State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) C Name of Building Owner/Operator (2) HACKENSACK UMC Date of Notification (1) Street Address /14 NOV 2 6 2014 Agencies Notified Type Notification 30 PROSPECT AVENUE

									had bank!		-			) produced
DEP X Ame	al Notificended I	Notific				e, Zip Code ISACK, NEV	V JER	SEY 0760	1	ESTO	8.00	INTR	OL 8	
X DOH On	Hold		IOTIFICA	TION	Name of JOHN NE				Telephone 1					
					LITY INFOR	RMATION								_
Name of Facility Where Abatement	s Taki	ng Pla	ace (3)				Туре	of Facility	(4)					
								School (K-						
HACKENSACK UMC							X		r 8 (Other the orivate & con			, hom	es, et	c.)
Street Address 30 PROSPECT AVENUE-BOILER HO	DUSE						Sq	uare Feet 150	# of Floo 6	ors			. Age 2	
City (5) Cou	inty (6	) .			County C				or if being de	emolish	ned)			
	RGEN				(STATE US			ER HOUSE						
Name of Monitoring Firm Hired by E OMEGA ENVIRONMENTAL CORPOR	Build <b>in</b> RATIOI	g Owi	ner (8)		/	ASCM No. 17	Nam	e of Abater ENVIRON	ment Contra MENTAL CO	ctor (9 RPOR	i) ATIO	N		
Street Address								et Address						
280 HUYLER STREET								SPOOK RO						
City, State, Zip Code S. HACKE	NSVO	K VIE	W IEDS	EV				State, Zip (	Jode V YORK 109	01				
Project Manager for Monitoring Firm	NSAC	r, NE	Telepho		nher			phone Num		Licen	se Nı	ımber	i e	
ANTON REZIN			201-489		iboi			369-7500	501	1101				
Expected State Date (10)		Sche			Date (11)			e of OSHA	Monitor	1101				
12 / 1 /14			12 /		30	/14			IRONMENT.	AL				
Month Day Year			onth		Day	Year								
Occupancy Status During Abatement	(Check	only	one)	A 1 1			100000000000000000000000000000000000000	et Address						
X Facility Closed/Vacated Do Abatement Performed Out						<u>.</u>	1376	ROUTE 9						
			5:00 pm				City	State, Zip (	Code	-				
X Other Describe.	iuu, i	nady	0.00 p	1.00	uiii		,		GERS FALLS	S, NE	N YO	RK 1	2590	
Scope of Work (Check all that apply)					X			nt with Nega	tive Pressure	е				
Demolition	X	Rend	ovation			Mini-Encl								
>3SF OR LF					_	Glovebag								
X   >160 SF OR 260 LF						Non-Friab						-1	- A T	
Location of			Location mally use			cription of As aining Materi			Amour	nt		atem		-
Asbestos-containing			olely by	·u		. Thermal sy			(Specif	W	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM) TO BE ABATED		E-15-501000	nt/Custod	lei		ation, surfaci			SF or L	5.0	ò	ıĕ∣	¥	15
in Facility (13)		CONTRACTOR OF	staff (12)			ther miscella			0. 5. 2	'	A	ا م	Sc	SC
25		Yes		A									<u></u>	고
BOILER HOUSE HT WATER TANK	ROOM	х		TAI	NK INSULA	TION			250 SQ. FT		X			
BOILER HOUSE HT WATER TANK	ROOM	x		PIP	E INSULAT	TION			150 LN. FT		X			
							MW.= 2-11							
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		1												
											.725			
														_
Name of Registered Waste Hauler		0.00	EP Wast		bic Yards of				ered Landfill					
VISION TRANSPORT		Haul	er ID No.		10	U		OWS LAND	FILL TOWN ROA[	2				
2 FISH HOUSE ROAD City, State			15939	Die	posal Date			State	I OVVIV-ROAL				-	
KEARNY, NJ 07032					3/14 to 12/3			RRISVILLE,	PA 19067			1	11	1
Completed by (Print or Type)	Title			1		nature	-			Date	110	1_	11	11/
BENJAMIN SANCHEZ	DIRE	ECTO	R OF OF	ERATI		HXX	1				11/	10	//	7

CK 57826

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

RECEIVED

0213-02

Date of Notification (1)	20000				Name	of Building	Owner/Operator (	2)	lon				
11/	26 /	14	_		Virtu	ıa		4314	104 28 AM	12: 31			
Agencies Notified	Type Notifica	ation			Street	Address						70%	
⊠ EPA					20 S	TOW RO	AD SUITE 3	後させた	ESTES CON	TROU			
□ DOLWD	☐ Amended			ŀ	City, S	tate, Zip C	ode	- de	LIFENSIA	113			
☑ DHSS	Amendme						J. 08053						
DCA		cy (incli	uding	-		of Contact			Telephone Nu	mber			
(NJAC 5:23-8)	☐ Cancellat					GIORDA			Готориси				
	L Caricellat								L				-
				(0)	FAC	ILITY IN	FORMATION	TT	(4)				
Name of Facility Where A				(3)				Type of Facility					
VIRTUA HEALTH M	EMORIAL I	HOSPI	TAL					School (K-12		12)			
Street Address								Other (i.e., pr	rivate and comm	nercial bu	ilding	s,	
175 Madison Avenu	ie .							homes, etc.)		**			
City (5)		41.4		25000				Square Feet	# of Floors	BI	dg. Ag	je	
MT. HOLLY								>50,000	4		40+		
County (6)		0910			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			
Burlington								HOSPITAL					
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM I	No.	Name of Abatem	ent Contractor (9)					
VERTEX ENVIRONI		•					DELTA/BJDS						
Street Address							Street Address						
700 TURNER WAY,	SUITE 105						1345 INDUST	TRIAL BLVD.					
City, State, Zip Code	00112 100	-					City, State, Zip C	ode					-
ASTON, PA 19014								TON, PA 18966					
Project Manager for Mon	itorina Eirm		-	Tolo	phone I	No	Telephone No.		License No.		-		
	itoring Film				0 558-	and the second second	215 322-2900	,	00783				
DON HEIM		O - b b -	1-10	25.00			Name of OSHA		00700				
Start Date (10)	2.1			93	tion Dat		CRITERION						
12 /01 /					_ / -			LAD					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							3370 PROGR						
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip C						
Time of Abatement. 1	AlviFI	VI/ 12 F IV	vi		,		BENSALEM,	PA 19020					
Scope of Work (Check al	I that apply)		,			-	M = 110		antivo Dennaven				
☑ >3 ef or >3 lf		r	⊠ Rei	novati	on		☐ Mini-En	itainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>			Dei				⊠ Gloveba	g Procedure					
							☐ Non-Exe	empted (*) and No	n-Friable Proce	- 1			
				Locat						At	atem	ent Ty	
Location				lorma d Sole	ely by	A = h =	Description		Amount	Re	Repair	四	四
Asbestos-Containing TO BE ABA		<sup>(1)</sup>		ntena			stos Containing Ma ., thermal systems		(Specify	Removal	pair	cap	clos
IN Facil			Cust		Staff?	,	surfacing, VAT	Γ, or	SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)		+	V	(12) No	N/A	1	other miscellane	eous)	4			ite	
		-	Yes	Total Line	1,000				0015	- F2	-		
GROUND FL CT ROO	OM #1			$\boxtimes$		PIPE EI	LBOWS		20 LF			Ш	
				$\boxtimes$									
				П	$\Box$					$\boxtimes$	П	П	
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				Ц			10		1 1 1 4611			ш	ш
Name of Registered Was				1000	IJDEP I lauler II		Cubic Yards of Waste	Name of Regi					
SERVICE TRANSP	ORT GRP.				20990			250000000000000000000000000000000000000	LANDFILL				
City, State		****					Disposal Date	City, State					
58 PYLES LANE, N	EW CASTL	E, DE	1972	0			14	WAYNESE	BURG, OH 446	886			
Completed By (Print or T	ype)	Title					Signature	1 0		Date			
DAMIAN LAVELLE	F .	PF	ROJE	CT N	IGR		Jan	mia Xa	0008	11-2	26-	14	
Laurence de la constante de la	3.00				- 1-11-11-11-			7 .01	~~~				

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

Date of Notification (1) November 24, 2014	1	7.7			Building C Villiams			2)	Che	ck # 16	10				
Agencies Notified	Type Notification			Street Ad 1814 R	dress oute 70	E, Su	ite 200		细护州	₩ 28	AH	12:	05		
EPA DEP DOL	Amended Amendment #		- L	Cherry	e, Zip Coo Hill, NJ		3		ASSEC	TOO.	CO	IT	10£		
DOH DCA	justification) Cancellation			Name of Tina Ba					1 121	annana .	CHI-THIN				
		- 17		FACIL	ITY INFO	RMATI	ON					50.00			
Name of Facility Where Vacant Residence	Abatement is Taking	Place (3)						Type of Faci		or than K	( 12)				
Street Address 226 Belle Arbor Dri	ve							Other (i	i.e. private	& comme					es,
City (5) Cherry Hill								Square Feet 3,000	2	f Floors		10 10	dg. A	ge	
County (6) Camden				County C (STATE U	ode (7) SE ONLY)		_	Current Use Residence		ing demo	lished	i)			
Name of Monitoring Firm Management & En			3	ASCM	No.			of Abatement e Environr		(100 to 52)					
Street Address PO Box 341								Address Cutler Aver	nue						
City, State, Zip Code Chesterfield, NJ 08	515							ate, Zip Code e Shade, N					=		
Project Manager for Mon Bill Weisgarber	nitoring Firm	2.00237 <del>32</del> 473 = 3.55		Telephor	ne No. 8-4070			one No. 755-0099		License 00842					
Start Date (10) December 4, 2014		Schedule Decem			Date (11)			of OSHA Mor							
Occupancy Status Durin	100				<u> </u>			Address				_	-		
Facility Closed/Vac	cated During Entire F	eriod of A	baten	nent				Route 130							
Other – Describe:		al Facility	Hours	). 		_		aminson, N							
Scope of Work (Check A	All That Apply)	⊠ R	enova	tion				Full Conta	ainment wit	h Negativ	ve Pre	ssur	e		
≥160 sf or ≥260 lf			emolit				×	Mini-Encl Glovebag						2	
	24	le	Locati	ion				I . NOII-EXE	ripted ( ) ar	IU INOITE	Ilabie	-	Abate	ment	
Locatio	n of	. N	lormal	ly		De	scription	of .	2-		-		Ту	ре	
Asbestos-Containing TO BE AB In Fac (13)	Material (ACM) BATED Ility	Mai	d Sole intena odial s (12)	nce/		thermal surfa			(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				*						(D)	
Upstairs Bedr	Upstairs Bedroom Closet						on Duo	ctwork		20 SF		Х			
Name of Registered Wa	ste Hauler			JDEP W			Yards	Nam	ne of Regist	ered Lan	dfill				
Freehold Cartage	1 0000	lauler ID 2265	NO.	of Wa	iste	We	stern Ber	ks Con	nmui	nity	Land	llift			
City, State Freehold, NJ							sal Date 2014		State dsboro, P	Α					
Completed by Christina Lynch		Title Oper	ation	s Mana	iger	5	Signature	mol	) &		Date 11/		2014		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

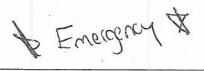
CK 638

Name of Building Owner / Operator Date of Notice 11/20/14 Type Notification Barbara Hill Agencies Notified Street Address **Emergency Notification** 42 Grace Street X **EPA** Initial Notification City, State & Zip Code X DEP DOL Amended Notification Irvington, NJ 07111 X Telephone Number Name of Contact X DOH Cancellation Barbara Hill DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. 42 Grace Street # of Floors Bldg. Age Square Feet +08 County Code (7) 2,200 City (5) County (6) Current Use (Prior if being demolished) Essex Irvington Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Global Abatement Services, LLC Environmental Tactics, Inc. Street Address Street Address 443 Schoolhouse Road 64 Broad Street City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Telephone Number Telephone Number License Number Project Manager for Monitoring Firm 00714 732-290-2217 732-605-9062 Tom Geiger Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Global Abatement Services, LLC 12/1/14 12/1/14 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Monroe Township, NJ 08831 Describe: Area Isolated During Abatement Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Mini-Enclosure Large Project X Glovebag Procedure Quantity is  $\geq 3$  SF or  $\geq 3$  LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Amount Abatement Type Description of Location of Is Location (Specify: Removal, (Specify Asbestos-Containing Normally Used Asbestos-Containing Square Feet Repair, Encapsulation Material (ACM) Material (ACM) Solely by or Enclosure) (i.e., thermal systems Maintenance or or TO BE ABATED Custodial Staff? insulation, surfacing, VAT Linear Feet) in Facility or other miscellaneous) (13)(12)Removal 20 LF Basement N/A TSI Name of Registered Landfill NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Waste Hauler TRRF 18693 Freehold Cartage Disposal Date City, State City, State 12/2/14 Tullytown, Pa Freehold, NJ Signature Date Completed By (Print or Type) 11/20/14 Dominick Tringali Dominick Tringali **Project Manager** 

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner / Operator (2) Date of Notice 11/20/14 James Smith Type Notification Agencies Notified Street Address 352 5<sup>th</sup> Street X **EPA Emergency Notification** City, State & Zip Code X DEP Initial Notification X DOL Amended Notification South Amboy, NJ 08879 Name of Contact Telephone Number X DOH Cancellation DCA James Smith FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) 352 5th Street X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Blda. Age 60+ City (5) County (6) County Code (7) 2.200 Current Use (Prior if being demolished) Middlesex South Amboy Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-605-9062 00714 732-290-2217 Tom Geiger Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 11/21/14 11/21/14 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code X Describe: Area Isolated During Abatement Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Large Project Mini-Enclosure X Glovebag Procedure X Quantity is ≥ 3 SF or ≥ 3 LF ACM Other: Non-friable Quantity is ≥ 160 SF or ≥ 260 LF ACM Is Location Description of Abatement Type Location of Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal. Repair, Encapsulation Material (ACM) Square Feet Material (ACM) Solely by or Enclosure) TO BE ABATED Maintenance or (i.e., thermal systems OF Linear Feet) in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) TSI 20 LF Removal Basement N/A Name of Registered Waste Hauler NJDEP Waste Hauler ID# Name of Registered Landfill Cu. Yds. of Waste 18693 TRRF Freehold Cartage Disposal Date City, State City, State 11/20/14 Tullytown, Pa Freehold, NJ Signature Date Completed By (Print or Type) 11/20/14 Dominick Tringali **Project Manager** Dominick Tringali

ASB-41 JUN 95 G4667



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

CK YSIG VED

Date of Notification (1) 11/24/14		Name of Ted Fl	Building Cuehr Priv	owner/Operator vate Home	(2)	2814 A	101 20		ture sure		
Agencies Notified Type Notification  EPA Initial		Street A	ddress ast Indiar	na Ave.		ASAT	101/28	AHI	3: S	9	
DEP Amended Amendment #			te, Zip Coo haven T	ie errace NJ 0	8008	Éz :	LICEN	1117 1116	20t		
□ DOH	nciuaing	Name of Ted	Contact	9 0		l Te	lephone Nu	ımber			
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATION	Type of Faci	lity (4)					
Ted Fluehr Private Home	, , , , , ,				School						
Street Address 140 East Indiana Ave.		(a) (b)					ner than K-1 & commerc		dings,	home	es,
City (5) Beach Haven Terrace NJ 08008					Square Feet 1000+	# 0	of Floors	1000	8ldg. <i>F</i> 85+	ge	
County (6) Ocean		County (	Code (7) USE ONLY)		Current Use Home	(Prior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building ON/A	wner (8)	ASCM	1 No.	352233	of Abatement aco Inc.	Contractor	(9)				
Street Address					Address 3ox 329						
City, State, Zip Code				WALL BY 100 STATES AND ADDRESS	State, Zip Code t Berlin NJ						
Project Manager for Monitoring Firm		Telephor	ne No.		none No. 753-9800		License I	No.			
	Scheduled Co	mpletion (	Date (11)	Name Sam	of OSHA Mor	nitor					
Occupancy Status During Abatement (Check	Only One)			Street	Address						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:				City, S	state, Zip Code	)					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol			×	Mini-Enclo	sure Procedure	h Negative nd Non-Fria			Д	
	Is Loca	tion			- HOIT EXCIT	l l	d Honer Ha	1	Abate	ement	i
Location of	Norma Used Sol	ally		Description				-	Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maintena Custodial (12)	ance/ Staff?		os Containing N hermal system surfacing, VA other miscellar	s insulation, T, or	(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
exterior siding		x	-	exterior sid	ding	22	200 SF	×			
		-									
Name of Registered Waste Hauler		NJDEP W	aste	Cubic Yards	Name	e of Registr	ered Landfi	11			
United Containers		Hauler ID 22459		of Waste		.O.W.S.	- In the second				
City, State Elm NJ				Disposal Date 11/28/14		State risville P	4 19067				0-
Completed by Anthony T Perna	Title President	:		Signature				ate 1/24/	14		

CK 4515

#### Print Form

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

RECEIVEL

Date of Notification (1) 11/24/14			E	lame of Earth T	Building Cor	wner/O	perator ng (Fo	(2) r The (	City Opvi	Plan	<sup>†)</sup> 28	AM IC	). ^	•		
Agencies Notified	Type Notification		5	Street Ad	ddress				-			111116	. <	6	3	
EPA DEP DOL	Initial Amended Amendment	#	C		te, Zip Coo ield NJ (					1	TOEN.	3-1-1	P.E	L		
DOH DCA	Emergency (justification) Cancellation	3	1	ST4015030-10431500	Contact				-		ephone N					
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A Vacant Building (F									of Facility (4) School (K-12) Subchapter 8	)	or than I/	40)				
Street Address 627-29 East Elmer	Street							× C	Other (i.e. pri				ilding	js, h	ome	s,
City (5) Vineland NJ 08360								Square 1000	e Feet +	# of 2	Floors		Bldg 35+	1 7	е	
County (6) Cumberland				County C	Code (7) ISE ONLY)			Currer Hall	nt Use (Prior	if bei	ng demo	lished)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Abat aco In	ement Contr	ractor	(9)			•		
Street Address							77.000000000000000000000000000000000000	Addres Box 32	77							
City, State, Zip Code						-		state, Zij t Berlir	p Code n NJ 0809	)1						
Project Manager for Mor	nitoring Firm			Γelephor	ne No.		100000000000000000000000000000000000000	none No 753-98			License 00727				31.5 F = 41	
Start Date (10) 12/4/14		Scheduled 12/12/14		pletion [	Date (11)	(*)	Name Sam		IA Monitor				V			
Occupancy Status Durin	g Abatement (Chec	k Only One	)				Street	Addres	S							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	State, Zij	p Code							-
Scope of Work (Check A	II That Apply)				-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				>	Min Glo	Containmen i-Enclosure vebag Proce n-Exempted	edure				dure		
		le l	ocatio	nn.						1./				ate	ment	- 3- 10- 1-
Location	n of	No	ormall	y		De	scription	n of				-		Typ	e	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	n Material (ACM) <u>ATED</u> lity	Mair Custo	Solel itenar idial S (12)	ice/		tos Con thermal surfa	taining M system cing, VA miscella	viaterial s insula AT, or		(5	mount Specify or LF)	Kemovai		Renair	Encapsulate	Enclosure
Roo	f	103		X		roofir	ng top	layer		32	50 SF	x	+	+	-	
							3 1									
Name of Registered Wa	sta Haular		LN	JDEP W	lasta	Cubic	Yards		Name of R	Penistr	ered Lan	4611				
Earth Tech	Н	auler ID 3429		of Wa			CCIA	.ogiott	LUIN							
City, State Greenfield NJ						Dispo TBD	sal Date	•	City, State Millville		8332					
Completed by Anthony T Perna		lent			5	Signatur	-	1			Date 11/24	1/14				

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

PE	mergener	A			(Pu	remant	to NIAC	R-60 a	nd 12:120	3)	CK	45	15	F- 1	1.			
Date of 1 11/24/	Notification (1)		il a		1	Name of Charle	Building (	Owner bara	r/Operator	(2) elli Priv	CK vate Home	2014 N	ים. ימי	11	1	-	į	
	s Notified	-	otification			Street A	ddress Clong B	each	Blvd.		4		0 h 5	8 A	4/	3: 2	1,	
EP. DE X DO	P	Street, Street	ial iended iendment	#	(	City, Sta	te, Zip Co Beach N	de				ď.		Pro-		P01		
DO DC	3000	jus	ergency tification) ncellation			Name of Charle	Contact				=	Teler	ohone I	Numbe	-	··U		
						FACI	LITY INFO	ORMA	TION	-	75 10 72							
	Facility Where A es & Barbara									Commit	of Facility (4 School (K-12							
Street A 1032 (	ddress Clong Beach	Blvd.	31								Subchapter 8 Other (i.e. pretc.)	(Other			uild	ings,	home	es,
City (5) North	Beach NJ 080	08						0			re Feet	# of F	Floors			dg. A	ge	
County (							Code (7) JSE ONLY)			Curre	nt Use (Prio	r if being	g demo	olished			0111	
Name of N/A	Monitoring Firm	Hired by	Building	Owner (8)		ASCN	l No.	-		of Abai	tement Cont	ractor (9	9)			•		
Street A	ddress	··· •···							200000000000000000000000000000000000000	Addres	Sales a							
City, Sta	te, Zip Code				····			3			ip Code n NJ 0809	91						
Project I	Manager for Moni	toring Fir	m		Tİ	Telepho	ne No.		10 3000000000	none No 753-9			Licens					
Start Da 11/25/				Schedule		pletion I	Date (11)		Name Sam		A Monitor							
	ncy Status During	Abatem	ent (Ched				-			Addres	SS ·							
Aba	cility Closed/Vaca atement Performe aer – Describe:								City, S	State, Zi	ip Code				120 121	<u> </u>		
Scope o	f Work (Check All	That Ap	ply)															
-	sf or ≥3 If 60 sf or ≥260 If				Renovat Demoliti					Mir Glo	I Containmenti-Enclosure ovebag Procenti-Exempted	edure						
				Is	Location	on				1401	II-Exempled	() and	NOTE	Table 1	_	Abate	ment	
	Location	177.71	/4 O.L.		Normalled Solel		7.2000000000000000000000000000000000000		Description			27.00		-		Ту	pe	
Asoe	estos-Containing I TO BE ABA In Facilit (13)	TED	(ACIVI)	Ma	intenan todial S (12)	ice/		therm	ontaining Mal system facing, VA r miscellar	s insula T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Bottom of h	OUSA		res	NO	X		trs	ansite bo	ard		500	) SF	×	$\dashv$			
	20110111 011	10000				^			anono be					-				
					L									L				
	Registered Wast Containers	e Hauler		H	JDEP W auler ID 2459		278000 (b)	ic Yards Vaste		Name of R		ed Lan	atili					
City, Sta Elm NJ								Disp	oosal Date 28/14		City, State Morrisvil		1906	7				
Complet Anthon	ed by y T Perna			Title Pres	ident				Signature				-	Date 11/2	4/1	4		

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

Emergency	Initial Notification ISE
Chook # 61	Initial Notification See
Check # 10	VERSION TROUBERS
1 1 1	

16								1	11/1	-11-11-1		*************	-+
Date of Notification		1	Name	of B	uild	ing	Owner/Operato	r (2)	IN NO	)V 2	2	2014	
1 1 1 / 2 1	1/1/1/4	.		wark P			nools		147	J ,	_ 0	٧	-
gencies Notified Ty	pe Notificat	ion	Stre	et Ad	dres	s					100	n ò/	72
[ ]EPA	[X][nitial			edar S					ASBE	TICE	NE	VG.	
(X) DEP	Notificat	ion	City	y. Sta	te,	Zip	Code				12.1	(J)	E
(X) DOL	( )Amended Notificat	tion	100000000000000000000000000000000000000	wark, N			2						
(X) DOH	[ ]Cancellat		Name	e of C	onte	30E		Tele	phone Number				
DX1DCA	[ ]Caucerra	.1011	Do	uglas E	Bland	d,B	lus. Admin.						
				FACI	LLIT	Y IN	FORMATION						
ame of Facility When	e Abatement	is Tak	ing	Place	(3)			Type of Facil					
Quitman Street Commi	mity School						-	[X]Schoo.	anter 8 (Othe	r th	an K	-12)	
Street Address	army Correct							[ ]Other	i.e., priva)	mes.	etc	.)	_
21 Quitman Street								Square Feet	# of Floors	BTG	g. A	ge	
City (5)		County	(6)			Coun	ty Code (7)	45000 Current Use (	Prior if being	180	moli	shed	)
		Гесом			- 1	(SIP	TE OSE ONLI	School				4	
Newark, NJ 07103	rm Hired by	Essex Build:	ing	ASCM	No.		Name of Abate	ment Contracto	r (9)				
Owner (8)	_						Four Strong B	uilders Inc					
TTI Environmental, Inc				00003	3	-	Street Addres	is					0.000
	4						180 Sargeant	Avenue					
1253 North Church Str							City. State.	Zip Code					20110
							Clifton, NJ 070	013-1935					
Moorestown, NJ 0805 Project Manager for	Monitoring !	irm T	elep	hone N	lumbe	75	Telephone Num	nber	Licen		impei		
Jim Guillardi		8	56-8	40-880	00		973-614-0377		00807	7			
Scheduled Start Date		ed.Comp				11)	Name of OSHA	Monitor					
1   1   /   2   2   /   1 Month / Day / Y Occupancy Status Dur	ear Mon	1/12	Day	1/1 46	ear		Four Strong E						
Occupancy Status Dur	ing Abatemen	nt (Che	ck o	nly or	ie)		Street Addre						
(X) Facility Closed of Abatement						1	180 Sargeant	Avenue					-
[]Abatement Perfo Hours - Describ	rmed Outsid	e of No	rmaı	. Faci.	TITY			- TA					
[ ]Other - Describ	e:						Clifton, NJ 07	013					
Scope of Work (Check	all that a	pply)					[ ]Ful	l Containment i-Enclosure	with Negative	e Pre	ssur	e	
[ ]Demolition [X]>3 sf or	>3 1f			Renov	atio	n	rV1G1a	vebag Procedur -Friable Proce	e				
[ ]∑160 sf o	or >260 lf						[ ]NOn	-Friable Proce	dare	Abat	emer	it Tv	rpe
		)(		Is cation			_ / / /			R		E N	E
Location Asbestos-Co				rmally Jsed			Descripti Asbestos-Con	itaining	Amount (Specify	E	R E	CA	C I.
Material TO BE A	(ACM)			olely Main-			Material ( (i.e., thermal	systems	SF or	0 0	P	P	0
in Faci	lity		Cus	nance/ stodia	1	i	or other mis	cellaneous)	LF /	A	I	ŭ	U
			Yes	No N	(/A		9,347 (1995)					-	E
4th Floor Boys Bathro	oom			X		Pipe	Insulation		50 LF	X			
	•					11-11-22-22							
			1										
							Section Control of Con	=		1			
Name of Registered	Waste Haule		N	JDEP W	Vast	e No.	Cubic Yards of Waste	Name of Reg	istered Landi	111			
Fair Chana Duildan	Inc			2609		METOLES.		G.R.O.W.S.,	Inc.				
Four Strong Builders	, 1110.						Disposal Dat			** 0-1			
							1	Tullytown, P	Α				
Clifton, NJ Completed By (Print	or Type)	Title					Signatu			D	ate		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Office A	\dmi	nietrate	or		(3)	And		1	1/21	1/14	
Bilyana Kulakovska		Onice A	-uiiii	ijoliali						)+			
JUN 95									-	500		G46	67

1/21/2014 13:10	Mi	20	)	***			H	0.510	; (C			\\/j
	NO	(Pura	TION O	of New Jorg Pagestos In Od:8 Daly	ABATEM 4 12:120)		DC	)L   10 D	AYO	V 2	2.8	201
nis of Natification (1)				uilding Owners	Spermor (	2) Chec	k # 1853		BES	1/5	1	NIH
gencies Rollfied Type Notification			Tel Add			+		1 /achi	7	CE	Name and Address of the Owner, where the Owner, which the	NO
		-		il Browning	Road			CAVORY		_	+	$\dashv$
DEP Initial Amended Amended Amended Amended				. Zip Code r. NJ 08031			WAIVE	R APPRO	OVE	D		
(B) Citial factor for c	duding		ime of C				1	Talanha		-		
DCA Canomistion		K	en Mu		OFN							$\dashv$
INNE of Facility Where Abatement is taking I	Pince (3)		FACIL	TY INFORMAT	III I	Type of	Focilly (4)			-		
Old Annunciation Church					-	P	chool (K-12) ubchopter 8 (	Other then K-12)	a desir	naa N	APPE (II)	
301 Wast Browning Road						10	(D <sub>1</sub> )					
ily (5) Bollmawr						5,000	0.5/3/3/25	# of Floors 2	10	ly. Ay O	H	
County (4)			ounty Co					being demotish	(b:	-		
Camden		(2		E ONLY)		Churc		edes (B)				
The of Monkoding Firm Hired by Building Ov TTI Environmental. Inc.	uner (D)		ASCM	No.	Shad	le Env	Ironmente					
tradi Address 1253 N. Church Street		anvl		<del>(2000-2</del> 16)	823		BUNGYA	T				
Chy, State, Kip Code Visorostown, NJ 08057		-			City, s Map	tute, Ziş le Sha	Code de, NJ DBC	152				
Project Manager for Monlisting Firm			olephon			none No		License No 00842	٥.			
Im Gullardi		1000		0-8800	-	765-00	A Moniter	10045				-
November 24, 2014	Decem	ber 4,		ate (11)	EMS	IL Lab	orstorios					_
Occupancy Status During Abdiction (Check						Addron Route	s 130 North					
f'acility Closed/Vetsted During Entire Pr Abalament Performed Outside of Norma Other - Describe;	orios of / p. Facility	Hours	ant		City, S	statu, Zij						
Beope of Work (Check All That Apply)												
28 of or 23 if 2 100 of or 2200 if		emollio			S.A.B. accommod	- Min	A-Fradosure	il with Negative F dure				
			· · ·			No	-Emmplod	and Non-Friat		Abate		$\dashv$
	5,000	Locatio	100							Ty		
Location of Asbestos Confoling Motorial (ACM)  TO DE ABATED In Facility (13)	Use Ms	d Salal Irvanan Iadlal S (12)	y by km/ kef7	Achestos C (La, therr	Description ontaining the system of system of system of the control of the contro	Maleriei na Inneis AT', or	(ACM)	Amoum (Specify 8F or LF)	Removal	Ragar	Enagostate	eureopus
	Yas	No	N/A	Fine	Tilean	l Mage	ia	3,900 SF	×	-	-	+-
Throughout 1st Floor	+	XXX	-	Vapor Ba				2,500 SF	1	<b> </b>	-	$\forall$
Throughout 1st Floor	-	XXX	-	A(r-Ce)  PI			The second second	60 LF	X	-	-	1
Basament	1000	XXX					M 1110/012	80 SF	×	-		$\vdash$
Basoment - Mechanical Room	XXX	1	JOEP W		bic Yards		Namedia	logistered Lands		1		1
Name of Registered Wests Haular		Н	autor 10		Waplo			Berka Comm		Len	affil	
Froshold Cartage		02	2285		ponn Da		City, State					
City, Atala Freehold, NJ	Tille				14/2014		Birdsba	D, PA	20			
The state of the s		12-1/17/17/17			I NAMED OF		1 1		1/21/			

A58-01 (A-14-00)

\* SEE AttAched

ocation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location by Mainter	n Normally nance/Cust	Used Solely todial Staff?	Description of Asbestos Containing	Amount (Specify SF	D
Parament M. J.	Yes	No	N/A	Material (ACM)	or LF)	Remova
Basement - Mechanical Room	X			Flue Packing	100	
Exterior			X	Window Caulk	4 SF	X
				Willdow Caulk	20 LF	X
						- / /

### 20089

State of New Jersey

Ch x x 3.1	NOT			F ASBES NJAC 8:60		BATEME (0)		E C E		V E	2 5	
Date of Notification (1) November 20, 201	14		Na	ame of Building	Owner/Ope DnA I	rator (2) Demolition		NOV 2	8 20	)14		
[ ]	on Notification			reet Address		Camplain Ro	oad L	ASSESTA	Y 10.17		X	
[x] DOL Amen	dment #_ ency (incl			ity, State, Zip C		orough, NJ (	)8844	LICENS	SING			_
[ X ] DOH [ X ] Emerg justific [ ] Cance	cation)	ading .	N	ame of Contact Anto	nio Dimuz	zio	Tele	ephone Number				
		F	ACILI	TY INFORI	MATION							
Name of Facility Where Abatement is Taking I Former Bank	Place (3)					Type of Facil		School (k-12)				
Street Address 54 Ridgewood Ave	nue					]	x ] (	Subchapter 8 (oth Other (i.e., private nomes, etc.)			al build	lings,
City	County	(6)		unty Code (7)	120	Square feet		# of Floors	Bldg	. Age	20	
Ridgewood	Berger	1	(8)	rate use on	LY)		(Prior if bo	2 eing demolished)			00	
Name of Monitoring Firm Hired by Building C			AS	SCM No.	Name of	Abatement Con		)	Inc			
Guardian Contracti	ng Inc.				Street A		Juardian	Contracting,	inc.			
1889 Route 9, Unit					1	889 Rot	nte 9, Unit 61					
City, State, Zip Code Toms River, NJ 08	755				City, Sta	ite, Zip Code T	oms Riv	ver, New Jerse	ey 087	755-12	271	
Project Manager for Monitoring Firm	10.00	Telephone Num			\$2000 BUSTON	ne Number		License N 00624	umber			
Nicholas Fernicola Scheduled Start Date (10)		732-349-993 Scheduled Com		Date (11)	_	19-9932 f OSHA Monito	r	00024	-			
11/11/14		11/25/14					E.M.S.L.	Analytical				
Occupancy Status During Abatement (Check of Facility Closed/Vacated		ntire Period of	Abatem	ent	Street A		056 Ste	lton Road				
[ ] Abatement Performed (					City Str	ate, Zip Code						
Other – Describe					0.00,00		Piscatawa	ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)		The second second		·	[x	Full Cont	ainment w	ith Negative Pres	sure			
[ X ] >3 sf or ≥3 lf		[x] Re	enovation		L	Mini-Enc	losure Procedure					
[X] ≥160 sf or ≥260 lf		177	molition		Ĺ			and Non-Friable I	Procedu	ire		
			T	***					Abat	ement	Type	
	I	s Location			Descripti				R	R	E	Е
Location of	No	ormally used		A	Asbestos-Co			Amount (Specify SF	E	E	N	N
Asbestos-Containing Material (ACM)  TO BE ABATED	Mainte	Solely by enance/Custo	dial	(i	Material (. i.e., thermal			or LF)	М	P A	C A	C
in facility		Staff			nsulation, s	urfacing,			0	I	P	0
(13)		(12)			VAT, ther miscel				V A	R	S	S
	I/A	0	ulei illiscei	ianeous)			L		L E	R E		
Mechanical room	X	-	Asbestos pi	oe insulatio	on		20 lf	X			+	
3 offices		X		Glue dots or				1200 sf	X			
Basement		х		Asbestos pij	pe insulation	on		950 lf	Х			
				y annual papers								
Name of Registered Waste Hauler	N.	JDEP Waste H 2022		No. Cubic	Yards of Wa		f Registere	d Landfill				
Guardian Contracting, Inc. City, State	Disposal :		City, S	T.R.								
Toms River, New Jersey	Title		1/26/1	4	Tully	town Penns	ylvania		T = -			
Completed by (Print or Type) Nicholas Fernicola		Signature	ichel	-le			Date 11/	: 20/20	14			

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

eLox 1032

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

Date of Notification (1)						wner/Oper	ator (2)	Water State	NO NO	V 28	20	14	$\dashv$
11-17-2014					Barneg	at LLC			d bac	. 20		17	4
Agencies Notified  EPA	Type Notification  Initial		177	treet Ad Danie	dress el Road E	East		44.0	ASBES			ROL	<u> </u> &
DEP × DOL	Amended Amendment				e, Zip Cod d NJ 070			L		LICENS	ING		-
DOH DCA	Emergency ( justification) Cancellation		1 63	lame of				31	Telephone N	umher			
_ box	Canconation.			FACIL	ITY INFO	RMATION							
Name of Facility Where Private Property	Abatement is Takin	g Place (3)					Ту	pe of Facility (4 School (K-12	)				
Street Address 29 S Main Street	8	20			77	388	×	Subchapter 8 Other (i.e. pr etc.)	3 (Other than K- ivate & commer	12) cial build	ings,	home	s,
City (5) Barnegat New Jers	sey					****		uare Feet IOSf	# of Floors	100	dg. Ag 50	ge	
County (6) Ocean				County C	ode (7) SE ONLY)		- Cu	rrent Use (Prio	if being demoli	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM N/A	No.			batement Cont Environmen					
Street Address N/A							treet Add	ress ayette Stree	t				
City, State, Zip Code N/A						0.00		e, Zip Code NJ 07105		1.00,000			
Project Manager for Mo	nitoring Firm			elephor	ne No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	elephone 973-49		License 00124		101000		
Start Date (10) 12-1-2014		Schedule		pletion [	Date (11)			OSHA Monitor vironmental	Corp				
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)			S	treet Add	dress					
Transa h	cated During Entire			ent		2	2333 R	oute 22 west				25	
Abatement Perform Other – Describe:	med Outside of Non	mai Facility	Hours			110.30		e, Zip Code NJ 07083					
Scope of Work (Check	All That Apply)												
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enovat emoliti				×	Mini-Enclosure Glovebag Proc				۵	
		1	5					NOII-L'ACITIFICE	( ) and (von-)	lable i io		ement	
Locatio		A 0.000	Location Normall	72.00		Dosco	ription of				Ту	ре	-
Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Mai	d Solel intenar odial S (12)	ice/	Asbest (i.e.	tos Contair thermal sy	ning Mate stems in g, VAT,	or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								iō	
Baser	ment			X		Duct Ir	nsulatio	n	50SF	x			
Gara	ige			х		Tar ro	of Patc	h	400SF	x			
Gara	age			Х	wind	ow glazii	ng 12 v	vindows	165 SF	x	11		
Name of Registered War	Н	JDEP Wauler ID		Cubic Ya of Waste		0.0086	Registered Land Enterprises						
City, State	City, State					Disposal	I Date	City, State	e sburg OH 44	688			
1199 Randall Ave I	DIUIIX IN T	Title Presi	ident			Sign	nature	/ / /	Journ Oli TT	Date 11-17-	2014		
Carlos Gomez		Fiesi	uent				7	12					

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT

			(Pu	rsuant	to NJAC 8:60 a	and 12:120	))	NSING OCHUNG	TICE SISIS	5 <b>2</b> 6)		A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1)	ovember 20, 20	14			Name of Building		rator (2) ole Consttruction	+107 0	7 11	) N		
Agencies Notified  [ X ] EPA  [ ] DEP	[ ] Amer	l Notifica ided Noti	fication		Street Address  City, State, Zip C		artlett Avenue	7100	0 ///		THE THE	
[x] DOL	[x] Emer	ndment#_ gency (in ication)			Name of Contact	West	Creek, NJ 08092	elephone Number	2] (	J) 2		
[ ] DCA	A CONTRACT OF THE PARTY OF THE	ellation			Joyc	е		elephone Ivalitoei				
			17.02	FACI	LITY INFORM	ATION						
	sidence	g Place (3	)	2			Type of Facility (4)	School (k-12) Subchapter 8 (ott	her tha	n k-12)		
Street Address	11 Beach Blvd.						[x]	Other (i.e., priva buildings, homes	te & cc			
City		County	y (6)		County Code (7) (STATE USE ON	LY)	Square feet 1682 sf	# of Floors 2		g. Age	54	
Forked Rive		Ocea					Current Use (Prior i Resider	nce	)			
Name of Monitoring Firm N/A		Owner (	8)		ASCM No.			(9) an Contracting,	Inc.		1536	
Street Address						Street A	1889 R	oute 9, Unit 61				
City, State, Zip Code								River, New Jers			271	
Project Manager for Moni	itoring Firm		Telephone 1	Number			ne Number 19-9932	License N 00624	lumber			
Scheduled Start Date (10) 11/21/20			Scheduled 0 11/25/20		tion Date (11)	Name of	f OSHA Monitor E.M.S.	L. Analytical				
	ility Closed/Vacate	d During	Entire Perio			Street A		telton Road				
	atement Performed er – Describe	Outside (	of Normal Fa	acility H	iours	City, Sta	nte, Zip Code Piscata	way, New Jerse	y 088	354	7	
Scope of Work (Check all	that apply)]						[ ] Full Contair	nment with Negativ	e Press	ure		
[ ]_≥3 sf or ≥ [X ] ≥160 sf or			L J	Renovat Demol			[ ] Glovebag Pr		riable F	rocedu	re	
		<u> </u>						1	Aba	tement	Туре	
Location	of		Is Location ormally us		A	Descriptionsbestos-Co		Amount	R	R	E	E
Asbestos-Containing N TO BE ABA	Material (ACM)		Solely by			Material (A.e., thermal	ACM)	(Specify SF or LF)	E M	E P A	C A	N C L
in facilit		iviaini	Staff	stodiai		sulation, su VAT,	rfacing,	01131)	O V	I R	PS	OS
(13)		YES	(12) NO	N/A	0	ther miscell			A		U L	U R
Exterior		IES	X	IN/A	Asbestos sid	ing	2	1350 sf	L		E	E
Exterior			11			8			0.000			
												-
Name of Registered Waste		N	JDEP Waste			Yards of Was		L ered Landfill		1		
City, State	ontracting, Inc.		20		sal Date	City, S						
Completed by (Print or Ty		Title			6/2014 Signature	Tully	own Pennsylvania	1	Date			
Nicholas Fer	nicola	Proje	ct Manage	er	1 1/1/	1001	+11		11/.	20/14		

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

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

			NO		TION OF AS					AME CO	是	1	M:	场	In
Date of Notification (1) 11–24–14				4 4400	ne of Buildin	ā., .		1,539.5					1.		The second second
Agencies Notified	Type Notif	ication		Stre	eet Address 99 Borto	-	-		į.	Li NC	) <del>V 2</del>	8	2014		
型 EPA 口 DEP 型 DOL	□ Initial Amer				/, State, Zip		UT 000			ASBES	STOS (	<i>[</i> 0]	TRO	)L 8	<u>.</u>
₩ DOH	□ Emer	gency (included)	ling	Nar	ne of Contac	t	080 U	57		Telephon	LICEN e Numbe	-	lG		
□ DCA -		ellation			aul Kim	\$4.				1					
Name of Facility Where A	Abatement is	s Taking Plac	e (3)	F	ACILITY IN	FORM	ATION	Type of	Facility (	4)				_	
Lockheed Mart:									nool (K-1	774					
Street Address 199 Borton Lar	nding R	oad						□ Sul	bchapter ner (i.e. p	8 (Other than rivate & com		uild	ings,	hom	es,
City (5) Moorestown								Square 530,0	Feet	# of Floor:	S		dg. A	700	
County (6) Burlington					inty Code (7) ATE USE ONL			Current	Use (Prid	or if being der	nolished	)			
Name of Monitoring Firm Harvard Enviro			(8)	A	SCM No.					tractor (9) conmenta	l Co.	. I	nc.		
Street Address							Street	Address				,			
760 Pulaski Hi	Lghway							Haws		ie					
City, State, Zip Code Bear, DE 1970	01						1000 O-000	tate, Zip (		19401					
Project Manager for Moni				Tele	ephone No.		Teleph	one No.			ise No.				
Chuck Styles					2-326-23			-239-9		00	0398				
Start Date (10) 2–18–13		Sche	duled ( 2-31-	Complet -14	tion Date (11	)	Name   Ply	of OSHA mouth	Monitor Envir	conmenta	l Co.	,Ι	nc.		
Occupancy Status During	Abatement	(Check Only	One)		P. 100		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address							
Facility Closed/Vaca Abatement Performe Other – Describe: V	ed Outside o	of Normal Fac	cility Ho	ours	70		City, S	Haws tate, Zip C	Code	19401					
Scope of Work (Check All	That Apply	)													
□ ≥3 sf or ≥3 lf 図 ≥160 sf or ≥260 lf		<b>X</b>		ovation olition			X X X	Mini-E Glovel	nclosure bag Proc					,	
	ta I		Is Lo	cation						1./			Abate	ment	
Location				nally olely by	,		Description		01.0		<b> </b> -	7	Ту	oe	$\overline{}$
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	JIVI)	Mainte Custodi	nance/ al Staff( 2)	ASDE	e. therr su	containing M mal systems urfacing, VA er miscellan	insulation T, or		Amount (Specify SF or LF)	1 3	Bamoval	Repair	Encapsulate	Enclosure
Building 127		Ye		lo N	The state of the s		astic			5,000 SI		X		Ф	
Building 101			X				astic			2,000 S		x			
Building 105			X	_		-	astic			2,000 SI	_	X	_		
Building 108			X			100000000000000000000000000000000000000	sulation	n		500 LI		x			
Building 127 Name of Registered Wast	a Haular		X	NIDE	P Waste		ofing bic Yards			5,000 SI Registered La		X			
Waste Managemer		amden,NJ	Г	Haule	r ID No. 1126	of \	Naste 80	1	TRRF	registered Lai	IGIII				
City, State Camden, NJ							posal Date		ity, State			-			
Completed by		Titl	9			Va	rious		Tully	town, PA		-			
James M. Kelly		100000		resi	dent		Signature		2		Date 11-	24	-14		

obox N. 1031

. N. 10	51	(Pu	CATION ( irsuant to	OF AS o NJA	New Jersey BBESTOS AB C 8:60 and 1	2.1201	- 1			CE NOV 28	2014	E		
te of Notification (1)			Name of Private	Buildi Pro	ng Owner/Ope perty	rator (	2)	3.5	-					
1-18-2014 jencies Notified	Type Notification		Street Ad					The same of	ASE	BESTOS C	ONTR	OL 8	i.	
EPA DEP	× Initial Amended		City, Sta Kearny	ite, Zip	Code 07032									
DOL	Amendment #_ Emergency (inclinity)	uding	Name of	f Cont	act				Teleph	none Numbe	г			
DCA	Cancellation				INFORMATIO	N		-10t- (4)				-		1
ame of Facility Where Private Property treet Address	Abatement is Taking P	lace (3)					the state of the s	ol (K-12)	(Other	than K-12) commercial t	ouildings	s, hon	nes,	
141 Ivy Street							Square Fe 1100Sf	eet	# of F	loors	Bldg. +50	Age		
City (5) Kearny New Jerse	ey 07032	19	County	y Code	≘ (7)		Current U	lse (Prior		g demolished	d)			
County (6) Hudson			(STATE	USE	ONLY)	Nam	e of Abatem	ent Contr	actor (	(9)				-
Name of Monitoring Fi	rm Hired by Building O	wner (8)	N/A	CM No		Din	ago Envir	onment	LLC					
Street Address N/A				11		339	) Lafayette		i					700
City, State, Zip Code						Ne	State, Zip ( wark NJ (	7105		License No	)			-
N/A Project Manager for N	Monitoring Firm		Telep N/A	hone	No.	97	ephone No. 3-491-087			001240				
N/A Start Date (10)		Scheduled (		on Da	te (11)	Nar J&	ne of OSHA S Environ	Monitor mental	Corp					
12-4-2014	uring Abatement (Chec	3.50				Stre	eet Address 33 Route	22 wes	st					
	Vacated During Entire I formed Outside of Norn	Period of Aba	atement			Cit	y, State, Zip nion NJ 0	Code						
Scope of Work (Che  ≥3 sf or ≥3 if  ≥160 sf or ≥260	ck All That Apply)	Re De	novation molition		2		Mini	-Enclosu	re	th Negative I e and Non-Fria	ble Proc	edure Abate	ement	
Asbestos-Conta	cation of aining Material (ACM) E ABATED I Facility	Used Mair	ocation ormally solely be ntenance odial Staf	/	Asbestos C (i.e. there	ontain mal sys	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	(13)	Yes	No	N/A	D	ine Ir	sulation		-	15LF	x			-
Ва	asement		-	X		ihe II	.50.00.0							+
									+			+	+	+
Name of Registere	ed Waste Hauler		NJI	DEP V	vasio	ubic Y				gistered Land				-6
Tri State Trans				uler ID 551	7140.		al Date	City S	State	nterprises		-		
City, State 1199 Randall	Ave Bronx NY						gnature	Way	nesb	urg OH 44	Date			_
Completed by Carlos Gomez		Title Pres	sident		100		1/	<u>e</u>			11-18	)-ZU	14	_

Print Form

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

ŭ -		N					ESTOS ABATI 8:60 and 5:16		DE C	E.			
Date of Notification (1)				IN	lame of	Building	Owner/Operator (2	2)	TIM				
		14	_		Alcoa				III III NOV	2 8	3 20	14	
Agencies Notified	Type No	tification		5	Street A	ddress							
⊠ EPA	☐ Initial				9 Roy	Street			ACCEC	000			
□ DOLWD				(	City, Sta	ate, Zip Co	ode		7,000.5	CENS	SING	102	CK
□ DOH		idment #1			Dove	r, NJ 07	801		hammer and the second				
DCA		gency (inco cation)	luding	Ti	Name o	f Contact			Telephone Number	şr			
(NJAC 5:23-8)	☐ Cano				Scott	Jones							
	L oano	Chation					ORMATION		_				
6 T 10 10 10 10 10 10 10 10 10 10 10 10 10	A11	lia Taking	Dless (	2/	FACI	LITTIN	OKINATION	Type of Facility (	4)				$\neg$
Name of Facility When Alcoa Inc	e Abatemen	IS TAKING	riace (					School (K-12)	(Other than K-12)	الدرجا الما	ماند ما		
Street Address								Momes, etc.)	ivate and commerc	iai buli	aings	1	
9 Roy Street								Square Feet	# of Floors	Bld	g. Ag	9	-
City (5)								100000	2	6	[] 151		
Dover							TOTATE LIDE ONLY	a reverse very	or if being demolish			-	
County (6)					Count	y Code (/)	(STATE USE ONLY)			icuj			
Morris	-0.000-0000							manufacturi	ng	-			_
Name of Monitoring F		Building C	wner (8	)   F	SCM N	lo.	Name of Abateme						
EHS Environmen	ntal Inc							vironmental Co	ompany, inc				-
Street Address			1000	-5/-			Street Address						
411 Southgate C	ourt						923 Haws Av						
City, State, Zip Code							City, State, Zip C						
Mickleton, NJ 0	8056						Norristown,	PA 19401			75,102		
Project Manager for N	Monitoring Fir	m		Tele	ohone N	10.	Telephone No.		License No.				
Jack Carney				85	6-224-	0800	610-239-9920	0	00398				
Start Date (10)		Sched	luled Co	mplet	ion Dat	e (11)	Name of OSHA						
12 / 1	/ _14_	_1	12 /	7	_ / _	14	Plymouth Er	nvironmental C	ompany, Inc.				
Occupancy Status Du	uring Abatem	ent (Chec	k only or	ne)			Street Address						
☐ Facility Closed/Va					nent		923 Haws Av	venue					
☐ Abatement Perfor	med Outside	of Norma	Facility	Hour	s - Desc	cribe	City, State, Zip C	ode					
Time of Abatemer	nt: <u>07:00</u> AM	- <u>03:30</u> PN	V	PM	A	M	Norristown,	PA 19401					
Scope of Work (Chec	k all that app	olv)								7000			
Lance Control Control	at an inat app	- 37	_					ntainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Rer ☑ Der				☐ Mini-En ☐ Gloveba ☑ Non-Ex	aa Procedure	on-Friable Procedu	re			
			Is	Locat	ion					Ab	atem	ent Ty	уре
Loca	ition of			lorma			Description			R	R	Ш	四
Asbestos-Contair		(ACM)	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	a Sole intena	ely by ince/	Asbe	estos Containing M e., thermal systems	laterial (ACM)	Amount (Specify	Removal	Repair	cap	clos
	ABATED acility		33553	odial	Staff?	(1.0	surfacing, VA		SF or LF)	\\\ \a_{\alpha}	-	Encapsulate	Enclosure
	13)		-	(12)			other miscellan					ate	"
	. Al		Yes	No	N/A								
Plt 2 Boiler Room	1		$\boxtimes$			Pipe in	sulation		390LF				
HR Lobby				$\boxtimes$		floor ti	le and mastic		220SF				
SUpervisor's Offi	ce			$\boxtimes$		pipe in	sulation		40LF			Ц	
		1										Ш	LL.
Name of Registered	Waste Haule	er		1	NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill				
Newark Carting				ŀ	Hauler I	D No.	Waste 10	IESI Beth	lehem				
					4509		Disposal Date	City, State					
City, State							12/7/14	Bethleher	m, PA				
Newark, NJ		1 900	la .				Signature			ate			
Completed By (Print		Tit	ile Vice Pr	esid	ent		Olgitature				11/	14	

ASB-41 JAN 13

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

CK 3347

### NOTIFICATION OF ASBESTOS ABATEMENT

Nov 21	2014	02:55piii	P001/001
尾』	. W	LE LOS	Health & Senior Service:
EN-I		Date: MI	(signature)

Date of Notification (1)						9 4 5	4. 14. 1					120000	
11 / 21	/	14		Nam Ke	e of Buildin n Weite	ng Owner/Op		(2)()	Data: 11/2/ \$200	100.00		1	
	Notification	on		Stree	t Address		100	BESTOS CONT	uni a	·			
□ EPA . ⊠ II				81	Glen Ave	enue	ASI	LICENSING	mora				
	mended Mendmeni	6 JL		City,	State, Zip (	Code			And the second s				
	mergency			Mi	dland Par	rk, New Je	rsev O	7432					
(NJAC 5:23-8) ju	ustification)	((((C)C)(())	g		e of Contac				Telephone Nu				
	ancellation			100000000000000000000000000000000000000	n Weite				1 elebitotte ida	mner		r.	
				FA	CILITY IN	NFORMAT	ION						
Name of Facility Where Abaten	nent is Tak	king Place	(3)		10121111	TOTAL AT	1014	Type of Facility	(4)				
Residence						90		School (K-12					
Street Address							-	Subchapter 8	Other than K-1	12)		3	
81 Glen Avenue					10			Other (i.e., pr	rivate and comm	ercial b	uildin	gş,	
City (5)								homes, etc.) Square Feet	# =6 Flor				
Midland Park, New Jerse	y 07432							1500	# of Floors	В	ldg. A	19P	
County (6)			-	Cou	nty Code (7	7)(STATE USE	ONLY	Current Use (Pri	100	11-1-11	35+		
Bergen		C.			,	. // //	011217	Residence	or it point detuo	iisnea)			
Name of Monitoring Firm Hired	by Bullding	g Owner	(8)	ASCM	No.	Name of A	hstem	ent Contractor (9)		-			
N/A					40.030	Lilich						•66 •67	
Street Address						Street Add		auon .					
						December of the property	0.0000000000000000000000000000000000000	Avenue					
City, State, Zip Code			-						-				
						City, State			(2)				
Project Manager for Monitoring	Firm		Tole	ephone	Mn			ark, New Jersey					
			1	-prioria	140,	Telephone			Licenso No.			9	
Start Date (10)	Sch	eduled C	omple	atlan De	10 (11)				01104			8	
ACTION OF THE PROPERTY OF THE						Name of C	JOHA IV	ionitor			- 110 - c - c - c - c - c - c - c - c - c -	1	
11 / 23 / 14		11 /	24	4 /	11	1000							
11 / 23 / 14		11 /		1 /	14	Name of the last o		nemental Labor	ratories		81	12	
Occupancy Status During Abate	ement (Che	eck only	one)		14	Street Add	ress		ratories		-	) is	
Occupancy Status During Abate  Facility Closed/Vacated During	ement (Che	eck only of	one) Abate	ment		Street Add	ress oute 2	2 West	ratories				
Occupancy Status During Abate  Facility Closed/Vacated During  Abatement Performed Culsic	ernent (Che ng Entire F de of Norm	eck only of period of	one) Abate	ment		Street Add 2333 R City, State	iress oute 2 , Zip Co	2 West	ratories				
Occupancy Status During Abate  Facility Closed/Vacated During  Abatement Performed Culsion Time of Abatement; 8AM-	ement (Che ng Entire F de of Norm	eck only of period of	one) Abate	ment		Street Add 2333 R City, State	iress oute 2 , Zip Co	2 West	ratories				
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Occupancy Status During Abate  Facility Closed/Vacated During Abatement Performed Culsic Time of Abatement; 8AM- Scope of Work (Check all that a  23 sf or 23 if 2160 sf or 250 if  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Basement  Boller Room	ement (Che ng Entire F de of Norm PM/ PPly)	Period of Period of Ital Facility PM	Abate y House Inovati molitic Locat Norma d Sole intena (12) No	ment rs - Des _AM  ion on ion illy ely by ince/ Staff?  N/A	Asbe: (I.e. Therma Boller In	Street Add 2333 R City, State Union,  F O N Descriptor Stos Contain thermal sy surfacing other miss	ress oute 2 , Zip Co New J ull Cont lini-Encl lovebag on-Exer iption or ing Mar stems I g, VAT, cetlaner	2 West ode lersey 07083  alignment with Neg losure g Procedure mpted (*) and Nor f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	A Removal 🔯	Repair	-	
Occupancy Status During Abate  ☐ Facility Closed/Vacated D.ri  ☐ Abatement Performed Culsic Time of Abatement; 8AM-  Scope of Work (Check all that a  ☐ ≥3 sf or ≥3 if  ☐ ≥160 sf or ≥260 if  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Basement  Boller Room	ement (Che ng Entire F de of Norm PM/ PPly)	Period of Period of Ital Facility PM	Abate y House Inovati molitic Locat Norma d Sole intena to (12) No	ment rs - Des _AM  ion on illy ely by ince/ Staff?  N/A	Asbe: (I.e. Therma Boller In	Street Add 2333 R City, State Union,  F M G N  Descriptor Containt, thermal sy surfacing other missing the containt of the con	ress oute 2 , Zip Co New J ull Cont lini-Encl lovebag on-Exer iption or ing Mar stems I g, VAT, cetlaner	2 West ode lersey 07083  alinment with Neg losure g Procedure mpted (*) and Nor f terial (ACM) insulation, or ous)	ative Prossure  1-Friable Proced  Amount (Specify SF or LF)  105 LF 30 SF	A Removal 🖾 🖂	Repair	-	
Occupancy Status During Abate  Facility Closed/Vacated During Abatement Performed Culsic Time of Abatement; 8AM- Scope of Work (Check all that a  23 sf or 23 if 2160 sf or 250 if  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Basement  Boller Room	ement (Che ng Entire F de of Norm PM/ PPly)	Period of Period of Ital Facility PM	Abate y House Inovati molitic Locat Norma d Sole intena to (12) No	ment rs - Des _AM  ion on ion illy ely by ince/ Staff?  N/A	Asbe: (I.e. Therma Boller In	Street Add 2333 R City, State Union,  G N Descriptor Stos Contain thermal sy surfacing other miss at System insulation  Cubic Yard Waste 3	ress oute 2 , Zip Co New J ull Cont lini-Encl lovebag on-Exer iption or ing Mar retems I g, VAT, cetlaned	2 West ode lersey 07083  ainment with Neg losure g Procedure mpted (*) and Nor fterlal (ACM) insulation, or ous)  tion  Name of Regist G.R.O.W.S.	ative Prossure  1-Friable Proced  Amount (Specify SF or LF)  105 LF 30 SF	A Removal 🖾 🖂	Repair	-	
Occupancy Status During Abate  Facility Closed/Vacated During Abatement Performed Culsion Time of Abatement; 8AM- Scope of Work (Check all that a second sec	ement (Che ng Entire F de of Norm _PM/ _PPly)  al (ACM)	Period of Period of Ital Facility PM	Abate y House Inovati molitic Locat Norma d Sole intena to (12) No	ment rs - Des _AM  ion on illy ely by ince/ Staff?  N/A	Asbe: (I.e. Therma Boller In	Street Add 2333 R City, State Union,  F M G S N  Descriptor Contain Thermal sy Surfacin other mis  Il System I  Insulation  Cubic Yard Waste 3 Disposal D	Iress Oute 2 , Zip Co New J ull Cont lini-Encl lovebag on-Exer iption or ing Mar stems I g, VAT, cetlanet nsulat	2 West ode lersey 07083  alignment with Neg losure g Procedure mpted (*) and Nor f terial (ACM) insulation, or ous)  Jon  Name of Regist G.R.O.W.S.	Amount (Specify SF or LF)  105 LF 30 SF	A Removal 🛛 🖂 🖂 .	Repair	-	
Occupancy Status During Abate  Facility Closed/Vacated Duri  Abatement Performed Cursic Time of Abatement; 8AM  Scope of Work (Check all that a  23 sf or 23 if  2160 sf or 250 if  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Basement  Boller Room  Name of Registered Waste Haul Lilich Corporation  City, State Woodlan Park, New Jerse	ement (Che ng Entire F de of Norm PM/ PPly)  Ply)	eck only of Period of Ital Facility PM	Abate y House Inovati molitic Locat Norma d Sole intena to (12) No	ment rs - Des _AM  ion on illy ely by ince/ Staff?  N/A	Asbe: (I.e. Therma Boller In	Street Add 2333 R City, State Union,  F O O O O O O O O O O O O O O O O O O	ress oute 2 , Zip Co New J ull Cont lini-Encl lovebag on-Exer iption or ing Maristems I g, VAT, cetlaner resulat	2 West ode lersey 07083  alignment with Neg losure g Procedure mpted (*) and Nor f terial (ACM) insulation, or ous)  Jon  Name of Regist G.R.O.W.S.	ative Pressure  n-Friable Proced  Amount (Specify SF or LF)  105 LF  30 SF  ered Landfill  Landfill	A Removal 🗵 🗵 🗆 .	Repair	-	
Occupancy Status During Abate  Facility Closed/Vacated During Abatement Performed Culsic Time of Abatement; 8AM- Scope of Work (Check all that a  23 sf or 23 if 2160 sf or 2260 if  Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)  Basement Boller Room  Name of Registered Waste Haul Lifich Corporation	ernent (Che ng Entire F de of Norm PM/ PPly)  al (ACM)	eck only of Period of Ital Facility PM	Abate y House Inovati molitio Locat Norma d Sole interact codial (12) No	ment rs - Des _AM  ion on lity ely by ince/ Staff?  N/A	Asbe: (I.e. Therma Boller In	Street Add 2333 R City, State Union,  F M G S N  Descriptor Contain Thermal sy Surfacin other mis  Il System I  Insulation  Cubic Yard Waste 3 Disposal D	ress oute 2 , Zip Co New J ull Cont lini-Encl lovebag on-Exer iption or ing Maristems I g, VAT, cetlaner resulat	2 West ode lersey 07083  alignment with Neg losure g Procedure mpted (*) and Nor f terial (ACM) insulation, or ous)  Jon  Name of Regist G.R.O.W.S.	ative Pressure  n-Friable Proced  Amount (Specify SF or LF)  105 LF  30 SF  ered Landfill  Landfill	A Removal 🛛 🖂 🖂 .	Repair	-	

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

Date of Not	ification (1)		-		-	Name	of Building	g Owner/Operator (2	2)	114	A CARRIED SECTION	~~~		inite and
	11 /	22 /	14					University		<b># 3368</b> \$2	nov s	) Ω	201/	í
Agencies N ⊠ EPA	otified	Type Notific	cation				Address Cedar A	venue					,	
□ DOLWD	)		20		ŀ	City, S	tate, Zip 0	Code		ASB	ESTOS	COI	TRO	)L &
□ DHSS     □	Notified		10000	W 65	Branch, NJ 0776	4		LICE	VSIN	<u>G</u>				
□ DCA     (N.IAC 5)	:23-8)			uaing	-		of Contac			Telephone Nu	mber	ONL ASSESSMENT		
(1.0.10						Rob	ert Corr	nero						
						FΔC	II ITY IN	IFORMATION	-			-		
Name of Fa	cility Where	Abatement is	Taking F	Place	(3)	I A	ZIEI I III	II OKWATION	Type of Facility (	1)			-	
				1400	(0)				School (K-12)					
Street Addr		,							Subchapter 8	(Other than K-				
	\$350 m								Other (i.e., pri	vate and comn	nercial bu	ildin	JS,	
City (5)									Square Feet	# of Floors	TRI	dg. A	ne	
West Lo	ng Branch	, New Jerse	ey 0776	4					20,000	2		55+	90	
County (6)						Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Monmo							-		University					
			lding Ow	mer (	8) /	ASCM	No.	Name of Abateme	ent Contractor (9)					
AHERA	Consultan	ts, Inc.						Lilich Corpor	ation					
Street Addr	ess							Street Address		***************************************				
PO Box	385							606 McBride	Avenue					
City, State,	Zip Code	±1						City, State, Zip Co	ode					
Oceanvi	ille, New Je	ersey 08231						Woodland Pa	ırk, New Jersey	07424				
Project Mar	nager for Mor	nitoring Firm			Tele	ohone	No.	Telephone No.		License No.				
John Sn	noyer				60	9-652	-1833	973-225-8400		01104				
Start Date (	Marie Control of	14						Name of OSHA M J&S Environs	lonitor nental Laborate	ories Inc.				
Occupancy	Status Durin	g Abatement	(Check o	only o	ne)			Street Address				50000		
				_		nent		2333 Route 2	2 West					
	ent Performe	d Outside of N	Normal F	acility	Hours	s - Des	cribe	City, State, Zip Co						
Sun 7A	M-5PM AN	/I- РМ/			867	-7AM,	Sat &	Union, New J		44.50				
≥3 sf or :	≥3 If	ш шас арргуу						☐ Mini-Enc ☐ Glovebag	ainment with Nega losure g Procedure mpted (*) and Non		dure			
				ls	Locati	on	I		Tipled ( ) did Nor	T Habit T 1000		atom	ent T	VDA
	Location	n of		N	lormal	ly		Description o	f		-		1	·
Asbesto	TO BE AB	ATED	M)	Mai	ntenai odial S	ice/		estos Containing Ma e., thermal systems surfacing, VAT,	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	(13)		,	Yes		N/A		other miscellane	ous)				ate	
Bathroom	s B7-B12		-		NAMES OF		Spray-	on Deck Insulation	on	360 SF	$\boxtimes$			
Custodial	Closet CC			X			Spray-o	on Deck Insulation	on	50 SF				
Birch Hal	l (Varous L	ocations)	]	51		$\boxtimes$	Spary-o	on Fireproofing		1500 SF		П	П	П
		•	1	71	П			Block Wall Parti	cians	4850 SF				
						JDEP V		Cubic Yards of	Name of Regist		KA	L		
	- The same of the state of the	oto riadioi			H	auler IE 18724	No.	Waste 20	G.R.O.W.S					
City, State Woodlar	nd Park, Ne	ew Jersey 0	7424	12				Disposal Date 12/16/14	City, State Morrisville,	Pennsylvan	ia			
	- 1		-					Signature			Date			
- 25	lavatovic	41.76		e Pre	eside	nt		J.g.iataio	GH .		/1/	22	114	!

ASB-41 MAY 11

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

Nov 10 2014 03:12pm

P001/001

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:45)

Date of Notification (1)												
11 /	07 /	4.4		Nar	ne of Bulio	ing Owner/Operator	(2)					-
	Train.	14.		N	onmout	n University	1	3k#3998 94	MOV	2.8	8 20	014
Agencies Notified  EPA	Type Notificat	іоп		Stre	et Addres	3	M L Doub at	WILL INDIVIDUE IN				50000100
⊠ DOLWD	Initial				00 Cedar		La Coept los	Health & Senior S	orvice	s		*****
⊠ DHSS /	Amendment Amendment				, State, ZI		-VIIIAA	1 1 1 100000000000000000000000000000000	ZESTI.	PNIC	UNI. UNA	HO.
Ø DCA	⊠ Emergency		11			Branch, NJ 0776	34 Date: [/ ]	- 111	4 .	-		
(NJAC 5:23-8)	justification	1)	iing	Nan	ne of Conta	et of the	24 Date: FLI		-	$\mathcal{Q}^{r}\ell$		
	☐ Cancellatio	n			obert Co.			Telephone Nu	mber		-	-
					~			1				
Name of Facility Where	Abatement is Ta	king Pla	ace (3)		ACILITY	NFORMATION						-
Monmouth Univers	ity, Birch Hal	l I	100 (0)		<b>6</b> 3		Type of Facilit					
Street Address	77 - 11 - 11 11 11						School (K-	12)				
400 Cedar Avenue						-	Subchapte	r 8 (Other than K-	12)			
City (5)							homes, etc	private and comm	ercial (	oulidi	ngs,	
West Long Branch,	New Jersey	17764					Square Foot	# of Floors	.   [	3ldg,	Aco	
County (6)	THEW DEISON !	11164				e.	20,000 .	2	1	55+		
Monmouth	3			COL	inty Code	(7)(STATE USE ONLY)		rior if being demo	link a d	301		
	III- II- A						University	nor it being detile	lisugo)			
Name of Monitoring Firm AHERA Consultant	mired by Buildin	g Owne	1 (8)	ASCN	1 No.	Name of Abatemo	ent Contractor /	9)				
Street Address	s, inc.					Lilich Corpor	ation	2/				
PO Box 385						· Street Address	×1011					
Sity, State, Zip Code						606 McBride	Avenua					
						City, State, Zip Co						
Oceanville, New Jer Project Manager for Monit	sey 08231					Woodland Pa		07/2/				_
"TOJect Wanager for Monit	toring Firm		Te	lephone	No.	Telephone No.	IN NEW Jersi				300	
lake o						101101101101		License No.				
John Smoyer				609-65	2-1833	973-225-8400		Section Control of the Control of th				93
John Smoyer Start Date (10)	Sch	eduled		609-65: letion D:	2-1833 ate (11)	973-225-8400 Name of OSHA M	OF House	01104				£8
John Smoyer  Start Date (10)  11 / 14 /	14	11	Comp	letion D	ate (11)	Name of OSHA M		01104		<del></del> .		-
John Smoyer Start Date (10)	Abatement (Chr	11	Comp	letion D:	ate (11)	Name of OSHA M J&S Environn		01104		····		-
John Smoyer  Start Date (10)	Abatement (Che	11 ck only	Comp / .1	letion D:	ate (11)	Name of OSHA M J&S Environm Street Address	nental Labora	01104				
John Smoyer  Start Date (10)  11 / 14 /  Occupancy Status During  Facility Closed/Vacated  Abatement Performed	Abatement (Che During Entire)	11 eck only	Comp /	letion Da 6 / ernent	ate (11) 14	Name of OSHA M J&S Environm Street Address 2333 Route 22	nental Labora	01104				-
John Smoyer  Start Date (10)  11 / 14 /  Decupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement: Fr	Abatement (Che During Entire ) Outside of Norm 1 4PM-12:30A	11 eck only	Comp /	letion Da 6 / ernent	ate (11) 14	Name of OSHA M J&S Environm Street Address 2333 Route 2: City, State, Zip Co	ental Labora	01104				
Start Date (10)  11 / 14 /  Occupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement: Fr	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A	11 eck only	Comp /	letion Da 6 / ernent	ate (11) 14	Name of OSHA M J&S Environm Street Address 2333 Route 22	ental Labora	01104				
John Smoyer  Start Date (10)	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A	11 Period o al Facil M, Sat	Comp / _1 one) of Abatity Horical Survivors	letion Di 6 / ement urs - Des	ate (11) 14	Name of OSHA M J&S Environm Street Address 2333 Route 22 City, State, Zip Co Union, New Jo	ental Labora West de ersey 07083	o1104				
John Smoyer  Start Date (10)  11 / 14 /  Decupancy Status During  Facility Closed/Vacated Abatement Performed Time of Abatement: Fr  AM-  Scope of Work (Check all  3 sf or >3 ff.	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A	11 Perk only Period collal Facil M. Sat	Comp / .1 one) of Abat ity Hor & Su	letion Di 16 / ernent urs - Des in 7AM	ate (11) 14	Name of OSHA M J&S Environm Street Address 2333 Route 22 City, State, Zip Co Union, New Jo	West de ersey 07083	01104				
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John Smoyer  Start Date (10)  11 / 14 /  Decupancy Status During  Facility Closed/Vacated  Abatement Performed  Time of Abatement: Fr  AM- PM/  Scope of Work (Check all  23 sf or 23 lf  2160 sf or 2250 lf  Location of Asbestos-Containing M	Abatement (Che During Entire I Outside of Norm 1 4PM-12:30A PM-AM that apply)  f aterial (ACM)	11 eck only Period c all Facil M. Sat	comp / one) f Abat ity Hor enova emolit s Loca Norm ed So	letion Di  6 / ernent urs - Des in 7AM tion ion	ate (11) 14 scribe	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Je  Full Conte	West  West  de ersey 07083  elinment with Ne psure Procedure noted (*) and No	on-Friable Procedu	Ab		ent T	-
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John Smoyer  Start Date (10)  11  / 14  /  Decupancy Status During  J Facility Closed/Vacated  Abatement Performed  Time of Abatement: Fr  AM- PM/  Scope of Work (Check all  J ≥3 sf or ≥3 lf  ≥160 sf or ≥250 lf  Location of  Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	Abatement (Che During Entire I Outside of Norm I 4PM-12:30A AM that apply)  f aterial (ACM)	11 Peck only Period coal Facility M. Sat	Comp / one) f Abat ity Hol & Su enova emolit s Loca Norm ed So ainten stodlate	letion Di letion Di ernent urs - Des in 7AM tion ion atton ally lely by ance/ Staff?	ate (11) 14 scribe -5PM	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Jo  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Matin, thermal systems in	West  West  de ersey 07083  alinment with Ne soure Procedure Procedure apted (*) and No	gative Pressure  Amount (Specify	Ab		Encapsulate	e Enclosure
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John Smoyer  Start Date (10)  11  / 14  /  Decupancy Status During  J Facility Closed/Vacated  Abatement Performed  Time of Abatement: Fr  AM- PM/  Scope of Work (Check all  J ≥3 sf or ≥3 lf  ≥160 sf or ≥250 lf  Location of  Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	Abatement (Che During Entire I Outside of Norm I 4PM-12:30A AM that apply)  f aterial (ACM)	11 eck only Period c al Faci M, Sat  Us M Cui	comp / one) f Abat ity Hor enova emolit s Loca Norm ed So ainten- stodial (12) No	letion Di le / ernent Uris - De: In 7AM tion ally lely by ance/ Staff?	ate (11) 14 scribe -5PM Asbe	Name of OSHA M  J&S Environm  Street Address 2333 Route 2:  City, State, Zip Co  Union, New Je  Mini-Encle  Glovebag  Non-Exen  Description of stos Containing Mature of Surfacing, VAT.	West  West  de ersey 07083  einment with Ne posure Procedure npted (*) and No erial (ACM) isulation, or us)	gative Pressure  Amount (Specify	Ab		7	-
John Smoyer  Start Date (10)  11  / 14  /  Decupancy Status During  J Facility Closed/Vacated  Abatement Performed  Time of Abatement: Fr  AM- PM/  Scope of Work (Check all  J ≥3 sf or ≥3 lf  ≥160 sf or ≥250 lf  Location of  Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	Abatement (Che During Entire I Outside of Norm I 4PM-12:30A AM that apply)  f aterial (ACM)	11  Period control Facility M, Sat  Use R  Use R  Cui  Yes	comp / one) one) of Abat ity Hor ity Hor enova emolit s Loca Norm ed So ainten stodlab (12) No	letion Di le / ernent Uris - De: In 7AM tion ally lely by ance/ Staff?	ate (11) 14 scribe -5PM Asbe	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Jo  Mini-Ench Glovebag Non-Exen  Description of stos Containing Mating thermal systems in surfacing, VAT, other miscellaneo	West  West  de ersey 07083  einment with Ne posure Procedure npted (*) and No erial (ACM) isulation, or us)	gative Pressure  On-Friable Procedu  Amount (Specify SF or LF)	A Removal		7	-
John Smoyer  Start Date (10)  11 / 14 /  Decupancy Status During  Facility Closed/Vacated  Time of Abatement: Fr  AM- PM/  Scope of Work (Check all  3 sf or ≥3 lf  ≥160 sf or ≥250 lf  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	Abatement (Che During Entire I Outside of Norm I 4PM-12:30A AM that apply)  f aterial (ACM)	11 eck only Period c al Faci M, Sat  Us M Cui	comp / one) f Abat ity Hor enova emolit s Loca Norm ed So ainten- stodial (12) No	letion Di le / ernent Uris - De: In 7AM tion ally lely by ance/ Staff?	ate (11) 14 scribe -5PM Asbe	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Jo  Mini-Ench Glovebag Non-Exen  Description of stos Containing Mating thermal systems in surfacing, VAT, other miscellaneo	West  West  de ersey 07083  einment with Ne posure Procedure npted (*) and No erial (ACM) isulation, or us)	gative Pressure  On-Friable Procedu  Amount (Specify SF or LF)	A Removal		7	-
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John Smoyer  Start Date (10)  11 / 14 /  Decupancy Status During  Facility Closed/Vacated  Time of Abatement: Fr  AM- PM/ PM/  Scope of Work (Check all  23 sf or 23 if  2160 sf or 2260 if  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)  athrooms B1-B6	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A PM- AM that apply)  f aterial (ACM) ED	11 eck only Period c al Facil M, Sat Us M Cu Yes	comp / one) f Abat ity Hor ity B Su enova emolit s Loca Norm ed So ainten (12 No	letion Diagram	Asbe (l.e	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Jo  Full Conte  Mini-Enche  Glovebag  Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	West  West  de  ersey 07083  alimment with Ne  Deure  Procedure  npted (*) and No  erial (ACM)  isulation,  or  us)	atories Inc.  gative Pressure  On-Friable Procedu  (Specify SF or LF)	A Removal	Repair 🔲 🖂 🖂	7	-
John Smoyer  Start Date (10)  11 / 14 /  Decupancy Status During  Facility Closed/Vacated  Time of Abatement: Fr  AM- PM/ PM/  Scope of Work (Check all  23 sf or 23 if  2160 sf or 2260 if  Location of Asbestos-Containing M  TO BE ABAT  IN Facility  (13)  athrooms B1-B6	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A PM- AM that apply)  f aterial (ACM) ED	11 eck only Period c al Facil M, Sat Us M Cu Yes	comp one) one) one) one) one) one) one) one)	letion Diagram of the control of the	Asbe (l.e	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Je  Full Conte Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo  on Deck Insulation  Cubic Yards of	West  de erisey 07083  alinment with Ne poure Procedure npted (*) and No erial (ACM) isulation, or us)  Name of Regis	on-Friable Procedu  Amount (Specify SF or LF)  360 SF	A Removal		7	-
John Smoyer  Start Date (10)  11  / 14  /  Decupancy Status During  Facility Closed/Vacated  Time of Abatement: Fr  AM- PM/ Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing M  TO BE ABAT IN Facility (13)  athrooms B1-B6	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A PM- AM that apply)  f aterial (ACM) ED	11 eck only Period c al Facil M, Sat Us M Cu Yes	comp one) one) one) one) one) one) one) one)	letion Diagram	Asbe (I.e Spray-c	Name of OSHA M  J&S Environm  Street Address 2333 Route 2:  City, State, Zip Co  Union, New Jo  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Matinistracing, VAT, other miscellaneo  on Deck Insulation  Cubic Yards of Waste  5	West  West  de  ersey 07083  alimment with Ne  Deure  Procedure  npted (*) and No  erial (ACM)  isulation,  or  us)	on-Friable Procedu  Amount (Specify SF or LF)  360 SF	A Removal	Repair 🔲 🖂 🖂	7	-
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John Smoyer  Start Date (10)  11  / 14  /  Decupancy Status During  J Facility Closed/Vacated  Abatement Performed  Time of Abatement: Fr  AM- PM/  Scope of Work (Check all  J ≥3 sf or ≥3 lf  ≥160 sf or ≥250 lf  Location of  Asbestos-Containing M  TO BE ABAT  IN Facility  (13)	Abatement (Che d During Entire I Outside of Norm I 4PM-12:30A PM-AM that apply)  If aterial (ACM) ED  Hauler  Jersey 07424	Period coal Facility M. Sat	Comp / one) f Abat ity Holi & Su emova emolit s Loca Norm ed So ainten stodlat (12 No	letion Di  6 /  ernent  Jrs - Des  In 7AM  tion ion  ally lety by ance/ Staff?  N/A  D  JDEP V sauler IE 18724	Asbe (I.e Spray-c	Name of OSHA M  J&S Environm  Street Address 2333 Route 2: City, State, Zip Co Union, New Jo  Full Conta  Mini-Encla  City Non-Exen  Description of stos Containing Mata  thermal systems in surfacing, VAT, other miscellaneo  on Deck Insulation  Cubic Yards of Waste  5 Disposal Date	West  West  de ersey 07083  sinment with Ne Deure Procedure npted (*) and No erial (ACM) sullation, or us)  Name of Regis G.R.O.W.S  City, State	atories Inc.  gative Pressure  on-Friable Procedu  (Specify SF or LF)  360 SF	A Removal	Repair 🔲 🖂 🖂	7	-

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

	NO	(Purs	Suant to	F ASBES NJAC 8:6	10S ABA 30 and 12	2:120)	ENI	T	引匠	(j.		W		M
Date of Notification (1) 11/19/14		1000000		uilding Ov f Rose F		rator (2	2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NOU	000	61/		
Agencies Notified Type Notification			reet Add 48 Nor	lress thfield A	venue					1101	202	.014		
EPA Initial Amended Amendment #_				, Zip Code ange, N		2			AS	BESTO: LICE	S CUTA ENSING		. &	
	cluding	1,720,00	ame of C Charles	Contact Politake	es	HESS		iii	Telepi	none Nui	mber		***************************************	
_ BOA			FACILI	TY INFOR	RMATION	Į .								
Name of Facility Where Abatement is Taking I House	Place (3)							of Facility (4) School (K-12 Subchapter 8	)	than K-1	2)			
Street Address 348 Northfield Avenue							×	other (i.e. pr	ivate & c	commerc	ial build			S,
City (5) West Orange							N/A	e Feet	# of F N/A		N/	dg. Ag 'A	le	
County (6) Essex			SOUNTY CO	ode (7) SE ONLY)		-	Hous				hed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.	10000			ement Cont ement, Inc		))				
Street Address					10.00	Street A		s gren Aven	ue					
City, State, Zip Code								p Code J 07512						
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph 973-3			1 2	License #00675				
	Scheduled		pletion D	ate (11)	31.0			A Monitor ement, Inc	o.					
Occupancy Status During Abatement (Check					1.8	Street		ss gren Aver	iue					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: Occupied	eriod of Al al Facility I	oatem Hours	ent			City, S	tate, Z	ip Code IJ 07512						
Scope of Work (Check All That Apply)										- 10-0				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	☐ Re	enovat emoliti	tion on			×	Mi	II Containme ni-Enclosure ovebag Prod n-Exempted	e edure				е	
	le l	Location	on									Abate	ement	t
Location of	N	ormall	у		Desc	cription	of					l ly	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Maii	d Solel ntenar odial S (12) No	nce/		tos Conta thermal s surfaci other mi	system ing, VA	s insul AT, or	ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
basement	1.00	X			duct i	insula	ation		12	0 LF	Х			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	fill			
D&S Abatement, Inc.		100	lauler ID 20996	No.	of Was			Waste		gement	of PA			-
City, State Totowa, NJ					Disposa TBD	/	7	City, Star Tullyto					A	
Completed by Deanna Brkusanin	Title Proje	ct Ma	anager		Si	ignatur	le	eua H	Me	uae	Date 11/19/	14		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Nicole Scicolone 11/19/14 Street Address Agencies Notified Type Notification 15 Bassett Ave Initial **EPA** City, State, Zip Code ASBESTOS CONTROL & LICENSING Amended DEP Mine Hill, NJ 07803 DOL Amendment # × Emergency (including Name of Contact Telephone Number justification) DOH Nicole Scicolone Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 15 Bassett Ave etc.) Bldg. Age # of Floors Square Feet City (5) N/A N/A N/A Mine Hill Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) House Morris Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 973-345-8685 #00675 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) D&S Abatement, Inc. 12/08/14 12/09/14 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 74 LF X duct insulation X basement Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA D&S Abatement, Inc. #20996 TBD Disposal Date City, State City, State Tullytown, PA TBD Totowa, NJ Date Signatu Completed by Title 11/19/14 Project Manager Deanna Brkusanin

State of New Jersey

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

1, K9448012515

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

		(Pui	rsuant to	NJAC 8:	60 and 12:1	120	).			匠	(P)	E [	W	F	: [
Date of Notification (1) 11/19/14			lame of B Nicole S		wner/Operat e	tor	(2)		图	占	<u>(b)</u>	5-1	1 1	- 11 	
Agencies Notified Type Notifica	ation	1835	Street Add					and a committee of the			NOV	2 8	20	14	-
X DEP	ment #		City, State Mine Hil							ASE	BEST	OS C	TAC	ROL	8
➤ DOH justifica     ☐ DCA Cancell	7.00	1	Name of C		e				Tele	ohone	Nuhik	érlvi	MVG		
			FACILI	TY INFO	RMATION										
Name of Facility Where Abatement is House	Taking Place (3)						☐ Sc	Facility (4) chool (K-12)			IC 40\				
Street Address 15 Bassett Ave							⊠ Ot et		vate &	comm	nercial				s,
City (5) Mine Hill	II .						Square N/A		N/A			N/	ig. Ag A	je	
County (6) Essex			County Co				House	9 2000			nolishe	d)	di di		
Name of Monitoring Firm Hired by Buil N/A	lding Owner (8)		ASCM	No.				ment Contr ment, Inc		9)					
Street Address			1				Address osengr	en Avenu	ıe						
City, State, Zip Code							state, Zip wa, NJ	Code 07512							
Project Manager for Monitoring Firm			Telephon	e No.	1000000		none No. 345-86			Licen #006	se No 375				
Start Date (10) 12/09/14	Scheduled		pletion D	ate (11)				A Monitor ment, Inc							
Occupancy Status During Abatement				30071 1984	1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Address	ren Aveni	ue						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Occupied	f Normal Facility	Hours	ent		0.000		State, Zip	Code J 07512							
Scope of Work (Check All That Apply)								o con a construction of the construction of th							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	☐ Re	enova emolit	7/5/22				Mini Glov	Containmer -Enclosure /ebag Proce -Exempted	edure	_				9	
		-					Non	-Exempled	( ) and	INOII	-i ilabi		Abate		
		Locati ormal											Ty	ре	
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	CM) Used Mail	d Sole ntena odial S (12)	ly by nce/		Descriptos Containing thermal sys surfacing other misc	ng l tem	Material ns insulat AT, or		(S	mount Specify or LF	,	Removal	Repair	Encapsulate	Enclosure
basement	res .	X	IN/A		pipe ins	sula	ation		9	5 LF		Х			
garage		X			pipe ins	-			1	2 LF		X			
Name of Registered Waste Hauler		100.00	JDEP W		Cubic Yar	rds		Name of F	Registe	ered La	andfill	1			<u></u>
D&S Abatement, Inc.		2,000	tauler ID 20996	No.	of Waste TBD			Waste N		geme	ent of	PA			
City, State Totowa, NJ	1 0		X 11 25,500000		Disposal I TBD	Dat	e /	City, State Tullytow		4					
Completed by Deanna Brkusanin	Title Proje	ct Ma	anager		Sign	atu		ug R	Men	erl	. Da	te /19/	14		

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

	(Pursu	ant to NJAC 8:60	and 12:12	20)	MEG			W [	
Date of Notification (1)  November 21, 2	014	Name of Building		rator (2) Construction		2	56	1-	)
[ ] DEP [ ] Ame [ X ] DOL Ame	al Notification ended Notification endment #	Street Address  City, State, Zip C	Code	ark Avenue	ASSES	HOS LICEI	X /	114	<u> </u>
[x] DOH justi	ergency (including ification) cellation	Name of Contact Arm			elephone Number				
	FA	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking	g Place (3)			Type of Facility (4)					
Residence Street Address				[ ] [ ] [x ]	School (k-12) Subchapter 8 (of Other (i.e., priva				1
814 E County Lin				[ , ]	homes, etc.)	110 & C	mmer	alai bul	idings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors		g. Age	60	
Lakewood	Ocean			Current Use (Prior if Residen		)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement Contractor					
N/A Street Address			0, , ,		n Contracting,	Inc.			
			Street Ad	1945A3	oute 9, Unit 61				
City, State, Zip Code	0		City, Stat	te, Zip Code	iver, New Jers		755-1	271	
Project Manager for Monitoring Firm	Telephone Number	r	Telephon 732-34	e Number	License N 00624			2/1	
Scheduled Start Date (10) 11/24/14	Scheduled Comple 11/25/14	etion Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical				
	d During Entire Period of Ab		Street Ad	ldress	elton Road				
Abatement Performed Other – Describe	Outside of Normal Facility H	Iours	City, Stat	e, Zip Code Piscatav	vay, New Jerse	y 088	354		
Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)	[ ] ]		[ ]	Full Containment	Th - 1411 (914/00)	sure			
[X] ≥160 sf or ≥260 lf	[X] Renov		[ x ]	Glovebag Procedu Non-Exempted (*)		Proced	ure		
				V		Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	1 (i.c	Description sbestos-Con Material (A e., thermal s sulation, sur VAT, or her miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house	X	Asbestos sidi	ng		1050 sf	X			-
Exterior garage	X	Asbestos sidi	ng		550 sf	X			
									<del> </del>
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	4	ards of Waste	T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey		osal Date 6/14	City, Sta	Pyn, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	h	yii, k ciinsylvania		Date	21/20	14	
	*Do not use this for	m for asbestos lice	nsure exem	oted activities.					

		NOTIFI (P	CATIO UISUS	on of A int to NJ	AC 8:50 q	nd 12:120)	HEM I	10	WHT U	13	8		-
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ate of Notification (1)			BC			- 1		APPRO	VED				4
11-24-2014	Type Notification			at Addres	25		N. Teeptaof	Healthy&	Senier Services	177	T'E	OLS	2 15
gencies Notified			146	e Popla	r St		Toul (	Asignati	0)1400 200	NON	10		1
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d E _ illoc\Mhero	Abutoment is Taking F	Place (3)		PENSEL I		11.0	Type of Fa	scility (4)					1
Residential Prope	rtv						Scho	ol (K-12)	(Other than K-12)				1
Street Address			-				Othe	r (i.e. priv	ate & commercial b	uilding	gs, ho	mes,	
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lity (5) Palisades Park				19			1500 S		2	- 5.5	-		$\dashv$
			Cat	unty Coc	n (7)				if being demolished	j			1
Bergen	na of Monitoring Firm Hirad by Building Owner (				DNLY)		Reside						-
Jame of Monitoring Fi	orgen ne of Manitoring Firm Hired by Building Owner a				0.	Nam	e of Abatem	ent Contr	actor (a)				
n/a				n/a			znica Man	agemer	r Ooth		-		-
Strapt Address			19	10005 - SE		1000000	Address						
n/a							Troy Ln	Sode:					_
City, State, Zip Code						City,	State, Zip C ncoln Park	N.In7	035				
n/a							phone No.	, 110 07	License No.	_			
Project Manager for N	lantoning Firm		1	dephone	No.		gnone No. 3-706-798	รีก	01193				
n/a			- 1000	la	h. /##		ne of OSHA						
Start Date (10)		Scheduled		letion De	ne (11)	1 I c	znica Mai	nademo	nt Carp				
11-25-2014		11-26-20					et Address						
Occupancy Status Di	ring Abetement (Chico	(Only One)				1	Troy Ln						
Facility Closed	Acated During Entire F	eriod of Ab	ateme	ent			, State, Zip	Coda					
Abatement Perf Other - Describ	onned Oulside of North	iai Facility n	Опів				ncoln Par		7035				
Scape of Work (Che							need .						
		☐ Re	novati	on .	2	29			ent with Negative Pr	essur	e		
23 sfor ≥3 lf ≥160 of or ≥260	If	De De	molitic	on .	- 3		Cloud	Enclosure ebag Proc	enditre .		20		
1224					7/201/25/11		⊠ Non-	Exempted	(*) and Non-Friabl	e Pro	tedure		
		1-1	ocatio	N/T			Þ	1			Abate Ty		
		· No	armally	y		Descrip	tion of			_	.,		
.00	ation of Ining Material (ACM)	Used	Sale	y by	Asbesto	s Containi	ng Meterlai (	ACM)	Amount (Specify	725		Enc	II
Asbestos-Conte	ABATED		vlenan odial S		(i.e. t	hermal aya surfacing	tems insulat	ion,	SF or LF)	Removal	Repair	aps.	Endusure
In	Facility		(12)			other misc	elianeous)			BAK	쁙	ncapsulate	erns
	(13)	Yes	Ne	N/A	20							m	
		1 544	141-2	-	· ·	Chie	Dubs		TBD	X			
1 st & 2nd	Floor Ceiling ,			X		GILLE	* GPB		Not greater	1			Г
										1	+		1
									than 500 SF	-	-	-	-
				1							_	1	
	1 Address Laboration		I B	JUDEP V	Veste	Cubio Ya		1	f Registered Lands	H			
Name of Registers			1	tauler ID	No.	of Waste		GRO	WS Landfill		17		
Loznica Manag	ement Corp		(	003313	7	TBD	Purks	City, St					-
City, State						Disposal	PATRICE		sville, PA				
Lincoln Park, N	IJ 07035		1				A multime	6		late			- 33 -
Completed by	1	Title		723		SIG	Delture/	ו תגליו		11-2	4-20	4	
E. Cirovic	172.00,550,000,000	Sec	retar	У			- LN	VOU	-	March State (Second			
1		- Annual Company			VALUE OF THE REAL PROPERTY.		200						

			N			OF ASBE o NJAC 8					K	# 7	)9	3	7		
Date of Notification (1)						Building (			(2)			NO	V 2	8 2	014	-	
Agencies Notified	E-man -	otification			Street Ac							ASBES	TOS	CON	780	l	
DEP DOL	Ar Ar	itial nended nendment		_		e, Zip Co ston, NJ		 )		×	İ		LICEN	SiNG	3		
DOH DCA	ju	mergency stification) ancellation			Name of John	Contact					Telephone Number						
					FACIL	ITY INFO	ORMATI	ON									
Name of Facility Where Chilton Towers Ap		nt is Takir	ng Place (3)						parama.	of Facility (4 school (K-1)							
Street Address 220 W. Jersey Str	eet											er than K-1 & commerc		lings,	home	s,	
City (5) Elizabeth	,									e Feet	# o	f Floors	1212.0	ldg. A	ge		
County (6) Union					County C	Code (7) ISE ONLY	)	_	*************	nt Use (Prio tment Bu		ng demolis	hed)				
Name of Monitoring Fir	m Hired b	y Building	Owner (8)		ASCM n/a	No.				ement Con anageme		(9) orporation					
Street Address								Street	Addres	s		•					
City, State, Zip Code								City, S	State, Zi		7035						
Project Manager for Mo	onitoring F	irm		7	Telephor n/a	ne No.			none No -706-7			License N 01193	10.	~			
Start Date (10) 12-2-2014			Schedule		npletion [	Date (11)				A Monitor	ent C	orporation	n	A			
Occupancy Status Duri	ng Abater	nent (Che	1 100000 10 700		75	-			Addres	A 150 70 10							
Facility Closed/Va	cated Dur	ing Entire	Period of A	baten	nent			22 T	roy La	ane				<del>1</del> 1000 00			
X Other - Describe:	Apartmer	it is vacated					-			irk, NJ 07	7035						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That A	рріу)	Business .	enova emolit				<u> </u>	Min Glo	i-Enclosure vebag Proc	e cedure	n Negative			e		
			0.09950	Locati	1300000									Abate Ty	ment		
Locati Asbestos-Containir <u>TO BE A</u> In Fac (13	ig Materia <u>BATED</u> cility	I (ACM)	Use Mai	d Sole intena odial S (12)	ely by nce/		Description of estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Kitchen	Apt 4F		103	140	INIA		VAT (d	double	layer)		7	70 SF	X				
											- 5/						
Name of Registered W	aste Haut	er		TN	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfi	1			\$ 100 m	
Loznica Managem				F	fauler ID	No.	of Wa	ste		GROW							
City, State Lincoln Park, NJ 0	7035						Dispo:	sal Date	Э	City, State Morrisv		A 19067					

Date

11/24/2014

Print Form

Completed by

E.Cirovic

Title

Secretary

Basement 140 LF pipe insulation X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Delfa Contracting LLc Tullytown Resource Recovery Facility 35240 1 City, State Disposal Date City, State Union City NJ 12-05-14 Tullytown, PA Completed by Title Signature Date Jaime Delgado 11-22-14 Proj. Manager.

CK, LOOINTY

_															
			NOTIF		BESTOS ABATI J.A.C. 7:26-2.12)		),E.Q	JE		VE					
Date of Notification (1)					Name of Build Paulsboro Ref			1 1 1 1	21/ 0		014				
11/20/14 Agencies Notified		Notification	Type		Street Address			14	<del>3V 2</del>	0 4	<del>1114</del>				
Agencies Notined		Notification	TYPE		800 Billingspor		1								
() EPA		(X) Initial N	otification						in desertation			_ا_			
() DEP		() Amended		n	City, State, Zip						TROL 8	A			
(X) DOL		( ) Cancelle	ed		Paulsboro, NJ	08066			LICE	VSINC	<u>i</u>				
(X) DOH					10-1			Tal Numb							
() DCA					Name of Conta	act	1	Tel. Numb	<u>Jei</u>						
	<del></del>			EACH ITY IN	FORMATION					16					
Name of Facility When	a Abatement is	Taking Place (	3)	I ACILITI III	Type of Facility	v (4)									
Paulsboro Refining Co		raking i lace (	<u>0)</u>		( ) School (K-										
r adisbolo (tellilling oc	mpany				( ) Subchapte	r 8 (other th	an K-12)								
Street Address					(X) Other (i.e.	private & c	ommercial bld	lgs., homes	, etc.						
800 Billingsport Rd					0.000		507 0720								
					Sq. Feet N/A		# of Floor	sN/A							
City (5)	County (6)		County C		Bldg. Age N	/^									
Paulsboro	Glouceste		(State Us	se Only)	Current Use (p		demolished)	Oil Refine	erv						
Name of Monitoring Fi	rm Hired by Bld	a Owner (8)	ASCM N	0	Carrotti Coo (F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Co								
KA Industrial Services		g. Owner (b)	ASCIVI IV	<u>u.</u>	K A Industrial Services LLC										
Street Address	, 220.				Street Address	S									
800 Billingsport Rd					800 Billingspo	rt Rd									
Paulsboro, NJ 08066	G				City State, Zip Paulsboro, NJ										
Project Manager for M	onitoring Firm	Telephone	Number		Telephone Nu	mber		License N	lumber		Military control				
Scott Dechant		856-224-43	85		856-224-4392			00857							
Scheduled Start Date	(10)	Scheduled 12/11/14	Completion	Date (11)	Name of OSH K A Industrial		C					-			
12/8/14 Occupancy Status Du	ing Abatament		201		Street Address										
( ) Facility Closed/Vac ( ) Abatement Perform	ated During En	tire Period of A	batement		800 Billingspo										
		102			City, State, Zir	Code									
(X) Other – Describe – areas	- Removal of A	CM within restr	icted work a	area in outside	Paulsboro NJ	08066									
Source of Work (Chec	k all that apply)														
(X) Demolition () Ro ( ) Large Proj. (160 SI	enovation	CM) (Y) SM Pr	oi >25<160	SE or >10 <260	NIEACM) ()	Minor Proi	<25 SF or <1	O LE ACM)							
() Full Containment w	ith Negative Pre	essure () M	ini-Enclosu	re (X) Glove	ebag Procedure										
Location of Asbestos-		cation Normal		Description of		Amount (	Specify SF or	LF) A	bateme	ent Ty	ое	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Containing Material (A		y by Maint./Cu		thermal syster	ns insulation,					-					
Facility (13)		? (12)		surfacing, VAT	Γ, or other	×			em.	Rep.	Encap	Enclose			
	_YE		NA NA	misc.)		A 4	01.5			itep.	Tillcap	7			
SRU Unit – Pipe North Shelter	ı of	X		Pipe Insulatio	n 	Approx 4	JLF		(						
				ļ							-	<del> </del>			
			1	<u></u>	Louis	FINIngto		Name of	Doc 1	and Ell					
Name of Reg. Waste I Waste Management, I		NJDEP Wa 17273	iste Hauler	ID#	<pre>Cubic Yards o &lt;1 CY</pre>	r vvaste		Glouceste			ndfill				
City, State					1		Disp. Date		Cif	v. Sta	te				
South Harrison, NJ				Various				arrison, I	LV.						

Signature

Site Operations Supervisor

South Harrison, NJ

ANDREW GREEN

Completed by (Print or Type)

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

MANAGER - KA Industrial Services

Title

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Date

11/20/14

NOCK

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

E	rin	+ 5	or	22
- 1	1111	-	Oll	11

Date of Notification (1) 11/24/14				Building C						— 1 NO	V 2	8	201	4		
Agencies Notified Type Notification    EPA     Initial		Street Address 150 New Providence Road  ASRESTOS COLUBBILA														
DEP Amended Amendment				te, Zip Coo ainside,		092					LICE					
Emergency justification)  DCA  Cancellation		10000		Contact Zelasko			Telephone Number									
			FACIL	ITY INFO	RMATIC	N						_				
Name of Facility Where Abatement is Takir Children's Specialized Hospital	ng Place (3)						Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12)									
Street Address 150 New Providence Road							× e	Other (i.e. p.	rivate &	comme					s,	
City (5) Mountainside							Squar 2200	e Feet	# of F	Floors		55 55	ig. A	ge	0.000	
County (6) Union			County C	Code (7) ISE ONLY)			Curre	nt Use (Pric	or if bein	g demo	olished	)				
Name of Monitoring Firm Hired by Building		ASCM	No.				ement Con onmental			LC						
Street Address						et Address Gate Drive, PO Box 483										
City, State, Zip Code						ly, State, Zip Code Ienwood, NJ 07418										
Project Manager for Monitoring Firm		Telephone No.			Teleph 973-5				Licens 703	e No.						
Start Date (10) 11/03/14	Scheduled 12/16/14		pletion [	Date (11)		Name (	of OSI-	A Monitor		E1	0					
Occupancy Status During Abatement (Che-	ck Only One	)				Street	Addres	S			-				_	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, St	ate, Zi	p Code								
Scope of Work (Check All That Apply)			Пу												-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Secretarial 1	novat moliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		ocatio			0.0855						NOTITION OF T			Abatement Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar	ly by nce/		os Conta thermal surfac	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or eer miscellaneous)			Amount (Specify SF or LF			Removal	Repair	Encapsulate	Enclosure	
basement			x		pipe	insulat	ion		45	5 LF	x					
basement			x		pipe	e fitting	js			8	×					
boiler room			х		pipe	e fitting	js			3	x					
Name of Registered Waste Hauler Freehold Cartage		H	JDEP W auler ID 5959		Cubic of Was			Name of		ed Lan	dfill					
City, State Freehold, NJ					Dispos TBD	al Date		City, State	е							
Completed by A. Scott Higgins	Title Presid	ent			Signature			Date 11/24/1			4/1	4				

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

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Date of Notification (1) 11/21/14					Building ( X Proper		perator	(2)				NOV	2	8	2014	
Agencies Notified	Type Notification			Street A	ddress ison Ave	nue								_,, _,, _,		
EPA DEP DOL	Initial Amended		-  -		ite, Zip Co					-	7.S	GES.	ICS ICE	NSI	7G	() E (3)
X DOL	Amendmen Emergency			Morris	town, N.	J 0796	50			L						
DOH DCA	justification Cancellatio	)			f Contact _yszczai	7		Telephone Number								
DCA	Cancellatio	n			LITY INFO		ON					-				
Name of Facility Where	Abatement is Taki	ng Place (3	3)	17101	EII THE	211111111		Type of	Facility (4	1)						
									chool (K-12							
Street Address 519 East Broad St	reet							⊠ Ot et	/-	rivate 8	comme					is,
City (5) Westfield								Square 2500	Feet	# of 2	Floors			dg. A 975	ge	
County (6) Union					Code (7) USE ONLY)	)		Current	Use (Pric	r if beir	ng demo	lished	i)			
Name of Monitoring Fin	n Hired by Building	Owner (8)		ASCN	ΛNo.				ment Con nmental			LC				
Street Address							100000000000000000000000000000000000000	Address Gate Dr	ive, PO	Box 4	183					
City, State, Zip Code	357							State, Zip wood,	Code NJ 074	18						
Project Manager for Mo	nitoring Firm			Telepho	ne No.			none No. 583-85			License 703	e No.				
Start Date (10) 11/24/14		Schedul 12/19/		npletion	Date (11)		Name	of OSHA	Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street	Address								
	cated During Entire med Outside of Nor						City, S	State, Zip	Code							
Scope of Work (Check	All That Apply)			-			L						-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit					Mini- Glov	Containme Enclosure ebag Proc Exempted	edure					e	
		ls	Locati	ion										Abate	ment	
Locatio			Normal ed Sole		Ashas		scription					-		1 9	pe	
Asbestos-Containin <u>TO BE AB</u> In Fac (13	BATED	937076	iintenai todial S (12)			thermal surfa	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	
ground	floor			X		ba	aseme	nt 		3	0 LF	2	C			
Name of Registered Wa	aste Hauler	-	I N	IJDEP W	Vaste	Cubic	Yards		Name of F	Registe	red Lan	dfill				
Freehold Cartage				lauler ID 5959	No.	of Wa			TBD							
City, State Freehold, NJ			1,3			Dispos TBD	sal Date		City, State	9						
Completed by A. Scott Higgins		Title Pres	ident			9	Signature	N	2	\		Date 11/2		4		

Print Form

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#2052 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 / 24 ; 14 NOV 28 2014 Caroline Purdon Type Notification Agencies Notified Street Address ☐ EPA X Initial 255 Spring Street ASBESTOS CONTROL & LICENSING **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Newton, NJ 07860 DCA Emergency (including) Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancel ation Caroline Purdon **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) 255 Spring Street Square Feet # of Floors Bidg. Age City (5) Newton, NJ 07860 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Sussex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 973-638-1777 01127 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 12 / 04 / 14 \_\_12\_\_ / \_\_03\_\_ / \_\_14\_\_ Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement \_\_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or 2260 if ■ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Encapsulate Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SIF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X Pipe insulation 75 LF Basement Name of Registered Waste Hauler NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill T.R.R.F. Inc Gr Tech LLC 0033785 TBD City, State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Completed By (Print or Type) Title Date Signature terfic Wenas 11/24/2014 N.Jevtic Owner ASB-41 \* Do not use this form for asbestos licensude exempted activities. MAY 11

State of New Jersey

CK 4 10 4100 2012

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

Date of Notification (*11/19/14	1)				Building Ow of Lucy R	ner/Operator	(2)							
Agencies Notified	Type Notification			Street Ad					NC NC	V 2	8 2	014		
EPA  DEP  DOL	Initial Amended Amendment			COLUMN OF SERVICE	te, Zip Code air, NJ 07			ASBES	TOS LICEN	CON	TROI	_&		
DOH DCA	Emergency ( justification) Cancellation	including		Name of Joette	Contact McLough	in	Telep	Telephone Number						
Name of Facility Whe	ere Abatement is Taking	g Place (3	)	FACIL	LITY INFOR	MATION	Type of Facility (	50						
Street Address 83 Central Ave							Subchapter Other (i.e. p	8 (Other			lings,	home	s,	
City (5) Montclair							Square Feet N/A	# of F N/A	loors	100000	ldg. A	ge		
County (6) Essex				County C (STATE U	Code (7) ISE ONLY)		Current Use (Prior House	or if being	demolist	ned)				
Name of Monitoring I N/A	Firm Hired by Building (	Owner (8)		ASCM	l No.		of Abatement Cor Abatement, In		9)				en en en en en en en en en en en en en e	
Street Address							t Address Rosengren Aver	nue						
City, State, Zip Code		*****					State, Zip Code owa, NJ 07512							
Project Manager for	Monitoring Firm			Telephor	ne No.		hone No. -345-8685		License N #00675	0.				
Start Date (10) 12/02/14		Schedule 12/03/		npletion [	Date (11)		e of OSHA Monitor S Abatement, In		20					
Facility Closed/	uring Abatement (Chec	Period of A	Abaten				t Address Rosengren Aver	nue						
Abatement Perf × Other – Describ	formed Outside of Norn be: Occupied	nal Facility	Hours	5		12000-00-00-0	State, Zip Code owa, NJ 07512							
Scope of Work (Che	ck All That Apply)	Name:			e e		_							
≥3 sf or ≥3 lf ≥160 sf or ≥260	lf	-	Renova Demolit				Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e		
		10000	Locati	3000000		, Fi				Abatemen Type				
Asbestos-Contai <u>TO BE</u> In F	ation of ning Material (ACM) . <u>ABATED</u> Facility (13)	Use Ma Cus	ed Sole intena todial S (12)	ly by - nce/ Staff?	(i.e. th		Material (ACM) ns insulation, AT, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
craw	I space	Yes	No X	N/A		pipe insul	ation	45	LF	x				
	ement		X			pipe insul		199	) LF	X				
Name of Registered D&S Abatement,			H	IJDEP W fauler ID 20996	No.	Cubic Yards of Waste TBD	Waste	Manag	ed Landfil ement c					
City, State Totowa, NJ						Disposal Dat TBD	7 Tullyton	wn, PA				and the second		
Completed by Deanna Brkusan	in	Title Proje	ect Ma	anager	1	Signatu	Jana R.	Mino		ate 1/19/	14			

CH 1838

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

Date of Notification (1)	4 / 1	14			of Building	g Owner/Operator (2	2)	WOV NOV	2.8	261	1					
Agencies Notified T	ype Notificatio			Street				ī								
	Amended			7. 1000 to 10	tate, Zip (	1,0000000000000000000000000000000000000										
⊠ DOH	Amendment					J 07109		- Characteristics	madination							
DCA (NJAC 5:23-8)	Emergency ( justification)		1		of Contac			Telephone Numb	er		att part through					
	Cancellation			11.000000000000000000000000000000000000	ip Nicas											
			-	L	-	FORMATION					-					
Name of Facility Where Aba	toment is Tak	ing Place	(3)	FAC	JILIT IN	WORINATION .	Type of Facility	(4)		_						
Residential House	atement is rak	ing riace	(3)				School (K-12									
Street Address							Subchapter 8	(Other than K-12)								
31 Heckel Street							Other (i.e., p homes, etc.)	rivate and commer	cial bu	iilding	ıs,					
City (5)							Square Feet	# of Floors	Ble	dg. A	ge					
Belleville, NJ 07109																
County (6) Essex		-		Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)							
Name of Monitoring Firm Hi	red by Building	Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)									
Bio Terra Solutions	rea by Banania	9 0 111101	(0)	7100IVI	. 10.		NAGEMENT L									
Street Address						Street Address										
P.O. Box 1224						27 Outwater	l ane									
City, State, Zip Code						City, State, Zip Co										
Union, NJ						Garfield, NJ										
Project Manager for Monitor	ring Firm		Tolo	ephone	No	Telephone No.	07020	License No.		-						
Rick Eustaquio	ing riiii		1	73-494		973-928-4888		1188								
Start Date (10)	Sch	eduled C				Name of OSHA M		1100								
12 /06 /	Laborate State Control of the Contro				K 5.5 M. K. K. K.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NAGEMENT L	I.C.								
						ACCORDING SERVICE OF SERVICE OF	THAGEWENT E									
Occupancy Status During A    Facility Closed/Vacated			CONTRACTOR .	mont		Street Address	Long									
☐ Abatement Performed O					cribe	27 Outwater City, State, Zip Co										
Time of Abatement:						Garfield, NJ										
Scope of Work (Check all the state of Work (Check all the state of Scope of Work (Check all the scope of W	at apply)		enovat emolitic			Mini-Enc     Gloveba	g Procedure	gative Pressure	re							
		5.5	Loca	5000000					Ab	atem	ent T	ype				
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	iterial (ACM)	Use Ma	intena	ely by		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
(.5)		Yes	No	N/A				2			ø					
Basement				×	ACM P	ipe Insulation		200 LF	$\boxtimes$		$\boxtimes$	X				
Name of Registered Waste	Hauler			NJDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill	-	L						
Newark Carting			H	lauler II		Waste	IESI Landi	711								
City, State				04509	1	As Needed Disposal Date	City, State									
Newark, NJ						TBD	Bethlehen	n, PA								
C1 02000 C1 0200 C1 02	17	itle					1 7	,, Da	to I							
Completed By (Print or Type Allen Monchik	9)     1	itle Projec	t Man	ager		(Signa fure)	~ //	~   Da	. / .	4	14	_				
ASB-41 JAN 13		* Do noi	use ti	his form	for asbes	stos licensure exemp	oted activities.	1	Û	0						