NO CK

<i>30</i> 2.			(Pu	rsuant t	o NJAC 8:60 a	and 12:120	0)		CF	PER A	03032	2-	٠,	
Date of Notification (1) 10-16-14		300-00			Building Owne	r/Operator	(2)					Water in	ar B	
	Notification			Street Ad 200-23	Idress 4 3rd Avenu	ue & Flor	ida S	Street	2814	00T 2	1 PA	1 10:	30	
EPA X DEP DOL	Initial Amended Amendment				e, Zip Code eth, NJ 0720)6			A 56	ELIC.	ENSI	NC NC	ROL	
DOH DCA	Emergency (justification) Cancellation	including	1000	Name of Steven	Contact L. Cook			W.	Tele	phone Nu	ımber			
				FACIL	ITY INFORMA	ATION	-							
Name of Facility Where Abate Elizabeth Gas Facility	ment is Takin	g Place (3)					School (K-1	2)					
Street Address Third Avenue & South S	Second Stre	eet					×	Subchapter Other (i.e. p etc.)			cial build)S,
City (5) Elizabeth					-		Squa	are Feet	# of 1	Floors	В	ldg. A	ge	
County (6) Union				County C STATE U	code (7) ISE ONLY)		3,500,000	ent Use (Pridustrial	or if bein	ig demoli	shed)			
Name of Monitoring Firm Hire N/A	d by Building (Owner (8)		ASCM	No.			atement Con Environme						
Street Address					ALCOHO MANAGEMENT	27/03/1/20	Addre Broa	ess d Street					W	
City, State, Zip Code								Zip Code , NJ 07072	2					
Project Manager for Monitorin	g Firm		T	Telephor	ne No.	Telep 201-		No. 6565		License 00756	No.	11		
Start Date (10) 10-27-14		Schedule 01-31-		pletion [Date (11)	30,000,100	of OS	SHA Monitor						
Occupancy Status During Aba	tement (Chec	2923 (200)	15.0700				Addre	NOSPERIORE		_			STORE .	-
Facility Closed/Vacated I Abatement Performed O	Ouring Entire I	Period of	Abatem					ckson Ave Zip Code	nue			10.00	an e	
Other – Describe:		-						and City, N	Y 111	01				
Scope of Work (Check All Tha	it Apply)	744.50												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				M G	ull Containme lini-Enclosure llovebag Prod lon-Exempted	e cedure	170			e	
		lo	Locati	on								Abate	ement	t
Location of		1	Normall	ly		Description	n of				-	Ty	/pe	_
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma	d Sole intenar todial S (12)	nce/	ŠU	containing l mal system urfacing, V/ er miscella	ns insu AT, or	ulation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									æ	1.000
Warehouse Ro	oof			х	ACI	RM Mem	bran	ie	20,	000SF	х			
Warehouse NE/	SW			X	AC	CRM Flas	shing			200SF	x			
Warehouse NE/	SW		48	х	ACI	RM Mem	bran	ie	1,2	200SF	x			
Fire Pump Hou	ise			х	Tr	ansite S	iding		8	800SF	x			
Name of Registered Waste H. ATC, Inc. / JBT (50071)			Н	JDEP W lauler ID 4310		bic Yards Waste BD		Name of Minerva			fill			
City, State Shirley, NY / Bronx, NY					Dis TB	sposal Date	e ->	City, Stat Wayne		OH 44	688	***************************************		
Completed by Richard Doran		Title Proje	ect Ma	anager		Signatur	e ·	41	7	19.0	Date 10-16-	14		

(K 2716

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

						1, 0	ıı Juan	11 10 1107		oo and o. i	o,	ECEN	FF	1			
Date of Notifi	ication (1)						Name	of Building	g Ow	ner/Operator (2)	Line we tom t	Guston Aria.				
1	0 /	14 /	-	14			Sig	nature P	rope	rty Group			M 10-	-	·		
Agencies No	tified	Type Not ⊠ Initial	ifica	tion				Address			2514	OCT 21 P	M IU:	£ 5			
☑ DOLWD		☐ Amen	ded		¥			Sayre D			4.57	1010 ·	111	20			
☑ DHSS		Amen						State, Zip C			ال بعر	& LICENS	RING				
DCA		☐ Emerg	geno	cy (includ	ing		15,000	nceton N	The state of the s	540		50 SS					
(NJAC 5:2	23-8)	justific					222020	of Contac	V			Telephone N	Number				
		☐ Cance	ellati	ion			Dia	ne Blanc	hard	l					_1150-125		
Name of Fac	:::	\ h = 4 = = 4	. T	aldes Die		(2)	FAG	CILITY IN	IFOF	RMATION	T 45104	(4)					
Name of Fac	· · · · · · · · · · · · · · · · · · ·				160-30-3	(3)					Type of Facility						
	h House a	t Princet	on	Landing	1						School (K-1		K-12)				
Street Addre	226							45			Other (i.e., p	rivate and con		al bu	ilding	s,	
400 Sayre	e Dr.										homes, etc.	5					
City (5) Princetor											Square Feet	# of Floors		Blo	lg. Ag	je	
County (6)			0.00				Cour	ty Code (7)/STA	TE USE ONLY)	Current Use (P	rior if being der	molishe	-d)			and sur-
Mercer								ity oodo (i	χο	TE OOE ONE !	Office	nor in bonning don	110110110	,			
Name of Mor	nitoring Firm	Hired by E	Build	ling Own	er (8	3)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)					
USA Env	ironmenta	l Manage	me	nt				*	E	RISTOL EN	VIRONMENTA	L, INC.					
Street Addres	DATES (1)								1000	eet Address							-170
	erprise Av	е					20-F233			123 BEAVE							
City, State, Z	Bull makikanan								10000	, State, Zip C							
THE PROPERTY DESCRIPTION	hia, PA 19		J				200-10000			RISTOL, PA	19007						
Project Mana	(T)	itoring Firm	1				phone			ephone No.		License No	0.				
Mark Jen		-411-141-141-141-141-141-141-141-141-14				=	15-365			15-788-6040	3	00509					
Start Date (1			S	cheduled					2505,855	ne of OSHA N							
10 /	28 /	14		10	. /	3	_ / .	14	В	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy S	100	5	1.5		50	755			Stre	eet Address							
☐ Facility CI									1	123 BEAVE	R STREET						
Abatemer								cribe	City	, State, Zip C	ode						
	batement: <u>7</u>			1VI/	_PIV	-	AIVI		В	RISTOL, PA	19007	6					
Scope of Wo	rk (Check al	I that apply)							⊠ Full Con	tainment with Ne	native Pressur	-				
≥3 sf or ≥3	3 If			\boxtimes	Ren	ovat	ion			Mini-End		galive i ressur	C				
☐ ≥160 sf or					Den	noliti	on				g Procedure	Ciable Dec					
					Ic I	Loca	ion	1		₩ NON-EXE	empted (*) and N	I I I I I I I I I I I I I I I I I I I	Jedure	A I-			
	Location	of				orma				Description of	of		-			ent T	
Asbestos	-Containing		CM				ely by	Asbe	stos	Containing Ma		Amount		Removal	Repair	Encapsulate	Enclosure
1	TO BE ABA			7,000			ince/ Staff?	(i.e		rmal systems		(Specify		von	air	aps	los
	IN Facili (13)	ty			uott	(12)				urfacing, VAT ner miscellane		SF or LF	'	<u>a</u>		ula	ā
	(10)			Ye	es	No	N/A		0	ioi illioooliane	,000					e	
Basement		37.00						Pipe In:	sula	tion		59 LF					
Basement	Furnace R	loom						Boiler I	nsul	ation		64 SF		\boxtimes			
Basement	Furnace R	loom	t esse					Transit	e pa	nels		36 SF		\boxtimes			
Basement	Stairwell	N.						Floor ti	le			40 SF		\boxtimes			
Name of Reg	istered Was	te Hauler				1100	JDEP I		2337.23	oic Yards of	Name of Reg	stered Landfill					
BRISTOL	ENVIRON	IMENTAL	. IN	С		ŀ	lauler II 18706		Wa	ste	GROWS I	ANDFILL					
City, State						==041.			Dis	posal Date	City, State						
BRISTOL	, PA										MORRISV	ILLE, PA					
Completed B	y (Print or T	ype)		Title						Signature	1 0	1	Date	,	Sec. 17. 12.	/	
. Brian Sca	afiro			Estin	nat	or				Drian	Scofiro	/1l	10	//	41	1/9	1

ASB-41 B 5 14096

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

ESERCISM 24.11

NO CK

Date of Notification (1)			Name of PNCT	Building (Owner/	Operator	(2)		1 1	- V (_)	W L.		77	
10/17/14 Agencies Notified Type Notification		- 1	Street Ac	ddress orbin Str	eet			2	914 O	CT 21	PMI	0: 2	8	
DEP Initial Amended Amendment #				te, Zip Co k, New .		y 07114	4		SEE	STU	ĴĴį	ĪR() L	
DOH , Justification) Cancellation		- 1	Name of George	Contact e Stavro	u				Tei	EDHONE N		.,		
-			FACII	LITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking Port Newark Container Terminal, Ba			Forme	r Entrar	ce G	ate	D services	of Facility (school (K-1						
Street Address 240 Corbin Street							X	Subchapter Other (I.e. p tc.)				ldings	, hom	es,
City (5) Newark, New Jersey 07114	S270	1905234					Squar 16,30	e Feet 00	# o 2	f Floors		Bldg. 55+	Age	MINOS T
County (6) Essex			County C	Code (7) USE ONLY)				nt Use (Pri ehouses	or if be	ng demoli	shed)			
Name of Monitoring Firm Hired by Building O T&M Associates	wner (8)	-	ASCM	No.				ement Cor oration	ntractor	(9)				
Street Address 11 Tindall Road							Addres	s de Avent	16					
City, State, Zip Code Middleton, New Jersey 07748						City, S	State, Zi			sev 074	24			-
Project Manager for Monitoring Firm Kevin Burns			Telephor	ne No. '6-1725		Teleph	hone No 225-84			License 01104				-
1 1	Schedule	d Con	npletion [Name	of OSH	A Monitor		<u> </u>				
ON Hold		НО	LD				<u></u>	nmental	Labs					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		-					Addres Route	s e 22 We	st					
Abatement Performed Outside of Normal Other – Describe: 7:30 AM - 4:30 PM	al Facility	Hours	nent			City, S	State, Zi	o Code				-	-	
Scope of Work (Check All That Apply)						Unio	on, Nev	w Jersey	0708	3				enwite se
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	District .	enova emolit				2	Min Glo	Containm I-Enclosure vebag Pro- I-Exempte	e cedure	X			re	
		Locati				Ä						Aba	emen	it
Location of Asbestos-Containing Material (ACM)		ormal Sole		Achan		escription		(4.044)			1	π'	уре	T
TO BE ABATED In Facility (13)	Mair Custo	ntenai odlal S (12)	nce/ Staff?		therma surf	al system acing, VA miscellar	is insula AT, or		(mount Specify For LF)	Remova	Repair	Encapsulate	Endosure
	Yes	No	N/A								1 -		ate	ro'
-SEE ATTACHED														
						420						L		
			-									_	_	
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Land	fill			ــــــــــــــــــــــــــــــــــــــ
Lilich Corporation			lauler ID 8724	No.	of W 120	aste		G.R.O.					•	
City, State Woodland Park, New Jersey 07424					Disp	osal Date		City, Stat Morrisv		ennsyla	vania			
Completed by Momo Glavatovic	Title Vice F	Presi	dent			Signature	e <	-AB		1	Date 1 0 /	4 7	1.4	

Agencies Notified Type Notification Agencies Notified Type Notification DEP DEP DOH DOA DOL DOA
City, State, Zip Code Newark, New Jersey 07114 Name of Contact George Stavrou
Emergency (Including DOH
Name of Facility Where Abatement is Taking Place (3) Port Newark Container Terminal, B124, B233 & Former Entrance Gate Street Address 240 Corbin Street City (5) Newark, New Jersey 07114 County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) T&M Associates Street Address 11 Tindall Road City, State, Zip Code Middleton, New Jersey 07748 Project Manager for Monitoring Firm Kevin Burns Telephone No. Kevin Burns Telephone No. Takin Date (10) 09/29/14 Street Address Treet Address Telephone No. Tel
Name of Facility Where Abatement is Taking-Place (3) Port Newark Container Terminal, B124, B233 & Former Entrance Gate Street Address 240 Corbin Street City (5) Newark, New Jersey 07114 County (6) Essex Rame of Monitoring Firm Hired by Building Owner (8) T & ASCM No. Name of Monitoring Firm Hired by Building Owner (8) T & ASCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address 11 Tindall Road City, State, Zip Code Middleton, New Jersey 07748 Telephone No. Kevin Burns Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (I.e. private & commercial buildings, homes, etc.) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Warehouses Current Use (Prior if being demolished) Warehouses Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 732-676-1725 Telephone No. 973-225-8400 United Completion Date (11) 11/08/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Pariod of Abatement Street Address 2333 Route 22 West
Street Address 240 Corbin Street City (5) Newark, New Jersey 07114 County (8) Essex Name of Monitoring Firm Hired by Building Owner (8) T&M Associates Street Address 11 Tindall Road City, State, Zip Code Middleton, New Jersey 07748 Project Manager for Monitoring Firm Kevin Burns Street (10) 09/29/14 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Cother (I.e. private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Cother (I.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 55+ Current Use (Prior if being demolished) Warehouses Name of Abatement Contractor (9) Lilich Corporation Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Kevin Burns Telephone No. 732-676-1725 Scheduled Completion Date (11) 11/08/14 Scheduled Completion Date (11) 233 Route 22 West
Square Feet # of Floors Bldg. Age 55+
County (6) Essex County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates Street Address 11 Tindall Road City, State, Zip Code Middleton, New Jersey 07748 Project Manager for Monitoring Firm Kevin Burns Telephone No. 732-676-1725 Start Date (10) 09/29/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement ASCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 732-676-1725 973-225-8400 Name of OSHA Monitor J&S Environmental Labs Street Address 2333 Route 22 West
Street Address 11 Tindall Road City, State, Zip Code Middleton, New Jersey 07748 Project Manager for Monitoring Firm Kevin Burns Telephone No. 732-676-1725 Start Date (10) 09/29/14 City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 732-676-1725 Telephone No. 973-225-8400 Oli 104 Scheduled Completion Date (11) 11/08/14 Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West
City, State, Zip Code Middleton, New Jersey 07748 Project Manager for Monitoring Firm Kevin Burns Telephone No. 732-676-1725 Start Date (10) 09/29/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 973-225-8400 Telephone No. 973-225-8400 Name of OSHA Monitor J&S Environmental Labs Street Address 2333 Route 22 West
Project Manager for Monitoring Firm Kevin Burns Telephone No. 732-676-1725 Start Date (10) 09/29/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Voocitant Park, New Jersey 07424 Telephone No. 973-225-8400 Name of OSHA Monitor J&S Environmental Labs Street Address 2333 Route 22 West
Start Date (10) 09/29/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 732-076-1725 973-225-8400 Name of OSHA Monitor J&S Environmental Labs Street Address 2333 Route 22 West
Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West
Facility Closed/Vacated During Entire Period of Abstement 2333 Route 22 West
Abotement Destruction 10 and 1
Abatement Performed Outside of Normal Facility Hours Other - Describe: 7:30 AM - 4:30 PM City, State, Zip Code Union, New Jersey 07083
Scope of Work (Check All That Apply) 23 sf or 23 lf Renovation
Demolition Demolition
Non-Exempted (*) and Non-Friable Procedure Is Location Abatement
Location of Normally Description of Type Asbestos-Containing Material (ACM) Used Solely by Description of
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Used Solely by Maintenance/ Custodial Staff? (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)
Yes No N/A
OBE ATTACHED
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Lilich Corporation Hauler ID No. of Waste 120 G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424 Disposal Date 11/10/14 Morrisville, Pennsylavania
Completed by Momo Glavatovic Signature Signature Date 09/18/14

RECENSASS

Date of Notification (1)	-1.4		T	Name o	f Building	Owner/Operator	(2)	,	Vices lear			
	7/14			7	(, 1	ODD 1	- ANGO	CT 91 EM	10-50			
Agency Notified	Type Notification			Street A	ddress	2.	- 011	73 IU	10.50			
□ EPA	☑ Initial				005	MOONS	FIELD A	406				
D DEP D DOL	☐ Amended		1	City, Sta	ate, Zip (Code .	A DE	المامة	· ROL			
Ø DOL	Amendment #	na.	L	B	030	KEN, N.	5.0/0	SEACENSI	NG_			
DOH DCA	justification) © Cancellation	iig	1	Name o	MR.	t Langer		Telephone Nu	mber	~~		200-7.5
	1			FACIL	JTY INF	ORMATION						
Name of Facility Where	Abatement is Taking Pla	će (3)		100000000000000000000000000000000000000			Type of Facility	(4)				
And the second s	LANGER						School (K-12	2				
Street Address	- 101-0040			~ ~-			☐ Subchapter 8	(Other than K-1				
	BLOOMF	. = 0	ص	£	105		homes, etc.)		al buildin	gs,	1	
City (5)					4	a.z	Square Feet	# of Floors	Bldg.		755	
· Hoa	boken						. 3000		10	0	751	Mi
Course (C)			1	County	Code (7	(STATE USE		rior if being dem				
County (6) HUD	GOZ		1	ONLY)	31314		12	30 000 CE				
Name of Monitoring Firm		er /	SCM	No.		Name of Abaten	nent Contractor (9	9)				
(8)						Best Rei	moval In	C				
Street Address	~					Street Address						
				99		450 5011	th River	S+				
City, State, Zip Code						City, State, Zip C		50				
Oay, Ozza, Zip Gode							ack, N.J	07601				
Project Manager for Mor	abaina Eiro	To	lonhor	ne No.		Telephone No.		License No.			500 A	
rioject manager for moj	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	10	epiloi	re no.			-7444 -					
Start Date (10)	Scheduled C		an Def	h /44\		Name of OSHA		00300	<u>'</u>			
[[[[[[[[[[[[[[[[[[[30		2000000			Environm	ontal				
10 29 14				14			EHVIIOHI	entai				
Occupancy Status Durin	g Abatement (Check on	iy one)	. 4			Street Address	1					
☐ Facility Closed/Vacate							uyler St				-	
☐ Abatement Performed ☐ Other – Describe: 7	Outside of Normal Fac	ility Hou	rs .		,	City, State, Zip C		N T O	7606	*		(*)
Scope of Work (Check a						5. 1120	ckensack	, N. J. U	7000			—
□ ≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 260 lf	m diat appry)			Ø Rend □ Derm	ovation olition	☐ Mini- ☐ Glov	Containment with Enclosure ebag Procedure					
						□ Non-	-Exempted (*) an	d Non-Friable Pr	ocedure	T AF	ater	mení
		1	Locati								Тур	
Locati	on of		ormali d Sole		17.2	Description	of			П	1	T
Asbestos-Containir		Mai	ntenai	nce/		stos Containing M		Amoun (Specif		20	_	5
TO BE A			ustodi Staff?		(Le	., thermal systems surfacing, VAT		SF or LI		Removal	Repair	Encapsulate
(1:		1.	(12)		1	other miscellan				Va.	=	들
				1	1							•
		Yes	No	N/A		1: / A		1	0.5		+	+
BASELLEN	7	1				VAT		100	71	X	-	+
1.										Н	1	1
									خرغر در			
						185						
Name of Registered Wa	ste Hauler	NJ	DEP V	Vaste H	lauler	Cubic Yards of	Name of Regis	stered Landfill				and the city
Best Remo		ID	No. 17	109		3/29	Minerva	a Enterp	rises	,	LL	C
City, State			70251E5			Disposal Date	City, State					
Hackensac	k , N.J. 07	601				10/30/14		sburg, 0	h,446	88		
Completed by	Title					Signature /			Date	1	1	-,
J.Maiorano	Est	imat	or			I VN.	سرصره أ	3	10/	17	11.	4
U.Haiorano	130		OT			1 1	1 41 41 -	/	1			_

MO#22302803586

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 10 / 17 / Agencies Notified Type Notifi □ EPA										-		
Agencies Notified Type Notified	1.411.41		Name	e of Building	Owner/Or	erator (2	2)	RECE	IVE	D_	021 10	
	14			ito Marqu	,		-,					
□ EPA □ □ Initial	ication			t Address	5Z	-	28	14 OCT 21	PHI	0: =	1	
□ □ □ □			200000000000000000000000000000000000000	South Pros	A							
☑ DOLWD ☐ Amend				State, Zip (<u> </u>	BESTO	100	TRA		
	ment #		(2) 8000				7,0	& LICE			7	
DCA Emerge	ency (includation)	ding		ensack, N				10-11-11-11-11-11-11-11-11-11-11-11-11-1		273003		<u> </u>
(NJAC 5:23-8) justifica	100							Telephone I	Numbe			
Cancell	ation			ito Marque				loss				
			FA	CILITY IN	IFORMAT	ION				unanu	1-17	
Name of Facility Where Abatement is	Taking Pl	ace (3)					Type of Facility	(4)				-5.7
Private home							School (K-1		Ø 1000			
Street Address	6,440-1107					10-11-00-11-0	Other (i.e., p	8 (Other than k	(-1 2)	نامانيط ا	200	
106 South Prospect Ave							homes, etc.		imercia	ii Dunai	igs,	
City (5)							Square Feet	# of Floors		Blag.	Age	
Hackensack, NJ 07601											- 3-	
County (6)			Cou	nty Code (7)	(STATE USE	ONLY)	Current Use (Pr	ior if being de	molishe	d)		
Bergen										٠,		
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	ASCM	No.	Name of	Ahateme	ent Contractor (9	·				
1.00					Gr Tech		int outiliación (s	,				
Street Address		-			Street Ad				-			
					Conservation and the							
City, State, Zip Code					576 Valle							
on, otato, zip oodo					City, State							
Project Manager for Monitoring Firm					Wayne, N	THE COMMENTS OF THE PARTY OF TH	0				Gradient	
1 Toject Warlager for Worldoring Firm		16	ephone	No.	Telephone	e No.		License No	Э.			
Start Date (10)					973-638-	1777		01127				
	Schedule				Name of	OSHA M	onitor	d 2				
	10				Envirovis	ion Co	nsultants,Inc					
Occupancy Status During Abatement					Street Ad				-			
Facility Closed/Vacated During En	tire Period	of Abat	ement		20-21 Wa	garaw	Road, Bldg .#	34A				
Abatement Performed Outside of to Time of Abatement:AM	Normal Fac	cility Hou	ırs - De	scribe	City, State	e, Zip Co	de		_		413	
	1 100			_Alvi	Fair Law	a, NJ 07	7410					
Scope of Work (Check all that apply)				-		Clean up	and decontamin	nation with neg	ative pr	essure		
	∇	Renova	tion		H.	ull Cont	ainment with Neg	gative Pressure	е			
☐ ≥ 160 sf or ≥260 If		Demolit				lovebac	Procedure	Tent with Neg	ative Pr	essure		
						lon-Exer	npted (*) and No	n-Friable Proc	edure			
		Is Loca								Abater	nent T	vpe
		Norm Jsed So				ription of			1	100	T	Ť
Location of Aspestos-Containing Material (AC	MAN I			Asbes	stos Contain	ning Mat	arial (ACRE)	A	1	0 0	nce	ncl
Asbestos-Containing Material (AC		Mainten		(ie	thermal e	retome is	erial (ACM)	Amount	1 1	7 10		0
Asbestos-Containing Material (AC TO BE ABATED IN Facility		Mainten ustodial	Staff?	(i.e	, thermal s	ystems in	nsulation,	(Specify		Repair	psc	S
Asbestos-Containing Material (AC TO BE ABATED		Mainten	Staff?	(i.e	, thermal s	ystems in ig, VAT,	nsulation, or			Repair	psulati	Enclosure
Asbestos-Containing Material (AC TO BE ABATED IN Facility		Mainten ustodial (12	Staff? N/A	(i.e	thermal s. surfacir	ystems in ig, VAT,	nsulation, or	(Specify		pair	Encapsulate	sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	C	Mainten ustodial (12	Staff?		thermal s surfacir other mis	ystems in ig, VAT,	nsulation, or ous)	(Specify SIF or LF)		<u>n</u>	psulate [sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	C	Mainten ustodial (12	Staff? N/A	Pipe insu	thermal s surfacir other mis	ystems in ig, VAT,	nsulation, or ous)	(Specify		pair X	psulate [] [sure [] [
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	C	Mainten ustodial (12	Staff? N/A		thermal s surfacir other mis	ystems in ig, VAT,	nsulation, or ous)	(Specify SIF or LF)		<u>n</u>	psulate	sure 🔲
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	C	Mainten ustodial (12	Staff? N/A		thermal s surfacir other mis	ystems in ig, VAT,	nsulation, or ous)	(Specify SIF or LF)		<u>n</u>	psulate	sure 🔲 🗆
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	C	Mainten ustodial (12	Staff? N/A		thermal s surfacir other mis	ystems in ig, VAT,	nsulation, or ous)	(Specify SIF or LF)		<u>n</u>	psulate	sure 🔲 🗆 🗆
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	C	Mainten (12 (12 No	N/A N/A		, thermal si surfacir other mis	ystems in ig, VAT, scellaned	nsulation, or ous)	(Specify SIF or LF)		<u>n</u>	psulate	sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Basement Name of Registered Waste Hauler	C	Mainten dustodial (12) es No	Staff? N/A N/A DEP Wash	Pipe insu	thermal singular surfacir other mis	ystems in ig, VAT, scellaned	nsulation, or ous)	(Specify SIF or LF)		<u>n</u>	psulate	sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Basement Name of Registered Waste Hauler Gr Tech LLC	C	Mainten dustodial (12) es No	N/A N/A	Pipe insu	thermal system of the resident	ystems in ng, VAT, ccellaned	nsulation, or or ous) Name of Regis T.R.R.F. Inc	(Specify SIF or LF)		<u>n</u>	psulate	sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Basement Name of Registered Waste Hauler Gr Tech LLC City, State	C	Mainten dustodial (12) es No	Staff? N/A N/A DEP Wash	Pipe insu	cubic Yards TBD Disposal E	ystems in ng, VAT, ccellaned	Name of Regis T.R.R.F. Inc	(Specify SIF or LF) 70 LF		<u>n</u>	psulate	sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Basement Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	Ye	Mainten dustodial (12) es No	Staff? N/A N/A DEP Wash	Pipe insu	cubic Yards TBD Disposal E	ystems ing, VAT, icellaned	nsulation, or or ous) Name of Regis T.R.R.F. Inc	(Specify SIF or LF) 70 LF		<u>n</u>	psulate	sure
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Basement Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 Completed By (Print or Type)	C	Mainten dustodial (12) es No	Staff? N/A N/A DEP Wash	Pipe insu	cubic Yards TBD Disposal E	ystems ing, VAT, icellaned	Name of Regis T.R.R.F. Inc	(Specify SIF or LF) 70 LF		<u>n</u>	psulate	sure 🔲 🗍 🔲 🔲
Asbestos-Containing Material (AC TO BE ABATED IN Facility (13) Basement Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	Ye	Mainten dustodial (12) es No	Staff? N/A N/A DEP Wash	Pipe insu	cubic Yards TBD Disposal E	ystems ing, VAT, icellaned	Name of Regis T.R.R.F. Inc	(Specify SIF or LF) 70 LF	[[[]	<u>n</u>	psulate	sure 🔲 🗍 🔲

阳色性小列码3

Date of	Notification (1)	0/17	114					g Owner/Operator		M DCT OL I	214.10				
Agency		1. 1	otilication		\dashv	Street /	Address				STRUMENT IN	772			_
D EPA		Z Initia	T 25 95		+	Cilv Si	53 ate, Zip	G SUM	MULTER	ye To	J., R	0L			_
E DOL			ndment#			H.	4016	code ENSACIC	O. Ch.	78 LICENS	SHAC				
D DCA		justi	rgency (includi fication)	ng	Ī	Name o	of Contac			Telephone Nu	mber _	^			
U DCA	 	La Can	cellation	7				ORMATION		4				_	-
Name o	Facility Where	Abatemer	nt is Takino Pla	ace (3)		PAGI	TILL BOLL	ORMATION	Type of Facility	(4)			_		-
Street A	didress	S. 6	UERR.		18	<u></u>	·.	.:	School (K-1) Subchapter Softher (i.e. p	2) 8 (Other than K-1 rivate & commerc	i2) ial buildin	gs,			
City (5)			- (ac)-(-1						homes, etc.		Bldg.	Age		10	-
ou, (0)	HACK	ens.	Aell					-	2200	Z	8	35	40	3/6	ä
County	(6)	T .		10000				(STATE USE		vior if being demo					_
		RE				ONLY	. 54			ESIDEN	کخ				
Name o	Monitoring Firm	Hired by	Building Own	er	ASCM	No.			nent Contractor (•					
Street A	Address							Street Address	emoval I	nc				_	-
	,					523		450 S.	River St	:					
City, St	ate, Zip Code				7.0	ce Recollenation		City, State, Zip C		T 07601					
			<u> </u>						sack, N.	J. 07601	•	_			_
Project	Manager for Mon	abring Fi	m	Te	Hepho	ne No.	,	Telephone No. 201-329-	7444 -	00388					
Start Do	nto (10)		Scheduled C	omplet	ion Da	to (11)		Name of OSHA	Monitor				-		
į	0/28/10	7	10/2	- 1	14			Omega En	vironmen	tal Inc					
	ncy Status Dutin	- A DO-1242 GOOD (11/04)						Street Address 280 Huy	ler St						
☐ Facili	ty Closed/Vacate ement Performed	d During Outside	Entire Period of Normal Fac	of Abat Bity Ho	ement urs -		.*	City, State, Zip C	Code		100.000				
D Othe	- Describe: &d	M TO	SAM	A//A DES/AD/				South H	ackensac	k, N.J.	07606	6		017	_
_D23s	If Work (Check a or ≥ 3 If of or ≥ 260 If	I that app	aly)			2 Ren		D Mini- B Glov	Enclosure ebag Procedure	n Negative Pressu d Non-Friable Pre	1				
			•	ls	Locati	ion						AL	ater		t
Ass	Location Loc	g Materia BATED	i (ACM)	Use Ma	viormal ed Sole intena custodi Stat?? (12)	ly by nce/ ial	Asbe (i.e	Description stees Containing Ma., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, i, or	Amount (Specify SF or LF)	Removal	T	Encapsulate	Enclosure
·				Yes	No	N/A				AF			+	+	-
	BASEME	NT		<u> </u>	-	-	THERM	WIL SYSTEM I	NOITHICH	45	LT	X	+	+	
	<u>. </u>				-	-	-				16.	\dashv	+	+	-
-					-	1						\dashv	十	1	
Name o	F Registered Wa	te Haule	· ·			Maste H	lauler	Cubic Yards of	Name of Regi	stered Landfill		_			
Bes	t Remova	1 In	С		No. 710	9		1 /		a Enterp					
City, St	Hacken	sack	, N.J.	076	01		11000	10 29 14	Waynes	ourg , 01					
J. M	aiorano		Title Estin	nato	r			Signature	سعدن	3	Date	17	//	4	

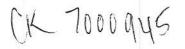
B & G proj. #: 2014-168B

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

*** EMERGENCY ***

Check # 6858

					_ IVI IX	OLIV	0.1	AIL II					
Date of Notification ((1)	111	Name of B	Building Own	ner/Operator (2))		RECEI	YED				
11 10 1/11 17	/[1 4		Ray G				ŋ	814 COT					
Agencies Notified	Type Notification	on s	Street Add					EM-CST 21	Fin IU: =	1			
☐ EPA	X Initial		20 Ha	rriet Aven	ue		Δ	saler -					
☐ DEP		11	City, State	, Zip Code				& LICEN	SINC MOI				
X DOL	Amenda	nent	Berge	nfield, NJ	07621					-			
DOH	_	. 11	Name of C	ontact				Telephor	ne Number				
☐ DCA	Cancella	ition	Ray (Gracia									
				FAC	CILITY INFORM	MATION						ESPOE II	2007.00
Name of facility who	ere abatement is	taking p	lace (3)	10000000				Type of Facility	(4)				
	ore adultion in	,	(- /						ol (K - 12)	120		10.24	
Ray Gracia									apter 8 (Other (Private/Com			12)	
Street Address								Other Bldgs.	/Homes, etc.	mile	Ciai	00.00000	
20 Harriet Ave	enue							Square Feet	# of Floors	T	Bld	lg. Ag	je
City (5)	•	Cou	inty (6)				nty Code (7) te use only)	Current Use (P	ries if boing		oliche	d)	
Bergenfield, N	J 07621	Ве	ergen			(Sta	le use only)	1Bergen	nor ii beilig (Jenn	JIISHC	u)	
Name of Monitoring		Bldg. Owr	ner (8)		ASCM No.		Name of Abatement C		and the same of		12000		
n/a							B & G Restoration	on, Inc.					
Street Address						=	Street Address						
							105 Ryerson R	oad		20			
City, State, Zip Code							City, State, Zip Code Lincoln Park, N	11.07035					
				Disco Non	t as		Telephone Number	10 07033	T License N	umb	er		
Project Manager for	Monitoring Firm			Phone Num	ider		(973)696-6869	9	003				
	(40)	I Caba	d Compl	etion Date (11\	_	Name of OSHA Monit	or					
Scheduled Start Dat	e (10)	1			11)		B & G Restorati	on, Inc.				-	
10/20/2014			/21/201				Street Address	d					
Occupancy Status D							105 Ryerson Ro	Dau					
	rformed outside						City, State, Zip Code						
Describe:	e:					_	LincolnPark, NJ	07035				-	
Scope of Work (che												- 3	
☐ Demolition	X	Renovati	ion			F	ull Containment w/neg	ative pressure	✓ Gloveba	g pro	cedu	re	
>3 sf or >3 If	. 🗖	≥160 sf o	r <u>≥</u> 260 lf			X	fini-enclosure		☐ Non-frial	ole p	roced	lure	
Location of				ly used sole	ly			-		R	R e	E	E
asbestos-cont	TO CONTROL OF THE PARTY OF THE	by main staff(12)	tenance/o	ustodial			sbestos-containing	Amount (Specify S	SEOT	m	р	n C	n
material to be abated in facil	Viner in the mount of	Yes	No	N/A	- material	(ACIVI)		LF)		o v	a i	a p	L
					T nine incut	lation		6 16		e X	-	<u> </u>	1
basement main	room			×	pipe insu	lation		6 lf		쀠	뉘	븜	片
				#	+			-		Ħ	Ħ	計	情
			#		1				-	ΞŤ			同
				7								\Box	
Registered Waste Ha		NJE	DEP Hauk	er ID#	Cubic Yards of	Waste	Name of Registered	Landfill Resource & R	ecovery C	ont	ar.		
B & G Restorati	on, inc.		19563	Disposal	1/ ₄ Date	-	City, State	resource a R	Scovery C	CIII			
City, State Lincoln Park, N	J		7,000		/21/2014		Tullytown, I	PA				<u>, , , , , , , , , , , , , , , , , , , </u>	
Completed by (Print		Title	Wester		Signature		Gordana Luna		Date	20.4			
Gordana Luna		Secreta	ary/Trea	surer	1		zoraana Luna		10/17/2	201	4		



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1) 10/16/14				Name of Buildin Paulsboro Refin	g Owner/Opera ing Company	ator (2) 2514 OCT 21	BM IO-	40		
Agencies Notified	Notific	cation Type		Street Address	D.I	2519 001 21	LU IO.	20		
() EPA () DEP (X) DOL	() Am	itial Notification ended Certificati ancelled	on	800 Billingsport City, State, Zip Paulsboro, NJ 0	Code	458ICTU & LICE	NSING	ROL.	0 	
(X) DOH () DCA				Name of Contac Ravi Jarecha	<u>zt</u>	Tel. N	umber			
			FACILITY INF	ORMATION						
Name of Facility Where Abatem Paulsboro Refining Company	ent is Taking F	Place (3)		Type of Facility () School (K-12) () Subchapter	2) 8 (other than K	(-12)				
Street Address 800 Billingsport Rd						nercial bldgs., ho # of Floors <u>N</u> /				
	nty (6) ucester		Code (7) Jse Only)	Bida Age N/A	4	nolished) Oil R				
Name of Monitoring Firm Hired KA Industrial Services, LLC.	by Bldg. Owne	er (8) ASCM I	No.	Surroux See (p.	Na	me of Contracto A Industrial Servi	r (9)			
Street Address 800 Billingsport Rd				Street Address 800 Billingsport	Rd			1		
Paulsboro, NJ 08066				City State, ZipC Paulsboro, NJ						
Project Manager for Monitoring Scott Dechant		ohone Number 224-4385		Telephone Nun 856-224-4392	nber	<u>Licen</u> 0085	se Numbe 7	<u>er</u>		
Scheduled Start Date (10) 11/3/14	11/7/		on Date (11)	Name of OSHA K A Industrial S	Services, LLC					
Occupancy Status During Abat () Facility Closed/Vacated During () Abatement Performed Outs	ring Entire Peri	od of Abatement		Street Address 800 Billingspor	t Rd					
(X) Other – Describe – Remova			area in outside	City, State, Zip Paulsboro NJ (
areas Source of Work (Check all that	apply)						4.00			
(X) Demolition () Renovation () Large Proj. (160 SF or >260 () Full Containment with Nega	n NEACM)(X)	SM Proj. >25<16 (X) Mini-Enclo	60 SF or >10 <260 osure (X) Glo			SF or <10 LF A				
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location N	Normally Used aint./Custodial	Description of thermal syster surfacing, VA	ns insulation,	Amount (Spe	cify SF or LF)	Abaten Rem.	nent Tyr	<u>se</u> Encap Enc	close
	YES	NO NA	misc.) Pipe Insulatio	n	Approx 30LF		X	rtop.		
Furf 1 – API-570 line		^	Tipe insulation							
							-			_
Name of Reg. Waste Hauler Waste Management, Inc.	NJD 1727	EP Waste Haule 73	er ID #	Cubic Yards of	f Waste		e of Reg. cester Co	unty Lar		
<u>City, State</u> South Harrison, NJ						isp. <u>Date</u> arious	S	City, Stat South Ha	<u>e</u> arrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title	NAGER – KA Ind	dustrial Services	Signature Made	1 Gree	10/1				
				Site	perations Sup	ervisor				

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

Telephone 609-984-6620

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

Date of Notification (1) October 17, 2014				wner/Operat	or (2) tration	ré pa L				#	00	1.2
Agencies Notified Type Notification	***************************************	Street A		d Executiv		4 007 2	H PH	10: 2:	j		-	
DEP Amended Amendment			ite, Zip Coo gton, MA		Δ,5	8-ST & LIC	ÉNSI	HTRU NG	L	-	W. R. C.	
DOH Emergency (injustification) Cancellation	ncluaing		Contact			***************************************	l Telepi	none Nur	nber			
Name of Facility Where Abatement is Taking FAA Remote Transmitter Receiver		FACI	LITY INFO	RMATION	promo	f Facility (4	300					
Street Address Morristown Municipal Airport				***************************************	Si × O	ubchapter (ther (i.e. pr	8 (Other t			lings,	home	96,
City (5) Morristown					Square 400		# of FI	oors		ldg. A	ge	
County (6) Morris		County (Code (7) USE ONLY)			t Use (Prio NT BLD		demolish	ned)			
Name of Monitoring Firm Hired by Building C E2 Project Management, LLC	wner (8)	ASCN	No.		ne of Abate)				
Street Address 87 Hibernia Avenue					et Address 4 Getty A		2007.					
City, State, Zip Code Rockaway, NJ 07866					, State, Zip fton, Nev		07011-	1802				
Project Manager for Monitoring Firm Gianmarco Ferrante		Telephon 973-29	ne No. 99-5200		phone No. 3-478-48			icense N 0724	0.			
	Scheduled Co 11/4/2014	mpletion	Date (11)	10.0000	ne of OSHA		Inc.					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of Abater			164 City	et Address 4 Getty A , State, Zip fton, Nev	Code	07011-	1802				
Scope of Work (Check All That Apply)	*****				11011, 1404	Vociocy	07011	1002		1919-7		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				× Mini- Glov	Containme Enclosure ebag Proc Exempted	edure	Di.			e	
	Is Local	tion								Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norma Used Sole Maintena Custodial (12)	ely by ance/ Staff?		Description Containing thermal system surfacing, to other miscel	Material (ms insulati VAT, or		Amo (Spe SF o	ecify	Remova	Repair	e Encapsulate	Enclosure
	Yes No	N/A							_		ite	Ф
RTR Building		X	Gre	en 9x9 viny		ile	400	SF	X			
RTR Building		Х		Black M			400	Trace of the second	Х			
RTR Building		Х .		cement sle			11	F	x			
RTR Building		х		ng around			12		x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP W Hauler ID 8508	Control Control	Cubic Yards of Waste TBD	5	Name of F						
City, State Clifton, New Jersey 07011-1802				Disposal Da TBD	ite	City, State Morrisvi						
Completed by Vivian D. Jurcevic	Title Office Ma	nager		Signati	ure WM	D Qu	rcui	7457	ate 0/17/1	14		

-			200
Pr	\cap	~ 1	

-			
-	-	Check# 2730	
31.15	Dist	1 Chadlett 2720	
4 4	1	I CHECK # 27 30	
6 . 6	Milland		

Date of Notification (1)	7		T	Name of	Building C)wner/C	Operator	(2) 2814 (PT 21 BM	10.				
10/16/2014			1	NJ Gas	s Associ	ates		2019 6	OCT 21 PM	IU: c	بار			
Agencies Notified	Type Notification			Street A	ddress			A 85.00	7070					
□ EPA	Initial		16	66 Mor	ris Ave			ASE:	ESTELLU	RI RI	DL			
DEP	Amended			City, Sta	ite, Zip Co	de		å	LICENSI	NG	10.00			
DOL	Amendment		_	Spring	field , No	0708	81							
DOH.	Emergency (justification)	including		Name of	f Contact			<i>y</i> .	Telephone	Numbe				
Second 5	Cancellation			John	5									
				FACI	LITY INFO	RMAT	ION							
Name of Facility Where At	patement is Takin	g Place (3))		*			Type of Facility	(4)					
NJ Gas Associates								School (K						
Street Address									er 8 (Other than I	(-12)	iild	inae	home	
66 Morris Ave								Other (i.e. etc.)	private & commi	ercial bi	unu	ıı ıya,	HOHIC	,,
City (5)								Square Feet	# of Floors		Bl	dg. A	ge	
Springfield, N	J						1	17,000 SF	2					
County (6)					Code (7)			Current Use (P	rior if being demo	olished)				
Morris County				(STATE	USE ONLY)	-								
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	/ No.		Name	of Abatement C	ontractor (9)					
AHERA	50, See 11. 15 11. 12. 12. 12. 12. 12. 12. 12. 12. 12.	errorente ente					Nick F	Restoration	LLC					
Street Address			-					Address			_			
P.O BOX 385						7	72 Br	ookside Rd						
City, State, Zip Code								tate, Zip Code			_	-		
Oceanville, NJ 0823	1				32			olph NJ 07	869					
Project Manager for Monit				Telepho	ne No		The second second	one No.	Licens	e No.				\neg
John Smoyer	orang r ana		1		52-1833	6		33-2550	0113					
Start Date (10)		Schedule		,	Date (11)			of OSHA Monito		_	-	_		_
11/07/2014		11/24/2		ripieuon	Date (11)			nvironment						
Occupancy Status During	Abstament (Char					5.50		Address	aı		_			_
								RT 22						
Facility Closed/Vacat	ed During Entire	Period of A	baten	nent				tate, Zip Code			-		_	
Abatement Performe Other – Describe:	riday, Saturd	ay, Sun	day	•										
Scope of Work (Check All			_				Jonion	, NJ 07083						
1000	тпат Арріу)						F	C manufacture and						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova				H	Full Contain Mini-Enclosi	ment with Negati	ve Pres	sur	е		
2 100 St of 2200 II			emon	uon			Ī							
									ted (*) and Non-F	riable F	roc	edur	e	
		Is	Locat	ion							9	Abate		t
Location	of	N	lorma	lly		De	escription	of		_		Ту	pe	
Asbestos-Containing I	Material (ACM)		d Sole intena		Asbes	tos Cor	ntaining N	laterial (ACM)	Amount		1		ш	
TO BE ABA			odial		(i.e.	therma	il system: acing, VA	s insulation,	(Specify SF or LF)		Ren	Re	ncap	nc
(13)	У		(12)				miscellar		J 01 01 L1)	. 3	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1					1 3	2		ate	6
		163	140	18//		-				-				\vdash
Boileroom area			×		TSI				50 LF	- 1	×			
Hallway 1st floor			×		Ceiling	tiles			140 SF	,	K			
thru the building			×		Elbows	;			250 elbows	, ,	K			
Name of Registered Wast	e Hauler			JDEP V			Yards	Name	of Registered Lar	ndfill	-			,
Nick Restoration LL0				lauler ID 3782	No.	of Wa		G.R.C	.W.S					3.
City, State				0102			sal Date	City, St	ate		-			
Randolph, I	NJ 07869					TBD			own, PA					
Completed by		Title		-	-	200000000000000000000000000000000000000				Date	_	-		
Elvira Mrda		Presid	dent				6)	Vila U	da 10/16/2014					

(KZ3476

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

Date of Notification (1)				Name o	f Building (Owner/Operator (2	2)	RECEIV	r n
	15 / 14		-	E. I. I	Dupont			KECEIA	に U
Agencies Notified ⊠ EPA	Type Notification ☑ Initial	4		Street A		ıake Road	26	4 OCT 21 PM	110: 24
⊠ DOLWD	☐ Amended		-		ate, Zip Co				
☑ DHSS	Amendment #				n, NJ 088		A:S	BESTO, CU	U FROI
☐ DCA	☐ Emergency (in	cluding	-	10000				Telephone Numb	
(NJAC 5:23-8)	justification)				of Contact	al al		Текеричестваная	311 G
	Cancellation						10.7		
				FAC	ILITY INF	ORMATION			
Name of Facility Where A	batement is Takin	g Place (3)				Type of Facility (
Building 131/1820							School (K-12)	(Other than K-12)	
Street Address							Other (i.e., pr	vate and commerc	cial buildings,
250 Cheesequake R	Road						homes, etc.)		
City (5)							Square Feet	# of Floors	Bldg. Age
Parlin							85000	1	+/- 50
County (6)				Count	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)
Middlesex									
Name of Monitoring Firm	Hired by Building	Owner (8) /	ASCM N	lo.	Name of Abateme	ent Contractor (9)		
Cardno ATC	85					USA Environ	mental Manage	ement, Inc.	
Street Address						Street Address			
3 Terri Lane					1	8436 Enterpr	ise Avenue		
City, State, Zip Code						City, State, Zip C			
Burlington, NJ 080	16					Philadelphia			
Project Manager for Mon			Tele	phone N	Jo.	Telephone No.		License No.	
John Lutz	itoning Film			9-571-	10000	215-365-5810)	1156	
THE STATE OF THE SECOND	Caba	duled Co				Name of OSHA N		1.000	-
Start Date (10)	200000000	11 /					mental Manage	ement Inc	
10 /30 /					17			Jinoria, ino	
Occupancy Status During						Street Address			
☐ Facility Closed/Vacate					ه ماند ه	8436 Enterp			
Abatement Performed Time of Abatement: 7					inbe	City, State, Zip C Philadelphia			
Scope of Work (Check a	ll that apply)					-			
M - 2 - 4 2 14		⊠ Rei	ovoti	ion		☐ Full Cor	ntainment with Neg	gative Pressure	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	14	☐ Der					ag Procedure		
				7000		☐ Non-Ex	empted (*) and No	n-Friable Procedu	
		1	Loca						Abatement Typ
Location			lorma	illy ely by	A = h = .	Description stos Containing M		Amount	Encaps Repair Remov
Asbestos-Containing TO BE AB				ance/	(i.e.	, thermal systems	s insulation,	(Specify	Encapsula Repair
IN Facil		Cust		Staff?		surfacing, VA	T, or	SF or LF)	Encapsulate Repair Removal
(13)		Yes	(12) No	N/A		other miscellan	eous)		ि वि
Behind Bldg. 1820				\boxtimes	Pipe Ins	sulation		5LF	
Bldg. 131				\boxtimes	Pipe Ins	sulation		40LF	
		+=		10	-				
	7.112		Ц.		Mosts	Cubic Yards of	Name of Pegi	stered Landfill	
Name of Registered Wa				NJDEP I Hauler II		Waste	GROWS	Stored Landin	
USA Environment	al Mgmt Inc			3261		1			
City, State						Disposal Date	City, State		
Philadelphia, PA						11/4/14	Morrisville	e, PA	
Completed By (Print or	Type) T	itle				Signature/		D	ate C C C
Dilip Kumar	988 18	Progra	m Ma	anager	•	11/ h	40 Aure	11	10/15/201
ASR.41							M LOUICE		

ASB-41 MAY 11

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

CK# 0886

Date of Notification (1)			Name o	f Building O	wner/Operato	r (2)			•				
10-17-2014			Keith	Lam			RECE	111/	En				-
Agencies Notified	Type Notification		Street A	Address			I V Imas C Sur	m f V	han hat				
□ EPA	X Initial		1291	Springfiel	d Ave.								
DEP	Amended		City, Sta	ate, Zip Cod	е	211	4 OCT 2	PM	10: 2:	3			
X DOL	Amendment #		New	Providenc	e, NJ 0797	4							
X DOH	Emergency (in justification)	iciuaing	Name o	of Contact	7	AS.	BECTO & LICE	Telep	hone Nu	mber			
DCA	Cancellation		Shan				E I ICE	NSI	NC.	_			
		DI (D)	FAC	ILITY INFO	RMATION								
Name of Facility Where	Abatement is Taking	Place (3)					of Facility (4)						
House							School (K-12 Subchapter 8		than K 1	2)			
Street Address	۸				100		Other (i.e. pri				lings,	home	es,
1291 Springfield	Ave.						etc.)	1 4 66				1200	
City (5)						2000	re Feet	2	loors		ldg. A	ge	
New Providence			Country	Cada (7)			-		- domolio		+ 00		
County (6) Union				Code (7) USE ONLY)		Hou	nt Use (Prior	ii being	gaemons	nea)			
	I timed by Dyddina O	····················(D)	I ASCI	M No.	Nome	2623	tement Contr	rooter /	2)				
Name of Monitoring Fir	m Hirea by Bullaing O	wner (8)	n/a	VI NO.	1,000,000,000		lanageme		. (* *).				
Street Address			IIIa			t Addres		nt Ooi	р.				
n/a						Troy L							
City, State, Zip Code						State, Z							
n/a			Lincoln Park, NJ 07035										
Project Manager for Me	onitoring Firm		Telepho	one No		phone N			License N	No.		-	_
n/a	ormorning i min		n/a	one ive.		3-706-7			01193				
Start Date (10)		Scheduled (Date (11)		N PARKET A	HA Monitor						
10/27/2014		10/29/20			Loz	nica M	Management Corp						
Occupancy Status Dur	ing Abatement (Check	Only One)			Stree	t Addres	SS						
Facility Closed/Va	acated During Entire P	eriod of Aba	tement		22	Troy L	ane						
Abatement Perfor	med Outside of Norma				City,	State, Z	ip Code	7700071 7732					
X Other – Describe:	9am - 4pm			-	– Lin	coln Pa	ark, NJ 07	035					
Scope of Work (Check	All That Apply)					overne II.	***************************************						
23 sf or ≥3 lf		× Ren	ovation		-		I Containmer	nt with I	Vegative	Pressu	re		
≥160 sf or ≥260 lf		Dem	olition				ni-Enclosure ovebag Proce	duro					
							n-Exempted		Non-Fria	ble Pro	cedur	е	
		Islo	cation					Weed, 1007			Abate	emen	t
Locati	on of	Non	mally		Description	n of					Ty	ре	
Asbestos-Containing	ng Material (ACM)		olely by enance/		s Containing	Material			nount	1922		ш	m
TO BE A			al Staff?	(i.e. t	hermal system surfacing, V		ation,		oecify or LF)	Ren	교	cap	nch
(1:		(1	12)		other miscella				J. 2. 7	Remova	Repair	Encapsulate	Enclosure
		Yes N	lo N/A							-		te	O)
I Itilia.	Daam			Tro	naita Cailin	a Don	olo	2.20	00 SF		-	_	
Utility	Room		Х	Ira	nsite Ceilin	ig Fan	eis	2,2	JU SF	Х	-	_	
									10				
Name of Registered W	NJDEP \	Waste	Cubic Yards		Name of R	Register	ed Landfi	H			-		
Loznica Managem	Hauler II	TO SERVICE STATE OF THE PARTY O	of Waste		GROWS	Slan	Hfill						
	.с.п согр		003313	3/	TBD		5.0000000000000000000000000000000000000		-::::				
City, State	7025				Disposal Dat	ie	City, State		10067	,			
Lincoln Park, NJ 0	7/035	T =:41			TBD		Morrisvi	ile, P					
Completed by		Title	an.		Signatu	ire			1	ate 10/17/	יוחכי	i	
E. CITOVIC	. Cirovic Secret						300			0/1//	2012		

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

	-0	ding Owner/Operato	r (2)	RECE	WED	1		
	Essex C	ounty DPW		E to Street the States of	اجرط مستط الآ			
			enue 29	14 OCT 21	PM 10:	22		
cification nded	(- 0.5)		9 AS			ROL		
	Name of Cont Brian	act	Telepho					
	FACII	LITY INFORMATION	L.					
ment is Tak	ing Place (3)		[]School []Subchap [X]Other	(K-12) pter 8 (Oth (i.e., priv	ate & co	mmer-		
					and the second second			
County	(6) Essex	County Code (7) (STATE USE ONLY)	4000	2	•	70		
d by Buildi	ng ASCM No.	Name of Abate			eing dem	iolish	ea)	
		AZTECH I	MANAGEMEN'	100 MHz				
				5.				
	S NORWEST THE STREET)42				
Month ement (Checked During F	1-14 Day Year k only one) Entire Period	N/A Street Addres	SS					
Hours Desci	ipt»	City, State,	Zip Code					
	- 1700 - 100 100 100 100 100 100 100 100 100	[]Mini [X]Glov	-Enclosure ebag Procedure		e Pressi	ıre		
	Is	į juon	1110010 110000		Aba	temen		
	Normally Used Solely By Main- tenance/ Custodial Staff (12)	Asbestos-Com Material (i.e., thermatinsulation, sur	ntaining (ACM) al systems facing, VAT,		E	A	E E N C L O S U R E	
	X	Pipe Insula	tion	15 lf	X			
ler	N.TDED Waste	Cubic Varde	Name of Per	istered Lan	dfill			
	Hauler ID No.	of Waste 1.5	G.R.O.W					
THU.	1,040							
2.	17040	Disposal Date 10-22-14	City, State Morrisv:		1906	57		
	County d by Buildi ng Firm To No 10-2 Month Lement (Checked During Foutside of Month Lement Occupance of Month Lement O	Essex Confication is in the interest of the in	ESSEX County DPW Street Address 99 West Bradford Av City, State, Zip Code Cedar Grove, NJ, 0700 Name of Contact Brian County (6) Essex County Theoremation FACILITY INFORMATION Mame of Abate AZTECH Street Addres 86 Chri City, State, Montcla Telephone Number N/A Sched. Completion Date (11) 10-21-14 Month Day Year ement (Check only one) ted During Entire Period Dutside of Normal Facility FHours Descripts Mer Occupancy Descripts At apply) [X] Renovation [] Demolition Is Location Normally Used Solely By Main- tenance/ Custodial Staff (12) Yes No N/A Telephone Num (973) 74 Name of OSHA N/A Street Addres City, State, City, State, City, State, City, State, Montcla Telephone Num (973) 74 Street Addres City, State, Street Addres City, State, Street Addres Street Addres Ontal Facility FROURD City, State, City, S	ESSEX COUNTY DPW Street Address 99 West Bradford Avenue City, State, Zip Code Cedar Grove, NJ, 07009 Name of Contact Brian FACILITY INFORMATION Ment is Taking Place (3) County (6) Essex County Code (7) (STATE USE ONLY) Description Type of Facility Square Feet 4000 Current Use AZTECH MANAGEMENT Street Address 86 Christopher St City, State, Zip Code Montclair, NJ 070 Type of Facility Square Feet 4000 Current Use City, State, Zip Code Montclair, NJ 070 Telephone Number N/A Sched. Completion Date (11) 10-21-14 Month Day Year ement (Check only one) ted During Entire Period Outside of Normal Facility CHOURS Descripts It apply) [X] Renovation [] Demolition [X] Renovation [] Demolition [X] City, State, Zip Code Montclair, NJ 070 Telephone Number (973) 744-8800 Name of OSHA Monitor N/A Street Address Street Address Street Address Street Address Telephone Number (10, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Description of ABSestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Tick AMP Pipe Insulation	Street Address 99 West Bradford Avenue City, State, Zip Code Cedar Grove, NJ, 07009 ASSECTION ERGENCY Name of Contact Brian FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION Type of Facility (4) [] School (R-12) [] Subchapter 8 (oth [X] Other (i.e., priv cial buildings, Square Feet 4000 Current Use (Prior if b AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Telephone Number (973) 744-8800 Name of OSHA Monitor N/A School Completion Date (11) 10-21-14 Month Day Year ement (Check only one) ted During Entire Period Dutside of Normal Facility Horror Descripts to apply) [X] Renovation [] Description of [] Description of Asbestos-Containing Material (ACM) School (2) Vest No N/A Tic. Yes No N/A Pipe Insulation 15 1f	Street Address 9 West Bradford Avenue 2514 9CT 21 PM 10: city, State, Zip Code Cedar Grove, NJ, 07009 ASSECT JUNIO Cotty, State, Zip Code Cedar Grove, NJ, 07009 ASSECT JUNIO Cotty, State, Zip Code Cedar Grove, NJ, 07009 ASSECT JUNIO Name of Contact Brian FACILITY INFORMATION Facility (4) [ESSEX County DPW Street Address 99 West Bradford Avenue 2014 GCT 21 PM 10: 22 County (6) ESSEX County Code (7) (STATE USE ONLY) County (6) ESSEX County Code (7) (STATE USE ONLY) County (6) ESSEX County Code (7) (STATE USE ONLY) County (6) ESSEX County Code (7) (STATE USE ONLY) County (6) ESSEX County Code (7) (STATE USE ONLY) County Use (Prior if being demolish building homes, etc.) Square Feet so f Floors Bldg. As 4000 2 70 Current Use (Prior if being demolish buildings, homes, etc.) Square Feet so f Floors Bldg. As 4000 2 70 Current Use (Prior if being demolish buildings, homes, etc.) Square Feet so f Floors Bldg. As 4000 2 70 Current Use (Prior if being demolish buildings, homes, etc.) Square Feet so f Floors Bldg. As 4000 2 70 Current Use (Prior if being demolish buildings, homes, etc.) Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Telephone Number (973) 744-8800 00371 NAM (973) 744-8800 00371 Sched. Completion Date (11) 10-21-14 Month Day Year emant (Check only one) teat During Entire Period building Brite Period Coupand Bearipts to During Entire Period Coupand Descripts to Sport Street Address License Number (1) Mans of OSHA Monitor N/A Sched. Completion Date (11) 10-21-14 Month Day Year emant (Check only one) teat Descripts Experiod Coupand Descripts to Sport Street Address City, State, Zip Code (1) Mans of OSHA Monitor (2) Mans of OSHA Monitor (2) Moni	

RECEIVED CHECK#1088

Date of Notification (1) 10/17/2014	2					g Owner/0					27.01		-					
Agencies Notified	Type Notification			Street /	Address A Morris					HIA C	CT 21	_ P Ħ	II): ?	· []				
EPA DEP DOL	Initial Amended Amendmen			City, St	ate, Zip 0	Code				155 8	ETO.	HSII	.≓R IG	0L				
DOH DCA	Emergency justification Cancellation	1	3		of Contac Capde	71,					lenhone N							
Name of Facility Where Private Residence		ng Place (3)	FAC	ILITY IN	FORMATI	ION	Туре	e of Facility	(4)								
Street Address 92 Carrol St.								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ildings	, hom	ies,			
City (5) Paterson									are Feet	# 0	f Floors		Bldg. /	Age				
County (6) Passaic					Code (7)				ent Use (Pri	10000	ing demoli							
Name of Monitoring Fire	n Hired by Building	Owner (8)	ASCI	M No.	1000			atement Cor									
Street Address							Street	Addre			-							
City, State, Zip Code							City, S	tate, 2	Zip Code nge, NJ (-					
Project Manager for Mo	Manager for Monitoring Firm ate (10) Scheduled						Teleph 973-3	one N	lo.		License 01232	No.						
Start Date (10) 10/27/2014	7/2014 10/28/20				Date (11)	Name	of OS	HA Monitor on Consu	ltante					_			
	supancy Status During Abatement (Check Only One					Street	Addre	ss				-						
Abatement Perform	ated During Entire I ned Outside of Norm Normal Working Hou	nal Facility	Abater y Hour	City, State, Zip Code							ig.35E							
Scope of Work (Check A	West of States and States and States				Fair Lawn, NJ 07410													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor.	Renova Demoli				×	Mi Gl	Il Containme ni-Enclosure ovebag Proc	edure								
		Is	Locat	ion				l No	n-Exempted	(*) and	d Non-Fria	ble Pro		ire tement				
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED ity	Use Ma	Normal ed Sole iintena todial s (12)	ly by nce/		stos Conta thermal surfac		ateria insula r, or		(S	mount specify or LF)	Remova	Repair	e Encapsulate	Enclosure			
5		Yes	No	N/A				,				/al	=	late	ure			
Basem	ent		100	х		Pipe	Insulat	ion		2	0 LF	X						
										-			-					
Name of Registered Was			Н	JDEP W auler ID 035844	No.	Cubic \ of Was	te		Name of F			II						
City, State Vest Orange, New Jersey						Dispos: TBD	al Date		City, State Morrisvi		ennsylva	nia						
Completed by Dimo Golcev		Title Proje	ct Ma	nager		Si	gnature		15	/	D	ate 0/17/2	2014		\neg			
SB-41 (R-06-08)							* Do not	usef	his form for	asbesto	os licensur	asure exempted activities.						

MO#22302803575

MAY 11

Date of National - (4)									500	Jan. 5.3	, ,,,,,,	- =-		
Date of Notification (1)				Name	of Buildin	ng Owner/O	perator (2)	REC	Com 1 19		. L		
10	_ / _ 1	4		Carol	Zigmont									
Agencies Notified Type	Notification				t Address			***************************************	2014 OCT 2	ZI P	MI	n:	1010	_
☐ EPA 🔀 ir	nitial			26 pi	tt Street				2011 001 2	-1 1	1 8 8	0-	46	
	mended				State, Zip	Cada			# 67.7% T/17			. 54	-	
□ DHSS A	mendment	#		9200					ASEEST		بيال	'K	UL	
	mergency (i		ig		nfield, N.				& L10	FKS	H	G		
	istification)	*		Name	of Contac	ct			Telephone N	umber				77772
C	ancellation			Charl	es Holme	es			1					
				FA	CILITY II	NFORMAT	TION		-	7	33			
Name of Facility Where Abaten	nent is Takir	no Plac	e (3)			VI 011.117	1011	Type of Facility	u (A)				- 70	
Private home		.9	C (C)						**************************************					
Street Address								Subchanter	12) 8 (Other than K-	1 2)				
								Other (i.e.,	private and com	mercial	buil	dino	IS.	
26 Pitt Street								homes, etc	.)				-	
City (5)								Square Feet	# of Floors		Bld	g. A	ge	
Bloomfield, NJ 07003													E. A. C.	
County (6)				Cour	Thy Code (7)	(STATE US	E ONLY)	Current Use (F	Prior if being dem	nolished	1			
Essex							/		Troi ii boing deli	ionsned	1			
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No	Mana	Alexandre							
	b) ballaning	O MITOL	(0)	ASCIVI	NO.	Name of	Abateme	ent Contractor (9)					
0						Gr Tech	LLC							
Street Address						Street Ad	ddress							
						576 Vall	ev Rd#	283						
City. State, Zip Code				9.0		City, Stat							-	-
						A Comment of the Comm								
Project Manager for Monitoring	Firm	-00-	Tal	ephone	No	Wayne,		0	Tir					
	N. 1151-525-51		160	sprione	NO,	Contraction measures			License No.					
Start Date (10)	10.1					973-638-			01127					
					ate (11)	Name of	OSHA M	lonitor						_
	- -	10	/	9/	14	Envirovi	sion Co	nsultants,Inc						
Occupancy Status During Abate	ement (Chec	k only	one)			Street Ad								
	ing Entire P	eriod of	f Abate	ment				D 1 D11 "						
Abatement Performed Outside	de of Norma	l Facili	ty Hou	rs - Das	scribe	City, Stat	agaraw	Road, Bldg .#	34A					
Time of Abatement:	AMF	PM/	PM		AM	Lance America			130					
Scope of Work (Check all that a						Fair Law								
Scope of Work (Check all that a	pply)					Н	Clean up	and decontami	nation with nega	tive pre	ssu	re		
		X R	enovat	ion			Full Cont Mini-Encl	ainment with Ne	gative Pressure					
≥ 160 sf or >260 lf			emoliti				Glovebac	Procedure F	Tent with Negar	tive Pre	2511	re		
							Non-Exer	mpted (*) and N	on-Friable Proce	dure	JJu	10		
		1	s Loca	tion	T						l= = 4		-1.7	
Location of			Norma			Desc	cription of	f		/	-	-	ent Ty	ype
Asbestos-Containing Materia	al (ACM)		ed Sole		Asbe	stos Contai	ining Mat	erial (ACM)	Amount	2	1	Repair	E	En
TO BE ABATED		100	aintena stodial		(i.e	e., thermal s	systems in	nsulation,	(Specify	Kernova	13	ba	Encapsulate	Enclosure
IN Facility (13)		Jour	(12)	Otan:			ng, VAT.		SIF or LF)	Va	1.	₹	Ins	Sur
(10)		1	T	T	1	other mi	scellaneo	ous)		1			ate	CD.
		Yes	No	N/A	į.		4							
Basement				X	Pipe inst	ulation			15 LF	X			\Box	
Basement		П		X	Dailer in			-		TY	7 7	=		
		+=	-		Boiler in	isuiation			30 SF	X	1 [_	Ш	
														П
			П								ı İr	=		
Name of Registered Waste Hau	ler			JED West	Haules ID II	0.7					J		الا	
. A.	ICI		NJ	Jar Waste	Hauler ID No.	Cubic Yard	s of Waste	Name of Regi	stered Landfill					
Gr Tech LLC			(003378	35	TBD		T.R.R.F. Inc	2.40					
City, State	10 17 17 17 17 17 17 17 17 17 17 17 17 17					Disposal I	Date	City, State		-	V 1	-	-	-
Wayne, NJ 07470 -								323						
Completed By (Print or Type)	7:0	^				TBD		Tullytown, P	A					
completed by (Fillit of Type)	Titl	Е				Signa	ature /	, -	a	Date				
N.Jevtic	Ow	ner					-19/	En il	100	10/18/2	01	4		
SB-41			11.1				1/20	THE WEN	LQO !	. 0/ 1 0/ 2	014	•		
1AY 11	*	Do no	i use ii	his form	for asbesi	tos licensur	e essempti	ed activities.						

Check#2019

State of New Jersey

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

Date of Notification (1)				1								
	<i>I</i>	14		- 1	ne of Buildi ence Man	ing Owner/Operator	(2)	RECEIV	ED	37		
Agencies Notified Type No		n			et Address		2012	OCT 21 PM	110. :	0		
☐ EPA ☐ Initia				45 0	Orchard St	treet	26 [5	GOLZI FF	110- (9		
	nded ndment	un.		The state of the s	, State, Zip		* * * *	5 7 5 4 75 - 5	- 10 0			
□ DCA □ Eme					ey, NJ 07		421	ESTO D	H'KL	儿		
	fication)	(incidal	ng		ne of Conta			& LICENSI	NG			
Cand	cellation				rles Holm			relephone N	lumber			
	_							200 001 00	ريد			
Name of Facility Where Abatemen	i in Tok	na Di-	(0)	F.	ACILITY	INFORMATION						0.000 - 4.010
Private home	LIS TAK	ing Plac	e (3)				Type of Facili	N. C.			See In	
Street Address							School (K	-12)	10.100			
SAUCH LA POSSO SAUCHAC GODO CONPERC							Other (i.e.	er 8 (Other than K , private and com	·12) mercial l	huildi		
45 Orchard Street City (5)							homes, et	c.)	inercial i	Dunai	ngs,	
Maria (1920)							Square Feet	# of Floors		Bidg.	Age	
Nutley, NJ 07110											•	
County (8)				Cot	inty Code (7) (STATE USE ONLY)	Current Use (Prior if being dem	nolished)		-	-
Essex												
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	/ No.	Name of Abatem	ent Contractor	(9)	177-11. OF	47 Feb.		_
						Gr Tech LLC						
Street Address	Som Steern					Street Address						
						576 Valley Rd #	1283					
City, State, Zip Code						City, State, Zip Co						
						Wayne, NJ 0747						
Project Manager for Monitoring Firm	n		Tei	ephone	No.	Telephone No.	0	Theres M				
						0.0000		License No.				
Start Date (10)	Sche	eduled (Comple	etion D	ate (11)	973-638-1777 Name of OSHA M		01127				
10/29/14					14							
Occupancy Status During Abateme	ot (Che	ck only				Envirovision Co	nsultants,Inc					
☐ Facility Closed/Vacated During i	Entire P	eriod of	One) Aboto	mont		Street Address						
Abatement Performed Outside of	fNorma	LEgaille	1 1		scribo	20-21 Wagaraw	Road, Bldg .#	‡ 34A				
Time of Abatement:AM-	F	PM/	PM	- 13 - De	AM	City, State, Zip Co	de			N 187 3	-	
Scope of Work (Check all that apply					- 200,000.	Fair Lawn, NJ 07						
)					Clean up	and decontam	ination with negat	ive pres	sure		
>3 sf or >3 If			enovati			Mini-Encl	ainment with No	egative Pressure				
			emolitic	on		Glovebad	Procedure [Tent with Negat	ive Pres	sure		
		T .				☐ Non-Exer	npted (*) and N	on-Friable Procei	dure			
Location of			s Locat Norma						At	atem	ent T	vne
Asbestos-Containing Material (A	CM)	Use	ed Sole	ely by	Acho	Description of				T .	T	_
TO BE ABATED	Y	Ma	intena	nce/	(i.e	stos Containing Mate ., thermal systems in	erial (ACM)	Amount	en	Repair	nca	inc
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	(Specify SIF or LF)	Removal	a i	squ	Enclosure
(10)		-		T	1	other miscellaneo	us)	/	<u>m</u>		Encapsulate	le l
0.11	-	Yes	No	N/A			- Carry (1984) - 1984				0	
Boiler room			Ш	X	Pipe insu	ılation		25 LF	X	In	П	
soiler room				X	Boiler in	sulation						
					DONCE III	Sulation		24 SF			Ш	
	-	Ш										
Name of Registered Waste Hauler			NJD	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill			Ц.	Щ
r Tech LLC			0	03378	5	The state of the s		oto. ou Langiiii				
City, State				03376	3	TBD Disposal Date	T.R.R.F. Inc		-			
/ayne, NJ 07470							City, State					
Completed By (Print or Type)	Title					TBD	Tullytown, P	A				
	11716	88				Signature	4 .	A. I	ate			
Jevtic BB-41	Own	ner	<u> </u>			49/	For ila	100	0/18/20	14		
NB-41 NY 11	ış.	Donas	1100 1	ic fam.	for	os licensure esemple	· · · · · · · · · · · · · · · · · · ·		10/20	14	-	
M 256		1101	wat III	ie jurill	jui aspesi	US LICENSTIFE PNEMNIE	a activities					

NO CK

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

RECEIVED

ale of Notification (1)		Name d	Building Owner/Operation	WAN MA	MACT 21 PMI	0 <u>:</u> i 9
Intried Type Notification gl Amended Amendment D Emergency (<u>.</u> 4	Street A 52 City, Sta		- 1	BBESTO TO	·ROL
justification)	s-acoing	Name of	Contact!		Telephone Number	*
		FACIL	And the same of th			areasers
or of Encility Where Abatement is Taki	ng Place (3) .		2 1	Type of Facility	y (4)	
LARCE BANDENE LA	brication	o mt	g. Plant	☐ School (K-1	2) 8 (Other than K-12)	
DEONE T			· .	AOther (Le. phomes, etc.	rivete & commercial bu .)	
MARTINE			6	Square Feet 2,250	# of Floors B	idg Ape
enelle:	eromiorale environi go de de enjer	County (Dode (7) (STATE USE		Prior If being demolished	fi
me of Monitoring Firm Hired by Building	1	OM No.	1	meni Contractor (111
13 N. Tea RA POBER	305KS		Street Address	1 /	Drive	
State ZipyCode	1969		City, State, Zip	* -		
est Menaper for Monitoring Firm V	Telepi	none No.	Telephone No.	05-1111-1	License No 0120	
/	led Completion	750- 9 Date (11)	21/2/9-575. Name of OSHA		-	
unaricy Status During Abatement (Che	0-25-/4 ck only one)	/	Street Address	e Testing	+ COTSALT FOR	PIL
actify Closed/Vacated During Entire Personners Performed Outside of Normal Street - Describe		nt	City, State, Zip		<u>2.</u> HIBAN 4615	
thrind Work (Check off that apply) Zeron 1000 160 stipt ≥ 250 lf		☐ Renov D Demoi	ation D Minition	Containment with Enclosure rebag Procedure	Negative Pressure	
Ebcation of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Loc Norm Used St Mainter Custo Stal (12	ally liely by lance/ idial 17	Description Asbestos Containing M (i.e., thermal systems surfacing, VA1 other miscelland	of sterial (ACM) Insulation.	Amount (Specify SF or LF)	Removal
	Yes No	. N/A				
NK = 99	X		TANK GETIN	9	2,250SF	X
and the state of t		1-1-				-
- Magistered Waste Hauter MATE Environmental	/ IM Nie	Waste Hau	30		Hered Landlik ACRES LAnd	
State Ny	/		9/30/14	Fair po		
when Mre DINE	tora Ale	Stran	A Signature	Sin	loc Z	8-22-1

(K#2476

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

RECEIVED

Date of Notification (1)		Name of Bu	uilding Ow	ner/Operato	r (2)	Fin 21	14 00	T 21 F	DM IU	. ; -	,	
Agencies Notified Type Notification EPA Initial Amended		Street Addi	Tr	enton	È	B: 1.	19 T C	T5 -		R 01	•	
DOL Amendme Emergence justification Cancellati	cy (including on)	Name of C		<u>r</u> +, <u>r</u>	sec) <u>(</u> (-3		phone Num			; 	-
		FACILIT	TY INFOR	MATION	1 =	-6595-74						
Name of Facility Where Abatement is Ta Griffin Tes: d Street Address	en Cl					of Facility (4 School (K-12 Subchapter 8 Other (i.e. pretc.)	2) 8 (Othe	r than K-12 commercia) al build	ings, l	nome	s,
Sea Girt					Squa	re Feet O ont Use (Prio		Floors	(gg. Ag	t	
County (6)		County Co (STATE US			T	7000	CO	(l	euj			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCM N	No.	Nam	e of Aba	tement Cont	tractor	(9)				
Name of Worldowig I will mod by Danes	g o (0)			Ac	e Insula	ation Co.,	Inc.					
Street Address				95		se Road						
City, State, Zip Code						ip Code k, N.J. 07	722					
Project Manager for Monitoring Firm		Telephone	No.		phone N 2-294-			License N 00029	0.			
Start Date (10)	Scheduled Co	mpletion Da	ate (11)	Nan	e of OS	HA Monitor						
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Abate Iormal Eacility Hou	ment rs			et Addre	rip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renov				Mi Gi	ill Containme ni-Enclosure ovebag Prod on-Exempted	edure	•			e .	
	is Loca	2022/22/23								Abate Ty	ment pe	ı
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)	Norm Used So Mainten Custodial (12	lely by ance/ I Staff?	(i.e. ti	Descriptions Containing thermal system surfacing, other miscel	Materia ms insu VAT, or	lation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A	0		- (0		0-)M	-	h	Ф.	-
11 door basen	14	7		100r H	Q		90		X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Wa Hauler ID N 12086		Cubic Yard of Waste	3	Chrins		ered Landfil	1			
City, State Colts Neck, New Jersey				Disposal D	ate JY	City, Stat Easton						
Completed by Bree McGuire	Title Secretar	y Treasur	rer	Signat	24	ul.	•	D	ate /U/	181	14	,
ASB-41 (R-06-08)	=	-		* Do	not use	this form for	asbes	tos licensur	e exen	npted	activi	ities.

CKH 2476

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

RECEIVED

		angene and the same										
Date of Notification (1)		Name of B		wner/Operator		ndse.	not l	Cam	٠. ٠	-		
Agencies Notified Type Notifica	etion	Street Add	4 , , -	1) (4)	the	出出	BELL!	2 PH	M: t	1		
	11011		250	3 S+ 1	HW	450	7/		· Do	Н		
EPA Initial Amend	ed	City, State				10	& L 1	ENSIR	G)L		22
	ment # ency (including)(/	(cike,	100	Sim	1000					
DOH Justifica	ition)	Name of C	, 0	J			1616	phone Nur	_ indei			
DCA Cancel	lation			RMATION								
Name of Facility Where Abatement is	Taking Place (3)	10			Type of	f Facility (4)					
AMORANT	-cm: ly (<u>(C</u>				chool (K-1		er than K-12	2)			
Street Address	17 pu				1 0	ther (i.e. p		commerci		lings,	home	es,
City (5)					Square		# of	Floors	В	ldg. A	ge	
Spring we		01.00000000000000000000000000000000000										
County (6)		County Co			Current	t Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)	ASCM			e of Abate	ment Cor	ntractor	(9)				
Maine of Monitoring First Fined by Dai	lung Owner (o)	7.00	110.		Insulat			S. J. P. L.				
Street Address					t Address Montros		4					
City, State, Zip Code					State, Zip							
Oity, State, Zip Code				13 (0.1103)	ts Neck,		7722					
Project Manager for Monitoring Firm		Telephon	e No.		hone No.			License N	0.			
	101111	0	-t- (dd)		-294-17 of OSHA			00029				
Start Date (10)	10/31	Completion D	ate (11)	Name	8 01 OSDA	A MONITOR						
Occupancy Status During Abatement	1 1 1 1	' '		Stree	t Address	3			1200			
Facility Closed/Vacated During E	ntire Period of Aba	atement		City	Ctoto 7in	Codo						
Abatement Performed Outside of Other – Describe:	- 10 mail Facility Hi	ours		City,	State, Zip	Code						
Scope of Work (Check All That Apply)												-
□∩≥3 sf or ≥3 lf		ovation						Negative F	ressu	re		
≥160 sf or ≥260 lf	Den	nolition				Enclosure bag Pro						
				B	Non-	-Exempte	d (*) and	Non-Friat	le Pro	Abate		
		cation mally		Description							pe	
Location of Asbestos-Containing Material (AC	MAN Used S	Solely by enance/		Description tos Containing	Material (mount	_		щ	E
TO BE ABATED In Facility	Custod	ial Staff?	(i.e.	thermal system surfacing, V		ion,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	- [12)		other miscella					oval	air	sulat	sure
	Yes	No N/A									0	
cutdoors		0		195h:	2		28	OCF	Y	2		
		(-			0							
									1			
		I NIGET VI	- eta	Cubia Vand		Name	Doolet	rad I and El	_			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		Hauler ID I	55.500.000	of Waste	, I	IESI	registe	ered Landfil	•			
		12086		Disposal Dat	e	City, Sta	te				-	
City, State Colts Neck, New Jersey				16/31/1	4	Bethlel		PA				
Completed by	Title			Signatu		1			ate /	0	1	
Bree McGuire	Secreta	ary Treasur	rer		Ore	y		1	1/	8/	14	
ASB-41 (R-06-08)				* Do r	not use th	js førm for	r asbest	os licensur	e exen	npted	activit	ties.
					1							

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				Name of Building Owner/Operator (2	1 RE	CEI	VFI	7					
10/15/2014				Ark Management Corp.									
Agencies Notified	Type of Notifica	19		Street Address 2035 Kennedy Blvd.	2914 90								
(X)EPA (X)NJDEP	(X) Initial N () Amende	ed		City, State, Zip Code	ASEE	ICEN:	JI 1	ROL					
(X) NJ DOL	Amend			North Bergen, NJ 07087									
(X)DOH ()DCA	() Emerge justifica () Cancella	tion)	ng	Name of Contact Ken Afarian	1	Tel. Num	ber						
	() Cancella		ACILIT	Y INFORMATION					-				
Name of Facility Where Abatemen	it is Taking Place (<u>3)</u>		Type of Facility (4)									
Residential Property				() School (K-12) () Subchapter 8 (other than K-1	2)								
Street Address				(X) Other (i.e. private & commercial		mes, etc	C .						
9 Elmwood Ct							772	_					
City (5)	County (6)	County Code	e (7)	Sq. Feet: 10,000 # of Flo	ors <u>2</u>	Bldg	. Age <u>6</u>	<u>0</u>					
	OSCIII, (O)	(State Use C		Current Use (prior if being demol	ished).								
Elmwood Park, NJ 07407	Bergen			Current Ose (prior il bellig demoi	ioriou).								
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM No.		Name of Contractor (9)				-					
N/A		N/A		ISES, Inc.									
Street Address				Street Address									
N/A				3300 Hudson Avenue									
City, State, Zip Code N/A				City State, ZipCode Union City, NJ									
Project Manager for Monitoring	Telephone N	umber		Telephone Number	ımber								
Firm	Telephone IV	umber		(201)325-0055			1124						
N/A													
Scheduled Start Date (10)		ompletion Date	(11)	Name of OSHA Monitor ISES, Inc.									
10/25/2014 Occupancy Status During Abatem	12/08/201			Street Address									
() Facility Closed/Vacated Duri				3300 Hudson Avenue									
() Abatement Performed Outsi													
(X) Other - Describe: Unoccup	ned during abatem	ient		City, State, Zip Code Union City, NJ 07087									
Source of Work (Check all that ap	nly) () Demolition		(X) Renovation									
				# 1.4. To the meaning of the control	100 VIII								
() Minor Project (< 25 SF () Small Project (>25 <16				(X) Full Containment with () Mini-Enclosure	n Negative Pr	essure							
(X) Large Project (>160 SF	or > 260 LF AC	M		(X) Glovebag Procedure									
Location of Asbestos-	Is Location Norr	nally I lsed		() Non-Exempted (*) ar Description of ACM	Amount		ure batemer	t Type					
Containing Material (ACM)	Solely by Maint	enance or	(i.e.	thermal systems insulation, surfacing,	(Specify SF			,,,,					
To be Abated in Facility (13)	Custodial Sta	aff? (12)		VAT, or other miscellaneous.)	or LF)	D Z	_	E	Щ				
						Remova	Repair	Encapsulate	Enclosure				
	YES NO	N/A				oval	air	ulate	sure				
						L.,		_					
Building 1 – Crawl Space Units - 30A&B, 36A&B	X		TSIF	ipe Insulation	Approx 820 LF	X							
Building 4 - Crawl Space	Х		TSIF	Pipe Insulation	Approx	Х							
Units- 127A&B, 129 A&B,133				2790 LF									
&B,135 A&B,141 A&B,145, &B 143 A&B, 139 A&B													
						1							
Name of Reg. Waste Hauler	NJDF	r ID#	Cubic Yards of Waste	Name of Rec	Landfil								
Name of Reg. Waste Hauler Newark Carting NJDEP Waste Hauler ID # 04509				20	IBSI Betl			fill					
City, State Dis				Date	City, State								
The state of the s				3/2014	Bethleher	m, PA	18015						
Completed by (Print or Type)	<u>Title</u>												
David Camacho	Project Sur	ervisor	8	David Camohu.	10/15/20	14							
David Camacilo	David Camacho Project Supervisor				10110120	•							

Date of Notification (1) 10/14/14	*			Building O Hartleib	wner/Oper	ator	(2)	RE	CEI	VEL)			
Agencies Notified	Type Notification			Street Add		enue, Ap	t 3		2014 OC	T21 1	M In:	ลร		
EPA DEP DOL	Initial Amended Amendment #		-	City, State	e, Zip Cod ork, NY	le			158 <u>5</u> 6					
DOH DCA	Emergency (in justification) Cancellation	cluaing	100	Name of 0 Steffen	Contact Hartleib)			Tel	ephone N	umber			
				FACIL	ITY INFO	RMATION								
Name of Facility When House Street Address	e Abatement is Taking	Place (3)			2			Type of Facili	*	er than K-	.12)			
271 Richmond Av	/enue								e. private			dings,	home	s,
City (5) South Orange								Square Feet N/A	# o N//	f Floors A		ildg. A I/A	ge	
County (6) Essex				County C (STATE U	ode (7) SE ONLY)		-	Current Use (Prior if be	ng demol	ished)	3	10	
Name of Monitoring F	irm Hired by Building O	wner (8)		ASCM	No.			of Abatement Abatement		(9)				
Street Address	Street Address							Address osengren A	venue					
City, State, Zip Code	City, State, Zip Code					C	ity, S	itate, Zip Code						
Project Manager for M	Project Manager for Monitoring Firm					Te	eleph	wa, NJ 075	12	License				
Start Date (10)		Scheduled	1 Con	onletion F)ate (11)			345-8685 of OSHA Mon	itor	#0067	5 			
10/29/14		10/30/14	4	ipietion L	vate (11)	0)&S	Abtement,						
_	ring Abatement (Check			ont		100		Address osengren A	venue					
	acated During Entire Pormed Outside of Normals: Occupied					1,440		State, Zip Code						
Scope of Work (Chec							Olo	wa, 145 075	12					
≥3 sf or ≥3 lf ≥160 sf or ≥260 l		_	enova emolit						sure Procedure				· ·	
		Ι		. 1				14011-EXEII	pted () ai	14 14011-1 1	abic i ic		ement	t
Loca	tion of	N	_ocat ormal	lly :		Descri	intior	n of	ļ			T	/pe	
Asbestos-Contain TO BE	ing Material (ACM) ABATED acility 13)	Mair	ntena	ely by nce/ Staff?		os Contain	ing N stem g, VA	Material (ACM) is insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
base	ement	103	X	1071		pipe in	sula	ation	1	08 LF	х			
base	X			2 03	pes			40 LF			Х			
										-				
Name of Registered V		JDEP W		Cubic Ya	ırdş	Name	e of Regist	ered Lan	dfill	<u></u>				
D&S Abatement, Inc.				fauler ID 20996	No.	of Waste TBD			ste Mana	agemen	of PA	8		
City, State Totowa, NJ				Disposal TBD	1	Tull	State ytown, N							
Completed by Title				anager		Sig	lo l	aua Br	lure		Date 10/14/	14		

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

										FX F	* () }	- 11/				
Date of Notification (1) 10/17/14					Building (eterson	Owner/Op	perator	(2)								
Agencies Notified	Type No				Street Ad	ddress naquaes	s Way			WH GE	721	PM	10: 05			
EPA DEP DOL		al ended endment #	ŧ		City, Sta	te, Zip Co ield, NJ	de)		458 ES	105	ية ل د	ROL			
	× Em	ergency (i			Name of					Œ [Tele	phone I	G Number			-
DOH DCA		cellation				eterson							• •			
Name of Facility Where Rob Peterson	Abatement	is Taking	Place (3)	FACI	LITY INFO	DRMATIC	N	Туре	of Facility (4	4)					
Street Address										School (K-1: Subchapter		er than k	(-12)			
14 Tamaquaes Wa	у		- Company				0.000		N C	Other (i.e. petc.)				ldings	, hom	es,
City (5) West Field									Squar	e Feet	# of	Floors		Bldg.	Age	
County (6) Union					County C	ode (7) ISE ONLY		_	Curre	nt Use (Prid	or if beir	ng demo	olished)			
Name of Monitoring Firm	Hired by	Building C	wner (8)		ASCN	No.	-		of Abate	ement Con ment	tractor	(9)				
Street Address									Addres	s Street Si	uite A	4				
City, State, Zip Code										p Code						
Project Manager for Mor	nitorina Fin	n		-	Telephor	ne No			h Berg	gen, NJ 0	7047	Licens	e No			
									293-6			0122				
Start Date (10) 10/22/14			Schedule 10/29/1		npletion [Date (11)				IA Monitor I CONSU	LTING	3 LLC				
Occupancy Status Durin	70 100000000000000000000000000000000000			00 .0 00					Addres	s TE EAS	r suu	TE 107	7			
Abatement Perform Other – Describe:	ated Durin ned Outside	g Entire P e of Norm	eriod of A al Facility	Abatem Hours	nent S			City, S	state, Zi	p Code	1 001	12 107	· ·			
Scope of Work (Check A	All That App	oly)						UNI	ON N.	07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	•			enova emolit				×	Min	Containme i-Enclosure vebag Prod		Negativ	e Press	ure		
			Τ.				- F		☐ Nor	n-Exempted	(*) and	Non-F	riable Pr	0.787	re emen	
Location	n of		N	Locati Iormal	ly		Des	cription	of				_		уре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	ACM)	Ma	d Sole intenar odial S (12)	nce/		tos Conta thermal s surfac other m	system: ing, VA	s insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Kitche	∍n						Lir	oleur	n		12	0 SF	X	1		
roceiton																
										-						
Name of Registered Waste Hauler					JDEP W	aste	Cubic	/ards		Name of I	Registe	red Lan	dfill			
SAN TON SERVICES					lauler ID 2430	No.	of Was	te		MEDO	500 march			MISIO	NC	
City, State KENILWORTH, NJ							Disposi	al Date		City, State						
Completed by Title							Si	gnaiure	5/	5	<u></u>		Date			
Bryan Parra Project					anager		7	5	17-				10/17/	14		



ECEIVED State of New Jersey

NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 12:120) 2814 OCT 21 PM In: 22

Date of Notification (1) Name of Building Owner/Operators (2) GOT 21 11010 TRANSFORMATION GNTERPRISES ASBES Type Notification Agencies Notified Street Address & L Initial DAKE VIGE 601 W. Amended DEP City, State, Zip Code DOL Amendment #_ Emergency (including justification) HORBUR DOH DCA Cancellation DRBARA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 551 DEN.CC School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, Frond NCS Ivi. homes, etc.) Square Feet Bldg. Age # of Floors City (5) EGG HORBOR TWP. 1500 404 Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) VACANT SNITIC Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. 16 com co Street Address Street Address 369 City, State, Zip Code City, State, Zip Code Telephone No. Project Manager for Monitoring Firm 856-779-0472 00444 Scheduled Completion Date (11) Start Date (10) 6/14 10/36/14 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ___≥3 sf or ≥3 tf ___≥160 sf or ≥260 tf Demotition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulat Custodial (i.e., thermal systems insulation, (Specify Remova TO BE ABATED Repair Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A No Yes SIDING 20004 TRANSTE 51DING Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registèred Waste Hauler Hauter ID No. of Waste KLEMCO INC 15 Disposal Date MARLE SHODE Signature Completed By

JOSEPHILLERAM

10

CK 19542

			(Pu	irsuant to	o NJAC 8	3:60 and	12:120)				R	FC	<u> </u>	1/2	F
Date of Notification (1) 10/17/2014				Owner/Op PAPER			,		2814 (TO THE VIEW	*== :	5 L.	الميا		
Agencies Notified	Type Notification	on		Street Ad ONE M		STRE	ET								
EPA DEP DOL	Amended Amendme				e, Zip Co OOD P	^{de} ARK, N	J 0740	7		2	A.50 =	STS	- N.S	JUL	Ro
DOH DCA	justificatio Cancellati		- 1	Name of ED KN						Tele	pnone ivu	mber	-110	1114	
				FACIL	ITY INFO	ORMATIC				-					
Name of Facility Where SOUNDVIEW PAI)					S	f Facility (chool (K-1	2)					
Street Address ONE MARKET ST	REET							× O	ubchapter ther (i.e. p c.)	rivate &	commerc	ial build			s,
City (5) ELMWOOD PARK	<							Square		1.000.0000	Floors		ldg. A	.ge	
County (6) BERGEN				County C (STATE U	Code (7) ISE ONLY)		_		t Use (Prid	17.		hed)			
Name of Monitoring Fir N/A	m Hired by Buildir	g Owner (8)		ASCM	No.				ment Cor THERS			NG			
Street Address				377			Street A 250 F		ERFOR	D BLV	D.				
City, State, Zip Code							City, Sta		Code NJ 0701	14		102			
Project Manager for Me	onitoring Firm		Telephon	ne No.		Telepho 973-9				License 00494	No.				
Start Date (10) 10/28/2014		Schedule 11/7/20		npletion E	Date (11)				A Monitor (9) ABO	VE					
Occupancy Status Dur	ing Abatement (Ch	neck Only Or	ne)				Street A	Address	3						
Facility Closed/Va	acated During Enti	e Period of A	Abatem			_	City, Sta	ate, Zip	Code	<u> </u>		-			
Scope of Work (Check	All That Apply)			-		-				0.000					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit					Mini Glov	Containme -Enclosure rebag Prod -Exempted	e cedure	-			'e	
		Is	Locati	ion			٠	14011	-Lxempte	o () arre	11011-1110		Abat	ement	4 5
Locati	on of		Vormal			Des	cription o	of				-	1	/pe	
Asbestos-Containin TO BE A In Fa (1:	BATED cility	Ma	d Sole intena todial S (12)	nce/				insulat Γ, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										CD	
SEE ATT	ACHED														
				LIDES !!		Cubic `	Var-l-		Nome of	Doniet-	red Landf	in			
Name of Registered W TWO BROTHERS	H	IJDEP W lauler ID 8743		of Was					NAGEM		6.R.0	D.W.C	3.		
City, State CLIFTON, NJ	20	April 1			11000	Dispos 11,7/2	al Date	=	City, Stat		LE, PA				
Completed by VIVECA RAMOS	JECT	COOF	RDINAT		ignature ()Li	Mas	ak	an	- 22	ate 0/17/2	2014	8			

State of NJ Notification of Asbestos Abatement

Check # 6859

B & G proj. #:

2014-183

(Pursuant to NJAC 8:60-7 and 12:120-7)

					-							
Date of Notification (1)	Na	me of Buildin	g Own	er/Operator (2))							
1 10 /1 7 /1 14	l E	state of TI	homa	s Hart								
Agencies Notified Type Notific	ation Stre	eet Address										
EPA Initia	1 1	36 Elm St	reet								¥	
DEP	City	, State, Zip (Code									
DOL Amen	idment	Newton, N	J 078	60						7.8		
▼ DOH		ne of Contac	t		-		Teleph	one Numbe	r		arcun-s	
DCA Cance	ellation	Patricia Ne	euner				201					
			FAC	ILITY INFORM	MOITAN	ı						
Name of facility where abatemen	it is taking place	e (3)					Type of Facilit	y (4)				
Estate of Thomas Hart							=	ool (K - 12) chapter 8 (0		han K	(-12)	
Street Address			-					er (Private/C			,	
136 Elm Street						1 -	Bldg Square Feet	s./Homes, e		В	ldg. A	ae
City (5)	County	r (6)			Cou	inty Code (7)	oqualo i oot	4		-	-5	J-
Newton (Lake Lenape)	te use only)	Current Use residential	(Prior if beir	ng den	nolish	ed)						
Name of Monitoring Firm Hired b	y Bldg. Owner	(8)		ASCM No.		Name of Abatement Co				~~		
n/a						B & G Restoration	n, Inc.					
Street Address						Street Address 105 Ryerson Ro	ad					
City, State, Zip Code					-	City, State, Zip Code				-		
						Lincoln Park, N.	J 07035					
Project Manager for Monitoring Fi	rm	Phone	Numb	er		Telephone Number (973)696-6869		License 00	Num)378	per		
Scheduled Start Date (10)	Sched. (Completion D	ate (1	1)	-	Name of OSHA Monitor						
10/27/2014		/2014				B & G Restoratio	n, Inc.					
Occupancy Status During Abatem					_	105 Ryerson Roa	nd					
Facility closed/vacated during Abatement performed outside	ng entire period	of abatemer	nt.			City, State, Zip Code				-		
Describe:	ac of fiormal ray	omity nours			_	LincolnPark, NJ (7035		9			
Other-Describe:						Emodification, 140 C	7,000		_	_		-
Scope of Work (check all that ap					☐ F	ull Containment w/negat	ive pressure	☑ Glove	bag pi	oced	ıre	
X >3 sf or >3 lf	≥160 sf or ≥2	260 If			X	/lini-enclosure		☐ Non-f	riable	proce	dure	
Location of		normally used	d solely	/	100-100-20		1		R	R	E	1_
asbestos-containing	by maintena staff(12)	ance/custodia	al			sbestos-containing	Amount		e m	e p	n	E n
material to be abated in facility (13)	Yes	No	N/A	material ((ACM)		(Specify LF)	SF or	O V	a	a	C
	103	140	3000000						е	ŗ	p .	
asement							42 If		X	닏	Ц.	出
basement			X	pipe			40 lf	-	쓔	닏	X	ዙ
									井	님	片	님
							-		#	片	H	片
Registered Waste Hauler	INIDER	Hauler ID#	10	ubic Yards of \	Maste	Name of Registered La	ndfill			Ш	Ш.	Ш
B & G Restoration, Inc.		563		1	v vaste	Tullytown Re		Recovery	Cen	ter		
City, State Lincoln Park, NJ		Disp	osal D	ate 28/2014		City, State Tullytown, PA						
Completed by (Print or Type)	Title	L		Signature		Gordana Suna		Date				
Gordana Luna	Secretary	Treasurer				zordana Luna		10/1	//201	4		

2014-187 B & G proj. #:

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

4860

NON Sub 8

Check # 6857

Date of Notification	(1)	IIN	ame of Bu	uilding Own	er/Operator (2))	R	ECEIVE	Ŋ				
11 10 1/11 17	1/11/4						District						
Agencies Notified							2614	OCT 21 AM	1.00				
	City of Orange Township School District Street Address Total Type Notification EPA		90.5										
City of Orange Township School District										- 100			
X DOL	Amenda	nent	Orange	e, NJ 070	50								
X DOH		1	ame of Co	ntact				Telephon	e Number				
☐ DCA	Cancella	ation	Luis G	avilanes /	C. Doughte	ery &	Co.				_		
				FAC	LITY INFORM	MOITA	1						
Name of facility who	ere abatement is	s taking pla	ce (3)			,							
Heywood Flen	nentary Scho	ool							a stres rect			40)	
	Hornary Conc							700 and 100 an				-12)	
	Avenue							Bldgs.	Homes, e	tc.			_
		- T 6	1(0)			T =		Square Feet	# of Floor	s	Bio	dg. A	ge
City (5)		Cour	ty (6)			1,000	The state of the s	Current Use (P	rior if bein	a den	olishe	ed)	
Orange		Ess	sex							9		-/	
Name of Monitoring	g Firm Hired by I	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
n/a	26							tion, Inc.					
Street Address								Road		10	01.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
City State Zin Code						_							
City, State, Zip Code													
Project Manager for	Monitoring Firm	1	P	hone Numb	er				11/12/14/14/14/14		per		
									00	378			
Scheduled Start Dat	te (10)	Sched	. Complet	tion Date (1	1)								
10/27/2014		10/2	28/2014					don, mo.					-
Occupancy Status D	During Abatemer	nt (Check o	nly one)				105 Ryerson F	Road					
							City, State, Zip Code	***************************************					
Describe:		of normal	acility not	urs-			Lincoln Park N	11.07035					
							Lincolli ark, iv	07000				-	
						П.						00250	
						1000		gative pressure		1			
>3 sf or >3 lf	Ц					X	Wini-enclosure		Non-n				1
	toining	by mainte	normally nance/cu	used solely stodial				Amount		е	0.000	E n	E
material to be		staff(12)			material	(ACM)	aspesios-containing	(Specify S	SF or	1	0.000	c.	C
abated in faci	lity (13)	Yes	No	N/A				LF)		2.53	i	р	L
boiler room (2 bo	oilers)			X	boiler bre	echin	g	24 sf			X	Π.	
boiler room				X	pipe fittin	gs		2 fittings		X			10
						llo-							믬
					ļ					井	님	분	붜
Deviate of Wests II	oulor	IN IN	D Uaula	1D# 1 C	ubic Yards of	Waste	Name of Pegistere	1 Landfill		<u> </u>	Ш	Ш,	لال
				10#		· vasic			ecovery	Cen	ter		
City, State Lincoln Park, N				Disposal D	oate 28/2014		City, State Tullytown,	PA				Ý	
Completed by (Print Gordana Luna		Title Secreta	ry/Treas	surer	Signature		Gordana Luna		Date 10/1	7/20°	14		

State of NJ Notification of Asbestos Abatement

Check #6846

B & G proj. #:

2014-178

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	1.1 Nome	of Building Ou	mos/Operator /2	· · · · · · · · · · · · · · · · · · ·							_
1 0 / 1 7 / 1 4	11		vner/Operator (2 idential Comi		,						
Agencies Notified Type Notifica		Address	Tachtal Com	mariney							
☐ EPA Initial	12	2 Diamond S	Spring Road		*						
DEP _	City,	State, Zip Code			*****						
DOL Amend	ment De	enville, NJ 07	7834								
☑ DOH		of Contact			THE RESERVE OF THE RE	Telephon	e Number	restores.		* -	
DCA Cancell	ation Be	ernard Daly				1					
		FA	CILITY INFORM	MATION					80		
Name of facility where abatement	s taking place (3)				Type of Facility ((4) I (K - 12)		- 		
St. Francis Residental Cor	nmunity					-	apter 8 (Oth	or the	an K	12\	
Street Address				-			(Private/Con			12)	
122 Diamond Spring Road	I .					Bldgs./	Homes, etc.			lg. A	ne ne
City (5)	County (3)		Cour	nty Code (7)	oquate i eet	# 01 1 10015		Dio	g. 71	gc
Denville, NJ 07834	Morris				te use only)	Current Use (P	rior if being o	demo	lishe	d)	
		i :				Health care	facility (no	n-si	ub 8)	
Name of Monitoring Firm Hired by			ASCM No.		Name of Abatement C	ontractor (9)					
Total Solution Environmen	tal LLC		99-12482		B & G Restoration	, Inc.					
Street Address 22 Columbia Road		*			Street Address						
City, State, Zip Code					105 Ryerson Road City, State, Zip Code	*					
Morristown, NJ 07960				- 11	Lincoln Park, NJ	07025					
Project Manager for Monitoring Firm	1	Phone Nun	nber		Telephone Number	07033	License N	ımbe	er		
Benjamin Waer		973-998-			973-696-6869		0378	**********			18
Scheduled Start Date (10)	Sched, Co	mpletion Date (700000000000000000000000000000000000000		Name of OSHA Monito	or					
10/28/2014	11/03/		/		B & G Restoration	i, Inc.					
Occupancy Status During Abateme				-	Street Address						
Facility closed/vacated during	-			11	105 Ryerson Road	l 					<u>_</u>
Abatement performed outside				- 11	City, State, Zip Code						
Describe:Other-Describe:				-11	Lincoln Park, NJ	07035					4
Scope of Work (check all that appl	/)						¬ wrap &	cut	_		
☐ Demolition	Renovation			₽ F	ull Containment w/nega	tive pressure [Glovebag	100	cedu		
	>160 sf or >260) If			lini-enclosure	I onuce processing	Non-friat				
		mally used sole	ahd		inii choosate :			र ।	R		Т .
Location of asbestos-containing	by maintenan			ion of or	sbestos-containing	Amount		9	e	E n	E
material to be	staff(12)		material		spesios-containing	(Specify S	For I	m	p a	c a	n c
abated in facility (13)	Yes	No N/A				LF)		- 1	i	р	L
Under Old Convent/Wine Cellar		X	ceiling plast	ter & as	ssociated pipe insul.	900 sf	The State of	ah			
2											
17											
						0.00][[
Registered Waste Hauler		auler ID#	Cubic Yards of 15	Waste	Name of Registered L		Contor				
B & G Restoration, Inc.	19563	Disposal			Tullytown Resource City, State	e & Recovery	Center	-	-		
City, State Lincoln Park, NJ 07035			.8/14 - 11/03/	/14	Tullytown, PA						
Completed by (Print or Type)	Title		Signature				Date		~		
Gordana Luna	Secretary/Tr	-	Gordana Luna		10/17/2	014					

										ECEIVE	- 11			
Time:	7(1)(1)	Dat	NOTIFIC		ME AS	BESTOS AL BESTOS AL C 8:60 and '	3ATEM8 (2:120)	ENT	9814 0	CHECK# 83	84			
(numerical)	(Ris)		30 2 (3000)			ng Owner/Op		<u>1)</u>	-2014 U	C121 AM	1:3	3		
क्षेत्रभागान्त्र अत्राक्षत्रे अ	EDP of Heyru	e in	1	Vame o	2154 Lenion	MCC	CINE	isk.						
10 17 1154/1/112	Malaly		_	Street A					MOSI	وال يا الا	:RO	L	Ì	
des Notified	Type Nutflicett	OH-			27	1 V00	2H15	AVE	<u>&</u>	LICENSIN	G		7	
EPA	I initial Amonded	4		City, St	ate, Zip	Code	T	- 7	7661	ž:				
יסמ	Amendm	rent#	- I	- 1	JUEY	L EDGE	J 1.	J	Te	elephone Number				l
1	mergen justificati	ion)	J9	Name	or Cond	MC CF	والمالدا	۲					-	1
DOH DCA	Cancella	ition	1	EAI	ELITY!	NFORMATI	ON		inter (d)					١
me of Facility Where A	A batement is T	aking Pla	ace (3)	1,25				Type of Fs						
me of Facility vylicie	LESIDOUCE								oi (K-12) hapter 8 (C	ther than K-12)	ndinas	hom	es.	
est Address								Other		e & commercial bu				1
271 Voo	CHIS AV	E						Square Fe	et 7	of Floors	Bldg.			1000000
ly (5)	X = 23							1,600		2			_	
BINER EX	our ,			Coun	ty Code	(7)		Current U	se (Prior it ZESIDo	being demotished				
ounty (6)				STAT	E USE	CINLY)		e of Abatem						
ame of Monitoring Fire	m Hired by Bui	iding Ow	ner (8)	AS	CM No	4	A.N	AC Contr	acting In	C.				_
allie of lefondoning .							Street	al Address						
treat Address							108	Lowell R						
				-			City.	State. Zip C	ode U 07452				:	
ity, State, Zip Gode					-		100	phone No.		License No.				
roject Manager for M	ionitoring Firm			Tele	phone	No.	1015	binning 140	2040	00156				
-Idien tarantese.				1000000			1 (20	111262-58	41	00100		_		_
oran S eparation (1980) (1989) (1989)			- 11-4	Comple		# <u>-</u>	1	1)262-58 ne of OSHA	Blooking					ý
Start Date (10)			Scheduled		tion Da	# <u>-</u>	Nar	ne of OSHA nega Envi	Blooking	al Services Inc				Ý.
Start Date (10)			10/	Comple 30 / 14	tion Da	# <u>-</u>	Or	ne of OSHA nega Envi	Monitor ronment					
Start Date (10) // 19/14 Occupancy Stalus Du	ning Abalemen	nt (Check	Only One)	30 14	tion Da	44	Or Stre 28	ne of OSHA nega Envi eal Address 10 Huyler	Monitor ronment Street			-		_
Start Date (10) / 0 17 14 Occupancy Status Du Facility Closed/V	ning Abatemen Jecated During	nt (Check	Only One)	30 14	tion Da	44	Or Street	ne of OSHA nega Envi eel Address O Huyler	Monitor ronment Street	al Services Inc				_
Start Date (10) / 0 17 14 Occupancy Status Du Facility Closed/V Abotement Perio Other — Describe	uring Abalemen /acated During primed Outside o:	nt (Check Entire P of Norm	Only One)	30 14	tion Da	44	Or Street	ne of OSHA nega Envi eel Address (O Huyler y, State, Zip ackensad	Monitor ronment Street Code K, NJ 076	al Services Inc		-		
Start Date (10) / 0 17 14 Occupancy Status Du Facility Closed/V	uring Abalemen /acated During primed Outside o:	nt (Check Entire P of Norm	Only One) cried of Ab al Facility F	30 14 atemen	tion Da	44	Or Street	ne of OSHA nega Envi eal Address O Huyler (y, State, Zip ackensad	Monitor ronment Street Code K, NJ 076	al Services Inc			_	
Start Date (10) / 0 17 14 Occupancy Status Du Facility Closed/V Abatement Perio Other - Describe Scope of Work (Chec	ring Abalemen /scated During ormed Outside o: 	nt (Check Entire P of Norm	Only One) criod of Ab al Facility F	30 14	tion Da	44	Or Street	ne of OSHA nega Envi eal Address (O Huyler (y, State, Zip ackensadi	Monitor ronment Street Code C, NJ 076 Containme	el Services Inc 605 nt with Negative P	ressure			
Start Date (10) / 0 17 14 Occupancy Stalus Du Report Part Other — Describe Scope of Work (Chec	ring Abalemen /scated During ormed Outside o: 	nt (Check Entire P of Norm	Only One) criod of Ab al Facility F	30 14 atemen lours	tion Da	44	Or Street	ne of OSHA nega Envi eal Address (O Huyler (y, State, Zip ackensadi	Monitor ronment Street Code C, NJ 076 Containme	al Services Inc 605 nt with Negative P	ressure	edure Vbate	HOIN	
Start Date (10) / 0 17 14 Occupancy Status Du Facility Closed/V Abatement Perio Other - Describe Scope of Work (Chec	ring Abalemen /scated During ormed Outside o: 	nt (Check Entire P of Norm	Only One) criad of Ab al Facility H	30 / 14 atement lours	t	44	Nar Or Stre 28 Cit	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad	Monitor ronment Street Code C, NJ 076 Containme	el Services Inc 605 nt with Negative P	ressure	edure	HOIN	
Start Date (10) / 0 17 14 Occupancy Staffus Du Facility Closed/ Abatement Perfor Other — Describe Scope of Work (Chec	iring Abalemen /scaled During ormed Outside o: ck All That App	nt (Check Entire P of Norm	Only One) cried of Ab al Facility F	atement lours novation mostion continued to continue the continue cont	t and the state of	te (11)	Nam Or Street 28 Cit	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensaci Mini Glov Non	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proceeding Proceeding Exempted (ACM)	el Services Inc 505 nt with Negative P edure (*) and Non-Friab	ressure	bale Tyl	pe	Γ
Start Date (10) / 0 17/14 Occupancy Stafus Du Facility Closed/ Abutement Perfe Other — Describe Scope of Work (Chec	iring Abalemen /actiled During primed Outside o: ck All That App of cation of traine Material (nt (Check Entire P of Norm	Only One) eriod of Ab al Facility H Re De	atemen lours novation molition Location of Solely	t by	Ashestos	Nam Or Street 28 Cit	ne of OSHA nega Envi ed Address O Huyler y, State, Zip ackensaci Mini Glov Non	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proceeding Proceeding Exempted (ACM)	al Services Inc 505 nt with Negative P edure (*) and Non-Frigh	ressure	bale Tyl	pe	Γ
Start Date (10) / 0 17/14 Occupancy Stafus Du Facility Closed/ Abntement Perfc Other - Describe Scope of Work (Chec 23 sf or 23 if 2160 sf or 2260 Asbestos-Contal TO BE	iring Abalemen /actiled During primed Outside o: ek All That App of cation of lining Material (E ABLATED	nt (Check Entire P of Norm	Only One) eriad of Ab al Facility H Re De	atementours novation molition Location ormally if Solely ntenance odial St	t by	Ashestos	Name of the state	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad Full Minh Glov Non ption uf ing Material stems insula	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proceeding Proceeding Exempted (ACM)	el Services Inc 505 Int with Negative P edure (*) and Non-Friab Amount (Specify	ressure	edure Vbate	HOIN	Γ
Start Date (10) / 0 17 4 Occupancy Stafus Du Facility Closed/ Abatement Performance	iring Abalemen /actiled During primed Outside o: ck All That App of cation of traine Material (nt (Check Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours molitor Location ormally if Solely oftenant odial St (12)	t by par	Ashestos	Name of the state	ne of OSHA nega Envi ed Address O Huyler y, State, Zip ackensaci Mini Glov Non	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proceeding Proceeding Exempted (ACM)	el Services Inc 505 Int with Negative P edure (*) and Non-Friab Amount (Specify	ressure	bale Tyl	pe	Г
Start Date (10) / 0 17 4 Occupancy Stafus Du Facility Closed/ Abatement Performance	ring Abatemen /acated During primed Outside e: ek All That App of pation of lining Material (E ABATED Facility	nt (Check Entire P of Norm	Only One) eriad of Ab al Facility H Re De	atementours novation molition Location ormally if Solely ntenance odial St	t by	Ashestos (i.e. the	Or Street 28 City 1-1	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad Full Mini Glov Non ption of ing Material stems Insula g, VAT, or cetlaneous)	Monitor rooment Street Code (, NJ 076 Containme Enclosure rebag Proc Exempted (ACM) tion.	el Services Inc 505 Int with Negative P edure (*) and Non-Friab Amount (Specify	ressure Removal	bale Tyl	pe	Г
Start Date (10) / 0 17 4 Occupancy Stafus Du Abintement Performance Describe Scope of Work (Check 23 of or 23 if 2160 of or 2260 Asbestos-Contal TO Be	ring Abatemen /acated During primed Outside e: ek All That App of pation of lining Material (E ABATED Facility	nt (Check Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours molitor Location ormally if Solely oftenant odial St (12)	t by par	Ashestos (i.e. the	Or Street 28 City 1-1	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad Full Minh Glov Non ption uf ing Material stems insula	Monitor rooment Street Code (, NJ 076 Containme Enclosure rebag Proc Exempted (ACM) tion.	al Services Inc 505 Int with Negative P edure (") and Non-Fright Amount (Specify SF or LP)	ressure Removal	bale Tyl	pe	Γ
Start Date (10) / 0 17 4 Occupancy Stafus Du Facility Closed/ Abatement Performance	ring Abatemen /acated During primed Outside e: ek All That App of pation of lining Material (E ABATED Facility	nt (Check Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours molitor Location ormally if Solely oftenant odial St (12)	t by par	Ashestos (i.e. the	Or Street 28 City 1-1	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad Full Mini Glov Non ption of ing Material stems Insula g, VAT, or cetlaneous)	Monitor rooment Street Code (, NJ 076 Containme Enclosure rebag Proc Exempted (ACM) tion.	al Services Inc 505 Int with Negative P edure (") and Non-Fright Amount (Specify SF or LP)	ressure Removal	bale Tyl	pe	Г
Start Date (10) / 0 17 4 Occupancy Stafus Du Facility Closed/ Abnuement Perfor Other — Describe Scope of Work (Chec 23 of or 23 if 2160 of or 2260 Asbestos-Contal TO Be	ring Abatemen /acated During primed Outside e: ek All That App of pation of lining Material (E ABATED Facility	nt (Check Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours molitor Location ormally if Solely oftenant odial St (12)	t by par	Ashestos (i.e. the	Or Street 28 City 1-1	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad Full Mini Glov Non ption of ing Material stems Insula g, VAT, or cetlaneous)	Monitor rooment Street Code Containme Enclosure Rebag Proce Exempted (ACM) tion.	al Services Inc. 505 Int with Negative Padure (") and Non-Fright Amount (Specify SF or LF)	ressure Removal	bale Tyl	pe	Г
Start Date (10) / 0 17 4 Occupancy Stafus Du Facility Closed/ Abnuement Perfor Other — Describe Scope of Work (Chec 23 of or 23 if 2160 of or 2260 Asbestos-Contal TO Be	ring Abatemen /acated During primed Outside e: ek All That App of pation of lining Material (E ABATED Facility	nt (Check Entire P of Norm	Only One) crind of Ab al Facility H Re De	atemen lours novatio molitior Continue of Solely of Herancodial St (12)	by per aff?	Ashestos fi.e. the	Descrit Contain systems by Suffecting the missing systems and systems are suffecting the missing systems.	ne of OSHA nega Envi eal Address O Huyler y, State, Zip ackensad Full Minh Glov Non ption of ing Material stems insula g, VAT, or cetlaneous)	Monitor ronment Street Code Containme Enclosure Rebag Proce Exempted (ACM) tion.	al Services Inc. 505 Int with Negative Padure (") and Non-Fright Amount (Specify SF or LF) ### ################################	ressure Removal	Abade Repair	e Encapsulate	Г
Start Date (10) / 0 17 4 Occupancy Staffus Du Facility Closed/ Abutement Perit Other — Describe Scope of Work (Chee 23 ef or 23 if ≥160 ef or ≥260 Asbestoe-Contal TO BE	ring Abatemen /actied During primed Outside o: ex All That App of ration of lining Material (E ABATED FACILITY (13)	i Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours inovation in a continuous in a c	by self?	Ashestos (i.e. the	Or Street	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensad Full Mini Glov Non ption of ing Material stems insula g, VAT, or cetlaneous)	Monitor ronment Street Code Containme Enclosure Rebag Proce Exempted (ACM) tion.	al Services Inc. 505 Int with Negative Padure (") and Non-Fright Amount (Specify SF or LF)	ressure Removal	Abade Repair	e Encapsulate	Γ
Start Date (10) / 0 17 4 Occupancy Stafus Du Facility Closed/ Abnuement Perfor Other — Describe Scope of Work (Chec 23 of or 23 if 2160 of or 2260 Asbestos-Contal TO Be	aring Abalemen /acated During ormed Outside o: ek All That App of cation of lining Material (2 ABATED Facility (13)	i Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours inovation in a continuous in a c	by per aff?	Ashestos (i.e. the	Descrit Contain man system is the missing the missing the contain contain the missing the missing the contain contain the missing the contain the cont	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensack Minh Glov Non ption of ing Material stems insula g, VAT, or cetlaneous)	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proce Exempled (ACM) tion. Name of IES1 F	al Services Inc. 505 Int with Negative Padure (*) and Non-Enab Amount (Specify SF or LF) / Paw SF	Removal andfi	Abade Repair	e Encapsulate	Γ
Start Date (10) / 0 17 14 Occupancy Status Du Facility Closed/ Abatement Performance Performanc	iring Abatement/actited During ormed Outside o: ex All That App out of Iring Material (Facility (13))	i Entire P of Norm	Only One) crind of Ab al Facility H Re De	atement lours inovation in a continuous in a c	by self?	Ashestos (i.e. the	Descrit Contain rmal sy surfector ther mis	ne of OSHA nega Envi eel Address O Huyler y, State, Zip ackensaci Mini Mini Clov Non ption of ing Material stems insula g, VAT, or cetlaneous)	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proce Exempled (ACM) tion. Name of IES1 F	Amount (Specify SF or LF) I Registered Land	Removal	Abade Repair	e Encapsulate	Γ
Start Date (10) / 0 19/14 Docupancy Staffus Du Recitly Closed/ Abatement Performance Cother — Describe Scope of Work (Check 23 of or 23 if 2160 of or 2260 Asbestos-Contain In Best Date EXTENDE	iring Abatement/actited During ormed Outside o: ex All That App out of Iring Material (Facility (13))	i Entire P of Norm	Only One) crind of Ab al Facility H Re De	atemen lours novation molition Location ormally if Solely otenano odial Si (12) No N	by self?	Ashestos (i.e. the	Descrit Contain when the missing the missing contain the missing c	ne of OSHA nega Envi eel Address O Huyler Ty, State, Zip ackensad Full Mini Glov Non ption of ing Material stems Insula g, VAT, or cetlaneous) ards e	Monitor ronment Street Code K, NJ 076 Containme Enclosure rebag Proce Exempted (ACM) tion. Name of IES1 F	al Services Inc. 505 Int with Negative Padure (*) and Non-Enab Amount (Specify SF or LF) / Paw SF	Removal andfi	Abade Repair	e Encepsulate	

REMERALEM

Date of Notification (1)		- [1	Name of	Building Own	er/Operato	r (2)	- 9		~ ME = 17	¥ C	IJ		
10/17/14			(CLIFTON	CEN	TRE	COMP	PERCE	5731	C-1.6			
Agencies Notified Type Notification			Street A	ddress				- -	0121	AM I	: 3	4	
EPA Initial			OH. C1-	8) (NEST	Pas:	Saic of	OT_	STO U				
DEP Amended Amendment #		- 1'	City, Sta	te, Zip Code	0	``	T /1-	200	FICENS	UI.	KO:		
Emergency (in			Name of	OCHEUE Contact	TALK	_, \(\rho\)	5 0	Tel	enhone Nur	nher		-	_
DOH justification) DCA Cancellation		- 1	Tallie UI	UZ ETTE	S			10	· · · · ·				
DON Sancenation			FACII	LITY INFORM	ATION	4		- 0	,				
Name of Facility Where Abatement is Taking	Place (3	3)				Туре	of Facility (4	4)			- 41 - 32	ALCOHOL:	
COMMERCIAC							School (K-1					**	
Street Address				,			Subchapter	8 (Oth	er than K-12 & commerci	2) al build	linas	home	25.
65 IN DUSTRIAL	51	REE	1 J			E 6	etc.)						
City (5)							re Feet	# 0	f Floors	В	ldg. A	- T	
CLIFTON							,000		2	ᆜ	+50		
County (6)			County C	Code (7) USE ONLY)		Curre			ng demolish	ned)			
Passaic	(0)		ASCM	- 10	I Nome	-f 0 h =	tement Con		CIAC.				
Name of Monitoring Firm Hired by Building Ov							ntracting		(9)				
Street Address					t Addres Lowel	ss I Road							
City, State, Zip Code	<u> </u>			City,	State, Zi	ip Code							
					Glei	n Rock	, NJ 074	52					
Project Manager for Monitoring Firm			Telephor	ne No.		hone No 1)262-5			License N 00156	0.			
	Schedule	ed Com	pletion (Date (11)			AA Monitor			7			6
10/27/14	11/8	1/14			Ome	ega Er	nvironmer	ntal S	ervices In	c.			
Occupancy Status During Abatement (Check	Only Or	ie)			100000000000000000000000000000000000000	t Addres							
Facility Closed/Vacated During Entire Pe	riod of A	Abatem	ent				r Street						-
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours			7.00	State, Zi		COE					
					нас	kensa	ck, NJ 07	600			-	_	
Scope of Work (Check All That Apply)	- Accord				r	N -	10						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti					l Containme ni-Enclosure		Negative F	ressur	e		
2100 \$1 01 2200 11		Zemona	0.1			Glo	vebag Prod	edure		I- D			
					E	∠ No	n-Exempted	i (*) an	d Non-Friab	_	Abate		1
	- 5	Location		, ta								ре	No. of the last of
Location of Asbestos-Containing Material (ACM)		Normali d Solel		Asbestos (Descriptio	n of Material	(ACM)	А	mount			m	
TO BE ABATED		intenar todial S		(i.e. then	mal systen	ns insula	ation,	(5	Specify	Re	ZJ.	nca	Enc
In Facility (13)	Cus	(12)	lan:		urfacing, Valer miscella		- 1	Si	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	0	ioi illioodile	couo,				8	7	ate	Гe
Person in Commence (A)				1/	'AT			2	120SF				
Packing Dept & CHEMISTRY (A)			//		WIK				715F	1			
Packing Door : CHONISTAY (A)		1						35SF	1				
MANN FACTURING DOPT & LOCKOLLIA.			1		ANSITE		<u> </u>		201.000	+			\vdash
MAIN CORRIDOR & SUB 2		1	JDEP W	5 PRAN	joル F ibic Yards	IRE	PAOUF Of		POSE ered Landfill	1			-
Name of Registered Waste Hauler	1007	JDEP W auler ID	77.7	Waste				ilehem La		Con	2		
Rovic Transport		100000	785		.5				nenem La	a luliii	COI	<i></i>	
City, State Riverdale, NJ 07457					sposal Date /27/14		City, State Bethleh	e iem, F	PA 18015				
Completed by				Signatu	re	il	5-5-62	Da	ate	. 1			
Joseph Vocaturo	Presid	dent			1	Voru	in		ro	17	4		

<u> </u>		5357-1 - 14-		-				Ê	PEAC	11	-			
Date of Notification (1) 10 /	16 /	14				of Building Thomas	Owner/Operator (2 Keyes	/ Jo	ECE 0b # 1410-	1925 C	hk. ‡		7	
Agencies Notified ☑ EPA	Type Notifi	ication				Address .exingto	n Road		GCT 21					
⊠ DOLWD	Amend	7/60/			and the same of th	tate, Zip C		ASB	ESTU	اً بال	RN	1		
☑ DHSS □ DCA	Amend				How	vell, NJ (7731		LICEN	SING				
(NJAC 5:23-8)	justifica					of Contac			Telephone	Numbe	r			
	☐ Cancel	lation			Tho	mas Key	/es	7.						
					FAC	ILITY IN	IFORMATION							
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility ((4)					
Residential Propert	у		-					School (K-12		K-12)				
Street Address								Other (i.e., pr	ivate and co	mmerci	al bui	lding	s,	
29 Lexington Road								homes, etc.)						
City (5)								Square Feet	# of Floor	rs	300000000000000000000000000000000000000	g. Ag		
Howell								1400 SF	3			963		
County (6) Ocean					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri Residential	or if being d	emolishe	ed)			
Name of Monitoring Firm	Hired by Bu	uilding C	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Tiger Environmenta							Asbestos an	d Mold Service	s, Corp.					
Street Address							Street Address							
16 West Elizabeth Avenue							3859 Sylon E	Boulevard						
City, State, Zip Code							City, State, Zip C	ode					-	
Linden, NJ 07036							Hainesport, I	NJ 08036						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License	No.				
Kelly Walton				9	08-862	-4301	609-702-0400)	00862	!				
Start Date (10)	Kara	250000000000000000000000000000000000000			tion Da		Name of OSHA N	Monitor						
10 /29 /	14		10_ /	_3	<u> </u>	_14	EMSL Analyt	ical, Inc.						
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate							200 U.S. Rou							
Abatement Performed Time of Abatement: _							City, State, Zip C Cinnaminsor							
Scope of Work (Check al	I that apply)											//SS	Ne20121	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re □ De				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		302.50		SIL	17	
			Is	Loca	tion			mptod () dila i i o	11 1 110010 7 1	00000.0	_	atem	ent T	vne
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (A	CM)	Use Ma	intena	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
(10)			Yes	No	N/A		- Instruction	/					O	
Basement					\boxtimes	Floor 7	Tile and Mastic		400 S	F				
Name of Registered Was Freehold Cartage, I				100	NJDEP Nauler II	D No.	Cubic Yards of Waste	Name of Regis		ill				
City, State Freehold, NJ							Disposal Date 11/1/14	City, State Morrisville	, PA 1906	7				
Completed By (Print or Type) Kimberly A. Trumbetti Title Office Coord					dinato	r	Signature	0		Date	D-1	6-	-14	
ASB-41								**						

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

MAY 11

CK 3658

Date of Notification (1) 10/20/14			Building C r Old Br			Brixmor	10.5	0.000	207	- 						
Agencies Notified	Type No			1 2	Street Ad One Fa	dress yette S	treet, S	Suite 1			CT 2	AH I	1: 3	2		
EPA DEP DOL DOL DOA DOA	Am Em just	al ended endment a ergency (i ification) ncellation		- 1	Consho	e, Zip Coo bhocken Contact IcMuller	, PA 1	19428	,	\$58 <u>.</u> &	LI(ENSIN phone Nu	∜G mber	IL.		
	E ou	TOCHALION				ITY INFO		ON						_		
Name of Facility Where Old Bridge Gatewa		t is Taking	Place (3)							ol (K-12)		0)			
Street Address 1050 and 1052 Ro	ute 9											r than K-1 commerc		lings,	home	es,
City (5) Oldbridge									Square Fee	et	# of 1	Floors	5 5	ldg. A 6	ge	
County (6) Middlesex			,		County C	ode (7) SE ONLY)		_	Current Us Vacant	e (Prior	if bein	ng demolis	hed)			
Name of Monitoring Firm Accredited Environ		[[[전기일 12 (M.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H.H			ASCM	No.			of Abatemer ervices, L		ractor	(9)				
Street Address 28 N. Pennell Road							Address West Linc	oln Hi	ghwa	y, Suite	500					
City, State, Zip Code Media, PA 19063			300000000000000000000000000000000000000				tate, Zip Co n, PA 193						31135			
Project Manager for Mor Dave Turotsy		Telephon	ne No. 1-0114		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none No. 755-7563	7		License I	No.						
Start Date (10) 11/3/14			Schedule 11/21/1		pletion D	Date (11)		Name EMS	of OSHA Mo	onitor						
Occupancy Status Durin	ng Abatem	ent (Chec	k Only On	e)					Address Route 130	Nort						
Facility Closed/Vac Abatement Perforn Other – Describe:	ned Outsid	e of Norm	Period of A lal Facility	batem Hours	ent		_	City, S	state, Zip Co aminson,	de						
Scope of Work (Check A	All That Ap	ply)						Ollin	armison,	140 0	0077	+			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti				>	Mini-End Gloveba	closure ag Proce	edure	Negative			e	
				Location							7			Abate	ement pe	t
Locatio Asbestos-Containin TO BE AE In Fac (13)	Material (BATED ility	(ACM)	Use Mai	d Solel ntenar odial S (12)	y by nce/		tos Cont thermal surfa		Material (ACI s insulation, T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
1			Yes	No	N/A										(D	
Tenant Spa					Х				mastic			20 SF	X			
Tenant Spa	ace 1052				X	F	loor til	le and	mastic	-	5,7	'50 SF	Х			
Name of Registered Waste Hauler Waste Management City, State					JDEP W auler ID		of Wa	Yards ste	GI	me of F	S Lan	ered Landf dfill	ill			10.
Trenton, NJ							TBD			orrisvi	lle, P					
Completed by Jack Bally			Sr. P	roject	Mana	ger		Signatur	1 //-	lly	al		oate 0/20/	14		
ASB-41 (R-06-08)								Don	ot use this fo	Orm for	asbest	tos licensu	ıre exer	npted	activ	ities.