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

Date of Notification (1) 10/26/2015				f Building ( vest Ber				ity			· -	6			
Agencies Notified Type Notification			Street A					•					-	110	
EPA Initial				ckoff Av					1	-					
X DEP Amended X DOL Amendment #				ate, Zip Co vick, NJ (						4373					
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding	- 1		f Contact Gordon					Tele	ephone I	Num	ber			
THE REAL PROPERTY OF THE PROPE				LITY INFO		ION									
Name of Facility Where Abatement is Taking Northwest Bergen County Authority		3)					Туре	of Facility	(4)			70			
Street Address								School (K-1 Subchapter	Company of the Compan	or then k	( 10)	2			
30 Wyckoff Avenue								Other (i.e. p					dings,	hom	es,
City (5)						-		etc.) e Feet	# of	Floors	200-100	В	ldg. A	ge	
Waldwick														·	
County (6) Bergen				Code (7) USE ONLY)			Currer	nt Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building O Detail Associates,Inc	wner (8)		ASCN	ЛNo.				ement Coron	ntractor	(9)					
Street Address					-	Street A					-	-			
300 Grand Ave						606 N	/lcBrid	de Ave							
City, State, Zip Code Englewood, NJ 07631						City, St Wood		p Code Park, N.	J 0742	4					
Project Manager for Monitoring Firm Anthony Valentine			Telepho 201-56	ne No. 69-6708	`	Telepho 973-2				License 01104					
	Schedule		pletion	Date (11)				A Monitor onmenta		ratorie	e In	<u> </u>			
Occupancy Status During Abatement (Check						Street A			Labo	atorio	5,111				
Facility Closed/Vacated During Entire Pe	eriod of A	Abatem	ent			2333	Route	e 22 We	st						Ė
Abatement Performed Outside of Norma  Other – Describe: Occupied	I Facility	Hours				City, St									
Scope of Work (Check All That Apply)						Unior	ı, NJ	07083							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	-	Renova Remolit				×	Min Glo	Containm i-Enclosur vebag Pro	e cedure						
				I		E	Non	-Exempte	d (*) and	Non-F	riable		cedur Abate		+
Location of	100	Locati Iormali		. × .	De	escription	of						Ту		
Asbestos-Containing Material (ACM)		d Sole intenar			os Con	taining Ma	aterial			mount				ш	
TO BE ABATED In Facility	Cust	odial S (12)	taff?	(I.e.	surfa	I systems icing, VAT	Γ, or	tion,		pecify or LF)		Remova	Repair	ıcap	Enclosure
(13)	Yes	No.	N/A		other r	miscellane	eous)					oval	air	Encapsulate	sure
shop/elect.room,lab&storage	168	140	X		nine	insulat	ion			39 If		x			
hallway & Boiler room			×			insulat				& 102	lf	x			
Incinerator & Polymer room			x			insulat				& 20		x			
shop/electric room			×		-	insulat				13 If		x			
Name of Registered Waste Hauler		N	JDEP W	/aste	- 10	Yards	1	Name of			dfill	-		-	_
Lilich Corporation			auler ID 3724	No.	of Wa	ste		GROW							
City, State Woodland Park, NJ					Dispo	sal Date		City, Stat Morrisv		Α					
Completed by	Title vice r	resid	ent		8	Signature (	6	20			Date		015		

#### State of New Jersey - Notification of Asbestos Abatement

UL 2863

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) October 26, 2015					Name of Building Owner/C Township of Rando		CT 2	9 %	15		
Agencies Notified		Notification '	Туре		Street Address						
rigeriolee riemes		☑ Initia	al Notifi		502 Millbrook Aven	ue					
X EPA	8	□Amende			City, State, Zip Code	1000	: 105	77			
DCA		■ Emerge	ency (ir	ncluding	Randolph, NJ 078	69-3799					
x DOL x DEP		justific	ation)		Name of Contact		Teleph	none N	umber		
x DOH		□ Cancel	led		Ralph Carchia						
			7-7-	FACILITY INFO							
Name of Facility Where Abate	ment is Tal	ting Place (3)			Type of Facility (4)						1
Vacant Building					School (K-12)	K 40)					
Street Address					Subchapter 8 (other than Other (i.e. private &		ildings	homos	etc \		
42 Bennett Avenue					Sq. Feet: Unknown					0 vear	s
City (5)	County (6	)	County	Code (7)	oq. r cci.	<u> </u>	<u>.</u> - 2	16.51.	-	, ,	
Randolph	Morris	4		Jse Only)	Current Use (prior if being	demolished)	:				
rtanacipii											
Name of Monitoring Firm Hire	by Bldg.	Owner (8)	ASCM I	No.	Name of Contractor (9)						
EnviroVision Const	ultants	inc.	0007	9	00551111000 ABAT	EMENT C	ONCH	TAN	TO IN	10	
	AMERICA III				GREENWOOD ABAT Street Address	EWIENT	JNSU	LIAN	13, 11	C.	
Street Address	Dida#	255			Street Address						
20-21 Wagaraw Road	, blag #	35⊑			511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Fairlawn, NJ 07410					Butler, NJ 07405						
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number		Licens	se Numb	<u>ber</u>		
Fred Larson		973-636	-9145		973-492-0477		0084	.0			
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor		000.				35.
November 9, 2015		Novemb		N. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10							
				1115-1116-1116	EMSL inc.						
Occupancy Status During A					Street Address						
☑ Facility Closed/Vac					1056 Stelton Road						
Abatement Performed Describe	Outside o	n Normai Fac	ility Hour	5 -	City, State, Zip Code						
Other - Describe: 7a	m-5pm				D	054					
	•				Piscataway, NJ 08	854					
Source of Work (Check all that	t apply)							-			
Source of Work (Check all the	it apply)					Full Contain	nment w	vith Neg	gative F	ressure	3
≥ 3 sf or ≥ 3 l	f			Renovation		Mini-Enclo	sure				
□≥ 160 sf or ≥ 2				Demolition		Glovebag F	Procedu	ire			
	1000000					x Non-Exer		) and N	lon-Fri	able Prod	cedure
Location of Asbestos-Contain	•	ocation Norma elv by Maint./C		Description of Ast	pestos Containing Material nal systems insulation, surfac	ing, (Speci		Abate	ment T	/pe	
Material (ACM) in Facility (13)		f? (12)	ustoulai	VAT, or other mis		or LF)		Remov	e Repa	air Encap	Enclose
	YE		NA						_		
2 <sup>nd</sup> Floor Office Wall				Transite		800 8					
2 <sup>nd</sup> Floor Stairwell				VAT		12 S	F	X			
							Nome	of Dog	intered	Landfill	1
Name of Reg. Waste Hauler	0	NJDEP Was		r ID#	Cubic Yards of Waste:			dowfill			
See Hauler Below # 1 &	2	See Belov	V		20		The second second	0.W.S			
							1000000000				
Hauler #1) Greenwood	Abatam	ant Concult	ante In	c - Butler N.I.	07405	Disposal Da	ate		City, S		
NJ DEP # 12	SEL NY	DEP #	aints, iii	ic. – Butler, No v	01400	Novemb	er 13,			2, Box 6	
Hauler #2) Newark Cart			04509,	NJ DEP # 19551		2015				eport, WV 42-2784	A
	0,								12.74		
										Minerva F esburg, C	
Completed by (Print or Type)		Title			Signature		Date		vvayil	Japung, C	*** 1
Marin Graure		SENIOR P	ROJE	СТ				tober	26, 2	015	
main order		MANAGE		a.di	Marin Grau	re			and the first		

#### State of New Jersey - Notification of Asbestos Abatement

CK 11878

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) October 26, 2009					Name of Building Owner/C Saint Margaret of S		arish	007 0	2 22		
Agencies Notified		Notification	Туре		Street Address				U 44	IJ	7
72-10		☑ Initial	al Notif	ication	6 Sussex Avenue	1					T tat
⊠ EPA		□Amende	d Certif	fication	City, State, Zip Code						.\
⊠ DCA		■ Emerg	ency (ii	ncluding	Morristown, NJ 0796	50	15021	200			
x DOL		justific	ation)		Name of Contact	town a	Telep	hone Nur	nber		
☑ DEP x DOH		□ Cance	lled		Ben Dubbels						
X DON				FACILITY INF	ORMATION						
Name of Facility Where Abate					Type of Facility (4)						
Shepard Preparatory	High S	chool			School (K-12)						
Street Address					Subchapter 8 (other than		• 600-000 (1.5)				
8 Columba Street					Other (i.e. private & con Sq. Feet: Unknown					years	3
<u>City (5)</u>	County (			Code (7)							
Morristown	Morris	;	(State (	Jse Only)	Current Use (prior if being	demolished	: Resi	dence			
Name of Monitoring Firm Hire	ed by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)						
EnviroVision, inc					GREENWOOD ABAT	EMENT C	ONSU	LTANT	S. INC		
Street Address					Street Address		5.155		-,		
20-21 Wagaraw Road	d, Bldg i	# 35 E			000 884 151 075						
City Chata Zia Cada					268 MAIN STREET City State, ZipCode			-		-	
City, State, Zip Code Fairlawn, NJ 07410					Butler, NJ 07405						
Project Manager for Monitorin	ng Firm	Telephone N	lumber		Telephone Number		Licens	e Numbe	<u>r</u>		
Fred Larson		973-636						•			
Scheduled Start Date (10)		Scheduled 0	`ampletia	n Data (11)	973-492-0477 Name of OSHA Monitor		0084	0			
November 5, 2015		Novemb									
		AND ACCOUNT OF STATE	-0.00	e (1995)	ENVIROVISION, INC	;					
Occupancy Status During A  X Facility Closed/Va				tomont	Street Address						
Abatement Performe					20-21 WARGARAW	ROAD, BI	dg # 3	4A			
Describe					City, State, Zip Code						
Other - Describe:											
					FAIRLAWN, NJ 074	10					
Source of Work (Check all the	at apply)										
						Full Contain	ment w	ith Negat	ive Pres	sure	
≥ 3 sf or ≥ 3				Renovation	X	Mini-Enclo					
□≥ 160 sf or ≥	260			Demolition	Х	Glovebag					
Location of Ashactas Castain	ing la	ocation Norma	lly I lood	Description of Ash	pestos Containing Material	Non-Exem Amour		and Non- Abateme			aure
Location of Asbestos-Contain Material (ACM) in Facility (13		lely by Maint./Ci			nal systems insulation, surfaci				A STATE OF WINDOW		
	Sta	iff? (12)		VAT, or other mis		or LF)		Remove	Repair E	ncap	Enclose
Directors Office	YE		NA T	Dine 9 Eistin	a Inculation	3 LF		X	_		
Directors Office Hallway at Stairwell		X		Pipe & Fittin	g insulation	5 LF		X			
Name of Reg. Waste Hauler		NJDEP Was	te Hauler		Cubic Yards of Waste:	J LI		of Regist	ered Lar	dfill	
See Hauler Below # 1 &	2	See Belov		10#	Cubic Tarus of Waste.	1		dowfill L			
Hauler #1) Greenwood	Abatem	ent Consulta	nts, Inc	c Butler, NJ 0	7405	Disposal Da			ity, State		
NJ DEP # 12					8 1929	Novemb	er 7,20	0.00	oute 2, l		
Hauler #2). Newark Car	ting, Inc.	– Newark, NJ	04509,	NJ DEP # 19551	76				04-842-2		
Completed by (Print or Type)		Title			Signature		Date				
Marin Graure		SENIOR P	ROJEC	CT	Marin Graure			ber 26	, 2015		
		MANAGER	?								

				Oct 20 20	)15 12:51pm	P001/0	)1	
	· · · · ·		1			65		i.
		State of						
	Not	tification of Asbe	stos Abatement		<b>医产生</b>	PHE.D	7	137
D&S Proj. #: 2015-372		rsuant to NJAC	8:60 and 12:120	)	Dapt. of Health a	& Senior Sen	rices	
OCT 2.9 2015	THE O	526	<b>v</b> )	]	(sional			
	Name of Building	Owner/Operator (2)		50	10/20		(, , ,	
Date of Notification (1)	PAT BARNHA	100 200-00			1-601	/ime:	20	
Agencies Notified Type Notification	Street Address	1			- Indiana			
☐ EPA ☐ Initial	27 PAWLUSK	TAVENTE						13
□ DEP □ Amended	City, State, Zip Coo							
DOL Amendment #:	SO. RIVER, N	1						
Emergency	Name of Contact	10 00002			Telephone Nu	mber		
justification)		1			1			
DCA Cancellation	PAT BARNH	ART		<del></del>				,
	, ,	FACILITY INFORMA	ATION					
Name of facility whore abatement is to	king place (3)			Typ	e of Facility (4) School (K	- 12)	*	
		,			<b>_</b>	r 8 (Other that	n K-12)	
PAT BARNHART		+		-11	Other (Privi	ate/Commerc		
Street Address	34				Bidgs./Hom		MI2- 1	-
27 PAWLUSKI AVENUE				So	uare Feet # of	Floors	Bldg. A	Be
Olty (5)	County (8)		County Code (7) (State use only)	-	urrent Use (Prior i	f being demp	ished)	
	middlesex		(Otale ase only)	"		1 40		
SO. RIVER  Name of Monitoring Firm Hired by Bid		ASCM No.	Name of Aba	temani Cont	ractor (9)			
Name of Manifolding Pater in Co. by 2.0	J. 4		D&SRE	STORATIO	ON, INC.			
Street Address	<del></del>		Street Addre	\$9				
20eet variess				mia Ave.				
City, State, Zip Code	<del></del>		City, State, Z	lo Code				
	3			NJ 07503		cense Numbe		
Project Manager for Monitoring Firm	Phone I	Number	Telephone N			01169	ır	
		*	9/3-34 Name of OS	\$-8020 .		ONATE		
Start Date (10)	Sched, Completion Da	ate (11)		estoration,	Inc.			
10/22/15	10/30/15		Street Addre					
Occupancy Status During Abatement	nde l'au mi		20 Califo	rnia Avenu	e			
Facility closed/vacated during e	ritire period of abatement	L	City, State,					
<ul> <li>Abatement performed outside of</li> </ul>	f normal facility hours-							
Describe: NORMAL HO  Other-Describe: NORMAL HO	WRS .		Paterson	D, NJ 07503				
Scope of Work (check all that apply)		1			Containment w/n	egative pressi	ire	
	Renovation			Comments of the Comments of th	i-enciosure vebag procedure	i i		
□ ≥160 st or ≥260 lf □ □	Demolition	**		Nor	n-Exempted (*) an	d Non-friable	procedu	re
	to location normally used	solely				H e	e e	
Location of asbestos-containing	by maintenance/oustodis		tion of asbestos-con	taining	Amount (Specify SF:	or m	PC	l n
material (scm) to be	staff(12)	material			LF)	0	a a	1 1-
abated in facility (13)	Yes No	NA				9	, p	
basement	X	BOILER!	INSULATION (b	ricks)	30 SQ FT	N N	ᆜ늗	1111
- Contract		f.		1 1				井井
							부부	┽╬
							부분	쉬片
					1200		ا اسا	
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards o	TVaste Name of F	Registered La	ESOURCE REC	COVERY		
D & S RESTORATION, INC.	13506	pojsal Date	City, Sta		The state of the s			
City, State PATERSON, NJ 07503		0/23/15 _		YTOWN, P	A			
Completed by (Print or Type)	Title	Signature	-			Date	<b>E</b>	
BOGDAN JOLDZIC	PRESIDENT			<u> </u>		10/19/201	)	
	he not use this form for	adhestos licensure	exempted activities.					

CK 6526

D&S Proj. #: 2015-372

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

Date of Notification (	1)	N	ame of Bui	lding Own	er/Operator (2)					007	9.0.9	-11(-		
1 0 /1 9		-    -	PAT BAR	NHART						UU:		- 14		
Agencies Notified	Type Notificati	-	reet Addre											
☐ EPA ☐	Initial		27 PAWI	IISKI A	VENUE					8				
☐ DEP L	Amended Amendment #:	1 1	ity, State, Z		VENUE									
M DOI I	Emergency	-11	SO. RIV		18882									
☑ DOH	(including	l Na	me of Con		70002			-	Telepho	ne Numbe	er	*		
D DCA	justification)			D. W. I. D.	<b></b>				Postorent con N					
_ DCA	Cancellation		PAT BA	RNHAR	1								_	
			tu.	FAC	ILITY INFORM	ATION	4							
Name of facility whe	ere abatement is	s taking pla	ce (3)						Type of Facility Scho	(4) ol (K - 12	)			
PAT BARNHAR	RT							П	=	hapter 8 (	5	an K-	12)	
Street Address								11	Other	(Private/0	Comme		-/	
										./Homes,		Dia	- Λο	
27 PAWLUSKI	AVENUE	I Causa	ty (6)			0		-	Square Feet	# of Floo	ors	DIC	ig. Ag	je
City (5)		Coun	ty (6)				nty Code (7) e use only)	1	Current Use (	Prior if hei	na dem	olishe	d)	
SO. RIVER		mid	dlesex			(0.00	o doo o,,	П	Ourient Ose (	TIOI II DEI	ng dem	Oliono	u)	
Name of Monitoring	Firm Hired by B	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	ent C	Contractor (9)					
						- 11	D & S RESTO	RA	TION, INC.					
Street Address					Y-	<b>-</b>	Street Address							
							20 California	Ave	e.					
City, State, Zip Code						—  F	City, State, Zip Coo	de						
							Paterson, NJ		103					
Project Manager for I	Monitoring Firm		Ph	one Numb	per		Telephone Numbe				e Numb	er		
							973-345-802	_	100		01169	-		
Start Date (10)		Sched	. Completic	on Date (1	1)		Name of OSHA M D & S Restor							
10/22/15		10/30	/15				Street Address	allo	n, mc.			-		
Occupancy Status D	uring Abatemer					-11	20 California	Ave	enile					
	vacated during	SCI.51.		ment.		- 11	City, State, Zip Co							
	formed outside	of normal	facility hour	'S-			•							
Describe:	e: NORMAL H	OURS				_	Paterson, NJ	075	503					
Scope of Work (che								] F	ull Containment	w/negativ	e press	ure		
$\boxtimes$ >3 sf or >3 lf	$\boxtimes$	Renovatio	n				Ī		/lini-enclosure					
≥160 sf or ≥26		Demolition	1				ŀ		Blovebag proced Non-Exempted (		n-friahle	nroce	dure	1
Location of			normally	used solel	y				Ton Exempted (	, and INO	R	R	E	E
asbestos-conta		by mainte staff(12)	enance/cus	todial	Descripti	on of as	sbestos-containing	]	Amount		e m	e p	n	n
material (acm) abated in facili				T	material	(ACM)	e Control de de la marque en de Control de de CESTO DE ESCA ESTA DE PROPERTO DE PERSONA ESTA ESTA DE PROPERTO DE PERSONA ESTA ESTA ESTA ESTA ESTA ESTA ESTA EST		(Specify LF)	SF or	0	a	a	C
abated iii iaoiii	ity (10)	Yes	No	N/A							v e	r	р	-
basement			X		BOILER I	NSUL	ATION (bricks)		30 SQ FT					
Registered Waste Ha			EP Hauler I		Cubic Yards of	Waste	Name of Registe			TOO!	'D 37			
D & S RESTORA	ATION, INC.	135	06		1 YD.		TULLYTOW	N, I	RESOURCE I	ECOVE	CKY		_	
City, State PATERSON, NJ	07503			Disposal I 10/23/			City, State TULLYTOW	N	PA					
Completed by (Print		Title		10/20/	Signature		TOLLTION	,	- 4 3	Date				
BOGDAN JOLD		PRESID	ENT								9/2015	5		
ASR-41				for asbes	tos licensure ex	cempted	d activities.							

CK 6525

D&S Proj. #: 2015-373

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

Date of Notification (1)		ne of Building Ov	vner/Operator (2	2)		OCT.	2 8 20	15			
1 10 1/1 19 1/1 15	II CF	ARTERET BU	SINESS PAR	TNES	HIP INC.		40 -	. 10		9	
Agencies Notified Type Noti	fication Stree	et Address						44			
_   _	ed   61	COOKE AVE	ENUE								
DEP Amendme	<del>  -  </del>	State, Zip Code									
DOL ☐ Emerge		ARTERET, N.	I 07008								
DOH (includir	ng Nam	e of Contact	0,000			Telephone	e Number	- "			
DCA justificat		O ANNI ODIOO	*								
Cancell	ation   JC	DANN CRISC	1					_			
			CILITY INFORM	OITAN	١		,,,,				
Name of facility where abatem	ent is taking place	(3)				Type of Facility (	4) I (K - 12)				
BOROUGH OF CARTER	ET					=	apter 8 (O	ther th	an K	-12)	
Street Address						Other (	Private/Co	omme		,	
61 COOKE AVENUE &	WASHINGTON	JAVENIJE					Homes, et # of Floor	1350000	Ble	dg. Ag	ne ne
City (5)	County			Cou	inty Code (7)	Square reet	# 01 1 1001	°	D.	49. AS	,0
STORY NOTE		. ,			ate use only)	Current Use (Pr	ior if being	g dem	olishe	ed)	
CARTERET		LESEX			2532		4900m4000m200	9000 2000			
Name of Monitoring Firm Hired	by Bldg. Owner (8	3)	ASCM No.		Name of Abatement	Contractor (9)					
-					D & S RESTORA	ATION, INC.					
Street Address					Street Address						
					20 California Av	e.					
City, State, Zip Code					City, State, Zip Code						
					Paterson, NJ 07	503					
Project Manager for Monitoring	Firm	Phone Num	nber		Telephone Number		License		er		
					973-345-8020 Name of OSHA Moni	lo.	0.	1169		_	
Start Date (10)	Sched. Co	ompletion Date (	11)		D & S Restoration						
11/02/15	06/30/16	5			Street Address	on, me.			-		
Occupancy Status During Abate	ment (Check only	one)	4		20 California Av	епие					
Facility closed/vacated du					City, State, Zip Code						
Abatement performed out Describe:	side of normal faci	lity hours-									
Other-Describe: NORMA	AL HOURS				Paterson, NJ 07:	503					
Scope of Work (check all that a	apply)					Full Containment w	/negative	press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation				Dennell .	Mini-enclosure					
≥160 sf or ≥260 lf	□ Demolition					Glovebag procedur Non-Exempted (*)		friable	proce	dure	
Location of	Is location no	ormally used sole	ely			Lon Exempled ( )	CITO INOITS	R	R	E	
asbestos-containing	by maintenar	nce/custodial	Descript	ion of a	sbestos-containing	Amount		e m	e p	n	E n
material (acm) to be abated in facility (13)	staff(12)		material		•	(Specify S LF)	For	0	а	c a	C
abatod in lability (10)	Yes	No N/A						v e	i r	р	L
COOKE AVE. SEE ATTACHED		X	VARIOUS	SACM	I MATERIALS	SEE ATTAC	CHED	X			
WASHINGTON AVE. SEE ATTACHE	ED	X	VARIOUS	S ACM	MATERIALS	SEE ATTAC	CHED	$\boxtimes$			
		W.									
			]								
Registered Waste Hauler D & S RESTORATION, IN			Cubic Yards of 60 YDS	Waste	Name of Registered TULLYTOWN,		COVED	v			
City, State	15500	Disposal			City, State	LESOURCE RE	CUVER	. 1			
PATERSON, NJ 07503			OUS DATES		TULLYTOWN,	PA					
Completed by (Print or Type)	Title		Signature		1		Date	-			
BOGDAN JOLDZIC	PRESIDEN		_		_		10/19/	/2015			
	* Do not use th	ic form for school	the linaneura a	vamnta	d activities						

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

CtC 5871

Date of Notification (1)			Name of	Building	Owner/Operator	(2)			-	
Pare of Notification (1)	115		MR	. J	ASON (	SEVERTE	2 MAN		1	
Agency Notified	Type Notification	-	Street Ac	idress	0.000		. 6	ĈT 29'		,
	E faitial		17	739	LILBET	140	197 (8)		+	
EPA	☐ Amended		Die Ole	m Tim C	ana .		100	and the second second	1	
I DEP Z DOL	Amendment#		-	TEAN	اححد ا	77. 51	666	mr.g. r-:	+	- 3+1
	☐ Emergency (including	ng	Name of	Contact			Telephone Num	per	14:	
Z DOH	justification)  Cancellation		MR	GEV:	ERTZMAN	)				-
2 DOA					ORMATION				i	
	At atomostic Toline Die	À /31				Type of Facility	(4)		-	
Name of Facility Where	Abatement is raiding Fig	t A A \				☐ School (K-12	1		1	
1912	GEVERTZ !	CIAP				Cubahantar 8	(Other than K-12	)	İ	
Street Address		00			;	Dither (i.e. pri	vate & commerciz	ıl buildings.		
1739	LILBETT	(4)				homes, etc.) Square Feet		Bldg. Age	1	
City (5) .						7800.	2	196		
· TEN	م وحدر								1	
County (6)				Code (7)	(STATE USE		ior if being demoli			
RE	RGEN		ONLY)	/54	62. 3				-	
Name of Monitoring Fire		er AS	CM No.			nent Contractor (9		98		
(8)					Best Re	moval In	С		1	
Street Address					Street Address					
Stieet Address			\$0		450 Sou	th River	St	*	-	
City, State, Zip Code					City, State, Zip					
City, State, 24 Octo					Hackens	ack, N.J			_	
Project Manager for Mo	niming Firm	Telep	hone No.		Telephone No.		License No.			
Project manager for two		1 '			201-329		00388			
Start Date (10)	Scheduled C	ompletion	Date (11)		Name of OSHA					
II II IS		3/15			Omega :	Environm	ental			
Occupancy Status Duri	1 1 1 2				Street-Address					
	•				280 H	uyler St	135	::-		
☐ Facility Closed/Vacat	ed During Entire Period	of Abatem	ent		City, State, Zip	Code	Legie Voto 04944			
Dother - Describe:	AM TO JEM	(	-		S. Ha	ckensack	,N.J. 07	7606		
Scope of Work (Check						0	Negative Pressu	na		
- 2			-B-Renx	ovation		-Enclosure	Negative i lesson			
□ ≥ 3 sf or ≥ 3 lf ☑ ≥ 160 sf or ≥ 260 lf			Dem		D Class	Johan Procedure	101 in Friedric Des	eoduro :	i	
20 2 100 31 01 C 200 11					□ Non	-Exempted (") an	d Non-Friable Pro	A	bate	men
			cation	٠.	102				Тур	эе
Locat	ion of	4000	mally Solely by	-	Description		· · ·			_
Ashestos-Containi	ng Material (ACM)		enance/	Asbe	stos Containing M	laterial (ACM)	Amount (Specify	. 2	2	in or
TO BE	ABATED		todial	(i.e	., thermal systems surfacing, VA	s institution,	SF or LF	Removal	app	Bog
	Callify		267 12)		other miscellan	eous)		Se l	Repair	
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BASSUEN					VAT		400		H	+
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0.1.201.201					5000			'>	Н	-
					31*					
Name of Registered W	aste Hauler	NJDE	P Waste H	lauler	Cubic Yards of	The second contract of the second contract of	stered Landfill			
Best Rem	oval Inc	ID No			Waste	Minerva	a Enterpi	cises	, LI	J.C
Desc wem			17109		ac)				-	_
City, State					Disposal Date	City, State		11/0		
Hackensa	ck , N.J. 0	7601			11/13/15	Wayne	sburg, Oh		5	
Completed by	Title				Signature	0 ,	Q	Date 2	-1	1 4
J.Maioran	Est	imato	or		V	Porapor		10/0	0	, -
ASB-41	* Do n	ot use this	form for as	bestos li	icensure exempte	d'activities		- 11		

Oct 23 2015 08:25am

P001/001

Check#2328 9 C 95	5]	NOTII		TION	ote of No OF ASE to NJA	ESTOS	ABAT		•	Emerg	gency Not	fication
Date of Notification (1)				Name o	of Building	Owner/O	perator (2	) r		O.P. C.L.		
	23 1 15		1					1	I Dani	APPROVED		7
Agencies Notified	Type Notification	-	- 1		S. Krish	nabba	-		HI THE T	of Health & Sen	lint Services	-
EPA	☑ Initial		1.			2007070		1-	<u> </u>	(signature)		
⊠ DOLWD	Amended				land Ter				10			-
M DHSS	Amendment #_	9			tate, Zip C		50	1	Dato:	122/ Time	O'ZY	
□ DCA	Emergency (inc	duding	1		wood, NJ				<u> </u>			<u> </u>
(NJAC 5:23-8)	justification)		1		of Gantacl					Telephone Nun	uper.	
	Cancellation				S. Krisi				_			
				FAC	ILITY IN	FORMA"	TION					
Name of Facility Where A	(batement is Tak)ng	Place	(3)		))			Type of	Facility (	4)		
Private house									ol (K-12		0)	32
Street Address						* .				(Other than K-1 rivate and comme		as.
10 Oakland Terrace							. !		26, etc.)	trade and contrib	CINEL PORONI	72
City (5)			- 5				****	Square	1	# of Floors	Bidg.	Age
Maplewood, NJ 07040							+			153		7
County (6)				Count	y Code (7)	(STATE US	E ONLYI	Current	Use (Pri	or if being demol	lished)	
Essex		100			, (. /	, , , , , , , , , , , , , , , , , , , ,	,,,	o di i di ii	1		10111707	
Name of Monitoring Firm	Hired by Building C	wner f	8) [	ASOM	Nń.	Nama	Abateme	ont Contr	niter (a)			
1 1111	«		1	12010		A CONTRACTOR		AUT GOLIO	antat (a)			
Street Address	- Liment					Gr Tech						
direct naurous								4.00				
City, State, Zip Code						576 Val				1. I museum		
ony, state, zip coos							ite, Zip Ci				138	
Project Manager for Mon	t - Ff		-				NJ 0747	70				
Project Manager for Mon	moring Pirm		1010	phone	No.	Telepho				Lidense No.		
						973-638				01127		
Start Date (10)				llon Da	15		fosha n rision Co		s,Inc			
Occupancy Status During					21-2	Street A	ddress					
Facility Closed/Vacati						20-21 V	Vagaraw	Road, F	ildg .#	35E		¥2
Abatement Performed Time of Abatement: _	d Outside of Normal	Facility	y Hour	a - Des		City, Sta	ate, Zip C	ode .				
Time of Abatement:	PI	VI/	1.181		AM	Fair Lav	vn. NJ 0	7410				
Scope of Work (Chack al	that apply)				-				ontamir	ation with negati	ve pressure	
101 29 5 01 29 16		(C)							with Neg	gative Pressure	N/4 72	
>3 sf or >3 lf 2 160 sf or >260 lf	27		novati molitic			×	Mini-End	a Proced	ira 🗆	Tent with Negati	ve Pressure	
_ = =	- 42	-			8					n-Friable Proces		
			Locat				- Name of the last				Abater	nent Type
Location	of		Norma ed Sole				scription o					-
Asbestos-Containing TO BE ABA			intene			stos Cont s., Thermal				Amount	Remova	Enclosure
IN Facili		Cus	todial	Staff?	42.0		olng, VAT		,	(Specify SIF or (F)	DV Par	ipsu osa
(13)			(12)		-		niscellane			O. O. C. 7	133	Enclosure Encapsulate
		Yes	No	N/A								ή.
Basement				X	Pipe ins	ulation				100 LF	X C	
		П			- and							
		1		-	-							
											ПГ	
Name of Registered Was	ste Hauler		NJ		Hauler ID No	. Cupic Ya	rds of Was	tel Name	of Regis	stered Landfill		الما الما
	20		- 31			Company of the Compan		1				*
Gr Tech LLC City, State			- (	003378	55	TBI			.F. Inc			
						Disposs	il Date	City,	etate			
Wayne, NJ 07470						· TBI	D	Tully	own, P	A		- No
Completed By (Print or T	ype) Title	e	1.0			Blg	nature/				Date	
N.Jevtic	0	ner					· Ho.	whe v	Sunan	•	10/23/2015	
ASB-41	l Ow	-141		Delvo - An			-//-				OL SILVIS	-

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

UL 5870

Date of Notification (1)			Na	arne of	Building Owner/Ope	erator (2	2)			- -	٠., ١	1
10/26	115	•	1	MS.	EAR BARA	· +1	من خلا			-		$\dashv$
Agency Notified	Type Notification				Idana			- 007	2 9 1015			
	12 Initial				222 CE	210	N 31			+	_	-
□ EPA □ DEP	☐ Amended		Ci	ity, Sta	te, Zip Code		n its	22/4/				
Z DOL	Amendment#				W MILT	24	J. NJ.	Telephone Num	her	1		_
EL,DOH	<ul> <li>Emergency (including justification)</li> </ul>	9			Contact			sechious unn				
□ DCA	☐ Cancellation				HOWELL					+		_
			1	FACIL	TY INFORMATION					1	_	
Name of Facility Where	Abatement is Taking Place	æ (3)			•	1	Type of Facility	(4)		1		
Street Address	. B. Hou	SEU			. :		El Other (i.e. pri	(Other than K-12 vate & commercial	i) al buildings.	1		
222 0	enter st			2000		-	homes, etc.) Square Feet	# of Floors	Bldg. Age	+		-
City (5)	W MARKET EN EST					.	2000.	2	90		cv	1
· NEW	ENTER ST											-
Coistly (6)					Code (?) (STATE U	SE		ior if being demo				
BE	RGEN		0	INLY)				SIDENCE		+	-	_
Name of Monitoring Fer	n Hised by Building Owne	F AS	SCM N	ło.			ent Contractor (9					
(8)		(					oval In	<u> </u>		1		-
Street Address					Street Ad	202/07/2020			- 34			
				185			h River	St			-	_
City, State, Zip Code					City, State			07601				
					(i) 1		ck, N.J	License No.	·,.	-		_
Project Manager for Mo	nitoring Firm	Tele	phone	e No.	Telephon		71.1.1.	00388	Ü	1		
2 2							7444 -	00366	- 1 <sup>2</sup> -4	+	-	_
Start Date (10)	Scheduled Co				Name of 0			ntal	1			
11/6/15	\'\		15				nvironme	TILLAT		-		
Occupancy Status Duri	ng Abatement (Check onl	y one)	83	£7	Street Ad		-10= C+		3			
☐ Facility Closed/Vacal	ed During Entire Period	of Abater	ment		City, State		yler St			1		
C Abatament Perinting	d Outside of Normal Fact	lity Hour	\$	-				,N.J. 0	7606			
D'Other - Describe:										ļ		
Scope of Work (Check	as diat apply)			-			containment with Enclosure	Negative Pressu	re .	1		
223 sf or ≥ 3 lf				⊒ Dem	olition	D-Clove	han Procedure			Ì		
□ ≥ 160 sf or ≥ 260 lf						□ Non-l	Exempted (*) and	Non-Friable Pro	Cedure	pate	mei	at
			ocatio		E.					Ту		
TO BE	nion of mg Material (ACM) ABATED acitity 3)	Used Main Cu	Soleh stenan stodia (12)	y by ce/	Asbestos Contai	ystems ng. VAT	nterial (ACM) insulation, , or	Amount (Specify SF or LF	Removal	Rephir	Encapsulate	Enclosure
		Yes	No	N/A					_		H	_
BASEMEN	74			D	THERMAL SY	STEM	INSU LATION	1001	FP		Н	_
10.12-1									1		Ш	_
									,			_
		$\vdash$						1/20	1:- ::			
Name of Registered W	aste Hauler	NJE	EP W	laste l		ards of	Name of Regi					
Best Rem	oval Inc	IDN		109		207		Enterp:	rises ,	L]	LC	
City, State					Disposal	Date	City, State	.,	- 1.1.000			
Hackensa	ck , N.J. 07	601			11/7/	17	h Wayne:	sburg, 01	Date	10		_
Completed by	Title				Signatur	11	Dioner	2	10/26	11	5	
J.Maioran	o Est	imat	or						11-14-	1	_	
ASB-41	* Do no	t use thi	is form	for as	bestos licensure ex	empter	activities.			-		



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

Date of Notification (1) 10/27/15					Building ON PR		Operator (2	2)			OT 2	. 9	201	5	
Agencies Notified	Type Notification		1	Street A										-	
EPA DEP X DOL	Initial Amended Amendment	#	_	City, Sta	te, Zip Co	de						-			
▼ DOH DCA	Emergency ( justification) Cancellation	0.70		Name of	Contact				Tel	ephone f	Number				
		•		FACI	LITY INFO	ORMAT									
Name of Facility Where	Abatement is Takin	g Place (3)						Type of Facility	(4)						
Street Address 179 BROOKDALE	AVE							School (K- Subchapter Other (i.e. petc.)	8 (Oth			ilding	s, ho	ome	s,
City (5) NEWARK							100	Square Feet 2000	# of	f Floors		Bldg	Age	9	
County (6) ESSEX				County (	Code (7) JSE ONLY	)		Current Use (Pri HOME	or if bei	ng demo	olished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Abatement Co EAD PROFE							
Street Address							Street A 6 WHI	ddress TE DOVE C	OURT						
City, State, Zip Code	7.						CONTROL (1970) (1970)	nte, Zip Code WOOD, NJ 0	8701						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho 732-66	ne No. 38-9078		License 1200	e No.				
Start Date (10) 11/06/15		Scheduled		npletion I	Date (11)		1 550 15 51	OSHA Monitor		NALS					
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street A	ddress							
× Facility Closed/Vac Abatement Perform								TE DOVE Co	OURT						
Other - Describe: Scope of Work (Check A			0 800-410			_		WOOD, NJ 0	8701						
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	м тпас Арріу)	-	enova				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				ure		
		le l	ocat	ion								200	aten	nent	
Location	n of	No	orma	lly		D	escription o	of				_	Туре	9	_
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Mair Custo	ntena	ely by nce/ Staff?		tos Co therma surf		iterial (ACM) insulation, , or	(5	mount Specify F or LF)	Removal	Kepaii		Encapsulate	Enclosure
BASEM	ENT						TSI		4	0 LF	Х				
Name of Registered Was	ste Hauler		1000	JDEP W		Cubi	c Yards	Name of	Registe	ered Lan	dfill				
NEWARK CARTING	6			lauler ID 4509	No.	of W 11/0	aste 6/15	IESI	4572						
City, State NEWARK, NJ		10				Disp 3 YE	osal Date	City, Sta BETHL		/I PA					
Completed by JOSEPH PERLSTE	IN .	Title OWNE	ΞR				Signature				Date 9/9/14	!			

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CK 24901

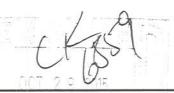
MAV 11

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

Date of Notification (1)				1			Owner/Operator (2	2)					-3-1
10/	22 / 1	5			E. I. [	Dupont			207	0.0	nost		
Agencies Notified	Type Notification	n		3	Street A	ddress				6 0			
⊠ EPA					250 C	Cheesequ	uake Road						
□ DOLWD	☐ Amended				City, Sta	ate, Zip Co	ode		1 700.617				81
☑ DHSS	Amendment				93.50	n, NJ 088			1				
☐ DCA	☐ Emergency		3	1	AND	f Contact			Telephone Numb	er			
(NJAC 5:23-8)	justification)  Cancellation			,		ol Reinh	old						
	☐ Caricellation												-
					FACI	LITY INF	ORMATION	- (- "	14)	-10-11-0-			
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facility					
Building 524 - Low	er Roof							☐ School (K-1	8 (Other than K-12)	)			
Street Address								Other (i.e.,	private and commer	cial bui	ldings	5,	
250 Cheesequake I	Road							homes, etc					
City (5)								Square Feet	# of Floors		g. Ag		
Parlin								45000	1	+	/- 50		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (F	rior if being demolis	hed)			
Middlesex													
Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	I	SCM N	lo.	Name of Abateme	ent Contractor (9	9)				
Cardno ATC	Timed by building	g Omno	(0)				USA Environ	대기가	777				
				1			Street Address						
Street Address							8436 Enterpr	ice Avenue					
3 Terri Lane			- 11	_			City, State, Zip C	In own to the property of the second					
City, State, Zip Code													
Burlington, NJ 080							Philadelphia	, PA 19133	License No.				
Project Manager for Mor	nitoring Firm				hone N	one supplied to	Telephone No.						
John Lutz			-	10000	9-571-	2 (2 (S) (S)	215-365-5810		1156				
Start Date (10)	Scl	heduled				100	Name of OSHA N						
11 /09 /	15	11	/ _	27	_ / _	15	USA Environ	mental Mana	gement, Inc				
Occupancy Status Durin	ng Abatement (Ch	neck only	one)	)			Street Address						
					nent	1	8436 Enterpr	ise Avenue					
Abatement Performe	d Outside of Norr	mal Faci	ity Ho	ours	s - Desc	cribe	City, State, Zip C	ode	2				
Time of Abatement:	7:30 AM-3:30PM	W/	PM-		AM		Philadelphia	, PA 19153					
Scope of Work (Check a	all that apply)							3					
Scope of Work (Officers	in that apply/	7					☐ Full Cor	tainment with N	egative Pressure				
≥3 sf or ≥3 lf			Renov				Mini-En	closure ng Procedure					
☐ ≥160 sf or ≥260 lf			)emo	IITIO	n		☐ Non-Exe	empted (*) and f	Non-Friable Procedu	ıre			
			ls Lo	cati	ion						atem	ent T	ype
Locatio	n of		Non				Description	of		-	_		T
Asbestos-Containing					ly by		stos Containing M	aterial (ACM)	Amount	Removal	Repair	nca	Enclosure
TO BE AB			lainte		nce/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	ova	Ħ.	psu	nsc
IN Fac				12)	J. 10111		surfacing, VA <sup>-</sup> other miscellan		0. 0. 2. 7	-		Encapsulate	e.
(10)		Ye	s N	Vo	N/A								
Lower Roof			Г	7		Roofing	g Materials		7,875 SF				
Lower Root				_									
Roof Top						Pipe In	sulation		45 LF				ш
		П											
		<del>-</del>	+=	-						П	П	П	П
			L	1			Outle Verdent	Nome of D-	gistered Landfill				
Name of Registered Wa		20 0200	7 20	1	IJDEP \ lauler II		Cubic Yards of Waste		igistered Landilli Ianagement Tull	down	lan	dfill	
USA Environme	ental Mgmt	Inc/W	aste	'	iaulei it	J NO.	75 CY	waste iv	ianagement ruii	ytown	Laii	umi	
City, State						-20-1000	Disposal Date	City, State					
Philadelphia, PA							11/27/2015	Morrisvi	lle, PA				
Completed By (Print or	Type)	Title					Signature	100		Date	1264		_
Dilip Kumar	. ,,,,,		ram	Ma	nager		I AU	upplus	av	10-	22	-1	)
Debetition • Challenger Apportunity					3-1		1000	11/4/000					
ASB-41													

\* De not .... this fam. for .....

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



Agencies Notified EPA EPA DEP X DOL X DOH DCA Amended Notification Amended Notification Amended Notification Cancellation Amended Notification Cancellation Amended Notification Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Name of Facility Where Abatement is Taking Place (3) Residence  53 S. Main Street  FACILITY INFORMATION  The Facility Where Abatement is Taking Place (3) Residence  53 S. Main Street  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)	Date of	Notice 10/22/	15 Notificatio	n		of Building Ov Benedict	wner /	Operator (2)				
X DOL X DOH Cancellation	Agencie	es Notified			Street A	Address						
X DOH   Cancellation   Name of Contact   Telephone Number		DEP	Initial	Notification	City, St	ate & Zip Coo	de					
DCA   Chris Benedict   FACILITY INFORMATION	X	DOL	Amen	ded Notification	Cranb	ury, NJ 085	12					
FACILITY INFORMATION	X		Cance	ellation	100000000000000000000000000000000000000						Telephon	e Number
Name of Facility Where Abatement is Taking Place (3) Residence  53 S. Main Street  City (5) Cranbury  County (8) Cranbury  County (9) Name of Monitoring Firm Hirred by Building Owner (8) AB Broad Street  City, State & Zip Code Matawan, NJ 07747  Telephone Number 7732-290-2217  Company Status During Abatement (Check only one) X Facility (10) X Faci		DCA			Chris	Benedict						
School (K-12)  SS S. Main Street  Schoal (Feet   School (K-12)   Subchapter 8 (Other than K-12)   X Other (i.e., private & commercial buildings, homes, etc.  Square Feet   Fo Floors   Bldg. Age   70+   City (5)   Cranbury   Mercer   County Code (7)   Current Use (Prior if being demolished)   Residence   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Residence   Name of Abatement Contractor (9)   Global Abatement Services, LLC   Street Address   Street Address					FAC	CILITY INFO	RMA	ATION				
State   State   Street   Str	Name o	f Facility Where			ice (3)							
City (5) Cranbury Mercer Merc			53 S.	Main Street			x		vate & com	nmercial build		
Carnabury   Mercer   Current Use (Prior if being demolished)   Residence							Squ	are Feet	# of Floo	rs	Bldg. Age	
Residence	City (5)			County (6)	County Co	ode (7)		2,500		2	12	70+
Name of Monitoring Firm Hired by Building Owner (8)  Environmental Tactics, Inc  Street Address  84 Broad Street  Material (AcM)  To Beschier Periodic Monitoring Firm  Telephone Number  732-290-2217  Tage Project  X Quantity is ≥ 180 SF or ≥ 3 LF ACM Quantity is ≥ 180 SF or ≥ 280 LF ACM  Quantity is ≥ 180 SF or ≥ 280 LF ACM  Custodial Staff?  Material (AcM)  To Beasement  N/A  Basement  N/A  TSI Pipe  Signature  Name of Abatement Contractor (9)  Global Abatement Services, LLC  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  License Number  732-290-2217  732-695-9062  00714  Name of SHA Monitor  Global Abatement Services, LLC  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  Steet Address  443 Schoolhouse Road  City, State & Zip Code Monroe Township, NJ 08831  City		Cranbury		Mercer			Curr	ent Use (Prior	if being de	molished)		
Global Abatement Services, LLC		1.T-9					Res	idence				
Street Address   Street Address	Name o	of Monitoring Firm	n Hired by	y Building Own	er (8)	ASCM No.						
City, State & Zip Code   City, State & Zip Code   Monroe Township, NJ 08831	Enviro	nmental Tacti	cs, Inc	5757			Glo	bal Abateme	ent Service	es, LLC		
City, State & Zip Code  Matawan, NJ 07747  Project Manager for Monitoring Firm  Tom Geiger  Scheduled Start Date (10) 11/2/15  Scheduled Completion Date (11) 11/2/15  Coccupancy Status During Abatement (Check only one) X Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe: Area Isolated During Abatement Other - Describe:  Scope of Work (Check all that apply) Demolition Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TOB EA BATED in Facility (13)  Basement  N/A  Name of CSHA Monitor Global Abatement Services, LLC  Name of OSHA Monitor Other: Non-Friable  Assets Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip C												
Matawan, NJ 07747								A ACCOUNT FOR THE SECOND OF THE SECOND	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Telephone Number   Telephone Number   Tom Geiger   Tom												
Tom Geiger   732-290-2217   732-605-9062   00714												
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:  Scope of Work (Check all that apply) Demolition Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Street Address  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code Monroe Township, NJ 08831  City, State A Zip Code	Tom G	eiger			732-290-22	217	732	-605-9062		License		4
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:  Scope of Work (Check all that apply) Demolition X Renovation Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  N/A  TSI Pipe  Signature  443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831  Full Containment with Negative Pressure Mini-Enclosure  V Glovebag Procedure Other: Non-Friable  Abatement Type (Specify Square Feet or Enclosure)  Custodial Staff? (12)  Basement  N/A  TSI Pipe  Signature  Pate Agameta Landfill GROWS  City, State Freehold, NJ  Date  Attach City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831	Schedu		0)	Scheduled Com		(11)	100000000000000000000000000000000000000			es, LLC		
Abatement Performed Outside of Normal Facility Hours- Describe: Area Isolated During Abatement Other - Describe:  Scope of Work (Check all that apply) Demolition Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Abbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  Name of Registered Waste Hauler Freehold Cartage  City, State Monroe Township, NJ 08831  City, State Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Monroe Township, NJ 08831  City, State & Zip Code Mini-Enclosure  X Glovebag Procedure Other: Non-Friable  Amount (Specify Specify: Removal, Asbestos-Containing Material (ACM) Specify: Removal, Specify Specify Specify: Removal, Repair, Encapsulation or Enclosure)  City, State & Zip Code Mini-Enclosure  X Glovebag Procedure Other: Non-Friable  Amount (Specify Specify Specif						omont			no Bood			
Describe: Area Isolated During Abatement Other - Describe:  Scope of Work (Check all that apply) Demolition X Renovation Large Project  X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  Normally Used Solely by Maintenance or Custodial Staff? (12)  Basement  N/A  TSI Pipe  Title  Name of Registered Waste Hauler Freehold Cartage  Name of Registered Waste Hauler Freehold, NJ  Completed By (Print or Type)  Title  Description of Asbestos-Containing Material (ACM) (Specify (Spe		The state of the s										
Other - Describe:  Scope of Work (Check all that apply)     Demolition					(5)	urs -				921		
Demolition Large Project  X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  Basement  N/A  TSI Pipe  Freehold Cartage  City, State Freehold, NJ  Completed By (Print or Type)  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure  X Glovebag Procedure Other: Non-Friable  Abatement Type (Specify (Specify) Removal, Abatement Type (Specify) Removal, (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure  Description of Asbestos-Containing (Specify (Specify) Removal, Repair, Encapsulation or Enclosure  City State Parair Encapsulation  Full Containment with Negative Pressure Mini-Enclosure  City Specify  Containing Abatement Type (Specify Specify Speci				ed During At	Jatement		IWIOI	iide idwiisi	пр, мэ оо	1001		
Large Project  X Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Coation of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  N/A  TSI Pipe  Signature  Mini-Enclosure  X Glovebag Procedure Other: Non-Friable  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  To the removal  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  To the removal  Name of Registered Waste Hauler  Freehold Cartage  NJDEP Waste Hauler ID # Title  Date  Date  Date  10/2/15	Scope o	of Work (Check a	all that ap	ply)			-					
X       Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM       X       Glovebag Procedure Other: Non-Friable         Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility 		Demolition	35.00	X Renovati	on			Full Co	ntainment	with Negative	e Pressure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM       Other: Non-Friable         Location of Asbestos-Containing Material (ACM)       Is Location Normally Used Solely by Maintenance or Custodial Staff?       Description of Asbestos-Containing Material (ACM)       Amount (Specify Square Feet or Linear Feet)       Appenity: Removal, Repair, Encapsulation or Enclosure)         Basement       N/A       TSI Pipe       50 LF       Removal         Name of Registered Waste Hauler Freehold Cartage       NJDEP Waste Hauler ID # 18693       Cu. Yds. of Waste GROWS       Name of Registered Landfill GROWS         City, State Freehold, NJ       Disposal Date 11/5/15       City, State Morrisville, PA         Completed By (Print or Type)       Title       Signature       Date 10/23/15		Large Project						Mini-Er	nclosure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement  Normally Used Solely by Maintenance or Custodial Staff? (12)  Name of Registered Waste Hauler Freehold Cartage  City, State Freehold, NJ  Completed By (Print or Type)  Location of Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  NAME TSI Pipe  Cu. Yds. of Waste Name of Registered Landfill GROWS  City, State Title  Signature  Date  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Cu. Yds. of Waste Name of Registered Landfill GROWS  City, State Title  Date  Date  Abatement Type (Specify: Removal, Name of Registered Landfill GROWS)  City, State Title  Date  Date  10/2/2/15	X	Quantity is ≥ 3 S	SF or ≥ 3	LF ACM				X Glovek	ag Proced	dure		
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Normally Used Solely by Maintenance or Custodial Staff? (12)  Normally Used Solely by Maintenance or Custodial Staff? (12)  NAME TSI Pipe  Solety by Maintenance or Custodial Staff? (12)  Name of Registered Waste Hauler Freehold Cartage  NJDEP Waste Hauler ID # Freehold Cartage  City, State Freehold, NJ  Completed By (Print or Type)  Title  Date  Date  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  To LF Signature  Name of Registered Landfill GROWS  City, State Morrisville, PA  Date  10/23/15		Quantity is ≥ 16	SO SF or ≥	260 LF ACM				Other:	Non-Fria	ble		
Material (ACM) TO BE ABATED in Facility (13)  Basement  N/A  Name of Registered Waste Hauler Freehold Cartage  City, State Freehold, NJ  Completed By (Print or Type)  Maintenance or Custodial Staff? (12)  Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Square Feet or Linear Feet)  Freehold Cartage  NJDEP Waste Hauler ID # Cu. Yds. of Waste  18693  City, State  11/5/15  Morrisville, PA  Date  10/22/15												
Maintenance or Custodial Staff? (12) or other miscellaneous) or Linear Feet)  Basement N/A TSI Pipe 50 LF Removal  Name of Registered Waste Hauler Freehold Cartage 18693 3 GROWS  City, State Freehold, NJ  Completed By (Print or Type) Title Signature Date Date Description of Type Time Project Manager 1972/115				g							12.00	
In Facility (13)  Custodial Staff? insulation, surfacing, VAT or other miscellaneous)  Basement  N/A  TSI Pipe  50 LF  Removal  Name of Registered Waste Hauler Freehold Cartage  City, State Freehold, NJ  Completed By (Print or Type)  Title  Date  Date  10/23/15										7500		
Basement N/A TSI Pipe 50 LF Removal  Name of Registered Waste Hauler Preehold Cartage 18693 3 GROWS  City, State Freehold, NJ Disposal Date Freehold, NJ Disposal Date 11/5/15 Morrisville, PA  Completed By (Print or Type) Title Signature Date 10/23/15										7.0	01 =1	iciosure)
Basement N/A TSI Pipe 50 LF Removal  Name of Registered Waste Hauler										Linear recty		
Name of Registered Waste Hauler Freehold Cartage  City, State Freehold, NJ  Completed By (Print or Type)  Title  Date  Date  Disposal Date 11/5/15  Signature  Date 10/23/15		ζ.	-/		(/	1						
Freehold Cartage 18693 3 GROWS  City, State Freehold, NJ Completed By (Print or Type) Title Signature Date		В	asemen	t	N/A			TSI Pipe		50 LF	· Re	moval
Freehold Cartage 18693 3 GROWS  City, State Freehold, NJ Completed By (Print or Type) Title Signature Date												
City, State Freehold, NJ  Completed By (Print or Type)  Disposal Date 11/5/15  Morrisville, PA  Signature  Disposal Date 11/5/15  Morrisville, PA				er			#				istered Lar	ndfill
Freehold, NJ  Completed By (Print or Type)  Date  Date  10/23/15						10032		1,00				
Completed By (Print or Type)  Title  Signature  Date											ΡΔ	
Deministry Tringer II			Type	Title					.0	mornio,		Date
				N. S.	Manager				rick Tr	ringali		10/22/15
SP 41 IIIN 05 CASS7		W										

NO CK

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

Date of Notification (1)						wner/Operator (2				14						
10/9	/ 15			Four	Ponds Ce	enter Associat	es, LP / Job #	1510-2026	Chk. N	IA						
Agencies Notified Type N	lotification			Street A	Address			7		9815						
				328 P	Newman S	Prings Road					**************************************					
		Cart Co.		City, Sta	ate, Zip Cod	le			/ 2	3	*****					
M DI IOC	The state of the s			Red	Bank, NJ	07701		50		<u>.</u>	1					
		idanig		Name o	of Contact			Telephone Nun	ber 4	2	- Negro					
☐ Car	ncellation			Alan	Terry			6	, J	D	di.					
				FAC	ILITY INFO	ORMATION		Z =	0		[]					
Name of Facility Where Abateme	nt is Taking	Place	(3)				Type of Facility	(4)	Toys. A		E MAN					
Four Ponds	10						School (K-12	) 3 (Other than K-1	_ @							
gencies Notified  ☐ EPA ☐ DOLWD ☐ Amended ☐ Amended ☐ Amendment #1 ☐ DCA ☐ (NJAC 5:23-8) ☐ Cancellation ☐ Canc							Other (i.e., pr	rivate and comme	ercial bui	Iding	s,					
307 Middletown-Lincroft I	Road						homes, etc.)									
City (5)							Square Feet	# of Floors	100	lg. Ag	je					
Middletown							355,000	3		30						
County (6)				Count	y Code (7)(S	STATE USE ONLY)		ior if being demol	isnea)							
							Vacant					_				
	y Building C	wner (8	3)	ASCM N	No.		ent Contractor (9)									
Horizon Environmental							d Mold Service	es, Corp.								
Street Address						Street Address	3859 Sylon Boulevard									
												-				
					1	City, State, Zip C										
			Tale	nhana N	ulo -	Hainesport, I	45 00050	License No				_				
1 150	-irm		1-1110-110	phone N 56-848-	20141000	609-702-0400	1									
The first term of the first of	School	ulad C				Name of OSHA N		License No. 00862								
100 miles	100000000000000000000000000000000000000					EMSL Analyt										
		c only o	ne)			Street Address										
				ment	192	200 U.S. Rou	ite 130 North									
☐ Abatement Performed Outside	le of Normal	Facility	/ Hou	rs - Des		City, State, Zip C	ode									
Time of Abatement:A	.MPi	VI/	_PM		AM	Cinnaminso	n, NJ 08077									
Scope of Work (Check all that a	oply)						THE ST DESCRIPTION									
□ -2 -4 -4 - 2 \ 4		ПР	novat	ion		☐ Full Cor	itainment with Ne	gative Pressure								
≥3 St of ≥3 if  ≥3 St of ≥3 if  ≥ 160 sf or ≥260 lf		☑ De				☐ Gloveba	a Procedure									
						⊠ Non-Exe	empted (*) and No	on-Friable Proced								
50 200		1 2	Loca				,				ent T	10110				
	I (ACM)			ely by	Asbest	Description tos Containing M		Amount	Removal	Repair	Enc	Enclosure				
TO BE ABATED	(/ (0.11)	(3)=33,53	inten	ance/ Staff?		thermal systems	insulation,	(Specify	Nor	air	apsi	losu				
		Cus	(12)			surfacing, VAT other miscelland		SF or LF)	=		Encapsulate	6				
(10)		Yes	No	N/A	1						· ·					
3 <sup>rd</sup> Floor					Mastic			700 SF								
1 <sup>st</sup> Floor				$\boxtimes$	Mastic			13,000 SF		- 🔲						
2 <sup>nd</sup> Floor				$\boxtimes$	Mastic			700 SF								
3 <sup>rd</sup> Floor Lab Room					Lab Cou	intertops		16 SF								
	ler			NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill								
Freehold Cartage, Inc.				Hauler II 0226		Waste 8	GROWS I	_andfill								
City, State				0220		Disposal Date	City, State	. Poss massassas								
Freehold, NJ						11/6/15	Morrisvill	e, PA 19067								
Completed By (Print or Type)	Titl	е			1.	Signature	1		Date	_	9,7933	_				
Kimberly A. Trumbetti	(	Office	Coor	dinato	r	1 400	1/		10-	12	-15	=				

ASB-41 MAY 11

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

NO CK

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

Date of Notification (1)				Name o	of Building	Owne	r/Operator (2	2)									
10 /14	/	5		Way	ne Senio	r Citi	zens Runn	ymede Corp	/ Job #1502-	1959 (	hk.	NA					
Agencies Notified Type	Notification	1		Street A	Address				*								
☑ EPA ☐ Ini	tial			100	Runnyme	ede D	Prive		,	é :							
	nended	251		City, St	ate, Zip Co	ode			800	-1 (	)	-					
	nendment #	0 VAC 75		Way	ne, NJ 07	7470			c	j. !	25	1					
	nergency (i stification)	including	· -		of Contact				Telephone: Nur	mher i	V	e ·					
	ncellation			Vinc	y Bruno				-27		9	5 1					
					•	-001	# A TION	-9	\$67)	ot.		144					
			(0)	FAC	ILITY INF	OKI	MATION	T of Facility	vingsr -	redpi) -		<u></u>					
Name of Facility Where Abatem			(3)					Type of Facility			ç	(					
Edward Sisco Sr. Citizen	s Village							☐ School (K-1	8 (Other than K-1	A154.	5						
Street Address								Other (i.e.,	orivate and comm	ercial b	uildi	ngs,					
100 Runnymede Drive								homes, etc.	1700								
City (5)					1			Square Feet	# of Floors	Е		Age					
Wayne					1.			9000	1		40						
County (6)				Coun	ty Core (7)	(STAT	E USE ONLY)	Current Use (P	rior if being demo	lished)							
Passaic					V			R-2									
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9	9)								
Criterion Laboratories	, ,	•			V	As	bestos an	d Mold Servic	es, Corp.								
Street Address				_	1		et Address	X	•								
3370 Progress Drive, Sui	to I				. 1		59 Sylon B	oulevard									
	te o			-		933333											
	City, State, Zip Code  City, State, Zip Code  Hainesport, NJ 08036																
Bensalem, PA			1	<b>Y</b>	A .		phone No.	40 00000	Liconco No								
Project Manager for Monitoring	Firm	4	1 10	ph me	0.0				1								
Mike Panepresso				5-244			9-702-0400		00002								
Start Date (10)		eduled (		io Dai			e of OSHA N			License No. 00862							
		IOI		_ ′ -	15_		VISL Analyt	icai, inc.									
Occupancy Status During Abate				•		0.0000000000000000000000000000000000000	et Address										
☐ Facility Closed/Vacated Duri								te 130 North									
Abatement Performed Outsi		a Facili	ty Hour	s - Des	cribe	City,	State, Zip C	ode									
Time of Abatement.	-\IVI	MAIN -	_PIVI-		HIVI	Ci	nnaminsor	n, NJ 08077	www.								
Scope of Work (Check all that a	oply)		10000														
□ >2 of or >2 if		M	anavati	on					egative Pressure								
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			enovati emolitio					g Procedure									
									Ion-Friable Proce	dure							
			s Locat							P	bate	ment	Туре				
Location of			Norma		0.00		Description of			2	,	υп	Щ				
Asbestos-Containing Materi	al (ACM)	100000	ed Sole aintena					aterial (ACM)	Amount (Specify	Kellioval	7	Encapsulate	Enclosure				
TO BE ABATED IN Facility		1000	stodial		(1.6		mal systems urfacing, VAT		SF or LF)	l va		ir Su	Sur				
(13)		1	(12)				er miscellane		1			late	.   0				
		Yes	No	N/A								155					
Units 622,722,621,721,620	,720,619,				VAT				600 SF pe	r 🛭 🖸	3 [						
719,618,718											] [						
		$\exists \overline{\Box}$	1-				2 2201 - 2			T	7 1	7	ıП				
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			14					- (D-	internal Laurdfill	_   _	1   1	_   _					
Name of Registered Waste Hau	ıler			IJDEP I		Was	ic Yards of		gistered Landfill								
Freehold Cartage, Inc.		02265		5		GROWS	Landfill										
City, State						Disp	osal Date	City, State									
Freehold, NJ							1	Morrisvil	le, PA 19067								
Completed By (Print or Type)	Т	itle					Signature	70		Date							
Kimberly A. Trumbetti	Coor	dinato	r			11/		10	3	32-15							
								11		1							

ASB-41 MAY 11

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

MY 6531

D&S Proj. #: 2015-375

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

	<del></del>						2816 00					
Date of Notification (1)	Name of Buildir	ng Owner/0	Operator (2)	, ,			2015 OCT	29 A	H 8:	50		
Agencies Notified Type Notificat  EPA Initial  DEP Amended	Street Address 50 twin falls	CONTRACTORS					& Lic	Ehs/	MA.	i.		
DOL Amendment #:  ☑ DOH Emergency (including	berkeley he	ights, nj	07922				Telephon	e Numbe	r			
justification)  DCA  Cancellation		omb										
		FACILIT	Y INFORM	ATION	I							
Name of facility where abatement i	is taking place (3)					Ту	pe of Facility (	4) I (K - 12)				
bill fischer							=	apter 8 (C		nan K	-12)	
Street Address								Private/C Homes, 6		rcial		
50 twin falls road										Ble	dg. A	ge
City (5)	County (6)				nty Code (7) te use only)	-	Current Use (P	rior if beir	a dem	olishe	ed)	
berkeley heights	UNION,	giama							ig doin	0110110	,u,	
Name of Monitoring Firm Hired by	Bldg. Owner (8)	A	SCM No.		Name of Abatemer		M M					
Street Address				=	D & S RESTOR	KAII	ON, INC.					
				_	20 California A							
City, State, Zip Code					City, State, Zip Cod							
Project Manager for Monitoring Firm	Phone	e Number	+	-	Paterson, NJ ( Telephone Number			License	Numb	er		
					973-345-802				1169			
Start Date (10)	Sched. Completion [	Date (11)			Name of OSHA Mo D & S Restora		Inc.					
10/23/15	10/30/15			_	Street Address							
Occupancy Status During Abatemer  Facility closed/vacated during		nt.			20 California A City, State, Zip Cod		e					
Abatement performed outside Describe: Other-Describe: NORMAL H	of normal facility hours-			_	Paterson, NJ 0							
Scope of Work (check all that apply							Containment w	/negative	press	ure		
<ul> <li>≥3 sf or &gt;3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	Renovation Demolition				<u> </u>	Glov	enclosure ebag procedu Exempted (*)		friable	proce	edure	)
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally use by maintenance/custodi staff(12)  Yes No		Description material (A		sbestos-containing		Amount (Specify S LF)	F or	R e m o v	Repai	Encap	E n c L
BASEMENT		P	IPE INSU	LATI	ON		20 l ft		e			
									뷰	屵	片	H
								-	₩	H	+	旹
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic 1 yc	c Yards of V is	Vaste	Name of Registere TULLYTOWN			COVER	RY		_	
City, State PATERSON, NJ 07503		posal Date 0/26/15			City, State TULLYTOWN	JΡΔ						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature		TOLLTTOWN	1, 1 A		Date 10/22/	15			
ASB-41 *	Do not use this form for	asbestos li	censure exe	empte	d activities.			1-				

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl# 2900

Date of Notification (1	) ber 23 20	15	N	ame o	of Building	Owner / Operato	r (2)	** 1 - 1 1 - 1 + 1	P <sub>X</sub>	120-1-01-02						
	ype Notifica				Address	MONICATIONS		•	:							
⊠ EPA	) po mouno	20011	1 13533		Church S	Street 5E1	FORT	00 544								
☐ DEP			10000		ate & Zip (	Code	gr (31. )	29 AH 6	- 52							
□ DOL	Amer	nded	10000		vood NJ	5 .										
□ DOH	☐ Emer	gency	N	ame o	f Contact	- 4	- 1	1	AGE T	elepho	ne N	lumb	er			
☐ DCA	Canc	ellation	Α	lex B	aylor		re j	CENTAIN		3		40				
				FACI	LITY INF	ORMATION										
Name of Facility When	re Abateme	ent is Taking P	ace (3)			Type of Facili	ity (4)				1-2-7-3-					
BLACKWOOD CEN			. ,			School (I										
Street Address						Subchap	ter 8 (0	Other than K	-12)							
38 W. CHURCH ST	REET					Other (i.e	e. priva	te & comme	rcial building	s, hom	es, e	etc.)				
						Square Feet		# of Floors	В	ldg. Ag	е					
City (5)		County (6)	Cou	nty Co	de (7)	18799	99 2 85+/-									
BLACKWOOD		CAMDEN				Current Use (	(Prior if	being demo	lished)							
						Verizon cor	nmun	ication cer	iter							
Name of Monitoring Fi	irm Hired b	y Building Owr	ner (8)	1	ASCM No											
USA Environment	al					BRISTOL E										
Street Address						Street Addres										
8436 ENTERPRISE						1123 BEAV										
City, State & Zip Code						City, State &										
PHILADELPHIA PA			T-1	- N		BRISTOL, F		07	Tr. N							
Project Manager for M MARK JENKINS	ionitoring F	irm	215-3		lumber	Telephone No 215-788-604			License No	umber 0050	0					
Scheduled Start Date	(10)	Scheduled Con	-		- Colonia de la	Name of OSH		itor		0050	9					
11/7/15			11/7/1	15	(11)	BRISTOL E			INC							
Occupancy Status Du					89	Street Addres										
		During Entire P				1123 BEAV	202100000000000000000000000000000000000									
		utside of Norma	al Hour	s – 7a	m to 3pm											
Describe: 7:						BRISTOL, P	A 190	07								
Facility Occup																
Scope of Work (Check	k ali that ap	ppiy)					$\boxtimes$	Full Contains	ment with Ne	anative	Pres	cure	۵.			
≥3 sf or ≥3 lf			$\square$	Renov	vation			Mini-Enclosu		galive	1 100	Suic	•			
☐ ≥160 sf ≥260 l	f		~ ~	Demo				Glove Bag P								
	T			200				Non-Exempt		Friable	Pro	cedu	ıre			
Loca	ation of		Is Lo	ocation	n I	Description			Amount							
	-Containing	g	Norma		222	Asbestos-Conf			(Specify				7 -			
	al (ACM)			ely by		Material (AC			SF or LF)	77		En	П			
	ABATED	-	Mainte			(i.e., thermal sy		_		Remova	Repair	Encapsula	Enclsoure			
	acility 13)			12)	allf	insulation, surfactor or other miscella				ova	air	sula	our			
,	/				N/A	0. 00.0		<b>'</b>				ê	(D			
(A) (C) (A)					$\neg \vdash$	VAT/MAS	TIC		100 SF		П	П				
				7	=	***************************************			100 01		Ħ	Ħ	Ħ			
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				H						Ħ	Ħ	Ħ	H			
			HH	ĦĦ	$\exists$					H	Ħ	Ħ	Ħ			
				ĦĦ	=-					TH	Ħ	Ħ	Ħ			
Name of Registered W		NJDE	EP Waste	Cubic Yards	Name	of Registere	ed Landfill									
,				Haule	er ID No.	of Waste		Ü								
SERVICE TRANSPO	ORT GRO	UP, INC.		2099	90	2	MINE	RVA LAND	FILL							
City, State				Disposal Date	City, S											
NEW CASTLE, DE 1				TBD WAYNESBURG, OH 44688												
Completed By (Print or				Title		Signature	W		(6)	Date	100					
PATRICK T. DeCAR	80			Estir	mator	Patrick	M	1000	1-	10/23	/15					
						Farrick	16 !	Dar	110							

(K 2901

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

	3 3 3	ľ	IITON					TOS ABAT 60 and 5:10		ENT	7				
Date of Notification (1)					Name	of Building	Own	er/Operator (	(2)		£ 5		6		7_
10 /	26/	15	_					s, LP - Nort		st District	this ac	7 29	E	t c	
Agencies Notified	Type Notifica	tion			01.001	Address					5		4.7	/ C.	33
☐ EPA	⊠ Initial					Cliff Roa					j= + 1	S.	- 5	0 F	
☑ DOLWD ☑ DHSS	Amended Amendme	nt#				tate, Zip C					* 4. /	r C. M	- 1		i.
□ DCA	☐ Emergend		ludina		Por	t Reading	g, NJ	07064						÷	
(NJAC 5:23-8)	justificatio				Name	of Contact	t				Telephone Numb	er			
-57	☐ Cancellati	on			Joh	n Philbir	1					5			
					FAC	ILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is Ta	aking	Place	(3)					Тур	e of Facility (4	1)				
Buckeye Partners,	LP									School (K-12)					
Street Address										Subchapter 8 Other (i.e., pri)	(Other than K-12) vate and commerc	ial bu	ildina	S.	
123 Derousse Ave.										homes, etc.)			3	-1	
City (5)									Squ	are Feet	# of Floors	Blo	lg. Ag	je	
Pennsauken									-		-		2		
County (6)					Coun	ty Code (7	)(STAT	TE USE ONLY)	Cur	rent Use (Prio	or if being demolish	ned)	=		
Camden									E	xterior					
Name of Monitoring Firm	Hired by Build	ing O	wner (	8)	ASCM	No.	Nan	ne of Abatem	ent C	ontractor (9)					
Vertex Engineering	I						В	RISTOL EN	IVIRO	ONMENTAL	, INC.				
Street Address							Stre	et Address							
700 Turner Way							1	123 BEAVE	R ST	TREET					
City, State, Zip Code							City	, State, Zip C	ode						
Aston, PA 19014				В	RISTOL, PA	A 190	007								
Project Manager for Mon	Tele	phone	No.	Tele	ephone No.			License No.							
Dave Turotsy				61	0-558	-8902	2	15-788-6040	0		00509				
Start Date (10)	S	chedi	uled C	omple	tion Da	te (11)	Nan	ne of OSHA N	Monito	or					
_11_/_5_/	15	1	1_ /	5	/ _	15	В	RISTOL EN	IVIRO	ONMENTAL	, INC.				
Occupancy Status During	g Abatement (0	Check	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacate					nent		1	123 BEAVE	R ST	TREET					
☐ Abatement Performed						cribe	City	, State, Zip C	ode						
Time of Abatement: 7	<u>':00</u> AM- <u>3:30</u> P	M/	PI	VI	AM		В	RISTOL, PA	A 190	007					
Scope of Work (Check al	ll that apply)														
	2.3053		Πn.		1			☐ Full Con ☐ Mini-End			ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re □ De	novati molitic				☐ Gloveba	g Pro	ocedure					
								☐ Non-Exe	empte	ed (*) and Non	-Friable Procedure	е			
			121(0)	Locat								Ab	ateme	ent T	уре
Location	HTTISE IN AND THE PARTY.	,		lorma d Sole		A - h -	-4 /	Description of Containing Ma		LACM	Amount	Re	Re	En	回
Asbestos-Containing TO BE ABA		)	Ma	intena	nce/	(i.e	the	rmal systems	insul	ation,	(Specify	Removal	Repair	cap	Enclosure
IN Facili			Cust	odial (12)	Staff?		s	urfacing, VAT	Γ, or		SF or LF)	/al	in the second	Encapsulate	ure
(13)		3	Yes	No.	N/A	-	oth	ner miscellane	eous)					te	
	nt nee	_	162		-			•			0.1.5				
Exterior of Maint Bld	g		Ц			Pipe In	sulat	tion			9 LF				Ш
			П												
												t	П		П
Name of Desisters (197	de Llevier		Ц		_	Masta	T C L	oic Yards of	NI	ame of Regist	ered Landfill	1			
Name of Registered Was		, INC	<b>.</b>	1000	JDEP \ lauler II <b>2099</b> 0	O No.	Was	ste		GROWS La					
City, State								posal Date	Ci	ity, State					
NEW CASTLE, DE	19720						1	1/4/2015		Morrisville,	PA 19067				
Completed By (Print or T	ype)	Title			-		_	Signature	0		/· Da			1	
Gino Pizzigoni		Es	stima	tor				, Lino	Meg	zegon	11/1	0/0	26	115	,

ASB-41 MAY 11 GI 15275

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

#### State of NJ

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

B & G proj. #:	2015-204			(1				s Abatement and 12:120-		Check					-
Date of Notification (1	1)					10 1 10			2	13 OCT 20					
						er/Operator (2	)		*	15 OCT 29	M 8:5	L			
Agencies Notified	Type Notification	00			oncamp				P 11	& LICENSI		7	_		
□ FPA		"		Addres						& LICFMS	TROI				
☐ DEP	X Initial				sau Stre	eet				-113/	NG	_	_		
X DOL	Amendn				ip Code NJ 070	50						13			
X DOH		11	Name	of Con	tact				-	Telephor	ne Number				
☐ DCA	Cancella	ition	Na	italia l	Boncam	per					. 533 د .				
					FAC	ILITY INFORM	MATIO	N							
Name of facility whe	re abatement is	s taking p	lace (	3)						Type of Facility	(4) ol (K - 12)				
Natalia Boncan	nper									=	napter 8 (C	ther ti	nan K	-12)	
Street Address											(Private/C		rcial		
587 Nassau St	reet									Square Feet	./Homes, e # of Floor		Blo	dg. Ag	ge
City (5)		Co	unty (6	)				unty Code (7)							
Orange		E	ssex				(Sta	ate use only)		Current Use (F residential	Prior if bein	g dem	olishe	ed)	
Name of Monitoring	Firm Hired by I	Bldg. Ow	ner (8)			ASCM No.	-	Name of Abate	ment C	Contractor (9)					
n/a								B & G Res	torati	on, Inc.					
Street Address						8		Street Address 105 Ryers		oad					
City, State, Zip Code								City, State, Zip					- #		
City, State, Zip Code										NJ 07035					
Project Manager for M	Monitoring Firm			Pho	one Numb	per		Telephone Nur (973)696		9	License 00	Numb 378	per		
Scheduled Start Date	(10)	Sche	ed. Co	mpletio	n Date (1	1)		Name of OSHA							
11/06/2015		11	Sched. Completion Date (11) B & G  11/07/2015 Street Ad							on, mc.				_	
Occupancy Status Du	ıring Ahatemer				-		_	105 Ryers		oad					
Facility closed/					ment.			City, State, Zip	200000000000000000000000000000000000000						
Abatement per															
Describe: Other-Describe	:						_	LincolnPa	rk, NJ	J 07035					
Scope of Work (che	ck all that apply	()									7-1-24 7-1-24				
Demolition	X	Renovat	tion					Full Containment	t w/neg	ative pressure	<b>✗</b> Glovel	oag pi	ocedu	ıre	
$3 \le 3 \le 5 \le 5$		≥160 sf c	or <u>&gt;</u> 260	)-lf			X	Mini-enclosure			Non-f	iable	proce	dure	_
Location of		Is locati	on no	mally L	sed solel	У					(9)	R	R	E	E
asbestos-conta	aining	by mair staff(12		ce/cust	odial			asbestos-contain	ing	Amount (Specify	SF or	m	p	n c	n
material to be abated in facilit	ty (13)	Yes		No	N/A	- material	(ACM)	)		LF)	01 01	O V	i	a	L
		100		140	97.755.7220							e	r		<del> </del>
boiler/main room/o	and the second second				X	pipe insu	lation			28 lf		X	片		쓔
o <u>oiler/main room/c</u>	rawl space		x pipe							20 lf		ዙ	H	X	片
			#				-		-	_		計	H	H	卅
	╬			1						計	H	H	市		
Registered Waste Hauler NJDEP H				auler I	D# 1 (	Cubic Yards of	Waste	Name of Regi	stered	Landfill					
B & G Restoration			195	53		1		Tully	town	Resource & R	Recovery	Cen	ter		
City, State Lincoln Park, N.	J				Disposal I	Date /9/2015		City, State Tullyt	own, l	PA			-	r	
Completed by (Print of		Title				Signature		(P , C)	0	9-10-	Date		000		
Gordana Luna		Secret	ary/T	reasu	irer		28	Gordana D	una	**************************************	10/2	3/20	15		

#### State of NJ Notification of Asbestos Abatement

B & G proj. #: 2015-183

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

B & G proj. #:				(1 0.000.	NON	Sub	8	Check	# 7518		1		_
Date of Notification	(1)	1.1	Name of P	ilding Own	or/Operator (2)			Elis OCT -	S. ex				
1   0   /   2   3					er/Operator (2) Schools			Elis OCT 2	7 KH	8: s	- 4		
Agencies Notified	Type Notifical	tion	Street Addr		30110015			**			4		
☐ EPA	X Initial			ppan Roa	ad			4 L/C.*		11	į		
DEP	i i i i i i i i i i i i i i i i i i i	1	City, State,				· · · · · · · · · · · · · · · · · · ·				-		
X DOL	Amend	ment		ale, NJ 0	7647								
X DOH	П.	268	Name of Co	ontact				Telephon	e Number				
☐ DCA	☐ Cancell	ation	Anthor	ту Сорро	la								
				FAC	ILITY INFORM	MOITA	N						
Name of facility wh	nere abatement	is taking p	place (3)			-		Type of Facility (					
Northvale Pub	olic School						1		I (K - 12)	har 41	han V	12)	
Street Address							8	<u> </u>	apter 8 (Oti Private/Co			-12)	
441 Tappan F	Road								Homes, etc		DI	dg. A	20
City (5)		Co	unty (6)			Cou	inty Code (7)	Square Feet	# 01 F1001S		ы	ay. A	ge
Northvale, N.	1.07647						ite use only)	Current Use (P	rior if being	dem	olish	ed)	
<u>,</u>			ergen			L,		non sub 8					
Name of Monitoring ER& M, Inc.	g Firm Hirea by	Blag. Ow	ner (8)		ASCM No.	-	Name of Abatement						
Street Address	V.					-	B & G Restora Street Address	tion, inc.					
20-21 Waga	raw Road						105 Ryerson I	Road		3			
City, State, Zip Cod Fair Lawn, N							City, State, Zip Code Lincoln Park,						
Project Manager for	Monitoring Firm	1	P	hone Numb	per	-	Telephone Number		License N	Numb	er		
Willie Morale	es		9	73-636-9	145		(973)696-686		003	378			
Scheduled Start Da	te (10)	Sche	ed. Complet	ion Date (1	1)		Name of OSHA Mor B & G Restora						
11/05/2015		11	/07/2015				Street Address	idon, mo.		_			
Occupancy Status I	During Abateme	nt (Check	only one)		ALL STREET, ST		105 Ryerson F	Road					
Facility closed	d/vacated during erformed outside						City, State, Zip Code						
Describe:		Of HOTHE	ii lacility flot			_	LincolnPark, N	J.I 07035					
Other-Describ		1										- 1	
Demolition	eck all triat appr	Renovat	ion			Пв	ull Containment w/ne	egative pressure	Gloveba	ag pr	ocedi	ıre	
>3 sf or >3 lf	=	>160 sf o					Mini-enclosure	Γ	Non-fria				
Location of		Is locati	on normally		y					R	R	Е	-
asbestos-con material to be		by main staff(12)	tenance/cus	stodial			sbestos-containing	Amount (Specify S	E or	e m	e p	n	E n
abated in faci		Yes	No	N/A	material (	ACM)		(Specify S LF)		o v	a	a	L
hallway btwn roo	ama 12 0 14		1	X	l nine inquit	otion		0 14		e X	-		
Multi Purpose R				X	pipe insula roof drain	ation		8 lf 1 lf		X	H	금	H
hallway btwn roo				X		ation	(O & M repair)	110 lf			X	H	i
Registered Waste H B & G Restorat		NJE	DEP Hauler 19563	ID# C	ubic Yards of V 2	Vaste	Name of Registered	Landfill Resource & Re	covery (	Cent	er		
City, State	,			Disposal D	ate		City, State		Jordiy C	. 5111	٥,		
Lincoln Park, N				11/	09/2015		Tullytown,	PA				y	
Completed by (Print Gordana Luna	or Type)	Title Secreta	arv/Treas	urer	Signature	(	Gordana Luna		Date 10/23/	201	5		

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

Date of Notification (1)				Name	of Building	Owne	er/Operator (	2)	X.		di-		
10/26/	15	_		DEF	G Denni	s Ass	sociates, L	P / Joi	b #1510-2031	Chk	#41	07	
	cation			Street	Address				- Leave	-			
				521	Plymout	h Rd.	Ste A			7	-		
	5000			City, S	tate, Zip C	ode			7-		- 14 		
				Plyr	nouth Me	eeting	g, PA 1946	2	1935				
		oraamig		Name	of Contact				Telephone Num		<del>وءِ</del> دياء		
☐ Cancel	ation			Ste	ve DePet	ris					100		
				FAC	CILITY IN	FOR	MATION	500					
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility	(4)				
Residential Property								School (K-12		2/			
Street Address		7)						Other (i.e., p	8 (Other than K-1) rivate and comme	z) ercial bu	ilding	S,	
2501 Route 9								homes, etc.					
City (5)								Square Feet	# of Floors	Blo	dg. Ag	e	
Ocean View								1630	2		35		
County (6)	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8)  me of Facility Where Abatement is Taking P Residential Property  ret Address 2501 Route 9  y (5) Dcean View ret Address 16 W Elizabeth Ave # 2  y, State, Zip Code Linden, NJ 07036 Diget Manager for Monitoring Firm Kelly Walton art Date (10) 10 / 30 / 15  Caupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Facility Closed (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  asement  [ ]						E USE ONLY)		rior if being demol	ished)			
Cape May								Vacant					
Name of Monitoring Firm Hired by B	ilding C	Owner (	8)	ASCM	No.	Nam	e of Abatem	ent Contractor (9	)				
Tiger Environmental	Type Notification PA OLWD HSS CA Amended Amended Amendement # Emergency (incluing justification) □ Cancellation  e of Facility Where Abatement is Taking First Address Figure 1 Address Figure 2 Address Figure 2 Address Figure 3 Address Figure 4 Address Figure 6 Monitoring Firm Hired by Building Ownger Environmental Figure 6 Monitoring Firm Hired by Building Ownger Environmental Figure 7 Address Figure 8 Address Figure 9 Address					As	sbestos an	d Mold Service	es, Corp.				
Street Address						Stree	et Address						
16 W Elizabeth Ave # 2						10000	59 Sylon E						
City, State, Zip Code						City,	State, Zip C	ode					
Linden, NJ 07036						Ha	ainesport,	NJ 08036					
Project Manager for Monitoring Firm			Tel	ephone	No.	Tele	phone No.		License No.				
Kelly Walton			1 .		2-4301		9-702-0400		00862				
Start Date (10)	Telegraph Troop					1000000	e of OSHA N						
10/30/15	1	0 /	3	0_/	15	E	VISL Analy	tical, Inc.					
		•				STEEL STEEL S	et Address						
					anila a			ite 130 North					
							State, Zip C						
						CI	nnaminsoi	n, NJ 08077	<u> </u>				
Scope of Work (Check all that apply							□ Full Cor	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		⊠ Re					☐ Mini-End	closure	1				
∐ ≥160 sf or ≥260 lf		☐ De	molit	ion				g Procedure empted (*) and N	on-Friable Proced	lure			
		ls	Loca	ation				()			ateme	ent Tv	vpe
Location of		1	Norm	ally			Description	of		-	_		
	CM)			lely by ance/				aterial (ACM)	Amount	em	Repair	nca	nclo
				Staff?	(I.e		mal systems urfacing, VAT		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
			(12	1	-		er miscellane					late	Ф
		Yes	No	N/A									
Basement					Boiler I	Insula	ation		40 SF				
		П	П										
			П							П	П	П	П
Name of Registered Waste Hauler			믁	NJDEP '	Waste	Cub	ic Yards of	Name of Reg	istered Landfill			_	_
Freehold Cartage, Inc.				Hauler II	D No.	Was		GROWS L					
City, State				0220			osal Date	City, State					
Freehold, NJ							30/15	Morrisvill	e, PA 19067				
Completed By (Print or Type)	Title	9					Signature/		1	Date			
Kimberly A. Trumbetti			Coo	rdinato	r		X ()			10-2	6-1	5	

ASB-41 MAY 11

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

CKF24965

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

Date of Notification (1)			Т	Name	of Building	Owner/Operator			(# 13 D	CT	3	AH	Q:
	/26/15						Lears						_
Agencies Notified	Type Notifica Initial	ition		Street	Address	3	99 Wertsville	Rd.	ě.	Ĭħ.		± 14	i E
EPA DEP	☐ Amended		ŀ	City, S	tate, Zip C						- 11	100	=
<b>⊠</b> DOL	Amendme Emergence		-			R	ingoes, NJ 0	8551					
M DOH □ DCA	justification Cancellation			Name	of Contac	t Jackson Lea	***	Telepho	ne Numb	er			
							18						
Name of Facility Where	Ahatement is T	aking Place	(3)	FAC	ILIIY INF	ORMATION	Type of Facility	(4)					_
		Residenti:					☐ School (K-1)	2)					
Street Address	399 \	Wertsvill	e Rd				Subchapter Other (i.e., p	rivate & c	han K-12 ommercia	) Il build	lings,		
City (5)				_			Square Feet	# of FI	oors	Blo	dg. A		
	Ringo	oes, NJ (	)855		t. Codo /	7) (STATE	3000 Current Use (P	rior if being	Z demolis	hed)	150	1+/-	=
County (6)	interdon			USE	ONLY)	) (STATE	Current Ose (F	nor ii bein	g demons	ricu)			
Name of Monitoring Firm		ling Owner	$\neg$	ASCM	No.		ment Contractor (9						_
(8) DB E	nvironment	tal	_				vens Environ	mental	Service	s, In	c.		_
Street Address	4 Dowleslay	· Dlaga				Street Address		30x 322	)				
City, State, Zip Code	4 Berkeley	Place	_			City, State, Zip		JUA 322					=
	Freehold, N	J 07728					Allentow	n, NJ 0	8501			_	_
Project Manager for Mo	_			phone		Telephone No.	<b>50.0600</b>	Licen	se N <del>o.</del>	0.400	,		
	Bunocore	S-1-1-1-1-1			0-8408	(609) 2 Name of OSHA	59-9688 Manitar	_	0	0493	5		_
Start Date (10) 11/5/15	"	Scheduled C	1/6/		le (11)	Name of OSHA	DB Env	ironme	ntal				
Occupancy Status Duri	ng Abatement (			1.5		Street Address							_
☐ Facility Closed/Vaca								eley Pla	ace				
☐ Abatement Performe  Cother - Describe:			ty Hou	rs		City, State, Zip	Code Freehold	1, NJ 07	728				
Scope of Work (Check	all that apply)					□ Full Co	ontainment with Ne	egative Pre	essure				
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf		La Company	enovat emolitio			Mini-E				e e			
			Location								bate	ment	
Location		Used	ormally Sole	ly by		Description					Typ		
Asbestos-Containing TO BE ABA		C	ntenar ustodi	al		tos Containing Ma thermal systems		Amo (Spe	cify	R	71	Enc	En
IN Facilit			Staff? (12)			surfacing, VA other miscellane		SF or	·LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A			,			/al	_	late	ıre
Basem	ent	×			Th	ermal Tank I	nsulation	35	sf	×			
Name of Registered Wa		. =	1	NJDEP ' Hauler II	No.	Cubic Yards of Waste	Name of Reg			10-11			
Stevens Environ	mental Serv	vices, Inc	<u>.                                     </u>		292	1 CU	City, State	GROV	VS Lan	dtıll			_
City; State	Allentow	n NI				Disposal Date 11/6/15	A City, State	Morr	isville,	PA			
Completed By	7 HICHOW	Title				Signature	/ N-1/	1.1011	Date				_
Mahlon E. St	evens	P	rojec	t Mai	nager					10/2	6/1:	)	_

(CR)

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

CK 3730

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

Date of Notification (1)			Name	of Buildin	ng Owner/	/Operator	(2)		M- 8		0		100
10/26/15							nal Board of	Educa	tion		000		
Agencies Notified Type Notification	n		<del></del>	Address	1.000				===		00	· ·	
EPA Initial			131	Yawpo .	Avenue				7	(	Ð		
DEP Amended			City, S	tate, Zip	Code					-3		1 122	
DOL Amendmen			Oakl	and, NJ	07436					a:		77	
Emergency justification		I	Name	of Contac	ct			Te	lephone N	_	_	7° - E	
DCA Cancellation			Peter	r Keane	ey			-	портиональня	CIT III			
			FAC	CILITY IN	FORMAT	TION						-	
Name of Facility Where Abatement is Taki	ng Place (3	3)					Type of Facility	y (4)					
Ramapo High School							School (K	(-12)					
Street Address							Subchapt	er 8 (Oth	ner than K-	12)			
331 George Street							Other (i.e etc.)	. private	& commer	cial bu	ıilding	s, hor	nes,
City (5)							Square Feet	1#0	of Floors	1	Bldg.	Δηρ	
Franklin Lakes							100 000	2	1110010	1	50+	Age	
County (6)			County	Code (7)	)		Current Use (P		ina demoli	shed)			
Bergen			(STATE	USE ONL	n		High Schoo		ang demon	siicu)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	of Abatement C		- (0)				
RK Occupational & Environmental	Analysis.	,Inc.	090				Construction			Inc			
Street Address							Address	11 01 110	Storation	, 1110.			
401 St. James Avenue							Route 46 Ste	3D					
City, State, Zip Code			1				tate, Zip Code						
Phillipsburg, NJ 08865							va, NJ 07512	2					
Project Manager for Monitoring Firm			Telepho	nne No			one No.	-					
Jonathan Gilbert		-		54 6316	3		256 7010		License I	No.			
Start Date (10)	Schedule	ed Cor					of OSHA Monito		00000				
11/06/15	11/06/1		- ipionon	Date (11,	,	1	Construction		to notice	L			
Occupancy Status During Abatement (Chec	k Only On	e)	3			-	Address	I & Res	storation	inc.			
Facility Closed/Vacated During Entire		35					Route 46 Ste	3D					
Abatement Performed Outside of Norm	nal Facility	Hours	nent S		}		ate, Zip Code	3D					
Other - Describe:							va, NJ 07512						
Scope of Work (Check All That Apply)						1000	va, No 07512						
≥3 sf or ≥3 lf	X D	enova	tlan										
≥160 sf or ≥260 lf		emolit				×	Full Containm Mini-Enclosur	nent with	Negative I	ressu	ıre		
						×	Glovebag Pro	cedure					
	T						Non-Exempte	d (*) and	Non-Friat	ole Pro	cedu	е	
	0.1	Locati									(2) (C) (C) (C) (C)	emen	t
Location of Asbestos-Containing Material (ACM)		ormali Sole		2200-00-00-0	Des	cription o	of				T	ре	
TO BE ABATED	Main	ntenar	nce/	Asbes	thermal	aining Ma	iterial (ACM) insulation,		nount			m	
In Facility	Custo	odial S (12)	staff?	11.0.	surfac	ing, VAT	or		pecify or LF)	Rer	72	nca	Enc
(13)		(12)			other m	iscellane	ous)	O,	OI LI)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	7	late	re
Old Board Office Storage	x				Dina	lnovleti				-			
	++				1 the I	Insulati	OII	9	LF	X			
	-												
										-			
Name of Registered Waste Hauler		I NJ	DEP Wa	aste	Cubic Y	arde	Ni	7					
Bako Construction & Restoration, Inc.	3.	Ha	uler ID N		of Waste		F 1000 1000		ed Landfill				
City, State		20	889		TBD		Tullytov	vn Res	ource Re	ecove	ery F	acilit	y
					Disposa	I Date	City, State					-	
otowa N.I													9
otowa, NJ					TBD		Tullytow						1
otowa, NJ Completed by Goran Kojic	Title Project	. 1.0				inature,			☐ Dat	e			