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

				V				-7	REC	1=11	1	0	Į.	
Date of Notification (1)					Name	of Building	Owner/Operator (	2)	# 1 Long %	F 2 3	Sec. 1	. 1/20		
09/		14	_		Ban	k of Ame	erica					_		
Agencies Notified	Type Notific	ation			Street	Address		W27-1-17 0 T T T T T T T T T T T T T T T T T T	- 2UI4 SEP	-3 P	11	9:	33	
⊠ EPA					112	8 Walnut	Street							
□ DOLWD	☐ Amende					tate, Zip C			ASU-ST	US C	1	To	OL	
☑ DHSS	Amendm	2 AT 0.03305					, PA 19107		& LI	CENS	IN	G		
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati	ncy (ind	cluding			of Contact			Telephone N	umber		_		
(NJAC 5.23-6)	☐ Cancella				100000000000000000000000000000000000000	n Luxfo	7	20	2	uniber				
										-				
N				(0)	FAC	ILITY IN	FORMATION							
Name of Facility Where	Abatement is	laking	Place	(3)				Type of Facility (	•					
Bank of America								School (K-12) Subchapter 8		-12)				
Street Address				23				Other (i.e., pr			uild	lings	S,	
128 Hudson Stree	et							homes, etc.)						
City (5)				ěl.				Square Feet	# of Floors	E	Bldg	. Ag	е	
Hoboken, NJ								10,000	1		30	)		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	nolished)	1			
Hudson														
Name of Monitoring Fir	m Hired by Buil	lding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)				11111130X	X400	
New York Enviror	nmetal						JVN Restora	tion Inc						
Street Address							Street Address						1 1111111	-
88 Harbor Road							47 Foster Ro	ad						
City, State, Zip Code							City, State, Zip Co	ode						
Port Washington,	NY 11050						Staten Island	NY 10309						
Project Manager for Mo				Tele	phone I	No.	Telephone No.		License No		_	-		
Mike Baudo	<b>3</b>				16-944		718-605-6256	;	00774					
Start Date (10)		Sched	uled C		tion Da		Name of OSHA N		1	_			71	
09 /13					3 /		Testor Tech	io into						
														1
Occupancy Status Duri		•					Street Address							
<ul> <li>☐ Facility Closed/Vaca</li> <li>☒ Abatement Perform</li> </ul>						cribe	10 59 Jackso							
Time of Abatement:							City, State, Zip C							
to 8:00PM-	AM				_		LIC, NY 1110	1			200-1			
Scope of Work (Check	all that apply)						M Full Con	tainment with Neg	ativo Pressure					
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Mini-End		alive Fiessuic					
≥160 sf or ≥260 lf	3		☐ De	moliti	on		☐ Gloveba	g Procedure						
			1 1-	1	et a la	т	⊠ Non-Exe	empted (*) and No	n-Friable Proci		vi contra	367 - 728		004.000
Locatio	n of		1000	Loca Norma			Description of			F	_	_	ent Ty	ype
Asbestos-Containin		M)	Use	d Sol	ely by	Asbe	estos Containing Ma		Amount	2	1.	Repair	Encapsulate	Enc
TO BE A	BATED	· .	1	intena			e., thermal systems	insulation,	(Specify	Keniova		pair	cap	Enclosure
IN Fac			Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>	-		sula	ure
(13	2		Yes	No	N/A	1	Other miscenarie	(ous)					te	0000
Basement Mens ar	ad Ladiaa Ba					Floor I	Mactic		380SF	B	7 1	7		П
basement wens ar	id Ladies Ro	om	ш	$\boxtimes$					3003F			긔	ᆜ	ш
1st Floor Teller Line	}	201 USA 100 CONT		$\boxtimes$		Floor T	ile and Mastic		300 SF	D	] [			
Basement Mens an	d Ladies Roo	om				Wall Ma	astic		480 SF		] [			
			П	П	$\overline{\Box}$					Г	7 1	7	П	П
Name of Registered W	acte Hauler				JDEP /	Nasta	Cubic Yards of	Name of Regis	tered I andfill		-   -			
Newark Carting	asic Haulel			1000	auler II		Waste	IESI	CIOU LANUIIII					
<del>_</del>				NJ-56	66	15								
City, State							Disposal Date	City, State	54					
Newark, NJ						-5	09/28/14	Bethelhem	, <u>P</u> A					
Completed By (Print or	Type)	Title	•				Signature	1/2 ///	$\overline{}$	Date	76000		32000	
Ralph Barnhardt		F	rojec	t Mai	nager		/h///	Aller		29	- 0	25-	20	14
ASB-41							//	/						
MAY 11		*	Do not	use t	his form	for asbes	tos licensure exem	oted activities.						

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

Ch # 2695

Date of Notification								wner / Operator	r (2)		1/6	Low Co.	200	8			
Agencies Notified	8/29/14	utio o				dress	niver	sity			0004	000	-5	cold C	<del>- 11</del>		
EPA	Type Notifica	ition	0.00	일본하는데, 11 프로그			5.00	Building			2014	SEP	-3	rn:	٠. ٢٠	<b>*</b>	
☐ DEP							ip Co									ī	
⊠ DOL	Amer						J 08				ADL	15 J	us (	ا ۱۱۰ این ۱۱۱۰ کی	INU	L	
□ DOH	☐ Emer	gency				Conta						CLL	Te	lepho	ne N	umb	er
☐ DCA	☐ Canc	ellation	E	3ob (	Ort	ego							1-				
				FAG	CIL	ITY I	INFO	RMATION									
Name of Facility Wh								Type of Facili									
Forrestal Campu	s Boiler Ho	use – Prince	ton U	nive	rsi	ty		School (k					8				
Street Address										Other tha						200120	
300 Forrestal Rd									e. priva	ate & com		ial bui		Complete and the		tc.)	
City (5)		County (6)	Cou	inty C	200	- ( <del>7</del> )	-	Square Feet		# of Floo			Bia	g. Ag			
Princeton			COL	inty C	Jua	e (1)		22000 Current Use (	Drior	f boing do	3	hod\			100+		
rinceton		Mercer						University	FIIOLI	i being de	HIOIR	sneu)					
Name of Monitoring	Firm Hired by	, Building Own	er (8)		IΔ	SCM	No	Name of Abat	emen	t Contract	tor (9)				-		
ATC		, building own	ici (0)			OOW	140.	Bristol Envi				<b>'</b>					
Street Address Three Terri Lane		**						Street Addres		_4							100000
City, State & Zip Co	de							1123 Beave City, State & 2									
Burlington, NJ 08								Bristol, PA									
Project Manager for		irm	Telepl	hone	Nu	mber		Telephone Nu				Licens	se Nur	mber			
Mike Keehn			609-3					(215)788-60				00509	9				
Scheduled Start Day 9/8/14	te (10)	Scheduled Con	npletio		te (*	11)		Name of OSH Bristol Envi			r.						
Occupancy Status [	Ouring Abaten	nent (Check or		1000				Street Addres		ionical in	<u> </u>						
Facility Clos	ed/Vacated D	ouring Entire P	eriod o	f Aba				1123 Beave	r Stre	et							
		itside of Norma	al Hou	rs – 7	7am	to 3	pm	City, State & Z	Zip Co	de							
Describe:	5:00 PM -		_		27/40 0			Bristol, PA	19007	7							
		Abatement 7:0	0am to	3:30	) pn	n		<u> </u>			1015						
Scope of Work (Che	ck all that ap	ply)							П	Full Cont	ainm	ent wit	th Nec	rative	Pres	sure	
≥3 sf or ≥3 lf	f		$\boxtimes$	Ren	ova	tion			Ħ	Mini-Encl				Janvo		ouio	
≥160 sf ≥260	O If			Dem	nolit	tion			$\boxtimes$	Glove Ba	g Pro	cedur	res				
									$\boxtimes$	Non-Exe	mpted	d and	Non-F	riable	Pro	edu	re
	cation of			ocati		.		Description				Amour		Aba	teme	nt T	ype
	os-Containing eriai (ACM)	]	Norm	ally t lely b		a		Asbestos-Cont Material (AC				Specif F or Li			1	ш	
	BE ABATED		Maint			or		(i.e., thermal sy		s	O.	01 2	,	Re	Z	nca	Enc
ir	Facility		Custo		Staf	f?	ins	sulation, surfac	ing, V	AT				Remova	Repair	Encapsulate	Enclsoure
	(13)	-		(12) No	N/	A	0	r other miscella	aneou	s)				<u>a</u>	7	late	ře
Area #1			×		Г	1		Pipe fittin	na			2 ea			$\boxtimes$	П	П
Area #2				Ħ	F	it		Debris clea	_			3 SF			H	Ħ	Ħ
Area #3						1		Pipe insula				3 LF					
Area #4					Ī			Pipe Insula				2 LF					
Area #5			$\boxtimes$					Pipe Insula	tion			46 LF			$\boxtimes$		
Area #6			$\boxtimes$					Pipe Insula				2 ea		$\boxtimes$			
Name of Registered	Waste Haule	r				P Wa ∙ID N		Cubic Yards f Waste	Name	e of Regis	tered	Land	fill				
Bristol Environm	ental Inc			187			100	cu yd	GRO	WS Lan	dfill						
City, State								isposal Date	City,	State							
Bristol, PA								/9/14		risville, F	PA						
Completed By (Print				Title		teriti uza	S	ignature	,				1.5	Date			
Gino Pizzigoni	i			Pro				Gino Pe	-	•	/ -	0	18	8/29	114		
				Ma	ına	ger		Juno 12	820	gone	1-0	K					-

BS 14084

151 (

B & G proj. #:

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

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1.1 2.3.	1 2 3	diam'r.	1 6
Check # 6729	1 17	-	400

Date of Notification	1 (1)	11	Name of Buil	ding Own	er/Operator (2)			6000	000 0	D	4 Q	400	)
10 18 1/12 19			Erica Frie	edman			+0	2014	SEP -3	F	כח	. (	,
Agencies Notified EPA	Type Notificat	ion	Street Addres	#1 PACO 1	(4)			Abu	ESTUS	, ÛI	14	Κ0	L
☐ DEP	★ Initial		44 Olyph		e -				FICE	NS	INU		
₩ DOL	Amendr	ment	City, State, Z Morristo		7960		26						
₩ DOH			Name of Con		71000	*************		Telephon	e Number			-	
☐ DCA	Cancella		Erica Fr					-					
					LITY INFORM	IATION							
Name of facility w	here abatement i	s taking i	place (3)					Type of Facility (	4)		-		
Erica Friedma		3,							(K - 12)	or th	on K	12\	
Street Address					-		8		apter 8 (Oth Private/Con			12)	
44 Olyphant	Drive								Homes, etc	_	RI	lg. A	
City (5)		T Co	unty (6)			Cour	nty Code (7)	Square Feet	# 01 110015		וטו	.y. A	ge
= 0.0000 900	11107000						e use only)	Current Use (Pr	rior if being	dem	olishe	d)	
Morristown,			lorris			<u>L</u> ,,	No.	residential					
Name of Monitoring	ng Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	.	Name of Abatement	ST 53					77
Street Address							B & G Restorat Street Address	ion, inc.		_		-	
Street Address							105 Ryerson F	Road		40			
City, State, Zip Coo	de						City, State, Zip Code						
							Lincoln Park,	NJ 07035					
Project Manager fo	r Monitoring Firm	1	Ph	one Numb	er		Telephone Number (973)696-686	9	License N 003		er		
Scheduled Start Da	ato (10)	TSch	ed. Completio	n Date (1	1)		Name of OSHA Mon	itor					
09/11/2014	ate (10)	1	ea. Completio 9/11/2014	ii Date (1	1)	- 11	B & G Restorat	tion, Inc.					p210
Occupancy Status	During Abatomor						Street Address 105 Ryerson R	oad	77				
	d/vacated during			ment.			City, State, Zip Code			_		_	
	erformed outside							10					
Other-Descri	ibe:					-11	LincolnPark, N	J 07035				- 1	
Scope of Work (ch	neck all that apply	y)				70-10-10-10-10-10-10-10-10-10-10-10-10-10				727			
Demolition	X	Renova	tion				ull Containment w/ne	gative pressure	Gloveba	-			
>3 sf or >3 lf		T. C. L.	or ≥260 lf			X N	lini-enclosure	L	Non-fria	_		-	
Location of	-1-1-1	ls locat	ion normally untenance/cust	used solely odial			V - V - V - V - V - V - V - V - V - V -	Amount		e	R e	E n	E
asbestos-co material to b	e	staff(12		T	material (	on of as (ACM)	sbestos-containing	(Specify S	F or	m o	p a	c a	n C
abated in fac	cility (13)	Yes	No	N/A				LF)		v e	i r	р	L
basement				X	duct insul			60 If			X		
basement				X	duct insula	ation (	square)	10 sqft		붜	X	<u>님</u>	쓔
				ļ				_	-	屵	屵	븜	計
	-	-	╬							片	H	Ħ	T
Registered Waste		INJ	DEP Hauler II	D# C	ubic Yards of \	Waste	Name of Registered						
B & G Restora	tion, Inc.		19563	Disposal D	1/4		Tullytown City, State	Resource & Re	ecovery (	ent	er		
City, State Lincoln Park,	NJ				12/2014		Tullytown,	PA				Υ.	8
Completed by (Prin	nt or Type)	Title			Signature		Gordana Luna		Date	10.5			
Gordana Luna	3	Secre	tary/Treasu	irer		,	Jordana Luna		08/29/	201	4		

### State of NJ

B & G proj. #:

2014-150

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

Da o proj. #.				•				Check	# 6728	Ω			-
Date of Notification	(1)	11	Name of B	uilding Owr	ner/Operator (2	)					-		
10   8   / 12   9				of Robert		y. 		2014 SEP -3	B PM S	<b>}:</b> 2`	?		
Agencies Notified EPA	Type Notificat  Initial	ion	Street Add	ress e Avenue				ASDESTU:	S CITE	ΓκÛ	L	,	
☐ DEP	initial	1	City, State		, 			- a Lici	INSH40	ì			
X DOL	Amend		-	on, NJ 07	940						W		
<b>⋉</b> DOH	☐ Cancella	- 11	Name of Co	ontact				Telephor	ne Number				
☐ DCA	Cancella	ation	David	& Valerie	Friedman					,,,,	-010	-J+(	ວບ
				FAC	ILITY INFORM	MATIO	N						
Name of facility wh	nere abatement i	s taking p	ace (3)		77-11	Ta Commence		Type of Facility	(4) ol (K - 12)				
Estate of Rob	ert Gero							1 =	napter 8 (C	ther t	han K	-12)	
Street Address  1 Myrtle Aver	2110							X Other	(Private/C /Homes, e	omme			
	lue					, -		Square Feet	# of Floor	s	Ble	dg. A	ge
City (5)		Cor	inty (6)			150000	unty Code (7) ate use only)	Current Use (P	rior if hein	a dem	nolish	ed)	
Madison, NJ			orris				,,	residential	nor ii beiii	g den	Olisiic		
Name of Monitorin	g Firm Hired by	Bldg. Owr	er (8)		ASCM No.		Name of Abatement (						
n/a					L	_	B & G Restorati	on, Inc.					
Street Address							105 Ryerson R	oad		E			
City, State, Zip Cod	e				-		City, State, Zip Code	11.07005					
Project Manager for	Monitoring Firm		Tr	hone Numi	ner.		Lincoln Park, I	NJ 07035	TLicense	Numh	ner .		OG.
Project Manager for	Monitoring Fini	(2)	ľ	TIONE NUM	Jei		(973)696-6869			378		- 2	
Scheduled Start Da	te (10)	Sche	d. Comple	tion Date (1	1)	$\neg$	Name of OSHA Monit B & G Restorati						
09/10/2014		09/	10/2014				Street Address	on, mo.		-			<del>'</del>
Occupancy Status I	-						105 Ryerson Ro	oad					
Facility closed Abatement per Describe:	d/vacated during erformed outside						City, State, Zip Code	. 4					
Other-Describ	oe:					=	LincolnPark, NJ	07035					- An
Scope of Work (ch	<u> </u>							NO.22		4	-		
☐ Demolition	×	Renovati				_	Full Containment w/neg	ative pressure	Glovet	٠,			
>3 sf or >3 lf		≥160 sf o	O STATE OF THE STA	used solel	u	X	Mini-enclosure		☐ Non-fr	I R	R	E	1
Location of asbestos-con	taining	by maint	enance/cu	50.		ion of a	asbestos-containing	Amount		e m	e p	n	E n
material to be abated in faci		staff(12) Yes		T NI/A	material		· · · · · · · · · · · · · · · · · · ·	(Specify S	SF or	0	a	a	C
		163	No	N/A						е	-	p	1
basement				×	pipe i	nsula	tion	5 If 40 If		X	H		Ή
basement	pasement			×	) pipe			- 4011		H	H	H	卄
					1								
				5									
Registered Waste H B & G Restorat		NJE	EP Hauler 19563	ID# C	Cubic Yards of 1/2	Waste		Landfill Resource & Re	ecoverv	Cent	er		.2016.00000
City, State				Disposal I	Date		City, State Tullytown, F						
Lincoln Park, N Completed by (Print		Title			/11/2014   Signature		<del></del>		Date	4			<u> </u>
Gordana Luna			ary/Treas	surer			Gordana Luna		08/29	9/201	4		

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

Date of Notification (1) 9/2/14					Building (				rocureme	nt Off	ice					
Agencies Notified	Type Notificati	ion	5	Street Ad				10	26	I4 SE	P -3					
DEP  DOL	Initial Amended Amendme	ent #	C	City, Stat	te, Zip Co ton, NJ	de			44	oo≟:	STUS LICE	00 NS1	hi G	(ÛL		
DOH DCA	justification  Cancellat		2.0	Name of Bob Or	Contact					Tele	ephone	Numh	nor			
				FACIL	LITY INFO	DRMATIC	ON									
Name of Facility Where Residence	Abatement is Ta	aking Place (3)						_	of Facility (4 School (K-1	\$60 com						
Street Address 27 Maclean									Subchapter Other (i.e. p	8 (Oth			build	ings,	home	es,
15-15-16-1 10-16-16-16-16-16-16-16-16-16-16-16-16-16-						1270 - 154,040			etc.)	45				5500		
City (5) Princeton								1600	re Feet )	2	f Floors		59	dg. A	ge	
County (6) Mercer					Code (7) ISE ONLY				ent Use (Prid			olishe	d)			
Name of Monitoring Firm Pennoni Associates		ing Owner (8)		ASCM	No.				tement Con	tractor	(9)					
Street Address							Street	Addre	ss		0 :					
515 Grove Street, S City, State, Zip Code	Suite 1B								Lincoln H	ighwa	ay, Sui	ite 50	JU			
Haddon Heights, N							Extor	n, PA	19341							
Project Manager for Mor R. Alan Lloyd	nitoring Firm		100	Telephor 856-54	ne No. 7-0505		Teleph 484-8				Licens 0116					
Start Date (10) 9/22/14		Scheduled 9/26/14	d Com	pletion [	Date (11)		Name EMS		HA Monitor							
Occupancy Status Durin	g Abatement (C	heck Only One	<del>?</del> )				Street		ss 30 North							
Facility Closed/Vac Abatement Perform	ed Outside of N	Iormal Facility	oateme Hours	ent					ip Code							
Other – Describe:	Hours: 8 am - 4:	:30 pm				_			son, NJ (	8077						
Scope of Work (Check A	II That Apply)							•								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emolitio				×	Mir	Il Containme ni-Enclosure ovebag Prod	e edure	aleasa.					
		led	ocatio			78.70-37-5		J No	n-Exempted	i (*) an	d Non-F	riable		Abate		
Location	n of	N	ormally	y		Des	scription	of				-	-	Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED	) Mair	Solely ntenan odial Si (12)	ce/				s insula T, or	ation,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			. 5						_		lte	Ф
Attic	Attic					Transit	e heat	shiel	d	4	0 SF		X			
Name of Registered Was Waste Management		sey	1.853877	JDEP Wauler ID	200700000	Cubic of Was 40			Name of GROW			ndfill				
City, State							sal Date		City, State							
Trenton, NJ						TBD			Morrisv	ille, P	A					70,00
Completed by Jack Bally		Title Sr. Pr	oject	Manag	ger	S	ignature	. /	Balle	1 601		Date 9/2/				
ASB-41 (R-06-08)		- L					1		this form for	asbesi	tos licen	nsure (	exem	pted	activi	ties.

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

Date of Notification (1) 9/2/14					Building (				rocureme		CETV ce	har er	)		
Agencies Notified	Type Notification		200	treet Ac	ldress Millan B	uildina			21	14 SE	P-3 P	H 9:	SU		
EPA DEP DOL	Initial Amended Amendmen	t #	C	ity, Stat	te, Zip Co	de			A	SUES	TUS C	il di	кûц		
× DOH	Emergency justification	)	N		Contact						phone N	<u> </u>			
☐ DCA	Cancellatio	n 								1					
Name of Facility Where A	hatement is Taki	ng Place (3)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4	1)					
Residence	ADALEMENT IS TAKE	ng Flace (3)		our mount a Europe		X (300) (100) (100)		-	School (K-1						
Street Address 240 Hartley Avenue	:							×	Subchapter Other (i.e. p				dings,	home	es,
City (5)								Squa	etc.) re Feet		Floors		ldg. A	ge	
Princeton County (6)				County C	code (7)			1600	) ent Use (Pric	2	a demolish	5	9		
Mercer					ISE ONLY)				ccupied F			ieu)			
Name of Monitoring Firm Pennoni Associates		Owner (8)		ASCM	No.				tement Con es, LLC	tractor	(9)				
Street Address 515 Grove Street, S	Suite 1B	AL STATE OF THE ST					Street 407		ss Lincoln H	iahwa	v. Suite	500			
City, State, Zip Code Haddon Heights, N.	1 08035						City, S	tate, Z	ip Code 19341	<u> </u>				-	
Project Manager for Mon			17	-1	- N-						License N	_			
R. Alan Lloyd	itoring Firm		100	elephor 356-54	7-0505		Teleph 484-				01161	0.			
Start Date (10) 9/22/14		Scheduled 10/10/14		oletion [	Date (11)		Name EMS		HA Monitor						
Occupancy Status During	Abatement (Che	ck Only One	:)				Street								
Facility Closed/Vaca	ated During Entire	Period of Al	pateme	ent					30 North						
Abatement Perform Other – Describe:			Hours			_	The Contract of the Contract o		ip Code son, NJ(	8077					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		**********	enovati emolitic				×	Mi	Il Containme ni-Enclosure ovebag Proc	edure				•	
		ls I	ocatio	n			<u> </u>	I NO	n-Exempted	( ) and	Non-Friat	le Pro	Abate	ment	1
Location	of	No	ormally	,		Des	scription	of				<u> </u>	Ту	pe	
Asbestos-Containing TO BE ABA			Solely			tos Cont	aining N	// ateria			mount			En	m
In Facili			dial St	aff?	(I.e.	thermal surface	system: cing, VA		ation,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)				niscellar					ova	a:	sula	sure
		Yes	No	N/A										te	
Window				X			dow ca				50 LF	X			
Interior Walls / Ceiling				X	Joir	nt Com	·		SWB		45 SF	X			
Kitche	en	+++		Х		VAI	and M	astic		41	5 SF	X			
Name of Registered Was	ste Hauler		T N I	DEP W	aste	Cubic	Yards		Name of	Registe	red Landfil	1	L		
Waste Management		У		uler ID		of Was			GROW						
City, State					-	Dispos	sal Date		City, State	Э					
Trenton, NJ						TBD			Morrisv		A				
Completed by Jack Bally		Title Sr. Pr	oject	Manag	ger	S	Signature	1. /	3a 11.	1616	1000	ate 2/14			
ASB-41 (R-06-08)		0	-70				1		this form for	ashest	os licensur	e exen	noted	activi	ties

				NOTIFICAT	ION OF AS				hec	Bell	2:	017
Date of Notification (	1) /14	A				Building O Internation	wner / Opei al	rator (2)	RECE	ElV s	ED	
	/ ——				Street Ad							
Agencies Notified EPA	Type of No	tificatio Initial	n			te 208 Nort e, Zip Cod		2014	SEP -	3 111	0: ::	
DEP	_	ınınaı Amende	ed			e, Zip Cod New Jersey					- 41	
☑ DOH	_	Amendr		¥	Name of			Ain	Telephon	e Numb	er , an	
☑ DOL		Emerge Cancell		/ justification	JOHN LIS	SY				-crom		
				F	ACILITY IN	FORMATI	ON					
Name of Facility Whe Mondelez Internationa		nt is Ta	king	Place (3)		Type of F	acility (4) School (K	-12)				
Street Address 2211 Route 208							Subchapte Other (I.e.	er 8 (Other , private & omes, etc.)				
City (5)	County (6)			County Code	(7)	Square F		# Of Floor	s	Buildin	g Age	
Fairlawn	Bergen						000,00	3				
				L			Ise (Prior if	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	olished)		40 -	+
Name of Monitoring I	Firm Hired b	ov Blda	Own	er (8)	ASCM NO		AREHOUSE					_
100		,		(-)								
AET							TAR CONTE	RACTING G	ROUP, IN	٥.		
Street Address 907 Doolittle Drive						Street Ad	aress					
City, State, Zip Code						32 William	s Parkway					
Bridgewater, NJ 0880	7						e, Zip Code					
Project Mngr. For Mo	nitoring Fir	m		Telephone Nu	mber	<u> </u>						
Eric Houseknecth Sheduled Start Date	(10)	Sahad	Comn	908-218-1108 letetion Date (1	4)		over, NJ 079 e Number	36	License N	lumbar		
09 // 16	/ 14	12		30	14	relephon	e Number		License N	umber		
///			_/			973-8	84-8682			C	00860	
Occupancy Status Du							OSHA Moni			220		
Facility Clo		ed Durir	ng Ent	tire Period of			TAR CONTR	RACTING G	ROUP, INC	). 		
2000	* 1990 ED E	Outsid	e of N	lormal Facility		Street Ad	aress					
Hours - De						32 William	s Parkway					
☑ Other - De	scribe:7	7:00 AM	- 3:30	PM			e, Zip Code					
Scope of Work (Chec	k All That A	pply)	-			East Hand	over, NJ 079	36				
		_		120	<u> 22</u>	7200000 NO	0.0	2000000 82	220			
☐ Demolition ☐ >3sf or >3l		V		Renovation	$ \mathbf{\nabla} $	Full Conta	ainment wit	h Negative	Pressure			
✓ ≥160 sf or							Procedure					- 1
						Non-Exen	npted (*) an	d Non-Fria	ble Proced	lure		
Location of		ls			Descript	on of			Abatamar	t Tuno		
Asbestos Conta		Locat		As	bestos - C				Abatemer R	птуре	ÌΕ	IE I
		Norm			Material			Amount	E	R	N	N
TO BE ABATI	ED	Use			e., therma			(Specify	М	E	c	C
in Facility (13)		Sole by Ma	•		(1) [1] [1] [1] [2] [2] [2] [3] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	facing, VA ellaneous)	200	SF or LF)	0 V	P A	A P	L
(13)		tenan			Julei IIIISC	enaneous			Ă	î	s	s
		Custo	58330						L	R	U	U
		Staff (	-								L	R
		YES NO	N/A									+ $  -$
SEE ATTACHED		HH	H	<b></b>					౼	$\neg$	+	+
Name of Registered V NEWARK CARTING	Vaste Haule	r		NJDEP Waste Hauler ID No.	Yards	Name of F	Registered I	Landfill				
City, State				4509	of Waste	City. State	<u> </u>					
NEWARK, NJ					Disposal		e EM, PA 181	05				
Completed by (Print of	or Type)			Title			Signature		26	_	Date	$\neg \neg$
Steve Stiles				Project Manage	r		De	1 1		<del>/</del>	1 0	9/02/14

Location of	$\neg$		ls		Description of		Abatem	ent Type		
Asbestos Containing  TO BE ABATED in Facility (13)		No S by ter	ocati orma Used Solel / Ma nand stod	ally d y in- ce/	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M	R E P A I R	E N C A P S U L	E N C L O S U R
	Y	ES	NO	N/A				_	1-	+
BAKERY - 2ND FLOOR			4		DUCT INSULATION	1,025 SF	V			1
BAKERY - 2ND FLOOR			4		GASKET	10 SF	V			一百
BAKERY - 2ND FLOOR			V		TRANSITE	80 SF ·	N			n
BAKERY - 2ND FLOOR			7		WIRING	3,000 LF	V	TIT	in	
BAKERY - 2ND FLOOR		]	J		PIPE & FITTING INSULATION	4,265 LF				
BAKERY - 1ST FLOOR			V		PIPE & FITTING INSULATION	175 LF				
		_								
			Ц	Ц						
	-	1								
				<u> </u>						
	-	1							$\perp$	

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

Check # . 2216

Date of No	otification (	1) 14				Name of CHEVRO	Building Ov	vner / Oper	ator (2)	KE.	LIFE	tion but	
/		/——				Street Ad				655	0 0	14 O+ 1	
Agencies		Type of N					TE STREET		21	14 SEP	-3 F	ñ 9:	33
	EPA		Initia				e, Zip Code MBOY, NJ						_
	DOH			ndeu ndment #	į.	Name of	-		pr.	Telephot	ne Numb		<del>UL</del>
	DOL	V			/_ // justification	ROBERT				Liciopitor		نالج.	
				ellation									
					F	ACILITY IN	IFORMATIC	N					
Name of F		ere Abatem	ent is	Taking	Place (3)		Type of Fa						
Street Add	drana						<b>↓</b>	School (K	110000000000000000000000000000000000000	4L 1/ 45	• •		
	TE STREET								er 8 (Other , private &		•		
	IL OTTEL							bldgs., ho		ommer cie	A1		
City (5) PERTH AN	<b>MBOY</b>	County (6 MIDDLESE	20000		County Code	(7)	Square Fe	et /A	# Of Floor	E.	Buildin		/A
		INIIDDEEO	-23					se (Prior if	1000	Ty/7/1	ł	18/	
							PRODUCT		5	,			
Name of N	onitoring	Firm Hired	by BI	dg. Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)			
A = T							NODTHOT	AD CONTE	A OTINIO O	DOUB IN			
AET Street Ado	droce						Street Add	AR CONTR	ACTING G	ROUP, IN	C.		
907 DOOL		/E					Street Add	11622					
City, State				Maria de la companya			32 Williams	s Parkway					
BRIDGEW	ATER, NJ	08807						, Zip Code					
Project Mr	ngr. For Mo	nitoring F	irm	- X 1	Telephone Nu	mber	<u></u>						
ERIC Sheduled	Start Data	(40)	Caba	d Comm	908-218-1108 letetion Date (1	4)	Telephone	ver, Nj 0793	36	License I	N ma h a w	-	
09	/ 04	/ 14	Sche	09	08	14	relephone	Number		License	Number		9
/	/	/	-	/	/		973-88	4-8682			(	00860	
Occupanc								SHA Moni					
	15.0		ted Du	uring Ent	tire Period of			AR CONTR	ACTING G	ROUP, IN	C.		
N	Abatemen Abatemen Hours - De	t Performe	d Out	side of N	lormal Facility		32 Williams						
		scribe:	7:00A	M - 3:30	PM			, Zip Code ver, Nj 0793	 86		_		
Scope of V	Nork (Ched	k All That	Apply	)			Jack Hallo	701, 14, 07 00	.0				
П	Demolition	1		<b>V</b>	Renovation	П	Full Conta	inment wit	h Negative	Pressure	<b>l</b> ∉		
	≥3sf or ≥3					ä	Mini - Enc		rrogaaro				
	≥160 sf or	≥260 If					Glovebag						
						~	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure		
L	ocation of			İs	I	Descript	ion of			Abateme	nt Type		
C. C	stos Conta		1. 10.15.072	cation	As	bestos - C	ontaining			R		E	E
	aterial (AC			rmally		Material			Amount	E	R	N	N
10	BE ABAT in Facility	ED	11/09	Jsed olely		e., thermal	l systems facing, VAT		(Specify SF or LF)	M	E P	C	C
	(13)		22.23	Main-			ellaneous)	,	SF OI LIF)	v	A	P	0
				nance/						Α	1	s	S
				stodial						L	R	U	U
				nd N/A							-	<del>-</del>	R
SMWU20				V L	GASKET DEBF	RIS			6 SF	V		+	
AOC41					GASKET DEB	AZLINTEL			3 SF	V	H	1	
Name of R BY OWNER		Naste Haul	ler			Yards	Name of R	egistered l	_andfill				e
City, State					4509	of Waste Disposal	City. State				-		
, otate						Date	July : State						
Completed	by (Print	or Type)			Title			Signature	0			Date	
STEVE ST	ILES				PROJECT MAN	NAGER		2	un:	3			09/09/14

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

Date of Notification (1)		-		Name	e of Buildir	ng Owner/Operator (	2)	1313	3 3 m 1	V Com	in and		
08 / 29	/14	1		Div	vision of	Property Manage	ement & Const	ruction	2 1	D.M.	0. 0	5	
Agencies Notified Type No	otification			Stree	t Address		115,5,11	2014 SEP	-5		7. (	.J_	
⊠ EPA ⊠ Initia	50 At			33	West Sta	ate Street			r. c c	· Cr	TO	n.	
☑ DOLWD ☐ Ame ☐ Ame	nded ndment #	č		City,	State, Zip	Code		<u> ۱۹۵۵ - ۱</u> ه ک	INC.	i i lu	11:	<i>7</i> L	7. 1
	rgency (ir		- IO	Tre	enton, N.	J 08608		CE L	1014	U111	. u		
	ication)	,oiuuii	9	Name	e of Conta	ct		Telephone	e Numbe	er		-	
☐ Cano	cellation			Ric	k Ferrer	a							
				FA	CILITY II	NFORMATION						501	
Name of Facility Where Abatemen	t is Takin	g Plac	e (3)				Type of Facility	(4)					
Residential House							School (K-12		Ta bear and control of				
Street Address							Subchapter 8  Other (i.e., p	3 (Other that	n K-12) ommerc	ial bi	ildin	10	
55 Weber Avenue							homes, etc.)		ommerc	iai bu	andin iç	<b>J</b> 3,	
City (5)				-			Square Feet	# of Floo	rs	BI	dg. A	ge	
Sayreville								0.50			8	3	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being d	lemolish	ned)		-	
Middlesex						•							
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-	
Bio Terra Solutions			3.20				NAGEMENT L						
Street Address	-					Street Address							- 0.00
P.O. Box 1224						27 Outwater	Lane						
City, State, Zip Code			-			City, State, Zip Co					-		
Union, NJ						Garfield, NJ							
Project Manager for Monitoring Fire	m ·		Tel	ephone	No	Telephone No.	01020	License	No				0
Rick Eustaquio	1		10000000		1-3762	973-928-4888		1188	INO.				
Start Date (10)	Scher	duled (			ate (11)	Name of OSHA M		1100				_	
09/02/ 14	1		-		14	The second of the second of the second	NAGEMENT LI	C					
Occupancy Status During Abateme						Street Address	TO COLUMNIA TO A						
☐ Facility Closed/Vacated During	- D			ment		27 Outwater I							
☐ Abatement Performed Outside					scribe	City, State, Zip Co	Para Control of the C						
Time of Abatement:AM-						Garfield, NJ							
Scope of Work (Check all that appl	v)					Garriera, No	07020						
	y)						ainment with Neg	ative Pressi	ure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			enovat			☐ Mini-Encl							
<u> </u>		M D	emoliti	on		☐ Glovebag	g Procedure mpted (*) and Nor	n-Friable Pro	ncedure	v:			
		1:	s Loca	tion			inplod ( ) direction	TT Habie T I	occuure		atom	ent T	V/DO
Location of			Norma			Description o	f			200	_		T
Asbestos-Containing Material (A	ACM)		ed Sole aintena			estos Containing Mar		Amour		Removal	Repair	nc	Enclosure
TO BE ABATED IN Facility		1000	todial		(1.6	e., thermal systems i surfacing, VAT,		(Speci SF or L		NO S	=	sde	USO
(13)			(12)	1	-	other miscellaned		0, 0, 2	,	=		Encapsulate	ਰ
		Yes	No	N/A									
Interior				$\boxtimes$	Joint C	ompound	8	3,500	SF			$\boxtimes$	
		П								П	П	П	П
			-	-	1								
197		Ш								Ш	Ш	Ш	Ш
Name of Registered Waste Hauler			1 1993	JDEP	STANDARD CO.	Cubic Yards of	Name of Regis	tered Landfi	11				
Newark Carting				04509		Waste As Needed	IESI Landfi	II					
City, State				J 1000		Disposal Date	City, State						
Newark, NJ						TBD	Bethlehem	, PA					33
Completed By (Print or Type)	Title	9				Signature	0 /		Date	9	_	1	
Allen Monchik	1,455,000		t Man	ager			110		Date	1.	$\cap$	111	1
\SB-41	1	-,00				Colle	MA		1 8	16	M	M	4
IAN 13	. *	Do no	use th	is form	for asbes	tos licensure exemp	ted activities.			,			

CK 1020

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

Date of Notification (1)						ng Owner/Operator (						
	29 / 1	4		Div	ision of	Property Manage	ement & Const	ruction PH C	1: 22			
Agencies Notified	Type Notification			Stree	t Address		7814 0	LI JIII -	60 ()			
⊠ EPA				33	West St	ate Street	#1	teti e oa l	ru ni			
Ø DOLWD	Amended			City,	State, Zip	Code	<u> </u>	<u>ISTUS OF I</u> LICENSINU	noi	~		
Ø DOH	Amendment #		•		enton, N.		٥	E LICENSING	3			
☐ DCA (NJAC 5:23-8)	Emergency (i justification)	ncludin	g		of Conta			Telephone Num	her			
(1.0, 10 0.20 0)	☐ Cancellation				k Ferrer			receptione reality	JCI			
				FA	CILITY I	NFORMATION		L				
Name of Facility Where A	Abatement is Takir	g Place	e (3)				Type of Facility	(4)				_
Residential House							School (K-12					
Street Address							Subchapter 8	Other than K-12	)	120702		
81 Boehmhurst Ave	enue						homes, etc.)	rivate and commer	cial bu	uildin	gs,	
City (5)							Square Feet	# of Floors	IBI	dg. A	ne .	
Sayreville							- 400.0 / 000	01110010		ug. /	90	
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use /Pri	or if being demolis	(bod)			
Middlesex				000	ny code (	I NOTHIE OUL ONE IT	Current Ose (17)	or it being demons	ineu)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abatama	nat Contractor (0)				9	
Bio Terra Solutions	,	Owner	(0)	ASCIVI	INO.	Name of Abateme	NAGEMENT L					
Street Address	'			-			NAGENIENI	LC				
P.O. Box 1224						Street Address						
City, State, Zip Code						27 Outwater						
Union, NJ						City, State, Zip Co						
	toda a Flori		1 = 1			Garfield, NJ	07026					
Project Manager for Moni Rick Eustaquio	toring Firm		10 0000	ephone		Telephone No.		License No.				
			772	RIFE BUILDING	-3762	973-928-4888	and the second second second	1188				
Start Date (10) 09 /02 /				etion Da	ate (11)	Name of OSHA M						
				<u>+</u> / .	14	What is a second and a second and a	NAGEMENT LI	LC			ő	
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate						27 Outwater I						
Abatement Performed Time of Abatement: _	AM- P	i Facilit M/	y Hou PM	rs - Des -	AM	City, State, Zip Co						
					-OIVI	Garfield, NJ	07026					
Scope of Work (Check all	that apply)					Mr. 110						
≥3 sf or ≥3 If		□Re	novat	ion		⊠ Full Cont	ainment with Neg osure	ative Pressure				
≥160 sf or ≥260 lf		⊠ De	moliti	on		☐ Glovebag						
					т		npted (*) and Nor	n-Friable Procedur	е			
Location	of	10	Loca Norma	7.5		5			Ab	atem	ent T	ype
Asbestos-Containing I		Use	ed Sol	ely by	Asbe	Description of estos Containing Mar		Amount	Re	교	m	ᄪ
TO BE ABA	TED	10,000	intena	nce/ Staff?		e., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	S S
IN Facilit (13)	у	Cus	(12)	Stall?		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellaned	ous)				ate	
Interior Basement & I	xtr. Windows			$\boxtimes$	Caulk	& Galzing		195 LF				П
Interior Attic Stairway	1				-	ay Tread		25 SF				П
Interior Kitchen					-	um/Floor Tile & M	astic	352 SF				
Name of Registered Wast	e Hauler			JDEP /	Waste	Cubic Yards of	Name of Regist	tered Landfill	1 -	Ш	Ш	
Newark Carting	F.)		27.5	lauler II	O No.	Waste	IESI Landfi					
				04509	9	As Needed						
City, State						Disposal Date	City, State	D.				
Newark, NJ					2	TBD	Bethlehem,	, PA				
Completed By (Print or Ty	5 1767 H. P. CONT.			1000 (0.0		Signature	1	Da	te F	85		
Allen Monchik	P	roject	Man	ager		10V.	Ma		81	PR	11	4
ASR_41						- ~ ~			-1		1	-6-

CK 1026

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

NECEIVED

Date of Notification (1)	200						ng Owner/Operator (		A N. Leon No. C. Access				
	9 /	14			Div	vision of	Property Manage	ement & Const	ructionEP -3	F 14	9:	ES	
⊠ EPA	pe Notifi Initial				Stree	t Address	ate Street						******
☑ DOLWD ☐	Amenda Amenda				City,	State, Zip	Code		ASUESTUS & LICE	NOIL	ŧ۵		
		ency (inclu	dina		Tre	enton, N.	J 08608						
(NJAC 5:23-8)	justifica		unig		Name	of Conta	ct		Telephone Num	ber			
	Cancell	ation			Ric	k Ferrer	a						
					FA	CILITY II	NFORMATION	West Total					
Name of Facility Where Abat	tement is	Taking P	lace	(3)				Type of Facility (	(4)			_	-
Residential House		19788		1207/				☐ School (K-12	No.				
Street Address								☐ Subchapter 8	Other than K-12	2)	120040		
125 MacArthur Avenue	е				6			homes, etc.)	rivate and comme	ercial bu	uildin	js,	
City (5)				1	-			Square Feet	# of Floors	BI	dg. A	ge.	
Sayreville											~g	90	
County (6)					Cou	ntv Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Middlesex						, (	. N 002 0112.17	Garront Goo (i ii	or it boing domoi	oriou)			
Name of Monitoring Firm Hire	ed by Bu	ildina Owi	ner (8	3) [	ASCM	No	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	,		(	-/		110.		NAGEMENT LI					
Street Address							Street Address	THAOLINEIT L					
P.O. Box 1224							27 Outwater	ane					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Monitorin	na Firm			Tolo	phone	No	Telephone No.	07020	I Lianna Na				100
Rick Eustaquio	ng i am			2000	S. M. COSTILLARIO	I-3762	973-928-4888		License No.				
Start Date (10)		Schedule	4.00	C30-121					1188				
09/02/1		11					Name of OSHA M	ionitor NAGEMENT LI	0				
							100000 10000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 1000000	NAGEWIEN I LI					
Occupancy Status During Ab.  Facility Closed/Vacated D							Street Address						
☐ Abatement Performed Out						cribe	27 Outwater I						
Time of Abatement:	_AM	PM/_	Cility	_PM-		AM	City, State, Zip Co						
Scope of Work (Check all tha	t apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novati nolitic			☐ Mini-End			re			
				Locat			-				atem	ent T	vne
Location of	2000			orma	lly ely by		Description of			-	_		-
Asbestos-Containing Mate TO BE ABATED		M)		ntena			estos Containing Mat e., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	2	(	Custo		Staff?	(1.6	surfacing, VAT,		SF or LF)	ova	₹.	psu	nsc
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(12)	T	+	other miscellaned	ous)				late	d)
Interior	-	-   r	es	No	N/A	Joint C	compound		2,875 SF	$\boxtimes$	П		П
Exterior Windows/Doors			1	П		Caulk	· ·			-		-	
Exterior Williams/Doors	k		-	=		Cauik		-	200 LF		Ш	$\boxtimes$	Ш
		L											
Name of Registered Waste H	auler			N	JDEP \	Waste	Cubic Yards of	Name of Regist	ered Landfill				
Newark Carting				Н	auler II		Waste	IESI Landfil					
City, State				1	04509	3	As Needed Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Type)		Title						N #		ato 4			
Allen Monchik		Proj	ect i	Mana	ager		Signature	~ lla		ate /	00	1	14
SB-41			5000					- 1× (D)-		01	5	-	M
AN 13		* Do	not u	ise th	is form	tor asbes	tos licensure exemp	ted activities.					

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

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

Date of Notification (1)	-			Nam	e of Buildir	ng Owner/Operator (	(2)	1 1 1 1	67 In 1.		
08/29	/1	4				Property Manag	ement & Const	truction	ru 0.	r-0	
Agencies Notified Type N	otification	1		Stree	et Address			EN SEP -3	FB 3:	د ن	
					manual vicining	ate Street					
☑ DOLWD ☐ Ame					State, Zip			430,25TUS & LICEN	Site	KUL	
	endment #		-		enton, N.		.8	A LICEN	Sind		
DCA Engl	ergency (i	ncludir	ig		e of Conta						2.2
LANCE TO SELECT AND A SELECT AN	fication) cellation			0.0000000000000000000000000000000000000				Telephone Num	ber		
L Can	Celiation				ck Ferrer						
Name of Facility Where Abatemer	nt is Takir	ng Plac	A (3)	FA	CILITY	NFORMATION	Tune of Facility	(4)			
Residential House	it is rakii	ig i iac	e (3)				Type of Facility  School (K-12	30.50AD			
Street Address							Subchanter 8	:) 3 (Other than K-12	1		
133 MacArthur Avenue							Other (i.e., p	rivate and comme	, rcial buil	dings,	
			-				homes, etc.)				
City (5)							Square Feet	# of Floors	Bldg	g. Age	
Sayreville											
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)		
Middlesex											
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC			
Street Address					-	Street Address					
P.O. Box 1224						27 Outwater	Lane				
City, State, Zip Code						City, State, Zip Co	ode				
Union, NJ						Garfield, NJ					
Project Manager for Monitoring Fir	m	1000	Tel	ephone	No	Telephone No.		License No.			_
Rick Eustaquio				73-494		973-928-4888		1188			
Start Date (10)	Sche	duled (			ate (11)	Name of OSHA M		1100			
09/02/ 14					14		NAGEMENT LI	C			
Occupancy Status During Abateme						Street Address					
□ Facility Closed/Vacated During				ment							
☐ Abatement Performed Outside					scribe	27 Outwater I		*			
Time of Abatement:AM	Р	M/	PM		AM	City, State, Zip Co					
Scope of Work (Check all that app	)				-	Garfield, NJ	07026	W.C.			
Scope of Work (Check all that app	у)					M Full Cont	ainment with Neg	ativo Proceura			
≥3 sf or ≥3 If			enovat			☐ Mini-Encl	osure	alive Fressure			
≥160 sf or ≥260 if		⊠ De	emoliti	on		☐ Glovebag					
	-	1	s Loca	tion	_	Non-Exer	mpted (*) and Nor	n-Friable Procedur	e		
Location of			Norma			Description of			Abat	ement '	Type
Asbestos-Containing Material (	ACM)			ely by	Asbe	estos Containing Ma		Amount	20	ᇢᄪ	I I
TO BE ABATED		(804,32	aintena	ance/ Staff?		e., thermal systems i	nsulation,	(Specify	Removal	Encaps	응
IN Facility (13)		Cus	(12)		1	surfacing, VAT,		SF or LF)	<u>8</u>	Encapsulate Repair	Enclosure
(13)		Yes	No	N/A	1	other miscellaned	ous)			ate	
Interior Throughout			$\Box$		Joint C	ompound		2,000 SF			1
Interior Bathrrom & Basemer						Vall Tile & Thin S	-4 B#4				-
Inerior Basement		-					et Mortar	205 SF			
			무		Flue Pa			3 SF			
Exterior Chimmney/Roof			Щ.		Flashin			10 SF			
Name of Registered Waste Hauler			1000	IJDEP I lauler II	V 1000	Cubic Yards of Waste	Name of Regist				
Newark Carting				04509		As Needed	IESI Landfi	П			
City, State						Disposal Date	City, State	-			-
Newark, NJ						TBD	Bethlehem,	PA			
Completed By (Print or Type)	Title	9				Signature	11	Da	te I	-1	
Allen Monchik	1000000	roject	Man	ager		en.	7 1		7 00	A	1 /
SB-41		,	·····	-90,		Clar	100		الم	M	4
AN 13	*	Do not	use th	nis form	for asbest	tos licensure exemp	ted activities.		v	V	

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

NECEIVED

Data of Notification (4)					177				I the bear	.em 100			
Date of Notification (1)	29 /	14	· ·		1		ng Owner/Operator (: Property Manage		ruction _ 2	PH	9: :	23	
Agencies Notified  EPA	Type Noti	fication		(1)	Stree	t Address	ate Street		AD ISTUD				
☑ DOLWD	☐ Amend	Y27237			City.	State, Zip	Code		\$50.3102	र्खें सं	h u		
Ø DOH		lment #		ŧs		enton, N.			ce LICE	,,0.			
DCA (NJAC 5:23-8)			cludin	9		of Contac			Telephone Numb				
(140/10 0.20-0)	Cance	Street Street Street				k Ferrer	767 1-1		1 elephone Numb	eı			
Name of Facility 188					FA	CILITY II	NFORMATION						
Name of Facility Where A Residential House	Abatement i	s Takın	g Place	€ (3)				Type of Facility ( ☐ School (K-12	A coda				
Street Address								☐ Subchapter 8	(Other than K-12)				
174 MacArthur Ave	nue							Other (i.e., pr homes, etc.)	rivate and commerc	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	-
Sayreville											3 6		
County (6)	-	100000			Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolisi	ned)			
Middlesex									<b>3</b>	2000 P			
Name of Monitoring Firm	Hired by Bu	uilding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions				3. 5				NAGEMENT LI					
Street Address							Street Address	, , , o Livie III Li				-	
P.O. Box 1224							27 Outwater I	ane					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Moni	itorina Firm			Tel	ephone	No	Telephone No.	01020	License No.				
Rick Eustaquio	.toring r iiiir			1	73-494		973-928-4888		1188				
Start Date (10)		Scher	hulad C		etion Da		Name of OSHA M		1100				
09 /02 /	_14_	1			4_ /			NAGEMENT LI	LC				
Occupancy Status During	Abatemen	t (Chec	k only	one)	- 3	~	Street Address						
□ Facility Closed/Vacate							27 Outwater I	_ane					
Abatement Performed	Outside of	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:	AM	PI	W/	PM		.AM	Garfield, NJ						
Scope of Work (Check all	that apply)				-				٠ D				
$\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If			□ Re	novat moliti	ion on		☐ Mini-Encl	Procedure	n-Friable Procedure	e			
			100	Loca		T				T	atem	ent T	vpe
Location	The property of the second	S. 43		Norma	illy ely by		Description of			-	-		-
Asbestos-Containing I TO BE ABA	Material (AC .TFD	SM)		inten			estos Containing Mat e., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit			Cus		Staff?	,	surfacing, VAT,	or	SF or LF)	OVa	=	nsd	Sur
(13)			Vac	(12)		-	other miscellaned	ous)		_		late	œ'
Interior Throughout		-	Yes	No	N/A	Joint C	ompound		3,000 SF				П
Interior 2 <sup>nd</sup> Floor Bed	room					Floor T			325 SF				
Exterior Doors			П	П	$\boxtimes$	Caulkir			75 LF				
				П			-3						
Name of Registered Wast	te Hauler				JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
Newark Carting	io madioi			9 (3)	lauler IC	O No.	Waste	IESI Landfi					
City, State					04509	,	As Needed Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem,	, PA				
Completed By (Print or Ty	rpe)	Title	)		-		Signature		Dat	A .	9	A	
Allen Monchik	r - 7	1110000	roject	Man	ager			V	Jak	7/2	$\cap$	111	. 1
ACD 41		•	,				LLX	~ MO-		10		W	H

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

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

[B									I he had not have been	. 1 ¥	hour va	<i>‡</i>	
Date of Notification (1)  08 / 2	9/	14			Name Div	of Buildin ision of	g Owner/Operator ( Property Manage	<sup>2)</sup> ement & Const	ru <b>ctio</b> nSEP -3	Đμ	Q-	01.5	
⊠ EPA ⊠	pe Notif				Street	Address	ite Street	# T	AbeESTOR	1-1-			2
☑ DOH	Amend Amend	ea ment#			City, S	State, Zip (	Code		& LICE	NSI	WG		
	Emerge			1	127/2013	nton, NJ				200 Sa	_		
(NJAC 5:23-8)	justifica	ation)			Name	of Contac	<del>d</del>		Telephone Numb	er			
	] Cancel	lation			Ric	k Ferrer	a			60			
					FA	CILITY IN	NFORMATION		<del>lo -</del> 40.				
Name of Facility Where Aba	tement is	Taking	Place	(3)				Type of Facility	(4)				
Residential House		-						School (K-12	.)				
Street Address									(Other than K-12)				
176 MacArthur Avenu	е							homes, etc.)	rivate and commer	ciai du	illaing	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ae	
Sayreville						*				-	-9	3	
County (6)					Cour	ity Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex					Oodi	ity oode (	MOTHER OF ONE !	Odiron Osc (i ii	or in being demons	icuj			
Name of Monitoring Firm Hir	ed by Ri	ilding C	lwnor	(8)	ASCM	No	Name of Abateme	ont Contractor (0)					
Bio Terra Solutions	ed by bi	inding C	Wilei	(0)	ASCIVI	NO.		NAGEMENT L					
Street Address				-				MAGENIENIL	LU				
P.O. Box 1224							Street Address						
							27 Outwater						
City, State, Zip Code							City, State, Zip Co						
Union, NJ				1			Garfield, NJ	07026					
Project Manager for Monitori	ing Firm			A SINSSEREN	phone		Telephone No.		License No.				
Rick Eustaquio					73-494		973-928-4888		1188				
Start Date (10) 09 /02 /	14	Sched 1			tion Da		Name of OSHA M	lonitor NAGEMENT L	LC				
Occupancy Status During At	patement						Street Address						
□ Facility Closed/Vacated D					ment		27 Outwater	ane					
☐ Abatement Performed Ou						cribe	City, State, Zip Co						_
Time of Abatement:							Garfield, NJ						
Scope of Work (Check all that	at apply)												
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			□ Re	novati molitic	on on		☐ Mini-Enc ☐ Glovebag	Procedure	n-Friable Procedur	e			
			ls	Locat	ion		E HOU ENG	-	Transit Transit	1	atem	ent T	VDA
Location of			1	Norma	lly		Description o	f			-		Ť
Asbestos-Containing Mat		CM)		d Sole intena			estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	ט			todial		(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	빰	squ	uso
(13)				(12)	Posturaci		other miscellane		0. 0. 1. 7	=		late	9
			Yes	No	N/A								
Interior Kitchen						Decora	tive Brick Morta	r	10 SF			$\boxtimes$	
Exterior Roof						Built U	p Roofing		800 SF			$\boxtimes$	
Exterior						Transit	te Siding		2,600 SF			$\boxtimes$	
Name of Registered Waste H	Hauler			0.000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting				H	04509		Waste As Needed	IESI Landfi	ill				
City, State					V+JUS		Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem	, PA				
Completed By (Print or Type	)	Title					Signature	1 0 0	Da	te a		1	-
Allen Monchik	/	77	oject	Man	ager	2	500.	Mom	5	Z	$\mathcal{A}^{C}$	16	14
ASB-41										7	<u></u>	1	
JAN 13		* L	Do not	use th	is form	for asbes	tos licensure exemp	ted activities.					

CK 1731

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

RECEIVED

Date of Not	tification (1)					Name	of Building	g Owner/Operator (	2)					
	08 /	29 /	14	_		Div	ision of I	Property Manage	ement & Const	rygtipn_3 PH	9:	9		
Agencies N	Votified	Type Notif	ication			Street	Address					<u> </u>		
⊠ EPA						33 \	West Sta	te Street	Also	oESTUS CO	HR	UL.		
Ø DOLWE	)	☐ Amend				City, S	State, Zip C	Code		& LICENSI	HG			
Ø DOH			ment #_			Tre	nton, NJ	08608						
DCA (NJAC 5	5:23-8)			ciuaing	ļ		of Contac		-	Telephone Num	ber			
(		☐ Cancel				Ric	k Ferrera	1			28			
						FA	CILITY IN	IFORMATION		-				
Name of Fa	acility Where A	batement i	s Taking	Place	(3)				Type of Facility (	4)				
	ntial House								School (K-12)	S. 5.				
Street Addr	ress									(Other than K-12				
35 Bord	lentown Ave	nue							M Other (i.e., pri homes, etc.)	ivate and comme	rcial bu	ilding	IS,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Sayrevi	lle													
County (6)				750000		Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)			
Middles	sex							10 g						i
Name of Me	onitoring Firm I	Hired by Bi	uilding C	)wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terr	ra Solutions								NAGEMENT LL	_C				
Street Addr	ress						114	Street Address						
P.O. Bo	x 1224							27 Outwater	Lane					
City, State,	Zip Code					_		City, State, Zip Co	ode					
Union, I	NJ						,	Garfield, NJ	07026					
Project Mar	nager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Eu	staquio				9	73-494	-3762	973-928-4888		1188				
Start Date (	5 95					tion Da		Name of OSHA M	lonitor					
09	/ _02_ /	14	1	1_/	14	_ /	14_	ALL PRO MA	NAGEMENT LL	-C				
Occupancy	Status During	Abatemen	t (Check	only o	one)			Street Address					-	
The state of the s	Closed/Vacated							27 Outwater I	Lane					
	ent Performed							City, State, Zip Co	ode					
	Abatement:			,,	rivi-		AIVI	Garfield, NJ	07026					
Scope of W	ork (Check all	that apply)						☐ Full Cont	ainment with Neg	ativa Pressura				
≥3 sf or					novati			☐ Mini-Enc		alive Flessure				
⊠ ≥160 sf	or <u>&gt;</u> 260 If			☑ De	molitic	on		☐ Glovebag		. Friekle Deserte				
				Ic	Loca	ion		☑ Non-Exe	mpted (*) and Nor	n-Friable Procedu	1			
	Location of	nf			Vorma			Description o	f			atem		
Asbesto	s-Containing N		CM)		d Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	E	Enclosure
	TO BE ABAT			1373555	intena Iodial	nce/ Staff?	(i.e	., thermal systems i		(Specify	Now	air	aps	Soli
	IN Facility (13)	(			(12)			surfacing, VAT, other miscellane		SF or LF)	20		Encapsulate	Te
				Yes	No	N/A			/				ā	
Exterior	T Marriage					$\boxtimes$	Transit	e Siding		950 SF			$\boxtimes$	
		-												
					П	$\Box$			<u> </u>		П	П	П	П
Name of Re	egistered Waste	e Hauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Newark					H	lauler II		Waste	IESI Landfil					
City, State						04509		As Needed Disposal Date	City, State					-
Newark,	NJ							TBD	Bethlehem,	PA				
	By (Print or Ty	ne)	Title					Signatura	^		ite .			-
Allen Mo	CENTRAL DESCRIPTION INTERCE	55)	120,000	roject	Man	aner		Signatura	V X			~	1,1	
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\* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1)				-	Name	of Buildin	ng Owner/Operator (	A CONTRACTOR OF THE PARTY OF TH	SAM APA BUNE 9		-		
The same of the sa	29 /	14	-		100000000000000000000000000000000000000		Property Manage	-0.00	uctions PM	9: (	3		
⊠ EPA 0	ype Notific				Stree	t Address	ite Street	N's at	ESTES CIP	TKC			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amende				City,	State, Zip	Code	34.00	LICENSIN	ü			
☑ DOH ☐ DCA	Amendn  Emerger		skudin		Tre	enton, N.	08608		2 2.02				
(NJAC 5:23-8)	justificat		Judin	y	Name	of Contac	at		Telephone Num	ber			
	Cancella	ation			Ric	k Ferrer	a			0			
				W.E.	FA	CILITY II	NFORMATION						
Name of Facility Where Aba	atement is	Taking	Place	(3)		OILITT II	TORMATION	Type of Facility (	1)				
Residential House				(-)				School (K-12)	0.50				
Street Address								☐ Subchapter 8	(Other than K-12				
37 Bordentown Aven	ue							Other (i.e., pri homes, etc.)	vate and comme	rcial b	uilding	gs,	
City (5)				****		National Control		Square Feet	# of Floors	В	dg. A	ge	
Sayreville								g. 100					
County (6) Middlesex					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demoli:	shed)			-
Name of Monitoring Firm Hi	ired by Bui	Idina O	WOOT	/01	ASCM	No	Nome of Abatama	ent Controptes (0)					_
Bio Terra Solutions	ired by bui	iding O	wilei	(0)	ASCIVI	NO.	Name of Abateme	The second price is a second contract of the second					
Street Address								NAGEMENT LL	.C				
P.O. Box 1224							Street Address						
							27 Outwater						
City, State, Zip Code Union, NJ							City, State, Zip Co						
Project Manager for Monito	rine Circ			T			Garfield, NJ	07026					
	ring Firm			100000000	ephone		Telephone No.		License No.				
Rick Eustaquio Start Date (10)		C-L-1	Jad C		73-494		973-928-4888		1188				
09 /02 /					1 /	14 (11)	Name of OSHA M	ionitor NAGEMENT LL	.c				
Occupancy Status During A	batement (	(Check	only	one)			Street Address						
☑ Facility Closed/Vacated							27 Outwater I	_ane					
Abatement Performed O							City, State, Zip Co	ode				-	
Time of Abatement:	AM	PN	l/	PM		_AM	Garfield, NJ	07026					
Scope of Work (Check all th	nat apply)					in the				2	_	-	-
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enovai emoliti			☐ Mini-Enc ☐ Glovebag			re			
				Loca						Ab	atem	ent T	vpe
Location of		.		Norma	ally ely by		Description o			Z	70	т	m
Asbestos-Containing Ma TO BE ABATE		VI)		inten		Asbe	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	1 (	surfacing, VAT,	or	SF or LF)	Val	=	psu	Sur
(13)		-	Yes	(12) No	N/A	1	other miscellane	ous)				late	0
Exterior			res	No	N/A	Transif	e Siding		950 SF				-
LATO TO		-			-	Transii	.c olding		330 31				
				Ш						$\perp$ $\perp$	Ш	Ш	
39													
Name of Registered Waste	Hauler			1	JDEP Y	Waste	Cubic Yards of	Name of Registe	ered Landfill				
Newark Carting				F	lauler II		Waste	IESI Landfil					
City, State			7		04509	3	As Needed Disposal Date	City, State	-				
Newark, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Type	e)	Title					Signature	1 1	Da	te ,		1	-
Allen Monchik		Pr	oject	Man	ager		Och	MAR		813	29	111	4

**JAN 13** 

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				(Pt	ırsuar	nt to NJA	C 8:60 and 5:16	5)	COFIN	J (*)			
Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	** 4 5 1 W	have been			-
08 / 29	/ .	14			Div	rision of I	Property Manage			49: (	3		
Agencies Notified Typ	e Notific	ation	-		Stree	t Address		2814 3	SEP -3 PI	J 2	.)		
	Initial				33	West Sta	te Street		a ne la f	n F.3	14		
	Amende	( <del>111</del> ) (			City, S	State, Zip C	Code	AJD.	<del>LSTOO</del> C! & LICENS	TELEP	سا ل		
	Amendm				Tre	nton, NJ	08608		& LIUENO	INU			
	<b>Emerger</b> justification		ciuaing		2007	of Contac			Telephone N	umher			
	Cancella				Ric	k Ferrera	ľ						
					FA	CILITY IN	FORMATION	- Teambook			9000		
Name of Facility Where Abate	ement is	Taking	Place	(3)				Type of Facility (	4)				
Residential House								School (K-12					
Street Address	3							☐ Subchapter 8 ☐ Other (i.e., pr ☐ Other (i.e., pr) ☐ Other (i.e.	(Other than K	-12) mercial h	uildin	ae	
42 William Street								homes, etc.)	ivate and com	merciari	ullulli	ys,	
City (5)	-							Square Feet	# of Floors	E	ldg. A	\ge	-
Sayreville								1250			1000		
County (6)		<b>7</b>			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)		-	
Middlesex						,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			
Name of Monitoring Firm Hire	d by Buil	ding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT LI	_C				
Street Address							Street Address						
P.O. Box 1224							27 Outwater I	Lane				5	
City, State, Zip Code	*			-			City, State, Zip Co	ode					
Union, NJ							Garfield, NJ						
Project Manager for Monitorin	g Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				101110000		-3762	973-928-4888		1188	ik			
Start Date (10)	13	Schedu	ıled C			ite (11)	Name of OSHA M		1.00				
09/02/14						14		NAGEMENT LL	C				
Occupancy Status During Aba	_										14		
☐ Facility Closed/Vacated Du				000000000000000000000000000000000000000	mont		Street Address						
☐ Abatement Performed Out						cribe	27 Outwater L						
Time of Abatement:	_AM	PM	1/	PM-	3 - D03	AM	City, State, Zip Co						
Scope of Work (Check all that			All The Land				Garfield, NJ	07026					
							☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf							☐ Mini-Encl	osure					
≥160 sf or ≥260 lf			De     De	molitic	n	1000	☐ Glovebag	g Procedure mpted (*) and Nor	Eriable Bross	nduro			
			ls	Locat	ion	T	MOIPEXE!	inpled ( ) and Noi	- Hable Floce			T	
Location of				lorma			Description of	f		-	oatem	1	
Asbestos-Containing Mate		A)		d Sole intena	ly by		stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility					Staff?	(i.e	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	JOY OF	<u>a</u> .	aps	losu
(13)		-		(12)	T		other miscellaned		Si di Li )	<u>B</u>		Encapsulate	l'e
			Yes	No	N/A						_	(D)	
Interior Basement					$\boxtimes$	Brick M	ortar	en, siene, se en	150 SF			$\boxtimes$	
Exterior Basement Windo	ows				$\boxtimes$	Glazing			50 LF			×	
Exterior Roof						Chimm	ney Flashing/Tar		5 LF			$\boxtimes$	
Name of Registered Waste Ha	auler			N	JDEP \	Waste	Cubic Yards of	Name of Regist	ered Landfill				-
Newark Carting				10000	auler I	O No.	Waste	IESI Landfil					
City, State		1			04509	3	As Needed Disposal Date	City, State					-
Newark, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Type)		Title						Doctrion,		Doto			
Allen Monchik		100000000000000000000000000000000000000	oicet	600-	2005		Signature	0 1		Date	25	1.	
ASR-41		CI	oject	ividili	ager			W/8-		= 5'	B,	110	1

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

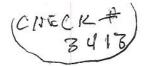
CK 1731

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

OB	Date of Notification (1)	_		98	Name	(D. II-II			I then he'd	-	- 12			
Agencies Notined		_ / _1	4						truction_	3 PM	9:			
DOA	⊠ EPA ⊠ In	itial	n		Stree	et Address		V2						
December   County   Color   County   Code (7)(STATE USE ONLY)   Code (7)(STATE USE			#		City,	State, Zip	Code	710	& HC	FNSIN	(;	10.2		_
Name of Facility Where Abatement is Taking Place (3)   Reference   Rick Ferrera   FACILITY INFORMATION				- na	Tr	enton, N.	J 08608		L 2,0		-			
FACILITY INFORMATION   School (K-12)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K			ii iCiddii	ig	Nam	e of Contac	ct	7	Telephor	ne Numbe	r			_
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)		ancellation			Ri	ck Ferrer	a							
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)					FA	ACILITY II	NFORMATION							
School (K-12)	Name of Facility Where Abatem	ent is Taki	ng Plac	ce (3)		-		Type of Facility	(4)	-				
Steet Address	Residential House							1	(5) 70					
Demoition   Demo	Street Address		- 25 - 25 -					☐ Subchapter	(Other tha			-10-10-		
Square Feet	60 William Street									commercia	al bu	uildin	gs,	
Sayreville County (6) Middlesox Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Fired By Building Owner (8) Street Address P.O. Box 1224 City, State, Zip Code Union, NJ Project Manager for Monitoring Firm Telephone No. Garfield, NJ 07026 Telephone No. 973-928-4888 1188 Start Date (10) 99 / 02 / 14	City (5)									ors	TRI	da A	OA.	
Middlesex Name of Monitoring Firm Hired by Building Owner (8)	Sayreville							oquare r cot	17 01 1 10	013	5	ug. /	ge	
Name of Monitoring Firm Hired by Building Owner (8)	County (6)	-	_		Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if heina	demolishe	2d1	-		_
Street Address   Str	Middlesex					, , , , ,	· No mile ode one iy	Garrent Gac (i i	ior ii being	demonsi	su)			
Street Address   Str	Name of Monitoring Firm Hired	y Building	Owner	(8)	ASCN	1 No.	Name of Ahatem	ent Contractor (9)						_
Street Address	[1] :	,		(-)			The second secon							
P.O. Box 1224   27 Outwater Lane	Street Address	-						MACLMENT						_
City, State, Zip Code   Urrion, NJ   Telephone No.   Garfield, NJ 07026	P.O. Box 1224							lane						
Union, NJ Project Manager for Monitoring Firm Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) 99 / 02 / 14 11 / 14 / 14 Name of OSHA Monitor Abatement (Check only one) Facility Closed/Vacated During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM Scope of Work (Check all that apply)  3 st or ≥3 if  2 fell Containment with Negative Pressure Mini-Enclosure Sort of Work (Check all that apply)  3 st or ≥3 if  2 fell Containment with Negative Pressure Mini-Enclosure Sort of Work (Check all that apply)  3 st or ≥3 if  4 period of Abatement (ACM) Formally Sort of Solety by Maintenance/ Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  3 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  1 point Compnd/Wallpaper/Adhesive Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs  Interior Kitchen/Basement Stairs  Interior Kitchen/Basement Stairs  Interior Kitchen/Basement Stairs  Interior Kitchen/Ba	City, State, Zip Code			-	-								-	
Telephone No.   Telephone No.   1188														
Start Date (10)	<u> </u>	irm		Tal	enhone	No		07020	Tilleann	NI-				_
Start Date (10)				- 1			A confidence and a constant							
O9		Sche	duled (						1100					
Street Address   Str														
☑ Facility Closed/Vacated During Entire Period of Abatement       □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPMPMAM       27 Outwater Lane         City, State, Zip Code Garfield, NJ 07026       City, State, Zip Code Garfield, NJ 07026         Scope of Work (Check all that apply)       □ Renovation Demolition       □ Full Containment with Negative Pressure   Mini-Enclosure   Massession   Mini-Enclosure   Mini-Enclo								MAGENIENT	LC					de.
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMHPM/AMM					mont		0-2800/10400 RV 100 DV							
Time of Abatement:AMPM/AMGarfield, NJ 07026    Scope of Work (Check all that apply)	☐ Abatement Performed Outside	e of Norma	al Facili	tv Hou	rs - De	scribe								155
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ No	Time of Abatement:A	MF	PM/	PM		_AM	700							
Salif   Sal	Scope of Work (Check all that as	nhu)			253H /		Garrield, NJ	07026						_
Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Interior Kitchen/Basement Stairs Interior Bathroom  Exterior Windows/Doors  Exterior Roof & Chimmney Newark Carting  Newark, NJ  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Typ  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Aspect of the miscellaneous  Aspect of the mi	☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If	,piy)					☐ Mini-Enc ☐ Glovebag	losure Procedure						
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Interior Kitchen/Basement Stairs Interior Bathroom  Caulking		1	s Loca	tion	T	ES ITOI. LAG	inpled ( ) and No	- Habie i i	ocedare	۸h	atom	ant T		
Yes   No   N/A			100.00							H				-
Yes   No   N/A		(ACM)	11 222555							0.2007.0	em.	(ep	nce	inci
Yes   No   N/A	IN Facility		Cus			(1.6					BVO	¥.	psu	nso
Interior Kitchen/Basement Stairs	(13)		Vas	1		-	other miscellane	ous)			_		ilate	d
Interior Bathroom	Interior Kitchen/Basement	Stairs	-	-	10000000	-	ompnd/Walinane	er/Adhesive	2 575	SF	M	П		Г
Exterior Windows/Doors	Interior Bathroom												-	
Exterior Roof & Chimmney  Name of Registered Waste Hauler  Newark Carting  Dity, State  Newark, NJ  Completed By (Print or Type)  Allen Monchik  Allen Monchik  Caulking & Roofing Cement  Disposal Cement  As Roofing Cement  Cubic Yards of Waste  Hauler ID No. 04509  As Needed  Disposal Date  TBD  Signature  Signature  Signature  Signature  Date  Project Manager	Exterior Windows/Doors					Caulkin	ng		400 L				_	
Newark Carting  Hauler ID No. 04509  As Needed Disposal Date Newark, NJ  Completed By (Print or Type) Allen Monchik  Project Manager  Hauler ID No. 04509  Waste As Needed Disposal Date Title Signature Signa	Exterior Roof & Chimmney					Caulkin	ng & Roofing Cer	nent	15 S	F				
Otty, State  Newark, NJ  Completed By (Print or Type)  Allen Monchik  Project Manager  O4509  As Needed  Disposal Date  Title  Signature  Signature  Date  Date  Project Manager		er	152					Name of Regis	tered Landf	ill				
City, State  Newark, NJ  Completed By (Print or Type)  Allen Monchik  Project Manager  Disposal Date  TBD  Bethlehem, PA  Date  Project Manager	Newark Carting			1				IESI Landfi	II					
Newark, NJ Completed By (Print or Type) Allen Monchik Project Manager  TBD Bethlehem, PA  Signature	City, State				0430	9	The state of the s	City, State						_
Completed By (Print or Type)  Allen Monchik  Project Manager  Signature  Date  8 29 44	Newark, NJ					9	(2)		PA					
Allen Monchik Project Manager 829 [4	Completed By (Print or Type)	Titl	e							Date				
SEASON SE	Allen Monchik			t Man	ager	4	Cla	lla	- Marian	X	12	29	11	1
TO THE SECOND PROPERTY OF THE	SB-41 AN 13	*	Do not	use #	nis form	for ashest	os licensure exemp	ted activities			T		10	

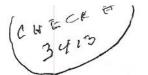
### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Buildin	ng Owner/Operator (	2)					
	29 /	14					Property Manage		rgetton 3 P	9: (	3		
Agencies Notified  ☑ EPA ☑ DOLWD	Type Notific					t Address West Sta	ate Street		125 (US 01)		ĴL		
☑ DOH	☐ Amende Amendm					State, Zip			& LILENS!	Nu			
☐ DCA		ncy (inclu	ding			enton, N.							
(NJAC 5:23-8)	justificat					of Conta	200 200		Telephone Nur	nber			
	☐ Cancella	ation			Ric	k Ferrer	а						
					FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is	Taking P	ace (3	3)	-			Type of Facility	(4)		-		
Residential House								School (K-12					
Street Address								Subchapter 8	(Other than K-1	2) ercial h	uildin	ne	
64 William Street								homes, etc.)		ci ciai b	ananı	93,	
City (5)					The second second			Square Feet	# of Floors	В	ldg. A	ge	
Sayreville													
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			70.41
Middlesex													
Name of Monitoring Firm	Hired by Bui	lding Owr	ner (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode				-	
Union, NJ							Garfield, NJ	07026					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494	-3762	973-928-4888		1188				
Start Date (10)	T	Schedule	d Con	nplet	tion Da	ite (11)	Name of OSHA M	Monitor					
09 /02 /	_14_	11_	_ / _	14	_ /	14	ALL PRO MA	NAGEMENT LI	LC				
Occupancy Status During	Abatement (	(Check or	nly one	e)			Street Address						
☑ Facility Closed/Vacate		2	570		nent		27 Outwater	Lane					
☐ Abatement Performed	Outside of N	lormal Fa	cility H	lours	s - Des		City, State, Zip Co	NEWS CONTROL					
Time of Abatement: _	AM	PM/_		PM-		AM	Garfield, NJ						
Scope of Work (Check all	that apply)			_		-0							
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Reno				Mini-Enc     Glovebage     Glovebag	tainment with Neg losure g Procedure mpted (*) and Nor		ure			
				ocati						At	atem	ent T	уре
Location			No Used	rmal Sole		Ach	Description o			Z	Z,	ш	m
Asbestos-Containing N TO BE ABA		vi)	Maint	enar	nce/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	у	(	Custod	dial 5 12)	Staff?	,	surfacing, VAT,	, or	SF or LF)	Val	-	lusc	sure
(13)		Y		No	N/A		other miscellane	ous)				ate	
Exterior Roof				]	×	Vent C	ement		5 SF				
Exterior Garage		Г	1 [		$\boxtimes$	Wiring	Insulation		20 LF	$\boxtimes$	П	M	
				5									
				7	$\overline{\Box}$		<b>2</b> 6			10	$\frac{1}{1}$	П	Ī
Name of Registered Wast	e Hauler		,   -		JDEP '	Waste	Cubic Yards of	Name of Regis	tered I andfill				1-
Newark Carting	o Hadioi			1 PA 151505	auler II		Waste	IESI Landfi					
City, State					04509	9	As Needed						
							Disposal Date	City, State	DA.				
Newark, NJ							TBD	Bethlehem	********				
Completed By (Print or Ty Allen Monchik	pe)	Title Proj	ect IV	lana	ager		Signature	Mari	C	ate 🛚 🕊	10	11	14
ASB-41	-						Ch	vi mo		-0	10	11	( (



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

Date of Notification (1)	128/14			Nam		OB MO	005E	2014 5	EP -3	PI	17	: 5:	j 
Agencies Notified	Type Notification	on		Stre	et Address	, O. BO	x 322	ASSE	STUS	CI	HT	ŘΟι	
□ DEP	Amended Amendmen	#		City,	State, Zip (	RIG ANT	IME N	, T	100	1 <del>1</del>	<del>×5</del> 2	-	=
Ø DOH	Emergency justification		ng				MEN		رم	0		11.1	
□ DCA	Cancellation			Nam	e of Contac	0B.		relepik	one Numb	ber	-		
	L			EA		ORMATION		1			'		
Name of Facility Where	Abatement is Tak	ing Plac	ce (3)		CILITIM	Ordination	Type of Facilit	· · · · · · · · · · · · · · · · · · ·					
R	ES NOU						School (K-	12)	bon K 15	21			
-	9BAX	AU	LE.				Other (i.e., homes, etc	private & c	ommerci	al buil			
City (5)	CTENNC1	71/					Square Feet	# of FI	oors		dg. A 40	-	
County (6)	E MAY				inty Code (7 ONLY)	) (STATE	Current Use (F	rior if being	g demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner	T <sub>I</sub>	ASCM	No.		nent Contractor (	(5)					-
(8)			_ .			KLEW	100 IV	IC_					
Street Address						Street Address	S. SPR	4)(15	AV	F			
City, State, Zip Code						City, State, Zip C			N.T		81	25	2
Project Manager for Mon	itoring Firm		Telev	ohone	No	Telephone No.	-E JAP	Licens			000	2.	
Project Manager for Mon	noting rinn		1 616	JI KOTIE	140.		79-047		040	14			_
Start Date (10)	Sche		Complet 2/8		ate (11)	Name of OSHA N	Monitor SEPH	CIFA	4 1/1/4				
Occupancy Status During						Street Address				7:	-		=
☑ Facility Closed/Vacate				nent		369	7 5.5	RUC	EK	YUE	•		_ ]
Abatement Performed  Other - Describe:					ľ	City, State, Zip Co	ode PLE SH	121015	41 T		۶ <sub>2</sub>	<u></u>	,
Scope of Work (Check all	that apoly)					1.75	ree on	, ve	MI		UC		=
	5.C. 5pp.,,,						tainment with Ne	gative Pre	ssure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-End	dosure g Procedure						1
							empted (*) and N	on-Friable	Procedur	e			
			ocation	١	2.5	-				A	bate:		
Location of			ormally Solely	by		Description of	×			-	1 91		
Asbestos-Containing Ma	aterial (ACM)	100000000000000000000000000000000000000	ntenano estodial	e/		s Containing Mate		Amou				四	ш
TO BE ABATE IN Facility	<u>:D</u>	1 2	Staff?	- 1	(i.e., t	hermal systems in surfacing, VAT,		(Spec		Rem	Repair	Cap	nck
(13)			(12)		1	other miscellaneo				Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A								te	
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									ien.				
Name of Registered Waste	2		1	DEP W uler ID		Cubic Yards of Waste	Name of Regi		dtill				
KLEMCO	ING						CAN CA	WHA					=
City, State	6.1.2. =		, -	-		Disposal Date	City, Sta	A	1	<u></u> -	· .fK	7	
	SHADE		1,)	_==			T- mo	B 2.6		-	1	<u> </u>	-
Completed By MICHAEL 1	Uthun V	P				Signature	20X		Date	129	11	4	_
										-			



### RECEIVED

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

2014 SEP -3 PM 7:53

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Date of Notification (1)		Nar		ng Owner/Operator	05E	ASHFOLIC	13.15	-	_	
Agencies Notified Type Notifica	ation	Stre	eet Address	.O. BO	× 37.7	LICE	1451	NG	<del>101</del>	
☐ BPA ☐ Initial ☐ Amended	-	-	T		X JCC				-	=
DOL Amendm	ent #	City	, State, Zip	RIGANT	IME IN	IT AS	2 1	3		
DOH Emergen		Non	ne of Conta	•	IMC I	Telephone N	<u></u>	_		_
☐ DCA ☐ Cancellat		INGI		OB.		release to			-	
		<u> </u>								==
			ACILITY IN	FORMATION	T-\$					
Name of Facility Where Abatement is T		)			Type of Facilit					
RESIVEN	305				School (K-	12) r 8 (Other than K-1:	2)			
Street Address 460 171	TN 53	·				private & commerci		dings		
City (5) Br. 16.4.WT	-, M F				Square Feet	# of Floors		ldg. A		
County (6)	7,1,1	T Co	unty Code (	7) (STATE		Prior if being demoli	- 1 -	10		
ATLANTIC		US	E ONLY)							_
Name of Monitoring Firm Hired by Build	ing Owner	ASC	vi No.	Name of Abatem			101	37-127	oped.	
(8)					100 IN	16				_
Street Address				Street Address	S. SPE	RUCE AV	E			
City, State, Zip Code				City, State, Zip C		OCC IN				=
Oky, Olako, Zip Good					E SHE	ADE N.J	- 0	380	25	2
Project Manager for Monitoring Firm	T	elephone	e No.	Telephone No.	20-011	License No.	14			
						2 0040	17		_	
	cheduled Comp	,		Name of OSHA N		KLEMM				
9/15/14		12/	14		SEPH	ecc myn	<del>`</del>	_	_	=
Occupancy Status During Abatement (				Street Address	7 5 51	PRUCE 1	AUE	-		
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No.				City, State, Zip Co		eou r	402	_		=
Other - Describe:	That racing th					AUE N.J	0	80	52	)_
Scope of Work (Check all that apply)										
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demoli			Gloveba	g Procedure	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
				☐ Non-Exe	empted (*) and N	on-Friable Procedu	T			
	Is Loca Norma			XII			P	bater Typ		
Location of	Used Sol			Description of			-			-
Asbestos-Containing Material (ACM)	Maintena Custox			os Containing Mate thermal systems in		Amount (Specify	-		5	Ē
TO BE ABATED IN Facility	Staff		(i.e.,	surfacing, VAT,		SF or LF)	\em	Repair	8	nclo
(13)	(12)			other miscellaneo	us)		Remova	alr	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NUDEP	Waste T	Cubic Yards	Name of Red	istered Landfill	1			
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KLEMCO ING				Disposal Data	City State	UPT		_		-
City. State MAPLE SHADE	- N.	7		Disposal Date	City, State	ASANTI	Jil	LE	<u> </u>	1.7
Completed By	itle /			Signature	100	Date		10	E	
MICHAEL KLEMM'S	VIP			Men	u /		120	U		



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

				BOSE OF				
Date of Notification (1) 8/28/14			Building Owner/Operat NELAかりら		-3 PH 7:5:	3 ·		
Agencies Notified Type Notific	cation	Street Ad	dress	ASB-ST	45 640			
		7	100 77-	TH ST.	SUNTRO	L	S Species as an	
☐ EPA ☐ Initial ☐ Amende	ed		. Zip C∞de	SE   12	<del>LHORG-</del>	-		-
∑ OOL Amenda				1-V 11 T	08243			
☐ Emerge	ncy (including	1_5	ED TYLE C	117,012	0,217			-
□ DOH justifica		Name of 0	Contact		Telephone Numb	er		
☐ Cancella	ition	I Fa	OLK EDUDIE	DI			,,,	-
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		FACILIT	TY INFORMATION		78			_
Name of Facility Where Abatement is	Taking Place (3)			Type of Facility    School (K-12)				
RESIDER	C G				8 (Other than K-12	Y		
Street Address					sionemmo & elsvin		ings.	
. 113 49	+4 STr			homes, etc.				
Cin. 75)				Square Feet	# of Floors	Bk	lg. Aç	20
SEN ISLE	6 144					1		
	<u> </u>	T County C	ode (7) ISTATE	Current I ke (Pr	ior if being demoss	hed)		-
County (6)		USE ONL		J A	CANT			
CARE MAY								
Name of Monitoring Firm Hired by Buik	ding Owner	ASCM No.	Name of Abate	ement Contractor (9)	)			
(8)			1 V 1	EMCD IN	JC,			
			Street Address					
Street Address			24	95,5 PRUL	- 100.			
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City, State, Zip Code			City, State, Zip	Code		141	7	
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Project Manager for Monitoring Firm	I.Te	lephone No	. Telephone No.		License No.			
Project Manager for moretoning 1 iiii			856-7.	79-0472	0040	14	1	
	Scheduled Compl			SEPH KL	EMM			
9/17/14	9/24	14	7 .	SEPH FL	CHM			
Occupancy Status During Abatement	Check only one		Street Address		5 1			
Occupancy Status During Abatement	- 0-4-4-14	oman!	36	9 S. SPR	いしずるして	11272000000		
Facility Closed/Vacated During Enti	re Penod of Abat	enter II	City, State, Zip					
Abatement Performed Outside of No	ormal Facility Ho	nız	City, State, Zip		= 41-	T	2 %	2 C
Other - Describe:			- I	APLE SI	1000			_
Scope of Work (Check all that apply)								
Scope of YYork (Check all that apply)				ontainment with Ne	gative Pressure			
≥3 sf or ≥3 If	Renova			nclosure				
150 sl or ≥260 H	Demodit	ion	Glove	bag Procedure xempted (*) and No	n-Friable Procedur	e		
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	Is Local					1	Typ	
	Normal Lined Sole		Description	of		-		
Location of	Used Sole Maintena	nge/ A	spesios Containing M	aterial (ACM)	Amount			5
Asbestos-Containing Material (ACM)	Custod		(i.e., thermal systems	insulation,	(Specify	Remova	D	Encapsulate
TO BE ABATED	Staff		surfacing, VA	T, or	SF or LF)	1 3	Repair	DSI
IN Facility (13)	(12)		other miscellane	eous)		Val.	5	ä
(13)	-	$\top$						0
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1 - AD settered Wests Harles		NDEP Waste		Name of Regis	stered Landfill			
Name of Registered Waste Hauler		tauter D No.	of Waste	L C.M	, c, M.U. A	•		
KLENCO INC.		17904						
		7	Disposal Date	City, State	<b>a</b> - 1	7		
MAPEE SIT	ODE, N	, 5		1000	73ING,	<u>. ر . ر</u>		
			Signature				1	
Completed By	Title //	D	212	a Klem	n Date	49/	10	`
JOSEPH KLEMM				100-11				

NO CK

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

Date of Notification (1) Name of Building Owner/Operator (2) August 29, 2014 Hess Corporation 2014 SEP -3 PM 9: 21 Agencies Notified Notification Type Street Address 1 Hess Plaza (x) EPA ( ) Initial Notification ASDESTUS ON T & LICENSING () DEP (x) Amended Certification City, State, Zip Code (x) DOL ( ) Cancelled Woodbridge, NJ 07095 (x) DOH () DCA Name of Contact Tal Number David Dolnick **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hess Corporation Refinery ( ) School (K-12) ( ) Subchapter 8 (other than K-12) Street Address (x) Other (i.e. private & commercial bldgs., homes, etc. 750 Cliff Road Sq. Feet 512,943 # of Floors NA City (5) County (6) County Code (7) Port Reading Middlesex (State Use Only) Bldg. Age 55 years Current Use (prior if being demolished) Refinery Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Bureau Veritas Brandenburg Industrial Service Company Street Address Street Address 110 Fieldcrest Avenue 2217 Spillman Dr. City, State, Zip Code City State, ZipCode Edison, New Jersey 08837 Bethlehem, PA 18015 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Kirit H. Vora 732-225-6040 (610) 691 - 1800 00721 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Demolition - February 4, 2014 Demolition - December 15, 2014 Asbestos - July 7, 2014 Asbestos - September 12, 2014 Occupancy Status During Abatement (Check only one) Street Address (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe - Removal of ACM in closed/shutdown refinery Other - Work Hours will be Mon - Fri 7:00 am - 5:30 pm, Sat 7:00 - 3:30 Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, Facility (13) Staff? (12) surfacing, VAT, or other YES NA Rem. Rep. Encap Enclose miscell.) FCC/Gas Comp Transite X 9,900 SF X Utility Х Transite 5,750 SF X Utility Pipe Insulation X 10 LF X Utility X Floor Tile 275 LF X Fuel Gas Comp. X Drum Insulation 150 SF X Millwright Shop X Floor Tile 1,000 SF X Warehouse Х Floor Tile 320 SF X Warehouse X Tape and Joint Compound 48 SF X Warehouse X Window Caulk 300 LF X Warehouse X Transite 6,000 SF X I&E Shop X Floor Tile 384 SF X i&E Shop X Tape and Joint Compound 120 SF X I&E Shop X Window Caulk 102 LF X I&E Shop X Pipe Insulation 90 LF X Firehouse/Locker Room X Floor Tile 3,954 SF Х Firehouse/Locker Room X Black Roof Flashing 20 SF X Firehouse/Locker Room X Black Roof Material 4,050 SF X Firehouse/Locker Room Black Mastic Material 2,000 SF X

	<u>City, State</u> Bethlehem, PA
ract Manager Signature	Date 08/29/14
	ract Manager

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

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

NO CK

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

Date of Notification (1) 8/26/14				of Building			r (2)	fill CED	o 6	u 7.	, re-			
Agencies Notified Type Notificat	ion			Address	u OI Lui	acation_		7114 SEP	-3 F	n-/-	15			
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DEP   Initial		1000		tate & Zip				A30-51	ICENS		NUL	-		
DOL Amend		-		on, NJ 0	ACCOUNTS AND THE COLORS			CX L	CLIIJ			- NI		
□   DOH   □   Emerg     □   DCA   □   Cance	ency llation 8/28/			of Contact						rele	pho			)I
_ Box	nation 0/20/													
				CILITY IN										
Name of Facility Where Abatement Monument School	nt is Taking P	lace (3	3)			e of Facili		N SUB-CHA	ADTEDS	2				
Street Address	_							er than K-1		,				
145 Pennington Avenue					lH			& commerc	1.5	nas.	home	es. e	tc.)	
145 Feminigton Avenue					Sai	are Feet		of Floors		Bldg			,	
City (5)	County (6)	Cor	untv C	Code (7)		64,000	)	2				60+		
	Mercer			( )	Cui			ing demolis	shed)					
					- 1	hool		J						
Name of Monitoring Firm Hired by	Building Own	ner (8)		ASCM N	lo. Nar	ne of Aba	tement Co	ontractor (9	)					
Environmental Connection					Bri	stol Env	ironmen	tal, Inc.						
Street Address	25346135-25-25-28					eet Addres	33							
120 North Warren Street	_				1000 200	23 Beave								
City, State & Zip Code Trenton, NJ 08010						, State & . stol, PA								
Project Manager for Monitoring Fi	rm	Telen	hone	Number		ephone No			License	Num	ber			
Steven Fairess		609-				5)788-60			00509					
Scheduled Start Date (10) S 8/28/14	cheduled Cor	mpletic		te (11)	Nai	ne of OSF stol Env	HA Monito							
Occupancy Status During Abatem	ent (Check o					eet Addres		-						
Facility Closed/Vacated D				atement	112	23 Beave	r Street							
Abatement Performed Ou	tside of Norm	al Hou	urs – '	7am to 3p		, State &								
Describe: 3:00 PM to					Bri	stol, PA	19007							
Facility Occupied During A	A STATE OF THE PARTY OF THE PAR													
Scope of Work (Check all that app	oly)						□ Fu	Il Containm	ent with	Nega	ative	Pres	sure	
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≥160 sf ≥260 lf				nolition				ove Bag Pro		s				
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Asbestos-Containing			nally l			estos-Con		(	(Specify F or LF)	. [			ш	
Material (ACM) TO BE ABATED			olely t tenan			laterial (At thermal s		3	r or Lr)		Re	Ŗ	nca	Enc
in Facility			odial S		insulat	ion, surfac	cing, VAT				Removal	Repair	Encapsulate	Enclsoure
(13)			(12)		or oth	er miscell	aneous)			- 1	<u>a</u>	7	late	ıre
		Yes	No	N/A				-			<b>E A</b>			
Room A-12						pe insula			fittings	_		ዙ	H	H
Room A-14		H			Pi	pe insula	ation	2	fittings	5		屵	H	H
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Name of Registered Waste Haule	r		IN.I	DEP Was	te Cubic	Yards	Name o	f Registered	d Landfil	1				
Name of Registered Waste Hadie				uler ID No				g						
Bristol Environmental, Inc.			18	706	1 Cu	Yd	GROW	S Landfill			=			
City, State						sal Date	City, Sta							
Bristol, PA					8/28/		Morris	ville, PA						
Completed By (Print or Type)			Titl		Signa		7 -		1 1	100	ate			
Gino Pizzigoni				oject	9	lino t	mai	mi /	il	8	3/26	/14		
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GI 14144								· ·	<u>.</u>					

NO CK

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

8 / 1	11 /	14				ing Owner/Operator		2014 SI	EP -3	PH	7: 6
				_		of Princeton Univ	ersity			S 55	
	ype Notification	on			et Address			ASOL.	5148	Cli	Tre'
	∆ initial Amended			_		llan Building			LICER		
☑ DHSS	Amendment	#1-8/	19/14	City	, State, Zip	Code				101;	u
□ DCA	] Emergency			P	rinceton,	NJ 08544					
(NJAC 5:23-8)	justification)	,	1 -	Nan	ne of Conta	nct		Telephon	e Number		
	Cancellation	8/0	28/14	R	obert Orto	ega			- 1047		
	1-1-1-1	1	1-			NFORMATION			- 1041		
Name of Facility Where Aba	tement is Tak	ing Pla	ice (3)		AOILITT	INTOKINATION	T= .=				
Princeton University		-	(-)				Type of Facility	1000000			
Street Address							School (K-12	2) B (Other the	- K 10)		
5 Ivy Lane				*			Other (i.e., p	rivate and c	n K-12) ommercia	al build	inge
City (5)							homes, etc.)			ii bullu	iligs,
Princeton							Square Feet	# of Floo	rs	Bldg.	Age
											•
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being d	lemolishe	d)	
MERCER							•			-/	
Name of Monitoring Firm Hir	ed by Building	Owne	r (8)	ASC	√ No.	Name of Abateme	ent Contractor (9)				
Cardno ATC							VIRONMENTAL				
Street Address						Street Address	· ON WIEW I AL	L, INC.			
<b>Bromley Corporate Ce</b>	enter, 3 Terri	Lane	, Ste	12		1123 BEAVER	O CTDEET				
City, State, Zip Code	<del> </del>		,					200000			
Burlington						City, State, Zip Co					
roject Manager for Monitorin	ng Firm		Tol		N	BRISTOL, PA	19007				
Mike Keehn	ng i min			ephone		Telephone No.		License N	No.		
tart Date (10)	10.				6-8800	215-788-6040		00509			
8/21/1				OLO	ate (11)	Name of OSHA M					
						BRISTOL EN	IRUNIVENIAL	INC			
occupancy Status During Aba	atement (Cher	rk only	onel					,			
Decupancy Status During Aba    Facility Closed/Vacated Di	atement (Checuring Entire Pe	ck only	one)	ment		Street Address		,		-	
Facility Closed/Vacated Do Abatement Performed Out	uring Entire Pe	eriod o	f Abate	rs - Da	scriba	Street Address 1123 BEAVER	STREET	,			-
Facility Closed/Vacated Do Abatement Performed Out	uring Entire Pe	eriod o	f Abate	rs - Da	scribe	Street Address 1123 BEAVER City, State, Zip Co.	STREET	,			
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00	uring Entire Petside of Norma AM- <u>3:30</u> PM/_	eriod o	f Abate	rs - Da	scribe	Street Address 1123 BEAVER	STREET	,	2		
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/	uring Entire Petside of Norma AM- <u>3:30</u> PM/_	eriod o	f Abate	rs - Da	scribe I	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	STREET de 19007		3		
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Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/ Cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	uring Entire Petside of Norma AM-3:30PM/_ t apply)	Eriod o	enovatemolitics Local Normal (12)	ion on lly by nce/ Staff?	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Stull Conta Stul	de 19007  sinment with Negation Procedure apted (*) and Non- erial (ACM) sulation, or	ative Pressu -Friable Pro Amount (Specify	cedure	Repair	
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/ Cope of Work (Check all that  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	uring Entire Petside of Norma AM-3:30PM/_ t apply)	eriod o	f Abate ity Hou PM enovat emoliti s Loca Norma ed Sole aintena stodial (12) No	ion lly by nce/Staff?	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Stull Conta Stul	de 19007  sinment with Negation Procedure apted (*) and Non- erial (ACM) sulation, or	-Friable Pro Amount (Specify SF or LF	cedure	Repair	Encapsulate
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/ Cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	uring Entire Petside of Norma AM-3:30PM/_ t apply)	Eriod o	enovatemolitics Local Normal (12)	ion on lly by nce/ Staff?	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Stull Conta Stul	de 19007  sinment with Negation Procedure apted (*) and Non- erial (ACM) sulation, or	-Friable Pro Amount (Specify SF or LF	cedure	Repair	Encapsulate
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/ Cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	uring Entire Petside of Norma AM-3:30PM/_ t apply)	Beriod o	enovatemolitics Local Normal (12)	ion on lly by nce/Staff?	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Stull Conta Stul	de 19007  sinment with Negation Procedure apted (*) and Non- erial (ACM) sulation, or	-Friable Pro Amount (Specify SF or LF	cedure	Repair	Encapsulate
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/A cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  D. Side Rear Ext Roof Pa	uring Entire Petside of Norma AM-3:30PM/ t apply)  trial (ACM)	eriod o	enovate emolities Loca Norma ed Sole aintena stodial (12)	ion lly by nce/ Staff?	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exern    Description of stos Containing Mate , thermal systems in surfacing, VAT, oother miscellaneous	de 19007  sinment with Negalosure Procedure hipted (*) and Non- erial (ACM) sulation, or	Amount (Specify SF or LF	cedure	Repair	Encapsulate
Facility Closed/Vacated Do Abatement Performed Out Time of Abatement: 7:00/ cope of Work (Check all that 2 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  D. Side Rear Ext Roof Pa	uring Entire Petside of Norma AM-3:30PM/_ t apply)  trial (ACM)  arapet Wall	Beriod o	enovate emolitics Local Normal ed Sole aintenastodial (12)	ion on lly by nce/Staff?	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exerr    Description of stos Containing Mate , thermal systems in surfacing, VAT, oother miscellaneous	de 19007  Innment with Negal source Procedure Inpted (*) and Non-Brial (ACM) sulation, or Justin Name of Registe	-Friable Pro Amount (Specify SF or LF	cedure  A A A A A A A A A A A A A A A A A A A	Repair	Encapsulate
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Abatement Performed Out Time of Abatement: 7:00 A  Cope of Work (Check all that  23 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  D. Side Rear Ext Roof Pa  The of Registered Waste Hais  RISTOL ENVIRONMEN  7, State	uring Entire Petside of Norma AM-3:30PM/_ t apply)  trial (ACM)  arapet Wall	Beriod o	enovate emolities Loca Norma ed Sole aintena stodial (12) No	ion ion illy ly by nce/ Staff?  N/A	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem    Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneous on Roof  Cubic Yards of Waste	de 19007  Innment with Negal source Procedure Inpted (*) and Non-Brial (ACM) sulation, or Justin Name of Registe	-Friable Pro Amount (Specify SF or LF	cedure  A A A A A A A A A A A A A A A A A A A	Repair	Encapsulate
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cope of Work (Check all that  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Mate TO BE ABATED IN Facility	uring Entire Petside of Norma AM-3:30PM/_ t apply)  rial (ACM)  arapet Wall  uler  ITAL, INC.	eriod o	enovate emolities Local Normal (12) No	ion ion illy ly by nce/ Staff?  N/A	Asbes (i.e.	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exem    Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneous on Roof  Cubic Yards of Waste	R STREET  de 19007  sinment with Negalisure Procedure Procedure Intel (*) and Non- Perial (ACM) Sulation, Or Justin (ACM) Sulation, Or Justin (ACM) City, State MORRISVILL	Amount (Specify SF or LF	cedure  A Construction of the construction of	Repair	Encapsulate

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

CR#2684

			1101	ne of Buildi	ng Owner/Operator	(2)		11.5				
8/11/	14				f Princeton Unive							
Agencies Notified Type Notification	on	100		et Address								_
□ EPA □ Initial			100		llan Building							
<ul><li>☑ DOLWD8019</li><li>☑ Amended</li><li>☑ Amendment</li></ul>				, State, Zip							_	
☐ DCA ☐ Emergency			2.1		NJ 08544							
(NJAC 5:23-8) justification	(IIICIUUI )	ng	_	ne of Conta			Tolopho	ne Numb				_
☐ Cancellation				obert Ort			relepho	ine Numb	er			
					NFORMATION						_	_
Name of Facility Where Abatement is Tak	ing Pla	ce (3)		COLLITT	IALOKIAIATION	Type of Facility	4)					
Princeton University						Type of Facility (  School (K-12)						
Street Address						Subchapter 8		an K-12)				
5 Ivy Lane						Other (i.e., pr	ivate and	commerc	cial b	uilding	gs,	
City (5)						homes, etc.)	T					
Princeton						Square Feet	# of Flo	oors	В	ldg. A	ge	
County (6)			Col	Inty Code	7\CTATE HOE ONLY		1					
MERCER			000	only Code (	7)(STATE USE ONLY)	Current Use (Prid	or if being	demolish	ned)			
Name of Monitoring Firm Hired by Building	Owne	(8)	ASCN	A No.	Mama - Col							
Cardno ATC	, Owne	(0)	ASUN	n NO.	Name of Abateme		2270					
Street Address						VIRONMENTAL	, INC.					
Bromley Corporate Center, 3 Terr	i 1 a==	C4-	42		Street Address							_
City, State, Zip Code	Lane	, ste.	12		1123 BEAVE			<b>4</b> ()				
Burlington					City, State, Zip Co					2000		
roject Manager for Monitoring Firm		1=.			BRISTOL, PA	19007						
Mike Keehn			ephone		Telephone No.		License	No.				
				6-8800	215-788-6040		0050	9				
				ate (11)	Name of OSHA M						_	_
8 / 21 / 14			_ ′	14	BRISTOL EN	/IRONMENTAL	INC.					
Occupancy Status During Abatement (Che	ck only	one)		14	Street Address	/IRONMENTAL	, INC.					
Occupancy Status During Abatement (Che   Facility Closed/Vacated During Entire P	ck only eriod of	one) Abate	ment				, INC.					
ccupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	ck only eriod of al Facili	one) Abate ty Hou	ment	scribe	Street Address	STREET	, INC.					
Ccupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Time of Abatement: 7:00AM-3:30PM/	ck only eriod of al Facili	one) Abate ty Hou	ment	scribe	Street Address 1123 BEAVER	R STREET	, INC.					
Decupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	ck only eriod of al Facili	one) Abate ty Hou	ment	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	STREET de 19007						
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Deccupancy Status During Abatement (Che   Facility Closed/Vacated During Entire P   Abatement Performed Outside of Normal   Time of Abatement: 7:00AM-3:30PM/   Cope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	ck only eriod of al Facili  Re	one)  Abate ty Hour  M enovati	ment rs - De:AM on on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla	R STREET  de 19007  sinment with Nega osure Procedure	tive Press			ateme	nt Ty	
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ccupancy Status During Abatement (Che   Facility Closed/Vacated During Entire P   Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30PM/   Cope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   D. Side Rear Ext Roof Parapet Wall   In Facility (13)   I	Recuse Yes	enovatiemolitical Science (12)  No  No  Na  Na  Na  Na  Na  Na  Na  Na	on on live ly by nce/Staff?	Asber (i.e.	Street Address  1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exen    Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo    On Roof	R STREET  de 19007  sinment with Nega posure Procedure ented (*) and Non- erial (ACM) isulation, or us)	Friable P  Amou (Special SF or 1)	ill	A Removal	Repair	Encapsulate	]
Coupancy Status During Abatement (Che   Facility Closed/Vacated During Entire P   Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30PM/   Cope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED     IN Facility (13)   Side Rear Ext Roof Parapet Wall   Provided the state of the sta	Recuse Yes	enovatiemolitical Science (12)  No  No  Na  Na  Na  Na  Na  Na  Na  Na	on on lity by nce/ Staff?	Asber (i.e.	Street Address  1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo  On Roof  Cubic Yards of Waste	R STREET  de 19007  sinment with Nega osure Procedure npted (*) and Non- erial (ACM) isulation, or us)  Name of Register G.R.O.W.S. N	Friable P  Amou (Special SF or 1)	ill	A Removal	Repair	Encapsulate	1
Coupancy Status During Abatement (Che   Facility Closed/Vacated During Entire P   Abatement Performed Outside of Normal Time of Abatement: 7:00AM-3:30PM/   Cope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   D. Side Rear Ext Roof Parapet Wall   O. Side Rear Ext Roof Parapet Wall   RISTOL ENVIRONMENTAL, INC.   State	Recuse Yes	enovatiemolitical Science (12)  No  No  Na  Na  Na  Na  Na  Na  Na  Na	on on live ly by nce/Staff?	Asber (i.e.	Street Address  1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exen    Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo   On Roof	R STREET  de 19007  ainment with Nega osure Procedure noted (*) and Non- erial (ACM) isulation, or us)  Name of Register G.R.O.W.S. N	Amou (Spec SF or 1	ill ANDFIL	A Removal	Repair	Encapsulate	]
Cocupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Time of Abatement: 7:00AM-3:30PM/ Cope of Work (Check all that apply)    >3 sf or >3 lf   >160 sf or >260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   Side Rear Ext Roof Parapet Wall   On Side Rear Ext Roof Parapet Wall   RISTOL ENVIRONMENTAL, INC.   State   RISTOL, PA 19007	eriod of al Facilities F	enovatiemolitical Science (12)  No  No  Na  Na  Na  Na  Na  Na  Na  Na	on on live ly by nce/Staff?	Asber (i.e.	Street Address  1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exen  Description of stos Containing Mate, thermal systems other miscellaneo  on Roof  Cubic Yards of Waste  Disposal Date	R STREET  de 19007  sinment with Nega osure Procedure npted (*) and Non- erial (ACM) isulation, or us)  Name of Register G.R.O.W.S. N	Amou (Spec SF or 1	ill _ANDFIL	A Removal	Repair	Encapsulate	[
Decupancy Status During Abatement (Che   Facility Closed/Vacated During Entire P   Abatement Performed Outside of Normal   Time of Abatement: 7:00 AM-3:30 PM/   Cope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   D. Side Rear Ext Roof Parapet Wall   D. Side Rear Ext Roof Parapet Wall   SRISTOL ENVIRONMENTAL, INC.   State   SRISTOL, PA 19007   Inpleted By (Print or Type)   Title	eriod of al Facilities F	one)  Abate ty Hour  M- enovati emolitic s Locat Normal ed Sole intena todial \$ (12)  No	on on live ly by nce/Staff?	Asber (i.e.	Street Address  1123 BEAVER City, State, Zip Co BRISTOL, PA    Full Conta   Mini-Encle   Glovebag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneo   on Roof    Cubic Yards of Waste     Disposal Date	R STREET  de 19007  ainment with Nega osure Procedure noted (*) and Non- erial (ACM) isulation, or us)  Name of Register G.R.O.W.S. N	Amou (Spec SF or 1	ill ANDFIL	A Removal	Repair	Encapsulate	]

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

Date of Notification (1) 8/25/14						Building C	)wner/O	perator	(2)	98	1/ 00	D 2	DM :			
Agencies Notified	Type Notif	ication		1	Street Ad	ldress		2 7		LU	14 3	P-3	PA	/ <del>: '</del>	2	
× EPA	× Initial				37 Fult	on Stree	et			Δ.	red F	TES	on -	*::-0		
EPA DEP DOL	Amer Amer	nded ndment # <sub>.</sub>				e, Zip Coo ield, NJ		1			œ	LICEN	SINC	NU i	L	
☑ DOH DCA	justifi	gency (in cation) cellation	cluding	- 1	Name of Karen I	Contact Putnam				8	Tele	phone Nu	imber			
					FACIL	ITY INFO	RMATIC	ON			L					
Name of Facility Where House	Abatement i	s Taking	Place (3)				1			of Facility (4) School (K-12)						
Street Address 37 Fulton Street									×	Subchapter 8 Other (i.e. privetc.)	(Othe	r than K-	12) cial build	dings,	home	es,
City (5) Bloomfield										re Feet	# of N/A	Floors	100.00	ldg. A	ge	
County (6) Essex					County C	ode (7) SE ONLY)				ent Use (Prior	2000	S	shed)			
Name of Monitoring Firm	n Hired by B	uilding O	wner (8)		ASCM	No.			of Aba	tement Contr		(9)	- 54			
Street Address									Addre							
								11 R	osen	gren Avenu	1e					
City, State, Zip Code										ip Code IJ 07512						
Project Manager for Mo	nitoring Firm				Telephor	ne No.			none N 345-8			License #00675				
Start Date (10) 9/04/14			Schedule 9/05/14		pletion [	Date (11)				HA Monitor ement, Inc						
Occupancy Status Durin	ng Abatemen	nt (Check	Only One	∍)				Street	Addre	SS						
Facility Closed/Vac Abatement Perform										gren Avenu ip Code	né					
Other – Describe:						35				IJ 07512						
Scope of Work (Check	All That Appl	y)	4		Ou .								-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emolit				>	Mi	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	-			re.	24
			le.	Locati	00					III EXCITIFICATI	7 411	2 1 10 11 1 110		15000 10	emen	t
Locatio	n of		N	ormal	y		Des	scription	n of					T	/pe	
Asbestos-Containing	g Material (A	CM)		d Sole			os Cont	aining N	Materia	I (ACM)	1507	mount			ш	_
TO BE AS			100000000000000000000000000000000000000	odial S	2021(222)	(i.e.	thermal	system cing, VA		ation,		pecify or LF)	Ren	Re	ncar	ncl
(13)	3355 S # 5			(12)		×		niscellar			01	OI LI )	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A										ate	ë
basen	nent			X			pipe	insula	ation		4	0 LF	X			
Name of Registered Wa	aste Hauler			N	JDEP W	aste	Cubic	Yards		Name of R	egiste	red Land	fill			
D&S Abatement, In	c.				auler ID 20996	No.	of Was	23450		Waste M	lanaç	gement	of PA			
City, State Totowa, NJ				2 <b>2</b> .			Dispos TBD	sal Date	7	City, State Tullytow		· ·				
Completed by			Title	0/09/100			S	Signatur	\$100	ma P		1	Date	0		
Deanna Brkusanin			Proje	ct Ma	anager			71	Ille	ena pue	lul	eur 8	3/25/1	4		11/2/

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

Date of Notification (1)	08/28/2	014				of Buil		Owner/Op	erator (2)		RE	CF	IV	=n		
	Notificatio				Stree	t Addres	SS	and St		nn						
	(x) Amend		Janon		City,	State, Z	ip Coo	de			14 SEF	-3	P	-/:	+ 63	
(x) DOI	Amen					ewood,				α.		T				
(x) DOH	( ) Emerg			ling	Name	of Con	tact			64.7	mES.	Tol	Num	her	0 <u>L</u>	
() DCA	justific ( ) Cance				1997	n Wohl					œ L	100	hefrili)		٠, د	<b>4</b> 71
	( ) 0400	atioi				ITY INF		ATION							,	
Name of Facility Where	e Abateme	nt is	Taking	Place (		11 1 1141	OICIO	ATION	Type of	Facility (4	<del>(</del> )					
Vacant House			-	Mar FEBRUSE 1	. ,					ol (K-12)						
Street Address 53 S Woodland Ave									( ) Subo (x) Othe	chapter 8 r (i.e. priv nes, etc.	other tate & c	than k	(-12) ercia	l build	lings	,
City (5) Englewood									Square	Feet	# of F	loors		Bldg.	Age	
County (6) Bergen						ty Code ONLY)	(7) (8	STATE	Current	Use (Prio	r if beir	ng der	nolis	hed)		
Name of Monitoring Fir ABS Environmental Se		y Bld	g. Owr	ner (8)	ASCN	/I No.			f Contract Sons, LLC							
Street Address PO Box 483								Street A 365 Riv	ddress er Drive							
City, State, Zip Code Glenwood, NJ 07418	3								te, Zip Co d, NJ 070							
Project Manager for Mo Scott Higgins	onitoring F	irm		phone 1 3)764-2				Telepho (973)68	ne Numbe 35-9791	er		Licer 0119		Numb A"	er	
Scheduled Start Date ( 08/31/201			Sche		ompletio /30/20	n Date (1 14	11)	Name of Testor	f OSHA M Tech	onitor		T				
Occupancy Status Duri	ing Abater	nent (	Check	only or	ne)			Street A								
(x) Facility Closed/Vaca ( ) Abatement Perform ( ) Other – Describe:						ent		City, Sta	ackson A te, Zip Co land City	ode	101	÷				
Source of Work (Check	all that ar	anly)								. 020000 5-00005					-	
(x) $\geq$ 3 sf or $\geq$ 3 lf (x) $\geq$ 160 sf or $\geq$ 260 lf	an triat a	эріу)		enovati emolitio				() Min (x) Glo	Containn i-Enclosu ve bag Pr i-Exempte	re ocedure	20				e	
			Is	Location	on								Aba	temer	t Ty	oe
Location o Asbestos-Containin (ACM) TO BE ABAT in Facility (13)	g Material <u>ED</u>		Ma	mally U Solely b intenan todial S (12)	y ice/	Conta then	ining I mal sy rfacing	ion of Ask Material (/ /stems ins g, VAT, or cellaneou	ACM) (i.e. sulation, other	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Roof				110,000	X	Roof T	ar			10	0 SF	+	X			-
Kitchen NE Hall					X	Floor		al			0 SF	_	X			-
NE Storage Entrance					X	Floor			5-15	1	SF	-	X			
Basement Center					Х	Pipe Ir	nsulati	ion	-	14	0 LF		X			
Basement Boiler					Х	Boiler	Flue			2	SF		Х			
Name of Reg. Waste H Cid & Sons, LLC	auler		NJDEF	Waste 329		ID#	Cubi	c Yards o	f Waste	Name of G.R.O.\				nage	mer	nt
City, State Garfield, NJ								osal Date TBD		City, Sta Morrisv		4				
Completed by Roque Schipilliti Jr.	Title	Proje	ect Ma	anager		Signa	ature	Born	Har	UM)		Date	08/2	28/20	14	

RECEIVED

State of New Jorsey NOTIFICATION OF ASSESTOS ABATEMENT (Pursmunt to RIAC 8:60 mid 12:128)

Chark ++	A7011

Date of Notification (1)		•		Name	of Buildin	o Owner/C	Transfer	(2)	ate			1	<u> </u>	1	Į.
8/29/14 2014 SEE	-3 PM 7	: 39		City	of Pater	son	-production	Mono	All he for	PROV		7.55			
Agencies Notified	Type Northeason		-		Address	-		max the	P AI TO		edor	Serm	25		
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☐ DCA	Cancellatio	n				8.5					A-10-00 31				8
Name of Facility Where A	Shadoward In Table			FAC	ILITY IN	FORMAT	CHI				$\overline{}$				-
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Street Address								☐ Sehe	d (6¢12)		_ 1				
6 E. 20th St								Subro Othe	hepter 6 r (I.e. prh	(Other t	han K	-12)	b.m		8
City (5)				Section 1				(a)D, ]			SAMILLA	Leisii eili		, non	hės,
Paterson								Square Fe	ed.	# of Fi	OOF5		Blog.	Age	
County (6)	<del></del>			- C-1-1	Code (7)			3,000		1			50+		
Passaic					USE OWN			Current U	se (Price	if being	demol	ished)			
Name of Menitoring Firm	Hired by Rutteling	Cosmon IO		1400	M No.			Church							
n/a	· · · · · · · · · · · · · · · · · · ·	CANISCH (D		n/a			Nemo	of Absterne	ant Contra	scher (8)					
Street Address				146				rica Mana	300men	t Corp	1	•			
n/a				- 12				Address Yoy Ln							
City, State, Zip Code								Rate, Zip Co							
п/а								oln Park,		20					
Project Manager for Monit	toring Firm			Telephi	phe No.			ione No.	140 070		cense	Ma		-	
n/a				n/a				706-7950	1	775	1193	, , , , ,		•	
Start Date (10)		Behedus	عظ گو	angletion	Date (11	}		of OSHA M			1130				
9/2/14		9/8/14						ica Mana		t Coro					
Occupancy Status During							Street	Address	•	1.1				_	
Facility Closed/Vacel Abatement Performs	bed During Entire	Period of	\bates	ment			the second second	roy Ln						90	
Other-Describe: B	urned Building Abar	nei Fecility Idoned	Hour	2				tale, Zip Co					_		
Scope of Work (Check All	These Annies						Line	oln Park,	מלס בא	35					
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!			OA I DAME	and the same of th				Mini-Epc Glovebu	iouve d Danse	TERM.	50000				
		T					<b>a</b>	Non-Exe	mphad (*	and No	an-Frie	ble Pro	Cardin	*	
			Locat										Abeh		t
Location of Asbestos Containing M	if Interior (ACNO		ioumal I Sale			Des	cription:	of ·	1	•			T)	pe	
IO BE ABAT	ED (~~)	Mak	ntenad	nese/	Astre	Hos Conta	aring M	aleriai (ACN Insulation,	0)	Almon	ré			m	
in Facility (13)		Critico	dal 5 (12)	Stall?	. 640	aurlac	ng, VAT	, or	13 12	SF or I	ly E	1	7		Endosure
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Name of Registered Waste	l-lauter		B1	JDEP WA	note.	A									
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City, State Pitverdale, NJ				٠.		Disposa	Date	City,	State						$\dashv$
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#### State of New Jersey

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

RECENTERS

			Strain Strain							2 8	the state of the s				
Date of Notification (1)	8/29/14						Operator (2) tment of Milita	rv Affairs		800					822
Agencies Notified	Type of No	otification	100000	-100 Late	ddress	- Сред				2014	SEP -	3	PM	7:	3
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[] DEP		cation	Cit	v Sta	te, Zip Co	de				70	& LIC	C a	5 11	16.	NO
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00.0411 A00.044-005	Notin	oation	Na	me of	Contact				Telephone	Numb					-
[] DCA	[] Cance	ellation	W	'illiar	n McBr	ide				113	OO				
					F.	ACILITY	/ INFORMATION		200						7
Name of Facility Where	Abatemen	t is Takir	ng Place	e (3)				Type of Facili	ity (4)						
Sea Girt NGTC								[] Scho	ool (K-12) chapter 8 (C er (i.e. priva	ther th	an K-12\				
Street Address								[x] Oth	er (i.e. priva	te and	commerci	al bu	ıildin	gs,	
381 Sea Girt Ave	anua							hom	nesì, etc.)						
JOT Jea Gill Ave	Siluc							Square Feet	# of	Floors	I F	3ldg.	Age	3	
City (5)		TC	ounty (6	6)		Cou	nty Code (7)	Square reet	# 01	1 10013		-50	Ago		
Sea Girt		100000	lonm	145,477	1		ATE USE ONLY)	Current Use	(Prior if bein	g demo	olished)				
						,-		Offices, traini							
Name of Monitoring Fir	m Hired by	Building	Owner	· A	SCM No.		Name of Abatem	ent Contractor	(9)		8				
Whitman	Compan	ies, In	C.	0	0110			Jupiter Envi	ronmenta	al Ser	vices, I	Inc.			
Street Address							Street Address				· · · · · ·				
7 Pleasant Hill R	oad						3	3 Lynn Cour	t						
City, State, Zip Code		_		-		-	City, State, Zip C		-						
Cranbury, NJ 08	512						#55X (5) 56	Lincoln Par	k N.I 070	135					
Project Manager for Mo		m	Telen	hone	Number		Telephone Numi		14, 140 074	-	License	Num	her		
	officoring i ii				-5858			973-709-02	00		LICCIISC	- TAGIT		85	2
Kevin Lovely			1 . 3/ "	) - ) ( )			9	313-103-02	.00				UC	00	_
Kevin Lovely	10)	School				_	A NAME OF THE OWNER, T	Monitor							
Scheduled Start Date (	10)	Sched.	Comple	etion [	Date (11)		Name of OSHA			LLah	oratorie	- I	10	:	
Scheduled Start Date ( 9/8/14	2 %		Comple 9/22	etion ( 2/14	Date (11)		Name of OSHA	Monitor J & S Envir		l Lab	oratorie	es, L	LLC	;	
Scheduled Start Date ( 9/8/14 Occupancy Status Duri	ing Abatem	ent (Che	Comple 9/22 ck only	etion ( 2/14 one)	Date (11)	ent	Name of OSHA Street Address	J & S Envir	onmenta	l Lab	oratorie	es, l	LLC	<u>;                                    </u>	
Scheduled Start Date ( 9/8/14	ing Abatemo	ent (Che	Comple 9/22 ck only tire Pe	etion ( 2/14 one) riod o	Date (11)		Name of OSHA Street Address	J & S Environ 2333 Route	onmenta	l Lab	oratorie	es, l	LLC	<u> </u>	
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Scheduled Start Date ( 9/8/14  Occupancy Status Duri [] Facility Closed [] Abatement Per Descr [x] Other – Descr  Scope of Work (Check	ing Abatemod/Vacated Durformed Outlibe: ribe: partiall	ent (Cheo Juring En side of N y vacate	Omple 9/22 ck only stire Per Normal	etion ( 2/14 one) riod o	Date (11)  f Abateme ty Hours -		Name of OSHA  Street Address  City, State, Zip C	J & S Environment 2333 Route Code Union, NJ C	onmenta 22W 07083	nent wi					
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#### State of New Jersey

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

RECEI Wheek # 7584

			DO-12-0-1286							1 6		heck	# 7	584	
Date of Notification (	1) 8/29/14						perator (2) nmunity Colle	ane			•		A.Se.		
Agencies Notified	Type of Notific			ddress	iity	COII	illianity Cone	,90	20	14 SI	<u> P-3 P</u>	M 7	• 5	(3	
[] EPA	Type of Notific			Old Tr	ent	on R	oad.				0 1	11 /	. 9	J	
	[X] Initial	- 1	200	Old II	CIT	.01111	load		As	The set	orac a				
[] DEP	Notification	on C	City. St	ate, Zip (	Code	•		- 6	PM (	) E).'	STWS OF	1.4	KU	L	-
[X] DOL	[] Amended			Winds			08550			de	LICEK2	NG			
[X] DOH	Notification	on													
[] DCA				f Contac		29			Telephone		220				
• • •	[] Cancellati	on \	/aleri	e Sas	san	nan				-20	ו ש (רבוו)				
					FAC	ILITY	INFORMATION								
Name of Facility Whe	ere Abatement is	Taking Pla	ace (3)					Type of Fa	cility (4)						
Trenton Hall Ar	nnex								chool (K-12) ubchapter 8 (Ot	her th	nan K-12)				
Street Address									itner (i.e. private	e and	commercial	build	ings	,	
137-139 North	Broad St.								omes, etc.)						
					N.			Square Fe	et # of F	loors	Blo	g. Ag	е		
City (5)		County					ty Code (7)	20000	4		~6	5			
Trenton		Merc	er			(STA	TE USE ONLY)	Current Us	se (Prior if being	dem	olished)				
Name of Monitoring F	irm Hired by Buil	ding Own	er /	ASCM No	0.	$\neg \neg$	Name of Abatem								
	n Companies	77.3		0110					vironmenta	I Se	rvices. In	C.			
Street Address		,					Street Address								
7 Pleasant Hill	Rd.						3	3 Lynn Co	urt						
City, State, Zip Code	The second secon						City, State, Zip C								
Cranbury, NJ 0									ark, NJ 070	35					
Project Manager for I		Tele	phone	Number	-		Telephone Numi				License N	umbe	r		
Kevin Lovely		733	2-390	-5858				973-709-0	0200			0	08	52	
Scheduled Start Date		ned. Comp	oletion	Date (11	)		Name of OSHA		***		500 1994				
9/8/14		10	/31/1	4				J & S Env	rironmental	Lab	oratories	, LL	С		
Occupancy Status D					92		Street Address	1000 TEST	100.000, 400.000.000						
	ed/Vacated Durin erformed Outside						2	2333 Rout	te 22W						
	cribe:	OI NOITH	ai i acii	ity i louis	, –		City, State, Zip C								
[x] Other - Des	scribe: partially va	cant						Union, N.	07083						
Scope of Work (Chec	ck all that apply)									_					_
				0.3	122			[]	Full Containm		ith Negative	Press	sure		
<ul><li>[] Demolition</li><li>[] ≥3 sf or ≥3 lf</li></ul>				[]	Re	enovati	on	[x]	Mini – Enclos Glovebag Pro		Α.				
[] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥								[X]	Non – Friable						
[]		1	s Loca	tion				15.15	91888 A ST 1411			A	nate	mer	nt .
			rmally				Desc	ription of				1533	/ре		
Locati			Solely					<ul> <li>Containing</li> </ul>			Amount	R	1000	10000	0.0055
Asbestos – Material		100	ial Sta	ce/Cus				ial (ACM) mal systems			(Specify SF or LF)	E M	E	1000	N
TO BE A		100	iai Ola	1 (12)				surfacing, VA	Γ,	- [1]	01 01 11 )	O	A	A	L
In Fac	cility	-						iscellaneous)		- []		V	1	Р	0
(13	3)	Yes	No	N/A								I A	R	20070	S
Various areas	-		x		\/Δ	T and	d mastic			6	000 SF	L	+	U	U
Basement			X	-	TS		THASIC	88-58			00LF, 40SF	X	+		
Buddinent			-		10					-		17.0	1		_
						-				1					
Name of Registered	Waste Hauler		JDEP 1			12000	ic Yards		Registered Land	dfill					
Jupiter Environ	mental Service		auler II			Of V	Vaste	Minerv	a Landfill						
City Ctata			04782			Di-	20	City, Ct-1	2	_					
City, State	ı					2 C C C C C C C C C C C C C C C C C C C	osal Date 30/14	City, Stat	sburg, OH						
Lincoln Park, N Completed By (Print		T:41-				10/		vvayile	sburg, On	-	Data				
	or rype)	Title	neral	Mana	205		Signature	/	0		Date 8/29/1	1			
Pane Repic		Gel	icial	Manag	gei		1 Ar	_ (			0/29/1	Т			
ASB-41							, ,								
JUN 95															

### RECEIVED

Aug 29 2014 08:01am P001/001

Check #\_ 854/

Date of Notification (1)		TROP		8:60 and 12:12: Owner/Operator			PRANCE	`,	&Se	500	
Agencies Notified Type Notification	/Effelik	Stree	Address		PARKUR,	y	Date: 8/29			no: 0	:00
☐ EPA	#	Cilv	State Zig C	The second secon				7			_
Emergency ( justification)		Name	of Contact		, , , , ,	Te	léphona M…	ther.	-		
DCA Cancellation				HATWELL		7	10 00-	-0-	• • •		
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INF	ORMATION	Type of Facility	(4)	-				
DAKLAND FARAGUS					School (K-						
Street Address  2 B WSST OAKLAND	AUE	***	***		Subchapte	11O) B 1	or than K-12 & commercia		tings,	home	ĸ.
OAKLYN				4	Square Feet	# 0	f Floors		1dg. A	ĝа	-
COUNTY (B) CAM DE U	nene n		ty Code (7) re use onu	-	Current Use (Pr	5		ed)	(3		
Name of Monitoring Firm Hired by Building C	Owner (8)	AS	CM No.		of Abatement Co lac Contractin		r (B)	**********			
Street Address					Address Lowell Road						
City, State, Zip Code					state, Zip Code n Rock, N.J. 0	7452					
Project Manager for Monitoring Firm		Teler	hane No.		none Na. -262-5841		1.icense No 00156	b			
Start Date (10) / 5/2-9/14		Completion 2-114	on Date (11)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of OSHA Monitor ega Environm		ervices in	c.			
Occupancy Status During Abatement (Chec Fadility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atement		280 City, 5	Address Huyler Street State, Zip Code		i				-
Scope of Work (Check All That Apply)				- Had	kensack, NJ (	17606					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novation mailtion			Full Contains Mini-Enclosus Glovebag Pro Non-Exemple	re ocadure					
	19	ocation							Abate	pe pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	Solely by lenance/ diel Staff? (12)	(1.6	Description stos Containing I thermal system surfacing, VA other miscella	Material (ACM) is Insulation, AT, or	1 (	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Run	Yes	No Nr.		PIPE			40.0	\ <u>-</u>	-	-	
epicare inter	+			Trink			454	X			
Name of Registered Waste Hauler Rovic Transport			Waste ID No.	Cubic Yards of Waste	1		ered Landfill hiehem La	endfil	l Car	р.	
City, State Riverdale, New Jersey 07457				Disposal Date	City, Sign	ate hem,	PA 18015			,	
Completed by R. McDonald	Title Presid	lent		Signatus			) Oa	8/0	19/1	4	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#21901428707 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 28 14 Bob Warnock 2014 SEP -3 PM 7: 37 Agencies Notified Type Notification Street Address ☐ EPA X Initial 518 Eder Avenue ASSEST&S CHATROL X DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # & LICENSING DCA Wyckoff, NJ 07481 Emergency (including (NJAC 5:23-8) Name of Contact (ustification) Telephone Number Cancellation Bob Warnock 201-021 0.2. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 518 Eder Avenue homes, etc.) Square Feet # of Floors Bidg, Age Wyckoff, NJ 07481 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 08 / 14 09 / 09 / 14 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address K Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement. \_\_\_\_AM-\_\_\_PM/\_\_\_PM\_\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥ 3 sf or >3 if ■ Renovation Mini-Enclosure ≥ 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) No Yes N/A X Basement Pipe insulation 95 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc

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

Disposal Date

Signature

TBD

City, State

Tullytown, PA

Date

08/28/2014

City, State

N.Jevtic

ASB-41 MAY 11

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

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

8-29-14			Ne	Billie of Str	iding OwnerOper	aint (2)		E James 5	CEI	111	701
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#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pursi	ant to NJAC 8:60	and 12:120	0)	ck#	25	05	1			
Date of Notification (1) August 29, 20	14	Name of Buildin		erator (2)	ECETVE			-			
	eation al Notification ended Notification	Street Address	186 N	ZE14 S Iantoloking Road	SEP -3 PM	7: 5	5				
[x] DOL Amo	endment # ergency (including	City, State, Zip C		NJ 08723 A 5 5 6	ESTUS CON LICENSIN	·TR( (G	)L				
I I DCA	fication) cellation	Name of Contact Rich	Zarilli	Т	elephone Number						
		CILITY INFORM	ATION								
Name of Facility Where Abatement is Takir Residence	ng Place (3)			Type of Facility (4)	School (k-12)						
Street Address  22 Halsey Drive				[ ]	Subchapter 8 (of Other (i.e., priva	ate & c					
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1274sf	# of Floors	- ES	lg. Age	69			
Brick	Ocean			Current Use (Prior it Resider	(20)	i)		37			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.	Name o	f Abatement Contractor Guardia	(9) an Contracting	ting, Inc.					
Street Address			Route 9, Unit 61								
City, State, Zip Code			City, Sta	ate, Zip Code							
Project Manager for Monitoring Firm	Telephone Nur	mber	100000000000000000000000000000000000000	ne Number 19-9932	License 1 00624			2/1			
Scheduled Start Date (10) 08/29/2014	Scheduled Con 09/02/2014	npletion Date (11)	Name of	f OSHA Monitor E.M.S.J	L. Analytical		1				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacat	k only one) ted During Entire Period o	f Abatement	Street A	ddress	056 Stelton Road						
Abatement Performed Other – Describe	l Outside of Normal Facil	ity Hours	City, Sta	ate, Zip Code Piscatav	way, New Jerse	ey 08	854				
Scope of Work (Check all that apply)]	20			[ ] Full Contain	ment with Negativ	e Pres	sure				
[ ]≥3 sf or ≥3 lf	[ ] Ren	novation		[ ] Glovebag Pr	ocedure						
[X] ≥160 sf or ≥260 lf	[X] De	emolition		[X] Non-Exemp	ted (*) and Non-Fi	riable l	rocedu	re			
						Aba	tement	Туре			
Location of	Is Location Normally used	A	Descriptionsbestos-Con		Amount	R	R	E	E		
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TO BE ABATED in facility	Maintenance/Custoo Staff		e., thermal sulation, su		or LF)	0	A	A P	L		
(13)	(12)		VAT,	or		V	R	S	S		
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									T		
		*		1					$\Box$		
Name of Registered Waste Hauler	NJDEP Waste Ha	auler ID No.   Cubic S	ards of Was	te Name of Register	red Landfill	L					
Guardian Contracting, Inc.	2022	3 2		T.R.R.F.							
City, State Toms River, New Jersey		isposal Date 9/03/2014 /	City, St Tullyt	ate own, Pennsylvania	8						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	de	An-		Date 8/2	: 9/14				
	*Do not use this fo	rm for asbestos licens	ure exempl	ed activities.		-		e marine			

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

		201			E.	Cuc	116	بإب	00	-			
Date of Notification (1) August 29, 201	Name o	f Building (	Owner/Oper Zarrilli	rator (2) Homes				***					
	l Notification		Street A	ddress.	186 M	antoloking Ro	ad	SEP -3					
[x] DOL Ame	nded Notifica ndment# gency (includ		City, St	ate, Zip Coo		NJ 08723	<u>ଜ୍</u> ବର	EST=5 LICE	421H	TRI IG	JL.		
[ ] DCA justif	ication) ellation		Name o	f Contact Rich Z	Zarilli		Telepho	one Number	)+0+	5			
		FACI	LITY IN	FORMA	TION								
Name of Facility Where Abatement is Takin Residence	g Place (3)					Type of Facility	] Sch	ool (k-12) chapter 8 (ot	her tha	n k-12	,		
Street Address 18 Vance Avenue						[x	] Oth	er (i.e., priva	te & co				
City	County (6)	)	County ( (STATE	Code (7) USE ONL	Y)	Square feet 1200sf		of Floors 2		g. Age	99		
Lavallette	Ocean				=	Current Use (P	rior if being sidence	demolished	)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	Vo.	Name of	Abatement Contr	actor (9)	ontracting,	Inc.				
Street Address			Street Address										
City, State, Zip Code	and the second			City Stat		9 Route	9, Unit 61						
City, State, Zip Code					ms River, New Jersey 08755-127								
Project Manager for Monitoring Firm		ephone Numbe			732-34			License N 00624	se Number 24				
Scheduled Start Date (10) 08/29/2014	09	eduled Comple 9/02/2014	pletion Date (11) Name of OSHA Monitor E.M.S					S.L. Analytical					
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate  [ ] Abatement Performed	ed During Ent				Street Ac	105	6 Steltor	Road					
Other – Describe					City, Star	te, Zip Code Pis	cataway,	New Jerse	y 088	354			
Scope of Work (Check all that apply)]	V	82-310012-331 1042				70 272	ntainment	with Negativ	e Press	sure			
[ ] <u>&gt;</u> 3 sf or ≥3 lf		[ ] Renova					ag Procedu						
[X ] ≥160 sf or ≥260 lf		[x] Demo	lition			[x] Non-E	xempted (*	) and Non-Fr	iable F	rocedu	re		
									Aba	tement	Туре		
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Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDE	EP Waste Haule	r ID No.	Cubic Ya	rds of Wast	e Name of Re		ndfill					
City, State			Disposal Date City, State 09/03/2014 City, State Tullytown Pennsylvania										
Toms River, New Jersey 09/03  Completed by (Print or Type) Title Nicholas Fernicola Project Manager				ure	love.	Fin			Date 8/29	9/14			
Nicholas Fernicola Project Manager  *Do not use this form fi				tos likensi				-				911000	

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

OL# 2696 Pg 1

Date of Notification (1)		_			No	ma	of Buildin	a O	nor/Operator	(2)		1 -	-			
	15 /	Name of Building Owner/Opera  Nustar Energy Linden								(2)	RECE	The state of the s		)		
Agencies Notified  EPA	Type Notifi  ☑ Initial				100000		Address 1 Tremle	у Ро	oint Road	21	114 SEP -3	PH	7	: () :	7	
☑ DOLWD		3020			Cit	v. S	tate, Zip C	Code				-				
☑ DHSS	Amendr						den, NJ (			£3.	รธ£ริโปรี	SCO	1	RO	L	
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding	g			of Contac				Telephone N	und bo-	1	1	1050x	
(110/10/3.25-0)	Cancell	(1) (() () () () () ()					ien Kuly	F .	h							
					_		-					+000				
Nome of Facility Mines A	h - 1 1 1	T.1:	DI	(0)	- 1	·AC	ILITY IN	IFOR	RMATION	1						
Name of Facility Where A		laking	Place	(3)						Type of Facility (						
Nustar Energy Lind	en		-							School (K-12) Subchapter 8		_12\				
Street Address 4501 Tremley Point	Road									Other (i.e., pr homes, etc.)	ivate and com	mercia	l bu	ilding	js,	
City (5)										Square Feet	# of Floors		Blo	dg. A	ge	
Linden										-		,				
County (6)			100		C	ount	ty Code (7	)(STA	TE USE ONLY)	(LY) Current Use (Prior if being demolished)						
Union										Chemical Bl	dg					
Name of Monitoring Firm	Hired by Bu	ilding C									-					
AET, Inc.		BRISTOL ENVI									INC.					
Street Address		Street Address														
28 N. Pennell Road		Street Address 1123 BEAVER														
City, State, Zip Code				-	-	-			y, State, Zip C							
Media, PA 19063									BRISTOL, PA							
Project Manager for Monit	orina Firm			Te	elepho	ne N	No.		ephone No.		License No			-	-	
Dave Turotsy	J			100			S-AET	1	15-788-6040							
Start Date (10)		Sched	luled C	omp	letion	Dat	e (11)	Nar	me of OSHA N					_	75	
9 / 2 /	14		9 /	- 1				В	RISTOL EN	ENVIRONMENTAL, INC.						
Occupancy Status During	Abatement	(Check	c only o	one)		_			eet Address	SS S						
☐ Facility Closed/Vacated		200		7.0		8		1	123 BEAVE	R STREET						
☐ Abatement Performed							cribe		, State, Zip C		_	0.00				
Time of Abatement: 7:	00AM-3:30	PM/	P	M	^	M		1	RISTOL, PA							
Scope of Work (Check all	that apply)		-													
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re						<ul><li>☐ Mini-End</li><li>☑ Gloveba</li></ul>	tainment with Neg closure g Procedure empted (*) and Nor						
	-		le	100	ation			-	M MOII-EXC	impled ( ) and 1401	- Habie I Too		۸۵	nt a m	ent T	
Location of	of		1	Norm	nally				Description of	of		-	_			
Asbestos-Containing N		M)			olely by nance/				Containing Ma		Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility			1 Sud (1289)		al Staff	2225	(i.e		rmal systems surfacing, VAT		(Specify SF or LF)		SVOI	ai.	sqe	uso
(13)	,			(12	2)				her miscellane		Si Oi Li )		=		ulate	6
A2 A38			Yes	No	o N	A									w	
Boiler house			$\boxtimes$				Pipe fitt	tings	3		206 SF	[	Ø			
Roof		⊠ □ □ Roof flashing							ng		585 SF	1	X			
So Office, NW Office				$\boxtimes$			Floor til	le ar	nd mastic		2825 SF	[	X			
NW Break Room							Mastic				1170 SF	1	X			
Name of Registered Waste	e Hauler	L   L   L					44.0	10000	oic Yards of	s of Name of Registered Landfill						
SERVICE TRANSPO	RT GROU	P, INC	3.		Lieutes ID No.   Maste					Minerva La	ndfill					11 _
City, State		Disposal Date														
NEW CASTLE, DE 19	9720	8/25/2014						Waynesbur	g, OH							
Completed By (Print or Type	pe)	Title Signature								Date	,	1	,			
Gino Pizzigoni		Estimator Lus Principo							misorie /	il	Date	29	114	+		

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

Ch# 2696

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)				- 110			
	15 /	14				Nustar Energy Linden									
Agencies Notified	Type Notific	ation	0.000		Street	Address									
⊠ EPA	☑ Initial				450	1 Tremle	ey Point Road								
□ DOLWD     □	Amende					State, Zip (						_			
□ DHSS	Amendm	nent #1	-8/29	<u>/14</u>		den, NJ									
	☐ Emerger	ncy (in	cluding	1		37									
(NJAC 5:23-8)	justificat					of Contac			Telephone Num	ber					
	☐ Cancella	ation			Fat	oien Kuly	nych								
Name of Facility Where Ab	atamant in	Taleina	Disas	(0)	FA	CILITY IN	FORMATION								
		raking	Place	(3)				Type of Facility (							
Nustar Energy Linde	n							School (K-12)							
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ilding	15			
4501 Tremley Point F	Road							homes, etc.)	. rato ana oomine	· Olai Di	and my	, ,			
City (5)					ATT DELTA			Square Feet	# of Floors	В	dg. A	ge			
Linden								-	-		_	J			
County (6)				-	Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pric	or if being demoli	shod)					
Union					000.	ny oodo (i	MOTHER OOF ONE TY	Chemical BI		sileu)					
	liand by Duil	I-I: C		(0)	10000		Tax		ag						
Name of Monitoring Firm H	lired by Buil	lding C	)wner (	(8)	ASCM	No.	Name of Abateme								
AET, Inc.					<u> </u>		BRISTOL EN	VIRONMENTAL	., INC.						
Street Address							Street Address	Market Color - Car in the Color of the Color - Cartello State - Cartello S							
28 N. Pennell Road							1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip Co	ode							
Media, PA 19063							BRISTOL, PA								
Project Manager for Monito	ring Firm	_		Ta	lephone	No	Telephone No.		License No.	- 11000					
Dave Turotsy	ang ram			17723			•								
					300-969		215-788-6040								
Start Date (10)				9.5	letion Da	50.05	Name of OSHA M								
9 / 2 /	14		/	_1	2 /	14	BRISTOL EN	ENVIRONMENTAL, INC.							
Occupancy Status During A	Abatement (	(Check	only o	ne)			Street Address								
☐ Facility Closed/Vacated	During Enti	ire Per	iod of	Abat	ement		1123 BEAVER	R STREET							
☐ Abatement Performed C						cribe	City, State, Zip Co	ode							
Time of Abatement: 7:0	0AM-3:30	PM/	PI	M	AM		BRISTOL, PA	STATE OF THE PARTY							
Scope of Work (Check all the	hat anniv)						D. 1.0.1.0.2, 1.7.1				22				
Coops of tronk (chook un a	iat appig)						☐ Full Cont	ainment with Neg	ative Pressure						
≥3 sf or ≥3 If			☑ Re				☐ Mini-Enc	losure							
≥160 sf or ≥260 lf			☐ De	molit	tion		⊠ Glovebag	Procedure	. Crishle Decemb						
							⊠ Non-Exe	mpted (*) and Nor	1-Friable Procedu						
**************************************				Loca	ation					Ab	atem	ent T	ype		
Location of Asbestos-Containing Ma		A)			lely by	Acho	Description o stos Containing Ma		Amount	Re	Repair	Ē	ᄪ		
TO BE ABAT		vi)			ance/	(i.e	., thermal systems i	insulation.	(Specify	Removal	pai	car	clo		
IN Facility			Cust		Staff?	(	surfacing, VAT,	or	SF or LF)	Va	-	Encapsulate	Enclosure		
(13)			Voc	(12		-	other miscellane	ous)				ate	w		
Main Bldg			Yes	No	N/A	Windov	v Caulking		140 LF		П	П	П		
					-					-	=				
Main Bldg						windov	v Flashing		585 SF						
			Ц	$\boxtimes$							Ш	П	Ш		
Name of Registered Waste	Hauler				NJDEP V		Cubic Yards of	Name of Regist	ered Landfill						
SERVICE TRANSPOR	RT GROUP	P, INC	:.		Hauler II		Waste	Minerva La	ndill						
City, State	1011-1011-0-101				20990		Disposal Date	City State	n ann an thuilt in the						
	700						Disposal Date	City, State	011						
NEW CASTLE, DE 19	720	<u> </u>					8/25/2014	Waynesbur							
Completed By (Print or Type	e)	Title					Signature	0.	I a Da	ate /	20	1	1		
Gino Pizzigoni		Es	stimat	or			Sino 1	igzigoni,	111	0/0	24/	19	1		
							1	La Sidom		,	/	,,			

Ck# 2681 Pg. 1

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

Date of Notification (1)				Non	o of Duildi	0 10						63931	
100 m	15 /	14		Name of Building Owner/Operator (2)  Nustar Energy Linden									
☐ EPA 4586 ☐ DOLWD 7975 ☐ DHSS 7969	Type Notific  ☑ Initial ☐ Amende Amendm ☐ Emerger	ed nent #	ina	45 City,	et Address 01 Tremi State, Zip nden, NJ	ley Point Road Code							
(NJAC 5:23-8)	justificat	ion)	ing		e of Conta			Telephone Nur	mbor			_	
	☐ Cancella				bien Kul	17.0							
		9.7				NFORMATION						_	
Name of Facility Where Ab	atement is	Taking Pla	ce (3)			TO CHANGE	Type of Facility	(4)				_	
Nustar Energy Linde	n						School (K-1						
Street Address							☐ Subchapter	8 (Other than K-1	2)				
4501 Tremley Point R	load						homes, etc.	private and commo	ercial b	uildin	gs,		
City (5)		10-10-					Square Feet	# of Floors	TE	Bldg. A	Age	_	
Linden							-	-		-	.5-		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demol	lished)			-	
Union							Chemical B						
Name of Monitoring Firm Hi	red by Build	ding Owne	er (8)	ASCN	No.	Name of Abateme	ent Contractor (9	)				-	
AET, Inc.						BRISTOL EN	VIRONMENTA	L, INC.					
Street Address						Street Address						-	
28 N. Pennell Road						1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip Co	ode					-	
Media, PA 19063						BRISTOL, PA	19007						
Project Manager for Monitor	ing Firm		1 33	ephone		Telephone No.		License No.	ense No.				
Dave Turotsy			8	100-969	6-AET	215-788-6040	00509						
test Data (10)								00509					
Start Date (10)9		Scheduled 9			ate (11) 14	Name of OSHA M	onitor					_	
9 / 1 /	14_ patement (0	9 Check only	/ _1	2 /		Name of OSHA M							
9 / 1 /	14 Datement (C	9 Check only	one)	2 /	14	Name of OSHA M BRISTOL ENV Street Address	onitor VIRONMENTA						
9 / 1 / Decupancy Status During At Facility Closed/Vacated D Abatement Performed Ou	patement (Couring Entirultside of No	9 Check only re Period o ormal Faci	one) of Abate	ement	14_	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co	onitor VIRONMENTA R STREET				_		
9 / 1 / Decupancy Status During At Facility Closed/Vacated Date Abatement Performed Out Time of Abatement: 7:00	patement (Couring Entirutside of No	9 Check only re Period o ormal Faci	one) of Abate	ement	14_	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor VIRONMENTA R STREET						
9 / 1 / Decupancy Status During At Facility Closed/Vacated D Abatement Performed Ou	patement (Couring Entirutside of No	9 Check only re Period o ormal Faci	one) of Abate	ement	14_	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	onitor VIRONMENTA R STREET de 19007	L, INC.					
9 / 1 / Decupancy Status During At Facility Closed/Vacated Date Abatement Performed Out Time of Abatement: 7:00	patement (Couring Entirutside of No	9 Check only re Period o ormal Faci	one) of Abate	ement ars - Des AM	14_	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Onitor VIRONMENTA  R STREET  de 19007  einment with Negosure Procedure	L, INC.	ıre			_	
9 / 1 / Decupancy Status During At Facility Closed/Vacated Date Abatement Performed Out Time of Abatement: 7:00 cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	patement (Couring Entirutside of No	9 Check only re Period commal Faci PM/	/ 1 r one)  of Abate ity Hou PM denovation s Loca	ement irs - Des AM	14_	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Onitor VIRONMENTA  R STREET  de 19007  einment with Negosure Procedure	L, INC.		atem	ent T		
9 / 1 / Decupancy Status During All Facility Closed/Vacated II Abatement Performed Outon Time of Abatement: 7:00 Coope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Mat TO BE ABATE! IN Facility	Datement (Couring Entirustide of No. AM-3:30P) at apply)	9 Check only re Period comal Faci PM/ STATE OF COMMENT	/ _1 / one)  of Abate ity Hou PM denoval	ement ars - Des AM  tion on tion ally ely by ance/ Staff?	14 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encl Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT,	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) nsulation, or	L, INC.		atem	_	Гуі	
9 / 1 / Decupancy Status During All Facility Closed/Vacated II Abatement Performed Ou Time of Abatement: 7:00  cope of Work (Check all that 3 > 3 sf or > 3 if 1 > 160 sf or > 260 if  Location of Asbestos-Containing Mat TO BE ABATEI	Datement (Couring Entirustide of No. AM-3:30P) at apply)	9 Check only re Period comal Faci PM/ STATE OF COMMENT	/ 1 cone) of Abate ity Hou PM denoval emoliti s Loca Norma ed Sol aintena stodial (12)	ement ars - Des AM  tion on tion ally ely by ance/ Staff?	14 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta  Mini-Encl  Glovebag  Non-Exen  Description of stos Containing Mathermal systems in	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) nsulation, or	gative Pressure n-Friable Procedu  Amount (Specify	Ab	_	ent T Encapsulate	T	
9 / 1 / Decupancy Status During At Facility Closed/Vacated Date of Abatement: 7:00 Time of Abatement: 7:00 Coope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13)	Datement (Couring Entirustide of No. AM-3:30P) at apply)	Check only re Period commal Faci	/ 1 cone) of Abate ity Hou PM denoval emoliti s Loca Norma ed Sol aintena stodial (12)	ement ars - Des AM  dion on tion ally ely by ance/ Staff?	14 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encl Glovebag Non-Exen  Description of stos Containing Mathemal systems in surfacing, VAT, other miscellaneo	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) nsulation, or	gative Pressure n-Friable Procedu  Amount (Specify	A Removal	_	Encapsulate	T	
9 / 1 / Decupancy Status During All Facility Closed/Vacated D Abatement Performed Outone of Abatement: 7:00  cope of Work (Check all that 2) ≥3 sf or ≥3 lf 3 ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13)  coller house	Datement (Couring Entirustide of No. AM-3:30P) at apply)	Check only re Period cormal Faci	y one)  of Abate ity Hou  PM  genoval emoliti s Loca Norma ed Sol aintena stodial (12) No	ement ars - Des AM tion on ally early by ance/ Staff?	Asbe:	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Mathermal systems in surfacing, VAT, other miscellaneousings	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	_	Encapsulate		
9 / 1 / Decupancy Status During All Facility Closed/Vacated II Abatement Performed Outone of Abatement: 7:00  cope of Work (Check all that 2) >3 sf or >3 lf 3 >160 sf or >260 lf  Location of Asbestos-Containing Matone (13) IN Facility (13)  coiler house	Datement (Couring Entirustide of No. AM-3:30P) at apply)	9 Check only re Period commal Facion PM/  Us M Cu Yes	r one) of Abate ity Hou PM denoval emoliti s Loca Normal ed Sol aintena stodial (12) No	ement ars - Des AM cion on tion ally ely by ance/ Staff?	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Mathermal systems in surfacing, VAT, other miscellaneousings	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	_	Encapsulate		
9 / 1 / Decupancy Status During At Facility Closed/Vacated Decupancy Status Puring At Abatement Performed Out Time of Abatement: 7:00 Cope of Work (Check all that 2 ≥ 3 sf or ≥ 3 lf	Datement (Couring Entirustide of No. AM-3:30P) at apply)	9 Check only re Period cormal Facility  M  Us  M  Cu  Yes	r one)  of Abate ity Hou  PM  enovate emoliti s Loca Norma ed Sol aintena stodial (12)  No	ement ars - Des AM clion on tion ally ely by ance/ Staff?	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	_	Encapsulate	T	
9 / 1 / Decupancy Status During All Facility Closed/Vacated D Abatement Performed Outone of Abatement: 7:00  cope of Work (Check all that 2 \geq 160 sf or \geq 260 lf  Location of Asbestos-Containing Matone (13)  Location of Asbestos-Containing Matone (13)  Oiler house  Office, NW Office  W Break Room  Impediately (13)	Datement (Couring Entirustide of No. 2.30P) at apply)  erial (ACM)	9 Check only re Period commal Facility M/ Us M Cu Yes	r one)  of Abate ity Hou PM  enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ement ars - Des AM  tion on  tion ally ely by ance/ Staff?  N/A	Asber (i.e.  Pipe fitt Roof fla Floor til Mastic	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous ings shing e and mastic  Cubic Yards of	VIRONMENTA R STREET  de 19007  ainment with Negosure Procedure Procedure Inpted (*) and No  erial (ACM) Insulation, or Insulation, Insulat	Amount (Specify SF or LF)  206 SF 2825 SF 1170 SF	A Removal	_	Encapsulate	T	
9 / 1 / Decupancy Status During At Facility Closed/Vacated Decupancy Status During At Abatement Performed Out Time of Abatement: 7:00 Cope of Work (Check all that 2 ≥ 3 sf or ≥ 3 lf	Datement (Couring Entirustide of No. 2.30P) at apply)  erial (ACM)	9 Check only re Period commal Facility M/ Us M Cu Yes	r one)  of Abate ity Hou PM  enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ement ars - Des AM cion on tion ally ely by ance/ Staff?	Asber (i.e.  Pipe fitt Roof fla Floor til Mastic Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encl Glovebag Non-Exen  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous ings shing e and mastic	onitor VIRONMENTA  R STREET  de 19007  ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Insulation,	Amount (Specify SF or LF)  206 SF 2825 SF 1170 SF	A Removal	_	Encapsulate		
9 / 1 / Decupancy Status During All Facility Closed/Vacated II Abatement Performed Outon Time of Abatement: 7:00 Coope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Mat TO BE ABATE! IN Facility	patement (Couring Entirutside of No. AM-3:30P at apply)  erial (ACM)	9 Check only re Period commal Facility M/ Us M Cu Yes	r one)  of Abate ity Hou PM  enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ement ars - Des AM dion on tion ally ely by ance/ Staff?	Asber (i.e.  Pipe fitt Roof fla Floor til Mastic Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glovebag Non-Exen  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneous shing e and mastic  Cubic Yards of Waste	Name of Regist GROWS La	Amount (Specify SF or LF)  206 SF 2825 SF 1170 SF tered Landfill	A Removal	_	Encapsulate	T	
9 / 1 / Decupancy Status During All Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: 7:00 Coope of Work (Check all that 3 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13)  oiler house of Office, NW Office W Break Room ame of Registered Waste H SERVICE TRANSPORT ty, State	patement (Couring Entiruside of No. PAM-3:30P at apply)  erial (ACM)  auler  GROUP,	9 Check only re Period commal Facility M/ Us M Cu Yes	r one)  of Abate ity Hou PM  enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ement ars - Des AM dion on tion ally ely by ance/ Staff?	Asber (i.e.  Pipe fitt Roof fla Floor til Mastic Vaste No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encl Glovebag Non-Exen  Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo  ings shing e and mastic  Cubic Yards of Waste 20 Disposal Date	Name of Regist	Amount (Specify SF or LF)  206 SF 2825 SF 1170 SF tered Landfill	A Removal	Repair	Encapsulate	T	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 15 Nustar Energy Linden Agencies Notified Type Notification Street Address **⊠** EPA 4501 Tremley Point Road ☑ DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DHSS Linden, NJ 07036 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Fabien Kulynych ..... **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Nustar Energy Linden ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 4501 Tremley Point Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Linden County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Chemical Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 28 N. Pennell Road 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Media, PA 19063 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Turotsy 800-9696-AET 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 1 / 14 9 / 12 / 14 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ PM- AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If ⊠ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Main Bldg M Window Caulking 140 LF  $\boxtimes$ Main Bldg  $\boxtimes$ Window Flashing 585 SF M  $\boxtimes$ П  $\Box$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. **GROWS Landfill** 20990 20 City, State Disposal Date City, State NEW CASTLE, DE 19720 8/25/2014 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date

ASB-41 **MAY 11** 

Gino Pizzigoni

GI 14163

Estimator

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

Lenis

07/02/2031 08:28 FAX

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			NO	NOTIFICATION OF ABBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)  Name of Building Owner (Occupant)													
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Agencies Notified	Type Natifica	itlon		Stre	et Address	IIBIO BO	ard of E	ducation			12140	7/	/	1	1		
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GIAIL SCHOOL	Wetomaut 18 11	sking Piec	ė (3)		-			Type of Fac	ility (4)								
Street Address		· ·						E Schoo	(K-12)	)		i					
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City (6)		<del></del>						etc.)			COLLIME	icial b	i filiti	ge, he	mes		
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Ity, State, Zip Code							608 1	icBride Av	anus		m. 70			~			
Ceanville, New Jen	ey 08231						CIV. SI	to Zin Car				7 201					
oject Manager for Monit	aring Firm			7-	:		Woodland Park, New Jersey 07424						35				
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Other - Describe: 7A	M Start	iii zi radi	th Hom	8			City, Sta	te, Zip Code				_		-0.	_		
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23 ef or 23 if 2180 ef or 2260 if			Renovi		·		Full Containment with Negation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F					ve Pressure					
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h Corporation State odland Park, New Jo			Ha	puler ID	No.	of Waste	Date	G.R.D	.W.S	Land	1111						
ne of Registered Weste I th Corporation , State odland Park, New Jo pleted by ang Kalenikova		Title	Ha	724	No.	of Waste 1/2 Disposal DB/19/1	Date 4	G,R,D	.W.S	Land	1111						

A35-41 (R-08-08)

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEME

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

Check#1982

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	2014 SEP -	3 Pi	17	23	
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	ASSESTU & LICI	ENSI	NG	VUL	
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are Feet	# of Floors	В	dg. A	ge	
rent Use (	Prior if being demoli	shed)			
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e	egative Pressure				
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	25 LF	X			
ame of Reg	gistered Landfill				
R.R.F. Inc	<u> </u>				أيو ي
ty, State					

Date of Notification (1)					Name	of Building	g Owner/Opera	tor (2	2)		f - 1 U	E-cer i		
	29 :	14	_		Mary	Latini				2014 SEP	-3 Pi	47	. ea	
Agencies Notified	Type Notific	ation			Street	Address					9 11	1 /	. 50	
☐ EPA	X Initial				470 S	tuyvesant	Avenue			Annier				
▼ DOLWD	☐ Amende					State, Zip (	The state of the s			ASSEST	<del>U3 (1</del>		RUL	
X DHSS	Amendm				Dutho	rford, NJ	07070			& LI	CENS!	NG		
! ☐ DGA   (NJAC 5:23-8)	Emerger justificat		uding			of Contac		- 51.		Telephone Nu	ımher			
[NJAC 5.23-0]	Cancella	1855					,,			loca :	2111001			
	Carroena					Latini		200		_120				
					FA	CILITY IN	NFORMATIO	V						
Name of Facility Where A	batement is	Taking F	Place	(3)	Devel				Type of Facility	(4)				
Private home									School (K-1					
Street Address			-						Subchapter		.1.41			
470 Stuyvesant Avenue	a.								homes, etc.	orivate and comr	Herorar Du	mum	<b>J</b> 5.	
City (5)					- 11 1				Square Feet	# of Floors	B	dg. A	ne	
Rutherford, NJ 07070									Oquais i sot	3 01 1 10010		~g. /	90	İ
County (6)					Cour	ty Codo (7)	(STATE USE ON	11 \( \mathcal{V} \)	Current line (2)	alay is balaa alaa	-11-h - d2			
					Cour	ity code (7)	(STATE OSE OF	VL1)	Current use (P	rior if being dem	olished)			
Bergen	TT 11 5 1									4				
Name of Monitoring Firm	Hirea by Buil	ding Ov	vner (	8)	ASCM	No.	Name of Aba	ateme	ent Contractor (9	)				
							Gr Tech LL	C						
Street Address							Street Addre	SS						
							576 Valley	Rd#	<sup>‡</sup> 283					1
City. State, Zip Code				-	200			_						
							City, State, Z Wayne, NJ							1
Project Manager for Moni	torina Firm		-	Tale	phone	No	Telephone N		70	License No.				
				1010	prioric		1							
Start Date (10)		Schedu	1040		D.	4- /441	973-638-17			01127				3
09/_09/							Name of OS	HAIV	Aonitor					
	- 100 - 100	09	- 000		/		Envirovision	n Co	nsultants,Inc					ĺ
Occupancy Status During							Street Addre	SS			-			
X Facility Closed/Vacate							20-21 Waga	raw	Road, Bldg .#	35 E				
Abatement Performed	Outside of N	ormal F	acility	/ Hour	s - Des	scribe	City, State, Z	ip Co	ode	33 <u>D</u>				
Time of Abatement: _	AIVI	PM/		PW_		_AM	Fair Lawn, 1							
Scope of Work (Check all	that apply)								p and decontami	nation with nega	tive pres	LIFO		
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1 2 100 St 01 2200 ft		L	_ De	molitic	n		Glov	veba	g Procedure Empted (*) and No	l ent with Nega	tive Press	sure		
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(13)		-			1		other misce	llane	ous)				ate	
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Gr Tech LLC				(	03378	35	TBD		T.R.R.F. Inc					أيوب
City. State							Disposal Date	е	City, State					
Wayne, NJ 07470							TBD		Tullytown, P	A				1
Completed By (Print or Ty	rpe)	Title					Signatur	e /			Date			
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ASB-41		LOWING	-1					1/2	0000		08/29/20	14		
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### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check #9049

RECEIVED

Date of Notification (1)	Name of Building	BRENDAN B	Ros. Cont	tractor	35
Agencies Notified Type Notification	Street Address	28 Maple Si	tree t	in the second of	
DEPAESTUS (A Initial)	City, State, Zip (	Code Ald Bailer	AIT DE	857	Terri
DOH Emergency (including justification)	Name of Contact		Telephone Num	nber	
☐ DCA ☐ Cancellation	FACILITY IN	BRENNAN FORMATION	<u> </u>		•
Name of Facility Where Abatement is Taking I		Type of Facilit	y (4)		
Street Address	ins C		<-12) ter 8 (Other than K-12 e. private & commercia		
	Street	etc.) Square Feet	# of Floors	Bldg. Age	
City (5) Old Bridge	NJ 088	57	/ (	600	
County (6)	County Code (7 (STATE USE ON!		Prior if being demolish	ed) Mirzy	
Name of Monitoring Firm Hired by Building Ov	vner (8) ASCM No.	Name of Abatement (	Contractor (9)		
Street Address	ries   wh	Street Address	chnolog	169 7	inc
Ro. Box 33	37	City, State, Zip Code	x 35 f		
City, State, Zip Code	NJ 0853	J New Eq		085	33
Project Manager for Month of GFirm	Telephone No. 609 758	Telephone No. 3365 609 758~ 33	License N	5394	4
Start Date (10) 9-10-14	Scheduled Completion Date (1	Name of OSHA Monit		Toc	
Occupancy Status During Abatement (Check		Street Address	-		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma		P.O. Bo	* 33+	-	
Other - Describe:		- New Egyp	+ NJ 0	98533	3
Scope of Work (Check All That Apply)		El Full Contri	ament with Negotine D	lraagura.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation  Demolition	☐ Mini-Enclos ☐ Glovebag F	Procedure		
		Non-Exem	oted (*) and Non-Friab	Abatem	nent
Location of	Is Location Normally	Description of		Туре	3
Asbestos-Containing Material (ACM)		estos Containing Material (ACM) e. thermal systems insulation,	Amount (Specify	20 _	<u> </u>
TO BE ABATED in Facility	Custodial Staff? (12)	surfacing, VAT, or other miscellaneous)	SF or LF)	Repair	Enclosure
(13)	Yes' No N/A			8 7	re
exterior walls	× 50	ding Shingles	1500 58	X	
		J J		++	-
		7	+		+
Name of Registered Waste Hauler	NJDEP Waste     Hauler ID No.	of Macto	of Registered Landfill		
EPC Technologies		6 Wa	Ste Manage	nest of	Ag
City. State New Equat	V5		enisville f	PA	
Completed by	President	Signature SC	lesh Da	#8-30	3-14
CIME ANIMITIES	111010				

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

CHEKNO, 5429

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Date of Notification (1) 8/29/2014					Building of New J			r (2)	n i	11.0	-D 0	) Dia	7	. 62.	3	
Agencies Notified  EPA	Type Notification		1 1 2	Street Ac 222 S.	ddress Warren	Street					EP -3					
DEP DOL	Amended Amendment #				te, Zip Co n, <b>New</b>		08625	5	Á,		STUS LICE				L	
DOH DCA	Emergency (ir justification) Cancellation	ncluding	- 1		Contact ine Fling	9				Tel	ephone	Numbe	•			
			-	FACII	LITY INFO	RMATI	ON									
Name of Facility Where Vineland Developm Street Address		Place (3)						Ту	pe of Facility (4 School (K-12 Subchapter 8	2)	er than k	<-12)				
1676 East Landis A	\ve.							×	Other (i.e. pr etc.)	ivate 8	& comme	ercial bu	uildi	ngs,	home	es,
City (5) Vineland					9				uare Feet 00 SF Area	# of N/A	f Floors A		Blo N/	ig. A A	ge	
County (6) Cumberland					Code (7) ISE ONLY	V	_		ırrent Use (Prio utside Coolir			olished)				
Name of Monitoring Firm USA Environmenta		wner (8)		ASCM	l No.				Abatement Cont Environmen			s, Inc.				
Street Address 344 West State Str	eet						Street 42 R		iress e Road						35	
City, State, Zip Code Trenton, New Jerse	ev 08618						v, State, Zip Code noenixville, PA 19406									
Project Manager for Mor John Duggan			Telephone No. 609 656-8101				Telephone No. License No. 610 933-4332 00836									
Start Date (10) 9/15/2014		Scheduled 9/19/201	Completion Date (11) Name				of C	SHA Monitor Environmen	tal S		1			-		
Occupancy Status Durin			- 5				Street	treet Address								
Abatement Perform	ated During Entire Pened Outside of Norma	I Facility H		ent			Sam City, S		, Zip Code							
	Work Outside Away F	rom Public		Same												
Scope of Work (Check A	III I nat Apply)	☐ Rer	novati	ion				]	Full Containme	nt with Negative Pressure						
≥160 sf or ≥260 lf		X Der	nolitio	on			×	1	Mini-Enclosure Glovebag Proce	edure					2	
									Non-Exempted	( ) an	u Non-F	nable P			ment	
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Cooling Tower Outs	side Bassett Cot	X				Trans	ite Pa	anel	s	~ 6	00 SF	Х	1			
						3-3-2/(										
Name of Registered Was	ete Hauler		N	DED W	asta	Cubic	Varda		Name of B	ogisto	rod Lan	4611				
Giordano's Recycling	NJDEP Waste Hauler ID No.  05353  Cubic Yards of Waste ~ 10 Cu Yds				Waste Salam County Landfill											
City, State Vineland, New Jerse					Disposal Date 9/2014				City, State Salem, N		Jersey	9				
Completed by						Signature Date					(CO)					
Patrick Larney						t Manager 8/29/2014										

Ch# 1095

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

Name of Building Owner/Operator (2) 28 Date of Notification (1) Tr. WeinsTein ESINS CONTROL Street Address Type Noting for Agency Notified dr.LICENSIME O bullial **XEPA** M Amended Amendment# DOEP of Emergency (including TO-POL more of Con . 12 10 11 justification) MOOH ncilar Cancellation DOCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatament is Taking Place (3) C School (K-12) D Subchapter 8 (Other than K-12) O Other (i.e. private & commercial buildings, STREET Street Aridress homes, etc.) WEST -1340 Bldg. Age 100 10,000 **CBy (5)** SCATAWAY Cament Use (Prior if being demolis County Code (7) (STATE USE ONLY County [6]() 1EBEX Name of Absternant Contractor (9) 00 Name of Musilosing Firm Hared by Building Owner ASCM NO. VOUATE Street Address (B) . 6. Street Address City, State, Zip Cop - 08857 City, State, Zip Code Telephone No. 00806 Project Manager for Monitoring Firm Scheduled Corpoletion Date (11) 29 9 29 Occupancy Status During Attainment (Check only one) 817 of Facility Closed/Vecated During Entire Period of Abetement C Abetement Performed Quiside of Mannal Facility Hours City, State, Zip Code D Full Containment with Negative Pressure Q Other - Describe: Scope of Wirelt (Check all Sun suply) Mani-Enclosure O, Glovebag Procedure O Renovation O Demottion Non-Exempted (\*) and Non-Priable Procedure. 0 23 5 67 23 F Abelement Type is Location Description of Encapsulate Nonesty Amount Ashestos Containing Material (ACM) Lead Solely by (Specify Location of (Le., thermal systems insulation. Astronos-Containing Material (ACM) Merindence SFORLF **Custodial** suifacing, VAT, or TO BE ABATED other miscellaneous) Staff? IN Facility (12) (13) REMA. No Yes 1000 SF MATERIA ROCF MATERIA 1200 F Name of Registered Landiff Cubic Yards of G. R.O.W.S NIDEP WE Name of Registered Waste Hauter 8501 IWC NOVATECH KRRISH Drida \* Do not use this form for asbestos licensuré exempted activité mei (De

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

RECEIVED

Date of Notification (1) 8/28/14				101	Name of Chris S	Building Condev	)wner/O	perator	(2)	201	4 SF	P -3	PM -	i• = t		
Agencies Notified	Type Notif	ication			Street Ad						1 02	.1 0	111 /	• [ (	<u> </u>	
<b>≥</b> EPA	× Initial			1 4		ringston		ie		Ą	UES	STUS	Clini	RO		
EPA DEP DOL		ndment a				e, Zip Coo ovidenc		07974			å	LICEN	SINC	i		
☑ DOH DCA	justifi	cation)	including	- 2	Name of Chris S						Tele	ephone Ni		9		
☐ DCA	Cano	ellation				ITY INFO	RMATI	ON			_			-		
Name of Facility Where House	Abatement i	s Taking	Place (3)		1 AOIL		TOBO TO		_	of Facility (4)						
Street Address				<u> </u>						School (K-12 Subchapter 8		er than K-	12)			
329 Livingston Ave									X C	Other (i.e. pri etc.)				dings,	home	es,
City (5) New Providence									Squar N/A	e Feet	# of N/A	Floors	100	Bldg. A N/A	ge	
County (6) Union					County C	ode (7) SE ONLY)			Curre	nt Use (Prior	if bei	ng demoli	shed)	16		
Name of Monitoring Firm	n Hired by B	uilding (	Owner (8)		ASCM	No.		Name		tement Contr	ractor	(9)	,			
J&S Environmental	Laborato	ries, L	LC		0122	7				ement, Inc	:.					
Street Address 2333 Route 22 We	st								Addres	ss gren Aveni	ue					
City, State, Zip Code Union, NJ 07083										p Code J 07512						
Project Manager for Mor Sherrill Gelsomino	nitoring Firm		÷3		Telephor	ne No. 6-0073		Park talls	none No 345-8			License #00675				
Start Date (10)		Т	Schedule	d Con				Name	of OSH	A Monitor						
9/24/14			9/30/14							ement, Inc	;. 					
Occupancy Status Durin			1570		10000 1000				Addres	ss gren Aven	ue					
Facility Closed/Vac Abatement Perform X Other – Describe:	ned Outside							City, S	State, Zi	ip Code						
Scope of Work (Check A		v)						1010	wa, iv	J 07512	-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		,,	and the same of th	enova emolit				2	Mir Glo	I Containment ni-Enclosure nvebag Procen-Exempted	edure					
			T				will-re-com		1100	II-Exempled	() an	u Non-Fin	able Fit		ement	t
Locatio	n of		1.	Locati Iormai	iy		De	scription	n of					T	/pe	
Asbestos-Containing	Material (A	CM)		d Sole intenar		Asbest	os Cont	aining N	Material	(ACM)		mount			g	m
TO BE AB			Cust	odial 9 (12)	Staff?	(i.e.		cing, VA	AT, or	ation,		Specify or LF)	Remova	Repair	caps	Enclosure
(13)			V 1	25 50	1,1/0		other r	niscella	neous)				oval	air	Encapsulate	sure
attio			Yes	No X	N/A		V0	rmicul	ito		1	50 SF	X	-		
attic	,				-		ve	micui	ile		4.	30 31		-	-	-
	<del></del>												+	+-	-	
													-	-	-	-
Name of Registered Wa	ste Hauler			IN	JDEP W	aste /	Cubic	Yards		Name of F	Registe	ered Land	fill		L	L
D&S Abatement, In				Н	lauler ID 20996		of Wa TBD			Waste N	70000					
City, State Totowa, NJ					7.7		Dispo: TBD	sal Date	7	City, State Tullytow		Ą				
Completed by Deanna Brkusanin			Title Proje	ct Ma	anager		5	Signatu		ug to	1//	ages	Date 8/28/1	4		
					J				1X V	my 1/	que					