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

				(Pursuant to N.J	I.A.C. 7:26-2.12)			ß	REC	En		
Date of Notification (1) 08/28/14			-		Name of Buildi		Operator (2)	2014 S 458E	· 0	-16	ED	
Agencies Notified		Notification	Timo		LG Electronics Street Address			2814	EP-	2 814		
Agencies Notified		Notification	Type		Street Address	2		A to me	30 3	- MIT	ା∶ ତୃହ	}
(X) EPA		() Initial Not			920 Sylvan Av			MOBE	STAS	17.5		
() DEP (X) DOL		(X) Amend () Cancelle		ation	City, State, Zip	Code		E	LICE	MOUN	IROI	
(X) DOL		() Cancelle	u		Englewood Cli	ffs. NJ 076	32		, o L	MICH	G^{-}	
() DCA					Name of Conta			Tel. Nu	mber			
					Steven Yu			L				
Name of Facility Where	Abatament is T	aking Place (*	3/	FACILITY IN	FORMATION Type of Facility	, (A)						
Name of Facility Vinere /	Abatement is 1	aking riace (51		() School (K-1							
LG Electronics					() Subchapter	r 8 (other th			1951 - 195 1 7513			
Street Address					(X) Other (i.e.	private & co	ommercial bldg	gs., hom	es, etc.			
111 Sylvan Avenue					Sq. Feet 410,0	000 # of F	loors 2					
City (5)	County (6)		County C									
Englaward Cliffs	Down and		(State Us	e Only)	Bldg. Age58 Current Use (p		demolished)	comme	rcial/offi	CQ.		
Englewood Cliffs Name of Monitoring Firm	Bergen Hired by Bldg	Owner (8)	ASCM No	0	Current Ose (p	nior ii beilig	Name of Co					
reality of Montoning Film	Trinca by blag	· Owner (O)	7.0014174	<u>v.</u>			Name of oo	THE GOLOT	<u>,</u>			
Omega Environmental S	ervices, Inc.						Brandenburg	g Industr	ial Serv	ice Com	pany	
Street Address					Street Address	<u> </u>						
280 Huyler Street					2217 Spillman	Dr						
City, State, Zip Code					City State, Zip	Code						
Courth Upplyanoods N.I.O	7606				Dathlaham Da		10015					
South Hackensack, NJ 0 Project Manager for Mon		Telephone I	Number		Bethlehem Pe Telephone Nur		10015	License	e Numb	er		
1 Toject Manager for Mon	incoming 1 mm	TOIODHOILE	Varriber		Telephone rvai	TIDO!		License	- Humb	<u> </u>		
Anton Rezin		201-489-87			610-691-1800			00721				
Scheduled Start Date (10	0)	Scheduled (Completion	Date (11)	Name of OSH	A Monitor						
05/19/14		09/12/14			Brandenburg I	ndustrial Se	ervice Compar	ny				
Occupancy Status During					Street Address	<u> </u>		*),**				
() Facility Closed/Vacat() Abatement Performed					2217 Spillman	Drive						
() Abatement Performed	d Odiside of No	onnai Facility	110015 -		City, State, Zip							
Describe	2004 20 20	1200 121 10										
(x) Other – Matl discove	red during dem	nolition of build	ding		Detteletere DA	10015						
Source of Work (Check a	all that apply)			11	Bethlehem, PA	18015						
Oddice of Work (Check a	all triat apply)											
	novation											
(x) Large Proj. (>160 SF () Full Containment wit					60 LF ACM) (vebag Procedure		oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos-		ation Normally		Description of			Specify SF or	LF)	Abater	nent Ty	oe	
Containing Material (ACI		by Maint./Cus	stodial	thermal system		,			English and St.			
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap E	Enclose
Foundation Walls	_ 1E3	T	X	Mastic		4,000 LF			X	1.00		1
Brick Façade			X		***************************************	25,000 S	F					
N		ALIDEDIA	4-11-1-1		[0 1: V1- 4	10/1-		N	(D			L
Name of Reg. Waste Ha	uler	NJDEP Was	ste Hauler I	<u>D#</u>	Cubic Yards of	vvaste		Name o	of Reg.	Langtill		
Brandenburg Industrial S	Serv Co	21838			1500 cy			IESI Be	thlehen	n Landfi	II	
					-			(See at			tional La	ndfill)
City, State						1	Disp. Date		2	city, Stat	e	
Bethlehem, PA (See	attached for a	dditional Haul	ers)				ГBD		P	ethlehe	m, PA	
Completed by (Print or T		<u>Title</u>	/		Signature			Date				
1 7 00					(d			00/00:	e e			
Jennifer Strobel		Contract Ad	ministrator		X		200000000000000000000000000000000000000	08/28/1	4			

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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

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

Date of Notification (1)					Name	of Bulldir	g Owner/Operator (2)	- ZUH SEP	-2	AM	1:	20
8 /	25	/			PS	SEG							
Agencies Notified EPA	Type Not					Address DEagle	Rock Rd	Andrew produced by the control of th	459ES1	CEN	SI!	I I H	tOL
☑ DOH	A Comment of the Comm	dment #				State, Zip	Code NJ 07068						
☐ DCA (NJAC 5:23-8)		gency (in cation) ellation	cluaing			of Contac			Telephone Nur	nber			
					FA	CILITYII	NFORMATION		<u> </u>			10,000	
Name of Facility Where A Saddle Brook Sub		is Taking	Place	(3)				Type of Facility		2)			
Street Address 392 Jefferson Str	eet							Other (l.e., pr	rivate and comme	ercial b	ulidin	gs,	
City (5) Bergen								Square Feet N/A	# of Floors N/A	1	dg. A	ge	
County (6) N/A					Cour	nly Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Name of Monitoring Firm	Hired by B	Building O	wner (8) [ASCM	No.	Name of Abateme	ent Contractor (9)		-			50000-00
N/A							WRS Enviro	nmental Serv	rices, Inc.				
Street Address N/A							Street Address 17 Old Dock	Road	Œ			V o v ettera fi	
City, State, Zip Code N/A						100	City, State, Zip Co						
Project Manager for Mon	itoring Firm	1			phone /A	No.	Telephone No. 631-924-811	 1	License No. 01136				
Start Date (10)		Schedi	uled Co	mple	tion Da	te (11)	Name of OSHA M	onitor			-		
8 / 22 /	14_	_ 8	/ .	22	_ / _	14	Same as abo	ove					
Occupancy Status During				200			Street Address		7138 A. 1138 - January St. 1138 A. 113				
□ Facility Closed/Vacate □ Abatement Performed						criba	N/A	,					
Time of Abatement:	AM	PM	/	PM-	0-200	AM	City, State, Zip Co N/A	ode					
Scope of Work (Check al	that apply)		te October			□ Eull Cost	ainment with Neg	athra Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Ren ☐ Dem				☐ Mini-End	osure		ıre			
				ocat	370707						atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (A	CM)	Used Main Custo	tena dial 3 (12)	ly by nce/ Staff?		Description of stos Containing Mai a., thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Trenching	n		Yes	No	N/A	5" Ti	ransite Pipe		15 LF				
- Exterior Frendring	9		-	_		3 11	ansite ripe		10 Li	+			
			-	<u></u>						10			
				<u>_</u>									
Name of Registered Wast Veolia ES Technica				H	IDEP Vauler ID		Cubic Yards of Waste 1/2	Name of Regist Wayne Dis			Ш	Ш	Ш
City, State							Disposal Date	City, State					
1 Eden Lane, Flanc		7863				84	8/29/14	Belleville, I					
Completed By (Print or Ty Michael J. DiMaria	pe)	Title	uperv	isor			Signature Much	ul IRI	\sim	ate 8/25/1	4		
SB-41							y i work	- ING	1.0000	1			

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D&S Proj. #: 2014-347

ASB-41

State of NJ Notification of Asbestos Abatement

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

RECEIVED

						19	-	-14	CL)		
Date of Notification (1)	TI	Name of Bu	ilding Own	er/Operator (2)			2014 SEP	-2 -		atas tree	des trac	
$\frac{0}{8} / \frac{2}{2} / \frac{1}{4}$		ROBERT	FOURL	EY				-2 AM	/:	in		
Agencies Notified Type Notifica	tion	Street Addre			-		ASBESTO & LIC	90 00		. 0		
EPA Initial Amended		28 KNO	PF STRE	FT			& Lin	ENSUL	TRO)1		
DEP Amendment #	. Ha	City, State, 2					-,0	CK THE		-		
DOL Emergency			N, NJ 070	36								
DOH (including	l In	ame of Cor		50			Telephon	e Number	-	-	-	-
DCA justification	- 11	DODED	T FOID	F 7757			,					
Cancellatio	n	ROBER	T FOUR	LEY			220-20	۷				
			FAC	ILITY INFORMA	ATION	Į.					- (0)	
Name of facility where abatement	is taking pla	ace (3)					Type of Facility ((4) ol (K - 12)				
ROBERT FOURLEY							Subch	apter 8 (Oth	er th	an K	(-12)	
Street Address							☑ Other	(Private/Cor	nme		•	
28 KNOPF STREET								Homes, etc	_	R	dg. A	ne .
City (5)	Cour	nty (6)			Cou	inty Code (7)	Oquare reet	# 011 10013			ug. /	.go
5. Xo.f						ite use only)	Current Use (P	rior if being	dem	olish	ed)	
LINDEN	UN	ION					, , , , , , , , , , , , , , , , , , , ,				/	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.	\neg	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				Marie Co.		
						Paterson, NJ 075	503					
Project Manager for Monitoring Firm	ı	Ph	one Numb	er		Telephone Number		License N		er		
						973-345-8020		01	169			
Start Date (10)	Sched	. Completio	on Date (1	1)		Name of OSHA Monit						
09/08/14	09/29	2/1/				D & S Restoration	on, Inc.		-	_		
Occupancy Status During Abateme						20 California Ave	200					
Facility closed/vacated during			ment.			City, State, Zip Code	enue					
Abatement performed outside	of normal	facility hour	rs-			Oity, Otato, Lip Codo						
Describe:NORMAL I	IOURS				-	Paterson, NJ 075	503					
Scope of Work (check all that appl							ull Containment w	/negative p	ressi	ıre		
	Renovatio	on.					/lini-enclosure	ogaaro p	. 000.			
≥160 sf or ≥260 lf	Demolition						Blovebag procedu					
_		n normally t	used soleh	/F			Non-Exempted (*)		able R [proc R	_	
Location of asbestos-containing	by mainte	enance/cust		1	n of a	abaataa saataisisa	Amount		е	е	E n	E
material (acm) to be	staff(12)			material (A		sbestos-containing	(Specify S	For	m o	p	C	n
abated in facility (13)	Yes	No	N/A		**************************************		LF)		v	i	a p	L
BASEMENT			1	PIPE INSUI	ATI	ON	10 L FT		e X	r		\vdash
BASEMENT BOILER				BOILER IN			54 SQ FT		쥚	믐	片	+
							J. 5Q.11		쒸	ᅢ	片	++
			1			No. and a second			╡┤	H	片	++-
							+		井	-	片	+-
Registered Waste Hauler	NJDF	EP Hauler I	D# I C	ubic Yards of W	aste	Name of Registered	andfill					
D & S RESTORATION, INC.	135			YD		TULLYTOWN, I		COVERY				
City, State			Disposal D			City, State						
PATERSON, NJ 07503			09/09/1			TULLYTOWN,	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	ENT		Signature				Date	01.4			
DOODAN JOLDEIC	PRESID	ENI						08/22/2	U14	L		

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

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D&S Proj. #: 2014-350

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

						000.		V C	U		
Date of Notification (1)	Name o	Building Own	ner/Operator (2)		2014 SE A 22-3 & L	P-2	BA.			-
0 5 /2 6 /1 4	charle	s gildea				A 00-	- /	47 /:	13		
Agencies Notified Type Notifica	Street A	ddress				21	US Cr	THITA			
DEP Amended	156 w	est saddle r	iver road		300	es LI	CENSI	MC MIN	01		
Amendment #	: City, Sta	te, Zip Code									
DOL Emergency	saddl saddl	e river, nj	07458								
DOH (including justification	Name of	Contact				Telepho	ne Numb	er			
DCA Cancellation	50 E	es gildea									
		FAC	ILITY INFORM	MOITA	١			Sec. 15-55			
Name of facility where abatement	is taking place (3)					Type of Facility		Λ.		8C F5-10	
charles gildea						=	ol (K - 12	761	V	10)	
Street Address						7 (20.00)	hapter 8 ((Private/			-12)	
156						Bldgs	./Homes,	etc.			
156 west saddle river road City (5)	County (6)					Square Feet	# of Floo	ors	Bi	dg. A	ige
Oity (5)	County (6)				inty Code (7) ite use only)	Current Use (F	Prior if hei	na dem	olieh	ad)	-
saddle river	BERGEN				,,	Current Ose (i	noi ii bei	ng dem	OliSili	su)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement C	Contractor (9)					
					D & S RESTORA	TION, INC.					
Street Address					Street Address						
City, State, Zip Code				_	20 California Ave	е.					
City, State, Zip Code					City, State, Zip Code	.00					
Project Manager for Monitoring Fire	n	Phone Numb	ner	_	Paterson, NJ 075 Telephone Number	03	Hicens	e Numb	er		
,		i nono riani	301		973-345-8020			01169			
Start Date (10)	Sched. Comp	letion Date (1	1)		Name of OSHA Monito	or					
Service Control of the Control of th	S007004V2300400	onon Paro (.,		D & S Restoratio	n, Inc.					
09/08/14 Occupancy Status During Abateme	09/30/14	1		_	Street Address						
Facility closed/vacated during		Ç			20 California Ave	enue					
Abatement performed outsid					City, State, Zip Code						
Other-Describe: NORMAL	HOURS			-1	Paterson, NJ 075	03					
Scope of Work (check all that app	ly)				□ Fi	ull Containment	w/negativ	e press	ure		
\boxtimes >3 sf or >3 lf	Renovation					lini-enclosure					
≥160 sf or ≥260 lf	Demolition					lovebag procedu lon-Exempted (*		-friable	proce	edure	e
Location of	Is location normal by maintenance/		у	in constituti				R	R	Е	E
asbestos-containing material (acm) to be	staff(12)	custoulai			sbestos-containing	Amount (Specify	SE or	m	e p	n c	n
abated in facility (13)	Yes No	N/A	material ((ACIVI)		LF)	01 01	o v	a i	a	L
DAGEN GENTE			1 ppp pion	T 4 (D)	OM	561.6		e		P	-
BASEMENT BASEMENT		4	PIPE INSU		ON	56 l ft			부	屵	부
DASEMENT		4-	transite cei	ling		56 sq ft		-	<u> </u>	부	쓔
								╬	井	믐	12
		=						井	井	片	#
Registered Waste Hauler	NJDEP Haul	er ID# I C	Lubic Yards of V	Vaste	Name of Registered L	andfill		-		Ш	1
D & S RESTORATION, INC.	13506		2 yds		TULLYTOWN, R		ECOVE	RY			
City, State		Disposal D			City, State						
PATERSON, NJ 07503 Completed by (Print or Type)	Title	09/09/1	Signature		TULLYTOWN, I	.'A	I Davis				
BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date 08/26	/ 2014			
ASB-41	* Do not use this fo	rm for asbest	os licensure ex	empted	d activities.		00,20	. 2017			-

(K 00 6335)

D&S Proj. #: 2014-351

ASB-41

State of NJ

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

RECEIVED

							_				- 1-	į
Date of Notification (1)	Na	me of Bu	ilding Own	er/Operator (2)			21	114 SEP	-2	EM	1.	•.
0 8 /12 6 /1 14		ARIN I	EFFRO	N			Α.			KIT	1:	14
Agencies Notified Type Notificat Initial		eet Addre				10	Α.	& LIC	JS (UN	TRI	04
_	8	43 WIN	YAH AV	ENUE				& LIC	EN.	SINI	3 111	JL
Amendment #:	Cit	y, State, 2	Zip Code									
	— II ,	WESTF	ELD, NJ	07090								
DOH (including justification)	Nar	ne of Cor	ntact				Telephon	e Number				
DCA Cancellation		KARIN	HEFFRO	N			-	04			211412-24	
			FAC	ILITY INFORM	ATION	N						
Name of facility where abatement i	s taking plac	e (3)					Type of Facility (
KARIN HEFFRON								orter 8 (O	thar th	oon V	10\	
Street Address								apter 8 (Ot (Private/Co			-12)	
0.40							Bldgs./	Homes, et	c.			
843 WINYAH AVENUE	1 02.04	. /0)		_			Square Feet	# of Floors	s	Bio	dg. A	ge
City (5)	County	/ (6)			2201000	unty Code (7) ate use only)	Current Use (P	day if bala		- diaha	۱۷.	
WESTFIELD	UNIC	ON			(00	ate use offly)	Current Use (P	nor ii being	g dem	Olishe	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.	\vdash	Name of Abatement C	Contractor (9)					
						D & S RESTORA	TION, INC.					
Street Address						Street Address						
						20 California Av	e.					
City, State, Zip Code						City, State, Zip Code						
						Paterson, NJ 075	503					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number 973-345-8020		License	Numb l 169	er		
						Name of OSHA Monit	or	1	1105			
Start Date (10)	Sched.	Completion	on Date (1	1)		D & S Restoration						
08/27/14	09/10/	14				Street Address	**********	THE SECTION AND ADDRESS OF THE SECTION ADDRESS				
Occupancy Status During Abatemer		5				20 California Ave	enue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe:		Cility Hou			_							
Other-Describe: NORMAL H					- 1	Paterson, NJ 075						
Scope of Work (check all that apply							ull Containment v	//negative	press	ure		
□ > <u>3</u> sf or > <u>3</u> lf	Renovation						Mini-enclosure Blovebag procedu	re				
≥160 sf or ≥260 lf □	Demolition						Non-Exempted (*)					<u> </u>
Location of	Is location by mainten								R e	R	E n	E
asbestos-containing material (acm) to be	staff(12)			Description material (asbestos-containing	Amount (Specify S	SF or	m o	р	С	n
abated in facility (13)	Yes	No	N/A	matonary	,, (0,11)		LF)		v	i	a	L
GARAGE		$\overline{}$	1	DUCT NEULA	TION	(EIDEDCI ACC)	70 SQ FT		e	ń		\vdash
ATTIC		-		DUCT INSULA VERMICU			900 SQ FT			H	片	卅
			#	1 224.1100			7,50,50	-10	H	H	H	Ħ
									Ħ	Ħ	Ħ	Ħ
					-				Ħ	Ħ	T	T
Registered Waste Hauler		Hauler I		ubic Yards of	Waste	9						1-
D & S RESTORATION, INC.	1350			12 YDS		TULLYTOWN, I	RESOURCE RI	COVER	Y	,		
City, State PATERSON, NJ 07503			Disposal D 08/28/1			City, State	DΛ					
Completed by (Print or Type)	Title	<u> </u>	00/20/1	Signature		TULLYTOWN,	I A	Date				
BOGDAN JOLDZIC	PRESIDE	NT						08/26/	14			

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

CK 2265

RECEIVED

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

2014 SEP -2 AM 1: 15

Date of Notification (1 08/2) 7/2014			Name of B	ouvenborg	tor (2)	A58	ST()S	CU	NT
Agencies Notified	Type Notifical	lion		Street Ado				-LIC	E	3#	tG
DEF DOL	Amended	nt # 1	_	City, State.							-
☑ DOH ☐ DCA	Emergency justificatio	U)	Ī	Name of C	ontset		Telephone N	umhar			
	-				INFORMATION						
Name of Facility When D. Louvenberg Po	e Abatement is Ta	king Place	(3)			Type of Fac	Bity (4)				
Street Address	table Tollet					School (8			
285 Lackawanna I)rive					Subchap Other (i.e	ter 8 (Other than K e., private & comme	-12) ercial bu	iildina	18.	
City (5)						Square Fee	etc.)				
Andover						10,000	N/A		Bldg. N/A	Age	
County (8) Morris		*		County Co	de (7) (STATE ()	Current Use Yard	(Prior if being dem				
Name of Monitoring Fir	m Hired by Buildir	ng Owner	A	SCM No.	Name of Abate	ment Contracto	r (9)				
(8) Bio-Terra Enviro	nmental Solution	s LLC.	_] 1	ī/A		sociates, LLC					
Street Address P.O. Box 1224				ı	Street Address 145 Mill Str	T					
City, State, Zip Code Union, NJ 07083					City, State, Zip Paterson,	Code					
Project Manager for Mo	nitoring Firm		Telepi	hone No.	Telephone No.		License No.		-	-	=-
Rick Eustaquio	r santage	[-	494-3762	973-553-53	374	01108				
Start Date (10)				m Date (11							=
09/02/2014 Occupancy Status Duri		9/20/201				ociates, LLC	:				
Facility Closed/Veca	ng Apatement (Ch ted Durian Safire !	ieck only (beried of a	one)	-m*	1 AE SAN CA						
Abatement Performe	d Outside of Norm	al Facility	Houra	~1 1:	City, State, Zip						
Olner - Describe:				***************************************	Paterson, N		**				
Scope of Work (Check	all that apply)						,	=			
>3 sf or >3 if >160 sf or >260 i!			novetion molitic		Mini-Er Goveb	iciosure ag Procedure	Negetive Pressure				
Location	n*	Nor	Cátion mally Solety b				d Nor-Friance Pro-		Abate Ty		1
Asbestos-Containing A	Naterial (ACM)	Mamu	anance.	AB	Description o estos Containing Ma	terial (ACM)	Amount		T	T	1
IO BE A NA IN Facility (13)		sta	itodial af!? 12)		.e., thermal systems : surfacing, VAT other miscellane	insulation.	(Specify SF or LF)	Removal	Repair	Encapsu	Enclosure
xterior		Yee		WA .				13	17	to to	Re
ALCO TO THE STATE OF THE STATE		╂╾┼	X	Ashe	stos Contaminate	d Debris	40 Yd.	X			_
US. Francis - John	74,22				28			+			
ame of Registered Was	te Hauler			EP Waste	Cubic Yards	Name of Rec	istered Landfill				
ervice Transport Gr ty, State	Cont.		209	er ID No. 90	d: Waste 40 Yd	Minerva L					
iew Castle, DE			25 557		09/20/14	City, State Waynesbu	irg, OH				
ompleted By	Title	9			_	تريير الم	Date				===
iodrag Stamenovie	127	oject Ma	neger		Car	4 cary	2012	/2014			

(K2215

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (Building Owner / Ope	rator (2)	Î	REC		J== 50.
$\frac{08}{29}$	/14				Street Ad	N LAROCHE dress		- i	1 hour Co	LIV	= D
Agencies Notified	Type of No	otificat	ion			SLAND AVENUE		2044			
☑ EPA DEP	A CONTRACTOR OF THE PARTY OF TH	Initial Amen			City, Stat	e, Zip Code NJ 07110		2014	SEP -	2 AM	1:21
☑ DOH			dment #		Name of	Contact		Telephor	e Numbe	er 200+	
☑ DOL			gency w ellation	/ justification	BILL LICH	HTENAU		Telephor	± LICE	MSIN MUSM	ROL
				F	ACILITY IN	IFORMATION	7	An Olivania and a control			4
Name of Facility Who		ent is	Taking	Place (3)		Type of Facility (4)					
HOFFMAN LAROCHE	=					School (K	(-12)				
Street Address						☐ Subchapt	ter 8 (Other		7.		
340 KINGSLAND AVE	ENUE						., private & omes, etc.)	cmmercia	el .		
City (5)	County (6))		County Code	(7)	Square Feet	# Of Floor	s	Building	Age	
NUTLEY	ESSEX				3 60	N/A	1000	/A		N/A	١.
				<u> </u>		Current Use (Prior if VACANT/OFFICE /S		olished)			
Name of Monitoring	Firm Hired	by Blo	ig. Own	er (8)	ASCM NO	Name of Abatement		(9)			
FILE						I VI DEMOLITION OF	DVICES IN	0			
EHI Street Address					<u> </u>	LVI DEMOLITION SE Street Address	RVICES IN	U			
655 WEST SHORE TH	RAIL										
City, State, Zip Code						32 WILLIAMS PARKI	7,700003011				
	onitoring Fi	rm		Telephone Nu	mher	City, State, Zip Code	9				
BILL KIRBIL					IIIDEI	EAST HANOVER, N.	07936				
,			Control of the second of the second	letetion Date (1	/	Telephone Number		License I	Number		
$\frac{03}{25}$	/14		<u>09</u> /	/ <u>15</u> /	14	973-772-3660			0	0860	
Occupancy Status D	uring Abate	ement	(Check	Only 1)		Name of OSHA Mon	itor				
		ted Du	ring Ent	tire Period of		LVI DEMOLITION SE	RVICES IN	C.			
Abatemen Abatemen		d Outs	ide of N	Iormal Facility		Street Address					
Hours - De		u outo				32 WILLIAMS PARK	NAY				
☑ Other - De	scribe:	MON-I	FRI M-3:00P			City, State, Zip Code EAST HANOVER, NJ		3 (100-220-25)	2206 (- 55000 000		
Scope of Work (Ched	ck All That			IVI		JEAST HANOVER, NO	07930				
☐ Demolitio	_	ı	7	Renovation		Full Containment wi	th Magative	Droceuro			
☐ >3sf or >3		Į.	<u>~</u>]	Renovation		Mini - Enclosure	iii Negative	riessuie	1		
					V	Glovebag Procedure					
					~	Non-Exempted (*) ar	nd Non-Fria	ble Proce	dure		
Location of		100000	ls	Γ	Descript			Abateme	nt Type	100	1-
Asbestos Conta Material (AC		1,000,000	ation	As	bestos - C Material	Containing	Amount	R E	R	E N	E N
TO BE ABAT	12011	65/67	sed	(I.	e., therma		(Specify	М	E	c	c
in Facility			olely			facing, VAT,	SF or LF)	10000	P	A	L
(13)		0.000.500.0	Main- ance/	ore	otner misc	ellaneous)		V A	A	P S	o s
		Cus	todial					L	R	U	U
			ff (12) NO N/A				-			L	R
		TEST	NU N/A				-			+	+
SEE ATTACHED											
										 	
Name of Registered \	Waste Haul	er		NJDEP Waste	Cubic	Name of Registered	Landfill				
LVI DEMOLITION SER				Hauler ID No.	Yards	WASTE MANAGEME					
27. 24.4				NJ-750	of Waste	014 04-4-					
City, State EAST HANOVER, NJ					Disposal Date	City. State TULLYTOWN, PA	1	-			
							//	1			
Completed by (Print STEVEN STILES	or Type)			Title PROJECT MAI	NAGED	Signature		1		Date	_
O L VEIN OTILES				I NOJECT WA	A GLI		1	1)			08/29/14
ASB-41		_					J				

Y 2	22						
			1 1				
BLDG: 36		PIPE & FITTING	1,267 LF	~			
BLDG. 36		VAT & MASTIC	1,440 SF	7			
BLDG. 36		ROOF FLASHING	2,300 SF	7			
BLDG. 36		PITCH POCKET	40 SF	V			
BLDG. 36		ROOF DUCT INSULATION	180 SF	V			
36 BLDG. 36		CAULK	1,650 LF	7			
BLDG. 36		FIRE DOOR	35 EA	V			
BLDG. 46		PIPE & FITTING	3,219 LF	V			
BLDG. 46		VAT & MASTIC	25,100 SF	. 🗸			
BLDG. 46		CEILING TILE	4,700 SF	7			
BLDG. 46		GLAZING	220 LF	7			
BLDG. 46		ROOF & FLASHING	17,015 SF			F	
BLDG. 46		FIRE DOORS	200 EA				
BLDG. 46		WATERPROOFING	10,000 SF				
				- V-			
BLDG 40		PIPE & FITTING	211 LF	[J]			\Box
BLDG 40		VAT & MASTIC	600 SF	ি			
BLDG 40		CAULK	735 LF	7			
					n	n	Ti
BLDG 106		ROOF & FLASHING	120 SF	Ŋ			
BLDG 50		PIPE & FITTING	1.087 LF	7	HH	T	Ħ
SLDG 50		VAT & MASTIC	7,650 SF	7		Tit	
SLDG 50		FLASHING	2,300 SF			Ti	
SLDG 50		CAULK	220 LF	7			
LDG 50		FIRE DOOR	25 EA				
BLDG 50		EXPANSION JOINT	1040 LF			_	
LDG 50		TRANSITE PIPE	3 LF	V			
				V			
				V			
							n
				7			
				7		T	T
				V			n
				V	TH	TH	T

(K 2114

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

Date of Notification (1) 8 /	8 / 29 / 14					f Building	Owner/Operator (2 es Investo	rs 5200, L	L2004 SEP	-2	AH	1:	22	,
Agencies Notified	Type Notification	on			Street A	ddress	ll Road		ASSEST	05	coi	YTE		
DOLWD DHSS	Amended Amendmen					ate, Zip Co	ode A 19044	77.3	& LI	CEA	1311	₹G	****	
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ing			of Contact			Telephone N	umber				
(NJAC 5.23-6)	☐ Cancellation				Cathy	y J. We	ebb				_			
					FAC	ILITY INF	ORMATION							
Name of Facility Where	Abatement is Tal	king Pla	ace (3	3)				Type of Facility (4)	- 5572				
Bank of America		Ĭ		20				School (K-12)						
Street Address								Subchapter 8 Other (i.e., pr			al buil	dinas	s.	
40 Beechwood	Road							homes, etc.)	ivato ana com					
City (5)								Square Feet	# of Floors			g. Ag	е	
Summit								20,000	2		50	+		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being den	nolishe	ed)			
Union								Bank						
Name of Monitoring Fir		ng Own	er (8)) /	ASCM N	10.	Name of Abateme							
Jones Lang Las	Salle						Prism Resp	onse, inc.						
Street Address							Street Address	ممارسما						
	O. Box 2439						102 Techno							
City, State, Zip Code	10010						City, State, Zip Co							
Jenkintown, PA	and the second s						Export, PA	15052	License No	,	_		_	_
Project Manager for Mo	onitoring Firm				phone N		Telephone No. 724-325-33	30	01121	<i>.</i>				
Cathy J. Webb	Tea	hodulo	1		tion Date	0 77 77 77	Name of OSHA N		101121	1980				
Start Date (10) 09 / 08					_ / 2		Jones Lan							
Occupancy Status Duri					200		Street Address							
Facility Closed/Vac	ated During Entire	Period	of A	bater	ment		P.O. Box 24	TANCHARA						
Abatement Perform Time of Abatement	ed Outside of Nor :AM	mal Fa _PM/_	cility	Hour PM-	s - Desc	AM	City, State, Zip C Jenkintown,							
Scope of Work (Check	all that apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Ren Den				☐ Mini-End	tainment with Neg closure ig Procedure empted (*) and No						
			Is I	Locat	ion						Aba	atem	ent T	ype
Locati Asbestos-Containir <u>TO BE A</u> IN Fa (13	ng Material (ACM) <u>BATED</u> cility		Used Mair	ntena	ely by ince/ Staff?		Description of stos Containing Man, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, r, or	Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
		Y	'es	No	N/A				475.15					-
Baser	ment		_		x	Asbest	os Pipe Insulat		175 LF		×			늗
Baser	Basement						Floor Tile & N		1000 S					F
Basement B	Boiler Room				×		Pipe Insula	tion	50 LF		×			F
								Name of Regis	stored Landfill		Ш	Ш	Ш	1-
Name of Registered W N.E.T.S.	Vaste Hauler			1 6	NJDEP \ Hauler II		Cubic Yards of Waste	Southerr			s La	and	lfill	
City, State							Disposal Date	City, State	3 222002					
Hazleton, PA							9/16/14	Morrisvil	le, PA					
Completed By (Print o	r Type)	Title		-			Signature	. 0	. /	Dat				
	essica Busch Admin						ort les	aca Bu	sch_	8/2	29/	201	4	

Date of Notification (1)		10	e of Building Ov CK SHARP & DO	wner/Operator (2) OHME CORP.	REC	EIV	/EI)	
8 /	29 /14		Stree	t Address		2011 2		i de .		
Agencies Notified	Type Notificatio		126 E	E. LINCOLN AVE	ENUE, P.O. BOX 2	000, RYSEP14-	2 A	M 1:	53	
DEP X DOL	Cancellati	Notification	RAH	State, Zip Code WAY, NEW JER	SEY 07065	ASBESTO & LIC	S CL	INC JAII	₹OL	
X DOH DCA	On Hold EMERGE	NCY NOTIFICATI		of Contact LATRONICA		Telephone Numi	ner			
Name of Facility Willer	Al		FACILITY IN	IFORMATION						
Name of Facility Who	ere Apatement is Tak	ing Place (3)			Type of Facility					
MERCK SHARP & DO	HME CORPORATION	N				r 8 (Other than K- rivate & commcl.		home	e etc)
Street Address					Square Feet	# of Floors	T I		J. Age	
126 EAST LINCOLN A					100,400	7			49	
City (5) RAHWAY	County (I UNION			ty Code (7) USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Name of Monitoring				ASCM No. 17		nent Contractor		DN .		
Street Address					Street Address				Dello Ed	1000
655 WEST SHORE T City, State, Zip Code	RAIL				313 SPOOK RO					
		V JERSEY 07871			City, State, Zip C SUFFERN, NEV	/ YORK 10901				
Project Manager for Mo		Telephone			Telephone Numb	er Lice	ense N	umber		
WILLIAM S. KERBEL, Expected State Date		973-729-5		4)	845-369-7500	110	1			
9 /	15 /14	Sched. Comple	9	/14	Name of OSHA I	VIONITOF DRATORIES INC		#11	480	
Month D Occupancy Status Dur	ay Year	Month	Day	Year	Street Address					
	sed/Vacated During Er		tement		117 EAST 30TH	STREET				
X Other - De	Performed Outside of scribe: MONDAY	Normal Facility Ho -FRIDAY 5 PM- 3		oe:	City, State, Zip C	ode				
<u> </u>						V YORK, NEW Y	ORK 1	0016		
Scope of Work (Check		75 "			inment with Negati	ve Pressure				
>3SF OR I	_F	Renovation		X Mini-Enclo	Procedure					
X >160 SF O	R 260 LF				e Procedure					
	tion of	Is Location	1	Description of As	bestos-		A	batem	ent T	/pe
	-containing	normally used	C	ontaining Materia	10.7%	Amount	RE	RE	EN	E
	I (ACM) ABATED	solely by Maint/Custodial	in	ie. Thermal sys sulation, surfacir		(Specify SF or LF)	REMOV	REPAIR	ENCAPS	CLC
	lity (13)	Staff (12) Yes No N/A	1	or other miscella		SF OI LF)	VAL	7	SULE	ENCLOSURE
3RD FLOOR ROOM 3	25	X X	SPRAY ON	INSULATION		40 SF	×	\vdash	1111	m
4TH FLOOR ROOM 4	47	x		INSULATION		80 SF	X			
4TH FLOOR ROOM 4	59	x		INSULATION		40 SF	X			
5TH FLOOR ROOM 5	18	x	SPRAY ON	INSULATION		40 SF	X			
6TH FLOOR ROOM 6	27	х	SPRAY ON	INSULATION		40 SF	Х			
7TH FLOOR ROOM 7	18	x	SPRAY ON	INSULATION		80 SF	Х			
7TH FLOOR ROOM 7	52G	x	SPRAY ON	INSULATION		40 SF	Х			
							-			\vdash
Name of Posistered W	anto Haudar	NUDEDWI	O. h! - V - 1		N / 5					
Name of Registered W FREEHOLD CARTAG		NJDEP Waste Hauler ID No.	Cubic Yards	s of Waste 20	Name of Register LYCOMING COL	ed Landfill INTY RESOURC	FMAN	VAGE	MENT	SER
825 HIGHWAY 33	Company of the Compan	15939			447 ALEXANDER			,,,,,,,		
City, State FREEHOLD, NEW JE	RSEY		Disposal Da 9/15-10/15/2		City, State MONTGOMERY	. PA 17752		,	,	
Completed by (Print or	Type) Title			Signature	IX	Date	=	100	1/14	
BENJAMIN SANCHEZ	. IDIRE	ECTOR OF OPER	ATIONS	150	~//		<u>></u>	109	11/	

CF 26380

Date of Notification	(1)		Nam	e of Building Ov	vner/Operator (2)		RE	CE	IVI	=n
									2 252 5	
8 / Agencies Notified	29 /14 Type Notifica	tion	Stree	et Address	ENUE, P.O. BOX 2	000 0000 20	M CEP	- 2	P 8.4	
EPA DEP X DOL X DOH DCA	X Initial N Amend Cancel On Hol	otification ed Notification lation	City, RAH Nam	State, Zip Code WAY, NEW JER e of Contact LATRONICA	SEY 07065	100	BEST	08	COA	TRO
	LINEIX		Marie Carlo	FORMATION		L				
Name of Facility Wh MERCK SHARP & D		aking Place (3)	FACILITY IN	NEORMATION				home	es etc	,
Street Address		minatur y			Square Feet	# of Floors			g. Age	
126 EAST LINCOLN					96,000	7			49	
City (5) RAHWAY	County	Marit II		ty Code (7) E USE ONLY)	Current Use (Prio VACANT					
Name of Monitoring ENVIRONMETAL HE				ASCM No.	Name of Abaten			NC		
Street Address 655 WEST SHORE		IONS, INC.		17	Street Address 313 SPOOK RO		PORATIO	JN		
City, State, Zip Code		EW JERSEY 07871			City, State, Zip C SUFFERN, NEW	ode / YORK 10901				
Project Manager for N		Telephone			Telephone Numb		icense N	umbe	r	
WILLIAM S. KERBEL		973-729-5			845-369-7500		1101			
Expected State Date 9 / Month	15 /14 Day Year	Sched. Comple 10 / Month	tion Date (1 9 Day	18 ANALYSI	Name of OSHA MAMERISCI LABO		NC	#11	480	
	k all that apply) T LF	of Normal Facility Ho AY-FRIDAY 5 PM- 3	urs - Descril	Full Conta X Mini-Enclo	inment with Negati	ode V YORK, NEV	V YORK	10016		
	ation of	Is Location	1	Description of As	13 N. 23 N. 15 N. 1.	•00000000000000000000000000000000000000	-		ent T	
Materi TO BE	s-containing ial (ACM) ABATED cility (13)	normally used solely by Maint/Custodial Staff (12) Yes No N/A		containing Materia (ie. Thermal system (ie. Thermal system or other miscelland)	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM	406	x	SPRAY ON	NINSULATION		80 SF	X			
4TH FLOOR ROOM	418	x	1	INSULATION		40 SF	X		1	
5TH FLOOR ROOM		X		INSULATION		40 SF	X			
6TH FLOOR ROOM	613	X	SPRAY OF	INSULATION		40 SF	X	-	-	
FREEHOLD CARTAGE, INC. Hauler ID No. 825 HIGHWAY 33 15939				s of Waste 10	Name of Register LYCOMING COL 447 ALEXANDER	JNTY RESOU		NAGE	MENT	SER
FREEHOLD, NEW JE			Disposal Di 9/15-10/15/		MONTGOMERY	, PA 17752		2		
Completed by (Print of BENJAMIN SANCHE		itle IRECTOR OF OPEF	RATIONS	Signature	\angle		Date 8	10	4/1	4

(K (010

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

Date of Notification (1) August 27, 2014	ugust 27, 2014					vner/Operator	(2)	Check	· # 36	70 SEP -	2 1	M.	1.0	1
Agencies Notified	Type Notification			Street Add	dress t End Av	enue								- 1
EPA DEP DOL	Initial Amended Amendment				e, Zip Code ntville, N			1	A ;	& LIC	SC	ÚM HR(RO	Ł
DOH DCA	justification) Cancellation	including		Name of 0 Wayne	Contact Nystrom				Tele	phone Num	ber			
				FACIL	ITY INFOR	RMATION								
Name of Facility When Nystrom Residen		g Place (3))				☐ s	of Facility (4 chool (K-12	2)	er than K-12	١			
Street Address 12 West End Ave	enue						⊠ c e	other (i.e. pr tc.)	ivate 8	commercia	l build			s,
City (5) Merchantville		i la			DE REM	STOR AND	Square 3,000)	2	Floors	10	dg. A)0	ge	
County (6) Camden	15m (13	_		County C			12,000,000,000,000	nt Use (Prio dence	r if bei	ng demolish	ed)			
Name of Monitoring F Syntertech, Inc.	irm Hired by Building	Owner (8)	Sair	ASCM	No.			ement Con vironment						
Street Address 228 Moore Stree	t		110	Elm Re	rteal		t Addres Cutler	s Avenue						
City, State, Zip Code Philadelphia, PA	19148			Stati	6 to 0		State, Zi ole Sha	p Code de, NJ 0	3052				-11000-	
Project Manager for M Andrew McMaho	Monitoring Firm	S com		Telephon			hone No -755-0			License N 00842	0.			
Start Date (10)				mpletion E 8, 2014	Date (11)	Name	e of OSH	A Monitor						
September 6, 20				0, 2014			t Addres							_
	uring Abatement (Che							130 Nor	th					
Facility Closed/\ Abatement Performance Other – Describe	/acated During Entire ormed Outside of Norre:	Period of / nal Facility	Abater / Hour	nent s			State, Zi namins	p Code son, NJ 0	8077	## (01 ## 55	la de			
Scope of Work (Chec	k All That Apply)									THE RES				
≥3 sf or ≥3 lf ≥160 sf or ≥260		-	Renova Demoli	70.00		TOTAL PROPERTY.	Mir Glo	ni-Enclosure	e cedure	n Negative F				
		_	-				No	n-Exemple	1 () ai	u Non-Filat	T		emen	t
d Environmental			S Local Norma					na lime					ype	
Asbestos-Contain TO BE In F	ation of hing Material (ACM) ABATED facility 13)	Use Ma Cus	ed Sole aintena stodial (12)	ely by ance/ Staff?	Asbesto (i.e. 1	Descriptions Containing thermal system surfacing, \ other miscell	Material ms insula /AT, or	(ACM) ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Pag	ement	Yes	No XXX	N/A		Pipe Insu	lation			36 LF	X		-	-
Bas	XXX			Mast			New York	00 SF	Х					
Das	CHIOTE				T I F	yr Strivia	a de la	is true						
Graciata Clas	M-4-11			NJDEP W	laste	Cubic Yards		Name of	Regist	ered Landfi		L		
Name of Registered Freehold Cartage	1	Hauler ID 22253	1120 E 1200 E	of Waste		CONTRACTOR STATE		ks Comn		Lar	dfill			
City, State Freehold, NJ			1188	Disposal Da 9/8/2014	te	City, Sta Birdsb		'A						
Completed by Christina Lynch	23.11	Title	ratio	ns Mana	ager	Signat	A DA	80		1000	ate /27/2	014		
Offisilia Lyfich		Ope			3	M	10/1		1					

CK (090

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

Date of Notification (1) August 27, 2014			18		Building O		erator	(2)	ck # 1		02			
Agencies Notified	Type Notification	100 W.C.		Street Ad	ddress					IH SE	P-2	PH	H: 4	, b.
EPA DEP DOL	Initial Amended Amendment		177	City, Sta	st End A te, Zip Co antville,	de	 09	7	Ą	SES L	Tes ICEN	CUN	TR(H
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding			Contact Nystror	m			Tel	ephone I		- 11.	<u> </u>	
Name of Facility Where	Ahatement is Taking	Place (8)	FACII	LITY INFO	ORMATIO	N	Type of Facility	(4)					
Nystrom Residence		1 1000 (0	,,					School (K-	308					
Street Address 12 West End Avenu	ле							Subchapte Other (i.e. etc.)	r 8 (Oth			dings	home	es,
City (5) Merchantville								Square Feet 3,000	# o 2	f Floors	- 1	3ldg. <i>A</i>	Age	
County (6) Camden		_		County ((STATE L	Code (7) JSE ONLY)		_	Current Use (Pr Residence	ior if be	ng demo	olished)			
Name of Monitoring Firm Syntertech, Inc.	Hired by Building C	wner (8)		ASCM	No.			of Abatement Co le Environme						
Street Address 228 Moore Street					2 11110 11110			Address Cutler Avenue						
City, State, Zip Code Philadelphia, PA 19	9148						City, S	tate, Zip Code e Shade, NJ (
Project Manager for Mor				Telephor	ne No.		Teleph	ione No. 755-0099		Licens 00842	-			
Start Date (10) September 6, 2014			ed Con	32 12 15 15 15 15 15 15 15 15 15 15 15 15 15	Date (11)		Name	of OSHA Monitor		00011	-			
Occupancy Status Durin				5, 2014	•			Address						
Facility Closed/Vac	ated During Entire P	eriod of	Abatem				9-0-0-0-0-0	Route 130 No	rth					
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	/ Hours				35.22	tate, Zip Code aminson, NJ (08077		.8			
Scope of Work (Check A	II That Apply)						Con							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				-e	
		ls	Locati	on				1 Wolf Exempte	, a () an	a reon-r	Trable 1 1	Abat	emen	t
Location			Normal ed Sole				ription		١.		-	T 1	уре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma	intenar todial S (12)	nce/	Asbest (i.e.	thermal s surfacion other mis	ystem: ng, VA		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_	0	
Basem		ļ	XXX	-		Pipe I		tion		86 LF	X	-		
Basem	XXX			IM	astic		4	00 SF	X	+				
										\vdash				
Name of Registered Was		JDEP W		Cubic Y		Name of	Registe	ered Lan	dfill			-		
Freehold Cartage	1,19100	auler ID 2253	No.	of Waste				ks Con	nmunity	Lan	dfill			
City, State Freehold, NJ				Disposa 9/8/201		City, Sta Birdsb		Ą						
Completed by Christina Lynch	ations	s Mana	ger	Sig	nature	mode			Date 8/27/2	014				

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

Initial Friable Notification Check #:6039

Date of Notificatio	10 0400040		Na	me of	Buil	ding	Owner/Operat	to	or (2)					
0 8 1/2	$\frac{8}{1}/\frac{1}{1}$	4	ll Sa	aint P	aul Ba	aptist	Church		5	11-9-11				
Agencies Notified	Type Notifi	noitso.		reet							-			
(X)EPA	100 miles	VOIA	114	19 Eln	n Stra	ot			5111	SEP-2		•		
[X] DEP	[X]Initia Notifi	l cation	11	ty, S			Code	_		7 19 20 1 2				_
(X)DOL	[]Amende	eđ		ontcla										
(X) DOH	Notifi	cation	1	me of			+2	-800.70	lve) e	phone Numb	er	111	114.	
	[]Cancel	lation			22227/5327				[Provide London				
[X]DCA			Ba	arbara	a Rob	inson			L					
							FORMATION							
Name of Facility Wh	ere Abateme	ent is T	aking	Plac	e (3)			П	Type of Facili	ity (4)				
Christian Education E	Buildina								[X] School	(K-12)	her t	han	K-12	2)
Street Address								1	[]Other	(i.e., pri	vate	€ 00	mmer	-
171 Lincoln Avenue									Square Feet	uildings, # of Floor	nomes s B	.dg.	Age	_
City (5)		Count	y (6)			Count	y Code (7)	-	50000	2	50)		
			5			(STAT	TE USE ONLY)		Current Use ()	Prior if be	ing o	emol	ishe	(b:
Montclair, NJ 07042		Essex		1300	4-14-	L	V	1	School	- /85				
Name of Monitoring Owner (8)	Firm Hired	by Bull	ding	ASCM	No.	"	Name of Abat	e	ment Contracto	r (9)				
DAI Environmental S	ervices			000	12		Four Strong E	Βι	uilders, Inc.					
Street Address				1000		5	treet Addre	S	s					•
300 Grand Avenue						- []-	180 Sargean	t /	Avenue					
City, State, Zip Co	de						City, State,							
Englewood, NJ 0763	1					- 110	Clifton, NJ 07	70	13-1935					
Project Manager for	Monitoring	g Firm	Telep	hone	Numbe		Telephone Nu			Lice	nse i	Vumbe	F	
Steve Jarozewski			201-5	69-67	708		973-614-037	7		0080)7			
Scheduled Start Dat	e (10) So	ched.Com	pleti	on Da	ite ()	II) ī	Name of OSKA	1	Monitor					
0 9 / 0 9 / Day / Occupancy Status Du	Year ing Abates	0 9 / Month /	1 2 Day	1/11 nly 0	(ear		Four Strong E							
[X] Facility Close of Abatement [] Abatement Ferf Hours - Descri [] Other - Descri	d/Vacated ormed Outs: be:	Ouring E	ntire	Peri	lod		180 Sargean	t /	Avenue Zip Code					
					. –	-11°	Clifton, NJ 07	70)13					
Scope of Work (Chec	k all that	apply)	10000000		20		[]Ful	11	Containment w	ith Negativ	e Pro	essu	re .	*
[]Demoliti []>3 sf or [X]∑160 sf	>3 1f		(X)	Renov	/atio	n	[X]Min [X]Glo	ıi.	-Enclosure ebag Procedure Friable Proced					
			1	Is ation	T			-			Aba	teme	E	уре
Locati Asbestos-C Material TO BE A In Faci	ontaining (ACM) BATED Lity		Nor So by ter Cus	mally Jsed Dlely Main- mance/ stodie off(12	7	(i inst	Descripti Asbestos-Con Material (.e., thermal ulation, sur or other mis	Al L:	aining CM) systems acing, VAT,	Amount (Specify SF or LF)	R E M O V A L	RE PAIR	NCAPSUL	NCI. OSURE
Basement				X		ipe In	sulation and	fit	ttinas	400 LF	X		<u> </u>	-
	·							_						
Name of Position	United Name			The second	Jacks	76	ubia Vasa		IN		1			
Name of Registered	waste mauli	C.C.		DEP V			ubic Yards f Waste		Name of Regis	tered Landi	111			
Four Strong Builders	, Inc.		12	2609					G.R.O.W.S., Ir	ic.				
City. State						103	isposal Date	2	City. State		5.0 N			
Clifton, NJ									Tullytown, PA					
Completed By (Print	or Type)	Title					Signatur	:e	The Control of the Co		D	ate	-	-
		04: 4	ales!	interior			(PS	-	1	_				
Bilyana Kulakovska ASB-41 JUN 95		Office A	amın	istrato	or ——			A	cen	7]8	/28/	14	

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			N:	ame of P	v sidina (Owner/Operator ((2)				370	
Date of Notification (1)	8-25-14	1	1 ***	GE	EOR	GE CC	555			_		1
	Type Notification		S	treet Ade	dress	1	,				4	1
Agencies Notified	FV Initial		_			ROWS WA;	<u> </u>			-20		+
□ DEP	Amended	i i	C	ity. State	Zip Co	de Tun	NJ.	08831		-		
☑ DOL	Amendment # Emergency (inch	uding	۱ -			DE I WP	700.	Telephone Number		1. 1	•	귀 :
□ DOH □ DCA	justification) Cancellation	.5	N	ER.	Contact Contact	PLACKIS		//-	/ /	17	_	4
				FACILI	TY INFO	RMATION	/					4
Name of Facility Where	Abatement is Taking	Place (3)	_				Type of Facility (4					L
Name of Facility Where	Pedicina i Diag		_				School (K-12) Subchapter 8	(Other than K-12)				
Street Address R	ONIN AV	ENV	15	-			homes, etc.)		(pageonary)			4
City (5) /	21412 114						Square Feet	# of Floors	Bidg.			.
LAVALL	ETTE		_	County	Code (7) (STATE	Current Use (Prin	or if being demolish	ed)	1		7
County (6)	AN		-	USE OF	VLY)		l	ACANT (SE	TND	y /	_	4
Name of Monitoring Fin	m Hired by Building O	Aner	A	SCM No	1	Name of Abater	ment Contractor (9)	STRISS /	NC			_
(8)			L-			Otenet Address	1111111					7
Street Address						145 N	HITCK 1	RAIL				=
City, State, Zip Code						City, State, Zip						_
			olor	ohone No	=	Telephone No.		License No.	/			
Project Manager for M	ionitoring Firm	'	erci	Alone in		732 894	7499	0119	6_			=
Start Date (10)	Sched	uled Com	plet	ion Date	(11)	Name of OSHA	Monitor		-			_
Start Date (10)	2 101-0	le only on	4)			Street Address	5		Ŧ	7	1	
Occupancy Status Du Facility Closed/Vac	ring Abatement (Chec	riod of Ab	e, ater	ment						_	_	\dashv
☐ Abatement Perform	ned Outside of Normal	Facility F	iour	s		City, State, Zip	Code					
Other - Describe:	. 1										_	=
Scope of Work (Chec	k all that apply)						ontainment with Ne	egative Pressure			Ť	
≥3 sf or ≥3 lf		Reno				Holen	nclosure bag Procedure					- 1
≥160 sf or ≥260 lf		Dem	olitic	MT		Non-E	Exempted (*) and N	on-Friable Procedu	re I			\dashv
		ls Lo	catio	on T					l A	baten Typ		
		Non Used S				Description	n of		\vdash	\neg	\neg	\dashv
Location Asbestos-Containing	on of	Mainte	mar	nce/	Asbe	etos Containing N	Viaterial (ACM)	Amount (Specify	2		흥	9
ASDESTOS-CORRAINE TO BE A	BATED	Cus	todi: aff?		(i.e	, thermal system surfacing, V	ns insuration, AT, or	SF or LF)	Remova	Repair	aps	Enclosure
IN Fac		C (077) 679	12)			other miscellar	neous)		Va Va	=	Encapsulate	Ban
	•,	Yes	No	N/A								\vdash
SIDING	- 			V	TR	ANSITE		1000 51	V	_	_	\vdash
-310.110		1						-	+	-	_	\vdash
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		+						1 1 4511		با	_	
Name of Registered	Waste Hauler	,		NUDEP !	Naste	Cubic Yards of Waste /		gistered Landfill				
BRICKI	NDUSTRIES	/NC		Hauter IC	602	9		0.W.S	_	==	_	_
City State BR1CK	. NJ.				11	Disposal Date	e City, State	TH.				
Completed By	Title	PRE				Signatur	Dulflack	Date 8	-26	-/	14	
ERIC PL	ACKIS	1 /26	<i>≥</i> .				over par ve					

NO CK

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

F ASBESTOS ABATEMENT
NJAC 8:60 and 12:120)

RECEIVED

uilding Owner/Operator (2)

Date of Notification (1) 08/27/2014		Name (of Building C TEANECK	wner/Ope ROAD,	rator (2) LLC							
Agencies Notified Type Notifical	ion		Address BRIDGE PI	AZA NO	RTH	2014 St	P-2 P	HII:	44			
☐ Emerger ☐ Litial ☐ DEP ☐ Amende ☐ Amendm ☐ Emerger	-	FORT	tate, Zip Coo LEE, NJ of Contact	de 07024			STES C LICENS	HAG				
□ DOH justificati □ DCA □ Cancella			UA SLEPI	AN			Telebrion	S Numb				
		FAC	CILITY INFO	RMATION								
Name of Facility Where Abatement is To	aking Place (3)		£0		I yp	School (K-12 Subchapter 8 Other (i.e. pri) 3 (Other than	ı K-12)	huildi	nas l	nome	
1500 TEANECK ROAD City (5) TEANECK					Squ	etc.) lare Feet 0,000	# of Floor		Ble	dg. Aq		
County (6) BERGEN		County	y Code (7) E USE ONLY)	NJ	Cur	rent Use (Prior			d)			
Name of Monitoring Firm Hired by Build CONSULTING & TESTING SERVIO	ing Owner (8)	rsi) ASC	CM No.		Name of Al	patement Cont	ractor (9)					
Street Address 237 WEST 35TH STREET SUIT			<u> </u>		Street Add							
City, State, Zip Code NEW YORK, NY 10001					City, State,			01				
Project Manager for Monitoring Firm FARHOOD SELAMIE			none No. -929-3451		Telephone		Lice 008	nse No.		-53- -51 -54 6		
Start Date (10) 09/16/2014	Scheduled	[[[[[]]] [[]] [[] [[]] [[] [[] [] [] [[] []	n Date (11)		Name of O	SHA Monitor MCREA						
					Street Add							_
Occupancy Status During Abatement (☐ Facility Closed/Vacated During Er ☐ Abatement Performed Outside of ☐ Other – Describe:	tire Period of Ab	atement		-	714 KEN City, State,	NEDY BLVD	2					
Scope of Work (Check All That Apply)						-		-		-		
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novation molition				Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				2	186
			T			WOII-EXEMPLE	() and red	- Habit		Abate	100	t
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)	f) Used Main Custo	ocation rmally Solely by tenance/ dial Staff? (12)		tos Conta thermal s surfaci	cription of ining Mater ystems ins ng, VAT, or scellaneou	ulation,	Amour (Specif SF or L	y	Remova	Ty Repair	e Encapsulate	Enclosure
	Yes	No N/A	4								te	Ψ.
SEE ATTACHED LIST		_			50 							
					5.							
				T 2				2011				
Name of Registered Waste Hauler ATC/TST		NJDEP Hauler 24310		Oubic Y of Wast 30			Registered L A ENTERI		3			
City, State SHIRLEY, NY 11967/BRONX,	NY 10464			Disposa 9/20/2		City, State	BURG, OF	4468	88			
Completed by ANN ALI	Title ADMINI	STRATIV	/E	Sig	mature	7		Date 08/		2014		

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

Date of Notification (1) 08/21/2014				of Building C TEANECK							- !		
Agencies Notified	Type Notification		Street A	Address RIDGE PI	LAZA NO	ORTH		2014 SE	P-2	PH	1: 4	L,	
□ DEP □ DOL	☐ Initial ☐ Amended Amendment ☐ Emergency (FORT	ate, Zip Coo LEE, NJ	de 07024	Ŀ	Å	ěε	STÉS LICEN	NIC.	TR(G)L	
☑ DOH ☑ DCA	justification) □ Cancellation			of Contact JA SLEPI	AN		-	relep	hone Nur	nner ,,,			
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INFO	RMATIC		Type of Facility (4	4)					
Street Address 1500 TEANECK ROA	AD						School (K-1. Subchapter Other (i.e. p	8 (Other			dings,	home	es,
City (5) TEANECK							Square Feet 100,000	# of F	loors	В	ldg. A 50+	ge	
County (6) BERGEN				Code (7) USE ONLY)	NJ		Current Use (Prio VACANT (PRI				L)		
Name of Monitoring Firm VERTEX	n Hired by Building (Owner (8)	ASC	M No.			f Abatement Con						
Street Address 3322 ROUTE 22 W	EST SUITE 907					Street A	Address QUEENS PLA	ZA SOU	ггн				
City, State, Zip Code BRANCHBURG, NJ (08876	0.000.000.000.0000.0000		14 1 H			ate, Zip Code ISLAND CITY	, NY 1	1101				
Project Manager for Mor			Telepho 908-4	one No. 148-2627		Telepho 718-3	one No. 49-0900	100	License N 00853	0.			
Start Date (10) 09/16/2014		Scheduled 0 12/16/20	727	Date (11)			f OSHA Monitor N MCREA						
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street A			_				
	cated During Entire F ned Outside of Norm					City, Sta	ENNEDY BLVD ate, Zip Code NE, NJ 0700						
Scope of Work (Check A	All That Apply)						-5715-13005						
□ ≥3 sf or ≥3 lf 芭 ≥160 sf or ≥260 lf			ovation olition			8000	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				A	8
		ls Lo	cation			Ti Ti		7			Abate	ement	
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED NATED	Non Used S Mainte Custodi	nally olely by nance/ al Staff? 2)		os Conta thermal s surfaci		aterial (ACM) insulation, , or	(Spe	ount ecify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes N	lo N/A									ate	oj.
SEE ATTACHED L	IST							-					
ļ			-							-	_		
Name of Registered Wa	ste Hauler		NJDEP V	Vaste	Cubic Y	Yards	Name of F	Registere	d Landfill	1			
ATC/TST			Hauler ID 24310/	1888 B	of Wast	te	MINERV	/A ENTE	ERPRISE	S			
City, State SHIRLEY, NY 1196	57/BRONX, NY 1	.0464			Disposa 9/20/		City, State		OH 446	88			
Completed by ANN ALI		TRATIVE	:	Sig	gnature				ite /21/2	2014			

NO CK

		(Fu	15u	Idii	1 L L	<u>.0 I</u>	I.J.A.	<u>c.</u> 0.00 and	12.1	20)	R	PEC	511	15			
Date of Notification	(1) 8-26-14							Owner / Operato of Education	r (2)		004		*	F L	Ü		
Agencies Notified EPA	Type Notifica	tion		Str	eet	Add	ress	Street			2014	SEP -	2 P	HI	1:4	7	
DEP DOL		ded R#1-8/27/	14	City	y, S	tate	& Zip (Code			ASBE &	STES	S CO	HT	RO	1	
□ DOH		gency		Na	me	of C	ontact					LILL	Teler	ho	ne N	umb	er
☐ DCA	☐ Cance	ellation		Mr	. E	vere	ett O. 0	Collins		į.			1				
					AC	CILI	TY INF	ORMATION									
Name of Facility Will Stokes Elementa		nt is Taking Pla	ace ((3)				Type of Facil School (K-12) I				3				
Street Address	_							Subchap	183							4- \	
915 Parkside Ave	9							Other (i.e. Square Feet		# of Flo			ngs, n Bldg.			ic.)	-
City (5)		County (6)	Co	oun	ty C	ode	(7)	70,000		01,110	3		Diag.		60+		
Trenton	NI NI	Mercer					. ,	Current Use		if being o		ed)	-	11			
		17						School									
Name of Monitoring		y Building Own	er (8)		AS	CM No										
Environmental C	onnection				10.00	L		Bristol Env		nental,	Inc.		-5				
Street Address 120 North Warre	n Street							Street Addres		oet .							
City, State & Zip Co Trenton, NJ 0801	de	· ·						City, State & Bristol, PA	Zip Co	ode							
Project Manager for Steven Fairess			Tele					Telephone N (215)788-60	umber		100	cense 0509	Numb	er	17.0		
Scheduled Start Da		Scheduled Com		on	Dat	12.00		Name of OSI	HA Mo			0000					
Occupancy Status I	8/27/14 Decupancy Status During Abatement (Check of							Street Addres	ss		nc.						
		Ouring Entire Pe outside of Norma						City, State &						-	-	i de la composição de l	
Describe:	3:00 PM - 1 upled During	11:30 PM						Bristol, PA									
Scope of Work (Che										F. II C.	ntainma	at with	Negal		Desc		
≥3 sf or ≥3 I	f		\boxtimes	F	Ren	ovat	ion		H		ntainmer nclosure	II VVILII	Negai	live	ries	Suit	2
≥160 sf ≥26	0 If		П			noliti			H		Bag Proc	edures	3				
									\boxtimes	Non-Ex	empted	and No	on-Fria	able	Pro	cedu	ıre
	ocation of			Lo				Description				nount		Aba	tem	ent T	ype
	tos-Containing erial (ACM)	3		mai Sole		Jsed		Asbestos-Con Material (A		3		pecify or LF)				m	_
TO E	BE ABATED		Mair	nter	nan	ce o		(i.e., thermal s	ystem					Remova	Re	Encapsulate	Enclsoure
i	n Facility (13)		Cus		al S 2)	Staff	?	insulation, surfactor or other miscell						ova	Repair	lusc	nos
	(13)		Yes		10	N/A		or other miscen	aneou	5)				-		ate	G,
RM A-17			П		3	П	+	VAT & Ma	stic		50	0 SF		\boxtimes	П	П	П
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2002200 2004																	
		-	片	ļĻ	4	<u> </u>	-							4	H	H	H
Name of Registered	Waste Haule	er	Ш	1	NJ	DEP	Waste	Cubic Yards	Nam	e of Reg	gistered l	_andfill	<u> [</u>		Ш	Ш	با
Bristol Environm	ental, Inc.			- 1		uler 706	ID No.	of Waste 15 Cu Yd	GRO	OWS La	ndfill						
City, State Bristol, PA						Disposal Date 8/28/14	City,	State risville									
Completed By (Prin	t or Type)			-	Titl	Δ		Signature	INIOL	ioville	, , ,		D.	ate	-		
Gino Pizzigon									zego	ni.	//	•	1000000		/14		
GI 14145					0 =0			100	0	/	1						

State of New Jersey APPROVED: PAUL HORNER, NJ DOH NOTIFICATION OF ASBESTOS ABATEMENT

	(Pur	rsuan	t to <u>N</u>	.J.A	<u>.C.</u> 8:60 and	12:1	20)	CR#	269	2		
Date of Notification (1) 8-26-14		Nan	ne of Bu	uilding	Owner / Operato	or (2)		<i>></i> /~ / ·	001	_		
Agencies Notified Type Notific	ation				of Education							
EPA	311011	10000000	et Addr		C44							
☐ DEP ☐ Initia	l .		State		Street							
☑ DOL ☐ Amei			nton, i									
	rgency		ne of Co						Teleph	one l	.l i	
	ellation	1000000			Collins				relepii	one	vurni	ber
Name of Facility Miles of Aberta	1: T.I. BI	F	ACILIT	Y INI	ORMATION							
Name of Facility Where Abateme Stokes Elementary School	ant is Taking Place	ce (3)			Type of Faci							
Street Address						50 St.	NON SUB-CH					
915 Parkside Ave							Other than K-				2 2	
515 Faikside Ave							ate & commerc				etc.)	
City (5)	County (C)	10	0 . 1	(7)	Square Feet		# of Floors		Bldg. A	ge		
City (5)	County (6)	County	Code	(7)	70,000		3			60-	+	
Trenton	Mercer					(Prior i	f being demoli	shed)				
	5				School							
Name of Monitoring Firm Hired b	y Building Owner	r (8)	ASC	CM No	4 R - 시 [40] (10] (10] (10] (10] (10] (10] (10]		t Contractor (9	3)				
Environmental Connection					Bristol Env		ental, Inc.					
Street Address					Street Addre		27					
120 North Warren Street					1123 Beave		A STATE OF THE PARTY OF THE PAR					
City, State & Zip Code Trenton, NJ 08010					City, State &							
Project Manager for Monitoring F	irm IT	elephon	o Mumal		Bristol, PA							
Steven Fairess	6	09-392	-4200	2000	Telephone N (215)788-60			License I 00509	Number			
	Scheduled Comp	letion D	ate (11))	Name of OSI	HA Mo	nitor					
8/27/14		3/28/14			Bristol Env	ironm	ental Inc.					
Occupancy Status During Abater Facility Closed/Vacated D			hateme	nt	Street Addres	723	-4					
☐ Abatement Performed Ou					1123 Beave							
Describe: 7:00 AM to		nours -	- /ani (o opin								
Facility Occupied During					Bristol, PA	19007						
Scope of Work (Check all that ap	23 TO SECURE AND ADDRESS OF THE PARTY OF THE											
coope of troix (oncox all allat ap	P.17					П	Full Containm	ent with N	Vegative	Pre	SSLIFE	۵
≥3 sf or ≥3 lf	T T	⊠ Re	novatio	n		Ħ	Mini-Enclosur		vogativ.		SSUIC	,
≥160 sf ≥260 lf	Ì	_	molitio	305,050		H	Glove Bag Pro					
	Į.					\boxtimes	Non-Exempte		n-Friahl	e Pro	redi	IFE
Location of		Is Loca	tion	T	Description			Amount			ent T	
Asbestos-Containing	ı N	Normally			Asbestos-Con			Specify	7.0	T	T	ype
Material (ACM)		Solely			Material (A			F or LF)			ш	
TO BE ABATED	1755	faintena			(i.e., thermal s				Ref	R	ıca	nc
in Facility	C	ustodial			insulation, surfac				Remova	Repair	Encapsulate	Enclsoure
(13)	V	es No			or other miscell	aneous	5)		<u> 80</u>	-	late	le
	117		INA							-		_
RM A-17			14		VAT & Ma	stic		500 SF		Ш	Ш	Ш
		_ _										
											П	I
Name of Registered Waste Haule	r	N.	JDEP V	Vaste	Cubic Yards	Name	of Registered	Landfill			_	
		- 1	auler ID	No.	of Waste							
Bristol Environmental, Inc.		18	3706		15 Cu Yd		WS Landfill					
City, State Bristol, PA					Disposal Date 8/28/14	City, S	State isville, PA					
Completed By (Print or Type)	_	Ti	tle		Signature	1			Date	1000		
Gino Pizzigoni		100	roject		21. D	`	٠.	1.,	8/26	/14		

GI 14145

NO CK.

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

Date of Notification (1) 6-10-14	300	Name o	of Building Owner/Operator You Mobil Four	ron monta	L Szímesép	2-2	PH]]:	49
Agencies Notified Type Notification Type Notification Initial Amended Amendment		City, St	Address 32 Beacham ate, Zip Code Self MA. of Contact	Street	ASSEST & L	IOE	CO	NIF	
DOH justification) DCA Cancellation		(i) 20/10/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	c Errico		Telephone Nur	nber	-	~	
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORMATION	Type of Facility	(4)				
Former Bayonne Lubri Street Address / Awnue J	cetian	mfg	Plant	School (K-			dings.	home	es,
County (6)				Square Feet	# of Floors		GO. A		
County (6) /			Code (7) USE ONLY)	16 00	ior if being demolish				
Name of Monitoring Firm Hired by Building C ASSET Auspectici Tocho		ASC	M No. Name	of Abatement Co	ntractor (9)	io,	40		
Street Address 123 N. +ca Rd. P.O. I. City, State, Zip Code			Stree 5	Address 787 Staa	Ium Drive				
South Hampton NY. Project Manager for Monitoring Firm	11969	?	City, 8 KAO	State, Zip Code	MI. 49009		п		==
Project Manager for Monitoring Firm 12:16:12 E1/3m5		Telepho	269-	575, 9595	0120	o. 28			
Start Date (10)	Scheduled C	completion	Date (11) Name				Sar	au	0
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of Abat		/46.	State, Zip Code	Al.				
Scope of Work (Check All That Apply)			Pla.	inwell, 1	71.49181				
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Decimalina.	ovation olition		Mini-Enclosur Glovebag Pro				a	
	Is Loc		T	Tron exempte	9//01/01/11/100		Abate	575 - 5764	
Location of Asbestos-Containing Material (ACM)	Used S	olely by	Description Asbestos Containing I		Amount		1,	100 m	
TO BE ABATED In Facility (13)	Mainte Custodii (1	al Staff? 2)	(i.e. thermal system surfacing, VA other miscella	AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
A	Yes N	o N/A	H- 101	5011	17 17016	~			
Warehouse		- 		Inselation	17,170 LF	V			\Box
Watehouse		X	Martic- (241		34 608	X			
Name of Registered Waste Hauler HAZMAT Environmental Gr.	esp	NJDEP V Hauler ID	MENT MET 1		Registered Landfill ACNOS (G)	dt	511		
City, State Ruffelo, Ny		1600	Disposal Date	City Stat	Point, Ny	-		-	
Completed by A. Mos	Title Dia-chy	of Abo	tement Signature	47	Une Da	te	101	114	
1 1000	- IL CALI	-1 -10-6	The state of the	and I !	-	r/	/	-	

NO CK

State of New Jersey - Notification of Asbestos Abatement

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

							15 pm (LIVED
Date of Notification (1) August 27, 2014					Name of Building Owner BES, Inc.			
Agencies Notified		Notification Initial		etion	Street Address 64 East Midland A	venue	014 SEP	-2 PHII:49
X EPA		x Amen			City State Zin Code			
x DCA		100000000000000000000000000000000000000		100	Paramus, New Jo	0 = A	SEFST	BS CONTROL
X DOL		Emergen		luaing		ersey 0765	2 0 11	SO CUMIRUL
X DEP		justific			Name of Contact		Telephon	e Windbland G
X DOH		☐ Cancel	led		Mark Wagener			
Name of Facility Add.				FACILITY INF				
Name of Facility Where Abateme	ent is 1 a	king Place (3)			Type of Facility (4)			
Berkeley College- Libra	ary 2	Floor			☐ School (K-12)			
Street Address					Other (i.e. private 8			nes, etc.)
44 Rifle Camp Road					Sq. Feet: Unknown	3 # of Floo	rs: Bldg	. Age: 100 years
City (5)	ounty (6	()	County	Code (7)	Current Use (prior if bein	a demolished	١٠	
	assai			Use Only)	Carrent Coc (prior il belli	ig derrionaried	/-	
Woodiand Lark	assai		101010	000 011111				
Name of Monitoring Firm Hired b	v Blda /	Owner (9)	ASCM	No	Name of Contractor (C)	***		
			0007		Name of Contractor (9)	TERRENITA	ONCHLT	ANTS INC
EnviroVision Consult	tants	inc.	0007	9	GREENWOOD ABA	I EIVIEN I C	ONSULIA	ANTS, ING.
Street Address					Street Address			
20-21 Wagaraw Road, E	3lda#	35E					es .	
					268 MAIN STREET			
City, State, Zip Code					City State, ZipCode			
Fairlawn, NJ 07410	Manager for Monitoring Firm Telephone				Butler, NJ 07405			
Project Manager for Monitoring F	Manager for Monitoring Firm Telephon				Telephone Number		License N	umber
Fred Larson		973-636-	9145					5149652 HL 410. CDX
Sehadulad Start Data (10)		0-1-1-1-10	1.11	D 1 (11)	973-492-0477		00840	
Scheduled Start Date (10) September 8, 2014		Scheduled C			Name of OSHA Monitor			
September 6, 2014		October '	10, 20	14	EMSL inc.			
Occupancy Status During Abat	ement (Check only or	ne)		Street Address			
Facility Closed/Vacated I				ment	<u>Otroci /todroso</u>			
Abatement Performed O	utside o	of Normal Facil	ity Hour	'S -	1056 Stelton Road			
Describe	410,40	, , , , o , , , a o , ,	ity i loui	ŭ	City, State, Zip Code			
Other - Describe: 4pm	-6am							
					Piscataway, NJ 08	8854		
					8			
Source of Work (Check all that ar	(ylgo							***
						x Full Conta	ainment with	Negative Pressure
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo	sure with ne	egative air
□≥ 160 sf or ≥ 260				Demolition		Glovebag I	Procedure	
						Non-Exemp	oted (*) and	Non-Friable Procedure
				,		Wrap & Cu	ıt	
Location of Asbestos-Containing		cation Normall			estos Containing Material	Amour		atement Type
Material (ACM) in Facility (13)	100000000000000000000000000000000000000	ly by Maint./Cu f? (12)	stodiai		al systems insulation, surfac			move Repair Encap Enclose
	YES		NA	VAT, or other mis	ceii.)	or LF)	1.13	HOVE TOPAN ENGAGE
	1		X	VAT & Masti		1,975	SF 🗵	
			ш	AM I OF IAIGOTI	C .	1,975	3F E	
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste:		Name of B	Registered Landfill
See Hauler Below # 1 & 2		See Below	<u>c madici</u>	1D#	Cubic Talus of Waste.	40		fill Landfill
Hauler #1) Greenwood	Abate	ment Cons	ultant	s. Inc Butle	r. NJ 07405	Disposal Da		City, State
NJ DEP # 12				o, inoi – Dutie	.,	October		Route 2, Box 68
		o Noment	NITO	EOO NIDED#	10551			Bridgeport, WVA
Hauler #2) Newark Carti	ng, in	c. – Newark	, INJ U4	13U9, NJ DEP#	19551			304-842-2784
Completed by (Print or Type)	- T-	Title	-		Cignoture	L	Date	
Marin Graure		<u>Title</u> SENIOR PF	ח ובר	`Т	Signature	3	Date	27 2014
waim Graule				, 1	Marin Grau	re	August	27, 2014
		MANAGER			7.00			

GAC # 2014-461- Amendment # 1 - New Start Date - September 8, 2014 & Work Hours-4pm-6am

NO (State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED

Date of Notification (1) August 25, 2014	F1 F1 F1 F1 F1				Name of Building Owner BES, Inc.				6 1.	
Agencies Notified		Notification		5 ti	Street Address	2014 SEP	-2-1	1111:	20	
X EPA		1720		fication ncluding	64 East Midland Av		95 C	ONT	RIH	
x DCA X DOL		justific		Holdding	City, State, Zip Code Paramus, New Je	rsev 076	2F N	SIRG	NOL.	
X DEP		☐ Cance	lled		Name of Contact	- 00	Tele	ohone l	<u>Num</u> ber	
X DOH					Mark Wagener			to		
Name of Facility Where Abate	mont is To	king Diago (2)		FACILITY INF						
Berkeley College- Lil					Type of Facility (4) School (K-12)					
Street Address					Other (i.e. private &	commercial I	ouildings	, home	s, etc.)	
44 Rifle Camp Road					Sq. Feet: Unknown	3 # of Floo	rs: E	3ldg. A	<u>ige:</u> 100	years
City (5)	County (6)	County	Code (7)	Current Use (prior if bein	g demolished	i):			
Woodland Park	Passa			Use Only)			i.			
Name of Monitoring Firm Hire	d by Bida	Owner (8)	ASCM	No	Name of Contractor (9)					
EnviroVision Cons		Toronto mora material statements	0007		GREENWOOD ABA	TEMENT C	ONSU	JLTAN	ITS, INC	•
Street Address					Street Address		24212101212			
20-21 Wagaraw Road	l, Bldg i	# 35E			268 MAIN STREET					
City, State, Zip Code		100000			City State, ZipCode					
Fairlawn, NJ 07410	-	T=			Butler, NJ 07405					
Project Manager for Monitorin	<u>g Firm</u>	7elephone N 973-636			Telephone Number		Licen	se Nun	nber	
		500.300.000.00.000.000.000			973-492-0477		0084	40		
Scheduled Start Date (10) September 4, 2014		Scheduled (Name of OSHA Monitor					
September 4, 2014		October	10, 20	14	EMSL inc.					
Occupancy Status During A		Control of the contro			Street Address	90000 000-00000				
Facility Closed/Vacat Abatement Performed					1056 Stelton Road					
Describe			inty i loui		City, State, Zip Code					
Other - Describe: 78	m-6PM				Piscataway, NJ 08	854				
					Tiodataway, No oo	,004				
Source of Work (Check all that	t apply)				I		181		10 UNIV 7/10	7
≥ 3 sf or ≥ 3 l	•			Denevation		x Full Con				ressure
□≥ 160 sf or ≥ 2				Renovation Demolition		Mini-Encl Glovebag			ative air	
	12					Non-Exem	pted (*)	and N	on-Friable	Procedure
Location of Asbestos-Contain	ing Isl	ocation Normal	lv Used	Description of Asl	pestos Containing Material	Wrap & C		Ahate	ement Type	
Material (ACM) in Facility (13)	Sol	ely by Maint./Co		(ACM) (i.e. therm	nal systems insulation, surfac	ing, (Spec	ify SF	i tere	557 - 57 - 53	7 107 - 1616 - 161
	Sta YE	ff? (12) S NO	NA	VAT, or other mis	cell.)	or LF)		Remo	ve Repair i	Encap Enclose
			×	VAT & Masti	С	1,97	5 SF	X		
Name of Reg. Waste Hauler		I NIDEP Was	te Haulei	ID#	Cubic Yards of Waste:		Name	of Rec	istered Lar	ndfill
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 NJDEP Waste Hauler ID # See Below					Cubic Faids of Waste.	40			I Landfill	
	Hauler #1) Greenwood Abatement Consultants, Inc. – Bu NJ DEP # 12561					Disposal D October		014	City, State Route 2,	
NJ DEP # Hauler #2) Newark Ca		November	1500 NIDED#	10551	October	10, 21	J 14	Bridgepor	rt, WVA	
mauici #2) Newark Ca	i ung, m	ic. – newari	L, INJ U4	HOUY, NJ DEF#	17001				304-842-2	2184
Completed by (Print or Type)		<u>Title</u>			<u>Signature</u>	-	Date			
Marin Graure	- 1	SENIOR P		CT	Marin Grau	re	Aug	ust 2	5, 2014	
		MANAGER	(7,000					

GAC # 2014-461

CK# 2426

Date of Notification (1)		Name of	Building Owner/G	Operator (2	5000						
Agencies Notification		Street Ad	Building Owner of Charles Hores Hores		-1.0	2 V CE	0 1				
Agentico recurs		2	7 Unio	1A1	د	CAC II				7	
DEP Amended		City, Stat	e, Zip Code LLL hol	d W	71 1 10=	· . O	712	f-	115		ļ
DOL Amendment Emergency	(including	Name of	Contact	G, 100	in je	Teler	inone Nur	nber	<u> </u>		
DOH Justification)			ce-L2					111	07		
[had]	- 01 (0)	FACI	LITY INFORMAT		Type of Facility	(4)		-			
Name of Facility Where Abatement is Takin	don Co				School (K-						
Streat Address)				Subchapte Other (i.e.	r 8 (Other			Enas.	noma	28
Street Address 27 Union Aux	-				etc.)						
City (5) Freehold					Square Feet	# of F			ldg. A		
County (6) mouth		County C	Code (7) USE ONLY)		Current Use (Pro			red)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	ā No.		of Abatement Co	ntractor (
				Ace I	nsulation Co.	, Inc.					
Street Address				1	ontrose Roa	d					
City, State, Zip Code				2000	ate, Zip Code	7700					
Project Manager for Monitoring Firm		Telephor	ne No	Telepho	Neck, N.J. 0		License N	lo			
Project manager for triumtoring in the		Tolopho	10 140.		94-1757		00029				8
Start Date (10)	Scheduled C	Completion (Date (11)	Name o	f OSHA Monitor						
Occupancy Status During Abatement (Che	ck Only One)	1111		Street A	Address						
Facility Closed/Vacated During Entire	Period of Aba	tement		City St	ate, Zip Code						
Abatement Performed Cutside of Non Other – Describe:	Paginty 110			Chy, On	ate, zip Cotte						
Scope of Work (Check All That Apply)				rue.							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation olition			Full Containm		Regative F	ressu	6		
2100 31 11	X			×	 Glovebag Pro Non-Exempte 	cedure	Non-Friat	de Pro	ceduc	8	
	ls La	cation					101171100		Abate	ment	
Location of Asbestos-Containing Material (ACM)	Used S	naliy lolely by	Asbestos Co	escription on the		Am	nount	-	1	pe	П
TO BE ABATED In Facility	(i)	enance/ al Staff?	(i.e. therm	al systems acing, VAT	insulation,	(Sp	ecify or LF)	Rog	20	nca	Enc
(13)	(1	2)		miscellane		3, (ur Et j	omoval	Repair	Encapsulate	Enclosure
	Yes N	O N/A						-		वि	rigi
Orthor		X	Sidir	49		1800	217	IX			
				J				Ľ			
		_									
Name of Registered Waste Hauter		NJDEP W	aste Cub	c Yards	Name of	Registere	ed Landfill	1			
Ace Insulation Co., Inc.		Hauler ID 12086	No. of W	aste 니	G.R.O						
City, State			Dispo	osal Date	City, Sta						
Colts Neck, New Jersey Completed by	Tille			Signature_	Tullyto	wn, PA	10-	ita	r		
Bree McGuire		ry Treasu		July 1	2 pm X			8	12	1/15	1
)				-		

*Check # 2424

Date of Notification (1)		Name	of Buildin	g Owner/Operato	r (2)				-	
88914			1an	<u>on</u>		21 028	2 . 1			
Agencies Notified Type Notification			Address	(1n1. n	cd A 10					7
EPA Initial Amended		City, S	State, Zip (Code	rd Ave					
DOL Amendment		- T	كاري	SUN NO	w Lessy		110		130	
DOH Emergency (Name	of Contac	at		Telephone	Number			
DCA Cancellation			いて						ν,	
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY IN	FORMATION	Type of Facility (4	4)				
Maron Residence	L.	5/								
Street Address		55-01 16			School (K-1) Subchapter	8 (Other than I	K-12)			
9 North Ward Ave					Other (i.e. p etc.)	rivate & comm	ercial bu	ildings	, hom	nes,
City (5)					Square Feet	# of Floors	T	Bldg.	Age_	
County (6)		0	. O - d - (7)	,	1700			100	7.7	
Mymosth			y Code (7) E USE ONL		Current Use (Price 1705)	or if being demo	olished)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	CM No.	Name	of Abatement Con			2.00		
				Ace	Insulation Co.,	Inc.				
Street Address					Address			5000000	-	
City, State, Zip Code					Montrose Road State, Zip Code					
				1 2000 7000	s Neck, N.J. 07	722				
Project Manager for Monitoring Firm		Teleph	none No.		none No.	Licens	e No.			
					294-1757	00029	9			
Start Date (10)	Scheduled G 1 i	Completio	n Date (11) Name	of OSHA Monitor		147			
Occupancy Status During Abatement (Check			-	Street	Address					
Facility Closed/Vacated During Entire P	eriod of Ab	atement								
Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours		City, S	tate, Zip Code					
Scope of Work (Check All That Apply)	- 17									
≥3 sf or ≥3 lf	□ Ref	novation		Г	7 Full Containme	=4!!!= b 1!'				
≥160 sf or ≥260 lf		nolition		Ę	Full Containme Mini-Enclosure		e Pressi	ıre		
	•			10	Glovebag Proce Non-Exempted		riable Pro	ncedu	_	
	ls Lo	cation			- Hon Examples	() and (40)))	Table 1 10		етеп	t
Location of		rmally Solely by		Description			_	Ty	ре	1
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enance/		stos Containing No. thermal systems		Amount (Specify	70		Ē	Е
In Facility (13)		lial Staff? 12)	,	surfacing, VA	T, or	SF or LF)	Remova	Repair	caps	Enclosure
()	Yes	No N/A	1	other miscellar	leous)		val	¥	Encapsulate	sure
basement		V	1 -			<i>-</i>	-	-		
() Cosarr II		7	1 Pils	ernab		SOUF	X	-		
			-	(W)00,	· ~9			<u> </u>		
***************************************	-	_	-					-		
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yards	Name of P	egistered Land	1611	<u> </u>		L
Ace Insulation Co., Inc.		Hauler II		of Waste	IESI	egistered Land	11111			
City, State		12086		Disposal Date	City, State					
Colts Neck, New Jersey				9/10/10		PA .	9			
Completed by	Title			Signature			Date?	201		\dashv
Bree McGuire	Secreta	ry Treas	urer	Bu	w		Date /	15/	14	
100										

V 77	1562
Check =	1553

Date of Notification (1) 08/28/2014					Owner/Operat			2.) C	50,			-	
Agencies Notified	Type Notification			Address IORTH C	OLONIAL	RID	GE .	1			750		
EPA DEP DOL	Initial Amended Amendment Emergency		MOO		de VN NJ 0805	57				1.2	1		
DOH DCA	justification) Cancellation			of Contact JORIE				Teler	ohone Nu	mher -			
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILITY INFO	ORMATION	7	Гуре of Facility (-	4)					
RESIDENTIAL Street Address 111 NORTH COLO	ONIAL RIDGE		11.70%		-		School (K-1 Subchapter Other (i.e. p	8 (Other			ings,	home	s,
City (5) MOORESTOWN	JAN LE MID GE					- 5	etc.) Square Feet 2353	# of I	Floors	BI 83	dg. A	ge	
County (6) BURLINGTON				Code (7)	·		Current Use (Price RESIDENTIA		g demolis	hed)			
Name of Monitoring Fire		Owner (8)	ASC	M No.	200000	me of	f Abatement Cor RED ENVIRO	ntractor (100	ERVIC	ES		
Street Address 904 KINGS ARM D	DRIVE				370000		ddress LEMS RUN						
City, State, Zip Code DOWNINGTON, P	A 19335						ate, Zip Code ICA HILL, NJ	08062	2				
Project Manager for Mo				one No. 32-9363	10.000000		ne No. 04-4676		License I 01145	No.			
Start Date (10) 09/09/2014		Scheduled 0 09/10/201		Date (11)		ne of	f OSHA Monitor						
Occupancy Status Durin	ng Abatement (Checcated During Entire	150 150	tement		11 (2000)		ddress T 130 NORT	Н					
	med Outside of Norr						ate, Zip Code AMINSON, N	J 0807	7				
Scope of Work (Check	All That Apply)	energy .		***			PORTO DE COMO	VI PAREN		200			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				a	
			cation				Non-Exemple	o () and	110111110		Abate	V2.550000000	
Location Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	Used S Mainte Custodi	nally folely by enance/ al Staff? 2)		Descript stos Containin thermal system surfacing, other misce	ig Ma ems VAT	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes N	lo N/A							4		te	Φ
BASEN	MENT		X		FLOOR	TIL	.E		144	X			
Name of Registered Williams ASSURED ENVIRO		RVICES	NJDEP Hauler I 003489	D No.	Cubic Yard of Waste 3	is			red Landf				
City, State MULLICA HILL, NJ					Disposal D 09/1/1/20		City, Sta WAYN		RG, OH				
Completed by RON SWANSON		Title GENER	RAL MAI	NAGER	Signa	iture W	elly)	vané	\ h)ate)8/28/2	2014		
ASB-41 (R-06-08)					U.D	o not	t use this form fo	r asbest	os licensu	ıre exer	npted	activ	ities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) August 2	8, 2014			Name of Buildi		perator (2) Allen, LLC	- 1	_			
[X] EPA [] [] [X] DOL [X]	Amendm Emergence	Notification that we will be seen that the s		Street Address City, State, Zip (P O	Box 813 Bank, NJ 07701	27 (7)	<i>d</i>	50		
[] DCA	justification Cancellati	200		Name of Contac			Telephone Num	ber		, 1x _ ·	8
Name of Facility Where Abatement is	Caking Plan	~ (2)	FA	CILITY INFOR							
Residence	aking Flaci	c (3)				Type of Facility (4		37			
Street Address 32 Gerard A	enue/					[x]	School (k-12) Subchapter 8 Other (i.e., pr	(other	than k-	(2)	wildin
City	Co	unty (6)		County Code (7)		Square feet	homes, etc.)				unam
Aberdeen	1	onmouth		(STATE USE ON	LY)	1200 sf Current Use (Prior	# of Floors 1 if being demolish		Bldg. A	ge 65	
Name of Monitoring Firm Hired by Bui	ding Owne	r (8)		ASCM No.	Name of	Abatement Contracto					
Street Address 1889 Rte. 9, 1		Inc.			Street A	Guard	ian Contractin	g, Inc)		
City, State, Zip Code					City Sto	1889] te, Zip Code	Route 9, Unit 6	51			
Toms River, I Project Manager for Monitoring Firm Nicholas Fernicola Scheduled Start Date (10) 8/29/14 Occupancy Status During Abatement (C.		732-34 Schedul	ne Number 19-9932 ed Complet	on Date (11)	Telephon 732-34	Toms e Number 9-9932 OSHA Monitor	River, New Jes License 00624	Numb)8755- er	1271	
[X] Facility Closed/Va [] Abatement Perfor [] Other – Describe_ Scope of Work (Check all that apply)	cated Durin	g Entire Pe	riod of Aba Facility Ho	tement urs	Street Ad	1056 S e, Zip Code	telton Road way, New Jers		3854		
$\begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] [x]	Renovat Demolit		[] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*	ıre		lure		
		Is Locati	on					Aba	atement	Туре	
Location of Asbestos-Containing Material (ACN TO BE ABATED in facility (13)	(1)	Normally Solely be stenance/C Staff (12)	used y	Asb M (i.e., insu	Description estos-Contra aterial (AC thermal sy ation, surfi VAT, or r miscellan	aining CM) stems acing,	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R
asement		X	T	Duct wrap			20.0	L		Е	E
asement		X		Transite pipe			30 sf 8 lf	X			
ame of Registered Waste Hauler Guardian Contracting, Inc ty, State Toms River, New Jersey	. N		te Hauler ID 0223 Disposal		City, State	Name of Registere T.R.R.F.	d Landfill				
ompleted by (Print or Type) Nicholas Fernicola		t Manage		Signature Signat	Tullytow	n, Pennsylvania/	1	Date 8/28	/2014		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 8/28/2	014	Name of Buildin		erator (2) ercola Enterprises		7 6	- //	18	/
Agencies Notified Type of [X] EPA [] [] DEP [] [X] DOL	Notification Initial Notification Amended Notification Amendment #	Street Address City, State, Zip C	РОВ	ox 790	21 -) 5	00	10	
[x] DOH	Emergency (including justification)		Matav	van, NJ 07747			1,	٧.,,	
[] DCA []	Cancellation	Name of Contact Fern	ando		Telephone Numb	er			
No. of the second	FA	CILITY INFOR	MATION						
Name of Facility Where Abatement is Residence ga	Taking Place (3)			Type of Facility (4)	School (k-12)				
Street Address 228 Sheridar	Avenue			[] [x]	Subchapter 8 (Other (i.e., pri				ildings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	homes, etc.) # of Floors	В	ldg. Ag		
Seaside Heights	Ocean		***	Current Use (Prior :		(b)		60	
Name of Monitoring Firm Hired by Bu N/A	lding Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)				
Street Address			Street Add	Guardi	an Contractin	g, Inc.			
City, State, Zip Code					Route 9, Unit 6	1			
Project Manager for Monitoring Firm	Telephone Number		Telephone	Number	River, New Jer License			1271	
Scheduled Start Date (10) 8/29/14	Scheduled Complet	ion Date (11)	732-349 Name of 0	OSHA Monitor	00624				
Occupancy Status During Abatement (C	heck only one)		Street Add	E.M.S.	L. Analytical				
[X] Facility Closed/V Abatement Perfo	acated During Entire Period of Aba med Outside of Normal Facility Ho	ntement ours	City, State	1056 S	telton Road			22-07	
Other - Describe			City, State	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	way, New Jers	ey 08	854		
Scope of Work (Check all that apply) $[] >3 \text{ sf or } \ge 3 \text{ lf}$ $[$	[] Renova		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)	ге		ure		
						Aba	tement	Type	
Location of Asbestos-Containing Material (AC TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Asb N (i.e. insu	Description Destos-Conta faterial (AC faterial (AC faterial sy fat	uining M) stems acing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior	X	Asbestos siding	g		800 sf	X		Е	E
Name of Registered Waste Hauler Guardian Contracting, In City, State Toms River, New Jersey	Disposa	3 Il Date	ds of Waste	Name of Registere T.R.R.F.					
ompleted by (Print or Type) Nicholas Fernicola	7/3/14 Title Project Manager	-Signature	Tullytow	n, Pennsylvania	9	Date 8/28	/2014		
	*Do not use this form	for asbestos licens	ure exempte	d activities.		0/20	, 2014		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Buildir								
August 28, 2	014		Antho	ny Gagliano	2	-504	9			
	itial Notification	Street Address	359 Ec	lwards Road			J			
1	mended Notification mendment #	City, State, Zip		17.		14				
[x] DOH [x] E	nergency (including		Parsip	pany, NJ 07054		,11	*-			
I Den	stification) ancellation	Name of Contac Ant	t hony Gaglia		Telephone Number					
Name of Facility Where Abatement is Tak		ACILITY INFOR	MATION	Type of Facility (4)	,					
Residence	3(-)				School (k-12)					
Street Address				Ĺí	Subchapter 8 (ot	her than k-12	2)			
320 2 nd Avenue				[x]	Other (i.e., priva homes, etc.)	ite & comme	rcial buil	dings,		
City	County (6)	County Code (7) (STATE USE ON	NLY)	Square feet 1200 sf	# of Floors	Bldg. Age	60			
Ortley Beach	Ocean			Current Use (Prior Reside	0.70)				
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)	ASCM No.	Name of	Abatement Contracto		Inc				
Street Address			Street Ad		ian contracting,	mo.				
City, State, Zip Code			- Circle		Route 9, Unit 61					
City, State, Zip Code			City, Stat	e, Zip Code Toms	River. New Jers	w Jersey 08755-1271				
Project Manager for Monitoring Firm	Telephone Numi	ber	Telephon 732-349	e Number	License N 00624		12/1			
Scheduled Start Date (10) 8/29/14	Scheduled Comp 9/2/14	oletion Date (11)		OSHA Monitor						
Occupancy Status During Abatement (Che			Street Ad		.L. Analytical					
N 727 333	ated During Entire Period of			1056 \$	Stelton Road					
Abatement Perform Other – Describe	ed Outside of Normal Facility	/ Hours	City, State	e, Zip Code	away, New Jerse	00051				
Soons of Work (Cheek all that and h)						<u> </u>				
Scope of Work (Check all that apply)			[]	Mini-Enclosure	t with Negative Pres	ssure				
[] >3 sf or ≥3 lf	[] Ren	ovation		Glovebag Proced	ure					
[X] ≥160 sf or ≥260 lf	[x] Den	nolition	[x]		*) and Non-Friable	Procedure				
						Abatemen	t Type			
	Is Location		Description	n of				T_		
Location of Asbestos-Containing Material (ACM	Normally used	A	sbestos-Con		Amount	R R E E	E	E N		
TO BE ABATED	Solely by Maintenance/Custod	ial (i	Material (A i.e., thermal s		(Specify SF or LF)	M P	C	C		
in facility	Staff	N.	nsulation, sur		Of Er)	O A	A P	L		
(13)	(12)		VAT, or			VR	S	S		
v.	YES NO N/A	1	ther miscella	neous)		A	L	U R		
B. C. C.						L	Е	Е		
Exterior house	X	Asbestos sid			1050 sf	X				
Exterior garage	X	Asbestos sid	ling		550 sf	X				
	+ + -									
Name of Registered Waste Hauler	NJDEP Waste Hau	uler ID No. Cubic	Yards of Waste	Nome of David	and I and Ell			1		
Guardian Contracting, Inc	20223	3 3		T.R.R.F.	ered Landfill					
City, State Toms River, New Jersey		sposal Date	City, Sta	te						
Completed by (Print or Type)	Title 9/3	Signature	/ / /	wn, Pénnsylvania	a	Date				
Nicholas Fernicola	Project Manager	Y la	Chot	+1		8/28/14				
	*Do not use this f	orm for asbestos lic	ensure exemp	oted activities.		*				

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name o	f Building (
	August 28, 2014 encies Notified Type of Notification						Frank	Hagen		2	58	23	-	
Agencies Notified [X] EPA	EPA						80 Por	t Road		2.3 01	٠ . c			
	The state of the s				City, St	ate, Zip Coo	ie			2,				
[x] DOH							Brick,	NJ 08724					111	6
[] DCA	10123 NES 1023				Name o	of Contact			Te	elephone Numb	er	(A)		
	[] Cano	ellation				Frank	Hagen							
				FAC	CILITY	INFORM	ATION							
Name of Facility Where Al	sidence	Place (3)						Type of Facil	ity (4)	School (k-12)				
Street Address	, addition							[1	Subchapter 8	other th	an k-12)		
80	Port Road							j	x j	Other (i.e., pr homes, etc.)		10.5		dings,
City		County	(6)		County C	Code (7) USE ONLY	v).	Square feet 1200 s	t.	# of Floors	Bl	dg. Age	60	
Brick		Ocea	n		(DIEILD	031. 0141.	.,			being demolish	ed)		60	
None of Mariania Disast	W. 11 D 31	0 (0			100111				esiden					
Name of Monitoring Firm		Owner (8)		ASCM N	NO.	Name of	Abatement Con		⁹⁾ n Contractir	o Inc			
Street Address							Street Ad	dress						
City, State, Zip Code							City Stat	e, Zip Code	889 Ro	ute 9, Unit	61			4
ony, omic, Esp code							City, Stat	800 05	oms Ri	iver, New Je	rsey 0	3755-1	271	
Project Manager for Monito	roject Manager for Monitoring Firm Telephone Nu scheduled Start Date (10) Scheduled Co						Telephon 732-34	e Number			Numbe			
Scheduled Start Date (10)	Scheduled Start Date (10) Scheduled Con 8/28/14 Scheduled Con							OSHA Monitor						-
Occupancy Status During A		only one)		4			Street Ad		.IVI.S.L	. Analytical				
0 2	lity Closed/Vacated	2.5						10	056 Ste	elton Road				
0 0	tement Performed er – Describe	Outside o	f Normal Fa	cility Ho	ours		City, Stat	e, Zip Code						
[] Out	Describe							P	iscataw	vay, New Jer	sey 08	854		
Scope of Work (Check all t	hat apply)						[]			vith Negative P	ressure			
[] >3 e	f or ≥3 lf		r ı	Renova	tion		[]	Mini-Enclo Glovebag I						
5 6	or ≥260 lf		[x]	Demoli			[x]			and Non-Friab	le Proced	lure		
					T									
			Is Location	n		1	Description	n of				atement	T	П
Location of			ormally us	sed		Asb	estos-Con	taining		Amount	R E	R E	E	E N
Asbestos-Containing M TO BE ABA		Moint	Solely by enance/Cu				faterial (A , thermal s			(Specify Sl or LF)	M	P	C	C
in facility		iviaiiii	Staff	isioulai			lation, sur			or Lr)	0	A I	A P	D L
(13)			(12)				VAT, o	r			V	R	S	S
		YES	NO	N/A		othe	er miscella	neous)			A		U L	U R
		1123		IN/A		-					L		Е	Е
Exterior X					Asbe	stos sidin	g			1000 sf	X			
					-						-	-		
					1						+	-		
Name of Registered Waste Hauler NJDEP Waste Haule					ID No.	Cubic Ya	rds of Wast	Name of l	Registere	ed Landfill				
Guardian Contracting, Inc. 20223						3	T #1 -	T.R.R						
City, State Toms River.	New Jersey			Dispos 9/2/1	sal Date 4		City, Sta	te own, Pennsyl	lvania					
Completed by (Print or Typ	Toms River, New Jersey 9/2 Completed by (Print or Type) Title					нте 🗸	/ fullytt		7 44114	1	Dat			
Nicholas Ferr	nicola		t Manage			V la	Mol	10			8/2	8/14		
	this forn	n for asb	estos licen	sure exem	pted activities									

NOTIFICATION OF ASBESTOS ABATEMENT

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

25041

						-Lile	0	11	
Date of Notification (1) August 28, 2014	1	Name of Building		ator (2) itzer-Mauduit		逆	5		
	ion Notification ded Notification	Street Address		in Street	(5> .		`. `.		
[x] DOL Amen	dment # gency (including	City, State, Zip Co		vood, New Jersey (08884-0401	,	S		
[x] DOH justifi	cation) ellation	Name of Contact Hal F	Bernstein	Te	elephone Number				
	EA	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Schweitzer-Maudu	Place (3)	CLLII I IN OK	VIATION	Type of Facility (4)	School (k-12)				
Street Address 85 Main Street				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 20,000 sf	# of Floors 2	Bldg.		0	
Spotswood	Middlesex			Current Use (Prior if Power I	(T)				
Name of Monitoring Firm Hired by Building C Environmental Tac		ASCM No.	Name of	Abatement Contractor (Guardia	(9) in Contracting,	Inc.			
Street Address			Street Ad		outs O. I Init 61				
64 Broad Street City, State, Zip Code			City Stat	te, Zip Code	oute 9, Unit 61				
Matawan, NJ 0774	17		0.13, 0.11		iver, New Jerse	ey 087	55-12	271	
Project Manager for Monitoring Firm Tom Geiger	Telephone Numb 732-290-2217			ne Number 9-9932	License N 00624	umber			
Scheduled Start Date (10)	Scheduled Comp	letion Date (11)	Name of	OSHA Monitor			n		
9/22/14 Occupancy Status During Abatement (Check	9/24/14		Street Ac		L. Analytical				
D 7450 A550 TVADO DA	d During Entire Period of A	batement			elton Road				
	Outside of Normal Facility		City, Sta	te, Zip Code					
[X] Other - Describe_area	a we are working in is	closed	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		way, New Jerse	y 088:	54		
Scope of Work (Check all that apply)			[]		with Negative Pres	sure			
[X] >3 sf or ≥3 lf	[x] Reno	ovation	[] [x]		re				
[] ≥160 sf or ≥260 lf	L 1	nolition	[]) and Non-Friable I	rocedu	re		
		1			T			Г	
	Is Location		Description	on of		Abate	ement		Г
Location of	Normally used	A	sbestos-Coi		Amount	R E	R E	E N	E
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF	M	P	С	С
TO BE ABATED in facility	Maintenance/Custodi Staff		e., thermal sulation, su		or LF)	0	A I	A P	L
(13)	(12)		VAT, o			v	R	S	S
		19	ther miscell	aneous)		A		U	U R
	YES NO N/A	A				L		E	E
Basement-Condensate line	X	Asbestos pip	e insulatio	on	110 lf	X			
Basement-150 lb steamline	X	Asbestos pip	e insulatio	on	20 lf	X			
Basement-fuel line	X	Asbestos pip	e insulatio	on	20 lf	X			
Basement-400 lb steamline	X	Asbestos pip	e insulatio	on	55 lf	X			
Name of Registered Waste Hauler	NJDEP Waste Hau		Yards of Was		red Landfill				
Guardian Contracting, Inc. City, State		sposal Date	City, St						
Toms River, New Jersey Completed by (Print or Type)	9/2	25/14 Signature	Tullyt	own, Pennsylvania		Date			
Nicholas Fernicola	Project Manager	Signaturo (that !	test			3/201	4	
	*Do not use this f	form for asbestos lic	ensure exen	npted activities.					

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			N	Name of Building	Owner/Ope	rator (2)		- 1 - 2							
	August 28, 2014 s Notified Type of Notification					eitzer-Mauduit		0	15	04	U				
[X] EPA [X] Initia	l Notific	eation otification		Street Address	\$2000000000000000000000000000000000000	in Street	7.5		7.	,					
[] Eme		#including		City, State, Zip Co		wood, New Jerse	y 08884	1-0401)	36					
I A DOIL	fication) cellation		N	Name of Contact Hal B	ernstein		Telepho	ne Number		NoResta					
			ACIL	ITY INFORM	IATION										
Name of Facility Where Abatement is Taking Schweitzer-Maudi						Type of Facility (4	9	ol (k-12)							
Street Address		701 110 400				l ii		hapter 8 (otl	ner than	ı k-12)					
85 Main Street						[x]	Other	r (i.e., priva			ial buil	dings,			
City	Coun	ty (6)		ounty Code (7) TATE USE ONL	Y)	Square feet 20,000 sf		Floors	Bld	g. Age	30				
Spotswood	Mid	dlesex				Current Use (Prior	if being or House	demolished)			,,,				
Name of Monitoring Firm Hired by Building Environmental Ta		8)	A.S	SCM No.	Name of	Abatement Contracto	or (9)	ntracting,	Inc.						
Street Address 64 Broad Street					Street Ac	ldress		, Unit 61	1110.						
City, State, Zip Code	47				City, Star	te, Zip Code									
Matawan, NJ 0774 Project Manager for Monitoring Firm	4/	Telephone Num	iber		Telephon	Toms e Number	River,	New Jerse License N		755-1	271				
Tom Geiger	17			00624											
Tom Geiger 732-290-221 Scheduled Start Date (10) Scheduled Com 9/22/14 9/24/14				Petion Date (11) Name of OSHA Monitor E.M.S.L. Analy						cal					
Occupancy Status During Abatement (Check	0.72	2		Street Address						- 25					
Facility Closed/Vacate Abatement Performed				Hours											
[x] Other - Describe_are					City, Stat	e, Zip Code Piscat	away, N	New Jerse	y 088	54					
Scope of Work (Check all that apply)				[] Full Containment with Negative Pressure											
[X] >3 sf or ≥3 lf		[v] n	novation		[]	Mini-Enclosure									
[] ≥160 sf or ≥260 lf			novation molition		[x]	Glovebag Proce Non-Exempted		on-Friable I	Procedi	ire					
	ī		T				1								
		Is Location		2	Descriptio	n of				ement		Т			
Location of]	Normally used		Asl	estos-Con	taining	10	mount	R E	R	E N	E N			
Asbestos-Containing Material (ACM) TO BE ABATED	Moir	Solely by stenance/Custoo	dial		Material (A			ecify SF	M	P	C	C			
in facility	IVIAII	Staff	nai		, thermal :		(or LF)	0	A	A P	LO			
(13)		(12)			VAT, o	r			v	R	S	S			
	YES	NO N	/^	oth	er miscella	ineous)			A		U L	UR			
D	X	T T	20700						L		Е	E			
Basement-25 pound steamline Basement filtered water line	_	Asbestos pipe			80 1		X								
1 st floor-boiler #6 feed water line		Asbestos pipe			25 1		X								
1 Hoor-botter #6 feed water line		Asbestos pipe	insulation	1	311	f	X								
Name of Registered Waste Hauler	uler ID	No. Cubic V	rds of Wast	a Nomfn-	formal T :	4E11				\perp					
Guardian Contracting, Inc.	3	No. Cubic Ya	ius oi wast	e Name of Regis T.R.R.F.	iered Lan	afili									
City, State	isposal I		City, Sta	te	:										
Toms River, New Jersey Completed by (Print or Type)	Title	9/	25/14	Signature	Tullyto	own, Pennsylvan	ia		Date						
Nicholas Fernicola		ect Manager		1	chot	te			100000000000000000000000000000000000000	3/2014	1				

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

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

Check # 7579 Date of Notification (1) Name of Building Owner/Operator (2) 8/26/14 Montclair State University Type of Notification Street Address Agencies Notified One Normal Avenue [] EPA Initial DEP [] Notification City, State, Zip Code Emergency DOL Upper Montclair, NJ 07043 Amended DOH Notification [X] Name of Contact Telephone Number [] DCA [] Cancellation Amy Ferdinand **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) College Hall, Montclair State University Street Address 1 Normal Avenue Square Feet # of Floors Bldg. Age County Code (7) 40000 ~ 80 City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Upper Montclair Essex educational Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Whitman Companies, Inc. 00110 Jupiter Environmental Services, Inc. Street Address Street Address 7 Pleasant Hill Road 3 Lynn Court City, State, Zip Code City, State, Zip Code Cranford, NJ 08512 Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 732-390-5858 973-709-0200 Kevin Lovely Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor J & S Environmental Laboratories, LLC 12/31/14 8/27/14 Occupancy Status During Abatement (Check only one) Street Address [1] Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W [x] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure [] Demolition [X] Renovation [x] Glovebag Procedure [x] ≥3 sf or ≥3 lf [] Non - Friable Procedure [x] ≥160 sf or ≥260 lf Abatement Is Location Normally Used Description of Type Location of Asbestos - Containing Amount RE R Solely by E Maintenance/Cus Asbestos - Containing Material (ACM) (Specify N N M Р C C todial Staff (12) (i.e., thermal systems SF or LF) Material (ACM) TO BE ABATED insulation, surfacing, VAT, 0 A Α L 0 or other miscellaneous) V P In Facility S S No N/A A R (13)Yes U 5000 SF X VAT X Various areas - in phases Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 Disposal Date City, State City, State Lincoln Park, NJ 9/12/14 + Waynesburg, OH Completed By (Print or Type) Signature Date 8/26/14 Pane Repic General Manager

ASB-41

Note: Work to be done in phases. First phase is to start on 8/27/14 with expected completion on/about 9/8/14. Some 450 SF of VAT is to be removed from College Hall Room 301. Amendments will be sent for other phases.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Chology

Date of Notification	(1)		N	lame	of Bui	Iding (Owner / Operator	(2)	Art there is			-		
	8/28/2014		F	Ray S	uiter			£.1.	(50					
Agencies Notified EPA	Type Notifica	ation	S	Street	Addre	ss	Bridge Road	72				99		
DEP DOL	☐ Initial		C	City, S	tate &	Zip C J 085	ode	-	***		IV			
□ DOH □ DCA		rgency el <mark>l</mark> ation	N	lame	of Cor uiter	ntact				Те	lepho	ne N	umb	er
				FAC	CILITY	/ INF	ORMATION							
Name of Facility W Ray Suiter	here Abateme	ent is Taking Pl	ace (3				Type of Facilit		8					
Street Address								ter 8 (Other th		مممناهان	h a m		40.	
89 South Cooks	Bridge Roa	d					Other (i.e Square Feet	private & co			g. Age		(C.)	
City (5)		County (6)	Col	inty C	ode (7)	1500	# 011110	4	Did	y. Ay	60		
Jackson		Ocean	Col	unity C	oue (()	Current Use (Prior if being	demolished	<u> </u>		00		
Jackson		Ocean					Residence	Tion in boing	4011101101104	,				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.								
Street Address							Street Addres 2129 Rt 33		715			CEMB		
City, State & Zip Co	ode						City, State & 2	The state of the s						
Project Manager fo	r Monitoring F	irm	Telep	hone	Numb	er	Telephone Nu 215-295-100	ımber	Lice	nse Nu	mber 0122	2		
Scheduled Start Da 8/29/201		Scheduled Cor 8/30/2014	npletio	n Dat	e (11)		Name of OSH EMSL Analy			(1				
Occupancy Status	During Abate		nly one	e) of Aba	atemer	nt	Street Addres	S					32-28-	
1059		utside of Norm					City, State & Z	Zip Code						
	cupied During	Abatement					Westinone,	110 00 100						
Scope of Work (Ch									100	100 100		220		
≥3 sf or ≥3 ≥160 sf ≥26					ovatio			Mini-Er	ontainment on nclosure Bag Proced		gative	Pres	ssure	!
			_					Non-Ex	kempted an	d Non-f	Friable	Pro	cedu	ıre
L	ocation of	1	Is	Locati	ion		Description	of	Amo		Aba	atem	ent T	ype
Ma TO	stos-Containir terial (ACM) BE ABATED in Facility	ng	So Main	nally to olely to tenan odial S	oy ce or	1	Asbestos-Coni Material (A0 (i.e., thermal sy insulation, surface	CM) ystems ing, VAT	(Spe		Remova	Repair	Encapsulate	Enclsoure
	(13)		Yes	(12) No	N/A		or other miscella	aneous)			<u> </u>		ate	ਰ
Kitchen				\boxtimes			VAT/Mas	tic	120sf					
Name of Registere	d Waste Hau	ler		NJ	DEP V	Vaste	Cubic Yards	Name of Re	gistered Lar	ndfill			L	
ALPHA ENVIRO					uler IE 33330		of Waste 1cubic	Grows Lar	ndfill					
City, State		-1			- 200		Disposal Date	City, State						
Trenton							Various	Morrisville	, PA					
Completed By (Print or Type) Rod Richardson Title PM						Signature Rod Richardson				Date 8/28	3/20	14		

M	<u></u>	1000 100	1						1 1	11 ()	- (1	Δ	- 53
Date of Notification (1) 8-22-2014	i i i			ams of E Nicon L	Building O .L.C	wner/Op	erator (2)	2 INT	Done	APPRIOR	Tine.			
	pe Nollfication		1		nball Dr	Similar Santana		1	2.	APPRODE AS	enior	Sen	ina.	7
DEP DOL	Amended Amendment #				a. Zip Cod Sany, N.		, ·	Date:	97	(Signature)	-	=	37	
DOH BOH	Emergency (Inclu	Geng	N	lame of 0	Contact				Tale	איטא פאכווק	शक्त(1.4	7	
DOH DOA				Marc									:J	
		***		FACIL	ITY INFO	RMATIO		200	~					
Name of Facility Where Aba Commercial Property Street Address								of Facility (- School (K-1	2)	rthan K-12)				
48 Northfield Ave.							8	Other (i.e. p stt.)	atvalo s	commercial	build			5,
City (5) West Orange								are Feet	2	Floors	5	dg. A 0+	ge	
County (5) Essex				County C STATE U	ode (7) SE ONLY)		Dec-200011	ent Use (Prid mmerical		ng demoilshe rity	ed)			
Name of Monitoring Firm H	red by Building Own	ar (B)		ASCM	No.		Name of Ab			• •				-
n/a				n/a			1100 CO 100 CO 1	Vlanagem	ent Co	ip.	(5)			
Stroot Address							Street Addre			-1		r.s		
n/a							22 Troy I							
City, State, Zlp Code n/a	1						City, State, .	zip Code Park, NJ 0	7035			1		
Project Manager for Monito	ring Firm		-	elaphon	is No.		Telephone I		, 000	License No		~1		-
n/a				n/a	14 (111)	22	9737067			01193	10 10			
Start Date (10)	Sd	reduled	Com	pletion I	Date (11)		Name of OS	HA Manitar						
8-25-2014		28-201				1	Loznica	Managem	ent Co	יקדו.	- 0			
Occupancy Status During /	Absternent (Check Or	ly One)		***			Street Addr		-		edian			
Facility Closed/Vacate						L	22 Troy							
Absternant Performed Other - Describe: 98		acility H	OUIS				City, State,	Zip Code Parik, NJ 0	7035					
Scope of Work (Check All 7	(hat Apply)							Q1.10 0	, 000					-
⊒ ≥3 sfor≥3 lf ≥160 sfor≥260 lf			nolit		*		X Q	ini-Endosun lovebag Pro	e cedure	Negative Po			ė	
· Location o	F	No	Jeoc Ism	y '		Den	ariation of						po po	t
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED		впри	ICE/	Asbes (i.e.	thermal: surface	eining Materi systems inst ing, VAT, or iscellaneous	lation,	(3	mount Specify For LF)	Rentoval	Repair	Encapsulate	Endosure -
Crawispa		150	140	X		Asbes	tos Debria	;	appro	x 900 SF	×			
у стара	· · ·		-			, ,4444					.,			
		\dashv						-			1	-	_	
<u> </u>		\rightarrow		+-+								-		1
Name of Registered Wyota	Hittilar		N	JDEP W	fashe	Cuble	Yerds .	Name of	Registr	ered Landfill				
Loznica Management			Н	lauler ID 1033137	Na.	of Was		GROV						
City, State Lincoln Park, NJ 0703	35			-		Dispos TBD	ai Date	City, Sta Morris		A 19067			- 11	.,
Completed by		Title	_				ignature			De	ite			·
E Cimide	1	Corre	han.	i			1			R	22-5	014		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	Name of Building				-					
	August 28, 2014			outh Medical Co	enter 2	04	2			
[X] EPA [] Initia	tion I Notification Inded Notification	Street Address	NEWN CESS.	econd Avenue				5.1	×.	
[x] DOL Amer	ndment # gency (including	City, State, Zip Co		Branch, New Jer	sey 07740		· ·	11		
[x] DOH justif	ication) ellation	Name of Contact Chris	Terry		Telephone Number					
. ,	E.	ACILITY INFORM	ATION							
Name of Facility Where Abatement is Taking		ACILII I INFORM	IATION	Type of Facility (4)					
Monmouth Medic				[]	School (k-12)					
Street Address				l į į	Subchapter 8 (of	ther than k	:-12)			
300 Second Avenu	ue			[x]	Other (i.e., priva homes, etc.)	ite & com	mercia	l build	ings,	
City	County (6)	County Code (7) (STATE USE ONI	Y)	Square feet 150,000	# of Floors	Bldg.	Age 4()		
Long Branch	Monmouth		8		if being demolished)				
Name of Monitoring Firm Hired by Building Environmental Ta		ASCM No.	Name of	Abatement Contract	or (9)	T				
Street Address	ctics, tile.		Street Ac		dian Contracting	, Inc.				
64 Broad Street				1889	Route 9, Unit 61					
City, State, Zip Code Matawan, NJ 0774	47		City, Sta	te, Zip Code Toms	River, New Jers	sey 0875	55-12	71		
Project Manager for Monitoring Firm Tom Geiger	Telephone Numb 732-290-2217			ne Number 9-9932	License 1 00624					
Scheduled Start Date (10)	Scheduled Comp			OSHA Monitor						
8/28/14 Occupancy Status During Abatement (Check	8/29/14		Street Ac		S.L. Analytical					
	d During Entire Period of A	batement	Buccin		Stelton Road					
	Outside of Normal Facility		City, Sta	te, Zip Code						
[X] Other – Describe area	we are working in is closed	1	0.0,, 0.11		taway, New Jerse	ey 0885	4			
Scope of Work (Check all that apply)			[]		nt with Negative Pres	ssure				
[X] >3 sf or ≥3 lf	[X] Reno	ovation	[] [x]	Mini-Enclosure Glovebag Proce						
[] ≥160 sf or ≥260 lf	2 2	nolition	[]		(*) and Non-Friable	Procedure	;			
					T 1	Abaten	nent T	me		
	Is Location		Description	on of			T		Γ_	
Location of	Normally used		bestos-Cor	ntaining	Amount		R E	E N	E N	
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF		P	C	C	
TO BE ABATED in facility	Maintenance/Custodi Staff		., thermal ulation, su		or LF)		A I	A P	L	
(13)	(12)		VAT, o			1	R	S	S	
	, ,	oti	ner miscell			A		U	U	
	YES NO N/A	4				L		L E	R E	
SH007	X	Asbestos pipe	insulatio	n	200	X				
14.5										
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223		ards of Was	te Name of Regis	stered Landfill					
City, State Toms River, New Jersey	posal Date 2/14	City, St		Žia						
Completed by (Print or Type)	Title	Signature	1 V1	1		Date		(** <u></u>		
Nicholas Fernicola	Project Manager	8/28/2014								

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Nam	ne of Building (Owner/One	rator (2)					
August 28, 201	14		or Dunamig		outh County Par	k System	250	244	1	
[] DEP [] Ame	ation al Notification ended Notification endment #	15	et Address , State, Zip Coo		ewman Springs I	74 ct				
[x] DOH [] Eme	ergency (including	11	20 280 18 L 1 1 1	Lincro	oft, NJ 07738				, I.v.	4
Don	fication) cellation	Nam	e of Contact John E	Eisemann		Telephone Number		*		
		FACILIT	Y INFORM	ATION						
Name of Facility Where Abatement is Taking Hominy Hill Golf	Place (3) Course Bldg #130	1			Type of Facility (4	School (k-12)				
Street Address 92 Mercer Road					[] [x]	Subchapter 8 (or Other (i.e., priva			al buil	dings,
City	County (6)		ty Code (7) TE USE ONLY	v .	Square feet	homes, etc.) # of Floors	Bldg.			
Colts Neck	Monmouth	(SIA	TE OSE ONE	1)	1500 sf Current Use (Prior	if being demolished)	6	0	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	A No.	Name of	Abatement Contracto					
N/A Street Address				Street Ad		lian Contracting,	Inc.			
					1889	Route 9, Unit 61	ğ			
City, State, Zip Code	19			City, Stat	e, Zip Code Toms	River, New Jers	ev 087	55-12	771	
Project Manager for Monitoring Firm	Telephone Nu	mber		Telephon 732-34	e Number	License N 00624		33-12	2/1	
Scheduled Start Date (10) 9/15/14	Scheduled Co. 9/19/14	mpletion Date	c(11)		OSHA Monitor	S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	d During Entire Period o	of Abatement		Street Ad	dress	Stelton Road				
[] Other – Describe	Outside of Normal Facil	ity Hours		City, Stat	e, Zip Code Piscat	away, New Jerse	y 0885	4		
Scope of Work (Check all that apply)				[]		nt with Negative Pres	sure			
[] >3 sf or ≥3 lf	[] R	enovation		[]	Mini-Enclosure Glovebag Proces	ture				
[X] ≥160 sf or ≥260 lf		emolition		[x]		(*) and Non-Friable	Procedure	е		
						T	Abate	ment T	vpe	
Location of	Is Location			Description			R	R	E	Е
Asbestos-Containing Material (ACM)	Normally used Solely by			estos-Con laterial (A		Amount (Specify SF	E	E	N	N
TO BE ABATED	Maintenance/Custo	odial	(i.e.,	thermal s	ystems	or LF)	M	P A	C A	C
in facility (13)	Staff (12)		insu	lation, sur VAT, or			O V	I R	P S	0
(10)	(12)		othe	er miscella			A	K	U	S
	YES NO N	V/A			,		L		L E	R E
3 Bathrooms	X	Lin	oleum			200 sf	X	\dashv	<u> </u>	L
Kitchen	X	Lin	oleum			120 sf	X		-	
Basement	X	Tra	nsite pipe			10 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H 2022		Cubic Yar	ds of Waste	Name of Regist T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey	I	Disposal Date		City, Stat	e					
Completed by (Print or Type)	Title	9/22/14 Sign	ature ,	Tullyto	wn Pennsylvani	a	Date		914444	
Nicholas Fernicola	Project Manager		Wich	iot!	tel		8/28/	2014		
	*Do not use this	form for as	sbestos licens	ure exemp	ted activities.			100000		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 28, 201	4	Name of Building Owner/Operator (2) Monmouth County Park System								
[] DEP [] Ame	al Notification ended Notification	Street Address City, State, Zip C	805 Newman Spi	K1. 1. 1. 1.	2 30	7 7				
[x] DOH [] Eme	rgency (including		Lincroft, NJ 077	38		•.				
I I DCA	fication) cellation	Name of Contact John	Eisemann	Telephone Number	*					
		FACILITY INFOR								
Name of Facility Where Abatement is Taking Perrineville Lake			Type of Fa	cility (4) School (k-12)						
Street Address				Subchapter 8 (ot	ther than k-12)					
44 Pinehill Road			[X] Other (i.e., private homes, etc.)							
City	County (6)	County Code (7) (STATE USE ON								
Millstone	Monmouth		Current Us		60					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of Abatement C	Residence ontractor (9)						
N/A				Guardian Contracting,	, Inc.					
Street Address			Street Address	1889 Route 9, Unit 61						
City, State, Zip Code			City, State, Zip Code							
Project Manager for Monitoring Firm	Telephone Nur	nber	Telephone Number		River, New Jersey 08755-1271 License Number					
Sahadulad Start Date (10)	61.1116	1. 5. 00	732-349-9932	00624	00624					
Scheduled Start Date (10) 9/10/14	9/17/14	npletion Date (11)	Name of OSHA Monit	or E.M.S.L. Analytical						
1 NASC 2020	only one) d During Entire Period of Outside of Normal Facili		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)				tainment with Negative Pres						
F 3	r a -	540	[] Mini-En	closure						
[X] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	: :	enovation emolition		g Procedure empted (*) and Non-Friable	Procedure					
	[]		[A] Non-Exc	I I I I I I I I I I I I I I I I I I I						
	Is Location		Description of		Abatement	Туре				
Location of	Normally used		sbestos-Containing	Amount	R R E E	E E N N				
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custo		Material (ACM) e., thermal systems	(Specify SF or LF)	M P	C C				
in facility	Staff	, , , , , , , , , , , , , , , , , , ,	sulation, surfacing,	of Lr)	O A	A L P O				
(13)	(12)		VAT, or		VR	S S U U				
	YES NO N	J/A ot	her miscellaneous)		A L	L R				
Exterior Residence	I X	Asbestos sidi	ng	1310 sf	x	E E				
Exterior chicken coop	X	Asbestos sidi		1600 sf	X					
Exterior well pit	X	Asbestos sidi	ng	40 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H 2022	23 8	T.R	f Registered Landfill R.F.						
City, State Toms River, New Jersey	1000	Disposal Date /18/14	City, State Tullytown, Penns	ylvania /	Settletter v					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Date 8/28/2014							

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

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

M P.	CHECK # 1066
RECEN	/ Property

Date of Notification (1) 8/28/2014											S CUNTROL						
Agencies Notified	Type Notification		- 20	Street A						Y SE	-2	AM I	2.	00			
[D]				521 Te	errill Rd.				AN	350	г.	,	٠.	UZ'			
EPA DEP DOL	Amended Amendment				ate, Zip Co n Plains,		7023			& L	CEN	SUNT	R	ÓΣ			
Ď DOH DCA	justification) Cancellation	including		Name of	f Contact Paul			÷		Tele	spriorie	Numbe	er				
	10				LITY INFO	RMATI	ON			-							
Name of Facility Where Residential Proper		Place (3)						_	of Facility (4 School (K-12	0							
Street Address 521 Terrill Rd.						***		S X	Subchapter 8 Other (i.e. pr	(Othe			uilo	lings,	hom	es,	
City (5) Scotch Plains		<u> </u>							etc.) e Feet) +	# of	Floors			idg. A	ge		
County (6) Union					Code (7) USE ONLY)			Currer	nt Use (Prio	r if bei	ng dem	olished))				
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCN	I No.		1414-5-4-150-6-5		ement Cont		15000000						
Street Address				l			Street	Addres		anno							
City, State, Zip Code				City, State, Zip Code West Orange, NJ 07052													
Project Manager for Mo	nitoring Firm	,	T	Telephone No.													
Start Date (10) 9/07/2014				pletion	pletion Date (11) Name of OSHA Monitor Envirovision Consultants Inc.												
	ng Abatamant (Chan	9/08/201	5 0050							tants	inc.	•					
	cated During Entire F	eriod of Ab	atem					Address 1 Wag	araw Rd.	- Bld	g.35E						
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility F	Hours			_	7000 200	State, Zip Lawn,	Code NJ 0741	0							
Scope of Work (Check /	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova moliti				×	Mini Glov	Containmer i-Enclosure vebag Proce i-Exempted	edure		ative Pressure					
		1		228				I NOI	-Exempled	() and	I NOIT-F	nable r		000000000000000000000000000000000000000	ement		
Locatio	nn of		ocation ocatio			Des	scription	of				L	_	Ту	ре		
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED illity	Custo	tenar	nce/		os Cont thermal surfac	aining M	Material of sinsulated of the state of the s		(S	mount pecify or LF)	Kelliokai	Demoval	Repair	Encapsulate	Enclosure	
Basen	nent	163	140	X		Duct	Insula	ation		12	20 LF	х					
Name of Registered Wa	aste Hauler		N	JDEP W	/aste	Cubic	Yards	— т	Name of R	legiste	red Lan	dfill					
Freehold Cartage			Н	auler ID 5939		of Was			G.R.O.W			-""					
City, State Freehold, New Jers	еу					Dispos TBD	sal Date		City, State Morrisvil		ennsyl	vania					
Completed by Blagica Nikolova		Title Presid	ent			S	ignature	5 Ni	volov	٠		Date 08/28	3/2	014			

Check # 8539 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT ALT TENEDIMENT (Pursuant to NJAC 8:80 and 12:120) Health & Senior Services Name of Building Owner/Operator (2)

OAUE BEATTY Date of Notification (1) DAVE Type Notification Street Address Agencies Notified 47H AUR 138 **EPA** Initial XX City, State, Zip Code DEP Amended HAWTHORNE NJ 07506 DOL Amendment # Emergency (including Name of Contact Telephone Number justilication) DOH DAVR Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BEATTY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 区 138 etc.) City (5) Square Feet # of Floors Bldg. Age 1550 2 60 County Code (7) Current Use (Prior If being demolfshed) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Gode Glen Rock, N.J. 07452 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 8/27/14 Omega Environmental Services Inc. 8128/14 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Absternant Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 IF Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demollion Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement ls Location Туре Normally Location of Description of Used Solely by Ashestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (Specify SF or LF) (l.e. thermai systems insulation, Removal Custodial Staff? Repair In Facility surfacing, VAT, or other miscellaneous) (12)(13) Yes N/A No BASEMEAN PIPE 9041 × X NJDEP Waste Name of Registered Waste Hauter Name of Registered Landfill Cubic Yards Hauler ID No. 20785 of Waste Rovic Transport IESI PA Bethlehem Landfill Corp. City, State City, State Disposal Date 8/07/140 Riverdale, New Jersey 07457 Bethlehem, PA 18015 Completed by Title Signatore R. McDonald President 27

Aug 28 2014 11:01am P001/001 Check # 859

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) LNALDWICK COURLED COURTS, INC												
Agencies Notified	Type Notification	,		A Straot A	ddress	PPEAL	AU.	2				7/2			
EPA IX. D⊕ IX. DOL	Initial Amended Amendment	‡	_1	City, Sta	ite, Zip Co	ode	r 0	746	<u> </u>						
(CORPO)	Emergency ()				Contact					Tel	enhone Num	her			
DGA DGA	Justification) Cancellation				PROL						oprioria (teri		-		
				FACI	LITY INFO	ORMATIO	N								
Name of Facility Where A		Place (3)				- 1	Туре	of Facility (4)	_				
Street Address		*************					_		School (K-12 Subchapter 8		ar then K-12)			
155 HOPPE	n Auz								Diher (i.e. pr ilc.)	ivate i	siaremmoo 2	i build	ings,	μάμ	es,
City (5) WALDWICK								Squar	e Feet	#0	Floors /	B	idg. #	vgia	
Gounty (6) BEREE				County (Code (7) JSE ONLY)		Currer		if bel	ng demalish	ad)	_	•	
Name of Monitoring Firm	Hired by Building C		n constitut	ASCN	No.				ement Conf		(9)				
Sireet Address	ny-pept.	agga Heatt		1000	vices			Addres	ntracting	Inc.		\perp	_		
	Pau	<u>X (),</u>	NO	men					Road					r.5	
City, State, Zip Code	Date: &	281	nature) (1 Tin	ne: 9/1	BAM			tate, Zij Rock	p Code , N.J. D74	152					
Project Manager for Moni	loring Firm			Telepho	ne No.			one No -262-5			Ulcense No 00156).			2
Start Date (10)		Schedulo 9/2		ipletion (Date (11)				A Monitor	ital S	ervices In	c. ·			
Occupancy Status During			1				Street	Addres	8			<u> </u>			
Facility Closed/Vaca	ited During Entire P	eriod of A	balem	ient		-		Huyle:	r Street		-	:			
Other - Describe;									ck, NJ 07	606					?
Scope of Work (Check Al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)		enova emolitì		(A			Mini	Containmer i-Enclosure vebag Proce		Negative P	essu	e		
								Non	-Exempted	(*) an	d Non-Friabl	Pro	cedur	ę	
			Locati											emen Pe	t
Location Asbestos-Containing			lormali d Solei		Aakna	Dos	cription		(0000		mount		<u> </u>	·	T
TO BE ABA In Facili (13)	TED		ntenar odiai S (12)			thermal:	systems ing, VA	s insulat T, or		(3	Spacify For LF)	Removal	Repair	Encapsula	Endosur
	1,500	Yes	No	N/A										late	ā
OFFICE ARI	5.03			×		VA	-7			1	04030	×			
				1										_	
Name of Registered Wast	le Haulor			JDEP W auler ID		Cubic \	rards te				red Landfill				
Rovic Transport				0785		of Was			W 02		lehem La	ndfill	Çar	p.	
City, State Riverdale, New Jers	ey 07457						al Date		City, State Bethlehe		PA 18015				
Completed by R. McDonald	7	Title Presi	dent				prature		XM		Dal	1/2	7/	4	
							/ ()	10	-		(0	1.	Ľ	1	

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

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<u> </u>	1	City, State	, Zip Code	2	,	Date: 8		4 - 4	2i2	XP	M	,	
ncluding		Joe		E SEL		MANUAL PROPERTY OF THE PARTY OF	Tele	ephone Num	ber				
Piggs (3)		FACILI	TY INFO	MOTTAN	Type o	Feellity (4	1)						
			_		II s								
					9	ubchapter ther (i.e. n	8 (Ollh rivete é	er than K-12 & commercia) I build	ings.	home	s.	
					E 6	tc.)				123,400			
		9,14			Squan	s Faet	# 0	Floors	Bidg. Age 50+				
					A STATE OF THE PARTY OF	Children Strate (1962)	or if bei	ing demoliah	ed)				
Dwner (8)		ASCM n/a	No.							F.5			
			4	Stree	Street Address								
		Caral III											
	X	of Ho					7035		- Maria				
	T	Telephon n/a	e No.	10.000000000000000000000000000000000000				License N 01193	0.				
		nplation D	Date (11)				ent C	orporation	5			1	
k Only On	в)	-		Stree	t Addres	\$		*		-			
				1055777110				200					
				10 0.500			7035						
7/3/	114	-			NA.	arrigues.	67	177					
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l=	Loraf	ion							T	Abate	emen	ıt	
N	Iormal	lly		Description	an of				-	T	.be	т-	
Cust	intena odlal ((12)	staff7	Asbest (l.e.	thermal syster auriteding, V	ns insula 'A'T, or	(ACM) ilion,	(Specify	Ramoval	Repair	Encapsulate	Elidosile	
Yes	ND	N/A					- 45	222.55		-	-	-	
		X	70.2	drywall & p	olaster	•	10	,000 SF	X		-	+	
-													
				0.00-16-1		NI	Desir	barred 1 service					
	1		No.	of Waste		GROV	ALCOHOLOGICA						
		Disposal Date				1							
				4 (2)	te	Cliry, Sta							
				Disposal Da	te			PA 19067	ate				
	9-5-20 k Only On Period of A nai Facility B Use Mai	Scheduled Cor 9-5-2014 k Only One) Period of Abatennal Facility Hound Is Locat Normal Used Sold Maintene Custodial (12) Yes No	County Co	Orange Housing Street Address 340 Thomas Bo City, State, Zip Code Orange, NJ 070 Name of Contact Joe FACILITY INFOS Place (3) County Code (7) Name of Contact Joe FACILITY INFOS Telephone No. n/a Scheduled Completion Date (11) 9-5-2014 Ex Only One) Period of Abatement nal Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenentor Custodial Staff? (12) Yes No N/A N/A	Orange Housing Authority Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION Place (3) County Code (7) (STATE USE ONLY) Downer (8) ASCM No. n/a Stree 22 City, Linu Telephone No. n/a 973 Scheduled Completion Date (11) Stree 22 City, Linu Telephone No. n/a 975 Scheduled Completion Date (11) Stree 22 City, Linu Telephone No. n/a Stree 22 City, Linu Telephone No. Is Location Normally Used Solely by Maintenence Custodial Staff? Custodial Staff? (12) Yos No N/A X drywall & p NJDEP Weste Cubic Yards	Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION Place (3) County Code (7) (STATE USE ONLY) Telephone No. n/a Telephone No. n/a Telephone No. n/a Telephone No. n/a Scheduled Complotion Date (11) 9-5-2014 City, State, Zi Lincoln Path Completion of Abatement nat Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yos No N/A NJDEP Waste Cubic Yards Relocation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yos No N/A NJDEP Waste Cubic Yards Cubic Yards	Orange Housing Authority Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION I Place (3) County Code (7) (STATE USE ONLY) Countre (8) ASCM No. In/a City, State, Zip Code Other (i.e. p. etc.) Square Fact County Code (7) (STATE USE ONLY) Countre (8) ASCM No. In/a City, State, Zip Code Lincoln Park, NJ 0 Telephone No. In/a Scheduled Completion Date (11) Scheduled Completion Of Abatement City, State, Zip Code Lincoln Park, NJ 0 Asbestos Contenting Material (ACM) (i.e. thermal systems Insulation, auritaing, VAT, or other miscellaneous) NJDEP Wasts NJDEP Wasts Name of Name of OSHA Monitor Custodial Staff? (i.e. thermal systems Insulation, auritaing, VAT, or other miscellaneous) NJDEP Wasts NJDEP Wasts Name of Country Insulation (ACM) (i.e. thermal systems Insulation, auritaing, VAT, or other miscellaneous) NJDEP Wasts NJDEP Wasts Name of Country Insulation (ACM) Country Insulation (ACM)	Orange Housing Authority Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION Type of Facility (4) Subchapter 8 (Oth Other (i.e. private a etc.) Square Faet # O County Cods (7) (STATE USE ONLY) Denner (8) ASCM No. n/a City, State, Zip Code Lincoln Park, NJ 07035 Scheduled Comploition Date (11) Scheduled Comploition Date (12) Scheduled Comploition D	Orange Housing Authority Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION [Place (3)] County Code (7) (STATE USE ONLY) Telephone No. In/a Telephone No. In/a Telephone No. In/a Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Scheduled Completion Date (11) Scheduled Completion Date (11) Second Management Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. In/a Scheduled Completion Date (11) Second Management Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. In/a Scheduled Completion Date (11) Second Management Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. In/a Scheduled Completion Date (11) Second Management Corporation Street Address Controlling Management Corporation Street Address Controlling Management Controlling Management Controlling Management Contr	Orange Housing Authority Street Address 340 Thomas Boulevard City, Stata, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION Pligan (3) FACILITY INFORMATION Pligan (4) County Code (7) (STATE USE ONLY) Info County Code (1) (State Use Cou	Orange Housing Authority Street Address 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION Plaza (3) Type of Facility (4) Subchapter 8 (Other then K-12) Subchapter 8 (Other then K-12) Subchapter 8 (Other (Le. private & commercial buildings, to the facility (4) Square Fact County Code (7) (STATE USE ONLY) House County Code (7) (STATE USE ONLY) Lozinica Managament Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. n/a Scheduled Completion Date (11) Scheduled Completion Date (12) Scheduled Completion Date (13) Scheduled Completion Date (14) Scheduled Completion Date (14) Scheduled Completion Date (14) Scheduled Completion Date (15) Scheduled Completion Date (16) Scheduled Completion Date (17) Scheduled Completion Date (18) Scheduled Completion Date (18	Orange Housing Authority Street Address 340 Thormas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Joe FACILITY INFORMATION Pigea (3) Type of Facility (4) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter	

(K 1315)

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

RECEIVED

Date of Notification (1 8/27/14)				f Building		perator	(2)		ŋ	2110	8-				
Agencies Notified	Type Notification				gh of Ca	aldwell				- 4	114 5	EP -	2	PH	11:	30
			11 3	Street A 1 Prov	laaress Vost Squ	Jare			1	4	年前に	0.74			20200	-
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ate, Zip C	ode				L-\$ 4	L.	EP -	S (SIN	TAR(H
DOH DCA	Emergency justification) Cancellation		h		f Contact				-50000	Tel	ephone	e Numb	er			
				FACILITY INFORMATION												
Name of Facility When house	re Abatement is Takin	g Place (3)						Туре о	of Facility (4)			11			
Street Address 27 Personnett Str	reet							□ s × o	chool (K-12 ubchapter 8 ther (i.e. pr tc.)	(Oth	er than & comr	K-12) nercial	buil	dings	, hom	es,
City (5) Caldwell								Square 2200		# o	f Floors	S	322	ldg. A	Age	
County (6) Essex					Code (7) USE ONLY	n		Curren	t Use (Prior	r if bei	ng den	nolishe	d)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	I No.			e of Abatement Contractor (9) S Environmental Services, LLC					-			
Street Address		2							Address Box 483, 4 E Gate Drive						1000	
City, State, Zip Code				City, State Glenwoo					Code NJ 07418							
Project Manager for M	onitoring Firm		Т	Telephone No. Telephone No. 973-583-8500						License 7			3			
Start Date (10) 9/5/14		Scheduled 10/5/14	Com	ompletion Date (11) Name of OSHA Monitor							100				7.7	
Occupancy Status Dur	ing Abatement (Chec	k Only One))				Street	Address			-	-				
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire F rmed Outside of Norm	Period of Abnal Facility H	ateme lours	ent			City, S	tate, Zip	Code			-				
Scope of Work (Check ≥3 sf or ≥3 If ≥160 sf or ≥260 If			novati				×	Mini- Glov	Containmer Enclosure ebag Proce Exempted	dure					e	
Locati	on of	10000	ocatio rmally	355		Dee								Abate Ty	ement	
Asbestos-Containir TO BE A In Fac (13	ng Material (ACM) BATED cility	-	enand	ce/		tos Conta	systems ing, VA	laterial (/ s insulati T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
baser	ment	100	1,0	X		floor tile		or tile		2	,120		_		-	
baser				×			nastic	-			,120	>			-	
7					-010											
Name of Registered W. Freehold Cartage	aste Hauler						Cubic Yards Name of F f Waste TBD			Registered Land						
City, State Freehold NJ		Dis				Dispos	isposal Date City, State						-	32		
Completed by A. Scott Higgins						Si	Signature Date 8/27/14									

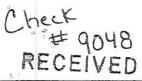
CK 1313

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

RECEIVED

Date of Notification (1) 8-19-14		Name o		Owner/Operat	1		W 8				
Agencies Notified Type Notification		Street A					2014 SEP -2		111:	68	
				Boulevard			,				
EPA Initial Amended Amendment	#	City, Sta	ate, Zip Co nit NJ	ode			ASBESTOS & LICE	NSI	HTI	ROL.	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	Name o	f Contact Coull				Telephone Nu				
DEA GARCEMANON		7	30 - AMBERTA PER 110	ORMATION				11286	-		
Name of Facility Where Abatement is Taking	Place (3)				T	ype of Facility (4	4)				
Street Address 24 Kent Place boulevard						Other (i.e. p	2) 8 (Other than K-1 rrivate & commerc		Idings	, hom	ies,
City (5) Summit NJ					S	duare Feet	# of Floors	T	3ldg.	Age	
County (6) Union County			Code (7) USE ONLY		С	urrent Use (Prid	or if being demolis	hed)			
Name of Monitoring Firm Hired by Building C Sky Environmental Services Inc	wner (8)	ASC	л No.	L.		Abatement Con	125.5255				
Street Address 140 Boulevard			10	/e							
City, State, Zip Code Mt Lakes, NJ 07046				City,							
Project Manager for Monitoring Firm Leon Sheresheusky		Telepho	ne No. 384821	Tele	License N		i		-		
Start Date (10)	Scheduled Co			- KONON	3 500.03	OSHA Monitor					
Occupancy Status During Abatement (Check				Stree	ef Ad	dress			-		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of Abate		2759			e, Zip Code					
											- /
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo	3.53(5.65(5.66))	*		×	Mini-Enclosure Glovebag Prod				16	
1 100	Is Loca	ution				Non-Exemples	2 () and Horri nat		10000	emen	t
Location of Asbestos-Containing Material (ACM)	Norm Used So Mainten	ally lely by		Description tos Containing	Mate		Amount		T	ype m	
TO BE ABATED In Facility (13)	Custodial (12	Staff?	(i.e.	thermal system surfacing, V other miscell	AT.	or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A						-		ō	CD _
Basement Area	x		TSI Ma	terial on the	floo	or clean-up	160sf	х		×	
						2		+			
Name of Registered Waste Hauler		NJDEP W Hauler ID	No.	Cubic Yards of Waste		1	Registered Landfill Management				
DYV Enterprises LLC	(0034140)	10yards	10	İ					
City, State Paterson NJ				Disposal Date 9-15-14	ie .	City, State Tullytow	/n				
Completed by Dorian Carpio	Title Manager			Signatu	re (eaul		ite 19-1	4		

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



Date of Notification (1) 8-28-	14	Name of	Building Owner/O	perator (2)	Leo	- 2011 SEP -	-2	DM I	1. 5	
Agencies Notified Type Notification		Street Ad	Ideana	OTH	4.1		+	E E I	1.4	
□ EPA Initial □ Amended □ □ Amended □ □ □ Amended □ □ Amended □ □ □ Amended □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	2	- City, Stat	o Zin Code -		() = 1)	WORES!	S (ON.	TRO	H
DOL Amendment #		J. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	D	unell	en 1	12 FTR	:BK	迎	G	
DOH Emergency (it	nduding	Name of		A		Telephone Num	ber			
□ DCA □ Cancellation				ö nard						
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFORMATI		of Facility (4	<u>, </u>				
Single family	De	elling			School (K-12					
Street Address 240 Third					Subchapter	8 (Other than K-12 rivate & commercia		lings,	home	s,
City (5) Dunellen	-		8815		re Feet	# of Floors	В	dg. A	ge	
County (6) Middlesex		County C (STATE U	Code (7) ISE ONLY)			r if being demolish	ed)	e e		
Name of Monitoring Firm Hired by Building C		ASCM	No.	Name of Aba		tractor (9)	ŝa (,	Ta	
Street Address R 2 2	12		14/14	Street Address		Y	16.6	9 4	1081	
City, State, Zip Code	NT	00	633	City State, Z	ip Code	200	A	06	72	2
Project Manager for Movid ril of Firm	M2	Telephoi	1933 ne No.	Telephone N		License No). a	6	00	2
Steve Schenken	3	609	758-3365	609 758		5 0	33	14	4	
Start Date (10) 9 - 8 - 14	Scheduled C	ompletion (Date (11)	Name of OSI		mologies	I	ac		
Occupancy Status During Abatement (Check	Only One)			Street Addres	ss	~				
Facility Closed/Vacated During Entire P	eriod of Abat	ement		City, State, Z	Box	33 t				
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	al Facility Flot	en			Egypt	NJ O	280	53	3	
Scope of Work (Check Ali That Apply)					JAP.	/00 6	/ (\		_	_
23 sf or ≥3 lf □ ≥160 sf or ≥260 lf	□ Reno	vation olition		☐ Mir	ll Containme ni-Enclosure ovebag Proc		ressu	re		
•						(*) and Non-Friab	e Pro			
	Is Loc	ation						Abate Ty	ement pe	
Location of	Used So			scription of	I (ACM)	Amount		ΓŤ		
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter Custodia	nance/	(i.e. therma	taining Materia I systems insula		(Specify '	Re	Z.	Encapsulate	Enc
In Facility (13)	(1)			cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	psu	Enclosure
(13)	Yes' N	o N/A					8	,	ate	-F
Dacaes, at	+	.	p	Insula	1. 1. 5.00	100LF	X.			
Basement	-X -	+	Libe	11500	21404		1			
	-									
	+									
Name of Registered Waste Hauler		NJDEP W		Yards	Name of	Registered Landfill	-			
EPC Technologies	ş ·•	Hauler ID	00	1		eManage	nen	40	E &	A
City, State	NJ.		Dispo	-9-14	City, Stat	isville F	A			
Completed by	Title	dent		Signature	Sel.	Da Da	te E	3-6	18-	14
DRUE JUIEN I VER	LIKEDI	OCT 1		- Neth		-				

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	₩ NO.	Tipicatk	N OF ASBESTO	S ARATHMEN	17		10 D/	Y /
Date of Notification (1)	Labella Labella		of Building Owner	0.00	ASEP-	2 PH 11: 4	2	EV
genicles Notified Type Notificant	7-14		<u> </u>	Α.	.Ed	Laudh.	ech	er
EPA MC Interest	un .	Striber	Address (o Per	MILE	NEWG	Aυ	5
DOL Amended	ant 4	City, 5	Mate, Zio Code C	See F		TOWNER		
DOM Justificatio		Marrie	of Contact	Lu.II		Tellephone	- Annual Control	J B WALL
	-	FA	CILITY INFORMA	1 Whe	eler			اب ب
Name of Facility Where Abelement is Tal	Ing Place (5)	01	(Share	V Da	te of Facility	(4)		
Street Address	- 1		1 2	Chay B	School (K Subahapi	BF & Mithar than	-42)	
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Dea Bria	ht. A	E(07760	Squ	Jara Feat	# of Floors	, , E	idg. Age
Monmouth ?		County	Code (7)	Cur	TOTALE	for if being demo	(behali	50.
ame of Menitoring Firm Himd by Building	g Owner (8)	ASC	M No.		Dalament Co	_ Hous	<u></u>	
Irwai Address	37.62		MA	Street Adds	ST 2	lends	Mie!	I
RO. DOX S	37			RO	. Ben	337		
New Equat	N2	08	533	City, State,		A PA	70	
roller Manager for Most Files irm	A		one No.	Telephone	No.	. Lichhae	No.	04
tart Date (10) Q_ 30 111	Scheduled C	ampletter	7.58-3365 Date (11)	Name of OS	SHA Monitor	مع (O	777
ccupancy Status During Abatement (Chi	ack Only One)	- 4-	14	Street Adding	L Tec	hnologie	<u>s</u> T	ric
Facility Closed/Vaceised During Entire Absternant Performed Outside of No.	Petrind of Shad	ement		6-0	. Box	337		
Other - Describe:	IIII FECILITY CO	uns ,	<u> </u>	City, State,	Egypt	417	~64	533
23 of or 23 if				1	1/4/21		00-	<u>5-5-5</u>
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Location of	is Loc	ally		secription of			. 10	Abátémes Typo
Asbestos-Containing Meterial (ACM) TO RE ABATED	Deed So Mainter Custodia	TERCO/	Appentor Con	taining Meterle (systems insu	el (ACM) lation.	APPENDO (STREET)	2	T Ty
In Facility (13)	C15		aurie	icing, VAT, or miscollamacaus	100	SP SP SP	Lille	
	Yes No	N/A				G 7	••	
Exterior wells	+ +	_X_	Siding S	Shingles		120031	14	
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me of Registered Wests Hauler		NJDEP W		Yards		Registered Landf		
EPC Technologie	2	170	00	10	.Wast	e Manage	ment	. F
New Egypt	NJ.		Dispo	ual Date 4-14	City, Stat	D	PA	
mploted by School Kan	Title.	0 4		Ignature	CI	1	O WE	27-
LEAC ACTION LIEST	Presid	KA F		June.	عال حو		Ö,	a. /-

State of New Jersey APPROVED PAUL HORNER, NJ POH NOTIFICATION OF ASBESTOS ABATEMENT

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

8/26/14 Trenton Board of Education Agencies Notified Type Notification Street Address			
Agencies Notified Type Notification Street Address			
Agencies Notified Type Notification Street Address 1490 Prospect Street			
0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0	1170000		8
DEP			
□ DOH	ne Nu	mbe	er .
DCA Cancellation Mr. Everett O. Collins			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)			
Monument School School (K-12) NON SUB-CHAPTER 8			
Street Address Subchapter 8 (Other than K-12)	an E		
145 Pennington Avenue Other (i.e. private & commercial buildings, hon		c.)	
Square Feet # of Floors Bldg. Ag			
City (5) County (6) County Code (7) 64,000 2	60+		
Trenton Mercer Current Use (Prior if being demolished)			
School			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)			
Environmental Connection Bristol Environmental, Inc. Street Address			
Street Address 120 North Warren Street 1123 Beaver Street			
City, State & Zip Code City, State & Zip Code			
Trenton, NJ 08010 Bristol, PA 19007			
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number		5775	
Steven Fairess 609-392-4200 (215)788-6040 00509			
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor			
8/28/14 8/28/14 Bristol Environmental Inc.			
Occupancy Status During Abatement (Check only one) Street Address 4423 Region of Abatement			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm City, State & Zip Code			
Abatement Performed Outside of Normal Hours – 7am to 3pm City, State & Zip Code Bristol, PA 19007			
Facility Occupied During Abatement			
Scope of Work (Check all that apply)			
Full Containment with Negative	e Press	sure	
□ ≥160 sf ≥260 lf □ Demolition □ Glove Bag Procedures			
Non-Exempted and Non-Friab			
Location of	ateme	nt ry	ype
Motorial (ACM) Selety by Material (ACM) SE or (E)		ш	m
TO BE ABATED Maintenance or (i.e., thermal systems	Re	cap	nc
TO BE ABATED in Facility (12) Maintenance or Custodial Staff? (12) Maintenance or (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Repair	Encapsulate	Enclsoure
(13) (12) or other miscellaneous)		ate	G.
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NOOM A-12		Ħ	Ħ
Room A-14 Pipe insulation 2 fittings	tī	Ħ	Ħ
	Ħ	Ħ	T
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill			
Hauler ID No. of Waste			
Bristol Environmental, Inc. 18706 1 Cu Yd GROWS Landfill			
City, State Disposal Date City, State			
Bristol, PA Signature Bristol, PA Title Signature Date			
Completed by (Finit of Type)	6/14		
Gino Pizzigoni Project Manager Lino Pizzigoni 8/2	J/ 1-4		

GI 14144

State of New Jersey APPROVED: PAUL HORNER, NJOOH NOTIFICATION OF ASBESTOS ABATEMENT

Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)	CR BEDEVVED
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				Name of Building Owner / Operator (2)														
				Trenton Board of Education Street Address											-			
Agencies Notified EPA	ype Notifica	шоп	100					treet										
DEP							Zip C			AS	BESTE	S CI	I Au	TRE	Н			
Ø DOL	Amer						J 086				& LIC	ENS	ISING					
□ DOH		gency		Vame							1	Telepl	elephone Number					
DCA		ellation	P	Mr. Everett O. Coll				ollins										
		-		FA	CIL	ITY	INF	ORMATION										
Name of Facility W	here Abateme	ent is Taking P	ace (3	3)				Type of Facilit										
Grant Elementar	y School							School (K										
Street Address										3 (Other than K-12)								
159 N. Clinton Avenue								Other (i.e. private & commercial building							(C.)			
			- 1-					Square Feet				Bldg. Age						
City (5)		County (6)	Co	unty (nty Code (7)			70,000		3		_		60+				
Trenton		Mercer						Current Use (F	Prior if b	eing demoli	shed)							
								School			,		_					
Name of Monitoring		y Building Owr	ner (8)		F	ASCI	M No.			- AS SS - 32)							
Environmental C Street Address	onnection	 			-	cuce.		Bristol Environmental, Inc. Street Address										
120 North Warre	n Stroot							1123 Beaver	100000	ł								
City, State & Zip Co						_			City, State & Zip Code							1000		
Trenton, NJ 080									Bristol, PA 19007									
Project Manager fo	r Monitoring F	irm	Telep				er	Telephone Number License Number										
Steven Fairess 609-39						_		(215)788-6040 00509 Name of OSHA Monitor										
Scheduled Start Date (10) Scheduled Completion 8/27/14 8/27/14						(11)		Bristol Environmental Inc.										
Occupancy Status During Abatement (Check only one)								Street Address										
Facility Closed/Vacated During Entire Period of							1123 Beaver											
Abatement Performed Outside of Normal Hour							City, State & Zip Code											
Describe: 3:00 PM to 11:30 PM Facility Occupied During Abatement					Bristol, PA 19007													
Scope of Work (Ch																		
										ull Containm		Vegati	ve	Pres	sure)		
≥3 sf or ≥3	If		\boxtimes	Renovation Demolition				☐ Mini-Enclosure ☐ Glove Bag Procedures										
≥160 sf ≥26	30 If								ocedures									
	,										xempted and Non-Friable Proced							
	ocation of	_		Location rmally Used				Description Asbestos-Cont			Amount (Specify	1	Abatement Typ			ype		
	stos-Containin Iterial (ACM)	g		Solely by					Material (ACM)						Щ	m		
	BE ABATED		Main			or		(i.e., thermal sy			Ren	Re	lcar	ncl				
	in Facility		Custo					nsulation, surfac			Removal	Repair	Encapsulate	Enclsoure				
(13)			Yes	(12) s No N/A				or other miscella		0.				ate	9			
			res	×	+	7		Dina inavila	tion		3 LF	D	a	П	П	\vdash		
Room A-1	44. Danie	4.02	H		1	H		Pipe insula Pipe insula		2 LF		1	H	H	卌			
Hallway adjacent to Room AA23			H	H	+	\exists		ripe ilisula	LIOII		Z LF			Ħ	H	Ħ		
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Name of Registere	d Waste Haul	er		IN.	JDE	EP V	Vaste	Cubic Yards	Name	of Registere	d Landfill		=-1					
Traine of registered trade fluid						No.	of Waste		AND THE RESERVE AND THE PROPERTY OF THE PROPER									
Bristol Environmental, Inc.							1 Cu Yd	11/10/10/10/10	VS Landfil	l								
City, State								Disposal Date	City, S									
Bristol, PA								8/28/14	Morris	sville, PA		In-						
Completed By (Print or Type)			0.555				Signature		1 -	_	Da		/14					
Gino Pizzigoni			12000	Project Manager			Lino Piz	2101	11.18	6	0//	20	114					
				IAI	all	aye	1	The 12	The	11	~		_	_	-			

State of New Jersey APPROVED PAUL HORNER, NJ POH

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

		(Pu				Marine C	11/4000	<u>.</u> 8:60 and 1		(R#	- 26	92							
Date of Notification (1) 8-26-14					Name of Building Owner / Operator (2) RECEIVED Trenton Board of Education															
Agencies Notified	Type Notification Stree						Street Address 1490 Prospect Street 2014 SEP -2 PM 11: 46													
☐ EPA	☑ Initial						Zip Co			OLI -2 P	МП	46-					+			
□ DEP								38	4	FETAL O	211-									
☑ DOH	A STATE OF THE PERSON OF THE P	gency					ntact		والما والم	& 1 10 CM	別用	04Tele	phor	ne N	umb	er				
DCA		ellation	139	Frenton, NJ 08638 ASSESTES CONTROL Telephone Number & LICENSING																
					00/15										_	-	_			
			/		CII	_11	YINF	DRMATION	h. (A)								-			
Name of Facility W		ent is Taking Pia	ace (3	5)				Type of Facilit	ιy (4) (-12) Ι	NON SUB-CH	APTER	8 8								
Stokes Elementa Street Address	ary School							CATALOGIC		Other than K-										
915 Parkside Av	•				Other (i.e. private & commercial buildings, homes, etc										tc.)					
313 FalkSide AV								Square Feet		Bldg. Age										
City (5)		County (6)	TCo	ounty Code (7)			7)	Square Feet # of Floors 70,000 3				60+								
Trenton		Mercer		u,	-		. /	Current Use (f being demol	ished)				W.C.					
renton		laleicei						School		3					83					
Name of Monitoring	Firm Hired h	v Building Own	er (8)	-		ASC	M No.	Name of Abat	emen	t Contractor (9)						_			
Environmental C		y building Own	Ci (0)		ľ	100		Bristol Envi		선거들에 보았다면 맛있으면서 얼마나 그래	-/									
Street Address	Jointootion.					St. St.		Street Addres												
120 North Warre	n Street							1123 Beave	r Stre	eet										
City, State & Zip Co								City, State & 2												
Trenton, NJ 08010								Bristol, PA	Ti i	N										
Project Manager fo	r Monitoring F	irm		phone Number				Telephone Nu		cense Number										
Steven Fairess 609-39								(215)788-60	0050	9					_					
Scheduled Start Date (10) Scheduled Completion I								Name of OSH Bristol Envi												
8/27/14			8/28			117		Street Addres		iemai mc.							-			
Occupancy Status	During Abate	ment (Check or	ily on	e) of Δł	nate	me	nt	1123 Beave		eet										
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Hours								City, State & 2					-		-					
Abatement Performed Outside of Normal Hours Describe: 7:00 AM to 3:30 PM				uis -	1 0	1111 (o opin	Bristol, PA												
	cupied During							Brioton,	.000	•										
Scope of Work (Ch																				
Coope of Train (c.										Full Contains		th Nega	ative	Pres	sure	е				
≥3 sf or ≥3	lf ·		\boxtimes	Renovation					Mini-Enclosure											
≥160 sf ≥26	60 If			De	emo	litio	n		☐ Glove B ☑ Non-Exe											
_								-	Non-Exempt		nd Non-Friable Procedure bunt Abatement Typ					_				
	ocation of			Loca				Description	Amoui (Speci	00000	ADS	item	ent	Type	!					
	stos-Containir	ng		mally				Asbestos-Containing Material (ACM)			SF or L				ш	1 .				
	terial (ACM) BE ABATED		Solely by Maintenanc Custodial St					(i.e., thermal s		tems		,	Rer	Re	ıca	inc.	5			
	in Facility							insulation, surfac	/AT			Removal	Repair	Encapsulate	Encisoure	2				
(13))		-	or other miscell	or other miscellaneous)				<u>m</u>		ate	. ē	ò			
			Yes	No		N/A						_				+	7			
RM A-17						Ц		VAT & Ma	stic		500 S	-		H	H	+	1			
	11										_		H	님	H	+	븍			
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Name of Registered Waste Hauler			10000				Cubic Yards of Waste	Nam	Name of Registered Landfill											
10					18706			15 Cu Yd									_			
City, State Bristol, PA							Disposal Date 8/28/14		, State rrisville, PA											
Completed By (Print or Type) Title							1-4	Signature			,		Date							
Gino Pizzigoni					0.77	ject		His Pm 1 8/26/14												