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10 ca zeitier								
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l vi	- Diago (3)				Type of Facility (4)		
Name of Facility Where Abatement is Take	ng Place (3)				School (K-12			
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Street Address					Doner (I.e., pr	vale & commercia	i bulangs.	-
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County (6)			CYLY)		1/10	CONT		_ 1
				Name of Abatemy				
Name of Maritoring Firm Hired by Building	Owner	ASCH	NO.	Name of Abatemy	co ZN	c,		
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Street Adoress				369 >	. SPRU	LE AUC!		
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City State Zip Code				MAP	LO SHOI	od NJC	58:3 -	
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Project Manager for Monitoring Firm	Į. Te	snaraele	NO.	856-77	19-0472	0040	19	:
Sian Date (10) , Sch	eduled Comp	selion Da	te (11)	Harre of OSHA N	and I fe	M		
11/15/14	1/27	12)		JOSET	014/1/619			=
17 / 17	ack only me	1						
Occupancy Status During Abatement (Ch	000 0111) 010	lomen!		3695	Spruce	=/1/		
Facility Closed Vacaled During Entire F	en∞ of Aba	nenan						
Abatement Performed Outside of Norm	al Facility Ho	ours		Chy. 3016, 200	= SLIAD	E, N, J,	08052	
Other - Describe:				TOIPPE				
Scope of Work (Check all that apply)				C Sul Coo	nainment with Ne	panye Pressure		
Scope of work (Check all out app.)	200			- Mar. En	closure	•		
23 st or 23 ll	Renov	ali∞ .		—	- D	Filable Droced	ile:	
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	Is Loca	ation					1,500	
	Norm	aly		Description o				-
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TO BE ABATED	Stat		1, -	surfacing, VAT	. 01	SF & LF1	1 6 P	
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SIDING	_	×	1-					en la company
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		-	1	T Cubic Yards	Name of Re	oistered Landfill	,	
Name of Registered Waste Hauler		Hauter	Waste .	of Waste	1 0 M	, C, M.), B'	
KLEMCO INC.		779	07	5				
VICWED TATE		1	1	Disposal Date	City, State	_	ルガ ・	
City State	J,08	057			Woo	DBINE		
MAPLE SHADE, N	2,00			Signature	10	Date	1/5/	14
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Date of Notification (1) November 4, 2014					or Building Ow Presbyteria			Val	7/	Check	St. de	100	-
Agendas Notifed	Type Nellfication				Address	Chulch	-	1 1	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1				NSIR
EFA DEF	Initial Amended		1		's Hill Road			MALARIE	RAPPE	OVF	0		
DIEH,	Amended Amendmen Emergency		_	Now 1	eie, Zip Gode Vernon, NJ	07876	L	ANHIBE	1771				•
DOH DCA	justification Cancadate				Contect Contect			*	Yelephone	Number			2010-35
Name of Facility Where	Ab demand by Table	- Die se l	et.	FAC	ILITY INFOR	MÖITAN		COCH -					
First Prosbytorian (Sired Address 2 Lee's Hill Road			<u> </u>					of Facility (School [K-1 Bubehapter Ciher (I.e. p	Š.,	K-12) sercial ba		ı, hom	ns,
City (0) New Vernon					=			re Feel	≠ of Floore		8 de 1	Aga	
County (8) Morris		-			Code (7) LIBE DHLI)		Chu		rif boing dan	rollahed)	1		
Name of Manitoring Firm Management & En				ASC	4 Ma.			vironment					
FO Box 341			**		***		Addre: Cutle	ss Avenue					
City, State, Zip Code Chesterliold, NJ 08	515							ip Code ade, NJ 01	1052		*		27212
Project Manager for Mor Bill Weisgarber	blioring Firm			Telepho 809-29	ne Na. 98-4070	V/// (1500)	hone N 755-0	7.0	Ucen 0084	sa No. 2	T :		
Siert Date (10) November 8, 2014		Schedul			Dele (11) 4			A Monitor			1.		
Occupancy Status Durin Facility Closed/Vac Absternant Perform Other - Describe:	ated During Enlist	Pariod of	Abelen			200 Chy. 2	Mate, Z	130 Nort to Code son, NJ Of					
Scope of Work (Check A 23 of or 23 if 2180 st or 2280 if	ll That Apply)	2.500	eno-			5	Min	d-Enclosure	ni with Neymi Adum (*) and Non-F				
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Locallar Asbautos-Conteining <u>TO OF As</u> II) Facil (17)	Material (ACM)	Use Ma	Vormel d Sole intens indist S (12)	ly by nos/	(1.e. tiwa	Description Description of the Land Symbol S	Anteriol s herels T. or		Amount (Specky SF or (.F)	Ру Билиди	Repar P	Encaper/eue	anachris
Вазоп	- m ²	Yes	No	NIA		ln - Ll-	41				_	F	4
Basem		-	X	-		lpe Insula Pipe Deb			15 LF 75 SF	X	+	-	H
Basem		+	X	+		Floor Tit			10 SF	X	+	-	\vdash
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Name of Registered Wee Freehold Cartage	to Herrier		Н	JOEP W Solor ID 1938		voic Yerds Weate			egistered Lar Berks Cor		Lan	91111	
City, State Freehold, NJ						10018 Date 15/2014		Čity, State Birdsbor		- 1			
Completed by Christina Lyngh		Open	etions	Mane	ger	One	N	Re	~	Navel	nber	4, 20	14

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1	Emergency	^

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Emergency	NO NO	TIFICATION	ate of New Je OF ASBEST to NJAC 8:60	OS ABATE		CK	44	G E 5.8.		<u>V</u>		
Date of Notification (1) 11/5/14	7	Name o Allrisk	f Building Own	ner/Operator	(2)	1000		10V 1	0 2	014		U
Agencies Notified Type Notif		Street A 501 K	ddress ennedy Blv	d.	-		ASB	ESTOS	can	rrol	<u> </u> _&	
DEP Amer DOL Amer	nded ndment #		ate, Zip Code rdale NJ 08	083					VS1146			
X DOH justifi	rgency (including ication) cellation	Name o Lou	f Contact				Telen	hone Nin	nber			
		FACI	LITY INFORM	IATION								
Name of Facility Where Abatement i					Type o	of Facility (4	4)					
Clementon Elementary Scho Street Address 4 Audubon Ave.	001				S	chool (K-1: ubchapter other (i.e. p	8 (Other			ings,	home	s,
City (5)					Square	tc.) e Feet	# of F	loors	BI	dg. A	ge	
Clementon NJ 08012					1000		1		10000	5+		
County (6) Camden	2		Code (7) USE ONLY) _		Currer	nt Use (Prid	or if being	demolish	ned)			Ser II. Ser
Name of Monitoring Firm Hired by B N/A	suilding Owner (8)	ASC	M No.		of Abat aco In	ement Con	tractor (9)				
Street Address					Addres Box 32							
City, State, Zip Code					State, Zij t Berlin	p Code n NJ 080	91					
Project Manager for Monitoring Firm	1	Telepho	one No.		hone No 753-98		1	License N 00727	0.	74.00		
Start Date (10) 11/6/14	Scheduled 11/8/14	I Completion	Date (11)	Name sam		A Monitor						
Occupancy Status During Abatemer	nt (Check Only One)		Stree	Addres	s						
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Night work a	of Normal Facility I	patement Hours		City, S	State, Zi	p Code		(1				
Scope of Work (Check All That Appl	ly)	W						1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc				e			
8.	ls I	ocation								a name of the	ement	
Location of	No	ormally		Descriptio	n of				-	Ту	ре	
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Mair	Solely by htenance/ odial Staff? (12)	(i.e. the	Containing ermal systen surfacing, V. ther miscella	Material ns insula AT, or ineous)	ition,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
200 A 207	Yes	No N/A	Floor	Tiles n	nastr	L	20	5F	X		Ф	////SS
Room B204 Closet		X		oor tile &			20	SF	x			
Room B202 Closet		X	FI	oor tile &	mastic		20	SF	x			
Room A203 Closet		X	FI	oor tile &	mastic		20	SF	x	1		
Room A205 Closet		Ż	FI	oor tile &	mastic		20	SF	x			
Name of Registered Waste Hauler United Containers		NJDEP I Hauler II 22459		Cubic Yards of Waste		Name of G.R.O.		ed Landfil	1			
City, State Elm NJ	Containers			Disposal Dat 1/10/14	е	City, Star		19067				

Date

11/5/14

Signature

Title

President

Completed by

Anthony T Perna

	NOTIFICATIO	ON OF ASBESTOS ABATEMENT									
2		ant to NJAC 8:60					\mathbb{V}				
Date of Notification (1) November 5, 20)14	Name of Building		rator (2)	MOV	ins.	× 1	,/			
Agencies Notified Type of Notifica		Street Address			<u> NOV</u>	10 J	(1)41	41	1/		
[X] EPA [] Initia	al Notification			lillcrest Road	ASBESTOS			2			
[X] Eme	endment # rgency (including	City, State, Zip Co		ngton, NJ 08822	LICE	NSINC	3				
[1] DOII	fication) cellation	Name of Contact Melis	sa Liccia		elephone Number						
	FA	CILITY INFORM	IATION			-	_				
Name of Facility Where Abatement is Taking	Place (3)			Type of Facility (4)							
Residence				[]	School (k-12)						
Street-Address				[x]	Subchapter 8 (of Other (i.e., priva		A STATE OF THE PARTY OF THE PAR	ial built	dia		
207 Melody Lane		88		[,]	homes, etc.)	ite & co.	mmerc	iai buiic	umgs,		
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg	z. Age	50			
Chadwick Beach	Ocean		•	Current Use (Prior if	being demolished)		0			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Residen Abatement Contractor (The state of the s						
N/A	- · · · · · · · · · · · · · · · · · · ·	ABEM No.	I value of		n Contracting,	Inc.					
Street Address			Street Ad	ldress	oute 9, Unit 61						
City, State, Zip Code			City, Star	te, Zip Code							
Project Manager for Monitoring Firm	Telephone Number		Telephor	Toms R	iver, New Jers		755-12	271	-		
Scheduled Start Date (10)	Scheduled Complet	in Data (11)	732-34	9-9932	00624						
11/6/14	11/10/14	ion Date (11)	Name of	OSHA Monitor E.M.S.L	Analytical						
Occupancy Status During Abatement (Check [X] Facility Closed/Vacatee	only one) d During Entire Period of Aba	atament	Street Ac	ldress	elton Road						
	Outside of Normal Facility H		Cit. St.	W 45 45	enon Road						
Other – Describe	 		City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088	54				
Scope of Work (Check all that apply)		***************************************	[]	Full Containment v	vith Negative Pres	sure					
>3 sf or ≥3 lf	[] Renov	ation	[]	Mini-Enclosure							
[X] ≥160 sf or ≥260 lf	[X] Demol		[x]	Glovebag Procedur Non-Exempted (*)		Procedu	re				
	T T					T					
	Is Location		Descriptio	n of			ement 7		Ī		
Location of	Normally used	Asl	estos-Con	taining	Amount	RE	R E	E N	E		
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by NOTIFICATI		Material (A ., thermal s		(Specify SF	M	P	С	C		
in facility	ON OF SASBESStaff	(lation, sui		or LF)	0	A I	A P	L		
(13)	(12)		VAT, o	r		V	R	S	S		
10	YES NO N/A	oth	er miscella	ineous)		A L		U L	U R		
Exterior	X	Asbestos sidir	σ		1200 sf	X		Е	Е		
	A	Asocstos sidii	8		1200 SI	^					
			-				-				
-											
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	ID No. Cubic Ya	rds of Wast	Name of Registere T.R.R.F.	d Landfill						
City, State	Dispo	sal Date	City, Sta	te							
Toms River, New Jersey Completed by (Print or Type)	Title 11/1		Tullyto	own, Pennsylvania							
Nicholas Fernicola	Project Manager	Signature	Tho	141		Date 11/5	/2014				
	*Do not use this form	is form for asbestos licensure exempted activities.									

NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursua	ant to NJAC 8:60	and 12:12	20)	DEC	BI	V// [c	
Date-of Notification (1) November 5, 201	4	Name of Building		rator (2) Excavating) < <	2	4
[] DEP [] Amen	Notification ded Notification dment #	Street Address City, State, Zip C	ode	mbridge Drive	ASBEST	OS CONT	714 ROL &	
[X] DOH		Name of Contact John	Nimech		Telephone Number			
	FA	CILITY INFORM	AATION			-	-	
Name of Facility Where Abatement is Taking I	Place (3)	CILIT INTOK	VIATION	Type of Facility (4)				
Residence Street-Address				[] []	School (k-12) Subchapter 8 (of	her than k-12	2)	
51 Bayshore Drive				[x]	Other (i.e., priva homes, etc.)			
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 1200 sf	# of Floors	Bldg. Ag	60	
Toms River	Ocean			Current Use (Prior)		
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM No.	Name of	Abatement Contractor		Inc		
Street Address			Street Ad		iair contracting,	mo.		
City, State, Zip Code			City, Stat	e, Zip Code	Route 9, Unit 61			
Project Manager for Monitoring Firm	Telephone Number		Telephon 732-34	e Number	River, New Jers License N 00624	ey 08755- lumber	1271	-
Scheduled Start Date (10) 11/6/14	Scheduled Complet 11/10/14	ion Date (11)		OSHA Monitor	L. Analytical			- Seed Harv
Occupancy Status During Abatement (Check or [X] Facility Closed/Vacated I [] Abatement Performed Of [] Other – Describe	nly one) During Entire Period of Aba utside of Normal Facility Ho	atement Durs	Street Ad	dress 1056 S e, Zip Code	Stelton Road	y 08854		
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $	[] Renova		[] [] [x]	with Negative Presure twith Negative Presure twith Non-Friable 1	sure			
						Abatemen	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Asi ins	Description bestos-Con Material (A ., thermal sulation, sur VAT, on er miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E E M P A O I V R A L	E N C A P S U L E	ENC LOSURE
Exterior	X	Asbestos sidir	ıg		1200 sf	Х		
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cutting	-1637	13				
Guardian Contracting, Inc. City, State	20223	al Date	rds of Waste	T.R.R.F.	red Landfill			
Toms River, New Jersey	11/11		City, Stat	e ∳n, Pennsylvania				
	Title S Project Manager	Signature	10/-	1		Date 11/5/201	4	
	*Do not use this form	for asbestos licen	sure exemp	oted activities.				

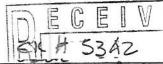
Check #

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NOV	1.0	2014	

Date of Notification (1) 11/4/2014			Building Owner/G			NOV				$\parallel \parallel$
Agencies Notified Type Notification		Street Ad	k Beth Israel M	vieuicai Ce	aurei 📋 🖺	NOV	10	2014		U
			ons Avenue		į.					
EPA X Initial DEP Amended Amendment #	i	City, Stat	te, Zip Code k, NJ 07112		<u></u>	ASDESTO: LICE	S CO NSIN		L&	
DOH justification) DCA Cancellation	ncluding	Name of Mr. Ed	Contact Grogen		Te	elephone Nu	mber			
		17	LITY INFORMAT	ION						
Name of Facility Where Abatement is Taking Newark Beth Israel Medical Center	Place (3)			Ту	pe of Facility (4)					
Street Address			N.C. of St. C.		School (K-12) Subchapter 8 (Ot	harthan K 1	21			÷
201-Lyons-Avenue								dings,	home	es,
City (5)				-	etc.)	of Floors	TP	ldg. A	ne.	
Newark				10000	00,000	01110013	0.00	0	gc	
County (6) Essex		County C	Code (7) JSE ONLY)		urrent Use (Prior if be Ospital	eing demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	1 No.		Abatement Contracto	or (9)				
Environmental Tactics, Inc.	5 5	N/A			ast Haz Mat Re		: .			
Street Address 64 Broad Street			=	Street Add	dress 41st Street					
City, State, Zip Code Matawan, NJ 07747					e, Zip Code n, NJ 07504					
Project Manager for Monitoring Firm		Telephor	ne No.	Telephone	e No.	License N	No.			
Tom Geiger		732-29	0-2217	973-345	5-0022	00507				
	Scheduled C November		Date (11)		OSHA Monitor as above					
Occupancy Status During Abatement (Check	Only One)			Street Add	dress					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 10pm thru 6am				City, State	e, Zip Code					
Other – Describe: 10pm thru 6am										
Scope of Work (Check All That Apply)				_						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		vation olition			Full Containment wi Mini-Enclosure Glovebag Procedure	9				
	1		<i>b</i> '	Ц	Non-Exempted (*) a	nd Non-Frial	ble Pro	None and		
	ls Loc Norm			0.00					ement pe	
Location of Asbestos-Containing Material (ACM)	Used So	olely by	De Asbestos Con	escription of staining Mate	erial (ACM)	Amount			Е	
TO BE ABATED In Facility	Mainter Custodia			systems in		(Specify	Rer	Z.	Encapsulate	Enclosure
(13)	(1:	2)		cing, VAT, c miscellaneou		SF or LF)	Remova	Repair	psul	losu
	Yes N	o N/A					<u> </u>		ate	re
Basement Kitchen Mens Room	×		Pipe	e Insulation	n	6 LF	X			
Basement Kitchen Mens Room	X		Ceil	ing Plaste	r	15 SF	x			
				100			1			
Name of Registered Waste Hauler		NJDEP W		Yards	Name of Regis	tered Landfil	ı			
East Coast Haz Mat Removal, Inc.	92	Hauler ID NJ 419	The state of the s	iste 1	G.R.O.W.S.	North Inc				
City, State Paterson, NJ 07504			0.000.000.000	sal Date /2014	City, State Morrisville, I	PA				
Completed by	Title			Signature	1///		ate			
James E. Unger	Project N	Manager		Luni	614	1	1/4/20	014		

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Date of Notification (1)		T		of Building Owner		r (2)	.11	NOV 1	201	4	il	U
11/5/14	- 1				TSY	Book					1	_
Agency Notified Type Notification			Street	Address 106 t ate, Zip Code	100	10-	1=100	ESTOSO	CHITD	01.6	_	
D EPA A Initial		L	03.0	106.	400	DACE H	0 0435	LICENS	SING	010	×	_
□ DEP □ Amended □ DOL Amendment #		1	City, S	SUMMIT	-x	115 5	12901					-
D Emergency (include	iing	F	Mama	of Contact		N7 . c	Tolonh	one Numbe	\ <u>-</u>			
☑ DOH justification) ☐ DCA ☐ Cancellation				ls . Boou	/ A		reletar	Olic Mailton	-			
2 DCA 2 Cancenduri			-					-				
			FACI	JTY INFORMATION	ON	1 = 12 =						
Name of Facility Where Abatement is Taking P	2050.5			(*)		Type of Facility	(4)					
73. BOOVA				_		☐ School (K-1		2000				
Street Address				i		Subchapter Other (i.e. p			v iildinas			
CHY (5) SOMMIT	AU	3				homes, etc.		MINITES CAN L	runun iga	۰,		
City (5)				+ 40.0		Square Feet	# of Flo	oors	Bldg. A	ge		-
SOHMIT				8.0		2000.	1. 2		110	Y.	30	ي
			County	Code (7) (STATE	USE	Current Use (F						
County (6)		İ	ONLY)	13.00		1 (6	300	N CE				
Name of Monitoring Firm Hired by Building Own	ner	ASCM	No.		of Abater	ment Contractor (_
(8)				1		moval In						
Street Address					Address		. C					_
CHECK PARAGOS			34	1			0.5					
City, State, Zip Code					ate, Zip (th River	St					_
Only, Glate, Lip Gode				1		ack, N.J	0.76	O1				
Project Manager for Monitoring Firm	TT	lanka	ne No.		one No.	ack, N.J	License				-	_
Project Manager for Monthly Paris	-	nepitoi	ne No.			-7444 -		388				
Start Date (19) , Scheduled (`a suploti	ion De	An /44\		of OSHA		1 00)300				_
. / _ / / 1		20/	14			Environm	ontol					
Occupancy Status During Abatement (Check or			19		Address		entai			-		_
								- 1				
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac	of Abat	ement	7		ate, Zip C	uyler St				-		_
2 Other - Describe: 7 AM 19 M	ашу пос	urs .		200	100	ckensack	N I	076	06			
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Date of Notification (1)			Name	of Buildir	g-Owner/Operato	r (2)		11. VOV	7 20	1	
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Agency Notified	Type Notification			Address							
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DEP	Amended			State, Zip				LIGHT			-1-094
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					ORMATION						
Name of Facility Where	Abatement is Taking Pla	če (3)	-			Type of Facility	(4)				
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BASF CORP						☐ School (K-1) ☐ Subchapter		K-12)			
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City (5)					M.7.	Square Feet			. Age		_
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Name of Monitoring Firm	Hired by Building Owne	r ASC	M No.			ment Contractor (
(8) EHI					Best Re	moval In	c		10.0000	110 15	
Street Address	,				Street Address						
655 WEST S	HORF TRAIL				450 Sou	th River	St	6)			
City, State, Zip Code				-	City, State, Zip	Code					
SPARTA, N.	5 07871			4.1	Hackens	ack, N.J	. 07601				
Project Manager for Mon	itoring Firm		ione No.		Telephone No.		License No				
B. KERBEL		1973	651	2041	201-329	-7444 -	0038	38			
Start Date (10)	Scheduled Co	mpletion I	Date (11)		Name of OSHA	Monitor				OH A	
11-6-14	11-18-	4			Omega	Environm	ental				
Occupancy Status During	Abatement (Check only	one)			Street Address						
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City, State		1	, 103		31/2 YDS Disposal Date	City, State			-		
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R. VELDRAN		mator		5 - 1 - E	R. Yeldre			1 00/6	ا / د	7	
ASB-41	LIO HOL	was die 10	un ior as	Lesios BC	ensure exempted	acuatics.					

NJDEP Waste

Title

President

Hauler ID No. 17040

Cubic Yards

of Waste 1.5

Disposal Date

11-18-14

Signature

Name of Registered Landfill

Morrisville, PA 19067

Date

11-5-14

G.R.O.W.S.

City, State

Name of Registered Waste Hauler

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

City, State

AZTECH MANAGEMENT, INC.

Hauler ID No. of Waste **GROWS** Landfill TED Loznica Management Corp 0033137 Disposal Dato City, State City, State Morrisville Pa 19067 TBD Lincoln Park, NJ 07035 Title Completed by 10/23/2014 Secretary E. Cirovio

Date of the control o		NC	TIFICATI (Pursua	int to NJAC 8	STOS ABATI :60 and 12:12	20)	XHE)) //		ි ධ			3
Data of Notification (1 11-5-2014 Agencies Notified	Type Notification		BCS	31	wner/Operato	or (2)					-1-0	2014	
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DEP	Initial Amended	2.		State, Zip Coo	ie	— <u> Nye</u>	Prelleath & s	Contrar	A	LIC	ENSI	lig.	^
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E3 DUA	Cancellatio	n		ert Cimmin		hate:	- Marin	mo:/	· ·	do	. 1		
Name of Facility When	Abatement is Toki	ng Place (3)	- PA	CILITY INFO	RMATION	Type of Facility	(4)				=		
Residential Prop	P					School (K							
Street Address 245 Marion Ave.						Subchapte	er 8 (Other then K-	12)					
City (5)						Other (i.e. etc.)	private & commer	cial bui	ings	, hon	ies,		
Cliffside Park						Square Feet 1500 SF	# of Floors		edg	Age			
Bergen			(STAT)	y Code (T) E USB DIVLY)		Current Use (Pr Residential	for it being demolis Property	shed)			-		
Name of Monitoring Fi	mateu by Building	OWner (8)		CM No.		of Abatement Co				-			
Street Address			n/a			nica Managen	nent Corp						
n/a			- 6			roy Ln							
City, State, Zip Cods						State, Zip Code			_			8	
Project Manager for M					Ling	oln Park, NJ 0	7035						
n/a	Amorng Firm		Teleph n/a	one No.	Telep	hone N-	License	No.		_			
Start Date (10)		Scheduled		n Date (11)	Name	of OSHA Manitor	01193						
11-6-2014		11-8-201	4			nica Managem							
Occupancy Status Dur					Street	Address	т. об.р					S-	
Facility Closed/Va Abatement Perfor Other – Describe:	ated During Entire and Outside of Norr	Period of Aba nal Facility Ho	itement ours		City, S	roy Ln hate, Zip Code		-					
Scope of Work (Chack	ALThet Apply)				- Line	oln Park, NJ 0	7035						
교 > 3 sfor≥3 lf ☑ ≥190 sfor≥260 lf			ovation rolltion	,		MINI-Endosur	sent with Negative e coedure d (*) and Non-Fria			ne.			
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E. Girovic		Secreta	ry		Signature	TALLA	~	160					
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Nov 5 2014 11:09am P001/001

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		_ 8		CATION	ate of New OF ASB to NJAC	ESTOS	ABATE		T	D		7		W	[5	
Date of Notification (1) 11/04/14				Name o Dina N	f Building Morin	Owner/0	Operator	(2)	100		NO	V	1 0	201	4	
Agencies Notified Type Not				Street A	oddress ergreen	St.		7.000	1	Ĺ	ASBES	TO	8.00	NITO	71 0	
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✓ DOH	ergency (i fication) cellation	nciuaing		Name o	f Contact					Tel	ephone	Nun	nber			
				FAC	ILITY INFO	ORMAT	ON			-		-				
Name of Facility Where Abatement Dina Morin	is Taking	Place (3)					Тур	e of Facility School (K-	12)						
Street Address									Subchapte Other (i.e.	r 8 (Oth	er than k	K-12	2)	-t'		
38 Evergreen St.								X	Other (i.e. etc.)	private (s comme	ercia	ai Duii	aings,	nom	2 S,
City (5) Waldwick								Squ	uare Feet	# 0	Floors		В	lldg. A	ge	
County (6) Bergen County	- 1 - 24-20-00 Hills			County (STATE	Code (7) USE ONLY)		Cur	тепt Use (Pr	ior if bei	ng demo	olish	ed)	1)		
Name of Monitoring Firm Hired by E	Building C	Owner (8)		ASCN	A No.		V122/15/01/02/02		patement Co tement	ntractor	(9)					
Street Address	-				Street	Addr	371117111	Suite A	<u></u>							
City, State, Zip Code		,					City, S	tate,	Zip Code		-					
Desired Manager C. M. W. 15									ergen, NJ (J/04/						
Project Manager for Monitoring Firm		Telepho			Teleph 201-		No. -6305		Licens 0122		0.					
Start Date (10) 11/14/14		11/24/	14	npletion	Date (11)		I		SHA Monitor IM CONSU		G LLC					
Occupancy Status During Abatement Facility Closed/Vacated During		and the state of the		ont			Street 1600		ess OUTE EAS	T SUI	TE 107	7				
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Norm	al Facility	/ Hours) 			2500		Zip Code NJ 07083							
Scope of Work (Check All That App	ly)						0.111	-	10 07 000							
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Name of Registered Waste Hauler SAN TON SERVICES	JDEP W auler ID 2430	/aste No.	Cubic of Was			Name of MEDO				DMM	ISIO	N				
City, State KENILWORTH, NJ						Dispos	al Date		City, Stat							
Completed by Bryan Parra	ct Ma	nager		S	ignature			5		Dat 11	e /04/1	4				

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Date of Notification (1)				Nam	e of Build	ing Owner/Operator	(2)	TIMI			-	
	/	14		PN	ICT				NOV	10) 21	014
Agencies Notified	Type Notifica	ation		Stree	t Address	3		bel bel			fer.	JIT
☐ EPA				24	0 Corbin	Street						
⊠ DOLWD ⊠ DHSS	☐ Amended			City,	State, Zip	Code		ASB	EST	OS CO CENS	ING	ROL
DCA	Amendme		-	Ne	wark, N	ew Jersey 07114	18	L		72140	11.40	
(NJAC 5:23-8)	justification		ig		e of Conta			Telephone Num	her			
	☐ Cancellat	ion		Ge	orge Sta	avrou		, stopholic Hun	DOI			
				FA	CILITY	INFORMATION						
Name of Facility Where	e Abatement is T	aking Plac	e (3)	- '		THE OTHER PROPERTY.	Type of Facility	(4)				
Port Newark Con				33 & F	ormer E	ntrance Gate	School (K-12	5335				
Street Address							Subchapter-8	Other than K-12	!)			
240 Corbin Street	t						Other (i.e., pr	rivate and comme	rcial b	uildin	gs,	
City (5)							homes, etc.) Square Feet	# of Floors		I-I- A		
Newark, New Jers	sey 07114		0				16,300	2		ldg. A 55+	ge	
County (6)				Cou	ntv Code	(7)(STATE USE ONLY)	M - 8 - 8	or if being demolis	shod)	35+		
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Name of Monitoring Fir	m Hired by Build	ing Owner	(8)	ASCM	No.	Name of Ahatem	ent Contractor (9)					
T & M Associates				145		Lilich Corpo						
Street Address			-		-	Street Address	Tation -					
11 Tindall Road						606 McBride	Δνεημο					
City, State, Zip Code						City, State, Zip C				- "		
Middleton, New Je	ersey 07748						ark, New Jersey	074724				
Project Manager for Mo	nitoring Firm		Tel	ephone	No.	Telephone No.	ark, New Jersey					
Kevin Burns	-			32-676		973-225-8400	n #	License No.				
Start Date (10)	Is	cheduled (Name of OSHA N		01104				
11 / 14				4/		EMSL Analyt						
Occupancy Status Durin	ng Abatement (C					Street Address						
☐ Facility Closed/Vaca	ited During Entire	Period of	Ahate	ment			DI					
	ed Outside of No.	rmal Facilit	v Hou	rs - Des	cribe	1056 Stelton						
Time of Abatement:	7:30AM-4:30PI	M/P	M	AM		City, State, Zip C						
Scope of Work (Check a	all that apply)					riscataway i	Township, NJ 08	3854			***	-
	тиск съргуу					☐ Full Con	tainment with Nega	ative Pressure				
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City, State		-		177-01		Disposal Date	City, State					
Yophank, New Yor	k						Waynesburg	a. Ohio				
Completed By (Print or Type) Title						Signature	7,					
Momo Glavatovic		Vice Pr	eside	ent		J. G. Land	(a)	Dat	-/	1.		
SR-41				180753					114	114	d	

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

MAY 11

NOTIFICATION OF ASBESTOS ABATEMENT Check#2039 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 11 / 14 Mike Hennessy 1 0 2014 Agencies Notified Type Notification Street Address ☐ EPA X Initia 17 Waterbury Road X DOLWD Amended City, State, Zip Code ASBESTOS GOSTROL & X DHSS Amendment # LICENSING Montclair, NJ 07043 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Mike Hennessy **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 17 Waterbury Road homes, etc.) City (5) Square Feet # of Floors Bidg. Age Montclair, NJ 07043 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11 / 14 / 14 11 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-____PM/__PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If = 160 sf or 260 If X Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (12)other miscellaneous) Yes No N/A Basement X Pipe insulation 24 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC T.R.R.F. Inc 0033785 TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature , Date N.Jevtic Owner 11/05/2014 ASB-41 * Do not use this form for asbestos licensure exempted activities. MAY 11

State of New Jersey

(P					ant to NJA	C 8:60 and	112:1	20)		면	N W	7 [5	; _[2
Date of Notification	(1) November 9 October 21, 20				e of Building C	wner / Opera	itor (2)		R		שעע	11.		
Agencies Notified	Type Notifica			Stree	t Address	-		i	IIII NO	V 10	201	Δ		
⊠EPA □DEP				129 H	lardenburgh	Avenue				TOS O			_	
⊠DOL	Initial			City,	State & Zip Co	ode				LICENS			<u> </u>	
⊠ рон	Amei			Dema	arest, NJ 076	27								
DCA	The second secon	ndment #_ ellation	1_	Name	e of Contact		-	*		Tel	ephon	o Nu	mho	r
		0.000			Nappi					116	ерпоп	ie ivu	mbe	
	2 72 200			FA	CILITY IN	FORMATIC	DN NC					_		
Name of Facility Wi	nere Abatement	is Taking	Place (3)			Type of I				7			-	-
Bank of America						Sch	nool (K-	12)						
Street Address	2							r 8 (Other tha	5%					
129 Hardenburgh	Avenue								commercial b				tc.)	
City (5)						Square F		# of F	15.5.5.5.5	Bldg	g. Age			
Demarest							5,000 Use (Pr	ior if being de	2 emolished)		31-31-	60		
County (6) Bergen			ounty Code		The second second	Dank	-							
Name of Monitoring New York Environ	Firm Hired by B	Vner (8)	-	ASCM No.			nent Contrac	tor (9)	-					
Street Address	mental & Materi	4			Synatec Street Ac							_		
88 Harbor Road		L. bear				829 Radi		t						
City, State & Zip Co						City, Stat			_					
Port Washington, I Project Manager for			ITA	lenhone	Number	Telephor		or, NJ 0808		se Numb			-	
Stephen O'Doherty			51	6-944-95	500	609-296-		ber	Licen	se numi	oer 0081	7		
Scheduled Start Dai November		Schedule	d Completi	on Date ber 18, 2		Name of Synatect		Monitor						
Occupancy Status [t (Check	only one)			Street Ac	dress	4			7000			
	Performed Outs					City, Stat	400100110000000000000000000000000000000							- H
Other - De	scribe:							or, NJ 0808	7					
Facility Occ	cupied During Ab	atement												
Scope of Work (Che	eck all that apply)												-	
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≥3 sf or ≥ 50 l			Ц	Renovat	ion		☐ M	ini-Enclosure	F 2					
≥160 sf or ≥2	60 If			Demoliti	on		☐ GI	ovebag Proc	edure					
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	cation of aining Material (/	A CMA			ally Used nance or		cription		A		Aba	ateme	ent T	ype
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II.	N Facility				1 1	(i.e., the	rmal sy	stems		,	\vdash		_	_
	(13)					insulation,					Remova	Z,	Encapsul	Enclosure
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			Yes	No	N/A						<u>a</u>	7	드	Ге
Main Banking Cent					Х	Plaster (Ceiling	Veneer	2,600	SF	Х			
Main Banking Cent					X	Ceiling Jo	oint Cor	npound	300 S	SF .	X			
2 nd Floor Lavatorie					Х	Plas	ter Wa	lls	450 S	SF .	X			
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.					Cubic Yard	s of Waste	N	lame of Regi	stered Landfill					
Synatech, Inc. 27429 80							G	rows Landf	ill					
City, State					Disposal D	ate	C	ity, State						
Little Egg Harbor, NJ 08087					December	19. 2014	B.	lorrisville, P	Α					
Completed By Title					Signature		1.0		Date			_		273
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Dialle Alold		Executi	ve Adminis	ulator	1 out	- CCC	10000		October 21, 2	2014				

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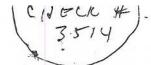
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	Name	of Building Owner Operat	Or (2)	*	
10 Vor 19 14 12: 59/14	Name	EARTH	TECH CO	NTRACTA	NG
EET & SOUTHIROT TO HOLINGS DOOR	SVee!	Addross 7	T. 50	d.	
& TOENOING AMENORO	Cons	ale Zio Code			
☐ DOL — Ameriament I	I	GREEN	FIELD N	.7 087	
	Name	d Contact	CINALIC	Talestone Humb	e
Cancella to			EUMIG	<u>V </u>	
		ILITY INFORMATION	Type of Facility	(4)	
Name of Facility Where Abatement is Yakir	ng Place ().		C School (K-12) .	Lt.
PESIDENCE			Dona (1.4., p)	nvale & commerce	al pulanos
Sue es Address 907 SEACHE	54 Rass		Square Feet	# of Floors	Bldg Ac
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OCEAN CIEN	Coun	TY COOR ! ? ! STATE		nor K being demovs	sned)
County (6) CARE MAY	USE	ONLY,	iemeni Connador (a	CONT	
ware of Marioning Firm Hired by Building	Owner ASOM	Name of Ada	mco Z	101	
. 81 N/A		Sueel Addre	25 ()	= 1vr.	
Siree: Address			S. SPRU	CE ATT	
2.004		Cr. State, Z	00000 SHD	DE NJ	08:5 -
City State Do Code		Taleanone N	0.	L'œnse No	
Praki Hanager la Montanna Firm	marcele !	856-	779-047	2 004	47
	eou ed Comaleian Da	Name of OSt	A HOMO		
. 30.	WILLIAM COLLINIA OF	16 (11) Yana 01 021	- 01/1/ FN	5 M	
Sian Date 101	11-/24/14	Jos	ENKHIEL	M	
S:an Date 107 /14	neck only one)	Sue et Addre	EUKHIEU	, -	
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Scanpancy Status During Abatement (Ch	neck only one) Penad of Abatement	Jose Sveet Addre 369	S, Spruc	E/UE.	0605Z
Scan Date 1017 11 / 17 / 14 Occupancy Status During Abatement (Ch E Facility Closed Vacated During Entire F Abatement Performed Outside of Norm Other Describe	neck only one) Penad of Abatement	Sue el Addre 3 6 9 Cay, State, X	S, SPILUE S, SPILUE SPCORE SHAD	εΛνε ε, Ν, Σ,	08052
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Date of Notification (1)	95114			bert	Owner/O	MAN	(13			_	=	-
Agencies Notified	Type Notification Initial Amended		Street Ac	1021	864		AVELUIC	SBESTOS C	AM IZ			-
⊠ DOF	Amendment#_ Emergency (inch	uding		situ		170	8869	Telephone Number	i nu	1(0	1	_
☐ DOH ☐ DCA	justification) Cancellation		Name of	CP	aux			011	:	<u>.</u>	_	-
			FACIL	ITY INFO	DRMATIC	IN	Type of Facility (4	b				1
Name of Facility Where	Abatement is Taking	Place (3)					School (K-12)	(Other than K-12)	n ildin	ns.		
Street Address 86	2/864 15	+ AV	enu	<u></u>		_	homes, etc.) Square Feet	# of Floors	Bldg			+
City (5) RO	witan			Ordo C) (STAT		2 X 16	2 or if being demolish	ed)	IX		-
County (6)	nerset		USEO	NLY)			Hon	ne				-
Name of Monitoring Fin (8)	n Hired by Building O	wner	ASCM N	0.		BriUM	ent Contractor (9)	ies Inc.				=
Street Address							2. Box 9	15				=
City, State, Zip Code						ate, Zip C	Ch, NJ	UY123			_	4
Project Manager for Me	onitoring Firm	Te	lephone N	lo		52- XL	29-7499	0/19	6			=
Start Date (10)	Sched	uled Comp	eletion Date	(11)		FOSHA N	Monitor					=
Occupancy Status Du	ring Abatement (Chec	k only one	·)		Street	Address	2					
Facility Closed/Vac Abatement Perform Other - Describe:	ated During Entire Pe aed Outside of Normal	nod or Aba I Facility Ho	nere i		City, S	late, Zip C	ode					_
Scope of Work (Ched	k all that apply)				Г	355CW	ntainment with Ne	gative Pressure				
		Renov	ration ition		֓֞֞֞֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֓֡֓֡֓֡֓֓֡֓֡֓֡֓֡] Mini-En	closure	on-Friable Procedu	e			-
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<u> </u>					1 843	Yards	I Name of Re	gistered Landfill	ــــــــــــــــــــــــــــــــــــــ	Ļ		_
Name of Registered	Waste Hauler	int.	Hauler I	D-No.	of W	aste 4	City, State	G.R.O.	\mathcal{U}_{α}	<u>S.</u>		
City, State	iun, NI				11/1	12 14	-	P.A.				
Completed By	Wis I	the Pre	Side	nt		Signature	Entile		11/2	5/	4	



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Date of Notification (1	16/14		Nam	e of Bulldi	ng Owner/Operator	(2) 41 NE 2014	NOV 10 AM	12:43	
Agencies Novined	Type Notificatio	ņ	Sve	1 1 4 4 4 4 4 4 4 4					
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7 00H	Emergency (philapin	1200	e of Conta		= ,10,10,	Telephone Numb	26/	
	Cancellation		Nam	47				V - > C	100
			FA	כובדר ואי	FORMATION				
same of Facility When		ng Place (3)				Type of Facility.			
Street Address	IDENCE						8 (Other than K-12		
	2 73 R 3. 8	7				homes, etc.,			
(S) S=	4 Isie C	·				Square Feet	# 01 Floors . 2	Bldg	^% > +
OHOLY (6)		11 6	Cou	niy Code (7) (STATE	Current Use (Pr	nor if being demoti	sned)	
Lame of Maritoring Fir	F M AY	Owner	ASCH		Name of Abatem	eni Convactor (9)		
B)	V/A				Sugal Addings	co In			
ireet Adoress	1				369	SPRU	CE AVE.		
City State Zip Code					Ciry, State, Zip C	∞e 1	- N. T	11:5	L
	200			ile.	Telephone No.	LC SHR	DE NJ		
rgeci Manager lor M	prilang Firm		elephone	140.	856-7-	19-0473	2 004	44	
itan Date (10)	Name and American	Sone Court		ate (11)	Harne of OSHA	Honing	M		
11/17/		1/24			1 0 1 1 1 2 2 2 2 2	620			
Capancy Status Du Facility Closed Vac	aled Dunna Entire P	eriod of Aba	itement			Spiruc	E/1001	-	
Duner Describe	ed Outside of Norm	al Facility Ho	ours		City. State, XID C	E SHAD	E, N, J,	0805	2
scope of Work (Check	all that apply)				Full Co.	niajuweni witi Ne	egabye Pressure		
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\$160 st or \$260 II		Is Loca			Mon-Ex	embred (.) aud u	on-Friable Proced	1 20	siemen I por
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TO BE AB	MIED	Cusio	т?	1	surfacing. VAT	. 01	SF & LF,	Removal	Rapsud.
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vame of Registered Y	Yaste Hauler		MOE	Mage .	Cubic Yards	Name of Re	oistered Landfill	J. B.	
KLEMC	o Inc.		L7	0 No.	01 Marie	0 0			
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Date of Notification (1) 11/03/14			f Building (Kabalin	Owner/Op	erator	(2)	限品	CE	IVE	D	-0.00				
Agencies Notified	Type Notification			Street A 44 Ply	ddress mouth A	ve			2014 NO			7.0			
DEP DOL DOH DCA	X Initial Amended Amendment Emergency justification Cancellation	(including	_ [Maple Name o	ate, Zip Col wood, No f Contact ana Kaba	J 07040			ASBES & L		CONTI	<u> </u>			
Ц вол	Caricellation	-			LITY INFO		N			1		.20			
Name of Facility Where House Street Address 44 Plymouth Ave	Abatement is Takin	g Place (3)	FAGI	ETT INFO	NINIA ITO			of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	?) 8 (Othe			dings	, hom	nes,
City (5) Maplewood									etc.) e Feet	# of N/A	Floors		Bldg. i	Age	
County (6) Essex					Code (7) USE ONLY)			Curre	nt Use (Prio Se	r if bein	g demolis	hed)			
Name of Monitoring Fire N/A	m Hired by Building	Owner (8)		ASCN	ЛNo.				ement Cont ement, Inc		9)				
Street Address	-							Addres	s Iren Aven	ue			-		
City, State, Zip Code								p Code J 07512							
Project Manager for Mo	nitoring Firm		Telepho	ne No.			one No 345-86		1	License N #00675	10.			T	
Start Date (10) 11/19/14		d Con	npletion	Date (11)	10000			A Monitor ement, Inc							
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)					Addres					- 100		
Abatement Perform	cated During Entire I	Period of A	baten Hours	nent	29			oseng tate, Zi	ren Aven	ue					
X Other – Describe:						_	Toto	wa, N	J 07512	300					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova emolit				X	Min Glo	Containmeli-Enclosure vebag Proce	edure				re	
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Locatic Asbestos-Containin <u>TO BE AB</u> In Fac (13)	lormal d Sole ntenar odial S (12)	ly by nce/		Descr os Contair thermal sy surfacin other mis	stems	Material s insula T, or		(Sp	ount ecify or LF)	Removal	Repair	e Encapsulate	Enclosure		
basen	nent	1	X			pipe in	sula	tion		110) LF	x	 		
	basement X					boiler in		-			SF	X	-	-	
				DONE! II				- 20	31	ļ^					
Name of Registered Wa D&S Abatement, In	Н	JDEP W auler ID 20996	Control of the Contro	Cubic Ya of Waste TBD			Name of R Waste M	lanage					1		
City, State Totowa, NJ			Disposal TBD	7		City, State Tullytow									
Completed by Deanna Brkusanin	ınager		39	ature	lu	a Bell	wa	1	ate 1/03/	14					

MO 22405726653

Date of Notification (1) 11/03/14						Operator	(2)	25	CEI	15	n		
Agencies Notified	Type Notification	1. 7.	St	reet Add	Rienzo Iress and Drive			FTR BUL	V 6 1	F has			
× EPA × DEP × DOL	Initial Amended Amendment		Cit	ty, State	, Zip Code aldwell, NJ 0	7006			¥ 10 1				
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding	2,775	ame of Cony Di	ontact Rienzo		A	7	TO SVE	noi T	ROI		
				FACILI	TY INFORMAT	ION							
Name of Facility Where House Street Address	Abatement is Taking	Place (3)					Type of Facility (4 School (K-1) Subchapter	2)	than K-1	2)			
394 Watsessing Av	ve						Other (i.e. p	rivate &	commerc	ial buil	dings,	home	es,
City (5) Bloomfield		-		41.			etc.) Square Feet N/A	# of F N/A	loors		Bidg. A	ige	
County (6) Essex		*		ounty Co	de (7) E ONLY)		Current Use (Price House	or if being	g demolis	hed)			
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCM I	No.		of Abatement Con Abatement, In		9)				
Street Address							Address Rosengren Aver	nue					
City, State, Zip Code						City, S	State, Zip Code wa, NJ 07512						
Project Manager for Mo	nitoring Firm	Те	elephone	No.	Telep	hone No. 345-8685		License N #00675	No.	£2			
Start Date (10) 11/20/14						Name	of OSHA Monitor Abatement, In					a de la companya de l	
Occupancy Status Durin	ng Abatement (Check	(Only One)				Street	Address		+				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire P ned Outside of Norm	eriod of Aba al Facility H	atemer ours	nt		City, S	losengren Aver State, Zip Code	iue			-		-
						Toto	wa, NJ 07512						
Scope of Work (Check /	All That Apply)		novatio nolitior				Glovebag Prod	e edure	Ī				
		1 0 8	10	- 1			→ Non-Exempted Description	(*) and	Non-Fria	ble Pro		e ement	+
			cation mally								110000000000000000000000000000000000000	ре	
Asbestos-Containing TO BE AB In Fac					Asbestos Cor (i.e. therma surfa		Material (ACM) is insulation, AT, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	basement				pipe	insula	ation	50) LF	x			
Name of Registered War D&S Abatement, In			Hau	DEP Was uler ID N	o. of Wa		Name of I	Manag					
City, State Totowa, NJ					TBD	sal Date	Tullytow	vn, PA					
Completed by Deanna Brkusanin	Man	ager	H	ignatur (aue Rellu	ulle	· 1	ate 1/03/	14				

CK 1615248

Date of Notification (1) 11/03/14							Operator	(2)	RE	CEN	/EI)		
Agencies Notified	Type Notification			Sheila Street Ad 32 Wh		errace		24	H H	V IO A	H 12	64		-
× EPA × DEP × DOL	Initial Amended Amendment			City, Sta	te, Zip Ci field, N		3	Д	SE	HOS C	OHT	ROL		
DOH DCA	justification) Cancellation			Name of Sheila				*	F e	e Jinohe M		2		
				FACIL	LITY INF	ORMATI	ION					-5370		
Name of Facility Wher House Street Address 32 Whittier Terrace		g Place (3)						Type of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			ldings	, hom	es,
City (5) Bloomfield		9	3		9	5		etc.) Square Feet N/A	# c	of Floors A	2952	3ldg. /	Age	
County (6) Essex				County C)		Current Use (Pri House	or if be	ing demolis	shed)			
Name of Monitoring Fi N/A	rm Hired by Building	Owner (8)		ASCM	No.			of Abatement Cor Abatement, In		(9)				
Street Address		ж					1 3 3 3 7 7 7 7 7	Address osengren Aver	nue					
City, State, Zip Code							State, Zip Code wa, NJ 07512							
Project Manager for M	oject Manager for Monitoring Firm						1	none No. 345-8685		License I #00675				
Start Date (10) 11/24/14							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of OSHA Monitor Abatement, In	C.					
Occupancy Status Dur	acated During Entire	Period of Ab	atem	nent			Street	Address osengren Aver	×					
X Other – Describe:		nal Facility H	lours	i 				state, Zip Code wa, NJ 07512					80	
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		10000	nova molit				>	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re .	
Locati	ion of	1425	ocati	1000		D-							emen /pe	t
Asbestos-Containir <u>TO BE A</u> In Fa						stos Cont thermal surfa		Material (ACM) s insulation, T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basement						pipe	insula	tion	1	35 LF	x			
Name of Registered W	laste Hauler		N	JDEP W	aste	Cubic	Yards	Name of	Regist	ered Landfi		<u></u>		
D&S Abatement, Ir	Н	auler ID I 20996		of Was		11755-15600-156-04-056		gement o						
City, State Totowa, NJ						Dispos TBD	sal Date	City, State Tullytov		4				
Completed by Deanna Brkusanin	Ма	ınager		S	ignature	Davis Rell	ILIPI P.	10 1	ate 1/03/	14				

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

CK 1492

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

Date of Notification (1)					e of Buildi n Corcor	ing Owner/Operato ran	r (2)	MIN MON 10	AM	12:	3 9	
Agencies Notified	Type Notificat	ion			et Address 1 Carlov	7.		SEETES	COL	iTE		
DEP DOL	Amended Amendme		<u></u>		State, Zip ns River.	Code , NJ 08753	11000	& LICEN	ôth	Ĝ		
DOH DCA	justificato Cancellatio	n)	9		ne of Cor inda Cor			Telephone Num				
				FA	CILITY IN	IFORMATION		-				
Name of Facility Where A Residence	Abatement is Ta	king Plac	e (3)				Type of Facilit	2)				
Street Address 1101 Carlow Drive							Other (i.e.,	8 (Other than K-1 private 8 commerc		ilding	s,	
City (s) Toms River, NJ 0875	53						Square Feet 2000	# of Floors	- 1	3ldg 30yr	Age	
County (6) Ocean				Cou	inty Code E ONLY)	(7) (STATE	Current Use (F	rior if being demoli		_		
Name of Monitoring Firm (8)	Hired by Buildin	ng Owner		ASCM	No.	Name of Abater AEi2, LLC	ment Contractor (9)				
Street Address	1					Street Address 300 S. Lenola						
City, State, Zip Code						City, State, Zi Maple Shade	ip Code					
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No. 609-481-212		License No. 00689				
Start Date (10) 11/17/14	1 3332	heduled 0 /20/14	omple	etion Da	ate (11)	Name of OSHA AEi2, LLC		1				
Occupancy Status During	Abatement (C	heck only	()(0			Street Address	3					_
Facility Closed/Vacate Abatement Performed						300 Lenola I						
Other - Describe:			,			Maple Shade	e, NJ 08052					
Scope of Work (Check al	that apply)	571.0					ontainment with N	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		≧ Re	enovat emoliti	on		☐ Gloveb	ag Procedure	Ion-Friable Proced	ure			
		N	ocati	γ					_		ement /pe	t
				nce/ al		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	R e m o v	R e p a	E n c a p s u l	an olos n
Basement	Yes N				Tile &	Mostio	6	300SF	1	1	a t	e
Dasement		X	The &	Masuc		3005F	X		\vdash			
		_		-								
Name of Registered Wast	e Hauler	=		NJDEP 1		Cubic Yards	Name of Reg	stered Landfill	1			Ь_
AE12, LLC					O No.	of Waste	TBD	1				
City, State						Disposal Date	City, State	//				
Maple Shade, NJ Completed By						TBD Signature	TBD	Date		_		_
Wm. Minnick		Progran	ı Mg	г		11/1	Mm	11/5/14				

Date of Name

Emergene				F ASBESTO NJAC 8:60			CK	ELH	89	, , , , , , , , , , , , , , , , , , ,			
Date of Notification (1) 11/6/14				uilding Owne		(2)		tion C	Z I ¥	EU			
Agencies Notified Type Notification		0.0000000000000000000000000000000000000	eet Addr N 25t	ress h Street	-		2014	MOVI	O AI	412: 9	S		
DEP Amended Amendment				Zip Code NJ 0800	В		Ase	ENT B	S CO	HTR(DL,		
DOH justification) DCA Cancellation	including	1 1233	me of Co	ontact				Teleph	none kli				
		F	FACILIT	TY INFORM	ATION								
Name of Facility Where Abatement is Takin Scott Lang Private Home	g Place (3)			30 4			of Facility (4 School (K-12						
Street Address 22 N 25th Street						×	Subchapter 8 Other (i.e. pr				lings,	home	s,
City (5) Surf City NJ 08008	-						etc.) re Feet)+	# of FI	oors		ldg. A	ge	
County (6)			unty Co	de (7) E ONLY)			ent Use (Prio	r if being	demoli	shed)			
Ocean	n (n)			25 100		W 150500	itement Conf	ractor (0					
Name of Monitoring Firm Hired by Building N/A	Jwner (8)		ASCM N	vo.	Pern	aco I	nc.	ilacioi (9			•		
Street Address						Addre Box 3					15	2000	
City, State, Zip Code					50000000	11500	ip Code in NJ 0809	91					
Project Manager for Monitoring Firm		Tel	lephone	No.	D. 1625/2016/2016	753-9		3.5	icense 0727	No.			
Start Date (10) 11/7/14	Scheduled	Secure Contraction	etion Da	ate (11)	Name		HA Monitor						
Occupancy Status During Abatement (Che						Addre	ess		-			30 100	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	atemen	nt		City, 5	State, Z	Zip Code						
Scope of Work (Check All That Apply)									1000			201/20	-
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		novation				Mi Gl	III Containme ini-Enclosure ovebag Proc on-Exempted	edure				re	
	T		T			140	JII-EXCITIPIO) dila	101111	T T		emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo	ocation rmally Solely I tenance dial Sta (12)	by e/	(i.e. the	Descriptio Containing rmal system surfacing, Va her miscella	Materians insu AT, or	lation,	(Sp	ount ecify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								_		_
Through-out			х		Floor T	ile		600	SF	x	-	-	
			-							-	+-	+	-
		-							-			-	\vdash
Name of Registered Waste Hauler		100000000000000000000000000000000000000	DEP Wa		ubic Yards		Name of	Register	ed Land	dfill		1	-
United Containers		224	uler ID N 159	3			G.R.O.						
City, State EIm NJ		U			isposal Dat 1/11/14	е	City, Stat Morrisv		1906	7			
Completed by Anthony T Perna	Title Presid	ent			Signatu	re L				Date 11/6/1	4		

MU 220 2154 6138

Date of Notification (1) 11/03/14		7			Building Owne	er/Operato	(2)	CE	IVED				
Agencies Notified	Type Notification		- 1	Street Ad 852 La	ldress ke Avenue		2014 NO	9 10	AM 12:	65			
EPA DEP DOL	Initial Amended Amendment				te, Zip Code NJ 07066		ASBE	9 T 8 S	CONTR	OL			
DOH DCA	Emergency (justification) Cancellation	including		Name of Rob El	Contact lenport		éc	LIG	ephone Nur	mber			
				FACIL	ITY INFORM	ATION							
Name of Facility Where House	Abatement is Taking	g Place (3)			4		Type of Facility School (K-	12)					
Street Address 852 Lake_Avenue_					8				er than K-1: & commerci		dings	home	es,
City (5) Clark	£1						Square Feet N/A	# o N//	f Floors A	100	3ldg. A N/A	Age	
County (6) Union		-		County C	Code (7) ISE ONLY)		Current Use (Pr House	ior if bei	ng demolis	ned)			
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCM	No.		of Abatement Co Abatement, I		(9)				
Street Address				1			Address Rosengren Ave	nue		-	-		
City, State, Zip Code						City,	State, Zip Code				- T. II.A.		
Project Manager for Mo	nitoring Firm			Telephor	ne No.	Telep	hone No. -345-8685		License N	lo.			
Start Date (10) 11/04/14		Scheduled		npletion [Date (11)		of OSHA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One)			Stree	Address						
Abatement Perform	cated During Entire F med Outside of Norm	Period of Ab nal Facility F	atem lours	nent			Rosengren Ave	enue					
Scope of Work (Check			_			Toto	wa, NJ 07512						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	-	nova molit				Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	1				
		lel	ocati	on			Non-Exemple	T an	u Non-Friat	T	78.55	ement	t
Locatio	n of	No	rmal	ly		Descriptio	n of				T	/ре	_
Asbestos-Containing TO BE AB In Fac (13)	BATED ility	Used Main Custo	tenar	nce/	(i.e. therr			(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		., , .						TO .	
basem		-	X			iler insul			0 SF	X			
Dasen	ient		X		wate	r tank in:	sulation		:0 SF	X			
Name of Registered Wa	aste Hauler		N	JDEP W	aste Cu	bic Yards	Name of	Registe	ered Landfil				
D&S Abatement, In	0&S Abatement, Inc.					Waste D	The section of the se	Control in = income	gement o				
City, State Totowa, NJ					Dis TB	-) Tullyto		A				
Completed by Deanna Brkusanin		Title Project	t Ma	nager		Signatur	Cause R.	lau	773	ate 1/03/	14		

MO 22140034920

Date of Notification (1) 11/03/14		10		Name of John H	Building Owner landy	Operator	(2)	限區	CEIA		li de la companya de		
Agencies Notified	Type Notification X Initial			Street Ad 269 Pa	ddress ark Ave	To the second	201	4 ND	V IO AI	4 12:	65		
EPA DEP DOL	Amended Amendment		_		te, Zip Code ale, NJ 07041		AS	JES	FOS CO	HT	R 01.		
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of John H				Ckell	phone No	666			
			-	FACIL	LITY INFORMA	ION						2000	
Name of Facility When House	e Abatement is Taking	Place (3)					Type of Facility (4 School (K-12	55.	7				
Street Address 269 Park Ave					7		Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,
City (5) Allendale	P						Square Feet N/A	# of N/A	Floors	- 1	ildg. A	ge	
County (6) Bergen				County C	Code (7) ISE ONLY)		Current Use (Prior House	r if bei	ng demolish	ned)			
Name of Monitoring Fi N/A	rm Hired by Building C	Owner (8)		ASCM	l No.		of Abatement Cont Abatement, Inc		(9)				
Street Address							Address Rosengren Aven	ue					
City, State, Zip Code						City, S	State, Zip Code						
Project Manager for M	lonitoring Firm		T	Telephor	ne No.	Telep	hone No. -345-8685		License N #00675	0.			
Start Date (10) 11/18/14	- v.	Schedule		mpletion [Date (11)	Name	of OSHA Monitor Abatement, Inc						
Occupancy Status Dur	ring Abatement (Check					Street	Address						2.20.00712
	acated During Entire P rmed Outside of Norm					City, S	Rosengren Aven State, Zip Code	ue ———				-	
						Toto	wa, NJ 07512						
Scope of Work (Check	(All That Apply)					-	-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		enova emoli			Ü	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure	e de la composition della comp				
		Ι						() am	a North Har	T		emen	t
Locati		110000	Locat orma	10.000								/ре	
Asbestos-Containi TO BE A In Fa (1:	ng Material (ACM) ABATED acility	Mair Custo	ntena odial (12)	Staff?	Asbestos Co (i.e. therm sur		Material (ACM) ns insulation, AT, or	(S	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				~_		-			
Base	ment		X			ducts		- 6	6 LF	х			
													,
Name of Registered W	Vaste Hauler		1	NJDEP W	aste Cub	c Yards	Name of R	Reaiste	red Landfill				
D&S Abatement, I			1	Hauler ID 20996	STATISTICS CONTRACTOR	aste	University of the Company		gement o				
City, State Totowa, NJ				1 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18	TBD	/	Tullytow	n, PA					
Completed by Deanna Brkusanin		Title Projec	ct M	anager		Signatur	Daema Re	llu	veell 1	ite 1/03/	14		

NO CK

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

Date of Notification (1) November 6, 2014				Name of Lovez,	Building (Owner/O	perator	(2) Check :			l V I	ALC: N			Weight .
	ype Notification	-	-	Street A	ddress				#2P/A F/31	10	AMIZ	142			
X EPA	Initial				ennings				A G Sette	T # #		_			
	Amended Amendment		[ite, Zip Co rd, NJ 0				ASSEC 1 & L	165 1054	SHAR	ROL			
DOH DCA	Emergency (justification) Cancellation	including			f Contact Sarando	ulias				Telep	hone N	umber			
				FACI	LITY INFO	DRMATI	ON								
Name of Facility Where Ab Yale School, Former				Buildin	ıg)			(COMME)	of Facility (4 School (K-12	50					
Street Address Route 70 and Connec	cticut Avenue							S	Subchapter 8 Other (i.e. prote.)	(Other			dings	home	es,
City (5) Cherry Hill									e Feet	# of F	loors		3ldg. A	\ge	37-1-
County (6) Camden				County (Code (7) USE ONLY)				nt Use (Prior		demoli				
Name of Monitoring Firm H TTI Environmental, In		Owner (8)	,	ASCM	No.			of Abat	ement Cont					7	
Street Address 1253 N. Church Stree							Street	Addres		ai, LLC	,				
City, State, Zip Code	ne16	-					City, S	tate, Zip	o Code		_		-		
Moorestown, NJ 0805 Project Manager for Monito				Telephor	ne No		1000	e Sha	de, NJ 08		License	No			
Jim Guilardi				856-84	0088-04		856-	755-00	099	1.03	00842				
Start Date (10) October 22, 2014				npletion 1 8, 2014	Date (11) 4				A Monitor oratories						
Occupancy Status During A	batement (Chec	Only O	ne)	,				Address							
Facility Closed/Vacate Abatement Performed								tate, Zip	130 North	1	-				
Other – Describe:							Cinn	amins	on, NJ 08	077					
Scope of Work (Check All T	hat Apply)						la v	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processors.	Renova Demolit				×	Mini	Containmer i-Enclosure vebag Proce	edure					
		1						Non	-Exempted	(*) and	Non-Fria	ble Pro	0.000/14/03/03	3 1 1 - 1 m	
		11.25	Locati Normal											ement pe	
Location of Asbestos-Containing Ma		Use	ed Sole	ly by	Ashes	Des tos Cont	scription		(ACM)	Δm	ount		Π	e see	
TO BE ABAT			iintenai todial S			thermal	systems	s insulat		(Sp	ecify	Re	Į,	nca	Enc
In Facility (13)			(12)				cing, VA niscellar			SF	ir LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Ti							<u>a</u>		ate	Гe
Throughou	ut .		XXX			Flo	oor Til	е		27,00	00 SF	X			
Throughou	ut -		XXX			Cha	lkboar	rds		1,21	6 SF	Х			
Name of Registered Waste Freehold Cartage	Hauler		Н	JDEP W auler ID 2253		of Was			Name of R Western	27 C C C C			Land	dfill	
City, State Freehold, NJ					20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	Dispos	al Date /2014		City, State Birdsbor	o. PA					
Completed by		Title					gnature		7.	-,		ate			
Christina Lynch		Oper	ations	Mana	ger	1	1110	mo	¥l_		177.100	1/6/2	014		

Date of Notification (1)		Name o	of Building Ov	ner/Operator	(2)	• • •	t face CA	4 6		3	-
November 6, 2014			z, LLC		Check # N/A	Sate	Finn				
Agencies Notified Type Notification	n		Address lennings Ro	oad			HOY 10				
DEP Amended Amendme			ate, Zip Code ord, NJ 080			A 5 8 6	ESTES LIGE	LU	MIF	₹0L,	
□ DOH □ Emergence □ justification □ Cancellation			of Contact Sarandoul	ias		Tele	phone Nu	mber	, ACI		
		FAC	ILITY INFOR	MATION			_				-
Name of Facility Where Abatement is Tak Yale School, Former Queen of H Street Address	ing Place (3) eaven (Rect	ory Build	ling)		Type of Facility (School (K-1	2)					
Route 70 and Connecticut Avenu	e				Subchapter Other (i.e. p	8 (Othe rivate &	r than K-1 commerci	2) ial₋bui	ldings	, hom	es,
City (5) Cherry Hill					etc.) Square Feet 2,650	# of	Floors		Bldg. /	Age	
County (6) Camden			Code (7) USE ONLY)		Current Use (Price Rectory	or if bein	g demolis	- 15			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8)	ASCI	M No.		of Abatement Cor de Environmen						
Street Address 1253 N. Church Street				Street	Address Cutler Avenue						
City, State, Zip Code Moorestown, NJ 08057					State, Zip Code le Shade, NJ 0	8052					
Project Manager for Monitoring Firm Jim Guilardi		Telepho 856-8	one No. 40-8800	Teleph	none No. 755-0099	T	License N	0.			
Start Date (10) October 22, 2014	Scheduled C November			Name	of OSHA Monitor L Laboratories		000.2				
Occupancy Status During Abatement (Che					Address		_		-		
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of Abat	ement		200	Route 130 Nort	th					
Other – Describe:	mai Facility Ho	urs			tate, Zip Code aminson, NJ 0	8077				2.000	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		vation plition		×	Mini-Enclosure Glovebag Proc	edure					
			1		Non-Exempted	(*) and	Non-Friab	le Pro			
Location of	Is Loc Norm		*	_					Abate Ty	ement rpe	i
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ Il Staff? 2)	(i.e. the	Description Containing Mermal systems surfacing, VA her miscellan	laterial (ACM) s insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floor	Yes No		1.	oint Cons		450	. 05			Ф	
rst and zhu i looi	^	^	J	oint Compo	bund	150) SF	X			
Name of Registered Waste Hauler		NJDEP W	/aste C	ubic Yards	Name of F	Registere	ed Landfill			15 V 15 15 15 15 15 15 15 15 15 15 15 15 15	
Freehold Cartage		Hauler ID 22253		Waste	Western	_		unity	Land	dfill	
City, State Freehold, NJ		9,50		isposal Date 1/28/2014	City, State Birdsbor						
Completed by Christina Lynch	Title Operatio	ns Mana	iger	Signature	AND A		Da ⁻	te /6/20)14		

Date of Notification (1)		Name o	f Building (Owner/Opera			= 1100 mm		- 5 55	- prime 9	Ĵ	
November 6, 2014	- 1	Lovez	, LLC		Chec	k # N/A	2014	Day .				
Agencies Notified Type Notification EPA Initial		Street A 10A J	ddress ennings	Road	9-		Act	KOV 16	AF	12:	42	
DEP Amended DOL Amendmen			ate, Zip Co ord, NJ 08				"'≎∂ &	ESTES LIGE	Cor	TR	9 <u>L</u>	
DOH justification Cancellation			f Contact Sarando	ulias		1	Tel	ephone Nu	mhor	(<u></u>		
		FAC	ILITY INFO	RMATION	740000					7315		
Name of Facility Where Abatement is Takin Yale School, Former Queen of He		ory Buildi	ing)		Тур	e of Facility (School (K-1	0.00					
Street Address Route_70 and Connecticut Avenue)					Subchapter Other (i.e. p	8 (Oth			dings	home	es,
City (5) Cherry Hill					Squ 2,6	are Feet	# 0	f Floors	(1)	Bldg. A	\ge	
County (6) Camden			Code (7) USE ONLY)			rent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8)	ASC	M No.		me of At	patement Cor nvironmen						20.50
Street Address 1253 N. Church Street				Str	eet Addr							
City, State, Zip Code Moorestown, NJ 08057				Cit	y, State,	Zip Code	2050	-				
Project Manager for Monitoring Firm		Telepho		Tel	lephone		8052	License 1	No.			
Jim Guilardi Start Date (10)	Scheduled C		40-8800 Date (11)		6-755- me of O	0099 SHA Monitor		00842				
October 22, 2014	November			E	MSL La	boratories						
Occupancy Status During Abatement (Che	ck Only One)			1 1 1 2 2 2 2 2 2	eet Addr							
Facility Closed/Vacated During Entire Abatement Performed Outside of North	Period of Abat	ement urs			-02-00 COOK -00-002	te 130 Nor Zip Code	th					_
Other – Describe: Scope of Work (Check All That Apply)						nson, NJ 0	8077					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	programme and the second	ovation olition			H M	ull Containme lini-Enclosure llovebag Proc	e cedure					
	Is Loc	ation.				on-Exempted) air	u Non-Fila	DIE FIC	CAN'T N	emen	t
Location of	Norn			Descrip	tion of					Ty	ре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainte Custodia (1)	nance/ al Staff? 2)		os Containin thermal syst surfacing, other misce	ng Materi ems insu VAT, or	ilation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N				12						Œ	
1st Floor Hallway	XX	(X		Linole	eum		2	5 SF	Х			
Basement & Exterior	XX	X		Window	Glazing	1	33	30 LF	X			_
Name of Registered Waste Hauler		NJDEP W	Vanta	Cubic Yard	lo	Nome of	Dominto	red Landfi				
Freehold Cartage		Hauler ID 22253	3000000000000	of Waste		Accessed to		s Comm		Lan	dfill	
City, State Freehold, NJ				Disposal D 11/28/20		City, State		4				
Completed by Christina Lynch	Title Operation	ons Mana	ager	Signa	ture	0	<u></u>	D	ate 1/6/20	014		

Nov 06 2014 09:05AM NJ Asbestos Control 609.633,0664 page 1 11/05/2014 10:44 9735381778 Sizte of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#22302810617 (Pursuant to NJAC 8:66 and 5:16) Date of Notification (1) y natification Name of Building Dwner/Operator (2) 11 14 Michael Starkey Agencies Hotifled ype Notification Street Address □ EPA R Initial S DOLWD 27 Cottage Street Amended DHSS Gity, State, Zip Code Amendment # DCA (NJAC 5:23-8) Emergency (including South Orange, NJ 07079 (Ustification) Name of Contact Cancellation Telephone Numbel Michael Starkey FACILITY INFORMATION Name of Facility Where Abalement is Taking Place (3) Private house Type of Facility (4) Street Address School (K-12) Subchapter & (Other than K-1 2) 27 Cottage Street Other (i.e., private and commercial buildings City (3) homes, etc.) South Orange, NJ 07079 Squere Feet # of Floora County (8) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Dwner (8) ASCM No. Name of Abelement Contractor (9) Street Address Gr Tech LLC Street Address City. State, Zip Code 576 Valley Rd #283 City, State, Zip Code Project Manager for Monitoring Firm Wayno, NJ 07470 Telephone No. Talephone No. License No. Start Date (10) 973-63B-1777 Schedules Completion Date (11) 01127 11 / 06 Name of OSHA Monitor / 07 Occupancy Status During Abotement (Check only one) Envirovision Consultants, Inc K Facility Closed/Vapated During Entire Period of Abatement Street Address Abelement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg #35 E City, Stale, Zip Code Time of Abatement: ____Att-Scope of Work (Check all that apply) Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure 23 ef or >3 If Full Conferenced with Negative Pressure Renovation Demolition 2 160 st or > 260 H Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Frisbis Procedure \$ Location Location of Normelly Asbesica-Containing Material (ACM) Abstement Type Used Solely by Description of Aspestos Conmining Meterial (ACM) (i.e., thermal systems insulation, TO BE ABATEO Maintenance Removal Repair Amoun! Encapsulare Enclosure IN Facility Custodial Staff? (Spacify (13) Burisoing, VAT. or (12) SIF or LF) other miscellaneous) Yes No NA Basement X Pipe insulation 15 LF X П П Name of Registered Waste Hauler NODEP Waste Hauser ID No. | Cubic Yards of Waste | Name of Registered Landiill Gr Tech LLC 0033785 City. State TBD T.R.R.F. Inc Disposel Date City, State Wayne, NJ 07470 Completed by (Print or Type) TED Tullytown, PA Signature N.Jevtic Date Owner A38.31 11/05/2014 MAY 11 1 Do not use this form him asbestos thezasure elempted activities.

CK 2951

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

Date of Notification (1) 04/01/14			Building O			(2)		28	14 NO	V 10	AF	1 12:	40
Agencies Notified Type Notification EPA Initial		100000000000000000000000000000000000000	N HOU		VENL	JE			SES	H#S	Ca	NTR	- 1
DEP Amended Amendment #_ Emergency (inc	luding	PASSA	e, Zip Cod IC, NJ (& L	JICE	481	ŅG	
X DOH justification)	lading	Name of MARCI							hono N				
DCA Cancellation			ITY INFO	DREATIO) N			1 - 11	007 1				
Name of Facility Where Abatement is Taking P	lace (3)	PACIL	at i nero	KINATI			f Facility (4	5/0					
Street Address						☐ Si	chool (K-12 ubchapter 8	(Other					
199 VAN HOUTON AVENUE							ther (i.e. pr c.)	ivate &	comme	rcial bui	dings	, home	es,
City (5) PASSAIC, NJ						Square 2000		# of F	loors		3ldg.	Age	
County (6) PASSAIC COUNTY		County C	ode (7) SE ONLY)			Curren	t Use (Prio E	r if being	demol	lished)			
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCM	No.				PROFES						
Street Address		-				Address	OVE CO	URT					
City, State, Zip Code						state, Zip EWOO	Code D, NJ 08	3701					
Project Manager for Monitoring Firm		Telephor	ne No.			none No. 668-90		1,000	License 1200	No.			=
	cheduled C 1/18/14	ompletion [Date (11)				A Monitor PROFES	SSION	IALS				
Occupancy Status During Abatement (Check C	Only One)					Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	iod of Abate Facility Hou	ement irs			City, S	State, Zip							
Other – Describe:					LAK	EWOC	D, NJ 08	3701					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Reno	vation olition			2	Mini- Glov	Containme -Enclosure rebag Proc -Exempted	edure	-				
		2020			E	INON	-Exempled	() and	NOII-FI	lable Fi	0.000	temen	t
	ls Loc Norm											уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	olely by nance/ ol Staff?		os Cont thermal surfa		Material (s insulat T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	N/A										е	1 888
INTERIOR				PL	ASTE	R		5,00	00 SF	Х			
100						200							
			85			5-32							<u></u>
Name of Dogistored Whate University		NJDEP W	lasta	Cubic	Yards		Name of F	Pagistar	ed Land	4611		_	
Name of Registered Waste Hauler NEWARK CARTING		Hauler ID 04509		of Wa			IESI	Cylolel	ou Lan	~ IIII			
City, State NEWARK, NJ				Dispo:	sal Date 3/14		City, State		PA				
Completed by JOSEPH PERLSTEIN	Title OWNER			S	Signatur	e	eyelke sy			Date 9/9/14			

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

Date of Notification (1) November 6, 20	14	Name of Build	ing Owner/Ope	erator (2) nole Construction	ECEIVE	= D	5	5-	72
[] DEP [] Ame	al Notification ended Notification endment #	Street Address City, State, Zip	128 E	Bartlett Avenue 14 K	OV 10 AMI	2:48			
[x] DOH justin	rgency (including fication) cellation	Name of Conta			clephone Numbet		**		
	T T	ACILITY INFO	RMATION						
Name of Facility Where Abatement is Taking Residence		ACILITI INTO	KWIATION	Type of Facility (4)	School (k-12)			W	
Street Address 10 W Stanton Ave	enue			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)	and the state of t	aliana and a second	ial buil	dings,
City	County (6)	County Code (7 (STATE USE C		Square feet 1500 sf	# of Floors		. Age	50	
LBI	Ocean			Current Use (Prior if Resider	Commence of the contract of th)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name o	f Abatement Contractor	The state of the s	Inc	,		CH.2875-1990.2
Street Address			Street A	ddress	oute 9, Unit 61				
City, State, Zip Code			City, Sta	ate, Zip Code				271	
Project Manager for Monitoring Firm	Telephone Num	ber		ne Number 49-9932	License N 00624		/55-1	271	
Scheduled Start Date (10) 11/7/14	Scheduled Com 11/11/14	pletion Date (11)	_	f OSHA Monitor	L. Analytical				
	only one) d During Entire Period of Outside of Normal Facility		Street A City, Sta	1056 State, Zip Code	telton Road	000	<i>5 4</i>		
Scope of Work (Check all that apply)			_		way, New Jerse with Negative Pres		54		
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	5 5	novation molition	[[[x	Mini-Enclosure Glovebag Procedu			re		
						Abate	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custor Staff (12) YES NO No	lial	Description Asbestos-Co Material (a.e., thermal insulation, st VAT, other miscell	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos si	iding		1300 sf	X			
					1				
Name of Designated Winter Trustee	NIDED W. C.	-lIDN- C::	W. J. CW.	. Tu	11 15"				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha 2022		Yards of Was	ste Name of Registe T.R.R.F.	red Landfill				
City, State Toms River, New Jersey	Di	isposal Date 1/12/14	City, St				-		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	And .	1 /		Date 11/6	/2014	1	

^{*}Do not use this form for asbesto's licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

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

										Dr	al ^a n			
Date of Notification (1) &	ptember 19, 2	04 6 014	2014		Name o	f Building (rator (2) rcola Enterpr		0000	15	54	1)	
Agencies Notified [X] EPA [] DEP		ntion al Notifica anded Noti			Street A			ox 790		en Rev	10	AM I	2: 48)
[x] DOL		ndment # rgency (in			City, St	ate, Zip Coo		van, NJ 07747	7	& LIL	ES C	UNI	ROL	
[X] DOH	justi [] Off1	fication) Hold			Name o	f Contact Fernai	ndo	-	Telepho	one Number				į
				FAC	III.ITY	INFORM	ATION							
Name of Facility Where At Res	patement is Taking sidence garage	100						Type of Facilit		ool (k-12)	-			
Street Address 49	Budd Drive							[x]	Othe	chapter 8 (of er (i.e., priva es, etc.)		-	al build	lings,
City		County	(6)		County (Code (7) USE ONL	Y)	Square feet 1000 sf	# o	f Floors	Bldg	. Age	0	
Beach Have		Ocea			***************************************			Current Use (I	Prior if being esidence	demolished)				
Name of Monitoring Firm	사 한 기존	Owner (8)		ASCM N	No.			ractor (9) aardian Co	ntracting,	Inc.			
Street Address							Street Ac		89 Route	9. Unit 6.1				
City, State, Zip Code							City, Sta	te, Zip Code	oms River,		ev 087	755-1	271	
Project Manager for Monito	ect Manager for Monitoring Firm Telephone N						Telephor 732-34	e Number	•	License N 00624				
Scheduled Start Date (10) 11/7/14			Scheduled C 11/11/14		on Date (11)			M.S.L. An	alytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacate			of Aba	tement		Street Ac		56 Stelton	Road				
	tement Performed						City Sta	te, Zip Code	- Stellon					
[] Othe	er – Describe						City, Sta		scataway,	New Jerse	y 088	54		
Scope of Work (Check all t	that apply)						[]	Full Contain Mini-Enclo	nment with N	legative Pres	sure			
[] >3 s	f or ≥3 lf		[]	Renova	ition		[]	Glovebag P						
[x] ≥160	0 sf or ≥260 lf		[x]	Demoli	tion		[x]	Non-Exemp	oted (*) and l	Non-Friable	Procedu	ire		
		Π				_					Abat	ement	Гуре	
Location	- C	1	Is Location				Descriptio				R	R	Е	Е
Asbestos-Containing M		l N	ormally use Solely by	ea			oestos-Cor Aaterial (A		1 227	Amount pecify SF	Е	E P	N C	N C
TO BE ABA	TED	Maint	enance/Cus	todial		(i.e	, thermal	systems		or LF)	M O	A	Α	L
in facility (13)	У		Staff (12)			ins	ılation, su VAT, c				v	I R	PS	OS
(13)			(12)			oth	er miscell				A	1	U	U
9/		YES	NO	N/A							L		L E	R
Exterior			Х		Asbe	stos sidir	ıg		80	0 sf	Х			
		-	-		-						-			-
		-								-	-			
Name of Registered Waste	Hauler	IN	JDEP Waste	Hauler	ID No.	Cubic Ya	rds of Was	te Name of R	Legistered La	ndfill				
Guardian Co	ntracting, Inc.		20	223		3	Total Control	T.R.R						
City, State Toms River,	New Jersey			Dispos 11/12	sal Date 2/14		City, St	ate own, Pennsyl	vania .					
Completed by (Print or Typ	e)	Title			Signat	ure /	/ / /	////	-		-9/19	2014	. ,	
Nicholas Feri	nicola	Proje	ct Manager	r		Yle	Chel	10	1		111	18/	14	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Pui	lding Owner/Op	auston (2)	RECE	13.27	- p=4		
- 1-	November 6, 20			Mille	er Homes	RECE	2	55	70	
Agencies Notified [X] EPA [DEP		ution Il Notification Inded Notification	Street Addre	112 (ittordtown Lane	EI HOV 10	AM I	2: 4, 8	3	
[x] DOL	Ame	ndment # rgency (including fication)	City, State, Z	Tuck	erton, NJ 08087	& LICEN	SINC	TROI		
[] DCA		ellation	Name of Cor	itact im Miller		Telephone Number				
Name of The IND			FACILITY INFO	ORMATION						
	esidence	Place (3)			Type of Facility (4)	School (k-12)			70	
—Street Address—	W Shrewsbury	Drive			[x]	Other (i.e., priva homes, etc.)				dings,
City	+	County (6)	County Code ((STATE USE		Square feet 1000 sf	# of Floors	Bld	g. Age	 60	
Little Egg 1		Ocean			Current Use (Prior Reside)			
Name of Monitoring Firm		Owner (8)	ASCM No.	Name o	f Abatement Contractor Guard	(9) ian Contracting,	Inc.			
Street Address	*:			Street A						
City, State, Zip Code				City, Sta	ate, Zip Code	Route 9, Unit 61	- 110	755 1	271	
Project Manager for Mon	itoring Firm	Telephone Nur	nber	100000000000000000000000000000000000000	ne Number 49-9932	River, New Jers License N 00624			2/1	
Scheduled Start Date (10) 11/7/14		Scheduled Con 11/11/14	npletion Date (11)		f OSHA Monitor	L. Analytical				
[] Ab	cility Closed/Vacated	only one) I During Entire Period of Outside of Normal Facili		Street A	ddress 1056 S ate, Zip Code	itelton Road	000			
Scope of Work (Check all	that apply)					way, New Jerse		554		
1 1	sf or ≥3 lf 60 sf or ≥260 lf	: :	enovation emolition	[[x	Mini-Enclosure Glovebag Proced			ıre		
		Is Location					Abat	tement	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM) ATED	Normally used Solely by Maintenance/Custo Staff (12)	dial //A	Description Asbestos-Co Material (A (i.e., thermal insulation, su VAT, o other miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X	Asbestos	siding	7	1050 sf	X		E	J.C
	15									
Name of Registered Waste		NJDEP Waste Ha		ic Yards of Was	te Name of Registe	red Landfill				
City, State	ontracting, Inc.		isposal Date	City, St	T.R.R.F.					
Completed by (Print or Type Nicholas Fer		Title Project Manager	1/12/14 Signature	Tullyt	own, Pennsylvania		Date 11/6			
			form for asbestos	licensure exem	apted activities.		11/0	,, 1.T		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Building	Owner/Ope	erator (2)	Nes		- ()			
					Semi	nole Construction	RECE	Eldis	23	19		
[X] EPA [] In	itial Notification			Street Address City, State, Zip Co	128 E	Bartlett Avenu€ []	4 KOV 10	FMI	2: 62			
[x] E	nergency (incl	uding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	West	Creek, NJ 08092	BESTER	Past.				
[[A] DOM				Name of Contact Joyce	Corliss		Ozelebuoue V	lumber 1	HOL			
			FAC	CILITY INFORM	ATION							
Name of Facility Where Abatement is Tak Residence	ng Place (3)					Type of Facility (4) School (k-	-12)				
Street Address						- [j	Subchapte			0-000 E		
1223 Beach Dri	ve					[x]	Other (i.e. homes, et		& comr	nercial	build	ings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floo		Bldg. A	Age 60		
Forked River	Ocean					Current Use (Prior Resid		olished)			-	
	Monitoring Firm Hired by Building Owner (8) N/A iress , Zip Code anager for Monitoring Firm Telephone Start Date (10) Scheduled				Name of	Abatement Contracto	or (9)				-	
Street Address	nitoring Firm Hired by Building Owner (8) N/A SS Cip Code Ager for Monitoring Firm Telephone No art Date (10) 11/7/14 Scheduled Co 11/1/14				Street A		lian Contra	cting, I	nc.			
City, State, Zip Code	N/A dress , Zip Code anager for Monitoring Firm Telephone N Start Date (10) Scheduled C				City Sto	1889 ate, Zip Code	Route 9, U	nit 61				
1	[] Initial Notification [] Amended Notification Amendment # [x] Emergency (including justification) [] Cancellation Facility Where Abatement is Taking Place (3) Residence Iress County (6)					Toms	River, Nev	w Jersey	0875	5-127	1	
Project Manager for Monitoring Firm	[x] Emergency (including justification) [] Cancellation Ty Where Abatement is Taking Place (3) Residence 1223 Beach Drive				100 St. Co 100 St. Co.	ne Number 19-9932		cense Nui 0624	mber			
Scheduled Start Date (10) 11/7/14	ger for Monitoring Firm Telephone Nur art Date (10) \$\frac{11}{7}\frac{7}{4}\$ Scheduled Con \$\frac{11}{1}\frac{1}{1}\frac{1}{4}\tau Suring Abatement (Check only one)					OSHA Monitor	S.L. Analyti					
and the second of the second o	ed Start Date (10) Scheduled Con 11/7/14 11/11/14 acy Status During Abatement (Check only one)				Street A	ddress						
							Stelton Roa	ad 				
					City, Sta	ite, Zip Code Piscat	away, New	Jersey	08854	ļ.		
Scope of Work (Check all that apply)			×		[]	Full Containmen	nt with Negativ	ve Pressu	re			
>3 ef or >3 lf		1	Renova	tion	[]	Mini-Enclosure						
- International	[x]	Demoli		[x]	Glovebag Proce Non-Exempted		riable Pro	ocedure			
						(p)	Ti		Abatem	ent Tvi	ne .	
	7.1		7		Description						3	E.
	Nor		ed		oestos-Con Material (A		Amou	int	E I	E 1	1	N
			stodial		, thermal		(Specify or LI	F)	IVI	A A		C L
		100000000			ulation, su	rfacing,			OI	F	,	o
(13)		(12)			VAT, o			110	8 4 5	R	80 1	S
	YES	NO	N/A	otn	er miscell	aneous)			A L	I		U R
Exterior peaks	+	x		Asbestos şidir	10	Wang de la company	100 sf		$\frac{x}{x}$	E	-	Е
Zittorior poulle		_		Asocstos şidil	ig		100 \$1	-	^+	+	-	
									\dashv	+	\dashv	-
										1.		
Name of Registered Waste Hauler Guardian Contracting, Inc		EP Waste	Hauler 223		rds of Was		ered Landfill				1	
City, State		20		al Date	City, St	T.R.R.F.					-	
Toms River, New Jersey	1 min	l	11/12	2/14	Tullyt	own, Pennsylvani	a					
Completed by (Print or Type) Nicholas Fernicola	Title Project	Manage	r	Signature	1-1	1/2/		1.3	Date 11/6/2	014		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) November 6, 2	014	Name of Building	g Owner/Ope	erator (2)	Enn	15	57	3	
Agencies Notified Type of Notific [X] EPA [] Init	eation ial Notification	Street Address	128 E	nole Construction Bartlett Average [BV 10 .	:0			
[X] DOL Am	ended Notification endment # ergency (including	City, State, Zip C	ode West	Creek NT08002	7 13				
[K] DOII	ification) cellation		e Corliss		Telephone Number	TOL.			
N. CO. Diversi	FA	CILITY INFOR	MATION						
Name of Facility Where Abatement is Takin Residence	g Place (3)	3.27		Type of Facility (4)	School (k-12)				
Street Address 26 W 90th Street				[x]	Other (i.e., priva homes, etc.)				dings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors	Bld	g. Age	60	
LBI	Ocean			Current Use (Prior i Reside	nce)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	f Abatement Contractor		Υ			
Street Address			Street A		an Contracting	, inc.			
City, State, Zip Code			City, Sta	ite, Zip Code	Loute 9, Unit 61	A Local Color			
Project Manager for Monitoring Firm	Telephone Number	г		ne Number 19-9932	River, New Jers License N 00624			271	
Scheduled Start Date (10) 11/7/14	Scheduled Comple	etion Date (11)		OSHA Monitor	L. Analytical				
	only one) d During Entire Period of Ab Outside of Normal Facility H		Street A	1056 S ite, Zip Code	telton Road	0.00			
Scope of Work (Check all that apply)					way, New Jerse	MEG. 1100-000			
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renov		[] [] [x]	Mini-Enclosure Glovebag Procedo	with Negative Presure and Non-Friable		ıre		
						Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	I (i.e	Description bestos-Cor Material (A c., thermal sulation, su VAT, oner miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior	X	Asbestos sidir	ng		1400 sf	X		E	E
-									
Name of Registered Waste Hauler	NJDEP Waste Hauler		ards of Wast		red Landfill				
Guardian Contracting, Inc. City, State Toms River, New Jersey	20223 Dispo 11/1:	2 osal Date 2/14	City, Sta	T.R.R.F. ate own[Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tully le	Jennsylvania		Date 11/6	5/2014	1	
	*Do not use this for	m for asbestos licer	sure exem	pted activities.			- 100 TO		

MAY 11

Date of Notification (1) 10 / 13		14		CONTRACTOR OF THE STATE OF THE	of Building Bank	Owner/Operator (RECEIV				
Agencies Notified Type Notification EPA Initial				Street Address 53 South Layrel Street								
DOLWD Amended				City, State, Zip Code Bridgeton New Jersey 08302 ASSESTES CONTROL								
☐ DHSS Amendment # ☐ DCA ☐ Emergency (including				Bridgeton New Jersey 08302								
(NJAC 5:23-8) justification)				Name	of Contact		Telephone Number					
	ation Sean Ca				Cassidy							
				FAG	CILITY IN	FORMATION						
Name of Facility Where Abat	ement is Ta	king Place	(3)				Type of Facility	(4)				
TD Bank							School (K-12)					
Street Address								8 (Other than K-12 rivate and comme		Idina	c	
53 South Laurel Street							homes, etc.		Ciai Du	iding	٥,	
City (5)		_	-				Square Feet	# of Floors	Blo	g. Ag	je	
Bridgeton New Jersey	08302						6000	3	5	0+		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)	-		
County (6) Cumberland				Joour	n, 0000 (/)(02 002 0)	Bank					
	ad by Duildi	ing Owner	/Q\ T	ASCM	No	Name of Abatem)				-
Name of Monitoring Firm Hired by Building Owner (8)				JVN Restor								
EFI Global				Street Address			uon me.					
Street Address				WORKSHIP NOT DESCRIPTION			ad					
187 Ballardsville Street					47 Foster Road					_		-
City, State, Zip Code				City, State, Zip Co				200				
Wilmington Ma, 01887							d New York 10					
, , , , , , , , , , , , , , , , , , , ,				ephone		Telephone No.		License No.				
ocali dassiay				78-688		718-605-625						
Start Date (10) Scheduled Comp 10 / 28 / 13 11 / 0				etion Date (11) Name of OSHA 3 / 14 Tester Tech			Monitor					
Occupancy Status During Ab				ement	1-4-41-41	Street Address 1059b Jacks	on Avenue					
Abatement Performed Outside of Normal Facility Hor Time of Abatement:AMPM/7PM-8AM				rs - Describe City, State, Zip C								
Scope of Work (Check all that						LIG KT TITE	<u> </u>		-		11170	
☐ ≥3 sf or ≥3 lf ☐ Renova ☐ ≥160 sf or ≥260 lf ☐ Demolii						☐ Mini-En	ag Procedure	gative Pressure on-Friable Procedu	ıre			
		. 1	s Loca	ation	T					atem	ent T	ype
Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)		Norma Used Se			Asbe (i.e	Description estos Containing M e., thermal systems surfacing, VA other miscelland	aterial (ACM) insulation, 「, or	Amount (Specify SF or LF)	unt emov		Encapsulate	Enclosure
		Yes No							-			-
Boiler Room					Insulat	ion		120 SF				F
Boiler Room					Fittings			125 SF				L
Boiler Room					Pipe Sa	addles		20SF				
							1-2	1		Ш	Ш	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.				Cubic Yards of Name of Registered Landfill Waste Minerva Enterprises						
Newark Carting				NJ-5	66	20	City, State			_		_
City, State Newark NJ						Disposal Date 11/04/14	Waynesb	urg Ohio				
		T:4!-				Signature	1		ate	/	- 1	
Completed By (Print or Type Joseph Tardy)	Title Project Manager					wystus	of !	11/6	54	/)	4
ASB-41		* 00 55	of upo	this for	n for achor	stes licensure exem	noted activities		1	10	/	
MAY 11		טוז טע	n use	uns ion	i ioi aspes	TOO HOGHOULD GYELL	prod dollaridos.	\sim				

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State of Now Jersey ZELL NOV | 0 AM INCOMPLICATION OF ASBESTOS ABATEMENT ZELL NOV | 0 AM IZ: Pursuant to NJAC 8:50 and 12:120)

Ç0 [7	1494 10	RIT 12	Pi	ksuant t	S DALM of	3:60 and	12:120	1)	134	Puept. of freat.	7.10	Marian		-
Date of Notification (1)	TO TES	CONT	KIL	Name of	Building (Owner/O	perator EAR	(2) NY		nate: 11/6/1	ul 710	ne:	7:1	
Agencies Notified Type	Wothstein I	tolh(3	Street Ad	ddress 7 <i>Bl</i>) ste:				
EPA MODEP DOL.	Initial Amended Amendment # Emergency (in		_ '	City, Stal	te, Zip Co	de			7032					_
図 DOH	Justification) Cancellation	ricany			Contact RY XE	err		3		Telephone Nu	mher •			
				FACIL	LITY INFO	RMATE	aN							
Name of Facility Where Abate KEARNY PRBLI)					П	of Facility (4) School (K-12	1				
Street Address 318 KEARNY	AUE			-	8	a =			Subchapter 8	(Other than K-1 ivate & commerc	2) lal bulk	ilngs,	home	es.
City (5) KEARNY								Squar	re Feet 300	# of Floors	9	ldg. A	- Table 1	
County (8) Hu0SoN				County C	ode (7) USE ONLY)				nt Use (Prior	if being demoils	hed)			
Name of Monitoring Firm Hire DETAIL ASSOCIA		wher (8)		ASCM	1 No.				lement Cont ontracting			210000	-	
Street Address 300 GRAND AVI	£							Addres	is Road					
City, State, Zip Code Exectwood N.J.	0763	1		-	mt of the				ip Code k, N.J. 074	152		9		
Project Manager for Monitoring] Firm		6	Telephor 20156	ne No.	08		one No -262-5	7.7	License N 00156	lo.			
Start Date (10) /14			d Corr		Date (11)	-			HA Monitor TVironmen	ital Services I	ric.	w		
Occupancy Status During Aba		Only Or	ie)	Min Military			Street	Addres						_
Facility Closed/Vacated I Abatement Performed Or Other Describe:	uring anare P	eriod or a	Hours	ent		_	City, S	Itate, Ži	p Gode ick, NJ 07	606			w_	
Scope of Work (Check All Tha	(Apply)				-		-				•			
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoliti			3	X	Mir Glo	ni-Endosure nvebag Proce	nt with Negative (edure (*) and Non-Friat			e e	
Location of		10.0	Locati	7.0								Abate	ement pe	
Asbestos-Containing Mate <u>TO BE ABAYED</u> In Facility (13)	rial (ACM)	Ma Cus	d Solel intenar locial S (12)	ice/	Asbest (i.e.	tas Cont thermal surfac	scription aining A system sing, VA nisoellar	Material s insula T, or	(ACAf)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enchsure
		Yes	No	N/A							ļ.,		क	
BOKER ROOM		X				BOILE	<u>r</u>			/32 SF	X			
				-			7							
Mana of Doubles						,								
Name of Registered Wasta Ha Rovic Transport	nler		H	JDEP W auler ID 0785		of Wat				egislered Landili Bethlehem L		Cor	p.	
City, State Riverdale, New Jersey 0	7457					Dispos 1//	al Date	on	City, State Bethleh	em, PA 1801	 5	*		
Completed by R. McDonald		Title Pres	ident			5	ignatur	20	299	1 0	ate /	-/1	4	

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Christina Lynch	Title Operation	ns Mana	ger 🖁	le ature	noil	1	Dat 11.	e /6/20	014		
Freehold, NJ Completed by	Tia		11/28		City, Sta Birdsb	te oro, PA					
Name of Registered Waste Hauler Freehold Cartage City, State		NJDEP W Hauler ID 22253	No. of Was 20	ste	Weste	rn Berks	ed Landfill S Commu	inity	Land	dfill	
			- Onit	Jonipul		000 31	(Each)	X	-		_
Units 1, 4, 5, 8, 10, 11 and 14	XX		loint	Compoi	ınd	800 81	F (Each)	77			_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ I Staff?		taining Ma systems cing, VAT niscellane	insulation, , or	(S ₁	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Location of	Is Loc Norm Used So	ally	De	scription (of			L	9713000000000000000000000000000000000000	emen /pe	t
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if	CONTRACTO	vation	T	×	Full Contains Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				re	-22
Abatement Performed Outside of No Other – Describe: Scope of Work (Check All That Apply)	ormal Facility Ho	urs			ate, Zip Code atan, VA 23	139					
Facility Closed/Vacated During Entir	e Period of Abat	ement		0.755555555555	lagress Oakbridge D	Prive, Su	uite B				
Occupancy Status During Abatement (Ch	Novembe	28, 201	4		ir Technolog	ies Lab	oratory				
Start Date (10) November 17, 2014	Scheduled C	completion	85-2885 Date (11)	Name o	55-0099 of OSHA Monito		00842				
Project Manager for Monitoring Firm Murray Snyder		Telepho		Teleph	Shade, NJ	U8052	License N	lo.			
City, State, Zip Code Marlton, NJ 08053				City, St	ate, Zip Code			_			
Street Address 118 Westbury Court				Street	Address Cutler Avenu						
Name of Monitoring Firm Hired by Buildin American Environmental Specia	lists, LLC	ASC	M No.	Name Shad	of Abatement C e Environme	ontractor ental, LL	(9) .C				
Atlantic		(STATE	Code (7)		Current Use (F	ıms		hed)			
Atlantic City County (6)					Square Feet 6,000	2	f Floors		Bldg. 100	Age	
Street Address 27-31 Annapolis Avenue City (5)					Other (i.e etc.)	ter 8 (Oth b. private	er than K-1 & commerc	ial b			nes,
Name of Facility Where Abatement is Ta Bayside Condominiums Building	king Place (3) C				Type of Facilit						
tonal Band Ouricella			Gallagher	TION			, .u-u	1 00			
DOH justificati	on)	Name	of Contact		-		lephone Nu	2			
X DOL Amendm	ent#		state, Zip Code santville, NJ 08	3232-27	67 400	8 1 10	S CON ENSING	TRO)L		
X EPA X Initial	.011	36 Se	outh Main Stre	et	А		U APT	2: 1	13		
November 6, 2014 Agencies Notified Type Notificat	ion	Bays	of Building Owner side Condomini Address Outh Main Stre	iums C/	O Communi	y Realt	y Mgmt.	С	heck	# 16	315
Date of Notification (1)		Name	of Building Owner	/Operator	(2)	ratio ()	EIVI	- 0			

CK005678 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-452

ASB-41

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201 NOV 10 AM 3: 15

& LICENSING TOL Name of Building Owner/Operator (2) Date of Notification (1) 1 1 1/0 3 1/1 4 FAITH HOAK Agencies Notified Type Notification Street Address X Initial EPA 526 FAIRVIEW STREET Amended DEP City, State, Zip Code Amendment #: X DOL RIDGEWOOD, NJ 07450 Emergency (including Telephone Number DOH. Name of Contact justification) ☐ DCA FAITH HOAK Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) FAITH HOAK Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 526 FAIRVIEW STREET County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) RIDGEWOOD Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 11/06/14 11/21/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure X > 3 sf or > 3 If Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of е е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or material (acm) to be material (ACM) C 0 a а LF) abated in facility (13) V Yes No N/A PIPE INSULATION 43 L FT X basement **BOILER INSULATION** 35 sq ft BASEMENT BOILER Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 1 yd Disposal Date City, State City, State 11/14/14 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 11/03/2014 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

CK 3890

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1) 9/2014				me of Build	ing Owner/Operate	or (2) 21 4	MA OI VCA	^	1000 See		
Agencies Notified	Type Notific	ation	-	Stre	eet Addres		Asar	Terms con	. 10	PTEF PTEF		
DEP DOL	Amended Amendm		<u></u>		, State, Zip ahwah, N		ê	ESIDS CON LICENSING	RO	L	-	
DOH DCA	justificati Cancellat	ion)	'9	1. The 2.77	ne of Conta			Telephone Nu	mber			
				F	ACILITY IN	IFORMATION				-	_	
Name of Facility Where Ramapo College -	Abatement is T Academic Bu	aking Plac	e (3) 7 Wir	10			Type of Facil					
Street Address				-0			School (K Subchapte	12) er 8 (Other than K-	1 2)			
505 Ramapo Valley	y Road						Other (i.e.	, private & comme		uildin	gs,	
City (5) Mahwah, NJ 07430							Square Feet 97,718 SF	# of Floors		Bldg 40+	. Age	
County (6) Bergen county					unty Code E ONLY)	(7) (STATE		Prior if being demo	olished	33333		
Name of Monitoring Fire	m Hired by Build	ling Owner	T	ASCN			ment Contractor					
(8) USA Environme	ental			N/A			al Construction	on, Inc.				
Street Address 334 West State Stre	et					Street Address		/IB Suite 218		22-00		
City, State, Zip Code Trenton, NJ 08618						City, State, Zip of Clifton, NJ	Code	JID Suite 216				
Project Manager for Mo	nitorina Firm		LTele	phone	No.	Telephone No.	07012	License No.				_
William Weisgarber			11/2/2000	35-14-15-16-3	8101	973-389-00	189	00693				
Start Date (10)	So	cheduled C	omple	tion D	ate (11)	Name of OSHA	Monitor					
10/20/2014		12/20/20				DIA Genera	I Constructio	n, Inc.				_
Occupancy Status Durin	ed During Entire	Period of	Abate					MB Suite 218				
Abatement Performed Other - Describe: 3			y Houi	s		City, State, Zip C Clifton, NJ 0						
Scope of Work (Check a	II that apply)									_	-	-
>3 sf or >3 lf >160 sf or >260 lf			novati emoli			Mini-En Goveba	closure ag Procedure	egative Pressure Non-Friable Prod				
			ocatio			IZV NOII-E	xempled (*) and	Non-Friable Proc		Abat	emen	t
Location	of	100000	ormally Solely		2	Description of	į			T	ре	
Asbestos-Containing M TO BE ABAT IN Facility (13)	ED	Cu	tenand stodia taff? (12)		Asbest (i.e.,	os Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
2nd floor rooms G 202 20	3 252 Pr C2246	Yes	No	N/A	Tile on i	I Martin		1 105 07			ite	0
2nd floor rooms G 202,20 Windows	5,232 & U240		_	X		Mastic		1,127 SF	X			
			_	X		Glazing		143 Units	X			
Fire doors				X	Fire doo	ors		12 Units	X		_	
Name of Registered Was	te Hauler		N.	DEP V	Vaste I	Cubic Yards	T Name of Reg	istered Landfill	X			
Service Transport Gr			Ha	uler ID 0990		of Waste 100 CY	Minerva La					
City, State New Castle, DE	T	1	-1. <u>-</u> 2	0,7,0		Disposal Date 12/20/2014	City, State Waynesbur					_
Completed By	TT	itle	-			Signature	waynesom	\ Date				-
Krutarth Jagad		roject M	anage	er			1 /	10/20/	2014			

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

D&S Proj. #: 2014-453			(Pursua	ant to NJAC	8:60	and 12:120)	RE	CEI	111		115	
Date of Notification (1)	11		lding Owne	er/Operator (2)			YOH NOS	10 A	M o	<u>D</u>		
Agencies Notified Type Notifica EPA Initial DEP Amended Amendment #	tion Stre	et Addre	ss IANT AV	ENUE			CON NOS	IS CON	ITA, G	i5		
□ DOH	Nan	ne of Cor	NJ 07083 ntact	(C)			Telephon	e Number				
			FACII	LITY INFORMA	ATION							
Name of facility where abatement MARK PIDGEON	is taking place	e (3)	4.00 843 3455.00	22			1 =	4) I (K - 12) apter 8 (O	thor th	oon K	12)	
Street Address 450 CONANT AVENUE							Other (Bldgs./	Private/Co	omme tc.	rcial		
City (5)	County	(6)			Cou	inty Code (7)	Square Feet	# of Floor	s	DI	dg. A	ge
UNION	UNIC					te use only)	Current Use (Pr	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by Street Address	Bldg. Owner	(8)		ASCM No.	-	D & S RESTOR Street Address	ATION, INC.					
City, State, Zip Code					-	20 California A City, State, Zip Code Paterson, NJ 07						-
Project Manager for Monitoring Firr			one Numbe			Telephone Number 973-345-8020		License 0	Numb 1169	er		
Start Date (10)	Sched. (Completio	on Date (11)		Name of OSHA Mon D & S Restorati						
11/06/14	11/21/1					Street Address						
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe:	g entire period e of normal fac	of abate				20 California Av City, State, Zip Code						
Other-Describe: NORMAL 1					_	Paterson, NJ 07	7503					
Scope of Work (check all that app Sometimes Sometimes Sometimes Sometimes Scope of Work (check all that app Sometimes Scope of Work (check all that app Sometimes Sometime	ly) Renovation Demolition					\boxtimes	Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location r by maintena staff(12)	ance/cus	todial			sbestos-containing	Amount (Specify S LF)	For	R e m o	R e p a	E n c a	E n o .
	Yes	No	N/A						v e	i r	р	
BASEMENT		X		PIPE INSU			10 L FT					
BASEMENT BOILER		X		BOILER IN	SUL	ATION	40 SQ FT			님	片	ዙ
					_				+	님	Η	H
									Ħ		H	百
Registered Waste Hauler D & S RESTORATION, INC.			1	ubic Yards of V yd	Vaste	A STATE OF THE PARTY OF THE PAR	Landfill RESOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal D 11/07/14	1		City, State TULLYTOWN	, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE			Signature				Date 11/03/	2014			temperus.
ASB-41	* Do not use	his form	tor asbesto	s licensure exe	empte	d activities.						

State of NJ

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

B & G proj. #:	2014-204	_	(Pu	irsuant to	NJAC 8:0	00-1 a	110 12.120-7)		Check #				=-	
Date of Notification ((1)	Nam	e of Buildir	ng Owner/C	Operator (2)		201	4 NOV	O AM	3: 15				
11/10/6		11	ıssell Ha				AC	11-0-					-	_
Agencies Notified EPA	Type Notification	11	t Address Palmer	Street				& LIC	S CON ENSINI	TROL				_
☐ DEP	X Initial	11	State, Zip									78		
X DOL	☐ Amendme	nt E	lizabeth,	NJ 0720	02				Telephone	Numbe	r		-	
₩ DOH	C lotte	- II	e of Conta						100					
☐ DCA	Cancellation	" <u>F</u>	Russell H								-			
			-	FACILI	TY-INFORM/	ATION		T= -	of Facility (4)				
Name of facility wh	ere abatement is t	aking place	(3)					Type	Schoo	1 (K - 12)			
Russell Harris		+									Other tha		2)	
							19] [Other Bldgs	(Private/0/ Homes,	Commerce etc.	ial		
Street Address 30 Palmer St	reet							Squa	-	# of Flo		Bldg	. Age)
City (5)		County	(6)				nty Code (7) e use only)		ent Use (P	rior if be	ing demo	lished)	_
Elizabeth, N.	J 07202	Unio	n			L.,			dential					_
Name of Monitorin	g Firm Hired by B	ldg. Owner	(8)		ASCM No.		Name of Abateme							
n/a							B & G Restor	ation, in	C.					_
Street Address							105 Ryersor							
City, State, Zip Coo	de						City, State, Zip Coo Lincoln Par	^{de} k, NJ 07	035					
Project Manager fo	or Monitoring Firm		Pho	ne Numbe	er		Telephone Number (973)696-6	er			se Numb 00378	er		. 7.3.5-7
1 10,000							Name of OSHA M							
Scheduled Start D	ate (10)	Sched.	Completio	n Date (11)		B & G Resto		nc. ,					
11/18/2014			9/2014				Street Address	Dood						
Occupancy Status	During Abatemen	t (Check or	ly one)				105 Ryersor City, State, Zip Co							_
Abatement	ed/vacated during performed outside	entire perio of normal fa	d of abater acility hour	ment. s-			LincolnPark		35					
Describe: Other-Desc	ribe:					_	LincomPark	, 143 07 0						
Scope of Work (c	check all that apply	Renovation	1				Full Containment w	/negative	pressure		vebag pr			
>3 sf or >3	_	>160 sf or 3			8	X	Mini-enclosure			∐ No	n-friable		_	1
Location of asbestos-c	=======================================	Is location by mainte	normally nance/cus	used solely todial	Descrip	otion of	asbestos-containin	g	Amount (Specify	SF or	e m o	Repa	Enco	Enc
material to abated in fa	be	staff(12) Yes	No	N/A	materia	I (ACM)		LF)		v e	i	a p	L
abated iii ii	201117 (117)	103		X	pipe inst	ulation			52 lf		X			T
basement mai	n room			X	pipe inst				25 lf				X,	E
boiler room				+-	Ji Pipe (3)	Coatio						口	무	F
					1						ᆜᆜ	H	片	1
									EII					1
Registered Waste	Hauler		EP Hauler 19563	ID# (Cubic Yards o	of Waste	Name of Regist	ered Land wn Res	ource &	Recove	ery Cer	ter		description (STO)
B & G Restor	ration, Inc.		13303	Disposal			City, State	wn, PA						
Lincoln Park		T =		11	/18/2014 Signature					Da				
Completed by (P		Title Secreta	ry/Treas	urer			Gordana Lu	na		1	1/06/20	14	-	realization of the

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2014-201		(Pu	rsuant t	to NJAC 8:	60-7	and 12:120-7)	A F	Check	# 69 0 \$				
Date of Notification			of Buildin	1.5	Operator (2)		23,	M N'JY	10 AM	2	-			
1111/1016	Type Notification			Saik			Ak 'S	101	100-	- 17				_
Agencies Notified EPA	I Initial	8-1	Address O Willian		et		2 7	& Lic	US COM ENSIN	TROL				
DEP DOL	Amendme	100 V 100 V	tate, Zip (mmit, N		1									more.
DOH X		Name	of Contac	t					Telephor	e Numbe	Γ			
☐ DCA	Cancellat	Jo	anne M	ilsark					<u>L</u> .		_			
				FACIL	ITY INFORM	ATION		Type	e of Facility	(4)				
Name of facility wh	ere abatement is	taking place (3)					''	School	ol (K - 12))			
Joanne Milsar	rk		_===						X Other	napter 8 (0 (Private/0	Commerc		2)	
Street Address 8-10 William	Street						11	Squ	Bldgs uare Feet	/Homes, # of Floo		Bld	g. Ag	е
City (5)		County (6	j)				nty Code (7) te use only)	CII	rrent Use (F	Prior if bei	ng demo	olished	d)	-
Summit, NJ	07901	Union				(Ola	de due omy	1 1	sidential					
Name of Monitorin		Idg. Owner (8)		T	ASCM No.		Name of Abatemen	nt Contra	actor (9)					0.000000
n/a							B & G Restor	ation, I	nc.					
Street Address							105 Ryerson	Road						
City, State, Zip Coo	de						City, State, Zip Coo Lincoln Park		7035					
Project Manager fo	or Monitoring Firm		Phor	ne Numbe	er	_	Telephone Numbe (973)696-68				e Numb 0378	ər		
		Sched. Co		Data (11			Name of OSHA M	onitor						
Scheduled Start Da		11/18/2		Date (11	,	.	B & G Restor	ration,	Inc.					
Occupancy Status						-	105 Ryerson	Road					92	ar meso
Facility close	ed/vacated during performed outside	entire period of	f abatem	ent.			City, State, Zip Co		035					
Other-Descr	ribe:					_	Ellicolli ditt		===					
Scope of Work (c	X	Renovation				1000000	Full Containment w	/negative	e pressure	Glov	ebag pr			
>3 sf or >3 l	lf 📙	≥160 sf or ≥26		ad colely	,			— Т			TR	R	E	E
Location of	_talala a	by maintena	nce/custo	dial	1	tion of	asbestos-containing	,	Amount		e m	e p	n	n
asbestos-co material to b	be	staff(12)			material			-	(Specify LF)	SF or	O V	a	а	L
abated in fa	cility (13)	Yes	No	N/A			75 - 55 H - 30 - 55 - 50 - 50 - 50		8		е	-	Р	<u></u>
basement 8 W	illiam St		7	X	pipe insu	lation			85 lf		X	片	片	븜
basement 10 \	The second secon			X	pipe insu	ulation	1		75 lf			片	片	卄
											ᆊ	片	片	卄
					 						믐	H	旨	恒
		[]	Hauler ID)# I C	ubic Yards o	f Waste	Name of Register	ered Lan	dfill			1-		1
Registered Waste B & G Restor	Hauler ation, Inc.		563		2		Tullyto	wn Res	source &	Recove	ry Cen	ter		
City, State Lincoln Park,	NJ			Disposal [11/	/18/2014		City, State Tullytov	vn, PA						
Completed by (Pr Gordana Lun	int or Type)	Title Secretary	Treasu	rer	Signature		Gordana Lun	ra		11	/06/20	14_	_	

State of NJ

B & G proj. #:

2014-194

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

B & G proj. #:	2014-194		(Pursua	nt to NJAC 8	3:60-7	and 12:120-7)		Check	₩ 6 907	111			_
Date of Notification	****	N	ame of Bui William \		ner/Operator (2))			2314 K	EGOOT	AM.	=D		
Agencies Notified EPA	Type Notification	on S	treet Addre		Avenue			A	SEES	TGS C	ONT	70	7	
DEP DOL	Amendm		ity, State, Z Bloomfi		07003		<u> </u>			ICERS	ING	HU	Ĭ.	
☑ DOH	Cancella Cancella		ame of Cor William		ead				Telepho	ne Numbe	r			
				FAC	CILITY INFORM	IATION	1							
Name of facility who		taking pla	ice (3)		<i>-</i>			Туре	=	(4) ol (K - 12 napter 8 (6		nan K	(-12)	
Street Address 33 Farrandale	Avenue				\$5.		-		Other Bldgs	(Private/C	Comme etc.	rcial	dg. Ag	20
City (5)		Cour	ity (6)			1 - 200000000000000000000000000000000000	nty Code (7) te use only)		re Feet	Prior if bei				,e
Bloomfield, N.	J 07003	Ess	sex						dential	110. 11 00.	ig doi:			
Name of Monitoring n/a	Firm Hired by B	l d g. Owne	er (8)		ASCM No.		Name of Abatement							
Street Address							Street Address 105 Ryerson	Road `						
City, State, Zip Code							City, State, Zip Cod Lincoln Park		35					Married Co.
Project Manager for	Monitoring Firm		Ph	one Num	ber		Telephone Number (973)696-68			License 0	Numb 0378	er		
Scheduled Start Date	e (10)	Sched	. Completic	on Date (*	11)	_	Name of OSHA Mo				10-000			
11/17/2014		11/1	8/2014				B & G Restora		S					
Occupancy Status D Facility closed/ Abatement per	1.73	entire perio	od of abate				105 Ryerson City, State, Zip Cod							
Describe: Other-Describe	e:					-1	LincolnPark, I	NJ 0703	5					
Scope of Work (che		Renovatio	n			X F	ull Containment w/n	egative pr	essure	Glove	bag pr	oced	иге	
\times >3 sf or >3 If		160 sf or				□ v	fini-enclosure		-	Non-	friable p	огосе	dure	
Location of asbestos-contamaterial to be abated in facili			n normally unance/cust		1		sbestos-containing	-	Amount (Specify LF)	SF or	R e E o v	Repa.	E n c a	EncL
pasement		103		III X	boiler insu	ulation	1	5	0 sf		e	Ė	P _.	in
	**				1				<u> </u>					
														,[
->									~		믬			
Registered Waste Ha B & G Restoration			P Hauler I 9563	D# (Cubic Yards of \	Waste	Name of Registere Tullytown		rce & R	ecovery	Cent	er	Ш.	
City, State Lincoln Park, N				Disposal 11	Date /18/2014		City, State Tullytown						v	emeuzadoro
Completed by (Print Gordana Luna		Title Secretar	y/Treasu	ırer	Signature	(Gordana Luna			Date 11/0	6/201	4		

Agencies Notified Type Notification EPA X Initial		Street A										ED.
	- 1		ddress Falloping	Hill Rd		1		2314 R	JV 1	0 ,	AM :	3: :
DEP Amended Amendment #		City, Sta Kenily	ate, Zip Co vorth, NJ	de 07033				ASSE	TO	S C	ONT	ROI
DOH justification) Cancellation	9		f Contact ny Abaro	a			Tele	enhone Nun	iner C	NS.	ING	-01
		FAC	ILITY INFO	RMATIC	N							
Name of Facility Where Abatement is Taking Place Merck Sharp Dohme	(3)	-ú		3		Type of Facility School (K-	12)	II K 48				
Street Address 2000 Galloping Hill Rd Bldg K2			D (7			Control of the Contro		er than K-12 commercia	•	lings,	home	es,
City (5) Kenilworth, NJ 07033						Square Feet 410000	# of 3	Floors	100000	ldg. A 1 yr:	-	
County (6) Union			Code (7) USE ONLY)	-		Current Use (Pr Pharmaceutic			ed)	******		
Name of Monitoring Firm Hired by Building Owner ($N\!/A$	В)	ASCI	M No.			of Abatement Co		3105 LL 1				
Street Address			· · · · · · · · · · · · · · · · · · ·		Street	Address Main Street			te 10			
City, State, Zip Code			88		City, S	tate, Zip Code reville, NJ 08						
Project Manager for Monitoring Firm		Telepho	one No.	=	Teleph	none No. 525-0100	012	License N	o		-	
Story Bate (10) Schede	led/Con	npletion l	Date (11)			of OSHA Monitor	-4-1	00149				
Occupancy Status During Abatement (Check Only						w Dockton sef	Street Ac	idress				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe: Unoccupied portion						/ Elizabeth A	ve					
			a	_]	_	len, NJ 07036	6					
Scope of Work (Check All That Apply) B ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renova Demoli				, U L L L L L L L L L L L L L L L L L L	Full Containn Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure					
			1			a Non Exempl	T T	2 NOIL LINED	1		ement	ŧ
	Is Local Norma			_		520					/pe	
TO BE ABATED	sed Sole laintena stodial (12)	ely by ance/ Staff?		tos Conta	system: ing, VA	Material (ACM) s insulation, T, or	(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
K 2 Hall above ceiling X	No	N/A	Therma	1 Inculat	tion		20 sf		1		X	
K 2 Hall above cerinig			Therma	i ilisulai	шоп		20 51	-	-		^	
		1			16.							
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic `of Was		Name o	f Registe	red Landfill				
City, State	12.15	NA	3.50	NA	al Date	33	nte		6	×		
NA Completed by Title				NA	***********	NÁ						
	Ассои	nt Mana	iger	Si	ignature Mu	/ //	hick	Da 6#	te 17/1 4			

RECOVER IIII2

Date of Notification (1)						Owner/Operat	or (2	2)	MICH	marker threat		11 0	<i></i>	
11 / 5	. /	14		Mc	Donald's	USA, LLC		2014 NO	7 10 AM	10.1	13			
⊠ EPA ☐ Init		on	-	D3:25:25:25:45	Address Wood A	ve South		ASBES	Tês ca:	12:43	4			
⊠ DOH Am	ended endmen eraencv	t #			State, Zip C lin, NJ 08			ASBEB & L	ICENSIA	HR∂ G	L.			
(NJAC 5:23-8) jus	tification ncellation)	9	191992	of Contact ve Carro				Telephone N	lumber	9			
				FA	CILITY IN	FORMATION								
Name of Facility Where Abateme	ent is Tak	king Place	€ (3)					Type of Facility (4 ☐ School (K-12))					
Street Address							-	Subchapter 8			- 0			
157 West 63 rd Street								Other (i.e., privalent homes, etc.)	ate and com	mercia			5022	
City (5) Bayonne								Square Feet 3000	# of Floors			ig. A 50	ge	
County (6) Hudson				Cour	nty Code (7)(STATE USE ON	LY)	Current Use (Prior	r if being den	nolished	d)		A	
Name of Monitoring Firm Hired b	y Buildin	g Owner	(8)	ASCM	No.	Name of Abat	eme	ent Contractor (9)						
EHS Environmental Inc								vironmental Co	npany, Inc					
Street Address						Street Addres	s				-	-		
411 Southgate Court, Sui	te E					923 Haws	Ave	enue						
City, State, Zip Code						City, State, Zi	р Со	ode			-			
Mickleton, NJ 08056						Norristow								
Project Manager for Monitoring F	irm		Tele	ephone	No.	Telephone No			License No					
Jack Carney			8	56-224	-0080	610-239-9	920		00398					
Start Date (10)	Sch	heduled C	Comple	etion Da	ite (11)	Name of OSH	A M	lonitor			-			- 12
11 /19 /14	- -	12	1	/	14	EHS Envir	ronr	mental Inc						
Occupancy Status During Abater		10.7				Street Addres	s					11000		
☐ Facility Closed/Vacated Durin						411 South	gat	e Court, Suite E						
Abatement Performed Outsid						City, State, Zip Mickleton			100				-	
Scope of Work (Check all that ap	ply)			-										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			☐ Mini- ☐ Glove	Encl ebag	ainment with Nega losure g Procedure mpted (*) and Non-						
		Is	s Loca	tion							Ab	atem	ent T	vpe
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	(ACM)	Use Ma	aintena	ely by ance/ Staff?		Description stos Containing thermal syste surfacing, \ other miscell	Matems i	terial (ACM) insulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Ō	
roof - mechanical pentratio	ns	\boxtimes			parapet	roof mastic			5SF		X			
roof - perimeter flashing		\boxtimes			flashing	1			385SF		X			
] [
										[
Name of Registered Waste Haule	er		1.53	JDEP lauler I		Cubic Yards o Waste	f	Name of Registe						
Newark Carting				4509		10		IESI Bethleh	em					
City, State Newark, NJ					•	Disposal Date 12/1/14		City, State Bethlehem,	PA					
Completed By (Print or Type)	Т	itle				Signature	9	:		Date				
James M. Kelly		Vice P	redid	ent						7,000	15	/19	1	

RECOLUE 3344 Date of Notification (1) Name of Building Owner/Operator (2) 11-6-14 HOLKEN Agency Notified Type Notification Street Address 8 MENDHAM OA CONTRO D EPA leitint III City, State, Zip Code DEP □ Amended E DOL Amendment # LORRISTOCON C Emergency (including Name of Contact Telephone Number III DOH justification) ☐ Cancellation E DCA 196 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) - OHOLKEN School (K-12) Street Addres Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings ENDHAM homes, etc.) City (5) # of Floors Square Feet Bldg. Age MOTRRISTOCO N 1900 .. 64 YRS County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) MORRIS ONLY) RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor -20-14 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Country - Describe: 8 Am 5 PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure @ ≥3 sf or ≥ 3 # Renovation ' - Mini-Enclosure ☐ ≥ 160 sf or ≥ 260 lf D Demolition -III Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Used Solely by Description of Asbestos Containing Material (ACM) Containing Material (ACM) Amount Maintenance Encepsulate TO BE ABATED (i.e., thermal systems insulation, Enclosure Romoval Custodia! (Specify Repair IN Facility surfacing, VAT, or Shift? SF or LF) (13)other miscellaneous) (12) NA Yes No CRAWL BASEM BUT SPACE THERMAL INSULATION 25 4F Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Best Removal Inc ID No. Whole Minerva Enterprises ,LLC 17109 1 40 City, Starte Disposal Date City, State Hackensack , N.J. 07601 11-20-14 Waynesburg, Oh, 44688 Completed by Tella Signature R.V. R. VELDRAN Estimator eldran 11-6-14

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

NO CK

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

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Date of Notification (1) 10/31/14				Name o Our L	of Building ady of \	Owner/ /ictorie	Operator	(2)		10	ئەلىك. م	-	_ر_	
Agencies Notified X EPA DEP	Type Notification				Address ain Stree	et		483	ROV	10 ,	AM 12:	45		
DEP × DOL	Amended Amendmen				ate, Zip C ville, No		2		EBTE & LIE	ENS	OHTR ING	OL.		
DOH DCA	Emergency justification) Cancellation				of Contact r Ryan				Tele	phone	Number		34	
Name of Facility Where	À			FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Our Lady of Victori	Abatement is Takir	ng Place (3)						Type of Facility (4)					
Street Address			-					School (K-1						
24 Main Street								Subchapter Subchapter Other (i.e. p	8 (Other	than I	(-12) ercial bui	Idinas	hom	AS
City (5)								etc.)						
Sayreville								Square Feet 2100	2	Floors		Bidg. 50	Age	
County (6) Middlesex					Code (7) USE ONL	0		Current Use (Pri	or if being	g demo	olished)	E4		
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCI	M No.		Name ABS	of Abatement Cor Environmenta	tractor (es, L	LC	1		
Street Address							Street	Address Sate Drive, PO					-	
City, State, Zip Code							City, S	tate, Zip Code wood, NJ 074		-				
Project Manager for Mor	nitoring Firm	******	Т	elepho	ne No.		Teleph	one No.		License	∍ No.		-	
Start Date (10)		Scheduled	Com	oletion	Date (11)	*		of OSHA Monitor		703				
11/7/14		11/21/14	1					o. Goria (Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One))				Street	Address			-			
Abatement Perform	ated During Entire I ned Outside of Norm working in basemen	nal Facility H	ateme lours	ent			City, St	ate, Zip Code						
Scope of Work (Check A	II That Apply)						L							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novatio	C-0.710			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				Δ.	
		ls Lo	ocation	n					7 4.74	101111	Table 110	5000000	ement	
Location		No. Used	rmally	by		De	scription	of				Ty	ре	
Asbestos-Containing TO BE AB, In Facil (13)	ATED	Maint Custod (enand dial Sta 12)	ce/ aff?	Asbes (i.e.	thermal surface	aining Ma systems cing, VAT niscelland		(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					,				fe	
baseme	ent			X		pipe	insulat	ion	10	LF	х			
			1											
Name of Registered Was	te Hauler		NJE	DEP W	aste	Cubic	Yards	Name of F	egistere	d Land	fill			
Freehold Cartage				uler ID		of Was		TBD	-5,01016	- sullu				
City, State Freehold, NJ		10	100	3		Dispos TBD	al Date	City, State						
Completed by A Scott Higgins		Title Preside	ent			Si	ignature	1-		- 1000	Date 10/31/1	4		\dashv

RECEIVED CHECK# 1102

Date of Notification (1 11/04/2014)				of Buildin Najarian		Operato	r (2)	Ome a se		- 1 8			New York
Agencies Notified	Type Notificatio	n -			Address				2014 F	011	0 4	412	4.5	
⊠ EPA	Initial ■ Initial		111111111111111111111111111111111111111		Central /	Ave.								
EPA DEP DOL	Amended Amendme	nt #			ate, Zip ()	E.	458F &	Ligh	Nai		₹0L	
□ DOH	Emergenc	y (including			of Contac					hone N		ifu		
DCA	justification Cancellation			15,100	lajarian				, relet	, , , , , , , , , , , , , , , , , , ,				
Name of Facility When	e Abatement is Tak	ing Place (3)	35.55	FAC	ILITY IN	ORMAT	ION	Type of Facility	· (4)					
Private Residence	Э							School (K						
Street Address								Subchapte	er 8 (Other					
268 Central Ave.								Other (i.e. etc.)	private &	commer	cial bu	ildings	s, hon	nes,
City (5) Paramus			lo		10 72 1			Square Feet	# of F	loors	100	Bldg.	Age	
County (6)					0 1 (7)			1,900 +	2		S	50+		
Bergen					Code (7) USE ONL	n		Current Use (P	rior if being	demoli	shed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)	1	ASCN	И No.			of Abatement Co))	-			
Street Address								orn Contractir	ng Corp.					
Oli Cot Address								Address Pleasant Va	llev Wav					
City, State, Zip Code			TERRE					tate, Zip Code	y					
								Orange, NJ	07052					
Project Manager for Mo	onitoring Firm		Te	elepho	ne No.			one No. 333-9176	1.170	icense	No.			
Start Date (10)		Scheduled	Comp	letion I	Date (11)			of OSHA Monitor		1232				
11/15/2014		11/16/20	14				Envir	ovision Cons	ultants Ir	ic.				
Occupancy Status Duri		ACCOUNT OF THE PROPERTY OF THE						Address	1 511	055				
Abatement Perform	cated During Entire med Outside of Non	mal Facility H	atemer	nt				Wagaraw R	a Blag	.35E				
Other - Describe:	Normal Working Ho	urs						_awn, NJ 074	410					
Scope of Work (Check	All That Apply)	Proposition .		-048111-3-		XI III							184	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processes	novatio nolitior				×	Full Containm Mini-Enclosur	nent with N	egative	Pressu	ire		
							×	Glovebag Pro Non-Exempte	cedure	Jon-Fria	hle Pro	cedu	-0	
		ls Lo	cation						, and r	ion-i na	DIE I IC		emen	t
Locatio		Non Used S	mally	21/		Des	cription	of			-	Ty	/pe	_
Asbestos-Containing TO BE AB	BATED	Mainte	enance	e/	Asbes (i.e.	tos Conta	aining M systems	aterial (ACM) insulation.	Amo (Spe		77		m	m
In Faci (13)	.	Custodi (1	iai Stai 12)	17		surfac	ing, VAT	Γ, or	SF or		Remova	Repair	caps	Enclosure
		Yes N	No	N/A		outer in	iscellan	eous)			val	air	Encapsulate	sure
Basement	+	x	The	rmal Sv	stem I	nsulation	. 259	SF.	x			-		
			\perp							<u> </u>	-			
			-	-										
Name of Registered Was			7,612,512,512	EP Wa		Cubic \		Name of	Registered	Landfil				
Unicorn Contracting		er ID N 5844	NO.	of Was	te	G.R.O.	W.S., Ind).						
City, State Vest Orange, New .	ty, State est Orange, New Jersey						al Date	City, Stat	e rille, Peni	neulua	nie			
Completed by	-	Title			4500111 - 000-00	TBD	gnature	Mightisv	11/		nia ate			
Dimo Golcev		Project I	Mana	ger			6	211		10000	1/04/2	2014		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2040 (Pursuant to NJAC 8:60 and 5:16) RECEIVED Date of Notification (1) Name of Building Owner/Operator (2) 11 06 2814 FOV 10 AM 12: 46 Jason Hull Agencies Notified Type Notification Street Address ПЕРА X Initial 256 West Hudson Avenue X DOLWD ASHESTES CONTROL ☐ Amended City, State, Zip Code X DHSS Amendment # & LICENSING DCA Emergency (including Englewood, NJ 07631 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Jason Hull FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 256 West Hudson Avenue homes, etc.) Square Feet # of Floors Bldg. Age Englewood, NJ 07631 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abstement: ____AM-- PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or >260 if Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SIF or LF (13)(12)other miscellaneous) Yes No N/A Basement X Boiler insulation X 36 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA

Signature

Date

11/06/2014

Completed By (Print or Type)

N.Jevtic

ASB-41 MAY 11 Title

Owner