CK 008/62

Date of Notification (1) 1	1-5-15		Name of			er/Operator (2)		NOV 12 2	015	-71	-
Agencies Notified	Notification Type		Street /	Addres			11.5	Lands (North Control	F .2%.	<u></u>	
DEP X DOL	Initial x Amended Amendment #		City, St Mays L		p Co g, NJ 0833	30		E of All and A		dunki	and the
□ DOH □ DCA	☐ Emergency (Included Justification) ☐ Cancellation	ling	Name o Ryan					Telephone Nu	ımber		
			FAC	ILITY	INFORM	ATION					
Name of Facility Where A	Abatement is Taking Pla	ce (3)					Type of Facilit	y (4)			
Street Address 114 11 <sup>th</sup> Ave							School (K- Subchapte Other (i.e. homes, etc	r 8 (other than K- private & commer	12) cial build	dings	S,
City (5) Mays Landing							Square Feet 180	# of Floors	Bldg 50	. Ag	e
County (6) Atlantic County					County Co JSE ONL	de (7) (STATE Y)	Current Use (p	prior if being demo	olished)		
Name of Monitoring Firm Harvard Environmer	Hired by Bldg. Owner (8 ntal Inc.	3)	ASCM I	No.	Cour	of Contractor (9) ity Environmen	ıtal				
Street Address 760 Pulaski Highwa	у					Address New Churchma	ans Rd.				
City, State, Zip Code New Castle, DE 197					New	tate, Zip Code Castle, DE 197	720				
Project Manager for Mon Wesley Morrison Scheduled Start Date (10		(302)	one No. 326-23	333	(302)	none Number 322-8946		License Numb	er		
			Date		Coun	of OSHA Monitor Ity Environmen	ital				
Occupancy Status During xx Facility Closed/Vacate	3	10	nent			Address New Churchma	ins Road				
Abatement Performed  Other – Describe:	Outside of Normal Faci	lity Hour	s -			tate, Zip Code Castle, DE 197	720				
Scope of Work (Check al	I that apply)	181									
≥ 3 sf or ≥ 3 lf xxx ≥ 160 sf or ≥ 260 lf					novation molition	☐ Mini-Enclo ☑ Non-Exem		bag Procedure n-Friable Procedu	re		
			s Locati Normal			Description	of		Aba T	teme	2010/05
Locati Asbestos-Containi <u>TO BE A</u> IN Facili	ng Material (ACM) BATED	Us M	eed Sole aintenar Custodi Staff? (12)	ly by nce/ al		Description stos Containing M s. thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal Removal	Encapsulate	Enclosure
Fatorio a un II and an ef	-1-	Yes	No	N/A	22						
Exterior wall and roof pan	els	X			Trans	ite wall & roof pan	els	575 SF	X	+	
		-								-	
Name of Reg. Waste Hau SJ transportation Co. Inc	iler		DEP Wa			Cubic Yards of Waste 30	Name of Re Modern L				
City, State Woodstown, NJ				d		Disposal Date TBA	City, State York, PA				
BEN Horlydon	Title PM * Do not use this form for assistance.*	otos U				Signature	2	Date	/9	//	5

-	_
Dring	Form

#### NO CK

Date of Notification (1) 11-10-15			Name	of Building	Owner/0	Operator	(2)		22.02.				
Agencies Notified Type	Notification			G Transn	nission	Comp	any ———		NO	i .		j .	
X EPA	Initial			Hadley F	Road								
X DEP	Amended		City, S	State, Zip Co	ode					15000			
	Amendment #_ Emergency (inc		Sout	th Plainfie	ld, Nev	v Jerse	y 07080	)					
	justification)	adung.		of Contact				1	elephone N	lumbe	r		
LI DOA	Cancellation			en Burrov				Į.					
Name of Facility Where Abatem	nent is Taking P	Place (3)	FA	CILITY INFO	ORMATI	ON	Type of I	acility (4)					
Bayway Switching Station	n						and the same of th						
Street Address							Sub	ool (K-12) chapter 8 (O	ther than K-	12)			
602 Trenton Avenue							X Oth	er (i.e. privat	e & commer	cial bu	ilding	s, hor	nes,
City (5) Elizabeth NJ 07202							Square F		of Floors		Bldg.	Age	
County (6)							20,000				1975	-	
Union			County	Code (7) USE ONLY)			Current L	Ise (Prior if b	eing demoli	shed)		7 (0.00)	
Name of Monitoring Firm Hired I	ov Building Our	205 (9)	1				Not in u						
Bureau Veritas	by Building Owl	ier (8)	ASC	M No.		Name of	f Abatem	ent Contracto	or (9)				
Street Address								oup Inc.					
110 Field Crest Avenue						Street A	aaress Burns A	Venue					111111-120
City, State, Zip Code							ate, Zip C						
Edison NJ 08837							igh NY						
Project Manager for Monitoring F Pat Hand	irm			one No.		Telepho	ne No.		License	No.			
Start Date (10)				25-6040		516-8	76-0020	):	01085				
11-11-15	Scl 12	heduled Co	mpletion	Date (11)		-	OSHA N						in other
Occupancy Status During Abater	2.53						ercy Gro	oup Inc.					
Facility Closed/Vacated Dur		N Ø			1.2	Street A	ddress Burns A	/ADUO					
Apatement Performed Outsi	ide of Normal F	acility Hou	re.				te, Zip Co						
Vther - Describe: Facility so	cheduled for der	molition. No	occupa	ncy	_		gh, NY						
Scope of Work (Check All That A	pply)						3.,,						
≥3 sf or ≥3 lf		Renov	ation				Full Cor	tainment wit	h Magatius	D			
× ≥160 sf or ≥260 lf	2	Demol	ition				Mini-En	closure		ressu	ire		
						×	Gloveba Non-Exe	g Procedure empted (*) ar	nd Non-Erial	ale Pro	cedur		
		Is Local	tion					1	id Holl I hai	1	1,000 - 100	ement	i
Location of Asbestos-Containing Material	(ACM)	Norma Used Sole			Desc	ription of					Т	pe	
TO BE ABATED	(ACM)	Maintena	nce/	Asbesto (i.e. th	s Contai	ning Mat	erial (ACI	100	Mount	_		щ	m
In Facility (13)		Custodial (12)	Statt?		surfacir	ig, VAT,	or		Specify F or LF)	Remova	Repair	сар	nck
(10)			T		other mis	scellaneo	us)			ova	bair	Encapsulate	Enclosure
Francisco M. H. J. J.	es No	N/A									te	Œ	
Exterior Wall in between		X	Wate	rproofi	ng mer	nbrane	9,	500 sf	Х				
					3-1983-136-2-								
										+-			
								_					
Name of Registered Waste Hauler		IN	JDEP W	aste (	Cubic Ya	rds	Nan	ne of Registe	red Landfil				
Vaste Management Service	es	H	auler ID	No.	of Waste		100000	ws North					
City, State			7273		700		1		Lanulli				
00 Ave A Newark NJ, 0711	4			E 18	Disposal			State rrisville PA	10067				
Completed by	Tit	le				ature	IVIO	movine PA		10			
Robert Lewin	Er	nvironme	ntal Co	ordinator		MITA		556	Da:	ie -6-15			

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (	',				uilding Ow	(1) 10 HOLDER (2) 10 HOLDER (2)	ator (2)						
$\frac{11}{1} / \frac{10}{10}$	/15				nternational					_			
Agencies Notified	Type of No	tification		Street Add	208 North			1	M.1.	-1		fee	
∠ EPA		Initial			, Zip Code					-			-
☐ DEP	Ì	Amended			lew Jersey,	07410							- 1
☑ DOH		Amendment #	L.	Name of C	The second secon			Telephon	e Nu	mber			
☑ DOL		Emergency w/		JOHN LISS				. оторито					- 1
		Cancellation											
			FA	CILITY INF	ORMATIO	N							
Name of Facility Who	ere Abatem	ent is Taking P	Place (3)		Type of Fac	cility (4)							
Mondelez Internationa	ıl												
			- and the second second second		127 24	School (K-							
Street Address							er 8 (Other t						1
2211 Route 208						bldgs., ho	, private & o	onniner Gra	11				
City (5)	County (6)		County Code (	7)	Square Fee	and the second second second	# Of Floors	5	Buil	ding.	Age		
Fairlawn	Bergen		ocarity code (	.,	1,000	100 A	3			ug	.9"		
J. 20150110							being dem	olished)	İ		40	+	
					Bakery/WA								
Name of Monitoring	Firm Hired	by Bldg. Owne	er (8)	ASCM NO	1								
. = =					NORTHE	AD 00:	MOTING C	DOLID	^				
AET							RACTING G	KOUP, IN	C.				
Street Address					Street Add	ress							
907 Doolittle Drive City, State, Zip Code					32 Williams	Parkway							
Bridgewater, NJ 0880					City, State,								
Project Mngr. For Me		irm	Telephone Nur	mher	Oity, Gtate,	zip oode							
Eric Houseknecth	ornitoring r		908-218-1108	ilbei	East Hanov	er. NJ 079	36						
Sheduled Start Date	(10)	Sched, Comp	etetion Date (1	1)	Telephone			License I	Numl	ber	-	_	
11 // 30	/ 15	12	31 /	15									
— // —	/	/	/		973-88	4-8682				00	860		
Occupancy Status D					Name of O								
		ted During Ent	ire Period of				RACTING G	ROUP, IN	C.				
Abatemer		d 0. 45 ids of N	armal Fasility		Street Add	ress							
Hours - D		d Outside of N	ormal Facility		32 Williams	Parkway							
		7:00 AM - 3:30	PM		City, State							774	
			74.03B		East Hanov								
Scope of Work (Che	ck All That	Apply)											
	V25		Damasadian		EII Canta	in man a mit verile	th Negative	Droosure					
Demolitio		$\checkmark$	Renovation	H	Mini - Encl		ii negative	riessuie	2				
≥3sf or_≥3 ✓ ≥160 sf or					Glovebag		į						
				П			d Non-Fria	ble Proce	dure				
Location o		Is		Descripti				Abateme	nt Ty		1	1-	
Asbestos Cont	aining	Location	As	bestos - C			A # = = = = 4	R	B		E	E	
TO DE ABAT	ED	Normally Used	0.	Material ( e., thermal			Amount (Specify	E M	R		N C	N	V
TO BE ABAT in Facility		Solely			systems facing, VAT		SF or LF)		P		A	Ľ	
(13)		by Main-	ord	other misc	ellaneous)	,		v	A		P	0	
()		tenance/						A	1		s	s	
		Custodial						L	R		U	U	
		Staff (12)							_		L	R	
		YES NO N/A					0.1.5		-			+	
BAKERY 5TH FLOOI	CONTRACTOR OF THE PARTY OF THE		PIPE & FITTIN	Concession of the last of the			3 LF	7	-			-	H
BAKERY 2ND FLOO	K		PIPE & FITTIN	G			600 LF	V	+			-	-
									-	H	-	-	H
Name of Parietand	Wasta Use	lor	NJDEP Waste	Cubic	Name of R	anietarad	Landfill		-				
Name of Registered NEWARK CARTING	waste Hat	iiei	Hauler ID No.		I.E.S.I.	egistered	-andiii						
TENNING CARTING				of Waste									
City, State			An	Disposal	City. State								
NEWARK, NJ				Date	BETHLEH	EM, PA 18	105						
Completed by (D.)	0 T \		Title			Signature		-			Date		
Completed by (Print	or type)		Title			Signature	. /				Date		
Steve Stiles			Project Manage	er		AR	Enst	XX (	-			11/10	)/15

ASB-41



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

Date of Notification (1)		-			Name	of Building	Own	er/Operator (2	2)					
	7 / _	14			Veri	zon				MOV	12	201	)	1 .
Agencies Notified  EPA	Type Notificati	ion			15 E		-	ery Place,	Lower Level		30 ±	s 3:=	12	16
☑ DOLWD ☑ DHSS	Amendmen	nt #8-1	1/4/	15	100000000000000000000000000000000000000	tate, Zip C		.040						
□ DCA	☐ Emergency	y (inclu				burgh, F		212		Tolonhono Nu	mhor			
(NJAC 5:23-8)	justification  Cancellation				estarca ace.	of Contact				Telephone Nu	mber			
	☐ Cancellatio	on				nony Por				l				
				101	FAC	ILITY IN	FOR	MATION	T of Facility (	· //				
Name of Facility Where		king P	lace	(3)					Type of Facility (					
Verizon Somers Po	oint CO								☐ School (K-12 ☐ Subchapter 8	Other than K-	12)			
Street Address									Other (i.e., pr	ivate and comm	nercial b	uilding	js,	
115 New Rd.									homes, etc.) Square Feet	# of Floors	B	dg. A	ne	
City (5) Somers Point									Square r eet	# 011 10013	٦	ug. /	ge	
County (6)					Coun	ty Code (7)	VSTAT	E USE ONLY)	Current Use (Pri	or if being demo	olished)			
Atlantic					Coun	ty Code (r)	NOINI	L OOL ONLI)	Office	or in bonning donne	,			
Name of Monitoring Firm	Hired by Buildi	ner (	3) [	ASCM	No	Nam	ne of Ahateme	ent Contractor (9)						
USA Environmenta			noi (	, '	NOOW!				VIRONMENTAL	L. INC.				
Street Address	ii wanageme		OUBSE					et Address	6	-,				
8436 Enterprise Av	re							23 BEAVE	R STREET					
City, State, Zip Code								State, Zip Co				3/-2		
Philadelphia, PA 19	9153							RISTOL, PA						
Project Manager for Mon				Tele	phone	No.		phone No.		License No.				
Mark Jenkins	mering r iiii			200000000000000000000000000000000000000	5-365		100000000000000000000000000000000000000	5-788-6040	)	00509				
Start Date (10)	S	chedule	ed Co	omple	tion Da	te (11)	Nam	ne of OSHA N	Ionitor					
10 / 26 /	15	11	1	5	_ / _	15	В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	a Abatement (C	heck o	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacat					nent		11	23 BEAVE	R STREET					
☐ Abatement Performe	d Outside of No	rmal Fa	acility	Hour	s - Des	cribe	City	State, Zip Co	ode					
Time of Abatement:	AM	PM/	5:00	PM- <u>1:</u>	<u>30</u> AM		В	RISTOL, PA	19007					
Scope of Work (Check a	Il that apply)													
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf				novati molitic				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		dure			
			ls	Locat	ion		Hose		-2.2			oaten	nent T	уре
Location				lorma d Sole				Description		A	R	R	m	Щ
Asbestos-Containing TO BE AB		)		intena		Asbe (i.e	stos (	Containing Ma mal systems	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci			Cust	odial (12)	Staff?	,	S	urfacing, VAT	, or	SF or LF)	va	7	suls	sure
(13)			Yes	No.	N/A	-	oth	er miscellane	eous)				ite	
Basement Power Ro	om	_	× × ×			Floor ti	le an	d mastic		580 SF	×			
Basement Generato	r Room		$\boxtimes$			Mastic				400 SF				
Basement Generato	r Room		$\boxtimes$			Floor ti	le an	d mastic		20 SF				
Basement Generato	r Room		$\boxtimes$			Exhaus	t ins	ulation		20 LF				
Name of Registered Wa	ste Hauler			N	JDEP 1	Waste	100000000000000000000000000000000000000	ic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSP		, INC.		Н	20990		Was	ste	20110.000000000000000000000000000000000	LANDFILL				
City, State  NEW CASTLE, DE	19720						Disp	oosal Date	City, State WAYNESE	BURG, OH 440	688			
Completed By (Print or 1	Accessed to the second	Title						Signature	0 0	/	Date	/	,	
Brian Scafiro	(#. 15.4)		tima	tor				Brian	Serfin /	12l	11/	4/	15	

ASB-41 MAY 11 BS 14083

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

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check# 12234 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			N	lame o	of Building	Own	er/Operator (2	2)						
	15			297	Davidson	Ave	enue LLC		NO/	1 1 2	] [	2015		
Agencies Notified Type Notificati	ion		S	treet /	Address									
☑ EPA ☑ Initial				45 R	iver Road	d Su	ite 300		para					
☑ DOLWD ☐ Amended	- F-11		C	City, St	ate, Zip Co	ode								
DOH Amendmer		-		Flem	nington, I	NJ 0	8822							
DCA Emergency justification		ig	N	lame o	of Contact				Telephone Nur	nber				
Cancellation				Hite	sh Patel									
				FAC	ILITY INF	ORI	MATION							
Name of Facility Where Abatement is Ta	king Plac	ce (3)						Type of Facility (	4)					
297 Davidson Ave								School (K-12)		2)				
Street Address		70.						☐ Subchapter 8 ☐ Other (i.e., pri			ouilo	dings	S.,	
297 Davidson Ave								homes, etc.)				J		
City (5)								Square Feet	# of Floors	E	Bldg	g. Ag	е	
Franklin Township								5,000	2		50	)		
County (6)				Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (Price	or if being demo	lished)				
Somerset								farm buildin	g					
Name of Monitoring Firm Hired by Buildi	ng Owne	r (8)	A	SCM N	No.	Nam	ne of Abateme	ent Contractor (9)						
EHS Environmental Inc.						PI	ymouth En	vironmental Co	ompany, Inc.					
Street Address			1			Stre	et Address							
411 Southgate Court						92	23 Haws Av	е						
City, State, Zip Code						City,	State, Zip Co	ode						
Mickleton, NJ 08056						N	orristown, I	PA 19401						
Project Manager for Monitoring Firm		Te	elepl	hone N	Vo.	Tele	phone No.		License No.					
Jack Carney			856	-224-	-0080	61	10-239-9920		00398					
	cheduled	Comp	letio	on Dat	te (11)	Nam	ne of OSHA M	Monitor						
11 /23 /15	11	/ _:	30	_ / _	15	E	HS Environ	mental Inc.						
Occupancy Status During Abatement (C	heck only	y one)		-		Stre	et Address							
☐ Facility Closed/Vacated During Entire				ent		41	11 Southga	te Court						
☐ Abatement Performed Outside of No					cribe		, State, Zip Co							
Time of Abatement:AM	PM/	PI	M	/	AM		ickleton, N.							
Scope of Work (Check all that apply)						7800			or of White and the second of the					
_		Jane:	oti-	n			□ Full Con     □ Mini-End	tainment with Neg	gative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>&gt;160 sf or &gt;260 lf</li></ul>		Renova Demol						g Procedure						
								empted (*) and No	n-Friable Proced	dure				
		Is Loc				NATIVE. NO.				1	Aba	teme	ent T	_
Location of	,   11	Nom			Aches	etec (	Description of Containing Ma		Amount	1	D	Re	En	En
Asbestos-Containing Material (ACM) TO BE ABATED	' I	Mainte	nan	ce/			containing ivia rmal systems		(Specify		Pamoval	Repair	Encapsulate	Enclosure
IN Facility	C	ustodia 1	al S 2)	taff?		s	urfacing, VAT	, or	SF or LF)	1 2	2		sula	ure
(13)	Ye		1	N/A	-	oth	ner miscellane	eous)					te	
1 <sup>st</sup> floor		S N			floor tile	е			180SF	Σ	3			
2 <sup>nd</sup> Floor					floor tile				180SF	-	3			
			1											
		-  -	1							1	7			
Name of Registered Waste Hauler			N.I	DEP \		Cuh	oic Yards of	Name of Regis	stered Landfill			100		
Newark Carting			На	uler II 04509	O No.	Was	Silver and a series of the series	Grows Lar						
City, State							posal Date	City, State						
Newark, NJ						1	1/30/15	Tullytown,	PA					
Completed By (Print or Type)	Title						Signature			Date		1	/	
James M. Kelly	Vice	Presi	der	nt			/	Me-			11/	6/	15	

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

Check# 12233

									will		-			
Date of Notification (1)	e /	15		1			Owner/Operator (2 Avenue LLC	2)						
/							Aveilde EEG	9.10	VOM	122	015		b a se	
Agencies Notified	Type Notification	on			Street A		4 Cuite 200		.,,					
☑ EPA ☑ DOLWD	☐ Amended					Constant of Landson St. of	Suite 300			on with the second of the			-	_
☑ DOH	Amendment	t #				ate, Zip Co				211111				
□ DCA	☐ Emergency		ig .		11-6 (0.000,00	ington, N	IJ 08822						1.0	
(NJAC 5:23-8)	justification			l li	Name o	f Contact			Telephone Nur	mber				
	☐ Cancellation	n			Hites	sh Patel						-		
					FAC	ILITY INF	ORMATION							
Name of Facility Where	Abatement is Tal	king Plac	e (3	)				Type of Facility (						
305 Davidson Ave								☐ School (K-12) ☐ Subchapter 8	(Other than K-	12)				
Street Address								Other (i.e., pr	ivate and comm	nercial b	uild	ings	,	
305 Davidson Ave								homes, etc.)						
City (5)								Square Feet	# of Floors	В	ldg	. Age	9	
Franklin Township	rë							5,000	2		50			
County (6)					Count	y Code (7)(	STATE USE ONLY)	Current Use (Pri	or if being demo	olished)				
Somerset								residential						
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	1	ASCM N	lo.	Name of Abatem	ent Contractor (9)						
EHS Environmenta							Plymouth En	vironmental Co	ompany, Inc.					
Street Address							Street Address							
411 Southgate Cou	urt						923 Haws Av	re						
City, State, Zip Code							City, State, Zip C	ode						
Mickleton, NJ 0805	56						Norristown,							
Project Manager for Mor			1	Tele	phone N	No.	Telephone No.		License No.					
Jack Carney	illoring i iiii			Carrier Conserve	6-224-		610-239-9920	0	00398					
and the second s	Sc	cheduled	Cor		_		Name of OSHA	Monitor						
Start Date (10)  11 / 23 /					_ / _		EHS Enviror	mental Inc.						
							Street Address							
Occupancy Status Durin					mont		411 Southga	te Court						
☐ Facility Closed/Vaca☐ Abatement Performe	tea During Entire	mal Fac	ilitv	Hour	s - Desc	cribe	City, State, Zip C			-				
Time of Abatement:	AM-	PM/_	incy	PM-	/	AM	Mickleton, N							
							WICKIETOTI, IV	00000			_		10	
Scope of Work (Check	all that apply)							ntainment with Ne	gative Pressure					
≥3 sf or ≥3 lf				ovati			☐ Mini-En							
≥160 sf or ≥260 lf		$\boxtimes$	Dem	nolitio	on		☐ Gloveba	ag Procedure empted (*) and No	n-Friable Proce	edure				
			le l	_oca	tion			. , ,			Aba	teme	ent T	уре
Locatio	n of		N	orma	lly		Description			7	0	D.	Ш	Ш
Asbestos-Containing	g Material (ACM)				ely by ance/	Asbe	stos Containing M	laterial (ACM)	Amount (Specify	Velloval	3	Repair	ncal	nclo
TO BE AS					Staff?	(i.e	., thermal systems surfacing, VA	T, or	SF or LF)	Q VQ	2	7	Encapsulate	Enclosure
(13				(12)			other miscellan						ate	CD
(		Ye	es	No	N/A				3.00.00 (2.00.00					_
1 <sup>st</sup> floor			]	$\boxtimes$		floor til	е		150SF					
2 <sup>nd</sup> Floor				$\boxtimes$		floor til	е		150SF		3			
Basement			]	$\boxtimes$		pipe ins	sulation		100LF		]			
Basement			]			boiler i	nsulation		50SF					
Name of Registered W	aste Hauler				NJDEP !		Cubic Yards of		stered Landfill					
Newark Carting					Hauler II 04509		Waste 10CY	Grows La	ndtill					
City, State					0-30		Disposal Date	City, State						
Newark, NJ							11/30/15	Tullytown	ı, PA					
Completed By (Print or	Type)	Title					Signature			Date	J	/	/	
	1,466)	Vice	Pr	esid	ent		1//			i	1/	6/	15	
James M. Kelly		AICE	1.17	Join	CITE		1//	6		Marine and		1		

mo 23028744624

Date of Notification (1) 11/02/15					Building Ornandez		perator	(2)	51		NOV	12	2015		
		10	100	Street Ad 324 Co	dress mmunip	aw Av	re								
X EPA X DEP X DOL	Initial Amended Amendment # Emergency (including justification)				e, Zip Cod City, NJ								•		
X DOH X DCA	Initial Amended Amended Amendent # Emergency (includir justification) Cancellation			Name of	Contact					Tele	phone Num	ber			
				FACIL	ITY INFO	RMATI	ON								
Luis Fernandez	batement is Taking	Place (3)						Тур	School (K-12 Subchapter 8	2)	or than K-12				
Street Address 324 Communipaw A	ve							×	Other (i.e. pr etc.)	ivate 8	commercia	l build			s,
City (5) Jersey City								Squ	uare Feet	# of	Floors	BI	dg. A	ge	
County (6) Hudson County				County C	ode (7) SE ONLY)			Cur	rrent Use (Prio	r if beir	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM	Nó.				batement Cont tement	ractor	(9)				
Street Address							Street		ress th Street Su	iite A	4				
City, State, Zip Code							City, S	State,	, Zip Code ergen, NJ 0						
Project Manager for Moni	toring Firm		T	Геlephon	ie No.		Teleph	hone		7047	License No	).			
Start Date (10)	A A				Date (11)		Name	of O	SHA Monitor	TINI					
11/03/15	Type Notification    A								MM CONSU	LIIN	3 LLC				
	S Notified  Type Notification  A						Street 1600		ress OUTE EAST	SUI	TE 107				
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of Ab al Facility F	atem lours	ent		_	City, S	State	, Zip Code NJ 07083						
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti					<u> </u>	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
							_		TVOIT EXCHIPTOR	( ) ( ) ( )	4 1101111102	T-	Abate	ement	
Leastion		1250010	ocati	C. C. C. C.		De	scription	n of					Ту	ре	
Asbestos-Containing TO BE ABA In Facili	Material (ACM)		tenar dial S (12)	nce/ Staff?		os Cont thermal surfa	taining I	Materns ins AT, o		(5	mount Specify ₹ or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No	N/A			TSI			3	6 LF	x			
Baseme	JII.														
								·							
	y, State, Zip Code  spect Manager for Monitoring Firm  Int Date (10)  1/03/15  Cupancy Status During Abatement (Check Onlead Particle Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Y  Basement  The of Registered Waste Hauler  AN TON SERVICES  y, State  ENILWORTH, NJ  mpleted by  T														
Name of Registered Was	ame of Registered Waste Hauler					10070200000	Yards		Name of	Registe	ered Landfill				
SAN TON SERVICE	S		1833	auler ID 2430	INO.	of Wa	No. 1917-14				NCHES C	OMN	IISIC	N	
City, State KENILWORTH, NJ							sal Date	`	City, State						
Completed by Bryan Parra		Title Projec	t Ma	anager		\$	Signatur	S	JOALL	HAR	H	ite 1/02/1	15		

State of them sersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Building	Owner/One	rator (2)				-		
	ovember 3, 20	15			Traine or Danding		tile Mech	anical Se	ervices	2	8.4	28	3
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	[ ] Initia	l Notific nded No	tification		Street Address  City, State, Zip Co		estcheste	er Avenu	e, Suite 302		W = 1 W		
\$	[x] Emer	gency (	including			Port C	hester, N	Y 10573					
[x] DOH [] DCA					Name of Contact Nick	DiMichel	e		Telephone Number				
				FAC	CILITY INFORM	IATION							
		Place (3	3)				Type of I	Facility (4)	School (k-12)				
Street Address 443	Tunney Aven	ue						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	dings,
City		Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square fe	eet 00 sf	# of Floors	Bld	g. Age	50	
Ortley Beach	1	Oce	an						f being demolished)			,0	
5 1		Owner (	8)		ASCM No.	Name of	Abatement	Contractor		Ino			
Street Address						Street Ac	ldress			IIIC.		-28	
City, State, Zip Code					City, Star	te, Zip Code	3	Loute 9, Unit 61					
Project Manager for Monito	oring Firm	Number			e Number	Toms I	River, New Jerse License N			271			
Scheduled Start Date (10)					ion Date (11)		9-9932 OSHA Moi		00624				
Occupancy Status During A	Notified				Street Ac	ldress		L. Analytical					
						0: 0:	7: 0 1	9785775-371 ST	telton Road				
[ ] Othe	er – Describe				3-020-07	City, Star	te, Zip Code		way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)					[ ]			with Negative Pres	sure			
[ ] >3 st	for≥3 lf		[ ]	Renova	ition	[ ]		Enclosure bag Procedi	ure				
[x] ≥160	) sf or ≥260 lf		[x]	Demol	ition	[x]			*) and Non-Friable I	Procedu	ıre		
										Abat	tement	Туре	
Asbestos-Containing M TO BE ABA in facility	faterial (ACM) <u>FED</u>	Mair	Normally u Solely b ntenance/C Staff (12)	ised y	Asl (i.e ins	Description of the control of the co	taining (CM) systems rfacing,		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 front house			200	T	A shoote a sidiu				1000 - 0			Е	Е
Exterior rear house				-	Asbestos sidir Asbestos sidir				1000 sf	X			
Exterior rear nouse		A		Aspesios sidii	ıg			1000 sf	Х	_			
													$\vdash$
Name of Registered Waste I Guardian Con				te Hauler	ID No. Cubic Ya	rds of Wast		of Registe R.R.F.	ered Landfill		1		
City, State					sal Date	City, Sta							
Completed by (Print or Type	e)		ect Manag		Signature		Jwa, ren	usyivania /	1	Date	3/201	 5	

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

# Check # 1668

Date of Notification (1) 11/4/2015					Building					1 -	NUV	1 4	441	0	
Agencies Notified	Type Notification			Street A	ddress rand Str	eet			1	17		-	- 2 -	ate and	Ü
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	ite, Zip Co	ode	12			7					ŧ
ĭ DOH	Emergency ( justification)			Name of	Contact		,,,			Tel	ephone Nur	nber			
☐ DCA	Cancellation				Gargiulo					_					
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMAI	ION	Type	of Facility	(4)					
N/A	•	,	,						School (K-						
Street Address 191 Grand Street								×	Subchapte	r 8 (Oth	er than K-12 & commerci		dings,	hom	es,
City (5) Jersey City									re Feet	# of 2	Floors		ldg. A	1000	
County (6) Hudson				County (	Code (7) USE ONLY	)			ent Use (Prisidence	ior if bei	ng demolish	ned)	_ 150		
Name of Monitoring Firm Environmental Hea				ASCN N/A	l No.			of Aba	atement Co		(9) noval, Inc	4			
Street Address		5, 1116.		INA			Street	Addre	SS	at neii	iovai, iric	•			
655 West Shore Tra	all								st Street ip Code						
Sparta, NJ 07871 Project Manager for Mor	nitorina Firm			Telepho	ne No		Pate		NJ 0750	4	License N				
William Kerbel				973-72	29-5649		973-	345-0	0022		00507	0.			
Start Date (10) November 16, 2015	5	Schedule			Date (11) 5		100000000000000000000000000000000000000		HA Monitor above						
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addre	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm						City, S	tate, Z	ip Code						
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If		-	Renova Demolit				×	Mir Glo	ni-Enclosur ovebag Pro	e cedure	Negative F			e	
		100	Locati							7			Abate		t
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM)	Use	Normal ed Sole intenar todial S (12)	ly by nce/		tos Con therma surfa	escription taining M I systems acing, VA miscellar	fatéria s insula T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						11				e	
Stairca	ise			X	V	Vall & (	Ceiling	Plast	ter	40	00 SF	X			
2nd Flo	oor			X	V	Vall & (	Ceiling	Plast	ter	3,6	00 SF	X			
Lower F	Roof			X	Roof	Memb	rane/F	lashir	ng/Tar	1,4	50 SF	X			
Upper F				X		Roof I	Flashin	g/Tar	•	58	30 SF	X			
Name of Registered Was			1000	JDEP W		Cubic of Wa	Yards		Name of	Registe	red Landfill				
East Coast Haz Mat	Removal, Inc.		3355	J 419	NO.	1	120	- 115			North Inc.		Je:	6152	
City, State Paterson, NJ 07504				- Le Medical			sal Date 2015	/	City, Sta		A				
Completed by James E. Unger		Title Sr. E	stima	tor/Pro	ject Mg		Signature		4.11	4	Da 11	te /4/20	)15		
ASB-41 (R-06-08)							* Do no	ot use	this form fo	r asbest	tos licensure	e exen	npted	activ	ties.

OK 3144

Project #

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	Notification (1)				100		f Building (		o- <b>1</b> 000000000000000000000000000000000000	030030			NO	1	4		
10/19/2		_					I Region	nal So	chool L	Disti	ict						
Agencies	s Notified	Тур	e Notification			Street A		o Do	elavov				and the second				
EPA			Initial				rest Hill		kway								
DEF	2		Amended	63	1.5.		te, Zip Co										
DOL	L		Amendment # Emergency (ir				e, NJ 08	3721								-	
■ DOH	н	-	justification)		1.0		f Contact					Telep	hone Num	iber			
DC/	A		Cancellation		5	Sam P											
				DI		FACI	LITY INFO	DRMAT	ION	Tue	a of Facility	(4)					_
1	Facility Where A			Place (3	5)						e of Facility	(4)					
	Regional Hi	igh	School								School (K-		than V 10	<b>Y</b>			
Street Ad		1020								H	Subchapte Other (i.e.	r o (Otnei private &	commercia	) al build	dings.	home	es,
	rest Hills Pa	ırkw	/ay							Danson	etc.)				1000		
City (5)	Bayville, NJ									Squ	uare Feet	# of I	Floors	B	ldg. A	ge	
County (6	(6)						Code (7)			Cui	rent Use (Pr	ior if bein	g demolish	ed)			
Ocean	County					(STATE	USE ONLY)		_								
	f Monitoring Firm	Hire	d by Building O	wner (8)	)	ASCN	Λ No.		Name	of A	batement Co	ntractor (	9)				
AHERA	A								Nick	Res	toration L	LC					
Street Ac		_				1			Street	Add	ress						
P.O BO	OX 385								72 Br	ook	side Rd						
City, Stat	ate, Zip Code								City, S	State	Zip Code						11E-05
- 1	ville, NJ 0823	31									n NJ 078	69					
	Manager for Moni		g Firm			Telepho	ne No.		Telepl				License No	٥.			
John Sr					(	609)6	52-1833	3	973-9	33-	2550	10	01133				
Start Dat				Schedul	1		Date (11)				SHA Monitor						
10/20/2			1	10/23/2					J&S I	Ξην	ironmenta	ıl					
	ncy Status During	Aba							Street								
	8 8	8	- 12	320	35				2333	RT	22						
Aba	cility Closed/Vaca atement Performe	ed O	utside of Norma	al Facilit	v Hours	ieni					Zip Code			-			
Oth	ner – Describe: 💆	3 11	VI								J 07083						
Scope of	f Work (Check Al	II Tha	at Apply)						011101	,, , ,	0 01000						
pmmg	sf or ≥3 If		41-37	П	Renova	tion			Г	1 .	Full Containn	ont with	Nogotivo P	roccii			
The state of the s	si of ≥3 ii 60 sf or ≥260 lf			- Contractors	Demolit					- 3	Mini-Enclosu		vegauve r	lessu	-		
										(	Slovebag Pro	cedure	/	1727. 1. 123			)
		_		_	_						Non-Exempte	ed (*) apod	Non-Friab	le Pro			_
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Locati											emeni pe	
	Location			7.1	Normal ed Sole	of the second			escription							1	
Asbe	estos-Containing TO BE ABA				aintena				itaining I I system		rial (ACM)		nount pecify	n	l _	E	ш
	In Facili		-	Cus	todial 8 (12)	Staff?	(1.0.		acing, VA				or LF)	Removal	Repair	aps	Iclo
	(13)				(12)		1	other	miscella	neou	s)			oval	air	Encapsulate	Enclosure
				Yes	No	N/A										6	
outside	of building				×		Windo	N COLL	Ikina			25 Wir	ndowe	×			
outorao	outside of building						VVIIIGO	v cau	ikirig			25 0011	idows	-			
	531			-	-	-	-			-		-		-	-	_	-
Name of	Registered Was	te Ha	auler		1956	JDEP V	0.775.77.77		Yards	- 11115	Name of	Register	ed Landfill				
Nick Re	estoration LL	С			5828	auler ID	No.	of Wa	aste		G.R.O.	WS					
City, Stat					3	3782		TBD	eal Data		City, Sta						
Oity, Stat	Randolph,	NJ	07869					TBD	sal Date		Tullyto	wn, PA					
Complete	•			Title					Signatur	9.00	1- //	-/	Da				
Elvira M	⁄Irda			Presi	dent				8	W	a m	1001	10	19/2	015		

#### State of New Jersey

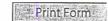
#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	otification (1):	Control of the Control		_	vner/Operator (2)			1 (100 mm)			-11-11				
11/2/2015 Agencies	Type Notification		Addres	ic Schoo	)]			1101/	+ 0	cost	-				
Notified	□Initial		ar Stree					NUV	1-4	201	)				
BEPA	☐ Amended			ip Code	:							,			
□ DEP	Amendment#:		rk, NJ (				T-11	N1 1	~ ~						
8 POL			of Con	tact: 1 Olagac	levo		Telephone	Number:				20			
Ø DOH	justification)	IVII. D	Ciijaiiii	i Oiagac	ieyo		Ī								
₽DCA	☐ Cancellation														
					FACILITY INFO	DRMA	TION								
Name of F	acility Mount Ver	non Eleme	entary S	chool		Туре	of Facility (4):								
142 Moun	t Vernon Place	42		- 17			hool (K-12)	20 50 1 Las				7(6)			
01. 7.6	10	. ///			0.1.(7)	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)									
City/(5) Newark	Ess	unty (6):		07106	y Code (7):	10000000000									
incwark	LS:	SCX .		0,100		Square Feet: # of Floors:									
						Bldg									
						Curi	(6)								
	Monitoring Firm H	ired by Bu	ilding (	Owner:	ASCM No.:	Name of Abatement Contractor (9):									
WHITM	AN				00110	Ane	x Development, In	c.							
Street Add	dress:						et Address:								
	ant Hill Road					0									
						658	Rutgers Place								
City, State	e, Zip Code:						, State, Zip Code:								
	**************************************					(200000	amus, NJ 07652								
	, NJ 08512			Telephone No.:		phone No.:	The state of the s								
	Project Manager for Monitoring Firm: Kevin Lovely				732-390-5858		•								
						-	350-0101	01215				_			
Start Date 11/5/15	(10):	11/8/15		pletion	Date (11):		ne of OSHA Monitor: ro Analytical Laborato	ries							
antenantores.	Status During Abate	1 2 (2) (1) 2 (2)		na)			et Address:	n ies							
- 25 25	872						et Address: West 36 <sup>th</sup> Street, Sui	te 203							
	Closed/vacated Durin nt Performed Outside				t		, State, Zip Code:	10 200		117					
Describe:	nt renomica Outsia	of Normal	1 actifity	110013			York, New York, 10	0018							
_ 2.0															
☐ Other Describe:						0									
THE SECTION OF THE PARTY OF THE	ork (Check all that a	ipply):							eran	S V.SS					
				□ Reno	votion		PFull C	Containment with	Negat	ive Pr	essure				
$\square \ge 3$ sf or $\square \ge 160$ sf	$f \ge 3$ If for $\ge 260$ If			□ Demo	olition		□-Glove	Enclosure bag Procedure							
							□ Non-E	xempted (*) and I	lon-Fr						
١.,	· · · · · · · · · · · · · · · · · · ·		Locati Vormal		De	escript	ion of			Abat	emeni /pe	L			
	Location of . Containing Materi	75.7 E SECTION 15.7	d Sole		Asbestos Cont	taining	Material (ACM)		-	1					
713003103	(ACM)		intena		(i.e., therma	al syste	ems insulation, VAT, or	Amount	R	_	Encapsulate	Ē			
TO	BE ABÁTED	C	ustodi		other	misce	llaneous)	(Specify	Removal	Repair	cap	Enclosure			
	IN Facility		Staff?		00000			SF or LF)	370	air	sub	ns(			
	(13)	Yes	No.	N/A					=		ate	9.			
1 <sup>ST</sup>	FLOO	(22.22.22.2.		1471	PIPE INSULAT	TION	INCLUDING								
CORRI			X		ELBOWS AND	45 LB									
				1											
										1					
		- 12	-					-	+			-			
				Nime	D West- H- 1	Mr.	Cubia Vanda	N. CD	<u> </u>	1- 1/2	11.				
	Registered Waste I		IC	NJDE	P Waste Hauler ID	1.01	Cubic Yards of Waste: 30	Name of Regi MINERVA	stered		II: ERPR	ISES			
TRI-STATE TRANSFER ASSOC., INC.							ASSOC, INC.		LINII	UNIT K	IOLO				
City, State: Disposal Date:						City, State:	1 1.0000, 1110.								
Bronx, NY 10474						Waynesburg, OH 44	4688								
Completed By: Title:					Signa	ature:	Date:								
Ingrid Mo	organ			Office	e Administrator		V >	11/2/201	5						

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

Check # 8889 NOV 1 2 2015

		1 1 2 2 2			Andreas Allini			140.4	1 4	40	10				
Date of Notification (1)		N	lame of f	Building O	wner/Operat GAROE A	or (2)	10 GOL	OBERL REAL	rY	mercus.	Ligence 1				
Agencies Notified Type Notification		\$	treet Ad		מסדעון	Ro.4.	P	25.5	, ;		of the				
EPA Initial  DEP Amended  DOL Amendment		C	The Class	7in Con				DOC				_			
□ Emergency		-	Image of	Cantant			. 0,	Telephone Numb	oer'						
DOH justification) DCA Cancellation					GOLDB	526	26								
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATION	Тура	of Facility (4	4)							
RIDGE GARDENS							School (K-1:	2) 8 (Other than K-12)							
187 LINDEN PLA	1CE	2.5				IX.		rivate & commercial		lings,	home	8,			
City (5) ORANGE	***					Sque	re Feet	# of Floors		dg. A					
County (6) ESSEX			County C	ode (7) SE ONLY)		Curre	APT	or if being demolished	d)			87			
Name of Monitoring Firm Hired by Building	Owner (B)		ASCM	No.			tement Con	tractor (9)							
Street Address						et Addre	ontracting ss	Inc.							
							5 Vreeland Ave.								
City, State, Zip Code						, State, Zip Code dland Park, N.J.									
Project Manager for Monitoring Firm			relephon	e Na,		2000 Pphone N		License No							
Start Date (10)	Schedule	d Com	plotion E	Date (11)	1 1 3322	원이라 하면서 그 동안하다	HA Manitor								
Occupancy Status During Abatement (Che			1/15			nega =		ntal Services Inc							
Facility Closed/Vacated During Entire	Period of A	batem	ent		28	0 Huyle	er Street								
Abatement Performed Outside of Non Other - Describe:	nal Facility	Hours				r, State, Zip Code ackensack, N.J. 07606									
Scope of Work (Check All That Apply)	1994														
23 af or 23 if 2150 sf or 2260 if		enoval emoliti				Full Confeinment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locati	an			E NO	m-exempted	(") and Non-Phabi		Abat	ment	l			
Location of		lomall d Sale!		4=6=+1	Descript					73	pe				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Mai	intenar odlal S	nce/		tos Containin thermal syste	ems insu		Amount (Specify	Re	Rep	Encap	End			
(13)		(12)			surfacing, other misce	llaneous)		SF or LF)	Removal	pair	osulate	Encosure			
	Yes	No	N/A							ļ	0				
CRAWL SPACE	4		x		PI	PE		4500	X	-					
											-				
										-	-				
Name of Registered Waste Hauler			JDEP W		Cubic Yard	s .	1	Registered Landfill		4011					
Newark Carting, Inc.			4509		2	252		Central Sanitary	rai	unu	•				
Oity, State Newark, N.J. 07105		Disposal Date					Date City, State Pen Argyl, PA 08072								
Completed by R. McDonald	Title	ident	,		Signa	ture/17	S 10	Da	le 2 /	/3	/15	~			
	1100	-446116				All I	1 record				r .				



# CK 1591

Date of Notification (1) 11/2/2015					f Building Hayde		Operator	(2)				*				
Agencies Notified	Type Notification			Street A							NOV	1.2	2015			
DEP DOL	Initial Amended Amendmen Emergency		_	City, Sta Maple	ate, Zip Co wood N	ode										
Ď DCA	justification) Cancellation				f Contact a Hayde	n				Telephone Number						
Name of Facility Where House Street Address	Abatement is Takir	ng Place (3	)	FACI	LITY INF	ORMATI	ÓИ		pe of Facility School (K- Subchapte	12) r 8 (Oth	er than K-1	2)				
440 Elmwood Ave								× Sn	Other (i.e. etc.) uare Feet		& commerc		Idings Bldg. /		es,	
Maplewood NJ County (6)													Jiug. 7	nge		
Essex					Code (7) USE ONLY	)	_	Cu	irrent Use (Pr	or if bei	ing demolis	hed)				
Name of Monitoring Firm Competent Supervi		Owner (8)	,	ASCN	ΛNo.				batement Cony Construc							
Street Address							Street 205		iress ute 46 Wes	t						
City, State, Zip Code							City, S		, Zip Code NJ							
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph 973 8		No.		License N	lo.				
Start Date (10) 11/14/2015		Schedule		npletion I	Date (11)		The Contract of the		SHA Monitor							
Occupancy Status Durin		•					Street	Add	ress							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of A nal Facility	batem Hours	ient			City, S	tate	, Zip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	Š					
M2 1440			Locati						Terr Exempte	9 ( ) 411	0 11011 1100	T	Abat	emen pe	t	
Location Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Used Mai	lormali d Sole ntenar odial S (12)	y by nce/		tos Cont thermal surfac		Mater s ins T, or	r	(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Basem	ent	Yes	No	N/A X			TSI			0	0.1.5	-		100		
Daseiii				^			131				0 LF	X		Х		
Name of Registered Was			2000	JDEP W	The state of the s	Cubic of Was			1 100		red Landfill					
Academy Constructi City, State	UN INC			34422		3	al Date		Grows City, Stat		II					
Totowa		1				TBD			Tullytov							
Completed by Zlate Geleski		VP				S	ignature	Ł	De	leh	/	ite 1/02/2	2015			
ASB-41 (R-06-08)							* Do no	ot us	e this form for	asbest	os licensur	e exer	npted	activi	ties.	

page 1

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Name of Mendage	ny Firm Hired by Building	Charger	LAS	CM No	1-4,	1	PES 101	FNCE			
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Street Address						Best Re	moval ]	nc .			
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Project Manager	or Mondoring Firm		Talas	hóne N		Hackens	ack, N.	J. 07601			
		1	I week	See Les	u.	201-329	7/1/	License No.			_
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22444	O I										
R. VELD RAN	e I Tille	imat	_	-		1-6-15	Waynes	burg, Oh.	4688		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CK # 3834

Date of Notification (1)		Name	e of Buildin	g Owner/Operator (	(2) CONTRAC	TOR STR	VIC	25		
Agencies Notified Type Notification	iel	Stree	t Address	17 FIRE	- RD.	SUITE	Δ.	-1		
DEP Amended Amendment #		City,	State, Zip C			NO. 08	723	54		
☐ Emergency (in justification) ☐ DCA ☐ Cancellation	ncluding		e of Contac	it .		Telephone Numb	er		. 1	
		- FA		ORMATION						•
Name of Facility Where Abatement is Taking	g Place (3)	-			Type of Facility  School (K-1					
Street Address CORNICR OF PENBRO		FRO	WMT	AUF	☐ Subchapter	8 (Other than K-12) private & commercia	) I build	dings		
City (5)		1 1007			Square Feet	# of Floors		dg. A		
County (6) ATLANTIC			nty Code (1	7) (STATE		rior if being demolis	hed)			_
Name of Monitoring Firm Hired by Building C	Owner	ASCM	No.	Name of Abateme		9)				_
(8) N A Street Address		-		Street Address	S, SPRI	Set 1				
City, State, Zip Code				City, State, Zip Co	ode ,		0	80	5 2	<u> </u>
Project Manager for Monitoring Firm	Tel	ephone	No.	Telephone No.		License No.		3		=_
100000	uled Compl	etion Da	ate (11)	Name of OSHA M	lonitor	V				=
Occupancy Status During Abatement (Chec	- 23 k only one)	-15		Street Address	STPIA	Klonin				_
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	riod of Abate	ement irs		City, State, Zip Co	S. SPR				_	_
Other - Describe:				MUAPLE	SHADE	M.) (	380	)	_	_
Scope of Work (Check all that apply)  23 sf or 23 ff 2160 sf or 2260 ff	Renoval			☐ Mini-Encl	losure a Procedure	egative Pressure on-Friable Procedur	e			
	Is Location	2016						bate Typ	ment be	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Sole Maintenar Custodia Staff? (12)	ly by nce/ al	Asbest (i.e.,	Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SUDIALC	18 110	- X	TH	CANISITE		1200 SF	X			
SIDING	-	1~								
Name of Registered Waste Hauler		JOEP V tauterJO	No.	Cubic Yards of Waste		istered Landfill . C, U. A				
City, State	.T 0	805		Disposal Date	City, State PLCAS	ANTUILLE		N.	J	
Completed By Title	1			Signature O	oxi	Date 11 ~	4	- 1	5	
MICHAEL ICEMIN	UD			- Mines			_		-	_

CK 2186

Date of Notification (1)		Name	Building Own	ner/Operato	or (2)		. NO	V 12	00	15	
Agencies Notified Type Notification		Street A	ddress.	NÍN 16	<u> </u>		14.0	1 1 4	- 1-4	10	-
		30	TR+	23							
EPA Initial Amended		City, Sta	te, Zip Code		1 . T	-00	20		0 10		
DOL Amendment #		M	11840	ne,	NJ	085	55				35.55
Emergency (in justification)	cluaing		Contact	-			Telephone Nu	mber			
DCA Cancellation		Eric P									
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORM	MATION	Type of	Facility (4)					
Name of Pacifity Where Abatement is Taking	M8				process.						
Street Address	1.0					hool (K-12) bchapter 8 (0	Other than K-1	12)			1
505 Rt.33					Otl etc		te & commerc	cial build	lings,	home	s,
City (5) 10 11 Ch - 2					Square		# of Floors	В	ldg. A	ge	
WillStone							7		36	>	
County (6)		County (			Current	Use (Prior if	being demolis	shed)			
NNOOM/10111		(STATE I	JSE ONLY) _			2011					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	No.			ment Contrac	tor (9)				
					ck Indust	nes inc.					
Street Address					). Box 91	5					- 1
City, State, Zip Code					State, Zip						
Oity, State, 219 Sode				100000000000000000000000000000000000000		Jersey 087	23				1
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	phone No.		License	No.			
				(73	2)899-74	199	01196				
Start Date (10) 11 (11)	Scheduled Co	ompletion	Date (11)	Nam	e of OSHA	Monitor					5.7
1119113	11	1611	7								
Occupancy Status During Abatement (Check	Only One)			Stree	et Address						
Facility Closed/Vacated During Entire Po	eriod of Abate	ement		City	State 7in	Codo				• "	
Abatement Performed Outside of Norma Other – Describe:	i Facility Hot	IIS		City,	State, Zip	Code					
Scope of Work (Check All That Apply)											
23 sf or ≥3 lf	☐ Reno	vation		1	☐ Full C	Containment	with Negative	Pressu	re		
≥ 25 st of ≥5 ti ≥ 260 sf or ≥260 lf	Demo				Mini-	Enclosure	E (22)				
					Glove Non-	ebag Procedo Exempted (*)	are and Non-Fria	able Pro	cedur	е	
	Is Loc	ation							Abate	ment	
Location of	Norm	ally		Description	on of				Ту	pe	
Asbestos-Containing Material (ACM)	Used So Mainter			Containing	Material (A		Amount	-		En	т
TO BE ABATED In Facility	Custodia	I Staff?	(i.e. the	ermal syster surfacing, V	ms insulation /AT, or	on,	(Specify SF or LF)	Remova	Repair	caps	nclo
(13)	(12	<u>2)</u>		ther miscella				oval	air	Encapsulate	Enclosure
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			1.10	0011							
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					97			+			
Name of Degistered Mests Haules		NJDEP V	Vacte C	Cubic Yards		Name of Rec	gistered Landf	 ill			
Name of Registered Waste Hauler	1	Hauler ID	107070777	of Waste		GROWS I					
Brick Industries Inc.		21602			1		110.			. 75	
City, State			5	Disposal Dat	te	City, State PA			25		
Brick, New Jersey	Title			Signatu	J Ire		Ir	Date (	<b>-</b> (:	_	
Completed by Eric Plackis	Presider	nt		Jigilato	ر کم ت	MY			3/1	7	

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



	of Notification (1)			Name of Building Owner/Operator (2)  Mrs Jamilah Place													
		Check# 2805		1	Mrs Ja	milah Pla	ace				100					e de ille	
_	cies Notified	Type Notification		1 3	treet Ad 1515 N	ldress ⁄lorris Pla	ice			L		NUV	1	2 2	015		
	EPA DEP DOL	Initial Amended Amendment		- 1		e, Zip Code e, NJ 072					į.	SDEST	387	70.7	T. :		
	OOH	Emergency ( justification)	ncluding	N	lame of	Contact				1	Tele	ephone N	lumb	er	1	4.0	
Time to the same of	DCA CONTRACTOR	Cancellation			Jamilal	h Muham	ned				-						
Reined .					FACIL	ITY INFOR	RMAT	ION							11		
	of Facility Where idence-Baseme	Abatement is Taking ent	Place (3)						Type of Facility (4)  School (K-12)								
	Address  Morris Place								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							s,	
City (5	5) side, NJ 07205									e Feet	# of	Floors			dg. A	ge	
Count						code (7) ISE ONLY)				nt Use (Pric	or if bei	ng demo	lishe	d)			
Name	of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Con		570 90-					
N/A									es Corpo	ration							
Street	Street Address								Addres 69th S								
City, S	State, Zip Code							1	r, State, Zip Code uttenberg, NJ 07093								
Projec	ct Manager for Mor	nitoring Firm		1	Telephor	ne No.		0.0000000000000000000000000000000000000	none No 295-1			License 01074					
A STATE OF THE STA	Date (10)		Scheduled Nov/9/20		pletion [	Date (11)			of OSH	HA Monitor							
2000	73162337460A (1968)	ng Abatement (Chec						10000000	Addres								
	0.5%	979			ont				e abo								
		cated During Entire I ned Outside of Norm						City, S	, State, Zip Code								
	Other - Describe:							sam	me above								
Scope	e of Work (Check A	All That Apply)	19.50.00														
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novation					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
			Τ						<u> </u>	II-LXeIIIptet	a ( ) an	u Non-i	labic		Abate		
			110000000	ocation or mall	55 R				6	1					Ту	ре	
As	Locatio sbestos-Containing		Used	Solel	y by	Asbesto		escription ntaining N		(ACM)	Α	mount				П	
	TO BE AB	BATED	Main	tenar dial S			herma	al system	s insula			Specify		Rer	₽ R	Encapsulate	Enclosure
	In Fac (13)			(12)				acing, VA miscella			51	or LF)		Remova	Repair	psul	nso
		8	Yes	No	N/A				•					a		ate	re
	Basen	nent		Х			D	uct Pap	oer		1	4 SF		х			
Name	e of Registered Wa	aste Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of	Registe	ered Lan	dfill				
Name of Registered Waste Hauler Freehold Carting					auler ID 5939	17/17/17/17	of Wa			GROW							
City, S						Dispo	osal Date	9	City, Stat		orrio. :!!!	۰ -	۸.				
	hold, NJ		714	tbd													
1 7	pleted by a Salvador		Title Office	Mar	Signati Manager					gnature Blucas Date Nov/5/2015							

CK 3836

Date of Notification (1)	6/15				Owner/Operator	(2) EONARD	. 1807	- 20	b		]	
Agencies Notified	Type Notification			Address		1				_	┥	
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Ø PA Ø DP Ø DOL	☐ Amended		0:- 6	tala Via C	ode					•	1	
X 00r	- Amendment #_		City, 5		CITY.	N.T. DS	8226					
	Emergency (inc	luding	Name of Contact  Name of Contact  Name of Contact  Name of Contact									
DOH DCA	justification)  Cancellation		SAME —									
U tta	Caricellation			3A	ME					_	-	
			. FAC	ILITY INF	ORMATION							
Name of Facility Where	Abarament is Takim	Place (3)	7. (			Type of Facility (4	4)					
Name of Facility Where	PENCE	. 500 (0)				School (K-12)						
REST	12/06.6					Subchapter 8	(Other than K-12) vate & commercial b	, vidino	15			
Street Address	DIMINIC MI	11=				homes, etc.)	vale e commercial o	Calcoring				
109	BARK AL	<u>/ C</u>				Square Feet	# of Floors	Bldg	Age			
City (5)	3					1000	1	40	+ (	-		
OciE.11	N (177				707175		or if being demolishe	d)				
C			Coun	ly Code (/	) (STATE	VA CA						
CAPE	MAT		USE	ONLY) _							4	
Name of Monitoring Firm		wner	ASCM	No.	Name of Abaten	nent Contractor (9)						
(8) A	14				LICEN	nco Inc	- (				$\dashv$	
10)	17-1				Street Address		- 1 E					
Street Address					369	5, SPAU	CE 1200.				-	
					City, State, Zip (	Code _	- 17 0	C-1. T	_			
City, State, Zip Code					MOP	LE SHOD	E, N.J. 0	207	2		-	
					7 blo		License No.					
Project Manager for I.I.	onitoring Firm	Te	lephone	NO.	0/6-7	79-0472	0044	4			_	
11		_									$\neg$	
Start Date (10)	Sched	uled Comp	detion Da	ale (11)	Name of OSHA	DH KLEN	IM					
11/16/1	7 11	1231	112					_			-	
Occupancy Status Du					Street Address	, SPNUC	- 11=					
Occupancy Status Du	ning Abatement (ones	rical of Aha	tement		.369 5	, 3 P/W C	EAVE				=	
Facility Closed/Vac	ated During Entire Pe	Facility Ho	ours		City, State, Zip	Code	1-5					
Abatement Perform	ned Outside of Nottha	racanty in			MIRI	E SHADE	= , N,J,08	502	2		_	
Other - Describe:												
Scope of Work (Check	k all that apply)				Full C	ontainment with Ne	gative Pressure					
		Renov	ration		<u> </u>	nclosure						
≥3 \$1 or ≥3 II		Demo			Glove	bag Procedure exempted (*) and N	on-Friable Procedur	e			_	
\$2160 st or ≥260 H					Nime			A	baten			
		Is Loca			**				Typ	e		
*		Norm Used Sc			Description	of	Amount			m		
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IN Fac		Sta (12			other miscellar	neous)		level	4	Encapsulate	O. O.	
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		-						-	-	-	+	
		+	-	-								
			THEF	0 141	Cubic Yards	Name of Re	gistered Landfill	52,14				
Name of Registered	Waste Hauler		NOE	Waste 10 No.	of Waste	CN	1. C. M.	J:	4.			
14 LEMI	· Twi.		179	104_	5	_						
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City, State	- 4=	N. J	١, ١			_   _ \( \times \)	BINEI	_		_	=	
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JOE K	LEMM -					- 22.4-22						
					$\circ$	2 2 22						