NOCK

NUCP	NOTIFI	CATION C	F ASB	60-7 and 12:120-7)	(O-protor (2)	CELV	50				
	(Pu	rsuant to iv	Nan	ne of Building Owner			has bed	1			
			RIC	CHARD AND LISA STE		( ~					
e of Notification (1)		W	Str	eet Address	2014	CLT 10 AL	ि िः	4			
, 9 /14				444 LAKE ROAD  ALL State Zip Code							
Type No	tification		Cit	ty, State, Zip Code	5		- FRGL	]			
Ini	itial Notification	n #3	W	WYCKOFF, NJ 07481							
EPA X Ar	mended Notificatio	HL 11-	L	. Centact		OPP III		1			
	ancellation			ame of Contact ICHARD STEIMEL	1-	<u></u>		7			
₩ DOH   I	on Hold MERGENCY NO	TIFICATIO	N R					7			
I DCA		FAC	LITY I	NFORMATION	Type of Facility (4)						
	A in Taking Place	e (3)			School (K-12)	than K-12)					
ame of Facility Where Abatemer	Il is taking				School (K-12) Subchapter 8 (Ot X Other (ie. Private	Commol bidgs.	, homes, e	tc.)			
					X Other (ie. Private	of Floors					
44 LAKE ROAD, WYCKOFF, NJ	0/401				Square	1	68	$\dashv$			
					1,776 Current Use (Prior if b	eing demolished	)	1			
Street Address				County Code (7)							
444 LAKE ROAD	County (6)		15	TATE USE ONLY)	Name of Abatement	Contractor (9)		1			
City (5)	DEDOEN	- (2)	1 1	ASCM No.	Name of Abatement PAR ENVIRONMEN	TAL CORPORA	TION				
WYCKOFF Name of Monitoring Firm Hired	by Building Own	er (8)		17	1 A Jarocc			1			
Name of Monitoring Fill III					1313 SPOOK ROCK	ROAD					
CTSI					· 7in Code						
Street Address 622 GEORGES ROAD					ISHEFERN, NEVV I	DRK 10901	e Number				
City, State, Zip Code	BRUNSWICK, NE	W JERSE	Y 0890	)2	Telephone Number		E	1			
NORTH F	BRUNSVICK, NE	Telepho	ne Nun	nber	269-7500	460		-			
Project Manager for Monitoring F	ITTI	000 277	-5644		COCHA MO	nitor		1			
INTE KRIIGE	ISC	hed. Com	oletion	Date (11)	QUALITY ENVIRO	MINIENTAL					
Expected State Date (10)	1	10 /		Year							
10 /	/14 Year	Month		Day	Street Address 1376 ROUTE 9 W			1			
Month Day	ement (Check only	one)	hatem	ent				$\overline{}$			
Month Occupancy Status During Abate X Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	Hours	- Describe:	City, State, Zip Co	de	NV 12590	1			
X Facility Closed Abatement Perform	and Outside of Not	Illai i dome			INIAPPIN	GEILO	1. 1.				
X Other - Describe:	8AM to 4:30	LIM		- Jeul C	ontainment with Negativ	e Pressure					
				A Aini F	Enclos .						
Scope of Work (Check all that	apply)	Renovation		Clave	shan Procedure						
1 )emolition				Non-I	Friable Procedure		Abatem	ent Type			
X >3SF OR LF	260 LF			Description	of Asbestos-	Amount	REMOV/	ENCAPS			
>100 31 011		Is Locat	ion	Containing N	laterial (AOIII)	(Specify	MC PA	I A			
Location of Asbestos-contain	nina	normally	usea	(in Therm	nal systems	SF or LF)		1Sc			
Asbestos-conta	W)	solely	by ladial	:-outation S	urfacing, VAI,		A	ULE ULE			
A tariol (ACA		Maint/Cus	4.2\	or other m	iscellaneous)	\		-			
Material (ACM	ED		141	1			1x L				
TO BE ABAT	ED	Staff (	IN/A			60 SF		1			
Material (ACN TO BE ABAT in Facility (13	ED	Yes No	N/A	POU ER INSULATIO	N	60 SF	-				
TO BE ABAT in Facility (13	ED	Yes No	N/A X	BOILER INSULATIO	N	60 SF 10 LF	×	-			
TO BE ABAT	ED	Staff ( Yes No	N/A	BOILER INSULATIO	N JLATION		-	1			
TO BE ABAT in Facility (1: BASEMENT	ED	Staff ( Yes No	N/A X	BOILER INSULATIO	N JLATION		-				
TO BE ABAT in Facility (13	ED	Staff (Yes No	N/A X	BOILER INSULATION PIPE FITTING INSU	ILATION		-				
TO BE ABAT in Facility (1: BASEMENT	ED	Staff (Yes No	N/A X	BOILER INSULATIO	ILATION		-				
TO BE ABAT in Facility (1: BASEMENT	ED	Staff (Yes No	N/A X	BOILER INSULATIO	ILATION		-				
TO BE ABAT in Facility (1: BASEMENT	ED	Staff (Yes No	N/A X	BOILER INSULATIO	ILATION		-				
TO BE ABAT in Facility (1: BASEMENT	ED	Staff ( Yes No	N/A X	BOILER INSULATIO	ILATION	10 LF	-				
TO BE ABAT in Facility (1: BASEMENT	ED	Staff ( Yes No	N/A X	PIPE FITTING INSU	LATION	10 LF	-				
TO BE ABAT in Facility (13  BASEMENT  BASEMENT	ED 3)	Yes No	X	PIPE FITTING INSU	aste Name of Reg	10 LF	-				
TO BE ABAT in Facility (13  BASEMENT  BASEMENT	ED 3)	Yes No	N/A X X	PIPE FITTING INSU	este Name of Reg GROWS LA	istered Landfill NDFILL LE, PA	X				
BASEMENT BASEMENT  BASEMENT  BASEMENT  BASEMENT	ED 3)	Yes No  NJDEF Hauler	N/A X X Wast	PIPE FITTING INSU	este Name of Reg GROWS LA	istered Landfill NDFILL LE, PA	X				
TO BE ABAT in Facility (13  BASEMENT  BASEMENT	ED 3)	Yes No  NJDEF Hauler	N/A X X	e Cubic Yards of Wa	este Name of Reg GROWS LA	10 LF	X	1/9			
TO BE ABAT in Facility (13)  BASEMENT  BASEMENT  Name of Registered Was DJM TRANSPORT, LLC	ED 3)	Yes No  NJDEF Hauler	N/A X X Wast	e Cubic Yards of Wa  10  Disposal Date	Name of Reg GROWS LA MORRISVIL City, STA	istered Landfill NDFILL LE, PA	X	)/9,			
BASEMENT BASEMENT  BASEMENT  BASEMENT  BASEMENT	ED 3)	NJDEF Hauler	X X X V V V V V V V V V V V V V V V V V	e Cubic Yards of Wa	Name of Reg GROWS LA MORRISVIL City, STA	istered Landfill NDFILL LE, PA	X	7/9/			

	(Pursuant to	NJAC 0.00	Jersey STOS ABATEMENT 1-7 and 12:120-7) of Building Owner ARD AND LISA STI	(2) Operator			$\dashv$				
(15 -4i-n /4)		/ No. 10 to	W. Committee of the com								
e of Notification (1)		Street	Address AKE ROAD		tin ti						
10 / 2	cation						1				
encies Notifica	Notification	City,	City, State, Zip Code WYCKOFF, NJ 07481								
L EPA X Amer	nded Notification #2			i IT	elephone Number		1				
V DOI L Cand	cellation		e of Contact	•			$\longrightarrow$				
X DOL On F	OFNOV NOTHER AT		HARD STEIMEL								
DCA L	FA	<b>ACILITY INF</b>	ORMATION	Type of Facility (	(4)		- 1				
ame of Facility Where Abatement is	s Taking Place (3)			School (K-1		2)					
				Subchapter Other (ie P	rivate/Commic. Did		s, etc.)				
44 LAKE ROAD, WYCKOFF, NJ 074	181			Square Feet	# of Floors	Bidg.	2000				
				4 776	1 leadigh						
Street Address			unty Code (7)	Current Use (Price	or if being demolish	(eu)					
144 LAKE ROAD CO	ounty (6)	IST	TE USE ONLY)	PRIVATE RESIL	JENCE	9)					
City (5)	EDGEN	(51)	ASCM No.	Name of Abate	MENTAL CORPOR	RATION					
NYCKOFF Name of Monitoring Firm Hired by	Building Owner (8)		17	Towns Address							
CTSI				313 SPOOK RO	OCK ROAD						
Street Address				Ol-to Zin	Code						
CEORGES ROAD		EY 08902		W TORK TOO	License Number						
City, State, Zip Code NORTH BRU	JNSWICK, NEW JERS	none Number	Г	Telephone Nun 845-369-7500	460	9					
Project Manager for Monitoring Firm	008.3	77-5644		Name of OSH	A Monitor						
	1300 0		4.4.43	Maille of							
KYI E KRUGE	Sched, Cor	npletion Da	ite (11)	QUALITY EN	VIRONMENTAL		th <sub>even</sub>				
KYLE KRUGE Expected State Date (10)	114 10		Vear	QUALITY EN	VIRONMENTAL	<del></del>					
Expected State Date (10)  10 / 6  Yes	/14 10 ar Month	/ Da	y Year	QUALITY ENV	/IRONMENTAL	* ·	*				
Expected State Date (10)  10 /  Month Day Yei	ar Month ont (Check only one)	Da Da	year Year	Street Address 1376 ROUTE	S 9 W						
Month Day Yes Occupancy Status During Abatemed  X Facility Closed/Vacated	ar Month  Int (Check only one)  During Entire Period of Outside of Normal Facil	Da Da	year Year	Street Address 1376 ROUTE	S 9 W	, NY 125	90				
Month Day Yes  Occupancy Status During Abateme  X Facility Closed/Vacated Abatement Performed (	ar Month ont (Check only one)	Da Da	year Describe:	Street Address 1376 ROUTE	PPINGERS FALLS	s, NY 125	90				
Month Day Yes  Occupancy Status During Abateme  X Facility Closed/Vacated Abatement Performed Other - Describe:	ar Month Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM	Da Da	year Describe:	Street Address 1376 ROUTE City, State, Zi WAI	PPINGERS FALLS	s, NY 125	90				
Expected State Date (10)  10 / 6  Month Day Yes Occupancy Status During Abateme  X Facility Closed/Vacated Abatement Performed (1)  X Other - Describe:	ar Month Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM	Da f Abatement ity Hours - D	y Year Describe: Full Co	Street Address 1376 ROUTE City, State, Zi WAI antainment with Ne	PPINGERS FALLS	s, NY 125	90				
Month  Occupancy Status During Abateme  X Facility Closed/Vacated Abatement Performed Other - Describe:  Scope of Work (Check all that app	ar Month Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM	Da f Abatement ity Hours - D	year year year year year year year year	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne	PPINGERS FALLS	-T	ont To				
Expected State Date (10)  10 / 6  Month Day Yei  Occupancy Status During Abateme  X Facility Closed/Vacated Abatement Performed (1)  X Other - Describe:  Scope of Work (Check all that app	ar Month  Int (Check only one) I During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  Renovation	Da f Abatement ity Hours - D	year  year  year  Full Co  X Mini-Ei  Glove  Non-F	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne nclos, bag Procedure riable Procedure	PPINGERS FALLS	-T	ont To				
Expected State Date (10)  10 / 6  Month Day Yes Occupancy Status During Abateme	ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  Renovation  LF  Is Local accordance of Normal Pacil 18 AM 18	Abatement f Abatement ity Hours - D	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM)	p Code PPINGERS FALLS gative Pressure  Amount (Specify	-T	ont To				
Month Day Yes  Occupancy Status During Abatemee  X Facility Closed/Vacated Abatement Performed Other - Describe:  Scope of Work (Check all that app Demolition X >3SF OR LF >160 SF OR 260  Location of Asbestos-containing	ar Month  ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  Renovation  LF Is Loca normally soleh	Abatement ity Hours - D n ation y used y by	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Ma	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems	PPINGERS FALLS	-T	ont To				
Expected State Date (10)  10 / 6  Month Day Yes Occupancy Status During Abateme Facility Closed/Vacated Abatement Performed (0)  X Other - Describe:  Scope of Work (Check all that app Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM)	ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  Interpretation Renovation  LF Is Local normally soleh Maint/Ci	Abatement ity Hours - D n ation y used y by ustodial	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Mini (ie. Thermalingulation, su	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT,	p Code PPINGERS FALLS gative Pressure  Amount (Specify	-T	ont To				
Nonth   Day   Yes	ar Month  ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil  8AM to 4:30 PM  Interpretation  Renovation  LF  Is Location  Is Locatio	Abatement ity Hours - D n ation y used y by ustodial	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Mini (ie. Thermalingulation, su	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems	PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)	Abai					
Expected State Date (10)  10 / 6  Month Day Yes  Occupancy Status During Abateme  Facility Closed/Vacated Abatement Performed (1)  Other - Describe:  Scope of Work (Check all that app  Demolition  > 3SF OR LF  > 160 SF OR 260  Location of Asbestos-containing Material (ACM)	ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  Interpretation Renovation  LF Is Local normally soleh Maint/Ci	f Abatement ity Hours - D  n  ation y used y by ustodial (12)	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Mining Mini	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)	p Code PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)	Abat	ont To				
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Nonth   Day   Yes	ar Month  ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil  8AM to 4:30 PM  Interpretation  Renovation  LF  Is Location  Is Locatio	f Abatement ity Hours - Dan ation y used y by ustodial (12)	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Mini (ie. Thermation sulation, sulation, sulation, sulation) OILER INSULATION	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)	p Code PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)	Abat	ont To				
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Nonth	ar Month  ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil  8AM to 4:30 PM  Interpretation  Renovation  LF  Is Location  Is Locatio	f Abatement ity Hours - Dan ation y used y by ustodial (12)	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Mini (ie. Thermation sulation, sulation, sulation, sulation) OILER INSULATION	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)	p Code PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)	Abat	ont To				
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Expected State Date (10)  10 / 6  Month Day Yei Occupancy Status During Abateme	ar Month  ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil  8AM to 4:30 PM  Interpretation  Renovation  LF  Is Location  Is Locatio	f Abatement ity Hours - Dan ation y used y by ustodial (12)	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Mini (ie. Thermation sulation, sulation, sulation, sulation) OILER INSULATION	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)	p Code PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)	Abat	ont To				
Nonth	ar Month  ar Month  Int (Check only one) During Entire Period of Outside of Normal Facil  8AM to 4:30 PM  Interpretation  Renovation  LF  Is Location  Is Locatio	n Abatement ity Hours - Donation y used y by ustodial (12) X PI	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Minimulation, su or other mis  DILER INSULATION PE FITTING INSUL	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)	P Code PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)	Abal REMOVAL X	ont To				
Expected State Date (10)  10 / 6  Month Day Yei Occupancy Status During Abateme Facility Closed/Vacated Abatement Performed (1) Other - Describe:  Scope of Work (Check all that app Demolition X > 3SF OR LF > 160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  BASEMENT  BASEMENT	ar 10 Month Int (Check only one) I During Entire Period of Outside of Normal Facili 8AM to 4:30 PM INTERPORT INTERPO	f Abatement ity Hours - D  ation y used y by ustodial (12)  N/A  X BC  X PI	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Ma (ie. Thermal insulation, su or other mis  DILER INSULATION PE FITTING INSUL  Cubic Yards of Was	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclot, Ibag Procedure If Asbestos- Intainment (ACM) Intainment (ACM) Intainment (ACM) Intainment with Ne Inclot, Intainment with Ne Inclot, Intainment with Ne Inclot, Intainment with Ne Inclot, Intainment with Ne	PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)  60 SF 10 LF	Abal REMOVAL X	ont To				
Expected State Date (10)  10 / 6  Month Day Yei Occupancy Status During Abateme Facility Closed/Vacated Abatement Performed Other - Describe:  Scope of Work (Check all that app Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  BASEMENT  BASEMENT  BASEMENT	ar Month  Int (Check only one) I During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  In the second of	f Abatement ity Hours - D  ation y used y by ustodial (12)  N/A  X BC  X PI  P Waste of ID No.	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Minimulation, su or other mis  DILER INSULATION PE FITTING INSUL	Street Address 1376 ROUTE City, State, Zi WAI ontainment with Ne nclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)  ATION  te Name of GROWS MORRIS	PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)  60 SF 10 LF  Registered Landfill SVILLE, PA	Abal REMOVAL X	ont To				
Nonth	ar Month  Int (Check only one) I During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  In the second of	partial partia	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Minimulation, su or other mis  DILER INSULATION PE FITTING INSUL  Cubic Yards of Was 10	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)  ATION  te Name of GROWS MORRIS	PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)  60 SF 10 LF  Registered Landfill S LANDFILL SVILLE, PA	Abai REMOVAL X	ont To				
Expected State Date (10)  10 / 6  Month Day Yei Occupancy Status During Abateme Facility Closed/Vacated Abatement Performed Other - Describe:  Scope of Work (Check all that app Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  BASEMENT  BASEMENT  BASEMENT	ar Month  Int (Check only one) I During Entire Period of Outside of Normal Facil 8AM to 4:30 PM  In the second of	Da	Pescribe:  Full Co X Mini-Ei Glove Non-F  Description of Containing Ma (ie. Thermal insulation, su or other mis  DILER INSULATION PE FITTING INSUL  Cubic Yards of Was	Street Address 1376 ROUTE City, State, Zi WAI Intainment with Ne Inclos, bag Procedure riable Procedure of Asbestos- aterial (ACM) al systems rfacing, VAT, scellaneous)  I ATION  te Name of GROWS MORRIS City, State MONTE	PPINGERS FALLS gative Pressure  Amount (Specify SF or LF)  60 SF 10 LF  Registered Landfill SVILLE, PA	Abai REMOVAL X	ont To				

Date of Notification (1)								ner/Operator (2) STEIMEL					
9 / 29	/14				Stree	t Addres	ss						
	ype Notific	cation			444 L	LAKE RO	DAD		100				
EPA DEP X	Initial Amer	Notification Inded Notification			WYC	12.0	NJ 07481						
X DOH	On H EME	old RGENCY	NOTIF	ICATIO		e of Con HARD S			Telephone	Numb	er		
					CILITY INFO	DRMATI	ON						
Name of Facility Where Abate 444 LAKE ROAD, WYCKOFF	100	V 2 346	ace (3	)			*		12) r 8 (Other th				
									rivate/Comr				
Street Address								Square Feet 1,776	# of Flox	ors	1	31dg. <i>A</i> 68	-
444 LAKE ROAD	- 10	4 - (0)			C	-t Code	- (7)	Current Use (Pri	or if boing de	amolie	hod)	- 00	
City (5) WYCKOFF	1000 Sections	nty (6) GEN				nty Code		PRIVATE RESI		EIIIOIIS	neu)		
Name of Monitoring Firm His			ner (8)	<u> </u>	(OIAII		M No.	Name of Abater		actor	(9)		
CTSI	Ju 2, 21		,.,				17	PAR ENVIRON				ON	
Street Address								Street Address			8		
622 GEORGES ROAD				1753				313 SPOOK RO					
City, State, Zip Code NORTI	H BRUNS	WICK, NE	W JE	RSEY	08902			City, State, Zip C SUFFERN, NEV					
Project Manager for Monitoring	Firm	7.	Tele	phone	Number			Telephone Numb	er	Licen	se Ni	ımber	
KYLE KRUGE				377-56				845-369-7500		460			
Expected State Date (10)	N.	Sch			tion Date (1			Name of OSHA					
10 / 6 Month Day	/14 Year	١,	10 Ionth	) /	17 Day	<i>r</i> /1	14 Year	QUALITY ENVI	CONMENTA	AL.			
Month Day Occupancy Status During Aba				_	Day		i edi	Street Address		-	_		
X Facility Closed/Vac				of Abat	ement			1376 ROUTE 9	N				
Abatement Perform						ibe:							
X Other - Describe:	8AM	to 4:30 P	M					City, State, Zip C			D/ 40	500	
0	t A						uli Carba	vvaPPI inment with Negati	NGERS FA		WY 12	590	
Scope of Work (Check all that Demolition	appiy)	Rer	ovatio				Aini-Enclo		AE LICSSUIC	•			
X >3SF OR LF			POVGIBLE					Procedure					
	60 LF							e Procedure					
Location of		1	s Loca	tion		Descript	tion of As	bestos-	T v		Aba		nt Type
Asbestos-contain	ing	no	rmally	used			ng Materia		Amour	nt	교	REPAIR	E.
Material (ACM)			solely				ermal sys		(Speci		REMOVAL	P	ENCAPSUL
TO BE ABATE	ס		int/Cus		i		n, surfacir		SForL	.F)	š	70	PS
in Facility (13)			Staff (	IN/A		or other	r miscella	neous)			-		F
BASEMENT		Tes	INO	X	BOILER IN	USI II AT	ION		60 SF		Х		+
			+	x	PIPE FITT			M	10 LF		х		
BASEMENT			+	₽-	PIPE FILL	ING INS	BULATIO	N	10 LP		_	-	+
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Name of Decisional Martin	ulor	NI IF	DEP W	lacto	Cubic Yard	de of M/o	eta	Name of Registe	red Landfill				
Name of Registered Waste Ha FREEHOLD CARTAGE, INC.			iler ID		Cubic rare	10	SIE	LYCOMING CO		OURC	E MA	NAG	EMEN
825 HIGHWAY 33		l'ide	1593					447 ALEXANDE					
City, State					Disposal D	ate		City, State	atos				
FREEHOLD, NEW JERSEY		SANDAR PA	X-0		10/06-10/1	7/14		MONTGOMERY	, PA 17752	2			
Completed by (Print or Type)		Title			ATIONS	Signatu	ITE .	2		Date	9	bro	1,-
BENJAMIN SANCHEZ		DIRECTO	OR OF	OPER	RATIONS		//				11	07	119

Date of Notification (1)  3			(, a,	Journ		_	Building Ov		perator (2)					
Agencies Notified    EMPT   Agencies Notified   Type Notification   Adel LAKE ROAD   CRy, State, Zip Code   WYCKOFF, NJ 07481   Name of Contact   Telephone Name Name of Pacility Where Abatement is Taking Place (3)   School (K-12)   School	Date of Notification (1)	*												
EPA				-000	Stre	et Ado	dress	/	1025					
DEP Cancellation On Hold Cancellation DOA DATE Amended Notification Cancellation On Hold Cancellation DOA DATE Amended Notification Cancellation On Hold Can	Agencies Notified Type Noti	fication			444	LAKE	ROAD							
Name of Facility Where Abatement is Taking Place (3)  444 LAKE ROAD, WYCKOFF, NJ 07481  Street Address 444 LAKE ROAD, WYCKOFF, NJ 07481  Street Address Clay (6) BERGEN WYCKOFF BERGEN County (6) BERGEN (STATE USE CNL.Y) ASDADAMENTAL CORPORATION PRIVATE RESIDENCE  Name of Monitoring Firm Hired by Building Owner (8) CTSI Street Address 622 GEORGES ROAD CNSTH BRUNSWICK, NEW JERSEY 08902 Project Manager for Monitoring Firm Felephone Number Street Address 10 / 17 / 14 Month Day Year Occupancy Status During Abatement (Check only one) Sepected State Date (10) Abatement Performed Outside of Normal Facility Hours - Describe: CHECK Of Pacility (Check all that apply) Demoittion Demoittion Renovation Renovation Renovation Renovation Name of Registered Waste Hauler Normal Facility (13) Name of Registered Waste Hauler Renovation Name of Registered Waste Hauler REBEHOLD CARTAGE, INC. Haufer IDEA Haufer IDEA Haufer IDEA Haufer IDEA Haufer IDEA Haufer IDEA HAUF IDEA HAUF IDEA HAURE RESIDENCE Sequence of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate of Abatement Use (Prior it being demolished) PRIVATE RESIDENCE Ontariate Use (Prior it being demolished) PRIVATE RESIDENCE Ontractor (Prior Type) PRIVATE RESIDENCE Ontariate Use (Prior Type) PRIVATE RESIDENCE Ontariate Us	DEP Am	ended Notifi						1						
Name of Facility Where Abatement is Taking Place (3)  444 LAKE ROAD, WYCKOFF, NJ 07481  444 LAKE ROAD  Street Address  444 LAKE ROAD  City (6)  Seron (K-12)  County (6)  Seron (Monitoring Firm Hired by Building Owner (8)  OTSI  Street Address  ASCM NO.  175 ASCM NO.  176 ASCM NO.  177 PAR ENVIRONMENTAL CORPORATION  Street Address  187 ASCM NO.  188 ASCM NO.  198 A			NOTIF	ICATI	1000000				* *	Telenhone	Numb	ner		
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Other 12)   Subchapter 9 (					CILITY INF	ORM	ATION							2012 (O)
Street Address 444 LAKE ROAD  County (6) WYCKOFF BERGEN BERGEN BERGEN STATE USE ONLY) Street Address Sugare Feet 1,776 BERGEN BERGEN STATE USE ONLY) STATE USE ONLY) STATE USE ONLY) STREET Address STREET Address STREET ADDRESS ONLY STREET ADDRESS ONLY STREET BERGEN STREET ADDRESS ONLY STREET ONLY STREET ADDRESS ONLY STREET AD	**************************************	· · · · · · · · · · · · · · · · · · ·	ace (3	9)				Туре	School (K-	12)	4			
444 LAKE ROAD  County (6)		181						X	Other (ie. I				home	es, etc.)
WYCKOFF BERGEN (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. CTSI Streat Address 522 GEORGES ROAD CRy, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902 WORTH BRUNSWICK, NEW JERSEY 08902 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number JO 1 10 8 /14 Month Day Year Occupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Repriment with Negative Pressure Abatement Type Glovebage Procedure  Description of Asbestos-Containing Material (ACM) Acatement Type Abatement (Specily Specily Sp											ors		-	•
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. 17  ASCM RONIRONMENTAL CORPORATION  Street Address 313 SPOOK ROCK ROAD  City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902  Project Manager for Monitoring Firm KYLE KRUGE  Expected State Date (10) 10 / 17  Month Day Year  Cocupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe - Containing Material (ACM) Annount Report - Performed Perform											emolis	hed)		
Street Address 313 SPOOK ROCK ROAD City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902 Project Manager for Monitoring Firm North State, Zip Code Sufferen, New York 10901 Project Manager for Monitoring Firm North Substantial Color of State Date (10) 10	Name of Monitoring Firm Hired by B		ner (8	)	(0171		SCM No.	Name	e of Abater	nent Contr				
622 GEORGES ROAD  City, State, Zip Code  NORTH BRUNSWICK, NEW JERSEY 08902  Project Manager for Monitoring Firm KYLE KRUGE  Expected State Date (10) 10 / 6 /14 Month Day Year  Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe: BAM to 4:30 PM  Abatement (Check all that apply) Demolition X - 335 F OR LF  I Containing Material (ACM) TO BE ABATED In Facility (13)  BASEMENT  Name of Registered Waste Hauler NJDEP Waste  NJDEP Waste  NJDEP Waste  Cubic Yards of Waste  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMEN  Name of Registered Landfill						_	17	4		WENTAL CO	JRPO	KAII	ON	
City, State, Zip Code  NORTH BRUNSWICK, NEW JERSEY 08902  Project Manager for Monitoring Firm    Telephone Number   Telephone N								5.000		CK ROAD				
Project Manager for Monitoring Firm Project Manager for Monitoring Firm Filephone Number Fileshout File Fileshota Fileshota Fileshota Fileshota Fileshota Fileshota Fileshota Fileshota Fileshota Fileshone Number Fileshota Fileshota Fileshone Number Fileshota Fileshota Fileshota Fileshone Number Fileshone Number Fileshota Fileshota Fileshota Fileshone Number Fileshota Fileshota Fileshone Number Fileshora Fileshora Fileshone Numbe	City, State, Zip Code							_						-
Telephone Number   Stephone		SWICK, NE	W JE	RSEY	08902						901			
Expected State Date (10)  10 / 6 / 14	Project Manager for Monitoring Firm		Tele	phone	Number			-				se N	umber	-
Expected State Date (10)  10 / 10 / 17 /14  Month Day Year  Occupancy Status During Abatement (Check only one)  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  Abatement Performed Outside of Normal Facility Hours - Describe:  City, State, Zip Code WAPPINGERS FALLS, NY 12590  Scope of Work (Check all that apply)  Demolition  X > 3SF OR LF  > 160 SF OR  Location of Asbestos-containing Material (ACM) Month Day Year  Abatement Performed Outside of Normal Facility Hours - Describe:  City, State, Zip Code WAPPINGERS FALLS, NY 12590  Full Containment with Negative Pressure Mini-Encics, Glovebag Procedure Non-Friable Pro	KYLE KRUGE		908	377-5(	644			1000						
10 / Month   Day   Year   Year   Street Address   Street Address   1376 ROUTE 9 W   Street Address   1376 ROUTE 9 W   Mahatement Performed Outside of Normal Facility Hours - Describe:   Abatement Performed Outside of Normal Facility Hours - Describe:   City, State, Zip Code   WAPINICERS FALLS, NY 12590   WAPINICERS FALLS, NY 12590   Mahatement Performed Outside of Normal Facility Hours - Describe:   Glovebag Procedure   WaPINICERS FALLS, NY 12590   WaPINIC	Expected State Date (10)	Sch	ed. C	omple	tion Date (	11)				Monitor	1.00		_	_
Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe: 8AM to 4:30 PM  City, State, Zip Code WAPPINGERS FALLS, NY 12590  Scope of Work (Check all that apply) Demolition X > 35F OR LF > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)  BASEMENT  X BOILER INSULATION BASEMENT  X PIPE FITTING INSULATION  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 255 HIGHWAY 33  City, State, Zip Code WAPPINGERS FALLS, NY 12590  WAPPINGERS FALLS, NY 12590  Street Address 1376 ROUTE 9 W  Street Address 1376 ROUTE 9 W  Street Address 1376 ROUTE 9 W  City, State, Zip Code WAPPINGERS FALLS, NY 12590  WAPPINGERS FALLS, NY 12590  Description of Asbestos-Containment with Negative Pressure  Mini-Enclos, Glovebag Procedure Non-Friable Procedure  Non-Friable Procedure  Containing Material (ACM) Amount Abatement Type Containing Material (ACM) Amount Staff (12) Or other miscellaneous)  Name of Registered Landfill LyCOMING COUNTY RESOURCE MANAGEMEN 15939  Name of Registered Landfill LyCOMING COUNTY RESOURCE MANAGEMEN 15939  Disposal Date City, State MONTGOMERY, PA 17752	10 / 6 /14		10		17	C-17 T-1		0.000			٩L			
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  BASEMENT  BASEMENT  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Location of Asbestos-Containing Material (ACM) Maint/Custodial solely by (ie. Thermal systems (Specify SP) Amount (Specify SP)	Abatement Performed Outs X Other - Describe: 8AN  Scope of Work (Check all that apply) Demolition X >3SF OR LF	ide of Norma I to 4:30 P	al Faci M	lity Ho		ibe:	Mini-Enclo	City,	State, Zip C WAPPI with Negati	ode NGERS FA		NY 12	590	
Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  BASEMENT  BASEMENT  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Amount (Specify Service)  (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify Service)  Amount (Specify Ser		1 1	1 002	tion		Doco						A h =		. T
BASEMENT  X BOILER INSULATION  60 SF X  PIPE FITTING INSULATION  10 LF X  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Disposal Date 10/06-10/17/14	Asbestos-containing Material (ACM) TO BE ABATED	no Mai	rmally solely int/Cus Staff (*	used by stodial 12)		Conta (ie. insula	ining Materia Thermal systion, surfacir	el (ACN stems ng, VAT	1) Г,	(Speci	fy		REPAIR	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)  I Title  X PIPE FITTING INSULATION 10 LF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15 City, State 10/06-10/17/14 ISIGNature  Signature  I Signature  I Signature  I Signature  I Signature	BASEMENT		1		BOILER IN	NSUL	ATION			60 SE		Y		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)  NJDEP Waste Cubic Yards of Waste Hauler ID No. 10 LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15 City, State 10/06-10/17/14 MONTGOMERY , PA 17752 Completed by (Print or Type)  Signature	BASEMENT			+				N					$\vdash$	$\vdash$
FREEHOLD CARTAGE, INC.  Hauler ID No.  10  LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15  City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Little  Disposal Date 10/06-10/17/14  MONTGOMERY, PA 17752														
FREEHOLD CARTAGE, INC.  Hauler ID No.  10  LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15  City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Little  Disposal Date 10/06-10/17/14  MONTGOMERY, PA 17752			-	-								_		$\sqcup$
FREEHOLD CARTAGE, INC.  Hauler ID No.  10  LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15  City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Little  Disposal Date 10/06-10/17/14  MONTGOMERY, PA 17752														
FREEHOLD CARTAGE, INC.  Hauler ID No.  10  LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15  City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Little  Disposal Date 10/06-10/17/14  MONTGOMERY, PA 17752														
FREEHOLD CARTAGE, INC.  Hauler ID No.  10  LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15  City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Little  Disposal Date 10/06-10/17/14  MONTGOMERY, PA 17752	Name of Registered Waste Hauler	N.ID	EP W	aste	Cubic Yarr	is of \	Naste	Name	of Register	red   andfill				
City, State  Disposal Date City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Disposal Date 10/06-10/17/14  MONTGOMERY , PA 17752	FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		er ID I	No.	- unc			LYCC	MING CO	JNTY RESC	OURC	E MA	NAG	EMEN
Completed by (Print or Type) Title IsinAstura	City, State			-				City, S	State		67_7	10		
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS 9 7 6 1/4	Completed by (Print or Type) BENJAMIN SANCHEZ		R OF	OPER			ature		3	, 17, 11132	Date	17	6/1	4

(Ka45)

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

RECEIVED

Date of Notification (1)	9 / 1	14				Owner/Operator (2  Jersey, Departs		tions	rea r	, en.		
Agencies Notified  EPA	Type Notificatio	n			Address	oad, PO Box 86	3	er e e e			:	
☐ DOLWD	☐ Amended				state, Zip C			S.Lic.	<del>'- ;</del>	.10	L	
□ DOH	Amendment		-		nton, NJ			S LIVE.	1 8 2 W	j		
DCA	☐ Emergency justification)		g		of Contact			Telephone Number	er			
(NJAC 5:23-8)	☐ Cancellation			100000000000000000000000000000000000000	eph May			60-				
	Попис		846			FORMATION						-
	A1 -4 4 :- T-1-	ine Dine	- (2)	rau	JILII T IN	FORWIATION	Type of Facility (	(4)	_			-
Name of Facility Where							School (K-12					
Garden State You	in Correctional	raciin	у	T. 1.0007-7-			Subchapter 8	(Other than K-12)				
Street Address  98 Highbridge Rd							homes, etc.)	rivate and commerc				
City (5)							Square Feet	# of Floors	1 200	g. Ag	e	
Chesterfield							282,000	2		0+		
County (6)	<del></del>			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Burlington			.55				Correctiona	I Facility				
Name of Monitoring Fire	m Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environment				001	12	Controlled E	nvironmental S	Systems				
Street Address						Street Address						
344 West State						1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip C	ode					
Trenton, NJ 08618						Spring Hous						
Project Manager for Mo			Te	lephone	No	Telephone No.		License No.				
			100000	609 656		215 542 7000	)	00847				
William Weisgarb		heduled				Name of OSHA N	VI			-	-	-
Start Date (10)10 /20	60 X40W 392.0			6 /		CES						
Occupancy Status Duri	ng Abatement (Ch	neck only	one)	1 1 1 1 1 1 1 1		Street Address						
☐ Facility Closed/Vaca						1121 N. Beth	lehem Pike - S	uite 60				
Abatement Performer Time of Abatement:						City, State, Zip C Spring Hous						
Scope of Work (Check	all that apply)										V	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renova Demoli			☐ Mini-End ☐ Gloveba	ag Procedure	gative Pressure on-Friable Procedur	re		25.5-2.00	
			Is Loc	ation			- CANAL SIMILAR		Ab	atem	ent T	уре
Locatic Asbestos-Containin <u>TO BE A</u> IN Fac (13	ng Material (ACM) BATED cility	C	Mainter ustodia (1)	blely by Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (See It is a surfacing, VAT, or SF				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
E-Wing (Approxima	ate Quantities)	Ye	s N			tical Plaster		13,654 SF	$\boxtimes$			
E-Wing (Approxima						File & Mastic		12,413 SF	$\boxtimes$			
E-Wing (Approxima		36,			☐ Fitting/Joint ins. 353 LF							
				П								
Name of Registered W	aste Hauler			NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill			-	-
STG	acto i ladioi			Hauler 2090	ID No.	Waste 240 Yards	Minerva L					
City, State				2050	,,,	Disposal Date	City, State					
New Castle, DE						1/20/2015	Waynesb	urg, OH 44688				
Completed By (Print or Patricia Visco	Type)	Title Offic	e Mar	nager		Signature	1)10		ate 0/9	1,	J	
I du loid Visco		5.110		9		yanu	ca U.M	1	-/ +	1.	-	

ASB-41 JAN 13

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

NO. CK

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			Y		1 5	1 Mail	11014

Date of Notification (1).		e of Building ( .E.G.	Owner/Operato	(2) [][4 (	LT 10 AM	4:2	l	* 1	
Agencies Notified Type Notification  EPA [ ] Initial		et Address 0. HADLEY	ROAD	ACT	7:25 00	T.35.1			
DEP Amended Amendment	#_/ SOI	State, Zip Co JTH PLAIN	<sup>de</sup> NFIELD, NJ.	07080	LIU. 11846	3			
□ Emergency (in justification)     □ DCA □ Cancellation	ncluding	of Contact	MAR	otte	Telephone Nu	mber	•	al.	er
		ACILITY INFO							
Name of Facility Where Abatement is Taking  PSE4G  Street Address				Type of Facility		2)	alian de la cal		
MH25-295 1	BERGEN	TURA	PIKE	Other (i.e. etc.)	orivate & commerc	ial build			s,
City (5) R: DGE FIELD	PARK			Square Feet N/A	# of Floors		ldg. A		
County (6) BEGEN	Cour	nty Code (7) TE USE ONLY		Current Use (Pr	or if being demolis $AA$	hed)			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS		CM No. 0045	20	of Abatement Co QUE SYSTEM	ntractor (9) S OF AMERIC	:A			
Street Address 64 BROAD STREET		į	10.0	t Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				State, Zip Code JTH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER		ohone No. -292-2217	1 70.0000	hone No. -432-8350	License I				
Start Date (10)	Scheduled Completi	ion Date (11)		of OSHA Monitor	S OF AMERIC	:A			
Occupancy Status During Abatement (Check			Stree	t Address WHITEHEAD					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 247 248	al Facility Hours		City,	State, Zip Code					
Scope of Work (Check All That Apply)			-   301	JTH RIVER, N	3.00002	<del>-</del> -			-
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	Renovation Demolition		::1	Mini-Enclosur	- 1 100			<b>A</b>	
	Is Location	T		Non-Exemple	d ( ) and redict no	1	Abate	ement	
Location of	Normally		Descriptio	n of		-	Ty	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used Solely by Maintenance/ Custodial Staff? (12)  Yes No No	ASUES	tos Containing thermal syster surfacing, V other miscella	AT, or	Amount (Specify SF or LF)	Removal .	Repair	Encapsulate	Enclosure
	1		a D'A	Somastie	15	1			
outdoors	X	170	V TIPE	SOMASTIC	/3	1			
			+ +		4				
Name of Registered Waste Hauler		P Waste	Cubic Yards of Waste	1	Registered Landf	ill			
WASTE MANAGEMENT	112	r ID No. 5	APPL &	<b>^</b>	VS NORTH		-010%		
City, State ELIZABETH, NJ	2.700			D MORE	RISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR	ζ.	Signatu	re kral K	aimo	10	191	119	1

### CK# 5607

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Date of Notification (1)		Name of P.S.E.		)wner/Opera	ator (2)	<del></del>	2014 CUT	10	AM	4:2	.,
Agencies Notified Type No	tification	Street At 4000 F	ddress HADLEY	ROAD			4	201	() :	7.76	`1
DEP An	ended endment#		te, Zip Coo H PLAIN	ie FIELD, N	J. 0708	0	3 Li	, , , ,	1000	3	r L.
ĭ DOH jus	ergency (including tification) ncellation	Name of	Contact HN	MA	ROT	T E	Telephone Nu	mher	,	، مناحی	11
Name of Facility Where Abatemer				RMATION	$\dashv$	School (K-12 Subchapter (		2) fal build	linas	home	95
M H 25 - 29 City (5) D : N C = E:	Λ		luch	PIKE	Joque	etc.) are Feet	# of Floors		idg. A	ge .	
County (6) BEGEA		County (	Code (7) USE ONLY)			- 11	r if being demolis	hed)	<i>s</i>	18	
Name of Monitoring Firm Hired by ENVIRONMENTAL TACTI		ASCN 004				atement Cont SYSTEMS	ractor (9) OF AMERIC	A			
Street Address 64 BROAD STREET			5	39		TEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747				S		RIVER, NJ	08882				
Project Manager for Monitoring Fit TOM GEIGER			32-2217	73	lephone N 32-432-i	8350	License N 0111				r
Start Date (10)	Scheduled (	Completion	Date (11)	U	NIQUE		OF AMERIC	A			
Occupancy Status During Abatem  Facility Closed/Vacated During	ng Entire Period of Aba			39		TEHEAD A	VE.				
Abetement Performed Outsid	DeeES	ours 		- 1	ly, State, 2 OUTH F	Zip Code RIVER, NJ	08882				
Scope of Work (Check All That Ap ≥3 sf or ≥3 if ≥160 sf or ≥260 if	图 Ren	ovation polition			⊢ M G	ini-Enclosure lovebag Proc				6	
	1	cation nally						1	Abate	-	t
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Used S Mainte Custodi (1	colely by senance/ al Staff? (2)		Descrip os Containion thermal sys surfacing other misc	ng Materia tems Insu , VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
OUTDOORS		X	ACA	n Pip	6 S	omastie	15	X,			
Name of Registered Waste Haule	r	NJDEP V Hauler ID	V10040	Cubic Yar of Waste			Registered Landfill	u u	<u> </u>		1
City, State ELIZABETH, NJ	<u> </u>	1125		Disposal I		City, State	SVILLE, PA		11100		
Campleted by CAROL RAIMO	Title OFFICE	E MGR.				l R	Canso	ate 9	5,	1/9	1

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

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OPEN	NOTEFICATION
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	1 0 0 10.

Date of Notification (1)	1/14	2314 ( )	National P.S	e of E	Building O	vner/Op	perator (2	2)			2314 C.	-T L	0	° fa	
Agencies Notified	Type Notification	A.C. F.	Stre 400	et Add	dress ADLEWI	ROAD	)				4	(1 \frac{1}{2}	` '		* .
DEP DOL	Initial Amended Amendment #		City SO	, Státe UTH	Zp Code PLAINF	FIELD	, NJ. 0	7080			0.7	Lic		ا در ق	.?¢
DOH DCA	Emergency (in justification) Cancellation	cluding	1	Jo	Contact HN		ARC	TT	6	Telep	hone Num	ber		-1-	 
Name of Facility Where A	Abatement is Taking	Place (3)	F	ACIL	ITY INFO	NATIO	JN	Туре	of Facility (4	)	-				
PSE4 Street Address	G	0 1			A 1-			T 5	School (K-12 Subchapter ( Other (Le. pr	3 (Other	than K-12) commercia	) I buildir	ngs, h	nomes	·
M H 21 -	208		VAL	) ;	AVE	,		Squar	e Feet	# of F	loors J/A		g. Ag		
County (6) Q C (	LE FAI	RY			ode (7) SE ONLY)				1 / A nt Use (Prio	1		ed)	10/	M	
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building O	wner (8)	1   A	ASCM 004			Name UNIC	of Abal	ement Cont	tractor (	9) MERICA				
Street Address 64 BROAD STREE							Street 396 V		s EHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 077	747								p Code IVER, NJ	08882	2				
Project Manager for Mon TOM GEIGER	illoring Firm		2000000		ne No. 2-2217		732-	ione No 432-8	350		License No 0111				
Start Date (10)	14	Scheduled //	Comple	etion F	oate (11)		UNIC	QUE S	HA Monitor SYSTEMS	S OF A	MERICA	١			
Occupancy Status Durin					7.		Street 396 \		ss EHEAD A	AVE.					
Abatement Perform	ated During Entire P ned Outside of Norma 2 47 Dee f	al Facility H	ours	t		_			ip Code IVER, NJ	0888	2				
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition					Min	II Containme ni-Enclosure ovebag Prod n-Exempted	edure				<b>a</b>	
		1 101	ocation				<u></u>	D) NO	n-Exempled	I ( ) and	I NOTH HOL		Abate	ment	
Location Asbestos-Containing <u>TO BE AB</u> In Fact (13)	g Material (ACM) <u>ATED</u> Nity	No Used Main Custo	rmally Solely I enance tial Sta (12)	by al π?		os Con therma surīa	escription taining N I system acing, V miscella	viateria s insul AT, or	ation,	(S	mount pecify or LF)	Removal	Ty Repair	Encapsulate	Enclosure
OUTDOO	RS	Yes	No X	N/A	ACI	n P	:16	S	mastic	-	5 LF	X			
04,030	130														
Name of Registered Wa	aste Hauler		NJE	DEP V	Vaste	Cubi	c Yards		Name of	Registe	ered Landfil	i I			
WASTE MANAGE			Hau	uler 10 1 25			×2		GROW	S NO					
City, State ELIZABETH, NJ		N <sub>c</sub>	->			Disp	osal Date	٥	City, Sta MORR	ISVILI				1.	
Completed by CAROL RAIMO		OFFIC	E MO	SR.			Signatur	re Bra	ex	ain	(Sa	ate //	19	119	1 -

### CK # 5581

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Date of Notification (1),	F	lame of E	Building Owl	ner/Operato	r (2) 2014	CJT 10	LM 4:2				
Agencies Notified Type Notification	12		ADLEY R	OAD	D,C	F 7 3	TO TO	GL			
EPA   Initial   DEP   Amended   Amendment #		City, State	e, Zīp Code I PLAINFI	ELD, NJ.	07080	) [10]					
□ Emergency (in justification)     □ DGA □ Cancellation	icluding N	Vame of C	HN	MAR	LoTi	·E	Telephone	Number	y 6	ge /	/
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFORI	MATION	Type	of Facility (4	}				
PSE4G Street Address			11	A	TT	School (K-12 Subchapter ( Other (i.e. pr	2) 8 (Other than I ivate & comm	(-12) ercial build	lings,	home	s,
MH21- 208 City (5) LITTLE FAI		AN ,	AVE.		Squar	etc.) re Feet J / A	# of Floors		ldg. A	ge / A	
County (6) BEGEN	/	County C (STATE U	ode (7) SE ONLY)		Сипе	nt Use (Prio	or if being dem		,	11	
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCM 004		Nam UN	e of Aba	tement Cont	tractor (9) OF AMER	ICA			
Street Address 64 BROAD STREET	•		-		et Addres WHIT	ss EHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747			-		State, Z UTH R	ip Code IVER, NJ	08882		5350		
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ie No. 2-2217	4 -533553	phone N 2-432-8			se No. 1111			0
Start Date (10)	Scheduled Com	pletion $3/6$		Nan UN	ne of OSI	HA Monitor SYSTEMS	S OF AMER	RICA			
Occupancy Status During Abatement (Check	(Only One)				et Addre: 6 WHIT	ss EHEAD A	AVE.				×
Abatement Performed Outside of Norm Other – Describe: 247 Dee	al Facility Hours	ion.			State, Z	ip Code RIVER, NJ	08882				
Scope of Work (Check All That Apply)	157				П	II Containm	ent with Negat	iva Oracei	ire		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova  Demolit				Mi	ni-Enclosure	3			re.	
	Is Locat	ion			SE INC	il-Exemple	a-( ) drie rverr		Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normal Used Sole Maintena Custodial (12)	lly ely by nce/ Staff?	(i.e. th	Descript s Containing nermal system surfacing, other misce	g Materia ems insul VAT, or	ation,	Amount (Specify SF or LF)	곦	Repair	Encapsulate	Enclosure
73.00	Yes No	N/A	000	, D'A.	° C	omastic	156	E X	0	-	
outbooks	×		1701	l Topi		and Hisport	/3 2				
									-	-	
Name of Registered Waste Hauler	17.00	NJDEP V	VALUE 00000 000	Cubic Yard	s	Name of	Registered La	andfill	1		1
WASTE MANAGEMENT		Hauler ID 1125	(10) (0.24)	of Waste			S NORTH		-		
City, State ELIZABETH, NJ				Disposal D	<b>D</b>		ISVILLE, P.				
Completed by CAROL RAIMO	Title OFFICE I	MGR.		Signa	ture Aka	ex	aimo	Date	15	//	1

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Date of Notification (1)		Name P.S.	of Building E.G.	Owner/Ope	rator (2)	2014 (	-710 AM	1.0	າ		
Agencies Notified Type Notification			Address HADLEY	/ ROAD		ء ن		٠.٠ د	ing.	1	
DEP Initial Amended Amendment#			State, Zip Co		NJ. 070	80	Lic. Sin	<del>1.76</del> 3	L.		
□ Emergency (in justification)     □ DCA     □ Cancellation	cluding	Name	of Contact	MA	ROT	178	Telephone Nun	nber	a.	_ /	
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFO	ORMATION		pe of Facility (4	1)				
PS E + G	. 1444 (6)		can like the same			School (K-1	2)				
Street Address MH20 - 422	u.	5 5	46 5	5	×		8 (Other than K-12 rivate & commercia	al build	ings, i	home	s,
City (5)					Sq	uare Feet N/A	# of Floors	Bi	dg. A	ge //	
SOUTH HACKE	NSAC	Coun	ty Code (7) E USE ONLY	1	Cu		or if being demolish	ned)	1-1	15	
Name of Monitoring Firm Hired by Building O	wner (8)	1	CM No.		lame of A	Abatement Con	tractor (9)				
ENVIRONMENTAL TACTICS		1000	0045	· l	JNIQUE	SYSTEMS	OF AMERICA	4			
Street Address 64 BROAD STREET				0.00	treet Add 396 WH	iress IITEHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747						, Zip Code RIVER, NJ	08882		****		
Project Manager for Monitoring Firm TOM GEIGER	,		hone No. -292-2217		elephone 732-432		License N 0111				
Start Date (10)	Scheduled (	Completic	on Date (11)	20 10 10 10 10 10 10 10 10 10 10 10 10 10		SHA Monitor E SYSTEMS	OF AMERICA	4			
Occupancy Status During Abatement (Check	Only One)		1. 15	10 1000	treet Add	iress ITEHEAD A	\VE				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: BRIT Dee F	I Facility Ho			C	ity, State	, Zip Code RIVER, NJ					
Scope of Work (Check All That Apply)						1 (1 v = 1 t, 140					$\dashv$
≥3 sf or ≥3 lf		ovation nolition			H.	Mini-Enclosure Glovebag Prod	cedure				
	lata		1			Non-Exempted	(*) and Non-Friab	1	Abate		
Location of	Norr	cation mally solely by			iption of		5	-	Ту	pe	
Asbesios-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mainte Custodi	enance/ al Staff? (2)		stos Contair thermal sy surfacin other mis	stems ins g, VAT, o	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	N/A	A					E.		la	CD
OUTDOORS		×	AC	m Pil	B S	om Astic	15 LF	X			
Name of Registered Waste Hauler		NIDER	Waste	Cubic Ya	ards	Name of	Registered Landfil	1			
WASTE MANAGEMENT			ID No.	of Waste			SNORTH				
City, State ELIZABETH, NJ		L		Disposal	Date	City. Stat	e ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	E MGR.				al Ka	aimo o	ate / O	19	//	4

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Date of Notification (1),		Name o	f Building C .G.	)wner/Ope	erator	(2)	CAR (	T 10	^ f.4 [	. 2		
Agencies Notified Type Notification  EPA Initial		Street A	ddress HADLEY	ROAD	********		<del>(1)19</del>		1	7 M	<del>-</del>	
DEP Amended Amendment Emergency (			ate, Zīp Cod H PLAIN		NJ. (	7080	ή.	Lic.	.115	à		
DOH justification) DCA Cancellation		して	F Contact			oTTE	Tele	phone Nur	nber	-		.,
Name of Facility Where Abatement is Taking	g Place (3)	FACI	LITY INFO	RIMATION	1	Type of Facility  School (K-					7	
Street Address MH20 - 428	2 45	5 4	6 5			Subchapte  Other (i.e.   etc.)	r 8 (Othe	r than K-12 commerci	2) al build	dings,	home	es,
SOUTH HACKE	2 US	K		12		Square Feet N/A		Floors	В	idg. A		
BE GEN		County	Code (7) USE ONLY)		-	Current Use (Pri	ior if bein	g demolist	ned)			
Name of Monitoring Firm Hired by Building ( ENVIRONMENTAL TACTICS	Owner (8)	ASCN 00-	45 45			of Abatement Co QUE SYSTEM			Ą			
Street Address 64 BROAD STREET				100		Address WHITEHEAD	ÁVE.					
City. State, Zip Code MATAWAN, NJ 07747				1000	Section 1985	tate, Zip Code TH RIVER, N.	J 08882	2				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217			one No. 132-8350		License N 0111				
Start Date (10) 9/19/14	Scheduled Co	impletion	Date (11)			of OSHA Monitor QUE SYSTEM		MERICA	Ą			
Occupancy Status During Abatement (Checiling Facility Closed/Vacated During Entire F			<i></i>	10000		Address VHITEHEAD	AVE.					
Abatement Performed Outside of Norm Other – Describe: DRT Describe	al Facility Hou			1		tate, Zip Code TH RIVER, N.	J 08882	2				
Scope of Work (Check All That Apply)	- <del></del>				F	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov	Maria Maria Const.				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				P	
	Is Loca			-				-	1	24.00	emeni	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Sol Mainten	lely by	Asbesto	Descr os Contain	ing M	of laterial (ACM) insulation.	83778	nount pecify	71			Е
In Facility (13)	Custodial (12		(1.5. )	surfacin other mis	g, VA	T, or		or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No										ale	0
OUTDOORS			ACA	n Pil	16	SOMASTIC	15	LF	X			
Name of Registered Waste Hauler		NJDEP V Hauler ID	Contraction of the Contraction o	Cubic Ya				ed Landfill			1	<u></u>
WASTE MANAGEMENT City, State		1125		A PAL Disposal	a	GROW City, Stat		CIH				
ELIZABETH, NJ				TI	30	MORR						
Completed by CAROL RAIMO	Title OFFICE	MGR.		Sign	nature	ral f	ain	Da	9	5,	1/9	1

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Date of Notification (1)	116		- O¶ - 72833	me of E	Building Own	ner/Op	erator (2)	2014 C		1 KM 4: 3	7.7,			
Agencies Notified	Type Notification		Str	reet Ado		OAD		1567 61	The second second					
EPA DEP DOL	Initial Amended Amendment #	,	Cit	y, State	e, Zip Code I PLAINFI			080	Liu.	21.0	→L. —			
ĭ DOH	Emergency (in justification)		1		Contact		ARO		T	elephone Num	ber		- 1	_
☐ DGA	Cancellation		1 :-	FACIL	ITY INFOR		N							
Name of Facility Where	Abatement is Taking	Place (3)						ype of Facili School (	K-12)	ther than K-12	<u>?</u> )			
Street Address MH 59	- RT. 20	8 RAI	mp/	NIC	FAIR	AWA	Aus.	Other (i. etc.)	e. private	e & commercia	al buildir	ngs, h		i,
City (5) FAIR 1	AWN							NIA		NIA		W/	A	
County (6)	GEN				Code (7) ISE ONLY)		-		N/	peing demolish	ned)			
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCM 004			Name of UNIQU	Abatement JE SYSTE	Contract	or (9) FAMERICA	4			
Street Address 64 BROAD STREE	ET .		-				Street Ad 396 W	idress HITEHEA	D AVE					
City, State, Zip Code MATAWAN, NJ 07	747						City, Sta	te, Zip Code H RIVER,	NJ 08	882				
Project Manager for Mo TOM GEIGER				elephor	ne No. 02-2217		Telephor 732-43	ne No. 32-8350		License N 0111				
Start Date (10)	14	Scheduled	Comp	oletion I	Date (11)			OSHA Mon		F AMERIC	Ą			
Occupancy Status Duri				17			Street A							
Abatement Perion	cated During Entire P med Outside of Norm BUT Dool	al Facility H	ateme lours	ent			City, Sta	te, Zip Code H RIVER	)					
Scope of Work (Check														
23 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic					Mini-Enclo	osure Procedu	with Negative I ure and Non-Fria				
	·				Ι			Non-Exer	iptea ( )	and Non-ma		Abata	ment	
Location	on of	No.	ocatio rmally	,		De	scription o	of				lу	pe	
Asbestos-Containin TO BE A In Far	ng Material (ACM) <u>BATED</u> cility	Main Custo	(12)	ce/ aff?	(i.e. th	nermal surfa			)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
٥		Yes	No	N/A	0.00	d .	' A &	C	4.0	1515	1			
OUTDOO	280		$\times$		17 CM		116	SOIFAS	100	15 LF	1			
														-
N. T. S. C. L. C. C.	lasta Haules		I NI	JDEP V	Naste T	Cubir	Yards	l Nan	ne of Red	gistered Landf	1 111			1
Name of Registered W WASTE MANAGE			H	auler ID 1125	No.	of Wa	aste	GR	ows I	NORTH				
City, State ELIZABETH, NJ					,		sal Date	1	State	/ILLE, PA				
Completed by CAROL RAIMO		Title OFFI	CE M	iGR.					La	and	Date / D	19	//	4

### CK#5615

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Date of Notification (1)	Name P.S.E		Owner/Operator	(2) 2.	114 C.T 10	am L	: 0	2	
Agencies Notified Type Notification  EPA E Initial	4000	Address HADLEY		£			ĮN		
DEP Amended  DOL Amendment	# SOU	state, Zip Coo TH PLAIN	de IFIELD, NJ.	07080	S Live	J164	u		
□ DOH	Name	of Contact	MAR	OTTE	Telephone Nur	nber		•	.,
Name of Facility Where Abatement is Taking		CILITY INFO	RMATION	Type of Facility (	4)	-	-		
Street Address  M. LL CQ - OT 4	ca Panalal	1/2 6:	./ 1		2) 8 (Other than K-12 private & commerci	2) al build	lings,	home	 £S,
MH59-RT. 20 City (5) FAIR I AWN	OS NHMP NO	10 [A.)	CIAWN AU	Square Feet	# of Floors	В	ldg. A	ge / /	
County (6) BEGEN		y Code (7) E USE ONLY)			or if being demolish	ned)		13	
Name of Monitoring Firm Hired by Building ( ENVIRONMENTAL TACTICS		CM No. 045		of Abatement Cor QUE SYSTEM	ntractor (9) S OF AMERICA	4			
Street Address 64 BROAD STREET				t Address WHITEHEAD	AVE.				
City. State, Zip Code MATAWAN, NJ 07747				State, Zip Code JTH RIVER, N.	08882	(%			
Project Manager for Monitoring Firm TOM GEIGER		none No. 292-2217		hone No. -432-8350	License N 0111				
Start Date (10)	Scheduled Completion	n Date (11)		of OSHA Monitor QUE SYSTEM	S OF AMERICA	4			
Occupancy Status During Abatement (Chec	k Only One)		100000000000000000000000000000000000000	t Address WHITEHEAD	AVE.				
Abatement Performed Outside of Norm Other – Describe: 241000	nal Facility Hours		00 MB S37800	State, Zip Code JTH RIVER, N.	J 08882				
Scope of Work (Check All That Apply)				_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Mini-Enclosure Glovebag Pro				P.	
	Is Location		-	_g Non-Exchipto	-		Abata	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)	Asbesi (i.e.	Description tos Containing thermal system surfacing, Voother miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2.72	Yes No N/A	ACI	D' A .	Somastic	15 LF	V			
OUTDOORS		179 61	of Libe	SOIFRSILE	19 2				
Name of Registered Waste Hauler	NJDEP	Waste	Cubic Yards	Name of	Registered Landfil	1			
WASTE MANAGEMENT	Hauler 1125	ID No.	of Waste	1	S NORTH				
City, State ELIZABETH, NJ			Disposal Dat	7. No. 18 18 18 18 18 18 18 18 18 18 18 18 18	te ISVILLE, PA				680
Campleted by CAROL RAIMO	Title OFFICE MGR.		Signatu	re Kal K	aimo D	ate g	5,	1/9	1

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Date of Natification (1),		Name of	Building C G.	Owner/O	perator	(2)		2.	714 C_7	10	AM	L:	<u> </u>
Agencies Notified Type Notification		Street A	ddress HADLEY	ROAL				4.	· · · ·	20/	-, -		<u> </u>
DEP Initial Amended Amendment		City, Sta	ite, Zip Coo H PLAIN	de		07080			P L1	Ć.	-15x	3	CL_
DOH justification)  Cancellation	cluding	Name of	Contact			oT1	-	Tele	phone No	mhar			
			LITY INFO			011	0	1	<u> </u>	U D		9º	//_
Name of Facility Where Abatement is Taking  Street Address	- 1 = 1 - orice						of Facility ( School (K-1 Subchapter	2) 8 (Othe					
MH18-100	GREE	N	57.			11201	Other (i.e. p etc.)	rivate &	commerc	ial build	lings,	home	es,
City (5). TETERBORD		International Control				100000 100000	e Feet	W. 1000 C. 1000 C.	Floors J/A	В	idg. A	ge A	
County (6) BEGEN			Code (7) USE ONLY)			Curre	nt Use (Pric	or if bein	ng demolis	hed)	-		
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCN 004					ement Con			A			
Street Address 64 BROAD STREET		L				Addres	s EHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						State, Zi	p Code VER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 32-2217		Telepl	none No 432-8:	).		License N				
-	Scheduled Com				Name	of OSH	IA Monitor	SOF					
Occupancy Status During Abatement (Check	Only One)	<u> </u>	19	-	Street	Addres			dvier do.				
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: But Door	al Facility Hours				City, S	State, Zi	p Code						
Scope of Work (Check All That Apply)					SOL	TH RI	VER, NJ	0888	2				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovati Demoliti					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				a	
	Is Location	חח					I-LACITIFICE	i ( ) and	NOIH TIGI	1	Abate	ement	
Location of	Normally Used Solel	v			cription		1				Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenan Custodial S (12)	ice/				s insula T, or		(S	nount pecify or LF)	Removal .	Repair	Encapsulate	Enclosure
OUTDOORS	×	1427	ACA	a D	1.0	0	MASTIC		SLF	V			
BALDONZ			77 010	1 1 /	FS	<i>≥</i> ∂)	7 AS/ · C	/:	3 L F				
Name of Registered Waste Hauler		JDEP W	footo	Cubic	Verde		Nema of	Dogisto	od Landel				
WASTE MANAGEMENT	Ha	auler ID		of Was	ite		GROW		red Landfil RTH				
City, State ELIZABETH, NJ				Dispos	al Date		City, State		E, PA				
Completed by CAROL RAIMO	Title OFFICE M	GR.			ignature	ا <u>ا</u> 3 المدجر فكم	2 8	esm		ate //	19	1/9	4

CK#5612

11	ADC	OFI	11			
1	PET	. OLL	AVILLE	11	- B - C	7°
f .	11/- 1	V :	A LOT	11	11/1/1	GAAL
1	[ See ]		1000	* 1	and it	1912

Date of Notification (1)		Name of P.S.E.	Building (	Owner/O	perator	(2)	201	\$ (110	RM L	: C.	}					
Agencies Notified Type Notification		Street A	ddress HADLEY	ROAE	)		۵, ر	6.71	U I	.76	L					
DEP Amended Amendment			te, Zip Co H PLAIN		), NJ. (	07080			-1							
□ Emergency (ii     □ DOH justification)     □ DGA □ Cancellation	ncluding		Contact HN	N	IAR	oTi	ď	Telephone Nu	mber		.0					
·			LITY INFO													
Name of Facility Where Abatement is Taking PSEAG  Street Address MH18-100		- N	57.				of Facility (4 School (K-12 Subchapter & Other (i.e. pr etc.)		2) ial build	ings,	home	:s,				
City (5) TETERBORD	- Santand	-		*****		Squar	e Feet 3 / A	# of Floors	В	ldg. A						
County (6) BEGEN	7	County (	Code (7) USE ONLY)					r if being demolis	hed)	/	15					
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCN 004					tement Cont SYSTEMS	ractor (9) OF AMERIC	Ą							
Street Address 64 BROAD STREET	4.	2	132			Addres WHIT	S EHEAD A	VE.								
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ						08882								
Project Manager for Monitoring Firm TOM GEIGER		Telephone No.   License No.   232-292-2217   732-432-8350   01111														
Start Date (10)	Scheduled C	pmpletion	Date (11)				IA Monitor SYSTEMS	OF AMERIC	<del></del>							
Occupancy Status During Abatement (Check	Only One)		·/			Addres WHIT	s EHEAD A	VE.								
Facility Closed/Vacated During Entire Pl Abatement Performed Outside of Norma Other – Describe:	al Facility Hou	ment														
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	vation dition				Min Glo	ii-Enclosure vebag Proce	nt with Negative I edure (*) and Non-Frial			153					
	Is Loc	ation							1	Abate	ment					
Location of	Norm Used Sc				scription			Applia	-	ŧУ						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (12	iance/ I Staff?				s insula (T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulal	Endosure				
	Yes No	N/A		•							œ.					
OUTDOORS	2		AC	n P.	ifs	S	m AST: 2	186F	X.							
Name of Registered Waste Hauler		NJDEP W	/aete	Cubic	Yards		Name of E	Registered Landfil	!							
WASTE MANAGEMENT		Hauler ID 1125		of Was				NORTH								
City, State ELIZABETH, NJ				Dispos	sal Date		City, State MORRIS	SVILLE, PA								
Completed by CAROL RAIMO	Title OFFICE	MGR.			Signatur		2 La	Come	ate g	Procedure Abatement Type Encepsuhate Removal						

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1		0	eres.	15/	
. 4	-	100	Augera.	119	* 1

Date of Notification (1)		Name of P.S.E.0	Building Owner	Operator (2)		9014 ( 7.10				
Agencies Notified Type Notification		Street Ad 4000 H	idress IADLEY ROA	AD		2014 CUT 10	KII	[; ; ¿	. <i>š</i>	
EPA Initial Amended Amendment	#_2	City, Stat	te, Zip Code H PLAINFIEI	D, NJ. 07	080	S Lic.	10 1	1.(( G	ìL.	
□ Emergency justification)     □ DCA     □ Cancellation		Name of	ORGE	Vil	ARO	Telephone Num	ber			
Name of Facility Where Abatement is Takin	g Place (3)	FACIL	LITY INFORMA	TION	ype of Facility (4	1)				
PSENG Street Address D					School (K-12 Subchapter	2). 8 (Other than K-12) rivate & commercia			nome	
Street Address P. F. F. SON	AVE			[2	etc.)	# of Floors		dg. A		5,
METUCHEN					16000 x 44	1 -	100000	Øx.	74 TH 55	y RS
County (6)	,	County C	Code (7) USE ONLY)	16	Current Use (Prio	r if being demolish	ed) 7	58		'
M; DD/ESE)  Name of Monitoring Firm Hired by Building		ASCM		Name of	Abatement Con	3-07	211	711		
ENVIRONMENTAL TACTICS	Omiai (e)	004				OF AMERICA				
Street Address 64 BROAD STREET				Street Ad 396 W	idress HITEHEAD A	AVE.	5640			
City, State, Zip Code MATAWAN, NJ 07747					te, Zip Code H RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		732-29	ne No. 32-2217	Telephor 732-43	ne No. 32-8350	License No 01111				
Start Date (10) / 4	Scheduled C	ompletion I	Date (11)		OSHA Monitor JE SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Che	ck Only One)			Street Ad						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Abate	ement	-		HITEHEAD A	AVE.				
Other - Describe: Melestary	perator	on	ly	7.5 (C. 10.5) (C. 10.5) (C. 10.5)	H RIVER, NJ	08882				
Scope of Work (Check All That Apply)								3.00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition			Mini-Enclosure Glovebag Prod	edure				
	1				Non-Exempled	(*) and Non-Friabl	1	Abate		
Location of	Is Loc Norm	nally		Description o	f		_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (1:	nance/ al Staff?	(i.e. them	ontaining Ma nal systems i rfacing, VAT, er miscellane	nsulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A				4 2 4	-		6	
CONTROL ROOM	×	\$	TRANS			20 SF	X			_
	<del> </del>		ACM	Sock	(s	60 LF	X			
Name of Registered Waste Hauter	i L	NJDEP V	Vaste   Cu	bic Yards	Name of	Registered Landfill				
WASTE MANAGEMENT		Hauler ID 1125	No. of	Naste		S NORTH				
City, State ELIZABETH, NJ	•			posal Date	City, State	e ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	MGR.		Signature	tral Ka	ina la	te /	91	115	7

CK#5658

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

DECENTED

Date of Notification (1)		Name o		Owner/O	perator (2)	1 2	2 home 1		Č"	>		
Agencies Notified Type Notification		Street A				7114	UT 10	AM L	٠ ﴿ ٢	)		
EPA Initial			HADLEY		)			<u>criti</u>	7.30	<u>i.</u>		
DEP Amended Amendment	#		ate, Zip Co H PLAIN		, NJ. 070	80 F.C.	6. T. T.	2117	3			
Emergency (i	ncluding	Name o	f Contact		1.,		l Telep	none Nun	nher			
DCA Cancellation			ORG		VILE	RO	1//	ب بر	,	-,	<u> </u>	
Name of Facility Where Abatement is Taking	Place (3)	FAG	ILITY INFO	JRIMAII		oe of Facility	(4)					
4 S E & G						School (K-		1C 1C	15			
Street Address PIERSON City (5)	41/5				×	Subchapte Other (i.e.				dings,	home	<b>2</b> S,
0.09 (0)	1100				Sq	etc.) uare Feet	# of F		В	ldg. A	ıge	
METUCHEN County (6)		Country	Code (7)			rent Use (Pr			A	Dex.	75	YRS
M; DD/ESEX		(STATE	USE ONLY	)	•••		w.Ta			AT.	on	)
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS		ASCI 00				batement Co	ntractor (9	)				
Street Address	~	00	45		Street Add		S UF AI	VIERICA	١			
64 BROAD STREET	\$1 <b>5</b> 00				396 WH	ITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747					City, State, SOUTH	Zip Code RIVER, N	J 08882					
Project Manager for Monitoring Firm TOM GEIGER	-	Telepho 732-29	ne No. 92-2217		Telephone 732-432		1	icense N 0111				
Start Date (10) 10/9/14	Scheduled Co	mpletion	Date (11)			SHA Monitor SYSTEM		/IERICA	1			
Occupancy Status During Abatement (Check	Only One)	1 1	<u></u>		Street Add					Seewie		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm			_		City, State,	Zin Code	AVE.					_
Other - Describe Molestary o		on	ly	_		RIVER, N	J 08882					
Scope of Work (Check All That Apply)	Gri											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov					Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	]		1		<u> </u>	Non-Exempte	d (*) and i	lon-Friab	le Pro		ement	
Location of	ls Local Norma Used Sole	lly		Des	scription of		-		_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ince/			aining Mater systems ins		Amo (Spa	unt cify	20	77	End	<u></u>
In Facility (13)	Custodial (12)				cing, VAT, or niscellaneou		SFo	rLF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A	1						=	-	late	re
CONTROL ROOM	×		TRA	NSIT	E PAN	E1.	20	5F	X			
	X				BOCK!			LF	X			
		<u> </u>					-					
Name of Registered Waste Hauler		J JDEP V		Cubic		Name of	Registere	d Landfill	<u></u>			
WASTE MANAGEMENT	1	lauler ID 1125		of Was	7	GROW	S NOR	Н				
City, State ELIZABETH, NJ					al Date	City, State	te ISVILLE	, PA				
Completed by	Title	40D			ignature /	-1		Da	le /	1	1	
CAROL RAIMO	OFFICE N	IIGK.			CAN.	al Ka	Longe	0 10	5/	6	14	

PECEIVIU

Date of Notification (1)		Name o	of Building (	Owner/Op	erator	(2)		and the second	No had	e _ (	- )	
Agencies Notified Type Notifical	ion	Street	Address HADLEY	ROAD			CULTS C	<del>-7+0</del>	-1.13	<u> </u>	<u>. )</u>	
DEP Amende  DOL Amende	nent #		tate, Zip Co TH PLAIN		NJ. (	7080	b		10	, . G	111	
DOH justificati		Name of	of Contact	e V	/i/	LARO	Tele	ephone Nu	mher	- v	16	3
Name of Facility Where Abatement is To S E & G  Street Address  City (5)		FAC	CILITY INFO	DRMATIO	N	Type of Facility  School (K-Subchapte Other (i.e. etc.)  Square Feet	12) r 8 (Othe private 8	Floors	ial buil	dings		es,
METUCHEN County (6)			Code (7)			Current Use (Pr		3 ng demolis	hed)	M×	75	TYRS
M: DD/ESE  Name of Monitoring Firm Hired by Buildi			USE ONLY) M No.		Name	S of Abatement Co	w'T		57	AT	OL	<u> </u>
ENVIRONMENTAL TACTICS Street Address			145		UNIC	UE SYSTEM			A			
64 BROAD STREET					396 V	Address VHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						ate, Zip Code TH RIVER, N.	J 0888	2				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217			one No. 32-8350		License N 0111				
Start Date (10)	Scheduled Co	pmpletion	Date (11)	1	Name (	of OSHA Monitor						
Occupancy Status During Abatement (C			·	.	Street /	Address VHITEHEAD		TO TO				
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Molessky	ormal Facility Hou	irs	ly	(	City, St	ate, Zip Code TH RIVER, N.		2				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Reno					Full Containm Mini-Enclosure Glovebag Pro	ent with e cedure	Negative F				
	ls Loca Norm	0.000						-		Abat	ement	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	1110-	lely by ance/ Staff?		os Contair	stems	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Removal :	Repair	Encapsulate	Enclosure
CONTROL ROOM	×		TRAN	SiTE	P	₩€ .	20	) sF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP W Hauler ID 1125	No.	Cubic Ya of Waste		Name of GROW		ed Landfill			E S	
City, State ELIZABETH, NJ				Disposal + B		City, State MORRI		E, PA				
Completed by CAROL RAIMO	Title OFFICE I	MGR.			nature	well la	in	Da	9/6	29)	14	

CK# 26671

Date of Notification (1)		Name of Building O MERCK SHARP & D	wner/Operator (2)	FIL	ECE	IV		)			
10 / 9 /14	The second secon	Street Address		9011.0	7 .	322					
Agencies Notified Type Noti		Street Address 126 E. LINCOLN AV	ENUE, P.O. BOX 20	000, RY28-414	110	AM	<b>L</b> :	(1)			
DEP X Am	al Notification ended Notification #2 ncellation			AC F	139	[](	Ţ.()	GL_			
	Hold ERGENCY NOTIFICA		f	Telenhone N.		~15 c	u				
Name of Facility Where Abatement i	s Taking Place (2)	FACILITY INFORMATION	I = 5 = 114 - 1	-							
MERCK SHARP & DOHME CORPOR				0.100		home	s etc	)			
Street Address			Square Feet	# of Floors	I	Bldg	. Age				
126 EAST LINCOLN AVENUE - BUILT			100,400	7		4	19				
RAHWAY UNI		County Code (7) (STATE USE ONLY)	Current Use (Prior VACANT								
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG		ASCM No.	Name of Abatem			SKI .					
Street Address 655 WEST SHORE TRAIL	ATIONS, INC.	17	PAR ENVIRONM Street Address 313 SPOOK ROO		JRATIC	N					
City, State, Zip Code		The state of the s	City, State, Zip Co		_						
	NEW JERSEY 0787		SUFFERN, NEW								
Project Manager for Monitoring Firm		e Number		50 pm		umber					
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-										
10 / 20 /14	12 /	25 /14	AMERISCI LABO		2	#114	480				
Month Day Year	Month	Day Year	, and a second and a second	011011120111							
Occupancy Status During Abatement (Control of the National Control of the Nati	ing Entire Period of Ab	lours - Describe:  3 AM  Full Conta  X Mini-Encla  Glovebag	ainment with Negative	de YORK, NEW Y	YORK 1	0016					
Location of	Is Location	Description of As			1 ^	bateme	ant Ti	me.			
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodia Staff (12)	Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	al (ACM) stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE			
4TH FLOOR ROOM 459	x	SPRAY ON INSULATION		40 SF	X						
5TH FLOOR ROOM 518	X	SPRAY ON INSULATION		40 SF	Х						
REDUCTION IN SCOPE (BELOW)							_				
6TH FLOOR ROOM 627	×	SPRAY ON INSULATION		40 SF	x						
7TH FLOOR ROOM 718	x	SPRAY ON INSULATION		80 SF	X						
7TH FLOOR ROOM 7: 52G	x	SPRAY ON INSULATION		40 SF	X						
3RD FLOOR ROOM 325	x	SPRAY ON INSULATION		40 SF	X						
4TH FLOOR ROOM 447	х	SPRAY ON INSULATION		80 SF	X						
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registere LYCOMING COUI 447 ALEXANDER	d Landfill NTY RESOURO DRIVE/ROUTE	CE MAN	NAGEN	MENT	SER			
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-10/15/2014	City_State /	PA 17752		,		,			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPE	Signature	788	Dat	e /(		1	14			

Date of Notification (1)			Name	of Building Ov CK SHARP & DO	vner/Operator (2) OHME CORP.	RECE	IV.	زا					
9 / 12 /14			Street	Address	9	798 ( 7 :-							
Agencies Notified Type Notif	ication		126 E	LINCOLN AVE	ENUE, P.O. BOX 2	000, RY28-414	AM I		i.				
DEP	A STATE OF THE PARTY OF THE PAR	ication	City, S RAHV Name	State, Zip Code NAY, NEW JER of Contact	SEY 07065		4						
DCA EME	RGENCY	NOTIFICAT		LATRONICA									
Name of Facility Where Abatement is	Taking P		FACILITY IN	FORMATION	Type of Facility	(4)							
MERCK SHARP & DOHME CORPOR		idee (o)			School (K-1	12)	-12)						
MEROR OFFICE & BOTTIME CORE	THOR							home	es, etc	.)			
Street Address					Square Feet	# of Floors		333	-				
126 EAST LINCOLN AVENUE - BUILD			Course	by Code (7)			abod)		49				
RAHWAY UNI				ty Code (7) USE ONLY)	VACANT								
Name of Monitoring Firm Hired by B				ASCM No.									
ENVIRONMETAL HEALTH INVESTIG Street Address 655 WEST SHORE TRAIL	ATIONS, I	NC.		17	Street Address		PRATIC	ON					
City, State, Zip Code	***				City, State, Zip C		_						
	, NEW JE	RSEY 07871			<del></del>								
Project Manager for Monitoring Firm		Telephone				P.O. BOX 2000, RY28-414  P.O. BOX 2000, RY28-4							
WILLIAM S. KERBEL, CIH Expected State Date (10)	Isc	973-729-5		9 845-369-7500 1101 on Date (11) Name of OSHA Monitor									
9 / 15 /14		10 /	9 Day	/14 Year			>	#11	480				
X Facility Closed/Vacated Dur Abatement Performed Outsi	ncy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho				City, State, Zip C	ode							
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	X Re	novation		X Mini-Enclo	inment with Negati	선생님 아이는 아이는 아이를 되었다면서 아이네요 그게	ORK	0016					
Location of		Is Location	1 0	Description of As	bestos-								
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	M	solely by aint/Custodia Staff (12)	l in	ontaining Materia (ie. Thermal sy sulation, surfacia or other miscella	stems ng, VAT, neous)	(Specify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE			
3RD FLOOR ROOM 325	x		SPRAY ON	INSULATION		40 SF	X:						
4TH FLOOR ROOM 447	· X			INSULATION						T			
4TH FLOOR ROOM 459 ×	X		The state of the s	INSULATION				T	1				
5TH FLOOR ROOM 5184	X	1	THE STATE OF THE STATE OF	INSULATION		7 Mar-19-20-419	_	1	$\vdash$				
6TH FLOOR ROOM 627	X	+	1	INSULATION	· · · · · · · · · · · · · · · · · · ·				1	$\vdash$			
		+	7 7 2					+	+	<del>                                     </del>			
7TH FLOOR ROOM 718	X	+		INSULATION				+	+-	$\vdash$			
7TH FLOOR ROOM 7: 52G	X		SPRAY ON	INSULATION		40 SF	X						
				-				_	-	_			
Name of Registered Waste Hauler	NI	DEP Waste	Cubic Yards	s of Waste	Name of Register	red I andfill				-			
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		uler ID No. 15939	Capit Tarts	20	LYCOMING COL	JNTY RESOURCE		NAGE	MEN	r SER			
City, State		10000	Disposal Da	ate			_ ,0						
FREEHOLD, NEW JERSEY	Tea		9/15-10/15/	2014	KNOW GOMERY	, PA 17752		1	1	,			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF OPE		Signature	1080	Dat	e 4/	12	14				

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, 8Y28-414 Agencies Notified Type Notification Initial Notification City, State, Zip Code **EPA** DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact **EMERGENCY NOTIFICATION** DCA MIKE LATRONICA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet Bldg. Age # of Floors 126 EAST LINCOLN AVENUE - BUILDING 32 100,400 49 City (5) Current Use (Prior if being demolished) County (6) County Code (7) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 9 / /14 10 / AMERISCI LABORATORIES INC #11480 Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 5 PM-3 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSULE REMOVAL REPAIR ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 325 X SPRAY ON INSULATION X 40 SF X X 4TH FLOOR ROOM 447 SPRAY ON INSULATION 80 SF Χ 4TH FLOOR ROOM 459 SPRAY ON INSULATION 40 SF X Х X 5TH FLOOR ROOM 518 SPRAY ON INSULATION 40 SF χ 6TH FLOOR ROOM 627 SPRAY ON INSULATION X 40 SF X X 7TH FLOOR ROOM 718 SPRAY ON INSULATION 80 SF 7TH FLOOR ROOM 7:52G SPRAY ON INSULATION 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. LYCOMING COUNTY RESOURCE MANAGEMENT SER Hauler ID No. 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 9/15-10/15/2014 MONTGOMERY, PA 17752 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK 26672

Date of Notification (1)			e of Building O	wner/Operator (2 OHME CORP.	RECE		10		
10 / 9 /14		Stre	et Address						
Agencies Notified Type Notifi	cation	126	E. LINCOLN AVE	ENUE, P.O. BOX	2000, RY28-414	1 CH	L:	(	
DEP X Amer	Notification moded Notification #2 cellation	City,	State, Zip Code WAY, NEW JER	SEY 07065	2	s co	13		
X DOH On H	old RGENCY NOTIFIC		e of Contact E LATRONICA	5	Telephoné Nun	ber 🧀	, u		
5 F - 11/2 May - 11		FACILITY II	NFORMATION						
Name of Facility Where Abatement is	Taking Place (3)		2	Type of Facility School (K-					
MERCK SHARP & DOHME CORPORA	ATION			Subchapte	r 8 (Other than I orivate & commo		hom	ies, e	tc.)
Street Address				Square Feet	# of Floors	1		. Age	
126 EAST LINCOLN AVENUE - BUILD				96,000	7		- 4	19	
RAHWAY UNIC			nty Code (7) E USE ONLY)	Current Use (Pri VACANT					
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG			ASCM No. 17	Name of Abates PAR ENVIRONS			ON		
Street Address 655 WES* SHORE TRAIL				Street Address 313 SPOOK RO	CK ROAD				
City, State, Zip Code		-		City, State, Zip C					
	NEW JERSEY 078			SUFFERN, NEV					
Project Manager for Monitoring Firm		one Number		Telephone Number License Number 845-369-7500 1101					
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729 Sched Com	pletion Date (	11)	845-369-7500 Name of OSHA		J1			
10 / 20 /14	12 /	30		AMERISCI LABO		С	#1	1480	
Month Day Year Occupancy Status During Abatement (	Month	Day	Year						
X Facility Closed/Vacated Dur Abatement Performed Outs X Other - Describe: MON	ing Entire Period of	ty Hours - Des	cribe:	Street Address 117 EAST 30TH City, State, Zip C		ORK 1	0016		
Scope of Work (Check all that apply)  Demolition	Donougtion			inment with Nega	tive Pressure				
>3SF OR LF	X Renovation		X Mini-Enclo	יי, Procedure					
X >160 SF OR 260 LF				le Procedure					
Location of	Is Location	20.	Description of As				batem		
Asbestos-containing Material (ACM)	normally us solely by		Containing Mater (ie. Thermal sy		Amount (Specify	REMOV	REPAIR	ENCAPSULE	ENCLOSURE
TO BE ABATED	Maint/Custo	ers white	nsulation, surfaci		SF or LF)	Ì	AF I	Ą	15 1
in Facility (13)	Staff (12)		or other miscella	Market and the same of the sam	,	≥	~	SUL	SUF
	Yes No N	/A						m	ñ
4TH FLOOR ROOM 406	X	SPRAY O	N INSULATION		80 SF	X	<u> </u>		$\vdash$
REDUCTION IN SCOPE (SEE BELOW	<u> </u>				-	+			
4TH FLOOR ROOM 418	// x	SPRAY O	N INSULATION		40 SF	x	$\vdash$		Н
5TH FLOOR ROOM 551	x		N INSULATION		40 SF	x		_	$\vdash$
	x							-	$\vdash$
6TH FLOOR ROOM 613	<del>-  ^   -   -</del>	SPRATU	N INSULATION		40 SF	X		-	Н
						1			
N. 75									
Name of Registered Waste Haule FREEHOLD CARTAGE, INC.	NJDEP Wast Hauler ID No.		ds of Waste 10	Name of Registe		CE MAN	JAGE	MENIT	SED
825 HIGHWAY 33	15939		10	447 ALEXANDE			-AGEI	AITIN I	OLK
City, State FREEHOLD, NEW JERSEY		Disposal D 9/15-12/15		MONTGOMERY			,	,	
Completed by (Print or Type	Title		Signature	SVX	Da	te //	7/1	2/	10
BENJAMIN SANCHEZ	DIRECTOR OF OP	ERATIONS		1100		1	//	//	7

Date of Notification (1)				e of Building On CK SHARP & D	wner/Operator (2) OHME CORP.	RECE	₩	1				
9 / 12	/14		Stree	t Address		344 ( = 10						
Agencies Notified	Type Notification	n	126 E	LINCOLN AVE	ENUE, P.O. BOX 2	000, RY28-414	AM L	4: 4 C	à			
EPA DEP X DOL X DOH	Cancellation	Notification	City,	State, Zip Code WAY, NEW JER		0.5.7.5						
DCA	X On Hold EMERGE	NCY NOTIFICAT	TON MIKE	of Contact LATRONICA		Telephone Numb	ner					
Name of Facility Where Ab	atement is Taki	na Diago (2)	FACILITY IN	FORMATION	1 <del>-</del>	(4)						
MERCK SHARP & DOHME		-				(L\$0)E		home	s. etc	:.)		
Street Address				***************************************	Square Feet	# of Floors	T		. Age			
126 EAST LINCOLN AVEN	JE - BUILDING	33			96,000	7			49			
City (5) RAHWAY	UNION			ty Code (7) EUSE ONLY)	Current Use (Pri	or if being demolis	shed)					
Name of Monitoring Firm I	lired by Buildin	g Owner (8)		ASCM No.	Name of Abater	nent Contractor	(9)					
ENVIRONMETAL HEALTH	INVESTIGATIO	NS, INC.		17		MENTAL CORPO	RATIC	N				
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK RO	CK ROAD						
City, State, Zip Code			81		City, State, Zip C							
Desired Manager for Marilla is		V JERSEY 07871			SUFFERN, NEW YORK 10901 Telephone Number License Number							
Project Manager for Monitoria	ng Firm	Telephone						umber				
WILLIAM S. KERBEL, CIH Expected State Date (10)		973-729-5 Sched. Comple		1)	845-369-7500	110	11					
9 / 15		10 /	9	/14		e of OSHA Monitor RISCI LABORATORIES INC #11480						
Month Day  Occupancy Status During At	Year	Month	Day	Year	Street Address					_		
X Facility Closed/V Abatement Perfo	acated During Er rmed Outside of	ntire Period of Aba Normal Facility He	ours - Describ	oe: •	Street Address 117 EAST 30TH STREET							
X Other - Describe	MONDAY	-FRIDAY 5 PM- 3	3 AM		City, State, Zip C		ODK 4	2040				
Scope of Work (Check all that	at apply)			Full Conta	inment with Negati	V YORK, NEW Y	ORK 1	0016				
Demolition	X	Renovation		X Mini-Enclo		ve i ressure				1		
>3SF OR LF X >160 SF OR	260 LF			Glovebag Procedure  Non-Friable Procedure								
Location of		Is Location		Description of As			I A	batem	ent T	vpe		
Asbestos-conta	9	normally used	17.5%	ontaining Materi		Amount	Z	교	ū	7		
Material (ACI		solely by		(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS		
TO BE ABAT		Maint/Custodia		sulation, surfaci		SF or LF)	I S	72	PS	SO		
in Facility (13	5)	Yes No N/A	-	or other miscella	neous)		F.		LE.	URE		
4TH FLOOR ROOM 406	*	х	SPRAY ON	INSULATION	5thy S	8 SFUID	х					
4TH FLOOR ROOM 418		X	SPRAY ON	INSULATION		40 SF	X					
5TH FLOOR ROOM 551		x	SPRAY ON	INSULATION		40 SF	Х		_			
6TH FLOOR ROOM 613		X	SPRAY ON	INSULATION		40 SF	X		_	$\vdash$		
		+					$\vdash$	-	_	$\vdash$		
								_				
4												
							-	_		$\vdash$		
Name of Registered Waste H	auter	NJDEP Waste	Cubic Yards	of Waste	Name of Register	rod Landfill				$\vdash$		
FREEHOLD CARTAGE, INC		Hauler ID No.	Cubic Tards	10		JNTY RESOURCE	FMAN	NAGE	MENT	SER		
825 HIGHWAY 33		15939			447 ALEXANDE	R DRIVE/ROUTE						
City, State			Disposal Da		City, State							
FREEHOLD, NEW JERSEY Completed by (Print or Type)			9/15-10/15/		MONTSOMERY		11	1.5	1	_		
BENJAMIN SANCHEZ		ECTOR OF OPE		Signature	188	Date	7/1	2/	13	1		

Data of Natification (4)				Name	e of Building Ov CK SHARP & DO	mer/Operator (2)	RECEN	1:	فد			
Date of Notification (1)												
8 / 29 /1				Stree	t Address	NUE DO POY	000, RY28/404 A	MI	: 10			
EPA X In DEP A C	otification itial Notifi mended I ancellation in Hold	ication Notifica	ation	City, RAH <sup>N</sup>	State, Zip Code WAY, NEW JER e of Contact	SEY 07065 A.	Teleonone Number	1.				
DCA E	MERGE	NCY N	OTIFICAT		LATRONICA		h					
Name of Facility Where Abatemen	t in Takir	or Dia		FACILITY IN	FORMATION	Type of Facility	(4)					
MERCK SHARP & DOHME CORPO			Le (3)		5	School (K-		2)				
MERCROTARY & DOTTINE CORT	71011011					X Other (ie. p	orivate & commol. b					
Street Address	II DINO 3	12				Square Feet 96,000	# of Floors 7			. Age 19		
126 EAST LINCOLN AVENUE - BU	ounty (6			Cour	nty Code (7)		or if being demolish	ned)				
	NION	7			E USE ONLY)	VACANT	,					
Name of Monitoring Firm Hired by					ASCM No.		nent Contractor (					
ENVIRONMETAL HEALTH INVEST	IGATIO	NS, INC	0.		17	Street Address	MENTAL CORPOR	RATIC	IN			
Street Address 655 WEST SHORE TRAIL						313 SPOOK RC	CK ROAD					
City, State, Zip Code						City, State, Zip C						
	TA, NEV	V JERS	SEY 07871			SUFFERN, NEV		aca Ni	umber			
Project Manager for Monitoring Firm			Telephon 973-729-						arriboi			
WILLIAM S. KERBEL, CIH Expected State Date (10)		Sche		etion Date (*								
9 / 15 / 15 / Month Day Yea		Mo	10 / onth	9 Day			ORATORIES INC		#11	480		
Occupancy Status During Abatemer  X Facility Closed/Vacated I Abatement Performed O X Other - Describe: N  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Ouring Er utside of MONDAY	ntire Pe Norma -FRIDA	riod of Aba	ours - Descri	Full Conta X Mini-Enclo	ainment with Negal	Code W YORK, NEW YO	ORK 1	0016			
Location of		Is	Location		Description of As	sbestos-		A	batem		4	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Mair	mally used solely by nt/Custodia staff (12)  No  N/A	il i	Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	rstems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
4TH FLOOR ROOM 406		x		SPRAY O	N INSULATION		80 SF	x				
4TH FLOOR ROOM 418		x			N INSULATION		40 SF	X	Г			
5TH FLOOR ROOM 551		X			N INSULATION		40 SF	х				
6TH FLOOR ROOM 613		X			N INSULATION	-1	40 SF	х				
								-	-		$\vdash$	
		$\pm$										
		-		-				+				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	_		EP Waste er ID No. 15939		ds of Waste 10	447 ALEXANDE	ered Landfill DUNTY RESOURC ER DRIVE/ROUTE		NAGE	MENT	T SEF	
City, State FREEHOLD, NEW JERSEY				Disposal 0 9/15-10/15		City, State  MONTGOMER	Y . PA 17752					
Completed by (Print or Type)	Title				Signature (	/	Date	2	7/	01	1/1	
BENJAMIN SANCHEZ	DIR	ECTO	R OF OPE	RATIONS	KAX	$\times$	1.00	Č	12	-71	.7	

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D&S Proj. #: 2014-403

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

								2911 0	~	- 1	han Emi	•	
Date of Notification (1)	111	Name of Bu	ilding Own	er/Operator (2)				2914 C. AC - C.	-T10	AH	1	) (	
1 0 /0 6 /1 4		THE EST	TATE OF	GRIMM				AL -	* " "		A. 6	و ا	
Agencies Notified Type Noti	fication	Street Addre	ess					1. i	18 3.	200	T.30	1	
DEP Amende	ed	534 HIG	H STREE	T					10	-11.0	;	L	
Amendme	nt #:	City, State, 2	Zip Code										
DOL ☐ Emerge	ncy	ORADE	LL, NJ 0	7649									
DOH (includir justificat		lame of Cor	ntact	Harana and Ala				Telephone	Numbe	r			
DCA Cancell		ELLEN	MCCOU.	RT									
			FACI	LITY INFORM	ATION								
Name of facility where abatem	ent is taking pla	ace (3)		A Commission of the Commission			T	ype of Facility (4					
THE ESTATE OF GRIM	М							=	(K - 12) pter 8 (0		oon K	12)	
Street Address		-					-	The state of the s	Private/C			-12)	
534 HIGH STREET							-	Bldgs./l	Homes, e	etc.		dg. A	ne .
City (5)	Cou	nty (6)			Cour	nty Code (7)	=   '	square reet	# 01 F100	15	Di	uy. A	ye
A NA						e use only)	-	Current Use (Pri	ior if beir	ig dem	olish	ed)	
ORADELL		RGEN						s <sup>1</sup>		1575 		<u> </u>	
Name of Monitoring Firm Hired	by Bldg. Own	er (8)		ASCM No.		Name of Abatem	ent Con	tractor (9)					
					_	D & S REST	ORAT	ION, INC.					
Street Address						Street Address	W.						
					_	20 California				-contrata	-		
City, State, Zip Code						City, State, Zip Co							
Project Manager for Monitoring	- Cive	I pi	NI I			Paterson, N.		3	License	Nicosolo			
Project Manager for Monitoring	rinn -	Ph	ione Numb	er		Telephone Numb 973-345-80			22 22	1169	er		
21 12 1 (12)						Name of OSHA				1102			
Start Date (10)	Sched	d. Completio	on Date (11	)	- 11	D & S Resto		Inc.					
10/16/14	10/3					Street Address					-	(i)	
Occupancy Status During Abate			ara da Orio Com			20 California	Avenu	ıe				***	
Facility closed/vacated du Abatement performed out						City, State, Zip C	ode						
Describe:		lacility flour			_			20					
Other-Describe: NORM					<u>- 11</u>	Paterson, NJ	J 07503	3					
Scope of Work (check all that a							_	Containment w	negative	press	ure		
7 <u></u>	Renovation	nc						i-enclosure vebag procedure	<b>a</b>				
≥160 sf or ≥260 lf	☐ Demolition	n					=	n-Exempted (*) a		friable	proc	edure	)
Location of		n normally of							12	R	R	E	E
asbestos-containing material (acm) to be	staff(12)	mance/cus	wuiai	Description material (	n of as	bestos-containin	g	Amount (Specify SI	= or	m	p.	n c	n
abated in facility (13)	Yes	No	N/A	material (	MUIVI)			LF)		o v	a i	a p	L
DACEMENT BOTT ED DA				DIDE BIOLE	T A TOY	ON		25 I ET		e	-	<u> </u>	-
BASEMENT BOILER RM BASEMENT REC RM		$\vdash \stackrel{X}{\leftarrow}$		PIPE INSU				25 L FT 40 L FT		N	<u></u>	ዙ	11
SHED				PIPE INSU				61 ft		N N	<del> </del>	片	ዙ
SIMD .				LIE INSU	LA11	<i>J</i> 14		Olit		#	片	片	片
The second secon									- Hadde	낚	片	片	11
Registered Waste Hauler	INJD	EP Hauler I	D#   C	Libic Yards of V	Vaste	Name of Registe	ered Lar	ndfill		.[]		<u> </u>	
D & S RESTORATION, IN		506	1	yd				SOURCE RE	COVE	RY			
City, State			Disposal D			City, State							
PATERSON, NJ 07503			10/17/1			TULLYTOV	VN, PA	<u> </u>					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	FNT		Signature					Date 10/06/	11			
ASR-41			for asbesto	s licensure exe	empted	activities.			10/00/	1-1		-	

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D&S Proj. #: 2014-404

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

							n.	944 0				
Date of Notification (1)	N	ame of Bu	uilding Own	er/Operator (2)	)			STA COT	10	AM	4:	07
1 0 / 0 6 / 1 4		MIKE N	ERVI				Λ	F - 1			, 50 i	
Agencies Notified   Type Notificat	ion	reet Addre	ess					E. Li	- 1.	UU	113	GL
DEP Amended		12 HUB	ERT PLA	CE					· -	-15	.G	
Amendment #:		ty, State,	Zip Code									
DOL Emergency		MAPLE	EWOOD, I	NJ 07040								
DOH (including justification)	Na	ame of Co	ntact				Telephon	e Number				
DCA Cancellation	11	MIKE N	NERVI				_ '					
			FAC	LITY INFORM	IATION							
Name of facility where abatement i	s taking pla	ce (3)					Type of Facility (	4) I (K - 12)				
MIKE NERVI							=	apter 8 (O	Ythar th	nan K	-12\	
Street Address								Private/C			-12)	
10 111 10 10 10 10 10 10 10 10 10 10 10							Bldgs./	Homes, e	tc.			
12 HUBERT PLACE	Coun	h. (C)					Square Feet	# of Floor	rs	Ble	dg. A	ge
City (5)	Coun	ty (6)			100000000000000000000000000000000000000	nty Code (7) te use only)	Current Use (Pr	ior if boin	g dom	olich	od/	
MAPLEWOOD	ESS	EX			(0.00		Current Ose (Fi	su)				
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)	- 7	ASCM No.	-	Name of Abatement Co	ontractor (9)					
						D & S RESTORA	TION, INC.					
Street Address					_	Street Address						
						20 California Ave						
City, State, Zip Code						City, State, Zip Code						
						Paterson, NJ 0750	03					
Project Manager for Monitoring Firm		P	none Numb	er		Telephone Number		License		er		
	-					973-345-8020 Name of OSHA Monito			1169			
Start Date (10)	Sched	Completi	on Date (1	)		D & S Restoration						
10/16/14	10/31	/14				Street Address	i, iic.					
Occupancy Status During Abatemer	nt (Check o	nly one)	- The last of			20 California Ave	nue					
Facility closed/vacated during						City, State, Zip Code						
Abatement performed outside Describe:		acility hou	irs-		_							
Other-Describe: NORMAL H	OURS				_	Paterson, NJ 0750	03					
Scope of Work (check all that apply	/)						ıll Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 if	Renovation	n				The state of the s	ini-enclosure					
≥160 sf or ≥260 if	Demolition						lovebag procedur on-Exempted (*)		friable	proc	edure	)
Location of			used solely	1			T		R	R	Е	E
asbestos-containing	by mainte staff(12)	nance/cus	stodial			sbestos-containing	Amount	F 04	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (	(ACM)		(Specify S LF)	r or	0	a	a	C
	163	140	IVA						e	r	р	
BASEMENT		X		PIPE INSU			225 L FT					
BASEMENT BOILER RM		BOILER IN	NSUL.	ATION	36 SQ FT		N N			11		
					and the same					ᆜ	닏	1
									1	ᆜ	브	닏
Poolotored Wests Claudes		DIL	ID" I A	ubia Varda at V	Masta	INI				Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	135	P Hauler 06		ubic Yards of V YDS	vvaste	Name of Registered L TULLYTOWN, R		COVER	RY			
City, State			Disposal D	and the same of the same of the same of		City, State	LJO CAGLIA	JO , LII				-
PATERSON, NJ 07503			10/17/1			TULLYTOWN, F	PA					12574
Completed by (Print or Type) Title Signa												
BOGDAN JOLDZIC PRESIDENT						-		10/06	/2014			
ACD 44	Do not uce	thic form	tor achaet	e licencure ev	amnta	a activition						

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D&S Proj. #: 2014-400

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

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Date of Notification (1)				er/Operator (2)				& Lice	AM 4:	03			
Agencies Notified   Type Notification		an cove	99279				m-3 c.	0	- Till			_	
EPA Initial								" LICE	THE LES	GL			
DEP Amended		y, State, 2	ngton aver	lue					1140				
DOL Amendment #:		5.9.		07016									
☐ Emergency (including		me of Cor	ORD, NJ	07016		NATIONAL PROPERTY AND ADDRESS OF THE PARTY.	West of the Control	Telepho	ne Numbe	or			
justification)								Telepho	io ivallibe	,			
DCA Cancellation		dan cove	ello										
			FACI	LITY INFORM	ATION			20.		5 19 5			
Name of facility where abatement is	taking plac	e (3)					Ty	pe of Facility		·			-73
dan covello								=	ol (K - 12				
Street Address							-		napter 8 (4 (Private/C			-12)	
Street Address								Bldgs	/Homes,	etc.	ICIAI		
501 lexington avenue							_     s	quare Feet	# of Floo	ors	BI	dg. A	ge
City (5)	County	y (6)				nty Code (7)							
					(Stat	te use only)		Current Use (F	rior if bei	ng dem	olishe	ed)	
CRANFORD	UNIC		-			NI		1 - 1 - 70					
Name of Monitoring Firm Hired by B	lag. Owner	(8)		ASCM No.		Name of Abater							
					_	D & S REST	ΓORATI	ON, INC.					
Street Address						Street Address							
Sh. Shata 7:- Gada						20 Californ						u-duaren	
City, State, Zip Code						City, State, Zip C							
Decided Manager for Manifester Firm		To	.,,			Paterson, N			77:	NI la			
Project Manager for Monitoring Firm		I Ph	one Numb	er		Telephone Num 973-345-8			License	9 Numb 01169	oer		
			31			Name of OSHA				71109		_	
Start Date (10)	Sched.	Completion	on Date (11	1)		D & S Rest		Inc					
10/24/14	11/12/	14				Street Address	orucion,	III.C.		and the State of the			
Occupancy Status During Abatement	t (Check on)	ly one)				20 Californi	ia Avenu	ie					*
Facility closed/vacated during						City, State, Zip 0							
Abatement performed outside of Describe:	of normal fa	cility hou	rs-										
Other-Describe: NORMAL HO	DURS				=	Paterson, N	NJ 07503						
Scope of Work (check all that apply)	)						Full	Containment	w/negative	e press	ure		
	Renovation						☐ Mini	-enclosure					
≥160 sf or ≥260 lf	Demolition							ebag procedu				a ato soci	
	Is location :	normally	used solely	/			Non	-Exempted (*	and Non	R	R	E	1
Location of asbestos-containing	by mainten			1	n of a	sbestos-containi	na l	Amount		e .	е	n	E
material (acm) to be	staff(12)		т	material (		bestes comain	119	(Specify	SF or	m o	p a	c	C
abated in facility (13)	Yes	No	N/A					LF)		V	i	p	L
BASEMENT BOILER & bath		Y		PIPE INSU	LATI	ON		100 l ft		e	m		1
BASEMENT storage room		$\Rightarrow$		PIPE INSU	-			181ft			Ħ	H	干
		_/\_									Ħ	Ħ	〒
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										묶	H	금	十一
Registered Waste Hauler	NJDEF	Hauler I	ID# I C	ubic Yards of V	Vaste	Name of Regis	tered Lan	dfill		-111	Ш	Ш	
D & S RESTORATION, INC.	1350		1000	2 yds		TULLYTO			ECOVE	RY			-23-27-3
City, State			Disposal D			City, State	THE PERSON NAMED IN						
PATERSON, NJ 07503			10/27/1			TULLYTO	WN, PA						
	Title			Signature					Date				
	PRESIDE			<u> </u>					10/0	5/2014			-
ASB-41 *	Do not use	this form	tor asbesto	os licensure exe	empted	activities.							

CK 006390

D&S Proj. #: 2014-401

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

						2714					
Date of Notification (1)	Name of B	uilding Own	er/Operator (2)			2714 CC	110	AM L	00		
1 0 / 0 6 / 1 4		st Residence	ce			<u> </u>	·n m n				
Agencies Notified Type Notificati	Street Add	ess				ŝī	1025	U. 17.	GL		
☐ DEP ☐ Amended	142 WC	ODLAND	AVENUE					11.6			
Amendment #:	City, State,	Zip Code									
DOL Emergency	-	IT, NJ 079	001	-			+				
DOH (including justification)	Name of Co	ontact			10	Telepho	ne Numbe	er			-
DCA Cancellation	Lindqu	ist Resider	nce								
		FACI	LITY INFORM	ATION		4	118	1 1254			
Name of facility where abatement is	s taking place (3)					Type of Facility	(4) ol (K - 12	P)			
Lindquist Residence						1 =	hapter 8 (	200	an K	.12\	
Street Address						The second second second	(Private/			12)	
142 WOODLAND AVENUE						Bldgs	./Homes,	etc.		dg. A	70
City (5)	County (6)			Cou	nty Code (7)	Square Feet	# of Floo	ors	ы	Jy. A	ge
only (o)	County (c)			12	te use only)	Current Use (F	Prior if bei	ing dem	olishe	ed)	
SUMMIT,	UNION										
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatemen						
01 - 1 4 11				_	D & S RESTOR	RATION, INC.			_		
Street Address						***					
City, State, Zip Code					20 California A City, State, Zip Code				-		
Oily, State, Zip Code					7 7433 100 70						
Project Manager for Monitoring Firm	T F	hone Numb	or		Paterson, NJ 0 Telephone Number	7303	Licens	e Numb	er		
Troject manager for memoring time		none riamb			973-345-8020	)		01169			
Start Date (10)	Sched. Complet	ion Date (11	)		Name of OSHA Mo	nitor					
		ion bato (1	.,		D & S Restora	tion, Inc.			-	-	
10/08/14 Occupancy Status During Abatemen	10/17/14				Street Address						
Facility closed/vacated during		ement			20 California A						
Abatement performed outside Describe:					City, State, Zip Code	3					
Other-Describe: NORMAL H	OURS			=	Paterson, NJ 0	7503					
Scope of Work (check all that apply	')					Full Containment	w/negativ	e press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					Glovebag proced Non-Exempted (*		n-friable	proc	edure	<b>3</b>
Location of	Is location normally	NEW STREET, ST	1					TR	R	Е	E
asbestos-containing	by maintenance/cu staff(12)	stodial			sbestos-containing	Amount	CE	e m	e p	n	n
material (acm) to be abated in facility (13)		NI/A	material (	ACM)		(Specify LF)	SF or	0	a	a	C
, , , ,	Yes No	N/A						v e	r	р	
GROUND LEVEL	X				S (WRAP & CUT						
1ST FLOOR LOWER LEVEL					S (WRAP & CUT						1
1ST FLOOR UPPER LEVEL			The second second second		(WRAP & CUT				ᆜ		1
2nd FLOOR					WRAP & CUT					ᆜ	14
BASEMENT					WRAP & CUT				Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506	120000	ubic Yards of V 0 YDS	Naste	Name of Registere TULLYTOWN	d Landfill , RESOURCE R	ECOVE	RY			
City, State		Disposal D	The second secon		City, State						-
PATERSON, NJ 07503		10/10/1	4 .		TULLYTOWN	I, PA					
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT	for sales	l lineares	omata	t activities		10/06	5/ 2014		_	
ASB-41 *	Do not use this form	I for aspesto	os licensure ex	empte	activities.						

(K 00 6389

D&S Proj. #: 2014-399

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

Date of Notification (1)	Name o	of Building Own	er/Operator (2)			2314 CCT 10	AM 4	: 00			
1 0 / 0 6 / 1 4	Marg	ery Van Cour	rt					1			
Agencies Notified Type Notification	Street A	Address				AS_ESTUS	10011	NUL	*		
DEP Amended	41 H	illscrest Rd		-		& L10-	المهادات.	<u> </u>			
Amendment #	City, St	ate, Zip Code				<b>**</b>					
	mad	ison, nj 07940	0								
DOH (including justification)	Name o	f Contact				Telephone	Number	f			
DCA Cancellation	1 1 222	gery Van Cou	ırt			<u> </u>					
		FAC	ILITY INFORM	ATION							
Name of facility where abatement	is taking place (3)			7.00		Type of Facility (4					
Manage Van Caust					" = "	=	(K - 12)				
Margery Van Court Street Address						☐ Subcha ☐ Other (F	pter 8 (O			12)	
Street Address							Homes, e		Clai		
41 Hillscrest Rd						Square Feet	# of Floor	rs	Blo	dg. Ag	ge
City (5)	County (6)				nty Code (7)						
10	MODDI	,		(Stat	e use only)	Current Use (Pri	or if bein	g dem	olishe	d)	
madison  Name of Monitoring Firm Hired by	MORRIS	<u> </u>	ASCM No.	Ь,	Name of Abatemer	ot Contractor (9)					
rvame of wormoning runn runed by	Diag. Owner (b)		AGGIVI NO.		D & S RESTO						
Street Address					Street Address	KATION, INC.					
Street Address					20 California	Δ ν.Α					
City, State, Zip Code					City, State, Zip Cod	ASSESSMENT OF THE PROPERTY OF	W	-		-	
ony, orato, Esp obdo					Paterson, NJ (						
Project Manager for Monitoring Firm	n	Phone Numb	per		Telephone Number		License	Numb	er		
, , ,					973-345-802	0	0	1169			
Start Date (10)	ISched Com	pletion Date (1	1)		Name of OSHA Mo	onitor					
3 6		pionori Bato (1	.,		D & S Restora	ntion, Inc.				red to a	
10/15/14	10/31/14				Street Address						
Occupancy Status During Abateme	Marie Ma				20 California A						
Facility closed/vacated during  Abatement performed outside	en en en falle anna en fall de la central de la central de la central de la central				City, State, Zip Coo	le					
Describe:NORMAL I				-11	Paterson, NJ (	7503					
					1 atcison, 103		/n agativa	- Proon			
Scope of Work (check all that app	5.5				-	Full Containment w. Mini-enclosure	negative	press	ure		
	Renovation		**			Glovebag procedur	е				
≥160 sf or ≥260 lf	Demolition		,			Non-Exempted (*)	and Non-	-friable		edure	
Location of	Is location norm		1			Amount		e	R	n	E
asbestos-containing material (acm) to be	staff(12)		Descripti material		sbestos-containing	(Specify S	For	m	p a	С	n c
abated in facility (13)	Yes	lo N/A		(,	949	LF)		v	i	a p	L
DAOCH COME O O			PIPE INSU	ΠΔΤΙ	ON	450 l ft		e			$\vdash$
BASEMENT & 2 crawl spaces				LAII	011	1430111	-	#	H	H	H
			1			_		H	H	H	〒
			1					17	H	Ħ	F
			1					Ħ		一	盲
Registered Waste Hauler	NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Register			-1			
D & S RESTORATION, INC.			5 yds			N, RESOURCE RE	COVE	RY			
City, State		Disposal I			City, State	N. D.A					
PATERSON, NJ 07503		10/16/1			TULLYTOW	N, PA	Dete				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date 10/06/	/ 2014			
ACD 41	* Do not use this		tos licensure ex	cempter	d activities.		10000	2014			

CY 006388

D&S Proj. #: 2014-402

## State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) E C E I V E D

Registered Waste Hauler D & S RESTORATION, INC.  Disposal Date PATERSON, NJ 07503  Disposal Date 10/10/14  Date BOGDAN JOLDZIC  Disposal Date 10/10/14  Signature  Date 10/06/ 2014							ACAL COT	in EM L: O	1				
Agencies Notified   Type Neffection   Part	Date of Notification (1)	N N	ame of Bu	ilding Own	er/Operator (2)	)							
DEP   Amended Amended Amended Point   Section of Sect		-					, r-r	ne raita	OL				
DEP   Amended Amended Amended Point   Section of Sect		St	reet Addre	ess			2 L	CEMSING					
Amendment #;   County   Coun	DEP Amended				ie								
	Amendment #:	c	ity, State,	Zip Code									
Street Address   Stre	Emergency	- 1	Annual Control	And the Control of the Control of the Control	IJ 07306	Martin Martin				V-10			
Cancellation   Cancellation   FACILITY INFORMATION		Na	ame of Co	ntact				Telephon	e Number				
Name of facility where abstrament is taking place (3)   Elaine Daly	DCA Cancellation	1	Elaine I	Daly					5-1507				
Elaine Daly  Street Address  13 Terhune Avenue  City (6)  County (6)  LERSEY CITY  HUDSON  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Patental (10)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NI 07503  Tolephone Number  973-345-8020  Name of OshA Monitor  Paterson, NI 07503  Continued Avenue  City, State, Zip Gode  Paterson, NI 07503  Paterson, NI 07503  Full Containment winegative pressure  Mini-ancibusure  (Specify SF or in p on in material (ACM)  Ves No N/A  Paterson, NI 07503  Description of asbestos-containing material (Acm)  Description of asbestos-containing				FAC	ILITY INFORM	MOITA	l .						
Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Street Address   Street Address   For Floors   Bidg. Age	Name of facility where abatement i	s taking pla	ce (3)										
Street Address   Signare Feet   For Floors   Signare Fee	Elaine Daly							=	17 NO. 6200	ther th	nan K	-12)	
Square Feet   # of Floors   Bidg. Age	Street Address							Other	Private/Co	omme		2	
City (5)  JERSEY CITY  HUDSON  ASCM No.  Street Address  Street Address  City, State, Zip Code  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Phone Number  Phone Number  Project Manager for Monitoring Firm  Phone Number  Pho	13 Terhune Avenue										Blo	da. A	ge
Street Address   Stre		Coun	ty (6)			Cou	inty Code (7)	oqua.o.oo.	0			3	3.
Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.    Name of Abatement Contractor (9)								Current Use (P	rior if bein	g dem	olishe	ed)	
Street Address    D & S RESTORATION, INC.	and the contract of the contra		an reprocessor something			<u> </u>							
Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  Start Date (10)  In/09/14  Cocupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe.  Other-Describe: NoRMAL HOURS  Start Date (10)  Asternant performed outside of normal facility hours- Describe.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Non-Bestorian, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Description of asbestos-containing all of the procedure of the pr	Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatement C	ontractor (9)					
20 California Ave.							-	TION, INC.					
City, State, Zip Code Paterson, NJ 07503  Telephone Number Project Manager for Monitoring Firm Phone Number Start Date (10) Start Date (10) Sched. Completion Date (11) 10/09/14 10/24/14 Cocupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-besoribe:   Other-Describe:   NorMAL Hours	Street Address												
Paterson, NJ 07503 Telephone Number 01169  Start Date (10)   Sched. Completion Date (11)   10/24/14  Occupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   NORMAL HOURS	City State Zie Code					_		2.			-		
Project Manager for Monitoring Firm	City, State, Zip Code							02					
Start Date (10)	Project Manager for Monitoring Firm		l Di	one Numb	or.	_	-	03	TLicense	Numb	er	-	
Name of OSHA Monitor   D & S Restoration, Inc.	r roject wanager for worldoning r im	J. 11	["	ione Numb	iei						01		
D & S Restoration, Inc.   Street Address	Ctort Data (10)	ICahad	Completi	on Data /1:				or				_	
Cocupancy Status During Abatement (Check only one)	Start Date (10)	Scried.	Completi	on Date (1	()		D & S Restoratio	n, Inc.				0	
Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   Other-Describe:   NORMAL HOURS      Scope of Work (check all that apply)   Full Containment w/negative pressure   Mini-enclosure   Glovebag procedure   Non-Exempted (*) and Non-friable procedure   Non-Exempt						-	Street Address						
Abatement performed outside of normal facility hours-   Describe:   NORMAL HOURS								nue					
Describe: NORMAL HOURS  Scope of Work (check all that apply)  Sope of Work (check all that apply)  Sop of Work (check all that price of Sop of Work (check all that apply)  Sop of Work (check all that apply)  Sop of Work (check all that price of Sop of Check (check all that apply)  Sop of Work (check all that apply)  Sop of Work (check all that apply)  Sop of Order (							City, State, Zip Code						
Scope of Work (check all that apply)    Sope of Work (check all that apply)	Describe:					-	Paterson NI 075	03					
Sample									de e entire				
□ ≥160 sf or ≥260 lf □ Demolition □ Non-Exempted (*) and Non-friable procedure □ Examples □ Non-Exempted (*) and Non-friable procedure □ Non-Exempted (*) and Non-friable procedure □ Examples □ Non-Exempted (*) and Non-friable procedure □ Non-Exempted (*) and Non-Friable proce	N	NAME OF THE PARTY							v/negative	press	ure		
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  BASEMENT  BOULER INSULATION  PIPE INSULATION									re				
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  BASEMENT  BOILER INSULATION  PIPE INSULATION  PREGISTERED Waste Hauler  D & S RESTORATION, INC.  Disposal Date PATERSON, NJ 07503  PIRE INSULATION  Name of Registered Landfill  TULLYTOWN, PA  Date 10/10/14  Signature  Date 10/06/ 2014				1 - 1 - 1				Ion-Exempted (*)	and Non-				1
material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  BASEMENT  BASEMENT  BASEMENT  BOILER INSULATION  Registered Waste Hauler  D & S RESTORATION, INC.  Disposal Date PATERSON, NJ 07503  Completed by (Print or Type) BOGDAN JOLDZIC  PRESIDENT  PIPE INSULATION  FOR LFT  A D A A A V I A A A P I A A A A P I A A A A A A A A						and the second		Amount		100000		-	15000
BASEMENT BASEMENT BASEMENT BASEMENT BASEMENT BASEMENT BASEMENT BOILER INSULATION BOI	material (acm) to be	staff(12)					sbestos-containing		SF or	1000	0.000		
BASEMENT  BASEMENT  BOILER INSULATION  40 SQ FT  BOILER INSULATION  40 SQ FT  Disposal Date 10/10/14  City, State PATERSON, NJ 07503  Completed by (Print or Type) BOGDAN JOLDZIC  PRESIDENT  PIPE INSULATION  70 L FT  A D D D  TULLYTOWN, 70 L FT  A D D D  TULLYTOWN, RESOURCE RECOVERY  City, State 10/10/14  Signature  PATERSON, NJ 07503  Date 10/06/ 2014	abated in facility (13)	Yes	No	N/A	100000000000000000000000000000000000000	No. of the control of		LF)		V	i	3555	L
BASEMENT  BOILER INSULATION  40 SQ FT  Disposal Date PATERSON, NJ 07503  BOILER INSULATION  ANDEP Hauler ID# Cubic Yards of Waste 1 yd TULLYTOWN, RESOURCE RECOVERY  City, State PATERSON, NJ 07503  Disposal Date 10/10/14  TULLYTOWN, PA  Date 10/06/ 2014	BASEMENT		X	1	PIPE INSU	JLAT:	ION	70 L FT		_	$\Box$	П	
Registered Waste Hauler D & S RESTORATION, INC.  Disposal Date PATERSON, NJ 07503  Disposal Date 10/10/14  Completed by (Print or Type) BOGDAN JOLDZIC  D D D D D D D D D D D D D D D D D D D	BASEMENT		X		BOILER IN	NSUL	ATION	40 SQ FT	-				
D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date 10/10/14 City, State TULLYTOWN, PA  Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Signature Date 10/06/ 2014													
D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date 10/10/14 City, State TULLYTOWN, PA  Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Signature Date 10/06/ 2014					ĺ								
D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date 10/10/14 City, State TULLYTOWN, PA  Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Signature Date 10/06/ 2014													
City, State         Disposal Date         City, State           PATERSON, NJ 07503         10/10/14         TULLYTOWN, PA           Completed by (Print or Type)         Title         Signature           BOGDAN JOLDZIC         PRESIDENT         Date           10/06/ 2014         10/06/ 2014	Registered Waste Hauler D & S RESTORATION, INC.					Waste			ECOVER	Y			
PATERSON, NJ 07503         10/10/14         TULLYTOWN, PA           Completed by (Print or Type)         Title         Signature           BOGDAN JOLDZIC         PRESIDENT         10/06/ 2014	City, State							LID C OTTOLD IC			NAME OF TAXABLE PARTY.	One of the last	
BOGDAN JOLDZIC PRESIDENT 10/06/ 2014	7.5			10/10/1	4			PA		1,000	70		<u> </u>
	Completed by (Print or Type)				Signature					1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
* Do not use this form for ashestos licensure exempted activities				formal	L l'ac		d a ath itic -		10/06/	2014			

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

				FIFT of the sec			
Date of Notification (1) October 7, 20	14	Name of Building	Owner/Operator (2) Township of Warren	PICOTIVE OF THE PROPERTY OF TH	1334	12	
	cation tial Notification nended Notification	Street Address	46 Mountain Blvd.		1 1:20		
[x] DOL Ar	nendment # nergency (including	City, State, Zip Co	Warren, NJ 07059	<sup>द</sup> र्गातिश्वः	TROL.		
I DCA	tification) ncellation	Name of Contact Doug	Buro	Telephone Number	8 1		
		CILITY INFORM	IATION				
Name of Facility Where Abatement is Taki Former Residen		,	Type of Facility	(4)  School (k-12)  Subchapter 8 (ot	hor than k 120		
Street Address 209 Mountain A			[ x	70 70 70			dings,
City	County (6)	County Code (7) (STATE USE ONL	100001	# of Floors		80	
Warren	Somerset		For	or if being demolished mer Residence	)		
Name of Monitoring Firm Hired by Buildir Guardian Contra		ASCM No.	Name of Abatement Contra	ctor (9) rdian Contracting,	Inc		
Street Address 1889 Rte. 9, Un			Street Address	9 Route 9, Unit 61		-22	
City, State, Zip Code Toms River, NJ			City, State, Zip Code	ns River, New Jers	N TES	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Numbe 732-349-9932	er -	Telephone Number 732-349-9932	License N 00624		2/1	
Scheduled Start Date (10) 10/8/14	Scheduled Completed 10/10/14	etion Date (11)	Name of OSHA Monitor	I.S.L. Analytical	MIII.		
Occupancy Status During Abatement (Chec	k only one)		Street Address				
	ted During Entire Period of Ab d Outside of Normal Facility F			6 Stelton Road			
Other – Describe	d Outside of Postmar racinty r	iouis	City, State, Zip Code Pisc	ataway, New Jerse	ey 08854		
Scope of Work (Check all that apply)			Full Containm	nent with Negative Pres	ssure		
$ \begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf} $ $ \begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf} $	[ ] Renov		[X] Glovebag Pro		Procedure		
					Abatement	Type	
Location of Asbestos-Containing Material (ACM TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12)  YES NO N/A	Ast N (i.e inst	Description of pestos-Containing Material (ACM) , thermal systems plation, surfacing, VAT, or er miscellaneous)	Amount (Specify SF or LF)	R R E E M P A O I R A L	E N C A P S U L E	E N C L O S U R E
Basement	X	Asbestos pipe	insulation	170 lf	X		
Exterior	X	Transite		50 sf	X		
	+					-	+
Name of Registered Waste Hauler Guardian Contracting, Inc		6	rds of Waste Name of Reg	ristered Landfill	<u> </u>		1
City, State Toms River, New Jersey		osal Date 13/14	City, State Tullytown, Pennsylva	mia /7			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hal te	J. Comments	Date 10/7/201	4	

<sup>\*</sup>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)

Agencies Notified Xy EPA   Dot	5 01 5 1 (1)				n			(0)	n-	1 1			
DDP	Date of Notification (1)	October 7, 201	4			Name of Building (		nee High School	2	5	34	1)	
S   DOL	Agencies Notified  [ X ] EPA	[ ] Initia	Notifica			Street Address	600 T	abernacle Road	JIA (_1 10	AM	l: 3	?	
	[x] DOL	Amer	ndment#_ gency (in			City, State, Zip Coo		ord, NJ 08055		0.7	ROL		•
Type of Facility (4)							nic Garo		elephone Number	-			
Shawnee High School  Street Address  600 Tabernacle Road  City  Medford  County (6)  Burlington  County Code (7)  Square feet S0,000 sf 2  Courte (1se, private & commercial buildings, homes, etc.)  Medford  Square feet S0,000 sf 2  Courte (1se) From s Bidg. Age Courter Use From it being demolished Clerestory  Street Address  Street			3 30 355 2		FAC	ILITY INFORM	ATION						
County (S)   Cou								Type of Facility (4)		n su n			
Sandard   Surington   Sandard   Sa	Street Address	500 Tabernacle R	oad					[x]	Other (i.e., privat			al build	lings,
Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  Street Address  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  City, State, Zip Code  Toms River, New Jersey 08755-1271  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Tolephone Number	City						<i>(</i> )	50,000 sf	2			0	
Street Address  Street Address  Street Address  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  City, State, Zip Code  Toms River, New Jersey 08755-1271  Toms River, New Jersey 100624  Toms River	Medford		Burli	ngton				A section and the section of the property of the section of the	and the second s				
City, State, Zip Code	리 - Pi - 트리트 하셨습니다. (# 12.10 H. 19.10	일이 있는 이 아이는 아이를 하지 않는데 아이트를 들어 했다.	Owner (8	)		ASCM No.		Guardia		Inc.			
City, State, Zip Code    City, State, Zip Code   City, State   City, State	Street Address					125	Street A	The state of the s	oute 9. Unit 61				
Telephone Number   Telephone Number   Telephone Number   Telephone Number   Telephone Number   Tay	City, State, Zip Code				-3.0		City, Sta	ite, Zip Code		ev 087	755-1	271	
Scheduled Start Date (10)	Project Manager for Mo	onitoring Firm	T	Telephone N	umber		1070 -	ne Number	License N		33 1		
Street Address   Street Address   Street Address					200	on Date (11)		f OSHA Monitor					
City, State, Zip Code Piscataway, New Jersey 08854    City, State, Zip Code					- C A l 4		Street A	ddress					
Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure						108.53.535.772.55	City Str		enon Road				
[ ]	[ ] (	Other – Describe_					City, Sta		way, New Jerse	y 088	54		
[ ] >3 sf or ≥3 lf [ X ] Renovation [ ] Glovebag Procedure [ X ] ≥160 sf or ≥260 lf [ ] Demolition [ X ] Non-Exempted (*) and Non-Friable Procedure    Location of Asbestos-Containing Material (ACM) Normally used Solely by Maintenance/Custodial in facility in facility (13) (12) VAT, or other miscellaneous)   YES NO N/A   Non-Exempted (*) and Non-Friable Procedure    Abatement Type   R R E E E N N N Material (ACM) (Specify SF or LF)   Non-Exempted (*) and Non-Friable Procedure    Abatement Type   R R E E E N N N Material (ACM) (Specify SF or LF)   Non-Exempted (*) and Non-Friable Procedure    Abatement Type   R R E E E N N N N N N N N N N N N N N N	Scope of Work (Check	all that apply)	*				[ ]		with Negative Pres	sure			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  YES NO N/A  Normally used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Exterior  X 32 windows  Abatement Type  R R E E E N N N N N N P C C C OI I P O OI P OI P OI P OI P OI	[ ]	>3 sf or ≥3 lf		[x]	Renova	tion	[		ire				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (12)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Maintenance/Custodial Staff insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Material (ACM) (Specify SF or LF)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Material (ACM) (Specify SF or LF)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Material (ACM) (Specify SF or LF)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Material (ACM) (Specify SF or LF)  Norma	[x]	≥160 sf or ≥260 lf		[ ]	Demoli	ion	[ x	Non-Exempted (*	) and Non-Friable I	Procedu	re		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Maintenance/Custodial Staff insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Material (ACM) (i.e., thermal systems or LF)  VAT, or other miscellaneous)  YES NO N/A  Name of Registered Landfill T.R.R.F.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Normally used Solely by Material (ACM) (i.e., thermal systems or LF)  NAME of Registered Landfill T.R.R.F.  City, State Tullytewn, Pennsylvania  Date		7						14		Abat	ement	Гуре	
Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  VAT, or other miscellaneous)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Maintenance/Custodial (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Solely by Material (ACM) (i.e., thermal systems or LF)  M P P C C C C M M P P O C C C M A A L O I P O V R S S S A U U L R E E  E  Toms River, New Jersey  Completed by (Print or Type)  Title  Signature  Date	Locatio	on of							Amount				
TO BE ABATED in facility (12) Staff insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Maintenance/Custodial insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAM A A L O I P O O I P O O I P O O O O		W 77 W 78 W 19 W 1		Solely by					C. C		200-01	0000	2000
(13)  (12)  VAT, or other miscellaneous)  YES NO N/A  Exterior  X 32 windows  32 x  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type)  Title  Signature  VAT, or other miscellaneous)  V R S S S U U U U L R E E  City, State  Toms River, New Jersey  Title  Signature  VAT, or other miscellaneous  V R S S S S U U U U L R E E  City, State  Toms River, New Jersey  Date			Maint		todial				or LF)		25000	Α	L
A L L R E  Exterior X 32 windows 32 X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Other miscellaneous)  A L L R E  E  City, State Toms River, New Jersey  Other miscellaneous)  A L L R E  E  City, State Toms River, New Jersey  Other miscellaneous)  A L L R E  E  City, State Toms River, New Jersey  Disposal Date Tullytown, Pennsylvania  Date						inst				1 355	_		0.5
Exterior X 32 windows 32 x  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Temporal Exterior In No.   Cubic Yards of Waste   Name of Registered Landfill   T.R.R.F.    City, State   Disposal Date   City, State   Tullytown, Pennsylvania   Completed by (Print or Type)   Title   Signature   Date   Date   Date   City, State   City, State   Tullytown, Pennsylvania   Completed by (Print or Type)   Date   Date   City, State   City, State	. (15	,		(12)		oth				A		U	U
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Title  NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F.  City, State Tollytown, Pennsylvania  Completed by (Print or Type)  Title  Signature  Date			YES	NO	N/A					L			100000
Guardian Contracting, Inc.  20223 10 T.R.R.F.  City, State Toms River, New Jersey 10/16/14 Tullytown, Pennsylvania  Completed by (Print or Type) Title Signature Date	Exterior -			X		32 windows			32	х			
Guardian Contracting, Inc.  20223 10 T.R.R.F.  City, State Toms River, New Jersey 10/16/14 Tullytown, Pennsylvania  Completed by (Print or Type) Title Signature Date									-	_			-
Guardian Contracting, Inc.  20223 10 T.R.R.F.  City, State Toms River, New Jersey 10/16/14 Tullytown, Pennsylvania  Completed by (Print or Type) Title Signature Date			-	-	-	-					-		+
City, State  Toms River, New Jersey  Disposal Date  10/16/14  Tullytown Pennsylvania  Completed by (Print or Type)  Title  Signature  Date			N			() 후 : - '14 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rds of Was		red Landfill				1
Completed by (Print or Type) Title Signature Date	City, State				Dispos	al Date	City, S	tate	7				
	Completed by (Print or	Type)	100000000000000000000000000000000000000	ct Manage			1 -1	with chinsylvania		250 250		4	

<sup>\*</sup>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)

Data (National and Inc.		T 21 67 71	0 10	n n	-				
Date of Notification (1) October 7, 20	14	Name of Building		ante Construction	CEIVa	3	40	)	
	ial Notification	Street Address	62 Mi	ESTA (C)	10 AM 1:	27			
[x] DOL Am	ended Notification endment # ergency (including	City, State, Zip C		ury, NJ 08512;	28,60,173	GL.	1		
I I DCA	ification) cellation	Name of Contact Andr	e Rullo	Г	elephone Number				
		CILITY INFOR	MATION						
Name of Facility Where Abatement is Takir Residence	g Place (3)			Type of Facility (4)	School (k-12)		10\		
Street Address 676 Drum Point	Road	-		[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			al build	lings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors	Bldg.	Age 6	0	
Brick	Ocean		9	Current Use (Prior if Resider					
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.			
Street Address			Street Ac		oute 9, Unit 61				
City, State, Zip Code			City, Star	te, Zip Code	liver, New Jers	ey 0875	55-12	271	κ.
Project Manager for Monitoring Firm	Telephone Number	er	Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 10/20/14	Scheduled Comple 10/22/14	etion Date (11)	_	OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Chec [ X ] Facility Closed/Vacat		batement	Street Ad	ldress	telton Road				
	d Outside of Normal Facility I		City, Star	te, Zip Code	way, New Jerse	ev 0885	4		
Scope of Work (Check all that apply)		-	[]		with Negative Pres	<u> </u>			
[ ] >3 sf or ≥3 lf	[ ] Reno	vation	[ ]	Mini-Enclosure Glovebag Procedu	ıre				
[ X ] ≥160 sf or ≥260 lf	[x] Demo	olition	[x]		) and Non-Friable	Procedure	;		
			200 Miles	100 m		Abater	nent 7	уре	
Location of	Is Location Normally used	Δ.	Descriptionsbestos-Con		Amount		R	Е	Е
Asbestos-Containing Material (ACM)			Material (A		(Specify SF	1	E P	N C	N C
TO BE ABATED	Maintenance/Custodia		e., thermal		or LF)	1 1/1	A	Α	L
in facility (13)	Staff (12)	in	sulation, su VAT, o			1	I R	P S	S
(13)	(12)	ot	her miscella			A		U	U
	YES NO N/A					L		L E	R
Exterior	X	Asbestos sidi	ng		800 sf	X			
N CD :: IW . W									
Name of Registered Waste Hauler Guardian Contracting, Inc		3	ards of Wast	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey		oosal Date 23/14	City, Sta	ate own,∫Pennsylvania	/				
Completed by (Print or Type)	Title	Signature	117	7		Date			

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

	0	
Dea	ant	#
PIU	EC.	#

MEC	FILL
Check #	2678

Date of Notification (1)				-	Name of	Building (	Owner/0	Operator	(2)	A	-110	Â	M 1	. ~		
09/15/2014						h Of Ea				A		• •	i i	° C.	5	
Agencies Notified	Type	Notification			Street Ac		101110	20101101			. 14	Mr.				
1 <u></u>	Турс	Houndadon				erett P	lace			4 (	1	120	11	RGL		
EPA DEP		Initial			3	te, Zip Co						12	U			
DEP	ш	Amended Amendment	#	1		utherfor										
		Emergency (		1200		Contact	u, 140			Tel	ephone N	lumb	oer			
DOH		justification) Cancellation		100	Marco (					!						
DCA	L	Cancellation		10	Invantors are ore	LITY INFO	DMAT	ION								
Name of Facility Where VFW Hall Street Address 1 Everett Place City (5) East Ruthe			g Place (3	)						(K-12) pter 8 (Oth i.e. private			build	ings, dg. A		es,
County (6)				Т	County (	Code (7)			Current Use	(Prior if be	ing demo	lishe	ed)			
Bergen					(STATE I	JSE ONLY	)									
Name of Monitoring Fir	m Hired	by Building	Owner (8)		ASCN	No.		Name	of Abatement	Contracto	(9)		-			
Enviro Vision		,			0008	05		Nick	Restoration	n LLC						
Street Address								Street	Address							
20-21 Wagaraw R	2d							72 Br	ookside R	d						
City, State, Zip Code			-					City, S	State, Zip Cod	е						
Fair Lawn			14			80		Ranc	lolph NJ (	7869						
Project Manager for Mo	onitorino	Firm		T	Telepho	ne No.	100000000000000000000000000000000000000	100 CO CO X CO	hone No.		Licens	e No				
Guillermo Morales		,				36-914	5		933-2550		01133	3				
Start Date (10)			Schedule			Date (11)		200300000000000000000000000000000000000	of OSHA Mor	nitor	1		-			
10/10/2014			10/14/2			,		.185	Environme	ntal						
Occupancy Status Duri	ina Aba	tomont (Cho	Land Company						Address	iiiai		-				
Facility Closed/Va Abatement Perfor Other – Describe:	cated D	Ouring Entire	Period of A	Abaten	nent s			City, S	RT 22 State, Zip Cod n, NJ 0708							
Scope of Work (Check	All Tha	t Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			- CONTRACTOR	Renova Demoli					Mini-Encl Glovebag	ainment wit osure Procedure npted (*) a	1				re	
			1							T					ement	t
			1,000	Locat Vorma			_		- of					Т	ре	
Locati Asbestos-Containir TO BE A In Fa	ng Mate BATED cility		Use Ma	ed Sole intena todial (12)	ely by nce/ Staff?	Asbe: (i.e	stos Co . therm suri	escriptio intaining al system facing, V/ r miscella	Material (ACM ns insulation, AT, or	′	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement area				×		Pipes,	Elbo	ws		90 L	F		×			Г
Basement area	-		+	×		VATs			-		0 SF		×			
Dasement area				_	1	V/(13	(11011)	idollo)		1,10	0 01	П			-	
					1											
Name of Registered W	aste Ha	uler			JDEP V			ic Yards	Nam	e of Regis	tered Lan	dfill				
Nick Restoration L	LC				tauler ID 3782	No.	of W	/aste )		.O.W.S						
City, State Randolpl	h, NJ	07869			i i		Disp	osal Date		State ytown, P	A					
Completed by			Title				1					Dat	e			
Elvira Mrda			Presi	dent				4	LUITA	MIC	a	09/	15/2	014		

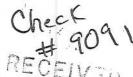
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Date of Notatication (1)					Mame of	S. C	LAIRE HIG	GINS.	2514	C-710			-	
Agency Notified		otification	·	+		Address			A - T		Rig	1	: 0	
D EPA	() Initia						POMPTON	AUE	ار م	ີ້າດ	-	_		_
C DEP	☐ Ame	nded			City, St	ate, Zip	Code .	ماد		7/7	20 1	Ti	GL	
	Q Eme	endment # egency (includi	ng	-	N	of Conta	TON LAK	ES. A	Telephone	Namber	~ real	,	-	-
ZI DOH ·		fication) cellation					GGINS		1 Company		5			
	1-	<del></del>			1		ORMATION							-
Name of Facility Where	Abateme	nt is Taking Pla	ice (3)					Type of Facility	(4)					_
MS	. ca	Aire 1	fice	311	2 2		E 20	☐ School (K-12	2)	100				
Street Address							7	Subchapter (i.e. pr	3 (Other than	K-12)	inves			
120 88	MPT	K UO	J Z			2	(*	homes, etc.)	<u> </u>					
City (5)				100				Square Feet	# of Floors		g. Age			
POMPTON	LAK	ES				4	·	2000	2		704	= 16	<u> </u>	_
PASSALC					County ONLY)		) (STATE USE	Current Use (P	TION IN DOWN OF		•			
Name of Monitoring Fin		Building Own	er l	ASCIM	No.		Name of Abater	nent Contractor (					_	-
(8)				٠,			Best R	emoval I	nc					
Street Address							Street Address	·						
,								River St						
City, State, Zip Code							City, State, Zip	code sack, N.	T 076	01				
Project Manager for Mo	nitoring F	inno	Te	lepho	ne No.		Telephone No.	isack, II.	License No					_
, roject manager is me	,,,,,,,,,,	AN-1	1				201-329-	7444 -	0038	8				
Start Date (10)		Scheduled C			te (11)		Name of OSHA	Monitor					_	
10/17/14		101				,		vironmen	tal In	С				_
Occupancy Status Duri	ng Abaten	nent (Check on	ly one)				Street Address 280 Huy	ler St						
☐ Facility Closed/Vacal ☐ Abatement Performe						920	City, State, Zip (							
-Di Other - Describe:						91	South H	lackensac	k, N.J	. 0760	)6			
Scope of Work (Check	<b>eli tha</b> t ap	ply)						Containment with		_ C3				
#23 sf or ≥3 #				-		ovation	-B Mini	-Enclosure				70		
□ ≥ 160 sf or ≥ 260 lf					□ Den	IOBBOH	-⊒ Glovi	rebag Procedure -Exempted (*) an	d Non-Friable	Procedure	-1	-	<u>.</u>	
			ls	Locati	ion				T	: 7	- Ab	Typ	ment	t
, Local	ion of		1	Normal d Sole	-	1 - 1	Description	of					-	
Asbestos-Containi TO BE	ng Materi NBATED	ai (ACMI)	Ma	intena Zustodi	nce/		estos Containing M		Amo (Spe		7	20	Encapsulate	E N
IN Fa	acity			San			surfacing, VA	T, or	SFo	LF)	Removal	opal	nadi	Sole
(4	3)	• • •		(12)		-	other miscellan	eous)		6	3-1	7	ate	6
			Yes	No	NVA	<u> </u>				<del></del>	121	+	+	_
BASEMEN	Γ				7	THER	MAL SYSTER	15 IN SULATION	6	OLF	X	+	+	_
				-	├-						++	+	+	_
			-		-						++	+	+	-
Name of Registered W	aste Haute	ef ·	I NJ	DEPV	Maste F	lauler	Cubic Yards of	Name of Regis	stered Landfill	<u> </u>				
Best Remov			ID	No.			Waste							
			1	710	9		2eg	Minerva	- Biller	Prise			-	_
	nsack	, N.J.	076	01			Disposal Date	Waynesl	ourg ,	T 19-4-		,		
J. Maiorano		Title Estin	ato	r			Signature	مصرفنه	3	Data (C	17/	1 1	4	

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

CRE 65-385

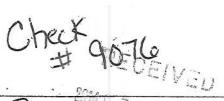
Agency Notified  □ EPA □ DEP	Date of Notification (1)	Na	me of Build	ing Owner/Operator	(2) GAN	2014 ( 7	· interest of
□ EPA □ DEP		Str	eet Addres			60 -	HA LEGS
Name of Facility Winere Abatement is Taking Pince (3)   Street Address   Substitution   Street Address   Substitution   Sub	DEP DEP	Cit	~ ~ ~	Cado	OR OF	P 1 1 30	EO JAOL
Name of Facility Where Abatement is Taking Place (3)  MS . FEGAN  Street Address  3/2 Sort M UNION AJE  Street Address  CRANFOUN  County (6)  UNION  County (7)  County (8)  UNION  County (8)  County (9)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  450 S. River St  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606  City, State, Zip Code  South Hackensack, N. J. 07606	D Emergency (including justification)	Na	me of Cont	act	4.01	Telephone Muli	
Street Address  A2 DOTA ONION ASE  City (5)  CRAN FORM  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Rame of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Cocupancy Status During Abstement (Check only one)  City, State, Zip Code  City, State, Zip Code  Scope of Work (Check all that apply)  City State, Zip Code  South Hackensack, N.J. 07606  City, State, Zip Code  South Hackensack, N.J. 07606  City, State, Zip Code  South Address  City, State, Zip Code  South Hackensack, N.J. 07606  City, State, Zip Code  South Address  City, State, Zip Code  South Monitor One City, State, Zip Code  South Monitor One City, State, Zip Code  South City, State, Zip Code  South Monitor One City, State,		F	ACILITY IN	FORMATION	• .		
County (6)  County (7)  County Code (7) (STATE USE Current Use (Prior if being demolisched)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (9)  Best Removal Inc  Street Address  450 S. River St  City, State, Zip Code  Hackensack, N.J. 07601  Project Manager for Monitoring Firm  Telephone No.  201-329-7444  00388  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check only one)  D. Facility Closed/Vacated During Entire Period of Abatement  D. Abatement Performed Quriside of Normal Facility Hours  Scope of Work (Check all that apply)  D.≥ 3 or ≥ 3 if  D.≥ 160 of or ≥ 250 if  Scope of Work (Check all that apply)  D. Scheduled Completion  Is Location  Normally  Normally  D. Scheduled Completion  D. Project Manager for Monitoring Firm  Telephone No.  201-329-7444  00388  Start Date (10)  Street Address  280 Huyler St  City, State, Zip Code  South Hackensack, N.J. 07606  D. Project Manager for Monitoring Firm  D. Project Manager for Monitoring Firm  Telephone No.  201-329-7444  00388  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check only one)  Street Address  280 Huyler St  City, State, Zip Code  South Hackensack, N.J. 07606  South Hackensack, N.J. 07606  South Hackensack, N.J. 07606	MS. FEGAN.	····	E	1	School (K-12  Subchapter 6  Other (i.e. pr	2) 8 (Other than K-1: rivate & commerci	2) ial buildings,
County (6)  County (7)  County (8)  Name of Monitoring Firm Hired by Building Owner  (8)  Street Address  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Hackensack, N.J. 07601  Project Manager for Monitoring Firm  Telephone No.  201-329-7444  00388  Start Date (10)    O   O   O   O      O   O   O      O   O	· ·			.,			
Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)    Street Address   Street Address   450 S.River St    City, State, Zip Code   Hackensack, N.J. 07601    Project Manager for Monitoring Firm   Telephone No.   Telephone No.   201-329-7444   00388    Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor    Occupancy Status During Abatement (Check only one)   Street Address   280 Huyler St    Discriptive Closed/Vacated During Entire Period of Abatement   Abatement Performed Ourtside of Normal Facility Hours   Street Address   280 Huyler St    Discriptive Closed (Check all that apply)   Discriptive Period of Abatement   Demolition   Demolition    Is Location   Normally   Demolition   Normally   Demolition    Normally   Descriptive (Check only one)   Demolition   Demoli				10	2200		65YEA
Street Address   Street Address   Street Address   450 S.River St	County (6)				RESIN	05NCE	lished)
Street Address  City, State, Zip Code  City, State, Zip Code  Hackensack, N.J. 07601  Project Manager for Monitoring Firm  Telephone No.  201-329-7444  O0388  Start Date (10)    ○     ○     ○       ○         ○         ○         ○         ○         ○       ○       ○       ○       ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○     ○   ○     ○		ASCM N	0.				
City, State, Zip Code  City, State, Zip Code  Hackensack, N.J. 07601  Project Manager for Monitoring Firm  Telephone No.  201-329-7444  Name of OSHA Monitor  Omega Environmental Inc  Street Address 280 Huyler St  City, State, Zip Code  Hackensack, N.J. 07601  Telephone No.  201-329-7444  Omega Environmental Inc  Street Address 280 Huyler St  City, State, Zip Code  South Hackensack, N.J. 07606  South Hackensack, N.J. 07606  Full Containment with Negative Pressure  South Hackensack, N.J. 07606  Full Containment with Negative Pressure  City, State, Zip Code  South Hackensack, N.J. 07606  South Hackensack, N.J. 07606  Full Containment with Negative Pressure  City State, Zip Code  South Hackensack, N.J. 07606  Full Containment with Negative Pressure  City State, Zip Code  South Hackensack, N.J. 07606  Full Containment with Negative Pressure  City State, Zip Code  South Hackensack, N.J. 07606  Full Containment with Negative Pressure  City State, Zip Code  South Hackensack, N.J. 07606		2.4				nc	
Hackensack, N.J. 07601  Project Manager for Monitoring Firm  Telephone No.  201-329-7444  Start Date (10)    ○     ○     ○     ○     ○     ○     ○     ○     ○			*	4-50 S.	.River St	:	
Telephone No.   Consider the Monitoring Firm   Telephone No.   201-329-7444   20	City, State, Zip Code			City, State, Zip Hacker	Code nsack, N.	J. 07601	
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Ourside of Normal Facility Hours  Other - Describe: 6	Project Manager for Monitoring Firm	elephone	No.	Telephone No.		License No.	*
Occupancy Status During Abatement (Check only one)  Display Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  South Hackensack, N.J. 07606  Scope of Work (Check all that apply)  Describes of 250 if  Demolition  I Full Containment with Negative Pressure  Other - Describes of 250 if  Demolition  I Supply Code  South Hackensack, N.J. 07606  Demolition  Office South Hackensack, N.J. 07606  Abatement With Negative Pressure  Office South Hackensack, N.J. 07606  Demolition  Office South Hackensack, N.J. 07606		1	(11)	Name of OSHA Omega Er	Monitor nvironmer	ntal Inc	
□ Facility Closed/Vacated During Emitre Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Other - Describe: (a) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	1010114			Street Address		**	53
Scope of Work (Check all that apply)  □ ≥ 3 st or ≥ 3 if □ ≥ 160 st or ≥ 260 if □ Demoittion □ Demoittion □ Non-Exempted (*) and Non-Friable Procedure	D. Facility Closed/Vacated During Entire Period of Aba D. Abatement Performed Outside of Normal Facility Ho D. Other - Describe: Advanced Co. 1	ntement ours		City State Zin	Code	ck, N.J.	Equitable (Control of Control of
is Location Normally	Scope of Work (Check all that apply)  D≥3 sf or ≥ 3 if	عر		O Full	Containment with	h Negative Pressu	- 5 TO
	Location of Us Asbestos-Containing Material (ACM) TO BE ABATED	Normally sed Solely aintenance Custodial	by As	Description heates Containing M (i.e., thermal system surfacing, VA	n of Material (ACM) as insulation, AT, or	Amount (Specify	Type Enon
2 A CENTENT YES NO NYA THERMAN SLOTEM NOTWATION 95LF X	· ·	No				0 9<	, e x
BASEMENT THERMA SISTEM ISSULTION 95LF	BASEMENT	+ +	7 140	show sysiem	1 NOT MATOR	/3	
		1)	)				~ ) ) )
Name of Registered Waste Hauter NuDEP Waste Hauter Cubic Yards of Name of Registered Landfill				Cubic Vouds of	F Name of Ros	estered Landfill	
Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler D No. 17109  Cubic Yards of Waste Manne of Registered Landmit Waste  Minerva Enterprises	D . D	D No.		Waste			rises
City. State Hackensack, N.J. 07601  Disposal Date Vaynesburg, Oh	City, State			Disposal Date		burg , 0	h
Completed by  J. Maiorano  Estimator  Signature  Output  10/7/16							



Date of Notification (1)	014 Name of E	Building Owner/Operator	Cakey Ho	me Reman	lelins
Agencies Notified Type Notification	Street Add	decrease and agree of	th Mair		1 2 72
□ EPA Initial □ DEP □ Amended Amendment #	City, State	e, Zip Code Marvill		LARRA	IZRGL.
DOH Emergency (inclining justification)	Name of	Contact Ad		Telephone Numb	per .
DCA Cancellation	FACIL	ITY INFORMATION	<del> </del>	L	. 02/
Name of Facility Where Abatement is Taking Pl 2 Family Apart Street Address	ment B	SATIST .	Type of Facility (4  School (K-12  Subchapter 8		huildings homes
253 South			etc.) Square Feet	# of Floors	Bidg. Age
Marville NJ	OB93		Current I lee (Prio	Z_ r if being demolishe	801
County (6) Somers >	(STATE US	SE ONLY)			
Name of Monitoring Firm Hired by Building Own	er (8) ASCM	No. Name	of Abatement Cont		ies Inc
Street Address Box 33	7	F	Address O. Box	U man	
City, State, Zip Code	12 08	533 N	State, Zip Gode		08533
Project Manager for Monitori log-irm		758-3365 609	758-336 of OSHA Monitor	5 License No.	394
Start Date (10)   Sc   14   Sc	heduled Completion D	4	EPC Tech	mologies	Inc
Occupancy Status During Abatement (Check O			Address	337	
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other - Describe:	acility Hours	City,	State, Zip Code		8533
Scope of Work (Check All That Apply)	•			700	
1 2 - LO 31 01 LO 11	☐ Renovation ☐ Demolition	>	Mini-Enclosure		
	Is Location			- n - 1	Abatement Type
Location of Asbestos-Containing Material (ACM)	Normally Used Solely by Maintenance/	Description Asbestos Containing (i.e. thermal system	Material (ACM)	Amount (Specify	FATOL
TO BE ABATED In Facility (13)	Custodial Staff? (12)	surfacing, V other miscella	AT, or	SF or LF)	Enclosure Encapsulate Repair Removal
	Yes No N/A		( ( )	100 0 5	- 5
Basement	X	Pipe Insu	lation	180 (	X
				5 1 1 1 1 2 det	
Name of Registered Waste Hauler  EPC Technologies	NJDEP W Hauler ID	No. of Waste	3 Wast	Registered Landfill Managen	nent of PA
City, State	15	Disposal Da	e City, State	9	A
Completed by Schenker	Title President	Signatu	APP.	Dat	

Check 9016
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	Date of Notification (1)	-8-19	4	Name of	Building Owner/		VRUm	Raiche	an back	5
	1	otification	-	Street A	idress 57	2 Vin	e A	06	o Kii i	డ కే
بع.	□ DEP Ar	itial nended nendment#	1	City, Sta	te, Zip Code	Kewoo	dA	15 08	701	(ÇL
Date.	DOH ju	nergency (incl stification)	uding	Name of	Contact C	Hobau.		Telephone Numi		
<		ancellation	(0)	FACI	LITY INFORMAT	ION	of Facility (4)		0	-,
160	Name of Facility Where Abateme	nt is laking Pi	DW 130	ellina	)		School (K-12)		2	
Gmpletion	Street Address 572 Vine	· Au	٠.	_	/	) DEC (		(Other than K-12) vate & commercial		mes,
6	City (5) La Kewou		UJ	(	107.80	Square	e Feet	# of Floors	Bldg, Age	·-
ر ا	County (6) Cea			County (	Code (7) USE ONLY)	C'.	. 1 (	if being demolished	wellin	9
the	Name of Monitoring Firm Hired b	y Building Own		ASCN	No.	Name of Aba		and the same of th		inL
g	Street Address	1010	7		MIN	Street Addres		13.2	169 3	806
extended	City, State, Zip Code	× 33	7	09	533	City, State, Zi	D Code	711 4	795	22
女	Project Manager for Movid ril g	im.	A O	Telepho		Telephone No	-	License No	201	1
100	Start Date (10)	A KER	fleduled	Completion		Name of OSH	A Monitor	1	ירטנ	1
. Ž	Oct 10 QC Occupancy Status During Abater		oniy One)	31,	2014	Street Addres	s	٠, ٠	Inc	
Holidays	Facility Closed/Vacated Dur Abatement Performed Outs	ing Entire Peri	iod of Aba	atement		P.O. City, State, Zi	BOK p Code	337 .		
3	Other - Describe:					New E		NJO	8533	3
40	Scope of Work (Check All That A	ppiy)		novation				it with Negative Pr	essure	
ewish	≥160 sf or ≥260 if	7	Der Der	nolition		□ Glo	i-Enclosure vebag Proce n-Exempted	dure (*) and Non-Friable	e Procedure	
H				ocation					Abatem Type	
the	Location of Asbestos-Containing Materia	I (ACM)	Used S	mally Solely by enance/	Asbestos Co	escription of ntaining Material al systems insula		Amount (Specify.	AC.	En En
	TO BE ABATED In Facility (13)			fial Staff? 12)	surf	acing, VAT, or miscellaneous)		SF or LF)	Repair	Enclosure
\$			Yes	No N/A		<u></u>	-	111(2) 65		6
Due	extenion			X	Siding	Shing	les	1400 SE	χ 🖹	
	. ,									
	Name of Registered Waste Haul	ar .		NJDEP V	Vaste Cubi	ic Yards A	Name of R	egistered Landfill		
		logies		Hauler ID	No. of W	<u> </u>		Manages	nent of	49
	City, State New Equo	, C	15	<b>\</b> -	Disp	osal Date	City, State Monni		A	
	Completed by Schen Ke	T	Title '	ident		Signature	Sch	Day	90-8	-14
	FIREME -MILIEMINE	4	1 1100	I I I DE			- C			



			<u> </u>			9000	
Date of Notification (1)	14:	Name of	f Building Owner/C	VRum	Raic	hent	ac 6 1:2
Agencies Notified Type Notification	•	Street A	ddress 57	2 1/12	e Au	5	500-
☐ EPA Initial ☐ Amended ☐ Amendmer		City, Sta	ite, Zip Code	V	1 . 10		0-321
☐ Emergency	- Carrier - Carr	Nome	f Contact ()	Kewor		7 0	0701
DOH justification		- i	elie Sch	obrun	. 1"	elephone Nur	_ ·
LI DOA LI CARCERATO	<u> </u>		LITY INFORMATI		1		
Name of Facility Where Abatement is Taki	ng Place (3)	li	,	Туре	of Facility (4)		
Dingle famil	y. Du	x' lli	19		School (K-12)		
Street Address					Subchapter 8 (Ot Other (i.e. private		al buildings, homes,
572 Vine Al	) E				etc.) re Feet #	of Floors	Bldg. Age
City (5) Lakewood	VJ.	087	701	Oqual		/	604-
County (6)		County		Сите	nt Use (Prior if b	eing demolish	ed)
U(pan			USE ONLY)	- Sir	ne for	nily 1	Duelling
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	No.	Name of Abar	tement Contracto	- 1	
Street Address	34162		MA	Street Address	J IEER	voles	ies Inc
80. Box 3	37			P.O. City, State, Zi	Box 33	37	
City, State, Zip Code New Equat	N.Z	80	533	New New	Equal	M	08533
Project Manager for Month ril lg Firm		Telepho	ne No. 7 <i>58-336</i> 5	Telephone No. 609 758		License N	3204
Start Date (10)	Scheduled Cor			Name of OSF		·	201
Oct 10, 2014	Ort.	15.	7014	EPO	Techn	ologies	Inc
Occupancy Status During Abatement (Che	ck Only One)	1		Street Addres	ss	7	
Facility Closed/Vacated During Entire	Period of Abater	ment		6.0°	BOX 3	37	
Abatement Performed Outside of Nor  Other – Describe:	mal Facility Hour	S'.	-	City, State, Zi		117	20522
. Scope of Work (Check All That Apply)				1400 8	- Taye	W (	08533
1.	D Popul	otion		□ Full	Containment wi	th Neastive P	raecura
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if	☐ Renova			□ Min	i-Enclosure		ressure
					vebag Procedun n-Exempted (*) a		le Procedure
	1						Abatement
I a self an ef	Is Local		Des	scription of		\$ .	Type
Location of Asbestos-Containing Material (ACM)	Used Sole Maintena		Asbestos Conf	aining Material		Amount	
TO BE ABATED	Custodial			systems insula ding, VAT, or		(Specify SF or LF)	Ren Re
In Facility (13)	(12)			niscellaneous)	.   '	( )	Enclosure Encapsulate Repair
	Yes No	N/A					1 10 10
O. Classian		×	Sidiac	Chiacle	c li	100 SF	
exterior		12	Jan .	Singe	3 17	100 30	~ ~
	<del>  -   -</del>	-					
	+ + +	+					<u> </u>
Name of Registered Waste Hauler		NJDEP W	laste Cubic	Yards	Name of Regis	tered Landfill	1 1 1
EPC Technologie		Hauler ID		ste 6	Waster	lanage	nent of PA
City, State	NJ		Dispos	sal Date -15-14	City, State  Mornisu		A
New Egypt Completed by	Title			ignatuse	~ 1 1	Da	
Steve Schenker	Presid	lent		Steep	Schuh		1-30-14

Moved the Completion Date, Due To The Iewish Holidays

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Date of Notification (1)	3-14		Sholon	perator (2)	honb	Rungi	157,	, b to-
Agencies Notified Type Notification	on	Street A	J31	Caro	I AU		-	AM !
DEP Amended		City, Sta	te, Zip Code La Kew	1	T.V	0870	177	$\mathcal{L}_{\mathcal{O}(1,T)}$
☐ Emergen	cy (including	Name of				Telephone Nur		1
DOH justification		Ci	olom So	chonb	Run	10 :	J2- 1	
		FACI	LITY INFORMATI					
Name of Facility Where Abatement is Ta	Y DWE	Ilin	9		of Facility (4) School (K-12)			
Street Address 231 Cano	1 11/10	-	)		Subchapter 8 (	Other than K-12 ate & commerci		homes,
· City (5) La Kewood	X).T	· (	1870/			# of Floors	Bldg. A	ige
County (6)	700	County C		Cure	nt Use (Prior if	being demolish		منااط
Name of Monitoring Firm Hired by Buildin	og Owner (8)	ASCM	No.	Name of Abar	temen Contra	- 10	300	
Street Address	193162		MIN	Street Address	5 1EE	27	les .	Inc
City, State, Zip Code	23 7	00	<b>E</b> 2 2	City State, Zi	Box 3	115	200	790
Project Manager for Most rigg Firm	N.7	Telephor	3.9.5 ne No.	Telephone No	Egyp	License N	085	355
Steve Schenk		609	758-3365	609 758 Name of OSH	-3365	30.4	539	4
Start Date (10)		31-1	Jate (11)	EPO	Tech	nologies	Inc	
Occupancy Status During Abatement (C	heck Only One)			Street Addres	BOR S	227		
Facility Closed/Vacated During Enti Abatement Performed Outside of N				City, State, Zi		<del></del>		
Other - Describe:				New 1	Egypt	W CU	9853	3
Scope of Work (Check Ali That Apply)					- (1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi			☐ Mir	i-Enclosure vebag Proced	with Negative F ure		
				No.	n-Exempted (*	and Non-Friat	Part of the second	ement,
	Is Local		· De	scription of		j Par 1	- T	/pe
Location of Asbestos-Containing Material (ACM)	Used Sol Maintena		Asbestos Cont	taining Material	(ACM)	Amount	1-4	g m
TO BE ABATED In Facility	Custodial	Staff?		systems insula cing, VAT, or	igon,	(Specify = ' SF or LF)	Repair	Enclosure
(13)	· (12)	,	other r	niscellaneous)			oval	Enclosure Encapsulate
	Yes No	N/A				<u> </u>		0 [
exterior		X	Sidina	Shine	iles 1	200 SF		i dry
				) (	,			
							-	
Name of Registered Waste Hauler		NJDEP W	laste Cubic	Yards	Name of Re	gistered Landfil		$\Box$
EPC Technologi		Hauler ID	No. of Wa		Waste	Manage		e PA
City, State New Egypt	NJ.		Dispo	sal Date -31-14	City, State Mornis	ville 1	PA	
Completed by	Title	Λ .		Signature	CI		0-8	-14
Steve Schenker	Presid	knt		Steve	Delea	a_ I	0-0	17

Check 9017 # 9017

		- T	Nome	Building Owner/O	nerator /2\	P P			· ica i	
Date of Notification (1)			Name of	Shole	m S	chor	beam	7.10		
Agencies Notified	Type Notification		Street Ad	dress 12	1	i a		110.	11 1:	3
□ EPA .	Initial		City State	e, Zip Code	Caro	LAC	1800	138 67	-	-
DEP DOL	Amended Amendment #		City, Side	Lake	wood	N	7 08	701	140	U
≠ DOH	☐ Emergency (in justification)	ncluding	Name of		1 .		Telephone Numl	ber		
D DCA	Cancellation		Sho	lom 2	honbe	tun				-
Name of Facility Where	Abatement is Taking	Place (3)	FACIL	ITY INFORMATI		f Facility (4)	··		ı	$\neg$
Sinsk	famil	y Du	$cell_t$	19	s	chool (K-12)				
Street Address	N .	Air	23		Si	ubchapter 8 ther (i.e. priv	(Other than K-12) rate & commercial	buildings,	homes,	8
251	Canel	AUZ			Square	c.) Feet	# of Floors	Bidg. A	ae	_
City (5)   Ko	wood	T.(A	~ OF	1701	Oquaio		2		1	
County (6)	<u> </u>	700	County C	code (7)	Curren	t Use (Prior	if being demolished	ed)	11.	
	ean				Name of Abate	79 le	family	Vice	11149	,—
Name of Monitoring Fir	m Hired by Building C	wner (8)	ASCM	NO.	FPC	Tee	hoolee	ies .	In	2
Street Address	2 THISTE	3003		1.10.	Street Address	h 5	127			-
P.O.	Box J	57			P.O.	20x (	39 7			
· City, State, Zip Code		T.M	08	5.33	City, State, Zip	Code	LIA 41	085	133	5
Project Manager for M	geithri g Firm	140	Telephor	ne No.	Telephone No	-371	License No	9.0	0.0	
Steve S	schen Ked	<b>.</b> .		758-3365	609 758			100	7	
Start Date (10)		Scheduled Co	ompletion [	Date (11)	Name of OSH		mologies	Inc		
Oct 10,	2014 Check	Only One)	-12	4014	Street Address		" 1010 gies	-nc		
	acated During Entire P		ement			BOR	337			
Abatement Perfor	rmed Outside of Norm	al Facility Hou	irs .		City, State, Zip	_	(17	1853	2	
Scope of Work (Check					1400 5	JYPT	W C	7000		-
- ^	с Ан тнас Арріу)	□ Renov	vation		□ Full	Containmer	nt with Negative P	ressure		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f	Demo			☐ Mini	i-Enclosure vebag Proce	edure			
		<u> </u>			Non	-Exempted	(*) and Non-Friable			
		' Is Loc						100000000000000000000000000000000000000	ement ype	
Locat	ion of ng Material (ACM)	Norm Used So	lely by		escription of staining Material	(ACM)	Amount		ш	m
TO BE A	ABATED	Mainter Custodia		(i.e. therma	il systems insula acing, VAT, or	tion,	(Specify SF or LF)	Repair	псар	Enclosure
	acility 3)	(12	2)		miscellaneous)		خ	ovai	Encapsulate	sure
		Yes No	N/A				ř-	33	0	
exterior	Miglis		X	Sidir	Shinsles	\$	1200:SF	X	enti-	
CATCRETOIC	Y VICELY	•	1	7			7:1		[1]	
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*Name of Registered V	Vaste Hauler		NJDEP W Hauler ID		c Yards aste //	12000	Registered Landfill		ોં ત	۸.
FPCTE	chnologie	ş'	170	00	0	Wash		nent o	E K	M
City, State	3				osal Date - 15-14	City, State	suille t	A		
Completed by	gypt	NJ Title			Signature		). De	ite	3 4 2	
Steve Sch	nen Kee	Presi	dent		Sleve	Delle	h	7-30	-14	

Emergenus

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rate of Notification (1)		Na	me of Bui evin Min	lding Owne	r/Operator te Home	(2)						
gencies Notified Type Notification			eet Addre	ess 9th Stree	t		1018 CU	10 AM	1:37	,		
EPA Initial Amended Amendment #_		Cit	y, State, a arnrgat	Zip Code Light NJ	08008	2	W-101		ROL			
DOH justification	uding	1	ame of Co	ontact	11		Te	lephone-Numb	ėr		ņ.	
DCA Cancellation			FACILIT	YINFORM	ATION		- ''' (4)					$\dashv$
Name of Facility Where Abatement is Taking P Kevin Mimm Private Home	lace (3)					Sch	acility (4) nool (K-12) nochapter 8 (Otl	her than K-12)				
Street Address 16 West 9th Street						⊠ Oth etc.	er (i.e. private )	& commercial		s, ho		_
City (5) Barnegat Light NJ 08008						Square F 1000+	1-		35+			
County (6)		(5	ounty Co	de (7) E ONLY) _		Current Home	Use (Prior if b	eing demolishe	ed)			
Ocean  Name of Monitoring Firm Hired by Building Ow	mer (8)	1	ASCM N	No.		e of Abater naco Inc	nent Contracto	or (9)				
N/A Street Address					A 2000	et Address Box 329						
City, State, Zip Code					City,	State, Zip						
Project Manager for Monitoring Firm	,	1	Telephone	e No.	Tele	phone No.		License No	Ö.			
	Scheduled	Com	noletion D	ate (11)		6-753-98 ne of OSHA		00727			-	$\dashv$
10/8/14	10/10/14	1				me et Address						_
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	eriod of Ab	atem	nent									
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	al Facility H	Hours	·		- City	, State, Zip	Code					
Scope of Work (Check All That Apply)						[max]			Ď-coour	•		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emoli				Min	i-Enclosure	with Negative			<u>.</u>	
						× Nor	1-Exempted (*	) and Non-Fria	DIE 1 100	Abate	ment	
		Loca								Ту	ре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	intena	ely by ance/ Staff?	Asbest (i.e.	Descrip os Containir thermal syst surfacing other misce	ng Material tems insula , VAT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					400 SF	x	-	-	-
Exterior Siding			×		Exterior	Siding		400 5F	1	$\vdash$		
	-		-									L
								tata 1	EII			1
Name of Registered Waste Hauler		1	NJDEP \		Cubic Ya	rds	A CONTRACTOR OF THE PARTY OF TH	egistered Land	1411			
United Containers			Hauler II 22459	טאו כ.	1 Disposal	Date	G.R.O.W		<u> </u>	-		
City, State Elm NJ					10/10/1	4	Morrisvil	le PA 19067	Date			
Completed by Anthony T Perna	Title Pres	sider	nt		Sign	nature			10/7/1	14		

& Emergency &

& Enell	jenoul	-4		(Pu	rsuant to	NJAC 8:	:60 and 12:	120)	C	K 4	142	TIFI	00,			
Date of Notification (1) 10/7/14							wner/Opera Private H		2)		201	TEF (		¥ :	Printer.	
Agencies Notified	Type Notific	ation			Street Add							7657	10 /	M	. 14	_
EPA	Initial				207 Lau	, Zip Cod	le .				4	7.0	10		. 65	-
EPA DEP DOL		iment #_				NJ 087						37	ERC	1.7	₹G/	
	× Emerg	ency (incation)	cluding	1	Name of 0	Contact					Telep	hone Nu				
DOH DCA	Cance				Lon						1,					
Name of Facility Where	Abatement is	Taking F	Place (3)		FACIL	ITY INFO	RMATION	_	Type of	Facility (4	)			-		
Lorna Thomas Pri			1000 (0)						-	chool (K-12						
Street Address		12.0						$\neg$	St.	ubchapter	(Other	than K-1	2)	inas		
207 Laurel Dr									⊠ Of et	ther (i.e. pr c.)	ivate &	commerc				s,
City (5) Bayville NJ 08721									Square 750+	Feet	# of	Floors		dg. Ag 5+	ge	
County (6) Ocean					County C	ode (7) SE ONLY)			Curren	t Use (Prio	r if bein	g demolis	hed)			
Name of Monitoring Fire	m Hired by Bu	ildina Ov	vner (8)		ASCM	No.	l Na	ame o		ement Con	tractor (	9)				
N/A									aco Ind	N. B.				*		
Street Address									Address Sox 329			2				
City, State, Zip Code						·	1000000		tate, Zip	Code NJ 080	91					
Project Manager for Mo	nitoring Firm	etteen).		-	Telephon	e No.	Te	eleph	one No.			License I	No.			_
					5.7				753-98			00727				
Start Date (10) 10/8/14			Schedule 1 0/1 0/1		npletion D	Date (11)	10000	ame ame		A Monitor						
Occupancy Status Duri	ng Abatemen	(Check	Only On	e)			St	treet	Address	3					***************************************	
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside						C	ity, S	itate, Zip	Code						
Scope of Work (Check	All That Apply	/)						250.00								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demoli				×	Mini	Containmoni-Enclosure vebag Production	e cedure	-			e	
			le	Locat	ion		5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				- ( ) 5		T	Abate	ement	t
Locati	on of		1	Norma	lly		Descri	iption	n of				-	Ty	ре	
Asbestos-Containin <u>TO BE A</u> In Fa (13	BATED	CM)	Ma	d Sole intena todial (12)	nce/		tos Contain thermal sys surfacing other miss	stem g, VA	s insula AT, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A										(0	
Exterior	Siding			£	X		Exterio	r Si	ding		75	50 SF	x	-		
				-	+		1				_		+	-		
		-	-		-								-	$\vdash$		
Name of Registered W	aste Hauler				NJDEP W		Cubic Ya			Name of	Registe	red Land	fill			
United Containers				100	Hauler ID 2459	No.	of Waste	ķ		G.R.O.						
City, State Elm NJ							Disposal 10/10/1		9	City, Sta Morris		A 19067				
Completed by Anthony T Perna		1	Title Pres	ident		8	Sign	natur	e				Date 10/7/1	4		



	(Pi	ursuant t	o NJAC 8:6	0 and 12:120	0)		CKA	44	26	 ), , .		
Date of Notification (1) 10/7/14				mer/Operator nase Private		9	2011 C		n hills	t y	Las L	j
Agencies Notified Type Notification		Street Ad 313 Dre	dress exel Ave				- <del> </del>	~i	0	ĀM	1: ;	<b>2</b> 2
EPA Initial DEP Amended Amendment #			e, Zip Code ottom NJ				0.	ŽÍC.	S, 5	U	Tire	77
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation		Name of Anthon				Ţ	Telephone	Numb	er	1246	3	-
			ITY INFOR	MATION								
Name of Facility Where Abatement is Taking Anthony Bontomase Private Home	Place (3)				☐ Sc	Facility (4) chool (K-12)						
Street Address 313 Drexel Ave					X O	ubchapter 8 (0 ther (i.e. priva c.)			build	ings,	home	s,
City (5) Ship Bottom NJ 08008	1).		SP)4		Square 1000+	Feet	# of Floors 2			dg. A	ge	
County (6) Ocean		County C	code (7) ISE ONLY)			t Use (Prior if e & Garage		olished	d)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCM	No.	# 1000000000000000000000000000000000000	of Abate	ement Contrac	otor (9)					
Street Address					Address Box 329							
City, State, Zip Code					State, Zip	Code NJ 08091						
Project Manager for Monitoring Firm		Telephor	ne No.	18 990000000	hone No. -753-98		Licen	se No.				
Start Date (10) 10/8/14	Scheduled Cor 10/10/14	mpletion [	Date (11)		of OSH	A Monitor						
Occupancy Status During Abatement (Check					Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Abater	nent s	710		State, Zip				2.6862			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	Renova Demoli				Mini- Glov	Containment -Enclosure rebag Proced -Exempted (*)	ıre				e	
Location of	ls Locat	illy		Descriptio	n of					Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial (12) Yes No	ance/ Staff?	(i.e. th	s Containing I nermal system surfacing, V other miscella	Material ( ns insulat AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Cidina	165 140	+		Exterior C	idina		2500 SF	-				
Exterior Siding		X		Exterior S	lang		2500 Sr		x 			
Name of Registered Waste Hauler	10.00	NJDEP W Hauler ID	5339479416/L	Cubic Yards of Waste		Name of Reg		ındfill		L		
United Containers  City, State		22459		Disposal Date	e	G.R.O.W.	S.					
Elm NJ			100	10/10/14		Morrisville	PA 190	67				
Completed by Anthony T Perna	Title President			Signatur	re			Date 10/	7/14	1		•

dred # 1499

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

Date of Notification (1) 10/03/2014	=				vner/Operator Managemen	(2) t Corporation	2010	The state of	- 1	1 100	L)
Agencies Notified	Type Notification		Street A		oad, B5-337	'A	13	2710	AP.	1 /:	20
DEP  DOL	Initial Amended Amendment			ate, Zip Code an Estates	s, IL 60179		40.7	Tios.	90	$T_{ij}$	GI
DOH DCA	Emergency justification)  Cancellation			f Contact erald L. "J	ake" Jacob	S	Telephone N	Number	-15.	3	
			FACI	LITY INFOR	MATION				×		
Name of Facility Where Kmart 4397 Street Address	Abatement is Takin	g Place (3)				Type of Facility (4		(-12)			
140 US Highway R	Route 10				10° 11'0	Other (i.e. p etc.)	rivate & comme	ercial build			es,
City (5) Dover						Square Feet 100,000	# of Floors	B 4:	ldg. A 3	ge	
County (6) Morris				Code (7) USE ONLY)		Current Use (Prio Commercial/F		olished)	115		
Name of Monitoring Firm Health & Safety Se		Owner (8)	ASC	M No:		of Abatement Cor Contracting, LL					
Street Address 318 12th Street						Address Valley Road,	Suite K				
City, State, Zip Code Hammonton						State, Zip Code ne, New Jerse	v 07470				
Project Manager for Mo	nitoring Firm		Telepho (609)	one No. 704-8850	Telepi	hone No. ) 928-5040	License 00874				
Start Date (10) 10/13/2014		Scheduled (	Completion		Name	of OSHA Monitor Contracting, LI					
Occupancy Status Durin	ng Abatement (Che		-		Street	Address		7			
Abatement Perform	cated During Entire med Outside of Norr				City, S	Valley Road, State, Zip Code					
Other – Describe:	<u></u>				– Way	ne, New Jerse	y 07470				
Scope of Work (Check.  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	All That Apply)	PROCESS .	ovation nolition			Mini-Enclosure Glovebag Pro-				e	
		Is Lo	cation						Abate	emen	t
Location	on of	Nor	mally		Description	n of		-	Ту	pe	
Asbestos-Containin <u>TO BE Af</u> In Fac (13	BATED	Mainte Custod (*	Solely by enance/ ial Staff? 12)	(i.è. t		Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler F	Room	x		Pip	e Fittings Ir	nsulation	4 each	x			
Non-action-	and the lea			Alasta T	Carlot Varia		Dogieta d 1990	451			
Name of Registered Was Service Transport (			NJDEP V Hauler ID 20990	100000000000000000000000000000000000000	Cubic Yards of Waste 1		Registered Lan a Enterprises				
City, State New Castle, Delaw			20990		Disposal Date	e City, Star					
Completed by	200mm2 51	Title			Signatur		J. =	Date			
Predrag Sarcev		0.0000000	esident		17	200		_ 10/03/:	2014		

Emergency

CK 1674

#### State of New Jersey NOTIFICATION OF ASSESTOS ASSATEMENT (Pursuant to NJAC 8:69 and 12:120)

ate of Notification (1	)		Name of Building	og Owner/Operato	Unes.	-2014 C.T	10 5	<u> </u>	
	Type Notification		Street Address	E 1 1 200	no Ale	TURE TH		. 155 60 1 6	- Spinster
gencies Notified	1 -		419	5 Hier	THE MUCH	VRise			
BPA DEP	initial Amended		City, State, Zip	Code	La into H	1.17 (9)	4.75	13,00	1
DOL	Amandment #.	-	SED	uside t	1eign 15	175.0		140	-
**************************************	Emergency (in justification)	citiaing .	Mame of Contr	act		Interiore thronto			Martin
DOH DCA	Cancellation		ENCH	Jack.			<u> </u>		_
501			The state of the s	FORMATION					
	•		PAGEN I-N	a drawnia.	Type of Facility	(4)			ļ
ame of Facility Whe	re Abatement is Taking	g Place (3)	¥		- Common Maria	<b>)</b> }	22		untilett g
					- Commission of the Commission	6 (Other than K-12 rivate & commerci	() oli husilmin	ne.	de California
treet Address	Chicapt				Li Other (Le., p	ingele & Commicaca )			
2130	Stieet			A STATE OF THE STA	Square Feet	# of Floors	Bldg	Age	- Indian
ty (5)	1 Dis 11	125			1036		-	77	
SEUSIA	CP DIOLI	100	I Carati Cade	(7) (STATE	Current Use (Pr	for theing demoli	sined)		
county (6)	W s	1	USE ONLY)	stry tonne	Vac	MT			
UL	tan:			I hisme of Abats	ment Contractor (9	)	2 /		
ame of Monitoring P	inn Hired by Building	Owner	ASCH No.	BING	1: May	Sovies 11	16	-	
8)		-		Street Address		90			
Street Address				0.0.4	20x 915	13			
				City, State, Za	Code		-		
Xty, State, Zip Code		See .		3/1/	W, NT	07723			_
			tara sta	Telephone No		License No.	D. 1 -		
roject Manager for	Monitoring Firm	1.19	elephone No.	782-8	49-7427	011	46		
	•	1_	And the second second second second				DOMESTIC OF THE PERSON.		(A) (C
	The second secon		Tales Date (94)	Name of OSH	A Monitor				
Start Date (10)		duled Comp	pletion Date (11)	Name of OSH	A Monitor				
10/3/1	4	10/9/	14						
Occamancy Status I	Puring Abatement (Che	ock only one	14.	Name of OSH Street Addres					
Occupancy Status L	Ouring Abatement (Chr	eck only one enod of Ab	) .	Street Addres	**				
Occupancy Status I  Facility Closed/V  Abatement Perfo	During Abatement (Che acated During Entire P rmed Outside of Norm	eck only one enod of Ab	) .		**				
Occupancy Status I Facility Closed/V Abatement Perfor Other - Describe	During Abatement (Che acated During Entire P rmed Outside of Norm	eck only one enod of Ab	) .	Street Addres	ss p Code				
Occupancy Status I Facility Closed/V Abatement Perfor Other - Describe	During Abatement (Che acated During Entire P rmed Outside of Norm	ock only dise tend of Abi al Facility Ha	atement ours	Street Addres	p Code  Containment with N	egative Pressuré			
Occupancy Status I Facility Closed/V Abatement Performant Performa	During Abatement (Che acated During Entire P rmed Outside of Norm	ock only one end of Abs all Facility He	e)	Street Addres	p Code  Containment with N Enclosure	7:	7 7	- ACT	
Occupancy Status I Facility Closed/V Abatement Performant Performa	During Abatement (Cha acated During Entire P mned Outside of Norm cock all that epply)	ock only dise tend of Abi al Facility Ha	e)	Street Addres	p Code  Containment with N	7:	ALTO AND A	$C_1$	
Occupancy Status I Facility Closed/ Abatement Perfo Other - Describe Scope of Work (Che	During Abatement (Cha acated During Entire P mned Outside of Norm cock all that epply)	sck only one eriod of Abia all Facility Hi	elion	Street Addres	p Code  Containment with N Enclosure	7:	ino A	batement Type,	
Occupancy Status I Facility Closed/ Abatement Perfo Other - Describe Scope of Work (Cha	During Abatement (Cha acated During Entire P mned Outside of Norm cock all that epply)	eck only one estod of Abs all Facility His Demoi	Adjusted to the state of the st	Street Address City, State, Zi	p Code  Containment with N Enclosure splag Procedure Exempted (*) and f	Ion-Friable Proces	tino 1	batement Type	1
Occupancy Status I Facility Closed/V Abatement Perfo Other - Describe Scope of Work (Cha	During Abatement (Che ecated During Entire P mned Outside of Norm ck all that e(t)(y)	Rentor Normal Used Sk	element ours reformation attorn alty aleay by	Street Addres City, State, Zi Aini Glan Description	p Code  Containment with N Enclosure shag Procedure Exempted (*) and f	Ion-Friable Proces	A C	batement Type	( ) ( )
Occupancy Status I Facility Closed/V Abatement Perfo Other - Describe Scope of Work (Cha ≥3 sf or ≥3 tf ≥160 sf or ≥260  Loca Ashestos-Oordain	During Abatement (Che ecated During Entire P med Outside of Norm eck all that e(trily) If	Sch only one seriod of Abia all Facility He Demonstrate Is Loc Name Used School Custon Custon	atterment opens  Assorting the street opens  action alty opens  action	Street Address City, State, 21    Full   Mini-   Glan   Linear   Mini-   Description   Containing   Containin	p Code  Containment with N Enclosure plag Procedure Exempted (*) and f	Amount (Specify	A C	batement Type	( ) ( )
Occupancy Status I Facility Closed/W Abatament Perfor Other - Describe Scope of Work (Cha >3 of or >3 if >160 of or >260  Loca Ashestos-Contain TO BE	During Abatement (Cha acated During Entire P med Outside of Norm ack all that equily) If	Sch only one seriod of Abia all Facility He seriod of Abia all	Action  Action	Street Addres  City, State, Zi  Full  Nini  Glov  Description	Containment with N Enclosure splag Procedure Exempted (*) and f n of Material (ACM) ms instillation, 'AT, or	Ion-Friable Proces	A C	batement Type	( ) ( )
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Occupancy Status I Facility Closed/W Abatement Perfor Other - Describe Scope of Work (Che >3 of or ≥3 if >160 of or ≥260  Loca Ashestos-Contain 10 BE	During Abatement (Cha acated During Entire P med Outside of Norm ack all that equily) If	Sck only one seriod of Abia all Facility He Demoi	Action  Action	Street Address City, State, Zi  Full Alimi Gloo Description bestes Containing (i.e., thermal system surfacing, V other miscelle	p Code  Containment with N Enclosure shag Procedure Exempted (*) and t  in of Material (ACM) ms instillation, /AT, or enecus)	Amount (Specify SF or LF)	A C	batement Type	1
Occupancy Status I Facility Closed/V Abatement Perfor Other - Describe Scope of Work (Cha ≥3 sf or ≥3 tf ≥160 sf or ≥260  Loca Asbestos-Contain TO BE	During Abatement (Cha acated During Entire P med Outside of Norm ack all that equily) If	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	Agison Agison Agison Biton Biton  Agison Biton  Agison Agison Biton  Agison Agi	Street Addres  City, State, Zi  Full  Nini  Glov  Description	p Code  Containment with N Enclosure shag Procedure Exempted (*) and t  in of Material (ACM) ms instillation, /AT, or enecus)	Amount (Specify	A C	batement Type	1
Occupancy Status I Facility Closed/V Abatement Perfor Other - Describe Scope of Work (Cha ≥3 sf or ≥3 tf ≥160 sf or ≥260  Loca Asbestos-Contain TO BE	During Abatement (Cha acated During Entire P med Outside of Norm ack all that equily) If	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	region afterness and a second a	Street Address City, State, Zi  Full Alimi Gloo Description bestes Containing (i.e., thermal system surfacing, V other miscelle	p Code  Containment with N Enclosure shag Procedure Exempted (*) and t  in of Material (ACM) ms instillation, /AT, or enecus)	Amount (Specify SF or LF)	A C	batement Type	( ) ( )
Decupancy Status I Facility Closed/W Abatement Perfor Other - Describe Scope of Work (Cha >3 sf or ≥3 tf >160 sf or ≥260  Loca Ashestos-Contain TO BE	During Abatement (Cha acated During Entire P med Outside of Norm ack all that equily) If	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	Agison Agison Agison Biton Biton  Agison Biton  Agison Agison Biton  Agison Agi	Street Address City, State, Zi  Full Alimi Gloo Description bestes Containing (i.e., thermal system surfacing, V other miscelle	p Code  Containment with N Enclosure shag Procedure Exempted (*) and t  in of Material (ACM) ms instillation, /AT, or enecus)	Amount (Specify SF or LF)	A C	batement Type	( ) ( )
Docupancy Status I Facility Closed/W Abatement Perfor Other - Describe Scope of Work (Cha >3 sf or ≥3 tf >160 sf or ≥260  Loca Ashestos-Contain TO BE	During Abatement (Cha acated During Entire P med Outside of Norm ack all that equily) If	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	Agison Agison Agison Biton Biton  Agison Biton  Agison Agison Biton  Agison Agi	Street Address City, State, Zi  Full Alimi Gloo Description bestes Containing (i.e., thermal system surfacing, V other miscelle	p Code  Containment with N Enclosure shag Procedure Exempted (*) and t  in of Material (ACM) ms instillation, /AT, or enecus)	Amount (Specify SF or LF)	A C	batement Type	1
Occupancy Status I Facility Closed/M Abatement Performance Other - Describe Scope of Work (Characteristics) 160 sf or 23 tf 160 sf or 2260  Loca Asbestos-Contain TO BE IN F	During Abatement (Checated During Entire Primed Outside of Norm  ack all that equity)  if  from of ing Material (ACM)  ABATED addity  13)	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	Associated by NA Associ	Street Address City, State, Zi  Full  Atini  Glov  Description  bestos Containing (i.e., thermal system  surfacing, V other misoeth	Containment with N Enclosure phag Procedure Exempted (*) and the Activation (ACM) mas institution, 'AT, or AT, or	Amount (Specify SF or LF)	Removal	batement Type	( ) ( )
Occupancy Status I Facility Closed/M Abatement Performance Other - Describe Scope of Work (Characteristics >3 sf or >3 tf >160 sf or >260  Loca Asbestos-Contain TO BE IN F	During Abatement (Checated During Entire Primed Outside of Norm  ack all that equity)  If  Gon of ing Material (ACM)  ABATED addity  13)	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	Adjoin House Associated N/A  NUDEP Waster	Street Address City, State, Zi  Full  Atini  Glov  Description  bestos Containing (i.e., thermal system  surfacing, V other misoeth	Containment with N Enclosure shag Procedure Exempted (*) and f Material (ACM) ms instillation, /AT, or mecus)	Amount (Specify SF or LF)	Removal	batement Type	( ) ( )
Occupancy Status I Facility Closed/M Abatement Performance Other - Describe Scope of Work (Characteristics 123 sf or 23 tf 160 sf or 2260  Loca Asbestos-Contain TO BE IN F	During Abatement (Checated During Entire Primed Outside of Norm  ack all that equity)  if  from of ing Material (ACM)  ABATED addity  13)	Sek only one seriod of Abia all Facility He seriod of Abia all Facility He seriod Seri	Associated by NA Associ	Street Address City, State, Zi  Full  Atini  Glos  Description  Description  bestes Containing  (i.e., thermal system  surfacing, V  other miscette  Cubic Yards  of Waste L	Containment with N Enclosure shag Procedure Exempted (*) and f Material (ACM) ms instillation, /AT, or means)	Amount (Specify SF or LF)	Removal	batement Type	( ) ( )
Occupancy Status I Facility Closed/M Abatement Performance Other - Describe Scope of Work (Characteristics) 153 sf or 23 tf 1560 sf or 2260  Loca Ashestos-Contain TO BE. IN F	During Abatement (Checated During Entire Primed Outside of Norm  ack all that equity)  If  Gon of ing Material (ACM)  ABATED addity  13)	Rantes  Rented of Abit  Rented of Abit  Rented of Abit  Standards  Custo  Standards  (1)  Yes 1	Adison Ad	Street Address City, State, Zi  Full  Alimi  Gloo  Description  bestes Containing  (i.e., thermal system  surfacing, V  other miscelli	Containment with N Enclosure shag Procedure Exempted (*) and f Material (ACM) ms instillation, /AT, or means)	Amount (Specify SF or LF)	Removal	batement Type	( ) ( )
Occupancy Status I Facility Closed/M Abatement Performance Other - Describe Scope of Work (Character Scope of Work (Chara	During Abatement (Checated During Entire Primed Outside of Norm  ack all that equity)  If  Gon of ing Material (ACM)  ABATED addity  13)	Rantes  Rented of Abit  Rented of Abit  Rented of Abit  Standards  Custo  Standards  (1)  Yes 1	Adison Ad	Street Address  City, State, Zi  Full  Address  Description  Descripti	Containment with N Enclosure sphag Procedure Exempted (*) and f Material (ACM) ms institution, Art, or enecus)  Name of Ro	Amount (Specify SF or LF)	Removal	batement Type	( ) ( )
Occupancy Status I Facility Closed/M Abatement Performance Other - Describe Scope of Work (Characteristics) 153 sf or 23 tf 1560 sf or 2260  Loca Ashestos-Contain TO BE. IN F	During Abatement (Characted During Entire Primed Outside of Norm seck all that equity)  If  Son of sing Material (ACM) ABATED edity  13)	Renter Star Ves 1	Adison Ad	Street Address City, State, Zi  Full  Atini  Glos  Description  Description  bestes Containing  (i.e., thermal system  surfacing, V  other miscette  Cubic Yards  of Waste L	Containment with N Enclosure sphag Procedure Exempted (*) and f Material (ACM) ms institution, Art, or enecus)  Name of Ro	Amount (Specify SF or LF)	Removal	batement Type	