of Registered Waste Hauler Lillich Corporation  Title Woodland Park, New Jersey 07424  Completed by (Pint or Type)  Morrisville, Penni India  Title Momor Glavatovic  Title Momor Glavatovic  Title Momor Glavatovic  Assertic Somer of Scheduled Complete bollers (ackly in Spinster Coulon)  Name of Abatement Type  Title Momor Glavatovic  Assertic Somer of Scheduled Complete Signature  Title Momor Glavatovic  Title Momor Glavatovic  Assertic Somer of Abatement Contractor (9)  Lillich Corporation  Name of Registered Waste Hauler Lillich Corporation  Title Momor Glavatovic	1649 Amwell Roa	d									# of Flo	S	Bldg	. Age		
County (6)    County Code (if)(STATE USE ONLY)   Current Use (Phol in feeling Info/Shool)	City (5)								Square	1 001						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0057 Lillich Corporation Street Address PO Box 385 Street Address PO Box 385 Street Address Sol6 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 08231 Project Manager for Monitoring Firm Ohn Smoyer Start Date (10) Start Date	Somerset, New Je	ersey 08873					0 1 (7) (	OTATE USE ON! V	Current	Lise (Prior	if heing	molishe	d)			-
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0057  AHERA Consultants, Inc.  Street Address 90 Box 385  City, State, Zip Code Oceanville, New Jersey 08231  Project Manager for Monitoring Firm John Smoyer  City, State, Zip Code Woodland Park, New Jersey 17424  City, State, Zip Code Woodland Park, New Jersey 17424  City, State, Zip Code Woodland Park, New Jersey 17424  City, State, Zip Code Woodland Park, New Jersey 17424  City, State, Zip Code Woodland Park, New Jersey 17424  City, State, Zip Code Woodland Park, New Jersey 17424  City, State, Zip Code Company Status During Abatement (Check only one)  If sacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM3:30PM-12:00_AM  City, State, Zip Code City	County (6)					County	/ Code (/)(3	STATE USE ONLT)			i ii boilig	,,,,,	70			
AHERA Consultants, Inc.  Street Address PO Box 385 City, State, Zip Code Oceanville, New Jersey 08231 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 City, State, Zip Code Woodland Park, New Jersey 17424 Compiled Signature  City, State, Zip Code Woodland Park, New Jersey 17424 Compiled Signature  City, State, Zip Code Union, New Jersey 17424 City, State, Zip Code Union, New Jersey 07083  Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083  Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083  City, State, Zip Code												-				$\dashv$
Street Address PO Box 385 City, State, Zip Code Cocanville, New Jersey 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) Job / 26 / 15	Name of Monitoring Fir	m Hired by Bui	lding Ov	vner (8	) /		io.			actor (a)						
Street Address	AHERA Consulta	nts, Inc.				0057			ration			_	-			-
City, State, Zip Code Oceanville, New Jersey 08231  Project Manager for Monitoring Firm John Smoyer  Start Date (10) 05 / 26 / 15 Occupancy Status During Abatement (Check only one) Tire of Abatement: AM-pM3:30PM-12:00 AM Scope of Work (Check all that apply)  Date of York (21) Demolition  Report Signature  Location of Absestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Diller room  Diller room  Name of Registered Waste Hauler Lilich Corporation City, State Woodland Park, New Jersey 07424  Completed By (Print or Type) Monical Signature Considered Completion Date (11) Date City, State Cip Code Woodland Park, New Jersey 0823  City, State, Zip Code Woodland Park, New Jersey 0823  City, State, Zip Code Woodland Park, New Jersey 0823  Scheduled Completion Date (11) Date of OSHA Monitor JASS Environmental Laborator ries In Same of Self-Maminior JASS Environmental Laborator ries In Same of Self-M	Street Address	-														
Oceanville, New Jersey 08231  Project Manager for Monitoring Firm John Smoyer  Start Date (10) Start Date (10	PO Box 385									<del>)</del>						-
Description of Asbestos-Containing Material (ACM)   To Be ABATED   IN Facility (13)   Service (13)   To Be ABATED   IN Facility (13)   Description   In Facility (14)   In Facility (15)   In Facili	City, State, Zip Code									0 2000000000000000000000000000000000000						
Telephone No.   Sup-652-1833   Telephone No.   Sup-652-1833   Su		Jersey 08231						Woodland P	ark, Nev	v Jersey						
Start Date (10)   Scheduled Completion Date (11)   O6 / 26 / 15   O6 / 11 / 15   J&S Environmental Laboratx ries In					Tele	phone N	lo.	100								
Start Date (10)		558			60	9-652-					011	1				_
Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement ■ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ■ AM-PW3:30PM- 12:00 AM ■ Prull Containment with Neg. tive Pre. □ Street Address 2333 Route 22 West □ City, State, Zip Code Union, New Jersey 07083    Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ Demolition □ Description of Asbestos-Containing Material (ACM) IN Facility (13) ■ Abatement Type    Abatement Type   Maint-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Nor-Friable   Occupancy Status During Abatement (Check only only only only only only only only			Schedu	iled Co	mple	tion Date	e (11)									
Street Address   233 Route 22 West		/ 15	06	3_ /	11	_ / _	15	J&S Enviror	nmental	Laborate	ries Inc					
☐ Facility Closed/Vacated During Entire Period of Abatement  ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AM-PM/3:30PM12:00_AM  Scope of Work (Check all that apply) ☐ 23 sf or ≥3 if ☑ 2160 sf or ≥250 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Description of IN Facility (13)  Description of Asbestos Containing Material (ACM) For the miscellaneous  Normally Used Solely by Custodial Staff? (12) Yes No N/A  Disposal Date  Nompleted By (Print or Type) Momo Glavatovic  ASB-41  ASB-41  ASB-41  ASB-41  ASB-41  ASB-41  ASB-41  ASB-41  ASB-41  City, State, Zip Code Union, New Jersey 07083  City, State Union, New Jersey 07083  City, State Union, New Jersey 07083  Asbestos Containing Material (ACM) An Init Asbestos Containing Material (ACM) Asbestos Containing Ma			(Check	only or	ne)			Street Address								
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/3:30PM12:00 _AM	Tacility Closed Vac	ated During En	tire Per	od of A	bate	ment		2333 Route	22 Wes	t						
Scope of Work (Check all that apply)    Sope of Work (Check all that apply)   Signature	M Abatement Perform	ned Outside of I	Normal	Facility	Hour	s - Desc	cribe	City, State, Zip C	Code		N-Str.					
Saf or ≥3 if   Saf or ≥260 if   Senovation   Senovation   Secondary   Senovation	Time of Abatemen	t:AMP	M/ <u>3:30</u>	PM	12:0	0_AM				07083						
Saf or ≥3 if   Saf or ≥260 if   Senovation   Secondary   Second	Saana of Work (Check	all that annly)		-				100.00		20 12 N 12 W						
Solution of Asbestos-Containing Material (ACM)   Solution   Sol		can macapping								t with Neg	tive Pre	ure				
Non-Exempted (*) and Not Private   Cededita   Cededit	≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf							☐ Gloveb	ag Proces	dure						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  boiler room    Description of Asbestos Containing Material (ACM)   Secondary Secondary Containing Material (ACM)   Secondary Se	≥160 st of ≥260 if				1101111			☐ Non-Ex	cempted (	*) and Nor	-Friable	rocedure		727		
Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF t LF   SE t LF   Surfacing, VAT, or other miscellaneous   SF t LF   SE t LF				ls	Loca	tion							Aba		ent Ty	
Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF t LF   SE t LF   Surfacing, VAT, or other miscellaneous   SF t LF   SE t LF										CNA	Anı	int	Re	Rep	Enc	Enc
Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF t LF   SE t LF   Surfacing, VAT, or other miscellaneous   SF t LF   SE t LF			CM)				Asbes	stos Containing in thermal system	s insulation	on,	(Sp	ify	Non	pair	aps	Sol
Yes   No   N/A				Cust			(1.0	surfacing, VA	T, or		SF t	LF)	<u>a</u>		sula	ure
boiler room    Complete boilers(gaskets,ribs,rope)   Complete boilers(		3-3633-25						other miscellar	neous)						te	
Doublet room   Doublet Bollers(gaskets, hbs, rope)   Doublet Bollers				Yes	No	N/A						-				
Name of Registered Waste Hauler Lilich Corporation  City, State Woodland Park, New Jersey 07424  Completed By (Print or Type) Momo Glavatovic  Name of Registered Waste Hauler Hauler ID No. 18724  NJDEP Waste Hauler ID No. 18724  Cubic Yards of Waste G.R.O.W.S Landfi n/a  City, State Morrisville, Penns  Date  Signature  Date  Signature  Date  Signature  Date  Signature  Date  Date  Date	hoiler room						comple	te boilers(gas	kets,ribs	s,rope)	2-	rlb	M	Ш	Ш	Ш
Name of Registered Waste Hauler Lilich Corporation  City, State Woodland Park, New Jersey Momo Glavatovic  NJDEP Waste Hauler ID No. 18724 Disposal Date Cubic Yards of Waste G.R.O.W.S Landfin/a Disposal Date City, State Morrisville, Penne Vice President  Name of Registered La Iffill  City, State Morrisville, Penne Vania  Date  Signature  Date	201101110111				П											
Name of Registered Waste Hauler Lilich Corporation  City, State Woodland Park, New Jersey  Momo Glavatovic  Waste Hauler ID No. 18724  Disposal Date  City, State Morrisville, Penns  Date  Signature  Momo Signature  Disposal Date  Signature  Date  Signature  Date  Signature  Date  Date  Date  ASB-41				-			-						П	П	П	П
Name of Registered Waste Hauler Lilich Corporation  City, State Woodland Park, New Jersey Momo Glavatovic  NJDEP Waste Hauler ID No. 18724  Disposal Date City, State Morrisville, Penns Vania  Completed By (Print or Type) Momo Glavatovic  Name of Registered Late if ill Waste G.R.O.W.S Landfi Disposal Date  Signature  Signature  Signature  Date  Signature  Date  Signature  Date  Signature  Date  Signature  Date  Date															-	
Name of Registered Waste Hauler  Lilich Corporation  Hauler ID No. 18724  City, State  Woodland Park, New Jersey  Or424  Completed By (Print or Type)  Momo Glavatovic  ASB-41  Maler ID No. 18724  Disposal Date  City, State  Morrisville, Penns  Ivania  Date  5 20 5								12 88				-				
Lilich Corporation    Aske   City, State   Disposal Date   City, State   Morrisville, Penne   Ivania	Name of Registered	Naste Hauler		1					1			ifill				
City, State Woodland Park, New Jersey 07424  Completed By (Print or Type) Momo Glavatovic  Disposal Date  City, State Morrisville, Penns Ivania  Date  5 20 15									G	.R.O.W.S	Landf					
City, State Woodland Park, New Jersey 07424  Completed By (Print or Type) Momo Glavatovic  ASB-41  * De net use this form for ashestos licensure exempted activities.						18/2	4									
Completed By (Print or Type)  Momo Glavatovic  Title  Vice President  Signature  5 20 15	Woodland Dark	New Jersey	07424						M	orrisville	, Penn	Ivania				
Momo Glavatovic  Vice President  5 20 5  ASB-41  * Do not use this form for aspestos licensure exempted activities.		kan arang aran			_			Signature		1.0		Da	te			
ASB-41 * Do not use this form for ashestos licensure exempted activities.			0.000		!	dant.		Olgriature	6	111			51	20	15	
* Do not use this form for aspesios licensule excilibite delivitios.	Momo Glavatov	ic	\	rice P	resic	Jent .			U				4	V-C	1	
				Do no	t use	this form	n for asbes	stos licensure exe	empted ac	ctivities.						



Date of Notification (1)				N			wner/Operator (2							
05 /	20 / _	15	-8		Frank	lin Twp.	Public Schools	5	17.15	200	nië.			
Agencies Notified	Type Notifica	tion		S	treet Ac	idress				1 22/200				
☐ EPA					1755	Amwell F	Road							
☑ DOLWD	☐ Amended			C	City, Stat	e, Zip Coo	de							
□ DHSS	Amendme	ent #				rset, NJ								
□ DCA	⊠ Emergen		uding	-		Contact	000.0		3la-1			- <del> </del>		
(NJAC 5:23-8)	justification	1		l.		e Biesia	da		1 < 1 0 1					
	☐ Cancellat	ion								_				
					FACI	LITYINE	ORMATION	Time of Facility (4)		-				$\dashv$
Name of Facility Where	Abatement is 7	Taking F	Place (	3)				Type of Facility (4)	l§					
Pine Grove Elemer	ntary							<ul><li>☐ School (K-12)</li><li>☑ Subchapter 8 (</li></ul>	)ther th	K-12)				
Street Address								Other (i.e., priv	ite and :	mmercia	l build	dings		
130 Highland Ave								homes, etc.)						
City (5)								Square Feet	# of Flo	S	Bldg	. Age	•	
Somerset, New Jer	sev 08873													
County (6)					County	Code (7)(	STATE USE ONLY)	Current Use (Prio	if being	molishe	d)			
300.11, (a)								school						
Name of Monitoring Firm	Hired by Buil	Idina O	wner (8	) A	SCM N	0.	Name of Abateme	ent Contractor (9)		1				1
AHERA Consultan		3			2057		Lilich Corpo	ration						
	15, 1110.				,007		Street Address		-					
Street Address							606 McBride	Avenue						
PO Box 385							City, State, Zip C			-				_
City, State, Zip Code						1		ark, New Jersey	17/2/					
Oceanville, New J								ark, New Jersey	License	Vo	-			
Project Manager for Mo	nitoring Firm			2000000000	phone N		Telephone No.		011					
John Smoyer				0.000	9-652-		973-225-8400	La constantina de la constantina della constanti	0111					
Start Date (10)					ion Date	5557	Name of OSHA							
05 / 26	15_	_ 0	6_ /	04	_ / _	15	J&S Environ	mental Laborate	ries in					
Occupancy Status Durin	ng Abatement	(Check	only o	ne)			Street Address							
Facility Closed/Vaca					nent		2333 Route	22 West						
Abatement Performe	ed Outside of N	Vormal	Facility	Hour	s - Desc	ribe	City, State, Zip C	ode						
Time of Abatement:	AMPI	M/ <u>3:30</u>	PM	12:00	AM			Jersey 07083						
Constitute (Charle	all that apply)			[8-50560				#160						
Scope of Work (Check	ali that apply)							ntainment with Neg	tive Pre	ure				
≥3 sf or ≥3 lf			⊠ Re				☐ Mini-En	closure ag Procedure						
≥160 sf or ≥260 lf			☐ De	molitio	n		☐ Non-Ex	empted (*) and Nor	Friable	ocedure	:			
			ls	Locat	ion		_					ateme	ent Ty	ре
Locatio	n of		1973	lorma	100000		Description	of			R	æ	m	Ш
Asbestos-Containin		(M)		d Sole		Asbe	stos Containing M	laterial (ACM)	53333	int	Removal	Repair	пса	Enclosure
TO BE A				intena	nce/ Staff?	(i.e	., thermal systems			LF)	ova	=	psu	ınsc
IN Fac			Ous	(12)			surfacing, VA other miscellan		0, .	_, ,	-		Encapsulate	9
(13	1		Yes	No	N/A									
		_		-	-		te boilers(gask	(ata riba rana)	2-1	rlb		П	П	
boiler room						comple	te bollers(gasi	(ets,ribs,rope)						
			$\boxtimes$									Ш	Ш	Ш
				П	П									
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				Ш				lu de		£;))	السا			
Name of Registered W	aste Hauler			4 550	NJDEP \		Cubic Yards of	Name of Regis						
Lilich Corporatio	n				18724		Waste n/a	G.R.O.W.S	Landi					
City, State					1012		Disposal Date	City, State						
Woodland Park, I	New Jersev	07424						Morrisville	Penn	Ivania				
							Signature	-12		Dai	te	50		
Completed By (Print or		Titl			on4		Olginature .	(att)		-	-10	01	1	Š
Momo Glavatovio		\ \	ice P	esid	ent						10	-	12	
ASB-41			Do no	tuen t	his form	for ashes	atos licensure exe	mpted activities.			1			
MAY 11			טווטע	use l	ins fulli	, or dobed								

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	20 /	15					g Owner/Operator ( p. Public School				14Y 0	-	1115	
Agencies Notified	Type Notific	cation				Address 5 Amwe	II Pood							
⊠ DOLWD	☐ Amende	d				state, Zip (								
□ DHSS	Amendm	nent#_			2000									
☑ DCA	Emerger     Emerger		luding	1			J 08873		=					
(NJAC 5:23-8)	justificat  Cancella					of Contac			Telepho	• Nun	nber			
	U Cancena	10011				ene Bies				_				
Name of Facility Where	Abatament is	Takina	Disea	(2)	FAC	CILITYIN	FORMATION	T 5 F 186 - 7						
Conerly Road scho		raking	Place	(3)				Type of Facility ( ☐ School (K-12)						
Street Address	301							Subchapter 8		n K-1	2)			
35 Conerly Road								Other (i.e., pr	rate and	omme	ercial bu	ilding	IS,	
City (5)							1	homes, etc.)	T# 65		151		1007	
Somerset, New Jer	CEV 08873							Square Feet	# of F	irs	BI	dg. Ag	ge	
County (6)	36y 00073				Cour	ty Codo (	7)(STATE USE ONLY)	Current Hea /Dri	- 16 h - 1 -	laura I	in land V	-		
County (c)					Cour	ity Code (	(STATE USE ONLY)	Current Use (Pri	r ir bein ;	lemoi	isnea)			
Name of Monitoring Firm	Hired by Ruil	Idina O	wner /	(8)	ASCM	No	Name of Abateme							
AHERA Consultant		July O	WIICI (	.5,	0057		Lilich Corpor							
Street Address					0037		Street Address	ation						
PO Box 385							606 McBride	Avanua						
City, State, Zip Code														
Oceanville, New Je	reav 08231						City, State, Zip Co	ode irk, New Jersey	07424					
Project Manager for Mon				Tolo	phone	No	Telephone No.	irk, New Jersey	Licens	NIa				
John Smoyer	intorning i iirri			7 5 25	9-652		973-225-8400		-	45.0 P.06				
Start Date (10)		Schedu	iled C	- 10 V			Name of OSHA M		011					
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05 /26 /	15	_ 06	5_ /	04	_ / _	15	J&S Environ	mental Laborat	ries Ir					
05 /26 / Occupancy Status During					_ / _	15	J&S Environ	mental Laborat	ries Ir					
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Occupancy Status During	g Abatement ( ed During Ent d Outside of N	(Check ire Peri	only o	one) Abater	ment s - Des	cribe	Street Address 2333 Route 2	22 West	ries Ir					
Occupancy Status During Facility Closed/Vacate Abatement Performed	g Abatement ( ed During Ent d Outside of N	(Check ire Peri	only o	one) Abater	ment s - Des	cribe	Street Address 2333 Route 2 City, State, Zip Co	22 West ode lersey 07083						
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Check#2197

MAY 11

Date of Notification (1)					Maria	- ( D. II.II.	0 /0								
The second control of	22	1.5			Name	of Building	g Owner/O	perator (2	)						
			_		Lois S	Schmidt					W.AY	2.3	201		
Agencies Notified	Type Notifi	ication			Street	Address				-					
☐ EPA  ☑ DOLWD	Initial	2.2			502 T	hompson	Avenue								
☑ DOLWD	Amenda Amenda				City, S	State, Zip C	Code								
□ DCA	☐ Emerge		_		Rosel	le, NJ 072	203								
(NJAC 5:23-8)	justifica	ition)			Name	of Contac	t			Telep	ne Numb	er			
	Cancell	lation			Lois S	Schmidt				C ·					
						CILITY IN	FORMAT	TION			_				
Name of Facility Where Al	batement is	Taking	Place	(3)	2,00				Type of Facility	4)	_				
Private house		o vinerous con		( )					School (K-1:						
Street Address		-1-27							Subchapter						
502 Thompson Avenue									Other (i.e., phomes, etc.	rivate a	commerc	cial bu	ilding	S,	
City (5)									Square Feet	# of F	ors	BI	ig. A	10	
Roselle, NJ 07203									oquare r cor	" 01 1	3013	Di	19. M	30	
County (6)					Cour	ity Code (7)	(STATE IIS	F ONLY)	Current Use (P	or if he	demolis	hed)			
Union						, ()	(01111200	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our out (	01 11 20 1	- acinona	1100)			
Name of Monitoring Firm I	Hired by Bu	uilding (	Owner	(8)	ASCM	No	Name of	f Ahateme	nt Contractor (9		-				
	•						Gr Tech		in contractor (c						
Street Address							Street A	(CERCE)			-				
								ley Rd #:	282						
City, State, Zip Code				77- 77-				ite, Zip Co					-		
							500000000000000000000000000000000000000	NJ 0747							
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephor		0	Licer	e No.				_
OUT HE THE BUILD TO SHOULD AND OUT AND A SHOP OF THE SHOULD AND A SHOU						ves: <b>3</b> 90	973-638		25		J 710.				
Start Date (10)		Sched	luled C	omple	tion Da	ite (11)	-	OSHA M	onitor	0112				- 12	<del>-</del>
	15	(	)6 <i>j</i>	03	,	15									
Occupancy Status During							Street Ad		nsultants,Inc						
□ Facility Closed/Vacated					ment			0.000							
Abatement Performed	Outside of	Normal	Facilit	y Hour	s - Des	scribe		agaraw . te, Zip Co	Road, Bldg .#	35E	-				
Time of Abatement:	AM	PI	VI/	PM_		_AM	100 m 25 m								
Scope of Work (Check all	that apply)						Fair Law		and decontamii	otion w	pogativa	25000			
	criat appriy						Н		and decontaining			press	ure		
>3 sf or >3 lf > 160 sf or >260 lf			X Re					Mini-Encl	osure	T		_			
			∐ De	molitic	n		$\boxtimes$	Glovebag Non-Exer	Procedure npted (*) and No	n-Friah	Vegative	Press	ure		
			ls	Locat	ion			71011 Exo	inplod ( ) dild file		1,000001	-	i to m	nt T	
Location of			1	Vorma	lly		Des	cription of	f				ateme		
Asbestos-Containing M TO BE ABAT		M)		d Sole intena			stos Conta	ining Mat	erial (ACM)	A1	unt	Rer	Rep	Enc	Enc
IN Facility			10394930	todial		(i.e	., thermal	systems in ing, VAT.			cify r LF)	Remova	Repair	aps	Enclosure
(13)				(12)				iscellaned		Oli	I Li )	<u>a</u>		Encapsulate	ē
			Yes	No	N/A									O	
Basement					X	Pipe inst	ılation			105 LF		$\boxtimes$	П	П	
		-	П	П	П					100 21					
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			Ш									Ш	П		
Name of Registered Waste	e Hauler			NJI	EP Waste	e Hauler ID No.	Cubic Yar	ds of Waste	Name of Regi	tered La	llift				
Gr Tech LLC				(	03378	35	TBD	)	T.R.R.F. Inc						
City, State							Disposal		City, State		-				
Wayne, NJ 07470							TBD		300	,					
Completed By (Print or Type	pe)	Title	2					nature/	Tullytown, P	1	Dat	10			
	-1	100000000					Sigi	1.1	c Wenad						
N.Jevtic ASB-41		Owi	ner	-				1/00	wenad		05/	22/20	15		
MAY 11		蜂	Do no	t use ti	his form	n for asbes	tos licensu	re exempt	ed activities.						

## State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

以地 1606

Date of Notification (1)					Name of Building Owner/Op Elmwood Park Board of Ed	era or (2) duc ation	VL	y 9 0	2015	77	
May 20, 201		Notification 7	Гуре		Street Address					10	
44222222		m 1-141-1 M-4	:Castion		60 E 53rd St City, State, Zip Code		-				-
☑ EPA □ DCA		Initial Not □ Amended	#		Elmwood Park, NJ 074	107					9
⊠ DOL				ation (including	Name of Contact		eleph	one Nur	nher	1405	
⊠ DEP		justification)			Louise Gerardi						
⊠DOH		☐ Cancelled	l								
				FACILITY INF	ORMATION						
Name of Facility Where Abateme	nt is Ta	king Place (	3)		Type of Facility (4)						
Gantner Avenue Element	ary S	chool			School (K-12)     Subchapter 8 (other that)     Subchapter 8 (other that)     School (K-12)     Subchapter 8 (other that)     School (K-12)     Sch	n I -12)					
Street Address					Other (i.e. private & comme	erci ıl buildin	3., hor	mes, etc	.)		
99 Roosevelt Avenue			82		Sq. Feet: NA # of Flo	ors 2	gA .gt	ge:	1951		
	(6)		County	Code (7)	Current Use (prior if being d	err alished):					
0111	Berg	en		Jse Only)	Current Ose (prior ii being o	on shortoo,					
Elmwood Park	3	3000									
Name of Monitoring Firm Hired b	y Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)						
	Address				Panoramic Window & Doo	r S /stems	c.				
Street Address	Address				Street Address						
Street Address	Address				712 Sergeantsville Road						
					City State, ZipCode						
City, State, Zip Code					Stockton, NJ 08859						
Project Manager for Monitoring F	irm	Telephone	Number		Telephone Number			se Numb	er		
1 Toject Managor Tel Melmerking					P (732)926-0900		)123	7			
		0 1 1 1 1	01-4	Deta (11)	Name of OSHA Monitor		-				
Scheduled Start Date (10)		June 27, 20	Completi	on Date (11)	IAQ GURU LLC						
May 30, 2015		Julie 21, 20	,,,,				_				
Occupancy Status During Abate	ment (C	Check only o	ne)		Street Address						
☑ Facility Closed/Vacated Durin	g Entire	e Period of A	bateme	nt	87 Main Street						
☑ Abatement Performed Outsid Describe	e or ivo	illiai Facility	110015 -		City, State, Zip Code						
⊠Other - Describe: M-F 15:00	23:00				Lincoln Park, NJ 07035						
Sat 0700-15:00							-				
Source of Work (Check all that a	pply)										
> 3 sf or ≥ 3 lf				⊠ Renovation	□ Mini-E	ncl )sure					
₩ > 160 sf or ≥ 2	260 If			□ Demo		IGI vebag					
						on- Friable P	200000000000000000000000000000000000000	S177-			
Location of Asbestos-	Is Lo	cation Norm	ally	Description of A	Asbestos Containing Material	Amou	CE	Abater	nent Typ	<u>e</u>	
Containing Material (ACM) in	Used	Solely by	Cheffo	(ACM) (i.e. the	rmal systems insulation, , or other misc.)	(Speci		Remov	ve Rep	air Enc	ар
Facility (13)	(12)	t./Custodial	Stan?	surfacing, VAT	, or other misc.)	0, 2,		Enclos			
	YES	S NO	NA			0470	:	ालाला		_	
Exterior Windows 1st floor			X	Perimeter cau	lk	2170	3	XX			
				5	alla.	2660	:	XX	-		
Exterior Windows 2 <sup>nd</sup> Floor			X	Perimeter Cau	IIK	2000					
	1	_	X	Perimeter Cau	ılk	570 1.		XX			
Gym/multipurpose room			William State		101111111111111111		New	e of Reg	ictored I	andfill	
Name of Reg. Waste Hauler		NJDEP W	aste Hau	ler ID #	Cubic Yards of Waste			Landfill		andill	
Panoramic Window & Dr Sys	inc	0036057									
I allorantic Window & Dr Gys						Di posal I	te		City, Sta Allentov	n PA	
									Allentov	ni, FA	
					4		_				
Completed by (Print or Type)		<u>Title</u>	V121		Signature / )/		Date	20, 201	5		
Mark M Jovic		Consultar	nt		10/1/h/		iviay	20, 201			
					1111	_	-				

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

	0 / 1 1 =	1			ime of Building Owner/Oper								
0 5 / 1	9 / 1 5			NJ	-Dept. of Environmental Protec	tion-Natural & Histo	oric Rest Irce	s-Office	Resource Develo	oment			
Agencies Notified Type	of Notification			39930	reet Address 01 EAST STATE STR	EET, 4TH F	LOO {						
[X] I	nitial Notification			Ci	ty, State, Zip Code								
	mended Notification			T	RENTON, NJ 08626-0	420							
[X] DOH []	Cancellation			Na	ime of Contact		T	1,	ephone Numb	er			
[] DCA []	Emergency			M	R. AL PAYNE								
Name of Facility Where Abatement is Takin	g Place (3)			FACI	LITY INFORMATION	Type of Fa	acility (4)		•				
RESIDENCE - ALLAIRE STATE	PARK						1 Cal	hool ()	2)				
Street Address	-1					1			8 (Other tha	n K-12	)		
270 SQUANKUM ROAD						ix	() Otl		orivate & com		-		
City (5)	County (6)			10000	inty Code (7) ATE USE ONLY)	Square Fe	et	1	f Floors	В	ldg. A	ge 50 +	
HOWELL	MONMOUTH						se (Pri r if	being	molished)				
Name of Monitoring Firm Hired by Buildin			ASC	M	Name of Abatem	RESIDE ent Contractor							
TICA ENTITIONE CENTERY MANY	OF STATE OF STATE				.				Washington and the same of the		- 0.200.000		SPECIAL SPECIA
USA ENVIRONMENTAL MANA Street Address	GEMENT INC.			0011	J.R. CONTR Street Address	ACTING &	ENV RO	ONM.	NTAL CO.	NSUI	TIN	VG II	NC.
344 WEST STATE STREET					1141 ROUTE	23							
					City, State, Zip	20			-				
TRENTON, NJ 08618					WAYNE, NJ	07470							
Project Manager for Monitoring Firm			phone		A Languist Commence of the Com			1.	nse Number				
WILLIAM WEISGARBER Scheduled State Date (10)	Scheduled Com		Date (		973 628-9500 Name of OSHA				108				
0 6 1 1 5 / 1 Month / Day / Yea	5 0 6	2	6 ay	_1			ULT, .N	TS, I	2.				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated I	only one)				Street Address								
of Abatement					20-21 WAGA	RAW ROA	D, BI DO	G. #31					
[ ] Abatement Performed O [X] Hours - Describe:	utside of Normal Fac Mon & Fri - 7		n 3:	30 p.i	m. City, State, Zip C								
Other - Describe:				-	FAIR LAWN	, NJ 07410							
Scope of Work (Check all that apply)		[X	Dem	olition	Í	Full Conta	inmen Wi	ith Nes	ve Pressure				
[ ] ≥3 sf or ≥3 lf		1 1	Reno	ovation	***	Mini-Enclo	osure						
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$					[.]			d Non-	iable Procedu	ıre			
									*	_	baten	nent T	_
			Is cation		Description of					R		E	E N
Location of Asbestos - Containing			rmally Used		Asbestos-Containi Material (ACM			4	ecify	E M	R E	C A	C
Material (ACM)		So	lely by		(i.e., thermal syste	ms		81	r LF)	0	P	P	0
TO BE ABATED in Facility (13)	W.		ntenan stodial		insulation, surfacing or other miscella					V A	A	SU	S
		Yes Yes	ff (12) No							L	R	L	R
Exterior		163	140	_	Transite Siding Panel	ls	1.1	125	7	X		E	E
2										-			
										$\vdash$			2-22
Name of Registered Waste Hauler		NTD	EP Wa	ecte	Cubic Yards of Waste	lat.	me of 1 egis	otow d	- 4611				
J.R. Contracting & Environmental	Conculting I	Han	er ID I	No									
City, State	Consuming, Inc	•	1781	,	Disposal Date		y, Stat	itral	inatili		_		-
Wayne NJ 07470					- Spoom Date		n Arį yl,	PA					
Completed by (Print or Type)	Title				Signature	1/		1	Date				
Jerry Bijelonic	Project Man	ager								05/1	9/15		
ASB-41		5.						-			G4667		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

		(P	ursuant	to NJAC 8	3: 60-7 and 12: 120-7)			C.	C 7	70	75	5/0
Date of Notification (1)	er sa a		1	Name of Bu	ilding Owner/Operat	or (2)						
0 5 / 1	9 / 1 5	5	11 1	NJ-Dept. of I	Environmental Protection	n-Natural & Historic Res	o rces-Office :	esource Develo	pment			
Agencies Notified Type of	of Notification		11	Street Addi 501 EAS	ress T STATE STRE	ET, 4TH FLOO	] .	-				
[X] Is	nitial Notification		11—	City, State,				-				
[X] DOL [] A	mended Notification	1			ON, NJ 08626-04	20						
A	mendment				311,110 00020 01.							
[X] DOH [] C	Cancellation		1	Name of Co	ontact		7 (	phone Numl	er		765	
[] DCA [] I	Emergency			MR. AL	PAYNE			7 1				
Name of Facility Where Abatement is Takin	g Place (3)		FAC	CILITY IN	FORMATION	Type of Facility						
4000 000 400 000 000 000 000 000 000 00						Type of Facility	[4)					
RESIDENCE - ALLAIRE STATE Street Address	PARK					[ ]	School (K		****			
						[ ]		3 (Other tha		*		
4290 ATLANTIC AVENUE						2 1/2	buildings	mes, etc.)		aı .		
City (5)	County (6)			ounty Code	10.5	Square Feet	#	Floors	В	Bldg. A		
L	152		(6)	TATE US	S ONLY)	Current Use (Pr	ic · if being t	nolished)			50 +	
WALL TOWNSHIP Name of Monitoring Firm Hired by Building	MONMOUTH (%)	- 14	SCM		I IN	RESIDENCI	22					
			SCIVI		Name of Abatemen	t Contractor (9)						
USA ENVIRONMENTAL MANA	GEMENT INC.		001	112	J.R. CONTRA	CTING & ENV	RONMI	ITAL CO	NSU	LTI	NG I	NC.
Street Address					Street Address							
344 WEST STATE STREET					1141 ROUTE 2	23						
TRENTON, NJ 08618					City, State, Zip WAYNE, NJ 0	7.470						
Project Manager for Monitoring Firm		Telepho	ne Num	iber	Telephone Number		IL	ase Number			_	
WILLIAM WEISGARBER		609-65			973 628-9500		00					
Scheduled State Date (10)	Scheduled Com	pletion Dat	e (11)		Name of OSHA Mo							
0 6 0 8 / 1 Month / Day / Year	5 0 6 Month	Day	인 <sub>,</sub> L	1 5 Year	ENVIRO VISI	ON CONSULT.	A NTS, III	1.				
Occupancy Status During Abatement (Check	only one)				Street Address		-					
[X] Facility Closed/Vacated D of Abatement	uring Entire Period				20-21 WAGAR	AW ROAD, BI	)G. #34					
[ ] Abatement Performed Ou					City, State, Zip Coo			-			_	
[X] Hours - Describe:	Mon & Fri - 7	:00 a.m	3:30 p	<u>.m.</u>	FAIR LAWN,	NJ 07410						
Scope of Work (Check all that apply)					1			-	_			
		[X]D			[X]		t With Neg	e Pressure				
$[ ] \ge 3 \text{ sf or } \ge 3 \text{ If}$		[] K	enovatio	on	[ ]	Mini-Enclosure Glovebag Proced	t 'e					
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$					[X]	Non Exempted (*		able Procedi	ire			
		Is							A	baten		_
¥		Locati			Description of				R		E	E
Location of Asbestos - Containing		Norma Used			Asbestos-Containing Material (ACM)			ount	E	R	C	C
Material (ACM)		Solely	by		(i.e., thermal systems			r LF)	M	E P	A P	L
TO BE ABATED in Facility (13)		Mainten Custod			insulation, surfacing, or other miscellane				V	A	S	S
5 8 6		Staff (	12)	_	or other misecuane	ousy			A L	I R	U L	U R
Interior Walls		Yes N	0 N/A		11 3 A X -	40 1	. 400.6	-	-		E	E
Exterior Roof			X		all and Assoc. Joi Tar Flashing at		5,400 S1		X			
27.001.01			- A		iey Seams	vent &	SF	1 -	X			
	-		+					-				
			$\perp$									
			+	+					$\vdash$			
Name of Registered Waste Hauler		NJDEP	Waste	Cubic V	ards of Waste	Name of	R gistered 1.	idfill				
J.R. Contracting & Environmental	Consulting Y	Wanter T	D No	1								
City, State	Consulting, Inc	. 178	819	Dianasa	A0		(entral)	ndfill				
Wayne NJ 07470				Disposal	Date	City, Stat						
Completed by (Print or Type)	Title			Si	gnature	// Al	5 1, 1 A	Date			-	_
Town: Dilalan!												
Jerry Bijelonic	Project Man	ager			/				05/1	19/15		

ASB-41 Jun-95

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#22742787857 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 / 23 / \_\_\_15 Janusz Golian Agencies Notified Type Notification Street Address ☐ EPA X Initial 105 Hadley Avenue X DOLWD Amended City, State, Zip Code X DHSS Amendment # DCA Clifton, NJ 07011 Emergency (including (NJAC 5:23-8) justification) Name of Contact Tele: one Number Cancellation Janusz Golian FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-' 2) Street Address Subchapter 8 (Othernan K-12) Other (i.e., private a dommercial buildings, 105 Hadley Avenue homes, etc.) City (5) Square Feet # o loors Bldg. Age Clifton, NJ 07011 County (6) County Code (7) (STATE USE ONLY) | Current Use (Frior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (!) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Lice se No. 973-638-1777 011: 1 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 04 / 15 06 / 05 / 15 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination winegative pressure Full Containment with Ne gative F ssure >3 sf or >3 If = 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent wit Negative Pressure Non-Exempted (\*) and N in-Friabl Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Ai punt TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (II ecify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement $\times$ Pipe insulation 60 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Light Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic Owner 05/23/2015 ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#22436291553 (Pursuant to NJAC 8:60 and 5:16) lergency Notification Date of Notification (1) Name of Building Owner/Operator (2) 05 APPI WED 1 Jody Suden Agencias Notified NJ Depty of Health Senior Services Type Natification Street Address Ten I X EPA X Initial X POLWD 7 Edgemont Road Amended DHS\$ City, State, ZIp Code Amendment # DOCA Emergency (Including Montclair, NJ 07042 (NJAC 5:23-8) justification) Name of Contact Cancellation Jody Suden FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house Street Address School (K-12) Subchapter 8 (( ther that -1 2) Other (i.e., privite and c) mercial buildings. 7 Edgemont Road City (5) homes, etc.) Square Feet f of Floo-Montolair, NJ 07042 Bidg. Age County (6) County Code (7) (STATE USE ONLY) Current Use (Prior 'being c: iolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. idense I Start Date (10) 973-638-1777 01127 Scheduled Completion Date (11) Name of OSHA Monitor 24 / 15 05 / 28 / 15 Occupancy Status During Abatement (Check only one) Envirovision Consultants, Inc A Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 35E Time of Abatement: AM City, State, Zip Code PMI Fair Lawn, NJ 07410 Scope of Work (Chack all that apply) Clean up and pecontamination with neg >3 sf or >3 M ≥ 160 sf or >260 If Full Containment with Negative Pressure Renovation Demolition Mini-Enclosure Glovebag Procedure Tent with Negs ve Pressure Non-Exempted (\*) and Non-Fri ible Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Removal Encapsulate Repair Amount Enclosure (I.e., thermal systems insulation, IN Facility Custodial Statt? (Specify surfacing, VAT, or (13)(12)other miscelleneous) Yes No NIA Kitchen  $\boxtimes$ Ceiling sheetrock 200 F X Kitchen X Wall plaster 350 : F X П Name of Registered Waste Hauler NIOFF Waste Hattler ID No. Cubic Yards of Waste Name of Registered \_andfill Gr Tech LLC 0033785 TBD City, State T.R.R.F. Inc Disposal Date City, State Wayne, NJ 07470 Completed By (Print or Type) TBD Tullytown, PA Title Signature N.Jevtic ate Owner ente Wango /22/2015 MAY 11 Do not use this form for achestos licensure exampted activities.

MO#22436291553		NO	TIFI	CATI	State of I	New Je	sey OS ARA	TEMENT			**************************************		-
			(	Pursu	ant to NJ	AC 8:6	D and 5:1	6)		F	or.Go!	zcy No	tification
Date of Notification (1)				Ne	me of Buildi	ng Owne	r/Operator	(2)	ENVE	n mmm :		-	7
	_ / _	-		Jod	y Suden				MAY lant a	APPR (	ED	r Servic	
	e Notification	)U			eet Address				eu V	AGAILII		oervic	68
	Initial Amended			7 E	dgemoni R	chard		-	7	- (sign	5)	1	-
man -	Amended Amendmeni	· #		City	, State, Zip	Cade		Date	5	别是		10:14	AM
	Emergency			1	atclair, NJ			. That			Time;		
(110MC 5(20-6)	lustification)		er eft	Na	ne of Conta	ct			15	T			
	Cancellation	)			y Suden				1 1	ilabhoue	пшре	r -	
					ACILITY I	NFORM	ATION				-		
Name of Facility Where Abate	ment is Tak	ing Pla	ce (3)		-			Type of Facili	he fds				
Private house		10						School (K					
Street Address				-			4 33	- Subchapte	r 8 (0	her than I	12)		*
7 Edgemont Road			*					Uther (I.e.	priva	e and co	nerals	l buildin	gs.
City (5)		- 2		V.				homes, et Square Feet	C.)				
Montolair, NJ 07042								Adriana Leet	1	of Floor:		Bidg. A	ğż
County (6)				Ça	unty Code (7)	(STATE	ISE ON! VI	Comment					
Essex					* (, ,	10	JUL ONLI)	Current Use (	Phor I	being di	Jilshe	d)	
Name of Monitoring Firm Hired	by Building	Owne	r (8)	ASCI	VI Na.	Nema	né Abritan						
								ant Contractor (	9)				-
Street Address						Of Te	Address						
										6			
City, State, Zip Code			9.5 - 508			576 V	alley Rd#	283					
							tate, Zip Or						
Project Manager for Monitoring	Firm		Te	lephone	n Nic	Wayne	, NJ 0747	0					
			,	-cpilain	z nu,	N	опе Ма,	_	1	оепве N		-	
Start Date (10)	Sche	dulad	Comal	dine D	ate (11)	973-63	8-1777	40	0	127			
05 / 24 / 15		05	1 7	8 /	ate (11)	Name	of OSHA M	onitar				-	_
Occupancy Status During Abels		ole and		- 1		Enviro	vision Co	isultants, Inc					
Pacifity Closed/Vacated Duri	no English to					Street .	Address				-		
- wardingly bellowed Office	10 OF Alaston	I Emmitt	ber I.I.			20-21	Wagaraw ]	Road, Bldg .#	35F				
Time of Abatement:	NV- F	M/	PM		AM	City, St	ate, Zip Co	de			_		
Scope of Work (Chack all that a	lylan		0-08	000		Fair La	wn, NJ 07	410					
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>3 sf or >3 M > 160 sf or >260 If		N R	anovat	ion		A	Full Conta Mini-Ende	SILIIMETTI MITTE DIA	gative	Pressur	0.19630		
Ed _ 144 di 01 _2207 II			emoliti	on			Glovebao	Procedure	Tent	rith Nea	ne Pro	Pelle	
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Location of			Nonna			120	10.000		_	-		Abateme	Di Time
Asbestos-Containing Materia TO BE ABATED	(ACM)	Use Use	ed Sole	ely by	Ashma	De tos Cont	scription of	erial (ACM)			_	T T	-
IN Facility		Cua	intena todial	ince/ State?	(1.6.	' metwe	systems in	Sulation.		mount	100	Repair	E PO
(13)			(12)	OLEM ;		Surfa	cing VAT	24		Specify IF or LF)	KAMMAN	eir	Enclosure
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No. of the State o		П	П	T									
vame of Registered Waste Hauk	er e	17	-	Will Wind	Hoteler ID H.								
Tech LLC			Val.	#/ P7#516	Daniel ID NO.	Copic Yat	ds of Weste	Name of Regis	tered	andfill	-		
City, State			0	03378	5	TEL	)	T.R.R.F. Inc		2			
				(4)		Disposal	Date	City, State	<del></del>		-		
Yayne, NJ 07470 Completed By (Print or Type)						TBE	,	Tullytown, PA	4				
	Titie					1000	nature /	A -MY WYEL, PA	1	<del></del>	-		
Jevtic	OWI	ier				1	.11	Sec 1stema	1		ate		
B-41 AY 11		-			Mark .				al l		/22/2	015	
(C. 16)		Do not	use th	is form	for asbesto	s licensu	re example:	l activitles,					

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Cneck#2198			(Pu	rsuan	it to NJA	C 8:60	and 5:16	3)					3.07	1 3	
Date of Notification (1)				Name	of Building	Owner/(	Operator (	2)				7076		34	,
05 / 23	, 15				\$0.00 mm/s 1										
Agencies Notified Type No	otification	_			Address	Ц					11111	9.7	2011		
(C. A)					edo Place										
			-		State, Zip C	S					_				
				Total:											
DCA Eme	rgency (inc	luding			stown, N.					Toloni	ne Numb				
										relebit	ne Numi	er			
Cars	zenation				e Sembe			117							
N ( = 10)				FA	CILITY IN	IFORMA	TION								
102 (V) \$49V	t is Taking	Place	(3)						e of Facility						
Private house									School (K-12 Subchapter {		in K 1 2)				
Street Address									Other (i.e., p				ildino	IS.	
8 Tuxedo Place									homes, etc.)				1.001.01.0		
City (5)								Squ	uare Feet	# of  -	ors	Bio	dg. A	ge	
Morristown, NJ 07960															
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Cui	rrent Use (Pr	or if bei	demolis	hed)			
Morris		i													
Name of Monitoring Firm Hired by	Building O	wner (	(8)	ASCM	No.	Name o	of Abateme	ent C	Contractor (9)						
						Gr Tec	h LLC								
Street Address						Street A	Address								
						576 Va	lley Rd#	283							
City, State, Zip Code							ate, Zip C				_				
						Wayne	NJ 0747	70							
Project Manager for Monitoring Fire	m m		Tele	phone	No.	Telepho				Lice	∍ No.				
	<i>51</i>					973-63	8-1777			0112					
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	0.0000000000000000000000000000000000000	of OSHA N	/onit	or		O <del>d</del>				
06/03/15	0	6 /	04	. /	15	Environ	rician Ca		ltants,Inc						
Occupancy Status During Abatem			40				Address	nisu.	nams,mc		-				
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Abatement Performed Outside Time of Abatement:AM	of Normal	Facilit	y Hour PM	s - Des	AM	City, St	ate, Zip Co		0						
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Time of Abatement:AM  Scope of Work (Check all that app  >3 sf or >3 If  >160 sf or >260 If  Location of	PN	Re De	PM_ novation molition Locati	on in ion Iy	AM	City, St Fair La	wn, NJ 0  Clean up Full Con Mini-Enc Gloveba Non-Exe	7410 p and tainn closur g Pro mpte	d decontamir nent with Neg re ocedure Ded (*) and No	ative Profession	sure Vegative	Press re Aba	ure : atem	ent T	T
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Time of Abatement:AM  Scope of Work (Check all that app  > 3 sf or >3 lf  > 160 sf or >260 lf  Location of Asbestos-Containing Material ( TO BE ABATED IN Facility (13)  Basement  Name of Registered Waste Hauler  Gr Tech LLC City, State	PN	Re De Is	PM_ Inovation  Locati Normal  dd Sole intena  (12)  No	on ly ly by nce/ Staff?  N/A	Asbe (i.e	Destos Confinente de la Cubic Yand Disposa	wn, NJ 0 Clean up Full Con Mini-Enc Gloveba Non-Exe scription caining Ma I systems cing, VAT miscellane  rds of Wast	7410 p anotainn llosuring p Professor pof teria insul , or roous)	d decontamir nent with Neg re cocdure cocdure (*) and No if (ACM) ation,  ame of Regis R.R.F. Inc ity, State	ative Pic  Fent wit:  1-Friabl:  Arr  (S: SIF	Vegative rocedur	Press re Aba Removal	ure : atem	T	T
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Date of Notification (1)	N:	ame of Building	Owner/Operator	(2)					
5/22/15			DETAVIO	4NO 2 L	11	SA			
Agency Notified Type Notification	St	reet Address	CAMBA	1000 A	いき	2015			
D EPA Initial	-								
DEP Amended	10	ity, State, Zip C		CH. (	()	7026			
DOL Amendment #	ding	ame of Contac	CHECE	1 1 1	Tele	one Number			
DOH justification)	N	ame or Contac	July A	1		^	3		
□ DCA □ Cancellation					_				
	15	FACILITY INFO	ORMATION	Type of Facility (	Λ.				
Name of Facility Where Abatement is Taking		•		Type of racis y (	*)				
MR ZUNIG	4:			☐ School (K- 2) ☐ Subchapte 8	(Other)	ban K-12)	*:		
Street Address			ŧ	a Other (i.e. xiv	rate &	ommercial build	lings,		
199 CAMBRIDGE	AUE	- 1		homes, et :.)					
			194	Square Feet			g. Age		100
City (5) GALFIELY		*:		2000.			90	عم	; AL
County (6)	0	County Code (7	(STATE USE	Current Use Pri					
BENCEN	0	ONLY)				FNCE.			
Name of Monitoring Firm Hired by Building O	mer ASCM N	No.	Name of Abater	nent Contractor (9)					
(8)			Best Re	emoval In	С				
· 1			Street Address					1.20	
Street Address		0.0	450 Sou	th Rive:	St				
			City, State, Zip	Code					
City, State, Zip Code					( )	7601			
	Telephone	e No.	Telephone No.	ack , N J	Lice				
Project Manager for Monitoring Firm	reconon	o no.	201-329	-7444 -		00388			
Total data	Completion Date	(11)	Name of OSHA		1				
	6/6/15	. ( )	The second second second second	nvironm <u>:n</u>	tai	Inc			
Occupancy Status During Abatement (Check			Street Address	1 1 2 2 0 11 11 12					
	-		280 Huy	ler St					
☐ Facility Closed/Vacated During Entire Period	d of Abatement		City, State, Zip						
Abatement Performed Outside of Normal F	P M	Ĩ.	Hackens	ack , N J	. !	7601			
Scope of Work (Check all that apply)				Containment v ith					
	ı	a Renovation	2 Min	i-Enclosure	regr.	e 1 1030ano			
_21 ≥ 3 sfor ≥ 3 lf □ ≥ 160 sfor ≥ 260 lf		□ Demolition	D Cin	vehan Procedu e		- Lie Desender	_		
12 160 St 61 2 200 s			□ Nor	-Exempted (*)	Non	Table Procedus	T A	bate	ment
	Is Location	on .						Ту	ре
	Normali	h. h	Description	of	×	×	-		_
Location of Asbestos-Containing Material (ACM)	Used Solel	Asb	estos Containing I	Material (ACM)		Amount (Specify	20	-	no
TO BE ABATED	Custodi	u.	e., thermal system surfacing, V/			SF or LF)	Removal	ope	sde
IN Facility	Staff? (12)		other miscella				Va	=	Encapsulate
(13)	. (12)			9					0
	Yes No	N/A				11015	=  x		
BASEMENT		THE	HAL SYSTE	L COLEGIOS 1		160 LE	- 1/2	+	+
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							-	+	$\vdash$
			- 0	X-1000				_	
Name of Registered Waste Hauler	NJDEP V	Naste Hauler	Cubic Yards of	f Name of Ragi	stere	andfill			
	ID No.		Waste	1361	173	+	06.	T.T.C	7
Best Removal Inc	1710	9	2 1/2		1 E	terpris	es	ונים	,
City, State			Disposal Date	City, State		0: /	100	0	
Hackensack ,N.J.	07601	S1712-1-1-1	6/6/1.	Waynesl	our	, 0h . 4	468	0	
Completed by Title			Signature	An			5/2	21	15
T Majarana   Est	imator		$\perp$ $\vee$	1100000			4	-	
J.Maionano EST	o not use this for	m for asbestos	licensure exempt	ed activities.					

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

C C 5631

Date of Notification (1)	_			N	lame of	Building	14 2	3 201	3							
5/22)	14	*				13 -	PONTO	200		-,1 6-	-	-	10000	-	$\dashv$	
Agency Notified	Type Not	ification		S	Street A	ddress	ELO	ρ.ο Λο	1=							
□ EPA	O Initial			_	11	-06	FLO	VOSC PA		-					-	
D DEP	☐ Amen	ded dment#		10	ity, Sta	ire, Zip C	ode .	alt o	741	>						
₫ DOL		iament # jency (includin	g	-	41	Telep	ne Phone				60					
<b>DOH</b>	justific	cation)	Ti .	City, State, Zip Code  FAIR LANN. NJ D741  Name of Contact  MR PONTONE												
□ DCA	☐ Cance	ellation				-		,	<u> </u>	-				_		
					FACIL	ITY INFO	RMATION	- CF - 774	74	-		_	-			
Name of Facility Where	Abatement	is Taking Plac	ce (3)			•		Type of Facility	(4)							
AC	PON	TONE	3		_			☐ School (K-1	)	V 12\						
Street Aridross						201692	5	Subchapter  Other (i.e. p	ivate &	nmercial	building	gs,				
City (5)	0 FI	DRAL	AU	$\in$			•	homes, etc							_	
City (5)								Square Feet	1		Bidg.		_	400	3	
FAIR	LAU	SNO						1800	1 7	807EA				THE.	7	
County (6)	Not			1 1		Code (7)	(STATE USE	Current Use (F	gor if be	) demolis	shed)					
Re	NGE	W		1	ONLY)	4.		16	551/	₹N C6						
Name of Monitoring Firm	r A	SCM	No.		Name of Abatem	nent Contractor	3)	3 I G								
(8)					Best Re	10										
Street Address							Street Address									
Sueet Auditos					32	1	450 Sout	th River	St							
City, State, Zip Code			-	-			City, State, Zip	N . 10 - 07 - 07 - 12 - 1								
O.J., O.L.,							Hackensa	ack , N.	J. 0	601						
Project Manager for Mo	nitoring Fir	m	Tel	ephor	e No.	-	Telephone No.	No.	~ ~							
	ž -							1-329-7444			88					
Start Date (10)		Scheduled Co	ompletio	on Dat	te (11)		Name of OSHA	Monitor								
6/4/15		61	51	15				nvironme	ital	Inc				_	_	
Occupancy Status Duri							Street Address									
☐ Facility Closed/Vaca	ted During	Entire Period o	of Abate	ement			280 Huy			_			_	-	_	
☐ Abatement Performe	ed Outside	of Normal Faci	lity Hou	irs			City, State, Zip		- 0	601		*				
Other - Describe: §	BAM -	O SPM					Hackensa	ack , N.	J. 0	601				-	_	
Scope of Work (Check	all that app	aly)					□ Full	☐ Full Containment wit			e					
Ba≥3 sfor≥3 lf				1.0		ovation	2 Mini									
□ ≥ 160 sf or ≥ 260 lf					☐ Dem	nolition	⊒ Glov	vebag Procedure -Exempted (*) a	d Non-I	ible Proc	edure					
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	tion of	100000		d Sole			Description stos Containing N	of		Amount		-		m	_	
Asbestos-Contain	ing Materia ABATED	I (ACM)		intena		Aspe	sios Containing N ., thermal system	s insulation,		Specify		Removal	20	Encapsulate	nel	
	acility			Staff?			surfacing, VA	T, or		F or LF)		Von	Repair	nsd	nso	
(	13)			(12)			other miscellar	neous)				8		ate	6	
			Yes	No	N/A	1										
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Name of Registered V		-		No.	vasie i	iduel	Waste /									
Best Rem	oval .	Inc	11	710	9		11/2	Minerv	a En	erpr	ises	3.I	LC	;		
City, State			1 1	, 10	-		Disposal Date City, State					-7.00				
F 500 180	ack	N.I 07	601				6/5/15	Waynes	burg	,0h	.446	88			_	
	Hackensack , N.J. 07601						Signature /					Date				
Completed by							Vr	V Maiorero				5/22/18				
J.Maiora	at use fi	nis for	m for as	sbestos li	censure exempte	d activities.										

Date of Notification (1)	15/14/15		Nam	e of Bui	Iding Owner	/Operator	(2)							
Agencies Notified	Type Notification		Stree	L //	E/1/	NUER	iL/V	7 9, 2015						
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□ EPA □ DEP	Initial Amended	/												
D DOL	Amendment  ☐ Emergency (		Nom	OR of Cor	woo	1	N.J.	Tel	10ne Num	ner				
DOH DCA	justification)  Cancellation		Nam	F.Z	HET	TINGS	50	Telt	lone Num	Jei				
В ВОА	- Garlochadori				Y INFORMA					_			==	
Name of Facility Where							Type of Facili	ty 4)						
261 Mil	LFORD F	TRE					☐ School (☐ Subchar	K- 2)	han K-12					
			3	7/	46		Other (i.	e. rivate &	ommercia	build	ings,	home	s,	
NEW MI	LIONA,	, , , ,	7 -	10			etc.) Square Feet	# of	oors	BI	dg. A	ı. Age		
City (5) BERGE	N. NEW	M	LF	OR	$\mathcal{D}$		12000				pro	(7	5-7	
County (6) BER			Cour	ity Code	e (7) ONLY)		Current Use		demolishe	ed)				
1001		Oumor (O)	- 10	SCM No		Name	Hom of Abatement							
Name of Monitoring Firm	Hirea by Building	Owner (o)	A	SCIVI NO	).	INT	FAN AR	PC W	12057	Ric	FS	CD	RP.	
Street Address				-		Street	Address							
							4 M124							
City, State, Zip Code						City, S	State, Zip Code	1 A/	V 107501					
Project Manager for Mon	itoring Firm		Tolo	ohone N	No	Telen	hone No	14 //*	icense No		_			
1 2	85					97	hone No. 3 653 96	12	57	Z				
Start Date (10)	24/15	Scheduled	Complet	on Date	e (11)	Mana	of OSHA Mon			-	45	Cil		
Occupancy Status Durin			0/2	4/	13		Address		-1110	/ ) ) ,				
Facility Closed/Vac			tement				MIL	< 57						
☐ Abatement Perform	ed Outside of Norr	nal Facility Ho	ours			City,	State, Zip Code		101	77	j			
☐ Other – Describe:				-		14	State, Zip Code TERSO,	N'N	1075	0/				
Scope of Work (Check A	II That Apply)	. /							with logative Proceurs					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			ovation				☐ Full Conta ☐ Mini-Enclo	vith legative Pressure						
							<ul><li>☑ Glovebag</li><li>☑ Non-Exem</li></ul>	Procedure	e an: Non-Friable Procedure			re		
		le le	cation	T			_ Non-Exem	TOTT TIGOT	Abatement					
Location	n of	Nor	mally			Descriptio	n of				Ту	ре		
Asbestos-Containing TO BE AB	Material (ACM)		Solely by enance/				Material (ACM) ns insulation,		ount ecify	Z)		Enc	ш	
In Faci	lity	107517557077555	ial Staff 12)	?	su	rfacing, V	AT, or		r LF)	Remova	Repair	Encapsulate	Enclosure	
(13)					othe	r miscella	neous)			val	=	ulate	ure	
			200	/A					0	1				
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Name of Registered Wa			100000	P Wast		oic Yards Vaste				*/	<			
ATLAKITÍC	CARTI	V 67	260	85			3D	(7, /	. 0.1		. ب			
City, State	E NJ				Dis	posal Date		State TUZ	Krow	W,	Po	4	,	
		Title				Signatu		1,1	Da	te	-/	, /	1-	
Completed by	16-EV	15EC	CRG	THR	7		1/1/	<i>f</i> .·		05	//	4/1	5	

Date of Notification (1)				1	lame of	Building (	Owner/Operator (2	)						
5 / 1	5 /	15	_		Johns	son & Jo	hnson			1/ + V =				
Agencies Notified T	ype Notifi	cation		- 5	Street A	ddress				MAY 5		ZVID		
	] Initial				501 G	eorge S	treet							
	Amende	ed				te, Zip Co								
☑ DHSS		ment # <u>1</u>					ck, NJ 08901							
	☐ Emerge		uding	1		Contact			Telepho	Number				
(NJAC 5:23-8)	justifica Cancell	Control of the Contro				ita Kam	dar	1						
	_ Cancen	ation			1000000									
			/	0)	FACI	LITTINE	ORMATION	Type of Facility (	1	-				-
Name of Facility Where Ab	atement is	Taking	Place (	3)				School (K-12)						
Kilmer Museum							100	Subchapter 8	'Other t	n K-12)				
Street Address								Other (i.e., pr	rate and	ommercia	al buil	dings	Ê	
501 George Street								homes, etc.)	T# -6 5	100	Blde	a. Age		_
City (5)								Square Feet	# of F	)IS	10000	. 79 - 70		
New Brunswick								9500	2	I Pales	7.5	- 70		
County (6)					County	/ Code (7)	(STATE USE ONLY)	Current Use (Pri Vacant	r if being	iemolisne	ea)			
Middlesex														
Name of Monitoring Firm H	lired by Bu	uilding O	wner (8	() F	SCM N	0.	Name of Abateme							
EHI, Inc.							USA Environ	ment, I	C.					
Street Address							Street Address							
655 West Shore Trai	I						8436 Enterpr	ise Avenue						
City, State, Zip Code							City, State, Zip C	ode						
Sparta, NJ 07871						Į.	Philadelphia	, PA 19153						
Project Manager for Monito	orina Firm	10		Tele	ohone N	lo.	Telephone No.		Licer	No.				
William Kerbel	Jillig i lilli				3-729-	and research base	215-365-5810							
		School	ulad Co		ion Date		Name of OSHA	Monitor		-				
Start Date (10) 5 / 20 /	15				/			nmental Manag	ment,	C				
							Street Address			-				
Occupancy Status During	Abatemer	it (Check	only o	ne)			8436 Enterp	rice Avenue						
☐ Facility Closed/Vacated ☐ Abatement Performed	During E	ntire Per	Facility	Hour	nent e - Desc	rihe	City, State, Zip C			-				
Time of Abatement:	Outside of AM-	PN	//4:00	PM-1	1:00 PN	/IAM								
							Philadelphia	I, PA 15155		-			_	
Scope of Work (Check all	that apply	r)					☐ Full Cor	ntainment with Ne	ative Pi	sure				
			⊠ Re				Mini-En	closure						
□ ≥160 sf or ≥260 lf			☐ De	molitic	on		⊠ Gloveba	ag Procedure empted (*) and No	a Friable	Procedure				
							☐ NOII-EX	empled ( ) and No	- I Habi	10000010	44,650	ateme	ant Ty	me
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Location		CNA	100000000000000000000000000000000000000		ely by	Ashe	Description stos Containing M			unt	Removal	Repair	Encapsulate	Enclosure
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IN Facilit			Cus	todial (12)	Staff?	267	surfacing, VA other miscellan	T, or	SF	r LF)	100		ulat	Ге
(13)			Yes	No	N/A	-	other miscellan	eous)					Ф	
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Basement					$\boxtimes$	Pipe Fi	tting Insulation	l .	(;	ĒΑ			Ш	Ш
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Name of Registered Was	te Hauler		- Marine - C	1.00	NJDEP I		Cubic Yards of Waste	Name of Reg		amı				
USA Environmenta	l Mgmt.,	Inc		1	Hauler II 3261		1	GROWS I	anatili					_
City, State					02010		Disposal Date	City, State						
Philadelphia, PA							5/21/2015	Morrisvill	, PA					
Completed By (Print or T	vne)	Titl	e				Signature	1 .		Dat	e			
	ype)	1 000		m M	anager			1 0 2	1	1				
Dilip Kumar		r	rogra	411 1410			- KU	MAN	May.	4				
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Initial Notifi	cation	Name	of Bui	ilding												
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Hauler					oic Yards	Name of Regi:	tered	andfil	1	L						
T, I	NC.	Hauler	ON OL	of	Waste 1.5	G.R.O.W.	;.									
	1	_,03		Dis	isposal Date City, State			1	7							
Montclair, NJ 07042					-23-15	Morrisvi.	.le,	?A 1	906	7						
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CK 09 6017

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

D&S Proj. #: 2015-172						s Abatement and 12:120)					: 0	
Date of Notification (1)	П	Name of Bu	ilding Own	er/Operator (2	)			**************************************	27 .	Eliz .	· ·	0:
0 5 /1 9 /1 5		COURT	NEY CAI	LAGHAN				1.20	,	311	F 5	Ļ
Agencies Notified Type Notification	ation	Street Addre	ess					2716	15 C	1417	na.	
DEP Amended		345 MA	OLIS AV	ENUE				E LIL	INS!	MA	MUL	16 16
Amendment	#:   [7	City, State,	Zip Code									
☑ DOL ☐ Emergenc	y	GLEN F	RIDGE, N	IJ 07028								
DOH (including justification	, 1	Name of Co	ntact	AND A CONTRACT OF THE PARTY OF	V		Tel	hone Numbe	er	-		
DCA Cancellation		COURT	NEY CA	LLAGHAN								
			FAC	ILITY INFORM	OITAN	J					-	
Name of facility where abatement	t is taking p	ace (3)					Ty ie of Fa	ity (4)				
COURTNEY CALLAGHA	U						=	hool (K - 12			40\	
Street Address							(A)	bchapter 8 ( er (Private/0			12)	
							E	gs./Homes,	etc.			
345 MAOLIS AVENUE City (5)	I Cor	inty (6)			I Cou	inty Code (7)	S uare Fe	# of Floo	ors	BI	dg. A	ge
only (o)		(0)				ate use only)	C Jrrent U	(Prior if bei	ng den	nolish	ed)	
GLEN RIDGE		SEX				80		<b>X</b> (100 (100 (100 (100 (100 (100 (100 (10				
Name of Monitoring Firm Hired by	/ Bldg. Own	er (8)		ASCM No.		Name of Abatement						
						D & S RESTOR	ATI )N, IN					
Street Address						Street Address						
City, State, Zip Code						20 California A		•	-			
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Fir	m	I Di-	one Numb	ner .		Paterson, NJ 0' Telephone Number	/503	License	o Nijimi	ner .		
Troject Manager for Monitoring Fil	111		ione Numb	)ei		973-345-8020	)		01169			
Ctort Date (10)	I Caba	d 02	D-t- /1	1/	_	Name of OSHA Mor						
Start Date (10)	Sche	d. Completion	on Date (1	1)		D & S Restorat						
06/02/15		8/15				Street Address						
Occupancy Status During Abatemo						20 California A	venu :					
Facility closed/vacated durin  Abatement performed outsid						City, State, Zip Code						
Describe:						D	7500					
Other-Describe: NORMAL					_	Paterson, NJ 0'					_	
Scope of Work (check all that app	1 cm 8					님	Full ( ontainn Mini- enclosu	10.7	e press	ure		
							Glov bag pro					
≥160 sf or ≥260 lf	Demolitio	550						(*) and Non			edure	
Location of		n normally enance/cus		2000					R   e	R	E n	E
asbestos-containing material (acm) to be	staff(12)			Descripti material		sbestos-containing	Amc (Spe	fy SF or	m	р	c	n
abated in facility (13)	Yes	No	N/A	material	(AOW)		LF)	14 NEW 1937	o v	i	a	Ľ
BASEMENT	-		1	PIPE INSU	ЛАТ	ION	70 1 ft	-	e	r		$\vdash$
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			1									
Registered Waste Hauler D & S RESTORATION, INC		EP Hauler I	BROSEL     P.S.	ubic Yards of	Waste	Name of Registered		DECOVE	D.V.			
City, State	. 13.	300	Disposal D	l yd. Date		TULLYTOWN, City, State	KES OURC	RECOVE	KY		-	
PATERSON, NJ 07503			06/03/1			TULLYTOWN	PA					
Completed by (Print or Type)	Title			Signature		1000110111		Date				
BOGDAN JOLDZIC	PRESII	ENT							/ 2015	;		
ASB-41	* Do not us	se this form	for asbest	os licensure ex	empte	d activities.						

CK 00 6018

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

	Do not use this form	for asbesto	s licensure exe	empte	d activities.							
	Title PRESIDENT		Oignature					05/19	/15			
PATERSON, NJ 07503	T:11	06/01/1	Signature	_	TULLYTOWN	N, PA		Tout				
City, State		Disposal D	ate		City, State		-					mental ton.
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		ubic Yards of W . yd.	vaste	Name of Registere TULLYTOWN			RECOVER	Y			
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BASEMENT/CRAWL SPACE			THEMSU	LAII	UIN		LFI		믬	井	#	#
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abated in facility (13)	Yes No	N/A		-			LF)		V	i	a p	L
material (acm) to be	staff(12)		Descriptio material (A		sbestos-containing			/ SF or	m o	p a	С	n
	ls location normally by maintenance/cu			500 000 <b>#</b> 440	N #815/773# 54703 2444444 13# 00##90#		Amou		e	R	E n	E
		uppd aslat	J			Non-l x	empte	(*) and Non-	riable R		_	
	Demolition				×	Glove a						
N 0 - 1 - 0 11 -	Renovation				-	Mini-€ 1		, whogalive	Pi Cool	410		
Scope of Work (check all that apply)							ntainm	t w/negative	nrace	Ire		
Describe:NORMAL HO	URS			-	Paterson, NJ 0	7503						
Abatement performed outside of					only, State, Zip Coo	0						
Facility closed/vacated during en		ement.			20 California A City, State, Zip Cod							
Occupancy Status During Abatement	_			-		Manus.						
05/29/15	06/10/15				D & S Restora Street Address	tion, Li						
Start Date (10)	Sched. Complet	ion Date (11	)	_	Name of OSHA Mo							
					973-345-8020			0	1169			
Project Manager for Monitoring Firm	. P	hone Numb	er		Telephone Number			License		er		
22					Paterson, NJ 0							
City, State, Zip Code					City, State, Zip Code	е						
N-70-70 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1		18.64			20 California A							
Street Address					Street Address							
					D & S RESTOR	RATIC N	N, INC					
Name of Monitoring Firm Hired by Blo	dg. Owner (8)		ASCM No.		Name of Abatemen	t Contr	tor (9)					
WEST ORANGE	ESSEX				7000							
E 2 70	* 181				te use only)	Ct T	ent Us	(Prior if being	g dem	olishe	ed)	
City (5)	County (6)			Cou	nty Code (7)						_	
9 ELM COURT WAY						Squa	are Fed	# of Floor		Blo	dg. Ag	ge
Street Address								r (Private/Cos./Homes, e		rcial		
MARC ROMANOFF								chapter 8 (O			-12)	
15 1						'		ool (K - 12)				
Name of facility where abatement is t	taking place (3)					Typ :	of Faci	y (4)			_	
		FACI	LITY INFORMA	ATION								
Cancellation	MARC	ROMANO	OFF			:	. —					
DCA justification)							1 . 0.0	ono manipor				
DOH (including	Name of Co	-	AKK, WEST	OKA	NGE, NJ 07032	-	Tele	one Number		-		-
DOL Emergency			DV WEST	OP AT	NGE, NJ 07052							
DEP Amended Amendment #:	City, State,		111						-4			
☐ EPA ☐ Initial ☐ Amended	1	COURT W	IΔV				d	LICENS	IAG	NUL		
Agencies Notified Type Notification	n Street Addr							Jiusa	A. T.	Cn.		
10 5 / 1 9 / 1 5		ROMANO						·	11.7	- 04	E.	
Date of Notification (1)	Name of B	uilding Own	er/Operator (2)				CELJ	HT27 /	W n	, p-,	-	
D&S Proj. #: 2015-173		(Pursu	ant to NJAC	8:60	and 12:120)		1	** ** * * * * * * * * * * * * * * * * *		1		
		Notific	ation of Asb	estos	s Abatement							

CK#24820

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

Date of Notification (1)		Name	e of Buildir	1 1 / V	7 Fail	- (5-	57						
Agencies Notified	Type Notification	1		Stree	et Address		Kubiak 8 Sharon R	E		111	ÜŁ		
DEP DOL	Amended Amendment #		_	City,	State, Zip (		Robbinsville						_
M DOH □ DCA	Emergency (i justification) Cancellation	riciuairi	g	Name	e of Contac		icoooms vine		ne Num	ber			_
				FA.		ORMATION			-		_		
Name of Facility Where	Abatement is Takir	ng Plac	e (3)	- 171		ORMATION	Type of Facility	-	-				
	Res	identi	ial				School (K-1	E1170371-30					
Street Address							Subchapter	3 (Other	nan K-12	2)			
	8 Sha	aron I	Rd.				Other (i.e., )	r ivate &	mmerci	al buil	dings	1	
City (5)	Robbir	sville	e NI			-	Square Feet	# of	ors	В	ldg. A	Age )+/-	
County (6)		10 / 111	0, 110	Cou	inty Code (	7) (STATE	Current Use (P	or if be	demolis	shed)	00	rr/-	_
	fercer	0											
Name of Monitoring Firm (8) DR F	i Hired by Building		ASCM	I NO.	Name of Abatem	The second secon		* *					
Street Address	ivironmentai					Stev	ens Environ	nental	ervice	es, li	1C.		
Street Address	4 Berkeley Pl				Street Address	PO I	ox 32						
City, State, Zip Code					City, State, Zip C	ode	. —					_	
	reehold, NJ 0	7728					Allentow	501				_	
Project Manager for Mor			223.55	phone		Telephone No.		Lice	e No.				
	unocore		_		0-8408	(609) 25		_	0	049	3		_
Start Date (10) 6/1/15	Sche		7/10/		ate (11)	Name of OSHA N	Monitor DB Env	ronme	tal		6.		ě.
Occupancy Status Durin	g Abatement (Che					Street Address						_	_
▼ Facility Closed/Vacate							4 Berk	ley Pl	ce				
Abatement Performed	d Outside of Norma	l Facili	ty Hou	rs	i	City, State, Zip C							_
Other - Describe:				Freeh				NJ 0	728				
Scope of Work (Check a	Il that apply)								-				-
<b>∑</b> ≥3 sf or ≥3 lf		Re	enovat	ation Mini-E			tainment with Ne losure	ative Pi	PII Sure				
≥160 sf or ≥260 lf		De De	emolitic	n		Gloveba	g Procedure						
		ls!	Locatio	nn .	· ·	Non-Exe	Non-Exempted (*) and No 1-Fri			Abatement			
		N	omally	1 -						"	oater Typ		
Location of Asbestos-Containing M			d Solel		Ashest	Description of os Containing Mate	arial (ACM)	Amo	24				_
TO BE ABAT	ED	C	ustodia			thermal systems in	sulation,	(Spe		D Z	_	Enc	Ш
IN Facility (13)		1	Staff? (12)			surfacing, VAT, other miscellaneo		SF of	F)	Remova	Repair	aps	Enclosure
(,,,		Yes	No	N/A		other misochaneo	us)			wal	air	Encapsulate	sure
Exterio	r		×			Siding		110	sf	×			
Stairwell / 2n	d floor		X		-	Joint Compou	und	400	sf	×	-	-	-
						-	^	$\dashv$		$\dashv$			
									-	-	$\dashv$		
Name of Registered Was	Name of Registered Waste Hauler					Cubic Yards	Name of Regi	ered La	fill				_
Stevens Environm	Stevens Environmental Services, Inc.					of Waste 5 CU			S Lan	dfill			
City, State						Disposal Date	City, State					-	
		7/12/15				Morri	orri ville, PA						
Completed By Mahlon F. Ster	**************************************					ect Manager Signature				5/22/15			
manion E. Ste	V C113	П	oject	ivian	ager		1	:==		3122	/13		_

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

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