Date of Notification (1)				Name	of Building	Owr	ner/Operator (2	2)						
11 /	04 /	15			izon									
Agencies Notified	Type Notifica	tion		Ctroot	Address				2815 1	1.64				
⊠ EPA	☐ Initial	tion							2815 III	dd od	ì	1.30	,	
☑ DOLWD	Amended			1550000-	Main St	Carrier .						17	1: 3	91
☑ DHSS	Amendme	ent #			state, Zip C		40							
☐ DCA	☐ Emergend		g		dison, NJ		40		Che /	- 2	,			Ē.
(NJAC 5:23-8)	justification			010000000000000000000000000000000000000	of Contac	t			Telephone No			11.	0.54	F-:
	☐ Cancellati	on		Ale	x Baylor		V=114		(301) 802-	-5112				
				FAC	CILITY IN	FOR	MATION							
Name of Facility Where	Abatement is T	aking Plac	e (3)					Type of Facility	(4)					
Verizon								School (K-12						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			<b>.</b>	141	_	
150 Main Street								homes, etc.)		rierciai	bu	liding	5,	
City (5)								Square Feet	# of Floors		Blo	lg. Ag	ie .	
Madison, NJ								10,000	2			50		
County (6)				Coun	tv Code (7	VSTA	TE USE ONLY)	50.50	or if being dem	olished	1)			
Morris					,	Долл	, = 00= 0, = 1,	000 (17)	or it boiling don't	01101100	1/			
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No	Nan	ne of Ahateme	ent Contractor (9)			_			
USA Enviornmenta		mig Owner	(0)	/ looivi	110.	17	VN Restorat							
Street Address							et Address							
8436 Enterprise Av	renije					90300	7 Foster Ro	ad						
City, State, Zip Code						1	, State, Zip Co							
Philadelphia, PA 19	2153						taten Island							
Project Manager for Mon			Tole	nhana	Na			141 10303	I Lisansa Na					
Mark Jenkins	illoring Firm		110000	phone		100000	ephone No.		License No.					
			77700	15-365			18-605-6256		00774					
Start Date (10)		cheduled (				1000	ne of OSHA N	lonitor						
/	15		3	_ / _	15	T	estor Tech							
Occupancy Status During						Stre	et Address							
☐ Facility Closed/Vacate						10	0 59 Jackso	n Avenue			1000			
Abatement Performed Time of Abatement: _					cribe	City	, State, Zip Co	ode						
			21 IVI- <u>2</u>	.oo/\ivi		L	IC NY 11101							
Scope of Work (Check a	ll that apply)					HI-L THE STATE	N		D					
☐ >3 sf or >3 lf		⊠R	enovat	ion			☐ Mini-End	tainment with Neg	gative Pressure					
≥160 sf or ≥260 lf			emoliti					g Procedure						
					,		☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
			s Loca Norma								Aba	ateme	ent T	ype
Location Asbestos-Containing		Us	ed Sol		Ache	etoe (	Description of Containing Ma		Amount		Re	及	m	m
TO BE ABA		M	aintena	ince/		., the	rmal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure
IN Facil	ity	Cu	stodial (12)	Staff?	022		urfacing, VAT		SF or LF)		val	200	Encapsulate	sure
(13)		Yes	T , ,	N/A		otr	ner miscellane	ous)					ate	
5			-	-	D: I				250   5	-				
Basement Geneator	Room				Pipe in	sulai	tion and Fitt	ings	250 LF	-				
Basement Generator	Room	$\boxtimes$			Floor T	ile a	nd Mastic		480 SF		X			
			П								7		П	П
			1				S=0.00			-	=			
Name of Decision 1986	to Harden				Marke	10.1	is Varda of	Name of Design	to so al la malfill	- 1				
Name of Registered Was	ste Hauler		54 8	IJDEP I lauler II		Was	oic Yards of	Name of Regis						
Newark Carting				NJ-56		4	0	G.R.O.W.S	., INC.					
City, State					\$15		posal Date	City, State	COMMON TO SERVICE STATE OF THE					
Hackettstown, NJ						1	1/31/15	Morrisville	,PA					
Completed By (Print or T	ype)	Title					Signature	1. 111	1	Date				
Ralph Barnhardt		Proje	ct Mar	nager			FIFT	diff	1	11-	500	7-2	5:5	manufit .

CK 1767

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

Date of Notification (1)				Name	of Building	Owr	ner/Operator (2	2)	9000		1		
/	15	_		Risa	and Dav	vid k	Crohn		2015 N	0V -5	Da	1 .	
Agencies Notified Type Notification	ation			Street	Address				A		11	1:	4 j
☐ EPA ☐ Initial				113	2 Sussex	Roa	ad		, , ,	1	1		
☑ DOLWD ☐ Amended Amendm			ſ	City, S	tate, Zip C	ode			es 1.	ICEN	3113	IRC	)/
□ DCA ⊠ Emergen	-	ludina		Tea	neck, NJ	076	666				1.51	j	-
(NJAC 5:23-8) justificati	on)	3		Name	of Contact				Telephone Nu	ımber	200		
☐ Cancella	ion			Risa	Krohn				617-959-5	527			
				FAC	ILITY IN	FOR	RMATION						
Name of Facility Where Abatement is	aking	Place	(3)					Type of Facility					
Residentail House								☐ School (K-12☐ Subchapter 8		12)			
Street Address								Other (i.e., p			uildin	gs,	
1132 Sussex Road								homes, etc.)					
City (5)								Square Feet	# of Floors	1	3 dg. A	ge	
Teaneck, NJ 07666													
County (6)				Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	or if being dem	olished)			
Bergen	dia - 0		o> T	10011	NI-	A1-		10 1 1 10					
Name of Monitoring Firm Hired by Buil Bio Terra Solutions	aing O	wner (	8)	ASCM	No.	I		ent Contractor (9)					
Street Address								NAGEMENT L	LC				
							eet Address	reservation of the second					
P.O. Box 1224							7 Outwater						
City, State, Zip Code						1	, State, Zip Co						
Union, NJ							arfield, NJ	07026					
Project Manager for Monitoring Firm				phone I			ephone No.		License No.				
Rick Eustaquio	Data ada	11.0	355	3-494			73-928-4888		1188		ng and the same		
Start Date (10) 11 / 03 / 15				tion Dat			ne of OSHA M	IONITOR NAGEMENT L					
Occupancy Status During Abatement (			A	_ ′ -			eet Address	NAGEMENIL	LC				
☑ Facility Closed/Vacated During Enti				ment			7 Outwater I	200					
☐ Abatement Performed Outside of N					cribe		, State, Zip Co						
Time of Abatement:AM							arfield, NJ						
Scope of Work (Check all that apply)			-				arriera, 140	01020					
	-							ainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	1.5	☐ Rer ☑ Der					☐ Mini-Enc	losure g Procedure					
							⊠ Non-Exe	mpted (*) and No	n-Friable Proce	dure			
			Locat		2					1	baten	nent T	уре
Location of Asbestos-Containing Material (ACM	0		d Sole		Ashe	etne i	Description of Containing Ma		Amount	7	Re	四四	g
TO BE ABATED	'	157933533	ntena	nce/ Staff?		., the	rmal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)		Cust	(12)	olaii!			surfacing, VAT, her miscellane		SF or LF)	2		Encapsulate	ure
<u> </u>		Yes	No	N/A								te	
Basement				Pipe Ins	sula	tion		90 SF	D				
		П	П	П								$\overline{\Box}$	
Name of Registered Waste Hauler			_	JDEP \	Vaste	Cut	oic Yards of	Name of Regis	stered Landfill		1-	1-	
Newark Carting			Н	auler II		Wa	ste s Needed	Blueridge					
City, State				34003			posal Date	City, State					
Newark, NJ						T	BD	Chamberb	urg, PA				
Completed By (Print or Type)	Title		-				\$ignature_	1.		Date		1	/
Allen Monchik	Pr	oject	Mana	ager			WW	-1-		111	12	11	

### State of New Jersey

• • • • • • • • • • • • • • • • • • • •		NO			OF ASBE o NJAC 8				Clo	0	h at	THE	PP	)	
Date of Notification (1) 10/26/15 &11/2/15			1	Name of Aaron \	Building C	)wner/O	perator	(2) 1.10	V-S AM		. &		<u>,                                    </u>		
Agencies Notified	Type Notification		100	Street Ad 10 Nort	ldress th Road		á			II): ;	<b>@</b> 7				
EPA DEP DOL	Amended Amendment			City, Stat Nutley	e, Zip Coo NJ	de		žĮ,	ICENTIA	i l'int	IL.				
X DOH DCA	Emergency justification) Cancellation	8	1.3	Name of Aaron	Contact					Tele	ephone Num	her			
				FACIL	ITY INFO	RMATI	ON			-				Telephone	
Name of Facility Where A house	batement is Takin	g Place (3)						Туре	of Facility (4 School (K-12	2)					
Street Address 10 North Road					12			×	Subchapter Other (i.e. pr etc.)			l build	300070-000		s,
City (5) Nutley								Squa 220	are Feet 0	# of 2	f Floors	58 58	ldg. A B	ge	
County (6) Essex				County C STATE U	ode (7) ISE ONLY)	-		Curr	ent Use (Prio	r if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				atement Con ironmental			2			
Street Address							Street PO E		ess 183, 4 E Ga	ate D	rive				
City, State, Zip Code									Zip Code d NJ 0741	8					
Project Manager for Moni	toring Firm			Telephor	ne No.		Teleph 973-				License No	0.			
Start Date (10) 11/4/15		Schedule 11/30/1		pletion [	Date (11)		Name	of OS	SHA Monitor		I				
Occupancy Status During	Abatement (Che	ck Only One	9)				Street	Addre	ess						
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire ed Outside of Norr	Period of A	batem			Œ			Zip Code						
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	т (пас дрргу)	property (	enova emolit				×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				9	
		facilities (											Abate		
1 2	- #	() () ()	Locati ormal	T00000		р.							Ту	pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Used Mair	d Sole ntenar odial S (12) No	ly by nce/		tos Con thermal surfa	scription taining N system cing, VA niscellar	Materi s insu T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
1					to topic	ta avila	Al a sa			10.1.5					
baseme	ent			X		pipe	insula	tion			10 LF	х			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfill				
Freehold Cartage	to Hauler		Н	auler ID 5939		of Wa					ks Landfill				
City, State Freehold NJ				8		Dispo TBD	sal Date		City, State Birdsbo		A				

Date 10/26/15

Signature

Completed by

A. Scott Higgins

Title

President

Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator (	2)		1	- 1 No	1 1	
10 /7	/	1		Vei	rizon				2015 KOY	<i>-</i>		* 2	
- I - I - I - I - I - I - I - I - I - I	otification			Street	Address				-1107	0 6	110	: 12	r
⊠ EPA ⊠ Initi				15	East Mor	ntgo	mery Place,	Lower Level	rakto urbanit se				
□ DOLWD □ Am □ DHSS Am	ended endment #	7 44/2	145	City, S	State, Zip (	Code			& Lic	26	iai i	171	
	ergency (ir			Pitt	sburgh,	PA ·	15212		or LIL	CHSI	Vis'	UL	
	ification)	icidality	1	Name	of Contac	t			Telephone Nu	umber	- 6		
☐ Car	cellation			Ant	thony Po	rta							
				FA	CILITY IN	IFO	RMATION						
Name of Facility Where Abateme	nt is Takin	g Place	(3)					Type of Facility (					
Verizon Somers Point CO								☐ School (K-12) ☐ Subchapter 8		12)			
Street Address								Other (i.e., pr			uildin	gs,	
115 New Rd.								homes, etc.)					
City (5)								Square Feet	# of Floors	E	Bldg. /	ge	
Somers Point													
County (6)				Cour	nty Code (7	r)(STA	ATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Atlantic								Office					
Name of Monitoring Firm Hired by		Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
USA Environmental Mana	jement					E	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Str	eet Address						
8436 Enterprise Ave						1	1123 BEAVE	R STREET					
City, State, Zip Code						Cit	y, State, Zip Co	ode	79222				
Philadelphia, PA 19153						E	BRISTOL, PA	19007					
Project Manager for Monitoring Fi	m			ephone		Tel	lephone No.		License No.	X.			
Mark Jenkins	51			15-365		2	215-788-6040		00509				
Start Date (10) 10 / 26 / 15	2.27500000000		Strong magnet	etion Da	사용하셨다면 얼마 나를 보다	1000000	me of OSHA M	onitor VIRONMENTAL	INC				
Occupancy Status During Abatem								VINORIVIEWIAL	., 1140.		-		
☐ Facility Closed/Vacated During				mont		1000000	eet Address	CTDEET					
☐ Abatement Performed Outside					cribe		123 BEAVER						
Time of Abatement:AN						1	y, State, Zip Co B <b>RISTOL, PA</b>						
Scope of Work (Check all that app	ly)					-	10 Table 10	9 90 90					
☐ >3 sf or >3 lf		⊠ Re	novat	ion				ainment with Nega	ative Pressure				
⊠ ≥160 sf or ≥260 lf		☐ De					Glovebag						
							☐ Non-Exe	mpted (*) and Non	-Friable Proce	dure			
I anation of		150	Loca							А	baten	ent T	ype
Location of Asbestos-Containing Material	(ACM)	500000		ely by	Asbe	stos	Description of Containing Mar		Amount	Re	Re	E	En
TO BE ABATED	1 115			ance/ Staff?		., the	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Ous	(12)				surfacing, VAT, her miscellaned		SF or LF)	l a		Encapsulate	ure
		Yes	No	N/A				, ,				te	
Basement Power Room	5.40	$\boxtimes$			Floor ti	le ar	nd mastic		580 SF				
Basement Generator Room				Mastic				400 SF					
Basement Generator Room		$\boxtimes$			Floor ti	le ar	nd mastic		20 SF				
Basement Generator Room		$\boxtimes$			Exhaus	t ins	sulation		20 LF				
Name of Registered Waste Haule		-	1550	JDEP \		(2.37)/26/2	oic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPORT GR	C.	H	lauler II 20990		Wa	ste	MINERVA L	ANDFILL					
City, State				20330		Dis	posal Date	City, State					
NEW CASTLE, DE 19720									JRG, OH 446	888			
Completed By (Print or Type)	Title	9					Signature			Date			
Brian Scafiro		stimat	tor				A.	Scalino		// /	2/	15	-
		iui					Shea	Scapero	17C	10/	1/		

ASB-41  $\beta \leq 14083$  \* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) November 3, 2015				Building Owner/O States Postal				Chec	ck # 2524	4 '	9		
Agencies Notified Type Notification		St	reet Add	iress					~ <del>*</del>		5	- 1	
		19	94 Wa	rd Street					80		5	. 1	
DEP Amended Amendment #_		0.00		e, Zip Code n, NJ 07510						1	9-	#\ 	
Emergency (Incl	uding	10000	ame of C					Tele	phone Nur	nber	To	2	
DOH justification)  DCA Justification		l M		Alvarado					- 24				
No. of Facility Miles of Abstract in Toking D	lana (2)		FACILI	ITY INFORMATI	ON	Type of	Facility (4)	1	<u> </u>	=	<u></u>		-
Name of Facility Where Abatement is Taking P Paterson Post Office	lace (3)					☐ Sc	hool (K-12	)		10L-2			
Street Address 194 Ward Street						× Ot	her (i.e. pri c.)	vate &	commerci	al build			5,
City (5) Paterson					¥11	Square 30,000		# of 2	Floors	10000	ldg. Ag 00	je	
County (6) Passaic			ounty C	ode (7) SE ONLY)		Current Post (	Use (Prior Office	if beir	ig demolisl	ned)			
Name of Monitoring Firm Hired by Building Ow	ner (8)	_	ASCM	No.			ment Cont					n e	
NY Environmental					Sha	de Envi	ronment	al, LL	C				
Street Address 88 Harbor Road					270000000000000000000000000000000000000	Address Cutler	Avenue						
City, State, Zip Code Port Washington, NY 11050						State, Zip le Shac	Code de, NJ 08	3052					
Project Manager for Monitoring Firm Kurt Bruno		2.00	elephon	e No. 4-9500		hone No. 755-00			License N 00842	No.			
	cheduled (	4.5					A Monitor						
November 16, 2015	lovembe				1000000		ratories						
Occupancy Status During Abatement (Check C						t Address Route	130 Nort	h					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Work performed in vac	Facility Ho	ours			City,	State, Zip							
					Cirii	lamino	311, 140 00	5011		-			
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Supplied to the supplied to th	ovati				× Mini	Containme -Enclosure rebag Prod -Exempted	edure				e	
					E	11011	-Exemples	( ) an	4 1401111114			ement	
	ls Lo Nor	catio	gara	D	escriptio	n of					Ty	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enan ial S 12)	taff?	Asbestos Cor (i.e. therma surfa	ntaining	Material ns insulat AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		No	N/A	Dia da la sul	-tion f	rom Fitt	ingo		10 LF	X	+		
Mechanical Room	XXX			Pipe Insul	ation i	IOIII FIL	ings		IO LI	_ A	-		_
										+	-		<u> </u>
										+	+		
Name of Parishand Waste Herita		NI NI	JDEP W	/aste Cubi	c Yards		Name of	Reaist	ered Landi	fill			
Name of Registered Waste Hauler Freehold Cartage		H	auler ID						County		fill		
City, State Freehold, NJ					osal Da 8/201		City, Stat Newbu		4				
Completed by Christina Lynch	Title Operat	ions	s Mana	ager	Signatu	ire	2	ト	110	Date 11/3/2	2015		

Date of Notification (1) November 3, 2015				Building Own		SS 2000	)	Che	eck # 25	25				
Agencies Notified Type Notification			Street Ac						¥.		2			
X EPA X Initial				reenwood A	Avenue								100	
EPA Initial DEP Amended Amendment #			(135) ····································	te, Zip Code rell, NJ 085	25				10 C		ANI		***	
Emergency (in				Contact				Tel	ephone N	umbe	ro	_		_
DOH justification) Cancellation			Colleer					1 10.	:					
			FACIL	LITY INFORM	TATION				- 1		=	29		
Name of Facility Where Abatement is Taking Hopewell Post Office	Place (3)					1	Type of Facility (	4)	5			5	į	
Street Address						4	School (K-1 Subchapter		er than K-	125		3)		
9 S. Greenwood Avenue							Other (i.e. p				uildi	ngs,	home	s,
City (5)						5	etc.) Square Feet	# 0	f Floors		Blo	dg. A	je	
Hopewell						3	30,000	2			10			
County (6)			County C	Code (7) USE ONLY)			Current Use (Pri	or if bei	ng demoli	ished	)			
Mercer					Nom		Post Office	atrootor	(0)					
Name of Monitoring Firm Hired by Building O NY Environmental	wner (8)		ASCM	I NO.	100000000000000000000000000000000000000		Abatement Co Environmer							
Street Address 88 Harbor Road							ddress utler Avenue							
City, State, Zip Code							te, Zip Code							
Port Washington, NY 11050					12000000		Shade, NJ 0	8052					-	
Project Manager for Monitoring Firm Kurt Bruno		1 2	Telephor 516-94	ne No. 14-9500			ne No. 55-0099		License 00842					
	Scheduled Novembe						OSHA Monitor							
Occupancy Status During Abatement (Check					Stree	et A	ddress						-	
Facility Closed/Vacated During Entire P			ent		200	R	oute 130 No	th						
Abatement Performed Outside of Normal Other – Describe: Work performed in va	al Facility H	ours		,			te, Zip Code							
	carit areas	J1 1110	Dunanig		Cin	nnai	minson, NJ (	08077						
Scope of Work (Check All That Apply)	[avent]					V	5747-4745175500 Apr 561 50	20 AV 2004						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Total Control of the	novat				×	Full Containm Mini-Enclosur		n Negative	e Pres	ssur	9		
							Glovebag Pro Non-Exempte	cedure	d Non Eri	iabla l	Dron	odur		
	[-1						Non-Exemple	u ( ) an	d Non-Fil	lable I		erica e com co	ment	
Location of	No	ocation rmall	ly		Description	on o	of.					Ту	pe	
Asbestos-Containing Material (ACM)	Used : Maint				Containing	Ма	terial (ACM)	0.338	mount		_		m	ш
TO BE ABATED In Facility	Custoo	lial S	District Course		rmal syste surfacing, \				Specify F or LF)		Remova	Repair	cap	nclo
(13)	(	12)	_	ot	her miscell	lane	ous)				oval	air	Encapsulate	Enclosure
	Yes	No	N/A										е	
Mechanical Room	XXX				Flue Pac	ckin	ng		3 SF		X			
							23							
		T								1511				
Name of Registered Waste Hauler		27.5	JDEP W auler ID	(CCC)-107	ubic Yards f Waste	5	100000000000000000000000000000000000000		County		Yen			
Freehold Cartage		22	2253	1					County	Lan	uIIII	35		
City, State Freehold, NJ					isposal Da 1/19/201		City, Sta Newbu		4					
Completed by Christina Lynch	Title Operat	ions	s Mana	nger	Signati	ure	ma	$\sim$	- 1	Date 11/3	/20	15		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

								27.4				L	Р	rint l
		NOTIC		tate of No			BAT NO	•	76.7	£ 1	. / :			
				N OF ASI t to NJAC				2810 .	·		Chip	LK#	= 12	27
Date of Notification (1) 10/30/2015			Name of Dobco	of Building o Inc	Owner/	Operato	r (2)	AST	<b>U</b> ∤′ -	6 AM	9: 5	9	17	
Agencies Notified Type Notification	n			Address alesi Dri	ve Suit	0 2027		8	Lice	NOW	TRO	į		
EPA X Initial Amended				ate, Zip C		e 202F	١		416t	MISIN	Ç			
X DOL Amendme				e NJ 07										
□ DOH	1)			of Contact nel Harri					Ta	lenhone N	Viimher			
Name of Facility Where Abatement is Tak	ing Place /	3)	FAC	ILITY INF	ORMAT	ION	Tun	o of Encility	4)					
Garden State Parkway Maintena							Тур	e of Facility ( School (K-1						
Street Address Milestone 116, Garden State Par	kway			=			×	Subchapter Other (i.e. p	8 (Oth	er than K & comme	-12) rcial bu	ildings	s, hom	ies,
City (5) Holmdel		70						are Feet	# 0	f Floors	1.0	Bldg. 50+	Age	
County (6) Monmouth				Code (7)	0		Curr	ent Use (Pri	or if be	ing demol	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC					atement Cor						
Street Address			1			Street			9 001					
City State 7in Code						205								
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code IJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-				License 01232				
Start Date (10) 11/09/15	Schedul 11/13/		npletion	Date (11)		536 6		HA Monitor on Consu	Itants	Inc.		0		
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street			DIC	la 25E				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Normal Working Ho	mal Facility					City, S	tate, Z	garaw Rd Zip Code n, NJ 074		ig.55E				
Scope of Work (Check All That Apply)						1 all	Lavvi	1, 140 074	10				-	
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	III Containme ni-Enclosure ovebag Proc	edure					
	le	Locati	on.			<u> </u>	1 No	n-Exempted	(*) and	Non-Fri	able Pro		ement	
Location of	1	Normal	ly		Des	scription	of				-	T	/ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/				insul T, or	ation,	(8	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	No	N/A								=		ate	-G	
Sign Shop Exterior Windows		х	Wind	ow Cau	ulking	Com	pound	45	0 SF	Х				
Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic '	Yards		Name of F	Registe	red Landf	fill			
Unicorn Contracting Corp.		H	auler ID 35844	No.	of Was			G.R.O.V			***			
City, State Fotowa NJ 07512			and youth on the			al Date	$\sim$	City, State Morrisvi		ennsylva	ania			
Completed by Dimo Golcev	Title Proje	ct Ma	nager		Si	ignature	/	nx.	1	100	Date 10/30/	15		

Name of Building Owner/Operator (2) Date of Notification (1) Genesis Troy Hills Center 11 - 2 - 15Agencies Notified Type Notification Street Address 200 Reynolds Road EPA Initial City, State, Zip Code DEP Amended X Amendment #\_ Parsippany, NJ 07054 DOL Emergency (including Name of Contact Telephone Number DOH iustification) X Brian Faszczewski П П DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Genesis Trov Hills Center School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 200 Reynolds Road # of Floors City (5) Square Feet Bldg Age 65,000+/-1 35 +Parsippany Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Morris Nursing Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court, Suite E 923 Haws Avenue City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Norristown, PA 19401 Project Manager for Monitoring Firm License No. Telephone No Telephone No. 00398 Jack Carney 610-239-9920 856-224-0080 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 11-17-15 Plymouth Environmental Co., Inc. 11-20-15 Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation X Full Containment with Negative Pressure Dx ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A PT area floor tile 1,500 X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Grand Central Sanitary Landfill Newark Carting 4509 40 City. State Disposal Date City, State Newark, NJ 11-20-15 Pen Argyl, PA 18072 Title Date Completed by Signature David Rowley Project Manager

Date of Notification (1)				Name o	f Building	Owner/	Operator	(2)						
Novem	nber 02, 2015		E	Baraco	Gas				0.81					
Agencies Notified	Type Notification			Street A	ddress				(4)	1011-6	100	÷.	~	
⊠ EPA	Initial		4	1700 S	outh Cli	nton A	venue						20	
DEP	Amended			City, Sta	ate, Zip Ci	ode			+	14.1				
□ DOL	Amendment Emergency (	to Charles and the contract	8	South F	Plainfield	d, New	/ Jersey							
□ DOH	justification)	including		Name o	f Contact				Te	lephoneNu	mber			
DCA	Cancellation		5	Senior	project i	manag	jer							
Name of Facility Add				FACI	ILITY INF	ORMAT	ION							
Name of Facility Where	Abatement is Takin	g Place (	3)					Type of Facility	(4)					
Baraco Gas								School (K-				6		
Street Address								- VIII -		er than K-1 & commerc		dinge	hom	20
4700 South Clinton	Avenue							Other (i.e. etc.)	private	& commerc	iai buli	unigs	, HOIII	es,
City (5)								Square Feet	# 0	f Floors	E	Bldg.	Age	
South Plainfield, Nev	v Jersey									TBD				
County (6)					Code (7)	r		Current Use (Pr	ior if be	ing demolis	hed)			
Middlesex				(SIAIE)	USE ONLY					business				
Name of Monitoring Firm	Hired by Building	Owner (8)	)	ASCN	ΛNo.		Name	of Abatement Co	ntracto	(9)				
Hillmann Environme	ntal Co Inc						The M	IACK Group,	LLC.					
Street Address							Street	Address			3743.8763			
1600 Us Route 22							1500 H	Kings HWY N	, STE	209				
City, State, Zip Code							City, S	tate, Zip Code						
Merchantville, NJ 08							Cherry	Hill, NJ 0803	34					
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph	ione No.		License N	lo.			
Project Manager	4		(	856) 6	67-7400		(973)	759 - 5000		00781				
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OSHA Monito		1	The state of the s			
11/16/1	PHILL CO. T. C.			12/16/1	15		The M	ACK Group, I	LC.					
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street	Address						
Facility Closed/Vac	ated During Entire F	Period of	Abater	nent			1500 k	Kings HWY N	STE	209				
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	y Hours	3			City, S	tate, Zip Code						
U Other-Describe.		- 1973					Cherry	Hill, NJ 0803	34					
Scope of Work (Check A	ll That Apply)													
≥3 sf or ≥3 lf		$\boxtimes$	Renova	tion				Full Containn	nent wit	n Negative I	Pressu	re		
≥160 sf or ≥260 lf			Demolit	ion			-	Mini-Enclosur	re					
								Glovebag Pro			Proce	dure		
		1	. 14					THE EXAMPLE	7 7 0110	TTOTT T TIGOTO	1000		emen	ť
Location	. of	77.50	S Locat Normal			5	500.00 <b>55</b> 0	12	6				/pe	
Asbestos-Containing		2000	ed Sole		Asbes		escription staining M	of laterial (ACM)	4	mount				
TO BE AB		1.00000	intena todial S					insulation,	10 000	Specify	R	771	Enc	En
In Facil	ity	000	(12)	Man:			acing, VA miscellan		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
()		-				other	mscenan	leous)			oval	a:	ulat	ure
		Yes	No	N/A			3						CD	
North S	ide		X			9"x 9"	Gray flo	oor tile	1.3	260 SF	X			
SW	X					ay floor tile		40 SF						
0,1	/\	_	12 /	12 110	cu a oi	ay 11001 tile	-4	40 31	/\					
	- Marie Angelon - Angelon				100									
Name of Registered Was	ste Hauler		100	J DEP W			Yards	Name of	Registe	ered Landfill				
Newark Carting / Fre	ehold Cartago			lauler ID 222		of Wa	aste 17	Cumba	lond C	CO / DEL /	CDO	MC	/ TD:	DE
City, State	Choid Callage			222	.55	Disno	sal Date	City, Sta	11-0-11-0-0-0	co./ BFI /	GKU	VVS	IKI	KF.
Newark / Freehold, N	LI.					50.75000	2/16/15			porial / NA	orric:	:11.	D ^	
Completed by		Title					Signature		y / imi	perial / Mo	orrisv ate	ille,	A	
Michael Cooper		Presid	lent					1///-			2/15			
oriadi ddopei		1 16210	ICIT			1					4/10			

Ch# 2904.

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	0.0.	IS.		100	
	15	_		Buc	keye Pa	rtners, LP - Nort	heast District	2015	NOV	-6		
Agencies Notified Type Notified	ation			Street	Address			A		U	Al	0.
☐ EPA ☐ Initial				750	Cliff Roa	ad						٠.
☑ DOLWD ☑ Amende	550		_	City, S	tate, Zip C	ode		Q	110	( t	. A.	18
☑ DHSS Amendn	_		5			g, NJ 07064			10	(,)	14.	111
DCA Emerger (NJAC 5:23-8) Emerger		uding			of Contact			Telephone Numb	er		7.7	Ý.
(NJAC 5:23-8) justificat				10000 00	n Philbir	-		Telephone realing	01			
- Curiosiii						FORMATION						
Name of Facility Where Abatement is	Taking F	Place (	3)	1 //	716111111	ORMATION	Type of Facility (	<b>'</b> A\				_
Buckeye Partners, LP	raking i	iacc (	٥,				School (K-12	Color.				
Street Address							Subchapter 8	(Other than K-12)				
								ivate and commerc	cial bu	ilding	s,	
Mauer Road & State Street							homes, etc.)		-			
City (5)							Square Feet	# of Floors	Bio	dg. Ag	je	
Perth Amboy							-	-				
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)			
Middlesex							Exterior					
Name of Monitoring Firm Hired by Bui	lding Ov	vner (8	)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Vertex Engineering						BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address				- V		Street Address		***				
700 Turner Way						1123 BEAVE	R STREET					
City, State, Zip Code			_			City, State, Zip Co						
Aston, PA 19014						BRISTOL, PA						
Project Manager for Monitoring Firm			Tolo	phone	No	Telephone No.	. 10001	License No.				_
Dave Turotsy		2 0		0-558		215-788-6040	N.	00509				
The state of the s	Cabadu	124 02						00303			_	
Start Date (10) 11 / 2 / 15	Schedu 11			11011 Da /		Name of OSHA M	VIRONMENTAL	INC				
		2777		_ ′ -	10_		VIICONNENTAL	-, 1140.				
Occupancy Status During Abatement		0.50		DECTOR		Street Address						
Facility Closed/Vacated During En					arib a	1123 BEAVE						
☐ Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30					cribe	City, State, Zip Co						
ESPECIAL SECURITION OF A SECUR						BRISTOL, PA	19007					
Scope of Work (Check all that apply)						☐ Full Conf	tainment with Neg	ative Pressure				
≥3 sf or ≥3 If		⊠ Ren	ovati	on		☐ Mini-Enc		julivo i roccuro				
☐ ≥160 sf or ≥260 lf		_ Den	nolitio	n			g Procedure					
		NO IL				Non-Exe	mpted (*) and No	n-Friable Procedur	1		0.32	
S. 5-96			_ocat			420000000000000000000000000000000000000			Ab	atem	ent T	ype
Location of Asbestos-Containing Material (AC				ely by	Acho	Description of stos Containing Ma		Amount	Re	Repair	E	m
TO BE ABATED	VI)			nce/		e, thermal systems		(Specify	Removal	pai	cap	clos
IN Facility		Custo		Staff?	,,,,,	surfacing, VAT	, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)	-	v T	(12)	T	-	other miscellane	ous)				ate	
Tank 748		Yes	No	N/A	Transit	e strips		64 SF			П	П
				-				10 SF				
Tank 753 area					1000000	e Debris		0.000.0000	-	H		
Tank Farm					Pipe in:	sulation		40 LF				
			Ц								Ш	Ш
Name of Registered Waste Hauler			5633	JDEP \		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPORT GROU	P, INC.	-3		lauler II 20990		vvaste 4	GROWS La	andfill				
City, State						Disposal Date	City, State	7				
NEW CASTLE, DE 19720						11/5/2015	Morrisville	, PA 19067				
Completed By (Print or Type)	Title	Out yet				Signature		, Da	te /	,		
Gino Pizzigoni		timate	or			Geno F.	Maria	118 i	1/2	115	-	
ACD 41			70.00			runo 1	Jugore	1-1	10	,,,,		

Check#2343

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

Date of Notification (1)				Name	of Building	Owner/0	Operator (2	2)		7.7.	-		
	02 / 15	_		Maria	Trovato				ZEIS KOV - 6  A LICENS,  Telephone Nur		- 147		
Agencies Notified	Type Notification			Street	Address			*	- 6	AH C	- ~		
□ EPA				812 V	an Buren	Avenue		**	OUE TO	", 5	: ઈંદુ	16	
⊠ DOLWD	Amended				State, Zip C				& 1100 C	10074			
□ DHSS     □ DBAA	Amendment #_	-		Flizah	eth, NJ 0	7202			-16EMS	This IT	01		
DCA (NJAC 5:23-8)	Emergency (in-	ciuaing	1		of Contac				Telephone Nur	mber	- 4		
(110/10/0.20/0)	Cancellation				Trovato				Transpirone man				
						FORMA	TION						_
Name of Facility Where A	hatament is Taking	Dinon	(2)	FA	CILITY IN	FURIVIA	TION	Tuna of Facility	741				
1507	voatement is raking	Place	(3)					Type of Facility					
Private house								School (K-1) Subchapter	2) 8 (Other than K-1	2)			
Street Address									orivate and comme		ilding	S,	
812 Van Buren Avenue	2							homes, etc.					
City (5)								Square Feet	# of Floors	BI	dg. Ag	je	
Elizabeth, NJ 07202													
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demol	ished)			
Union													
Name of Monitoring Firm	Hired by Building C	)wner (	8)	ASCM	No.	Name o	of Abateme	ent Contractor (9	)				
						Gr Tec	h LLC						
Street Address			270			Street A	Address						
			(2)			576 Va	lley Rd#	283					
City, State, Zip Code					8	+	ate, Zip Co						
						Wavne	NJ 0747	70					
Project Manager for Moni	toring Firm	-23/272	Tele	phone	No.		one No.		License No.				
						973-63	8-1777		01127				
Start Date (10)	Sched	luled C	omplet	ion Da	te (11)		of OSHA M	lonitor	01127				
11 / _12 /	15 1	1 /	13	1	15	Fi		1 T					
Occupancy Status During							Address	nsultants,Inc					
☐ Facility Closed/Vacate				nent									
Abatement Performed					cribe			Road, Bldg .#	35E				
Time of Abatement:	AMPI	vI/	PM_		AM		ate, Zip Co						
Scope of Work (Check all	that apply)					Fair La	wn, NJ 0		nation with negative	10 PF00		-	
	triat apply)					H		tainment with Ne		ve press	ure		
>3 sf or >3 lf		-	novatio			$\boxtimes$	Mini-Enc	losure					
☐ ≥ 160 sf or ≥260 lf		∐ De	molițio	n		M	Glovebag	Procedure	Tent with Negativ on-Friable Proced	e Press	ure		
		Is	Locati	on			14011-1276	inpled ( ) and N	Trable Floced		1		_
Location	of	4.0	Vormal			De	scription o	f		Ab	ateme	ent I	уре
Asbestos-Containing I			d Sole		Asbe			terial (ACM)	Amount	Re	Repair	Enc	Enc
TO BE ABA		10 SW-13	intena odial S		(i.e		l systems i		(Specify	Removal	pai	aps	Enclosure
(13)	.y	5780555	(12)				cing, VAT, niscellane		SIF or LF)	<u>/a</u>	,	Encapsulate	ure
		Yes	No	N/A								6	
Basement		П	П	X	Ding in-	ılotica			100 I F				
					Pipe inst				100 LF		Ш	Ш	Ш
Basement		Ш		X	Boiler in	sulation			24 SF	$\boxtimes$			
		П											
Name of Registered Was	te Hauler		NIN.	ED Masta	Hauler ID No.	Cubic V-	orde of Mines	Nome of D	stored Landell		Ш	Ш	Ш
			1					Name of Regi					
Gr Tech LLC			.0	03378	55	TBI		T.R.R.F. Inc					
City, State						Disposa	al Date	City, State					
Wayne, NJ 07470						TBI	O	Tullytown, P	A				
Completed By (Print or Ty	rpe) Title					Sig	gnature /		0	Date			
N.Jevtic	Owr	ner					Ho.	de Wena	1	1/02/20	115		
ASB-41	1-11-						1/20	- 50,00,000	1	02/20	10		

#### Check#2346

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

Circuit 25 10			(Pur	suam	to NJAC	0.00 ai	10 5.16	,	1 1				
Date of Notification (1)			1	Name o	f Building	Owner/Op	perator (2	)		>-4			
11 /	02 / 15		T.	annifa	r Haussne	or.		201.	NOV -6 A				
Agencies Notified	Type Notification				Address	-1			10 F - 6 A	1 9:5	0		_
☐ EPA	✓ Initial				xington A	Vanua		45:	, Ce ;	Ų	G		1
DOLWD	Amended		-		ate, Zip Co				\$ 1100,000	1120			$\neg$
DHSS	Amendment #		- 1	(5)	£9				~ LILLENGIA	GNU			
☐ DCA	☐ Emergency (incl	uding			rd, NJ 070 of Contact	016			Telephone Num	her			-
(NJAC 5:23-8)	justification)  Cancellation								Telephone Ivani	DOI			
	Cancellation		J		r Haussne					U.		-	
				FAC	ILITY INF	ORMAT	ION						
Name of Facility Where A	Abatement is Taking	Place (	(3)					Type of Facility	(4)				
Private house								School (K-12	) (Other than K-1 2	2)			
Street Address				1				X Other (i.e., p	rivate and comme	rcial buil	dings	i,	
422 Lexington Avenue								homes, etc.)					
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Cranford, NJ 07016													
County (6)				Count	y Code (7) (8	STATE US	E ONLY)	Current Use (Pr	ior if being demoli	shed)			
Union													
Name of Monitoring Firm	Hired by Building O	wner (8	B) [	SCM I	No.	Name of	Abateme	ent Contractor (9)					
						Gr Tech	LLC						
Street Address						Street A							
01.00(7.00,000					*	576 Val	lev Rd #	283					
City, State, Zip Code		-					te, Zip Co						
Oity, Otate, Zip oode						2000 Ph (2000 A) - 400 A							
Project Manager for Mon	itoring Firm		Tolor	ohone l		Wayne, Telephor		0	License No.				_
Project Manager for Mor	intorning i iiiii		1616	JIIOHE I		27							
Ctart Data (40)	Sched	ulad C	omplot	ion Do		973-638	FOSHA N	fonitor	01127				
Start Date (10) 11 / 13 /					15								
								nsultants,Inc	- Kit				
Occupancy Status Durin						Street A	ddress						
								Road, Bldg .#	35E				
Abatement Performer Time of Abatement:	Outside of Normal AM-	Facility M	PM	s - Des	Cribe AM	City, Sta	ite, Zip C	ode					
Time of Abatement.		"-			1101	Fair Lav							
Scope of Work (Check a	II that apply)					H			nation with negati	ve press	ure		
		▼ Re	novatio	on		Н	Mini-Fno	tainment with Ne losure					
☐ ≥ 160 sf or ≥260 lf		De De	molitio	n			Gloveba	a Procedure	Tent with Negativ	ve Press	ure		
						L_	Non-Exe	empted (*) and No	on-Friable Proced		1		
W 62 W		1000	Locati							Aba	atem	ent T	ype
Location			Normal d Sole		Ashae		scription of		Amount	R	R	En	En
Asbestos-Containing TO BE AB		0.000000	intena	7.				iterial (ACM) insulation,	(Specify	l m	Repair	cap	Co
IN Faci		Cus	todial S	Staff?		surfac	cing, VAT	, or	SIF or LF)	Remova	=	Encapsulate	Enclosure
(13)			(12)	_	-	other n	niscellane	eous)				ate	LD.
		Yes	No	N/A									
Basement				X	Pipe insu	lation			130 LF				
		П	П	Im	1					П	П		П
									-				
	Ш	Ш							Ш	Ш	Ш		
Name of Registered Wa	ste Hauler		NJI	EP Wast	e Hauler ID No.	Cubic Ya	rds of Was	te Name of Reg	istered Landfill				
5	Gr Tech LLC							TDDEIn					
City, State		0337	9.3	TBI		T.R.R.F. Inc	<u> </u>						
	3.5 (4.10 * # 1.10 (4.10 + 1.1												
Wayne, NJ 07470				TBI	7-3	Tullytown, I		Dat					
Completed By (Print or	Type) Title				Sig	gnature	7 1 -		Date				
N.Jevtic	Ow	ner						which wena	d 1	1/02/20	)15		
ASB-41							1/						

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

		(Pursu				7 and 12:120-7)			777					
Date of Notification	n (1)		1000000			Owner/Operator	r (2	2)			nencesión			
11/02/2015	5		Aı	ngus I	aid	law		251	F					
Agencies Notified	Type Notifica	ation	Stre	et Addre	ess			261	d hull -F					
[ ]EPA	[X] Initial		23	30 Val	ley	Rd.			<b>5 K</b> OV -6		9:	59		
[ ]DEP	Notific	ation		, State,					& LICE	L				
[X]DOL	[ ]Amended Notific	ation	Mo	ontcla	ir,	NJ,07042			re LICEA	17/1/2	2 151	JL.		
[X] DOH		_	2000000	of Cont				Telephone	Number		-			
[ ]DCA	[X] EMERGENC	1	Aı	ngus I	aid	law		r						
	[ ]Cancella	tion		73.075		TATIONAL STORY				-				
Name of Facility Wh	oro Abstement	ie Taki	na P		TITY	INFORMATION	Tv	me of Facili	tv (4)					
Same as above		10 1011	y -				1	[ ]School (						
( <u> </u>							41	[ ]Subchapt	er 8 (Oth					
Street Address								[X]Other (i cial bu	.e., priv				_	
	6						S	quare Feet	# of Flo				.ge	
City (5		County	(6)E	ssex		unty Code (7)	7/	1900	2		9			
					(S	TATE USE ONLY)	Ci	urrent Use (P	rior if b	eing	demo	olis	hed)	
							Ш							
Name of Monitoring Owner (8) N/A	Firm hired by	Buildin	ng P	ASCM No.		Name of Abate AZTECH N		NAGEMENT,						
Street Address					Street Addres		opher St.	š.						
City, State, Zip Co	ode				City, State,	Zir	Code							
2201, 20000, 225	<del></del>		100	177	, NJ 0704									
Project Manager for	Monitoring F		eleph /A	one Numb	er	Telephone Num (973)744				Lice:	371		er	
	ear M	1/04/ onth	15 Day	on Date		Name of OSHA N/A		nitor						
Occupancy Status Do [X]Facility Cl of Abateme	osed/Vacated I nt	During E	Intir	e Period		Street Addres								
[ ]Abatement P Hours - Des [ ]other - Des	cribe: «OffHour	s Desci	ipt»		ty	City, State,	Zi	p Code						
Scope of Work (Chec	ck all that ap	ply)				וויים ו		ntainment wit	-h Negatis	70 Pr	A 5 5 1 1	T/A		
[X]≥3 sf o. []≥160 sf	r ≥3 lf or ≥260 lf			enovation emolition		[ ]Mini [X]Glov	iEn veba	closure g Procedure able Procedu						
				s	1	[ ]NOII	FII	able Flocedul			Aba	teme	nt !	Type
Location Asbestos-Co Material TO BE A In Fac. (13	ontaining (ACM) BATED ility		Norm Us Sol By M tena Cust Staff	tion ally ed ely ain- nce/ odial (12) N/A	i	Descripti Asbestos-Cor Material (i.e., therma nsulation, sur- or other misc	nta (AC al s	ining EM) Systems Sing, VAT,	Amount (Special SF or LF)	fy	REMOVAL	REPAIR	ENCAPODI.	ENCHOSURE
Basement/cra	wl space			X	Pip	e Insulat:	io	n	110L	F	X			
										-	-			
Name of Registered AZTECH MANA City, State	GEMENT, I	NC		P Waste er ID No 40	. 0	ubic Yards of Waste 1.0 isposal Date		Name of Regination Minerva :	Enterp	ris		IN	C	
Montclair, N	J 07042					11/05/15		9000 Min			110	00		
Complete A. P. (D. )	L M	+1-	-			Signatur	-	Waynesbu	rg, on		440 ate	00		
Completed By (Prin		itle resid	lent	:		J.U.	UI	tenstre VIVI	lun -		1/02	2/20	15	
				5		1	1	11/100	-00					



RECEIVED

Date of Notification (1) 10/31/15			Building (			(2)		21	1 <b>15</b> KO	¥ -6	) /	KH 1	0:6	1	
Agencies Notified Type Notif		21 23	Street Ac	ldress DMERSI	ET AV	E				33-1	1:00				
	nded ndment #			te, Zip Co VOOD N				(5)		ĕ L	ICE	NS	TH(	)	L
X DOH justifi	gency (including cation) ellation	1	Name of	Contact					Tele	enhone !	Numbe	er			
	T. I.I. DI. (0)		FACIL	LITY INFO	RMATI	ON	-	F F 196 - (4)							
Name of Facility Where Abatement i	s Taking Place (3)			-				se of Facility (4) School (K-12) Subchapter 8	) (Oth						
142 SOMERTSET AVE	0:						×	Other (i.e. pri- etc.)		0.0245	ercial b				s,
City (5) LAKEWOOD	•						15	313.1	2	Floors			dg. A	ge	
County (6) OCEAN			County C	Code (7) ISE ONLY)				rent Use (Prior SIDENCE	if bei	ng demo	olished	)			
Name of Monitoring Firm Hired by B	uilding Owner (8)	-	ASCM	No.		1		batement Contr AD PROFES						-	
Street Address						Street 6 Wh		ress E DOVE CO	URT						
City, State, Zip Code	in the second se							Zip Code	701						
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph	none	38		Licens 1200	e No.				
Start Date (10) 11/15/15	Scheduled		pletion [	Date (11)		11.000.7000.000		SHA Monitor AD PROFES	SSIO	NALS					
Occupancy Status During Abatemer	19 II. BRIDGESTERNESS					Street	Walls of	CALLES AND SOCIAL PROPERTY.					2000000		
Facility Closed/Vacated During     Abatement Performed Outside	Entire Period of Ab	atem	ent					DOVE CO	URT						
Other - Describe:		ours			-			Zip Code OOD, NJ 08	701						
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf		nova	tion			Г	٦,	Full Containmer	~*i+b	Nogatis	o Pro	cour	0		
≥3 \$1 or ≥260 If		noliti						Mini-Enclosure Glovebag Proce	dure						
						Þ	1 1	Non-Exempted	(*) an	d Non-F	riable				ě
		ocati rmall			D-							# 1		ment pe	i.
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Custoo	enar dial S (12)	nce/ staff?		tos Con thermal surfa	scription taining N I system icing, VA miscellar	Mater s ins T, o		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A			SIDING			25	00 SF		X			
EXTERIOR					אוועני			20	00 SF	-	Λ.				
												_			
Name of Registered Waste Hauler NEWARK CARTING	*	. Н	JDEP W auler ID		Cubic of Wa	Yards		Name of R	egiste	ered Lan	ndfill				
City, State	ď	102	1509			sal Date		City, State		ΛΡΔ					
NEWARK, NJ Completed by			0.000	o/15 Signature	2	BETHLE	.	VI FA	Date						
JOSEPH PERLSTEIN											9/9/				

CK 24908

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

Date of Notification (1)		Т	Name	of Building	owi	ner/Operator	(2)			2815 N	78 _	<u></u>	F		
03 35	)/30/15								Trinkle		2815 K		J	RH	0:
Agencies Notified	Type Notifica	ition	$\neg$	Street	Address					,		1.00			
EPA DEP	☐ Initial							74 (	Gourley A	ve.	21	10-		9.	<u>~</u> (
DEP  DOL	Amended Amendme			City, S	tate, Zip C	ode		~*	377.05	010			14	1147	
	Emergend	cy (including	ī [	S			(	Clif	ton, NJ 07						_
M DOH □ DCA	justification Cancellati		Γ	Name	of Contac		· m·	1.1		Telepho	ne Numb	er			
					Ms. (	jeor	gian Trin	KIE		-					_
				FAC	CILITY INF	ORM	ATION	. To   100 mm 100 mm							
Name of Facility Where								Ty	pe of Facility	(4)					
	R	Residenti	al						School (K-12 Subchapter		han K-12	,			
Street Address	51.0	~ ·							Other (i.e., p				lings,		
	/4 (	Gourley .	Ave.						homes, etc.	,		LDI	J A		_
City (5)	C1: 6	NIT O	7012					S	quare Feet 1800	# of F	oors 2	BIG	dg. A		
	Clift	on, NJ 0	/013		- t - O l - /	7) (0	TATE	=					00	-/-	_
County (6)	Passaic			USE	nty Code (7 ONLY)	1) (5	IAIE		urrent Use (Pr	ioi ii bein	y uemons	ileu)			
Name of Monitoring Fire		ling Owner	_	ASCM		Nor	ne of Ahaten	nent	Contractor (9	))					
(8)	MECS	mig Owner		, toolvi	. 40.	Ival			s Environi		Service	s. In	c.		
Street Address	WILCD					Stre	eet Address	V CII	5 DIIVII OIII	IIIIIII	001 1100	, 111	-		_
Olicel Address	PO Box				0,,,	30171001000		PO F	3ox 322	)					
City, State, Zip Code	TO BOX	3 11				City	, State, Zip C	Code						7	-
Oity, Claic, Lip Code	Crosswic	ks, NJ				J.,,	,, -p -		Allentow	n, NJ 0	8501				
Project Manager for Mo		Tele	phone	No.	Tele	ephone No.			Licen	se Ne-				_	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	eisgarber		0.500		20000000	23-236-13	(609) 23	59-	9688		0	0493	3		
Start Date (10)		Scheduled (	Comple	tion Da	te (11)	Nar	me of OSHA	Mon	itor						_
11/2/15			11/3/		0.000.000				DB Env	ironme	ntal				_
Occupancy Status Dur	ing Abatement	(Check only	one)			Str	eet Address								
☐ Facility Closed/Vac	ated During Enti	re Period of	Abate	ment					4 Berk	eley Pla	ace				_
Abatement Perform			ty Hou	rs		City	, State, Zip C	Code		1 1540 TSTO 2540	1000000000				
Other - Describe:	8am to 4 pr	m	1377120						Freehold	l, NJ 07	7728				_
Scope of Work (Check	all that apply)						EZ Full Co	ntoir	amont with No	antivo Pr	Decure.				
<b>≥</b> 3 sf or ≥3 lf		<b>⊠</b> R	enovat	ion			Mini-En		nment with Ne ture	galive Fit	255016				
≥160 sf or ≥260 lf			emolitic						Procedure	an Eriabla	Brocodu	70			
		le	Locati	on			INON-EX	kem k	oted (*) and No	JII-FIIADIE	Procedu	T	hate	ment	
		_ N	lormall	y								"	Typ		
Location			d Sole		Ashaa		Description of ontaining Ma		AL (ACM)	Amo	unt			-	200
Asbestos-Containing TO BE ABA		0	ustodi	al			mal systems			(Spe	cify	20	71	Encapsulate	En
IN Facil			Staff? (12)		18		rfacing, VAT er miscellane			SF or	·LF)	Remova	Repair	apsı	Enclosure
(13)		-	I	1	1	Othic	or miscenarie	ous	′			Val	=	ılate	ure
		Yes	No	N/A										w	
Basen	nent	_ ×				Boi	ler Insuls	satio	on	60	sf	X			
Basem					Th	erm	al Pipe Ir	ısul	lation	35	lf	×			
				$\vdash$											
			-	-	-							+			
Name of Registered W	laste Hauler	_	1	JUDEP'	Vaste	Cu	bic Yards		Name of Reg	istered La	ndfill				
B		rions To	1	Hauler II	O No.	0.520,000	Vaste		/	/	WS Lan	df:11			
Stevens Environ	mental Serv	vices, in	·-	182	292	Dia	2 CU posal Date	-	City, State	GKUI	vo Lal	IIIII			_
City, State	A 11 antes	m NTT					posal Date 11/6/15		Oily, State	Morr	isville,	DΛ			
Completed By	Allentow	/n, NJ		_		_	Signature/	61	11/	VIVIOIT	T Date	ΓA			_
Mahlon E. S	tevens	0.00000	rojec	t Mar	nager		Signature	11	1		100-2000-0-0	10/3	0/1	5	
IVIAIIIOII D. S	C V CIIS	1	10/00	r TATCH	augui		-///	1				20.0			

## Class of New Jursey MOTHICATION OF ASBESTOS ABATEMENT (Prisuant to NJAC 8:80 and 12:120)

(M. Cobling (i)	Name of Building Owner/	Operator (2)	a 0.0		
Date of Notification (1)	NOG +4	when low	NO MARKE	7	
gencies Notified Typa Notification	Sheet Address	arhar Ct.	0	-0 A	10.
h	170+ 1	JUN CI	<u> </u>		
EPA   T Amended	City, State, Zip Cests	1 101 2 Jerse	~ = 1/1		
Amendment #		, pas	Telephone Numb	per / / /	0 1.
Z noH justification)	riante of Contact		1	20-0	$\sim$
UCA Cancellation	FACILITY INFORMA	TION			
Vaying of Facility Where Abatement is Taking	Place (3)	Type of Facility (4	)		
a landino Resi	desce	Schoo! (K-12	9		
	0.1	Other (r.s. h.	(Other than K-12) Evate & commercial	tiu dings, ti	Ohios,
1207 AD(h)-	C+·	Glo.)		I Sten An	
City (5) . 210 - 1		Square Feet	# of Finois	707	• :
Dt. DRESSANT	1.0	Current Use (Price	i if being demolishe	6)	-
County (B)	County Code (7)   (STATE USE ONLY)	- PSi	12700	65. <b>T</b>	
Dean Direction and direction	Luner (8)   ASCLI No.	Hante of Abatement Cor			
Name of Monitoring Firm Hired by Building C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ace Insulation Co.,	Inc.		
Sheet Address		Sirent Address			
		95 Iviontrose Road			
City, State, Zip Code		Colts Neck, N.J. 07	722		
Academies Sires	! Telephone No.	Te'ephone No.	1 License No		
Project Manager for Monitoring Firm		732-294-1757	00020		
Start Date (10)	Schedulad Completion Date (11)	Name of OSHA Monitor			
1111511	1111911)	1			
Orougancy Glatus During Abatement (Chec	k Only Onle)	Street Address	8.		
Facility Closed/Vacated During Entire to Augitement Performed Cutside of Norm	Period of Abatement	City, State, Zip Ceste			
1 Ofrei - Describe:	Jam- Ipa	-			
Scope of Work (Check All That Apply)		P. T.	r		
[] c>3 st or ≥3 ii	Renovation	Full Containing	ent with Regativo Pr	essue	
≥ 160 sf or ≥260 if	Daniold on	L Glavebaa Pros	eduo	. itemanilees	
(	-	Li Non-Exemple	i (1) and Won-Frieb!	Abnie	
	is Location	- Andrews	74		pe
Location of	Used Solely by Asisstos C	Description of Containing Claterial (ACM)	Amount	1	D.
Asigestos-Containing Meterial (ACM) TO BE ABATED	Custodial Staff? (i.e. than	inal systems insulation, infacing, VAT, or	(Specify SF or LF)	Romevo	desir
in Facility (13)	t at	er miscellaneous)	0, 3, 2,	O D	Exicapaulava
(10)	Yas No NA		/	1. 1	[5]
2 15-2 10	IIIPI Sid	ling	26007	X	1 1
00+5: de	+ + + + - >	(w/v/ollover)			
		(M) 141000 )			
SM. S				1 1	
Charles and Mineto Limiter	NJDEP Waste Cu	bic Yards Name of	Registered Land(N	<u> </u>	
Name of Registered Wasts Hauter	Hauter ID No. of	Waste G.R.O	.W.S.		
Aris Inquistion Co., Inc.	12086	sporal Date City, Str	te		
City, State Colts Neck, New Jarsey		11 1915 Tullyto	Am, PA		
Completed by	( Tille	Signature	Da	中久一	
Bree ivicGuire	Secretary Treasurer	1 /Aug)	1-11	4241	
			1		

#### State of frem sersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

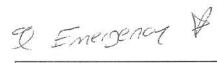
(Pursuant to NJAC 8:60 and 12:120)

D 011 10 1														
Dat of Notification (1)	ovember 2, 20	15			Name of Buil	lding (			erties, LLC	2815 HOID	8	12	3	
Agencies Notified  [ X ] EPA  [ ] DEP		l Notific	ation tification		Street Addres	SS	9 A D	rumlin	Drive	2015 NO 12	<del>° /.</del> ,	7.JO:	ê j	
[x] DOL	Amer	ndment #			City, State, Zi	ip Cod		s Plain	s, NJ 07950	t lice	ďη,	ju	1	
[x] DOH [] DCA		ication) ellation			Name of Con		Barrese		Т	elephone Number				
				FAC	ILITY INFO	ORM	ATION							
Name of Facility Where Ab Res	patement is Taking sidence	Place (3	)					Туре	of Facility (4)	School (k-12)				
Street Address									[ ]	Subchapter 8 (oth	ner than	k-12)		
	Washington A	venue							[x]	Other (i.e., private homes, etc.)			ial build	lings,
City		Count	ty (6)		County Code ( (STATE USE		7)	Squar	e feet 1500 sf	# of Floors	Bldg	g. Age	50	
Point Pleasa		Ocea						Сигге	nt Use (Prior if Resider	being demolished)				
Name of Monitoring Firm 1		Owner (	8)		ASCM No.		Name of	Abatem	ent Contractor Guardia	(9) an Contracting,	Inc.			
Street Address							Street Ad	ldress	90000000000000000000000000000000000000	- 19409000 004				
City, State, Zip Code				City, Star	te, Zip C	Code	oute 9, Unit 61	0.00		0.51				
Project Manager for Monito	Number			Telephon		er	License N		/55-1	2/1				
Scheduled Start Date (10) 11/3/15			Scheduled 11/4/		on Date (11)		732-34 Name of		Monitor	00624				
Occupancy Status During A	Abatement (Check	only one		13			Street Ad	idress	E.W.5.1	L. Analytical				
	lity Closed/Vacated tement Performed								EXCITED FOR	elton Road				
	er – Describe					_	City, Stat	te, Zip C		way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[ ]	Ful	I Containment	with Negative Pres	sure			
[ ] >3 e	f or ≥3 lf		Гì	Renova	tion		[ ]		ni-Enclosure	0				
2 1	or ≥3 fr or ≥260 lf		[ x ]	Demoli			[x]		ovebag Procedu n-Exempted (*	re ) and Non-Friable I	Procedu	ire		
			Is Location	n		1	Descriptio	n of			7000	ement		
Location of		1	Normally u			Asb	estos-Cor	ntaining		Amount	R E	R E	E	E N
Asbestos-Containing M TO BE ABA		Main	Solely by tenance/C				faterial (A , thermal:			(Specify SF or LF)	М	P	C	С
in facility		Ivitain	Staff	ustodiai			lation, su			or LF)	0	A	A P	L
(13)			(12)				VAT, o	or			V	R	S	S
	N/A		othe	er miscella	aneous)			A		U L	U R			
Exterior	1,771	1 1 1						L		Е	Е			
Exterior		Asbestos	sidin	g			1200 sf	X						
			-	-										
											-			
Name of Registered Waste		1	VJDEP Was	te Hauler	ID No.   Cub	oic Yaı	rds of Wast	te N	ame of Register	red Landfill				
Guardian Co.	ntracting, Inc.		2	0223		3			T.R.R.F.					
Toms River,				11/5/			City, Sta		ennsylvania					
Completed by (Print or Type Nicholas Ferr	er	Signature	)			. 1		Date	2/201	5				

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

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11/3/15 Agencies Notified Type Notification		y 501	naemer i	rivat	e Hom	e		18	1711					
Agencies Notified Type Notification		et Addr	ress -				× i		10p 6	E to		-77		
☐ EPA ☑ Initial	-		r lane				- 0	1 .		417/	2.	-		
DEP Amended Amendment #			Zip Code Point N		069			416	BACE.		6	5		
Emergency (including			ontact						phone No					
DOH justification)  DCA Cancellation	Mar	ry						1			4			
All Carlos Plans (2)	FA	ACILIT	TY INFOR	MATIC	ON	Type of	Facility (4	1						
Name of Facility Where Abatement is Taking Place (3) Mary Schaeffer Private Home					1		chool (K-12							
Street Address		-				St	ubchapter 8	(Othe						
212 Briar lane						× of	ther (i.e. pr c.)	ivate 8	commen	cial bu	ıldır	igs, r	iome	5,
City (5)						Square			Floors			g. Ag	е	
Carneys Point NJ 08069						1000+		2			35	+		
County (6) Salem		nty Co	de (7) E ONLY)			Curren	t Use (Prio	r if beir	ng demoli	snea)				
Name of Monitoring Firm Hired by Building Owner (8)	I AS	SCM N	No	Т	Name	of Abate	ment Cont	ractor	(9)					_
N/A	1.0	00111				aco Ind						٠		
Street Address						Address								
	172					329 329								
City, State, Zip Code						tate, Zip Berlin	Code NJ 0809	91						
Project Manager for Monitoring Firm	Tele	phone	No.		0.0000000000000000000000000000000000000	one No 753-98			License 00727					
Start Date (10) Scheduled C 11/12/15 11/18/15	omplet	tion Da	ate (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Check Only One)	-	7			Street	Address	3							_
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hor	ement urs				City, S	state, Zip	Code	-				_		Ti.
				_	1000000									
Scope of Work (Check All That Apply)					Г	7	Containme	and societies	a Mogative	o Proc	cur			
	ovation olition				2	Mini	i-Enclosure vebag Prod i-Exempted	edure					3	
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Is Location of Norm				De	scription	n of				_	_	Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  Custodia  Custodia	nance/	i l	(i.e. t	s Con hermal surfa	taining N I system icing, VA miscella	Material is insula AT, or	(ACM) tion,	(	Amount Specify F or LF)	Kelliova	Removal	Repair	Encapsulate	Enclosure
	lo N	N/A								Ι.			te .	(D)
Basement		х		Pipe	e insula	ation		1	50 LF	x				
				75 0										
	+	+												Г
	+	-												
Name of Registered Waste Hauler	NJDE	EP Wa	aste	Cubic	Yards		Name of	Regist	tered Land	dfill				1
United Containers	100000000000000000000000000000000000000	ler ID f	2.02	of Wa			G.R.O.							
City, State Elm NJ				Dispo	sal Date 8/15	е	City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna Preside	nt				Signatur	re				Date 11/3	/15			

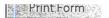


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(1)	

Date of Notification (1) 11/3/15			Building Ov Kurtz Pr				2015 NO	V F	AMI	n• :	, 5					
Agencies Notified	Type Notification		1000	treet Ad 84 He	dress ron Road	i			33.53		1 053501 1					
EPA DEP DOL	Amended Amendment				e, Zip Code on NJ 08				ă l		ENSIN		UL			
DOH DCA	Emergency (i justification)  Cancellation	ncluding	88	ame of George	Contact					Tele	phone N	umha	sr			
_	00000			FACIL	ITY INFOR	MATI	ON									
Name of Facility Where A George Kurtz Prival Street Address		g Place (3)						☐ s	f Facility (4) chool (K-12) ubchapter 8	)	er than K-	-12)		*		
284 Heron Road	10							× o	ther (i.e. pri	vate 8	comme					S,
City (5) Tuckerton NJ 0808	37							Square 1000-	+	1	Floors		35	dg. Ag	je	
County (6) Ocean			(	STATE U	ode (7) SE ONLY)			Curren	it Use (Prior	if bei	ng demol	ished	1)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Contr	ractor	(9)					
Street Address								Address								
City, State, Zip Code					<u> </u>		City, S	tate, Zip		11						
Project Manager for Mor	nitoring Firm		7	elephor	ne No.	-200	Telep	one No			License					
Start Date (10)		Schedule	d Com	pletion [	Date (11)			753-98 of OSH	A Monitor		00727					
11/4/15		11/6/15					Sam	77K								
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	Addres	S							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	batem Hours	ent		_	City, S	State, Zi	o Code							
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure					2	
		Т.					lb:	INOI	I-LXeIIIpteu	1) 41	u Non-i	labic			ment	
1 4'-			Location Loc			D	escription	o of						Ту	ре	
Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED cility	Mai	d Solei ntenar odial S (12)	nce/		os Cor therma surf	ntaining I al system acing, VA miscella	Material is insula AT, or		(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Siding			x		Ext	erior Si	idina		12	200 LF		x			
Exterior	Exterior Siding							9								
Name of Registered Wa	acto Haulor		IN	JDEP V	Vacto	Cubi	c Yards		Name of F	Regist	ered Lan	dfill				
United Containers	aste naulei		Н	lauler ID 2459	200000	of W			G.R.O.\							
City, State Elm NJ						Disp 11/6	osal Date 3/15	е	City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna					Signatur	re C	,	$\overline{}$		Date	3/15	5				

CK 5894

Date of Notification (1)			Name o	f Building	Owner/Operator		20		
11/2/15			MS	. 19	UKEN	Pourca	00	L300	1
Agency Notified	Type Notification		Street A	\ddress	_ 17	* =			
	Maritial .		0	-35	- 34 <sup>T</sup>	21			- 5
E EPA	☐ Amended		City, St	ate, Zip C	ode .	15	7/10	Ti.: 0	
DEP DOL	Amendment #		C+,	AIR	- ALL N.	NJ. E	31410	7	-
In security and a	☐ Emergency (including	ng	Name o	of Contact			1 etchitarie	C-2	
Z DOH	justification)  Cancellation		M	15.1	20 Lich	70	600	DEILE	711
U DCA					RMATION			6	)
	at a said Palina Più	÷ (3)	1700			Type of Facility	(4)		
Name of Facility Where	Abatement is Taking Pla	ce (3)		76					
M S	. Polica	20				School (K-12)	(Other than K-12)		
Street Address	-4				\$0	Other (i.e. pri	vate & commercia	i buildings,	
0-35	· - 34TH	ST				homes, etc.)		Bidg. Age	
City (5) .						Square Feet		194	<
· FA 1.0	NUALIS			20		,2000.		1	1-2
	<u> </u>		Count	Code (7)	(STATE USE	Current Use (Pr	ior if being demoli	shed)	
County (6)	1		ONLY	)		1	ZES, DEN	3	
BERG					Mana of Abotor	nent Contractor (9	N		
	m Hired by Building Own	er AS	CM No.						
(8)						moval In	<u>e</u>		
Street Address					Street Address				
			(P)		450 Sou	th River	St		
City, State, Zip Code					City, State, Zip		07601		
8	**					ack, N.J	License No.	1 10	
Project Manager for Mo	onitoring Firm	Tele	phone No.		Telephone No.		(		100
	Ĩ				201-329		00388	79.	
Start Date (10)	Scheduled C	ompletion			Name of OSHA			Ą"	
11/13/15	20	14	15		Omega	Environm	ental		
	ing Abatement (Check or	nly one)			Street Address				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			nont		280 H	uyler St		d'x	
Abatament Performe	ted During Entire Period ad Outside of Normal Fac	ality Hour	S		City, State, Zip	Code	0-		)
Other - Describe:	8 xm 20 S.	RM	-		S. Ha	ckensack	,N.J. 07	000	
Scope of Work (Check			7000		n Sai	Containment with	Negative Pressur	e	
E1≥3 stor≥3 lf			-El Rer	novation		i-Enclosure	,,,og_a		
223 St of 23 If				molition	-PT Gin	vebag Procedure	d Nain Crieble Dres	nodimo.	
					U Non	-Exempted (*) and	d Non-Friable Prod	Ab	ate ment
			ocation	1.					Туре
lon	tion of	100000 0000	rmally Solely by	-	Description	of			
	ing Material (ACM)		tenance/	Asbe	stos Containing N	faterial (ACM)	Amount	. 2	Enclosure Encapsulate Repair
TO BE	ABATED	1	stodial	(Le	, thermal system surfacing, VA		(Specify SF or LF)	Removel	nciosur
	acilly . (3)	1	(12)		other miscellan			<b>S</b>	H WH
1	10)		(12)	_					9
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		+++		+				77.0	
Name of Registered W	facta Hauler	I N.ID	EP Waste	Hauler	Cubic Yards of	Name of Regi	stered Landfill		
Best Rem		ID N			Waste	Call Street Control of the Control o	Enterpr	ises	LLC
Dest Kem	O A CT TITE		17109		2e7	I IIIICI V		,	
City, State					Disposal Date	City, State			
Hackensa	ck , N.J. 07	7601			13/14/1	Waynes	sburg, Oh	,44688	
Completed by	Title	- 100 CO - 10			Signatule	1		Date	-
J.Maioran	e Est	imat	or		1/6	Paisne		11/2/1	7
ASR-41				sbestos li	censure exempte	d activities.	- Contract of the Contract of	1	

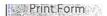




CK 5201

Date of Notification (1) 11/2/10				Building (				me	2015	Mnv.	c ,					
Agencies Notified	Type Notification			Street A	ddress outh Lon	aboat	Drive		,	É ;	NOY -	D /		<u>):</u>	ic	
EPA DEP DOL	Initial Amended Amendment	#	h	City, Sta	te, Zip Co gg Harb	de				ž.	LICE	h. N		1146	Ų.	
☑ DOH DCA	Emergency ( justification) Cancellation	including		-	Contact						ephone N		-			
Name of Facility Where	Ahatement is Takin	n Place (3	\	FACI	LITY INFO	RMAT	ION	Type	of Facility (	4)						
William & Ruth Blei	m Private Home	9 1 1806 (3	,					process.	School (K-1	100 <b>2</b> 00 2000						
Street Address 118 South Longbox	at Drive							×	Subchapter Other (i.e. p	8 (Oth			uildi	ings,	home	es,
City (5) Little Egg Harbor N	J 08087								etc.) re Feet 0+	# 0	f Floors		Blo 35	dg. A	ge	
County (6) Ocean		II.			Code (7) JSE ONLY)			Curre	ent Use (Pri	or if bei	ng demol	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.			of Aba	itement Cor	ntractor	(9)					
Street Address							0	Addre								-
City, State, Zip Code									ip Code in NJ 080	91						
Project Manager for Mor	T	Telepho	ne No.	-	Telepi	one N	0.		License							
Start Date (10) 11/3/15		Schedule		pletion l	Date (11)			of OSI	HA Monitor		00727		-			
Occupancy Status Durin	g Abatement (Chec							Addre	ss							_
	ated During Entire I ned Outside of Norn					_	City, S	State, Z	ip Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if		percurses.	enova emoliti					Min	II Containmoni-Enclosure  ovebag Procon-Exempted	e cedure					2	
		Is	Locati	on			-	110	II-Exemple	J ( ) all	u Non-Fi	lable F		Abate	ment	
Location		l N	lormall d Sole	y			scription					-	_	Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma	intenar odial S (12)	nce/		therma surfa	taining N I system icing, VA miscellar	s insula T, or	ation,	(8	mount Specify or LF)	Control	Domousi	Repair	Encapsulate	Enclosure
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Name of Registered Wa	ste Hauler		\$335	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	ered Land	dfill .				
United Containers				auler ID 2459	No.	of Wa			G.R.O.							
City, State Elm NJ		Title				Dispo 11/6/	sal Date 15		City, Stat Morrisv		A 19067	7				
Completed by Anthony T Perna	dent				Signature	l		_		Date 11/2/	15					

Nov. 2. 2015 9:25AM FAMM No. 0797 P. 1/3 State of New Jamey NOTIFICATION OF ARRESTOS ABATEMENT (Pursuant to NJAC 8:80 MHJ 12:126) DOI - 10 DAY Date of Notification (1) Name of Bulliaing Owner/Operator (2) 10/30/2018 - 2 2015 Maria Galbreith KON Agencies Notified Type Natilicalian Street Address EPA DEP 650 Flatcher Avenue Initial APPRAYER Amended City, State, Zip Gode BOL Anendment # Cradell, NJ U/849 Emergency (Including justification) DOH Name of Contact DCA Talaphone Number: Cancella ion Maria Galbraith Name of Pacifity Where Abatement is Taking Place (3) FACILITY INFORMATION **Private** Type of Fedility (4) Sireet Address School (K-12) Subchapter 8 (Other than K-12) 550 Fisicher Avenue Other (I.a. private & dummercial buildings, hungary, (A) VILT eto.) Oracle!) Square Foot # of Floor COUNTY (8) COUNTY COME (7) Bergen Current I lea (Prior if heing demolished) North of Monitoring Firm Hirad by Guilding Owner (0) ABOM No. Name of Abstractor and Contractor (8) GSC Services Corp Girest Addition Siren Address 748 Black Oak Ridge Road City, State, 7th Gode City, State, Zip Code Wayne, NJ 07470 Project Manager for Montioring Firm Telephone No. Yelephone No. License No. 973-750-0752 Plant Dato (10) 01252 Cohaduled Campletian Date (11) Name of OOI IA Morning 11/2/15 11/3/15 EnviroVision Consultante Occupancy Strius During Abatement (Check Only One) Street Address Coulty Ofcod/Vacated During Entiry Period of Abelennist Sharment Parimment Durings of Normal Facility Hours 20-71 Wagaraw Road Other - Describe: City, Ctoto, Zip Ceds Fair Lawn, NJ 07470 Beaps of Work (Cheek All That Apply) ILES TO JE ES Renovation ار وفظے بن ای فوا ہے Full Containment with Negative Pressure Ligmolluon Mini-Enclosure K Glovebag Procedure Non Emmpled (\*) and Non Frieble Pressdure le Loostlyn Abalament I nealing of Normally Asbestos-Containing Material (ACM)
TO BE ABATED Description of Туре Used Bolely by Asbeatos Containing Maladai (ACM) Мививической Amount (i.e. thermal systems insufation, surracing, VAI, or Encapsuos Cardodial State? III Fewilly (Specify Removal Endosure Roperi (13) (12)WF or LF) other miscellaneous) Yea No NA Basement X TSI **GOLF** X Name of Registered Wests Hauter HJDEP Waste Cubic Yards of Waste Name of Registered | saddl Newark Carling Hauler ID No. TRRE City, Sight Newark, NJ National Links מרוף, שורום Completed by Tullytown, PA Algophia Danisia Antio Dala President 10/30/2015 ASEL-41 (H-05-08) Do not use this form for asbestos licensure scempled sollyifies.





CK 520 1

Date of Notification (1)			T		f Building					Pass						
11/2/10	T 11 225 22				n & Ruth	Bleim	n Priva	te Ho	me	1113	NOY -	5	1.17	1/3.		
Agencies Notified  EPA	Type Notification Initial				outh Lor		Drive			A						
EPA DEP DOL	Amended Amendment				ate, Zip Co Egg Hark		08087	,		č	1.108	$i_{i}$	114	3/11	1.	
DOH DCA	Emergency ( justification) Cancellation	including	- 1	Name of Willian	f Contact n					Tel	ephone N	Numb	er			
Name of Facility Where	Ahatement is Takin	Diace /3	1	FACI	LITY INFO	DRMAT	ION	T	of Fooilite.	, , , , , , , , , , , , , , , , , , ,						
William & Ruth Blei	m Private Home	9 1 1 1 1 0 0 0	7						of Facility							
Street Address							80		School (K-1 Subchapter	r 8 (Oth						
118 South Longboa	t Drive								Other (i.e. petc.)	private 8	& comme	ercial	build	dings,	home	es,
City (5) Little Egg Harbor N	J 08087							Squa 1000	re Feet 0+	# of	f Floors			ldg. A 5+	ge	
County (6) Ocean					Code (7) USE ONLY		_	Curre	ent Use (Pri ne	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.			of Aba	atement Co	ntractor	(9)					
Street Address		( - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-				Addre								
City, State, Zip Code							City, S	State, Z	ip Code							
Project Manager for Mon	itoring Firm	-	Telepho	ne No.			t Berl apne N	in NJ 080 lo.	)91	License	e No.					
01-15-1-40								753-9			00727	7			2000.00	
Start Date (10) 11/3/15		11/6/15	5	npletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only On	ie)				Street	Addre	ss							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norm	Period of A nal Facility	Abatem Hours	ent			City, S	State, Z	ip Code							
Scope of Work (Check A	II That Apply)					_							_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п тпас орргуу		enova emolit					Mir	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure						
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Location		N	Normal	ly		De	scription	of				-		Ту	ре	
Asbestos-Containing TO BE ABA		Ma	d Sole intenar	nce/		tos Con	taining N system	/lateria			mount Specify		ZJ		En	Ш
In Facil (13)		Cust	odial 5 (12)	Staff?	(1.0.	surfa	cing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other	niscellar	leous)					val	air	ulate	ure
Exterior S	Siding		х		Exte	rior Si	ding		10	00 SF	1	x				
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Name of Registered Was	te Hauler		11995000	JDEP W		\$ 600 m (12.00)	Yards		Name of	Registe	red Land	dfill				
United Containers			10330	auler ID 2459	NO.	of Wa	ste		G.R.O.	W.S.						
City, State Elm NJ						Dispo 11/6/	sal Date 15		City, Stat Morrisv		19067	7				
Completed by Anthony T Perna				5	Signature	l		_		Date 11/2		;				

Nov. 2. 2015 9:25AM	FAM	ń							No	. 079	7		1/3_				
Butte of Novillosion (1)		N	OTIFICA (Purs	אט אטווו	of New Ja ABBEST JAC 8:80	Am Am Am	EMENT		DOL-	10[	)AY		Print				
10/30/2018 Agencies Notified Type Notifica	M	Maria Galbraith					NOV -	- 2	2015	1	2						
EPA X Initial Amende	स्र Initial				Street Address 650 Flatcher Avenue City, State, Zip Code Cradell, NJ U/D49 Name of Contact Maria Galbraith				- WANTO	ADD	ממ	VE	10				
Emerger Justificati									WAIVER APPROVED								
Name of Facility Where Absternent is To		xe (3)			braith INFORMA	TION	Dine of	75-3			- U						
Street Address 550 Fletcher Avenue			_				Type of	hool (	ily (4) (K-12) Her 8 (Olber than	Ē	76		0				
City (5) Oradell							eto Square	mer (). L)	i. private & dunin	ies ciail !	uldi	-	mesij.				
County (6) Bergen			Gnii (87,4	nly Coria TR V&E O	(7) PNLY)		Citrent	l léa (	Prior If heing dem		,	5	=				
North of Maniforing Firm I lined by Dulldir Circut Additions	A Owner	(6) ABOM No. Nation of Abstraction (Continuotor (S) GSC Services Corp															
City, State, 7th Code			_			748 8	Address Black Or	ak R	ldge Road			_					
misci Manager for Monkoring Firm		_	Teleg	hone No		Wayr	ale, Zip ( 19, NJ () one No,	747	Licone		out with a						
Elart Dato (10) 11/2/15	amplo!le	973 mploties Date (11) Name				3-760-0752 0125 g											
Coupancy Sixtus During Absternant (Charles Of North Participal Putting Entity Absternant Participant Outside of North	era may pi		5treet A 20-21	viroVision Consultanta et Address 21 Wegaraw Road													
Other - Describe:							ewn, N		170			_	_				
~ 190 의 선 도구00 년 홍길 및 이 동길 년		Renov	etion Noun			XE	Gloveh:	CIOSU.	madita.								
l needon of		e Loos Norms	llv				Мол ⊞ю	Omple	d (*) and Non FA:	sble Pa	Abai	Demen	ıt				
Asbestos-Containing Material (ACM) TO RE ABATED 11 Fedilly (13)	Used Solary by Maintanance Asbestos Containing (i.e. thermal system) (12)						ladai (ACI Naviation, or	Amous (Specify UF of LF)	7	T	ZBIS NOV -6 AN EST						
Basement	Yes	No	N/A			isosilanso	lus)		w 0, 11, .	Removal	Repair	ayensd	Sostre:				
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me of Registered Weste Hauter																	
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Wark, NJ	Tile				Mannes	Cala		2nv Vtov	in, PA								
nisia Antic		1	AND	nejora «	2	,	Do	0/30/2	015								
4-41 (H-05-08)					7	Da not un	a (b) a fa	- /	Ebestos licensurs								

T092 #20

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(Pursuant to N.J.A.C. 8:60 and 12:120)

	17.2/15 Je Care / Je						NGR.		Fitte PR	Completed By (Print or Type) PATRICK T. DeCaro								
WAYNESBURG, OH 44688								STLE, DE 19720										
MINERVA LANDFILL sposal Date City, State								066	508		SERVICE TRANSPORT GROUP, INC.							
ubic Yards Name of Registered Landfill Waste								JEP V			Name of Registered Waste Hauler							
										] [								
H	H	H	H					H		$\pm$								
H	H	H		125 LF	IIO	Pipe Insulat						ment Power Room						
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Enclsoure	Encapsulate	Repair	Removal	Amount (Specify SF or LF)	ining (M) stems TAV , gr	Description of Description of Sepestos-Contse Material (ACI) (i.e., thermal system or other miscellar	li .	y y se or taff?	12)	smrc loS etnise bote	Ms DN	Material (ACM)  TO BE ABATED in Facility (13)						
ÐJ	npəc	Proc	əldsi	Procedures ted and Non-Fr	Mini-Enclos  Glove Bag I  Mon-Exemp	]		oitsvo	Dem		cope of Work (Check all that apply)							
												g Abatement						
BRISTOL, PA 19007							Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM - 1:30 AM											
1123 BEAVER STREET City, State & Zip Code							Facility Closed/Vacated During Entire Period of Abatement											
BRISTOL ENVIRONMENTAL INC Street Address								11/5/15 11/5/15 11/10/15 cupancy Status During Abatement (Check only one)										
				JNI I		HSO to amsM	(	(11)				Scheduled Cor		led Start Dat <b>31/5/15</b>	Schedu			
	Telephone Number   License Number   00509							nager for Monitoring Firm Telephone Number 856-840-8800										
			1001	muld earen II		BRISTOL, PA	RESTOWN, NJ 08057											
City, State & Zip Code								ORTH CHURCH STREET te & Zip Code										
Street Address 1123 BEAVER STREET												THE	ITS HOSI	Address				
Name of Abatement Contractor (9)  RRISTOL ENVIRONMENTAL INC								20V		(0)	191	by Building Owr		IVIRONME				
				(0)		COMMUNIC	.oN M	J3 V [		(0)	1	O paibling vd	bosiLI maia	princtino M 34	Joursy			
		08			Current Use (F	(.)		- (			Essex			lpnivil				
			egA .i		arool Floors	Square Feet 75000	(2,	) əpo	) vin	nog	)]	County (6)			City (5)			
	(.oi			rcial buildings,	private & comme	Other (i.e.	Soit Street											
School (K-12)  Subchapter 8 (Other than K-12)								Central Office Adress										
					(4) V	Type of Facility	e of Facility Where Abatement is Taking Place (3)											
FACILITY INFORMATION																		
S LICE Walle Telephone Number								of Co		2000								
7								Pittsburgh, PA 19										
								. (						A93 930				
UNICATIONS								nbbA				cation	Agencies Notified Type Notification					
gowner ( Operator (2)														Date of				

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