NO CK

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

Data of Natification (1)	1		Nome	of Duilding	Owner/Operator (2	2/					
Date of Notification (1)  8 / 31 /	15				rps of Engineers		lob#13102/69	15 CK	±741	8 PC	1
	15				ips of Engineers	s Fillia. District	. 300#1310-40	JJ CK		010	
Agencies Notified Type Notifica	tion			Address			7.		1		
☐ EPA ☐ Initial ☐ Amended					Building 100 Pe	nn Square Eas	t j	-			
□ DHSS Amendme	nt #1			tate, Zip C					==		
□ DCA □ Emergence	y (includin	g			, PA 19107-3390	V.		11	7-7,		
(NJAC 5:23-8) justificatio				of Contact			Telephone Num	her	, a.e. %		
☐ Cancellati	on		Mat	thew Tur	ner			v	0		
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking Plac	e (3)				Type of Facility (	\$5				
Walson Hospital						School (K-12)	) (Other than K-12	\			
Street Address						Other (i.e., pr	ivate and comme	rcial bu	ilding	5,	
5250 New Jersey Ave.						homes, etc.)					
City (5)						Square Feet	# of Floors	Bio	dg. Ag	е	
Fort Dix											
County (6)			Coun	ty Code (7	)(STATE USE ONLY)		or if being demolis	shed)			
Burlington						Air Force Ba	ise				
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM		Name of Abateme						
M.E.C.S.			3813	35	AbateTech, I	nc.					
Street Address					Street Address						
Po Box 341					30 Maple Ave						
City, State, Zip Code					City, State, Zip Co						
Chesterfield, NJ 08515					Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm			phone		Telephone No.		License No.				
William Weisgarber		-		8-4070	609-265-2107		00529				
	cheduled			1	Name of OSHA M					٠	
8 / 5 / 15		/ _3	_ / _	15	EMSL Analyt	ical	¥0				
Occupancy Status During Abatement (0					Street Address						
☐ Facility Closed/Vacated During Entir					108 Haddon						
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co	€					
529 CONTROL OF LAND CONTROL TO STATE OF LAND C				, uvi	Westmont, N	J 08108					
Scope of Work (Check all that apply)					□ Full Con	tainment with Neg	rativa Praecura				
☐ ≥3 sf or ≥3 lf	□R	enovat	ion		☐ Mini-End		alive Plessure				
≥160 sf or ≥260 lf		emoliti	on			g Procedure	- Fieble Berede				
				Ī	⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	T			
Location of		s Loca Norma			Description of	,f			atem	-	
Asbestos-Containing Material (ACM	1 1	ed Sol		Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABATED	IV	aintena stodial		(i.e	, thermal systems		(Specify	Removal	a:	aps	Enclosure
IN Facility (13)		(12)	Otan.		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	Гe
(10)	Yes	No	N/A							Ф	
Building 5251 Cooling Plant	П	П		Floor ti	le		140 SF				
Building 5251 Cooling Plant				Caulkir			579 LF				
Building 5252 Heating Plant				Windov	w Glazing		5,814 LF				
Building 5252 Heating Plant		П		Windov	v Caulk		642 LF		П	П	П
Name of Registered Waste Hauler		1	JDEP \		Cubic Yards of	Name of Regis					
AbateTech, Inc.		1000	lauler II	O No.	Waste	G.R.O.W.S					
City, State			18750	) /	Disposal Date	City, State					
Lumberton, NJ					12/31/15	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature	,,		ate ,			
Gwendolyn Trumbetti		tions	Coord	inator	Olymature	MT	ا	012	311	E	(
Owendoryn rrumbetti	Opera	เบเร	Soord	παισι	4	1111		0 1-	11		)

ASB-41 MAY 11

NO CK

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

Date of Notification (1)	0.4	7				Owner/Operate		*:	1-1-4240 40	0E 015	_	0 DC	
(_8 / _3	31 /	16		05/	Army Col	rps or Engine	eers	Phila. District	JOD#1310-46			0 PG	3.2
	Type Notificati	ion			Address namaker	Building 100	Pei	nn Square Eas	t		5		
□ DOLWD (		3	1		tate, Zip C				-				
☑ DHSS	Amendmer	_/				, PA 19107-3	390		¥1		77		
DCA (NJAC 5:23-8)	Emergency justification		1	HIS TANKS	of Contact	to the second of		-	Telephone Num	ber	<del></del>		
The state of the s	☐ Cancellation	1.50			thew Tur			38 J		50	ja ~		
				1272220			(c				_		
Name of Facility Where Ab	atamant is Ta	Jeine Diese	/2\	FAC	ILIIY IN	FORMATION		Type of Facility (	4)				
Walson Hospital	atement is 1a	KING Place	(3)					School (K-12)					
Street Address							-	☐ Subchapter 8	(Other than K-12				
	2							Other (i.e., pr	ivate and comme	rcial bu	ilding	s,	- 1
5250 New Jersey Ave	J.		- 1	7-55			-	homes, etc.) Square Feet	# of Floors	RIC	ig. Ag	10	
City (5) Fort Dix								Square i eet	# 011 10013	100	ig. As	jc	
County (6)				Coun	ty Code (7)	(STATE USE ONL	N	Current Use (Pric	or if heing demoli	shed)			
				Coun	ty Code (7)	NOTATE USE ONE	-1)	Air Force Ba		sileu)			
Burlington Name of Monitoring Firm H	lirad by Duildi	na Ownor	(0)	ASCM	No	Name of Abat	omo	nt Contractor (9)					
M.E.C.S.	illed by buildi	ng Owner	(0)	3813		AbateTecl							
Street Address				3013		Street Addres	- S	10.					
Po Box 341								. PO Box 25					
City, State, Zip Code						City, State, Zi			WANT TO THE				
Chesterfield, NJ 085	15					Lumberto							
Project Manager for Monito	10000		Tolo	phone I	No	Telephone No		00040	License No.				
William Weisgarber	Jing Filli		50000		8-4070	609-265-2			00529				
Start Date (10)	9	aheduled C				Name of OSH		onitor	00020				
8 / 5 /	1	12			1	EMSL Ana							
						Street Addres							
Occupancy Status During A				ment		108 Hadde		\vo					
☐ Abatement Performed (					cribe	City, State, Zi	3/1/3/5	2 T T T T T T T T T T T T T T T T T T T					
Time of Abatement:						Westmon							
Scope of Work (Check all t	that apply)					Westillon	., 140	3 00 100		5007			
				8				ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovati emolitic			☐ Mini- ☐ Glove		Procedure					
		_						mpted (*) and No	n-Friable Procedu	ıre			
		100	Locat							Ab	atem	ent T	уре
Location o		1.1	Norma ed Sole		Acho	Descripti stos Containing			Amount	Re	Re	En	En
Asbestos-Containing M TO BE ABAT		Ma	aintena	nce/		stos Containing ., thermal syste			(Specify	Remova	Repair	cap	Enclosure
IN Facility		Cus	todial ( (12)	Staff?		surfacing, \			SF or LF)	/al	1000	Encapsulate	ure
(13)		Yes	No	N/A	1	other miscell	ane	ous)				te	
Building 5252 Heating	Plant				Wire			-	4,002 LF				
Building 5252 Heating	Plant				Pipe Fit	tings			25 total				
Building 5252 Heating	Plant				Roofing	1			530 SF				
Building 5252 Heating	Plant				Gasket	S			35 total				
Name of Registered Waste		1	N	JDEP \	Vaste	Cubic Yards of	of	Name of Regis	tered Landfill				
AbateTech, Inc.			Н	auler II 18750		Waste 40	20	G.R.O.W.S	. Landfill				
City, State					/	Disposal Date	-	City, State					
Lumberton, NJ						12/31/15		Tullytown,	PA				
Completed By (Print or Typ	oe)	Title				Signatur	e /	Na. C .	D	ate		l i	_
Gwendolyn Trumbet		Operat	ions	Coord	inator		0	XIYIT		813	31	113	>

ASB-41 MAY 11

NO CF

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

Date of Notification (1)	1		Name	of Building	Owner/Operator (2	2)					
8 / 31 / _	15		US	Army Co	rps of Engineer	s Phila. Distric	t Job#1310-4	695 CK	#741	8 P	G.3
Agencies Notified Type Notifica	tion		Street	Address							
⊠ EPA ☐ Initial		_	Wa	namaker	Building 100 Pe	nn Square Ea	st	<u> </u>	2		
□ DOLWD □ Amended		)	City, S	State, Zip C	ode		A-1	1	ź –		
☐ DCA ☐ Emergence			Phi	ladelphia	, PA 19107-3390	)			-		
(NJAC 5:23-8) justification		ig	Name	of Contact			Telephone Nu	mber	120		
☐ Cancellati	on		Mat	thew Tur	ner			=			
			FAG	CILITY IN	FORMATION		in-				
Name of Facility Where Abatement is T	aking Pla	ce (3)				Type of Facility	(4)	Č	2		
Walson Hospital						School (K-1)		10)			
Street Address							8 (Other than K- rivate and comm		ildina	S.	
5250 New Jersey Ave.						homes, etc.				- 1	
City (5)						Square Feet	# of Floors	Blo	dg. A	ge	
Fort Dix											
County (6)			Cour	nty Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)			
Burlington						Air Force B	ase				
Name of Monitoring Firm Hired by Build	ing Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
M.E.C.S.			3813	35	AbateTech, I	nc.					
Street Address					Street Address						
Po Box 341					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
Chesterfield, NJ 08515					Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
William Weisgarber		(	609) 29	8-4070	609-265-2107	10	00529				
Start Date (10)	cheduled	Comp	etion Da	te (11)	Name of OSHA N	lonitor					-
_8_/_5_/_15	12	/ _3	<u> 1</u> / .	15	EMSL Analyt	ical					
Occupancy Status During Abatement (0	Check only	one)			Street Address					-	
☐ Facility Closed/Vacated During Entir					108 Haddon	Ave.					
☐ Abatement Performed Outside of No				scribe	City, State, Zip Co						-
Time of Abatement:AM	PM/	PN	1	AM	Westmont, N		8				
Scope of Work (Check all that apply)					П Б Со	1-11141- NI					
☐ ≥3 sf or >3 lf		Renova	tion		☐ Mini-Enc	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf		Demoli			☐ Gloveba	g Procedure	*******	20			
						mpted (*) and No	on-Friable Proce				
1		Is Loc Norm			5			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	, U		lely by	Ashes	Description o stos Containing Ma		Amount	Re	Repair	Enc	Enc
TO BE ABATED	N	// Aainter	ance/ I Staff?		., thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facility (13)		(12			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
(10)	Ye	s No	N/A		other miscenarie	ousj				ਰ	
Building 5252 Heating Plant			$\boxtimes$	Door Ca	aulk		21 LF				
Building 5252 Heating Plant				Fire Do	ors		15 total				
					510-510-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
Name of Registered Waste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill				
AbateTech, Inc.			Hauler II 1875		Waste 40	G.R.O.W.S					
City, State			10/30	_	Disposal Date	City, State				Alleman	
Lumberton, NJ					12/31/15	Tullytown	, PA				
Completed By (Print or Type)	Title				Signature	^		Date _	10	1	
Gwendolyn Trumbetti		ations	Coord	inator		CAMT		8	13	11	15
						7/1/1/		U	1	1	No.

ASB-41 MAY 11

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
8 /31	/15			Trus	stees of I	Princeton	/ Job #13	04-4626 Checl	k #75		¥3.	
Agencies Notified Ty	pe Notification			Street	Address			er:	C/	>	1	
	Initial			Trus	stees of I	Princeton Unive	rsity E.A. Macl	Millan Bldg.		7		2
	Amended	•	İ	City, St	tate, Zip C	ode		72		-		
□ DHSS	Amendment #1			Prin	ceton, N	J 08544			**	•		
DCA (NJAC 5:23-8)	Emergency (in justification)	clualing		Name	of Contact			Telephone Numb	oer =	15		
	Cancellation			Rob	ert Orteg	go, P.E.				5	1	
				FΔC	II ITY IN	FORMATION				رج <u>ت</u>	-	
Name of Facility Where Abat	ement is Taking	Place	(3)	1 70	/ILIT   114	ORMATION	Type of Facility (	(4)		0		
20 Washington Road	ornone to running	, 1 1000	(0)				☐ School (K-12					
Street Address							Subchapter 8	(Other than K-12)	)			
20 Washington Road,	Princeton Un	iversi	ty Ma	in Can	npus		Other (i.e., pr homes, etc.)	ivate and commer	cial bu	ilding	S,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Princeton							1,000,000	5	8	35		
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Mercer							University L	ibrary				
Name of Monitoring Firm Hir	ed by Building (	Owner (	8)	ASCM I	No.	Name of Abateme	ent Contractor (9)	11.15		7.1		
ATC Associates				0009	8	AbateTech, I	nc.					
Street Address						Street Address						
3 Terri Lane						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 08016						Lumberton, I	NJ 08048					
Project Manager for Monitori	na Firm		Tele	phone I	No.	Telephone No.		License No.				
Michael R. Keehn	3		1000	9-386-		609-265-2107	7	00529				
Start Date (10)	Sched	luled C	omplet	tion Dat	e (11)	Name of OSHA M	Monitor					
3 / 24 /				_ / _		EMSL Analyt	ical					
Occupancy Status During Ab	atement (Check	c only c	ne)			Street Address						
☐ Facility Closed/Vacated D	Ouring Entire Pe	riod of	Abater	nent		200 Route 13	0 North					
Abatement Performed Ou					cribe	City, State, Zip Co	ode					
Time of Abatement:	AMPI	VI/ <u>3:30</u>	PM-12	ZAM		Cinnaminsor	n, NJ 08077					
Scope of Work (Check all the	at apply)				84							
☐ >3 sf or >3 lf		⊠ Re	novati	on		☐ Full Con	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			molitic				g Procedure					
2000000						Non-Exe     Non-Exe	empted (*) and No	n-Friable Procedu	re			
300000000000000000000000000000000000000		1100	Locat						Ab	ateme	ent T	ype
Location of Asbestos-Containing Mar	torial (ACM)		Norma ed Sole		Acho	Description of stos Containing Ma		Amount	Re	Re	En	En
TO BE ABATE		Ma	intena	nce/		., thermal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facility		Cus	todial ( (12)	Staff?		surfacing, VAT	W 00	SF or LF)	a		Encapsulate	ure
(13)		Yes	No	N/A		other miscellane	eous)				te	
Room 227A					Floor T	ile & Mastic		400 SF				
Abandon Exterior Steam	n Tunnell		$\boxtimes$		Cut & V	Vrap		300 LF				
Auditorium Roof	40000				Roof FI	ashing		714 LF				
1st Fl. Column C-D betw	een 5&6		$\boxtimes$		Double	layer Floor tile	& Mastic	270 SF				
Name of Registered Waste I	Hauler		5000	JDEP \		Cubic Yards of	Name of Regis					
AbateTech, Inc.			H	18750		Waste 40	G.R.O.W.S	. Landfill				
City, State			-	10/00	-	Disposal Date	City, State					
Lumberton, NJ						12/31/15	Tullytown,	PA				
Completed By (Print or Type	) Title					Signature			ate ;	i		
Gwendolyn Trumbetti			ione (	Coordi	inator	1 / W	nt		817	411	16	)
		perat	10113	Joorul		UNI	1 1 1		01	11	1 _	
ASB-41 MAY 11	*	Do not	use th	is form	for asbes	tos licensure exem	pted activities.					

### State of New Jersey 2015 SEP -4 AM 10: 49 1304-4626 NOTIFICATION OF ASBESTOS ABATEMENT Page 2 of 2 (Pursuant to N.J.A.C. 8:60 and 12:120) & Licerali

Location of Asbestos-Containing	100	Locat		Description of Asbestos-Containing	Amount (Specify	Ab	atem	ent T	ype
Material (ACM)  TO BE ABATED  in Facility  (13)	Main Cust	olely latenant odial ( (12)	by ice or Staff?	Material (ACM)  (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					te	(0
Light Court TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Heritage Glass TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Basement				Exterior Perimeter Window Caulk	80 LF				
Basement				Exterior Window Glazing	300 LF				
Ground Floor Transformer Room				Debris clean up	100 SF				
Ground Floor Transformer Room				Pipe Insulation (wrap & cut)	24 LF				
Ground Floor Transformer Room				Floor tile & Mastic	986 SF				
Ground Floor Transformer Room				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15 each				
1964 Addition				Waterproofing Mastic	2,700 SF				
Ground Floor to 3 <sup>rd</sup> Floor				Windows including caulk & glazing	900				
North Tower- 2 <sup>nd</sup> Floor Hallway				Pipe Insulation (wrap & cut)	20 LF				
Old Penthouse, Stair Tower 7 & 2				Roof Flashing	400 LF				
1964 Addition				Roof Flashing	500 LF				
Loading Dock	· 🗆			Black Mastic	1,000 SF				
Old Atrium				Black Mastic	300 SF				

	e of Notification (1) ptember 3, 2015				Name of Mill Or	Building	Owner/O	perator	(2)	0.5.5	n gestin		11.	.5		
	ncies Notified	Type Notification			Street A					711	) OLF	* 7 11.	1.1.	ل .		
П	EPA	Initial			1 John	ston Av					2000 Ten 191					
×	DEP DOL	Amended Amendment				ite, Zip Co on Towi		NJ 08	609		sa ki		121			
×	DOH DCA	Emergency justification) Cancellation		123		f Contact hn Barr					Tele	ephone Nun	nber			
_		L <del></del>			FACI	LITY INFO	ORMATIO	ON							-	
	ne of Facility Where	Abatement is Takin	g Place (3	)					Туре	of Facility (	(4)		7.2			
	es Facility									School (K-1						
	et Address I Johnston Stree	t							×	Other (i.e. p		er than K-12 & commercia		dings,	home	es,
City	(5)								-	etc.) re Feet	# of	Floors	TB	ldg. A	.ae	
Tre	enton								- 1707 March	000+	3	1 10010	333	0+	.go	
	nty (6) ercer					Code (7) USE ONLY	)			ent Use (Pri nin / Com		ng demolish al	ed)			
	ne of Monitoring Firm rtex	Hired by Building	Owner (8)		ASCN	/ No.				tement Cor	ntractor	(9)				
	et Address D Turner Way								Addres		liahwa	ay, Suite 5	500			
	, State, Zip Code ton, PA 19014							City, S	State, Z	ip Code 19341		,,				
	ect Manager for Mor	nitoring Firm		Т	Telepho	ne No.		100 BORSES	none N	E 225000000000000		License N	0.			
	ve Turotsy				Steelson, work	58-8902			872-8	700000000		01161				
	t Date (10) 21/15		Schedule 10/16/1		npletion	Date (11)		Name EMS		HA Monitor						
Occ	upancy Status Durin						•		Addres	ss 130 Nor	th					
H	Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	batem	nent			0.0000000000000000000000000000000000000		ip Code	uı					
×	Other – Describe:	Exterior Work	nai i aomity	riours	·.					son, NJ						
Sco	pe of Work (Check A	III That Apply)														
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mir Glo	ni-Enclosur ovebag Pro	e cedure	Negative P				
			T .			Γ			1 No	n-Exempte	d (*) and	d Non-Friab	le Pro	500 10	e ement	
	Location	n of	500	Locati Iormal			Dos	scription	of						ре	
,	Asbestos-Containing	Material (ACM)		d Sole intenar			tos Cont	aining N	//aterial			mount			ш	
	TO BE AB			odial S		(i.e.	thermal surfac	system: cing, VA		ation,		Specify or LF)	Rem	Repair	ncap	Enclo
	(13)			(12)				niscellar					Removal	pair	Encapsulate	Enclosure
			Yes	No	N/A										te	(D
	Windo	DW .		Χ			Glaze	and C	Caulk		15	50 SF	Х			
			-			2					91					
Nam	ne of Registered Was	ete Hauler		T N	JDEP W	lasts	Cubia	Varda		No.	D:-1-	1				
	ste Management			313	auler ID		of Was			GROW	1900 B	red Landfill				
	State nton, NJ							sal Date		City, Stat		Α				
	pleted by		Title					ignature	9			Da	te	- /		
	Bally		1 STATE TO	roject	Mana	ger		Vac	W/	Fally	- 6U	1 170	pten	nber	3, 20	015
ASB-	41 (R-06-08)	8					. 6	* Do no	ot use t	his form for	r asbest	os licensure	exen	npted	activi	ties.

CK 24568

# 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	2)	004-		50.55		
08/31/	15		Bay	Head Bo	oard of Education	n	2015 SEP -4	A.M	117.		
Agencies Notified Type Notified	ation		Street	Address		2)				14	
☐ EPA ☐ Initial			145	Grove S	treet	33			111	11.3	
□ DOLWD □ Amende			City, S	tate, Zip C	ode		G : 1	11:	ζ I ί.ς	J. L.	
□ DHSS   Amenda     □ DCA   □ Emerge		_	Bay	Head, N	J 08742						
DCA Emerge (NJAC 5:23-8) iustifica		ig	Name	of Contact			Telephone Numb	per			
☐ Cancella			Ms.	Patricia	Christopher						
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility (	0.53				
Bay Head Elementary School						School (K-12)					
Street Address						Other (i.e., pri	(Other than K-12) vate and commer	) cial bui	lding	s,	
145 Grove Street						homes, etc.)					
City (5)	7.					Square Feet	# of Floors	Blo	lg. Ag	e	
Bay Head					8	10,000	2	1	934		
County (6)			Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Ocean						Elementary S	School				
Name of Monitoring Firm Hired by Bu	ilding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Connection In	С	450,000	0003	30	Superior Aba	tement Inc					
Street Address					Street Address						
120 North Warren					2 Henderson	Drive					
City, State, Zip Code					City, State, Zip Co	ode				3-13-1	
Trenton, NJ 08608					West Caldwe	II, NJ 07006					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Dominick Dercole		(	609) 46	2-3218	(973) 808-161	6	00411				
Start Date (10)	Scheduled	Compl	etion Da	te (11)	Name of OSHA N	lonitor					
09 /03 /15	09	/ _0	4_ /	15	Superior Aba	tement Inc					
Occupancy Status During Abatement	(Check onl	y one)			Street Address						
☐ Facility Closed/Vacated During Er					2 Henderson	Drive					
Abatement Performed Outside of Time of Abatement: _AMF				scribe	City, State, Zip Co West Caldwe						
Scope of Work (Check all that apply)		The state of the s									
≥3 sf or ≥3 lf		Renova	tion		Mini-End     Mini-End		ative Pressure				
☐ ≥160 sf or ≥260 lf		Demolit	ion			g Procedure empted (*) and No	n-Eriable Procedu	re			
		Is Loca	ation		□ Non-Exe	ptca ( ) and 140i	Habie i Tocedu		atem	ent T	VDE
Location of		Norm	ally		Description of	of			1		
Asbestos-Containing Material (AC		Ised So Mainter			estos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			I Staff?	(i.€	e., thermal systems surfacing, VAT		(Specify SF or LF)	3701	air.	apsı	uso
(13)	-	(12	2)	_	other miscellane		0. 0. 1. )	=		late	Ге
visioni.	Ye		2 [ESABELES			, AV	Postario		_	-	_
Gymnasium Lower Level-HVA0	;   X			Pipe Fi	ttings		3 LF		Ш	Ш	Ш
- E											
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regis	tered Landfill				
Service Transport Group, Inc			Hauler I SW2		Waste 1	Minerva La	andfill				
City, State			3442	11/	Disposal Date	City, State					
New Castle, DE					9/03/15	Waynesbu	rgh, OH				
Completed By (Print or Type)	Title				Signature	1 1 11	D	ate			
Nick Petrovski	6.0	ident				1/1/1/1	12.	8-	31	-/	T
ACD 44					1///	12/11/100	an		-	/	7

ASB-41 MAY 11

### State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-156

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

Β & G pioj. #.	-		V				Decompose Compromover C. •		Check #					_
Date of Notification	n (1)	I I Nan	ne of Building O	wner/One	erator (2)				2215 85	<b>5</b> .				
10 19 1/10 11	/ 1  5		handra & Lee		1000				2815 SE	14	14.7	: 9	3	
Agencies Notified	Type Notification		et Address						-1	1				_
☐ EPA	X Initial	3	Fairmount A	venue						for the second				
☐ DEP			, State, Zip Code											
X DOL	Amendme		Parsippany, N	IJ 07054	4									
▼ DOH	Cancellatio	on II	ne of Contact						Telephone	Number				
DCA			Chandra & Le	ena An	nin									
			F	ACILITY I	NFORMA	MOITA								
Name of facility wh	here abatement is t	aking place	9 (3)					Туре	of Facility (4	4) (K - 12)				
Chandra & Le	eena Amin								_	(K - 12) apter 8 (O	ther th	an K.	.12)	
Street Address									X Other (	Private/Co	omme		12)	
3 Fairmount	Avenue							Saus		Homes, e		Blo	ig. Ag	ne .
City (5)		County	(6)		T	Соц	nty Code (7)	Oque		, 0111001		-	3	
Parsippany,	N I 07054	Morri	is			(Sta	te use only)		ent Use (Pr	ior if bein	g dem	olishe	ed)	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ng Firm Hired by Blo	22000000		LASC	M No.	-	Name of Abatemen	-	dential				-	
n/a	ig i iiii i iiica by bi	ag. Owner	(0)	7.00	IVI IVO.		B & G Restora							
Street Address						=	Street Address	20011, 111	· ·					
							105 Ryerson	A LINGSON AND A						
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park		135					
Project Manager fo	or Monitoring Firm		Phone Nu	mber		-	Telephone Number	, 140 07		License	Numb	er		
	3						(973)696-68			00	378			
Scheduled Start Da	ate (10)	Sched. 0	Completion Date	(11)		-	Name of OSHA Mo B & G Restora		0					
09/14/2015		09/15	/2015				Street Address	ation, in		-				
Occupancy Status	During Abatement	(Check only	y one)				105 Ryerson I	Road						
	d/vacated during en						City, State, Zip Cod	е		-				
Describe:		i iioiiiiai ia	Unity Hours-			-	LincolnPark, N	NJ 0703	35					
Other-Descri	neck all that apply)					-							- 41	
Demolition	<u></u>	tenovation				XF	ull Containment w/n	egative p	ressure [	Gloveb	ag pr	ocedu	re	
>3 sf or >3 lf		60 sf or >2	260 If				Mini-enclosure			Non-fr	0.000			
Location of			normally used so	lely							R	R	Е	E
asbestos-cor	maining	by maintena staff(12)	ance/custodial				sbestos-containing		Amount (Specify S	F or	m	e p	n	n
material to be abated in fac	Military construction and the construction of	Yes	No N/A		naterial (A	ACM)			LF)		O V	a i	a	L
lower level			X	- \ \/Δ-	T (no m	actio	.)		516 sf		e	r	П	
lower level					1 (110 111	astic	')		010 51			$\exists$		1
D 1111 - 1111 - 1			Manager 15."	Cubic	ards of W	lacto	Name of Registere	d Londell				Ш	Ц,	Ш
Registered Waste F B & G Restora			Hauler ID# 9563		8	vasie	Tullytown	n Resou	ı ırce & Re	covery	Cent	er	Ţ.	
City, State Lincoln Park, I	N.I		Disposa	al Date 9/16/20	)15		City, State Tullytown	PA						
Completed by (Prin		itle			nature	_		, , , ,		Date			5:	
Gordana Luna			/Treasurer			4	Gordana Luna			09/01	1/201	5		

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

2015-154 B & G proj. #:

Check # 7380 -4 134 10: 52 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/10 11 1/11 15 Michael Lucek Type Notification Agencies Notified Street Address ☐ EPA 28 Lloyd Road Initial ☐ DEP City, State, Zip Code Amendment DOL Bernardsville, NJ 07924 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Michael Lucek FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Michael Lucek Subchapter 8 (Other than K-12) X Other (Private/Commercial Street Address Bldgs./Homes, etc. 28 Lloyd Road # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Bernardsville, NJ 07924 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/16/2015 09/17/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Demolition **X** Renovation Non-friable procedure ✗ Mini-enclosure  $\times$  >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely E E e Location of n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or C material (ACM) material to be a a abated in facility (13) Yes No N/A X pipe insulation 131 If basement Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State 09/17/2015 Tullytown, PA Lincoln Park, NJ Signature Completed by (Print or Type) Gordana Luna Title 09/01/2015 Secretary/Treasurer Gordana Luna

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

B & G proj. #: 2015-151

Check # 7381

Date of Notification	(1)	IIN	ame of Buil	ding Own	er/Operator (2)			2815	SEP -4 /	
10 19 1/10 11	<u> </u>	- 11	Liza Font	, P.T.	,				or! -4 !	in 10: 52
Agencies Notified	Type Notificat	ion St	reet Addres	SS				****	- 4	* * 1
☐ EPA	X Initial		185 Coo		rrace					
	☐ Amendr		ity, State, Z		04					
X DOL	LI Allendi		Wyckoff ame of Con		·0 I			Telephone	Number	
▼ DOH	☐ Cancella	1.1						relephone	: Number	
DCA			Liza For	nti						
				FAC	LITY INFORM	ATION				
Name of facility w	here abatement i	s taking pla	ce (3)					Type of Facility (4	1) (K - 12)	
Liza Fonti									pter 8 (Other	than K-12)
Street Address								X Other (F	Private/Comm	
185 Coolidge	Terrace								Homes, etc.	Bldg. Age
City (5)		Cour	ity (6)			Cou	nty Code (7)			
Wyckoff, NJ	07481	Ber	gen			(Sta	te use only)	Current Use (Pri residential	ior if being der	nolished)
Name of Monitorin	ng Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement C	ontractor (9)		
n/a				-			B & G Restoration	on, Inc.		
Street Address							Street Address 105 Ryerson Ro	nad		
City, State, Zip Coo	No.					_	City, State, Zip Code		-	
City, State, Zip Cot	ie.						Lincoln Park, N	J 07035		
Project Manager fo	r Monitoring Firn	n	Ph	one Numb	er	_	Telephone Number	,	License Num	
							(973)696-6869		00378	
Scheduled Start Da	ate (10)	Sched	. Completic	n Date (1	1)		Name of OSHA Monitor B & G Restoration			
09/17/2015		09/1	18/2015				Street Address			
Occupancy Status				-2016 24 124			105 Ryerson Ro	ad		
Abatement p	d/vacated during erformed outside						City, State, Zip Code			
Describe: Other-Descr	ibe:						LincolnPark, NJ	07035		
Scope of Work (cl	heck all that appl	y)								
Demolition	X	Renovatio	n				ull Containment w/nega	ative pressure	Glovebag p	
>3 sf or >3 lf	X	≥160 sf or					/lini-enclosure		Non-friable	-
Location of	-4-1-1	Is location by mainte	n normally unance/cust	ised solel odial				Amount	R	R E E
asbestos-co material to b	е	staff(12)		т —	material (		sbestos-containing	(Specify S	For m	p c n c
abated in rac	cility (13)	Yes	No	N/A				LF)	v e	i p L
basement				X	VAT & ma	astic		625 sf	X	
					]					<del>                                     </del>
					1				᠆᠆ ¦	
Registered Waste	Hauler	NJDI	EP Hauler I	D# C	ubic Yards of	Waste	Name of Registered I	andfill		<u>   -</u>
B & G Restora			19563	Diagonal	10			Resource & Re	covery Cer	nter
City, State Lincoln Park,	NJ			Disposal I 09/	21/2015		City, State Tullytown, F	PA		ν.
Completed by (Prin		Title			Signature		(0, (0		Date	
Gordana Luna		Secreta	ry/Treasu	irer			Gordana Luna		09/01/20	15



CK# 1463

Date of Notification (4)			T	NI.	(D. " "			151		1 1-	71	10			
Date of Notification (1) 8/31/2015					f Building j Builde		Operato	r (2)	7615	SEP	-4 (	Hρ.	-		
	Notification			Street A	ddress	uth			S				. 7		
EPA X	Initial		-		ate, Zip C								500		
DEP X DOL	Amended Amendment	#			r Saddle		NII			5 1.11	4 L		-		
X	Emergency	(including		5005	f Contact		140			Tol	ephone Nu	ımhor	-		
DOH DCA	justification) Cancellation			Sokol						1 61	ерпопе ім	ımber			
				FACI	LITY INF	ORMATI	ION				-				
Name of Facility Where Abate								Туре	of Facility (4	4)					
1 Family Abandoned Re	esidential f	or Demo	olitior	1					School (K-1						
Street Address									Subchapter Other (i.e. p				dinas	hom	
15 Gibson Ave.									etc.)	iivate (	x commen	Jiai Dui	lulrigs	, HOIII	es,
City (5)									re Feet	# of	f Floors		Bldg.	Age	
Glen Rock								200	Ž				50+		
County (6)				County (STATE	Code (7) <i>USE ONL</i> Y	2		1000000000	ent Use (Pric		ng demolis	shed)			
Bergen		0 (0)		0.1		′		0.5/0.5(5)	ıse - Prior						
Name of Monitoring Firm Hired	by Building	Owner (8)	)	ASCN	и No.				tement Con						
Street Address				n/a			V		Manageme	ent Co	orp		000	_	
n/a								t Addre							
City, State, Zip Code			-					Troy L	ip Code						
n/a									ark NJ 07	025					
	oject Manager for Monitoring Firm						242305	hone N		033	License	No			-
n/a	. P						1000	70679			01193	NO.			
Start Date (10)							23272	W. C.	HA Monitor		0.100				
Sept 1, 2015		Sept 7					Loz	nica N	/lanageme	ent Co	orp				
Occupancy Status During Abat	tement (Chec	k Only Or	ne)					t Addres			-				
Facility Closed/Vacated D	uring Entire I	Period of	Abater	nent			22 7	Troy L	ane						
Abatement Performed Ou	tside of Norn	nal Facility	/ Hour	s			City, S	State, Z	ip Code						
Other – Describe:						_	Linc	coln Pa	ark NJ 07	035					
Scope of Work (Check All That	Apply)	0.00000						_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova						I Containme		Negative	Pressu	ire		
≥160 sf or ≥260 lf		×	Demoli	uon					ni-Enclosure ovebag Proc						
					1		D		n-Exempted		d Non-Fria	ble Pro	cedu	re	
		100	Locat											ement	t
Location of			Norma ed Sole		130000000000000000000000000000000000000		scription		2776752700471536				T	уре	T
Asbestos-Containing Mater TO BE ABATED	ral (ACM)	Ma	intena	nce/		tos Cont thermal					mount Specify	71		E	m
In Facility		Cust	todial ( (12)	Staff?	(1.0.		cing, VA		14011,		or LF)	Remova	Repair	cap	nclo
(13)			(12)			other m	niscellar	neous)				ova	air	Encapsulate	Enclosure
		Yes	No	N/A										te	
Exterior				X		Asbe	stos S	iding		70	00 SF	х			
2nd Floor Attic A	2nd Floor Attic Apt.						VAT			70	00 SF	x			
											-				
Name of Registered Waste Hau	uler		19000	JDEP W lauler ID		Cubic of Was			Name of F	Registe	red Landfi	1	1/		
Loznica Management Co	rp		1000	033137		TBD	, C		GROW	S Lan	dfill				
City, State	35.0						al Date		City, State						
Lincoln Park, NJ 07035					TBD					19067					
Completed by		Title	680			S	ignature	91	ירעטי			ate			
E. Cirovic		Secr	etary			1	C. 1	(1)	תנומן	~	8	/31/2	015		

NO CK

Date of Notification (1) September 1, 2015	5		- 1	Name of Atlanti	Building City	Owner/C	perator	(2)	2015	SFP	-L £	H R	: 2	Q		
Agencies Notified	Type Notification			Street A	<sup>ddress</sup> Bachara	ch Blv	d.		4					-1		
EPA DEP DOL	Amended Amendment	-			ite, Zip Co c City, N		01			( L	1. 1. 15	1. 3	- 1	J-L		
DOH DCA	Emergency justification) Cancellation		28.7		Contact Rossa	no				Tele	ephone N	umhe	•			
_				FACI	LITY INFO	DRMATI	ON						_			_
Name of Facility Where Atlantic City Board		ng Place (3)						Ту	pe of Facility (4 School (K-12							
Street Address 100 Atlantic Ave.								×	Subchapter 8	(Othe			uild	ings,	home	es,
City (5) Atlantic City									uare Feet '00	# of	Floors			dg. A	ge	
County (6) Atlantic County				County (	Code (7) JSE ONLY,				rrent Use (Prio pandoned Bo							
Name of Monitoring Firm				ASCM	No.				batement Cont		(9)					
Street Address 26 Lorenzo Court							Street 164		lress ty Ave.			-				
City, State, Zip Code Matawan, New Jers	sev 07747			(3)			City, S	State	, Zip Code New Jersey	0701	1-1802		1-5			
Project Manager for Mor Michael Chain				Telephor	ne No. 21-9223		Teleph	hone			License 00724	No.				
Start Date (10)	<u>,</u>	Scheduled	Con	npletion I	Date (11)		Name	of C	SHA Monitor	t	00724				200000	
August 31, 2015		Decemb		1, 2013	D		120000000		Construction	inc.						
Occupancy Status Durin	g Abatement (Che	ck Only One)	)				Street									
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H					City, S	State	ty Ave. , Zip Code							
		ин отоории					Clifto	on,	New Jersey	0701	1-1802					
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ш гпат Арріу)		nova moliti				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	2353				a	
		lal	ocati					_	TOTT EXCTIPION	( ) ( ) ( )	2 11011 1 11	1			ment	
Location	n of	No	rmall	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity		tenar	nce/		tos Cont thermal surfa	aining N	Mate s ins AT, o		(S	mount Specify or LF)	Nemova	Domonol	Repair	Encapsulate	Enclosure
Roo	f			X		r	oofing			17	00SF	x	1			
				<u> </u>								-	+			
		<b>H</b>										+	$\dashv$			
								200				$\top$	+			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Land	fill				
Sakoutis Brother Dis	sposal, Inc.			auler ID W2137		of Wa	ste		ACUA L		II					
City, State Colts Neck, NJ 0772	22					TB	sal Date		City, State Egg Har		ownshi	p, At	lar	itic (	Coun	ity
Completed by Vivian D. Jurcevic		Title Office	Mar	nager			Signature		n De	Leeze	146	Date Sept.	1,	201	15	

# 5293

Date of Notification (1) August 17, 2015			Name of Atlantic	Building (	Owner/C	perator	(2)	W.	28B ALL	` 0'			
Agencies Notified Type Notification	1		Street Ac	idress Bacharac	ch Blvo	d.			2815 ALIA	24	H	7:	40
EPA Initial Amended Amendmer	at #			te, Zip Co		rsey 08	3401		8 1.1	CÉN	Ω.	i K	95
Emergency justification Cancellatio	)	1000		Contact Rossa	no				Telephone **			J	
	AT			LITY INFO		ON							
Name of Facility Where Abatement is Taki Atlantic City Boardwalk Pavilion Street Address	ng Place (3)							of Facility (4 School (K-12 Subchapter		(2)			
100 Atlantic Ave.								Other (i.e. pretc.)	rivate & commerc	ial bui	ding	, hom	es,
City (5) Atlantic City								re Feet	# of Floors	11 2	Bldg. 50+	Age	
County (6) Atlantic County			County C	Code (7) ISE ONLY)	-	_			r if being demolis oardwalk Pav			ő	
Name of Monitoring Firm Hired by Building CSA Consulting Services of Ame			ASCM	No.		100000000000000000000000000000000000000		tement Con nstruction					
Street Address 26 Lorenzo Court						Street 164 (	Addres Getty				0		
City, State, Zip Code Matawan, New Jersey 07747								ip Code ew Jersey	07011-1802				
Project Manager for Monitoring Firm Michael Chain			Telephor	ne No. 1-9223		Teleph 973-4			License 00724	No.			
Start Date (10) August 31th, 2015	Scheduled					0.0000000000000000000000000000000000000		HA Monitor	ı Inc.				
Occupancy Status During Abatement (Che	ck Only One	2)				Street							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor							Getty						
Other – Describe: Monday-Friday 7:0					_			ip Code w Jersey	07011-1802				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		enovat emoliti				×	Mir	ni-Enclosure ovebag Prod	edure				
	T	30000000 <b>v</b> 0	200 T			<u> </u>	טאו ב	n-Exempled	(*) and Non-Fria	DIE FI		temer	it
Location of	N	_ocatio	У		De	scription	of					ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair	Solei ntenar odial S (12)	ice/		tos Con thermal surfa	taining M systems cing, VA miscellar	Material s insula T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_	0	
Roof			X		F	Roofing	)		1700SF	, X	_		
	<b>1</b>									-	+	-	
									*		1	+	
Name of Registered Waste Hauler		198800	JDEP W			Yards		Name of	Registered Landi	ill			
Slavco Construction Inc.		13553	auler ID 3508	No.	of Wa	ste		G.R.O.\	W.S Landfill		9		
City, State Clifton, New Jersey 07011-1802				*	Dispo TBD	sal Date		City, State Morrisv			2		
Completed by	Title				5	Signature	е	A	¥: 01 33	Date		001	
Vivian D. Jurcevic	Office	Mar	ager			Qui	an.	D. Al	ucc '	Augus	51 1/	,201	)

2815 SEP -4 -AM 8: 28

### State of New Jersey NOTIFICATION OF ASSESTED ABATEMENT (Pursuent to NJAC 8:50 and 12:120)

Check # 8820

SS 40 00			(Pun	shaur to	NUAG 8:60 and	12:120										
Date of Notification (1)			N		uilding Owner/O						ept/pyi	APPP Health	18/3	enio	r Ser	vice
Agencies Notified	Type Nothication		ŞI	reel Add	CLINT		00	9.19		NO	MI	i Isla	naturo	NIV	1	7 10
EPA	Initial .		_				1011	317		-	1618	-	_	me:	V)	LIP
EPA DEP DOL	Amended Amendment	Ĺ	6	uy, since	, Zip Code テ こみこり	ے چوس		10 3	. 0	Date	6	1150	t	IIIIG.		-
	Emergency (in institution)		M	ame of C	ontact				-	Teler	hane N	យាធិត	-		-	
DOH DCA	Cancellation			1210	4 S.							-	~	-		
A	or thetament la Taking	Blood (S)		FACILI	TY INFORMAT	ON	Tun	of Fa	cility (4)							-
Marie of Facility Willes	re Abatement Is Taking VILL ACE BUIL	0126 A	ني				F		ni (K-12)					250		
Street Address					T WITH WAY A			Subc	hanter 8	(Other	than K-	12)	uttelie	na h	omen	
40 CROS	SI ROBM				80		X	otc.)	(i.e. pri			receil D				'
City (5)			,,,				Squ	are Fe	et	# 01	Floors 3		Bld	6 AG	0	
MATAWA	310		- 12						se (Prior	10 hair		Scharl		-	)	_
MONMOU	7-14		100	County Co	SEONLY)		- Gun	rem U	777	11 90 II	â cemar	Q.		C	0	
	Tim Hired by Building C	Owner (8)	1	ASCM	NO.	Name	of At	valeme	nt Cont	actor (	9)	<u> </u>			0	_
reality of Montening		, , , ,							acting I			=:	1116 c		<u>i</u>	
Street Address						Strael						7	-			
									Ave.				·			_
City, State, Zip Code	*							Zip C Park	N.J.	40		7	-		Ċ.	
Project Manager for I	Mantering Figg		-	Telephon	e No.	Telep	751,551			T	License	No.	6-14		1.7	
Fiblest Mentager 10.	anomoring : am							-584		-	0015	6	7		90	
Start Date (10)	1.000	Scheduled	God	pletion	late (11)	Name of OSHA Monitor Omega Environmental Services Inc.										
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				27/1	٠, ر	-			onmen	वा ५	PIVICES	INC.				
	uning Abatement (Chec					Stree		ress Ier S	freet			•				
Facility Closed/	Vacated During Entire : formed Outside of Norm	Period of Al nal Facility i	atem Jours	ent				Zip C	1000000000	-				_		
Other - Describ					***************************************				N.J. 0	7606						
Scope of Work (Che	ck All That Apply)															
⊠ ≥3 sfor≥3 lf	2020		enova						ntainme		Negativ	ie Pre	ssur	B		
2160 sf or ≥260	) if		emalit	поп				Glove	nolosure pag Proc	edure		THE RESERVE				
		1	20			1	<u>. L.</u>	Non-E	kemptet	(*) en	d Non-F	riable			meni	
	SS		Locati				_							. Ty		1
[10] [10] [10] [10] [10] [10] [10] [10]	ation of ining Material (AGM)	User	Sole	ly by	Asbesios Co	escription in the second se		rial (A	CM)	م	mount				m	
TORE	ABATED			nce/ Staff?	(l.e. them	al system facing.			n,		Specify For LF)		Ron	Re	decuta)	Endo
151	Facisty (13)		(12)			r miscell			1 1		U. C. ,		leval	peir	sulate	emsc
		Yes	No	N/A											ф	
Breter	BOURY			×		Pir	£				45	U.S.	Х			7
(A) C-L-C						-							-	-		- Cornection
	prints			1									57			
	Transmitted (1)			-	1											-
Name of Registered	d Waste Heuler			NJDEP V		ic Yards	;	1	Name of	Regist	erod La	ndfill			<u> </u>	1
Newark Carting				Healer ID 14509	No. of	Vaste . J	1		Grand	Centr	al San	itary	Lar	idill		
City, State Newark, N.J. 0	7105					postal Da			City, Sta Pen Ar	te gyl, F	A 080	72		. 1		
Completed by	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	Title		W.		Signal		m	KIL!	11		Cal	EV	1/2	3/1	1-
R. McDonald President					1/2.	111	1000	1			0	10	1/6	1		

MO#23037703345

### State of New Jersey NOTI

FICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)			Name of Building Owner/Operator (2)										
08	15		Clare Ennis 2015 SEP - L C. 30										
Agencies Notified	Type Notificati	ion		Street	Address			- UT 15: - T					
☐ EPA				9 Rids	ge Terrace	e							
⊠ DOLWD	Amended	7.00	Ì		State, Zip (			1 1 1 1 1	- 1				
⊠ DHSS	Amendmer				25	NJ 07006		( . (	.a. G				
DCA (NJAC 5:23-8)	Emergency justification				of Contac			Telephone M	lumber				
(140/10/0.25-0)	Cancellation						Telephone Number						
				Clare									
N / F 32 148 .				FA	CILITY IN	FORMATION							
Name of Facility Where A	batement is Ta	iking Place	(3)				Type of Facility (4)						
Private house							School (K-1		1.21				
Street Address								8 (Other than K- private and com	-1 2) mercial buildings,				
9 Ridge Terrace							homes, etc.	)	oroidi ballalligo,				
City (5)							Square Feet	# of Floors	Bldg. Age				
West Caldwell, NJ 070	06												
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being dem	nolished)				
Essex						10	,		,				
Name of Monitoring Firm	Hired by Buildi	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)					
8						Gr Tech LLC		<i>y.</i>					
Street Address						Street Address		14					
							202						
City, State, Zip Code						576 Valley Rd #							
only, otato, zip oode						City, State, Zip Co							
Project Manager for Moni	torina Firm		1	4	• • • • •	Wayne, NJ 0747	0						
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.		License No					
						973-638-1777		01127					
Start Date (10)		cheduled C				Name of OSHA M	lonitor						
		09/		_ / .	15	Envirovision Co	nsultants.Inc						
Occupancy Status During						Street Address							
☐ Facility Closed/Vacate	ed During Entire	e Period of	Abate	nent									
Abatement Performed	Outside of Nor	mal Facilit	y Hour	s - Des	cribe	20-21 Wagaraw City, State, Zip Co		302					
Time of Abatement: _	Alvi-	PM/	PIVI_		_AM	Fair Lawn, NJ 0	7410						
Scope of Work (Check all	that apply)						and decontami	nation with nega	ative pressure				
≥3 sf or >3 lf		<b>∇</b> 5				Full Cont	ainment with Ne	gative Pressure	)				
> 160 sf or >260 lf			novati molitic			Mini-Enc	osure g Procedure	Tent with Nega	ative Pressure				
				***		Non-Exe	mpted (*) and No	on-Friable Proce	edure				
		Is	Locat	ion					Abatement Type				
Location			Normal			Description o	f						
Asbestos-Containing N			ed Sole intena			stos Containing Ma		Amount	Enclosure Encapsula Repair Removal				
TO BE ABA IN Facilit			todial (		(1.6	e., thermal systems i surfacing, VAT,		(Specify SIF or LF)	aps aps nov				
(13)			(12)			other miscellane		Sit Of Ery	Enclosure Encapsulate Repair Removal				
		Yes	No	N/A		9			0				
Basement				X	Pipe inst	ulation		60 LF					
<u> </u>				-									
Garage $\square$ Pipe insulation						ulation		20 LF					
			П	П									
Name of Registered Wast	te Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Wast	Name of Regi	stered Landfill					
Gr Tech LLC			/3052550										
City, State			- 0	03378	53	TBD	T.R.R.F. Inc						
D.						Disposal Date	City, State						
Wayne, NJ 07470						TBD	Tullytown, P	PA					
Completed By (Print or Ty	rpe)	Title				Signature /			Date				
N.Jevtic		Owner	Owner Hewic Wenad 08/31/2015					08/31/2015					
ASB-41		* 5				- //	7-2-2						
MAY 11		" Do no	use il	us forn	for asbes	tos licensure exemp	ted activities.						

Check#2283

#### State of New Jersey NOTIFICATI (Pursu

State of New Jersey	
ON OF ASBESTOS ABATEMENT	
uant to NJAC 8:60 and 5:16)	

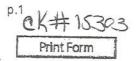
Date of Notification (1)			1	Name	of Building	Owner/C	nerator (	2)	- II				
09 ,	01 / 15						perator (2	-/-					
Agencies Notified					Queenar	1			- 2015 SEP -	2 20	÷.	- 13	
EPA	Type Notification  Initial				Address							. 0	
⊠ DOLWD	Amended				st 48th S				J. S.				
⊠ DHSS	Amendment #			City, S	tate, Zip C	ode			6.140	= 1		- 1-	
☐ DCA	☐ Emergency (in	cluding			ne, NJ 07								
(NJAC 5:23-8)	justification)			Name	of Contact				Telephone Nu	mber			
	Cancellation			Robert	Queenar	1							
				FAG	CILITY IN	FORMA	TION						
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility	(4)				
Private house								School (K-12	2)				
Street Address									Other than K-1		MONEY.		
23 West 48th Street								homes, etc.)	rivate and comm	ercial bu	ilding	S,	
City (5)								Square Feet	# of Floors	I BI	dg. A	76	
Bayonne, NJ 07002											og. / (	90	
County (6)				Coun	v Code (7)	STATE US	SE ONLY)	Current Use (Pr	ior if being demo	lished)			
Hudson							/	9 di 1 di 1 di 2 di 1 di 1	ior ir borng demic	moneu)			
Name of Monitoring Firm	Hired by Building (	wner (	8)	ASCM	No.	Name o	f Ahateme	ent Contractor (9)					
						Gr Tech		,					
Street Address						Street A						-	0.000
								202					
City, State, Zip Code				-	-,		lley Rd # ate, Zip Co						
Project Manager for Mon	itorina Firm	-	Tele	phone	No	Telepho	NJ 0747	70	License No.				
				.,.,.		973-638							
Start Date (10)	Scheo	uled C	omnle	ion Da	te (11)		FOSHA N	Ionitor	01127				
	15 (	19 /	11	/	15								1
Occupancy Status During						-		nsultants,Inc					
☐ Facility Closed/Vacate				nant		Street A	200						
Abatement Performed	Outside of Normal	Facility	Hour	s - Des	cribe			Road, Bldg .#	35E				
Time of Abatement:	AMPI	W	PM_		AM	Same Allen	ate, Zip Co						
Scope of Work (Check all						Fair La	wn, NJ 0						
- 15 S	i tilat apply)					Н	Full Con	and decontaming and decontaminate and deco	nation with negat	ive press	sure		
>3 sf or >3 lf		Re					Mini-Enc	losure					1
☐ ≥ 160 sf or ≥260 lf		∐ De	molitic	n		$\bowtie$	Gloveba	g Procedure mpted (*) and No	Tent with Negati	ve Press	sure		
		le	Locat	00			NOII-EXE	inpled ( ) and Mc	n-Friable Proced		1		
Location	of	2000000	lormal			Do	scription o			Ab	atem	ent T	уре
Asbestos-Containing		1 30 000	d Sole		Asbe			terial (ACM)	Amount	Re	Re	E	En
TO BE ABA IN Facili			ntena odial s			., thermal	systems	insulation,	(Specify	Removal	Repair	caps	Enclosure
(13)	ty		(12)				cing, VAT. niscellane		SIF or LF)	val	_	Encapsulate	ure
		Yes	No	N/A	1	Other I	moochano	5437				te	
Basement		П	П	X	Dina inc	ılotia-			2015				
Dasonione				_	Pipe inst	Hation			20 LF	$\boxtimes$	Ш	Ш	Ш
		Ш	Ш										
				П							П		
Name of Registered Was	te Hauler		NJE	EP Waste	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regis	stered Landfill			Ш	
Gr Tech LLC								A CONTRACTOR OF THE CONTRACTOR	ca canam				
City, State				03378	13	TBI	-	T.R.R.F. Inc				-	
						Disposa		City, State					
Wayne, NJ 07470						TBI		Tullytown, P.	A				
Completed By (Print or T	ype) Title					Sig	nature /	1	2.00	Date			
N.Jevtic	Owi	ner					He	who Wena	d	9/01/20	)15		-
ASB-41			-			-	- 11						

#### Check#2282

Date of Notification (1)				Maria	-CD Haller	0 :0		**							
09 / 01 / 15					Name of Building Owner/Operator (2)										
				Rita G	oldschmi	idt		*	9815 CED .	F-14-14-14-14-14-14-14-14-14-14-14-14-14-					
Agencies Notified	Type Notification			Street	Address				2015 SEP - 4	指	j: 5	3			
□ EPA	M Initial			18 Fer	ncliff Ro	ad									
DOLWD     DHSS     DH	Amended Amendment #			City, S	tate, Zip C	ode				2011	7 3	1			
D DCA	☐ Emergency (ir			Bloom	field, NJ	07003			Cr. L.			-			
(NJAC 5:23-8)	justification)	icidaling	F	4 4 1 1 1 1 1 1 1 1 1	of Contact				Telephone Num	ber					
- * - * - 1	Cancellation		1	Rita G	oldschmi	idt		\$1.000 € 1000 € 1000 1000 1000 1000 1000							
					CILITY IN		TION								
Name of Facility Where	Abatement is Takin	n Place	(3)	FAC	>ILII I IIN	IFURIVIA	IION	Type of Facility	///						
	Apatement is Takin	y riace	(3)												
Private house Street Address								School (K-1) Subchapter	2) 8 (Other than K-1 2	2)					
									private and comme	rcial bu	ilding	S.			
18 Ferncliff Road								homes, etc.							
City (5)								Square Feet	# of Floors	Bio	dg. A	ge			
Bloomfield, NJ 07003	3														
County (6)				Count	ty Code (7)	(STATE US	SE ONLY)	Current Use (P	rior if being demoli	shed)					
Essex								11.11							
Name of Monitoring Fire	m Hired by Building	Owner (	8)	ASCM	No.	Name o	f Abateme	ent Contractor (9	)		-				
						Gr Tecl	n LLC								
Street Address						Street A	Address								
						576 Va	lley Rd#	283							
City, State, Zip Code							ate, Zip Co								
						Wavne.	NJ 0747	70							
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telepho		1	License No.						
						973-63	8-1777		01127	**					
Start Date (10)	Sche	duled C	omple	ion Da	te (11)	-	of OSHA M	Ionitor	01127				-		
09/10		09/				ri		I++- T							
Occupancy Status Duris						Street A		nsultants,Inc							
☐ Facility Closed/Vaca			11110000	ment					2.577						
Abatement Performe					cribe			Road, Bldg .#	35E						
Time of Abatement:	AMF	PM/	PM_		AM	122000000000000000000000000000000000000	ate, Zip Co								
Scope of Work (Check a	all that apply					Fair La	wn, NJ 0'				-				
Scope of Work (Offeck a	an that apply)					X		tainment with Ne	nation with negative	re press	ure				
≥3 sf or >3 If			novati	on			Mini-Enc	locure	**************************************						
$ \ge 160 \text{ sf or } \ge 260 \text{ lf} $		De	molitic	n		Н	Glovebag	g Procedure	Tent with Negativ	e Press	ure				
		1 1-	11	10000	1		Non-Exe	mpted (*) and N	on-Friable Procedi						
Locatio	r of		Locat Vorma			5				Ab	atem	ent T	-		
Asbestos-Containing			d Sole		Ashe		scription o	terial (ACM)	Amount	R	R	田田	Enclosure		
TO BE A	BATED	100	intena					insulation,	(Specify	mg	Repair	cap	00		
IN Fac		Cust	todial ( (12)	Staff?		surfa	cing, VAT,	, or	SIF or LF)	Removal	=	Encapsulate	Sure		
(13)				T	1	other r	miscellane	ous)		1-		ate	10		
		Yes	No	N/A							-				
Basement			Ш	$\boxtimes$	Ceiling				150 SF	$\boxtimes$					
			П								П		П		
											H				
			Ш							$\perp$	Ш	Ш	Ш		
Name of Registered Wa	aste Hauler		NJI	EP Waste	Hauler ID No	. Cubic Ya	rds of Wast	e Name of Reg	stered Landfill						
Gr Tech LLC			(	03378	25	TBI	0	T.R.R.F. Inc							
City, State				,0001	,,,	Disposa		City, State		1.	-		_		
Wayne, NJ 07470	<b>-</b> , 1					TBI		Tullytown, F							
Completed By (Print or	Tit	de -				Sig	gnature	de Wena	[	Date					
N.Jevtic	Ov	vner					Tei	which Wena	09	9/01/20	)15				
ASB-41							//				-		-		

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

Date of Notification	(1)				wner/Operator	(2)		1 1 5					
9-1-15			Giorgio	Gur	dendize								
Agencies Notified	Type Notifica	ation	Street Addre	ss			2615 50	-					
[ ]EPA	[X]Initial		36 Will	ow S	treet		2012 12	/		(i. j	7		
[ ]DEP	Notific	ation	City, State,	Zip C	ode		1			S - 10			
[X]DOL	[ ]Amended Notific	ation	Montcla	ir,N	J,07042								
[X]DOH			Name of Cont	act		Telephor	ne Number						
[ ]DCA	[ ]EMERGENC		Giorgio	Gur	dendize	i							
	[ ]Cancella	tion											
Name of Facility Whe	re Abatement	is Taki		T.L.A. TV	NFORMATION	Type of Facil	itv (4)						
Same as above	120 120 00 110 110		9 11000 (0)			[ ]School							
Street Addres						[ ]Subchap [X]Other (	ter 8 (Oth i.e., priv uildings,	ate & c	omme	r-			
				Square Feet	# of Flo		ldg.						
City (5		County	(6)Essex	100000000000000000000000000000000000000	ty Code (7)	- 1 - 1 - 1 - 1 - 1				9-			
				(STA	TE USE ONLY)								
Name of Monitoring E	time bimed by	Duildin	ag ASCM No.		Name of Abata	ment Contracto	- (0)						
Owner (8) N/A	IIM HITEG DY	Bullali	ig ASCH NO.			IANAGEMENT	맛요 - '크림[[편]						
Street Address					Street Addres								
25						hristopher St.							
City, State, Zip Cod	le				City, State,  Montclai	r, NJ 070	42						
Project Manager for	Monitoring Fi		lephone Numbe	er	Telephone Num (973) 744			License		ber			
Scheduled Start Date	(10) Sche	d. Comp	oletion Date (	(11)	Name of OSHA								
9-14-15	(10)		6-15		N/A								
			Day Year										
Occupancy Status Dur [X]Facility Clo of Abatemen	sed/Vacated D				Street Addres	s							
[ ]Abatement Pe	rformed Outsi			У	City, State,	Zip Code					170		
Hours - Desc [ ]other - Desc	ribe: <u>«OffHour</u> ribe:«Other O				723								
Scope of Work (Check	V-100-1 (100-10)		*										
[V]>2 of on	>2 15		[V]Donorstion			Containment w Enclosure	ith Negati	ve Pres	sure				
[X]≥3 sf or [ ]≥160 sf o			[X]Renovation []Demolition		1.760.7744.177.1416.c	bag Procedure							
			Is		[ ]Non-F	riable Procedu	re	726	-+	on+ 1	Treno		
Location	of		Location Normally		Description	on of		AC	atem	ent :	E		
Asbestos-Con		'	Used		Asbestos-Con		Amount	E		C	C		
Material TO BE AB			Solely By Main-	9	Material ( (i.e., thermal		(Specif		P	A P	L		
In Facil			tenance/ Custodial	ins	ulation, surf	acing, VAT,	LF)	V	1	S	S		
(13)		Yes	taff (12) No N/A	0	r other misce	llaneous)		L		L	R		
Basement (Nor	th)		x	Pip	e Insulat	ion	110 1	X		1			
Basement (Sou	th)		x	Pip	e Insulat	ion	110 lf	X					
Basement (Sou	th)		x	Boi.	ler		35 SF	X					
Name of Registered W AZTECH MANAG		C H	JDEP Waste auler ID No.	1	ic Yards Waste 1.5	Name of Regi Minerva							
City, State		]	17040	Die	posal Date	City, State	-						
Montclair, NJ	07042					Waynesbu	rg, OH	4468	8				
Completed By (Print or Type) Title					Signature			Date	9				
Constantine V					10/	iuco			1-1	5			



Date of Notification (1)		T M						9B	15 00	-				
8/14/15	N 323		ame of Buildin City of Linde	g Owner/Oper	rator	(2)			15 CE	r -!	÷ /	H {		
Agencies Notified Type Not	ification		reet Address							1.				
EPA Initia	il			lood Avenu	e				4/	183	51.			
L Ame	ended endment#		ty, State, Zlp (								- 1	113		
Eme	rgency (including		inden, NJ (											
DOH justi	fication)		ame of Contac				Te	lephone N	Jum har	2				
L DOA L Can	cellation	0		k, City Eng		eer 1 ~								
Name of Facility Where Abatement	is Taking Place (3)		FACILITY IN	FORMATION		Type of Facility	/A)							
none							30.5							
Street Address					-	School (K- Subchapte	12) r 8 (Oth	er than K	-12)					
1100-1122 East Baltimore A	venue					Other (i.e.	private	& comme	rcial bu	ilding	s, hon	nes,		
City (5)					-+	etc.) Square Feet	#0	f Floors		Błag,	Δαο			
Linden					1	12,000	2	., 100.0		60	nye			
County (6)			ounty Code (7)		1	Current Use (Pr	for if be	ing demo	ished)					
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCM No.	T Nie		commercial								
Environmental Connection, In			7000 140.			of Abatement Co ch Manageme								
Street Address						Address								
120 North Warren Street						ristopher Str	eet							
City, State, Zip Code						ste, Zip Code								
Trenton, NJ 08608				1 2700	200	dair, NJ								
Project Manager for Monitoring Firm		Te	lephone No.	Te	lepho	ne No.		License	No.					
			609-392-4200 973-744-8800 00371											
Start Date (10) Sept. 9, 2015 9-10	Scheduled Nov. 30,	Comple 2015	etion Date (11	50 M		n OSHA Monitor h Manageme								
Occupancy Status During Abatemer			<del></del>			Address								
Facility Closed/Vacated During	Entire Period of Ab	atemen	nt	18		ristopher Str	eet							
Abatement Performed Outside Other - Describe;	of Normal Facility H	lours	***	Cit	ty, St	ate, Zip Code								
				M	lont	clair, NJ								
Scope of Work (Check All That Appl	y)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				Full Containm Mini-Enclosun Glovebag Pro Non-Exempte	e cedure				22			
	le I /	ocation			- Consul	HOIPENONDIE	4 ( ) 411	1 INOITE I	aute Pie	-111	emen	f		
Location of	No	maliy		Descrip	tion o	·•					ype	•		
Asbestos-Containing Material (A TO BE ABATED		Solely blenance	i Aspe	stos Containin	ng Ma	iterial (ACM)	A	mount			l m			
In Facility	Custod	fial Staf		thermal systems. thermal systems.	VAT	insulation,		pecify or LF)	Ren	Re	nca	Enc		
(13)		12)		other misce			0.	0. 2. /	Removal	Repair	Encapsulate	Enclosure		
	Yes	No I	N/A						=		ate	G.		
roofing board			х	roofing	boa	rd	1,5	520 sf	x					
2nd fl pitched roof			х	roof insu	ulati	on	3	12 sf		1	1			
1st Floor & 2nd Floor			х	transite	pane	els		700	-	Ť	-	-		
2nd Fl. West Office			x	floor				300	+-	-	-	-		
Name of Registered Waste Hauter		NJDE	EP Waste	Cubic Yard	2000	Name of			ill	1				
Newark Carting Inc.	4509													
City, State				Disposal Da		City, Stat								
Newark, NJ				11/30/15		Morrisv	ille, P	A						
Completed by Title Signature C. Vivian President					livie-		0.00	ate	5					
C. Vivian President (V) uc 8/14/15														

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

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

Date of Notification	(1)		Name of Building Owner/Operator (2)								= 1		
9-1-15			Patick Conrad										
Agencies Notified	Type Notifica	ation	Street Addre	ss			9E15 (	000 1					
[ ]EPA	[X]Initial		6038 Mo	niton	Pl		4010	SEP -!	h	īō	: ; (5)		
[ ]DEP	Notific	ation	City, State,	Zip Code	,		7 ·-				7.1		
[X]DOL	[ ]Amended Notific	ation	West Ne	w York	NJ,070	93	# 2				7340 L		
[X] DOH	1,002220	(55,000,000,000,000,000,000,000,000,000,	Name of Cont	act		Telephon	e Number						
[ ]DCA	[ ]EMERGENC		Patick	Conrad	l		03	708					
	[ ]Cancella	tion	FACTI	JITY INFO	PMATTON					7.7			
Name of Facility Whe	re Abatement	is Takin	760000000000000000000000000000000000000	JIII INFO	RMATION	Type of Facil	itv (4)						
Same as above			2		1	[ ]School							
Street Addres						[ ]Subchap [X]Other (	ter 8 (Othe i.e., priva uildings, h	te & co	ommer	-			
						Square Feet	# of Floo	rs Bl	dg.	Age			
City (5		County (	6) Essex		Code (7)	2100	2		90				
				(STATE	USE ONLY)	Current Use (	Prior if be	ing der	nolis	hed)	)		
Name of Monitoring F	time bised by	Duilding	a cont No	AT	a of Abstor	ent Contracto	~ (0)						
Owner (8) N/A	irm nired by	Bullaing	ASCM NO.			ANAGEMENT							
Street Address				1	eet Address								
> <del>************************************</del>						istopher St.							
City, State, Zip Cod	e				y, State, Z Montclai	r, NJ 070	42						
Project Manager for	Monitoring Fi	irm Tel	ephone Numbe		ephone Numb 973)744		L	icense		er			
Scheduled Start Date	(10) Sche	ed. Compl	etion Date	(11) Nam	ne of OSHA M	fonitor		100000000000000000000000000000000000000			-		
9-11-15	(10)	9-14		CO-00000 1000000	A								
			ay Year		,								
Occupancy Status Dur [X]Facility Clos of Abatemen	sed/Vacated D			Str	eet Address	3							
[ ]Abatement Pe	rformed Outsi			Y Cit	y, State, Z	ip Code							
Hours - Desc: [ ]other - Desc:	ribe: <u>«OffHour</u> ribe: <u>«Other O</u>		Manager .										
Scope of Work (Check	all that app	oly)											
[X]>3 sf or []>160 sf of		70	[]Renovation ]Demolition		[ ]Mini-E [X]Glove	Containment wi Enclosure Dag Procedure Diable Procedu		Pressi	ire				
			Is		[ ][0][ ]	rabie rioceda		Aba	teme	nt I	Type		
Location			ocation ormally	100	Description			R		E	E		
Asbestos-Con Material	-		Used Solely	As	bestos-Cont Material (		Amount (Specify	E	R	C	C		
TO BE ABA		B	y Main-	(i.e	e., thermal		SF or	0	PA	A P	D L		
In Facil	ity	Cu	enance/ stodial		tion, surfa		LF)	VA	I	S	S		
(13)		Yes	No N/A	or o	ther miscel	.laneous)		L	R	L	R		
Basement			X	Pipe	Insulat	ion	35 LF	X					
			x	Boile	r		16 SF	x					
Name of Registered W	aste Hauler	NJ	DEP Waste	Cubic		Name of Regi	stered Land	fill					
AZTECH MANAG	EMENT, IN		uler ID No. 7040	of Was	te 1.5	Minerva	Enterpr:	ises					
City, State	Disposal				al Date	City, State							
Montclair, NJ	07042			9-1	5-15	Waynesbu	rg, OH	44688	3				
Completed By (Print	or Type) Ti	tle			Date								
Constantine V	ivian Pr	reside	nt		( V	ilia		9-1		ì			





Date of Notification (1) 9/1/15	Name of Building Owner/Operator (2)  James Hewitt Private Home  Street Address  1374 Kay Priva													
Agencies Notified Type Notification			treet Add		iivate	, 1 101110			71 15 SE	<u> </u>	4	5		
EPA Initial Amended		1	274 Ka	ay Drive					£					(T)
DEP Amended Amendment #				e, Zip Cod Hill NJ C					4					
Emergency (in justification)	ncluding	N	ame of 0	Contact		3			Telephone	Num	ber			$\neg$
DCA Cancellation		J	ennife	1										
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMAT	ON	Type of Facility (4)							
James Hewitt Private Home			4					School (K-12)						
Street Address						Subchapter 8 (Other than K-12)								
1274 Kay Drive						e	tc.)				:55.5		٥,	
City (5) Cherry Hill NJ 08034							Square 1000-		# of Floors	5	100000	dg. Aq	ge	
County (6)		To	County C	ode (7)			Current Use (Prior if being demolished)							
Camden		(3	STATE U	SE ONLY)			Home							
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.		111250000000000000000000000000000000000	of Abate	ement Contr	ractor (9)			•		
Street Address			Stree					200						
3 (2000) (2000) (300) (300)						PO Box 329								
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		T	elephon	ie No.			one No 753-98		Licer 007	nse No 27	).			
Start Date (10) 9/12/15	Scheduled 9/15/15	Com	ompletion Date (11) Name of OSHA Monitor Same											
Occupancy Status During Abatement (Check	(Only One)					Street	Addres	S					-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:			ent		<u></u>	City, S	State, Zij	o Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	le l	ocatio	n				1 1401	PEXEMPLEG	( ) and Non	THUD	1		ement	t
Location of	No	rmall	y	19	D	escription	n of					Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Used Main	tenan	ice/			ntaining I			Amoun (Specifi	7	ي ي	_	Enc	m
In Facility	Custo	dial S (12)	taff?	(1.0.	surf	acing, VA	AT, or		SF or LF		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		outer	IIIISCEIIA	neous)				/al	=	ilate	лге
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Den & IIVIIIg 100111	-	-	X Floo								1			
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Name of Registered Waste Hauler		20.0	JDEP W		200000000000000000000000000000000000000	c Yards		Name of F	Registered L	andfill				
United Containers				of Waste, 3 G.R.O.W.S.										
City, State Elm NJ				Disposal E 9/15/15			Disposal Date City, State 9/15/15 Morrisville PA 19067							
Completed by Title Anthony T Perna President				0.9.7					Date 9/1/15					

	MITTER ST	Date of Notice	tion (1)			o have 6:00 and 1	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
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		☐ DCA		Masin) Masin	Name of	Canada	212010 10	J 08028	
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	District.	Name of Forest		•	FACER	IY IN ORMATION			/
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	Trans.	City (5)	1	15/10/4	dway		1 Other So	(Other than K-12)	Į.
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	and the	Project Manager for M	ordining Firm	Telemi	none No.	1-114/19	nco Ni	)	Ì
- 222	-			1	WALE IND.	Telephone No.	1 11	icense No.	
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MILIN.	1	8-29-15	4	Charitied Completio	n Date (11)	Name of OSHA Mo			
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Do not use this form for esbestos licensure exempled activities.

OK 3838

	Date of Notice and the	(2 CISEBET TO MJAC 8:60 and	12:120)
-	Date of Notice of (1)  8-28-15	Name of Sand Ormstof	Cres A-
	Agencies Notified   Fine Notifie	- Pike lun	
		Street Address	1 Construction U.C.
		300 77	
-	F E A CONTRACTOR	300 774	SHEET
		Will, State, Zip Code	The state of the s
		Jen Jen Js	le City No Ob234
		Name of Contact	
13		FRANK	idaina kimis
			1511 000
	Name of Facility Where Abstantible leading Para (	FACOURY BU-CREMATION	
	11001010101		Type of Ferrity (4)
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1	= ZZ1 5,7th St		
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TABLET	Sen Isle City		Supplied Topics
111111	County (6)		Don His His Age
13.12	Doean	County Conto (7) (STATE USE CALLY)	Curent Use (Prior Aberra demolered)
HEE	Name of Maniaring Fam Hired by Sureing Owner (8)		Volid- 1
1997		1	atent Contector (9)
14.17	Street Address		511-6
THE PERSON	Name of the last o	Street Address	
HHE	City, State, Zip Code		Birlington are
DATE TO	467	City. State, Zo C	
STEEL STEEL	Project Manager for Monitoring Form	spinne No. Telephone No.	à NJ Cress
200	- 1		G7. License No.
li,	Sieri Dele (10) Scheibred Comple	8565270	01/200
T PARTY	9-20-45 9-30-	Sion Date (11) Name of OSHA IM	
1111111		E .	T Self
-		Street Address	
DIGENS.	Abelians (Performed Cutside of Normal Facility House Cutside of No	7	
Tilleton		City, See, In Cont	
Natura Orange	Scope of Week (Check all that sophy)		100
TOWN.		Пенсон	
STATE OF	Zero si or zem s		Time I win Negative Pressure
Mary Da		☐ Glossies F	Total
Thurs.	sions		Color Field Procedure
100	Ashesias-Canada Manada	tuning.	Abatement
Bremin	(richard)	Description of Achaetas Contrains	ј Тура
STATE OF	SV Facility	(Le. diamei spless here	(ACM) Amount
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	1	or esbestos licensure exempleri acci	A CONTRACTOR OF THE CONTRACTOR
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<sup>°</sup> Do not use this form for esbesics licensure exempled eclivities.

### PK 3777

Data of Notification (1) 09/02/15	Name of Building Owner/Operator (2) RICHARD DIPETRO  Street Address																
Agencies Notified	Type Notification			Street A						25	1		-7	Cit	( C.Z	38	
DEP DOL	X Initial Amended Amendment	#		City, Sta	ate, Zip Co LE, NJ	ode					·	ŧ. '	- 1		i		
DOH DCA	Emergency justification) Cancellation	(including			f Contact	00,0					anha						
				FACI	ILITY INFO	) PMA	TION			1							
Name of Facility Where	Abatement is Takin	g Place (3)	)	1 70	LITT IN	OT CIVIT	KIION	Typ	pe of Facility (4	)							
1		•								,							
Street Address 208 WHITE HORS	E PIKE	٠		ři				×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe				dings	hom	es,	
City (5) OAKLYN, NJ								- 0	uare Feet ,000	# of	Floors	S	E	ildg. A	\ge		
County (6) CAMDEN COUNT					Code (7) USE ONLY	)	Current Use (Prior if being demolished)  MULTI FAMILY HOME						ed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	Л No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS										
Street Address					100000000000000000000000000000000000000	Street Address 6 WHITE DOVE COURT											
City, State, Zip Code	@								, Zip Code OOD, NJ 08	701							
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph	none			Licen 1200	se No	,				
Start Date (10) 09/13/15		Schedule 09/13/1		npletion	Date (11)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SHA Monitor AD PROFES	SSIO	NAI S	3					
Occupancy Status Durin	ng Abatement (Chec	k Only One	2)				Street									-	
		50	200	1200					E DOVE CO	URT							
Facility Closed/Vac     Abatement Perform     Other – Describe:	cated During Entire I ned Outside of Norm	Period of A nal Facility	Hours	nent			City, S	tate,	Zip Code OOD, NJ 08								
Scope of Work (Check A	All That Apply)						LAN		OOD, NJ 06	701							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпас Арріу)	Section 1990	enova emolit				×	N	Full Containmer Mini-Enclosure Glovebag Proce	dure					0		
		Te 1		Aleksa A					VOIT EXCHIPIED	n-Exempted (*) and Non-				Abate			
Location			Locati ormal			2									ре		
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mair	d Sole ntenar odial S (12)	nce/ Staff?		tos Co therm sur	Description ontaining Mal systems facing, VA miscellan	Mater s inso T, or	ulation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
BASEM	ENT	Yes	No	N/A	AC.	M PI	PE INSL	Π Δ.	TION	11	0 LF	+	X				
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Name of Registered Was	ste Hauler	1	N	JDEP W	laste	Cub	ic Yards		Name of D	ame of Registered Landfill							
NEWARK CARTING			Н	Hauler ID No. of Waste 04509 1 YARD			/aste		IESI	egistei	ieu Lai	ilaini					
City, State NEWARK, NJ							osal Date 13/15		City, State BETHLE	НЕМ	PA		- 32				
Completed by JOSEPH PERLSTEIN  Title OWNER							Signature					Date 09/	02/1	5			

OK 3777

Date of Notification (1) 09/02/15	Name of Building Owner/Operator (2) FIELDGATE PROPERTIES LTD.  PLIS SEP -4 A 1 8: 38																
Agencies Notified	Type Notification			Street A	Address IVER A	VENU	E, SUIT	ΓE 25						2			
DEP DOL	Initial     Amended     Amendment ♯     Emergency (i		_		ate, Zip Co WOOD,		3701		1.1	110	* .	* 1					
□ DOH DCA	justification) Cancellation				of Contact JEL JAK	(UBO)	/IC	NZ.		Tele	ephone	e Num	her				
Name of Facility Where	Abstament is Taking	Place (2	\	FAC	ILITY INF	ORMAT	TION	-	/ E . III. / .								
	Abatement is Taking	Place (3	)	- 7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3					of Facility (4 School (K-12	2)							
Street Address 230 WASHINGTO	N AVENUE							×	Subchapter ( Other (i.e. pretc.)					dings	hom	es,	
City (5) ORANGE, NJ									re Feet	# of	Floors	3	E	Bldg. A	Age		
County (6) ESSEX COUNTY					Code (7) USE ONLY	)		Current Use (Prior if being demolished)  MULTI FAMILY HOME									
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASC	M No.			ne of Abatement Contractor (9) A LEAD PROFESSIONALS									
Street Address								eet Address WHITE DOVE COURT									
City, State, Zip Code					100000000000000000000000000000000000000	0.00	ip Code DD, NJ 08	701									
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	none No	0.		Licen 1200		),				
Start Date (10) 09/16/15		Schedule		npletion	Date (11)		00000 000		A Monitor	SSIO	NAL S						
Occupancy Status Durin	ng Abatement (Check	Only On	e)					Addres				-					
Facility Closed/Vac Abatement Perform	cated During Entire Poned Outside of Norma	eriod of A	baten	nent					DOVE CO	URT							
Other - Describe: Scope of Work (Check A		•	- Tour			_			DD, NJ 08	701		×					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	ттас другу)	and the same of th	enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce	edure					0		
		ls	Locati	on				Non-Exempted (*) and							ement		
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Name of Registered Was	ste Hauler		LAI	IDEBIA	lasts	Colbin	VI-					100					
NEWARK CARTING			Н	NJDEP Waste Hauler ID No.  04509  Cubic Yards of Waste 5 YARDS					Name of R	egister	ed Lar	ndtill					
City, State NEWARK, NJ	4					Dispo 09/17	sal Date 7/15		City, State BETHLE	НЕМ	PA		-				
Completed by JOSEPH PERLSTEIN  Title  ÖWNER					5	Signature					Date 09/	02/1	5				



Date of Notification (1) 9/2/15		Name of Building Owner/Operator (2)  Jeffery Residence  7813 SEP -4 AM 8: 39																
Agencies Notified	Type Notification			Street Ac							-	Cirl	O - 1	, a				
				46 N. S	Surf Rd				1.	14.00	W.			1				
× DEP	Amended	ш	1.00		te, Zip Cod		roov			2.	1 11 -							
	Amendment Emergency		_		River, Ne Contact	ew Jei	sey			Tel	ephone Nu	mber						
DOH DCA	justification) Cancellation		100	Linda	Contact					1		200 (30						
				FACIL	LITY INFO	RMATI	ON											
Name of Facility Where Jeffery Residence	Abatement is Takin	g Place (3)						Type of Facility (4)										
Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,										
46 N. Surf Rd								⊠ Of et		rivate	& commerc	ial build	dings,	home	es,			
City (5)		- 2						Square Feet # of Floors Bldg. Age						ge				
Toms River								1400 1 50+										
County (6) Ocean				County C (STATE L	Code (7) JSE ONLY)			Current Use (Prior if being demolished)  residence										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name of Abatement Contractor (9)											
					Ace	Insulat	ion Co.,	Inc.										
Street Address					1	reet Address												
City State Zin Code								95 Montrose Road City, State, Zip Code										
City, State, Zip Code							Colts Neck, N.J. 07722											
Project Manager for Mon	nitoring Firm			Telephor	ne No.		·	none No. 294-17			License 1 00029	No.						
Start Date (10) 9/12/15		Scheduled 9/18/15		pletion [	Date (11)		Name	of OSHA	A Monitor									
Occupancy Status Durin	ng Abatement (Che	E minospecie seas					Street	Address	:			-						
	cated During Entire						-			91								
Abatement Perform  X Other – Describe:	ned Outside of Norr	nal Facility	Hours			_	City, S	State, Zip	Code									
Scope of Work (Check A	All That Apply)	0751895						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Mini- Glov	Enclosure ebag Proc	e cedure	n Negative			_				
		1						1 Non-	Exempled	1 (*) ar	d Non-Fria	DIE PIO		e ement	t			
Locatio	n of	N	_ocati ormal	ly		De	scription	n of	1					ре				
Asbestos-Containing	g Material (ACM)		Sole			os Con	taining N	Material (			Amount	71		En	E			
TO BE AS	ility	Custo	dial 5 (12)	Staff?	(1.e.	surfa	cing, VA		1011,		Specify F or LF)	Remova	Repair	caps	Enclosure			
(13)	t.	-		T		other r	miscellar	neous)				val	air	Encapsulate	sure			
ļ		Yes	No	N/A			-1-11				400-f	1	-	-				
outdo	ors			X			siding			1	400sf	X	_					
							w/vinyl											
												-						
Name of Registered Wa	ete Hauler		N	IDED 14	laste	Cubic	Yards		Name of	Renist	ered Landfi	11	1					
Ace Insulation Co.,			Hauler ID No. of V				of Waste Chrins				orod Editori							
City, State			Disposal Date					•	City, Stat									
Colts Neck, New Je	ersey					9/18/	1100000		Easton	, PA	15	C. F.						
Completed by Title Bree McGuire Secretary					ırer	15	Signatur	p pur	1		04 100	ate 9/2/15						
40.70.000					1	0000	1											



Date of Notification (1)					Name of Building Owner/Operator (2)  Dave Dallas  7515 SEP - 4 AM 0: 39													
9/2	2/15		Dave I	Dallas				7E13 3		-1 t .	. t:	3	3					
-	encies Notified	Type Notification			Street Ad	ddress ain Stree	at .			2	-				ı			
×	EPA	× Initial		-		te, Zip Co				<i>f</i> - v	1 1	4.	12.			-		
×	DEP DOL	Amended Amendment		100		gton, N		rsey		60								
×	DOH	<ul><li>Emergency justification)</li></ul>	**************************************		Name of						Tel	ephone I	Numb	er				
	DCA	Cancellation			Angelo													
Non	no of Facility Macro	Abatamant in Takin	a Diago (2)		FACIL	LITY INFO	RMATI	ION	Timo	of Facility (4)								
100000	ne of Facility Where allas Property	Abatement is Takin	g Place (3)															
	eet Address									School (K-12) Subchapter 8		er than k	(-12)					
15	4 Main Street				etc.)							& comme	nercial buildings, homes,					
City										re Feet	1 25000	Floors		3833	dg. A	ge		
	emington								1000	2001-1	1			1	5+			
1000	inty (6) inderdon				County C (STATE L	Jode (7) JSE ONLY)			Current Use (Prior if being demolished) - warehouse									
Nar	ne of Monitoring Firm	Hired by Building	Owner (8)	-1	ASCM	No.		Name	of Aba	tement Contr	ractor	(9)						
			r same							ation Co., I	nc.	15 17 20 5						
Stre	eet Address						Addres Iontro	ss se Road										
City	, State, Zip Code					1 200 200 200	y, State, Zip Code											
								k, N.J. 077	722									
Pro	ject Manager for Mor	nitoring Firm			Telephor	ne No.			none No 294-1			Licens 00029						
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	rt Date (10) 14/15		Scheduled 10/5/15	Con	pletion [	Date (11)			of OSH	HA Monitor C								
Occ	cupancy Status Durin	g Abatement (Ched	ck Only One	)				Street	Addres	SS								
	Facility Closed/Vac							100000 000		treet Suite	: A							
×	Abatement Perform Other – Describe:		nal Facility I	lours														
	pe of Work (Check A	II That Apply)			Lincoln Park, NJ 07035													
П	≥3 sf or ≥3 lf		П В	nova	tion			×	Full Containment with Negative Pressure									
×	≥160 sf or ≥260 lf		-	molit				Mini-Enclosure Glovebag Procedure										
								Non-Exempted (*) and Non-Friable Procedure										
			ls l	.ocati	on									9		ement		
	Location	n of		ormal				scription					-	_	1 y	ре		
	Asbestos-Containing		Used Mair	tena				taining N				mount		_		回	т	
	TO BE AB In Faci	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Custo		Staff?	(1.6.		l system. icing, VA		auon,		Specify or LF)		èm	Repair	cap	nclo	
	(13)			(12)				miscellar						Removal	air	Encapsulate	Enclosure	
			Yes	No	N/A											Ф		
	outdoo	ors			Х			siding			4	800sf	>					
	outdoo	ors			X			roofing			3	000sf	×					
indoors					Х		1	plaster			4:	500sf	×					
	indoo	(2)))			Х			floortile	<b>.</b>			200sf	×					
	ne of Registered Wa	ste Hauler			JDEP Wauler ID		Cubic of Wa	Yards		GACTATA TACCESSAS	ame of Registered Landfill							
	wark Carting			04509 30				Chrins										
	, State wark, New Jerse			Disposal Date 10/5/15				1	City, State Tullytow	n D	Δ .							
	npleted by	у	Title	Signature					Tullytow	11, 17	1	Date	Y		-			
Bree McGuire Secretary					Treasu	ırer		K	W.	1/			9/2/	15				
Dice McGaire Georgia								11)		V								



Agencies Notified    Type Notification   Type	Date of Notification (1) 9/2/15	Name of Building Owner/Operator (2) Real Estate Survices																		
	Agencies Notified T	ype Notification	J.				Suite 3/	1		75	00	- F	is.	Ø:	( ( ) ( )	9				
State   Stat	× DEP × DOL	Amended Amendment Emergency	(including	-	City, Sta Newar	te, Zip Co k, New	ode		5	6	,	7	umber		٠.					
Name of Facility (Mhere Abatement is Taking Place (3)   School (K-12)   Scho																				
Street Address   Stre	Name of Facility Where Aba	atement is Takir	g Place (3	)	FACI	LITY INFO	ORMATI	ON	Туре	of Facility (4)	cility (4)									
City (9) Newark  County (6) Essex  County (73		Property																		
Newark   Signature   Signatu									×	Other (i.e. pri				iildii	ngs,	home	es,			
County (6) Essex Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  ASCM No.  ASCM No.  ASCM No.  ASCM No.  Street Address  Street Address  Street Address  Gity, State, Zip Code  City, State, Z									Squa	re Feet	1000000	Floors								
Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Registered Waste Hautler Ace Insulation Co., Inc.    ASCM No.   Name of Abatement Contractor (9)	The state of the s						)		Curre	ent Use (Prior	ng demoli									
Street Address  City, State, Zip Code  Colts Neck, N. J., 07722  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Tolephone Mone Tolephone  Tolephone Mon	17770275332	ired by Building	Owner (8)					Name			ractor	(9)		_						
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Cots Neck, N.J. 07722  Project Manager for Monitoring Firm  Telephone No. Telephone No. Telephone No. Talephone No												(0)								
Colts Neck, N.J. 07722   Colts Neck, N.J. 07	Street Address																			
Start Date (10) 9/11/15  Scheduled Completion Date (11) 9/22/15  Street Address  Street Address  City, State, Zip Code  Scope of Work (Check All That Apply)  ≥ 3 sf or 23 lf ≥ 160 sf or ≥260 lf  Countaining Material (ACM) 150 BE ABATED In Facility (13)  West side outdoors  Normally  West side outdoors  Normally  West side outdoors  Normally  Normally  Normally  SF or LF)  Normally  SF or LF)  Normally  SF or LF)  Normally  SF or LF)  Normally  Normally  Normally  Normally  Normally  SF or LF)  Normally  Normally  Normally  Normally  Normally  SF or LF)  Normally  Normally  Normally  Normally  Normally  Normally  SF or LF)  Normally  Normally  Normally  Normally  Normally  Normally  SF or LF)  Normally  SF or LF)  Normally  Nor	City, State, Zip Code										22									
9/11/15 9/22/15  Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Tam-Tom  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 150 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  West side outdoors Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Nabestos Containing Material (ACM) (i.e. thermal systems insulation, other miscellaneous)  SF or LF)  ### ### ### ### ### ### #### ### ###	Project Manager for Monito	ring Firm			Telepho	ne No.							No.							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City Code  City Code  City Code  City Code  Cit	1				npletion I	Date (11)		Name	of OSI	HA Monitor				3						
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State  Color Neck, New Jersey  City, State  Color Neck, New Jersey  City, State  Color Neck, New Jersey  City, State  Completed by  Title  City, State  City, State  Color Neck, New Jersey  Completed by  City, State  City, State  Color Neck, New Jersey  City, State  City, State  Color Neck, New Jersey  Completed by  City, State  City, State  Color Neck, New Jersey  Completed by  City, State  City, State  Color Neck, New Jersey  City, State  City, State  City, State  Color Neck, New Jersey  City, State  City, State  Color Neck, New Jersey  City, State  C	Occupancy Status During A	batement (Chec	ck Only On	e)				Street	Addres	SS			774							
Sality	Abatement Performed	Outside of Norr						City, S	itate, Z	ip Code										
	Scope of Work (Check All T	hat Apply)							7											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  West side outdoors  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  To BE ABATED In Facility (13)  Yes No N/A  West side outdoors  X flashing  1400lf  X   Image: Im								×	Mir	ni-Enclosure ovebag Proce	dure	925				e				
Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff?   (12)   Yes   No   N/A			ls	Locati	on							Α			t					
west side outdoors	Asbestos-Containing Ma TO BE ABATI In Facility	aterial (ACM)	Use Mai	d Solel intenar odial S	ly by nce/		tos Cont thermal surfac	aining M systems cing, VA	faterial s insula T, or		(5	Specify	Kemova	1			Enclosur			
north side outdoors			Yes	No	N/A											te	(D)			
Name of Registered Waste Hauler Ace Insulation Co., Inc.  NJDEP Waste Hauler ID No. 12086  Disposal Date 9/22/15  Completed by  Name of Registered Landfill Cubic Yards of Waste 10  Chrins  City, State Disposal Date 9/22/15  Easton, PA  Date	west side outo	doors			Х		fl	ashing	1		1	400lf	X							
Ace Insulation Co., Inc.  Hauler ID No. 12086  City, State  Colts Neck, New Jersey  Disposal Date 9/22/15  Completed by  Title  Disposal Date 9/22/15  Easton, PA  Date	north side out		X		r	oofing			5,	000sf	X	1								
Ace Insulation Co., Inc.  Hauler ID No. 12086  City, State  Colts Neck, New Jersey  Disposal Date 9/22/15  Completed by  Title  Disposal Date 9/22/15  Easton, PA  Date			-											+	-					
Ace Insulation Co., Inc.    Hauler ID No. 12086   Of Waste 10   Chrins	Name of Registered Waste	Hauler		I N	JDEP W	/aste	Cubic	Yards	rds Name of Registered Landfill											
Colts Neck, New Jersey  Completed by  Title  Signature  Date	Ace Insulation Co., Inc			[							-3									
		ey .				,					PA									
1 10 01/11			100000000000000000000000000000000000000	etary	Treasu	ırer	S	ignature	1	_				5						

Date of Notification (1) 09/01/15	Name of Building Owner/Operator (2) MIRACLE HOME IMPROVEMENTS INC															
Agencies Notified Type Notification		5	Street Ad							îtiā	SEP	10	<u>.</u>			
EPA Initial Amended Amendment		1000		e, Zip Coo DE HEIO		NJ			2000	11	).				34	
Emergency ( justification)  DCA  Cancellation	including	١	Name of	Contact					Tele	ephone N	-					
			FACIL	ITY INFO	RMATI	ON			1							
Name of Facility Where Abatement is Taking HOME	g Place (3)	N.					S	of Facility (4) chool (K-12)	)	10 88						
Street Address 232 KEARNEY AVENUE							× O	ubchapter 8 ther (i.e. pri tc.)				uildi	ngs,	home	s,	
City (5) SEASIDE HEIGHTS, NJ					1		Square 1500	e Feet	# of 2	Floors		Blo	dg. A	ge		
County (6) OCEAN COUNTY			County C STATE U	ode (7) ISE ONLY)		Current Use (Prior if being demolished) HOME										
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		ement Contr PROFES			-					
Street Address		N. P.					Street Address 6 WHITE DOVE COURT									
City, State, Zip Code						City, St LAKE		Code D, NJ 08	701							
Project Manager for Monitoring Firm		1	Telephor	ne No.		Telepho 732-6				License	e No.					
Start Date (10) 09/11/15	Scheduled 09/11/15		pletion [	Date (11)			A Monitor PROFES	SSIO	NALS							
Occupancy Status During Abatement (Chec	k Only One	)				Street A						-	-			
parting:							/HITE DOVE COURT									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	nal Facility H	lours	urs City, State, Zip Code LAKEWOOD, NJ 0870											2000		
Scope of Work (Check All That Apply)			LANCE POT THE				-1					16				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat moliti				×	Mini	Containmer i-Enclosure vebag Proce i-Exempted	dure	1,53				e		
	le l	ocatio	on										Abate	ment	8	
Location of	No	rmall	y		De	scription	of					_	Ту	ре		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		tenar dial S (12)	ice/ staff?		tos Cont thermal surfa	taining M I systems cing, VA miscellan	laterial s insula T, or		(5	mount Specify or LF)	Ivellioval	Damoval	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											35.0		
INTERIOR					N	MASTIC	,		1.	50 SF				X		
Name of Registered Waste Hauler		T N	IDED W	laste	Cubic	Yards		Name of Registered Landfill								
NEWARK CARTING	Hauler ID No. of W				of Waste 1 YARD			-3.00								
City, State NEWARK, NJ		Disposal Date 09/11/15					City, State BETHLE		Л РА							
Completed by JOSEPH PERLSTEIN	ER		l)	5	Signature		=			Date 09/01/15						

#### Print Form

Date of Notification (1) July 22, 2015						Operator ( n Park &		ield Sewe	erage Auth	ority							
Agencies Notified	Type Notification			Street A		, T					1 6		*-				
DEP X DOL	Amended Amendment				te, Zip Co n Park, N		035			34	-		-				
▼ DOH DCA	justification)  Cancellation	including	- 10		Contact el E. Sol	la				Telephone	Nıım	_					
				FACI	LITY INFO	RMAT		T (5Wt- (4)									
Name of Facility Where a Two Bridges Waste			)					s	of Facility (4) school (K-12	)							
Street Address Lincoln Blvd.								× e	other (i.e. pri tc.)	Other than vate & comm			lings,	home	es,		
City (5) Lincoln Park								Square ~ 3,00	00	# of Floors		Bldg. Age 38					
County (6) Morris				County (	Code (7) JSE ONLY)	_		Current Use (Prior if being demolished) Vacant Water Treatment Bldg									
Name of Monitoring Firm Lighthouse Environ		Owner (8)		ASCN	No.				ement Contr vironment	ractor (9) tal Service	s, In	c.					
Street Address 3 Vose Avenue						eet Address Ridge Road											
City, State, Zip Code South Orange, NJ (		- 4000				, State, Zip Code oenixville, PA 19460											
Project Manager for Mor Sarah Calandra	nitoring Firm			Telephone No. Teleph 973 275-5000 610 9						Licens 0083	se No						
Start Date (10) 8/05/2015		Schedule 8/19/20		npletion I	Date (11)	91 ( 95)	Name o	of OSH	A Monitor vironment	tal Service	scin	Č.					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street A			=	-	7 7 7					
Facility Closed/Vac	ated During Entire F	Period of A	batem	nent			42 Rid	load	2								
Facility Closed/Vac Abatement Perform Other – Describe:					160 >	TAL Y	NOR HE										
Scope of Work (Check A	II That Apply)									ç	555						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Mini- Glov	-Enclosure rebag Proce	nt with Negati	ve Pr	essur L					
								NOIT	-Exempled	( ) and Non-r	Habit			ment			
Laconto	,		Locati Iormal			9							Ту				
Locatior Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) ATED	Use Mai Cust	d Sole intenar odial S (12)	ly by nce/ Staff?		os Cor therma surf	escription on taining Ma al systems acing, VAT miscellane	aterial ( insulat , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Oxygen Gene	rator Bldg	Yes	No	N/A	30		Roofing			2,225 SF	:	x		-			
Oxygen Gene	25-8	X					Caulk			15 LF		x					
Oxygen Gene				Flan	ige Gask	ete		80 SF		x							
exygen cene	rator blag	X				i idi	5 5: 6: 7: 1										
Name of Registered Was	ste Hauler			JDEP W		Cubi	c Yards	T	Name of R	egistered Lar	ndfill						
Services Transport (	Group, Inc.			Hauler ID No. of Waste ~ 80					Minerva Enterprises, Inc.								
City, State New Castle, Delawa	re			Disposal Date 8/2015					City, State Waynesh	ourg, Ohio							
Completed by Title					Signature				Fin		Date		45				
Patrick Larney P.M.								Kut 1122/20					2015				