

	N			OF ASBE to NJAC 8					j	117		1		wa to the	
Date of Notification (1) 10/15/15				Building C		perator	(2)	-	2015	OCT :	21	AH	7		
Agencies Notified Type Notification			Street Ad 502 FC	idress DURTH	AVE			a n		-87#	∌ (°	7111	Ç14	( E	
EPA Initial Amended Amendment #_				te, Zip Coo RY PAR		07102			74	1.10			Ú.		
DOH justification)  DCA Emergency (inc justification)  Cancellation	luding	1		Contact NCE RE	IDY	-			Teleph	hone N	lumb	er		<del>51 &amp;</del>	
DOA Cancellation			FACII	ITY INFO	RMATI	ON								-2100	-
Name of Facility Where Abatement is Taking F Reidy's Estate	Place (3	)	1 701		, Color II	0.1		of Facility (							
Street Address 502 FOURTH AVE								Subchapter Other (i.e. p etc.)				build	ings,	home	s,
City (5) ASBURY PARK							Squar 1780	re Feet O	# of FI	loors			dg. A	ge	
County (6) MONMOUTH			County C STATE U	Code (7) ISE ONLY)				nt Use (Prid idence	or if being	demol	lishe	d)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	l No.				tement Cor RROW II			СО				
Street Address							Addres								
City, State, Zip Code								ip Code DN NJ 07	501						
Project Manager for Monitoring Firm			Telephor	ne No.			hone No -653-9			icense 1257	No.				
	chedule 10/31/		pletion [	Date (11)		Name HSS		HA Monitor							
Occupancy Status During Abatement (Check (	Only Or	ne)				190700000000000000000000000000000000000	Addres	10.75				92			
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:						City, S		ip Code							
			7			DEF	JULIA I	VJ 08009							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				*	Mir Glo	I Containm ni-Enclosure ovebag Pro n-Exempte	e cedure	0.70				ə	
	le	Location	on									7		ment	
Location of	î	Vormall	у		De	scription	n of				-	_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Solel intenar todial S (12)	ice/		tos Con thermal surfa		Material s insula AT, or	I (ACM) ation,	(Spe	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												
BASEMENT	X					TSI			50	LF		X	Х	-	
											+				
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registere	ed Land	dfill				
INDIAN ARROW CO./ATLANTIC CA	RTING		auler ID 6031/2		of Wa TBD			G.R.O	.W.S		ontern				
City, State PATERSON,NJ / WAYNE					TBD			City, Stat	te ISVILLE	E,PA			1.0		
Completed by GORAN IGEV	Title SEC	RETA	RY		3	Signatur	e				Date 10	15/	15		

Date of Notification (1) 10/14/15					Building O		Operator	(2)	12	#5 OC	T21	ÂH		Ge.	1	
	Type Notification			Street Ad 3005 L	Idress ONGPC	RTE	)R			AS	72870 1240	SC		-01	<u>J</u> &	THE PERSON NAMED IN
EPA DEP DOL	Initial Amended Amendment #		_	City, Stat LONG	e, Zip Cod PORT N	le J 084	103		-			. 1/h		Congress.	- mac-2,	esam.
DOH DCA	Emergency (in justification) Cancellation	ncluding	1	Name of MARC	Contact SELCO					Tele	phone N	Numb	er			
Name of Facility Where Ab HEYMANS HOME	atement is Taking	Place (3)		FACIL	ITY INFO	RMAT	ION		of Facility (	2000						
Street Address 3005 LONGPORT D	R								School (K-1 Subchapter Other (i.e. p	8 (Othe			build	ings,	home	ıs,
City (5) LONGPORT									etc.) ire Feet 0	# of	Floors			dg. Ag		
County (6) OCEAN				County C	Code (7) ISE ONLY)				ent Use (Prio sidence	or if bein	g demo	lishe	d)			
Name of Monitoring Firm F	Hired by Building C	wner (8)		ASCM	No.				atement Cor RROW II			CO				
Street Address							Street 144	Addre MILL	200/10/03					ı		
City, State, Zip Code	12 12								ip Code DN NJ 07	501						
Project Manager for Monito	oring Firm			Telephor	ne No.			one N -653-			License 1257	e No.				
Start Date (10) 10/28/15		11/01/	15	npletion [	Date (11)		HSS	5	HA Monitor							
Occupancy Status During Facility Closed/Vacate	ed During Entire P	eriod of A	batem				P.O.	Addre BOX	365							
Abatement Performed Other – Describe:		al Facility	Hours			_			Zip Code NJ 08009							
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	and the same of	enova emoliti	20202				Mi Gl	III Containm ni-Enclosure ovebag Pro on-Exempte	e cedure	· · · · · · · · · · · · · · · · · · ·				e	
Location	of	1	Locati Iormal	ly		D	escription	n of							ment pe	
Asbestos-Containing M <u>TO BE ABA</u> In Facility (13)	Material (ACM) TED	Ma	d Sole intenar odial S (12)	nce/		os Cor therma surf	ntaining Nal system acing, VA miscella	Materia s insul AT, or	ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIOR S	SIDING	X				T	RANZI	ΓE		90	00SF		Х			
Name of Registered Waste INDIAN ARROW CO		ARTING	<u>.</u> ⊢H	JDEP W lauler ID 6031/2	No.	of W			Name of G.R.O		red Lan	dfill				
City, State PATERSON,NJ	/ WAYN	IE,NJ				Disp	osal Date )	)	City, Star MORF		_E,PA					
Completed by GORAN IGEV		Title SEC	RETA	ARY			Signatur	е				Date 10	) 15/	15		

Date of Notification (1) 10/15/15				Building Caracapp		perator	(2)	2015	OCT-2	)   83.		j.		
Agencies Notified Type Notificat	ion		Street Ad 14 Rive					1	<	1 -AA	3.0	8	j	Martin Statement
EPA Initial Amender	ent #			e, Zip Coo gton NJ		2		8	LEGE	Trible		- 12 /-		فمدمت
DOH justificati			Name of Nick C	Contact aracapp	a				Teleni	hone Nu	mber			
Name of Capility Where Abstragant is T	okina Dlaga (2)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)						
Name of Facility Where Abatement is Ta Nick and Rebecca Home	aking Place (3)							School (K-12	)	than 1/4	2)			
Street Address 14 River Rd							$\overline{\mathbf{z}}$	Subchapter 8 Other (i.e. pri etc.)	vate & c	commerc	ial build	17/00/4		s,
City (5) Flemington							Squa 130	are Feet 00	# of F	loors		ldg. A 960'		
County (6) Hunderton			County C STATE U	ode (7) SE ONLY)	g	<del></del> -		ent Use (Prior sidence	if being	demolis	hed)			
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.		Name IND	of Ab	atement Cont ARROW IN	ractor (9 DUSTI	) RIES C	0			
Street Address		1-1-40				Street 144	Addre					L Fe Ale		
City, State, Zip Code								Zip Code ON NJ 075	01					
Project Manager for Monitoring Firm		-	Telephor	ne No.		Teleph 973-		No. 9652		icense l 1257	No.			
Start Date (10) 10/26/15	Schedule 10/31/1		npletion [	Date (11)		Name HSS		HA Monitor		N.				
Occupancy Status During Abatement (0	Check Only On	e)				Street P.O.		ess 365						
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:	tire Period of A Normal Facility	batem Hours	ent		_	City, S	State, 2	Zip Code NJ 08009						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	enova emoliti				2	M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure				2	
	Is	Locati	on			-		On Examples	( ) a,, a .			Abate	ment	
Location of	N N	lormal d Sole	ly			escription						T I Y	pe	
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/		therma surfa	itaining I I system acing, VA miscella	s insu AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	X	110	14.7			TSI			40	)LF	X			
		1	UDED 11	leate	C	Yards	Post (21 e-2)	Name of F	Pagiatar	ad I and	111			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTI	C CARTING	H	JDEP W lauler ID 6031/2	No.	of Wa	aste		G.R.O.		Ju Lanui				
City, State PATERSON,NJ / W	AYNE,NJ		Dispo	osal Date	•	City, State MORRI	SVILLI	E,PA						
Completed by GORAN IGEV	Title SEC	RETA	ARY			Signatur	е		11.2		ate 10/15/	15		

•	(P	ursuant	to NJAC 8	3:60 and	12:120	))				La T	F. F.		411
Date of Notification (1) 10/15/15			f Building O McGOVE		perator	(2)		2015	NPT 2	1 -		kai	
Agencies Notified Type Notification  EPA Initial			ddress ELAND /					, -	007 2 ESTE	9.60	H 3	1 68 01.8	
DEP Amended Amendment # Emergency (inclu	uding		RRY HILL		8034		,		£ 1.108	4.7	146	11U\$.	
✓ DOH justification DCA Emergency (inclu	ding		f Contact McGOVE	ERN				Telenh	one Num	her			
Name of Facility Where Abatement is Taking Pla	100 (3)	FACI	LITY INFO	RMATI	ON	Typ	e of Facility (	(A)					
Mcgovern's Estate	ice (3)					Тур	School (K-1	1 7)					
Street Address 911 DELAND AVE						7	Subchapter Other (i.e. p etc.)	8 (Other tl			dings,	home	s,
City (5) CHERRY HILL							are Feet 80	# of Flo	oors		ldg. A 963	ge	
County (6) CAMDEN			Code (7) USE ONLY)	ş <u></u>		Cur	rent Use (Pri esidence	or if being	demolish	ed)			
Name of Monitoring Firm Hired by Building Owner	er (8)	ASCN	M No.				oatement Cor ARROW II			)			
Street Address					Street 144		ress L ST.						
City, State, Zip Code							Zip Code SON NJ 07	501					
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 973-		No. -9652		cense No 257	).			
	eduled Co /20/15	mpletion	Date (11)	. 1	Name HSS		SHA Monitor	1	3				
Occupancy Status During Abatement (Check On	ly One)				Street		ress X 365						
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal Facility Other – Describe:				_	City, S	state,	Zip Code I NJ 08009						
Scope of Work (Check All That Apply)						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				×	l N	full Containm fini-Enclosur Glovebag Pro Jon-Exempte	e cedure				<b>a</b>	
	Is Locat	tion									Abate	ment	
Location of Asbestos-Containing Material (ACM)	Norma Used Sole	ely by	Ashest		scription		ial (ACM)	Amo	unt		1 9	ре	
TO BE ABATED In Facility (13)	Maintena Custodial (12)	Staff?		thermal surfa	systems cing, VA niscellar	s insu T, or	ulation,	(Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	res No	N/A			TO!			110	-			(e)	
BASEMENT	X	-			TSI			1101	LF 	Х	Х		
		+											
		-							-				
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CART	TING H	NJDEP W Hauler ID 36031/2	No.	Cubic of Wa TBD	Yards ste		Name of G.R.O.	Registered .W.S	l Landfill				
City, State PATERSON,NJ / WAYNE,N	NJ .			Dispo:	sal Date	Š.	City, Stat MORR	e ISVILLE	,PA				
	itle SECRET	ARY		8	Signature	9			Dai 10	e )/15/	15		

NO CK courtesy

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

10/15/15				PHOE	NIX REA	ALTY (	perator GROU	(2) P.L	LC	2015	OCT 21	ВH	5. !		
Agencies Notified	Type Notification		1	Street Ad 645 M	ddress ADISON	AVE.	5TH F	LO	OR	A Section	lofes Tirku	Carl	<del>0 - 4</del>	1	
DEP DOL	Initial Amended Amendment				te, Zip Coo YORK,N		22			Ĉ	LICEN	SINC	HIC	1	
DOH DCA	instification (	including			Contact CADIN	ΛA	×	mecs		Tele	onhone Nu	mber			
	1=			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where LEXINGTON MAN	Abatement is Takin NOR APARTMEN	g Place (3) NTS						Ту	pe of Facility		1				
Street Address 11-15 LEXINGTO	N AVE.							~	School (K- Subchapte Other (i.e. etc.)	r 8 (Othe			lings,	home	∋s,
City (5) JERSEY CITY									quare Feet 100	# of 4	Floors		ldg. <i>A</i> 960		
County (6) UNION				County C	Code (7) JSE ONLY)		_		urrent Use (Pr NPARTMEN			hed)			
Name of Monitoring Fir HILLMANN CONS		Owner (8)		ASCM	l No.				Abatement Co NARROW I			Ю.			
Street Address 1600 ROUTE 22	EAST						Street 144		dress LL ST.						
City, State, Zip Code UNION,NJ,07083									e, Zip Code SON NJ 07	7501					
Project Manager for Mo THOMAS RUBING				Telephor 908-98	ne No. 56-1233		Teleph 973-		e No. 3-9652		License N 1257	lo.			
Start Date (10) 10/21/15		Schedule N/A	d Con	npletion [	Date (11)				OSHA Monitor NARROW I		TRIES C	Ю.			
Occupancy Status Duri	ng Abatement (Chec	k Only One	e)				Street	Service Control					1/40		
	cated During Entire I med Outside of Norn ROOFING MATERI						City, S	State	LL ST. e, Zip Code RSON NJ 07	7501					
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit						Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure				e.	
							- Land	_	Non Exemple	74 ( ) 4.1		1		ement	t
Location	on of		Locati ormal			De	scription	n of					T	ре	
Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Mai	d Sole ntena odial S (12)	nce/	Asbest (i.e.	tos Cont thermal surfa	taining N	Mate is in: AT, o	erial (ACM) sulation, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>=</u>		ate	le l
ROO	OF	Х				RO	DOFIN	IG		20	00 SF	Х			
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		++								-		+	_		
Name of Registered W	asta Haular		- N	JDEP W	laste	Cubic	Yards		Name of	f Registe	ered Landfi				
INDIAN ARROW C		ARTING	Н	lauler ID 6031/2	No.	of Wa TBD	ste		G.R.C	.W.S	orea Landii				
City, State PATERSON,NJ	/ WAY	NE,NJ				Dispo: TBD	sal Date	9	City, Sta MORF	ite RISVIL	LE,PA				
Completed by GORAN IGEV		Title SECF	RETA	ARY		S	Signature	e (	The state of the s	7		ate 0/15/	15		
								/	1/						

	NO CK	-201												Prir	nt Ho
courlesy	NOCH			CATION	te of New OF ASBE o NJAC 8	STOS	ABATE								
Date of Notification (1) 10/15/15			P	Name of PHOE	Building C	Owner/O ALTY (	perator GROU	(2) P.LLC	10010	2015	OCT 21	£1.			
Agencies Notified	Type Notification		,	Street Ad 645 M	ldress ADISON	I AVE.	5TH F	LOOR		# Just	STES LICEN	AIT	5: 4	/	
DEP DOL	Initial Amended Amendment #		_		te, Zip Coo YORK,N		22			Ġ.	LICEN	SING	nOL		
DOH DCA	Emergency (in justification) Cancellation	cluding		Name of DIOG(	Contact CADIN	ΛA				Tele	anhona Nii	mhar			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where LEXINGTON MAN			)					☐ s	of Facility ( chool (K-1	2)	er than K-1	2)			
Street Address 16-20 LEXINGTO	N AVE.								ther (i.e. p	rivate 8	commerc	ial build			s,
City (5) JERSEY CITY								4350		4	Floors	1	ldg. A 960'		
County (6) UNION				County C (STATE L	Code (7) ISE ONLY)	<u></u>			nt Use (Prio		ng demolis _DINGS	hed)			
Name of Monitoring Firm HILLMANN CONS		wner (8)		ASCM	No.				ement Cor RROW II		<sup>(9)</sup> TRIES C	O.			
Street Address 1600 ROUTE 22 B	EAST							Address MILL S							
City, State, Zip Code UNION,NJ,07083  City, State, Zip Code PATERSON NJ 07501															
Project Manager for Mo THOMAS RUBINO				Telephor	ne No. 56-1233			hone No -653-9			License 1 1257	No.			
Start Date (10) 10/21/15		Schedule N/A	ed Con	npletion [	Date (11)				A Monitor RROW II	NDUS	TRIES C	Ю.			
Occupancy Status Duri	ng Abatement (Check	Only Or	ne)					Addres	35						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire Per med Outside of Norma ROOFING MATERIA	eriod of A al Facility LABATE	Abatem Hours MENT	nent		_		State, Zip	o Code N NJ 07	501					
Scope of Work (Check															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Min Glo	i-Enclosur vebag Pro	e cedure	n Negative d Non-Fria			e	
		Is	Locat	ion									Abate	ment	t
Location Asbestos-Containin		Use	Normal ed Sole	ly by	Asbes		escription	n of Material	(ACM)	Д	mount		13	pe m	
TO BE AI In Fac (13	BATED cility		intena todial ( (12)		(i.e.	surfa	l system acing, V/ miscella		tion,		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
ROC	)E	Yes	No	N/A		Bi	OOFIN	JG		20	000 SF	X		te	-
1100		-		-								-			-
Name of Registered Water INDIAN ARROW C		ARTING	2   F	JDEP W lauler ID 36031/2	No.	of Wa			Name of G.R.O		ered Landf	ill			
City, State PATERSON,NJ	/ WAYN	E,NJ				Dispo	osal Date	e 1	City, Sta MORF	te RISVIL	LE,PA				
Completed by GORAN IGEV		Title SEC	RET	ARY		,	Signatur	re //	11			ate 10/15/	15		

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Date of Notification (1) 10/15/15			N	PHOEN	VIX REA	LTY (	perator GROU	(2) P.LL	.C	Ž	1815 OC	72	Į.	٠.		
	Type Notification			Street Add 645 MA	dress ADISON	AVE.	5TH F	LOC	DR	É	1615 OC	1	<i>+ 1</i>	117 5	: 4	1
EPA DEP ✓ DOL	Initial Amended Amendment #_		C	City, State	e, Zip Cod 'ORK,N'	e Y,1002	22				& [.]	CE	45	MT,	VUL	
DOH DCA	Emergency (indigent justification)  Cancellation	cluding		Name of O	Contact CADIN	1A				Tele	nhone N	lıımh	er			
L BOX	ouncommun.			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A LEXINGTON MANO								Тур	e of Facility (							
Street Address 21 LEXINGTON AV								>	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			buildi	ngs, l	nome	s,
City (5) JERSEY CITY									uare Feet 00	# of	Floors			dg. Ag 960's		
County (6) UNION				County C	ode (7) SE ONLY)				rent Use (Price PARTMENT				d)			
Name of Monitoring Firm HILLMANN CONSU	Hired by Building Ov JLTING,LLC	vner (8)		ASCM	No.		Name IND	of Al	batement Cor ARROW II	ntractor NDUS	<sup>(9)</sup> TRIES	СО	<b>5</b> 3			
Street Address 1600 ROUTE 22 EA	AST						Street 144		ress L ST.							
City, State, Zip Code UNION,NJ,07083									Zip Code SON NJ 07	501						
Project Manager for Moni THOMAS RUBINO				Telephon 908-95	e No. 6-1233		Teleph 973-		No. 3-9652		License 1257	e No.				
Start Date (10) 10/21/15		Scheduled N/A	Com	pletion D	Date (11)				SHA Monitor ARROW II		TRIES	CO				
Occupancy Status During	g Abatement (Check	Only One)					Street								en proces	
Abatement Performs	ated During Entire Pe ed Outside of Norma ROOFING MATERIAL	riod of Aba I Facility H ABATEME	atem ours	ent			City, S	State	L ST. Zip Code SON NJ 07	7501		_				
						_	FAI	LIN	3014 140 07	301						
Scope of Work (Check Al  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі ПіасАрріу)	-	novat noliti					∃ ;	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					è	
		1-1													ment	
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED ity	No Used Maint Custoo	enar	ly ly by nce/		os Con therma surfa	escription taining I I system acing, V/ miscella	Matens ins	r	(5	mount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
ROO	F	X		1		R	OOFIN	VG.		20	000 SF		Х			
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				-								-				
Name of Registered Was		RTING	H	IJDEP W lauler ID 6031/2	No.	of Wa			Name of G.R.O		ered Lan	ıdfill				
City, State PATERSON,NJ	/ WAYN	E.NJ			.5050		sal Date	е	City, Sta	ite RISVIL	LE,PA					
Completed by GORAN IGEV		Title SECR	ETA	ARY		1	Signatur	re /	1/4	1	•	Date	e /15/	15	a been ee	
			urson Si	0.45FE.458					1/1X							

NO CK

courtesy

	00 1565	У			(Pi	ursuant t	o NJAC 8	:60 and	12:120	))							
	of Notification (1) /15/15					Name of PHOE	Building C	wner/O	perator GROU	(2) P.LI	LC	201	S OCT .	2 /			1
Ager	ncies Notified	Туре	Notification			Street Ad 645 M	dress ADISON	AVE.	5TH F	LO	OR	Li ·	S OCT	SI All	1 5:	41	
~	EPA DEP DOL		Initial Amended Amendment	#	_		te, Zip Coo YORK,N		22			4	& Lice	HEIN	i i ing	Jį	
	DOH DCA		Emergency (i justification) Cancellation	ncluding		Name of DIOGO	Contact CADIN	ЛΑ				Tele	nhone Ni	ımher			
<u> </u>	DOM		- Carroonation			FACIL	ITY INFO	RMATI	ON			1					
Nam	ne of Facility Where A XINGTON MAN	Abaten IOR A	nent is Taking PARTMEN	Place (3 ITS	)					Ту	pe of Facility ( School (K-1						
	et Address LEXINGTON AV	VE.									Subchapter Other (i.e. p etc.)	8 (Othe private 8	er than K-	12) cial build	lings,	home	s,
City	(5) RSEY CITY										uare Feet 300	# of 4	Floors		ldg. A 960'		
	nty (6) NON					County C	Code (7) JSE ONLY)	h-			rrent Use (Pri PARTMEN						
Nam	ne of Monitoring Firm	n Hired	by Building C	Owner (8)		ASCM	l No.		Name IND	of A	Abatement Cor I ARROW II	ntractor NDUS	(9) TRIES (	CO.			
	et Address 00 ROUTE 22 E	AST	TO BY						Street 144		iress LL ST.						
	, State, Zip Code NON,NJ,07083		100								e, Zip Code SON NJ 07	501					
Proj	ect Manager for Mon		Firm			Telephor	ne No. 56-1233		Telep 973		e No. 3-9652		License 1257	No.			Nie-
	t Date (10) 0/21/15			Schedule N/A	ed Co	mpletion I	Date (11)		Name IND	of C	SHA Monitor I ARROW I	NDUS	TRIES	CO.			
Occ	upancy Status Durir	ng Abat	tement (Chec	k Only Or	ne)				Street						- 11		
	Facility Closed/Vac	cated D	Ouring Entire F	Period of	Abater	ment			144	MII	LL ST.						
1	Abatement Perform Other – Describe:	ROOF	itside of Norm ING MATERIA	nal Facility AL ABATE	/ Hour MENT	rs r					e, Zip Code ISON NJ 07	7501					
Sco	pe of Work (Check A	All That	t Apply)							_							
~	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			- Comments	Renova Demoli					_	Full Containm Mini-Enclosur	е	n Negative	Pressu	re		
_				_							Glovebag Pro Non-Exempte	cedure d (*) an	d Non-Fri	able Pro	cedur	е	
				Is	Loca	tion				_					Abate	ement	
	Locatio	100000000000000000000000000000000000000			Norma	ally ely by			scriptio						T 1)	pe	
	Asbestos-Containing TO BE AB			Ma	aintena	ance/					erial (ACM) sulation,	200	Amount Specify	D <sub>Q</sub>	'п	Enc	E
	In Fac	ility		Cus	todial (12)	Staff?		surfa	acing, Vamiscella	AT, o	or us)	SI	F or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)	,		Yes	No	N/A	-	outer	moodie	21100	45)			<u>a</u>	-7	late	ire
	ROC	X	140	1477		R	OOFIN	VG		20	000 SF	X					
	ne of Registered Wa DIAN ARROW C			ARTIN	ا د	NJDEP W Hauler ID 36031/2	No.	of Wa			G.R.C		ered Land	ITill			
City	, State TERSON,NJ	1	YAW	NE,NJ				Dispo	osal Dat	e	City, Sta		LE,PA				
	npleted by DRAN IGEV			Title SEC	CRET	TARY			Signatu	re				Date 10/15/	/15		

	415	V													rrin	110
courtesy	NO (			CATION	te of New OF ASBES o NJAC 8:	STOS	ABATE									
Date of Notification (1) 10/15/15			1	Name of I	Building O	wner/C	perator GROU	(2) P.LLC	;	2015	00721	F:,				
_  -	Type Notification			Street Ad 645 MA	dress ADISON	AVE.	5TH F	LOOF	3		37	1111	5.	:41	1	
DEP DOL	Initial Amended Amendment #_				e, Zip Cod /ORK,N		22			¥.	HERM		(1)	ÜL		
DOH DCA	Emergency (inc justification) Cancellation	cluding	1	Name of DIOGC	Contact CADIN	ſΑ				Tele	enhone Nu	mher				
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Ab LEXINGTON MANO	atement is Taking I R APARTMENT	Place (3) S							of Facility (4 School (K-1)							
Street Address 451 BERGEN AVE.									Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-1 & commerc	2) cial bui	ldin	igs, h	ome	s,
City (5) JERSEY CITY								Squa 510	re Feet 0	# of 4	Floors			g. Ag 60'S		
County (6) UNION				County C (STATE U	ode (7) ISE ONLY)				ent Use (Prio ARTMENT			shed)				
Name of Monitoring Firm H HILLMANN CONSU		vner (8)		ASCM	No.				tement Con RROW IN			00.				
Street Address 1600 ROUTE 22 EA	ST							Addres						300		0.000
City, State, Zip Code UNION,NJ,07083							City, S	State, Z ERSC	ip Code ON NJ 07	501						
Project Manager for Monitor THOMAS RUBINO	oring Firm		T	Telephor 908-95	ne No. 56-1233			hone N -653-9			License 1257	No.				
Start Date (10) 10/21/15		Schedule N/A	d Con	npletion [	Date (11)		Name	of OSI	HA Monitor RROW IN	NDUS	TRIES (	00.				
Occupancy Status During	Abatement (Check	Only One	e)					Addre								
Facility Closed/Vacat Abatement Performe Other – Describe: R	ed During Entire Pe d Outside of Norma OOFING MATERIAL	riod of A I Facility ABATEN	batem Hours //ENT	nent			City, S		ip Code ON NJ 07	501				-		
Scope of Work (Check All																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		enova emolit				F	_ Mi	II Containment- ni-Enclosure ovebag Prod	9	n Negative	Press	ure	ĺ		
									n-Exempte		d Non-Fria	able P	OCE	edure	)	
Location	o.f	0.000	Locati			D	escriptio	n of					A	Ty	ment se	
Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Mai	d Sole ntena odial ( (12)		Asbest (i.e.	tos Cor therma surfa		Materians insul AT, or		(	Amount Specify F or LF)	Kemova		Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
ROOF		Х				R	OOFIN	VG		20	000 SF	Х	1			
				-							***********	+	+			
				-									+			
Name of Registered Wast		RTING	F	NJDEP W Hauler ID	No.	of W			Name of G.R.O		ered Land	fill				
City, State			3	36031/2	26085		osal Dat	е	City, Stat	te	I E DA		-			
PATERSON,NJ	/ WAYN	E,NJ				TBE	Signatu	re /	WICH A	JOVIL	LE,PA	Date				
Completed by GORAN IGEV		SEC	RET	ARY			Jigilatu		>//	1		10/1	5/1	5		

*}*};--.

\* Da not .... this form for anhantes linearing assessed anti-stine

courtesy NOCK

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

Date of Notification (1) 10/15/15			N	lame of I PHOE	Building O NIX REA	wner/O	perator GROUI	(2) P.LLC		2815	DCT 21	file			
Agencies Notified	Type Notification			Street Ad 645 MA	dress ADISON	AVE.	5TH FI	LOOI	R		STG-1	-1.7	J- 4		
EPA DEP DOL	Amended Amendment #				e, Zip Cod ′ORK,N`		22				HATA	4/0	i.		
DOH DCA	Emergency (i justification) Cancellation	ncluding	9.1	lame of DIOGC	Contact CADIN	ΛA				Tele	phone Num	ber			
	<u> </u>			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A LEXINGTON MANG									of Facility (4 School (K-12	2)	- 4b 1/ 12	<b>\</b>			
Street Address 501 BERGEN AVE								<b>V</b>	Subchapter Other (i.e. pretc.)	rivate &	commercia	al build			s,
City (5) JERSEY CITY								190		4	Floors	1	dg. Ag 960'	ge S 	
County (6) UNION				County C STATE U	code (7) ISE ONLY)			AP/	ent Use (Pric ARTMENT	r if beir ΓBUIL	ig demolish DINGS	ed)			
Name of Monitoring Firm HILLMANN CONS	Hired by Building C ULTING,LLC	Owner (8)		ASCM	No.				atement Con ARROW IN			Э.			
Street Address 1600 ROUTE 22 E	AST						Street 144	Addre MILL	15/15/						
City, State, Zip Code UNION,NJ,07083									Zip Code ON NJ 075	501					
Project Manager for Mon THOMAS RUBINO				Telephor 908-95	ne No. 56-1233		Teleph 973-		lo. 9652		License N 1257	0.			
Start Date (10) 10/21/15		Scheduled N/A	Com	pletion [	Date (11)				HA Monitor ARROW IN	NDUS	TRIES C	0.			
Occupancy Status Durin	g Abatement (Check	k Only One	e)					Addre					-V.55.9		
Abatement Perform	ated During Entire F	Period of Al	oatem Hours	ent			City, S		Zip Code	=0.1					_
Other – Describe:	TIOOT IN A WIATETIA	AL ADATEI				_	PAI	ERS	ON NJ 07	501					
Scope of Work (Check A	III That Apply)	✓ Re	enovat	tion				] Fu	ıll Containme	ent with	Negative F	Pressur	e		
≥160 sf or ≥260 lf		De	emoliti	on			-	G	ini-Enclosure lovebag Proc on-Exempted	cedure	d Non-Friab	ie Pro	ceclur	Э	
		Τ								7			100000000000000000000000000000000000000	ment	
			_ocation			D-			1				Ту	ре	
Location Asbestos-Containing		Used	Sole	ly by	Asbest		scription taining N		al (ACM)	А	mount			т	
TO BE AB	ATED		ntenar odial S			thermal	system	ns insu			pecify	Rer	20	nca	Enc
In Faci (13)			(12)				cing, VA		)	51	or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A								<u>a</u>		ate	re
ROO	F	Х				R	OOFIN	IG		20	00 SF	Х			
												-			
												+			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfil	1			
INDIAN ARROW C		ARTING		auler ID 6031/2		of Wa TBD			G.R.O.						
City, State PATERSON,NJ	/ WAYN	NE,NJ				Dispo TBD	sal Date	9	City, Stat MORR	IJSVIL					
Completed by GORAN IGEV		Title SECI	RETA	ARY			Signatur	e /	1			ate 0/15/	15		
								4/	V						

Courtesy NOCK

Date of Notification (1) 10/15/15		ı	lame of PHOE	Building C	wner/C	perator GROU	(2) P.L	<b>26</b> 5 007 ;	21 .	200					l,
Agencies Notified Type Notification  EPA Initial		5	Street Ad 645 M	ldress ADISON	I AVE.	5TH F	LÓ	OR	7.0	, D: É	1				
DEP Amended Amendment #_				e, Zip Coo ORK,N		22		> U();	H	C. W.	L				
DOH justification)  DCA Cancellation	cluding	A	Name of DIOGO	Contact CADIN	ИΑ				Tele	ephone	Numb	er			
			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking F LEXINGTON MANOR APARTMENT Street Address				******			Ту	pe of Facility School (K- Subchapte	12) r 8 (Oth						
503 BERGEN AVE.							✓ Sc	Other (i.e. etc.) uare Feet	-	f Floors	ercial		ings, dg. A		s,
JÉRSEY CITY							19	900	3			1	960	Š	
County (6) UNION			County C STATE U	code (7) ISE ONLY)		_		rrent Use (Pr PARTMEN				i)			
Name of Monitoring Firm Hired by Building Ow HILLMANN CONSULTING,LLC	ner (8)		ASCM	No.				Abatement Co I ARROW I			CO.	ž.			
Street Address 1600 ROUTE 22 EAST						Street 144		dress LL ST.							
City, State, Zip Code UNION,NJ,07083								e, Zip Code SON NJ 07	7501						
Project Manager for Monitoring Firm THOMAS RUBINO			Telephor 908-95	ne No. 56-1233		Teleph 973-		No. 3-9652		Licens 1257					
	chedule V/A	d Com	pletion [	Date (11)				OSHA Monitor I ARROW I		TRIES	CO.				
Occupancy Status During Abatement (Check	•					Street 144		dress LL ST.							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: ROOFING MATERIAL	Facility ABATE	Hours MENT	ent		_	10.00		e, Zip Code SON NJ 0	7501						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	enovat emoliti					1	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	550				9	
	9277		T			<u> </u>		Non-Exemple	Ju ( ) an	u Non-i	Tiable		neo-California	ment	
		Location ormall	50000		-									pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solel ntenar odial S (12)	y by ice/		os Con therma surfa		Mate ns in: AT, o	erial (ACM) sulation, or us)	(3	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
ROOF	Х				R	OOFIN	IG		20	000 SF		Х			
				-	100000	* * * * * * * * * * * * * * * * * * *		- marie - 2/11/2							
															_
				<u> </u>											
Name of Registered Waste Hauler		95.555	JDEP W			Yards		Name o	f Registe	ered Lar	ndfill				
INDIAN ARROW CO./ATLANTIC CA	RTING	3	auler ID 6031/2	No. 6085	of Wa			G.R.C							
City, State PATERSON,NJ / WAYNE	E,NJ				Dispo TBD	sal Date	9	City, Sta MORI	ate RISVIL	LE,PA					
Completed by GORAN IGEV	Title SECI	RETA	RY			Signatur	e /	Ills	/		Date 10/	15/	15		

Courtesy NO (K
NOTIFICATION

Attention of Notification

And Anthony

NO (K
NOTIFICATION

(P)

Date of Notification (1) 10/15/15					Building O					2615	6012	F			
Agencies Notified  EPA	Type Notification  Initial			Street Ad 645 M	ddress ADISON	AVE.	5TH F	-LC	OOR				5:	4/	
DEP DOL	Amended Amendment #		_		te, Zip Coo YORK,N		22			Ž.	I.Hir	¥-, 1			
DOH DCA	Emergency (in justification) Cancellation	ncluaing		Name of DIOG(	Contact CADIN	ΛA				Tel	anhone M	•			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A LEXINGTON MAN	Abatement is Taking OR APARTMEN	Place (3) TS						T	ype of Facility  School (K-	12)		00000			
Street Address 507 BERGEN AVE									Subchapte Other (i.e. petc.)				dings.	home	es,
City (5) JERSEY CITY									quare Feet 900	# of	Floors		8ldg. A 1960		
County (6) UNION				County C	Code (7) ISE ONLY)			C	urrent Use (Pr APARTMEN	ior if bei T BUII	ng demoli _DINGS	shed)			
Name of Monitoring Firm HILLMANN CONS	Hired by Building OULTING,LLC	wner (8)		ASCM	l No.				Abatement Co V ARROW I			CO.			
Street Address 1600 ROUTE 22 E	AST						Street 144		dress ILL ST.						
City, State, Zip Code UNION,NJ,07083									e, Zip Code RSON NJ 07	7501					
Project Manager for Mor THOMAS RUBINO				Telephor 908-95	ne No. 56-1233		Teleph 973-		e No. 53-9652		License 1257	No.			
Start Date (10) 10/21/15		Schedule N/A	d Cor	mpletion [	Date (11)				OSHA Monitor V ARROW I		TRIES (	CO.			
Occupancy Status Durin	g Abatement (Check	Only One	e)				Street	t Ad	dress		11-07-12-11-2-1				
Facility Closed/Vac	ated During Entire P	eriod of A	bater	ment			144	MI	ILL ST.						
Abatement Perform Other – Describe:	ned Outside of Norma ROOFING MATERIA	al Facility LABATEN	Hour	ş					e, Zip Code RSON NJ 07	7501					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa	enova emoli	5555			E		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				_	
							L		Non-Exemple	u () an	d Non-i ii	able F10	Same and	ement	
		1 2000	Locat orma			_								/pe	
Location Asbestos-Containing		Used	Sole	ely by	Ashest		scription		erial (ACM)	Α	mount			m	
TO BE AB	ATED	100000000000000000000000000000000000000	ntena	nce/ Staff?		therma	system	ns in	sulation,	(5	Specify	Re	נג	nca	En
In Faci (13)		Ousid	(12)				cing, VA			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(,		Yes	No	N/A		00.00.	moooma					<u> 22</u>		late	Iге
ROO		X	INO	N/A		D	OOFIN	IC		20	00 SF	X	-		
noo		^				n(	JOHN	vG		20	00 31	_ A			
				1											
8															
Name of Registered Was INDIAN ARROW CO		RTING	H	NJDEP W Hauler ID 36031/2	No.	of Wa			Name of G.R.O		ered Land	fill			
City, State PATERSON,NJ	/ WAYN	E,NJ					sal Date	е	City, Sta MORF		LE,PA				
Completed by GORAN IGEV	(Name and	Title SECF	RET	ARY		5	Signatur	re	311	1	1	Date 10/15/	15		

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NO	. 1		CATION	ate of Nev OF ASB to NJAC	ESTOS	ABATEN				gen e	- N	· S · * · ·		v. 23
Date of Notification (1) 10/20/15			Name of	f Building ton Univ	Owner/C	Derator Truste	(2) es of	Princeton	Univ	ersity5 (	CT	21	<i>E</i> • .	-
Agencies Notified Type Notifica	ation		Street A							Andri		- 1	E.74	5: 4
DEP X Amend Amend Amend	ment# <u>3</u>	_		te, Zip Co ton, NJ		ı				æ	-101	N.	ING	nui
✓ DOH justifica  DCA Cancel			Name of Bob O	f Contact rtego					Tele	phone Nun	nber			
			FACI	LITY INF	ORMATI	ON			-				8	
Name of Facility Where Abatement is Butler Apartments	Taking Place (3	3)						of Facility (4 School (K-12	5 					
Street Address Butler Avenue and Marshall St	reet						×	Subchapter 8 Other (i.e. pretc.)				dings,	home	es,
City (5) Princeton					4.000		Squa	re Feet Attached	# of	Floors	2.3	8ldg. <i>F</i> 60+	ge	
County (6) Mercer				Code (7) USE ONLY	)	_		nt Use (Prioridential	r if beir	ng demolish	ied)			
Name of Monitoring Firm Hired by Buil Pennoni Associates	ding Owner (8)		ASCN	l No.				tement Cont	ractor	(9)				
Street Address 515 Grove Street, Suite 1B				-		Street 407 V		ss Lincoln Hi	ghwa	v, Suite 5	500			
City, State, Zip Code Haddon Heights, NJ 08035				August Little (e.e. + 1)		City, S	tate, Z	ip Code 19341			40.040.00			
Project Manager for Monitoring Firm Alan Lloyd			Telephoi 856-65	ne No. 56-2875		Teleph 484-8	one N	0.		License N 01161	0.			
Start Date (10) 8/17/15	Schedule 12/31/		npletion I	Date (11)		Name   EMS		HA Monitor						
Occupancy Status During Abatement (	Check Only Or	ne)				Street	Addres	SS		-		-		
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	ntire Period of A Normal Facility	Abaten Hours	nent			City, St	tate, Z	130 North	1					
Scope of Work (Check All That Apply)						Cirina	ammi	son, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir Glo	I Containment ni-Enclosure evebag Procen-Exempted	edure	-			0	
	lo	Locati				Beisse	1 140	I-LXeIIIpted	( ) and	I NOTE HAD	1	Abate		1
Location of	1	Vormal	ly		Des	scription	of						ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/		tos Cont thermal surfac	aining M	aterial insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
See attached information she	Yes	No	N/A										ate	e
Coo attached mornation she	,61													
Name of Registered Waste Hauler Waste Management of New Jer	sey	7333	JDEP W auler ID		Cubic of Was	100000000000000000000000000000000000000		Name of R						
City, State Trenton, NJ					Dispos	sal Date		City, State Morrisvil	le, PA	4				
Completed by Jack Bally	Title Sr. P	roject	Manag	ger	S	ignature	k P	pally	(ne le	Da	te /20/*	15	-	
ASB-41 (R-06-08)						Do no	t use t	his form for a	sbesto	os licensure	exen	npted	activit	ties.

ecoservices, LLC

Butler Apartments 2 Unit Building -~1,100 square feet each

Location of	Is location normally				Abatement Type	ent Type	
Asbestos Containing Material (ACM)	used solely by						
To Be Abated	Maintenance/	Description of Asbestos Containing Material (ACM)	Amount				
In Facility	<b>Custodial Staff?</b>	(i.e. thermal systems insulation, surfacing, VAT, or	(Specify SF or LF)				
	Yes No N/A	other miscellaneous)		Removal	Repair	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	26,400 SF	×			
Exterior	N/A	Transite Skirt	9,600 SF	×			
1st Floor	N/A	Sink under coating	48 Each	×			
Attic / Crawlspace	N/A	Transite panel debris	21,600 SF	×			
Attic	N/A	Flue pipe insulation	288 LF	×			
1st Floor (behind heater)	N/A	Transite wall board	72 LF	×			
1st Floor (behind heater)	N/A	Pipe insulation	1,536 SF	×			
Exterior	N/A	Window / Door Caulk	12 SF	×			
Exterior	N/A	Gas line tar wrap	3 SF	×			

Butler Apartments 3 Unit Building -~2,000 square feet each

Is location normally
used solely by Maintenance/ Description of Asbertas Containing Material (Actual)
0.
Yes No N/A other miscellaneous)
N/A Tile, Mastic, leveler, linoleum
N/A Transite Skirt
N/A Sink under coating
N/A Transite panel debris
N/A Flue pipe insulation
N/A Transite wall board
N/A Pipe insulation
N/A Window / Door Caulk
N/A Gas line tar wrap

ecoservices, LLC

4 Unit Building -~2,600 square feet each

**Butler Apartments** 

Enclosure Encap Abatement Type Repair Removal × ×  $\times$ × × × × × (Specify SF or LF) 41,280 SF 10,288 SF 33,840 SF Amount 2,048 SF 64 Each 128 LF 192 LF 24 SF 6 SF Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Tile, Mastic, leveler, linoleum Window / Door Caulk Transite panel debris Flue pipe insulation **Transite wall board** Sink under coating Gas line tar wrap Pipe insulation Transite Skirt Is location normally Custodial Staff? used solely by Maintenance/ Yes No N/A Asbestos Containing Material (ACM) To Be Abated Location of 1st Floor (behind heater) In Facility 1st Floor (behind heater) Attic / Crawlspace 1st Floor 1st Floor Exterior Exterior Exterior Attic



Date of Notification (1) 10/1 6.2015	10/15/20	V3-	10000	ame of E	Building Owner	Operator	(2)		1					
Agencies Notified	Type Notification		4		ADLEY ROA	AD				2815	001	21	7.1	5
DEP DOL	Amended Amendment #				e, Zip Code I PLAINFIEI	D, NJ				2				
☑ DOH DCA	Emergency (in justification) Cancellation	nauding		ame of CH	Ris 1	Maz	- DY		Telephone	Numb	er -	M.t.	4 T	51
Name of Facility Where PSE&G	Abatement is Taking	Place (3)		FACIL	ITY INFORMA	TION		of Facility (4) School (K-12) Subchapter 8		K-12)				
381 S. Lowell Ave.							N G	Other (i.e. privetc.)	vate & comm	ercial				\$,
City (5) Bellmawr							APPX	SOO	# of Floors		3	dg. Ag	1R	2
County (6) CAMDE	EN			County C STATE U	ode (7) SE ONLY)				STA			)	P.S.	
Name of Monitoring Firm ENVIRONMENTAL		Owner (8)		ASCM 0045	No.	1,000 (200)		tement Contr SYSTEMS		RICA				
Street Address 64 BRoA	D 57.						t Addres WHIT	s EHEAD A'	VE.					
City, State, Zip Code MATAWAN, NJ	550 000 020							ip Code IVER, NJ	08882					
Project Manager for Mor				Telephor	ne No. 290 -2217	10 00000000	hone N -432-8		Licen 011	se No.				
Start Date (10) 10/.26/.2015		Schedule 10/27/2	d Com			Name		HA Monitor SYSTEMS	OF AME	RICA				
Occupancy Status Durin							t Addres	ss EHEAD A	VE					
Abatement Perform	cated During Entire F ned Outside of Norm NECESSARY OPER	al Facility	Hours	ent		City,	State, Z	ip Code RIVER, NJ						
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enovat emoliti				Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted	edure				ē	
			Locatio			<del></del>						Abate Ty	ment pe	
Locatio Asbestos-Containing TO BE AE In Fac (13	g Material (ACM) BATED illity	Used Mai	d Solel ntenar odial S (12)	y by nce/	Asbestos C (i.e. them su		Materia ns insula AT, or	ation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Control I	House		Χ		tra	insite pa	anels		72 sf		Х			
				24										
Name of Registered Waste MANAGE				JDEP Wauler ID	No. of \	oic Yards Waste PX 10			Registered La		10	ГΗ		
City, State ELIZABETH, NJ				,,0		posal Dat	te	City, State	PR:SV	116		PX	)	
Completed by CAROL RAIMO		Title OFFI	CE N	IGR.		Signatu	ire tal	GR City, State Mo R	· ma	Date 10	e <sup>/</sup> .15.2	2015		

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

Date of Notification (1) 10/15/15				Building O			(2)			2015	OCT	2			
Agencies Notified Type Notification		187.5	treet Ad C/O 43	dress SHERF	RY C	Т							63.	10	: 5
EPA   Initial   Amended   Amendment #		90.0		e, Zip Coo VOOD N		701				- 42	L	- t. 7			
□ Emergency (in justification)     □ DCA    □ Cancellation	cluding	N	lame of	Contact				-5.0	Tele	ephone N	lumbe	er			
None of Coults (Afron Abrahamatic Tolder)	Place (2)		FACIL	ITY INFO	RMA"	TION	т.	pe of Facility (	47						
Name of Facility Where Abatement is Taking I RESIDENCE	Place (3)						1)	School (K-1							
Street Address 1520 LONG BEACH AVE	•						×	Subchapter Other (i.e. p etc.)				ouild	ings,	home	s,
City (5) LAKEWOOD		- 12					1	quare Feet 500	2	Floors			dg. A	ge	
County (6) OCEAN			County C STATE U	ode (7) SE ONLY)				urrent Use (Prid IOME	or if bei	ng demo	lished	1)			
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	No.				Abatement Cor EAD PROFE							
Street Address						Street 6 Wh		dress E DOVE CO	DURT						
City, State, Zip Code								e, Zip Code VOOD, NJ 0	3701						
Project Manager for Monitoring Firm		7	elephor	ne No.		Teleph 732-		e No. 8-9078		License 1200	No.				
	Schedule 10/18/1		pletion [	Date (11)		200720200		OSHA Monitor EAD PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check	Only One	e)				Street		dress	NIRT						
	illity Closed/Vacated During Entire Period of A stement Performed Outside of Normal Facility er – Describe:							e, Zip Code	JOINT						
Other – Describe:					_	LAK	EV	VOOD, NJ 0	8701						
Scope of Work (Check All That Apply)			*******			Г	_	F. II O1-1	4 741	Ninneli	. D.		_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempter	e cedure	· · · · · · · · · · · · · · · · · · ·					
	Is	Locati	on I					Non-Exemple	1 ( ) an	u Noll-I	Iabic		Abate	ment	
Location of	N	lormall d Solel	y			escription							Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED	Mai	ntenar odial S	ice/		therm	al system	ns ir	erial (ACM) nsulation,	(5	mount Specify		Re	Z	Enca	Enc
In Facility (13)	Cust	(12)	lalir			facing, VA r miscella			SI	or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>=</u>		ate	œ'
EXTERIOR						SIDING	G		20	000SF	2	X			
		- 1							Decision.		7611				
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509		- CHEST 255	ic Yards Vaste		Name of IESI	Registe	erea Lan	anıl				
City, State NEWARK, NJ					Disp	oosal Date	е	City, Sta BETHL		И РА					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signatur	re				Date 9/9/				

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Date of Notification (1) 10/15/15				Building Ov RSET DE					2015	0072	4		,.		
Agencies Notified Type Notification			Street Add	dress AWFOR	DS C	ORNE	R	8				-11	2.7	i C	
EPA Initial Amended Amendment				e, Zip Code DEL, NJ (		3			- 5	Fig.	1	T.f.	NT.		
		1.5	Name of 0	Contact SCHREI	IBER				Tele	phone N	umbe	r			
			FACIL	ITY INFOR	RMATI	ON									
Name of Facility Where Abatement is Takin  Street Address	g Place (3)							of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	) 3 (Othe	er than K-	-12) rcial b	uildi	ngs, h	nomes	s,
101 CRAWFORDS CORNER  City (5)  HOLMDEL, NJ							Squar	etc.) e Feet 0,000	# of	Floors		Blo	ig. Ag	e	
County (6) MONMOUTH COUNTY			County C	ode (7) SE ONLY)				nt Use (Prio	r if beir	ng demol	ished	)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Cont							
Street Address							Addres	s DOVE CC	URT						
City, State, Zip Code								ip Code OD, NJ 08	3701						
Project Manager for Monitoring Firm		T	Telephon	ne No.		1000 CO CO CO	hone No 668-9			License 1200	No.				
Start Date (10) 10/15/15	Schedule 01/15/1		mpletion [	Date (11)				HA Monitor D PROFE	SSIO	NALS					
Occupancy Status During Abatement (Che	ck Only On	ne)					Addres			W W					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	Abater Hour	ment s				100	DOVE CO	URT		HOWA I				
Other – Describe:					_	LAK	EWO	OD, NJ 0	3701						
Scope of Work (Check All That Apply)				7											
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Bassasses .	Renova Demoli					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					8	
	T	1							( )				Abate		
V		Loca: Norma			De	escriptio	n of						Ту	pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Ma	intena	Staff?		os Cor therma surfa		Materia ns insula AT, or	1	(	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	100	.,,,	1.33.1	Т	ILES	AND N	JASTI	IC	30.	000 SF		Х		41:	
INTERIOR			-			TSI				100	-	X			
INTERIOR	-	-	-								+	_		-	
												-			
Name of Registered Waste Hauler			NJDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Lan	dfill				
NEWARK CARTING			Hauler ID 04509		of Wa 100	aste YARD		IESI							
City, State NEWARK, NJ						osal Dat 5/16	e	City, Stat		м РА					
Completed by JOSEPH PERLSTEIN	Title OW!	NER				Signatu	re				Date 07/		15		

Cla# 2895

								UN.				
Date of Notification (1)	19 /	15			of Building Citizens	Owner/Operator (2 Bank		se t				
							2015 C	CT 21 AM 5				
Agencies Notified  EPA	Type Notificat  Initial	ion			Address Sockano	essett	<i>(</i> -	-: An 5	: 49			
□ DOLWD	Amended	- A - M		City, St	ate, Zip C	ode		The state of the	. 7:			
□ DHSS	Amendme			Crar	ston, RI	02920	( )	1021 118	1 U i.			
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		1	Name	of Contact			Telephone Numb	er			
(110/10/0.20-0)	☐ Cancellation	Contract of the Contract of th		Mar	k Mingy		,					
				FAC	ILITY IN	FORMATION				0.50		
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility (	4)				
Citizens Bank							School (K-12)					
Street Address								(Other than K-12)		ildisa		
131 White Horse F	Pike						homes, etc.)	vate and commerc	ciai bu	liding	5,	
City (5)			1002				Square Feet	# of Floors	Blo	lg. Ag	e	
Haddon Heights	10						70,000	3		+06		
County (6)				Coun	tv Code (7)	)(STATE USE ONLY)	Current Use (Pric	or if being demolis	hed)			
Camden					, (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hospital	ali aliko 1870-lari ali				
Name of Monitoring Fire	m Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ESIS, Inc			(-)		1207.00	and the second s	VIRONMENTAL	, INC.				
Street Address				-		Street Address						
436 Walnut Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C				-		
Philadelphia, PA 1	10106					BRISTOL, PA						
Project Manager for Mo			Tolo	phone I	No	Telephone No.		License No.			755	
Matt Johnson	intolling i iiiii		1	15-640		215-788-6040	)	00509				
Start Date (10)	9	cheduled (				Name of OSHA N						
10 / 29				) /			VIRONMENTAL	, INC.				
			- ST			Street Address						
Occupancy Status Duri				ment		1123 BEAVE	RSTREET					
☐ Facility Closed/Vaca					cribe	City, State, Zip C	The same of the sa					
Time of Abatement:	AM	PM/ <u>5:0</u>	0PM-2	:00AM		BRISTOL, PA						
						BRISTOL, 17	13007					
Scope of Work (Check	all that apply)						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enovat			☐ Mini-End	closure g Procedure					
☐ ≥160 sf or ≥260 lf			emoliti	on		☐ Non-Exe	empted (*) and No	n-Friable Procedu	re			
			s Loca	tion		10				atem	ent T	уре
Location	on of		Norma			Description	of		Z	ZJ	Ш	回
Asbestos-Containin	g Material (ACM		ed Sol			estos Containing Ma		Amount (Specify	Removal	Repair	ncap	1Clo
TO BE A			stodial		(1.6	e., thermal systems surfacing, VAT		SF or LF)	val	=	Encapsulate	Enclosure
(13			(12)	_		other miscellane					ate	
27		Yes	No	N/A						_		-
Bathroom			$\boxtimes$		Pipe In	sulation		15 LF			Ш	
			П									
			+-							П	П	
Name of Registered W	lasta Haular		14	NJDEP '	Maste	Cubic Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRO		IC.		Hauler I	D No.	Waste 1 Cu Yd	G.R.O.W.S	. NORTH LAND	FILL			
City, State						Disposal Date	City, State					
BRISTOL, PA 190	07					10/30/15	MORRISVI	LLE, PA 19067				7 C
Completed By (Print or	Type)	Title				Signature	0	/. Da	ate		,	
Gino Pizzigoni		Estim	ator			Lenz	Kissian.	1-18	10 /I	9/1	5	-

ASB-41 MAY 11 G I 15 13 4

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



Name of Monitoring Firm Hired by Building Owner (b)   Name of Registered Commercial (C)   Name of Monitoring Firm Hired by Building Owner (b)   Name of Mo	Date of Notification (1)				Building Ow		perator (	(2)		2	115 nor				
Initial Amended	10/1/2015			_							1.00	21	PM	5. !	_
Infilial DEP   PARAmendment #   Parame	Agencies Notified Type Notification		1000			Aven	ue			1				u. q	3
DOL	EPA Initial		1								5-11-	· r (	-1/1	ivin	
DOH			1 22		3.0						E. 1 C.	15	116	1101	
Name of Facility Where Abatement is Taking Place (3)  Essex County Veterans Courthouse  Street Address  County (6)  Essex Market Street  County (6)  Essex Market Street  County (6)  Essex Market Street  County (7)  County (8)  Essex Market Street  County (8)  Essex Market Street  County (9)  Essex Market Street  County (9)  Essex Market Street  County (1)  Essex Market Street  County (1)  Essex Market Street  County (1)  Essex Market Street  County (2)  Essex Market Street  County (1)  Essex Market Street  County (2)  Essex Market Street  County (2)  Essex Market Street  County (1)  Essex Market Street  County (2)  Essex Market Street  County (6)  Essex Market Mar	x  Emergency (incl	uding	Na	ame of	Contact					Tele	phone Nun	nher			
Name of Facility Where Abatement is Taking Place (3)   Service Address   Street Address   Service Abatement (a Taking Place (3)   Service Abatement (bear of Name of Facility Where Abatement (bear of Name	DCA Justification		N	Ar. Sa	njeev Var	ghee	ese			1					
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (O				FACIL	ITY INFOR	MATI	ON								
Subchapter 8 (Offer than K-12)		lace (3)						Туре о	f Facility (4)	1					
Other (i.e., private & commercial buildings, homes, etc.)   City (6)											r than K-13	2)			
Second   S	4000 MATERIA DE LA COMPANSA DE LA COLOR DEL COLOR DEL COLOR DE LA								ther (i.e. pri	vate &	commerci	al buildi	ngs, l	nomes	3,
County (6)								- e		# of	Eleore	RI	la Ar	10	
County (6)								No. of the Control of		220.000	FIOUIS	1000		,0	
Sessivaria   Ses			10	ounty C	ode (7)		-			1000	na demolish				
Name of Monitoring Firm Hired by Building Owner (8)  J & S Environmental Laboratories, LLC  N/A  N/A  Name of Abatement Contractor (9)  DIA General Construction, Inc.  Street Address  2333 Route 22 West  Street Address  2333 Route 22 West  Street Address  1360 Clifton Avenue, PMB Suite 218  Clity, State, Zip Code Clifton, NJ 07012  Project Manager for Monitoring Firm Sherry Gelsomino  Scheduled Completion Date (10) 10/2/2015  Scheduled Completion Date (11) 10/4/2015  Street Address 1360 Clifton, NJ 07012  Telephone No. 973-389-0089  Clicense No. 00693  Street Address 1360 Clifton Avenue, PMB Suite 218  Street Address 1360 Clifton NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Screet Address 1360 Clifton NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Screet Address 1360 Clifton NJ 07012  Street Address 1360 Clifton NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclo										11 2011	.g				
J & S Environmential Laboratories, LLC  N/A  DIA General Construction, Inc.  Street Address  Street Address  City, State, Zip Code Union, NJ 07083  Project Manager for Monitoring Firm Sherry Gelsomino  Start Date (10) 10/2/2015  Scheduled Completion Date (11) 10/2/2015  Senduled Co		ner (8)	$\perp$	ASCM	No.		Name			ractor	(9)	-1.7/			
Street Address   1380 Clifton Avenue, PMB Suite 218					110.										
2333 Route 22 West							Street	Addres	s						
City, State, Zip Code Union, NJ 07083  Project Manager for Monitoring Firm Sherry Gelsomino  Start Date (10) 10/2/2015  Scheduled Completion Date (11) 10/4/2015  Start Date (10) 10/2/2015  Start Date (10) 10/2/2015  Start Date (10) 10/2/2015  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM  Start Date (10) 10/2/2015  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM  Street Address 1360 Clifton Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Street Address 1360 Clifton Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce							1360	) Clifto	n Avenue	e, PM	IB Suite 2	218			
Union, NJ 07083  Project Manager for Monitoring Firm Sherry Gelsomino  Start Date (10) 10/2/2015  Scheduled Completion Date (11) 10/4/2015  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describes: Fiday: 5:09 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM  Clifton, NJ 07012  Street Address 1360 Clifton Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Street Address 1360 Clifton Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Scope of Work (Check All That Apply)  Street Address 1360 Clifton Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Street Address 1360 Clifton Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted							City, S	tate, Zip	o Code						
Project Manager for Monitoring Firm   Sherry Gelsomino   908-206-0073   973-389-0089   00693							Clifto	on, NJ	07012						
Start Date (10)  10/2/2015  Start Date (10)  10/2/2015  Occupancy Status During Abatement (Check Only One)  I Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM  City, State, Zip Code Clifton, NJ 07012  Scope of Work (Check All That Apply)  3 sf or ≥3 if 2180 sf or ≥260 if  Renovation Demolition  I S Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Prosecutor's Office Men's Room  Prosecutor's Office Women's Room  Normally Cleanup of Non-ACM Ceiling Tile  Name of Registered Waste Hauler Service Transport Group  Title  Signature  Scopelor Signature  Name of Registered Landfill Minerva Landfill Minerva Landfill Minerva Landfill  Name of Registered Landfill Minerva Landfill Minerva Landfill Minerva Landfill  Name of Registered Landfill Minerva Landfill Minerva Landfill  Name of Registered Landfill Minerva Landfill  Name of Registered Landfill Minerva Landfill  Signature  Pale  Name of Registered Landfill  Name of Regis			T	elephor	ne No.							lo.			
DIA General Construction, Inc.	Sherry Gelsomino		5	908-20	06-0073		973-	389-0	089		00693				
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM  City, State, Zip Code Clifton, NJ 07012  Scope of Work (Check All That Apply)  Sope of Work (Check All That Apply)  Sop of Work (Check All That Apply)  Sope of Work (Check All That Apply)  Sope of Work (Check All That Apply)  Sope of Work (Check All That Apply)  Sop of Work	Start Date (10)	cheduled	Comp	oletion [	Date (11)						a law				
Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Secope	10/2/2010						100000000000000000000000000000000000000			uctio	n, Inc.				
Abatement Performed Outside of Normal Facility Hours Other – Describe: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM	Occupancy Status During Abatement (Check C	Only One)			*					- DI	IR Quito	218			
Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf	Facility Closed/Vacated During Entire Per	riod of Aba	ateme	ent			20000000			e, r iv	ID Suite	210			
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   State   Service Transport Group   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   State		Hacility H M, Sat: 8:00	ours ) AM -	11:59 P	M	_									
Renovation Demolition    Sality   Sali	_						Oiii	OII, INC	07012						
Solution   Demolition   Description of   Abatement   Type   Demolition   Demolition   Description of   Abatement   Type   Demolition   Demolition   Description of   Abatement   Demolition   Description of   Abatement   Type   Demolition   Demolition   Description of   Abatement   Type   Demolition   Description of   Description of   Abatement   Type   Description of   Descrip		107 s		1000			Г	7	Containme	nt with	Magative	Dracelli	Δ.		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Prosecutor's Office Men's Room  Name of Registered Waste Hauler Service Transport Group  Completed by  Title  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Cleanup of Non-ACM Ceiling Tile Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement (Specify SF or LF)  Republic In Facility (12)  Yes No N/A  Cleanup of Non-ACM Ceiling Tile 130 SF  Cubic Yards of Waste Sorvice Transport Group  City, State New Castle, DE 19720  Completed by  Title  Signature  Abatement Type  Abatement Type  Abatement Trype  Abatement Trype T								Min	i-Enclosure		i Negative	1 100001			
Location of Asbestos-Containing Material (ACM)	2 100 51 01 2200 11										d Non-Fria	hle Pro	redur	Δ.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Prosecutor's Office Men's Room  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Prosecutor's Office Men's Room  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Prosecutor's Office Men's Room  X Cleanup of Non-ACM Ceiling Tile 130 SF X  Prosecutor's Office Women's Room  Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE 19720  Completed by  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Namount (Specify SF or LF)  Namou								1101	I-Exempled	( ) an	d HOIFI Ha				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Prosecutor's Office Men's Room  Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE 19720  Completed by  Used Solely by Maintenance/Custodial Staff? (12)  Used Solely by Maintenance/Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other mis				2070/		_							Ту	ре	
Maintenance/ Custodial Staff? (12)   Maintenance/ City Stafe		Used	Solel	y by	Asbesto				(ACM)	A	mount			т	_
Prosecutor's Office Men's Room X Cleanup of Non-ACM Ceiling Tile 130 SF X  Prosecutor's Office Women's Room X Cleanup of Non-ACM Ceiling Tile 150 SF X  Name of Registered Waste Hauler Service Transport Group Service Transport Group Disposal Date New Castle, DE 19720  Completed by Title Signature Service Transport Group Title Signature						herma	al system	ns insula				Rer	Re	nca	Encl
Prosecutor's Office Men's Room  X Cleanup of Non-ACM Ceiling Tile 130 SF X  Prosecutor's Office Women's Room  X Cleanup of Non-ACM Ceiling Tile 150 SF X  Name of Registered Waste Hauler  Service Transport Group  City, State New Castle, DE 19720  Completed by  Yes No N/A  X Cleanup of Non-ACM Ceiling Tile 150 SF X  Cleanup of Non-ACM Ceiling Tile 150 SF X  Disposal Date 150 SF X  Disposal Date 10/10/2015  Date 10/10/2015										5	F OF LF)	nov	pair	psul	nso
Prosecutor's Office Men's Room X Cleanup of Non-ACM Ceiling Tile 130 SF X  Prosecutor's Office Women's Room X Cleanup of Non-ACM Ceiling Tile 150 SF X  Name of Registered Waste Hauler Service Transport Group 20990 S CY  City, State New Castle, DE 19720 Date 10/10/2015 Signature Signature 100 Date 100 Date 100 Date 10/10/2015	(10)	V	Nie	NI/A				Commission &				<u>m</u>		ate	9
Prosecutor's Office Women's Room  X Cleanup of Non-ACM Ceiling Tile 150 SF X  Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE 19720  Completed by  X Cleanup of Non-ACM Ceiling Tile 150 SF X  Name of Registered Landfill  Minerva Landfill  Minerva Landfill  City, State 10/10/2015  Date 10/11/2015		Yes	INO	1.4.39.7.3	-			140	Til.		00.05	,			-
Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE 19720  NJDEP Waste Hauler ID No. 20990  Disposal Date 10/10/2015  Signature  Name of Registered Landfill Minerva Landfill City, State Waynesburg, OH 44688  Disposal Date 10/10/2015  Date	Prosecutor's Office Men's Room											_			_
Service Transport Group  City, State New Castle, DE 19720  Completed by  Hauler ID No. 20990  Title  Hauler ID No. 20990  of Waste 5 CY  Disposal Date 10/10/2015  Waynesburg, OH 44688  Disposal Date 10/10/2015  Signature  Date 10/11/2015	Prosecutor's Office Women's Room			X	Cleanup	of N	lon-AC	M Cei	ling Tile	1	50 SF	X			
Service Transport Group  City, State New Castle, DE 19720  Completed by  Hauler ID No. 20990  Title  Hauler ID No. 20990  of Waste 5 CY  Disposal Date 10/10/2015  Waynesburg, OH 44688  Disposal Date 10/10/2015  Signature  Date 10/11/2015															
Service Transport Group  City, State New Castle, DE 19720  Completed by  Hauler ID No. 20990  Title  Hauler ID No. 20990  of Waste 5 CY  Disposal Date 10/10/2015  Waynesburg, OH 44688  Disposal Date 10/10/2015  Signature  Date 10/11/2015															
Service Transport Group  City, State New Castle, DE 19720  Completed by  Hauler ID No. 20990  of Waste 5 CY  Disposal Date 10/10/2015  Waynesburg, OH 44688  Disposal Date 10/10/2015  Signature  Date 10/10/2015	Name of Registered Waste Hauler		100			200 50 50 50 50			Name of	Regist	ered Landf	ill			
City, State New Castle, DE 19720  Completed by  Disposal Date 10/10/2015  Waynesburg, OH 44688  Disposal Date 10/10/2015  Date			1 633		No.				Minerv	a Lar	ndfill				
New Castle, DE 19720  Title  10/10/2015  Waynesburg, OH 44688  Date  10/10/2015			12	0990				Α	City Stat	e					-
Completed by Title Signature Date											a. OH 44	688			
Completed by		Title				. 0/			1.0,10	7					
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State of New Jessey  NOTIFICATION OF ABBESTOR AAFEBENT Porturate to NAGE 500 and 151:501  Date of New Jesus o						,									
Date of Notification (1)				Nam	s of Build	na Own	Pr/O marate	e (9)		11.1	- 1, 1			7	1
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				City,	State, Zip	Cade	_	-	-	-	4	_			
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Short Add	ans Courthou	ae .	0.000					12000	1.77	5.00 <b>-</b> 000					
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				Count	y Code (7	)						-	154		
	- J C - F			1		·n —		Ap	artment	-will 6-80	A MOUNT	or190)			
J& & Environment	nec by Building	Owner (	8)				Name			Sign char	/01				
Street Address	Ladoralories	LLC		NI	A		DIA	Gen	eral Cons	da actor	n line				10 0 K
	AT HERE						Siresi	Addre			-1 4116				
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Ilaina NI Code							City S	mte. 3	D Code	20, FIVE	= 0110	214			
	-						Clifte	n. N	107010						
Sheets Color of Monitor	ing Firm			Teleph	ione No.		Teleph	One N	0		Lina				
Cos Date (20)				808-	206-007		973-	389-	0089			Na.			
		Schedu	led Co	mpletion	Dale (11	7					A0083				
		10/4/	2015				DIA	3ene	ral Cons	truction	loc				
T	palement (Chec	d Only C	ne)				Street A	Addres	16		4 11 101				
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Other - Describe: Frid	er: 5:00 PM - 1:00	AML Sar	y Hour	4.11.40	DU		City, St	rte. Z	p Code		-3119				
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\$180 st or \$250 l.								Gip	renologuia rebaa Proc	narkum			tie .	_	
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Asbestos-Containing Mark	arial (ACLA	Ube	d Sale	ly by		D	maription o	4	1						
JUHE ABATE	2	: Ma	interior in	n may	Asbes	tos Cor	teinine Ma	Sala at	(ACM)				120	T	
		009		MB/T7		617.43	ICING, VAT.	OP.	10/4,	(@pe	GC/FY	8	7	5	5
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		Yes	Na	NA					1			₩.			8
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osecutor's Office Wor	nen's Room									130	SF	1	100		
	, 100171			^	CIGENU	p of N	on-ACM	Celti	ng Tile	150	SF	(			
								0200				-		-	_
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			TN.	DEP W	esta	Cuhin	Yapria		Alman			-			
rvice Transport Group	3		H	auler ID	No.	of Wa	ete								
			20	3860		1775. (A) 1775. (A) 1775.			Minerva	Landfil	I				
w Castie, DE 19720		- 5						1	City, State						
mpleted by		-				10/10	0/2015		Waynes	burg. C	H 4488	36			1
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utarth Jagad											97,004				

ASB-41 (R-06-08)

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

D&S Proj. #: 2015-369

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

								* ****					
Date of Notification (1)	Na	me of Buil	ding Owne	r/Operator (2)			- 2	113 OCT 21	E 5.0				
1 0 / 1 5 / 1 5	l k	aren gayl	lord				12	· - 1	6.19	5: 47	,		
Agencies Notified Type Notificat  EPA Initial		eet Addres							7				
DEP Amended		26 barnsd	ale road		11			61101	9				
Amendment #:	Cit	y, State, Z	ip Code										
DOL ☐ Emergency		SHORT I	HILLS, N	J 07078									
DOH (including justification)	Nar	me of Con	tact					Telephone	Numbe	ſ			
☐ DCA ☐ Cancellation		karen gay	ylord										
			FACIL	ITY INFORMA	ATION								
Name of facility where abatement i	s taking plac	e (3)					Ту	pe of Facility (4	1) (K - 12)	77			
karen gaylord							П		pter 8 (C		an K-	12)	
Street Address							11		Private/C			/	
		£2			_		_		Homes, e		Die	lα Λ.	70
26 barnsdale road	Count	v (6)			Cour	nty Code (7)	5	quare Feet	# of Floo	rs	DIC	lg. A	Je
City (5)	Count	y (O)				te use only)	-	Current Use (Pr	ior if beir	ng dem	olishe	d)	
SHORT HILLS	ESSI	EX									DECK 17-11-0-17-1		
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatemer	nt Cont	tractor (9)					
						D & S RESTO	RATI	ON, INC.					
Street Address						Street Address	versions:						
					_	20 California . City, State, Zip Coo	_						
City, State, Zip Code													
Project Manager for Monitoring Firm	)	I Ph	one Numbe	er	_	Paterson, NJ (			License	Numb	er		
rojoot managor for mormoring i mi	•		0.10 1 10.110			973-345-802			(	1169			
Start Date (10)	ISched.	Completic	n Date (11	)	_	Name of OSHA Mo		0.5					
				,		D & S Restora	ation,	Inc.	-				
10/27/15 Occupancy Status During Abateme	10/30/			To Maria	_	Street Address	A						
Facility closed/vacated during			ment.			20 California 2 City, State, Zip Coo							
Abatement performed outside						Oity, Otato, Zip Co.							
Describe: NORMAL F	IOURS				_	Paterson, NJ	07503						
Scope of Work (check all that appl							Full	Containment w	/negative	e press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	1				Ī		-enclosure					
≥160 sf or ≥260 lf	Demolition					<u>P</u>		rebag procedur -Exempted (*)		-friable	proce	edure	)
Location of			used solely			_				R	R	Е	E
asbestos-containing	by mainter staff(12)	nance/cust	todial			sbestos-containing		Amount (Specify S	E or	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (	ACM)			LF)	11 01	O V	a i	a	L
	100	140	IWA					60.1.6		e	ŗ	P	-
basement storage laundry boiler rooms		X		PIPE INSU	_	The Second Secon		68 l ft	e e le commune de la commune d		뷰	片	ዙ
GARAGE		X		PIPE INSU	LAII	ION		29 1 ft			井	片	ዙ
										##	井	片	ዙ
									la martine de	++-	븕	片	卄
Registered Waste Hauler	N.IDF	P Hauler I	D# I C	ubic Yards of V	Vaste	Name of Register	red Lar	ndfill		_			1-
D & S RESTORATION, INC.	1350	06	2	yds.		TULLYTOW			ECOVE:	RY			
City, State			Disposal D			City, State	AT 75.						
PATERSON, NJ 07503	I Till -		10/28/1:	Signature		TULLYTOW	N, PA	1	Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT		Signature					10/1:	5/15			

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

CY 4521

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

D&S Proj. #: 2015-366

( C ( ) - 1 ( )

						10 (0)													
Date of Notification (1		- 11	Name of Building Owner/Operator (2) 2015 OCT 21 AM 5: 46																
	Type Notificati		william koenecke Street Address Assas Salas Alas Ballis																
	☐ EPA ☐ Initial									ABOESTED USBIRUU: & UICENEING									
□ DEP □	Amended		448 so. n		eni	ue			Cx 1.11.2 13. 14	#10									
☑ DOL	Amendment #:	c	City, State, Zip Code																
_	Emergency		GLEN F	ROCK, N	IJ	07452		2007/8007-201											
□ DOH	(including justification)	Na	ame of Co	ntact			Telephone Number												
☐ DCA ☐	Cancellation		nene col	ligan					į.										
<u>J</u> L	Caricollation			100.00	CIL	ITY INFORM	ATION												
Name of facility when	re ahatement is	s taking pla	rce (3)		_				$\neg \neg$	Type of Facility (	4)								
william koenecke		School (K - 12)																	
Street Address	Subchapter 8 (Other than K-12)  Other (Private/Commercial																		
Oli Cot Addi Coo											Homes, e		Olai						
448 so. maple avenue								Square Feet # of Floors Bldg. Age											
City (5)		Cour	ity (6)					ounty Code (7)											
		222	RGEN				(Sta	te use only)		Current Use (Pr	rior if bein	g dem	olishe	ed)					
GLEN ROCK	ASCM No.																		
Name of Monitoring I		Name of Abatement Contractor (9)																	
					<u>.</u>			D & S REST	TORA	TION, INC.									
Street Address								Street Address											
		20 California Ave.																	
City, State, Zip Code								City, State, Zip Code											
		-						Paterson, NJ 07503											
Project Manager for M	Ionitoring Firm		P	none Num	be	r		Telephone Num		3	License		er						
								973-345-8			1	1169							
Start Date (10)		Sched	. Completi	on Date (1	11)			Name of OSHA											
10/20/15		10/30	)/15					D & S Restoration, Inc. Street Address											
10/20/15 10/30/15 Occupancy Status During Abatement (Check only one)								20 California Avenue											
Facility closed/v				ement.				City, State, Zip Code											
Abatement perfe								Oity, Otato, Zip	Joue										
Describe:  Other-Describe	· NORMAL H	OURS	-		_	1.7		Paterson, N	JJ 075	03									
Scope of Work (chec					=		_			ull Containment w	/nogative	proce	uro						
>3 sf or >3 lf		25)	_							din Containment w	megative	press	uic						
		Renovatio								lovebag procedu	re								
≥160 sf or ≥260	) If U	Demolition			_					lon-Exempted (*)	and Non-		_	_	,				
Location of		n normally enance/cus	ly						R	R	E n	E							
asbestos-conta material (acm)	staff(12)	nanooroac	nodiai	_			sbestos-containi	ng	Amount (Specify S	F or	m	р	c	n					
abated in facility		Yes	No	N/A		materiai (	terial (ACM)			ĹF)		o v	i i	a	Ľ				
-		3,54,56,0								105516		e	r	P	-				
BASEMENT			X			PIPE INSU	LAT	ION		255 l ft			브	쁜	屵				
										_		부	ᆜ	닏	쁜				
									Marine Control			ᆜ	닏	닏	14				
												1	Ш	Ш	1				
Registered Waste Hau D & S RESTORA		NJDI 135	EP Hauler	ID#		ibic Yards of V yds	Vaste				COVE	2V							
City, State		700	Disposal	-	A STATE OF THE PARTY OF THE PAR		TULLYTOWN, RESOURCE RECOVERY  City, State												
PATERSON, NJ			15			TULLYTOWN, PA													
Completed by (Print o	Title		T	Signature		Date													
BOGDAN JOLDZIC PRESIDENT										10/15	/ 2015	5							
4SR-41	*			for asbes	to	s licensure ex	empte	d activities.							-				

10/21/15

Do not use this form for asbestos licensure exempted autivities.

FRESIDENT

Signature

TULLYTOWN, PA

10/15/2015

PATERSON NJ 07503

Completed by (Print or Type)

BOODAN JOLDZIC

# State of NJ

B & G proj. #: 2015-209

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

B & G proj. #:	2015-209	<b>-</b> 8	(Pursi	ant to	NJAC 8:60	0-7 ar		Check # 7505								
Date of Notification			Building C		perator (2)		2815 OCT 21 AM 5:20									
Agencies Notified	Type Notification	Street Ac				4	<i>(</i>									
EPA	AND STATE OF THE S	120200 12000 CO	105 Changebridge Road											-		
☐ DEP	X Initial	1.1	te, Zip Co						- 1 i	16						
X DOL	Amendmen	t Mon	Montville, NJ 07045  Name of Contact  Telephone Number											_		
X DOH			Contact						ı							
☐ DCA	☐ Cancellatio			1.0		_	==		-							
				FACILIT	Y INFORMA	TION								_		
		Line place (3)						Тур	e of Facility (4)	/K - 12)						
Name of facility w	here abatement is to		School (K - 12)													
Pastor's Resi	idence		Subchapter 8 (Other than K							.)						
Street Address							- 5		Other (P Bldgs./H	omes, etc.	111010					
105 Change	bridge Road							Sq	uare Feet #	of Floors		Bldg.	Age			
		County (6)			<del>-</del> -	Count	ty Code (7)									
City (5)	City (5)					(State	use only)		Current Use (Prior if being demolished)							
Montville	Montville								residential							
	ing Firm Hired by Bl	dg. Owner (8)		F	ASCM No.		Name of Abaten									
n/a			B & G Rest	oration,	Inc.			==		=						
							Street Address 105 Ryers	on Road								
Street Address						_			•					_		
City, State, Zip Co	ode		e)			City, State, Zip Code Lincoln Park, NJ 07035										
Oily, Clary - 7								The Party of the P								
Project Manager for Monitoring Firm Phone Numb							Telephone Number   License Number   (973)696-6869   00378									
							Name of OSHA Monitor									
Scheduled Start I	Date (10)	Sched. Cor	mpletion D	ate (11)			B & G Restoration, Inc.									
		10/30/2	015				Street Address									
10/23/2010							105 Ryerson Road									
Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.							City, State, Zip	Code								
Abatement performed outside of normal facility hours-							Live la De	ek NIIO.	7035							
Describe:			_	LincolnPa	rk, NJ U	7 0 3 3		_	==	1.1	_					
the state of the s	(check all that apply	)							100							
Demolition		Renovation				□ F	ull Containment	t w/negativ	ve pressure							
							Mini-enclosure		able procedure							
> <u>3</u> sf or >	ed solely							R e	Re	E i	E					
Location		by maintenar	ce/custod	ial	Descript	tion of a	of asbestos-containing M)		Amount (Specify	SF or	m	p	С	n C		
asbestos- material to	containing o be	staff(12)			material	(ACM)			LF)	J. J.	0 V	a i	a p	L		
abated in	facility (13)	Yes	No	N/A							e	r	-	7		
basement				X	pipe insu	lation			100 lf		X	븕	+	十		
Dasement									-		片	H	Hi	一		
											片	Ħ	Fil	亍		
										-	片	計	H	一		
						****	INcor of Dec	ictored I	andfill				1-1	_		
Registered Was	ste Hauler		Hauler ID	# C	ubic Yards o	t waste	Name of Reg	town R	esource & F	Recovery	Cen	ter				
B & G Resto	oration, Inc.	isposal D			City, State	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i										
City, State Lincoln Par	rk N.I		101		30/2015		Tully	town, P	own, PA					_		
		Title			Signature		0,0	P	Date 10/19/2015							
Completed by (Print or Type) Gordana Luna  Title Secretary/Treasurer						Signature Gordana Luna 10/19/2015								_		