State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	ECEIVE	
	OCT 3 1 2014	
	ASBESTOS CONTROL & LICENSING	
	Telephone Number	
ype of Facility (4) School (K-12) Subchapter 8 (
quare Feet	# of Floors Bldg. Age	
urrent Use (Prior	if being demolished)	
ctor (9) ONMENTAL INC	С.	
AD		
	License No.	
	00676	
ENUE	0 .	
52		
Full Containme Mini-Enclosure Glovebag Proc	ent with Negative Pressure	
	(*) & Non-Friable Procedure	
	Abatement Type	

Date of Notification (1)	1 1				Name of Bui	lding Owr	ner/Operator (2)	- 12 2				
10/29/2014					JOANNE C	LEVEN	GER					
Agencies Notified	Type Notific	ation			Street Addre	ss			ASBE	STO	NSIN	ITRO G
□ EPA	□ Initial				101 HONE	YFLOW	ER DRIVE		-	LIUC	140114	<u>-</u>
☐ DEP	Amend	led Ame	endmer	nt #	City, State, Z	Zip Code						
DOL DOL	☐ Emerge	ency (in	cluding		TRENTON	NJ 0862	20					
□ DOH	justifica				Name of Cor				Te	lephor	ne Num	iber
DCA	☐ Cancel	lation			DAVID J. E	'A NDRI	F.A		4			
		(B26 V0.9 25.		F	ACILITY IN							
Name of Facility Where	Abatement is T	aking P	lace (3		- AOILITT III	Ottor	11011	Type of Facility (4)				
CLEVENGER RESID				,				School (K-12)				
Street Address	EIICE							Subchapter 8 (0	Other th	an K-	12)	
	X TENTE							Other (i.e., priva				ildina
915 S.W. CENTRAL A	AAEMOE											
City (5)								Square Feet	# 0	DI F100	rs Bldg	. Age
SEASIDE PARK, NJ					15							
County					County Code	e (7) (STA	ATE USE ONLY)	Current Use (Prior if	being	demol	shed)	
OCEAN												
Name of Monitoring Firm	n Hired by Build	ling Owr	ner (8)		ASCM No.	Name o	f Abatement Con	tractor (9)				
AMERITECH					00102	CREA	M RIDGE ENVI	RONMENTAL INC	<u>.</u>			
Street Address				1000		Street A	ddress		49 1005			
1A ST. LAWRENCE A	AVENUE					15 BLA	CK FOREST R	OAD				
				City, Sta	ate, Zip Code							
EASIDE PARK, NJ						HAMII	LTON, NJ 0869	1				
Project Manager for Mor	hone N	lo.		Telepho			Lic	ense l	No.			
ROD MORRIS	664-778		609-890-7110				V 1	676				
Start Date (10)			ARREST REPART	26000	letion Date (11) Name of OSHA Monitor				100	070	in like the	
11/4/2014		11/11		ompice	ion bate (11)							
Qçcupancy Status Durin	a Abatamant (C			Λ.			ITECH					
X					Street Address 1 A ST. LAWRENCE AVENUE							
Facility Closed/Vac				waterne	ent			VENUE				
Abatement performed of		ng nour	S				ate, Zip Code					
ESSENTIAL PERSONI						SEASI	DE PARK, NJ 0					
Scope of Work (Check a	all that apply)				_ 22			Full Containmen	nt with	Negati	ve Pres	ssure
\geq 3 sf or \geq 3 if					X Renova			Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					☐ Demolit	ion		Glovebag Proce	dure			
							>:	☐ Non-Exempted	(*) & N	on-Fria	able Pro	ocedu
		86	s Locati						Ab		nt Type	Э
Location of Asbestos	s-Containing		rmally l				stos Containing	4		T	Encapsulate	Im
Material (ACM) TO BE		1	Solely b	oy e/Custo			thermal systems , VAT, or other	Amount (Specify SF LF)	or Remova	_ Re	cap	Enclosure
Facility (13	3)		enance I Staff?			miscellan		Lr)	No.	pai	usc	uso
		Yes	No	N/A	1	mocnan	cous)		<u>a</u>	- -	ate	6
Yes No N/					ASBESTOS	DRYW	ALT.	5320.S.F.	X		+	+
THROUGHOUT HOME					COMPOUN			5520.5.11		+	+	+
								-	+	+	+-	+
		+-	-	-					+	+-	+	+-
Name of Registered Was	eta Hauler		-	L	NJDEP Waste		Cubic Yards of	Name of Registered	Landfi			_
					Hauler ID No. Waste			Traine of registered	Registered Landfill			
TIMSTER					21079 IS YDS TULLYTOW							
City, State				<u></u>		Disposal Date	City, State					
							- 100 A					
HAMILTON, NJ					Icianat	11/10/2014	TULLYTOWN, PA		to			
Completed By Title						Signatur	/ // /	Derore	Da			ri de
DAVID D'ANDREA PRESIDENT						1 AL	aura f.	Leve	10	/29/20	14	*
ASB-41							U					

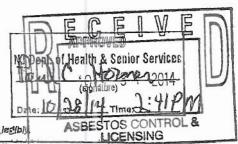
^{*} Do not use this form for asbestos licensure exempted activities

New Jersey Department of Health

Consumer, Environmental & Occupational Health Service PO Box 369, Tronton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

Tolephone: 609-826-4950 Fax: 609-826-4975
NOTIFICATION OF NON-FRIABLE ASBESTES WORK ACTIVITIES



Musche	submitted 10 days prior to the bat	dinning of work. Pleasi	bypu or print legibly	LICENSI
新文学 · 如 · 如 · · · · · · · · · · · · · · ·	Type of Notification (oneo	one) and Date Sub	nitted	COENS
Initial Amended	encollation Emergency (inus	t include justification)	Date of Notification: _	10/28/20/14
CONTRACTOR	Building Ir	าที่กักกุอปอก	1.7	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Building Owner/Operator!	Rut	h Welter and	Douglas Rab	a
Street Address: 35 Shadowlar	wn Drive	City: Old Bridg	je statu:	NJ _{Zlp} ; 08857
Name of contact, Douglas Ral	pa	AND AS A	ΤοΙομησικό Νο	
(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Facility In	formation		
Name of Facility Where Work Activity	/ id to Take Placo:	Raba	Residence	
Describe Facility Use; Resider	nce			
		city: Old Bri	dge slate!	NJ zlin: 08857
COUNTY: Name: Middlesex			ounty Code (state use on	
Scheduled Start Date: 11/01/	2014	Scheduler	Completion Date: 11	1/03/2014
Occupancy Status During Activity (ch	eck only one):			
Facility Close	d/Vacated During Entire Activity			
(a)			*	
Addivity Parfo	rrived Outside Normal Pacifity Hoo	us-Desorbo:	,	
Other-Descr	iba:	- AMPLIANT A II.		
Scope of Work (check all that apply):		11 T	•	
Floor The	square Footega: 195 S	F	Percentage Ashe	stos:
Mastic	Square Footage: 195 S	<u> </u>	Percentage Asbe	ilož::čoli
Others	Square Fnovage:		Peropriege Aubies	
A RECEIVED TO SERVICE		iformation	· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	to the proof the section
Company Name Shade Enviro	onmental, LLC	· · · · · · · · · · · · · · · · · · ·	Talephone No.:856-7	
Street Addicia: 623 (hade state!	
New Jersey Asbertos License Numbe	1		, Status	φρ
Monitoring Firm (if applicable): Mai		nsulfing Serv.	_Telephone No.; 609	-298-4070
B (21,22, 1, 4, 1, 1)	Signa	èuro	1 7 1 7 . F	2
Completed By (type or print legibly); (Christina Lynch	Tille: Opera	tions Manager	*
Signature: On De On	1	Date: 10/28		· ·
		State,		
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			Q	

CK 1662

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	0	CT	3	1	2014		

Date of Notifi	ication (1)	7		Name	of Bu	ilding	Owner / Operator	(2)	1 -	255				+	+
	10/21/2013	8		Ace I	Ford	-			1 -	ISBES	TOS C	ONTE	ROL	3	-
Agencies No	tified Type Notifica	ation			t Addre		* 1.00					SHVG			
☐ DEP	∇ Initial			15.19 B. 187 II. 187	Mantu			8. 8 H	*			***			
☐ DEP ☐ DOL	☐ Initial				State 8 dbury		ode								
Ø DOH		gency			of Co						Te	lepho	ne N	ımhe	ar .
DCA		ellation			s East							торно	10 11	-	"
													-100		
Name of Fac	ility Where Abateme	est in Taking D	loos /		CILII	Y INF	ORMATION Type of Facili	h. (4)				77 E.			
Ace Ford	anty vinere Abateme	in is raking P	lace (5)			School (F								
Street Addre	SS		-	-					er than K-	12)					
487 Mantua	Avenue						Other (i.e	합의원이 그렇는 선생님들이 없다			ildings	, hom	es, e	tc.)	
							Square Feet		f Floors			g. Age			
City (5)		County (6)	Co	unty (Code (7)	50000		1				50		
Woodbury		Gloucester					Current Use (Prior if be	ing demol	ished)					
_							Commercial						- 1		
Name of Mor	nitoring Firm Hired b	y Building Owr	ner (8)		ASC	M No.	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT								
							Alpha Envir								
Street Addres	SS						Street Addres	Tolori Si							
City State 9	ty, State & Zip Code						City, State & 2			-					
City, State &							Hamilton, N								
Project Mana	ject Manager for Monitoring Firm					oer	Telephone Nu	Licen	icense Number						
	oject Manager for Monitoring Firm						609-847-295	01222							
Scheduled S	tart Date (10)	Scheduled Cor	mpletio	on Da	te (11))	Name of OSH	A Monito	r						
1.0700		11/15/2014					EMSL Analy	/tical							
	Status During Abater						Street Addres								
	ity Closed/Vacated [107 Haddor							1892-110	
Desc	ement Performed Ou	itside of Norm	аі но	urs –	/am to	3pm	City, State & Zip Code Westmont, NJ 08108								
	ity Occupied During	Abatement (S	ervice	Area	Occur	nied)	westmont,	NJ 00 10	0						
	rk (Check all that ap		011100	7 11 00	Oodu	,,,,						7			
	(⊠ Ful	I Containn	nent w	rith Neg	gative	Pres	sure	
	or ≥3 If		\boxtimes	Rer	novatio	n			ni-Enclosu						
≥160	sf ≥260 If			Der	molitio	n		Glo	ove Bag P	rocedu	ıres				
								☐ No	n-Exempte	ed and	Non-F	riable	Pro	cedu	re
	Location of			Locat		Î	Description			Amou		Aba	ateme	ent T	/pe
	Asbestos-Containing	9		nally olely			Asbestos-Con Material (A			(Spec SF or I				П	
	Material (ACM) TO BE ABATED				nce or		(i.e., thermal sy		,	31 01 1	LF <i>)</i>	Re	Z	Encapsulate	Enclsoure
	in Facility				Staff?		insulation, surfac	ing, VAT				Remova	Repair	psu	iso
	(13)			(12)			or other miscella	aneous)				a	=	late	Тe
Yes				No 🖂	N/A							N 2			
Show Room/Offices							Ceiling Pla	ster	250	Olf			Ш	Ш	Ц
Name of Registered Waste Hauler				N.	JDEP \	Vaste	Cubic Yards	Name of	Registere	d Lan	dfill			2)	
	141			1000000	auler II		of Waste		3						
					00333	30	10	Grows	Landfill		36.000		05/200		
City, State							Disposal Date	City, Sta	te	ax — A		(4)			
Trenton N.I					Various Morrisville, PA										
Trenton, NJ					Signature Date										
Completed By (Print or Type) Rod Richardson Project											110	111			
Rod Richardson					Project Manager		Rod Richardson 10/21/2014				o I ele				

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

		NOTI				C 8:60 and 5:16) Joseph	P的新国	110	M/S	尼	M	
Date of Notification (1)	28 /	14			rs visces 187	Owner/Operator (2			-				
Agencies Notified	Type Notifica	ation			Address US High	way 22 W		U OCT 3		014		ע	
☑ DOLWD	Amended Amendme				tate, Zip C nfield	ode		ASBESTOS LICEN			. &		
☐ DCA (NJAC 5:23-8)	☐ Emergen justification	cy (including			of Contact			Telephone Numb	er				
(NOAC 3.20-0)	☐ Cancellat	450		Gera	ald O'Bri	en		April 1				1.	
	-	0.400.00		FAC	ILITY IN	FORMATION		-6					
Name of Facility Where	Abatement is 7	Taking Place	(3)				Type of Facility (4	-)					
Former Laundry o	n 9						School (K-12)	(0) (40)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., priv	(Other than K-12) vate and commerc	ial bu	ildina	S.		
2500 Route 9 Plaz	a	31					homes, etc.)						
City (5)						1402	Square Feet 2143	# of Floors		ig. Ag 50	ge		
Old Bridge				Coun	tu Cada /7)(STATE USE ONLY)	Current Use (Prio			00	_		
County (6) Middlesex				Coun	ty Code (/	NOTATE USE UNLT)			ieu)				
Name of Monitoring Firr	n Hired by Ruil	ding Owner (8)	ASCM I	No	Name of Ahateme	e of Abatement Contractor (9)						
EHS Environment		uning ewiller (٠,	7100W	10.		vironmental Co	mpany, Inc.					
Street Address					~~~	Street Address							
411 Southgate Co	urt					923 Haws Av	e ·						
City, State, Zip Code					+	City, State, Zip Co	ode			3= 1			
Mickleton, NJ 080	56					Norristown, F	PA 19401						
Project Manager for Mo	nitoring Firm		Tele	ephone I	No.	Telephone No.		License No.					
Jack Carney			1	56-224		610-239-9920		00398					
Start Date (10)		Scheduled C	127		100 . 00	Name of OSHA M							
11 / _11 /			100		14	EHS Environ	mental inc.						
Occupancy Status Durin						Street Address							
□ Facility Closed/Vaca □ Abatement Performent □ Abatement □ Abat					cribe	411 Southgat							
Time of Abatement:						City, State, Zip Co							
Scope of Work (Check	all that apply)					inickietori, ric	-						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	novat moliti			☐ Mini-End ☐ Gloveba	tainment with Nega closure g Procedure empted (*) and Non		e				
•		An 0 8833	Loca						Ab	atem	ent T	ype	
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACN BATED ility	M) Use Ma Cus	intena todial (12)	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	1					-	72.03		_	
1 st floor			\boxtimes		black n	nastic		200SF			Ц	Ш	
			П			- 10000000							
Name of Registered Wa			1.00	NJDEP N		Cubic Yards of Waste	Name of Regist						
	Jiapuaai			17304	1	2CY Disposal Date	City, State			17			
City, State Voorhees Townsh	nip, NJ 08043	3				11/17/14	Tullytown,	PA					
Completed By (Print or James M. Kelly	Type)	Title Vice Pr	esid	ent		Signature		Da	te i 0 / 1	181	111		
ASR.41				-						-/	17		

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

JAN 13

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Date of Notification (1)					of Buildin			(2)	111		3 1 7	2014	$\tilde{\exists}$	U
Agencies Notified	Type Notification	1			Address	ourg P	roper	ty Group,					_	
1 -		8			Address Winc	heste	r Roa	.d	AC	BESTOS	CON	TRO	1 8	
EPA DEP					ate, Zip (AS	LICE	NSIN	G	P 61	
M DOL	Amendmen	t#			entown		1810	4						
₩ DOH	☐ Emergency]		of Contac				Tel	ephone N	lumber			
D DCA .	justification				o o o mad	•			y y	chione i	umbei	ř		
				FAC	ILITY IN	FORMAT	ION							
Name of Facility Where 212 Red School	Abatement is Takir . Lane	ng Place (3)					Type of Facilit						
Street Address								☐ School (k☐ Subchapt		or than I	12)			
212 Red School	Lane							■ Other (i.e				ildings	, hon	nes,
City (5)								etc.) Square Feet	1#0	f Floors		Dida	A = =	
Phillipsburg,	NJ 08865							2,500		2		Bldg.	age TS.	
County (6)				County	Code (7)	-		Current Use (F	rior if hei	na demol	ished)	озу	LS.	
Warren					USE ONĹ			vacant		ng donnor	ioriou)			
Name of Monitoring Firm		Owner (8)	ASCI	M No.		Name	of Abatement C	ontractor	(9)				
EHS Environmen	tal, Inc.						Plyr	nouth Env	ironme	ental	Co.,	Inc	•	
Street Address	O	D			8		7/2/27/12/2	Address				00000		
411 Southgate	Court, Suit	_е ғ						Haws Aver	nue					
City, State, Zip Code	00056						100000000000000000000000000000000000000	tate, Zip Code	22 101	0.1				
Mickleton, NJ Project Manager for Mon	08056			+ 1				ristown, I	PA 194					
and the second second second	itoring Firm			Telepho	ne No. 224–00	80		one No. -239–9920		License 003				
Start Date (10)	Jack Carney tart Date (10) Scheduled									003				
11-11-14	Start Date (10) Scheduled 11–11–14 11–14							of OSHA Monito Environm		. Inc.				
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Address						
□X Facility Closed/Vaca				mont				NOTE THE TAXABLE PROPERTY.	e Com	rt Si	i+e	ਸ		
☐ Abatement Performed	ed Outside of Norn	nal Facility	/ Hour	S		40	411 Southgate Court, Suite E City, State, Zip Code							
□ Other – Describe: _		·		Mickleto					J 080	056				
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 lf			Renova	ation			Full Containment with Negative Pressure							
□ ≥160 sf or ≥260 lf		[X [emoli	tion				Mini-Enclosu	re	J				
										Non-Fria	ble Pro	cedur	e .	
		ls	Locat	ion			1,180					V. V	emen	t
Location		1	Vorma	lly		Des	scription	of				Ty	ре	
Asbestos-Containing TO BE ABA			d Sole intena					aterial (ACM)	100000	nount			Ш	_
In Facilit		Cust	odial	Staff?	(1.6		systems cing, VAT	insulation, , or		oecify or LF)	Rem	Repair	сар	ncle
(13)			(12)			other m	niscellane	eous)		•	Remova	oair	Encapsulate	Enclosure
4.		Yes	No	N/A							-		it e	0
basement			х		pipe	insu	latio	n	20 I	F	х			
					debr	is		-	400 5	SF	x		_	
											+			
			_	+							-			\vdash
Name of Registered Wast	e Hauler		I K	JDEP W	acto	Cubic `	Vords	I Name	Desists	ad I				
Robinson Waste			119.53	auler ID		of Was	0.000		Register					
	-		1	7304		10		GRO	WS Lar	ICLITI				
City, State Voorhees, NJ							al Date	City, Sta		. 77		drienie.		
				11-14-14 Tullytown, PA										
Completed by Title						31	gnature	VAAA	1	1	ate			
James Kelly President				TIC .			Am	12 Jelle		1	0-27	-14		
ASB-41 (R-06-08)			Do not use this form for asbestos licensure exempted activities											
(N-00-00)				Ano not	use this form fo	r asbesto	s licensur	e exem	ipted a	activit	ies.			

Oct 27 2014 03:59pm C 2001/001/

a i							ESTOS AI 0:00 and			W K	OGT	3	7 %	214
Date of Netification (1)				7	Name o	f Building	Owner/Op	erator	(2)	TE CIN	17		1	
10/27/14					Nicon					approved _s	BEST	os c	ONT	RC
Agendes Notified	Typ	e Notification	1		Street A	ddress Imball D	nduo.	-	Dept of	ically & Semion	Service 1	es N	SINO	_
EPA DEP		Initial		}		ma, Zip Co			-	(cignolure)		_		
S DOL		Amended Amendmen	ta				aic U 07054	4	Date: 0 27	H4	3:58	PIM		
	X	Emergency				Contact				Telephone	Y/MISSION MAKES	=1.1	-	
DOH DCA		Justification Concellation			Marc	h shall I Mired	,			t rate but out a	MILITIDE			
	1=					I ITY ME	ORMATIO	to.						
Name of Facility Where	Abate	ment le Tald	ng Place (3)	1.00	THE PARTY	PRIMAIN	1	Type of Facility	(4)				
Commercial Prope	erty L	inder Rend	wation											
Street Address		****						-	Subchapte	8 (Other than K	(-12) "			
481 Northfield Ave	2 '							ı	Other (i.s.	zrivete & comme	archil bu	lidings	, hom	85 ,
City (5)			-						Savara Feet	# of Floors		Bldg.	Ann	
West Orange	120									2		50+	Ac.	
County (6)	·				County (Code (7)		+	Current Use (Pri	_	Inhart	***		_
Essex				- 1	(STATE	USE ONLY		_	Commerical		1000			
Name of Monitoring Fire	ıı Hire	d by Building	OWnor (B)	-	ASCN	No.	- (1	Náme	Abatament Cor					
n/a			111	i.	n/a	20000			ica Managem					
Street Address									Address	- Adian				
n/a									by Lane					
City, State, Zip Code									ate, Zip Code					
n/a				1					In Park, NJ 0	7035				
Project Manager for Mo	nharin	g Firm			Telephor	na No.			me No.	Ligense	No.			_
n/a					n/a				067950	01193	300000			
Start Date (10)			Schedut	ed Cor	mpletion I	Date (11)			of OSHA Monitor	1 - 1 - 1 - 1				_
10/28/14			10/31/	14		,			ca Managem	ent Com.				
Decupancy Status Durin	ng Aba	tement (Cha	ck Only Or	ip)					Address					_
	ated D	During Entire	Period of	Ahalan	nent			11000000	oy Lane					
Abatement Perform	ned Or	ulside of Non	nal Facility	Hours	5				ate, Zip Code	······································				_
Other - Describer	Bom -	COTA							in Park, NJ 0	7035				
Scape of Work (Check A	VI Tha	t Apply)									_	-		
고 25 G P 2260 F				Romak Pomoli		•		11.41	Mini-Enclosure Glovebea Prod				10	
			le	Locat	îon	100						Aber		1
المجوزاء	n of		1	Vorma	lly		Desm	ription o	of I	20			/pe	_
Asbestos-Containing	Mah	rial (ACM)		ed Sole Untena		Ashesi	los Contair	ning Ma	eterial (ACMI)	Amount			m	_
TO BE AB	lly		Gua	ا اعلاما	Stat?	(1,4,	tharmai sy surfacin		insulation,	(Specify 'SF or LF)	20	2	nog.	Enclosurs
(13)				(12)			क्ष्मिक्ट लांड	cellan	eous)	J. J. W.	Ramova	Rapair	Encapsulate	2
			Yes	No	NIA						=	1	6	3
Crawisa	NE CONTRACT		1				Asbesto	00 17-	lavia		_		 -	_
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

2014-178 B & G proj. #: Cheek #68763 $\Pi \Pi$ Additional Footage Name of Building Owner/Operator (2) Date of Notification (1) St. Francis Residential Community OCT 2 1 110/12/7/114 Type Notification Agencies Notified Street Address M EPA 122 Diamond Spring Road Initial LICENSING DEP City, State, Zip Code V Amendment DOL Denville, NJ 07834 Telephone Number Name of Contact DOH Cancellation Bernard Daly 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) St. Francis Residental Community Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 122 Diamond Spring Road # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Denville, NJ 07834 Health care facility (non-sub 8) Morris Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Total Solution Environmental LLC 99-12482 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 22 Columbia Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Morristown, NJ 07960 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 973-998-9348 Benjamin Waer Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/03/2014 Street Address 10/28/2014 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E e e n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or staff(12) C 0 material (ACM) a material to be LF) ٧ abated in facility (13) p N/A No ceiling plaster & associated pipe insul. 900 sf Under Old Convent/Wine Cellar 50 If pipe insulation Pavilion foyer 240 If pipe insulation Under Old Convent/Wine C Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. City, State Disposal Date City, State 10/28/14 - 11/03/14 Tullytown, PA Lincoln Park, NJ 07035 Signature Cordana Luna Completed by (Print or Type) Title 10/27/2014 Secretary/Treasurer Gordana Luna

B & G proj. #: 2014-178

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

*** Amended Start date ***

Check #6846

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Date of Notification (1)	1.1	f Building Owner											
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Agencies Notified Type Notification			.` 5										
EPA Initial	11	Diamond Spr	ing Road					_					
DEP MATERIAL Amenda		ate, Zip Code											
DOL Amenda	Don	ville, NJ 0783	34	-			Telephone	e Nu	mber	_			and the
□ DOH □ □	. 11	f Contact					1000			_			
☐ DCA ☐ Cancella	Ber	nard Daly						_					=
		FACI	LITY INFORM	ATION									
Name of facility where abatement i	s taking place (3)					Туре	of Facility (Schoo	4) I (K	- 12)				
St. Francis Residental Con									8 (Oth	er tha	ın K-1	2)	
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Street Address									es, etc.	_	Bldo	J. Age	9
122 Diamond Spring Road					- O-1- (7)	Squa	are Feet	# 01	1 10013			,	
City (5)	County (6)		1		ty Code (7) e use only)	Cur	rent Use (P	rior if	f being	demo	lished	i)	
Denville, NJ 07834	Morris		50	(0.0	, , ,	He	alth care	facil	lity (no	on-si	ub 8)		
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	<u> </u>	Name of Abatemen	t Contra	ctor (9)				areal roy sect.		
Total Solution Environmen			99-12482	1 1	B & G Restorat	ion, Inc							
Street Address					Street Address								
22 Columbia Road					105 Ryerson Re								eve re tutti
City, State, Zip Code					City, State, Zip Code								
Morristown, NJ 07960					Lincoln Park, 1		35	Tic	cense N	Jumb	er		
Project Manager for Monitoring Firm	n	Phone Numb			Telephone Number 973-696-6869				378				
Benjamin Waer		973-998-9			Name of OSHA Mo		0378						
Scheduled Start Date (10)	Sched. Cor	npletion Date (1	1)		B & G Restora		c						
10/28/2014 ***	11/03/2	2014			Street Address								
Occupancy Status During Abateme	ent (Check only o	ne)			105 Ryerson R								
Facility closed/vacated durin	g entire period of	abatement.			City, State, Zip Coo	ie							
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Other-Describe:					Lincoln Park,	NJ 070.	33		wrap d	& cui			
Scope of Work (check all that app	oly)			57				-	Gloveb			re	
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City, State		Disposal	Date		City, State	•							
Lincoln Park, NJ 07035		10/2	28/14 - 11/0	3/14	Tullytown, P.				Date			_	
Completed by (Print or Type)	Title	es a composan	Signature		Gordana Lun	æ		- 1	10/16	/201	4		
C. J I samo	Secretary/T	reasurer			0							-	THE SEC

Check # 1425

843	25			ICATION	OF ASE	BESTOS A 8:60 and					C	E		\mathbb{V}	E
Date of Notification (1) 10/28/2014						Owner/Op		(2)		M	0.00	- ^	4		
Agencies Notified	Type Notification			Street A	ddress	sades A				44	_00	<u> </u>	1 2	014_	
EPA DEP DOL	Initial Amended Amendmen	t #	<u>D</u>		ite, Zip C	ode NJ 07631				AS	BEST	TOS (CONT	ROL	&
DOH	Emergency justification)		-	Name of	Contact					Telenh	one Nu	ımber			
DCA DCA	Cancellation	1	1		uce De	VIIN	201		-	TE				D	
Name of Facility Where N/A	Abatement is Takin	ng Place (3	3)	PAGI	LIT IN	ORMATIC	JN	_	of Facility (4	5.00 5.00					
Street Address 62 North Woodland	d Avenue				19			×	Subchapter Other (i.e. p etc.)	8 (Other th	nan K-1 mmero	12) cial bui	ildings	, home	es,
City (5) Englewood								-	re Feet	# of Flo	ors		Bldg. A 85 yı		
County (6) Bergen			1 -	County (Code (7) USE ONL				ent Use (Pric ant Reside		iemolis	shed)			
Name of Monitoring Firm ABS Environmenta				ASCM N/A	No.				itement Con st Haz Ma		al, Ind	c.			
P.O. Box 483								Addre E. 41	ss Street			100			
City, State, Zip Code Glenwood, NJ 074									ip Code NJ 07504						
Project Manager for Mor Scott Higgins	nitoring Firm			Telephor 877-43	84-6041			one N 345-0		1.50.63	ense 1 507	No.			188
Start Date (10) November 10, 201		Decem	ber 1	npletion [0, 2014)			HA Monitor as above						
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Addres	SS		_				
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of A	Abaten Hours	nent s			City, S	tate, Z	ip Code		-				
Scope of Work (Check A	All That Apply)						10.				-				-
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East Coast Haz Mat			Н	lauler ID 18602		Oubic Y of Wast			Name of R North G						
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ASB-41 (R-06-08)						1.			his form for	asbestos li	censur	re exe	mpted	activit	ies.

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Date of Notification (1)			I N	ame of	Building	Owner/Operator (2)	1111 00	т 3 1	2014		
0-28-2014	(Name of Building Owner/Operator (2) BASE CORP									
gency Notified	Type Notification	-		treet A						322,000		
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B DOH	justification)		1.00			PLELLAN		-		-7		
2 DCA	☐ Cancellation			-					_			
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lame of Facility Where	Abatement is Taking Pla	ce (3)					Type of Facility	(4)				
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UNION					10.0		Current Use (Pr	ior if being dem	olished)	7200		
County (6)				County ONLY)	Code (7)	(STATE USE		/ .				
INION				ONLI	1		STORAGE	1 OFFICE	<u> </u>			
Name of Monitoring Firm	Hired by Building Own	er A	ASCM	No.		Name of Abatem						
(8) EHI						Best Ren	noval In	c				
Street Address						Street Address						
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City, State, Zip Code	Here Henre		- 110			City, State, Zip C	ode					
SPARTA, N	T 07871					Hackensa	ack, N.J	. 07601				
Project Manager for Mor	athering Ferm	Te	lephor	e No.		Telephone No.		License No.		U-011/V (20/V)		
		(I)			204)		-7444 -	00388	3			
B. KERBEL Start Date (10)	Scheduled C				041	Name of OSHA						
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Occupancy Status Duni	ig Apatement (Check on	ny one)		* 1			ıyler St					
☐ Facility Closed/Vacat	ed During Entire Period	of Abate	ement			City, State, Zip C						
☐ Abatement Performer ☐ Other – Describe:	d Outside of Normal Fac	ality Hou	es				ckensack	.N.J. (07606			
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Scope of Work (Check a	au urat apply)						Containment with	Negative Press	sure			
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- 260 sf or ≥ 260 lf						☐ Non-	Exempted (*) an	d Non-Friable P	rocedure	1 41-4		
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Best Remo	ck , N.J. 0	ID	No. 17		lauler	Waste 31/2 YDS Disposal Date	City. State Wayne		0h,440			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Betty Hastings 10-27-14 Agencies Notified Type Notification Street Address 3 1 2014 188 Renshaw Ave. []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended ASBESTOS CONTROL & East Orange, NJ, 07017 [X] DOL Notification LICENSING [X] DOH Name of Contact Telephone Number [] EMERGENCY Betty Hastings []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11-4-14 11-5-14 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or >3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Is Type Abatement Location Location of Description of Normally Asbestos-Containing NCAPSUL Asbestos-Containing Amount NCHOSU Used REPAIR EMOV Material (ACM) Solely Material (ACM) (Specify By Main-TO BE ABATED (i.e., thermal systems SF or tenance/ In Facility insulation, surfacing, VAT, LF) Custodial A (13)or other miscellaneous) Staff (12) Yes No N/A Basement X 95 lf X Pipe Insulation Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 11-6-14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Constantine Vivian President 10-27-14

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Date of Notification (1)		(PUL				Owner/Operato	-	同府官	0			E
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Agencies Notified Type	e Notific	ation		reet Add					ialo+	۸ .		- 11
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						INFORMATION						
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								ial buildings,				
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City, State, Zip Code			23	12		City, State,						
,,						Montcla		07042				
Project Manager for Moni	toring F	i	molor	ohone Num	hor	Telephone Nu			ticor	200	Number	
rioject Manager for Moni	rtoring F		N/A		Der	(973) 74				37:		
Scheduled Start Date (10)) Sch			ion Date	(11)	Name of OSHA			1			
11-3-14), SCII	11-	100		(11)	N/A	MOIII COI					
Month Day Year	Me	onth	Day		r	1723						
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Name of Registered Waste		īC		P Waste er ID No		bic Yards Waste 1.5		Registered La	ndfill	-		
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Montclair, NJ 07042				10-11-14				4 Morrisville, PA 19067				
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Print	Form

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) OCT 3 1 2014 **TOBIN JACO** 09/30/2014 Street Address Agencies Notified Type Notification 214 WILSEY CT. ASBESTOS CONTROL & **EPA** Initial City, State, Zip Code Amended LICENSING DEP PARMUS N.J. 07652 × DOL Amendment # Emergency (including Telephone Number Name of Contact justification) X DOH **TOBIN JACOB** Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) PRIVATE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 214 WILSEY CT. etc.) # of Floors Bldg. Age Square Feet City (5) 1.800 2 81 PARMUS N.J. 07652 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) N/A Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. SHARON QUALITY CONSTRUCTION LLC N/A Street Address Street Address 22 VAN ORDEN PL. City, State, Zip Code City, State, Zip Code HACKENSACK N.J. 07601 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01135 201-708-4270 N/A Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) EMSL ANALITYCAL INC. 10/30/2014 10/02/2014 Street Address Occupancy Status During Abatement (Check Only One) 307WEST - 38TH ST. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other – Describe: NEW YORK N.Y. 10038 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation × Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A BASEMENT X VAT-FLOOR TILE 158 SF. X VAT-FLOOR TILE 12X12 50 SF X X BASEMENT NOT ACM Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste MINERVA ENTERPRISE INC. SHARON QUALITY CONSTRUCTION LLC. 0033967 TBD Disposal Date City, State City, State

TBD

SAFETY MANGER

Signature

Date

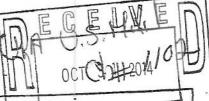
09/30/2014

WAYNESBURG, OHIO

Completed by

HACKENSACK N.J.

CARLOS ESQUIVEL



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Date of Notification (1)	11/20/11	Name of Building	Ome#Operator			OS CONTROL &
	10/28/14	MICHAEL	MAHON	364,4	ASBEST	ICENSING .
Igency Notified T	ype Notification	Street Address	3698	,		
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/	inelizziion)	1 11/2		1		
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227 ELIZI	ABETH AU	E		homes, etc.) Square Feet	# of Floors	Bldg. Age
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lame of Monitoring Firm H	red by Building Owner	ASCM No.	Name of Abates	nent Contractor (
B)			NOUAL Sheet Address	€D 10	<u> </u>	
Street Address	·	· .	PO. B	N814	••.	
City, State, Zip Code			City, State, Zip	Code 2006	0.0.0	8857 .
City, State, Zer Code				7006	- License No.	
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D Other - Describe:	Pront security)		ÉFE	Continuent wi i-Endoses	h Negative Pres	SEE .
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ASB-41	. Done	of use this form for assessment		1		
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EPA 🗹	Notification		Street / 575 F	Address ROUTE	E 70				111)(),		1	+	
DEP L	Initial Amended Amendment #		City, S	tate, Zip CK, NJ	Code 08723				ASI	BESTOS C	NTRUL NG			
DOL	Emergency (includir iustification)	ng	Name GEC	of Conta RGE	act BARDSLE	ΞY			-					
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ame of Facility Where Abate AKEWOOD PLAZA 2	ment is Taking Place APARTMENT	€ (3)					Пуре	School (<-12)	er than K-12) k commercial t	nuildinas	, hổm	es,	
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LAKEWOOD			Cour (STA	nty Code	(7) ONLY)		RE	ESIDEN	HAL	ing demolishe	a) 			-
OCEAN Name of Monitoring Firm Hir	ed by Building Owne	er (8)	A	SCM No		Nam	e of Al	batement g Touch	Contracto Asbesto	r (9) os Abateme	nt Corr	o., In	D. 	4
N/A Street Address					19	58		oadway,						
						City	State	, Zip Cod	e VJ 07740					
City, State, Zip Code										License No	D.			
Project Manager for Monito				ephone		73		2.8372 OSHA Mo	nitor	00040				_
Start Date (10) Nov. 12, 2014	Sc N	heduled lov. 17,	Comple 2014	etion Da	te (11)	N	/A							
Occupancy Status During	Abatement (Check O	nly One)				Str	eet Ad	idress						_
Facility Closed/Vacat	Entire Der	ind of Abi	atemei	nt		Cit	y, Stat	te, Zip Co	de					
Other - Describe: Scope of Work (Check All							П	F. II Co.	ntainment	with Negative	Pressure	;		
Scope of Work (Chesky and		✓ Re	novatio	on			~	Mini-Er	closure	L				
≥3 st or ≥3 ii ≥160 sf or ≥260 lf		☐ De	emolitio	n			~	Gloveb Non-Ex	ag Proced empted (*	ure) and Non-Fria	able Proc	edure		_
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				NJDEP \	Maste	Cubic	Yards		Name of F	Registered Lar	dfill			
Name of Registered W Finishing Touch As	aste Hauler sbestos Abateme	ent Corp		Hauler II 12058) No.	of Was 1 Cy	te		City State	LANDFILL	-			_
City, State Long Branch, NJ (Dispos 11/17	/14		Tullyto	wn, PA	Date			_
Completed by		Title	esider		ef.	S	ignatu	S Tue	0	alma	10/2	9/14		

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Building Owner/Operator (2)											
10/27/2014					STATE OF	NEW JE	RSEY, JUVEN	ILE JUSTICE SYSTE	M						
Agencies Notified Ty	ype Notifica	tion			Street Addres	SS									
EPA F	☐ Initial			7.000.00	HUGHES J	USTICE	COMPLEX, 25	MARKET STREET							
□ DEP	Amende	d Amer	dment	#3	City, State, Z						15.000				
	Emerge			100	TRENTON.		25-008	456.3	SERVICE THE	147	100				
□ DOH	justificat	ion)			Name of Cor				Telep	hone	Numb	oer			
DCA	☐ Cancella	- S			STANLEY '	THOMPS	SON (OWNER'S	S REP)				-			
				F	ACILITY IN					-	-				
Name of Facility Where Abat	ement is Ta	kina Pla	ace (3)					Type of Facility (4)							
VINELAND PREPARATO			(-)					School (K-12)							
Street Address	IKI ACAI	JEJIVE E						Subchapter 8 (Othe	er than	K-12)				
2000 MAPLE AVENUE								Other (i.e., private				dinas)			
City (5)								Square Feet			Bldg.				
								oquaio i oot							
VINELAND, NJ 08361 County					County Code	(7) (STA	TE USE ONLY)	AIRPORT							
					County Code	(1) (317	TE OSE ONET	And Ord							
CUMBERLAND	ad bu Duildii	na Oum	or (0)		ASCM No.	Mama of	f Abatement Cont	ractor (9)							
Name of Monitoring Firm Hire	ed by Buildi	ng Own	er (a)		ASCIVI ING.	En les connections de la Connection de l									
PENNONI ASSOCIATES	1124				L			RONMENTAL INC.							
Street Address	2000 AUG 1920					Street A		CDOAD							
515 GROVE STREET, SU	*		1 22		CK FOREST R										
					ite, Zip Code										
HADDON HEIGHTS, NJ			9 2 2				TON, NJ 08691	1 4				w= 15,53			
Project Manager for Monitoring	ng Firm	1	one N			Telepho				ise No).				
JOE ANELLO, JR.		6856-				609-890			0067	6					
Start Date (10)	-	Sched	uled C	ompleti	on Date (11)	E and a contract of	f OSHA Monitor								
10/13/2014		10/28/	COMMENTAL CO.			AMER	ITECH SERVIC	ES							
Occupancy Status During Ab						Street A									
Facility Closed/Vacated	During Ent	ire Perio	od of A	bateme	ent	VENUE				15.0					
Abatement performed outside	de of workir	ng hours	5PM-	2 AM		City, Sta	ate, Zip Code								
EXTERIOR WORK						SEASII	DE, NJ 08753								
Scope of Work (Check all that	at apply)		00	1				Full Containment with Negative Pressure							
\searrow \geq 3 sf or \geq 3 lf					v Renova	ition		Mini-Enclosure	losure						
≥ 160 sf or ≥ 260 lf					☐ Demolit	tion		Glovebag Procedu	re						
								☐ Non-Exempted (*)							
			Locati						Abate	ement	Туре				
Location of Asbestos-Co	ntaining		mally L		A CONTRACTOR OF THE PARTY OF TH		stos Containing	A	7		Ē	m			
Material (ACM) TO BE AB			olely b		100000000000000000000000000000000000000		thermal systems	Amount (Specify SF or LF)	l en	Re	car	nclo			
Facility (13)			Staff?	/Custo		miscellan	g, VAT, or other	Li /	Removal	pair	Encapsulate	Enclosure			
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Traine of registered reaster.					Hauler ID No. Waste										
GOLD MEDAL ENV. INC.					35676	C.M.C.M.U.A.	. 1								
City, State						1 -4	20 YDS Disposal Date	CITY, STATE							
SEWELL, NJ						100 E	10/29/2014	WOODBINE, NJ 082	70						
Completed By Title						Signatu	n 27-Mar	01	Date		NA				
						In Va	WALL D	11/ Carlesa	10/2	7/201	4				
DAVID D'ANDREA PRESIDENT						1,00,0	7-1								

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

Date of Notification (1) 10-24-2014			Building Owner Ericksen	Operator	(2)		OCT	3	1 2	714	
Agencies Notified Type Notification		Street Add	iress rd Place					- est - 555	۷.	114	L
EPA Initial Amended Amendment #		City, State	, Zip Code Frange, NJ	07079		ASE	SESTO: LICE	S CO	ONT	ROL	&
		Name of C Graham	Contact Ericksen			Telephone	Number	_			
All Control of the Adams of the Tolling Dings	(2)	FACILI	TY INFORM	ATION	Type of Facility (4)					-
Name of Facility Where Abatement is Taking Place Residential	= (3)				School (K-1	2)	(40)				
Street Address 254 Ward Place					Subchapter Other (i.e. p	8 (Other than private & comm	nercial bu	uildin	ıgs, h	omes	
City (5) South Orange, NJ 07079					Square Feet 1435	# of Floors		Bldg 94	g. Ag	9	
County (6) Essex		County Co			Current Use (Pri	or if being dem	olished)				
Name of Monitoring Firm Hired by Building Owner	(8)	ASCM	No.		e of Abatement Co en Environmer		110				
Street Address		1			et Address		, LLO				\dashv
01-01-4-71-0-4-				Marie Commence	Virginia Avenu State, Zip Code	ie					-
City, State, Zip Code				Jers	sey City, NJ 07						
Project Manager for Monitoring Firm		Telephon	e No.	201	phone No. -333-8855	0117	se No. 74				
	duled Cor 24-2014		Date (11)	\$ 100 DOSS 2000	e of OSHA Monitor ne as above						
Occupancy Status During Abatement (Check Only	(One)			Stree	et Address						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe:	of Abaten cility Hours	ment s		City,	State, Zip Code	-					
Scope of Work (Check All That Apply)			2								
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	90.0000				Non-Exemple	and Non-	1 Habic I		Abate	ment	
Location of	Norma	ally		Descripti	on of		-		Тур	oe T	
Asbestos-Containing Material (ACM)	Used Sole Maintena Custodial (12)	ance/ Staff?	(i.e. the			Amoun (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic Yard	T-1	of Registered L		E II			
Green Environmental Services, LLC		0034889	9 4			D.W.S. North	Land	1111			
City, State Jersey City, NJ				Disposal D 0-24-20		ate sville, PA					
Completed by	itle Office Ma	ce Manager			ture	dwzs	10-		2014		



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Date of Notification (1) 10-27-2014	Na Pe	me of Bu	ilding Owner/Op ic Loan Servi	erator (ces, L	(2) LC			OCT	2.1	2014		Ш	
Agencies Notified Type Notification		eet Addre 2 Ege	ess Avenue				П	UCI	J 1	2014			
EPA Initial Amended Amendment #	Cit	y, State, ersey C	Zip Code ity NJ 07304				10.55	LK	OS COI CENSIN		DL &		
▼ DOH □ DCA □ DCA □ Cancellation	1000000	ime of Co rian Mo			i.		Telepho	ne Nun					
		FACILIT	Y INFORMATIC	N	Type of Fa	cility (4)		-		-	9	\dashv	
Name of Facility Where Abatement is Taking Place (3) Residential	71				Scho	ol (K-12)	(Other th	an K-12	2)				
Street Address 202 Ege Avenue					Other etc.) Square Fe	r (i.e. priv	rate & cor	mmerci	al buildin	gs, ho	15		
City (5) Jersey City NJ 07304					2500		3		194				
County (6) Hudson		ounty Co	ede (7) E ONLY)	_	Current U			iemona				_	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM N	No.	Gre	of Abateme en Enviro	nmenta	actor (9) Il Servic	ces, Ll	LC				
Street Address				235	t Address Virginia A						1		
City, State, Zip Code				City, Jers	State, Zip C sey City, N	ode NJ 0730							
Project Manager for Monitoring Firm	T	elephone	e No.	111000000000000000000000000000000000000	hone No. -333-885	5	100000	cense I 1174	۷o.				
Start Date (10) Schedul 10-28-2014 10-28-		pletion D	ate (11)		e of OSHA N ne as abo								
Occupancy Status During Abatement (Check Only O	ne)			Stree	et Address								
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilit Other – Describe:	Abatem y Hours	ent		City,	State, Zip C	Code							
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	ls Locati Normal		D	escripti	on of					Ty			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	sed Sole laintena stodial S (12)	nce/ Staff?	Asbestos Co (i.e. therma surf	ntaining al syste acing,	Material (A ems insulation VAT, or llaneous)	ACM) on,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure	
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									_	-	_		
Name of Registered Waste Hauler Green Environmental Services, LLC	NJDEP Waste Cubic Y Hauler ID No. of Wast 0034889 5					G.R.O.	Register .W.S. N						
City, State Jersey City, NJ				28-20	14	City, Sta Morris	ite ville, PA	4	Date				
Completed by Liliana Pedraza Title		nager		\$igns	-1 Cu	200	102	2	10-28-2014				

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

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Date of Notification (1) 10/28/14 Agencies Notified Type Notification							Building (Realty C			(2))CT	3 1	201	Λ		\parallel
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X DOH		justif	rgency (i ication) cellation	ncluding		Name of	Contact					Tele	phone	Num	ber			
	acility Where	A h a t a 1	. T.I.I.	DI (0		FACIL	LITY INFO	DRMATI	ON	Ŧ	99 /4		* *	r Shear	, e - ₂			
	ealty Copor		is raking	Place (3)					Type of F	ool (K-12							
Street Add										Subo Othe	chapter a er (i.e. pr	8 (Othe				lings,	home	es,
City (5) Paramu	s									Square F	eet	# of	Floors		В	ldg. A	ge	
County (6) Bergen						County C	ode (7) ISE ONLY)			Current U	se (Prio	r if beir	ng demo	olishe	ed)			
Name of M	Monitoring Firm	Hired by B	uilding C	wner (8)		ASCM	No.			of Abateme		tractor	(9)					
Street Add	dress							-		Address 87th Str	eet Su	ıite A	1					
City, State	roject Manager for Monitoring Firm								(55.20)	tate, Zip C		7047					- 111	
Project Ma	Project Manager for Monitoring Firm					Telephor	ne No.			one No. 293-630	5		Licens 0122					
	Start Date (10) Scheduled 10/28/14 10/29/14					HILI				of OSHA N		LTING	S LLC					
Occupanc	y Status Durin	g Abatemer	nt (Check	Only Or	ne)	Street A					E407			_			-	
× Facili	ity Closed/Vac ement Perform	ated During	Entire P	eriod of A	Abaten	nent			200000000000000000000000000000000000000	ROUTE tate, Zip Co		SUI	E 10	<i>(</i>				
	r – Describe:							_		ON NJ 07								
Scope of V	Nork (Check A	II That Appl	у)							•								
	or ≥3 If sf or ≥260 If				Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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	Ceiling								AIB				00 SF		х			
Around the house								VAT			2,0	00 SF		х				
Name of Registered Waste Hauler				N	JDEP W	aste	Cubic	Yards	Na	ame of R	Register	red Lan	ıdfill					
SAN TON SERVICES 2				auler ID I 2430	No.	of Wa	ste		EDOV				MM	ISIO	N			
City, State KENILWORTH, NJ				Disposal Date				. The control of the	ty, State EARN									
Completed by Title				ect Ma	Sign t Manager				Signature Date 10/28/14						4			

CK 859'd

NOTIFICATION OF ASBESTOS ABATEMENT

			(Pur	suant	to NJA	C 8:60 and 5:16	9 15			1111
Date of Notification (1)			T	Name (of Building	Owner/Operator (2	2)	OCT 3	1 2014	
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	Notification			Street	Address					1
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	nergency (inc	dudina		E	Im w	000	PARK	N50	740	7
	tification)			Name	of Contact			Telephone Numb	er	
	ncellation			R	1-12	OND CI	" EDING			
				FAC	ILITY IN	FORMATION	13/1100			
Name of Facility Where Abateme	ent is Taking	Place	(3)				Type of Facility	(4)		
Elmwood Parl				' 1	ا ما ا	S c Hard	School (K-12			
Street Address	1419	17	/ ///	100	1) €	JUNOUI	☐ Subchapter 8	(Other than K-12)		
375 P		. ()		3		Other (i.e., p homes, etc.)	rivate and commer	cial buildings,	
			1,1	ve			Square Feet	# of Floors	Bldg. Age	
Flan . r	D- 1	,						10.70		
Elmwool County (6)	(AC)		- 2	Cours	ty Codo (7)	STATE LISE ONLY	+500	ior if being demolis	4 25	
B 2 2	<i>-</i> .	- ,		Coun	y Code (/)	(STATE USE DIVLY)			neu)	
Bergen Name of Monitoring Firm Hired b	COUN	17	D) /	ASCM I	lo.	Name of Abateme	5cr			
water to the second of the sec			200		NO.					
Street Address	me~ A	<6.4	Tradio	15		Street Address	virowa en	TAI CONT.	Relets	ine
	0	\					0	^		
20 LAUCK City, State, Zip Code	KOAI					City, State, Zip Co	uck Ro	DAU		
	0	7	c -	7/1			_	1951		
MohnTon, Project Manager for Monitoring F	Y'A	- 1	()	90	la.	MohaTo Telephone No.	IN, IA	1954	υ	
				hone l			700		_	
Mike KA	Sched	ulad C	610	-85	6-7700	610 - 856 Name of OSHA M		0110	ch	
Start Date (10)	Sched							1		
				€ ′ _	7	CET	I LAR	5 5		
Occupancy Status During Abate						Street Address	2 2 2			
Facility Closed/Vacated During Abatement Performed Outside						107 Ne	w EdiT	ion Con	72	
Time of Abatement: 10 CA	M- 400PM	raciiiy M`.	M°.	s - Desi	AM					
						CASY	NC	27511		
Scope of Work (Check all that a	oply)						tainment with Ne			
≥3 sf or ≥3 lf		₽ Re	novatio	on		☐ Mini-End		gauve riessure		
≥160 sf or ≥260 If		☐ De	molitio	n .			g Procedure	- Fiels Desertin		
		la la	Lanati			□ Non-Exe	empted (*) and No	n-Friable Procedu	T	
Location of		1000	Locati Iormal			Description of	√f.		Abatemen	
Asbestos-Containing Materia	I (ACM)	100000000000000000000000000000000000000	d Sole			stos Containing Ma	aterial (ACM)	Amount '	Repair	enc enc
TO BE ABATED			intenar odial S		(i.e	, thermal systems		(Specify	Repair	Enclosure
IN Facility (13)		Ous	(12)	Jun:		surfacing, VAT other miscellane		SF or LF)	<u> </u>	Enclosure Encapsulate
		Yes	No	N/A			/			.D
Class Room 3	7.1	П	a			. (1 = 1.		
		=	25000			rmal syst			1-1-1-	オテ
Class Room 11	ي) .	Ш	@			nal SysTer			12121	714
Auditorium			B		TIAN	ISTE POL	vel	5F 5		
Boiler Room		0			Del			SF 5		
Name of Registered Waste Hau	ler	-	· N	JDEP \		Cubic Yards of	Name of Regi			
KAA Environmental	e -	_	H	auler IE		Waste	200		F. 11	
City, State	CENTER	(16+2		008	15	Va cuy d Disposal Date	City. State	UA LAND	1.7.	
	24									
mohwTow / f Completed By (Print or Type)	Title					11-26-14 Signature	WANNE	sburg, 0	H ate	
						Signature	ΛΟ			
ANTHONY JSANTA	relli /	per	A)	101	دد	Cull	-71/ Du		ロースカート	7
JAN 13						os licensure exemp	oted activities			

2014-203

B & G proj. #:

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

*** EMERGENCY ***

Check # 6879

Date of Notification					/Operator (2)								
11 10 1/12 18			Shahil Jar							-			
Agencies Notified EPA	Type Notificatio		eet Address 380 Ridge										
☐ DEP		Cit	y, State, Zi	p Code									
X DOL	Amendm	ent	Cedar G	rove, NJ	07009					- 301	End-ther	Control of the last	
M DOH	☐ Cancellat	ion	me of Cont					Telephone	Number	don't			
☐ DCA	Cancellat		Shahil Ja	ariwala								_	
			1	FACIL	ITY INFORM	ATION							
Name of facility w	where abatement is	taking place	e (3)					Type of Facility (4	4) (K - 12)				
Shahil Jariwa			2						apter 8 (Other	r tha	n K-1	2)	
Street Address									Private/Comr	nerc	ial		
380 Ridge R	Road								Homes, etc. # of Floors	Т	Bldg	g. Age	
City (5)		Count	y (6)				nty Code (7)					0	
	e, NJ 07009	Ess	ex			(Stat	e use only)	Current Use (Pr residential	ior if being de	emol	isned	1)	
Name of Monitor	ing Firm Hired by B	ldg. Owner	r (8)	1	ASCM No.		Name of Abatement	Contractor (9)					
n/a							B & G Restora	tion, Inc.					
Street Address							Street Address 105 Ryerson	Road					
City, State, Zip Co	ode						City, State, Zip Code						
City, State, Zip Co	oue ·						Lincoln Park,	NJ 07035					
Project Manager f	for Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-686	69	License Nu 0037		r		
							Name of OSHA Mo			<u> </u>			
Scheduled Start D	Date (10)	Sched.	Completio	n Date (11)		B & G Restora						
10/29/2014	1	10/2	9/2014				Street Address						
	s During Abatemen						105 Ryerson I			_	_		
Abatement	sed/vacated during performed outside	entire perion of normal f	d of abater acility hour	ment. s-			City, State, Zip Code						
Describe: Other-Describe	oribe:						LincolnPark, N	13 07035		_		1 X 2	
	check all that apply					(Z) -			Claurahaa		sod:		
Demolition	X	Renovatio	n				ull Containment w/n	egative pressure	☐ Glovebag ☐ Non-friab				
>3 sf or >3	if :	≥160 sf or 3				<u> </u>	/lini-enclosure		TROIT-MAD		R	E .	
Location of			normally unance/cust		1		. t t	Amount	. 6	•	е	n t	
asbestos-c material to		staff(12)			Descripti		sbestos-containing	(Specify S	SF or	n	p a	a	
abated in fa		Yes	No	N/A				LF)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		i	P	
basement boil	pasement boiler room						ket insulation	36 sf			口		
],	빆	닉냐	
										믞	井	부분	
										╬	井	금뉴	
Berlin Office	Hauler	INTICE	P Hauler I	D# 10	ubic Yards of	Waste	Name of Registere	ed Landfill		<u> </u>	-1	<u> </u>	
Registered Waste B & G Restor	ration, Inc.		9563		11		Tullytowi	n Resource & R	ecovery Co	ente	er		
City, State				Disposal D	ate 30/2014		City, State Tullytown	, PA					
Lincoln Park, NJ 10/3 Completed by (Print or Type) Title					I Claratura				Date				
Gordana Lur	ry/Treasu	ırer	Gordana Luna 10/28/2014										

B&G proj.#: 2014-203

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

EMERGENCY***

Check # 6879

Date of Notification	1 (1)	II N	me of Buil	ding Owne	r/Operator (2)											
11 10 1/12 18	1/11/4		Shahil Ja	000000 0 .04.04.05.00.40			1	PROVED								
Agencies Notified EPA	Type Notificati	11-	reet Addres 380 Ridg		•		1 41 0	dinature)				,				
N DOF	Amendr	nent Ci	ty, State, Z Cedar G		07009		Date: JAA				-1					
DOH DCA	Cancellá		Shahil J			40		Telephon	ie Numbei		_					
				FACI	LITY INFORM	ATION		, , , ,								
Name of facility w		s taking pla	ce (S)					1 =	of (K-12)			72.58				
Shahil Jariwa Street Address					· · · · · · · · · · · · · · · · · · ·			X Other	apter & (C (Private/C /Homes, e	omme		·12)				
380 Ridge R	oad							Square Feet			В	dg, A	30			
City (5) Cedar Grove	e, NJ 07009	Ess	500				nty Code (7) e use only)	Current Use (P	rlor lf.beim	g den	nollshi	<u>≥d</u>)				
Name of Monitori	ng Firm Hired by	Bldg. Owne	r (8)	1	ASCM No.	<u>' </u>	Name of Abatemen									
n/a						_]]	B & G Restora	tion, Inc.								
Street Address							Street Address 105 Ryerson	Road				e ve				
City, State, Zip Co.	de	NU-VIII					City, State, Zip Code Lincoln Park,						,			
Project Manager fo	or Monitoring Firm	1	Ph	one Numb	er		Telephone Number (973)696-680	69	License	Num 378	öer					
Scheduled Start D	ate (10)	Sched	, Completic	n Date (1)		Name of OSHA Mon B & G Restors									
10/29/2014			9/2014		_		Street Address				A	- TO				
	ed/vecated during performed outside	entire porio	od of abate				105 Ryerson F City, State, Zip Code LincolnPark, N	,	•							
Scope of Work (c		1)	•								-		1			
Demolition >3 of or >3 to		Renovatio ≥160 of or	1			1	ull Containment wine lini-enclosure	egative pressure	☐ Glove ☐ Non-f							
Location of asbestos-co meterial to b		ts location by mainte staff(12)	normally in nance/cust	odial Ised solely	1		bestos-containing	Amount (Specify:	SF or	Remo	Rep	E n	E O			
abated in for	cility (13)	No	N/A		, 4		LF)		V	i	p .	L				
basement boile	r room		X	boiler mel	al jac	cet insulation	36 sf		×		<u> </u>					
					-	102			쓔	H	1	片				
					-	-				占	片	H	怡			
-											百		百			
Registered Waste I B & G Restora			P Hauler I 9563		Doic Yards of	Waste	Name of Registere Tullytown	d Landfill Resource & Re	ecovery	Cen	ter					
City, State Lincoln Park,	Disposal D 10/	ate 30/2014		City, State Tuilytown,	PA											
Completed by (Pring Gordana Luna		Title Secretar	y/Treasu	irer	Signature	Gordona Luna Date 10/28/2014										

Cubic Yards of Waste

11/03/2014 Signature

NUDER Houser ID

Secretary/Treasurer

Name of Registered Landill

Condina Lan

Tüllytown, PA

Tullytown Resource & Recovery Center

10/27/2014

office area

Right elegy beneutique

City, State Lincoln Park, NJ

Gordana Luna

B & G Restoration, Inc.

Completed by (Print or Type)

State of the

Notification of Asbestos Abatement

2014-190 B & G proj. #:

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

Date of Notification (1)	1 I had	ime of Building	· Ownai	(Operator (2)		APPR	rhwirith	1							
11 10 1/12 17 1/11 141	1.7	Kathleen Sk		, operator (a)		Na Sept. of Health	& Senior Services								
Agencies Notified Type Notificati		eet Address 423 77th St	reet			The second second	alure) Q-11 Owner	-				an and			
DEP .	cii	ty, State, Zip C	ode			- Doler 1	Times	3							
DOL Amenda	nent	North Berg	en, N.	07047					-0.1			Title State of the last			
HOD X		me of Contact				2.	Tolephone	Number							
☐ DCA ☐ Cancella	ition	Kathleen S	Skubis	<u> </u>											
			FACIL	ITY INFORMA	ATION	- 10									
Name of facility where abatement I	s taking pla	ce (3)					Type of Facility (4) (K - 12)							
Kathleen Skubisz							=	pter 8 (Othe	er th	an K-	12)				
Street Address			9.1				X Other (F	rivate/Com							
423 77th Street								iomes, etc. 4 of Floors	1	Bld	g. Ag	6			
City (5)	Coun	ty (6)			Coun	ty Code (7)				, Juganija					
North Bergen	Huc	ison			(State	use only)	Current Use (Pr	or if being o	lem	molished)					
Name of Monitoring Firm Hired by			-	ASCM No.	111	Name of Abatement C	residential			-					
Name of Monitoring Pilm Filed by	alog. Owne		-	Months (40)	. 11	B & G Restoration									
Street Address		- Marine De			Street Address						-				
Phone Valences			wonen w.nor			105 Ryerson Ro	oad								
City, State, Zip Code	***************************************					city, State, Zip Code Lincoln Park, N	NJ 07035			1000		,			
Project Manager for Monitoring Firm	1	Phone	Numb	31		Telephone Number License Number (973)696-6869 00378									
Scheduled Start Date (10)	Sched	. Completion I	Date (11)		Name of OSHA Monitor B & G Restoration, Inc.									
10/30/2014	10/3	31/2014			11:	Street Address									
Occupancy Status During Abateme						105 Ryerson Road									
Facility closed/vacated during Abatement performed outside Describe; Other-Describo;	ontire perion of normal	od of abateme facility hours	nt.		_	City, State, Zip Code LincolnPark, N.	07035								
Scope of Work (check all that app	v)										F).				
	Renovatio					ill Containment w/neg ini-endosure	20 S.	Gloveba							
	Is location	n normally use	d solely	1			1	. 1	R	R	É.	E			
Location of asbestos-containing	by mainte staff(12)	enance/custod	lal '			bestos-containing	Amount (Specify S	- 1	e s m	P	n	n			
material to be abated in facility (13)	Yes	No '	N/A	moterial	(ACM)		LF)		0	a i	a p	L			
basement boller room			X	pipe insul	Marie Harris		33 lf	The state of the s	X	닏	片	1			
office area			X	_pipe insul	lation_		24 lf		X	<u></u>	ዙ	H			
			ev ·			- D - Min - MO			7	H	一	T			
4			7000		***************************************						面				
Registered Waste Haufer B & G Restoration, Inc.	DIOLN	EP Hauler ID# 19563	_ _	ubic Yards of	Waste	Name of Registered Tullytown	Landfill Resource & Re	covery C	en	er					
City, State Lincoln Park, NJ		Dis	posal D	nate 03/2014	- F CLASS	City, State Tullytown,	PA			;					
Completed by (Print or Type) Gordana Luna	Title Secreta	ry/Treasure	==	Signature		Gordana Date 10/27/2					/2014				

B & G proj. #: 2014-190

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

*** E M E R G E N C Y ***

Date of Notification	1 (1)	[1]	Name of Bui	ildina Owr	er/Operator (2)	-									
1 10 1/12 17			Kathleen Skubisz													
Agencies Notified EPA	Type Notification	on 3	Street Addre	17. T.						1000						
☐ DEP	Initial		423 77th									-				
₩ DOL	Amendm		City, State, Z North B		J 07047											
M DOH		1	lame of Cor					Telepho	ne Numbe	Г	linitetus:		Real Property lies			
☐ DCA	Cancella Cancella	tion	Kathlee	n Skubi	SZ			V								
					ILITY INFORM	MATION	N									
Name of facility wh	nere abatement is	taking pl	ace (3)					Type of Facility								
Kathleen Sku	bisz								ool (K - 12)			40)				
Street Address				94			-		chapter 8 (0 r (Private/0			-12)				
423 77th Stre	eet							Bldg: Square Feet	# of Floo	etc.						
City (5)		Cou	nty (6)			Cou	unty Code (7)	Square reet	# 01 1100	15		ug. A	.gc			
North Berger	1	Ни	ıdson			(Sta	ate use only)	Current Use (residential	Prior if beir	ng den	nolish	ed)				
Name of Monitorin	g Firm Hired by E	Bldg. Own	er (8)		ASCM No.		Name of Abatement C						-			
n/a							B & G Restoration	on, Inc.			_					
Street Address						Street Address 105 Ryerson Ro	oad									
City, State, Zip Cod	е						City, State, Zip Code Lincoln Park, N	IJ 07035					BESTER HERENAND OF			
Project Manager for	r Monitoring Firm		Ph	one Numb	per	_	Telephone Number License Number (973)696-6869 00378									
Scheduled Start Da	to (10)	IScho	d. Completio	n Date (1	1)	_	Name of OSHA Monito	1								
10/30/2014	ite (10)	i	31/2014	on Date (1	1)		B & G Restoration	on, Inc.								
Occupancy Status !	During Abatemen					_	Street Address 105 Ryerson Ro	ad								
Facility closed	d/vacated during	entire per	iod of abate				City, State, Zip Code	-								
Abatement per Describe:	erformed outside	of normal	facility hour	'S-		_		07005								
Other-Describ	-					_	LincolnPark, NJ	07035					1			
Scope of Work (ch Demolition) Renovati	on			□ F	Full Containment w/nega	ative pressure	✗ Glove	bag pr	ocedi	ле				
		160 sf or	≥260 If			X I	Mini-enclosure		☐ Non-f	riable	proce	dure				
Location of			n normally u		у					R	R	E	E			
asbestos-con material to be		staff(12)	- Tarroe/cust	Julian	Descripti material		sbestos-containing	Amount (Specify	SF or	m	р	n c	n			
abated in faci	ility (13)	Yes	No	N/A		(*)		LF)		v e	i	a p	L			
basement boiler	room			X	pipe insul	ation		33 lf		X	Ó					
office area				X	pipe insul	ation		24 lf		X						
													H			
										H		님	님			
Registered Waste H	auler	IN.ID	EP Hauler II	D# T.C	ubic Yards of	Waste	Name of Registered L	andfill		ЦЦ.		Ш				
B & G Restorat			19563		1		Tullytown R	Resource & F	Recovery	Cen	er					
City, State Lincoln Park, N	1J			Disposal Di	03/2014		City, State Tullytown, P	A			M2201-01	ν.				
Completed by (Print Gordana Luna		Title Secreta	ry/Treasu	ırer	Signature	The state of the s										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

RECEIVED Date of Notification (1) Name of Building Owner/Operator (2) /Job # 1410-1925 Chk. #3807 10 16 14 Mr. Thomas Keyes Agencies Notified Type Notification Street Address ☐ Initial 29 Lexington Road ASRESTOS CONTROL □ DOLWD City, State, Zip Code & LICENSING **⊠** DHSS Amendment #1 Howell, NJ 07731 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) iustification) ☐ Cancellation Thomas Keyes FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 29 Lexington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Howell 1400 SF 1963 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) American Environmental Specialists Asbestos and Mold Services, Corp. Street Address Street Address 118 Westbury Court 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Marlton, NJ 08053 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Murray Snyder 856-985-2885 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 29 / 14 10 / 31 / 14 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 if □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Floor Tile and Mastic 400 SF \boxtimes П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 5 City, State Disposal Date City, State Freehold, NJ 11/1/14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Kimberly A. Trumbetti Office Coordinator

ASB-41 **MAY 11**

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

OK 9907

Date of Notification (1)				Name	of Building	Owner/Operator (2)	RECE	IVE	n			
10/27	/14			St. I	_uke's H	ospital		E & Eur Not how	1 V L	المية			
	pe Notification			Street	Address		9#1	4 0CT 31	AM	1:5	9		
	Initial			185	Roseber	rry St.	cat	1 00 1 01	MI I		.0		
	Amended			City, S	tate, Zip C	ode	4 .%	me nor an	0011	DN	01		
	Amendment # <u>0</u>			Phil	lipsburg	, NJ 08865	AS	BESTOS	LUM	711	UL.		
	Emergency (including justification)	cluding			of Contact	ATTION OF THE PARTY OF THE PART		& LICE	#31 K	Li -			
(NJAC 5:23-8)	Cancellation				Ruhf	`							
	Cancellation				ATTENDED TO THE STATE OF THE ST								
				FAC	HITY IN	FORMATION							
Name of Facility Where Abate	ement is Taking	Place	(3)				Type of Facility (4)					
St. Luke's Hospital							School (K-12)		20000000				
Street Address							Subchapter 8			l buil	dina		
185 Roseberry St.							Other (i.e., pr homes, etc.)	ivate and con	ninercia	ı buli	ungs	,	
			_				Square Feet	# of Floors		RId	g. Ag		
City (5)							- 55		,	25 33		-	
Phillipsburg, NJ 08865				,			100,000+	2			0+		
County (6)				Coun	ty Code (7))(STATE USE ONLY)	Current Use (Pri	or if being der	molishe	d)			
Warren						•	Hospital						
Name of Monitoring Firm Hire	ed by Building C	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)			-			
Criterion Laboratories				NA		Proposition of the proposition o	ronmental Sys	tems					
Street Address				11/1		Street Address							
							64						
3370 Progress Dr., Ste	. J		7.507			550 East Uni							
City, State, Zip Code						City, State, Zip Co	ode						
Bensalem, PA 19020						West Cheste	r, PA 19382						
Project Manager for Monitorin	ng Firm		Tele	phone I	No.	Telephone No.		License N	0.				
Mike Panepresso			2	15-244	-1300	610-701-9000							
Start Date (10)	Cohed	ulad C	100	tion Da		Name of OSHA N	1600						
	1			_ / _		AET	ionicoi						
Occupancy Status During Ab	atement (Check	only	one)	4		Street Address							-
☐ Facility Closed/Vacated D		3.7	93	ment	**	28 N. Pennel	Road						
☐ Abatement Performed Ou	T				cribe							-	
Time of Abatement: 7AM-					CITOC	City, State, Zip C							
, <u>5</u>		_				Media, PA 19	063						
Scope of Work (Check all that	t apply)				5000 1100								
П > 2 - f > 2 . f		⊠ n-					tainment with Neg	gative Pressu	re,				
≥3 sf or ≥3 lf≥160 sf or >260 lf			novat moliti				g Procedure						
⊠ ≥ 100 si 0i ≥200 li			HOHL	511		⊠ Non-Exe	empted (*) and No	n-Friable Pro	cedure				
		Is	Loca	tion	T	(C)			T	Aha	ateme	ent T	vne
Location of		1 15	Norma			Description	of I		1				-
Asbestos-Containing Mat	erial (ACM)			ely by	Asbe	stos Containing Ma		Amoun	nt .	Remova	Repair	Encapsulate	inc
TO BE ABATE		0.0000	intena			e., thermal systems	insulation,	(Specify		100	air.	apo	los
IN Facility		Cus	todial (12)	Staff?	-	surfacing, VAT		SF or LF	F)	<u>a</u>		Sulc	Enclosure
(13)			T	1 00000	-	other miscellane	eous)			- 1	32	te	10000
		Yes	No	N/A									
1 st Floor				\boxtimes	VAT &	Mastic		14,500 \$	SF	\boxtimes			
1 st Floor			П		Dina In	culation		111 LF	F	\boxtimes		П	
i FiUUI			Ш		ripe in	sulation		111 4			ш	Ц	1
							-						
			П						5	П	П	П	
							-1-2-			Ц	Ш	Ц	
Name of Registered Waste H	lauler		100	NJDEP		Cubic Yards of	Name of Regis						
David Geppert Recycli	ing			-lauler I	D NO.	Waste 40	Western B	Berks Comn	nunity	Lan	dfill		
City, State						Disposal Date	City, State						
						TBD	Birdsboro	PΔ					
Hatfield, PA							Bildsb010	, - ^					,
Completed By (Print or Type) Titl	е				Signature	p. col		Date	1		1	2 24
Mark Griffin	E	stima	ator				71/1		10	/	27	7/	14
ASB-41							////			1	~/	+	
MAY 11	*	Do no	t use t	his form	for asbes	stos licensure exem	pted activities.		,			/	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) RECEIVED

	tification (1)					Name	ot Building	g Owner/Operator (2) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es i V have been						
_	10 / 2	.8/	14	_		New	Brunsv	vick BOE	/ Job # 1410-1929 Chk. # 2014 CCT 3 AM : 57							
Agencies N	Notified Ty	ype Notific	cation			Street	Address		4019 661 3	An I a				2000		
		Initial			3	PO	Box 268	3								
☑ DOLW] Amende	ed			100 A 100	tate, Zip 0		ASSEST8	S CONTROL						
☑ DHSS		Amenda	nent #			5/4				ENSING						
☐ DCA] Emerge	ency (incl	luding		7 - 1000 405 400	The second	vick, NJ 08903	CONTROL OF THE CONTRO							
(NJAC		justifica			V. 1	Name	of Contac	t .		Telephone Num	nber					
] Cancella	ation			Mr.	Harold (Goodwin					_			
					207	FAC	ILITY IN	IFORMATION			1					
Name of F	acility Where Aba	tement is	Taking I	Place	(3)				Type of Facility	(4)						
Paul Ro	obeson								School (K-12							
Street Add	ress					7.7.				8 (Other than K-12 private and comme		ildina	9			
199 Co	mmercial Aven	nue							homes, etc.		iciai bu	iidii ig.	٥,			
City (5)									Square Feet	# of Floors	Blo	ig. Ag	ie .			
- 1.3 Oct - 1.1.	unswic								54,000	1		1970	200			
						T 0	b . O - d - /	7\/07475 1105 0411\/				1370				
County (6)						Coun	ty Code (/	7)(STATE USE ONLY)		rior if being demoli	isnea)					
Middles					0)	10011	N -	Talana at at at	School							
	Monitoring Firm Hir	red by Bu	iliaing Ov	wner (8)	ASCM	NO.	Name of Abatem								
	Engineering								d Mold Service	es, Corp.		65				
Street Add								Street Address								
	int Street							3859 Sylon E								
City, State,								City, State, Zip C	ode							
TO SECTION AND A	n, NJ 08102							Hainesport, I	NJ 08036			200.0021				
Project Ma	nager for Monitor	ring Firm			Tele	phone I	No.	Telephone No.		License No.						
Wayne	Moran				85	6-541	-0700	609-702-0400	00 00862							
Start Date	(10)		Schedu	ıled C	omple	tion Da	e (11)	Name of OSHA N	/lonitor							
	(10) / <u>6</u> /	14				tion Dat		Name of OSHA N EMSL Analyt								
11	1 _ 6 _ 1 _		11	1 /	7			EMSL Analyt								
11_	/ 6 /	batement	11 (Check	only o	7 one)	_ / -		EMSL Analyti Street Address	tical, Inc.		- 2					
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CK 0542

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

RECEIVED

Date of Notification (1) 10/29/14				Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc. 31 AM 1: 65													
Agencies Notified	Type Notification			Street A	Address	, to an		0,01	J L IIIO	-17 (8)	3	-	M	1:5	~	-	
EPA	☐ Initial			70 Ea	st 55th 9	Street			A	WE .				. 0	3		
EPA DEP DOL	Amended Amendment				ate, Zip Co York, NY		2	1.0	7	& l	ICE	CE	MI	RO	L.		
▼ DOH ▼ DCA	Emergency justification) Cancellation	*:::::::::::::::::::::::::::::::::::::	I		of Contact es Caran	nes				Te	lephone	Nun	ber				
N				FAC	ILITY INFO	DRMAT	ION										
Name of Facility Where Toch Industrial Pa	: Abatement is Takin rk Building 31	g Place (3)					Type	of Facility	(4)		П					
Street Address	- Colletting 01								School (K-			17.40					
166-194 Passiac A	Ave							×	Subchapte Other (i.e.	orivate	er man & comm	N-12 nercia) al buil	dings	, hom	ies,	
City (5) Kearney					100000			-	etc.) re Feet	#0	f Floors		Bldg. Age				
County (6)				County	Code (7)				nt Use (Pri		ina dom	oliob					
Hudson	Hudson							Indu		OI II DE	ing dem	1011511	euj				
Name of Monitoring Fire Testor Technology)	ASC	M No.				tement Co Develop			es,	lnc.						
Street Address 10-59 Jackson Ave					Street A		S	rse S	uite 3-	51		-					
City, State, Zip Code							City, St							_		-	
Long Island City, N																	
Project Manager for Mo Sten Evenhouse	nitoring Firm			718-752-2090 718				phone No. License No. 01241									
Start Date (10) 9/22/14		Schedul 11/7/1		E 10 10 10 10 10 10 10 10 10 10 10 10 10				e of OSHA Monitor o Lopez									
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Street A	Addres	s	-		+	1000000				
Facility Closed/Vac	cated During Entire F	eriod of	Abater	nent			317 9	PORTA CONTRACTOR									
Other Describe:	ned Outside of Norm	ial Facility	y Hour	s 		_	City, Sta Union		o Code , NJ 070	87							
Scope of Work (Check A	All That Apply)											\top					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	56		Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls	Locat	ion				1101	LXCIIIptet	/ / air	d (VOII-)	Habit		Abate			
Location	n of		Norma ed Sole				scription o							Ту	ре		
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma Cus	intena todial ((12)	nce/ Staff?	thermal surfac	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
Theoreal		Yes	No	N/A											ю		
Through			X	-			Insulati				95 LF		X				
Through		1	X		_		VAT Ma				60 SF		X				
Roo		-	Х				ng/Flash			10,5	500 SF		X				
Exteri Name of Registered Was	X				ing/Glaz	zing			000 SF		X						
ATC	F	IJDEP W lauler ID 4310		Cubic of Was 379			Name of I Minerva	. S. S									
City, State Shirley, NY 11967		Disposal Date				c City, State Waynesburg, OH 44688											
Completed by		Title	-				ignature)		7	Date	1				
Sanford Alper	or Pro	ject Ex	ecutive				-				29/1	4					

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

CK 0543

			(P			:60 and 12:12			dia.	RE(F	12.	/ g~~	lmq.	
Date of Notification (1) 10/29/14						wner/Operato loldings LL		DVL Inc.				1 y)	
Agencies Notified EPA	Type Notification			Street A 70 Eas	ddress st 55th St	reet				OGT ;		AM	1 1:	64	
EPA DEP DOL	Amended Amendment				ite, Zip Cod ork, NY				AS#	EST 6	15 (201	ITA	กเ	
☑ DOH ☑ DCA	Emergency (justification) Cancellation	including			Contact S Caram	es		-	Tal		F M	\$1N	- ^1	U.C.	
N	71			FACI	LITY INFO	RMATION									
Name of Facility Where Toch Industrial Par Street Address		g Place (3)				Тур	e of Facility School (K- Subchapte	12)	or then I	K 12)				
166-194 Passaic A	Ave						×	Other (i.e. etc.)					dings	hom	es,
City (5) Kearney						W. C.C.	iare Feet .250	# o 5	f Floors			ildg. A	\ge		
County (6) Hudson		County ((STATE)	Code (7) USE ONLY)		Cur	rent Use (Pr	ior if bei	ing demo	olishe	ed)					
Name of Monitoring Fire Testor Technology)	ASCN	No.			oatement Co s Develop			es, I	nc.		- 394	e-s-lii	
Street Address 10-59 Jackson Ave	9				Stree 557		ess nd Concou	ırse Sı	uite 3-5	51	- em-				
City, State, Zip Code Long Island City, N	NY 11101							Zip Code Y 10451	***************************************		1				
Project Manager for Mo Sten Evenhouse	nitoring Firm	1000		Telephor	ne No. 52 - 2090	10,000	hone -906-	No. -1055		Licens			-00-00-0		
Start Date (10) 9/2/14		Schedul 11/31/		ompletion Date (11) Name				SHA Monitor							
Occupancy Status Durin	ng Abatement (Check	Only O	ne)			Stree		***************************************	-						000
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire P ned Outside of Norm	eriod of al Facility	Abaten y Hours	nent		City, S	State,	nedy Blvd Zip Code							
_	AN TELL ALLES					– Bay	onne	, NJ 0700	2						
Scope of Work (Check / ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)		Renova Demolit				K G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure					e	
			Locati	77.0								Abatement Type			
Asbestos-Containing TO BE AB In Faci	Location of bestos-Containing Material (ACM) TO BE ABATED In Facility (13) Not Used 3 Maint Custod			ly by nce/ staff?	(i.e. th	s Containing I nermal system surfacing, V/	scription of taining Material (ACM) I systems insulation, cing, VAT, or niscellaneous)			mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
1st, 2nd, 3rd, 4th,	5th 6th Floors	Yes	No	N/A		Dina Incula	tion.			VCO 1 F				10000	
Exteri	100	-	X	\vdash		Pipe Insula Caulking/Gl	-			060 LF	-	x			
Roo		-	-			Roofing		3		80 SF	-	×			
Roo		-	×		Evna	nsion Joints		Ilkino		50 SF	-+	X			
Name of Registered Wa				IDEP W		Cubic Yards	s/Cal	•		30 LF		X			
ATC	H	NJDEP Waste Hauler ID No. 24310 Cubic Yards of Waste 146				ds Name of Registered Landfill Minerva Enterprises									
City, State Shirley, NY 11967	nirley, NY 11967					Disposal Date 11/14/14	City, State Waynesburg, OH 44688						00000000		
Completed by Sanford Alper		Title Senio	or Pro	roject Executive Signature						Date 10/29/14					