#### State of New Jersey 1310-4709 NOTIFICATION OF ASBESTOS ABATEMENT Check #5741 (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Date of Notification	ate of Notification (1)  11/4/13  gencies Notified Type Notification								owner / Operator	(2)	1.7		
Aganaias Natified			tion				Addre		IIICations	23.40.4			
EPA	Type IV	Olliica	tion					wood	Λνο	N	OV 7 2013		
	KZI	Initial						Zip C	Address of the Control of the Contro	- N	01 / 20:3	<del> </del>	
DEP	-	Initial			C 100 - 100 - 100					1 1			
⊠ DOL	8.00		ded #						19046	****	17.	lenhone Ni	
□ DOH		Emer					of Cor			1	116	ilennona	
☐ DCA	Ш	Cance	ellation		Ale	x B	aylo	r		The second			
						AC	ILIT	/ INF	DRMATION				
Name of Facility Wh	here Ab	ateme	nt is Taking P	lace (	3)				Type of Facility	y (4)	Character and	Similar in	1
Verizon-Roselle	CO						7-20		School (K	-12)			4
Street Address									Subchapt	er 8 (Other tha	an K-12)		
208-214 Locust S	Street								Other (i.e.	private & con	nmercial buildings	s, homes, etc.)	
200 211 2000000									Square Feet	# of Flo	in the second se	lg. Age	
City (5)			County (6)	Co	ount	v C	ode (	7)	7				
Roselle			Union					,	Current Use (F	Prior if being d	lemolished)		
Roselle			Gillon						Offices	nor ii boing a	, oo.,		
Name of Monitoring	- Firms II	ام ما له	· Duilding Our	205 /0	\	-	1400	M No.	Name of Abate	omont Contrac	etor (Q)		
ESIS	l Liiii H	ned by	y building Owi	iei (o	)		ASC	IVI INO.	AbateTech,		5101 (3)		
Street Address									Street Address				
10 Exchange Pla	ce 13t	h Flor	or						PO Box 25	3			
City State & Zin Co	ty, State & Zip Code								City, State & Z	in Code			
	rsey City, NJ 07302								Lumberton,				
								er	Telephone Nu		License Nu	mber	
Brian Kingsbury				201-					609-265-210		100000000000000000000000000000000000000	00529	
Scheduled Start Da		5	Scheduled Cor	nplet	on [	Date	e (11)		Name of OSH	A Monitor			
11/13/1				11/2			` '		EMSL Analy	tical			
Occupancy Status I	During A	Abaten	nent (Check o	nly or	ne)				Street Address	S			
Facility Clos	sed/Vac	ated D	During Entire F	eriod	of A	Aba	teme	nt	108 Haddon	Ave.			
Abatement	Perform	ned Ou	utside of Norm	al Ho	ours				City, State & Z	Zip Code			
Describe:									Westmont, I	NJ 08108			
Facility Occ	cupied D	uring	Abatement										
Scope of Work (Che	eck all t	hat ap	ply)								75 15 10 (1940)	1000 Name 1	
55				200							ntainment with Ne	gative Pressur	e
≥3 sf or ≥3 l	lf			$\bowtie$			ovatio			Mini-En Glove B			
≥160 sf ≥26	60 If				D	em	olition	1			ag Procedures		9
										Kamani	empted and Non-		
1800	ocation		102		Loc				Description		Amount	Abatement	Туре
	tos-Con		g		mall				Asbestos-Conta		(Specify	7) -	
	terial (A				Sole				Material (AC (i.e., thermal sy		SF or LF)	Repa	9 5
	BE ABA						e or		insulation, surfac			Repair	
1	n Facilit	.y		Cus	toala (1:		taff?		or other miscella			Repair	Enclosure
	(13)			Yes		-	N/A			•			0
Roof	*				+	+			Roof Seala	ant	10 SF		
				H	╁┾	+			Skylight Gla		8 SF		H
Roof				H	╁┾	┽			Roof Flash	CONTRACTOR OF THE PARTY OF THE	325 SF		
Roof				H	╁╞	┽┼	H	(2)	Wall Seala		110 SF		HH
Roof						╬┼		-	Van Seala Vent Cau		24 LF		H
	Roof						Ħ		Drain joint ins		5 SF		
	S Locations  Jame of Registered Waste Hauler								Cubic Yards		istered Landfill		
Name of Registered	lame of Registered vvaste Hauler							No.	of Waste	Ivallie of Iveg	istered Landilli		
AbateTech, Inc					ľ	ilac	1875		6	TRRF Land	fill		
City, State						-	an with the same		Disposal Date	City, State			
Lumberton, NJ									11/20/13	Tullytown,	PA		
Completed By (Prin	t or Tvp	e)			1	Title	9		Signature	1	- 1	Date	
Gwen Trumbetti	7 -							oord.	1	111		11/4/13	

Date of Notification (1)					of Building Owne		**************************************					
	4 / 13			St:		. of Militar	y & Veterans A	Affairs / Job #	1310-4	1702	Ci	neck
Agencies Notified	Type Notification			Stree	Address		14				Ę	
⊠ EPA	☐ Initial			PO	Box 340		- 11					
☑ DOLWD ☑ DHSS	Amended  Amendment #	4		City, S	State, Zip Code			NOA	7 20	13		
□ DCA	☐ Emergency (ii	= )	,	Tre	nton, NJ 08625	5	-					
(NJAC 5:23-8)	justification)	icidality	9	Name	of Contact			Telephone Num	her	ense <sup>2</sup>	1	
	☐ Cancellation			Dea	an Arrighi				200 100			
				FΔ	CILITY INFORM	JATION	-					
Name of Facility Where	Abatement is Takin	a Place	(3)		OILITT IN OIL	IIA I I OIN	Type of Facility (	(A)				0.400.000
NJ National Guard		9 1 1400	(0)				☐ School (K-12	(4) )	1915	\$773.43	Zall.	i i 7. Tre
Street Address	,		-			-	☐ Subchapter 8	(Other than K-12	2)			
2560 South Delsea	Drive							ivate and comme	rcial bu	uilding	js,	
City (5)	Dilve						homes, etc.)		D	da A		
Vineland							Square Feet	# of Floors	BI	dg. A	ge	
7.77.77.77.77.77.				10	L O L /7\/OTAT	- 1105 011110	0 111 75	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
County (6)				Cour	nty Code (7)(STATE	USE ONLY)		or if being demoli	sned)			
Cumberland	5	_	(0)				Armory					
Name of Monitoring Firm		Owner	(8)	ASCM			ent Contractor (9)					
USA Environmenta	1					ateTech, I	nc.					
Street Address					0.404.040.4	t Address						
344 West State Stre	eet				30	Maple Ave	e. PO Box 25					
City, State, Zip Code					City,	State, Zip Co	ode		WE 75 LITTLE			
Trenton, NJ 08618					Lu	mberton, N	NJ 08048					
Project Manager for Mon	itoring Firm	20,000	Tele	phone	No. Telep	hone No.		License No.				
John Duggan			60	9-656	-8101 609	9-265-2107		00529				
Start Date (10)	Sche	duled C	omple	tion Da	ite (11) Nàme	e of OSHA M	lonitor					
<u>11</u> / <u>7</u> /	13 (	11_ /	12	2_ /	_13 ÉN	ISL Analyt	ical					
Occupancy Status During	Abatement (Chec	k only	one)	- 100 100 100 I	Stree	t Address						-
☐ Facility Closed/Vacate		The second second	and the second	ment	108	B Haddon A	Ave.					
☐ Abatement Performed					cribe City.	State, Zip Co						
Time of Abatement: _	P	M/	PM-		AM I	stmont, N						
Scope of Work (Check al	I that apply)											
75-1120-1120 Nee Areasta.		-					tainment with Neg	ative Pressure				
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			novati molitic			Mini-Enc						
☐ ≥100 Si 0i ≥200 ii		Пре	HIOHUC	111			g Procedure mpted (*) and Nor	n-Friable Procedu	re			
		Is	Locat	ion					-	atem	ant T	vne
Location	of	1	Vorma	lly	1	Description o	ıf					
Asbestos-Containing			ed Sole		Asbestos Co	ontaining Ma	terial (ACM)	Amount	en	Repair	inc	nc
<u>TO BE ABA</u> IN Facili			todial			nal systems i facing, VAT,		(Specify SF or LF)	Removal	a:	apsı	Enclosure
(13)	· y		(12)			r miscellane		31 01 11 )	=		Encapsulate	ē
		Yes	No	N/A							Φ	
Bathroom		П	$\boxtimes$	П	Pipe Insulation	on (wrap &	cut)	2 LF		П	П	П
Bathroom		1-			Pipe Insulation			7 LF		П		
Datinooni		-			i ipe insulatio	on (glove b	,49)					
		Ш								Ш	Ш	
Name of Registered Was	te Hauler	1	10000	JDEP \		Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.			Н	auler II	4 7/1000   LINGUEREES	9	G.R.O.W.S.	Landfill				
City, State		7,000		18750		sal Date	City, State					
Lumberton, NJ						12/13	Tullytown,	ΡΔ				
1)	ma\						. any cown,					
Completed By (Print or Ty						Signature	fi .	Da	ite 7. /	1		
Gwendolyn Trumbe	tu O	perati	ons (	oordi	nator	501	U.J.		1/4/	113	>	
SB-41						1			1 1			

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

MAY 11

Date of Notification (1)			Building Own	er/Operator	(2)				Á	1
Aggrega Natified Type Natification		P.S.E.				150				
Agencies Notified Type Notification		Street A 4000 F	daress HADLEY RO	DAD			M.	7	200	12
EPA   Initial   Amended	-	City, Sta	te, Zip Code				Vi		: 30.	13-
DOL Amendment #			H PLAINFIE	ELD, NJ.	07080					
Emergency (ir justification)	iciuaing	$\sim$	f Contact	- 17	1 1 1 -	Telep!				
DCA Cancellation			DRGG		LARO					- <b></b>
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORM	ATION	Type of Facility	(4)				
PSÉYG	× .				School (K-					
Street Address	1		1	1	Subchapte	er 8 (Other than K-1) private & commerci		lings	homo	
200 Bordentown	Cross	uue	ks Lo	l.	etc.)					3,
City (5)					Square Feet	# of Floors		ldg. A		_
County (6)		County	Code (7)		Alfre 3000	ior if being demolis		24	IRS	5_
Buslington			USE ONLY) _			B STAT				
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	A No.	Name	of Abatement Co		, 0			$\neg$
ENVIRONMENTAL TACTICS		004	45	UNIC	QUE SYSTEM	IS OF AMERIC	A			
Street Address				(6) SSE	Address	A)/F		111		
64 BROAD STREET City, State, Zip Code					WHITEHEAD	AVE.				_
MATAWAN, NJ 07747					State, Zip Code ITH RIVER, N	J 08882				
Project Manager for Monitoring Firm		Telepho			none No.	License N				
TOM GEIGER	0.1.1.1.0		92-2217		432-8350	0111	7			
Start Date (10)	Scheduled Co	mpietion :			of OSHA Monitor QUE SYSTEM	S OF AMERICA	A			
Occupancy Status During Abatement (Check	Only One)			10 170797777	Address		Wester State	SAMPLE S		
Facility Closed/Vacated During Entire Po					WHITEHEAD	AVE.				
Abatement Performed Outside of Norma Other – Describe:			Des	786 (1000)	State, Zip Code JTH RIVER, N	1 00000				
Scope of Work (Check All That Apply)			7	300	TH KIVEK, N	J 00002				
23 sf or ≥3 lf	Renov	ation		Γ.	Full Contains	nent with Negative I	Orpeguir	Α.		
≥160 sf or ≥260 lf	Demol			F	Mini-Enclosus	re	103341	C		
				2	Glovebag Pro Non-Exempte	ocedure ed (*) and Non-Frial	ole Prod	cedure	Э	
	Is Loca	tion						Abate	ement	
Location of	Norma Used Sol	ally		Description				Ty	pe T	-
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ance/			Material (ACM) s insulation,	Amount (Specify	R	_	Enc	щ
In Facility	Custodial (12)	,	s	urfacing, VA	T, or	SF or LF)	Removal	Repair	sabs	Enclosure
(13)		1	otr	ner miscella	neous)		val	air	Encapsulate	ure
	Yes No	N/A			11 1	01	100			_
Contral Room			ACM W	ensile	Flour facel	965F	X			
Name of Registered Waste Hauler		NJDEP W	Jacte 1 C	ubic Yards	Name	Registered Landfil				
WASTE MANAGEMENT		Hauler ID		Waste _		r Registered Landill VS NORTH				
		1125	A	1x 8						
City, State ELIZABETH, NJ			Di	sposal Date アルム	1.000	ite RISVILLE, PA				
Completed by	Title			Signatur		I De	ate /		,	
CAROL RAIMO	OFFICE I	MGR.		1 Ca	ral La	me '	1/4	4/1	3	

Date of Notification (1)	1 230	ame of Building O .S.E.G.	wner/Operator	(2)	NOV.	7	2013		
Agencies Notified Type Notification		reet Address 000 HADLEY	ROAD		PIX 1		- 2010		
EPA   Initial   Amended   Amendment #	s	ty, State, Zip Cod OUTH PLAIN		07080			7.1. 40	1 3	
☐ Emergency (ir justification) ☐ DCA ☐ Cancellation	Na Na	ame of Contact		ANY	Telephone Nur	nber			
Name of Facility Where Abatement is Taking P.S.E.	Place (3)	FACILITY INFO	RMATION	Type of Facility (4	2)				
68 BUNKER	H,LL	RD.		Other (i.e. pr etc.)	3 (Other than K-12 ivate & commerci	al build			s,
1 City (5)	5WNSF			Square Feet	# of Floors	B	ldg. Ag	e Li -	_ ]
LAWRENCE /	OWN SF	Ounky Code (7)		AHX 3000 Current Use (Prio		ned)	YX.	75	YR
MERCER		TATE USE ONLY)		Swit		-	Tic	21)	)
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCM No. 0045		of Abatement Cont QUE SYSTEMS	ractor (9)	A	,		
Street Address 64 BROAD STREET		*	550 GCCCCCC	Address WHITEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747				State, Zip Code JTH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	27700	elephone No. 32-292-2217		hone No. 432-8350	License N 0111				
Start Date (10)	Scheduled Comp	letion Date (11)		of OSHA Monitor QUE SYSTEMS	OF AMERICA	A			
Occupancy Status During Abatement (Check	Only One)	,		Address					$\neg$
Facility Closed/Vacated During Entire Po	al Facility Hours		City, S	WHITEHEAD A			-11		-
Other - Describe: <u>Non ossas</u>	y agistais	rs only	– SOL	JTH RIVER, NJ	08882			TIS	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renovation Demolition		2	Mini-Enclosure Glovebag Proc	nt with Negative F edure (*) and Non-Friab				
	Is Location	,	2	Non-Exempled	( ) and North that		Abate	ment	
Location of	Normally		Description	n of			Тур	e	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Solely Maintenance Gustodial Sta (12)  Yes No	e/ Asbesto	os Containing M hermal system surfacing, VA other miscella	AT, or	Amount (Specify SF or LF)	Removal .	Repair	Encapsulate	Enclosure
Control Room	X	Adm	CABIE	Social	49 LF	X			
CONTRUK PODIN		TRANS	JE Floo	SOCK OR PANELS	145F	X			
								$\dashv$	
Name of Registered Waste Hauler	(A) (S) (S) (S)	DEP Waste	Cubic Yards	Name of F	Registered Landfill				
WASTE MANAGEMENT		uler ID No. 125	of Waste		NORTH				
City, State ELIZABETH, NJ			Disposal Date ア B 込	MORRIS	SVILLE, PA				
Completed by CAROL RAIMO	OFFICE MG	SR.	Signatur	al Lain	DE DE	ite //	1//	3	

11/01/2013 10:32

NO.430 8802

				R	ECE	IAF	= U			000.0				9/11		
		N		CATION	MAS OF ASI	ESTOS ESTOS P:60AF	PATH				DOL	- 1	0			1
Date of Notification (1) November 1, 2013		11		Chann	Building	Owner/O	Do to lor	Olc	neck 61	66	NOV	7	2	2012		
Agencies Notified	Type Notification		4	Street A	Holor T	EN3	HG	6		Ţ-	100	Wo	of a		_	
D DEP DOL	Initial Amendod Amendod	ı s	.5	City, Sta	ite, Zip C					WA	VEF	? AF	P	RÔ	VE	D
E DOH	Emergency Justification) Cancellation	_	1		Contact			W-12		Tele	mh-	k1 - a'				
E Day	Fill Childhigh	1	$\rightarrow$			ORMATI	ON								_	
Name of Facility Where Caruel Middle Scho		ig Place (3	)		,	-14-410	-11		of Facility (					, , ,,,,,	S-17-22	
Street Address 315 Roosevelt Driv	'B		1					<b>F</b>	School (K-1 Bubchapter Other (I.e. p	8 (Other			uild	uße'	homo	Da.
City (5) Charry Hill									e(C.) To Feat D	2 of	Floor		10	dg, A	ge	
County (6) Carnden			$\neg$	County (STATE)	Code (7) LIBE ONLY	n		Cure	int Use (Pri	or if bein	ng dam d	allehad	,			
Name of Maniforing Firm TTI Environmental	Hired by Building	Owner (8)		ASCA	4 No.				tomeni Car vironmen				,			
Street Address 1253 N. Church St.								Addra Cullbi	AVB.							
City, State, Zip Code Moorestown, NJ 0	8057	188					1 S P. D S C		ip Cuda ada, NJ (	8052						
Project Manager for Mor Mike Stocku	olloring Firm			1'elepho 856-8	ne No. 40-8800	,	THE STATE OF STREET	100e N 765-0			DO842					
November 6, 2013		Novem			Date (11) 3		Na Ine		A Moritor							
Docupancy Status Durin	g Abatamam (Che	ck Only On	im)					Addre					_			
Facility ClosedNac C Abutement Portorin Cther - Describe:	nek to eblatuO bor						City, 6	lete, Z	on Ave lp Cade l, Naw Je	/E DV	08103	R	-			-
Scope of Work (Chuck A	ul That Apply)		-				74.02	ICIAOLII	1 140000 716	i s dy	00100				-	-
☑ 23 al or 33 (/ C160 sl or ≥250 (/			ilemei ilemei					MI Gl	il Contenno 1-Enolosum 1-Enolosum 1-Enolosum 1-Enolosum	adure						
		1	Locat	-	1			3 140	11-11-11-11-11-11-11-11-11-11-11-11-11-	· ·	TORRING	neoks (	_		ment	
Location Ashestos-Containing TO RE AB In Fact (12)	Malaria) (ACM) AYED Illy	Use Ma	Varmal Id Sale Intenai Iodial S (12)	ly by		aton Cont (hermal		Asteria s insula T, dr		(8	nount pecify or LC)		Removal	Ty	Encapau rie	Enclasure
		Yes	No	N/A									IIE.		THE .	73
Boller R	oom	×			Pipo F	ittings (	Lmtd (	Conte	Inmont)	80	Each	×	α	Ц		
			-	-		-					+	$\dashv$	-	_	Н	
		+ +		-	-				- +			+	$\dashv$	-		
Name of Registered War	ste Hauler		H	JIDEP W muler ID 2253		Cublo of Wat			Name of Grows			9(1)	(	.,		
City, State Mount Holly, New Je	orkey 08080					Dispos	ai Date /2013		City, State					_	_	$\neg$
Completed by Christina Lynch		Title Oper	utlons	Mana	ager	-6	THE STATE OF THE S	100	Pos	_		Dale 11/1	/20	13	•	

	N		CATION	ite of New OF ASBE to NJAC 8	STOS	ABATE		ilor	æ,	REC	70	VE	D	
Date of Notification (1) 11/4/13		333	Name of Gracia	Building C	)wner/C	perator	(2)		2013	HOY	-7 A	MII	: 27	,
Agencies Notified  EPA DEP Amended Amendmen			City, Sta	ddress unt Paul te, Zip Coo iam, NJ	de	5			458	ESTO	S CC ENSI	NG	ROL	
□ DOH     □ DCA     □ DCA     □ DCA     □ Emergency justification)     □ Cancellation		1	Name of KGR1	Contact						phone N			_6	
Name of Facility Where Abatement is Takin house Street Address	ng Place (3	)	PACI	LITT INFO	NWATI		☐ s	of Facility (4 chool (K-12 ubchapter (	?)	r than K	-12)		,	
23 Mount Paul Road City (5)				***************************************				other (i.e. pr tc.) e Feet		comme		ldings Bldg.		es,
Mendham							2000		2	14		50		
County (6) Morris				Code (7) JSE ONLY)			Curren	it Use (Prio	r if beir	ig demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	No.				ement Cont onmental			_C			
Street Address							Address Box 48	s 3, 4 E Ga	ate Dr	ive				
City, State, Zip Code							state, Zip wood,	Code NJ 0741	8					
Project Manager for Monitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 583-85			License 703	No.			
Start Date (10) 11/7/13	Schedule 11/21/1		pletion (	Date (11)	•	Name	of OSH	A Monitor						
Occupancy Status During Abatement (Che				00	1	Street	Address	S			п			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:					_	City, S	state, Zip	Code			*			
Scope of Work (Check All That Apply)							709					W-52%		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enoval emoliti		7.		×	Mini Glov	Containme -Enclosure vebag Proci -Exempted	edure	2.72			re	
42 May 2019		Locati	70.000		1744	88 62	70.5						temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solei intenar odial S (12)	y by nce/		os Con thermal surfa	scription taining N system cing, VA miscellar	Material s insulat T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement bathroom	Yes	No	N/A X		nine	insula	tion		-	5 LF	x	-	10	
Dasement bathroom		^		pipe	IIISUIA	10011			, LI	<u></u>		+		
Name of Registered Waste Hauler Freehold Cartage	Н	JDEP W auler ID 5939		Cubic of Wa 10	Yards ste		Name of F	3	red Land	Ifill				
City, State Freehold NJ					Dispo TBD	sal Date		City, State Morrisvi		A				
Completed by Andrew Scott Higgins	Title Presi	dent			\$	Signature					Date 11/4/1	3		

		1		n\$	EDP ASE	WE	D								
Check#1762		IOTI	FICA (Pu	rsuan	t to NJA	ESTO Carep	S ABAT	EMENT		Emer	gency	N	otifi	catio	MI.
Date of Notification (1)				distrib.	Wilding	Owner/	Operator (2	2)		APPROVE	m -	-	-		
	13								TRANK			love	rac		
				Brad V	Volfsen	s co	HIVOR	IN.	Mehr	of Health & St	M	4_	000		
Agencies Notified Type Notific	norse			SUBS	ON HOLD	FH3	HO	63 -	-auaq	(signature)		-			
☐ EPA ☐ Initial ☐ Amende				180 N	ON MAIN	ntain A	venue			104/12	11:	7	14	m	
☑ DHSS Amenda				City, S	state, Zip C	ode		[D	26:	<u> </u>	11(0)		-		
☐ DCA		ludina		Monte	lair, NJ 0	7042									
(NJAC 5:23-8) justificat				Name	of Contact					Talanhone I.		-			
☐ Cancella	naîte			Brad V	Wolfsen				4						
				-	CILITY IN	FORM	RTION		-4-		_	-			
Name of Facility Where Abatement is	Takina	Di-no	/21	FM	GILLLY IN	LAKW)	ATION	Tuna at Ca	-Olive t	41		_			
The state of the s	raking	Flace	(2)					Type of Fa							
Private house								School		) (Other than K-1	2)				
Street Address										ivate and comm		oulle	ding	à.	
180 North Mountain Avenue								homes	, etc.)	2)			-70		
City (5)								Square Fe	et	# of Ficors		Bldg	]. Aç	e	
Montclair, NJ 07042															- 1
County (6)				Coun	ly Code (7)	STATE (	ISE ONLY)	Current Us	ee (Pri	or if being demo	lished)		10000		
Essex															
Name of Monitoring Firm Hired by Bu	itding O	wner (	8)	ASCM	No.	Name	of Abatems	ont Contract	or (9)						
			- 1			Gr Te	ch LLC								
Street Address		1000					Address							_	
**						576 V	alley Rd f	כפכו							
City, State, Zip Code		-					tate, Zip C					_	-		<u> </u>
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Project Manager for Monitoring Firm			17.0		M-		NJ 074	/0		-1		_			
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BL 1 B 1 (28)			⊥.				38-1777			01127		_			
Start Date (70) 11 / 05 / 13	Schedi			etion D∌ 6/			of OSHA N	Aonitor Dosultants,1	Inc						
Occupancy Status During Abatement	(Check	only o	ne)				Address	, ditania,							_
☑ Facility Closed/Vacated During En	tire Per	lod of	Abate	ement		20-21	Wasses	Road, Blo	L 41 5	216					
Abatement Performed Outside of I	Normal	Facility	y Hou	rs - Des	acribe	City. S	itate, Zip C	ode	E .W .	444		-			
Time of Abatement:AM	PN	N	_PM		_AM		awn, NJ 0								
Scope of Work (Check all that apply)				~		ran L			Mamin	ation with negat	tive ring	CEL	ine		
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Location of			40th			D	escription :	of			-	-	-	_	
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TO BE ABATED IN Facility				ence/ Staff?	, (i.e			insulation,		(Specify	1 2		isc	de	SOS
(13)			(12	D			acing, VAT miscellant		- 1	SIF or LF)	1 2	5	•	ula.	em
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		T <sub>E</sub> 3	1.40	-							-	7	<u></u>	-	-
Crawl space		느	نا	$\boxtimes$	Pipe ins	ulation	-Mtab and	d cut		16 LF	15	9	الل	Ш	1
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						100 0	13-20								
Name of Registered Waste Hauler			N	JDEP Was	le Hauler ID No	, Cubio	Yards of Was	te Name of	Regis	stered Landfill					
Gr Tech LLC				00337	85	TI	3D	T.R.R.F	Inc						
City, State				00001			sal Date	City. Ste				-		- 1013-	
\$200 PE						1 .									
Wayne, NJ 07470	1						BD	Tullyto	_		r=				
Completed By (Print or Type)	Title	2				18	Signature	lender or	1	1	Date				
N.Jevtic	Ow	ner						enter v	/en	90	11/04	/20	13		
ASB-41		- ۱۱۰		thin the	m for set.	rem 1:	Dave t	pled activity	ine				STOCK C		25000
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CHECK# 3039

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

RECEIVED

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Date of Notification (1)	-/13		Nan	re of Buildin	C CONTR	x (2) UCTI	ons	-7 AMII:	15:		
Agencies Notified	ype Notification		Stre	el Address	0.01		5813 UO				$\neg$
	∑Jnitial .				1 RT. 9		·		ROL		_
	- Amended	4)	City	State, Zip			ASSES	Y ICENSING	G GF	n. '.	
] 00r	Amendment #_ Emergency (in:	ludino		CAR	5 MAY N	1, J.	0820			, , , , ,	
7 004	justification)	20011 Ng	Nan	ne of Contac		¢.		Telephone Num	Der		
100 · 10	Cancellation			16	YLE			7.00		-	_
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iame of Facility Where Ab	atement is Taking	Place (3)	2/11/			260,200,000	of Facility (				
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Street Address		-					her (l.s., pri	ivate & commerc	aal bulan	<b>3</b> .	
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City (5)	<del></del>		. o 111721 e			1	re Feet	2		OT	
Vice	15					10	00_				=
			Co	unty Code	(7) (STATE	Cune	ini Use (Pri	or If being demo	ushed)		
County (6) CAPE M	INV		US	SE ONLY)	0)			LANT			
CAPETI	n j	Vimar	ASC	M No.	Name of Abate	ement Co	unador (a)				•
Name of Monitoring Firm H	red by Bullaling C	Wilei			KLGI	400	EN	C1			
(8)	1				Sueel Addres	s		1	1		
Street Address				15	369	5.5	PRUC	ce Ave.			
L					Ciry. State, Zir	Code					
City, State, Zip Code			- 0.		Cry. State, Dr	PIS	CHAI	i, NJ	0805	٢_	
SN). SENP					Telephone No			License No.			
Project Manager for Monit	oring Firm	7, ₹€	elepho	he No.	856-7	79 -	0477		144		
7.0400		<u>&gt;:  -</u>								73.55	
Stan Date (10)	Scheo	duled Comp	nailek	Date (11)	Name of OSH	= DI/L	1/ 4 14	M			
: 11/16/13		1 23		<u> </u>							
Occupancy Status During	Abalement (Che	ck only one	9)		Sueel Addre	55 C	0000	E1 UE,			
Facility Closed Vacalet	numa Entire Pe	riod of Aba	temer	nt	369	212	PICOC				
Abatement Performed	Outside of Norma	Facility H	ours		City, State, X	ip C∞de	·	- 115			
Abatement Performed	000000000000000000000000000000000000000				MA	PLE	2 HV D	E, N, J	, 000	2 6	
Other - Describe:								D			
Scope of Work (Check all	that apply)				□ Full	Containn Enclosur	neni with Ne	egative Pressure	-		
23 st or 23 tl		Renov	vation	•			4				
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	-	Is Loc	ation					1		1 150	
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As Desios - Containing M	latenal (ACM)	Cust	odial	(i	e. thermal systems, 'surfacing,'	MS INSUL	ation.	SF & LF	Removal	Hapw	100
TO BE ABAT	עפ	Sta			other myscell	laneous)			3	E	theproduces
(13)		(1	2)	_	0.000			1			3
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			-	DEP Waste	·   Cubic Yard	is	Name of R	egistered Land	M	i	
Name of Registered Wa	ste Hauler		Ha	uler 10 No.	of Waste		$C, \wedge$	1, C, M	, 0, 13		
	INC.		L	7904	5	1218					3-8 <del>3-1</del> 3
KLEMCO					Disposal D	are	1111	DBINE	. N	)!	
KLÉMCO		acceptate never ve	11/1/1/2017/19								
KLÉMCO		5,08	105	2			000	10077-0			
KLEMCO City State MAPLE SIN	ADE, N				Signa		410	e			<b>.</b>
Completed By	ADE, N	J, 08			Sigea	live	MIS	em C	)ale ///		3.

ate of Notification ( Oct 8, 2013	Type Notification		Ctract	Address			or (2) Of Economic		N	JV 7	2013		1	
gencies Notified  XEPA  XDEP	Initial Amended				o Code NJ. 0710				i i i					
X DOH X DOL	Amendment #  X Emergency (including justification)	1	Name o	f Conta	ict			1	Tel	Number	-			
DCA	Cancellation		Matth	ew B	rene						- 100 D			1
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			FA	CILITY	INFORMA	TION	Type of Fa	cility (4)						1
ame of Facility Whe Former Ork	re Abatement is Taking Plac ois site Bldg. JK	e (3)					School	ol (K-12)	Other thate & co	nan K-12) ommercial b	uilding	s, hom	es,	
39 McClellan S	treet						Square Fe 59,360	et	# of Fl	oors	Bldg 70+	. Age		
City (5) Newark	V.		Cour	nty Code	e (7)			no (Prior i	f being acilit	demolished <b>y</b>	)			
County (6) Essex	Firm Hired by Building Owner	er (8)		SCM No	ONĹY)	N:	ame of Abatemericon Enter	ent Contra	actor (9					
Envirovision	onsulting						treet Address 22 Beers S							
Street Address 2021 Wagara\						100	ity, State, Zip C Ceyport N.J							
City, State, Zip Cod Fair lawn, NJ	**************************************		Tele	ephone	No. 3-9145		elephone No. 232-739-12			License No 01095	•3			
Project Manager fo Guillermo Mon	T Se	cheduled	Comple				Name of OSHA Tricon Ente	Monitor	, Inc.					373
Start Date (10) 10/10/2013	11	1/15/20	113			-	Street Addr 322 Beers	ess						
	During Abatement (Check Cd/Vacated During Entire Peri erformed Outside of Normal tribe:						City, State, Keyport, N.		ode 55					_
	heck All That Apply)		novatio				Mini-	Enclosure	е	ative Pressu		ocedu	re	
		Is	Locatio	n							-	Abate Ty		
Achestos-Co	Location of Intaining Material (ACM) BE ABATED In Facility	Ma	mally Us solely by intenant todial St (12)	r ce/	Asbesto (i.e. t	s Cont nermal	scription of aining Material systems insula cing, VAT, or niscellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	(13)	Yes	No	N/A X	Roof				3750		x			-
Roof				^										-
											EU			1
Name of Regist Atlantic Carting	ered Waste Hauler Inc.		l H	JDEP V lauler II	D No.	of Wa	c Yards aste osal Date	IESE F	PA Beth	stered Land lehem Land	illi 233	35 App	e butt	eı
	N. I. 07470					8/29	/12	Bethle	hem P.	A. 10815	Date			_
City, State 1141 Rt. 23 Wa	ayne N.S. 01470	Title					Signature		/ \		10/08	/2013		

Date of Notification (1) NOV. 5, 2013					Building CONTROL			(2)			14.3		7	2013	3
Agencies Notified	Type Notification		1 37	treet Ad 1 ERN	dress ISTON	ROAD	// · · · · · · · · · · · · · · · · · ·		0.89	1.1	,	101	1	Lo	
EPA DEP DOL	Amended Amendment #_				e, Zip Coo N, NJ 08				14,02 (27)	Ì	1.			~.(	سانل ا ا
DOH DCA	Emergency (inc justification) Cancellation	cluding	187.5	lame of G	Contact DRY NA	POLITA	ANO			Télé	enhosa Mi	imber".	and the state of		
				FACIL	ITY INFO	RMATIO	N						F		
Name of Facility Where NAPOLITANO PRO Street Address		Place (3)							of Facility (4) School (K-12 Subchapter 8	) 3 (Othe	er than K-1	12)			
91 ERNSTON ROA	AD								Other (i.e. pri etc.)	vate 8	commerc	cial buil	dings,	home	es,
City (5) PARLIN									re Feet	# of 2	Floors	111	ildg. <i>A</i> i5 +	.ge	
County (6) MIDDLESEX				County C STATE U	ode (7) SE ONLY)				ent Use (Prior SIDENTIAL		ng demolis	shed)			
Name of Monitoring Firm	n Hired by Building Ov	vner (8)		ASCM	No.				tement Contr Touch Asb			ment (	Corp	, Inc	
Street Address		7					Street 17 Th		ss son Street	t					
City, State, Zip Code									ip Code g Branch, I	NJ 0	7764				
Project Manager for Mo	nitoring Firm		T	elephon	e No.	100	Teleph 732-2	none N 222-8			License 00040	No.			
Start Date (10) 11/19/13		Scheduled 11/19/13	Com	pletion D	Date (11)		Name n/a	of OSI	HA Monitor						
Occupancy Status Durin	ng Abatement (Check	Only One)					Street	Addre	ss	- 80 50					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pened Outside of Norma	eriod of Aba I Facility H	ateme ours	ent			City, S	State, Z	ip Code				-		
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	324	- Instantia	novat nolitio				×	Mi Glo	II Containment ni-Enclosure ovebag Proce on-Exempted	edure				re	
		lala	ocatio						JI-Exempled	( ) an	d Holl I lie			emen	t
Location	in of	Nor	rmally	y		Des	cription	n of				_	Т	ype	
Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED ility		enan fial S 12)	taff?		tos Conta thermal s surfaci other m	system ing, VA	s insul AT, or	ation,	(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X		0-	ما ال				00 of	-	-	-	
VA	VAT					2n	d floc	or ———			600 sf	x			
			-				1						-		
							7				71				
Name of Registered Wa	aste Hauler			JDEP W auler ID		Cubic Y			Name of F						
Finishing Touch As	bestos Abatemen	t Corp.,		2058	140.	5 cy	5007		GROWS City, State		RTH LA	NDFI		11	
City, State West Long Branch,	NJ					Dispose 11/19/	178		MORRA!	SVIL		7			
Completed by JOSEPH P. MILLE	R	Title PRESI	DEN	NΤ		Si	dh tur	gh ,	MUL	~		Date 11/5/1	3		

Date of Notification (1)			Name A-T/	of Buildin	g Owner/Operator	(2) 2019PAN	V. INC. F.	352	FOR	DA	11
Agencies Notified Type Notification		$\dashv$	Street	Address	2						=
□ BPA □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					BRIDGE	HVE		-			=
DEP Amended Amendment #		Γ	City/S	tate, Zip (	ode /^	NI					
☐ Ernergency (iii justification)	ncluding		Name	of Contac	TIFIL	7. 770	Telephone Numb	er	1.		ᅱ
DCA Cancellation			Hame	PIC	PLACK	:/5	1,	147000			
			FAC	ILITY INF	ORMATION		1	7			
Name of Facility Where Abatement is Takir	g Place	(3)				Type of Facility	(4)				
BUILDING						School (K-1	2) 8 (Other than K-12)	١			Ī
Street Address 12 BRIDGE	AV	É		, , , , , , , , , , , , , , , , , , ,		Other (i.e., p	orivate & commercia .)	l build			
City (5) BAY HEAT)	· N	J,	08	574:	<u></u>	Square Feet	# of Floors	_	lg. A		
County (6) OCEAN			Cour	nty Code ( ONLY)	7) (STATE	Current Use (P	rior if being demolis $\mathcal{F} \mathcal{N} \mathcal{T}$	hed)	ey Es		
Name of Monitoring Firm Hired by Building	Owner	$\overline{}$	ASCM	No.	Name of Abaten	nent Contractor (9	9)	1.			$\neg$
(8)						INDUS	TRIES	114	C.		_
Street Address						gilck	TRAIL				
City, State, Zip Code					City, State, Zip C	code PMJ. 0	8724			161	
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	7-7498	License No.	76			
Start Date (10)   Sche	duled C	omple	tion Da	te (11)	Name of OSHA						$\exists$
Occupancy Status During Abatement (Che					Street Address					, i	뮈
Facility Closed/Vacated During Entire P	eriod of	Abate			-						_
Abatement Performed Outside of Normal Other - Describe: VACATY		y Hou	rs		City, State, Zip C	Code					
Scope of Work (Check all that apply)					☐ Full Co	ntainment with Ne	egative Pressure			736	
	☐ Re	enovat emolitic			☐ Mini-En	iclosure ag Procedure	on-Friable Procedu	re.			
	ls l	ocatio	on		INVIE	templed ( ) and it	OFF REDICT TOOCGU		bate		
	1 10000	ormally I Solel	\$50 C-V		Description of	f		_	Тур	e	
Location of Asbestos-Containing Material (ACM)	Mair	ntenar	ice/	Asbes	tos Containing Ma	iterial (ACM)	Amount (Specify /	-		9	m
TO BE ABATED IN Facility		ustodia Staff?		(i.e.	, thermal systems surfacing, VAT	,-or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other miscellane	ous)		Val	탁	ulate	sure
	Yes	No	N/A								
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		L,			Cubic Yards	Name of Day	pistered Landfill			لـــا	
Name of Registered Waste Hauler BRICK   NOUSTRIES	INC		UDEP tauter II	Waste ONo. OOZ	of Waste	6.	R, 0, W	', <u>S</u>	5		
City State BRICK, NJ. 08	723				Disposal Date	City, State	PA				
City State  BRICK, NJ. 08  Completed By  ERIC PLACKIS	PR	E3	,		Signature	Heeh	Date//	5	- /	3	



Date of Notification (1) 06/06/13		15.72		Building O MMIT J			(2)							
Agencies Notified NOV Type Notification		S	treet Ad	dress			775 (22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2							
EPA X Initial Amended Amendment			ity, State	e, Zip Cod N, NJ	е									
Emergency ( justification)  DCA  Cancellation	including	N	lame of (	Contact					- ·	,	* 1			
			FACIL	ITY INFO	RMATIC	ON				- (	,			
Name of Facility Where Abatement is Taking Street Address	g Place (3)						Sc Sc	f Facility (4) chool (K-12) ubchapter 8	) (Othe	er than K-1	12)			
154 SUMMIT AVE							et	ther (i.e. pri c.)						s,
City (5) JERSEY CITY							Square			Floors		dg. Aç	je 	
County (6) HUDSON			County C	ode (7) SE ONLY)		_	Curren	t Use (Prior	if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.				ement Contr PROFES						
Street Address							Address	OVE CO	URT		•			
City, State, Zip Code		7782.00					tate, Zip	Code D, NJ 08	701					
Project Manager for Monitoring Firm		Т	elephon	e No.			one No. 668-90			License 1200	No.			
Start Date (10) 11/15/13	Scheduled 11/18/13		pletion D	Date (11)				A Monitor PROFES	SSIO	NALS				
Occupancy Status During Abatement (Chec	k Only One	)					Address							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Al nal Facility I	atem Hours	ent			City, S	state, Zip	OVE CO Code DD, NJ 08	-1	V 5				
Scope of Work (Check All That Apply)											3.24h			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mini Glov	Containmer -Enclosure vebag Proce -Exempted	edure				9	
	Т						1,000	Exompted	1) 4.			Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ocation ocatio	y y by ice/		os Cont thermal surfa		Material of sinsulated of the second of the		(	mount Specify F or LF)	Removal	Ty Repair	e Encapsulate	Enclosure
(15)	Yes	No	N/A								al		ate	ē
				ŀ	PIPE II	NSUL	ATION		1	00 LF	X			
	44													
	+++										-			
Name of Registered Waste Hauler		1 225 121	JDEP W auler ID		Cubic of Wa	Yards ste		Name of F	Regist	ered Land	fill			1
NEWARK CARTING			1509	4000				IESI						
City, State NEWARK, NJ						sal Date		City, State						
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signatur	Ty	16	$\leq$		Date 11/5/13	3		

Date of Notification (1) NOVEMBER 5,201	3		1		Building C	wner/Ope BAY	rator	(2)		157	\$	194 S			
Agencies Notified	Type Notification		1000	Street Add 105 MC		N STRE	ET			NOA	7	2013	9	_/	
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod ANK, N.	de J 07701		100			2,00				
DOH DCA	Emergency ( justification) Cancellation	including	1 8	Name of (	Contact N GUBE	BAY				Tele	phone Nu	mber		e 14.7	, i
200				FACIL	ITY INFO	RMATION	1			-		_	13:1115		
Name of Facility Where A		g Place (3)						Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12)							
Street Address 105 MCCLAREN S	TREET							×	Other (i.e. pretc.)				lings,	home	s,
City (5) RED BANK								Squa 150				Bldg. Age 55+YRS			
County (6) MONMOUTH				County Code (7) (STATE USE ONLY)					ent Use (Prio SIDENCE	r if beir	g demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				atement Con Touch Ask			nent C	orp.	Inc.	
Street Address	A Company of the Company					- 5		Addre	ess pson Stree	et	-		7//	9	
City, State, Zip Code					City, S	tate,	Zip Code		764						
Project Manager for Mor	-	Telephon	e No.	11/2	Telephone No.			110 07	No.			_			
			20		732-	222-	8372		00040				1177		
Start Date (10) 11/18/13							Name n/a	of OS	SHA Monitor						
Occupancy Status Durin	g Abatement (Ched	k Only One)	Ė			S	Street	Addre	ess						1
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norn	Period of Aba nal Facility H	atem lours	ent			City, S	State,	Zip Code						
Scope of Work (Check A	All That Apply)											-			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			nova moliti				NA IA	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				9	
		ls I d	ocati	on I					On Example	d ( ) and Non-File		Abatement			
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) A <u>ATED</u> lity	No Used Maint Custoo	rmall Sole tenar	ly ly by nce/	Asbestos Containing (i.e. thermal system surfacing, V.			escription of staining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)			mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A										ю	
Basm	ent			х		7	ΓSΙ			9	5 LF	x			
	3				-							+	-		
												1			
Name of Registered Wa Finishing Touch Asl		ent Corp.,I	H	JDEP Walauler ID I 2058		of Waste .5 cy			Name of GROW	William Control			L		
City, State Oceanport, NJ						Disposa 11/19/1		,	City, State Morrisy		A				
Completed by Joseph P. Miller	ent			Sig	fatur 70	e de	MUL	τ	1 1	Date I 1/5/1	3				
ASB-41 (R-06-08)						//-	Do n	ot use	this form for	asbest	os licensi	ıre exer	npted	activi	ties.

2/37

Date of Notification (1)	- 100 (c) - 100 (c)				Building Own											
	-5-13			Street Address Street Address Stol Af Myens Gull City, State, Zip Code Charlouch Blacky has										_		
Agencies Notified	Type Notification		St	reet Add	iress	1 01	m	. 1	. 7	. 1	10V			9		
☐ EPA	Initial			ity State	Zin Code	H.	rryee	0000		6	7			-		
DEP	Amended Amendment #			ity, State	, Zip Code	C has	lived	e Be	esc.	John		9				
	Emergency (in		1	ame of (	Contact ,		779 <b>K</b> 10		T-1	ne Num						
DOH DCA	justification) Cancellation		1	2	Contact ANDE	BREC	K									
☐ DCA	Caricellation				ITY INFORM											
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facility (4)									
CROSS	- PROSK						School (K-12)									
Street Address	0.7		-	= 3%			Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes									
761 1	11/1948	es C.					eto	c.)								
City (5)	i i						Square		20 25	Floors	1	ig. Ag				
Ch	ADWICK						13	00	/		_ک	54	100			
County (6)	- PECSK ATM YER ADWICK CEAN TIM Hired by Building O		C	ounty C	ode (7) SE ONLY) _		Current	t Use (Prior	if being	ng demolish	ed)					
00	CEAN		1,				- of Abata	ment Cont			1		-	-		
Name of Monitoring Fir	m Hired by Building O	wner (8)		ASCM	No.			ion Co.,		(3)						
							et Address				-			-		
Street Address					0											
20 20 1		-				95 Montrose Road  City, State, Zip Code										
City, State, Zip Code						Colts Neck, N.J. 07722										
Project Manager for M	onitoring Firm	***	T	elephon	e No.		Telephone No. License No.									
Project Manager for W	Officining ( into			оторито		732	2-294-17	757		00029						
Start Date (10)	Т	Schedule	d Com	pletion D	Date (11)	Nam	e of OSH	A Monitor								
	13	11-11	-/-	?												
Occupancy Status Dur	ring Abatement (Check	Only One	e)			Stree	et Address	3								
	acated During Entire P															
Abatement Perfo	rmed Outside of Norm	al Facility	Hours	27		City,	State, Zip	Code								
(A)	790			_		-								200000-		
Scope of Work (Check	( All That Apply)	72-20					Full Containment with Negative Pressure									
≥3 sf or ≥3 lf	26		enovat					Containme -Enclosure		Negative F	ressu	e				
≥160 sf or ≥260 l	f	D	emoliti	on			☐ Glov	vebag Proc	edure							
							Non	-Exempted	i (*) ar	d Non-Friat	le Pro					
		1s	Locatio	on							1	ement pe	Š			
Locat	tion of		lormall d Solel		5 2/ 2/	Descripti		(1010)	1			<u> </u>				
	ing Material (ACM)		intenar		Asbestos	s Containing ermal syste	Material	(ACM)		Amount Specify	R	-	E	m		
	ABATED acility	Cust	odial S	staff?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	surfacing, '	VAT, or			F or LF)	Remova	Repair	aps	Enclosure		
	3)		(12)		(	ther miscel	laneous)				val	air.	Encapsulate	ure		
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Name of Registered V	Name of Registered Waste Hauler					Cubic Yard of Waste	S	6282 83	Regis	ered Caridiii						
Ace Insulation Co		lauler ID 2086		<b>ろ</b>		Chrins										
City, State				Disposal Da		City, Stat						- Constitution				
Colts Neck, New				11-16	-13	Easton	, Pa		The state of the s							
Completed by		Title	Si				ture	am	20	less of	ate/s	5%	3			
George Wuest		ident				100	1	0								

CK# 0382

				1 (1)						11 C	اسا	س ر			
Date of Notification (1)	Date of Notification (1) 11-4-2013 NOV 7 2013				Name of Building Owner/Operator (2)  MRY Associates LLC  M. Dept of Health & Senio										7
Agencies Notified	Type Notification				Street Address								or Se	rvise	6
□ EPA	initial .	35-40	84	355 Sr	oringfle	ld Ave			1-1-64		gnature		OB)		-1
DEP I	Amended			City Stat					2-1-	1141				77	O AA
図 DOL :	Amendment	#		Summ	it, NJ C	7901			Date:	4 111	<u></u> T	ine:	4	211	
₩ DOH	Emargency (	gnibuloni	1	Name of	Contact					Palaskan -	ktt				
D DCA	Cancellation		.	Joe											
				FACIL	JTY IMF	ORMATI	NO								
Name of Facility Where		g Place (3	1)			•	Haladin da	Type of F	acility (4)						
Former Dry Cleane	₹ 							☐ Sch	ool (K-12)						
Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home							
466-474 Sprintleld	AVG		-	-				etc.	qo ta comm	source police 69' unitable					
City (5)								Square F	woman Mari	of Floors	}	100	ldg, A		
Summit								9500		2			iO +		
County (5)	10			Gounty C	COOR (7)	Y7			lse (Prior li		rollsho	d)			
Union		_				"			Dry Clea						
Name of Monitoring Firm	Hand by Building	Owner (8)		ASCM	[ 140.		CHEST CONTRACTOR		enii Conirac						
Street Address		n/a					agement	Corp							
n/a						et Address									
					S SUD 733 3	Troy Ln State, Zip Code									
n/a	City, State, Zip Code					1			NJ 0703	<b>#</b>					
	illorios Eltm		-	Telephor	ne No	******		hone No.	140 0100		se No.	-	•		·
n/a	Project Manager for Monitoring Firm				10 100.		S 1000 N	-706-795	Λ	011					
Start Date (10)		Schedul	ed Co	n/a mpletion (	Tate (11	1		of OSHA	7	1011		-			
11-5-2013		11-8-2		ilibioacii e	- co- (11	<b>,</b>	n/a	Q. 00(W)	HOHROI						
Occupancy Status Durin	a Absternent (Che					-	1000	Address	<del> </del>		•				
Pacility Closed/Vac	5 (533)(0)		32.00			1	n/a	, mai say	1						
Abatement Perform	and Outside of Norr	nal Facility	/ Hour	nicial S		1	City. S	State, Zip C	ode		•				
Other - Describe:	Scheduled for Demo						n/a		3.005						
Scope of Work (Check A	Il That Apply)												<u> </u>		
☐ ≥3 sfor≥3 if			Renov	atton ·				J Bulco	ntainment v	vith Neast	ive Pro	*\$\$UI	re .		
180 sfor≥260 lf	55		emol		1		F	Mini-E	nclosure ag Procedu						
							3		n-Friable Procedure						
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Location	a mit		Loca			D						Type			
Asbestos-Conteining	Material (ACM)		d Sol	ely by	Asbe	stos Cont	scriptior aining A	Vaterial (At	(MA)	Amount				EZ	
TO BE AB				Staff?	(1.0	. thormal	system	s insulation	4	(Specify SF or LF)	. 1	Re	고	3	E MO
(13)			(12)			द्धांतिक विभिन्न	dag, VA	neotis)		or or ur	1	temoval	Repair	edelusqua	nolosure
		Yes	No	N/A				00000000			1	<u>a</u>	-	85	<b>\$</b>
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CALCIN	Ur	_		X				e Shingle		400 SF		~			-
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Name of Registered Was	lame of Registered Waste Hauler				esto	Cubic	Yarda	IN	ame of Reg	picrod La	ndfill		1		<u></u>
Royle Transport				Hauter ID		of Was			ROWS L						
				20785		TBD	-,								
City, State Riverdale, NJ							al Date		ty, State	ma					
				TBD				Morrisville, PA					-		
Completed by Title E. Cirovic Secretar				,		S	Musimu N	Cutionic 11-4-2013							
CH CHOVIC	cial)	1		10	. ( ( .	(WWD720 11-4-2013									

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## NOTIFICATION OF ASBESTOS ABATEMENT:

		(Pu	rsuant	10 NJAC	8:60 and 17:170	) [5]		垣 [17]					
Date of Nouncation (1)	14/13		Name of Building Owner Operator (2)										
	Type Notification		Sirea	Address		NU	V 927 2013	<del></del>					
Agencies Nouned	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3000		5 RT, 5	-o	,	-					
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□ 8v	Amendment #		CAY.	ONCENI-15LD, N. J. 08230									
_ 00.	Emergency (in	pribula	_			7	Telephone Numba						
□ 00n	justification)			of Contac			1 0000000000000000000000000000000000000						
	Cancellation				BREUN	16							
	<u> </u>		FAC	THI YTU	ORMATION								
		Diace (1)				Type of Facility (	4)						
Name of Facility Where	Abalement is Towns	71800 (3)				☐ School (K-12)							
1.691	DENCE					Supprepter 8	(Other than K-12)	h					
Siree: Address-	. 1	- 1				homes, etc.)	yate & commercial	balany,					
6. WA	WEBSTE	CACC				Square Feel	F of Floors	Bldg Age					
City (5) = -	1	-				1000	. 2	1-40 F					
STA	ATH MER	Ξ	100	- Code I	1) (STATE	Current Use (Pri	or I being demokst	red)					
County (6)	1000 10 100010		USE	ONLY)	1) (31/11-	1/10	- DNOT						
COAE	MAY				Name of Abaten	nent Contractor (9)	•						
Name of Movioring Firm	Hired by Building	>wner	ASCH	NO.	KLEM	co IN	C /						
(8)	/A						,						
Street Agoress					369	S. SPRUC	LE AVE.						
5.10000		4.5			City. State, Zip C	ada.							
City State Zp C∞e					MAR	805 -							
City 2216 Db cont					Telephone No.	03 S							
Project Manager la Mo	rigino Firm	[.10	lebpout	NO	26:-7	79-047.2	0044	19					
Project Manager to the		`			AHZO IO BITISH								
2 101	Sche	oued Comp	elion Di	Це (11)	Name of Osm	PKALEM	M						
S:an Daie (10)	3 -11	/22)	13			6.14							
Occupancy Status Duri	no Anaiemeni (Che	ck only one	)		Sueet Address		=1 45.						
B tacking Closed Vaca	ing During Entire Pt	ed No bon	rement		3695								
D Vorience in Second	a Outside of Norma	y Facility Ho	ours		Ciry State, Mip	COSE SHAD	= NJ	08052					
Abatement Pending	10 000.00				MAP	LE DAMP							
One Describe						ontainment with Ne	pagye Pressure						
Scope of Work (Check	all that apply)	90 <u>00</u> 00000	A-10-02		∩ Mn.E	nclosure							
. 723 st or 23 ft		Renov Demai	ation ison	8)	Glove	xembred (,) and N	on-Frisble Procedu	JI E					
= 160 st or 2260 H		∑ Dema			□ Non-E	28/10/100 / / 5		AD BIRTHET					
		Is Loca	ian										
		Used So			Description	ol CH)	Amount	1 1 . 2					
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Aspesios Containing	Malenal (ACM)	Cusio	xdial .	(i	cudadno YA	(1, 0)	SF & LF;	. tovill					
TO BE AB	2150	Stat			oner myscollar	necus)							
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		1		-		T Name of R	epistered Landfill	,					
			NOE	P Wase	Cubic Yards	0 ~	1, C, M.	J. B					
Name of Registered Y	Vasie Hauler		Haute	0 NO.	5_								
Kiémo	o INC.			1	Deboral Dai	e Ciry State	- 7=	とう・					
Cin State		5,08	052			_ W00	DBINE,						
MAPLE SI	1 DE N				Signalu		Date	1.4 /13					
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		NO	(Pursuant	to NJA	نه ۱۳۵۰ تا 		(2)					2013			1
			Name	of Buildin	ng Owner Catholi	r/Operator ic Churc	n			NOV		2013	<u> </u>	1	1
Date of Notifica	ation (1)	Check#2527		Address	5						257.			2	
11/1/2013		Notification	122	Ferry >	Street							14C=			
Agencies Noti	1,	Initial	1		Code	7307			<del>_</del>	elephone I	Number			-	
☐ EPA	×	Amended	Jers	sey City	y, 140 -	100.			11	elebrion	_				
DEP DOL	-	Emergency (Illicidants	1 -	e of Cor	e maiy	er					7				
		justification) Cancellation	Re	ACILITY	Y INFOR	MATION	Type	of Fa	cility (4)						
I formal				AU					1 (1/ 12)	Other than	K-12)				
Name of Fa	acility Where Aba	tement is Taking Place (3	,					Subc	hapter o ( f (i.e. priv	ate & com	mercial bu	ildings, t	JOM	es,	
Baseme	nt-Church						×	etc.)		# of Floo	rs	Bldg. A:	ge		1
Ctroot Add	iress	120					Sq	uare F	eci	3	ii had				1
122 Fer	ry Street							irrent	Use (Prior	if being de	emolished)	)			
City (5)	City, NJ 0730	7		County C	ode (7)	1	10	CON	nent						4
Jersey	City, No or		10	STATE	3E 0.1E	, — T	Name of	Abate	ment Con	tractor (9)				20	
County (	(6) SON	Thing Owner	(8)	ASCN	No.	1	EA Se	rvice	SCOIPE						1
Name 0	f Monitoring Firm	Hired by Building Owner	•	<u></u>			Street A 426 69	ddress	s treet						
N/A									Code		3.5				
Street /	Address						City, St	nber	g, NJ 07	093	License No	0.			
	- Code						Talonh	one N	0.		01074				
	State, Zip Code			Teleph	none No.	00	201-	295-1	1700						-
Design	ct Manager for M	onitoring Firm		201-	489-87	(11)	Name	of OS	SHA Monit	Ot	200		-02-009	000 100	
Projec	Ct man c	I C	cheduled (	Completion	on Date	(1.7	Sam	ne as	above				10/6/10/20		
Start	Date (10)	\ 1	1/14/20	13			Stree	t Addr	622						_
11/	112/2012	uring Abatement (Check	Only One)	. mont			City	State	, Zip Code	9					
Occ	cupancy Status D	viring Abatement (Check Vacated During Entire Per formed Outside of Normal formed Outside of Normal	eriod of Ab	lours			\ Oily							-	_
H	Facility Closed	Vacated During Entire Performed Outside of Normal be: starting at 3:30 PM									ith Negativ	e Pressur	e		
								H	· ···· Enc	IOSUIC					
Sc	cope of Work (Ch	eck All That Apply)	N R	enovatio emolition	n n			卤	Gloveba	g Procedu	re and Non-F	riable Pro	cedure	<u> </u>	
	1 - for >3 If			enond		and and			Non-Exe	SILIPIO T			Abate Ty		
\X	≥3 st of ≥3 ii ≥160 sf or ≥2				T					1			7.		
			1	s Location	V 1		Descr	iption	ot aterial (A0 insulation	(M)	Amount (Specify	, \ <sub>™</sub>	\ z	Encapsulate	Ē
		Location of	1 110	ed Solel	y by	Asbesto	hermal sy	ystems	insulation	٦,	SF or LF	Removal	Repair	apsu	LI IOIOONI
	_	-toining Maleliai (	C	istodial S	Staff?	(	hermal sy surfacir other mi	ng, va scellar	neous)	1		/ ==	17	late	١
	IC	BE ABATED In Facility		(12)		1	Ou ···		95		60 LI	=  x	+	+	+
1		(13)	Ye	s No	N/A		Pipe	Insul	ation		60 LI		4	+	+
1			-+	TX	T		Pipe						4	+-	+
	Baser	nent Church Area		+	1								4	1	1
			-+		1							1611	$\bot$		1
					+			Vord		Name of	Registered	d Landill			
					NJDEF	Waste	Of W	c Yard aste		Waste	Manage	ment			
	of Pag	istered Waste Hauler			Hauler 15939	ID No.	tbd		Data	City, St	ate	4611			500E
	Freehold C	carting			1000		Disp	oosal [	Jale	Tullyt	own Land	Daf	te		_
			7709				100		ature /	211.	al-		/1/201	3	
	City, State	010, Freehold, NJ 0	1120 T	Title					(4	Stul					_
	Completed	pA		Office	Mana	ger		<u></u>		this form	n for asbest	tos licensur	e exemp	oted a	tivi
	Gina Salv	vador						*	Do not us	se this ion	1. To 10				

ate of Notification (1)			Vame	of Buildin	g Owner/Opene Wareho	erator (2	2)			001	Pag	je I)					
1/1/2013	Check#2526			Address			· · ·	V	101	7 201	3	1					
gencies Notified Ty	oe Notification		Street 8850	Crawfo	ordsVille R	load	1						+	1			
EPA X	Initial Amended		City S	State, Zip	Code					. Ing			، فد. بد				
EPA DEP DOL	Amendment # Emergency (includi	ng -			s,IN. 4623	-		Te	lephone	Number		04.0/Om					
DOH _	iustification)	9	Fran	of Conta	ht									1			
DCA	Cancellation				NFORMATIC	N	Type of Fac	lity (4)						1			
Name of Facility Where Aba Warehouse-Office	itement is Taking Plac	e (3)					School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, ho						nes,				
Street Address 378 Whitehead Aven	ue						etc.) Square Fee	t #	of Floors		Bldg. 50+						
City (5)	22						20,000	1		nolished)				1			
South River, NJ 0888	-		Cou	nty Code	(7) ONLY)		Current Us warehou	e (Pnor II i Se	Jenig den	nonono y							
County (6) MIDDLESEX						Nam	e of Abateme	nt Contrac	tor (9)								
Name of Monitoring Firm I	lired by Building Owne	er (8)	A	SCM No	•	EA	Services C	orporati	on					4			
Omega Environment	al				Stree	et Address	at						1				
Street Address 280 Huyler Street					100000	426 69th Street  City, State, Zip Code							٦				
City State Zin Code				Gu	ttenberg, N	, NJ 07093											
South Hackensack,		Tel	ephone l	No.	Tele	Telephone No. License No. 01074											
Project Manager for Mon			20	)1-489-	8700	1,000			010								
Start Date (10)	So	heduled	Compl	etion Dat	te (11)	Nar	ne of OSHA N ime as abo	ve									
11/11/2012		1/18/20				1	eet Address										
Occupancy Status Durin	g Abatement (Check C	only One)		nt.								N-14-2		-			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Per led Outside of Normal starting at 3:00 PM	Facility H	lours			Cit	y, State, Zip C	code				50		_			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati				Mini-E	ontainmer Enclosure bag Proce			le Proc	edure	<u> </u>				
							Glovebag Procedure Non-Exempted (*) and Non-Friable Pr					Abatement Type					
Locati Asbestos-Containir TO BE A In Fa	User Mai	ocation ormallifus Solel ontenar odial Solel (12)	y y by nce/	(i.e. the	Contain mal sy: urfacin	ption of ing Material (a stems insulati g, VAT, or cellaneous)	ACM) on,	CM) Amount n, (Specify SF or LF		Removal	Repair	Encapsulate	Englosule				
	90 <b>.</b>	Yes	No	N/A		TIL -	w /Fittings	-	10	00 LF	x			T			
		14/ house gree								2 LF	x						
Wareho	use area		x 2"-E							20 LF	x	T		T			
	use area		X		1	"-Elbow /Fittings							T				
Bath		×	X		1			2"-Elbow /Fittings									
Bath Basement	room	X			2	"-Elbo	w /Fittings	Name of						-			
Bath Basement	room Crawl space Room	+		NJDEP V Hauler IC	Vaste No.	"-Elbo Cubic Y	w /Fittings ards			ed Land	fill						
Basement (	room Crawl space Room	+			Vaste O No.	"-Elbo	w /Fittings ards e	Waste	Register Manag	ed Landi ement	fill						
Basement ( Boiler  Name of Registered ( Freehold Carting	room Crawl space Room	x		Hauler ID	Vaste No.	"-Elbo Cubic Y of Wast bd Dispose	w /Fittings ards e	Waste City, Sta Tullyto	Register Manag	ed Landi ement	fill	2045		_			

Date of Notification (1) 11/1/2013 Check#25	526			uilding Owne peline War		(2)				W/	Pag	je 2			
Agencies Notified Type Notification    EPA   Initial		1 22	treet Add 850 Cr	lress awfordsVil	le Road			NO\	, 7	2013					
DEP Amended Amendment #_	aludina			, Zip Code polis, INJ 46	5234					17151		i pargi	· sandanamen		
DOH justification)  DCA Cancellation	adding	110000	ame of C rank B					Telep	hone Nu	mber	1 12				
			FACILI	TY INFORMA	NOITA										
Name of Facility Where Abatement is Taking F Warehouse-Office Street Address	Place (3)					Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12)									
378 Whitehead Avenue						Other (i.e. private & commercial buildings, hor etc.)									
City (5) South River, NJ 08882						Square 20,00	0	50	Bldg. Age 50+						
County (6) MIDDLESEX			County Co	ode (7) SE ONLY)		Curren wareh	t Use (Prior 10use	r if being	demolis	hed)					
Name of Monitoring Firm Hired by Building Ov Omega Environmental		ASCM	No.			ement Cont s Corpor		9)							
Street Address 280 Huyler Street				1	Address 69th St	7									
City, State, Zip Code South Hackensack, NJ 07606					y, State, Zip Code uttenberg, NJ 07093										
Project Manager for Monitoring Firm		- 60	elephon	e No. 9-8700	Telepi	hone No 295-17			License f	No.			$\neg$		
	Scheduled	Com			Name		A Monitor								
11/11/2012	11/18/20					Address									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: starting at 3:00 PM	eriod of Ab	atem	ent			State, Zip									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novat moliti	10 TO			Mini Glov	Containme	e edure				e			
		Carrie Mulicipa				Non-Exempted (*) and Non-Friable P					Abatement				
		ocation mall							35		Т	ре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Main Custo	Sole! tenar	y by nce/	s	Description Containing The containin	Material ns insula AT, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
Conference Room	Yes	X	N/A	2"-	Elbow /F	ittinas		15	5 LF	×					
Corridor (by Bathroom)		x			Elbow /F				LF	x					
Odiniaci (by Danisom)										x					
										x					
Name of Registered Waste Hauler			JDEP W	1000 mm	ubic Yards Waste		Name of								
Freehold Carting		100000	5939	tb	d		Waste		ement						
City, State PO Box 5010, Freehold, NJ 07728				tb	isposal Dat d		City, Stat								
Completed by Gina Salvador	Title Office	Ma	nager		Signatu	Signature Date 11/1/2013					013				

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