Uh 145 19				N OF ASBESTOS at to NJAC 8:60 ar				i C			W	E
Date of Notification (1) NOVEMBER 20, 2016			Name NEP	of Building Owner/ TUNE DEVELO	Operator OPERS	(2) , LLC						Swin appeal
Agencies Notified Type Notification EPA Initial		,		Address AMBOY AVENU	JE		100	NOV	-2	3 2	016	
DEP Amended Amendment			City, S	tate, Zip Code SON, NJ 08837			AS	BESTO LIC		CON		DL &
DOH justification) Cancellation	inciuain	g		of Contact I POMERANTZ	7_		Telephon		-		and and desired to	
Name of Facility Where Abatement is Taking	Dless	(2)	FAC	ILITY INFORMAT	ION							
FORMER FACTORY BUILDING	y Flace	(3)				Type of Facility (4	56 - 11					
Street Address 509 MEMORIAL DRIVE			-			School (K-12 Subchapter 8 Other (i.e. prietc.)	Other than	n K-12) mercial b	uild	ngs, l	nome	es,
City (5) NEPTUNE						Square Feet 45,000	# of Floor	S		dg. Ag	je	
County (6) MONMOUTH				Code (7) USE ONLY)		Current Use (Prior COMMERCIA	if being der L FACTO	nolished RY				
Name of Monitoring Firm Hired by Building C N/A)wner (8	3)	ASC	M No.	Name Finis	of Abatement Contr hing Touch Asb	actor (9) estos Aba	atemen	t Co	orp,.l	nc.	
Street Address						Address nompson Street	t					
City, State, Zip Code						ate, Zip Code Long Branch, I	NJ 07764					
Project Manager for Monitoring Firm N/A			Telepho	one No.		one No. 222.8372	Licen 000	ise No. 40				
Start Date (10)			npletion	Date (11)		of OSHA Monitor	0.000		_			
DEC. 5, 2016 Occupancy Status During Abatement (Check	DEC		201	.6	N/A	×11						
Facility Closed/Vacated During Entire P	1053	100	ont		Street A	Address						
Abatement Performed Outside of Normal Other – Describe:	al Facilit	y Hours	ien(City, St	ate, Zip Code						
Scope of Work (Check All That Apply)		7	CON 5505-0		\						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	✓	Renova Demolit	tion ion		\ \ \	Full Containmen Mini-Enclosure Glovebag Proces		ive Pres	sure			
				1	L	Non-Exempted (*) and Non-l	Friable P	72.5			
Location of		s Locati Normali	y	Dog	arintian .				A	baten Type		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	ice/	Asbestos Cont (i.e. thermal surfac		aterial (ACM) insulation, , or	Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure
FIDOT FLOOD	Yes	No	N/A								e l	
FIRST FLOOR			X		TSI		275 LF	X				
2ND FLOOR			X		TSI		450 LF	X				
THIRD FLOOR			X		TSI		475 LF	Х				
Name of Degistered Wests 11-		1										
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement	t Corp,	Ir Ha	JDEP W auler ID 2958			Name of Re TRRF LA		ndfill				
City, State WEST LONG BRANCH, NJ 07764				Dispos	al Date	City, State TULLYTO	OWN, PA					
Completed by JOSEPH P. MILLER	Title PRE	SIDE	VT		gnature	Phila		Date 11/21	/16			

Ch 254	3	NOTIF	ICATIO Pursua	ON OF nt to N	f New Jersey ASBESTOS Al JAC 8:60 and	12:120)		Based of the Control	DEC		W		
Date of Notification (1)	18/16		L	100	Iding Owner/Op	erator ((di	1	J L NOV	23	2016	The same of the sa	P
Agencies Notified Ty	pe Notification		Stree	t Addre	SS	10)		ASBEST	OS CON	VTRO	DL &	
□ EPA □	Initial Amended		City	State, 2	Zip Code	10	1 1	T	0700	CENSIN 5	IG_	-	+
DEP DOL	Amendment # Emergency (includi	ng	Nam	SIE e of Co	DMO C	RIC	D 1 1	7	Telephone Num	ber			
DOH F	justification) Cancellation			e or co				1-		4000-00			-
□ DCA L		(0)	F	ACILIT	Y INFORMATION	N	Type of F	acility (4)			274552		1
Name of Facility Where Aba	etement is Taking Plac	9 (3)					Subo	ool (K-12) chapter 8 (e er (i.e. priva	Other than K-12	:) al building	ıs, hoi	mes,	
Street							Square F		# of Floors		Age		
City (5)	maff ld						171	6	theing demolish	ned)	0		-
County (6)	WILL TO C		Cou	nty Co	de (7) E ONLY)		Current		f being demolish	icuj			
F.55C	ised by Building Owne	r (8)	1	SCM N		Name	e of Abatem	ent Contra	actor (9)				
Name of Monitoring Firm H	irea by Building Owne	(0)				The complete of	k Industr	ies Inc.					-
Street Address							Box 91	5					_
Zin Code						City,	State, Zip (Code	2723				
City, State, Zip Code					N		ck, New J	ersey oc	License	No.			
Project Manager for Monito	oring Firm		Tel	ephone	9 NO.	(73	2)899-74		01196				
Start Date (10)	1 /		Comple	etion D	ate (11)	Nam	e of OSHA	Monitor					
11 101		1 1		16		Stre	et Address						
Occupancy Status During	- d During Entire Perio	d of Ab	atemer	nt		O'h	, State, Zip	Code				- <u> </u>	\neg
Abatement Performe Other – Describe:	d Outside of Normal F	acility F	lours			City	, State, Zip						-
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)	Re De	novatio	on n			Mini-	Enclosure	adure				
							Non-	-Exempted	(*) and Non-Fri	able i too	Abate	ment	
		17.55	ocation ormally			Descrip	tion of		0.750.000 e-000 (2000 w 0		Ту		
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Used	Solely ntenand odial St (12)	by ce/	Asbestos C	ontainin nal syst rfacing.	ig Material (ems insulat VAT, or ellaneous)	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	251 261	-	ΩI - /	1:10	umsf	- 1			
					asbest	05.	Plod !	nk	450SF	7			
110	acto Hauler		N	JDEP V		ibic Yar	rds		Registered Lan	dfill			
Name of Registered Wa Brick Industries Inc				auler II 1602	, 110.	Waste	Date,	GROV City, Sta					
City, State Brick, New Jersey						1/10	116	PA		Date	1	, i .	1
Completed by Eric Plackis		Title Pres	sident			Sign	ature U			11/	18		6

D&S Proj. #: 16-347

State of NJ	
Notification of Asbestos Ab	patement
(Pursuant to NJAC 8:60 an	d 12:120)

Agencies Notified Type	6_ - Notification		oseph Ma								STOP				
☐ EPA ☐ Initia	al	Str	eet Addres	S		<u>Frij</u>									
DEP Ame		Cit	y, State, Zi	n Code											
DOL Amend	dment #:_	_	ELIZABI		07208										
DOH (incl	luding	11	me of Cont	Control of the Park of the Par	0/208		- III		11000	Telephone	Number				
D DCA	fication)									18					
Can	cellation		Joseph M	astellone)		_		_	1	The Parket				_
				FACI	LITY IN	FORMATIO	N		_	T	`				
Name of facility where aba	tement is t	taking plac	ce (3)							Type of Facility (4	(K - 12)				
Joseph Mastellone											pter 8 (O			12)	
Street Address											Private/Co Homes, e		cial		
											of Floor		Blo	g. Age	9
City (5)		Count	y (6)			Co	ount	ty Code (7)							
						(St	tate	use only)		Current Use (Pri	or if bein	g dem	olishe	d)	
ELIZABETH		UNI			40014		1 1 8	Name of Abateme	nt C	ontractor (9)				_	
Name of Monitoring Firm H	fired by Bi	ag. Owner	(8)	- 1	ASCM	No.	'								
								D & S RESTO	KA	TION, INC.			_		
Street Address							`	20 California	Αv	2					
City, State, Zip Code							0	city, State, Zip Coo	1000					Lin	marries from
ony, one, hip oddo							П	Paterson, NJ	075	503					
Project Manager for Monitor	ring Firm		Pho	one Numb	er			Telephone Numbe	_		License		er		
							L	973-345-802	_		0	1169			
Start Date (10)		Sched.	Completio	n Date (1	1)		1	Name of OSHA M							
11/18/16		11/30	/16				1	D & S Restor	atic	on, Inc.		-	_	_	
Occupancy Status During A	batement			- V-V-V-E		Olaps Seven	1	20 California	Av	enue					
Facility closed/vacate	ed during e	entire perio	d of abater				1	City, State, Zip Co							
Abatement performed			acility hour	S-			П								
Describe: NO	RMAL HO	URS					П	Paterson, NJ	07:	503					
Scope of Work (check all t									_	ull Containment w	/negative	press	ure		
\ge >3 sf or >3 lf		Renovatio	n					<u> </u>	_	Mini-enclosure Glovebag procedu	re				
≥160 sf or ≥260 lf		Demolition						Ī		Non-Exempted (*)		-friable	proc	edure	
Location of			normally u		у							R	R	E	E
asbestos-containing		by mainte staff(12)	nance/cust	odiai				bestos-containing	1	Amount (Specify S	SF or	m	р	С	n
material (acm) to be abated in facility (13)		Yes	No	N/A] m	aterial (ACN	VI)			LF)		v e	i	a p	Ĺ
basement			T X		BOI	LER INSU	JLA	ATION (fire bo	x)	40 SQ FT		Ď			
	Ī														
****]										
												-10			닏
Registered Waste Hauler D & S RESTORATION		1 yd.	ards of Was	ste	Market Company of the	N,	RESOURCE RI	ECOVE	RY						
City, State	Disposal 11/19/				City, State	JNI	ДΛ								
PATERSON, NJ 075		Title		11/19/		ature	_	TULLYTOW	VIN,	1 A	Date		-		
Completed by (Print or Typ BOGDAN JOLDZIC)e)	Title PRESID	ENT								11/16	5/16			-

	/2015 Proj. #: 16-		M 9	733458	N (P	ursuant	State of on of Asbe to NJAC E	NJ stos /	Abat	ement 12:120)				2018	PAGE		1	24	
Date of Notific	1 6 / 1	Notifics	t:	Jos Stree	of Building oph Maste Address State, Zip C	llone					À	SBE	STO FO	OK/R	ICL.	, and the second			t-
₩ poH	(mangano; ingluding ustification		Nami	of Contac						green makes	I	glephone	Number					
☐ DCA		Cancellation	n	J.	seph Mas	10.11				No.					45				-
Name of face Joseph M Street Adde	astellone	abatemen	t is tell	king place	(3)	FACILIT	YINFORMA	TION					Bldgs./F	(K - 12) oter 8 (O	omme tc.	rcia			_
Cky (6)			-	County	(5)	-				ode (7) only)		Custo	nt Use (Pri	or if halm	o der	nolis	hed)	-	
ELIZAB Name of Me	ETH onitoring Fi	rm Hired t	y Bldg	UNIC	Contract of the last of the la	1	ASCM No.		Nem	e of Abeter		antract	pf (9)	Q(II Deliv	9 001				
Street Address		6							2 City,	el Address O Californio State, Zip Co Paterson, N.	ode	-							_
Project Man		onitoring F	imn			e Number			Tels	973-345-86 ne of OSHA	020 Monit	or		License (Num 0116				_
Start Date					Completion	Limite (11)			Sin	et Address	oratio	n, Inc					er interior		
11/18/16 Geoupancy	Status Due	ing Shote	ment (Check on					1	O Californi	a Av	enue				-			
Facili Abate	hy closed/va	ub beison	ring or uide of	tire perior normal fa	d of ebatem active hours	ent.			, '	, State, Zip C		503							
Scope of \	Nark (chec	k all that e	pply)	tanovátlor Pamolition							X	Wini-en	ntainmant i iclosure ag procedt cempted (*)	ıre .			STOCE		
Local asbe make abat	Descrip materia			stos-containi	ing		Amount (Specify LF)	SF or	9 0 V		Repair	Espap	E n c L						
basemen	t .		+				BOILER	INSU	LAT	ION (fire	box)	40	SQFT				믜	무	무
DESCRIPTION											-	-		Southerness	╬	┽	H	#	H
	*				Tirs) and a							+	The state of the s	Million and a		5			
	-																		
D&SR	Waste Ha	uler TION, I	NC.	NJO 135			ubic Yards of Lyd. Date	wast	is in	lame of Ragi TULLYTO City, State	MM	RES	OURCE F	LECOV.	ERY				-
	SON, NJ					11/19/1	No. of Contrast		_1	TULLYTO	OWN	, PA		Date	9	_	-	in Guid	
	a by (Print AN JOLE			TING PRESIL	DENT	904	Signature							11/	16/1	5			
	U.S.		R	Do not in	an Phin Sarm	for samuel	es licensure	PTART	nteri:	activities.									

D&\$ Proj. #: 16-349

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

	G			W	F
	NOV	2	3	2016	U

Date of Notification (1) 1 1 7 1 6		ame of Buil ALLISON		r/Operator (2)				1 2	SBEST	OS C	ONT	ROL	
Agencies Notified Type Notification		reet Addres								- 10			
EPA Initial Amended													
DEP Amendment #:	Ci	ty, State, Z	ip Code										
DOL Emergency		GLEN R	IDGE, NJ	07028									
DOH (including		me of Con		0,020				Telephor	ne Number				
justification)		ATTICO	N OISHI						1				
Cancellation		ALLISO		LITY INFORM	ATION								
No. of Courts of the court in	takina ala	20 /2\	171011			9-	TT-	Type of Facility	(4)				
Name of facility where abatement is	taking pia	ce (3)							K - 12)				
ALLISON OISHI									apter 8 (O			12)	
Street Address									(Private/Co		cial		
							1	-	# of Floor		Blo	ig. Ag	je
City (5)	Coun	ty (6)			Cou	nty Code (7)	11						
3.3 (3)					22/35/197	te use only)	٦	Current Use (F	rior if bein	g dem	olishe	ed)	
GLEN RIDGE	ESS						Ш						
Name of Monitoring Firm Hired by E	3ldg. Owne	r (8)		ASCM No.		Name of Abateme							
						D & S RESTO)RA	rion, inc.					
Street Address						Street Address							
					_	20 California City, State, Zip Co	or Delivery Con-			-	SUBSTRUCT	100	
City, State, Zip Code						740 00 permit		12					
Project Manager for Monitoring Firm		IDh	one Numb	er er	_	Paterson, NJ Telephone Number		13	License	Numb	er	-	_
Project Manager for Monitoring Firm		Fil	one Numb	C1		973-345-80				1169			
	To-b-d	Campiotic	on Date (11	1	_	Name of OSHA M	lonito	г					
Start Date (10)	Sched	. Completic	on Date (11			D & S Restor	ation	n, Inc.					
11/28/16	12/12					Street Address							
Occupancy Status During Abatemer						20 California	_	nue			_		
Facility closed/vacated during Abatement performed outside Describe:	of normal f					City, State, Zip Co							
Other-Describe: NORMAL H	OURS				_	Paterson, NJ	0750	03	_				
Scope of Work (check all that apply				ı		[=	ıll Containment	w/negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovatio	n						ini-enclosure lovebag procedi	ure				
≥160 sf or ≥260 lf	Demolition	1						on-Exempted (*		friable	proc	edure	
Location of			used solely	/						R e	R	E	E
asbestos-containing material (acm) to be	staff(12)	enance/cus	todiai			sbestos-containing	3	Amount (Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)		o v	i	a p	L
				Drnm n tor	TT 4.777	101		27 1 FT		e	-		\vdash
GARAGE		LX	<u> </u>	PIPE INSU				27 L FT 3 L FT			片	片	쓔
1st floor		L X	-	PIPE INSU	JLAI	ION		2511		12	片	#	十
				1	·×					井	H	H	計
				1						믐	H	H	一
Registered Waste Hauler	INID	EP Hauler	ID# I C	Lubic Yards of	Waste	Name of Registe	ered L	andfill		-		1—	1
D & S RESTORATION, INC.	135			l yd.		TULLYTOW	N, R	ESOURCE R	ECOVE	RY			
City, State			Disposal D			City, State						etas alles	
PATERSON, NJ 07503		11/29/1			TULLYTOV	VN, I	PA	15				-	
Completed by (Print or Type)	Title	CNIT		Signature					Date 11/11	7/2016	5		
BOGDAN JOLDZIC	* Do not us		for ashest	os licensure e	xempte	ed activities			11/1	(201			

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

Date of Notification (1)	/21/16			Name	of Building	Owner/Operator	(2) Levitsky	7	VOV 1	2.3	20.	C13
Agencies Notified	Type Notifica	ation	_	Street	Address							=
☐ EPA	Initial								0700	200		:el
DEP DOL	Amended Amendme			City, S	tate, Zip C				LIGE	NSi	NG.	
	☐ Emergen	cy (including	-	100000000000000000000000000000000000000		Fle	mington, NJ	08822				
DOH DCA	justificati Cancellati			Name	of Contac			Telephone Nun	nber			
	Cancellat	1011			Dei	netri Levitsk	У					<u></u>
				FAC	ILITY INF	ORMATION						
Name of Facility Where		170					Type of Facilit	y (4)	25			
	F	Residenti	al				School (K-	12) r 8 (Other than K-1	12)			
Street Address	30							private & commerc		dings,		
City (5)							Square Feet	# of Floors	BI	dg. A		
	Fle	mington	, NJ				3000	_ 3		85	+/-	_
County (6)	interdon			Cour USE	ity Code (7 ONLY)-	7) (STATE	Current Use (F	Prior if being demo	lished)			
Name of Monitoring Firn	n Hired by Build	ding Owner	$=$ \Box	ASCM	No.		nent Contractor (
(8)	MECS					Ster	vens Environ	mental Servi	ces, Ir	IC.		
Street Address						Street Address						
	PO Box	341						Box 322				_
City, State, Zip Code	rosswicks,	NT 0851	5			City, State, Zip 0		vn, NJ 08501				
Project Manager for Mo		143 0051.		phone	No	Telephone No.	7 thento v	License No.				_
1 7 7	eisgarber				0-4070		59-9688	2-10-412-000-1412-000-14	00493	3		
Start-Date (10)		Scheduled C	1 -			Name of OSHA		-	00.50			=
12/1/16			2/7/		()			ÆCS.				
Occupancy Status Duri	ng Abatement			10		Street Address						_
☐ Facility Closed/Vaca	3			ment			PO	Box 341				
☐ Abatement Performe						City, State, Zip (Code					
Other - Describe:	8 am - 4 pr	n					Crosswic	ks, NJ 08515				_
Scope of Work (Check	all that apply)											
≥ 3 sf or ≥3 lf		₽	enovat	ion			ntainment with N iclosure	egative Pressure				
≥160 sf or ≥260 lf			emolitic			Gloveb	ag Procedure		Lorenzo			1
-		1 1-		202		□ Non-E	empted (*) and N	lon-Fria <mark>b</mark> le Proced T		h ata		-
7.5		10.50	Location or ally						/	Typ	ment e	
Location		Used	Sole	y by		Description of						
Asbestos-Containing TO BE ABA			ntenar ustodia			tos Containing Ma thermal systems		Amount (Specify	Z Z	_	Enc	皿
IN Facilit	У		Staff?		(,	surfacing, VAT	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellane	ous)		oval	air	ula	sure
		Yes	No	N/A							0	
Basem	ent	×			Th	ermal Pipe in	sulation	170 lf	×			
-					-							
Name of Registered Wa	aste Hauler		1	JDEP \	Vaste	Cubic Yards	Name of Re	gistered Landfill				-
Stevens Environ		vices, Inc) <u>.</u>	Hauler ID 182	No. 292	of Waste 2 CU		GROWS La	ndfill			
City,-State	74 2420 10	525-2220		- Control of the Cont		Disposal Date	/ City, State					
Allentown, NJ						12/7/16/	/h/	Morrisville	e, PA			_
Completed By		Title		. 7. 7		Signature	1//	Date	11/2	1/14	5	
Mahlon E. St	evens	P	rojec	t Mar	ager	_///			11/2	1/10)	_

B & G proj. #: 2016-168

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

Check # 8117 2 3 2015

								CHECK	# 0111	- 0	لياجها	10	-
Date of Notification	n (1)	111	Jame of Buil	Idina Own	er/Operator (2)	1							
11 11 1/12 11	1/11 16 1	11.	David Me	17/2	o,, opo, a.o. (=)			AS	BESTOS	CC	INT	ROL	_&
Agencies Notified		on s	treet Addres								1-1/-		
☐ EPA	X Initial	110	ti cot / ladi o	00									
DEP	initial	11-	City, State, Z	in Code								_	
X DOL	☐ Amendr		N. S.		NJ 07079								
X DOH		l IN	ame of Con					Telephon	e Number	And I was			EXTENSES.
□ DCA	☐ Cancella	11	10.05 10.05	A CV SSEE				1					
			David M	rietcaire				To a second		_			
				FACI	LITY INFORM	IATIO	N						
Name of facility wi	here abatement i	s taking pla	ace (3)					Type of Facility (4) I (K - 12)				
David Metcal	fe											40)	
Street Address								Marie Control of the	apter 8 (Other Private/Com			12)	
Street Address									Homes, etc.		olu.		
								Square Feet	# of Floors		Blo	ig. A	ge
City (5)		Cou	nty (6)				ounty Code (7)			_ .	11 1	-15	
South Orang	je	Es	sex			(5)	tate use only)	Current Use (Presidential	rior if being o	emo	iisne	a)	
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.	_	Name of Abatement C					-	
	,	•		- 1	n/a		B & G Restoration	on Inc					
Street Address							Street Address						
							105 Ryerson Re	oad		÷			
City, State, Zip Coo	de					_	City, State, Zip Code						
							Lincoln Park, N	NJ 07035					
Project Manager fo	r Monitoring Firm		Ph	one Numb	er		Telephone Number	1	License N		er		
							(973)696-6869 Name of OSHA Monit		003	/ 0			
Scheduled Start Da	ate (10)	Sched	d. Completio	on Date (1	1)		B & G Restorati						
12/2/2016		12/	2/2016				Street Address	011, 1110.			_	_	
Occupancy Status	During Abatemer	nt (Check o	only one)				105 Ryerson Ro	pad					
	d/vacated during						City, State, Zip Code				_		
Abatement p Describe:	erformed outside	of normal	facility hour	S-				07005					
Other-Descri	ibe:					_	LincolnPark, NJ	07035					
Scope of Work (ch	neck all that apply	()											
Demolition	X	Renovation	on			X	Full Containment w/neg	ative pressure [Glovebag	g pro	cedu	ге	
\times >3 sf or >3 lf		≥160 sf or	≥260 If				Mini-enclosure	[Non-friat	ole pi	roceo	dure	
Location of	W 2508		n normally u		1		2 (200) 199 W. MAN		99	R	R	E	E
asbestos-cor material to be		staff(12)	enance/cust	Journal	Descripti material		asbestos-containing	Amount (Specify S	E or	m	р	С	n
abated in fac	73	Yes	No	N/A	material	(ACIV	"/	LF)	1.5	0	a i	a p	L
1/401					l thin dust i		otion	12.05		X	-	П	\vdash
basement (10 I	ocations)			X	thin duct i	risul	au(UI)	12 sf		4	H	러	H
						_		╡╁	爿	H	H		
						-				FI	= I	Ħ	百
									Г	51	5	百	
Registered Waste H			EP Hauler II	D# C	ubic Yards of	Wast				1.			
B & G Restora			19563		1			Resource & Re	ecovery C	ente	er		
City, State Lincoln Park, I	N.I			Disposal D	ate 5/2016		City, State Tullytown, F	PA					
Completed by (Prin		Title			Signature				Date			1.	
Cordona Luna	it of 13pc)	Sacrata	n/Troop	ror			Ciordana Luna		11/21/2	2016	3		

(K +25340

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

								1-1				
Date of Notification (1)		Name	of Building	Owner/Operator		141 141	NOV 2	2	201	6		
Manager Committee	/22/16						Maglaras	14 4	11000		(L)()	_
Agencies Notified	Type Notification	on		Street	Address	2		1				
EPA DEP	Initial							-/-00	ETTO			0
DOL DOL	Amended Amendment	t #		City, S	tate, Zip C		NII 07	071	LIDE	NSII	V.S	
	☐ Emergency	(including					Sparta, NJ 07					_
DOH DCA	justification Cancellation			Name	of Contac			Telephone Nu	ımber	in the same of	ant.	
	Caricellation					Jeff						
				FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Tak	king Place	(3)				Type of Facility	(4)				
	Re	sidentia	1				School (K-12					
Street Address							Subchapter Other (i.e., p	8 (Other than K	(-12) arcial build	lings		
8-02-02-02-02-02-02-02-02-02-02-02-02-02-				9			homes, etc.		ordia bullo	iii iga,		
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
	Belma	ar, NJ 0	7719				2500	2	_ _	75-	+/-	_
County (6)				Coun) (STATE	Current Use (Pr	ior if being dem	nolished)			
	onmouth				ONLY)	(Sec. 1927)						_
Name of Monitoring Firm	m Hired by Buildin	g Owner		ASCM	No.		ment Contractor (9		5 55			
(8)	NA					Ste	vens Environi	nental Serv	rices, In	c.		_
Street Address						Street Address						
							PO E	30x 322				
City, State, Zip Code						City, State, Zip (Code					_
Oily, Claire, Elp Cour								n, NJ 08501	1			
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No.		License Ne	-			
1 Tojoot Managor Ior III	21.11.G 1 11.11				9-9688		59-9688	430000000000000000000000000000000000000	00493	3		
Start Date (10)	I Sc	heduled C				Name of OSHA						_
12/7/16			2/31/					ECS				
Occupancy Status Dur	ing Abatement (C			10		Street Address						=
Facility Closed/Vaca				ment				30x 341				
Abatement Perform						City, State, Zip	Code					_
Other - Describe:								cs, NJ 0851	5			
Scope of Work (Check												_
Coope of Work (Check	an triat apply)						ontainment with Ne	gative Pressure	Э			
≥3 sf or ≥3 lf		☐ Re	novat				nclosure pag Procedure					
≥160 sf or ≥260 lf		De	. Homuc	n.t			xempted (*) and No	on-Friable Proc	edure			
			ocatio	2000					P	bate		
1			Sole!			Description of	of			Тур	e .	
Location Asbestos-Containing			ntenar		Asbes	tos Containing Ma		Amount			ш	(1000)
TO BE ABA	ATED	1000	ustodia	al		thermal systems	insulation,	(Specify	Re	Z	nca	Enc
IN Facil			Staff? (12)			surfacing, VA7		SF or LF)	Remova	Repair	psu	Enclosure
(13)			02100-000			- Line, illinoonarie	· ·		<u>a</u>		Encapsulate	IГе
		Yes	No	N/A							(8)	
Exter	ior			×		Transite Si	ding	2000 sf	_ ×			
	Exterior											
				-								
				-								
		_			<u></u>		I Nome of D	internal I state				
Name of Registered W	laste Hauler			JDEP Tauler II		Cubic Yards of Waste	Name of Reg	istered Landfill				
Stevens Enviror	nmental Servi	ces, Inc	_ '	182	292	6 CU		GROWS I	Landfill			
City- State	-			Disposal Date	City, State	/	00 20 00					
1000 B \$1000 00 00 00 00 00 00 00 00 00 00 00 00				12/31/16	101/	Morrisvil	lle, PA					
Completed By	Allentown		Signature	/-1/	Date							
Mahlon E. S	tevens	Pı	ojec	t Mai	nager	14	/ /		11/2	2/10	5	
-											_	

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
11 /	21 / 16			7 Es	terbrook	, LLC	/ Job #16	511-2136 Chl	k. #4	516	V	E
Agencies Notified EPA	Type Notification Initial				Address East Pa	ark Avenue		13				
⊠ DOLWD	☐ Amended		+	City. St	tate, Zip C	ode			-			
□ DHSS	_ Amendment #_					e, NJ 08052		100				
DCA (NJAC 5:23-8)	☐ Emergency (in justification)	cluding	ŀ		of Contact			Telephone Number	¥10.0	01.1	100	1 0
(NJAC 5.25-6)	☐ Cancellation				Underv			ASOFSIA		iuni SINI		L O.
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Taking	Place	(3)				Type of Facility (4	4)				
Stonhard							School (K-12)					
Street Address								(Other than K-12) vate and commerc	ial bui	Idina		
7 Esterbrook Lane							homes, etc.)	vate and commerc	iai Dui	lulriga	٥,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Cherry Hili							180,000	1	3	0 +/-	5	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			\neg
Camden							Vacant					
Name of Monitoring Firm	Hired by Building C	Owner (3)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Tiger Environmenta			- for			Asbestos and	d Mold Services	s, Corp.				
Street Address						Street Address						\neg
16 W Elizabeth Ave	# 2					3859 Sylon B	oulevard					
City, State, Zip Code	100		-			City, State, Zip Co						$\overline{}$
Linden, NJ 07036						Hainesport, N						
Project Manager for Moni	toring Firm		Tele	phone i	No.	Telephone No.		License No.			-	\neg
Kelly Walton			0.000		2-4301	609-702-0400)	00862				
Start Date (10)	Sched	duled Co				Name of OSHA M	fonitor					
12 / 5 /		12 /				EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						
				ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed						City, State, Zip Co	ode					\neg
Time of Abatement: _	AMPI	M/	_PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all	I that apply)					×	ı Neo	ative Pressure Eng	· leca	سے ال		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De				☐ Mini-End ☐ Gloveba	closure g Procedure			r C		
						☐ Non-Exe	mpted (*) and No	n-Friable Procedure	1	7X		
		10000	Locat lorma			5			Ab	ateme	ent Ty	
Location Asbestos-Containing		F STREET		ely by	Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABA	TED	1000000	intena	nce/ Staff?		e., thermal systems	insulation,	(Specify	Removal	air	aps	losi
IN Facili	ty	Cusi	(12)	Stall!		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ula	Tre
(13)		Yes	No	N/A		Other misoenane	1003)				(e	
Restroom	10 2			\boxtimes	Floor T	ile & Mastic		100 SF	\boxtimes			
Area near Restroom				\boxtimes	Floor T	ile & Mastic		100 SF	\boxtimes			
						=						
Name of Registered Was	te Hauler		14 1000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Waste Managemen	t		F	lauler II		Waste	Grand Cen	tral				
City, State				17273		5 Disposal Date	City, State					
Lafayette, NJ						12/7/16	Penn Argy	le, PA				
Completed By (Print or T	vpe) Titl	6				Signature	1	Da	te			
Kimberly A. Trumb	58.00	e Office (Coor	dinato	r	O.G.I.a.Lui	1	1.750.70	1-2	1-21	116	
ACD 44	-	-11106	2001			M	y_	1	A Section			

ASB-41 MAY 11

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

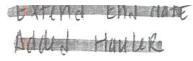
fage 1 of 2

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



Date of Notification (1)					Owner/Operator (2		THE BO	- n	5.5		_
9 / 20 /	16		Metro	Self Sto	orage Wood Rid	dge, LLC / Job	#1609-2122	Chk	.#NA		R
Agencies Notified Type Notification	n		Street A	ddress				-			Tile
⊠ EPA ☐ Initial			1352	8 West B	oulton Bouleva	ard					
□ DOLWD □ Amended □			City, Sta	ate, Zip Co	de		He Health	2 7 2		4	
□ DHSS Amendment □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			Lake	Forest, I	Illinois 60045						
DCA Emergency justification			Name o	f Contact			Telephone Num	ber	TRO	2.	
☐ Cancellation			Tom	Fraser			-		3		
			FAC	LITY INF	ORMATION		•		- 10		
Name of Facility Where Abatement is Tak	ing Place	(3)				Type of Facility (4)				
Rudox		vo.e.				School (K-12)					
Street Address						☐ Subchapter 8 ☐ Other (i.e., pr	Other than K-1:	2) ercial bu	ldinas	es:	
765 Route 17 North						homes, etc.)	ivate and comme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nam ge	1	
City (5)						Square Feet	# of Floors	Bio	lg. Ag	е	
Carlstadt						56,221	2		+ 05		
County (6)			Count	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Bergen						Vacant					
Name of Monitoring Firm Hired by Buildir	g Owner (B)	ASCM N	lo.	Name of Abateme	ent Contractor (9)					
Horizon Environmental					Asbestos an	d Mold Service	s, Corp.				
Street Address					Street Address						
PO Box 316					3859 Sylon E	Boulevard					
City, State, Zip Code					City, State, Zip C	ode					
Thorofare, NJ 08086					Hainesport, I	NJ 08036					
Project Manager for Monitoring Firm		Tele	phone N	No.	Telephone No.	60	License No.				
Dave or Steve Flanigan		8	6-848-	0800	609-702-0400)	00862		0		
Start Date (10) Sc	heduled C	omple	tion Dat	e (11)	Name of OSHA N						
_10/5/16	12 /	31		16 🖫	EMSL Analyt	tical, Inc.					
Occupancy Status During Abatement (Cl	neck only o	ne)			Street Address						
□ Facility Closed/Vacated During Entire	Period of	Abate	ment	Sec. 7	200 U.S. Rou	ite 130 North					
☐ Abatement Performed Outside of Nor					City, State, Zip C	ode					
Time of Abatement:AM	_PIVI/	_PIVI	·	-UVI	Cinnaminso	n, NJ 08077					
Scope of Work (Check all that apply)					⊠ Eull Con	tainment with Neg	native Pressure				
☐ >3 sf or >3 lf	□Re	novat	ion		☐ Mini-En		gative i ressure				
⊠ ≥160 sf or ≥260 lf	⊠ De	moliti	on -		⊠ Gloveba	ag Procedure empted (*) and No	n Eriable Proces	Hura			ı
	- 1 1	1	4:	1	⊠ Non-Exe	empled () and No	III-I Hable Froces		atem	ant Tv	vne.
l		Loca Norma			Description	of			_		
Location of Asbestos-Containing Material (ACM)	Use	ed Sol	ely by		stos Containing M	aterial (ACM)	Amount	\em	Repair	nce	ncl
TO BE ABATED	IVIa	inten: todial	ance/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	¥.	Encapsulate	Enclosure
IN Facility (13)		(12			other miscellan		0. 0. 1. /	-		late	G)
(10)	Yes	No	N/A							3375	-
Exterior Main Building			\boxtimes	Transit	e Roof Panels		18,000 SF				
Exterior Shed				Transit	e Siding		2,400 SF				
Exterior Main Building				Transit	e Siding		2,800 SF				
Hallway				Joint C	ompound		3,500 SF				
Name of Registered Waste Hauler		17	NJDEP		Cubic Yards of	Name of Regi	stered Landfill				
Waste Management, Inc.			Hauler II		Waste 30	Grand Ce	ntral				
City, State			17273	,	Disposal Date	City, State					
Lafayette, NJ					12/81/16	Penn Arg	yl, PA				
Completed By (Print or Type)	Title				Signature	7		Date			
Kimberly A. Trumbetti	Office	Coo	dinato	r	12/2	V		相關	16	20	能
	0-910000000				INI	N					

Page 2 of 2 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1)			T	Name o	f Building	Owner/Operator (2	2)		MI					
9 / 20 /	16		Metro Self Storage Wood Ridge, LLC / Job #1609-2122 Chk. #NA											
Agencies Notified Type Notific	ation	-		Street A	Address			2						
⊠ EPA ☐ Initial				1352										
□ DOLWD	1010	5.91		City, St	ate, Zip Co				7					
⊠ DHSS Amendm				Lake	Forest,	8 2		0-41-	-					
DCA Emerger (NJAC 5:23-8) justificat		auding		Name o	of Contact	Telephone Nun	mber							
☐ Cancella				Tom	Fraser	NTROL &								
				FAC	ILITY INF	ORMATION			VOHVE					
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility	(4)						
Rudox							School (K-12	2) 8 (Other than K-1	2)					
Street Address							Other (i.e., p	rivate and comm	ercial b	ilding	S,			
765 Route 17 North							homes, etc.)						
City (5)							Square Feet	# of Floors	В	dg. A	ge			
Carlstadt							56,221	2		50 +				
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demo	lished)					
Bergen							Vacant							
Name of Monitoring Firm Hired by Bui	ding O	wner (8	3)	ASCM N	No.	Name of Abateme								
Horizon Environmental						Asbestos an	d Mold Service	es, Corp.						
Street Address						Street Address								
PO Box 316						3859 Sylon E	Boulevard							
City, State, Zip Code						City, State, Zip C	ode							
Thorofare, NJ 08086						Hainesport,	, NJ 08036							
Project Manager for Monitoring Firm			Tele	phone N	No.	Telephone No.		License No.						
Dave or Steve Flanigan			85	6-848-	0800	609-702-0400)	00862						
Start Date (10)	Sched	uled Co	mple	tion Dat	e (11)	Name of OSHA N	Monitor							
10 /5 /16	蠶	2 1	31	1 / 16 / EMSL Analytical, Inc.										
Occupancy Status During Abatement	(Check	only o	ne)	Street Address										
☐ Facility Closed/Vacated During En														
☐ Abatement Performed Outside of I	Vormal	Facility	Hou	A ANA										
Time of Abatement:AM	PN	Λ/	_PM		AM	Cinnaminso	n, NJ 08077							
Scope of Work (Check all that apply)						M Eull Con	ntainment with Ne	anative Pressure						
☐ >3 sf or ≥3 lf		□Re	novat	ion		☐ Mini-En		gative i ressure						
⊠ ≥160 sf or ≥260 lf		⊠ De				☐ Gloveba	Frieble Besse	duran						
						⊠ Non-Exe	empted (*) and N	on-Friable Proce						
		2.00	Loca Norma			Description	of			1	nent T	T		
Location of Asbestos-Containing Material (AC	M			ely by	Asbes	stos Containing M		Amount	Ren	Repair	nc	nc		
TO BE ABATED	,		intena			., thermal systems	insulation,	(Specify	Removal	a-	aps	Enclosure		
IN Facility		Cus	(12)	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>B</u>		Encapsulate	Ire		
(13)		Yes	No			Other misocham	0000)				Ф			
Shop & Locker Room Windows				\boxtimes	Glazing			4,000 LF	\boxtimes					
1 st Floor Hall Closet					Elbows	& Fittings w In	sulation	2 LF						
2 nd Floor Hallway & Office #8				\boxtimes	Floor T	ile		350 SF	×					
1 st Floor Hallway & Office #9				\boxtimes	Floor T	ile & Mastic		1,450 SF	×					
Name of Registered Waste Hauler			1.2	NJDEP	1) (T.E.) (T.E.)	Cubic Yards of	Committee on the Committee of the	istered Landfill		-10.00				
Waste Management, Inc.			1	Hauler II		Waste 30	Grand Ce	entral						
City, State				1161		Disposal Date	City, State							
Lafayette, NJ						12/31/16	Penn Arg	ıyl, PA						
Completed By (Print or Type)	Title	е				Signature /	1		Date		megh			
Kimberly A. Trumbetti	C	Office	Coor	dinato	r	CK/		_	112	10	20	18		

CX 2598L NOTI

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	THE REST OF	
CHEC	K#25984	

Date of Notification (1)					Name of Build	ding Owne	r/Operator (2)		UV	4 :	41 1			
11/18/2016						222.53	RS CONSTRUC	TION, LLC.						
Agencies Notified	Type Notificat	ion			Street Addres			1 / 2000		600		-		
□ EPA	, Initial				2115 HAMII	LTON AV	VENUE	#.50E						
□ DEP	Amende	d Amer	dment	#	City, State, Zi	p Code								
□ DOL	☐ Emerger				HAMILTON		519							
□ DOH	justificat			- 1	Name of Con				Telep	hone l	Numbe	er		
DCA	☐ Cancella				DAVID D'A	NDREA		-	and a Stage of the	Top The W	9	69		
					ACILITY IN		ION							
Name of Facility Where A	Abatement is Ta	kina Pla	ace (3)		(OILIT IIII			Type of Facility (4)						
FLEMINGTON FAIRI								☐ School (K-12)						
Street Address	TELED							☐ Subchapter 8 (Other	er than	K-12)				
439 ROUTE 202								Other (i.e., private	& com	mercia	al build	lings		
City (5)								Square Feet	# of F	loors	Bldg.	Age		
FLEMINGTON, NJ 08	8877							(450)						
County	3022				County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if be	ing der	nolish	ed)			
HUNTERDON														
Name of Monitoring Firm	Hired by Buildin	ng Own	er (8)		ASCM No.	Name of	Abatement Conti	ractor (9)						
	•					CREAM	I RIDGE ENVI	RONMENTAL INC.			V-1			
Street Address						Street A	ddress							
						15 BLA	CK FOREST R	OAD						
					City, State, Zip Code									
					HAMILTON, NJ 08691									
Project Manager for Monitoring Firm Telephone No.				0.		Telepho	ne No.		Licen	se No				
	Tojost Manager for Montenage and					609-890	-7110		0067	6				
Start Date (10)		Sched	luled C	ompleti	on Date (11)	Name of	OSHA Monitor							
11/21/2016		11/25	2016			MECS								
Occupancy Status Durin	g Abatement (C	heck or	nly one))		Street Address								
Facility Closed/Vac					ent	P.O. BOX 341								
Abatement performed of						City, State, Zip Code								
						CROSS	WICKS, NJ 08	515						
Scope of Work (Check a	III that apply)							Full Containment	with Ne	gative	Press	sure		
$\geq 3 \text{ sf or } \geq 3 \text{ lf}$					Renovation			Mini-Enclosure						
\(\sum_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\texi}\text{\texit{\tex{\text{\text{\texi}\text{\text{\texi}\text{\texi}\texit{\ti					Demolition			Glovebag Procedure Non-Exempted (*) & Non-Friable Proce						
								Non-Exempted (*)				_		
			Locati						Abat	ement	Туре			
Location of Asbesto	s-Containing	10000000	rmally l				stos Containing thermal systems	Amount (Specify SF o	, D	_	Encapsulate	Ш		
Material (ACM) TO BI			Solely b	y :/Custo			, VAT, or other	LF)	Remova	Repair	aps	Enclosure		
Facility (1	3)		Staff?		50000000000000000000000000000000000000	miscellan		**	oval	air.	ula	Sure		
		Yes	No	N/A							te			
EXTERIOR			X		TRANSITE	SIDING		400 S.F.	X			_		
KITCHEN			X		LINOLEUI			150 S.F.	X					
BASEMENT			X		BOILER R	OOM TF	RANSITE	200 S.F.	X	-		_		
							12		1,500					
Name of Registered Wa	ste Hauler				NJDEP Waste Hauler ID No.)	Cubic Yards of Waste	Name of Registered La	andfill					
CILL MINION DISPOS	AT CVC				Indule: ID NO.			GROWS						
CHAMPION DISPOS	ALSVC.						10 YDS							
City, State							Disposal Date	City, State						
HAINESPORT, NJ		Tage 14 :				C:	11/28/2016	MORRISVILLE, PA	Date	1	-			
Completed By		Title				1//	ri 27-Mar	O Testrer	100000000000000000000000000000000000000	8/201	6			
DAVID D'ANDREA		PRE	SIDEN	T		AVA	we -	1) Lacer	11/1	0/401	v	-		

CK# 7606

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

*	(1	uiouu				(0)		1 11	-1\0V	23	201	5	1//						
Date of Notification (1)	Name of Building Owner/Operator (2) PSEG																		
Agencies Notified Type Notification			t Addr 0 HA	ress DLEY ROA		ASBESTOS CONTROL &													
EPA Initial Amended Amendment #_	,	City,	State, UTH	Zip Code PLAINFIEL															
	Emergency (including justification) Cancellation Emergency (including justification) Richard Famularo FACILITY INFORMATION										Telephone Number								
Name of Facility Where Abatement is Taking Pl	ace (3)		MOILI	I I IN ORMA	11011	Type of	Facility (4)						1						
DSENC						☐ Scl	hool (K-12)												
Street Address 1801 TONNELLE	< A	1/5	,			Su Oth	bchapter 8 ner (i.e. priv	(Other thus ate & co	nan K-12) mmercial										
City (5).	= //	VC	-			Square	Feet	# of Flo	oors		g. Ag								
NORTH BER	GEN	J				Appx	600			AA)× (60	YRS						
County (6)		Cou		ode (7) SE ONLY)		Current	Use (Prior												
HUDSON				26 5 37 272-5	Nome	of Abata	Su E	3 S 1 /	4110	10	-		-						
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8)	14 30	SCM 1 045	No.	UNI	QUE SY	/STEMS	OF AN	IERICA										
Street Address 64 BROAD STREET						t Address WHITE	HEAD A'	VE.											
City, State, Zip Code MATAWAN, NJ 07747					City, SOL	City, State, Zip Code SOUTH RIVER, NJ 08882													
Project Manager for Monitoring Firm TOM GEIGER		ephon 2-290	e No. 0-2217		Telephone No. License No. 01111														
Start Date (10)/	icheduled (Comple	etion D	Date (11)	Name	e of OSHA	A Monitor YSTEMS	OF A	ЛERICA										
Occupancy Status During Abatement (Check	. /	17	7	9		et Address													
Facility Closed/Vacated During Entire Pe		temen	ıt		100000000		HEAD A	VE.											
Abatement Performed Outside of Norma Other – Describe: Morana Maria	Facility Ho	QUIS		Dy		State, Zip UTH RI	Code VER, NJ	08882											
Scope of Work (Check All That Apply)	,																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitior	olition Mini-Enclos																
						Non	-Exempted	(*) and											
		ocation									Abatement Type								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custoo ((12)	e/ iff?	(i.e. ther	Containing mal syste urfacing, \	Description of solution of solution of solution of solution of solution, all systems insulation, facing, VAT, or r miscellaneous)			ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure						
		No	N/A		A	4 200 55 YE		9		4									
N.E. OF CONTROL HOUSE	-	×		TRANS.			2	n Est	2 5 F	2									
CONTROL HOUSE		\times		Acm C					LF	1	-		-						
ROOF		× ROOFING				ER'ALS		300		X		-							
ROOF X ROOF						HING		300		×									
Name of Registered Waste Hauler			DEP W	1000	ubic Yard: Waste	s '	Company of the Company		ed Landfill										
WASTE MANAGEMENT		100	25	Ac		20	GROW City, Stat						_						
City, State ELIZABETH, NJ				150	TB	D	MORR			ate									
Completed by CAROL RAIMO	Title OFFIC	CE M	GR		Signal	rali	Rain	no		/22	//	6							

Print Form

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

Date of Notification (1)	90000	me of Bu	ilding Owne	er/Operator	(2)		L	NOV 2	3 2	016		3	
Agencies Notified Type Notification		eet Addr	ess DLEY RC	DAD			ASS	ESTOS	CON	TRO	JL 8.		
EPA Initial Amended Amendment #_	S	ty, State, OUTH	Zip Code PLAINFIE	ELD, NJ (07068			iono Numbe		-			
Emergency (inclusion) DCA Emergency (inclusion) justification) Cancellation									-	TOTAL STREET		Š	
Name of Facility Where Abatement is Taking Pla			IT INFORM	ATION	Sch	Facility (4) hool (K-12) bchapter 8 her (i.e. priv	(Other t	han K-12) ommercial l	buildin	gs, h	omes,		
7801 TONNELLE City (5) NORTH BER		<u> </u>			Square	Feet 600	# of F	oors	1	g. Age		y RS	
County (6)	C		SE ONLY) _		Current ne of Abate	Use (Prior	if being	ATio	j) (,				
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	ner (8)	0045	No.	·UN	IQUE SY	STEMS	OF A	VIERICA					
Street Address 64 BROAD STREET				396	et Address 3 WHITE	HEAD A	VE.						
City, State, Zip Code MATAWAN, NJ 07747				so	y, State, Zip Code DUTH RIVER, NJ 08882								
Project Manager for Monitoring Firm TOM GEIGER	1.7		0-2217	732	732-432-8350 01111								
Start Date (10) S	cheduled Com	pletion D	late (11)	UN	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								
Occupancy Status During Abatement (Check C	Only One)			Street Address 396 WHITEHEAD AVE.									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility Hours		Dy		, State, Zip OUTH RI		08882	2					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renoval Demoliti	olition Mini-Er Gloveb					ontainment with Negative Presson nolosure pag Procedure xempted (*) and Non-Friable Pro						
	Is Locati	2						Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normal Used Sole Maintenar Custodial S (12)	ly by nce/ Staff?	(i.e. th	Descript s Containing nermal system surfacing, other misce	ng Material ems insula VAT, or	(ACM) tion,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
NE OF CONTROL HUSE	Yes No	N/A	TRANS	SITE P	ANEI	S	3	2 5 F	X				
N.E. OF CONTROL HOUSE CONTROL HOUSE	×			CAULI				DLF	×				
ROOF	X		ROOFIL	09 MAT	ER'ALS			0 SF	X				
ROOF	ROOF X ROOF						30	o S F red Landfill	X				
Name of Registered Waste Hauler WASTE MANAGEMENT	Vaste No.	Cubic Yard of Waste	20	GROW	VS NO								
City, State ELIZABETH, NJ				Bisposal D	Date D ature	City, Sta MORR			ato				
Completed by CAROL RAIMO	ompleted by Title								///	//	6		

FIIIIL FUIIII

CK # 1604

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

"OPEN NOTIFICATION"

Date of Notification (1) 11/22/2016			Name	of Building C	wner/Operati				-	2	W	E	R		
Agencies Notified Type Notification	on			Address HADLEY	ROAD	191			MOV	3 1	na e				
DEP Amended Amendme	ent#			tate, Zip Cod TH PLAIN	ie FIELD, NJ	070	80	1.	BESTAG	i ne					
DOH justificatio		9		of Contact N BRADLE	ΞΥ			Tel	ephone Nu	imber		1			
Name of Facility Where Abatement is Tak	ring Place	(2)	FAC	CILITY INFO	RMATION	T-	7=								
PSE&G	ang Flace ((3)				ТУ	pe of Facility								
Street Address 13 EISENHOWER PARKWAY						×	Other (i.e.	er 8 (Oth	er than K-1 & commerc	2) tial bu	ildings	, hom	nes,		
City (5) ROSELAND						1000000	etc.) uare Feet PPX 8500	# 0	f Floors 3	T	Bldg. Age APPX 82 YF				
County (6) ESSEX			County (STATE	Code (7) USE ONLY)		Cu	rrent Use (Pr WITCH S	ior if bei	ng demolis	hed)					
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	g Owner (8)	ASC 004	M No. 5			batement Co			Α					
Street Address 64 BROAD STREET					Stree 396		ress ITEHEAD	AVE.							
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Cod SOUTH RIVER												
Project Manager for Monitoring Firm TOM GEIGER	Project Manager for Monitoring Firm TOM GEIGER				Telep	hone			License N	10.					
Start Date (10) 12/7/2016	Schedul 3/1/20		mpletion	Date (11)			f OSHA Monitor UE SYSTEMS OF AMERICA								
Occupancy Status During Abatement (Che	28				Stree		ress TEHEAD	^\/⊏							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: NECESSARY OPE	mal Facility	/ Hour	rs City, State, Zip Coo					The state of the s							
Scope of Work (Check All That Apply)					- 300	חונ	RIVER, N	J 0888							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				_ N	ull Containm fini-Enclosur Glovebag Pro	e cedure							
Location of		Locat				LI NOTI-EXCIT			empted (*) and Non-Friab			Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/	(i.e. the	Description Containing Nermal system surfacing, VA ther miscellar	Materi s insu AT, or	Material (ACM) s insulation, T, or		nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
WINDOWS	Yes	No	N/A									late	li e		
WINDOWS		X		A	CM CAUL	3	8	350 LF	X						
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W auler ID 125	No. o	Cubic Yards of Waste		Name of GROW		ed Landfill		-				
City, State ELIZABETH, NJ					isposal Date		City, State		- PΔ						
Completed by CAROL RAIMO	Title OFFI	CE M	ANAG		Signature	e l	Las	d	Dat		2016				