			nt to NJAC 8				D	EH	reck F	58/12/	7 [	3 6	2
Date of Notification (1) 10-17-14	1 N		of Building C Prudential				y of Am		0 1	U		7	
Agencies Notified Type Notification		( ASSESSED FOR STREET	t Address Washingto	n Stre	et				OCT 2	3 20	14	IL	9
EPA Initial DEP Amended Amendment #	:		State, Zip Coo					ASB	ESTOS	CONTR	OL 8	L L	
	ncluding	200	e of Contact stance L. F	Paterel	······································			<del>  Tel</del> e	- LICE	KANG			-
DCA Cancellation		100000000000000000000000000000000000000	CILITY INFO		175		- V						
Name of Facility Where Abatement is Taking	Place (3)					_	Facility (4 hool (K-12		•				
Street Address						T Su	bchapter ( her (i.e. pr	(Othe	er than K- commer	12) cial build	ings,	home	s,
213 Washington Street  City (5)		9				Square	c.)		Floors		dg. A		-
Newark		10	1 0 1 (7)			Current	Use (Prio	r if boir	a domoli	ished)			
County (6) Essex			ty Code (7) TE USE ONLY)		_		nercial	i ii beli	ig derrion	sned)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	AS	CM No.		707000000000000000000000000000000000000		ment Cont vironme						
Street Address						Address Broad S							
City, State, Zip Code	78 m				100000000000000000000000000000000000000	tate, Zip	Code IJ 07072	!					
Project Manager for Monitoring Firm		Telep	phone No.			one No.			License 00756	No.			
Start Date (10)		Completi	on Date (11)		Name	of OSHA	A Monitor						
10-18-14 Occupancy Status During Abatement (Check	10-31-14 Only One)					-Air Ind	200			-			-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Aba	tement ours				9 Jacks State, Zip	son Aver	nue					_
Other – Describe:					Long		City, N	The state of the s	01				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			2	Full Mini-	HA Class Containme Enclosure ebag Proc Exempted	ent with	_			0	
	T	cation				_ Non-	-Exempled	( ) all	u Non-Fi	able F10		ement	
Location of	Non	mally		De	scription	n of					Ту	ре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	Solely by enance/ ial Staff? 12)	(i.e.	therma surfa				(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Mezzanine Health Care Center Area		1000	(	VA	AT/Mas	stic		2.8	800SF	x			
Mezzannie Fleatin Gale Gentel Alex					· · ·								
Name of Registered Waste Hauler			P Waste		Yards		Name of	Registe	ered Land	Hill			
ATC, Inc. / JBT (50071)		Haule 2431	r ID No. O	of Wa			Minerva		erprises				
City, State Shirley, NY / Bronx, NY				Dispo TBD	sal Date		City, Stat Wayne:		, OH 44	1688			
Completed by Kevin Moriarty	Title Project	Manag	ger		Signatur	e // (	Rd	7,		Date 10-17-	14		

			******		IO NUMO				114		HECK #				
Date of Notification (1) 10-17-14		33533		Name of The Pi	f Building ( rudentia	Owner/C I Insura	perator ance C	(2) Sompar	ny of Ame	erica	CT ^				i
Agencies Notified	Type Notification			Street A 213 W	<sup>ddress</sup> ashingto	on Stre	et		1 L						
DEP X DOL	Amended Amendment #				ite, Zip Co k, NJ 07				LA	SBES	STOS C	ONTRO	DL 8	أيد	
DOH DCA	Emergency (in justification)	cluding	17.75		Contact	Pataral					ephone N	11 11 7			
DCA	Cancellation									1_		- 100 m	<b>_</b>		
Name of Facility Where A	Abatement is Taking	Place (3)	-	FACI	LITY INFO	DRMAII	ON	Type o	f Facility (4	1					
								-							
Street Address 751 Broad Street								Si X	chool (K-12 ubchapter 8 ther (i.e. pr	(Othe			lding	s, hom	ies,
City (5) Newark								Square	c.) Feet	# of	Floors		Bldg.	Age	
County (6) Essex					Code (7) USE ONLY)				t Use (Prior nercial	r if beir	ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building Ov	vner (8)		ASCN	1 No.				ement Cont nvironme						
Street Address								Address Broad S							
City, State, Zip Code								tate, Zip stadt, N	Code 1J 07072						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.			one No. 939-65			License 00756		->= 500		
Start Date (10) 10-18-14		Scheduled		pletion	Date (11)			of OSHA	A Monitor C.						
Occupancy Status During	Abatement (Check	Only One	)				Street	Address		77.77					
	ated During Entire Pe ed Outside of Norma							Jacks tate, Zip	son Aven	nue					
Other – Describe: _					2022		Direction of the second		City, NY	1111	01				
Scope of Work (Check A	l That Apply)	99000 - F1 -						OSI	HA Class	II					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	novat moliti		*		×	Mini- Glov	Containmer Enclosure ebag Proce Exempted	edure	159			ıre	
		le l	ocatio	<b>.</b>						7 0.10	2 1 10 11 1 11			temen	nt
Location	of		rmall			Des	scription	of						уре	_
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Used Main Custo	tenan	ice/		tos Cont thermal surfac	aining M	laterial ( s insulati T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
Conference Center (	Plaza Building)			Х	2250000000	VA	T/Mas	tic		35	50SF	x			
												-			
20,20,20,20										1					
Name of Registered Was	te Hauler		33.000	JDEP W		Cubic		7	Name of R	Registe	red Land	fill		1	-
ATC, Inc. / JBT (500	71)		9623	310	No.	of Was			Minerva		rprises				
City, State Shirley, NY / Bronx, I	NY		-2.03.37			TBD	sal Date	(i)	City, State Waynes		OH 44	688			
Completed by Kevin Moriarty		Title Projec	t Ma	nager		S	ignaturé		(80	1.		Date 10-17-	14		
					Townson I	1/1	1	1 1	1-15	1					

## State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14				Name of Building Owner/Op	ere (12) E	G	BI	WE	1	$\Box$
Date of Notification (1) October 17, 20	14			RUTGERS, THE STA	E-UNIV	ERSIT	YOF N	كا الآ		
Agencies Notified □EPA □ DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH	Notification I  Initial N  Amended  Emerge  justification I  Cancell	lotification  Notification  ncy (incoming)	on ation #	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40 City, State, Zip Code PISCATAWAY, NJ 08 Name of Contact MICHAEL SMITH, EN HEALTH & SAFETY	854 AS	GSTO	NEAN	HPUS_		
			FACILITY INFO	RMATION				_		
Name of Facility Where Abatement is Ta STANLEY BERGEN BUILDIN BLDG# 7252 Street Address RBHS NEWARK CAMPUS City (5)	G, 65 BER	County C	REET,	Type of Facility (4)  School (K-12)  Subchapter 8 (other than in the community of the commu	mercial build of Floors: 8	Bldg.	Age: 6	0+ year	s	
NEWARK RBHS	SSEX	(State Us	e Only)						24	
Name of Monitoring Firm Hired by Bldg. Cardno ATC	Owner (8)	ASCM N 0098	_	Name of Contractor (9)  GREENWOOD ABATI Street Address	EMENT C	ONSUL	LTANTS	S, INC.		
Street Address 3 TERRI LANE				268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08016				City State, ZipCode BUTLER, NJ 07405 Telephone Number		Licens	se Numbe	r		
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone 1 609-386	-8800		973-492-0477		0084				
Scheduled Start Date (10) 10/29/14	Scheduled (11/10/14		Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC Street Address						
Occupancy Status During Abatement  Facility Closed/Vacated During En  Abatement Performed Outside of N  Describe  Other – Describe: Shift Hours	tire Period of A Normal Facility	batement Hours - 5:00 Al	۷I	20-21 WARGARAW I City, State, Zip Code FAIRLAWN, NJ	ROAD		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
Scope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260		18	☑Renovation ☐ Demolition		Full Contai Mini-Enclo Glovebag Non-Exemp	osure Proced ted (*) a	lure Ind Non-F		rocedui	re
Material (ACM) in Facility (13) Sc	Location Normal blely by Maint./0 aff? (12) ES NO	ally Used Custodial	Description of Asl (ACM) (i.e. therm VAT, or other mis	bestos Containing Material nal systems insulation, surfaci scell.)	ing, (Spec or LF	cify SF	Remove	Repair E		nclose
Rooms GB157, GB158, GB159	X		VAT			0 SF	X			
Rooms GB157, GB158, GB159	X		BENCH TOP	PS	30	0 SF	X	-		
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Was	w		Cubic Yards of Waste:	25 CY	G.R	e of Regis	North City, Stat	Landfi e	
Hauler #1) Greenwood Abatement Co Hauler #2) S TG – P.O. 2132, Bristol, NJ DEP # 20990			,		11/10/1	4		100 New Rd. Mori 19067 215-736-	risville,	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR MANAGE		СТ	Signature Raymond C. F.	edalino	Date	Octob	er 17, 2	2014	

18/17/2814 15:38 2013297440

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PAGE 04/04

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						8:60 and 12:		D) pul -	in ni	V	-		7
Date of Notification (1)			-	Marka	ne Marketin	g Owner/Operator	(2)	HPOL-	LU U	31	_		4
1011	7/14			20			57,000	UCT UCT	23	20	11		11
Asonov Notified	Type Netification		-+	Relevant	Address	CIND CH	21, 600	451	1 100	20	14	_	Ц
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© EPA D DEP	Similar Di Amendadi		-	Ch	tala, Zip	210001	S KALL	7994607	Co	UH	NA COL	لح	
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штон	Emergency (Includit	19	-		of Contac		16 . 14.2	MA NO PA	<b>HPR</b>	14	<b>P</b>	-	4
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Street Address						1		6 (Other than K-1 strate & commerc					
	STURGIS R	4					homes, etc		IN SUMBIN	igu.			
Croy (5)						cie.	Bquaro Feet	M of Floors	Etdg.	Age			- 100
- Sour	H BRUNS	CW	10	K.	3.2		2000.	. 2	1	63	7	ä	50
County (6)		-		County		(STATE USE	Current Use (I	Prior If being derno	(beleated)				
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Name of Monthering Fin	m Himd by Building Overs	r A	Sola	Ma,	-	Nome of Abates	next Committee	(割)		-		_	-
(či)						Best Re	moval Ir	10					
Street Address			-			Elizani Address					-		-
				7.9		450 500	th River						- 8
City, State, Zip Code						City, Starte, Zip C	Inda	. 31	<del></del>	_			-
	¥					Hackens		07601					
Project Manager for Me	Maring Firm	Tele	phon	e No.		Telephone No.	ack, h,	Liosenne No.		_	_		$\dashv$
20				30		201-329	-7444 .	00388					
Stort Date (10)	Scheduled Co	tuble go	n Dei	0 (11)		Nome of DEHA		1 0000			-	_	-
10/21/1	4 10,	22/	14	1		Omega	Bnvironn	ental					
Occupancy Streets Outs	ng Absternant (Check on	( OR6)	7			Street Address	-						7
D. Fendley CinamitA/ment	ed During Enit's Period o	f Aboto				280 H	uyler St						
Cli Absterment Pertonne	d Cutolde of Normal Feel	by Hour	3			City, State, Zip C	ede			_	- 1		7
GODON - Desente: 7		100				S. Hat	ckensack	.N.J. 0	7606				
Broops of Work (Check )	all that apply)					464		1	-	-		_	~
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Asbertes-Contains TO RE	rs Minimini (ACM)		tarati Stocik			sine Centolning All , Brownol systems		Amount (Speak)		2	20	gregoria	P
	chity		2017	41		saudocities NAT		SF or LF		fer delay	Roper	8	Enclosuro
(n:	3)		(12)			primer anti-codilect	50 (IS)	1.0		1	5		5
		Yes	No	NA	1			1			- 1	-	
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Name of Registered We		NJO NO N		dusto P	nuior	Culsie Yerds of Waste		hitesod Lendilli					
Best Remo	DAST THE	100000000000000000000000000000000000000	-	109		2 -7	Minerv	a Enterpr	ises	١,	LL	C	
City, display			. / /			Ohippent Date	Ory, State			_		-	4
Hackensac	k , N.J. 07	501				10/22/19		sburg, Oh		26			
Completed by	786			-		Signeture	Mayira	SULIE, OF	Plane		1		4
J. Maiorano	4	mar	07			1	سممص	<b>~</b>	10	117	1/1	1	1
ASTRACT	Do not			GAR OA	bourbag H		hadisana.		-	-			لب

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 10/12//2014 Ned Brann Agencies Notified EPA Type Notification Street Address ASBESTOS CONTROL & LICENSING 4 Park Avenue City, State & Zip Code DEP Initial DOL Amended Riverton, NJ

School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc.	mber	ne Numi	206	elenho	<u> </u>		(a)			of Co		100		Emerge Cancell		DOH	
Name of Facility Where Abatement is Taking Place (3)				-	de la la la	An de		RMATION	/ INFO	CILIT	FAC						
Square Feet   # of Floors   Bidg. Age   100   20   100   100   20   100   100   20   100   100   20   100   100   20   100   100   20   100   100   20   100   100   20   100   100   20   100   20   100   20   100   100   20   100   20   100   100   20   100   20   100   20   100   20   100   20   100   20   100   20   100   20   100   20   100   20   100   20   2	c)	es etc)	ne	s hom			(-12) ter 8 (Other t	Type of Facility School (K				ace (3	is Taking Pla	Abatemen		idence et Addres	Resident Street
City (5) Riverton    County (6) Burlington   County Code (7)   County Code (7)   Current Use (Prior if being demolished)   Residence	٥.)															rk Ave	4 Pai
Riverton   Burlington   Current Use (Prior if being demolished)   Residence				ag. / ig	,	3	W 01 1		7)	ode (	unty C	Co	ounty (6)	To		(5)	City (
Name of Monitoring Firm Hired by Building Owner (8)		100			olished)	eina demolis	Prior if being		,	) 000	unity c	00					
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  City, State & Zip Code  Telephone Number  Telephone													urmigion			com	141401
Street Address    Street Address   PO Box 8297   City, State & Zip Code   Trenton, NJ					(9)			Name of Abate	M No.	ASC		er (8)	Building Owne	n Hired by	toring Firm I	e of Mon	Name
Trenton, NJ							7								s	et Addres	Street
Scheduled Start Date (10)	+							Trenton, NJ							Zip Code	State & 2	City, S
10/22/2014   10/24/2014   EMSL Analytical		2			License N		)4	215-295-100	er	Numb	hone	Telep	n 1	nitoring Firr	ger for Monit	ect Mana	Projec
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Hours – 7am to 3pm Describe:   Facility Occupied During Abatement   Scope of Work (Check all that apply)   Full Containment with Negative Press   Mini-Enclosure   Glove Bag Procedures   Non-Exempted and Non-Friable Procedur						r				e (11)	n Dat	npletio					Sched
Non-Exempted and Non-Friable Process   Location of Asbestos-Containing Material (ACM)   Solely by Maintenance or in Facility (13)   Yes No N/A     Basement   Non-Exempted and Non-Friable Process   Non-Exempted and Non-Friable Process   Amount (Specify SF or LF)   Abatemer (Specify SF or LF)     Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)   Yes No N/A     Duct Insulation   Solif   Solid     Name of Registered Waste Hauler   NJDEP Waste   Cubic Yards   Name of Registered Landfill	sure	Pressur	 e F	egative	sure	8 III Containme	Zip Code NJ 08108  Full C Mini-E	City, State & Z	3pm	7am to	urs –		side of Normal	ormed Outs	ment Perfornibe: y Occupied lik (Check all	Abate Descr Facilities of Wor	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement    Location of Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (12)   Yes   No   N/A     N	edure	Proced	ا ما	Eriable				[	1	nolition	Den				sf ≥260 If	≥160	
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A  Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A  Duct Insulation  Solefy SF or LF)  Page 17  Page 18  Page 18								Description		on	ocati	le		on of	Location		
Basement Duct Insulation 50lf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Enclsoure		Τ		(Specify	Si Si	taining CM) ystems ing, VAT	Asbestos-Conta Material (AC (i.e., thermal sy sulation, surfaci		Jsed by ce or Staff?	nally tolely tenan tenan odial s (12)	Norr S Main Cust	1	Containing (ACM) BATED cility	Asbestos-Co Material (A TO BE ABA in Facil		0 80
			1		lf	50If	ition	Duct Insulat			-12.7	res				ement	Base
ALPHA ENVIRONMENTAL 0033330 1cubic Grows Landfill City, State Disposal Date City, State						Landfill	Grows La	f Waste cubic	) No.	uler ID	На					HA ENV	ALPI
Trenton Various Morrisville, PA					<b>A</b>	ville, PA	Morrisville										100
Completed By (Print or Type) Rod Richardson Title Signature Rod Richardson Date 10/12/20	114	2/201			× 754381						57/50/80			Type)	(Print or Ty dson	pleted By Richar	Rod

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Date of Notification (1)	er 21, 2014			America	Owner / Operator (		B	5 0		$\exists$	Ш	Ц
2001000000	e Notification		Street A				31		0014		U	
⊒EPA			135 Jeff	erson Ave	enue		TI oc	T 23	2014			
DEP	7 Initial		City Sta	ite & Zip C	ode			TOS CO	NTRO	L&		T
⊠DOL □	Amended			th, NJ 07		1	ASBES	LICENSI	VG			ا لـ
⊠DOH L	Amendment #	-							nhone	Mi upo T	in the	
DCA	Cancellation			f Contact							_	
			Dino Na									$\dashv$
			FAC	ILITY IN	FORMATION						_	_
Name of Facility Where Al Bank of America	patement is Taking	Place (3)			Type of Faci	lity (4) (K-12)						
Street Address					Subcha	pter 8 (Other than	K-12)					
135 Jefferson Avenue						(i.e., private & co				, etc	.)	
					Square Feet	0000		Bldg		49		
City (5)					20,00	(Prior if being dem	2 nolished)			43		
Elizabeth, NJ 07201					Bank	(I flor ii being deri	1011011047					
County (6)		County Code	(7)									
Union	and the second s	USE ONLY_		ASCM N	o Name of Ab	atement Contracto	r (9)					
Name of Monitoring Firm Environmental Testing (	Consultants, LLC	wher (o)		ASSIMIT	Synatech, I	nc.						
Street Address				<del>- )</del> ,	Street Addre 829 Radio F							
413 North Black Horse F	Pike				City, State 8			_				
City, State & Zip Code Runnemede, NJ 08078					Little Egg F	larbor, NJ 08087						
Project Manager for Monit	toring Firm	10000000	ephone N		Telephone N 609-296-69		Lice	ense Numb	oer 00817			
Howard Zenobi	lo-bdu	ed Completion	-482-131		Name of OS							
Scheduled Start Date (10 November 1, 201			ber 1, 20		Synatech, I							
Occupancy Status During	Abatement (Check	conly one)	•		Street Addre							
	acated During Enti			ιτ	City, State 8							
	ormed Outside of N	ormal Hours				Harbor, NJ 08087						
Other – Describe	e: d During Abatemen	t			-33	*						
Scope of Work (Check al												
Scope of Work (Check at	i iliat appiy)					Full Containme		tive Press	ure			
≥3 sf or ≥ 50 lf			Renovati	on		Mini-Enclosures	3					
≥160 sf or ≥260 lf			Demolitic	n		Glovebag Proce						
						Non-Exempted	(*) and Non	-Friable Pr	ocedur	eteme	nt T	VDA
Location		Is Locati	on Norma y Mainter	ally Used		ption of Containing	Amoun	t (Specify	700	icinc		ypc
Asbestos-Containin TO BE Al	g Materiai (ACIVI)	Custo	dial Staff	? (12)	Materia	al (ACM)	SF	or LF)	<u></u>		-	
IN Fac	cility					nal systems urfacing, VAT			_		E	ш
(13	)					scellaneous)			em	Repair	caps	nclo
									Removal	air	Encapsulate	Enclosure
		Yes	No	N/A							te	W .
Boiler Room				x	Pipe	Fittings	1	7 LF	Х			
Boller Room					-8 59							
Name of Registered Wa	ste Hauler	NJDEP		Cubic	ards of Waste	Name of Regi	stered Land	fill				
		Hauler I	D No. 7429	1		Grows Landf	ili					
Synatech, Inc. City, State			72.0		al Date	City, State						
						Morrisville, F	٥Δ					
Little Egg Harbor, NJ	08087			1	nber 2, 2014		Date			- 000		
Completed By	Title				ani alor			14 2044				
Diane Aloia	Exec	utive Admir	istrator	all	and the		October 2	1, 2014				

October 21, 2014  gancies Notified    SepA							8:60 and 1		The second secon	OK ES	a E			2	7
Street Address   129 Hardenburgh Avenue   12	Date of Notification (1)						wner / Operator	r (2)						11	
SEPA					_				11	U U	11 2 3	3 20	14	11	U
Initial   Chy, State & Zip Code   LiCENSING   Decarates, NJ 07627   Name of Contact   Dino Nappi	<b>⊠</b> EPA	,,,,,			129 Har	denburgh A	Avenue					ONTE		١	
DCA	DOL	Amend	7971		200 CO - 100 CO						LICENS	ING			
Type of Facility (4)   School (K-12)   School (K-12)   Subchapters (Other than K-12)   Subc	DCA				12/20/20/20/20						Tele	phone	Num	be	•
School (K-12)   School (K-1					FAC	ILITY INF	ORMATION	V							
Other (i.e., private & commercial buildings, home, etc.)   Square Feet	Name of Facility Whe Bank of America	re Abatement is	Taking Pl	ace (3)			School	ol (K-12)		t <sub>i</sub>					
Square Feet   # of Floors   Sldg. Age   60   2   Sldg. Age   60   Square Feet   60   Squa	Street Address						27,75,785,785					97	88	23	
County (6) Bark  County (7) Bergen  County (8) County Code (7) USE ONLY  Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) New York Environmental & Material Testing  Street Address Street Add	129 Hardenburgh Av	enue											e, etc	c.)	-
Bank	City (5)									2			60		
Sargen   USE ONLY	Demarest							se (Prior	if being demol	ished)			_		
ASCM No.   Name of Abatement Contractor (9)	County (6)				(7)										
Street Address 88 Harbor Road City, State & Zip Code Ort Washington, NY 11050 Telephone Number Telephone Number Stephen O'Doherty Stephen O'Doherty Stephen O'Doherty Scheduled Stat Date (10) November 8, 2014 December 18, 2014 December 2, 2008 Description of Asbestos-Containing Material (ACM) To BE ABATED IN Facility (13) December 19, 2014 December 19, 2014 December 19, 2014 December 2, 2008 December 19, 2014 December 2, 2008 December 19, 2014 December 2, 2004 December 2,	Name of Monitoring F		lding Own		02	ASCM No.			nt Contractor (	9)					
City, State & Zip Code Ort Washington, NY 11050  Telephone Number Stephen O'Doherty November 8, 2014  December 18, 2014  Scheduled Start Date (10) November 8, 2014  Name of Registered Waste Hauler  North Start Stip Code Little Egg Harbor, NJ 08087  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) In Facility (13)  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) In Facility (13)  Name of Registered Waste Hauler  North Start Stip Code Little Egg Harbor, NJ 08087  North Mini-Enclosure Glovebag Procedure North Start Address  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) In Facility (13)  Scope of Work (Check all that apply)  Scope of Work (Check all	Street Address						FEET STATE OF STATE O								
Little Egg Harbor, NJ 08087   License Number Stephen O'Doherty   Scheduled Completion Date (11)   November 8, 2014   December 18, 2014   Scheduled Completion Date (11)   November 8, 2014   December 18, 2014   Synatech, Inc.   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087   Street Address 29 Radio Road   City, State   Contain the property of the property and property 20 Radio Road   City, State   City, State   Contain the property 20 Radio Road   City, State   City, Stat	88 Harbor Road								ada						
Telephone Number Stephen O'Doherty Stephen O'Do															
Scheduled Start Date (10)   Scheduled Completion Date (11)   December 18, 2014   Scheduled Start Date (10)   November 8, 2014   December 18, 2014   Scheduled Start Date (10)   Synatech, Inc.   Start Address   Sag Radio Road   City, State & Zip Code   Little Egg Harbor, NJ 08087				Tel	ephone N	umber	Telephone	Numbe		Licens					
November 8, 2014    November 8, 2014   Synatech, Inc.	Stephen O'Doherty											00817			
Street Address   Str		7 - 7	cheduled				0.74		onitor						
Abatement Performed Outside of Normal Hours    City, State & Zip Code	Occupancy Status Du	ring Abatement	(Check or	nly one)			Street Add	iress						- AMilia	
Other - Describe:   Facility Occupied During Abatement   Eittle Egg Harbor, NJ 08087	<u></u>						City, State	& Zip C	ode				-1.00		
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)							Little Egg	Harbor	, NJ 08087						
Sample of the process of the containing that the process of the containing Material (ACM)   Solely by Maintenance or Custodial Staff? (12)   Solely by Maintenance or Custodial Staff	Facility Occu	pied During Aba	tement												
≥3 sf or ≥ 50 lf   Renovation   Demolition   Glovebag Procedure   Non-Exempted(*) and Non-Friable Procedure   Non-Exempted(*) and Non-Friable Procedure   Non-Exempted(*) and Non-Friable Procedure   Non-Exempted(*) and Non-Friable Procedure   Asbestos-Containing Material (ACM)   Solely by Maintenance or Custodial Staff? (12)   Nearlily (13)   Nearlily (14)   Nearlily (15)   Nea	Scope of Work (Chec	k all that apply)						M Eul	Containment	with Negativ	e Pressi	ire			
Demolition	□ >3 of or > 50 lf			П	Renovatio	n				vitit recgativ	0110000				
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Main Banking Center  Main B		O If						=		ire					
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Main Banking Center  X Plaster Ceiling Veneer X Ceiling Joint Compound 300 SF X 2 <sup>nd</sup> Floor Lavatories  Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 27429  Solely by Maintenance or Custodial Staff? (12)  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify SF or LF)  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)  Amount (Specify SF or LF)  Am	2 -100 01 01 -20			6 <del>5-113</del> (*)							iable Pro	cedur	е		
Yes   No   N/A	Asbestos-Conta TO BE	ining Material (A <u>ABATED</u>	CM)	Solely by	y Mainten	ance or	Asbestos Mater	s-Contain rial (ACM	ning I)			Aba	iteme	_	
Main Banking Center  X Plaster Ceiling Veneer 2,600 SF X  Main Banking Center  X Ceiling Joint Compound 300 SF X  Z <sup>nd</sup> Floor Lavatories  X Joint Compound 160 SF X  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429  Synatech, Inc.  City, State  Disposal Date  Little Egg Harbor, NJ 08087  Completed By  Title  Date  October 24, 2014					N	N/A						Removal	Repair	ncapsul	nclosure
Main Banking Center  Z <sup>nd</sup> Floor Lavatories  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429	Main Banking Contr	)r		Yes	NO		Plaster C	Ceilina Ve	eneer	2,600	SF	X		_	_
X   Joint Compound   160 SF   X	Control of the Contro		-												
Name of Registered Waste Hauler  Synatech, Inc.  City, State  Little Egg Harbor, NJ 08087  Completed By  NJDEP Waste Hauler ID No. 27429  Bu Cubic Yards of Waste Hauler VID No. Synate Cubic Yards of Waste Hauler ID No. Synate Cubic Yards of			-				Joint (	Compour	nd	160 S	SF.				
Synatech, Inc.  City, State  Disposal Date  City, State  Little Egg Harbor, NJ 08087  Completed By  Title  Signature  Date  December 19, 2014  Container 24, 2014				2007		Cubic Yar	ds of Waste	Na	me of Register	red Landfill					
City, State  Disposal Date  City, State  December 19, 2014  Morrisville, PA  Completed By  Title  Signature  Date  October 24, 2014	Synatech, Inc.	V													
Completed By  Title  Signature  October 24, 2014	City, State					Disposal I	Date	Cit	y, State						
Completed By  Title  Signature  October 24, 2014	l ittle Egg Harbor N	.1 08087				Decembe	r 19, 2014	Mo	orrisville, PA						
00tober 24 2014	Completed By	- 00001	Title				5 A1	-		ate					Raine Control
	Diane Aloia		Executiv	e Admini	strator	Nia	ne allo	r	_  0	ctober 21,	2014	3.8			

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Date of Notification (1) 04/01/14					wner/Operato		D FACILIT	Y SERVIC	ESIN	<b>Ξ</b> . ງ	2	201	1
Agencies Notified	Type Notification		Street A	ddress	LANDING F							_201	-
DEP  DOL	Initial Amended Amendment			ate, Zip Coo KWOOD	de , NJ 08012			A	SBEST	OS ICEN	CO	VTR IG	DL
DOH DCA	Emergency justification) Cancellation		Name o	f Contact				Telephone	Numbe	r _	<b>-</b> .		, .
			FAC	ILITY INFO	RMATION					•			
Name of Facility Where Street Address 17 NEW MARKET		g Place (3)				×				uildin	gs, h	iomes	ŝ,
City (5) SALEM, NJ			1			_	are Feet	# of Floors		Bldg	g. Ag	е	
County (6) SALEM COUNTY		***************************************		Code (7) USE ONLY)		Curre		r if being dem	olished)				
Name of Monitoring Fire	m Hired by Building	Owner (8)	ASCI	M No.			atement Con D PROFE	tractor (9) SSIONALS	3				
Street Address						t Addre	DOVE CC	URT					
City, State, Zip Code					0.0000000000000000000000000000000000000		Zip Code OD, NJ 08	3701					
Project Manager for Mo	onitoring Firm		Telepho	one No.	4.4	ohone N 2-668-9		Licen 1200	se No.				
Start Date (10) 10/30/14		Scheduled 10/30/14	**	Date (11)			HA Monitor D PROFE	SSIONALS	3				
Occupancy Status Duri	ing Abatement (Che				100000000000000000000000000000000000000	et Addre	ess DOVE CO	URT					
	med Outside of Nor						Zip Code OOD, NJ 08	8701					
Scope of Work (Check	All That Apply)			10.00									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition	92		× G	lini-Enclosure lovebag Prod						
		Т		1			OII Exemples	/ ) dila i toii	Tidolo		31/2000	ment	
Locati Asbestos-Containir <u>TO BE A</u> In Fa	ng Material (ACM) BATED cility	No Used Maint Custoo	ocation rmally Solely by tenance/ dial Staff? (12)		Description Descri	Materi ms insu /AT, or	lation,	Amount (Specify SF or LF		Remova	Ty	e Encapsulate	Enclosure
(1)	3)	Yes	No N/A		ource misoca	aricous	'	20		<u>a</u>		ate	ē
BASE	MENT				PIPE INSU	LATIC	N	10 LF		х			
Name of Registered W	/aste Hauler		NJDEP		Cubic Yards	3	A CONTRACTOR SHOWS	Registered La	andfill				
NEWARK CARTIN	1G		Hauler I 04509	U INU.	1		IESI						
City, State NEWARK, NJ					Disposal Da 10/30/14		City, Stat BETHL	e EHEM PA	15:				
Completed by JOSEPH PERLST	EIN	Title OWNE	R		Signati	ure			10/2		4		

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n	4100	4	Farm	
-		18	Form	

Date of Notification (1) 04/01/14	Name of Building SHLOMO HC	Owner/Operator	(2)		1 00	т 2	2	2014
Agencies Notified Type Notification	Street Address		- to	100	00	T 2	. 3	2014
EPA Initial	19 HOPE TEI				ASBES	TOS	COL	TBO
DEP Amended  DOL Amendment #	City, State, Zip C LAKEWOOD,					LICE		
Emergency (including justification)  DCA  Emergency (including justification)  Cancellation	Name of Contact		4	Telephone	Number	_		
	FACILITY INF	ORMATION						
Name of Facility Where Abatement is Taking Place	(3)		Type of Facility (4)				127	
Street Address 19 HOPE TERRACE			School (K-12) Subchapter 8 ( Other (i.e. privietc.)			dings,	home	ıs,
City (5) LAKEWOOD, NJ			Square Feet 1200	# of Floors 1	E	ldg. A	ge	
County (6) OCEAN COUNTY	County Code (7) (STATE USE ONL)	n	Current Use (Prior in HOME	f being dem	olished)			
Name of Monitoring Firm Hired by Building Owner	(8) ASCM No.		of Abatement Contra					
Street Address		Street	Address HITE DOVE COU					
City, State, Zip Code			tate, Zip Code EWOOD, NJ 087	01				
Project Manager for Monitoring Firm	Telephone No.	Teleph	ione No. 668-9078	Licens				
Start Date (10) Sched 10/30/14 11/2	duled Completion Date (11)	** ***********************************	of OSHA Monitor LEAD PROFESS	SIONALS				
Occupancy Status During Abatement (Check Only	One)		Address	70.4866-5				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilities Other – Describe:		City, S	HITE DOVE COU tate, Zip Code EWOOD, NJ 087	501686300	1			
Scope of Work (Check All That Apply)		LAN	EWOOD, NJ 007	01	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	×	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	lure			e	
	Is Location		Trem Examples (	7 4114 110111	Tidolo i i i	Abate	ement	
Location of	Normally	Description			-	Ty	pe I	
TO BE ABATED	Maintenance/ ustodial Staff? (12)	stos Containing M thermal systems surfacing, VA other miscellan	s insulation, ´ T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDING		EXTERIC	PR	1200	х			
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of Re	gistered Lar	ndfill			
NEWARK CARTING	Hauler ID No. 04509	of Waste	IESI					
City, State NEWARK, NJ		Disposal Date 11/02/14	City, State BETHLEH	HEM PA				
Completed by Title JOSEPH PERLSTEIN OV	VNER	Signature			Date 10/20/	14		

## State of New Jersey

		NC			OF ASBE						ſ	OCT	2	3 2	n14	
Date of Notification (1) 04/01/14					Building C		perator	(2)								
	Type Notification		89	Street Ad 33 MAF	Idress PLE AVE	ENUE					ASB	ESTO LIC	SC	SIN	THO	L&
DEP X DOL	Amended Amendment				e, Zip Coo SBURG,		734		59							
X DOH DCA	Emergency (i justification) Cancellation	ncluding	١	Name of	Contact				er siper	Telepho	one N	lumber	_			
				FACIL	ITY INFO	RMATIC	ON									
Name of Facility Where A Street Address		Place (3)							of Facility (4 School (K-12 Subchapter Other (i.e. pr	2) 8 (Other th	ian K-	-12) rcial bu	iildir	nas I	nome	s
33 MAPLE AVENUE City (5)								Squar	etc.) e Feet	# of Flo				g. Ag		
KEANSBURG, NJ County (6)				County C	ode (7)			1500 Curre	nt Use (Prio	2 or if being d	iemol	lished)				
MONMOUTH COUN		(0)	(		ISE ONLY)			HON		tt (O)		20				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				PROFE		LS					
Street Address								Addres	s DOVE CC	OURT						
City, State, Zip Code			11		. *				p Code DD, NJ 08	3701			Paliks			
Project Manager for Monit	toring Firm			Telephor	ne No.		10 00 00 00 00 00 00 00 00 00 00 00 00 0	none No 668-9			cense	No.				
Start Date (10) 10/24/14		Scheduled		pletion E	Date (11)				A Monitor PROFE	SSIONA	LS					
Occupancy Status During	Abatement (Chec	Only One	:)				Street	Addres								
Facility Closed/Vaca Abatement Performe Other – Describe: _	ted During Entire F ed Outside of Norm	eriod of At al Facility I	oatem Hours	ent			City, S	State, Z	p Code DD, NJ 08							
Scope of Work (Check Al	l That Apply)		÷	-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Mir	Containmenti-Enclosure vebag Proc n-Exempted	e bedure						
			ocati										7.0		ment	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Used	ormall Sole ntenar odial S (12)	ly by nce/	Asbest (i.e.	tos Cont thermal surfa	scription taining l system cing, VA niscella	Material s insula AT, or	(ACM) ation,	Amou (Spec SF or	cify	Neillowal	Domoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A			00 T			200	05	-			Ф	
KITCHE	EN					FLC	OOR T	ILE		200	SF		X			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registered	Land	dfill				
NEWARK CARTING			Н	auler ID 4509		of Was			IESI			-0.5135č				
City, State NEWARK, NJ						Dispos 10/27	sal Date 7/14		City, State BETHL	e EHEM P	Ϋ́	9				
Completed by JOSEPH PERLSTEI	N	Title OWNI	ER			5	Signatur	е				Date 10/2	0/1	4		

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

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	OCT	2.3	2014	
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Date of Notification (1) 04/01/14					uilding Ov JONES	wner/Op	perator (2	2)							
	Type Notification			treet Add 503 SA	iress NNT LO	UIS A	VENU	E		ASB	LICE	SC	SING	ROL	. &
EPA DEP  DOL	Initial Amended Amendment #		C	ity, State	, Zip Code PLEASA	aNT B	EACH,	NJ							
☑ DOH DCA	Emergency (in justification) Cancellation	cluding	N	ame of C	Contact					Telephone N	Numbs	-	13.4	0	
				FACILI	TY INFOR	RMATIC							11-2000		
Name of Facility Where A Street Address	batement is Taking	Place (3)						Sc Su	Facility (4) hool (K-12) bchapter 8		(-12)	ildir	nas h	omes	
1503 SAINT LOUIS	AVENUE							etc	2.)		TOIGH DO				1
City (5) POINT PLEASANT	BEACH							Square 1500		# of Floors		Bia	g. Ag	е	
County (6) OCEAN COUNTY				County Co	ode (7) SE ONLY)		-	HOM	Ξ	if being demo	olished)				
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.				ment Cont	ractor (9) SSIONALS					
Street Address				03				Address HTE D	OVE CO	URT					
City, State, Zip Code								tate, Zip	Code D, NJ 08	701		Marie C	0.650-417		
Project Manager for Moni	ct Manager for Monitoring Firm							one No.		Licens 1200					
Start Date (10) 10/22/14									A Monitor PROFES	SSIONALS					
Occupancy Status During	Abatement (Check							Address				W.S.			
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of Ab	atem	ent			City, S	tate, Zip							
Scope of Work (Check A			LAKEWOOD, NJ (						,,,,,						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	ii maczippiyy			molition Min				Mini	-Enclosure rebag Proc	E	ative Pressure				
		T -		1		-		J NON	-Exempled	( ) and Non-	Hable I			ment	
			_ocati			De	corintian	of.			_		Ту	ре	
Location Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED lity	Maintenance/ Custodial Staff? (12)				Description of estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)					Repair	Encapsulate	Enclosure		
BATHRO	OOM	Yes	No	N/A		DI	RYWA	LL		400 SF		х			
27,111															
				-	,										
Name of Registered Wa	ste Hauler		707	JDEP W		of Monto			Registered La	ındfill					
NEWARK CARTING	3			lauler ID 4509	NO.	3									
City, State NEWARK, NJ						10/2	Disposal Date City, State BETHLEHEM PA								
Completed by JOSEPH PERLSTE	IIN	Title OWN	VNER				Signatur	Date 10/20/14							

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		OCT	2	3	2014		

Date of Notification (1)		=		F Building	Owner/Operator ALGO	(2)	О ПП	CT 23	201	4	
Agency Notified	Type Notification		Street A	ddress	alboro P	14.	ASBE	STOS CO	NTR	ור	2
⊒ EPA	2 Initial			-t- 7i- f	anda.			LICENSIN	√G		-
D/DEP	Amended Amendment#			ong Dag	Ridge 1	1150	1015			-	-
DOL	☐ Emergency (includ	ling	0 -				Telephone Nur	mher		-	
DOH DCA	justification)  □ Cancellation		Name	f Contact	Pachis	3.	2	- (M.X1)	77		_
			FACIL	JTY INFO	ORMATION		T. College Service			200	
Name of Facility When	Abatement is Taking Pl	ace (3)				Type of Facility	(4)				
Street Address	11					School (K-1) Subchapter	2) 8 (Other than K-1 rivate & commerc	2) ial buildings			
285 Ma	Moon Av	<u>e</u>		<del>-</del>		homes, etc.		Bidg. Ag		_	_
City (5)	idge INJ	٦٥	075			1500		50			_
County (6) BCF9	en	19	County ONLY)	Code (7	(STATE USE	Current Use (F	rior if being demo	olished)			
Name of Monitoring Fi	rm Hired by Building Own	ner AS	CM No.		Name of Abater	nent Contractor (	ries Inc	-			
Street Address					Street Address		Ro				
City, State, Zip Code	7						8123				
Project Manager for M	anitoring Firm	Teler	hone No.		Telephone No.	-1-0	License No.	<b>~</b> /			
Project Manager 101 W					732-899		011	16			
Start Date (10)	Scheduled	Completion	Date (11)		Name of OSHA	Monitor					
	ring Abatement (Check o	nly one)	1		Street Address						
Facility Closed/Vac D Abatement Perform D Other – Describe:	ated During Entire Period and Outside of Normal Fa	of Abatem cility Hours	nent .		City, State, Zip	Code					
Scope of Work (Chec	call that apply)						h Nametica Brace	uro			
<ul> <li>≥ 3 sf or ≥ 3 lf</li> <li>≥ 160 sf or ≥ 260 lf</li> </ul>				novation nolition	☐ Min	i-Enclosure vebag Procedure	h Negative Press				
					□ Nor	-Exempted (*) a	nd Non-Friable Pr	ocedure	Abat	eme	ent
			cation						T	/ре	_
Asbestos-Contai TO BE IN	ation of ning Material (ACM) <u>ABATED</u> Facility (13)	Used S Maint Cus S	mally Solely by enance/ stodial taff? (12)	Asbe (i.e	Description estos Containing N e., thermal system surfacing, VA other miscellar	flaterial (ACM) is insulation, NT, or	Amoun (Specif SF or Li	rt y F)	Repair	Encapsulate	Elicioania
		Yes	No N/A		¥	99					1
	4		18	US	bestos !	Dipe	100 LF		8	-	1
		+ +	1	ins	Who tion	+ Die					
		1		eli	201.12	-1-1-					
		+		1000							T
		LNID	EP Waste	Houles	Cubic Yards of	Name of Red	gistered Landfill		_		_
Name of Registered	Stries Inc.	ID N			Waste		3.0.W	. S.			
City, State			000		Disposal Date	City, State	P	A.			
Completed by	UT THE MARK	. 1	1		Signature		<u> </u> .	Date			
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			(Pursu	ant	t to	N.J.	A.C.	8:60 and 12:	:120)	D);	性和日	B/A	$\mathbb{W}$		
Date of Notification	(1)			1	Name	of Bu	uilding	Owner / Operator	r (2)	In			-		111
	10/15/	14						unications	X-7		OCT	23	2014		U
Agencies Notified	Type No	otifica	ation	5	Street	t Addr	ess	to the		1			Part II. II.	-	1900
☐ EPA				1	15 ea	st M	ontgo	mery Place							
□ DEP	Name of the last	nitial					& Zip C				ASBESTO	SCON	TRO	. &	
⊠ DOL	$\boxtimes$ A	Amer	nded R#1-10/17/	14 F	Pitts	burg	h, PA	15212				ENSIN		T0000000	
□ DOH □ DCA			gency				ontact					Telepho	ane .		
DCA			ellation						<b>\$</b>						
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Name of Facility W	here Aha	teme	ant is Taking Plac	no /3		CILII	YINI	ORMATION Type of Facili	tv (4)						
Verizon New Bru				<i>(</i> )	')			School (F							
Street Address	211011101	-	2						ter 8 (Other t	han K	12)				
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io raterson Sue	CL							Square Feet						10.)	
O:t (F)			10	10		0 1	(7)				,	ildg. Ag	9. 20.000		
City (5)			County (6)	Col	unty (	Code	(7)	236521		10			79		
New Brunswick			Middlesex				53	Current Use (							
								Telephone	Communic	ations					
Name of Monitoring	Firm Hir	ed b	y Building Owner	(8)		AS	CM No.	Name of Abat	tement Contr	actor (9	3)				
USA Environmen	ntal inc							Bristol Envi	ironmental,	Inc.					
Street Address	M. 100							Street Addres	ss						
8436 Enterprise	Avenue							1123 Beave	r Street						
City, State & Zip Co	ode		V					City, State & 2	Zip Code						
Philadelphia pa '	19153							Bristol, PA	19007						
Project Manager for	r Monitori	ng F	irm T	elep	hone	Num	ber	Telephone Nu	umber		License N	umber			
Mark Jenkins		7	2	15-3	365-5	5810		(215)788-60	40		00509				
Scheduled Start Da	te (10)	15	Scheduled Comp	letio	n Da	te (11	)	Name of OSH	A Monitor						
10/28/14				1/4			6	Bristol Envi	ironmental	Inc.					
Occupancy Status [								Street Addres	ss						
Facility Clos	sed/Vaca	ted [	During Entire Per	iod d	of Aba	ateme	ent	1123 Beave	r Street						
	Performe	ed Ou	utside of Normal	Ηοι	ırs –	7am t	o 3pm	City, State & 2	Zip Code						
Describe:	5:00 PN	1-1:3	O AM					Bristol, PA	19007						
Facility Occ	upied Du	iring	Abatement												
Scope of Work (Che	eck all th	at ap	ply)							00° 00°	10 AND 1000		1000		
											ent with N	egative	Pres	sure	
≥3 sf or ≥3 l	lf			$\boxtimes$		novati				nclosur	100				
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	tos-Conta		g   1			Jsed		Asbestos-Cont			(Specify			222	
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	BE ABAT  n Facility		19392			ce or Staff?		(i.e., thermal sy insulation, surfac				Remova	Repair	ap	Enclsoure
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	(10)		Y	es	No	N/A	1	or outer missions	21.0000)			-		te	е
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th floor Mechani				<u> </u>	H	1	-	Fittings			15 LF		H	닏-	⊢
<sup>rd</sup> floor Mechani	ical Roc	m			Ц	Ш		Fittings			16 LF		Щ	$\perp$	Ц.
i <sup>st</sup> floor Mechani					Ш			Fittings			7 LF		Ш	Ш	Ш
Name of Registered	Waste I	Haule	er					Cubic Yards	Name of Re	gistere	d Landfill				
							D No.	of Waste							
Service Transpor	π inc.			2011	20	990		2	Minerva L	anatill					
City, State								Disposal Date	City, State		L				
New Castle, DE									Waynesbu	rg, Oh	110				
Completed By (Print	105051 07	)			Tit			Signature	<b>^</b>	V		Date			
Patrick T. Dec	aro					oject		Patrick	11.19e Ca	w/	L	10/1	7/1	4	
					Ma	anan	ar	- Funci		11	1				

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	NOTIFICA	TION OF ASBE	STOS ABATEME	1 11706	E 2748	W E	3 1	711	
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	(, a		10 - retor (2)				111	111	
		Name of Building Ow	mer / Operator (2)		OCT 2 3	2014	HL	3/1	
Date of Notification (1)		Verizon Commun	ications		00, 20	2017	1-	-11	
10/13/14		Otenat Address					+	$\exists 1$	
Agencies Notified Type Notificati	on	15 Fast Montgom	ery Place	AS AS	SBESTOS CON	VITROL 8	i }	11	
I T FPA		City State & Zip Co	ae		LOCALOR			$\dashv$	
I Initial		Pittsburgh, PA 1	5212		Telepho	ne Num	Del	7	
M DOI 6190   Amend		Name of Contact			0			*	
	ency	Anthony Porta							
DOH6/8	llation	Anthony I or a	TION					$\neg$	
L DCA		FACILITY INFO	ORMATION (4)						
	Taking Plac	e (3)	Type of Facility (%						
Name of Facility Where Abateme	nt is Taking Flac	· (-)	Subchapter 8 (	Other than K-12	2)				
Verizon New Brunswick CO			Subchapter 8 ( Other (i.e. priva	ate & commercia	al buildings, ho	mes, etc	)		
Street Address			Other (i.e. priva	# of Floors	Bldg. A	\ge			
18 Paterson Street			Square Feet	10		79			
18 Paterson Sucos		Ta L. Codo (7)		10	had)				
	County (6)	County Code (7)	a + Use (Prior	if being demois	sneu)				
City (5)	Middlesex		- Labora Com	munications		-			
New Brunswick			The of Abateme	nt Contractor (3	)				
Name of Monitoring Firm Hired	L. Building Owns	er (8) ASCM No	Bristol Environ	mental, inc.					
Name of Monitoring Firm Hired	by Building Own	. (-)	Bristoi Eliviron						
USA Environmental inc			Street Address 1123 Beaver St	reet					
Ourset Address			1123 Beaver St	Code					
8436 Enterprise Avenue			City, State & Zip (	07					1
City, State & Zip Code			Bristol, PA 190	07	License Num	ber			1
		Telephone Number	Telephone Numb	ei	00509				4
Project Manager for Monitoring	Firm	215-365-5810	(215)788-6040	1 - itar					1
Project Manager for the		213-300-00 (11)	Name of OSHA	Monitor					4
Mark Jenkins	Scheduled Co	mpletion Date (11)	Bristol Enviro	nmental life.					1
Scheduled Start Date (10) 10/28/14	1	10/30/14	Street Address			1-7-5-00 00 00 00 00 00 00 00 00 00 00 00 00			
10/28/14 Occupancy Status During Aba	atement (Check o	only one)	1123 Beaver S	Street					
Occupancy Status During Aba Facility Closed/Vacate	ed During Entire	Period of Abatement		Code					
Occupancy Status Status Facility Closed/Vacate Abatement Performed	Outside of Norr	nal Hours - /am to 5	Bristol, PA 19	007					
Abatement Performed Describe: 5:00 PM	-1:30 AM		5,,,,,,						
	ing Abatement				inment with Ne	gative P	ressu	ure	
Describe: 5:00 FM	t apply)				Inment with the	9			
Scope of Work (Check all the	at apply)	5-5-5-5 (MASS)	D	Mini-Enclo					
10		⊠ Renovation		Glove Bag	Procedures	Eriable F	Proce	edure	
≥3 sf or ≥3 lf		Demolition	Ī	Non-Exen	procedures	Abat	emer	nt Tyr	oe
≥3 sf or ≥3 ii ≥160 sf ≥260 lf			Description		Amount	Abat			
		Is Location	Asbestos-Cont	aining	(Specify		1	m	1
Location of	of	Normally Used	Material (AL	(101)	SF or LF)	교	R	nca	20070000000000000000000000000000000000
Achestos-Conf	aining	Solely by	C - thermal SV	stems		Remova	Repair	Encapsulate	
Material (A)	(IVI)	Maintenance or	inculation SUITAC	ing, va		Va	=	ulat	
TO BE ABA	<u>TED</u>	Custodial Staff?	or other miscella	aneous)		-	. 1	0	
in Facilit	y .	(12)	Of Other time	1		- M	m	m	Ī
(13)		Yes No N/A	Floor Tile &	Mastic	6 SF		1	1	F
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	11 12 2	NJDEP	Waste Cubic Yards			**			
Name of Registered Was	te Hauler	Hauler	10 110.	Minerva La	andfill				-
		20990	1	City State					
Service Transport Inc			Disposal Date	Waynesbu	irg, Ohio				_
Service Transf				and income		Dat			
City, State		Title	Signature	n a	Para 1:1	1 10	115	14	
New Castle, DE	ivne)	Proje	of Other	2 71 10	and / Je	-			
Completed By (Print or T	1001	Mana	gor Januar	2 D. De		3			
Patrick T. Decaro		INITIA	5						

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te of Notification (1) 0/20/2014			Nam	e of Build erson P	ling Owner Public Scl	Operator 100Is	(2)	L		2 3 2014	1	IJ		-
encies Notified	Type Notification	-		et Addres Delawa	re Ave.			ASBE	STOS	CONTRO	L&	1		-
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DOH DCA	justification Cancellation	)	Mu	iyiwa O	nigbogi				_	- · · · · ·			-	$\dashv$
		- Diese (2)	F	ACILITY	INFORMA	TION	Type of Fa	acility (4)		Vesc			11-60	1
ame of Facility Where ohn F. Kennedy F treet Address	Abatement is Taki ligh School	ng Piace (5)						ool (K-12) chapter 8 er (i.e. pri	(Other	than K-12) commercial	building	s, hor	nes,	
1-127 Preakness	Avenue						Square F		# of F			Age		
ity (5) Paterson			Co	unty Cod	e (7)		Current L	Jse (Prior		demolishe	d)			-
ounty (6) Passaic	- 45	0(9)	1	ASCM N	7.0	Nar	High Some of Abatem	ent Cont	ractor (9	9)				
lame of Monitoring Fil ITI Environmenta	m Hired by Buildin I Inc.	g Owner (8)		0003	<b>.</b>	Ba	ako Constru	uction 8	Rest	oration, Ir	nc			- 18
Street Address 1253 North Churc	h Street					26	55A Route		e 3D					_
City, State, Zip Code Moorestown, NJ						To	y, State, Zip ( otowa, NJ (	07512		Ti No				
Project Manager for N			Te	elephone 56-840	No. -8800	9	lephone No. 73-256-701			License No 0666	). 			_
Tim Popp Start Date (10)		Scheduled		oletion Da	ate (11)	Na B	me of OSHA ako Consti	Monitor ruction	& Res	toration, l	nc			
10/31/2014 Occupancy Status Do	iring Abatement (C					St	reet Address 65A Route							
Facility Closed/\	/acated During En ormed Outside of I e: Friday:4pm-11p	tire Period of Ab	ateme	ent ::30pm		C	ity, State, Zip otowa, NJ	Code						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)	× Re	enoval	tion			Mini	-Enclosu	re Scedure	n Negative I	ble Prod	edure	è	
		le le	Locati	ion			LI NOR					Abate Ty	men	
Asbestos-Conta TO BE	ation of ning Material (ACI)  ABATED Facility (13)	M) No Use	lormal d Sole intena odial s	lly ely by ncel Staff?	(i.e. t	s Containermal sy surfacir	niption of ning Material ystems insula ng, VAT, or scellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Li tor or a second
		Yes	No X	N/A		Tab	le Tops		1	280 SF	X			T
Ro	om 346		^											-
			,						-		-	+	-	+
Name of Registere	d Waste Hauler ion & Restorati	on, Inc		NJDEP V Hauler ID 20889	Vaste ) No.	Cubic \ of Was TBD	te	G.R.	0.W.S	stered Land	fill	-		_
City, State Totowa, NJ						TBD	al Date	City, S Morr	State isville,	PA	Date			
Completed by		Title Proj	ect N	Manage	r	S	ignature Man	100	fro	re	10/20	/201	4	
Damir Valjevad						1	* Do not use	this form	n for ast	oestos licen	sure ex	empte	ed act	ivit

CK# 5731

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	NOT	(Pursuant 1	o NJAC 8	:60 and	12:120	)	N	桐	11	1/	-7	41	10	44
Date of Notification (1)	=	Name of P.S.E.	Building O	wner/O	perator	(2)			00	T 2	3	201	4	14
Agencies Notified Type Notification		Street Ad		DO 4 D				L	CDEC	TOC	-	NITO	01.0	
☐ EPA ☑ Initial		1	ADLEY te, Zip Coo						SBES	LICEN			UL 6	1
DEP Amended  Amendment #		SOUTI	te, Zip Coo H PLAIN	ie FIELD	, NJ. 0	7080	-							
Emergency (in justification)	cluding	Name of	Contact	, ,	· ,	<i>,</i>		Telep	hone N	lumbe	_			
DCA Cancellation		Jo	HN	K		iAI	U		7				_	
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATIC	NC	Type	of Facility (4	1)	100	- arai	P"	51 1/10	T-144	À
P56+G-M1	12	7				_	school (K-1)		1.58					76
Street Address 1119 HENDRI	CKS	CAU	15E	WA	4	⊠ c	Subchapter Other (i.e. p tc.)	8 (Other rivate & o	than K- comme	-12) rcial bi	uildir	ngs, h	ome	s,
City (5) RIDGEFIELD						L	e Feet		1/1		A	lg. Ag		
County (6)		County (STATE	Code (7) USE ONLY)			Curre	nt Use (Prid	or if being	demoi	lished)				
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	I No.		Name	of Abat	ement Con		1	-		-		
ENVIRONMENTAL TACTICS		004	45		UNIC	QUE S	YSTEMS	SOFA	MERI	CA				
Street Address 64 BROAD STREET						Addres WHITE	s EHEAD A	AVE.						
City, State, Zip Code MATAWAN, NJ 07747							p Code IVER, NJ	08882		l l				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217			none No 432-8			License 01	No. 111				
Start Date (10)	Scheduled (	Completion	Date (11)				IA Monitor SYSTEMS	SOFA	MERI	CA				
Occupancy Status During Abatement (Check	Only One)	0011	/	38		Addres								$\neg$
Facility Closed/Vacated During Entire Pe	eriod of Aba	tement					EHEAD A	AVE.						
Abatement Performed Outside of Normal Other – Describe: Authorise	S S	Hours City, State, Zip Code SOUTH RIVER, NJ 08882												
Scope of Work (Check All That Apply)	त्सा				Г	7		10		m-17 <b>-2</b> (7100)				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			-		l Containme i-Enclosure		Vegativ	e Pres	sure	<b>•</b>		
					3		vebag Prod n-Exempted		Non-Fr	iable F	Proce	edure		
	ls Lo	cation								T		bate	ment	
Location of	Non	mally Solely by			scription					-	Т	Тур	ie T	-
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/		tos Cont thermal				70.77	ecify		20	70	Enc	E E
In Facility (13)		ial Staff? 12)			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
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										1	1	1		
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic of Wa	Yards ste		Name of			dfill				
WASTE MANAGEMENT		1125		APP	* 2		GROW		IH					
City, State ELIZABETH, NJ				Dispos	B Date		City, Stat MORRI		E, PA				<u> </u>	
Completed by Title CAROL RAIMO OFFICE MGR.					Signatur	e	06	2		Date	1		1.	/
CAROL RAIMO	OFFICE	IVIGK.			6	tra	e Ki	rim	0	10	12	2	1/3	

Print Form

Print Form UK# 5730 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 3 2014 Date of Notification (1) P.S.E.G. Street Address Type Notification Agencies Notified **ASBESTOS CONTROL &** 4000 HADLEY ROAD LICENSING Initial EPA City, State, Zip Code DEP Amended SOUTH PLAINFIELD, NJ. 07080 × Amendment # DOL Emergency (including Telephona Number Name of Contact justification) DOH JOHN Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × EWATER AVE etc.) Bldg. Age # of Floors Square Feet Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) UNIQUE SYSTEMS OF AMERICA 0045 **ENVIRONMENTAL TACTICS** Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01111 732-432-8350 732-292-2217 TOM GEIGER Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) UNIQUE SYSTEMS OF AMERICA Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No NIA SAMASTIC

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

Date

Name of Registered Landfill

**GROWS NORTH** 

MORRISVILLE, PA

City, State

Cubic Yards

Disposal Date

Signature

of Waste

AMX

NJDEP Waste

Hauler ID No.

1125

OFFICE MGR.

Completed by

ELIZABETH, NJ

CAROL RAIMO

City, State

outbooks

Name of Registered Waste Hauler

WASTE MANAGEMENT

CK#5718

### State of New Jersey

				11 OF	E10		_	Prin	t Forr
LK# 5718	NOTIFICATION	te of New Jerse OF ASBESTOS o NJAC 8:60 an	ABATEME	NT M	DE, G	顶	极		M
Date of Notification (1)	Name of P.S.E.C	Building Owner/0	Operator (2)		300 1/1	T22	3202	414	F
Agencies Notified Type Notification	Street Ad	dress ADLEY ROA	D		AASBE	STOS	CON	TRO	L &
□ EPA	City, State	e, Zip Code I PLAINFIELI		180	ACTOR	LICE	4 <del>SIN</del>	<u>G</u>	=
□ Emergency (inc justification)     □ DCA    □ Cancellation	luding Name of			AN	Teleghone Nur	nber			-
	FACIL	ITY INFORMAT	ION	ype of Facility (4					_
Name of Facility Where Abatement is Taking F	1H24	Λ'		School (K-12 Subchapter 8		2) al build	ings, l	nomes	5,
107 BERGE	N JURIL	PIKE		etc.) quare Feet	# of Floors		dg. Ag		$\dashv$
RIDGEFIELD	PARK			N/A	ル/ タ if being demolisi		0/,	4_	
County (6) BERGEN	County C (STATE U	ISE ONLY)			NA	neu)			
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8) ASCM 004			Abatement Cont IE SYSTEMS	ractor (9) OF AMERIC	Ą			
Street Address 64 BROAD STREET		-	Street Ad 396 Wh	idress HITEHEAD A	VE.	58			
City. State, Zip Code MATAWAN, NJ 07747		- *		e, Zip Code H RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephor 732-29		Telephon 732-43		License N 0111				
PASCO	cheduled Completion E			OSHA Monitor JE SYSTEMS	OF AMERIC	Ą			
Occupancy Status During Abatement (Check		/	Street Ad	Idress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 6 67 Page R	Facility Hours		City, Stat	HITEHEAD A e, Zip Code H RIVER, NJ					
Scope of Work (Check All That Apply)	N=1					2000000000			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition			Mini-Enclosure Glovebag Proc					
	Is Location Normally				( ) and reon-tinal		Abate Typ	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Cor (i.e. therma surf	escription of ntaining Mat al systems in acing, VAT, miscellaned	erial (ACM) esulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/A		1 = 0 -	C is find	9	1×		0	$\dashv$
outbooks		IACM F	, PE	SOMASTIC	do LF	+^			$\neg$
	L NIDED IA	foots   Cubi	a Varda	l Name of I	Registered Landfi	11			
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP W Hauler ID 1125	No. of W	c Yards aste	1	S NORTH				
City, State ELIZABETH, NJ		Disp	osal Date	City, State MORRI	SVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR.		Signature	tal R	24720 1	ate 10/	12	113	:1

CK#5719	N	OTIFIC (Pui	ATION	te of New Jer OF ASBESTO 0 NJAC 8:60	OS ABAT	EME 20)	N OF	A FICA	F.J	W.	Prin	T Fo
Date of Notification (1)			lame of	Building Own	er/Operat	or (2)	1	U OCT		014		IJ
Agencies Notified Type Notification			street Ad 1000 H	dress ADLEY RO	DAD			ASBESTO LICE	S CONT	ROL		
☐ EPA ☐ Initial ☐ Amended ☐ Amendment				e, Zip Code I PLAINFIE	ELD, NJ	. 07	080		- Olida	_	-	
□ Emergency     instification)     □ DCA     □ Cancellation		1		4N /	Kil	Li	AN	Telephone N	Number			<del>-</del>
Name of Facility Where Abatement is Takin	ig Place (3)		FACIL	ITY INFORM	NOFTAI	T	ype of Facility (	4)				
Street Address	M	H_ -	20	Z				2) 8 (Other than K rivate & comme	(-12) ercial build	ings,	home	s,
City (5) 1 TT 1 =	FER	۵ ۵	11	E		-	etc.) Square Feet	# of Floors		dg. A		
County (6)		9	County C	ode (7) ISE ONLY)		C	Current Use (Pri		The state of the s	-/.	, ,	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	1.	ASCM 004	No.			Abatement Cor	itractor (9)	ICA			
Street Address 64 BROAD STREET				-	***		idress HITEHEAD /	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				100000	1		te, Zip Code H RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	1 63	Telephor	ne No. 12-2217			ne No. 32-8350	Licens 01	e No. 111				
Start Date (10)		pletion [	Date (11)			OSHA Monitor JE SYSTEM	S OF AMER	ICA	ri i			
Occupancy Status During Abatement (Che	ck Only On	íe)					ddress HITEHEAD A	AVE.				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours	lerit		1000000		te, Zip Code H RIVER, N.	J 08882				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Longinson	tenova emoliti					Mini-Enclosur Glovebag Pro				<b>a</b>	
		Locati				123		u ( ) and Noti-i	Trable 1 To	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normali d Sole intenar todial S (12)	ly by nce/	(i.e. the		ig Ma ems i VAT	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
5 ± h = 05	Yes	No ~	N/A	40.00	A · A		Sompotic	201	=   X	1		
outbooks		$\overline{}$		ACM	117	=	3011/0116	. 00007				
Name of Registered Waste Hauler WASTE MANAGEMENT			IJDEP V lauler ID 1125	No. o	Cubic Yard			Registered Lar	ndfill			
City, State ELIZABETH, NJ			1123		中的以 Disposal D 十月	ate	City, Sta	te ISVILLE, PA	\			
Completed by	Title	ICE N	igr		Signa	ature	108	n Original di	Date	111	11	U

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Pagencies Notified  Type Notification  Street Address  4000 HADLEY ROAD  ASSESTOS CONTROL 8  4000 HADLEY ROAD  ASSESTOS CONTROL 8  ASSESTOS CONTR	CK #	572	0				40	PEN		<u></u>	Print	Form
ASPESTOS CONTROL & Street Address ADDITH PLANTED N. J. 07080  Street Address ADDITH PLANTED N. J. 07080  ASSESTOS CONTROL & CO	0/011		NOT	IFICATION (	OF ASBESTOS	ABATEMENT	To The	15 G	4	M.	医,	91
Singer Address  DOL   Intelligence   Specific   Specifi	Date of Notification (1)					perator (2)		M OCT 2	3 2	014		UJJ
ADDITION		pe Notificati	on .				<u>  L</u>	<u>u</u> 001 2		.011	+	
Solution   Single Absternance   Solution				4000 H	ADLEY ROAD	)					18	
Emergancy (including   Interfaciation)   Interfaciation		, minimaco		City, State	e, Zip Code	N.I 0708	30 L	LICE	NSIN	<u> </u>		_
Name of Facility Where Abatement Is Taking Pisce (3)  FACILITY INFORMATION  Variety of Facility (4)  School (K-12)  Subchapter is Other than K-12)  Cher (c. private & commercial buildings, hornes, other private is of private is of commercial buildings, hornes, other (c. private & commercial buildings, hornes, other (c. private) & commercial buildings, hornes, other (c.		] Emergen	cy (including		Contact		18	Telephone Num	ber	- 1		
Name of Registered Weste Hauler  Name of Registered Landfill  GROWN SIDER  Name of Registered Landfill  Name of Registered Wester Landfill  Name of Registered Landfill  Name of Reg				Joi	4N K	iLLit	7N	100	-: <b>=</b>		7	-,
School (K-12) Sitroet Address Sirveet Address Sirveet Address Square Feet Square Square Round Feet Square Round Feet Square Feet Square Feet Square Feet Square Round Feet Squ	Name of Eacility Where Aha	tement is Ta	king Place (3)	FACIL	ITY INFORMATI	ON TVE	e of Facility (4)	•				-
City (6) S A D L B RO K  Square Feet	PS F + (	-	MH	51	+		School (K-12)	)				
Square Feet	Street Address	JM	INLA	UD.	AVE.		Other (i.e. pri etc.)	(Other than K-12) vate & commercia	l buildii			2
County (6) County Code (7) Current Use (Prior if being demoitshed)  Name of Monitoring Firm Hired by Building Owner (8)  Size Address  Size Ad	City (5)	1 -	BO	- 2 H	,	Sq	And the state of t	40.000		~ :		
SERGED   STATE USE ONLY)   STATE USE ONLY)   ASCEN No.   Name of Abatement Contractor (9)   ASCEN No.   OVA 5   UNIQUE SYSTEMS OF AMERICA	County (6)	UE	DIC	County C	ode (7)	Cu		if being demolish		11	J	
Name of Monitoring Firm Hired by Building Owner (8) 0045  Streat Address Streat Address 396 WHITEHEAD AVE.  Streat Address 396 WHITEHEAD AVE.  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm  Tolephone No. 732-292-2217  732-432-8350  Coupandy Status During Abatement (Check Only Onle)  Abatement Performed Outside of Normal Facility Hours  Other Describe: Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Freightne No. 01111  Name of OSHA Moritior UNIQUE SYSTEMS OF AMERICA  Name of OSHA Moritior UNIQUE SYSTEMS OF AMERICA  Streat Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Sast or ≥3 if  Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Facility (13)  Is Location Normally Used Solely by Maintenance Clovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (2) and Non-Friable Procedure Non-Exempted (3) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (2) and Non-Friable Procedure Non-Exempted (3) and Non-Friable Procedure Non-Exempted (4) and Non-Friable Procedure Non-Exempted (7) and Non-Friable Procedure Non-E	BERG	EN		(STATE U	ISE ONLY)		250	NIA				
396 WHITEHEAD AVE.  City, Siate, Zip Code MATAWAN, NJ 07747  Folick Manager for Monitoring Firm  Telephone No. TOM GEIGER  Start Date (10)  Start Date (10)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cother—Describe: € City D a C R  Scope of Work (Check All That Apply)  Safe of ≥3 if  Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Name of Registered Waste Hauler  WASTE MANAGEMENT  Name of Registered Waste Hauler  NASTE MANAGEMENT  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Region Suth Fig. Cubic Yards  Outh D C R  Name of Registered Landfill  Region Suth Fig. Cubic Yards  Outh D C R  Name of Registered Landfill  Region Suth Fig. Cubic Yards  Outh D C R  Name of Registered Landfill  Region Suth Fig. Cubic Yards  Outh Close Suth Fig. Cubic Yards  Outh Close Suth Fig. Cubic Yards  Outh D C R  Name of Registered Landfill  Region Suth Fig. Cubic Yards  Outh Close Suth Fig. Cubic Yards	Name of Monitoring Firm Hi	ired by Buildi	ing Owner (8)			UNIQUE	SYSTEMS					
MATAWAN, NJ 07747  Project Manager for Monitoring Firm  Telephone No. 732-292-2217  Talephone No. 732-432-8350  O1111  Start Date (10)  Start Date (11)  Name of OSHA Monitor  UNIQUE SYSTEMS OF AMERICA  Street Address  396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Start Date of Normal Facility Hours  City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Street Address  396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted	Street Address 64 BROAD STREET							VE.				
TOM GEIGER    Total Company Status During Abatement (Check Only One)   Scheduled Completion Date (11)   Name of Registered Waste Hauler   Name of Registered Landfill   City, State	City, State, Zip Code MATAWAN, NJ 0774	7			II.			08882				
Occupancy Status During Abatement (Check Only Onle)  Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:		ring Firm									-2	
Occupancy Status During Abatement (Check Only Onle)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe: Abatement Performed Outside of Normal Facility Hours  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos Containing Material (ACM)  IO BE ABATED In Facility (13)  Name of Registered Waste Hauler  WASTE MANAGEMENT  Name of Registered Waste Hauler  WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Sreet Address 396 WHITEHEAD AVE.  City, State SOUTH RIVER, NJ 08882  Surget Address 396 WHITEHEAD AVE.  City, State Sirget Address 396 WHITEHEAD AVE.  City, State Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (	Start Date (10)	(	Scheduled,					OF AMERICA	1	24%		
Abatement Performed Outside of Normal Facility Hours Other – Describe:	Occupancy Status During A	Aba <b>teme</b> nt (C	Check Only One)				117 = 177   Property   1980	VF				
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   Scope of Work (Act In That Apply	Abatement Performed	Outside of N	Normal Facility H			City, State	, Zip Code			2001100		
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf						1 000111	10021110	-				
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Poscription of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Poscription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Hauler ID No. 1125  Disposal Date TB D  Registered Landfill GROWS NORTH  City, State ELIZABETH, NJ	≥3 sf or ≥3 lf		Emerge 4				Mini-Enclosure Glovebag Proce	edure				
Normally Used Solely by Maintenance/ Custodial Staff?  In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Nome of Registered Waste Hauler  WASTE MANAGEMENT  Normally Used Solely by Maintenance/ Custodial Staff?  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Nome of Registered Waste Hauler  NJDEP Waste Hauler ID No. 1125  Name of Registered Landfill  GROWS NORTH  Disposal Date  Location of Asbestos Containing Material (ACM)  (Specify Series)  SF or LF)  Registered Landfill  GROWS NORTH  Disposal Date  Location of Asbestos Containing Material (ACM)  (Specify Series)  Registered Landfill  GROWS NORTH  Disposal Date  Location of Asbestos Containing Material (ACM)  (Specify Series)  Registered Landfill  GROWS NORTH  Disposal Date  Location of Asbestos Containing Material (ACM)  (Specify Series)  Registered Landfill  GROWS NORTH  Disposal Date  Location of Asbestos Containing Material (ACM)  Amount (Specify Series)  Registered Landfill  GROWS NORTH						図	Non-Exempted	(*) and Non-Friab				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler WASTE MANAGEMENT  Lised Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  ASDEPT Waste Hauler ID No. 1125  A PA A CM  ASDESTOS Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A CM	1	_	Nor	mally	n.	escription of		•		Ту	oe I	
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  VA CM P; PE So MASTIC 2C LF  NJDEP Waste Cubic Yards of Waste APPX A  Disposal Date TBD  City, State MORRISVILLE, PA	Asbestos-Containing M TO BE ABAT In Facility	laterial (ACM ED	Maint Custod	enance/ lial Staff?	Asbestos Cor (i.e. therma surfa	ntaining Mate al systems in acing, VAT, o	sulation,	(Specify	Removal	Repair	Encapsulat	Enclosure
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  NJDEP Waste Hauler ID No. 1125  Cubic Yards of Waste A P X A Disposal Date MORRISVILLE, PA	80. 8		Yes	No N/A		1					æ	
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  NJDEP Waste Hauler ID No. 1125  Cubic Yards of Waste A P X A Disposal Date MORRISVILLE, PA	outboo	R5		X	Acm F	FPE S	SOMASTIC	20 LF	X			
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WASTE MANAGEMENT  Hauler ID No. 1125  Of Waste A PD X A GROWS NORTH  City, State  ELIZABETH, NJ  Hauler ID No. 1125  Of Waste A PD X A GROWS NORTH  City, State MORRISVILLE, PA												
City, State  ELIZABETH, NJ  1125  APRIX A  GROWS NORTH  City, State  Disposal Date  TB  MORRISVILLE, PA	Name of Registered Waste	e Hauler					Name of F	Registered Landfil	I			
City, State  Disposal Date  City, State  HORRISVILLE, PA	WASTE MANAGEME	ENT				•	GROW	S NORTH	(4)			
Completed by CAROL RAIMO Signature Signature Date 10/22/14					Disp	osal Date	MORRI	SVILLE, PA				
				E MGR.	·	Signature	tal Ri	Eimo 1		12	11:	4

CX # 5729

	IFICATION O	e of New Jerse OF ASBESTOS O NJAC 8:60 an	ABATEN		No	EN TIR	福	A	是	Prin	J.
Date of Notification (1)	Name of B	Building Owner/0	Operator	(2)				0	CT	23	201
Agencies Notified Type Notification	Street Add	dress ADLEY ROA	D			1	1	ACR	FST	os c	SING
EPA   Linitial   Amended   Amendment #	City, State	e, Zip Code I PLAINFIELI		7080				ASD		GEN	
Emergency (including justification)  DOA Gancellation	Name of C	Contact /		IAN		Telephone	Numb	oer			
Name of Facility Where Abatement is Taking Place (3)		ITY INFORMAT	TON	Type of Fa	cilify (4)						-
PSE 4 C					ol (K-12)						
Street Address RT 46		<i>W</i>		Subcl	napter 8	(Other than I	K-12) ercial	buildi	ngs, I	nome	s,
City (5) SADDLE BROO	K			Square Fe	et A	# of Floors	220		ig. Ag	69.0	
County (6) BERGEN	County C (STATE U			Current Us	e (Prior	if being dem $N/A$		d)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM 004			of Abateme QUE SYS		actor (9) OF AMER	ICA				
Street Address 64 BROAD STREET				Address WHITEHE	EAD A	/E.		11			
City, State, Zip Code MATAWAN, NJ 07747				tate, Zip Co TH RIVEI		8882					
Project Manager for Monitoring Firm TOM GEIGER	Telephon 732-29			none No. 432-8350		Licens 0°	se No 1111				
Start Date (10) Scheduled	Completion D			of OSHA M QUE SYS		OF AMER	aca				
Occupancy Status During Abatement (Check Only One)				Address WHITEHE	AD A	/E.					
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe: 6 47 20 8 5			City, S	tate, Zip Co	de						
Scope of Work (Check All That Apply)			1								$\dashv$
	ovation nolition			Mini-En	closure ao Proce	it with Negati dure					
			2	Non-Ex	empted	(*) and Non-F	riable			ment	
Location of Nor	mally	D	escription	of		5			Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  Custod	Solely by enance/ ial Staff? 12)	Asbestos Co (i.e. therm: surf	ntaining N	fiaterial (AC s insulation, T, or		Amount (Specify SF or LF)	-	Removal	Repair	Encapsulate	Enclosure
Yes	No N/A									6	
outbooks	X	Acm F	); PE	SaMA	stic	40 L	F	X			
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP W Hauler ID 1125	No. of W	ic Yards /aste ルメ ゴ	1		egistered La NORTH	natill				
City, State ELIZABETH, NJ		Disp	osal Date	M		SVILLE, PA					
Completed by Title CAROL RAIMO OFFIC	E MGR.		Signatur	e Etal	Ra	inio	Dat /	e /	12	113	4

CK# 5728

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NODEN Printform	
OCT 2 3 2014	

	1.1.000000		NJAC 8:60 a			1 4	MAST			- OF VI	A -
Date of Notification (1)		S.E.G	Building Owner	/Operator	(2)			CT	23	201	14
Agencies Notified Type Notification	Str	reet Add	dress				1 7	BEST	200	ONT	RO
☐ EPA 🕱 Initial	1		ADLEY ROA	AD			AS	BEST	OEV	SING	à
DEP Amended  DOL Amendment #			e, Zip Code I PLAINFIEL	D, NJ. (	7080						
☐ Emergency (including justification)	ing Na	ame of (	Contact	1:11	130		Telephone Num	ber			
DCA Cancellation	,		IN X		IAN	}	<u> </u>			-	1
Name of Facility Where Abatement is Taking Plac	ce (3) M	FACIL	ITY INFORMA	HON	Type of	Facility (4					
PSE4G - MH	00	2			☐ Sc	thool (K-12	2)				
Street Address 17-01 NEV	NS		RD.		⊠ Oi et	her (i.e. pi c.)	8 (Other than K-12 ivate & commercia	ıl buildi			s,
City (5) FAIR LAWN					Square	1/1	# of Floors N/A	1	ig. A	5	
County (6)		ounty C	ode (7) SE ONLY)		Curren	t Use (Prio	r if being demolish	ed)			
Name of Monitoring Firm Hired by Building Owner	r (8)	ASCM	No.	Name	of Abate	ment Con	tractor (9)				
ENVIRONMENTAL TACTICS		004	5				OF AMERICA				
Street Address 64 BROAD STREET	•		^	- 1	Address WHITE	HEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747					State, Zip ITH RIV	Code /ER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	40.00	elephon	e No. 2-2217		none No. 432-83		License N 0111				
Start Date (10) Sche	eduled Comp	oletion D				A Monitor YSTEMS	OF AMERICA	4			
Occupancy Status During Abatement (Check Onl					Address		WE.				
Facility Closed/Vacated During Entire Period Abatement Periormed Outside of Normal Fa	d of Abateme	ent			State, Zip	HEAD A	AVE.				
Other - Describe: OUT DOORS						VER, NJ	08882				
Scope of Work (Check All That Apply)	DY			Г	7						
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	Renovati Demolitio				Mini	-Enclosure rebag Prod	edure				
				<u>D</u>	Non	-Exempted	(*) and Non-Friab	1		ment	
Location of	Is Locatio Normally				scription of			<u></u>	Туре		
Asbestos-Containing Material (ACM)	Used Solely Maintenand		Asbestos C	ontaining I	ntaining Material (ACM) al systems insulation,		Amount (Specify	R	71	Enc	四
TO BE ABATED In Facility	Custodial St (12)	taff?	SU	rfacing, V er miscella	AT, or	10.1,	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	res No	N/A	Olik	ei iiusuciid	medusj			al	-	late	Ire
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outbooks			HCPT	FIFE	301	14711C	2007	1			
				-							
Name of Registered Waste Hauler		JDEP W		bic Yards			Registered Landfil	I			
WASTE MANAGEMENT		auler ID I 125		Waste サルメ d	2	GROW	'S NORTH				
City, State ELIZABETH, NJ			Dis	sposal Dat	e )	City, Stat	ie ISVILLE, PA				
Completed by	Title			Signatu	re	. /	aima 1	ate	<i>/</i> .	1	. /
CAROL RAIMO	OFFICE M										

CK# 5727 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) P.S.E.G. Street Address Type Notification Agencies Notified 4000 HADLEY ROAD SBESTOS CONTROL Initial EPA City, State, Zip Code Amended LICENSING DEP SOUTH PLAINFIELD, NJ. 07080 Amendment # × DOL Emergency (including Telephone Number Name of Contact justification) DOH JOHN Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Addre X EVINS etc.) # of Floors Bldg. Age Souare Feet City (5) NIA NIA Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) UNIQUE SYSTEMS OF AMERICA 0045 **ENVIRONMENTAL TACTICS** Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 732-432-8350 01111 732-292-2217 TOM GEIGER Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) UNIQUE SYSTEMS OF AMERICA Street Address Occupancy Status During Abatement (Check Only One 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: 6 11 Dog RS City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or in Facility (12)other miscellaneous) (13)Yes No N/A SOMASTIC out Doors Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. GROWS NORTH WASTE MANAGEMENT 1125 APPX City, State Disposal Date City, State TBN MORRISVILLE, PA ELIZABETH, NJ Date Signature Completed by OFFICE MGR.

Print Form

CAROL RAIMO

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

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2K # 5726		IFICATION (	te of New Je OF ASBESTO o NJAC 8:60	OS ABATER		E.F.E	AP	101	18	A
Date of Notification (1)		Name of I	Building Own	er/Operator	(2)	OCT 2	3 20	14	1	シ
Agencies Notified Type Notificatio	n	Street Ad 4000 H	dress ADLEY RO	DAD		ASBESTOS	CON	rrol	8	
DEP Amended DOL Amendme			e, Zip Code I PLAINFIE	ELD, NJ. (	7080	LICE	NSING			
□ DOH justification     □ DCA □ Cancellation		Name of		Kill	IAN	Telephone Nur				_
Name of Facility Where Abatement is Tal	ing Place (3)	FACIL	ITY INFORM	NOTTAI	Type of Facility (4	<b>t</b> )				
PSE46 ^	MH	6/_				2) 8 (Other than K-12 rivate & commerci	2)	inas h	ome	
17-01 NEV	2N;	RD			Other (i.e. p etc.)  Square Feet	# of Floors		dg. Ag		
FAIR LAW	N	County	ade (7)		NA	N/A		N/	<u> 4</u>	
County (6) BERGEN		(STATE U	ISE ONLY) _			NIA				
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8)	ASCM 004		UNIC	of Abatement Con QUE SYSTEMS		Α			
Street Address 64 BROAD STREET	•		5		Address WHITEHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747	, r				State, Zip Code ITH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 32-2217		none No. 432-8350	License N 0111				-04-00
Start Date (10)	Scheduled (	Completion (			of OSHA Monitor QUE SYSTEMS	S OF AMERIC	A			
Occupancy Status During Abatement (CI	neck Only One)		<i>,</i>		Address WHITEHEAD	AVE.				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	ormal Facility Ho	ours			State, Zip Code JTH RIVER, N.	1 08882				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Market .	ovation nolition	. I		Mini-Enclosure					
		cation			SE NON-EXCHIPIC	2 ( ) dila richi : ila		Abatei Typ	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used 5 Mainte Custod	mally Solely by enance/ ial Staff? 12)	(i.e. the		Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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outbooks			ETCF	1176	2011/42130	. ,				
						Desistand Loads				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP V Hauler ID 1125	No.	Cubic Yards of Waste みりメーク	GROW	Registered Landf				
City, State ELIZABETH, NJ			1	Disposal Dat		te ISVILLE, PA				
Completed by	Title	100 N		Signatu	re .		Date	/	1	,

Campleted by CAROL RAIMO

OFFICE MGR.

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CK#5	125	NOTII	FICATION	te of New Jers OF ASBESTO O NJAC 8:60 a	S ABATE	MENT	No	TOPA	CAT	PI		V/	
Date of Notification (1)	1,11		Name of I	Building Owner	r/Operator	(2)			OCT	2 2	200		$\mathbb{Z}$
10/22 / Agencies Notified	Type Notification	<del></del>	Street Ad				$+$		001	23	201	4	#
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DEP X DOL	Amended Amendment #			e, Zip Code   PLAINFIE	LD, NJ.	07080	_		LICE	VSIN	G	)L &	
⊠ DOH	Emergency (in justification)	ncluding	Name of					Telephon	a Numbe	or .			-
DCA	Cancellation		SO /	HW M	CF LI	1191	<u>U</u>	الم					- 1
Nama of Facility Where	Abatement is Taking	Place (3)	FACIL	III IMPORIME	(IION	Туре с	of Facility (4	)					
PS EY Street Address	- 67 - 1	nit	58			IT S	chool (K-12 ubchapter 8	Other than	n K-12)				
// -/	20	TH 5	TRE	ET		N C	other (i.e. pr	ivate & com	mercial b	ouildin	gs, h	omes	,
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Name of Monitoring Firm ENVIRONMENTAL	Hired by Building C TACTICS	wner (8)	ASCM 004				ement Cont YSTEMS	ractor (9) OF AME	RICA				
Street Address	_	÷				t Addres	s EHEAD A	VE					
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MATAWAN, NJ 07		1					VER, NJ		N-				$\dashv$
Project Manager for Mor TOM GEIGER	nîtoring Firm		Telephor 732-29	ne No. 12-2217		hone No -432-83		5 SECTORS	ense No. 01111				
Start Date (10)	4	Scheduled C	ompletion [				IA Monitor SYSTEMS	OF AME	RICA				
Occupancy Status Durin	ig Abatement (Chec		D 8 8 7			t Addres	S EHEAD A	VE					
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Name of Registered Wa	aste Hauler	1	NJDEP V		ubic Yards		Name of	Registered I	Landfill				
WASTE MANAGE	MENT		Hauler ID 1125		Waste	2	GROW	S NORTH	4		100.000		
City, State ELIZABETH, NJ				Di	isposal Dat	te	City, State MORRI	e SVILLE, I	PA				
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CAROL RAIMO		OFFICE	IVIGK.		1	lika	e no	emic	1/6	10	71	1-	£

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1	NOTERIE	ATION'S

CK # 5724  Date of Notification (1)		FICATION Pursuant t	te of New Je OF ASBEST o NJAC 8:60 Building Own	OS ABATE and 12:120	0) [	PEN,	'Cf.	77	Prin	it For
10/22/14		P.S.E.C	3.			D) -00-	0 0			$\mathbb{H}$
Agencies Notified Type Notification		Street Ad 4000 H	ADLEY R	OAD		ОСТ	23	2014		14
EPA   X Initial   Amended   Amendment #			te, Zip Code I PLAINFI	ELD, NJ.	07080	ASBESTOS	S CON	VTRC	3 10	
Emergency (in justification)		Name of	Contact		<del> L</del>	Telephone Num	MISIN	G	LOI	二
DCA Cancellation			HW LITY INFORI		IAN_					
Name of Facility Where Abatement is Taking PSE45-N Street Address A A 1T	Place (3)	57 1 1AC	4		Other (i.e.)		) al buildi	ings, l	nomes	s,
City (5)	<i>σ</i>	1110			Square Feet	# of Floors		dg. Ag		
County (6)		County C			Current Use (Pri	N/A		07,	·>-	$\dashv$
BERGEN  Name of Monitoring Firm Hired by Building C	humor (9)	ASCM	ISE ONLY) _	Name	of Abatement Co	N/A				_
ENVIRONMENTAL TACTICS	witer (o)	004				S OF AMERICA	١			
Street Address 64 BROAD STREET					t Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747					State, Zip Code JTH RIVER, N	J 08882	100			
Project Manager for Monitoring Firm TOM GEIGER		The resemble of the second	2-2217	732	hone No. -432-8350	License N 0111				
Start Date (10)	Scheduled C	ompletion I		ואט		S OF AMERICA	٨			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F		amont	8		t Address WHITEHEAD	AVE.				
Abatement Performed Outside of Norm  Other – Describe: 6 (17 ) 6 0	al Facility Hor				State, Zip Code JTH RIVER, N	J 08882				
Scope of Work (Check All That Apply)		-			7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition			Mini-Enclosus	cedure			<u></u>	
	ls Loc	ation		1	Mon-Exemple	ed (*) and Non-Friab		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (1:	nally blely by nance/ al Staff?	(i.e. th	Descriptions Containing ermal system surfacing, Vother miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Ty Repair	Encapsulate	Enclosure
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outbooks	1 12	X -	Acm	r, pe	Somastic	SOLF	1			
						·				
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic Yards	l Name o	f Registered Landfil	1			
WASTE MANAGEMENT	101	Hauler ID 1125	No.	of Waste みがメ (	GROV	VS NORTH				
City, State ELIZABETH, NJ				Disposal Dai	MORE	RISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	MGR.		Signatu	aral K	aima 1	ate / 0 / 0	22	11:	4

Print Form CK# 5723 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2 3 2014 122 P.S.F.G. Street Address Agencies Notified Type Notification ASBESTOS CONTROL 4000 HADLEY ROAD Initial LICENSING City, State, Zip Code Amended DEP SOUTH PLAINFIELD, NJ. 07080 × DOL Amendment # Emergency (including Telephone Number Name of Contact justification) DOH JOHN DGA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × # of Floors Square Feet City (5) Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. UNIQUE SYSTEMS OF AMERICA 0045 **ENVIRONMENTAL TACTICS** Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01111 TOM GEIGER 732-292-2217 732-432-8350 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) UNIQUE SYSTEMS OF AMERICA Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other-Describe: OUT DOORS SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No SaMASTIC out Doors Acm Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS NORTH** WASTE MANAGEMENT 1125 APOX Disposal Date City, State City, State MORRISVILLE, PA TBN ELIZABETH, NJ

Signature

OFFICE MGR.

Completed by CAROL RAIMO CK # 5722

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Date of Notification (1)	Name of Building Ov P.S.E.G.	wner/Operator (2)	<u>П</u> П	
Agencies Notified Type Notification	Street Address 4000 HADLEY I	ROAD	ASBE	STOS CONTROL LICENSING
EPA   X Initial   Amended   Amendment #	City, State, Zip Code SOUTH PLAINF	FIELD, NJ. 07080		
Emergency (ii  DOH justification)  DGA Gancellation	Name of Contact	KILLIAN	Telenhone Num	her
	FACILITY INFO	RMATION		
Name of Facility Where Abatement is Taking  Street Address	MH 56		) 3 (Other than K-12)	
22-09 Ro	SALIE ST	etc.)		l buildings, homes,
City (5) FAIR LAL	UN	Square Feet $\mathcal{N}/\mathcal{A}$	# of Floors N/A	Bldg. Age  N/A
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior	if being demolished	ed)
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8) ASCM No. 0045	Name of Abatement Cont UNIQUE SYSTEMS		
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD A	VE.	1 6
City, State, Zip Code		City, State, Zip Code SOUTH RIVER, NJ		
MATAWAN, NJ 07747 Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No	
TOM GEIGER Start Date (10)	732-292-2217 Scheduled Completion Date (11)	732-432-8350 Name of OSHA Monitor	01111	
11/1/14	12/31/14	UNIQUE SYSTEMS	OF AMERICA	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F		Street Address 396 WHITEHEAD A	VE.	
Abatement Performed Outside of Norm Other – Describe:	al Facility Hours	City, State, Zip Code SOUTH RIVER, NJ	08882	
Scope of Work (Check All That Apply)				
≥3 sf or ≥3 lf	Renovation Demolition	Mini-Enclosure Glovebag Proc		
		1281 NOTI-EXEMPLE	( ) and North Habi	Abatement
Location of	Is Location Normally	Description of	77	Туре
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		os Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Encapsulate Repair Removal
	Yes No N/A	0	A -	
outbooks	X Acm	PIPE SOMASTIC	80 LF	X
		Cohia Vanda	Registered Landfill	
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	of Marks	S NORTH	
City, State ELIZABETH, NJ	1	Disposal Date City, State	SVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature  Atal Ka		ola 2114
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NOTIFICATION"

Date of Notification (1)	Name (	of Building Owner/O	perator (2)	FE	EIV	E	I
Agencies Notified Type Notificati		Address HADLEY ROAD	)	R	. , 2 ?	014	1
DEP Amended	ent#SOU	tate, Zip Code TH PLAINFIELD	, NJ. 07080	MIM oci	25	= nol	8
□ DOH justificatio     □ DGA □ Cancellat	on) Name		ilLiAN	Telephone Num	00 CO	MINOS	
Name of Facility Where Abatement is Ta		CILITY INFORMATI	Type of Facility (4	2)			
	TEHAII	ST.	Other (i.e. p	8 (Other than K-12) rivate & commercia	l buildings,		
	WN	/ Code (7)	Square Feet    D   A	# of Floors	Bldg. A	r .	4
BERGEN  Name of Monitoring Firm Hired by Buildi	(STATE	EUSE ONLY)	Name of Abatement Cor	NIA			4
ENVIRONMENTAL TACTICS		045	UNIQUE SYSTEMS				4
Street Address 64 BROAD STREET			Street Address 396 WHITEHEAD	AVE.			
City. State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ	08882			
Project Manager for Monitoring Firm TOM GEIGER		none No. 292-2217	Telephone No. 732-432-8350	License No 01111			
Start Date (10)	Scheduled Completion		Name of OSHA Monitor UNIQUE SYSTEMS	S OF AMERICA			
Occupancy Status During Abatement (C) Facility Closed/Vacated During Ent	heck Only One)	0	Street Address 396 WHITEHEAD	AVE.			
Abatement Performed Outside of N Other – Describe:	lormal Facility Hours		City, State, Zip Code SOUTH RIVER, N.	1 08882			
Scope of Work (Check All That Apply)	<b>V</b>		T Full Contains	ent with Negative P	raccura		
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosure	9		e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Con (i.e. therma surfa	scription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
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outbooks		ACM P	ife Somastic	SC LF			$\exists$
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Hauler 1125	ID No. of Wa	iste GROW	Registered Landfill /S NORTH			
City, State ELIZABETH, NJ		Dispo	sal Date City, Sta	te ISVILLE, PA			
Completed by CAROL RAIMO	Title OFFICE MGR.		Signature (Aral K	aumo 1	ite /22	11.4	