State of New Jersey HOTHICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60 and 12:120) --

Date of Mountation (1) 3 -15		Name of Bul	wing Owner Operato	x (2)	ofe a co	er .	
Agencies Nouned Type Houncason	n .	Size el Ardre			A citi		_
☐ FA ☐ Jinka	_	City, State, Z	in Code				
Amendment I		CAY, 3010, 2	WUDDBI	NE, NIT	,08270		
OON justification)		Hame of Cor			Тыюрьога Нитрег		
□ Cancallation	e	41	SA FISHER				_
* 34		FACUTY	INFORMATION				
Name of Facility Where Abatement is Takin	ng-Place (3)		E.	Type of Facility School (K-12	2009		
LES IDENCE				- Subcraptor 8	(Other than K-12)	18	
Screen Address 400 S. SHOK	RE RD)		homes, etc.)	nyste & commercial		
Cir (5)	,			10 0 0	FOFFICEII	8100 100 40 T	
MARMORA		Ca. ab. Co.	0 (1) (STATE		or K being demoksni	20)	_
COUNTY 161 CAPE MAY		USE ONLY			CONT.		_
Name of Marisonny Firm Hired by Building	Owner A	SCH No.	Hame of Abate	meni Convegor (9)	<i>C.</i>		
(8)			-				
Street Appress	£3		369	S. SPRU	CE AVE.		_
			0 0 1	Code		! ~ < L -	
City, State Dp Code	·.		THEODORE NO.	PLO SHAJ	TUGENSE HO		=
Praci Manager la Montaing Firm	, Teleç	shore No.	856-7	79-0472	The second secon	4	_
I Scha	au ed Complet	on Date (11)	Name of OSHA	Hannay .			
Sian Dail (10)	1/21/	12	20150	bry HIGH	7-1	-	
Sizius Dixon Abalement (Che	ock only one)		Sueel Address	S. Spiruc	ミイ いき・	- E	
ET COMPANY STATED DUMO ENDIE P	euco ol vogra	nent		•			
Abatement Performed Outside of Norma	ar Facally Hoor	·	MAP	ILE SHAD	E, N, J, C	00052	
Scope of Work (Check all that apply)			□ FUX C	ontainment with He	gabye Pressure		
STATE OF THE STATE	Renovati	on	□ Mun-8	polosure			
51 20 21 01 5 5 2 0 11	Ø 00mai∞	١	100 m	Exempled (') and N	on-Frizoke Procedur	~	r
	Is Localic Normally		5.00 VAC VACOS	2000			-
, Location of	Used Soleh	y by	Description spesies Containing h	Halenal (ACM)	Amount (Specify	= - 1	7
Aspesios - Containing Material (ACM) TO BE ABATED	Custodia Statt?		(i.e., thermal system	AT, OI	SFCLFI	Herryon	÷ .
IN Faciny (13)	(12)		other wascopie	vecasj		Į į	
(12)	TES HO	NIA	39 82		17:00 55	V	
1.7	+	X	TRANS	317E	120055		
SIDING	-	/				+	<u>-</u> -
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				L Name of Re	pistered Landill		
Name of Registered Waste Hauler		Hanter D Ho	0(449216	0, ~	1, C, M.U	, 3,	
KEEMCO INC.		17904	0 s po sa 1 0 a 1	_	- 1	, T.	
CIN State	5,080	52	35,73		DBINE, M		_
MARILEDIANDE	100 °		Signalu	: 410	Date	-3-1	2
				- 1/2/			
Compresso By CLEMM	~ 0 W N	ER		ory!		-	

CK 3794

Care of Notification (1)	13/15		Nam		ng Owner/Operator L + N FECN		TING			
Agencies Notified	Type Notification)n	Stre	el Address						
及 00r 图 0æ 图 8æv	Amended Amendment		Слу.	State, Zip		=	7			
_ DOH	Emergency)	Nam	e of Conta			Telephone Numb	er		
<u>_</u> 004	Cancellation				UCE BREU	INIG				!
				CHITY IN	FORMATION		18 W			
Trame at Facility Where	Abatement is Tak	ng Place (3				Type of Facility School (K-1				
tion: Address	PHILA)ELPH	1A 1	4UE			8 (Other than K-12, nvate & commercia)		nnys	- 1
17. (5	TNOR	W V				Square Feet	# of Ficors		19 A9	
. Jounty (6)	BATIC			inty Code (ONLY)	7) (STATE	Current Use (Pr	nor if being demolish	ned		
- wark of Monitoring Firm	Hired by Building	Owner	ASCM	l No		ent Contractor (9				
Firee: Address	//A		1		Sueel Address	S, S PRUC				
Stare Zip Code					Crry, State, Zip C	ode	DE N.J.	nā.	(,
i-roject Manage: for Mo	niloring Fimi	1	elephone	No.	Telephone No.		License No			
	10:	duled Com	-1-1-0 0		Name of OSHA N	9-0472		7 7		
Stan Date (10)	15	1/23	115	· · ·	J 8 5	JPH KL	EMM			
Dunnance, Status Dunn					Sueel Address	S. Spi	.vu= 200.			
▼ Facility Closed Vacati Abatement Performed	ed During Entire P I Outside of Norma	ellow of Ade	ours		Can State Zin Co	Me.				
T Diner - Describe	*)				MA	OLE SI	LODE, N.		- 1	- 5 :
5.006 ct Vrznk (Check a	ill that apply)	☐ Renov			☐ Mini-Enc	g Procedure				
		Is Loca	1100		Non-Exe	empted (') and No	x-Frable Procedure		Duritin	1 4
• .		Nome	ally:		Description of				' 42	••
Location (Aspessos-Containing A		Used So Mainten	ance/		tos Containing Mati	enal (ACM)	Amount (Specify	7		E
TO BE ABAT IN Facility 13:	ED '	Custo Stat (12	13	(i e	thermal systems in surfacing, VAT, other miscellaneo	or	SF or LF	demov.il	Reput	o apsada o
		YES N	o N/A							
SIDIA	1 Ca		Χ.	<u>. I</u>	RANSITE		<u>1700s</u> p	*		
			+							
								4-		
name of Registered Was	te Hauler		NUDEP V		Cubic Yards of Waste	Name of Regi	stered Landfill			
KLameu	INC,		179	04	Disposal Date	Ciry. State	., U, A1			
Car State MAPLE	SHADE	N.J				PLEA	SANTVILL	F	L.	7
Jampieren By	Tide	V	P		Signature	n Kelin	n 19/	3/	15	
JOSEPH K	15 M M	/	1							

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CK	T,	-1	1 /)	19

Date of Notification (1)			1		Building O		erator ((2)			OEF	Ğ	4915		
Sept. 3, 2015					eorgiov									3111022	
Agencies Notified	Type Notification			treet Ad											*
☐ EPA	× Initial		1.00		eder Str									+	
DEP	Amended		10000		e, Zip Cod						* * *			4	
X DOL	Amendment Emergency (Amoby,	NJ									
X DOH	justification)		100000		Contact					l ele	phone Num	ber			
DCA	Cancellation		·		eorgiov										
N1	At at a set in Table	- Diago (2)		FACIL	ITY INFO	RMATION	N	Type	of Facility (4	1					_
Name of Facility Where House	Abatement is Takin	g Place (3)													
			W 2000						ichool (K-12		er than K-12	·			
Street Address											commercia		ings,	home	s,
338 Ceder Str									tc.) e Feet	# of	Floors	R	dg. A	70	
City (5)								2000		2	1 10013	1 333	09. A 0+	ge	
South Amboy				ounty C	ode (7)						ng demolish	1000	-		
County (6) Middlesex					SE ONLY)		_	Cullet	11 036 (1 110	i ii beli	ig demonsir	Juj			
	- Line d by Dyilding	Dumar (0)		ASCM	No	1	Namo	of Abat	ement Cont	ractor	/Q)				
Name of Monitoring Firm	n Hired by Building	Jwilei (6)		n/a	NO.				anageme		35)				
n/a				11/4				Addres				-			
Street Address n/a						,		roy La							
							11.1 (10.1111)		p Code						
City, State, Zip Code						,			rk NJ 070	135					
Project Manager for Mo	nitoring Eirm		Тт	elephor	ne No			one No			License No)			-
n/a	fillotting raint		1 33	n/a	16 140.			70679			01193				
Start Date (10)	*	Scheduled)ate (11)	-			IA Monitor			A45 A51			
9/15/2015		9/16/20		DIOLIOIT E	2010 (11)				lanageme	ent Co	orp				
Occupancy Status Durin	ng Abatement (Che						1184000	Addres	Commission and Commission Commiss		1	****	-		
h <u></u> -	973					1	22 T	roy La	ane						
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of Ab nal Facility F	ateme lours	ent					p Code						
Other - Describe:									ark NJ 07	035					
Scope of Work (Check	All That Apply)		-												
≥3 sf or ≥3 lf		N Pa	novati	ion] Fol	l Containme	ent with	Negative P	ressur	e		
≥160 sf or ≥260 lf			molitic				2	≦ Min	i-Enclosure		rioganio				
							-	- GIU	vebag Proc		d Non-Friab	le Pro	edur	e	
							Bear	140	I-Excimpted	() an	a reon rinab	1		ement	:
			ocatio rmally	200		_							Ty	ре	
Location Asbestos-Containin		Used	Solely	y by	Ashest	Desc tos Conta	cription ining N		(ACM)	А	mount			т	
TO BE A	BATED	Main Custo	tenan			thermal s	ystem	s insula		(5	Specify	Re	Z	nce	Enc
In Fac			(12)	lan:		surfacii other mi			4	SI	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-	A Do			outer ini	Scellai	ieous)				'al	7	late	Jre .
		Yes	No	N/A										-	
Kitch	ien			Х		1	VAT			1	60 SF	X			
				-								-			
	(6)			IDEE	1	1011	/av-l		Nema	Dozi-	arad Landell				
Name of Registered Wa			1/100	JDEP W auler ID		Cubic Y of Wast			D (2000) (400)		ered Landfill				
Loznica Managem	ent Corp		176719	03313		TBD	0.500		GROW	S La	ndfill				
City, State			10000			Disposa	al Date	9	City, Stat	е				Y-MK	
Lincoln Park, NJ 0	7035					TBD			Morrisv	ille P	A 19067				
Completed by		Title		1000		Sig	gratus	9		,		ate	cayou.		
E. Cirovic		Secre	tary				1	W	Un	-)	9	/3/20	15		
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011	コートルノンド

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Date of Notification (1) September 2, 2015			0.00		Building (rry Galv		perator	(2)			SEP	8 2	115		
Agencies Notified	Type Notification			Street A	ddress					15.1					
EPA DEP DOL	Initial Amended Amendment	#			ite, Zip Co , New Je		7011			11					
DOH DCA	Emergency justification) Cancellation		1 8		Contact rry Galv	in				Tel	ephone Nun	nher			
	_			FACI	LITY INFO	RMATI	ON	y							
Name of Facility Where A	Abatement is Takin	g Place (3)							of Facility (School (K-1	5 50					
Street Address 2 Grant Ave.									Subchapter	8 (Oth	er than K-12 & commercia		dings,	home	es,
City (5) Clifton,									e Feet	# o	Floors	В	ldg. A	ge	
County (6) Passaic					Code (7) USE ONLY)			Curre		or if bei	ng demolish	ed)	110,000		
Name of Monitoring Firm		Owner (8)		ASCN	No.			of Abat	tement Cor		(9)				
Street Address 27 Willard Street		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Addres Getty							
City, State, Zip Code Garfield, NJ							City, S	state, Zi	p Code w Jersey	, 0701	1_1802				
Project Manager for Mon Boban Mickowski	itoring Firm			elepho	ne No. 12-4049		Teleph	none No	D.	7 07 0 1	License N	٥.			
Start Date (10) September 9, 2015		Scheduled	Com	pletion I		71-12-8	Name	of OSH	A Monitor	- 1	00724				-
12.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		October		.015			, ()		nstructio	n inc.					
Occupancy Status During								Addres Getty	55						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility F	atem lours	ent	ñ		City, S	tate, Zi	p Code w Jersey	, 0701	1-1802				
Scope of Work (Check A	Il That Apply)						Omic), i i i	00100	, 0101	1 1002				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat moliti				×	Min Glo	i-Enclosure vebag Pro	e cedure	Negative P				
		tenor.				-		1 1001	1-Exemple	a (") an	d Non-Friab	$\overline{}$	Abate		
Location	- 6	100	ocatio rmally			-			E 1					pe	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Custo	tenan	ce/		tos Cont thermal surfac		Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	
Baseme	ent			X		Pipe	Insula	ition			OLF	х			
		8													
			-			- 11120									
Name of Registered Was	te Hauler		1000	JDEP W		Cubic			Name of	Registe	red Landfill				
Slavco Construction	Inc.			auler ID 508	NO.	of Was	ste		G.R.O.	W.S L	andfill				
City, State Clifton, New Jersey (07011-1802					Dispos TBD	sal Date		City, Stat Morrisv		а				
Completed by Vivian D. Jurcevic		Title Office	Man	ager		S	ignature	e)	n A	2010	Da LLLL Se	te epten	nber	2,20	15
				- TO -	-00-200		UKL	un	1100	Kuc	we		Market .		

State of NJ

B & G proj. #: 2015-166

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

		-		9	**EMER	GEN	V C Y ***	Check	#7376				
Date of Notification (1)		HN	lame of B	uildina Own	er/Operator (2)								
0 8 1 / 2 8 1 / 1 1	5				Regional S		District	ς:			Ē		
	otification		treet Addr								17	-	
☐ EPA ☑ 1	nitial		687 Ro	ute 9	*								
_ DEP		10	ity, State,	Zip Code									
☑ DOL ☐ A	mendmen			Иау, NJ 0	8204								
☑ DOH	26	N	ame of Co	ontact				Telephon	e Number			-	
□ DCA □ C	ancellation	۱	Mark N	/lallet, Bu	siness Admi	inistra	ator	l					
				FAC	ILITY INFORM	ATION	ı	L.					
Name of facility where abate	ement is tal	king pla	ace (3)				Т	Type of Facility (
Lower Cape May Reg				B 8				✓ Schoo	(K - 12)				
								BEAUTY (I)	apter 8 (O			-12)	
Street Address									Private/Co Homes, et		rcial		
687 Route 9									# of Floor		Blo	dg. A	ge
City (5)		Cour	nty (6)			\$60 LD27/1	inty Code (7)						
Cape May		Саре	e May	*	%	(Sta	te use only)	Current Use (P	rior if being	g dem	olishe	ed)	
Name of Monitoring Firm Hir	red by Bldg	. Owne	er (8)		ASCM No.	<u>-</u>	Name of Abatement Co	ntractor (9)					
AHERA CONSULTAN	NTS				0057		B & G Restoration,	Inc.					
Street Address						-	Street Address						
P.O. Box 385	Œ						105 Ryerson Road						
City, State, Zip Code							City, State, Zip Code						
Oceanville, NJ 08231	-0385			(4)			Lincoln Park, NJ 0	7035	_				
Project Manager for Monitorin	ng Firm		P	hone Numb	er		Telephone Number		License	Numb	er		1
John Smoyer			6	09-652-1	833		973-696-6869		0378				
Scheduled Start Date (10)		Sched	d. Complet	tion Date (1	1)		Name of OSHA Monitor B & G Restoration,						
08/29/2015		08	/30/201	5			Street Address	, 1110.		-			
Occupancy Status During Aba	atement (C	heck o	only one)				105 Ryerson Road						
Facility closed/vacated							City, State, Zip Code						
Abatement performed of Describe:	outside of r	normal	facility ho	urs-			POST TO MORE OF MORE CONSISTEN						
Other-Describe:						_	Lincoln Park, NJ 0	7035		_			
Scope of Work (check all that	at apply)							[wrap	& си	t	_	
Demolition	√ Re	novatio	on			√ F	full Containment w/negat	ive pressure	Gloveb	ag pr	ocedu	ire	
>3 sf or >3 If	√ ≥16	0 sf or	≥260 If				Mini-enclosure	[Non-fr	iable į	огосе	dure	
Location of				used solely	У					R	R	E	E
asbestos-containing		mainte aff(12)	enance/cu	stodiai			sbestos-containing	Amount (Specify S	E or	m	р	n c	n
material to be abated in facility (13)	-	Yes	No	N/A	material	(ACM)		LF)	01	o V	a	a p	L
		103	140	INA		- 1		ļ		e	r	Р	-
Guidance Office			X				minated carpet	800 sqft		V			井
			X		VAT & Ma			500 sqft	*	V	님		ዙ
					cleanup of	tne a	area			#	片	믐	ዙ
1 - 1					<u> </u>			-		片	片	片	H
2 - 1-1		TALLE	EDII i	10# 12	ubic Yards of	Macto	Name of Registered La	andfill				Ш	
Registered Waste Hauler B & G Restoration, Inc.		NJD 195	EP Hauler 563	וט#	oubic Yards of 6 yards		Tullytown Resource	e & Recovery	Center				
City, State		-1		Disposal I			City, State			the section			
Lincoln Park, NJ 07035					31/2015		Tullytown, PA						
Completed by (Print or Type)	1 1 2 2 2 2		Macro		Signature		Gordana Luna		Date	100 1	_		
Cordana Luna	Co	creter	V/Treasil	rer	1		Joraana Luna		08/28	/201	5		

B & G proj. #: 2015-166_

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

E a G proj. #.	7010-1	-	(F):	(ruisi	*** EME		-/ and 12:120-7)	Ch.	4 707				
Date of Natification	(1)	715	t I M	55 N.H. A	The state of the s		- 14 0 1	Circ	ck #737	0			
0 81/218					wher/Operator (- I Dialy .	the state of the s	ROVED				
Agancies Notified	Type Notif			Address	ay Regional,	Sano	ol District	Na Pept of Heal	th & Senic	r Ser	vices		
☐ EPA ☐ DEP	☑ Initi	el i	687	Route 9	- N	*********		R/311	gnaturė)	72	171	187	
☑ DOL	☐ Ame	ndment		ate, Zip Code e May, NJ				DEIG: V	i inie.			-	
☑ DOH				Contact	00204					- Constant			
☐ DCA	Can	cellation			Business Adn	ninist	rator	, Telepi	ione Numb)er			
bless go IM		4-			CILITY INFOR	MATIC	N				-		
Name of facility wh								Type of Facili				Tributa	-
Lower Cape M	lay Reglor	al High	School-	SUB 8			1		100 (K - 12				6
Street Address 687 Route 9					The state of the s			Othe	chapter 8 i er (Private) s./Homes,	Comm	than rerola	K-12)
City (5)		To	ounty (6)			Ta		Square Feet	# of Flo	ors	1	Bldg.	Age
Cape May			ape May		4/2		unty Code (7) ate use only)	Current Use	(Prior If be	na de	molis	hed	
Name of Monitoring	Firm Hired t			•	T Approxim	,						1)	
AHERA CONS	ULTANTS	3	milet (b)		ASCM No. 0057		Name of Abatement	and the second of the			G-278		
Street Address		***			1		B & G Restoration	on, Inc.					
P.O. Box 385		•	#1			- 1	105 Ryerson Ro	ad					
City, State, Zip Code							City, State, Zip Code			- Mileran		_	-
Oceanville, NJ					*		Lincoln Park, N.	J 07035	4				
Project Manager for I	Monitoring Fi	rm		Phone Nurr	900 B.		Telephone Number		License	e Nun	ber		
John Smoyer				6094652-1			973-696-6869	11124/2	0378				
Scheduled Start Date	(10)	80		letion Date (17)		Name of OSHA Moni						
08/29/2015		The state of the s	8/30/20				Street Address	III, AIRC.	The State of	_	No.	-	
Occupancy Status Du	iring Abatem	ent (Chec)	conly one)	,		105 Ryerson Ros	ad '					
Facility closed/	racated outsic	ig entire pi ie of norm	eriod of ab al facility h	ilitement ovrs+			City, State, Zip Code		Territoria.		_		
Describe: Other-Describe					*	_	Times In Day, 277	AHAD A				1	
Scope of Work (chec		oly)					Lincoln Park, NJ	07035					
Demolition			tion .			171 -	full Career and a such		_ wrap	-	-	_	
>3 sf or >3 IF		≥160 sf d				Anna .	full Containment w/neg Minl-anclosure	anve bressnip	Glove				
Location of	-	Is locat	on norma	ly used solel	ŷl				☐ Non-fi	riable			_
asbestos-contai	ning	by mair staff(12	iteriance/c	ustodial	Descriptio	on of a	sbestos-containing	Amount	r	ė.	R	n E	E
material to be abated in facility	(13)	Yes	T		material (/	ACM)	and the same of th	(Specify	SF or	m	P	c	I O
31.		149	No	N/A	. 45			LF)		V	ī	р	L
Guidance Office		7	X				ninated carpet	800 sqft		1	占		
			X	3	VAT & Mas			500 saft		V			
					cleanup of	the a	rea	1					
				11000		-	(10//	-					
egistered Waste Haul & G Restoration,			DEP Haule 563	7 ID# C	ubic Yards of W	lasle	Name of Registered I	aúdtill .		Щ	Ц		
ty, State		1	p- 64° (s*	Disposal E	6 yards	Di-	Tullytown Resour	ce & Recovery	Center		-		- 11-21
Lincoln Park, NJ 0					1/2015		City, State Tullytown, PA						
ompleted by (Print or	Type)	Titlo			Signature	_			Date	Outrocco.	-	-	
Gordana Luna		Secreta	y/Treast	rer		2	Gordana Livra		08/28/	2015	i		

NO CX

Date of Notification (1)							Owner / Operator p Public School		QE:	J 6 /	7.5		
Agencies Notified Type No	tification		St	reet	Add	ress			111.1				
□ DEP □ Ir	nitial					le Roa & Zip C				75			
□ DOL □ A	mended R#2-9/2/1	5				J 0773							
	mergency					ontact	• 200			Telepho	ne N	umb	er
L DCA	ancellation					es Hilo				1			
Name of Equility Where Abet	ament in Taking D			FAG	CILIT	Y INF	ORMATION						
Name of Facility Where Abat Raritan HS	ement is Taking Pi	ace	(3)				Type of Facilit		B-CHAPTER	8			
Street Address								ter 8 (Other th		ā			
419 Middle Road									mmercial build			tc.)	
City (5)	County (6)	To	>	4	\ - d -	/7\	Square Feet	# of Flo	oors	Bldg. Ag			
City (5) Hazlet	County (6) Monmouth	10	our	ity C	ode	(7)	70,000 Current Use (1		50+		
liaziet	WOIIIIOULII						School	rnor ir being (demonstred)				
Name of Monitoring Firm Hire		er (8)		AS	CM No.							
Environmental Connection Street Address	on						Street Addres		Inc.				
120 North Warren Street							1123 Beave						
City, State & Zip Code							City, State & Z	SE ANDRESCO MARIONINA.					
Trenton, NJ 08010	- Fi	T-1	1-		Misses	h	Bristol, PA		Ti.	NI I			
Project Manager for Monitoring Rollie Jones	ig Firm				Num 200	ber	Telephone Nu (215)788-604		00509	Number			
Scheduled Start Date (10)	Scheduled Con			_)	Name of OSH		10000				
5/19/15	PROJE	77.00		MP	LET	E	Bristol Envi		nc.		-		
Occupancy Status During Ab	atement (Check or ed During Entire P	ily o erio	ne) d of	Aha	teme	ent	Street Address						
							City, State & Z			1000			
Describe: 4 PM to	12:30 AM						Bristol, PA 1	15.5					
Facility Occupied Dur Scope of Work (Check all that				-									
ocope of work (offect all tha	гарріу)							Full Co	ntainment with	Negative	Pres	sure	
≥3 sf or ≥3 lf		\boxtimes			ovati			Mini-En		(20)			
≥160 sf ≥260 lf				Dem	olitio	n			Bag Procedures		- D		
Location of		15	s Lo	cati	on	Т	Description		empted and No Amount		ateme		
Asbestos-Contai		No	rma	lly L	Jsed		Asbestos-Cont	aining	(Specify				ypo
Material (ACN TO BE ABATE			Sole		y ce or		Material (AC (i.e., thermal sy		SF or LF)	Re	70	Enc	En
in Facility	=		stod	ial S	taff?	i	nsulation, surfaci	ing, VAT		Remova	Repair	Encapsulate	Enclsoure
(13)	-	Yes		12)	N/A	1	or other miscella	ineous)		l a	-	late	лге
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Name of Registered Waste H	auler			NJE	DEP V	Waste	Cubic Yards	Name of Reg	istered Landfill				
Service Transport Inc.				Hau 209		O No.	of Waste						
City, State				203	190		7cu yd Disposal Date	City, State					
New Castle, DE							5/21/14	ony, orace					
Completed By (Print or Type)				Title			Signature	0 .	1 -	Date			
Gino Pizzigoni					ject		Stir t	110	mi/gl				
				INIS	nage	15	poro 1,	adold he	~ / /				

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OT 15002

Date of Notification (1)		N	lame	of B	uilding (Owner / Opera	ator (2)						
Agencies Notified Type Notifica	ation		treet			p Public Sc	noois		3==		9.00		
☐ EPA		1 000			le Road	d				-			
☐ DEP ☐ Initial					& Zip C						_		
	ided R#1-5/22/1	and the second			J 07730								
	gency	1000			ontact					Teleph	one	Num	ber
DCA Cance	ellation	IV	۸r. C	harl	es Hild	ner							
			FAC	CILIT	TY INFO	ORMATION							
Name of Facility Where Abateme	nt is Taking Plac	ce (3))			Type of Fa	cility (4)						
Raritan HS		,,,,,,,				☐ Schoo	(K-12) NO	N SUB-CH	APTER 8				
Street Address							apter 8 (Oth						
419 Middle Road							(i.e. private		cial buildir	ngs, hor	nes,	etc.)	
						Square Fee	et # o	of Floors		Bldg. A	је		
	County (6)	Cou	nty C	ode	(7)	70,0		1			50-	+	
Hazlet	Monmouth						e (Prior if be	ing demol	ished)				0.411.040
						School							
Name of Monitoring Firm Hired by	Building Owner	r (8)		AS	CM No.		patement Co		9)				
Environmental Connection Street Address				_			vironmen	tal, Inc.					
120 North Warren Street						Street Addr	1707.7						
City, State & Zip Code						1123 Beav							
Trenton, NJ 08010						City, State of Bristol, PA							
Project Manager for Monitoring Fin	m IT	eleph	one l	Vum	ber	Telephone			License N	lumber		_	
Rollie Jones		09-39			5,0756	(215)788-6			00509	diribei			
Scheduled Start Date (10) S	cheduled Comp	letion	Date	(11)	Name of OS	SHA Monitor	-					
5/19/15		OH V				Bristol En	vironment	tal Inc.					
Occupancy Status During Abatem						Street Addre							
Facility Closed/Vacated D						1123 Beav							
Abatement Performed Out Describe: 4 PM to 12:3		Hour	s-7a	am to	o 3pm	City, State &							
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Scope of Work (Check all that app													-
(37						☐ Full	Containm	ent with N	egative	Pres	ssure	3
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≥160 sf ≥260 lf			Demo	olition	n		⊠ Glo	ve Bag Pro	cedures				
							Nor	n-Exempte	d and Non	-Friable	Pro	cedu	ıre
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(13)			12)			r other miscel				val	₩.	Encapsulate	Enclsoure
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Throughout			\boxtimes		Pipe	Insulation \	Wrap & Cu	ıt 1	00 LF				
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City, State			2000	-		cu yd	City Chat-						
lew Castle, DE						sposal Date	City, State	ŧ					
Completed By (Print or Type)		1	Title			gnature				Det-			
Sino Pizzigoni		13	Proje	ect	31	911ature /	ク`·	. /	0	Date /	lean 1	1-	-
i innigotti		- 1	Mana			Sino K	gregon	- 17	t	5/0	2/	15	

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

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

17/	6
11/1	2812
CKT	2000

Date of Notification	(1)			Mon	f D	11.11					长井。				
	5/18/2015			Han	let To	wash:	Owner / Ope	erator (2	2)						
Agencies Notified	Type Notific	cation		Stre	et Addre	229	p Board o	Educa	ation						
☐ EPA	3.3				Middle		4								
☐ DEP		31		City	State 8	Zin C	ode .								
□ DOL		ended		Haz	let, NJ	07720	ode								
□ DOH	⊠ Eme	ergency		Nam	e of Co	Dinot	,								
☐ DCA		cellation			rles Hi							Telep	hone	e Nu	m
												ē.			
Name of Facility Wh	ere Abatem	ent is Taking P	Place	(3)	CILITY	YINFO	DRMATIO								
Raritan High Scho	ool	one to running r	lace	(3)			Type of F								
Street Address							Scho	001 (K-12	NON S	SUB 8					
419 Middle Road							Subc	chapter 8	3 (Other	than K-12	2)				
110 11110010 11000							Othe	r (i.e. pr	ivate & c	ommercia	al buildir	igs, h	omes	, etc	2.)
City (5)		County (6)	Ic	ounty	Code (7	71	Square F	eet	# of F	loors		Bldg.			-
Hazlet, NJ				ounty	Code (7	')									
naziel, No		Monmouth					Current U	se (Prio	r if being	demolist	ned)				_
Jama of Manitarian I	Tiene I the J t	D 11 11 0					High Sch								
Name of Monitoring F Environmental Co	un mirea p	y Building Owr	ner (8)	ASC	M No.	Name of A	Abateme	nt Contr	actor (9)		-	-	_	-
	mection						Bristol E	nviron	mental.	Inc.					
Street Address							Street Add	dress				-			_
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ity, State & Zip Code							City, State	& Zip C	ode						_
renton, NJ 08608							Bristol, P	A 1900	7						
roject Manager for M	nonitoring Fi	1000060			Numbe	r	Telephone	Numbe	r	Li	cense N	lumbe	r		-
tollie Jones	(40)			392-			(215)788-				0509	- CITIEC			
-L11-101-1D-1	(1())	Scheduled Com	nnletin	on Dat	1441		141	SHA MA	- 1/2			-		-	
	(.0)				e (11)		Name of O								_
Scheduled Start Date 5/19/2015			5/22/	2015	e (11)		Bristol E			inc.					_
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5/19/2015 Cocupancy Status Dure Facility Closed Abatement Pe Describe: 4: Facility Occupit Faci	ring Abatem d/Vacated D rformed Out 000 PM to 1 ied During A k all that app tion of Containing al (ACM) ABATED acility 3)	nent (Check on uring Entire Pe tside of Norma 12:30AM Abatement	Is L Norm So Mainte Custo	Rend Dem Cocation ally Uplely by enance dial St (12) No N	ovation olition on sed / e or aff? N/A FP Waser ID No	A (i. insured or control of V	Descriptions best of the misce	ress ver Str & Zip Ci A 1900 On of ontaining ACM) systems acing, Villaneous line) Name Miner	rental I eet ode 7 Full Co Mini-En Glove E Non-Ex from of Regis	ntainment iclosure Bag Proce empted a Ami (Spe SF o	dures nd Non- ount ecify r LF)	Friabl Removal	e Pro	ent 1	u T
5/19/2015 Cocupancy Status Du Facility Closed Abatement Pe Describe: 4: Facility Occupicope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Local Asbestos-Materia TO BE A in Fa (1	ring Abatem d/Vacated D rformed Out 000 PM to 1 ied During A k all that app tion of Containing al (ACM) ABATED acility 3)	nent (Check on uring Entire Pe tside of Norma 12:30AM Abatement	Is L Norm So Mainte Custo	Rend Dem Cocation ally Uplely by enance dial St (12) No N	ovation olition on sed / e or aff? N/A FP Waser ID No	A (i. insured or control of V	Descriptions best of the misce	ress ver Str & Zip Ci A 1900 On of ontaining ACM) systems acing, Villaneous line) Name Miner City, S	rental I eet ode 7 Full Co Mini-En Glove E Non-Ex from of Regis va Lan tate	ntainment aclosure Bag Proce empted a Ame (Spe SF o	dures nd Non- ount ecify r LF)	Friabl Removal	e Pro	ent 1	u T:
5/19/2015 Occupancy Status Du Facility Closed Abatement Pe Describe: 4: Facility Occupi Cope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Local Asbestos- Materia TO BE A in Fa	ring Abatem d/Vacated D rformed Out 00 PM to 1 ied During A call that app tion of Containing al (ACM) ABATED acility 3) ste Hauler roup Inc	nent (Check on uring Entire Pe tside of Norma 12:30AM Abatement	Is L Norm So Mainte Custo	Rend Dem Cocation ally Uplely by enance dial St (12) No N	ovation olition on sed / e or aff? N/A FP Waser ID No	A (i. insured or control of V) (i. insured or	Descriptions best of the misce	ress ver Str & Zip Ci A 1900 On of ontaining ACM) systems acing, Villaneous line) Name Miner City, S	rental I eet ode 7 Full Co Mini-En Glove E Non-Ex from of Regis	ntainment aclosure Bag Proce empted a Ame (Spe SF o	edures nd Non- ount ecify r LF)	Friabl Removal	e Production Repair	ent Encapsulate	u T

CK 4044

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

Date of Notification (1))						Owner/Operator							
9-4-15					Camd	len C	ounty Im	provement	. Authori	ity				
Agency Notified	Type No	otification			Street A	Address			-					
CKEPA	□ Initial							own Cente	er					
Q DEP	Amer Amer	nded				ate, Zip C								
E DOL		ndment # 2 gency (includir	20					ip, NJ 08	043					
Ľ¥DOH		ication)	19		Name o	f Contac	t		Telephone Nun	nber				
LIKDCA	☐ Cano	ellation											_	_
					FACIL	ITY INFO	ORMATION							
Name of Facility Whe	re Abatemen	t is Taking Pla	ce (3)					Type of Facility	(4)					
Former Trini	tv Germ	an Evang	elic	al I	Luthe	eran (Church	☐ School (K-12)					
Street Address	.07 002							☐ Subchapter 8	(Other than K-12		0:05			
E11 E0E C+	011070	Ctroot						homes, etc.)	vate & commerci	ai bullaing	gs,			
511-525 St	evens	Street						Square Feet	# of Floors	Bldg.	Age			
Camden								50,000	1	+/-	-1(0.0		
County (6)					County	Code (7	(STATE USE	The state of the s	for if being demo					-
5.11					ONLY)		(011112002		•	,				
Camden Name of Monitoring F	Tana I Basal bu	Duilding Our		ASCM	1 No		Name of Ahater	vacant ment Contractor (9			- 2	-		_
(8) Health as			- 1	MOCIV	1140.			Environ		ervic	'es		Т	n
	iiu sai	era					Street Address		MCIICAI D	O1 V10		/	-	-
Street Address								raley Str	eet					
P.O. Box 365							City, State, Zip	-				-	_	
City, State, Zip Code							Philade:	lphia, PA	19137					
Berlin, NJ 0800			TTO	lonho	ne No.		Telephone No.	T ,	License No.					-
Project Manager for M	vionitoring Fil	1411	-				215-533	-5155	01166					
Jim Proctor		Scheduled C			2-131		Name of OSHA		1			-		-
Start Date (10) 9 - 9 - 1 5			3 0 – 1		ate (11)		Health and							
Occupancy Status Du	ring Abotom			2000	80	38	Street Address		4		1,523		_	-
5. 2.	28						P.O. Box 3							
☐ Facility Closed/Vac	cated During	Entire Period	of Abat	emen	t		City, State, Zip	265 (25)						_
☐ Abatement Perform☐ Other – Describe:	nea Outside	of Normal Fac	illy HO	uis			Berlin, NJ							
Scope of Work (Chec	k all that and	w *abater	nent	prior	r to de	emo*		Notice As an area area.						-
	on an area opp	2,1)				ovation		Containment with i-Enclosure	Negative Pressu	ire				
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ ≥ 260 lf □ ≥ 3 sf or ≥	f				□ Dem		☐ Glo	vebag Procedure						
4L .00 0. 0. 2 200 1.					V.S V.S V S S S S	•	Nor	n-Exempted (*) an	d Non-Friable Pro	ocedure	0.6	-4		
			Is	Loca	tion						AL	Typ		il
Loc	cation of			Norma d Sole			Description	of			П			
Asbestos-Conta	ining Materia	al (ACM)		intena			stos Containing N	Material (ACM)	Amount		ام	_	En	П
	E ABATED Facility			Custoc		(i.e	., thermal system surfacing, VA		(Specify SF or LF)	Removal	ép .	aps	CIO
IIX	(13)			Staff (12)			other miscellar				oval	Repair	ula.	nclosure
				1	1	-							е	
			Yes	No	N/A	0.5						+	-	-
131000000000000000000000000000000000000					_	see a	attached shhet					+		_
												-		_
								-				-	_	
Name of Registered	Waste Haule	r	75.55	JDEP No.	Waste F	lauler	Cubic Yards of Waste	Name of Regi	stered Landfill					
Service Tr	anspor	rt	الما الما	NO.				A & L S	alvage					_
City, State Morrisvill	le. PA					***************************************	Disposal Date	City, State Libson,	OH					
Completed by		Title		-	-		Signature	7		Date				
Jennifer N	Niven	Dir. o	f Or	per	atio	ns	Man	h		9-4	-1	5		

ASB-41

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

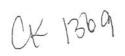
511-525 Steven St.

CODE	CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code** Code***	Code ****
NF1	ceiling panel	addition wing, basement and HVAC units	30	30 SF	REM	PCM
NF1	9x9 floor tile and mastic	addition wing, 2nd fl.below 2 layers of non asbestos floor tile and	1850	850 SF	REM	PCM
		plywood				
NF1	window glazing	church t/p the 1st and 2nd fl	24 LF	4	REM	PCM
NF2	black asphalt layered roofing felt	roof	3000	SF	REM	PCM
NF2	black asphalt roof flashing/sealant compound	roof	200	500 SF	REM	PCM

SEP 8 2015

C12/3609

Date of Notification (1) 9/4/15				Building O				Works)	Ę,			2	Į.	
Agencies Notified Type Notification			eet Ado	dress side Av	_									
EPA Initial Amended Amendment a	£	Cit	y, State	, Zip Cod range						NEP 9	501F		ei .	,
☐ DOH ☐ Emergency (i justification) ☐ DCA ☐ Cancellation		Na	me of C	Contact Salese					Tele	ephone Num	ber			
			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Residence Street Address	Place (3)							of Facility (4) School (K-12) Subchapter 8	(Othe			•	15° (50)22=27	
60 Cherry St.								Other (i.e. pri etc.)				No. 2		5,
City (5) West Orange							2000		1.5		50	dg. Ag)+	ge 	
County (6) Essex				ode (7) SE ONLY)			Uno	nt Use (Prior ccupied Re	eside	ence	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)	T	ASCM	No.				tement Contr Environme			Inc.			
Street Address				N		Street 135		ss Ion Rd., S	uite	102				
City, State, Zip Code	- 300					-		ip Code NJ 07405						
Project Manager for Monitoring Firm		Те	elephon	e No.			none N 218-0			License N 01228	0.			
Start Date (10) 9/16/15	Scheduled 9/18/15	Compl	letion D	ate (11)				HA Monitor Environme	ental	Services,	Inc.			
Occupancy Status During Abatement (Chec						Street	Addre	SS			8			
	Period of Aba	atemer	nt					lon Rd., S	uite	102				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	nal Facility H	ours				1		Cip Code NJ 07405	5					
Scope of Work (Check All That Apply)						E	71 _							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio					Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	-			e	
	T	120						JI-Exempled	() ai	id Noti-i Hac	1		ement	
Lasskins of	5.000,000	ocatior rmally	900		De	escription	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custoo	enanc	æ/		tos Cor therma surfa		Materians insul AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		w	
Kitchen & Bath			Х			VAT			6	600 SF	X			
Name of Registered Waste Hauler		10000000	DEP W			c Yards		Lancaca and a second	Charles Colonian	tered Landfil	1			
Yannuzzi Group, Inc.			uler ID 467	NO.	of Wa			G.R.O.\	N.S.					
City, State Kinnelon, NJ					Dispo 9/18	osal Date /15	е	City, State Morrisv		PA	-0.00			
Completed by Anna Bastos	Title Admin	istrat	ive As	ssistant	- 1	Signatu	re M.	Bast	2	200	ate /4/15			



Date of Notification (1) 9/4/15					Building (Village			(2)			Si	17	8	201		
Agencies Notified	Type Notification		1	Street A			350									-
DEP DOL	Initial Amended Amendment	#	-	City, Sta	te, Zip Co air, NJ											
□ DOH	Emergency justification)	(including	-	Name of	Contact Delane					Tel	ephone	Num	per		- 9	
☐ DCA	Cancellation	1														
Name of Facility Where	Ahatement is Takir	n Place (3)		FACI	LITY INFO	RMATI	ON	Tyn	e of Facility (4))	7					
Residence	ribatornont io Takir	19 1 1400 (0)						1,15								
Street Address 1002-1020 Calhour	n St.	(6)						×	School (K-12) Subchapter 8 Other (i.e. pri	(Oth				lings,	home	s,
City (5) Trenton								Squ 400	etc.) uare Feet 00	# o	f Floors			idg. A	ge	
County (6) Mercer					Code (7) USE ONLY)				rent Use (Prior			olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	_	ASCN	/ No		Name		patement Contr							
	Trined by Building	Owner (o)		ACON			Yanr	nuzz	i Environme			es,	nc.			
Street Address							Street 135		ress ielon Rd., Si	uite	102					
City, State, Zip Code									Zip Code , NJ 07405				*			
Project Manager for Mor	nitoring Firm			Telepho	ne No.	50	Teleph 908-		No. -0880		Licens 0122					
Start Date (10) 9/18/15		Scheduled 9/23/15	Com	pletion I	Date (11)		and the second		SHA Monitor i Environme	ental	Servic	es,	nc.			
Occupancy Status Durin	g Abatement (Che	ck Only One))		TELLICIE DE L'INTE		Street	Addr	ress							
Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent			135	Kinn	elon Rd., Si	uite	102					
Abatement Perform Other – Describe:	ned Outside of Norr				is .		·		Zip Code n, NJ 07405							
Scope of Work (Check A									3							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova moliti				×		Full Containmer Mini-Enclosure Glovebag Proce Mon-Exempted	edure					9	
		le l	ocatio							,				man and the	ment	
Location	n of		rmall			Do	scription	o of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Used Main Custod Yes	tenar	ice/		tos Con thermal surfa		Mater is insi AT, or		(\$	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
1st Flo	res	INO	X			VAT			1,0	000 SF	:	Х				
Roo		х		F	Roofing	9			100 SF		Х					
Name of Registered Wa	ste Hauler		N	JDEP W	laste	Cubic	Yards		Name of R	enieta	ared Lan	ndfill				
Yannuzzi Group, Ind			H	auler ID 7467		of Wa	ste		G.R.O.W		orca Lar	ioiiii				
City, State Kinnelon, NJ						Dispo: 9/23/	sal Date 15	ì	City, State Morrisvil		A					
Completed by Anna Bastos		istra	tive As	ssistant	5	Signature	e	- Basi	tos	/	Date 9/4) 15			3*	

Cx#24924

Date of Notification (1) 9/4/15				Name	of Building	g Owner/Operator Newark F	(2) Beth Israel M	edical C	Center				
Agencies Notified Type No	ification		\neg	Street	Address								
EPA Initial	J - J		L				201 Lyons A	ve.					
	dment #		_ [City, S	tate, Zip C		lewark, NJ 07	7112					
	gency (incl cation)	luding	-	Name	of Contac		cwark, 193 0		ne Numbe	er			_
	ellation			Ivallic		on Carvalho		Tolophic	// C T VUITIO	J1			
				FAC		ORMATION							
Name of Facility Where Abatement	is Taking I	Place	(3)				Type of Facility	(4)					
Newark B	eth Israe	el M	edic	al Cer	nter		School (K-1						
Street Address	01 Lyo	ns A	lve.				Subchapter Other (i.e., p	orivate & c	han K-12) ommercia	l build	lings,		
City (5)							Square Feet	# of FI	oors	Blo	dg. A		
	ewark, l	NJ 0	7112				200000		6	_	80	+/-	
County (6) Essex				Cour USE	ity Code (7 ONLY)-	7) (STATE	Current Use (P	rior if being	g demolis	hed)			
Name of Monitoring Firm Hired by E		wner		ASCM	No.		nent Contractor (9	*	a .	-	W00		
(8) Environmental	Γactics						vens Environ	mental :	Service	s, In	c.		
Street Address 64 Bro	ad Stree	et				Street Address	PO I	30x 322	2				
City, State, Zip Code Matawan	NI 07'	747				City, State, Zip C	Code Allentow	n. NJ 0	8501				
Project Manager for Monitoring Fire		,	Tele	phone	No.	Telephone No.			se No-		-		_
Tom Geiger	*****		1000000000		0-2217	(609) 2:	59-9688		0	0493	3		
Start Date (10)	Schedu	iled C	omple	tion Da	te (11)	Name of OSHA							
9/14/15			0/16/	15			DB Env	ironme	ntal				_
Occupancy Status During Abatem				mont		Street Address	4 Berk	eley Pla	ice				
☐ Facility Closed/Vacated During Abatement Performed Outside of						City, State, Zip C		010) 110					_
Other - Describe:						Freehold	i, NJ 07	728				_	
Scope of Work (Check all that app	y)		enovati emolitic			Mini-En Gloveb	ntainment with Ne closure ag Procedure rempted (*) and Ne			e			
			ocatio	22.50						Α	100	ment	
Location of		Used	ormally I Solel	y by		Description o	f				Тур	е	
Asbestos-Containing Material (ACTO BE ABATED	(M)		ntenan ustodia			tos Containing Ma thermal systems		Amo (Spe		ת		En	Ш
IN Facility		5	Staff?		(1.0.,	surfacing, VAT	, or	SF or		Remova	Repair	Encapsulate	Enclosure
(13)	-		(12)			other miscellane	ous)			val	air	ulate	sure
		Yes	No	N/A								w	
Boiler Room	X			Thern	nal Pipe, Join		9	<u>lf</u>	X		×		
					(Glove Ba								
Boiler Room	×			Therr	nal Pipe, Join		150) lf	X				
		10000		(Wrap & C		Internal I	- 1611						
Name of Registered Waste Hauler Stevens Environmental S	l h	JDEP V lauler ID		Cubic Yards of Waste 3 CU	Name of Reg	1	natili VS Lan	dfill					
City, State	<u>- -</u>	102	274	Disposal Date	City, State	/					_		
	own, N.	J				10/16/15	HY.	/ Morr	isville,	PA_			_
Completed By Mahlon E. Stevens	Title	Pı	ojec	t Mar	nager	Signature			Date	9/4	/15		

D&S Proj. #: 2015-313

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

								2				
Date of Notification (1) 0 9 / 0 2 / 1 5	11		vner/Operator (2	2)					4			
Agencies Notified Type Notification	- 41	RTURO SANT	ros					-				
EPA Initial	Stree	et Address										
DEP Amended		06 4TH AVE										
DOL Amendment		State, Zip Code	•									
Emergenc	1		EN, NJ 07047	7								
DOH (including justification	n) Name	e of Contact					Telephor	ne Numbe	er			
DCA Cancellation	· II .	RTURO SAN	TOS									
		FA	CILITY INFORM	NOITAN							-	
Name of facility where abatemen	t is taking place	(3)					Type of Facility					
ARTURO SANTOS							=	ol (K - 12 apter 8 (nan K	-12)	
Street Address						1	Other	(Private/C	Comme		/	
7706 4TH AVENUE								/Homes,		DI	ol on A	
City (5)	County (6)		I Cou	nty Code (7)	-	Square Feet	# of Floo	ors	DI	dg. A	ge
City (5)	County	0)			te use only)	-	Current Use (P	rior if hei	na dem	olieh	ed)	
NORTH BERGEN	BERG	EN		1	,,		Current Ose (F	noi ii beii	ig deli	10115111	su)	
Name of Monitoring Firm Hired by		1777/70	ASCM No.		Name of Abateme	ent Co	ntractor (9)					
					D & S RESTO	RAT	TON, INC.					
Street Address				-	Street Address							
					20 California	Ave.						
City, State, Zip Code				_	City, State, Zip Co	de						
		741			Paterson, NJ	0750	13					
Project Manager for Monitoring Fir	m	Phone Num	nber		Telephone Numbe			License	Numb	er		
					973-345-802	20		(01169			
Start Date (10)	ISched, Co	ompletion Date ((11)	-	Name of OSHA M	onitor						
	Paul value and part of the				D & S Restor	ation	, Inc.					
09/09/15	09/25/15				Street Address							
Occupancy Status During Abatem Facility closed/vacated durin					20 California		iue					
Abatement performed outside					City, State, Zip Co	de						
Describe:				_	Paterson, NJ	0750	2					
Other-Describe: NORMAL				$-\bot$	Paterson, NJ						_	
Scope of Work (check all that app					L		ll Containment v ni-enclosure	v/negativ	e press	ure		
	Renovation				ř		ovebag procedu	re				
≥160 sf or ≥260 lf	Demolition				Ĭ		n-Exempted (*)		-friable	proc	edure)
Location of		ormally used sole	ely				1000 50-1		I R	R	Е	E
asbestos-containing material (acm) to be	by maintenar staff(12)	ice/custodial			sbestos-containing		Amount (Specify S	SE or	m	р	n c	n
abated in facility (13)	Yes	No N/A	material	(ACM)			LF)	51 01	o v	a	а	C L
1500 0	163	No N/A							e e	r	р	
basement		X	BOILER I	NSUL	ATION		44 SQ FT					
Registered Waste Hauler D & S RESTORATION, INC	NJDEP I . 13506	Hauler ID#	Cubic Yards of	Waste	Name of Register			SCOME.	DV			
City, State	13300	Disposal	1 yd.	Vela GFA	City, State	IN, KI	SOURCE KI	COVE.	1 1		-	
PATERSON, NJ 07503		09/10/			TULLYTOW	N P	А					
Completed by (Print or Type)	Title		Signature		I TODE TOW	11,1		Date				
BOGDAN JOLDZIC	PRESIDEN	T						1-0300037	2/2015	;		
ASP 41	1		stos licensure ex	remnter	d activities						-	

TREE	E.L.	State		p 2 2015	5 11:46am	P001/001	
D&S Proj. #: 2015-313	Noti (Purs	fication of Asb	estos Abatement 8:60 and 12:120)		N Copt of Health	Screen 1 & Senior Service	2
Date of Notification (1) O 9 / 10 2 / 1 5 Agencies Notified Type Notification EPA United	Name of Building Ov ARTURO SANT Street Address				Dale: 9181	4 9	25
DEP Amended Amendment #:	7706 4TH AVE						
DOH (Including justification) DOA Cancellation	Name of Contact		-		Telephone Numb	er	
		CILITY INFORMA	TION				
Name of facility where abatement is ARTURO SANTOS Street Address 7706 4TH AVENUE City (5)					e of Facility (4) School (K - 12 Subchapter 8 (Other (Private/ Bidgs./Homes,	Other than K-12) Commercial otc.	ga
NORTH BERGEN Name of Monitoring Firm Hirad by B	County (6) BERGEN Idea Owner (8)	ASCM No.	County Code (7) (State use only)		ment Use (Prior if bal	ing demolished)	
Street Address Oity, State, Zip Code		AGUIT NO.	D & S REST Street Address 20 Californi	ORATIO	30.5		
Project Manager for Monitoring Firm Start Date (10)	Phone Num		City, State, Zip Ci Paterson, N. Telephone Numb 973-345-80 Name of OSHA	07503 er 020	- 1000-100-000	e Number 01169	
St. Herois COMMANT.	Sched. Completion Date (1	1)	D& S Resto	A CONTRACTOR OF THE			
O9/09/15 Occupancy Status During Abatement Facility closed/vacated during e Abatement performed outside of Describe: Other-Describe: NORMAL RO	entire period of abatement, of normal facility hours-		Street Address 20 California City, State, Zip Ci	Avenue		100	
≥160 sf or ≥260 if	Renovation Demolition			Full Co	ntainment w/negative sclosure ag procedure kempted (*) and Non		
asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/oustodial staff(12) Yes No N/A	Description material (AC			Amount (Specify SF or LF)	Repair	E n c L
basement		BOILER INS	ULATION	44	SQFT		日
Registered Waste Hauler D & S RESTORATION, INC.	1	ubic Yards of War	- I millio of Liddriff	led Landill	URCE RECOVE		
City, State PATERSON, NJ 07503	Disposal D 09/10/1	Date 5	Olty, State TULLYTOW		ONCE RECOVE	X.	_
TEN (19 EN	ille RESIDENT	Signature			Date 09/02	V2015	

. UK 0010124

D&S Proj. #: 2015-316

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

Date of Notification		Na	me of Buil	ding Owne	r/Operator (2)				SEF	8 2			11	
0 9 /10 12			JLEN SP	EARMAI	N									
Agencies Notified	Type Notification	on Str	eet Addres	ss						901				
_	Amended		1510 HIC	HLAND	AVENUE									
DEP	Amendment #:	Ci	ty, State, Z	ip Code										
☑ DOL		- 11	HILLSII	DE, NJ 07	205					- W 19	Openia menerale			
DOH	(including justification)	Na	me of Con	tact					Telephor	ne Numbe	er			
☐ DCA	Cancellation		GLEN S	PEARMA	N.				1					
	Caricellation				LITY INFORMA	ATION								
Name of facility wh	nere abatement is	taking plac	ce (3)					T	ype of Facility	(4) ol (K - 12	2)			
GI EN GDE I D	N									Security 1		on V	10)	
GLEN SPEAR	MAN							-		napter 8 ((Private/			12)	
Street Address									Bldgs	./Homes,	etc.			
1510 HIGHLA	ND AVENUE							= [7	Square Feet	# of Flo	ors	Bld	g. Ag	e
City (5)		Coun	ty (6)			The second second second	ty Code (7)	-		21-161-	·	- liaha	-1/	_
TITL T CITED		UNI	ON			(Stat	e use only)		Current Use (F	rior it be	ing aem	UIISNĖ	u)	
HILLSIDE Name of Monitorin	ng Firm Hired by E			Т	ASCM No.	П	Name of Abatem	ent Co	ntractor (9)					
rvame of Monton	19 1 1111 1 111 00 07 1	Jiag. O iiiio	(-)		7.00	Ш	D & S REST							
Street Address							Street Address	01011						
Olicel Address						Ш	20 California	a Ave.						
City, State, Zip Coo	de						City, State, Zip Co	ode						
							Paterson, N.	J 0750	3					
Project Manager fo	r Monitoring Firm		Ph	one Numb	er		Telephone Numb	oer		100000000000000000000000000000000000000	se Numb	er		
						- 11	973-345-80	* 0,000			01169			
Start Date (10)		Sched	. Completic	on Date (11	1)		Name of OSHA							
		09/21	/15				D & S Resto	oration	, Inc.				-	
09/03/15 Occupancy Status	During Abatemer						20 California	Δver	1110					
	ed/vacated during			ement.		- 11	City, State, Zip C		iuc					_
Abatement p	erformed outside					- 11	ony, omio, 2.p o							
Describe:	ibe: _NORMAL H	OURS				-11	Paterson, N	J 0750	13					
Scope of Work (cl								Fu	II Containment	w/negati	ve press	ure		
>3 sf or >3 lf	100.00	Renovatio	n					☐ Mi	ni-enclosure					
≥160 sf or ≥		Demolition							ovebag proced on-Exempted (n-friable	nroce	dure	
	200 11 🔲	- Management (1997)		used solely	vl	-			JI-Exempled () and two	R	R	E	
Location of asbestos-co	ntaining	by mainte	enance/cus	stodial		ion of a	sbestos-containir	ng	Amount		e m	e p	n c	l E
material (ac	m) to be	staff(12)		1	material				(Specify LF)	SF or	0	a	a	C
abated in fa	cility (13)	Yes	No	N/A							v e	l r	р	-
basement			X	1	PIPE INSU	JLATI	ON	-0-5-20-5	13 L FT					
BASEMENT CRAWL	SPACE		X		PIPE INSU	JLATI	ON		10 l ft					
Registered Waste	Hauler		EP Hauler	(2000)000	Cubic Yards of	Waste	Name of Regis	tered L	andfill	DECOT	EDM			
D & S RESTOR	RATION, INC.	135	06		1 yd.		A STATE OF THE PARTY OF THE PAR	WN, R	ESOURCE I	KECOV.	EKY	-		-
City, State	VI 07502			Disposal I 09/04/1			City, State TULLYTO	WN E	Α					
PATERSON, N		Tial -		09/04/1	Signature		TULLITU	11 IN, I	11	Date	9			
Completed by (Pri BOGDAN JOI		Title PRESID	ENT		- 3					100000000000000000000000000000000000000	02/15			
ASB-41				for asbest	tos licensure e	xempte	d activities.							

					S	ep 2	201	5 03:38pm		2001/	001		
D&S Proj. #: 2015-316	_	(Pursu	ation of Ask ant to NJAC	8:60	3	* F &	N	Dept of Her	PROWE	0 enior	Servi	-	
Date of Notification (1) 0 9 /10 2 / 1 5 Agencies Notified Type Notification	GLEN 5	PEARMA	er/Operator (2))									
EPA Initial	Off del Man		AVENUE										
Amendment #:	City, State				- Augustine and a second				- 133-	-			
DOH (including		IDE, NJ 0	7205		distribution of the state of the	_		Name of the last o			Total Comme		
Justification)	Name of C							Telephone i	vumber				
Cancellation	GLEN	SPEARM				+.	-	-					
N	1 1 (0)	FAC	ILITY INFORM	IATION		1 1		الدام . عاليا					
Name of facility where abatement is t	taking place (3)						ype [of Facility (4) School (K - 12)				
GLEN SPEARMAN Street Address						4	1	Subchap	500			12)	
							L	Other (Pr Bldgs,/l-lc	ivate/Co mes, of	mmə S	rcial		
1510 HIGHLAND AVENUE City (5)	County (6)			Cour	nty Code (7)	- [Squa	re Feet #	of Floors		Bio	lg. Ag	е
			18		a use only)	11	Curr	ent Use (Prio	r if being	dem	olishe	d)	
HILLSIDE Name of Monitoring Firm Hired by Bla	UNION da Owner (8)		ASCM No.	<u> </u>	Name of Abatem	ent Cr	ntrac	tor (9)				*7000	
			THE CHILL		D & S RESTO								
Street Address		1.44			Street Address				1 Atta				
City, State, Zip Code					20 California City, State, Zip Or	Statement September				_		C. C. C. Spanie	
		70		- 11	Paterson, NJ		13						
Project Manager for Monitoring Firm		none Numb	pet		Telephone Numb	er			icense i		er		
Start Date (10)	Sched. Comple	0 Data /3	~	-	973-345-80 Name of OSHA N	THE REAL PROPERTY.	r .		01	169	_		_
09/03/15		trou pare (1	O.		D & S Resto	ration	ı, Inc						
Occupancy Status During Abatement	09/21/15 (Check only one)				Street Address 20 California	Avet	1110						
Facility closed/vacated during ell Abatement performed outside o				11	City, State, Zip Or								
Describe: NORMAL HO		urs*		-11	Paterson, NJ	,	12						
Scope of Work (check all that apply)	72.0		WANT TO BE		I aterson, 140			ntainment w/n	edative	orass	Liha		_
□ p (p)	denovation	240				П мі	ni-en	closure	3-4				
	Demolition		4			No.	oveos x≌-nc	empted (") ar	id Non-fi			dure	
ashestos-containing	s location normall by maintenance/ci	netoqial A riseq solol		ion of as	sbestos-containing			Amount		H	R	E,	E
material (acm) to be abated in facility (13)	Yes No	1	material		spesios-containing	3		(Specify SF LF)	o,	m o	p a	C 8	n o L
	Yes No	N/A	*				1.0			V	1	Р	-
BASEMENT CRAWL SPACE	X	18	PIPE INSU		The second secon	-	Name and Address	LFT 1ft		X X	井	井	屵
						10/4114	mr maina					一	古
							_		-				
Registered Waste Flauler	NUDEP Haule	riD# T	Duble Yards of	Waste	Name of Registe	ared I	andfil					Ц	Ш
D&S RESTORATION, INC.	13506		l yd.		TULLYTOW	N, R	ESO	URCE REC	OVER	X			
City, State PATERSON, NJ 07503		Disposal t 09/04/1			City, State TULLYTOV	VN.P	'A						
Completed by (Print or Type)	Title		Signature		L. W	7,7		I	Date			* 1	
	PRESIDENT On not use this for	n for eabest	tos licensure e	vatrote	activities.	+			09/02/	15	al-Amil	er et en	and the

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

						and 12:1							
Date of Notification	n (1)					Owner/Ope	rator	(2)					
9-3-15			Mr.	. It	ıscaı	nes			120				
Agencies Notified	Type Notifica	ation	Stree	t Addr	ess								
[]EPA	[X] Initial		9 1	Norwo	ood 2	Ave				0 701			
[]DEP	Notific	ation	City,	State	, Zip	Code	100						
[X]DOL	[]Amended Notific	ation	Mor	ntcla	air,1	NJ,0704	43						
[X]DOH			Name	of Con	tact	r.		Telephor	ne Number				
[]DCA	[]EMERGENC	Y	Mr.	. Tı	ıscaı	nes		L.					
([]Cancella	tion											
						NFORMATIO	N						
Name of Facility Who		is Takir	ng Pla	ice (3)				Type of Facil	ity (4)				
same as above								[]School	(K-12) ter 8 (Other	r than	K-1'))	
Street Addres								[X]Other (i.e., privat uildings, ho	te & co	mme	-	
							**	Square Feet	# of Floor	rs Bl	dg.	Age	
City (5		County	(6) Ess	ex	100000000000000000000000000000000000000	nty Code ATE USE O	A. C.	1900 Current Use (3 Prior if bei		101	hed))
Name of Monitoring : Owner (8) N/A	Firm hired by	Building	J ASC	M No.				ment Contracto ANAGEMENT					
Street Address						Street A	ddress	3					
n								topher St				Marie a la Carlo	
City, State, Zip Co	de					Monto		Zip Code r, NJ 070	42				
Project Manager for	Monitoring Fi	irm Tel		e Numb	er	Telephone (973)		er -8800		icense		er	
Scheduled Start Date	e (10) Sche	ed. Compl	Letion	Date	(11)	Name of (OSHA N	Monitor					
9-16-15		9-1	7-1	5		N/A					ř		
Month Day Y Occupancy Status Du	200000	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	only	Year	·	Street Ad	ddroo						
[X] Facility Clo	sed/Vacated D					Street Ad	acress	5					
[]Abatement Pe Hours - Desc []other - Desc	ribe: «OffHour	s Descri	pt»		ty	City, Sta	ate, 2	Zip Code	3-81-12				
Scope of Work (Check							_						
[X]>3 sf or []>160 sf	≥3 lf	[:		ovation olition		[]]	Mini-1 Glovel	Containment wi Enclosure bag Procedure riable Procedu	-	Pressi	ire		
		Π.	Is.							Aba	teme	nt 1	ype
Location Asbestos-Con			ocatio ormal			Descr Asbestos	iptio		Amount	R		E	E
Material			Used Solely	Z.		Mater			(Specify	E	R	CA	C
TO BE AB			y Mair enance			(i.e., th			SF or	0	PA	P	0
In Faci:	,	Ct	stodi aff (al		sulation, or other m		acing, VAT,	LF)	V A	I	S	S U
		Yes	No	N/A						L	-	L	R E
Basement				X	Pipe	Insul	ati	on	120 lf	X			
								h					
Name of Registered V		IC Ha		ID No.		oic Yards Waste 1.	5	Name of Regi G.R.O.W.		fill			
City, State		1	7040		Die	posal Dat	e	City, State					
Montclair, NJ	07042				31 3	-18-15		Morrisvi	lle, PA	1906	7		
Completed By (Print	or Type) Tit	tle				Sign	ature			Date			
Constantine V	The second secon	eside	nt			(Vi	iic-		9-3	-15	i	

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

	/11	(1010	Mam	20.0	f Buil	ding	Owner/	Operator	(2)							
Date of Notification				ome			operacor	(-)								
9-3-15	1													1 10		
Agencies Notified	Type Notif:	ication			Addre Warn		Δττα									
[]EPA	[X] Initia	l ication										r		n lie		
[]DEP	107027073000				State,			07205								
[X]DOL	[]Amende Notif	ication	ل ا	er	sey	CIT	Υ, NO	,07305)		5					
[X]DOH			Nan	ne o	f Cont	act				Telephon	e Number					
[]DCA	[]EMERGE	INCY	J	Ter	ome	Faz	zari				5	-				
	[]Cancel	lation	Ш												- 465	
Name of Facility Whe	2h-h-mor	a+ io mole	ina.	חות		I YTI	INFORMA	TION	Tune	of Facil:	ity (4)					
Same as above		ic is ian	LIIG .	riac	JE (3)					School						
balle as above											ter 8 (Oth	er t	han 1	K-12)	
Street Addres									[3		i.e., priv				-	
											uildings,					
C: b /E		County	(6)	Feed	· ·	Coll	inty Co	de (7)	Squar	re Feet	# of Flo	ors	BTC	ig. A	ige	
City (5		Country	(0)	2556				E ONLY)	Curre	ant lise (Prior if h	eina	demo	olis	hed)	
									Curre	(9				
Name of Monitoring I	Firm hired l	ov Buildi	Lng	ASC	M No.	_	Name	of Abate	ment C	Contracto	r (9)					
Owner (8)		-	5				AZ:	TECH N	ANA	SEMENT	, Inc.					
N/A Street Address							Stree	t Addres	s							
Delect Made							86	Chris	topl	ner St						
City, State, Zip Coo	de .					_	City,	State,	Zip Co	ode						
Crty, beate, pro							11 (200)			070 J	42					
Project Manager for	Monitoring	Firm 7	'elen	hone	e Numbe	er	Telep	hone Num	ber			Lice	nse	Numb	er	
rioject manager ror	1101111 0011119	1.522.503.65	N/A					73) 744		00		00	37:	1		
Scheduled Start Date	a (10) S	ched. Cor	molet	ion	Date	(11)	Name	of OSHA	Monito	or						
9-12-15	s (10)		15-:		2435	,	N/A									
	Month Day Year Month							100								
Occupancy Status Du: [X]Facility Clo	ring Abatem	ent (Che	ck on	re P	one) Period		Stree	t Addres	ss							
of Abatemen	it															
[]Abatement Pe Hours - Desc					acilit	Ϋ́	City,	State,	Zip Co	ode						
[]other - Desc					ipt»											
Scope of Work (Check	k all that	apply)														
[X]>3 sf or	>3 1f		וצוד	Reno	vation			[]Full []Mini			th Negati	ve Pr	essu	re		
[]≥160 sf					lition			[X]Glove	ebag P	rocedure						
				Is				[]Non-l	Friabl	e Procedu	ire		Aba	teme	nt I	Type
Location	n of		Loca	atic mall			De	escripti	on of				R		E	E
Asbestos-Co			U	sed	_			stos-Cor aterial		ng	Amoun (Speci		E	R	C	C
Material TO BE AB			By 1	lely Main	1-			, therma		ems	SF or		M	PA	A P	D O
In Faci	(1000 to 1000)		Cust		al	ir		on, surf	71 S S S S S S S S S S S S S S S S S S S		LF)		V A	I	S	S U
(13)	Ye	Staf	f (1 No	N/A		or our	er misce	errane	ous)			L	-	L ·	R	
Basement				X	Pi	pe I	nsulat	cion		220 1	f	X				
Name of Registered	Waste Haule	r	NJDE	IP W	aste	Cu	bic Ya	rds	Nam	e of Regi	Istered La	ndfil	.1			
AZTECH MANAG			Haul 170		ID No.	of	Waste	1.5	G.	R.O.W.	S.					
City, State		The property of the same	1	2-20		Di	sposal	Date	Cit	y, State						
Montclair, NJ					1 1000	9-16				lle, P	A 1	906	7			
- [10] [10] (10] [10] [10] [10] [10] [10] [10] [10] [[19] (1945 - 1975) - 1 946 (1946)	Title	J	_				Signatur	e				ate	4 -		
constantine V	ompleted By (Print or Type) Title onstantine Vivian Pres							UV	luce				9-3	-T;	,	



Date of Notification (1)		Name of E	Building Owner/	Operator	ROBE!	TERYE				
Agencies Notified Type Notification		Street Add	desse		BOTTA	/Mc/ = -5	11176		7	
☐ EPA ☐ Initial										_
DEP Amended Amendment #		City, State	e, Zip Code	GR	OVE, N	J (777	15,	6	
DOH Emergency (include justification)	ding	Name of 0	Contact	000	OVE	Telephone Nun	nber		٠.	. 1
DCA Gancellation					RYE					-
Name of Facility Where Abatement is Taking Place	ce (3)	FACIL	ITY INFORMAT	ION	Type of Facility	(4)				
ROBERT RYE'ES	STAT	TE			School (K-					
Street Address 103 ABBOTT					Other (i.e. etc.)	r 8 (Other than K-12 private & commercia	al buildi			s,
City (5) OCEAN GROV					Square Feet	2	/	dg. Ag		
County (6) MONMOUTH		County C	ode (7) SE ONLY)			ior if being demolish	ned)			
Name of Monitoring Firm Hired by Building Owne	er (8)	ASCM	No.	Name	of Abatement Co	entractor (9)	D -11	-1	10	0
SSS				Street	Address	PROW IN	حماد	IK	15	2
Street Address				4700000000	MILL	ST				
City, State, Zip Code			•	PA	State, Zip Code	1,NJ,07.	501	/		
Project Manager for Monitoring Firm		Telephon	ne No.	Teleph 0,2	none No. 3 6 5 3 9 6.	SZ License N	5.7			
Start Date (10)	neduled Co	mpletion [Date (11)	Name	of OSHA Monito	٢				
05/11/15	10/11	115			Address	iev				
Occupancy Status During Abatement (Check On		Consensation		Street / G	4 MILL	57				
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal F Other – Describe:	acility Hou	ment rs				1,NJ,0-	750	7/		
Scope of Work (Check All That Apply)				1						
≥3 sf or ≥3 lf	Renov			F	Full Contains	ment with Negative I	Pressur	е		
≥160 sf or ≥260 lf	Demo	lition		4	Glovebag Pr	ocedure	ala Bras	codur		
					Non-Exempt	ed (*) and Non-Frial			ement	
	Is Loca Norm	173.5	ſ	escriptio	n of		_	Ту	pe	
Location of Asbestos-Containing Material (ACM)	Used So Mainten	100000000000000000000000000000000000000	Asbestos Co	ntaining I	Material (ACM) ns insulation,	Amount (Specify	R	_	Enc	En
TO BE ABATED In Facility	Custodia (12		sur	facing, V	AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			othe	r miscella	neous)		/al	=	late	лге
*	Yes No			51		±401F	1	-		
BASENGNT				51		-102.	1			
CRAWIL SPACE	1	-		-31			1			
		-				1				
Name of Registered Waste Hauler		NJDEP W		ic Yards	Name	of Registered Landfi	H			_
ATZANTIC CARTIN	G	Hauler ID 260 §		Vaste TBD	G	1. R. O. W	. S	1		
City, State WAYNE, AJ			40000	oosal Dat	e City, S	tate LLYTO WI	V,	Pf	+	
Completed by	Title	2		Signatu			ate /			5
Completed by GORAN IGEV	SEC	RETO	ARY		11/		10/	71	//	*

Ck # 4734

Date of Notification (1) 9-1-15					Building Cindville	wner/O	perator	(2))	1.15	2		- 1		i	
Agencies Notified	Type Notification			Street Ac 1047 N	ddress Maple Av	re					SEP	30	201	ī.		
DEP DOL	Amended Amendment		_	City, Stat Acto N	te, Zip Cod IJ 08004	ie			a							
DOH DCA	Emergency justification) Cancellation		1	Name of Bill Wh	Contact nite				81	Tele	ephone N	umb	er			
Name of Facility Where Residental House Street Address 1047 Maple Ave	Abatement is Takin	g Place (3)		FACIL	LITY INFO	RMATI	ON	Ту	pe of Facility (4 School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Othe	er than K-	-12) rcial	build	ings,	home	es,
City (5) Acto					50				uare Feet 000	# of 2	Floors			dg. A O	ge	
County (6) Camden				County C	Code (7) USE ONLY)			Cı	irrent Use (Prid	or if bei	ng demol	ishe	d)			
Name of Monitoring Firm Connell Greene	n Hired by Building	Owner (8)		ASCM	l No.				batement Con d Environme		(9)					
Street Address 904 kings Arms D	rive						Street 570		dress ems Run							
City, State, Zip Code Downingtown PA 1	19335						City, S Mull	State	, Zip Code Hill, NJ 080	62						
Project Manager for Mo Rick Pellissier	nitoring Firm			Telephor 484-43	ne No. 32-9363		Telep 610		e No. 4-4676		License	No.	5			
Start Date (10) 9-3-15		Scheduled 9-8-15	d Com	npletion [Date (11)		Name EMS		OSHA Monitor			111				
Occupancy Status Durin				ont	<u> </u>		Street 200	TOMORES	dress 130 N							
Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	nal Facility	Hours	ieiit		_			e, Zip Code ninson NJ 0	8077						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The second secon	enova emolit					1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					e	
		Is	Locati	ion											ement pe	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mair	ormal d Sole ntenar odial S (12)	ly by nce/		os Con thermal surfa		Matens in		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Kitch	en			Х		She	et Floo	orin	g	6	80 SF		х			
Name of Registered Wa Assured Environme			10000	IJDEP W lauler ID		Cubic of Wa 1	Yards ste		Name of Minvira			dfill				
City, State Mullica Hill NJ		2			111	Dispo	sal Date	e	City, Stat Wayne	e sburg	ОН					
Completed by John Zumbo		Title Presi	dent			3	Signatur		n La	1		Date 9-	e 1-15			



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

Date of Notification (1) 9/2/15								. L.P	-			
Agencies Notified		Notification 7	Туре		Street Address		9	éÉ		1-4/15		
(X) EPA		(Y) Initial N	lotification		US Route 130	& I-295						
() DEP				n i					(d)			
(X) DOL		() Cancelle	d		Westville, NJ 0	8093-1000						
(X) DOH () DCA					Name of Conta	ict	I	Tel. No	ımher			
M					Dave Monk							
No. of Facility Mileans Alex	tament in T	dias Diago (2)	FACILITY IN		· (A)						
Sunoco Partners Marketing			51		() School (K-1	2)						
								as hom	ac etc			
Street Address US Route 130 & I-295						ži:		20.00		eć.		
					Sq. Feet N/A		# of Floors	SN/A		-		
					Blda, Age N/	A (Outside	piping)					
vvestville	Jioucestei		(State Us	e Only)	Current Use (p	rior if being	demolished)_					
	red by Bldg.	Owner (8)	ASCM No	<u>).</u>					-			
KA Industrial services, LLC. Street Address					Street Address	7	K A Industria	il Servic	es LLC.			
26 Colonial Ave					800 Billingspor	t Rd						
City, State, Zip Woodbury Nj 08096												
Project Manager for Monitor	ing Firm				The state of the s	mber			e Numb	er		
Scott Dechant		856-224-43	85		856-224-4392	l desirence of		00857				
Scheduled Start Date (10) 9/17/15			Completion	Date (11)		A Monitor						
Occupancy Status During A	batement (C	heck only on	e)			1						
() Facility Closed/Vacated () Abatement Performed O	During Entiruutside of No	e Period of A ormal Facility	batement Hours -								,	
				atriated wark	City, State, Zip	Code	Marketing & Terminals, L.P					
area, no other contractors p		ent/renovation	ns within re	Stricted work	US Route 130 & I-295 City, State, Zip Code Westville, NJ 08093-1000 Name of Contact Dave Monk TY INFORMATION Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) () Subchapter 8 (other than K-12) () Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet N/A # of Floors N/A Bldg. Age N/A (Outside piping) Current Use (prior if being demolished) Tank Farm Name of Contractor (9) K A Industrial Services LLC. Street Address 800 Billingsport Rd City State, ZipCode Paulsboro, NJ 08066 Telephone Number 856-224-4392 Name of OSHA Monitor Same Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code OK City, State, Zip Code Name of OSHA Monitor Same Street Address Street Address City, State, Zip Code City, State, Zip Code Name of OSHA Monitor Same Street Address City, State, Zip Code City, State South Harrison, Date Various City, State South Harrison,							
Source of Work (Check all t	nat apply)											
() Demolition (X) Renova	tion	Sunco Partners Marketing & Terminals, L.P. Street Address US Route 130 & L-295										
(X) Large Proj. (>160 SF or	>260 LF A	CM) () SM Pro	oj. (>25<16	0 SF or >10 <26	0 LF ACM) ()	Partners Marketing & Terminals, L.P.						
(X) Full Containment () Location of Asbestos-				Description of	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Tvr	oe .	
Containing Material (ACM) i	n Solely	by Maint./Cus		thermal system	ns insulation,			/				
Facility (13)			NIA		, or other	(Estimate	ed)		Rem.	Rep.	Encap	Enclose
	_ 1E3	INO	INA	misceii.)								
Various Pipe:In Rack Under		X		Pipe Insulation	- TSI	700 LF			X			
Dock 3										-		
Name of Reg. Waste Haule Waste Management, Inc.	Ţ		ste Hauler I	<u>D#</u>						s, etc. Number M) S LLC. Number M) Abatement Type Rem. Rep. Encap X f Reg. Landfill ter County Landfill City, State		
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		0.3/5.002-07/03					D: D-t-		Number Number			
City, State South Harrison, NJ					Suncoc Partners Marketing & Terminals, L.P	NJ						
Completed by (Print or Type	2)	Title			Signature			Tel. Number Tel.				
	Sunco Partners Marketing & Terminals, L.P. Notification Type											
ANDREW GREEN		MANAGER	- KAIS		Sunco Partners Marketing & Terminals, L.P							
					Site Ø	perations S			el. Number , homes, etc. N/A ank Farm actor (9) ervices LLC. cense Number 0857 LF ACM) Abatement Type Rem. Rep. End X ame of Reg. Landfill lloucester County Landfill lloucester County Landfill South Harris ate			
181												
					,							

Mail to: NJDEP-DSHW-BRRTP

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00

MO#23037703604

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

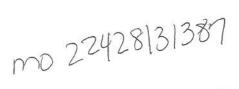
Date of Notification (1)				Т	Name o	of Building	Owner	/Operator (2	2)		1/4				
15 E	03 /	15				Suriel					SEP	9	275		
Agencies Notified	Type Notification	on		- 11		Address									1000
☐ EPA															G.
☑ DOLWD	Amended			-		on Street tate, Zip Co	de		111000						
□ DHSS	Amendment	t #			200									-	
☐ DCA	☐ Emergency		ding			City, NJ C	17304				Telephone Num	har		-	
(NJAC 5:23-8)	justification)					of Contact					relephone Nun	inei			
	Cancellation	П			Nelson	Suriel									
					FAC	CILITY INF	ORN	IATION							
Name of Facility Where	Abatement is Tal	king Pl	ace (3)					Ту	pe of Facility (4)				_ eents
Private house										School (K-12)					
Street Address											(Other than K-1 : ivate and comme		Idina		
24 Union Street										homes, etc.)	ivate and comme	i ciai bui	iuniga	in:	
City (5)									Sc	quare Feet	# of Floors	Bio	ig. Ag	e	
Jersey City, NJ 07304	2														
County (6)					Count	tv Code (7) (STATE	USE ONLY)	Cı	urrent Use (Pri	or if being demol	ished)			
Hudson					- Sectional Co	······································			20000	en veneral estados estados de Contratos (M.C.). Todo	•	**************************************			
Name of Monitoring Firm	n Hired by Buildir	ng Ow	ner (8)	ASCM	No.	Name	of Abateme	ent	Contractor (9)					
		•	150	1		000,90040			0111	00/18/00/01 (0)					
Street Address							-	t Address							
Street Address									1100	~					
City Chata 7ia Cada								/alley Rd #							
City, State, Zip Code								State, Zip C							
-				-				ne, NJ 074	70		1				
Project Manager for Mo	nitoring Firm			Tele	phone	No.	Telep	hone No.			License No.				
			12					538-1777			01127				
Start Date (10)					tion Da		Nam	e of OSHA N	Mon	itor					
09 /12	/ _15	• 09	_ /	13	_ / -	15	Envi	ovision Co	onsi	ultants,Inc					
Occupancy Status Durin	ng Abatement (Cl	heck o	nly o	ne)			Stree	t Address							
							20-21	Wagaraw	Ro	oad, Bldg .# :	35E				
Abatement Performe	ed Outside of Nor	rmal F	acility	Hour	rs - Des	scribe		State, Zip C							
Time of Abatement:	Alvi	PM/_		_PIVI_		_AM	Fair l	Lawn, NJ ()74	10					
Scope of Work (Check a	all that apply)							Control of the Contro			ation with negati	ve press	ure		-
53	5.00.500	-	-								ative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf		2		novati nolitic				Mini-End Gloveba	clos	rocedure \Box	Tent with Negati	ve Press	sure		
		_	7 00	HOHEN	311		Ľ	Non-Exe	emp	ted (*) and No	n-Friable Proced	lure	1		
			Is	Loca	tion							Ab	ateme	ent T	vpe
Locatio				lorma		50m - 20		Description	of				T-	1	T
Asbestos-Containing					ely by ance/			ontaining Ma			Amount	lem	Repair	nca	ncl
TO BE AS					Staff?	(I.e		mal systems rfacing, VAT			(Specify SIF or LF)	Removal	=	psu	Enclosure
(13)	4			(12)				er miscellan			011 01 21 7	<u>a</u>		Encapsulate	ē
			Yes	No	N/A						1			, U	
Basement				П	\boxtimes	Pipe insu	ilatio	n			80 LF				П
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			J,_	Ш		-								Ш	Ш
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			7												П
Name of Registered Wa	asta Haular			N N	IDEP Wast	te Hauler ID No.	Cubis	Yarde of Ma	etall	Name of Regis	stered Landfill				
	asie Haulel						8000000			300,000 000,000 000 000 000 0 00	Korea Landilli				
Gr Tech LLC					00337	85		BD	-	T.R.R.F. Inc					
City, State							Disp	osal Date		City, State					
Wayne, NJ 07470							7	BD	-	Tullytown, P	A				
Completed By (Print or	Type)	Title						Signature	Λ			Date			
N.Jevtic		Own	or					4	1. 1	La Wena	0	09/03/2	015		
14.Jevile		Owil	-1					//	ew	wena	4	5710314	010		-

MAY 11

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

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

		(Purs					and 12:120-7				1		_	1 -	- 1
Date of Notification	on (1)					_	Owner/Operato:	r	(2)						
9-3-15			J	ero	me E	azz	arı								
Agencies Notified	Type Notifi	cation	Sti	ceet .	Addres	s				01	P	Ų		d d	
[]EPA	[X]Initia		1	.90	Wood	llav	vn.								
[]DEP	Notif	ication	Cit	ty, S	tate,	Zip (Code								
[X]DOL	[]Amende		ت ا	Jers	ey (City	7,NJ,0730	5							
[X]DOH	Notif	ication	Nat	ne of	Conta	ct			Telephon	e Number					-
	[]EMERGE	NCY	3 F1825		me I		zari								
[]DCA	[]Cancel	lation							ß						
					FACILI	ITY I	NFORMATION				20.57/100				
Name of Facility Wh	nere Abatemen	t is Tak	ing	Place	(3)				Type of Facil:	ity (4)					
Same as above	e								[]School		man gran				
Street Addres				- n				+		ter 8 (Othe i.e., priva					
Street Addres										uildings, h					
									Square Feet	# of Floc	rs	Blo	ig.	Age	
City (5		County	(6)	Essex		100000000000000000000000000000000000000	nty Code (7)		430						
						(ST	ATE USE ONLY)		Current Use (Prior if be	ing	dem	olis	hed)	į.
0															
Name of Monitoring Owner (8)	Firm hired b	y Buildi	ng	ASCM	No.				ment Contractor						
N/A								(2-70)	ANAGEMENT	, 1110.					
Street Address							Street Addre								
									topher St	•					
City, State, Zip Co	ode						City, State,			40					
							Montcla	1:	r, NJ 070						
Project Manager for	r Monitoring			hone	Numbe:	r	Telephone Nu			I		nse		er	
		1	I/A				(973)74	4.	-8800		00	37:	1		
Scheduled Start Da	te (10) So	hed. Com	plet	ion I	ate (11)	Name of OSHA	M	Monitor						
9-12-1	-	9-1	L5-				N/A								
Month Day Occupancy Status Dr		Month	Day		Year		Street Addre		=						
[X] Facility Cl							Derest Addre		-						
of Abateme []Abatement P		side of	Norm	al Fa	cility	7	City, State,	7	Zin Code						
- and a state of the state of t	scribe: «OffHo					•	City, State,		arp code						
[]other - Des			cy D	escri	pt»										
Scope of Work (Che	ck all that a	apply)					ווים ו		Containment wi	th Negative	Pr	essu	re		
[X]≥3 sf o	r ≥3 lf		[X]E	Renov	ation				Enclosure	on nogara					
[] <u>≥</u> 160 sf	or >260 lf		[]I	Demol	ition		100 M		bag Procedure riable Procedu	T0					
				Is			[]1011		110010 1100000			Aba	teme	nt 7	Гуре
Locatio				ation mally			Descripti			Amount		R	-	E	E
Asbestos-Co Material				sed lely			Asbestos-Co Material			(Specify	7	E	R	CA	C
TO BE A			By 1	Main-			(i.e., therma			SF or		0	PA	P	0
In Fac			Cust	ance/			sulation, sur			LF)		VA	I	S	U
(13	3)	Ye	_	f (12 No	N/A	,	or other misc	eT	Lianeous)			L	Α.	L	R
Basement				2		Pip	e Insula	t:	ion	120 1	f	X			
S Total Control of the Control of th	asement					-							,		
			-	+		1 1 1 1		-							
Name of Registered	Waste Hauler	=	NJDE	P Was	ste	Cul	bic Yards		Name of Regi	stered Land	lfil	1			
AZTECH MANA				er II	No.	of	Waste 1.5		G.R.O.W.	S.					
City, State	5.		Τ/()40		Die	sposal Date		City, State				0.00	11 2-202	
Montclair, N	J 07042					100	9-16-15		Morrisvi	lle, PA	19	906	7		
Completed By (Prin		Title .	20 5				Signatur	re C			1	ate			
Constantine '	Vivian	Presid	den:	t			(N	1	liter -		1	9-3	-1.	5	



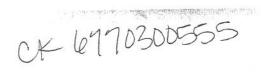
Date of Notification (1) 8/31/15		Je	ennifer		wner/Op	perator ((2)		QEP.	2 15				
Agencies Notified Type Notification			reet Add 9 Conc	ress ord Ave	enue						8			
▼ EPA ▼ Initial ▼ Amended ▼ DOL ▼ Amendment #_				Zip Codo		0								
□ Emergency (inc □ DOH justification) □ DCA Cancellation	cluding	75/57	ame of C ennifer						Tele	phone Num	oer			
			FACILI	TY INFO	RMATIC	N			2-					
Name of Facility Where Abatement is Taking F House Street Address	Place (3)						Тур	of Facility (4) School (K-12) Subchapter 8) (Othe	er than K-12)		and the same of th		
39 Concord Avenue							×	Other (i.e. pri		Floors		ngs, r		i, .
City (5) Maplewood							N/A		N/A	4	N/	_		
County (6) Essex		C (S	ounty Co	ode (7) SE ONLY)	_			rent Use (Prior USE	if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)	1	ASCM I	No.				atement Cont atement, Inc		(9)				
Street Address				P		Street 11 R		ess ngren Aven	ue					
City, State, Zip Code						City, S	State,	Zip Code					- 1.25	
Project Manager for Monitoring Firm		Т	elephon	e No.		Telepl	hone			License N	٥.			
100 - 100 P. (100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	Scheduled	Com	nlation D	nate (11)		9733 Name	202	SHA Monitor		#00675				
9/17/15	9/18/15		pietion D	ale (11)		D&S	Ab	atement, Inc	D					
Occupancy Status During Abatement (Check			ont			Street 11 F		_{ress} ngren Aven	ue					
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: Occupied	al Facility F	lours	ent.		_			Zip Code NJ 07512		Œ.				
Scope of Work (Check All That Apply)	п.					Г	7	Full Containme	ant wit	h Negative F	Pressui	e.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					×	Mini-Enclosure Glovebag Prod Non-Exempted	edure	i.			e	
	T -	2507						Non-Exemples	() ai	id 14011 1 Has	1	Abate		
	2000000	ocation ormail	(0.000)		D.	escriptio	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solel	ly by nce/		tos Cor therma surfa	ntaining	Mate ns ins		(Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				-700			2015	1	-	-	-
basement		X			pipe	e insul	atio	n		80 LF	X			-
Name of Registered Waste Hauler		2.2	JDEP W lauler ID		Cubi of W	c Yards		100000000000000000000000000000000000000		tered Landfi				
D&S Abatement, Inc.		30	20996	INO.	TBD)		1455-315-435-2		agement o	ot PA			
City, State Totowa, NJ					Disp TBD			City, Star Tullyton						
Completed by Deanna Brkusanin	Title	ct M:	anager	şl		Signati	ire	ea Rolle	011	. 8	ate 3/31/1	5		

Date of Notification (1)				Name o	f Building	Owner/	Operator	(2)						
	nber 03, 2015		N	Matrix I	Realty, I	Inc.				SEP	3 201	5		
Agencies Notified	Type Notification			Street A										
EPA EPA	X Initial			CN 400	00				100					
DEP	Amended	u		City, Sta	ate, Zip C	ode				11	2		2	
DOL .	Amendment : Emergency (i		[BURY. N						(2007)			
DOH	justification)				of Contact				Te	lephone N	umber			
L DCA	Cancellation		F		Manag									
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)					
Building E1		100 DESCRIPTION	c.x					_	ST (5)					
Street Address								School (K- Subchapte		ner than K-	12)			
259 Prospect Plains	Rd							Other (i.e.	private	& commerc	cial buil	dings	, hom	es,
City (5)								etc.) Square Feet	# 6	of Floors		Bldg.	Δαρ	
CRANBURY, NJ								94041011001	,,,	TBD	- '	Jiug.	nge	
County (6)				County	Code (7)			Current Use (Pr	ior if be		shed)			
Middlesex County				(STATE	USE ONL)				Building	,			
Name of Monitoring Firm	Hired by Building C	wner (8)	ASCN	И No.		Name	of Abatement Co	ntracto					
Hillmann Environmer	ntal Co Inc						The M	ACK Group, L	LC.					
Street Address	9							Address						
1600 Us Route 22							1500 k	Kings HWY N,	STE	209				
City, State, Zip Code							City, St	tate, Zip Code					7.55 =	
Merchantville, NJ 08							Cherry	Hill, NJ 0803	4					
Project Manager for Mon	itoring Firm			Telepho			Teleph	one No.		License	No.			
Project Manager					67-7400			759 - 5000		00781				
Start Date (10)		Schedul			Date (11)		Name	of OSHA Monitor						
9/17/15	the land of the la	0 1 0		10/17/1	15			ACK Group, L	LC.					
Occupancy Status During			100				1	Address						
Facility Closed/Vaca Abatement Performe	ated During Entire P	eriod of	Abatem	ent				Gings HWY N,	STE	209				
Other - Describe:	ed Odtside of Norma	ii raciiit	y nours				July 2007	ate, Zip Code	ž.					
Scope of Work (Check Al	I That Apply)						Cherry	Hill, NJ 0803	4					
≥3 sf or ≥3 lf		∇		Hara			Б	7						
≥160 sf or ≥260 lf		The second second	Renova [.] Demoliti				5	Full Containm Mini-Enclosure	ent witl e	n Negative	Pressu	re		
		_					Σ	Glovebag Pro	cedure					
		T						Non-Exempted	(*) and	Non-Friabl	e Proce			
	0.0020	1	Locati Normail					so.					ement /pe	t
Location Asbestos-Containing		Use	d Solel	ly by	Aches		scription	of aterial (ACM)	,	Amount				
TO BE ABA	TED		iintenar todial S	제품 ⁴ 7대보드	(i.e	thermal	l systems	insulation,		Specify	Z	_	Enc	m
In Facili (13)	ty	Ous	(12)	itali:			cing, VAT		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
(/						Other I	mscenam	eous)			oval	air	ulat	ure
		Yes	No	N/A									е	235
Mechanical Room	n, North Side	X			Pipe F	itting in:	sulation	on fiberglass		32	X			
Rm#I1-01, Hallway, 2 small clos	ets & W.Side open area	8	X			floor t	ile & m	astic	15	500 s/f	X			
Room # I1-03	and I1-04		X				loor tile			00 SF				
			\Diamond							nat wasten i	\rightarrow			
Women's Res			A	J DEP W	lasto		ror mas Yards			8 SF	X			
ramo or registered was	to Tradici			auler ID		of Was		Name of	Registe	ered Landfil	1			
Newark Carting / Free	ehold Cartage			222	.53		19.8	Cumberl	and C	Co./ BFI /	GRO	WS.	TRE	RF
City, State						Dispos	sal Date	City, Stat		60	10			
Newark / Freehold, N	J						0/17/15		g / Imp	perial / M	orrisv	ille, F	PA	
Completed by		Title		1		S	ignature	101	1	D	ate			
Michael Cooper		Presid	lent			1	Jan .			9/3	3/15			

CK 2632141

Date of Notification (1) 8/31/15			ne of Bu	uilding Ow arola	ner/Op	erator (2)		SEF	3 201	5			
Agencies Notified Type Notification			et Addi Grant	ress t Avenue)				U. Seri			,		
X EPA X Initial Amended Amendment #				Zip Code NJ 076							+			
Emergency (includi justification) DCA Emergency (includi justification) Cancellation	ng -	Nan	ne of C						Tele	phone Numb	ner .			
DCA Cancellation		F	ACILI	TY INFOR	MATIC	ON								
Name of Facility Where Abatement is Taking Place House	e (3)						☐ Sc	Facility (4)	()	er than K-12)				
Street Address 24 Grant Avenue							ĭ Ot etc	her (i.e. pr c.)	ivate &	commercial				١,
City (5) Dumont							Square N/A		N/A	7.0	N/	lg. Ag A	е	
County (6) Bergen			unty Co	ode (7) SE ONLY)		_	Current		r if beir	ng demolishe	ed)			
Name of Monitoring Firm Hired by Building Owner N/A	(8)	F	ASCM I	No.				ment Cont ment, Inc		(9)				
Street Address							Address	en Aven	ue				70.	
City, State, Zip Code						City, S	tate, Zip	A Charles and the control of the						
Project Manager for Monitoring Firm		Tel	ephone	e No.	,	Telepl	none No.			License No).	<u> </u>		
Start Date (10) Sche	eduled Co	omple	etion D	ate (11)		Name		A Monitor		#00073				
9/16/15	7/15						Abate	ment, In	C.					
Occupancy Status During Abatement (Check Onl Facility Closed/Vacated During Entire Period		men	nt			7000000		ren Aver	nue				-	
Abatement Performed Outside of Normal Fa Other – Describe: Occupied	cility Hou	ırs			-	0.5	State, Zip wa, N.	Code J 07512						
Scope of Work (Check All That Apply)	7	- 11				Г	7	Castainm		a Nogativa P	racciii	· A		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo						Mini	-Enclosure	e cedure	n Negative P			9	
	Is Loca	otion										Abate	ement	Ĺ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	naliy olely nance al Sta	by e/	Asbesto (i.e. 1	os Con therma surfa	escriptio taining I systen acing, V miscella	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)	Remova	. Repair	e. Encapsulate	Enclosure
Y	es No	0	N/A							72000			le	
basement	X				pipe	e insul	ation			195LF	X			-
						- V1		Nemass	Pogis	tered Landfil				
Name of Registered Waste Hauler D&S Abatement, Inc.		Hai	DEP Wuler ID 0996	25003375	of Wa					agement o				
City, State Totowa, NJ						osal Dat	e O	City, Sta		PA				
Completed by	ritle Project I	Mar	nager			Signate		WA K)//w	7.0	ate /31/1	5		





Date of Notification (1) 8/31/15	3 850	N	lame of E Sene &	Building Ov Pat Kola	wner/Op akows	erator ki	(2)			-			-	
Agencies Notified Type Notific	ation	_	treet Add	dress erson Av	ve			11		SEP	0 20	.5		
X EPA X Initial Amend Amend	ment #			e, Zip Code t, NJ 075					64-			No. ve		
□ Emergi □ DOH justifica □ DCA □ Cancel			lame of Gene &	Contact Pat Koa	akows	ki			Tolo	anhone Niim	har			
<u> </u>			FACIL	ITY INFO	RMATIC	N		.= "" //						-
Name of Facility Where Abatement is House Street Address	Taking Place (3)						☐ S	f Facility (4) chool (K-12 ubchapter 8 ther (i.e. pri) 3 (Othe	er than K-12 & commercia) I buildir	ngs, h	omes	à,
City (5) Carteret							Square N/A	c.) Feet	# of N/A	f Floors	Bld N/	g. Ag A	е	
County (6) Middlesex		(4	County C	ode (7) SE ONLY)			Currer		r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (8)		ASCM	No.				ment Cont		(9)				
Street Address							Addres	ren Aven	ue					
City, State, Zip Code						City, S	State, Zi							
Project Manager for Monitoring Firm		T	Telephor	ne No.	*	Telep	hone No 345868).		License N #00675	0.			
Start Date (10)	Scheduled 9/16/15	Com	npletion [Date (11)				A Monitor ement, In	с.					
9/15/15		1)				100000000000000000000000000000000000000	Addres							
Occupancy Status During Abatemen			. ant			11 F	Roseng	ren Aver	nue					
Facility Closed/Vacated During Abatement Performed Outside (X Other – Describe: Occupied	of Normal Facility I	Hours	s	, e.	_		State, Zi owa, N	p Code J 07512						
Scope of Work (Check All That Apply	/)						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1000	enova emolit					× Mir	ni-Enclosure	e cedure	th Negative I			Э	
			v	T			110	II-LXCIIIpic	3 / / 4	ing river river	T	Abate	ement	
		Locat			ъ.		- of	1				Ту	pe	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used	d Sole ntena	ely by ance/ Staff?	Asbes (i.e.	tos Cor therma surfa	al syster acing, V	Materia ns insul			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
•	Yes	No	N/A							400 L F	117		-	-
BASEMENT		X			pipe	e insu	ation			160 LF	X			-
			-	-										
1							e = 0% 000 n							
Name of Registered Waste Hauler		Ti	NJDEP \		Cubi	c Yards		Name of	Regis	stered Landf	ill			-
D&S Abatement, Inc.		1	Hauler II #20996	O No.	of W	aste)				agement	of PA			
City, State Totowa, NJ					Disp TBD		0	City, Sta						
Completed by Deanna Brkusanin	Title	ect M	lanage	r		Signati	All O O	ere PH	field		Date 3/31/1	5		>>>> ====

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Date of Notification (1) 8/31/15			ame of B urt Sch	uilding Ow ninder	ner/Op	perator	(2)		5	EP 3	1.10			
Agencies Notified Type Notification		1	reet Add		W									
EPA Initial DEP Amended Amendment				, Zip Code n, NJ 07				W				-		
Emergency (i justification) DCA Cancellation	ncluding		ame of C			1.	1		Tele	phone Numb	er			
			FACILI	TY INFOR	MATIC	N								
Name of Facility Where Abatement is Taking House	Place (3)	-23					☐ Sc	Facility (4 chool (K-12	2)	er than K-12)				
Street Address 37 North Passaic Ave							× of	her (i.e. pr	ivate 8	commercial	buildi	ngs, h	omes	۶,
City (5) Chatham							Square N/A		# of N/A	Floors	Blo N/	ig. Ag A	е	
County (6)	d		County C	ode (7) SE ONLY)	-		Curren		r if bei	ng demolishe	ed)			
Morris	Jumor (8)	,	ASCM			Name		ment Con	tractor	(9)				
Name of Monitoring Firm Hired by Building (N/A	owner (6)		ASCIVI	NO.				ment, In		· · ·				
Street Address							Address	en Aver	nue					
City, State, Zip Code							State, Zip wa, NJ	Code 07512						
Project Manager for Monitoring Firm		Т	Telephon	e No.		100000000000000000000000000000000000000	hone No 345868			License No #00675				
Start Date (10) 9/14/15	Scheduled 9/15/15	Com	pletion D	ate (11)				A Monitor ment, In	c.				82	
Occupancy Status During Abatement (Chec	k Only One)						Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of Ab	atem	ent			10.75	state, Zip	ren Aver	iue					
X Other – Describe: Occupied	nai racility r	louis		8	-			J 07512						
Scope of Work (Check All That Apply)	П ве	novat	lion			F] Full	Containm	ent wit	n Negative P	ressur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		moliti					× Min	i-Enclosure	e cedure				Э	
	le I	ocatio	on									Abate	ement	
Location of	No	rmall	y		De	escriptio	n of	İ			-	ı y	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		tenar	nce/	Asbest (i.e.	os Con therma	itaining Il systen	Material ns insula	(ACM) tion,	(Amount Specify	Re	R	Enca	Enc
In Facility	Custo	dial S (12)	Staff?	, , , ,	surfa	acing, V			S	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		Ollici	moodiic	2110000)				<u>a</u>	7	ate	Ге
crawl space	+ +	Χ			pipe	e insul	ation		1	40 LF	Х			
Name of Registered Waste Hauler		11357	JDEP W		Cubi	c Yards aste			170000000000000000000000000000000000000	tered Landfill				
D&S Abatement, Inc.		100	20996		TBD			33323		agement o	IPA			
City, State Totowa, NJ					TBD	/		City, Sta Tullyto						
Completed by Deanna Brkusanin	Title Projec	et Ma	anager			Signati	ire Mulu	9 D/M	ulu	Da 8/	ate /31/1	5		

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ate of Notification (1)			Nar	me of Bu	uilding Owne Brennan	er/Operator Check #	(2) 2359	2	115 SFD _) r.	8 800		
August 27, 2015 gencies Notified	Type Notification		Stre	eet Addi					#15 SED _		/: į	0	
EPA DEP DOL	Initial Amended Amendment #		City	y, State,	, Zip Code ntville, NJ				å Linn	·			
DOH DOA	Emergency (in justification) Cancellation		1000000	me of Cike Tip					Telephone Nu	ımber	*1		
DCA	Caricellation			FACILI	TY INFORM	IATION	T =						
Name of Facility Where A Residence	Abatement is Taking	Place (3)					Тур	e of Facility (4) School (K-12) Subchapter 8	(Other than K-	12)			
Street Address 16 Springfield Aven	ue						×	Other (i.e. privetc.)	rate & commer	cial buildir	ngs, h		•
City (5) Merchantville							473	N 184	# of Floors	14		-	
County (6) Camden				ounty Co	ode (7) SE ONLY) _		Re	rent Use (Prior sidence		shed)			
Name of Monitoring Firm Management & En	n Hired by Building (viro. Consulting	Owner (8) Services		ASCM	No.			nvironment					
Street Address PO 341	0						et Addı 3 Cutl	ress er Avenue					
City, State, Zip Code Chesterfield, NJ 08	2515					City	, State,	, Zip Code hade, NJ 08	052				
Project Manager for Mo				elephon	e No. 8-4070	100000000000000000000000000000000000000	phone 6-755	No. -0099	License 00842				
Bill Weisgarber Start Date (10)	45	Scheduled Septemb	Comp	oletion D	Date (11)			SHA Monitor nalytical, Inc).		1022		
September 18, 20 Occupancy Status Duri	XXX	1		0, 201		Stre	et Add						
Abatement Perform	cated During Entire med Outside of Norr	Period of Ab	ateme Hours	ent		City	, State	, Zip Code	NAMES OF THE PARTY				
X Other – Describe:						- Ci	nnam	inson, NJ 08	5077				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	Section 2	enovati emolitic				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			9	
		ls l	Locatio	on			li	Non-Exempled	() and Non-i	Table 1 19	Abate		1
Locati Asbestos-Containir TO BE A In Fa (1:	ng Material (ACM) BATED cility	Used Mair	ormally d Solely ntenan odial S (12)	y by nce/	(i.e. th	Descrip s Containir nermal syst surfacing, other misce	ng Mate ems in VAT, o	or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No XXX	N/A	Ashesto	s nine ins	sulatio	on on boil	75 LF	Х			-
Base	ment				Associa	o pipo		1.0					_
						0.11		Name of	Registered Lar	ndfill			
Name of Registered V Freehold Cartage	Vaste Hauler		Н	IJDEP V lauler ID 2265		Cubic Yar of Waste 2		Cumbe	rland Count		ill		
City, State Freehold, NJ				· .		Disposal I	15/	City, Star Newbu	rg PA	Date			
		Title				Sig	Stura	~ //	1 /	Date	15		

Date of Notification (1)	Nam	ne of Buildin	Owner/Operator	E CONS	TRUCTION		7 TW	
Agencies Nouried Type Notification	Štre	el Address	1137 119	ist Ave	TO OLI ,U A	.11:	53	
☐ ∰A ☐ 0⊕ ☐ Amended ☐ Amendment #_		, State, Žip (OCEAN	City N		552	6	
☐ Emergency (inc justification) ☐ Cancellation	enibuk Pan	ne of Contact			elephone Number	-04	10	_
			ORMATION					ì
Name of Facility Where Abatement is Taking				Type of Facility (4				
PESIDENCE				Other (I.e., priv	Other than K-12) ate & commercial t	oulangs	١,	
Street Address 136 WESLE	Y. AUE			Square Feet	# of Floors	Bldg /	Age	\neg
OCHAN CITY				1000	. 2) 	_
County 16h	Co	ounty Code SE ONLY)		VAC	H being demolished	•		_
Name of Maritoring Firm Hired by Building C	ASC	11 No.	Name of Abater	neni Contrador (9)				
Street Address			Sveet Address 369	S. SPRUC	E Ave.			
City, State, Zip C∞le			Ciry. State, Zip	Code	E, NJ.0	805		_
Project Manager for Monitoring Firm	. Telepho	ne No.	Telephone No.	79-0472	0044	4		
5:30 Date (10)	naiskano pent	Date (11)	Name of OSHA					
Occupancy Status During Abatement (Che	ck only one))	Sueel Address					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	enod of Abatemie	11				0805	2	
Other - Describe:				ontainment with Ne				
Scope of Work (Check all that apply)	Renovation Demolion		Mini-E	Exempled (*) and No inclosure ontainment with the		re .		
≥ 160 s1 or ≥ 260 H	Is Location		(Non-	-xempled () at 2 !		A	Type	
Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility	Normally Used Solely b Maintenance Custodial Staff? (12)		Description Descr	Hatenal (ACM) ns insulation. AT, or	Amount (Specity SF & LF)	Removal	Report	Encapsidate
(13)	Yes No	N/A	10	61 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		1		1
SIDING		×	TRAWSI	tE	3500 SF	X		
7101140					,	1		1
			· Cubic Yards	Name of Re	gistered Landfill		1	<u> </u>
Name of Registered Waste Hauler KLEM-CO INC.	Ha	DEP Waste Juley D No. 7904	01 Maste	C,M	1, C, M, C), s	' === -	
CITY STATE NADE, N.	J,0805	2	Disposal Da	Woo	DBINE, Dale	ر. اب		None
Completed By	Tice OWNE		Signali	e osyd I Se		1-	_	15
				exempled activities	. =			

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Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address 938 OCCIAN AVE Sq	pe of Facility (4	8 Z 3 O								
Agencies Notified Type Notification Street Address Street A	pe of Facility (4	8 Z 3 O	at			-				
Agencies Notified Type Notification Street Address Street A	pe of Facility (4	8 Z 3 O	at		=	-				
PA	pe of Facility (4		રા ====================================							
Amended Amendment = Cry, State, Zip Code Amendment = Cry, State, Z	pe of Facility (4		્ર ગ	- 21						
Emergency (including justification) Name of Contact RRUNI & RECE BREUNI & RECEDENCE Street Address	pe of Facility (4		St.							
Name of Contact Superace (3) Street Address Salay Aute	pe of Facility (4			50 90						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address 938 OCCIAN AUE Sq. (5)	pe of Facility (4			-	41	_				
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address 938 OCCIAN AVE Sq. City (5)	School (K-12)									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address 938 OCCIAN AVE Sq. City (5)	School (K-12)	1)								
Street Address 938 OCCIAN AUE Sq City (5)	001001 111121									
City (5) CT (AUE Sq	Subchapter 8	(Other than K-12)	t buildie							
City (5)	Other (i.e., privalent homes, etc.)	vate & commercia								
City (5)	uare Feet	# of Floors		J. Ag€						
	000			0		_				
OCCAM CITY County Code (7) (STATE Cu	rent Use (Pric	or if being demolis	hed)	77						
County (6)	VACA	NT				-				
CAPE IMAI	Contractor (9)									
Name of Monitoring Firm Hired by Building Owner	100					=				
(6) N.A Sveet Address		. ^								
Street Address 369 S	. SPRU	CE AVE			_	=				
City, State, Zip Code		A) T	~ C	70	7					
Gity, State. Zip Code WAPLE	- VI-									
Telephone No. Telephone No.		License No.	()							
Project Manager for Monitoring Cities 856-259-	836-111-011-									
Out Date (10) Scheduled Completion Date (11) Name of OSHA Moni		7								
Stan Gie 10 10 10 9-71-15 JOSEPH J	CLEMM	JR.				_				
Street Address	Canada	11								
- Ti Clared Alacated During Entire Penol of Abatement	SPRUCE	nve								
		NT OS	105	2						
Abatement Performed Outside of Northal Facility MAPLE MAPLE S Maple	HADG	10.1 00								
Scope of Work (Check all that apply)	nment with Neg	ative Pressure								
Repovation Min-Enclos	ure									
>3 sf or >3 lf	rocedure sted (*) and No	n-Friable Procedu	ıre			_				
			A	bater Typ						
Is Location Normally			-	- 7		_				
Location of Used Solely by Description of Maintenance: Asbestos Containing Materia	al (ACM)	Amount			E	!				
Ashestos - Containing Material (ACM) Operated in thermal systems insu	lation.	(Specify SF or LF)	₹en	Repair	cap					
TO BE ABATED Staff? Surfacing, VAI, or	,	3, 6, 2, 7	Removal	balr	Encapsulate					
(12) Solid Miscenti (555)		·e	-		le					
Yes No N/A			11			-				
X TRANSITE		-	X		-	-				
SIDING						-				
			-							
		-								
	Name of Regi	stered Landfill								
	1101110 01 1.09	C 1.1 11	Δ		50.000					
NDEP Wase	C. ILA	1 100				_				
Name of Registered Waste Hauler Hauler ID No 17904 Of Waste	C.M	CM.U								
Name of Registered Waste Hauler KLCMCO INC. NDB Waste Hauler ID No. 7904 Disposal Date	City, State	C.M.U	NI T	_						
Name of Registered Waste Hauler KLCMCO INC. City. State NDE Waste Hauler ID No. 17904 Disposal Date		OBINE 1	M. 7		_	_				
Name of Registered Waste Hauler KLCMCO INC. NDB Waste Hauler ID No. 7904 Disposal Date		DBINE Date	N. 7	<u> </u>	5					

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Date of Notification (1)	N		ng Owner/Operator + TEC H	Con TRIACT	SEP - S AN		9				
9115 					113	CLARITAVIE	2				
Agencies Notified	Type Notification		3	reet Addres	RT. 50	#1s3 [-		4	_	_
	Initial Amended		-	inv. State. Zip			* LIGHT.	16			
∑ DOF	Amendmen: #	-1 4		The state of the s	WIFIELD .	N.J. C	08230			-	_
⊠ рон	Emergency (III	scruaing		lame of Conta			Telephone Nur	nber			
1 DO 1	Cancellation		2	BRUC	E BREUN	116				4	4
		* 1. 1	4		IFORMATION		1				
Name of Facility Where	At a series Takin			TAGIOTT		Type of Facility	(4)				
Name of Facility Where	SINTALE	g 1 2 00 (0		60 17		School (K-1)	2)	• 21			
	SIDENCE					Subchapter	8 (Other than K- nvate & commer	12) cial build	tings,	•	
Street Address 710	9 HAUG	N	AUL	<u>-</u>		homes, etc.)				
- (T)	7 1 13					Square Feet	# of Floors		dg. A		
City (5)	TANI CI	14				1000		_ _	40	_	
County (6)	Crive			County Code	(7) (STATE		nor if being demo	olished)			
County (0) CAPE	MAY			USE ONLY)		VACE			_		=
Name of Monitoring Firm		Owner	AS	SCM No.		nent Contractor (9					
The state of the s	A				- KLEY	NCO TH	<u>C.</u>				_
Siree! Address					Street Address	C S	ore Au				
31166. 1001636					369	S. SPR	OCE AV				_
City, State. Zip Code					City State, Zip C		~ N T	0	30	52	
Oity, O'Ele. Ep ooot	6 2				MAPI	ESHA	License No.				_
Project Manager for Mo	nitoring Firm		Teleph	Teleptione No. License No.							
			. ,		836-11	7-0912	_001				
Start Date (10)	·Sche	duled Con	npletio	n Date (11)	Name of OSHA	Monitor	To				
9-10-1	5		15		· Memm	122	7 4				
Occupancy Status Dun	ng Abatement (Che	ck only on	nei		Stree: Address	. SPRUCE	= AVE				
M Eacility Closed Vaca	ted Dunna Entre Pe	UA TO CON	Mienie	en!	Chy. State, Zip C						
Abatement Performe	ed Outside of Norma	I Facility F	fours		Chy. State. 200	SHADE	NLT C	805	2		
Other - Describe:					MAPLE	OHADE					
Scope of Work (Check	all that apply)				☐ Full Co	ntainment with Ne	gative Pressure				
>3 sf or ≥3 lf			vation		Min-En	an Procedure					
≥160 st or ≥260 lt		Demo	notific		Non-Ex	empted (*) and N	on-Friable Proce	dure			
9		Is Loc	nation					1	Abate Typ		
* * .		Nom	nally		Description o	of .		-	1		
Location	of	Used St Mainte		. Ash	sies Containing Ma	iterial (ACM)	Amount	_		En	Ē
Asbestos-Containing	Material (ACM-	Cust		(1.6	:hermal systems	insulation.	(Specify SF or LF)	₹en	Repair	Cup.	Eliciosui a
TO BE ASA IN Facilit		Sta			surfacing, VAT	. 01 ous)	G. G. E. ,	Removal	air	Encapsulate	001
(13)	10	(1)	21		0010-1110-		-	=		le	1
¥9	=	Yes 1	No	N/A			800 S	- 1	-	-	-
			1.	X	TRANSIT	= X	_	_	-		
SIDING			-	/							_
					T C. bla Varda	Name of Rec	istered Landfill		-		
Name of Registered Wa	sste Hauler			EP Waste	Cubic Yards of Waste	C II A	C INA I	۱ . ۱۸			
Klomeo	T -		Hau	1904 1904	5	C.M	, C, VVI.	Ve T			-
City State		161	1		Disposal Date	City, State	018	111	7		
	HADE A	1.5				- MOO	DBINE	177.	_		
Completed By	Tide				Signature	0 1	Date	7-1	-1	5	
MICHAEL	/	JICE.	Pr	SESTOCK	I Mue	XI) Ju			_		
WILHACL	SLEMMI-			-							

CK# 1468

Date of Notification (1) 9/1/15				uilding Owner/ gelyakov	Operator (2)	2015 SE	5	SAMI	i: -,					
Agencies Notified 'Type Notification		The second second	eet Add	ress ook Court											
EPA Initial Amended Amendment #_	0	Cit	y, State	, Zip Code on, NJ 0703	39		- 0	40	. 1	+ + 1.					
	cluding	Name of Contact Telephone Number Ron													
DCA Carronation			FACILI	TY INFORMA	TION										
Name of Facility Where Abatement is Taking I House Street Address	Place (3)					Sc.	Facility (4) hool (K-12) bchapter 8 her (i.e. pr) S (Othe	r than K-1: commerci	2) ial build	ding	gs, ho	omes	,	
8 Millbrook Court City (5)						Square		# of	Floors		ldg 50+	. Age)		
Livingston, NJ 07039						2000	11 (D.)	1000	a domolio		701				
County (6) Essex		ounty Co	ode (7) SE ONLY)		Current Use (Prior if being demolished) House										
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM No. Name of Abatement Contractor (9)												
n/a			n/a Loznica Management Corp												
Street Address			Street Address												
n/a					22 Troy Lane										
City, State, Zip Code	- //		City, State, Zip Code												
n/a		Lincoln Park NJ 07035							No	_					
Project Manager for Monitoring Firm	-		elephon	e No.	hone No.	ne No. License No. 01193									
n/a		n/a		33		01133					_				
Start Date (10)		Completion Date (11) Name of OSHA Monitor Loznica Management Corp													
9/2/2015											_				
Occupancy Status During Abatement (Check	Only One)													
Facility Closed/Vacated During Entire P	eriod of Ab	ateme	ent			Troy La					_				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	al Facility H	lours			1 (20)	ty, State, Zip Code Lincoln Park NJ 07035									
						001111 0									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				Mini	Containmeri-Enclosure vebag ProdeExempte	e cedure					E		
		27										bate	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		ocation Solely Solely Itenan Solely (12)	y y by ice/ itaff?	Asbestos C (i.e. then	Containing mal syster urfacing, V	scription of taining Material (ACM) I systems insulation, cing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Repair	e Encapsulate	Enclosure	
	Yes	No	N/A						LE CE		-			-	
Basement			X		Tiles 12	x 12			15 SF	Х	+			-	
			2							-	+			-	
										-	+			-	
347 0					.his Varda		Name of	Regis	tered Land	Hill					
Name of Registered Waste Hauler Loznica Management Corp		Н	JDEP V lauler ID 03313	No. of	ubic Yards Waste BD		GROV								
City, State Lincoln Park, NJ 07035				10000	isposal Da BD	te	City, Sta Morris		PA 1906			25			
Completed by E. Cirovic	Title Secre	Title Secretary			Signati	Tre d	tt)	Date 9/1/2015					

CK 5788

Date of Notification (1) Q Z I S Agency Notified Type Notification EPA	City,	et Addr L State, L T ne of C	ess OI RUM Zip Code TLE SILVI Ontact TROOPER	SON PL	DE 57739			4.	: (
DEP DOL DEP Amended Amendment # Emergency (including justification) DCA Name of Facility Where Abatement is Taking Place (3)	City,	State, LIT ne of C	Zip Code TLE SILVE		07739			1.	: (
Amended Amendment # Emergency (including justification) DCA Name of Facility Where Abatement is Taking Place (3)	Nan	State, LIT ne of C	Zip Code TLE SILVE		07739	1 1			- 1		
DEP Amended Amendment # Emergency (including justification) DCA Cancellation Name of Facility Where Abatement is Taking Place (3)	Nan	Lit ne of C YR.	onted SILVI	er, NJI	07739	1 1	2				
Amendment # DOH DOH DOA Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3)	Nam	ne of C	ontact	104.		According to the second		0.000	100		
Name of Facility Where Abatement is Taking Place (3)	1	YR.	TIOD PER	Telephone Number							
Name of Facility Where Abatement is Taking Place (3)			TOOPPERC		rejephone mana						
Name of Facility Where Abatement is Taking Place (3)	FA		. / 1000				_		_		
MR. Moder		CILIT	INFORMATION								
MR. Moder			•	Type of Facility	(4)						
Street Address / / /				School (K-12) (Other than K-12) wate & commercia	i buildings.	,				
101 KUMSON KI	LAC	E	, 3	homes, etc.)					_		
**************************************			*	Square Feet	# of Floors	Bldg. Ag		-A	15		
Little SILLER				2500.	2	85	7	GIN	رب		
500	Cot	unty Co	de (7) (STATE USE	Current Use (P	rior if being demoli	shed)	3)				
County (6)		LY)		PE	SIDENCE	*					
MONMOUTH	SCM No	· ·	Name of Abat	ement Contractor (9)		g 11				
Name of Monttoning Firm naed by balance of Monttoning	JOHN 140		And the contract of the contra	emoval In							
(8)			Street Addres								
Street Address		83		uth River	S+						
			City, State, Zi	ocode	DL						
City, State, Zip Code			Hacken	sack, N.J	07601						
*			Telephone No		License No.	+	7.				
Project Manager for Monitoring Firm Tele	phone	No.		-329-7444 - 00388							
			Name of OSh		1 00000		75.1				
Start Date (10) Scheduled Completion		(11)	Name of OSF	Environm	ental						
9/17/15 9/18/1	. 7		Street Addres								
Occupancy Status During Abatement (Check only one)			,	~ Huyler St		5					
☐ Facility Closed/Vacated During Entire Period of Abater	ment		City, State, Z	in Code			19				
Abatement Performed Outside of Normal Facility Hour Other – Describe:	\$	5	S. H	ackensack	Vi		_		_		
Scope of Work (Check all that apply)			0.5	ull Containment wit	h Negative Pressu	re	F6				
≥3 sf or ≥3 lf		Reno	ration - N	lini-Enclosure		÷					
☐ ≥ 160 sf or ≥ 260 lf		Demo	lition	lovebag Procedure on-Exempted (*) a	nd Non-Friable Pro	cedure	4 /				
		1					4	Type			
L CONTROL	ocation					1	T	1300	T		
Location of Used	Solely	agrances: III de	Descript Asbestos Containin	ion of	Amount		_	Ī	m		
7555555	ntenanc		(i.e., thermal system	ems insulation,	(Specify		Removal	Repair	Encapsulate		
	ustodial Staff?		surfacing.	VAT, or	SF or LF)	9	0 0	E		
	(12)		other misce	laneous)			8	1	ate		
l l	N- T	N/A				1			-		
Yes	No		THERMIN INSU	LATON	954	F	9	T	T		
BASEMENT	-+		I WEITHAR IN 20	44.01-	1	- 1	1	T	7		
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Name of Redeleted Maste Ligare.	DEP W	aste Ha			gistered Landfill			. .	C		
Best Removal Inc	No.	00	Waste	7 Minery	a Enterp	rises	,	ىلىل	C		
	171	.09		1			-				
City, State			Disposal Da		sburg, 0	h,446	88				
Hackensack , N.J. 07601			9/18/1	s wayne	sprarg, 0	Date	1	T	_		
Hackenback , 11.0. 0.001			6: ()	^	91						
Completed by Title I Majorano Estimat			Signature	Maior	جسم	9	/2	/1	5		

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

Check 5789

Date of Notification (1)			1	Name	of Buildin	g Owner/Operator	(2)		4	8 12		
9-2-2015			- 1	27	66	4 STREE	T CONC	O Assag	9500	· ->	-	
Agency Notified	Type Notification			CHECK	145 CC22					.,	U ,	17.1
D EPA	Initial		and the same of th	27	66	TH STEEF	·					
DDEP	☐ Amended			C++ 0	Months From 1	Codo		07		r.		
■ DOL	Amendment #	iin.a	1	WE	ST A	JEW YORK	N.J.	07045	13 I	1-		
B DOH	Q Emergency (inclusing justification)	min.	place at	Mesta 3	of Contac	ž į	,	07093 Telephone Num	nio ar			
□ DCA	☐ Cancellation		epop en	Jo	NOY				- 60	10-	>	
			50	FAC	ility kif	ORMATION						
Name of Facility Where	Abatement is Taking P	ace (3)	il control				Type of Facility	(4)				
27 66 TH S	TREET CONDA	5 AS	50	c.			School (K-1)	21				
Street Address		- 01-					☐ Subchapter	8 (Other than K-12	2)			
27 66T45	T065-	80					homes, etc.	rivate & commerci	ał busida	ngs.		
City (5)	i rect i	-				. 4. 3	Square Feet		Bidg	- Age		
WEST NEW	Vall						.8000	4	9	5	IRS	5
County (6)	1901E			Count	or Code (7) (STATE USE		rior if being demol	1		•	
HUDSON			1	ONLY) 1/0 1/ said 1/ 000	_	ENCE.	*			
Name of Monitoring Firm	n Winnel by Britishing Ou	207	ACC	A No. ·		I stome of Alachar	neat Contractor (The second second				
(8)	in three by beating own	1000	-	R NO.			moval In			-		
Street Address						Street Address	HOVAL III			-	-	
0000733300							th River	C+				
City, State, Zip Code			_			Chy, State, Zip (שנ				
,,						1 7	ack, N.J	07601				
Project Manager for Mor	niloning Farm	TTO	elech	me No.	·	Telephone No.		License No.				_
	roject Manager for Monitoring Firm					201-329-		00388				
Start Date (10)	_ Scheduled (Complet	ion La	ite (11)		Name of CSRA		1 0000				
9-15-201	5 9-	16-	201	5		Omega I	Environm	ental				
Occupancy Status Durin	g Abatement (Check or	nly one)				Street Attress						
☐ Facility Closed/Vacate	ed Dusing Entire Period	of Ahad	amon			280 Hi	uyler St	*				
☐ Abatement Performed	Outside of Normal Far	ally Ho	UES			Ciny', Samie, Zip C				20		
Other - Describe: 3	~ 1					S. Hac	ckensack	,N.J. 07	606			
Scope of Work (Check a	il that apply)					D 8410	Component with	Negative Pressur				
■≥3 sfor≥3 ff			-		ovation "		Endosue	reconstruct recovery				. [
□ ≥ 160 sf or ≥ 260 ff				O Dex	nolition		way Procedure Separated M. ass	Non-Friable Proc	odim.			and the same of th
		1 -	1 4		1	\$15 Tr WEST	The state of the s	I WOUTH TREASE PAGE	ouge -	Ab	tem	ent
		1	Locat				permiss			<u></u>	Гуре	_
. Location Asbestos-Containin		Use	ජ් ම්මා්	by by	1	o politeracea). Sk. golicicaso sus	ef Total (ACC)	Amount		1	_	
TO BE A	BATED		riena Listoci			. क्षेत्रासम्बे इनुहोत्सम्ब	insulation,	(Specify	e Ì	8	non	E .
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	S		(12)		di vida	Canal Manager	رداد			9	late	9
	Yes						V.					
BASEMERET	<u> </u>	-		X	445V	RMAL IN SU	LATION	120	LF	X	T	П
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Name of Registered Was		100000000000000000000000000000000000000		Vaste H	auder	Comit Freds	Name of Regis	tered Landill				
Best Remo	val Inc	ID I		100	-	Villa un	Minerva	Enterpr:	SAS	T	T.C	į
City, State		1	1/.	109		11270				, -		
Hackensacl	k NIO7	601				Disposal Cata	CSy, State	7 0-				
Completed by	, -, -, -, -, -, -, -, -, -, -, -, -, -,					9-16-15 Signature,	waynes	burg, Oh.	446 Date	88		_
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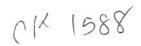
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 5790

ate of Notification (1)		- T	Name	e of B	uilding (Owner/Operator (2)	2				
9/2/15	le (*)			JE	HE	eson a	ALCOEN	> 9F15 0-1	-92 EM	11	_	\dashv
	Type Notification		Stree	t Add	tress	MARILY	N PLACE	6	0 F.F.	11.	C.	3
EPA .	☑ Initial		City.	State	, Zip Co	ode		£ 3.5.			3.	,
DEP DOL	☐ Amended Amendment #		1	Cu	27	M. 40	5.07	018	1 - 1 -	- 1	₩.	e.
	□ Emergency (including		Nam	ne of C	Contact			Telephone Nur	nber	*		
DOH	justification) □ Cancellation		N	R. G	3400	TR						_
1 DCA	a canociation					RMATION						_
	Laterant in Taking Piaca	(3)		-	-		Type of Facility	(4)				
lame of Facility Where A	batement is Taking Place	(0)				22	School (K-12)					
JEHERS	on garden	4 2			71		Cubabapter 8	(Other than K-1	2)			
Street Address	. 11405				4	2	Other (i.e. pri	vate & commerc	tai Duildings,			
90 MAR	LYN PLACE	3					Square Feet	# of Floors	Bldg. Ag	9,0	2	
City (5)						** :	16000	2	1.90	40	1	
· Clis	FON				17	ATTITUDE	Compart lies (Pr	ior if being demo	olished)	-		
County (6)				inty C LY)	ode (7)	(STATE USE	Cultar Ose (1)	NCE / AR	5			
(AS	SAIC		1	9	- 5							_
Varne of Monitoring Firm	Hired by Building Owner	ASC	CM No.	•		102.0	nent Contractor (S		-7			
8)							moval In	С		1	•	-
Street Address						Street Address						
							th River	St				-
City, State, Zip Code						City, State, Zip	ack, N.J	07601				
	*					Telephone No.		License No.		-	12.50	-
Project Manager for Mor	nitoring Firm	Telep	ohone l	No.		201-329	-7444 -	00388	3			
21				(4.4)		Name of OSHA	6	1	13.			_
Start Date (10)	Scheduled Co		-	(11)			Environm	ental				
9/14/15	4 1	1	12			Street Address			-			
	g Abatement (Check only						uyler St					
☐ Facility Closed/Vacat	ed During Entire Period of	Abatem	nent			City State, Zip	Code					
To Alexander Dorformo	d Outside of Normal Facility To 5 PM	ity Hours	,	•		S. Ha	ckensack	,N.J. (7606			_
Scope of Work (Check						Ø Foi	Containment with	h Negative Pres	sure	10		
£23 sf or ≥3 lf			- Canada		ovation	√ Min	ni-Enclosure		(4)			
D≥ 160 sf or ≥ 260 lf				Dem	noitilon	Z GA	ovebag Procedure n-Exempted (*) an	i ad Non-Friable P	rocedure			
					1).		tem Type	
			ocation rmally	1		- 14				T	7	T
. Locat	ion of	Used 8	Solely		Ache	Description estos Containing	n of Material (ACM)	Amou	nt .	_	Encapaulate	1
Asbestos-Containe TO BE	ng Material (ACM) ABATED		tenano stodial	Satura 1	(i.e	, thermal system	ns insulation,	(Speci	fy	Ramoval	oapa	The constitute
IN F	cility .	Ś	taff?			surfacing, V	neous)	0.00		1	- I	-
(1	3)	. ((12)			00,01	in the second				9	-
		Yes	No	N/A				0.	SLR	1	+	-
BACHED	T Boilee# 1				THER	HIME SYSE	But I how hose			P	+	-
BA SELENT B	occes L				THER	MAL SURFA	ein c Bre	Ett 100	SF	۴	+	
	,, -								*	+	+	_
100			1			¥			-	1	1	_
Name of Registered W	laste Hauler		EP Wa	aste h	lauler	Cubic Yards o		gistered Landfill				_
Best Rem	oval Inc	ID N		00		Waste 3 1/2	Minerv	a Enter	prises	,	ايليا	Ü
	100 100		171	.09		Disposal Date						-
City, State		601				9/15/15	- 1	sburg,	Oh. 446	88		
	ck , N.J. 07	601				Signature	1	0	Date	1	_	
Completed by	Title					O'SI AND C	(oùonou	3	Date 9/-	2/1	2	
J.Maioran	o Est	imat	or			licensure exemp						

CK 000469

Date of Notification (1) 08-01-15				uilding Owi Solowisk		erator (2)	10		D15	2.00				
Agencies Notified Type Notification		87	reet Add 79 York	St.					8/d (E.P -9	AHII	: 67	?	
DEP Amended Amendment #				, Zip Code therford,		7073		- SC	Č.	i litro		1		
☐ Emergency (in justification) ☐ DCA ☐ Cancellation	cluding		ame of C licele S	ontact Solowiska	ai				Tele	phone Nur	nber :			
<u> </u>			FACILI	TY INFOR	MATIO)N	upo of F	acility (4	1					-
Name of Facility Where Abatement is Taking Private Residence	Place (3)						Sch	ool (K-12	.) 3 (Othe	er than K-1	2)	1-		
Street Address 879 York St.						[Oth etc.)		commerci Floors		ig. Ag		-
City (5) East Rutherford									1 80 50					_
County (6) Bergen		C (S	ounty Co	ode (7) SE ONLY)						ng demolis	neu)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				nent Cont acting LI		(9)				
N/A						Street A		lotting Li						\neg
Street Address						522 7t								_
City, State, Zip Code						City, Sta Union		Code IJ 0708	7					
Project Manager for Monitoring Firm		T	elephon	e No.		Telepho 201 2	16-960			License I 01206	No.			
Start Date (10) 08-11-15	Scheduled 08-12-15		pletion D	ate (11)				Monitor acting L	LC					
Occupancy Status During Abatement (Check	(Only One)	,				Street A								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 AM- 5:00 PM	eriod of Ab	atem	ent		_	City, Sta	ate, Zip	Code NJ 0708	37					
Scope of Work (Check All That Apply)						-				_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	bearing.	novat moliti				:	Mini-	Enclosur	e cedure	th Negative e nd Non-Fri			e	
					- Hospital		NOII-	-Exemple	u () a	na Non i i		Abat	ement	
		ocati ormal			De	escription	of				-	T	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		itena	nce/ Staff?	Asbest (i.e.	therma	ntaining M al systems acing, VA miscellan	aterial (insulat T, or	(ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		D:	11-	4:			20 LF	X	+	\vdash	
Basement		X			Pip	e Insula	tion			20 LI	Δ.			
									[stanced ! -	dell			
Name of Registered Waste Hauler			NJDEP V Hauler ID		1970-2911000	ic Yards /aste		l .		stered Land Resource		verv	Facil	itv
Delfa Contracting LLc			5240			1		City, St		\630u106	1,000			
City, State Union City NJ						osal Date		Tullyto		PA	Date			
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signatur		5			08-11	-15		



Date of Notification (1) 8-27-2015					uilding Ow Sanchez	ner/Op	erator (2	2)	2815	SED					
Agencies Notified	Type Notification		1783	reet Add 4 Bilton	ress Avenue)			1		-0 ///	11:0	6		
EPA DEP DOL	Initial Amended Amendment #_				Zip Code , NJ 076				V.F	1.		tr J	Į.		
≥ DOH DCA	Emergency (inc justification) Cancellation	luding	8.55	ame of C atima S	ontact Sanchez					Tele	phone Nur	nber			
				FACILI	TY INFOR	MATIO)N								
Name of Facility Where A Residential	Abatement is Taking F	Place (3)						□ so	Facility (4))					
Street Address 44 Bilton Avenue					4			St X Of et	bchapter 8 ther (i.e. pr	Othe ivate 8	er than K-1 commerci	2) ial build	ings,	home	es,
City (5) Teaneck, NJ 07666								Square 1696		# of	Floors	2.0	dg. A 5+	ge	
County (6)				ounty Co	ode (7) SE ONLY)			Curren	t Use (Prio	r if bei	ng demolis	hed)		(*)	
Bergen							Nome	of Abata	ement Cont	ractor	(9)		-		
Name of Monitoring Firm	n Hired by Building Ov	vner (8)		ASCM I	No.		Gree	n Envi	ronment	al Se	rvices, L	LC			
Street Address								Address Virginia	a Avenue)					
City, State, Zip Code								tate, Zip							
Project Manager for Mor	nitoring Firm		T	elephon	e No.		Teleph	none No	•		License 1	No.			
) - L - d - l - d	Cam	alation D	nto (11)			333-88	A Monitor		01174				
Start Date (10) 8-27-2015	1	Scheduled 3-27-201	2000	bletion D	ale (11)			e as a							
Occupancy Status Durin	ng Abatement (Check	Only One)					Street	Addres	S						
▼ Facility Closed/Vac	cated During Entire Penned Outside of Norma	eriod of Ab	ateme	ent		_	City, S	State, Zi	p Code						
Scope of Work (Check /	All That Apply)							140		7227					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				>	Min K Glo	Containme i-Enclosure vebag Prod n-Exempte	e cedure				re	
		Ι		T									Aba	emer	nt
Location Asbestos-Containin TO BE Af	g Material (ACM) BATED cility	No Used	itenar dial S (12)	y ly by nce/ Staff?	Asbest (i.e.	os Con therma surfa	escription taining l il system acing, V miscella	Material ns insula AT, or	(ACM) ation,	(Amount (Specify (SF or LF)	Removal	Repair	Encapsulate	Enclosure
lu lu		Yes	No	N/A		Disc	- !!	otion			100 LF	X	+		+
Baser	ment		X			Pipe	e insul	allon			100 LI	- 12	-	+	
											+		1	+	
Name of Registered W	aste Hauler		1 00	JDEP W		Cubic of Wa	c Yards				tered Land				
Green Environmen	ntal Service,LLC		1000	lauler ID 034889		2	2. 60.4 c. c. c				North L	andfill			
City, State Jersey City, NJ					osal Dat 3-2015		City, Sta Morris		PA .						
Completed by Liliana Serrano	sey City, NJ mpleted by Title						Signatu	ire 1 (U	esSe	NE	auc	Date 8-27-	2015	i	

Date of Notification (1) 9-8-2015				ilding Owner/Op ukenda	perator (2)			PBIS SEP	0			
	otification		reet Addr 16 Nort	ess h Avenue Ea	st					0.		11:	0
DEP X An	iial nended nendment #_1			Zip Code , NJ 07016					11	7.			
☑ Er	nergency (including stification) ancellation	100000000000000000000000000000000000000	ame of Co					Telep	hone Numb	er			
			FACILIT	Y INFORMATIO									
Name of Facility Where Abateme Residential Street Address	nt is Taking Place (3)					Sc	Facility (4 hool (K-12 bchapter (t) 3 (Other	than K-12)				
27 South Avenue West						Square	:.)		commercia		ngs, n		
City (5) Cranford, NJ 07016					:	2004		2		13	5+		
County (6) Union			ounty Co			Current	Use (Prio	r if bein	g demolishe	ed)			
Name of Monitoring Firm Hired b	y Building Owner (8)	1	ASCM N	No.			ment Con		9) vices,LLC	;			
Street Address						Address	Avenue						
City, State, Zip Code					City, St	ate, Zip	Code						
Project Manager for Monitoring F	Firm	T	elephone	e No.		one No.	NJ 073		License No).			
•		0	-letion D	ata (41)		33-88	55 A Monitor		01174				
Start Date (10) 9-8-2015	Scheduled 9-8-2015		pietion D	ate (11)	Same	as at	ove						
Occupancy Status During Abate Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Period of Ab	ateme	ent			Address tate, Zip							
Scope of Work (Check All That All 23 sf or ≥3 if ≥160 sf or ≥260 if	☐ Re	novati			- X	Mini	-Enclosure	e cedure	Negative F			9	
						2 14011	-CASITIPIE	u () am	3 14011-1 1140	1	Abate		
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM) No Used Main Custo	tenan	y ly by nce/	Asbestos Cor (i.e. therma surfa		Aaterial s insulai T, or		(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
House perimete		X	10%	Shi	ngle Si	ding		20	04 SF	х			
Tiodos politicis													
										+	-	-	
Name of Registered Waste Hau	uler	1000	JDEP W		ic Yards		ABOUTHERN SE		ered Landfi		1		
Green Environmental Ser			lauler ID 034889	6	aste Deta				North La	ndfill			
City, State Jersey City, NJ		WALESTER & MARKET PROPERTY.		osal Date		City, Sta Morris							
Completed by Liliana Serrano	Title Office	Mar	nager		Signatur	e	2 Se 1	LW	100 g	ate -8-20	15		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15						1 (0)					
Date of Notification (1) August 3	31, 201	5			Name of Building Owner/O RUTGERS, THE STA	perator (2) ATE UNIVE	ERSITY	OF N	J		
Agencies Notified □EPA □ DCA		Notification Initial Amende	lotificati d Notific	cation #	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 49 City, State, Zip Code				PUS		
☑ DOL ☑ DEP- No Longer REQUIRE	=D	□ Emerge justification		cluaing	PISCATAWAY, NJ 0				2815		
■ DOH		□ Cancel			Name of Contact MICHAEL SMITH, EN HEALTH & SAFETY		Telepho	ne Numb	•		
				FACILITY INFO					CD		
PHARMACY, BLDG. #3	3750				Type of Facility (4) School (K-12) Subchapter 8 (other tha	n K-12)			-20-		
Street Address BUSCH CAMPUS					Other (i.e. private & con		ngs, hom Bldg. A	es, etc.) ge: _60		s	
City (5) PISCATAWAY	MIDD	LESEX		Code (7) ise Only)	Current Use (prior if being	demolished):	ACAD	EMIC			
Name of Monitoring Firm Hired b	by Bldg. (Owner (8)	ASCM N	<u>vo.</u>	Name of Contractor (9)						
Cardno ATC			0098		GREENWOOD ABAT	EMENT CO	NSUL"	TANTS	, INC.		
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET	12					
City, State, Zip Code BURLINGTON, NJ 080	16				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring		Telephone N			Telephone Number		License	Number			
BRIAN KEARNY		609-386	-8800		973-492-0477		00840				
Scheduled Start Date (10) 09/11/15		Scheduled 0 09/14/15		n Date (11)	Name of OSHA Monitor						
0 0 1 0 1 1	-4	(Chaple anles	201		ENVIROVISION, INC Street Address	•	-				
Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs	iring Enti	re Period of A	batement	t	20-21 WARGARAW	ROAD					
Describe					City, State, Zip Code						
☑Other – Describe: Shift F		5:00 PM – 24 hours a			FAIRLAWN, NJ						
Scope of Work (Check all that a	apply)	7			-		1 10	- NI	D		
—	15			▼Renovation	H	Full Contain Mini-Enclose		n Negativ	/e Pres	sure	
 ≥ 3 sf or ≥ 3 ≥ 160 sf or ≥ 				■ Demolition	_	Glovebag F		е			
						Non-Exempte				ocedu	re
Location of Asbestes-Containin Material (ACM) in Facility (13)	Sole	ocation Norma ely by Maint./C ff? (12)		Description of Ast (ACM) (i.e. therm VAT, or other mis	pestos Containing Material nal systems insulation, surfaci cell.)	ng, (Specif or LF)	fy SF	Abateme Remove		ncap E	<u>Enclose</u>
	YE		NA				-	F27			
Rooms 301 & 305		X	TSI – Pipe In	sulation	<9 LF		X				
					-	_	_				
Name of Reg. Waste Hauler See Hauler Below #1 & 2	2	NJDEP Wa		I r ID #	Cubic Yards of Waste:	5 CY		of Registe .W.S. N			ill
Hauler #1) Greenwood Abater NJDEP # 28969 Hauler #2) S TG – 58 Pyles La NJ DEP # 20990	NJ 07405	2	Disposal Da 09/14/15	ate	10 Re 19	ty, State 00 New d. Morri 0067 15-736-1	Ford N sville,				
Completed by (Print or Type) RAYMOND C. PEDAL!	INO	Title SENIOR F	ст	Signature Raymand C. Per	dalino	Date A	ugust	31, 20	15		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			N	lame of I	Building O			9557		,	_	/		
September 1, 201	5				4400	Semino	ole Co	nstruction		2015 CL	d	74	3.2	
	on Notificat led Noti			treet Add	dress e, Zip Code		ırtlett .	Avenue	j*	POIS SEP	-8	AH II	: [4	
[A] DOL	dment #_ ency (in	CV DOMESTIC		ny, stati	c, zip couc		Creek,	NJ 08092		\$ 1.15	Ç.	13.0	i el	
[X] DOH justific			N	Name of	Contact Joyce				Telepho	ne Number				
[] DCA			FACII	ITV D	NFORM.	ATION	-							
Name of Facility Where Abatement is Taking I Residence	Place (3)		THOIL	711 1 11	ii Oldin		Туре	of Facility (4	Scho	ool (k-12)	4	I- 12\		
Street Address 1517 Daytona Road	d							[x]	Othe	chapter 8 (oth or (i.e., privat es, etc.)	e & con	nmercia	l buildi	ngs,
City	County	y (6)		ounty Co	ode (7) JSE ONLY)		re feet 1200 sf		f Floors	Bldg.	Age 6	0	
Forked River	Ocea	n					Curre	ent Use (Prio Resid		demolished)				
Name of Monitoring Firm Hired by Building C)wner (8)	A	SCM No	D.	Name of	Abaten	nent Contract Guar		ntracting,	Inc.			
Street Address						Street Ac	idress	1889	Route	9, Unit 61				
City, State, Zip Code						City, Sta	te, Zip (Code		New Jers	ey 087	55-12	271	
Project Manager for Monitoring Firm	(A) (C) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A					Telephor 732-34	9-993	2		License N 00624	lumber			
Scheduled Start Date (10) 9/1/15						Name of	OSHA		S.L. Ar	nalytical	22			
[X] Facility Closed/Vacated	9/1/15 9/3/15 ccupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of					Street Ad		Code	Steltor	New Jerse	ey 088	54		
Scope of Work (Check all that apply)						[]		ull Containm Iini-Enclosur		Negative Pres	ssure			
$\begin{bmatrix}] > 3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		L 1	Renovatio Demolitic			[x		lovebag Proc on-Exempte		Non-Friable	Procedu	ire		
											Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custor Staff (12) YES NO N					Ash N (i.e inst	Description Destros-Co Material (A., thermal Julation, st VAT, er miscel	ntainin ACM) systen urfacin or	ns g,		Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Exterior house		X		Asbe	stos sidir	ng			1	100 sf	X			
											-	-		
		-						•			+-	-		
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste	Hauler I	D No.	Cubic Ya	ards of Wa	ste	Name of Reg		andfill				
City, State			Disposa			City, S	tate	Pennsylva	mia					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proi	ect Manage	9/4/15 r	Signat	hure	-Cl	lowir,	1,Gillisylve	0/	1	Date 9/1	e /15		

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

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Date of Notification (1) 8/27/15 & 9/2/15		-	Na Jo	me of Bu ohn & H	ilding Owne lelene Za	er/Ope	erator (2) Ki	2015	SE)	-0				
Agencies Notified	Type Notification			reet Addr Butler (*						
EPA DEP DOL			Cir	ty, State, omptor	Zip Code Lakes, N	4J 0.	7442		i.					
	Emergency (i justification) Cancellation	ncluding	1 10000	ame of Co					Tele	phone Nur				
				FACILIT	TY INFORM	IATIO	N	of Facility (1)					-
Name of Facility Where Private single famil Street Address	Abatement is Taking ly home	Place (3)						School (K-1 Subchapter Other (i.e. p	2) 8 (Othe	er than K-1	2) ial buildir	nas h	omes	
6 Butler Street							1	etc.) are Feet		Floors		g. Ag		_
City (5) Pompton Lakes							250	0	2		95			
County (6) Passaic				ounty Co STATE US	ide (7) SE ONLY) _		_	ent Use (Pri			nieu)			
Name of Monitoring Fir J & S Environmen	m Hired by Building (Owner (8)		ASCM I	No.		Name of Ab ABS Env	atement Coi ironmenta	ntractor I Serv	(9) rices, LL(0			
Street Address 2333 Route 22 W					=		Street Addr PO Box 4	ess 183, 4 E G	ate D	rive				
City, State, Zip Code							City, State, Glenwoo	Zip Code d, NJ 074	118					
Union, NJ 07083 Project Manager for Me	onitoring Firm		T	elephon	e No.		Telephone 973-764-			License 703	No.			
Start Date (10)		Schedule	d Com	pletion D	ate (11)			SHA Monitor						
9/21/15		11/21/1					Street Add	-Dee	·					
Occupancy Status Dur							Street Addi	633	ă.					
Abatament Perfo	acated During Entire rmed Outside of Nor occupied, normal h	mal Facility	batem	ent		_	City, State,	Zip Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		Bergermand	enova emolit				×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure	e			e	
								ton Exompt				Abat	emen	t
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility (3)	Use Ma Cus	Locati Normal ed Sole intena todial S (12)	lly ely by nce/ Staff?	(i.e. th	s Con nerma surfa	escription of taining Mate I systems ins acing, VAT, o miscellaneou	sulation, or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
hoos	ement	Yes	140	X		floor	tile & mas	tic		420 LF	x			
	ement			X		pipe	e insulation	n		150 LF	x			
basement			X		ba	cking flue	8		2 SF	х				
	t staircase			×			inoleum			30 SF	x			
Name of Registered	Name of Registered Waste Hauler Freehold Cartage					of W				stered Lan erks Lan				
City, State Freehold, NJ	City, State					Disp	osal Date	City, S Birds	tate boro,	PA				
Completed by A. Scott Higgins		Title Pres	sident	t			Signature	hi	`		Date 8/27/1	5 &	9/2/	15

ZABLOCKI RESIDENCE

6 BUTLER DRIVE POMPTON LAKES, NJ

<u>Location</u>	ACM Description	Quantity
Basement	floor tile & mastic	420 SF 150 LF
Basement Boiler Room	pipe insulation (fiberglass) backing flue	2 SF
Basement staircase	linoleum	30 SF

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

B & G proj. #: 2015-150

(Pursuant to NJAC 8:60-7 and 12:120-7)
*** ADDITIONAL FOOTAGE & Comp Date ***

Check # 7389

			13000		MAN CONTRACTOR OF THE CONTRACTOR							55-15274
Date of Notification (1)		Building Owne			PETS SEF	-8 LE	[]: (,	2				
0 9 / 0 2 / 1 5		tic Health Sy	stem									
Agencies Notified Type Notification								Į.				
☐ EPA ☐ Initial		Madison Ave	nue			No. in 1	('t')					_
DEP Amandana		te, Zip Code	7000									
X DOL X Amendme		ristown, NJ 0	7960			TTA	enhone	Number				monat.
▼ DOH	Name of	Contact				1.0	sprioric	i i di i i di				
☐ DCA ☐ Cancellati	Pete	er Palmer										_
		FACI	LITY INFORM	MOITA	1							
Name of facility where abatement is	taking place (3)					Type of F	acility (4) School	(K - 12)				
Morristown Medical Center,		dina						oter 8 (Ot	her th:	n K-1	2)	
	rialikiiii buli	unig						rivate/Co			-)	
Street Address	Most wi				81		Bldgs./H	omes, et	C		- ^~	
100 Madison Avenue, 5th fl		ng				Square F	eet #	of Floors		Blag	g. Age	5
City (5)	County (6)			10000000	unty Code (7) ate use only)	Current	Ise (Pri	or if being	demo	olished	1)	_
Morristown	Morris			(0	10 200 0111)	Hospita				000000000000000000000000000000000000000		
Name of Monitoring Firm Hired by B	idg. Owner (8)		ASCM No.		Name of Abatement	Contractor	9)		4			111
T&M Associates			0145		B & G Restorat	tion, Inc.						
Street Address				_	Street Address	D d						
11 Tindall Road					105 Ryerson F	ar man de						
City, State, Zip Code					City, State, Zip Code Lincoln Park,		i					
Middletown, NJ 07748		15: N-1		_	Telephone Number	110 07 000		License	Numb	er		
Project Manager for Monitoring Firm		732-676-4			(973)696-686	59		00	378			
Kevin Burns	To bed Com	npletion Date (1			Name of OSHA Mor							
Scheduled Start Date (10)			1)		B & G Restora	tion, Inc.						
09/01/2015	09/04/20				Street Address 105 Ryerson F	Pood						
Occupancy Status During Abatement	(Check only or	ne)									-	
Facility closed/vacated during Abatement performed outside	entire period of a of normal facility	abatement. y hours-			City, State, Zip Code	-						
Describe: Work shift				-	LincolnPark, N	NJ 07035						
Scope of Work (check all that apply		000111										-
a the second sec	Renovation				Full Containment w/ne	egative pres	sure 2	Glove	oag pr	ocedu	re	
	>160 sf or >260	lf		X	Mini-enclosure			Non-fi	iable	огосес	dure	
	Is location norr	mally used sole	ly						R	R	E	E
Location of asbestos-containing	by maintenance	e/custodial	Descript		asbestos-containing	500	nount pecify S	For	m	р	n	n
material to be abated in facility (13)	staff(12)	N. 1	- material	(ACN	1)	LI			O V	a	a p	L
abated in facility (15)	Yes 1	No N/A							e	r		\vdash
Renovation Area		X	pipe fittin				fittings ttings		X	H	븜	卄
Renovation Area (5 locations)		X	large dra		oe fittings		If ***		X	H	Ħ	情
Renovation area Bathroom		X	Thipe insu	natio	1 2000	- 30		-	Ħ	i		后
			-			_						
Registered Waste Hauler	INJDEP H	auler ID#	Cubic Yards of	f Wast	e Name of Registere	ed Landfill						
B & G Restoration, Inc.	1956	33	4 yds		_	n Resourc	e & Re	ecovery	Cen	ter		
City, State		Disposal	Date 09/08/2015		City, State Tullytowr	ı, PA						Di-
Lincoln Park, NJ	Tille		Signature	_	-			Date				
Completed by (Print or Type)	Title Secretary/T	reasurer			Gordana Luna			09/0	2/20	15_		

NO CK



Date of Notification (1) August 24, 2015				Building Owner States Depa			tice- Feder	al Correctiona	l Insti	tutio	n	
Agencies Notified Type Notification			treet Add		Building	5814	4, (Joint Ba	se McQuire/Fo	ort Dia	k/Lal	kehu	rsi
EPA Initial Amended Amendment #_				e, Zip Code c, New Jerse	ey 08640)				1		
Emergency (in justification) DCA Cancellation	cluding	1	ame of 0	Contact hael O'Neill			1	Telephone Num		. I bt	562	
			FACIL	ITY INFORMA	TION							
Name of Facility Where Abatement is Taking I Various Buildings East and/or West Street Address	Place (3) Compo	ound					of Facility (4) School (K-12) Subchapter 8	(Other than K-12)				
East & West Compound Sites							Other (i.e. pri etc.)	vate & commercia	buildi	ngs, i	nomes	3,
City (5) Fort Dix						Squa	re Feet	# of Floors Typically 1-3		dg. Aq		
County (6) Burlington County			ounty C	ode (7) SE ONLY)				if being demolished - Housing, Ad		trati	on	
Name of Monitoring Firm Hired by Building Ox Quality Environmental Concepts, Inc			ASCM NA	No.			atement Contr nvironment	actor (9) al Concepts, Ir	nc.			
Street Address 1053 North Tuckahoe Road						Addre	ess th Tuckaho	e Road				
City, State, Zip Code Williamstown, New Jersey 08094			-				Zip Code own, New J	lersey 08094				
Project Manager for Monitoring Firm Edward J. Knorr			elephon	e No. 9-1166		hone 1 -629-		License No 01086),	2015		
Start Date (10)	Schedule August			Date (11)	1		SHA Monitor nvironment	al Concepts, I	nc.	SE		
Occupancy Status During Abatement (Check	•					t Addre		-		0.5		
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe: Emergency Clean Up	eriod of A	batem	ent		1		th Tuckaho Zip Code	e Road				
Other - Describe: Emergency Clean Up	**************************************				Will	iamst	own, New	Jersey 08094		67		
Scope of Work (Check All That Apply)										017		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti				X N	lini-Enclosure Blovebag Proc				re.	
							IOII-Exempled	() and Norra nac	1	Abat	emen	t
	C. 10195	Locati			Description	an of				T	/pe	Т
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?	S		Mater ns insi AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	FI - TI	-11-	a. dati	an mina	TBD	X	X	X	-
Various Locations	X	X		Floor Tile			OH,HIISC.	טטו	- 22	1	1	-
& Buildings					clean				-	-	-	+
East and/or West Compound				See att	achment		pecific		-	-	-	-
					Informa	September 1997	Nome of	Registered Landfi	1			
Name of Registered Waste Hauler Robinson Waste Disposal Services		H	IJDEP V łauler ID 9710	No. 0	ubic Yards f Waste BD			S Landfill				
City, State Voorhees, New Jersey					isposal Da BD	ite	City, Stat Morrisv	rille, PA				
Completed by Edward J. Knorr	Title Vice	Pres	ident		Signati	ure	Dek		ate lugus	t 24	, 201	5

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Date of Notification (1) 08/31/2015					Building O ue Muni					20	iá 85;			22.9		
	ype Notification		100	treet Ad 79 Rir	dress ngwood	Ave.			%				5 85		÷	9
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod ue, NJ,											
× DOH DCA	Emergency (in justification) Cancellation	ncluding	1,400		Contact vanoski					Tele	phone N	umber				
				FACIL	ITY INFO	RMATIO	N									
Name of Facility Where Ab Wanaque Municipal E		Place (3)							of Facility (4 School (K-12							
Street Address 579 Ringwood Ave.									Subchapter Other (i.e. pretc.)	8 (Othe			ding	s, h	ome	s,
City (5) Wanaque, NJ 07465									e Feet	# of	Floors	1,66	Bldg. BO	Age	Э	
County (6) Passaic		4		County C	ode (7) ISE ONLY)				nt Use (Pric		ng demoli	ished)				
Name of Monitoring Firm H		wner (8)		ASCM 00118					tement Con		(9)					
Street Address				0011			Street	Addres	A STATE STATE OF THE COLD		15					
464 Valley Brook Ave	e #3A						City, S	state, Zi	ip Code		104.5					
Lyndhurst, NJ 07071	oring Firm			elephor	ne No			pton L	_akes, NJ	0744	License	No.				_
Ralph Coppola							973	513-4	245		01236	Ĭ.				
Start Date (10) 08/21/2015		Schedule 08/31/2		pletion L	Date (11)			Koce	IA Monitor vski							
Occupancy Status During	Abatement (Check	Only One	e)					Addres			4.5					
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P d Outside of Norm	eriod of A al Facility	batem Hours	ent			City, S	State, Zi	ue Ave S ip Code Lakes, N.		recor.					
	That Apply						FUIT	pioni	Lanes, INC	014-	T					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпат Арріу)		enovat emoliti					Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				ure		
		P						,,	II Exempted	2 () () (G 11011111				nent	
Location of Asbestos-Containing M		Used	Location Iormallo Solel	y y by	Asbest	Des	criptior		I (ACM)	А	mount	3	T	Тур		
TO BE ABAT In Facility (13)	<u>red</u>		ntenar odial S (12)		(i.e.	thermal s surfact other m	system ing, VA	s insula AT, or	ation,	,	Specify For LF)	Removal	Nepall		Encapsulate	Enclosure
		Yes	No	N/A				100 E						1	te	
Administration Cla	erk's Office		Х			VAT	T/Mas	stic			800sf	x	_			Х
Tax Office		X			- Same stay	T/Mas	300000			800sf	х				Х	
Conference Roo	Χ				T/Mas	101.00			'25sf	x				Х		
Assessor's Office	ce 2nd flr		X			VAT	T/Mas	stic			275sf	x				X
Name of Registered Waste	Name of Registered Waste Hauler					Cubic \ of Was			Name of	- T.,						
Atlantic Carting LLC		auler ID 901 #2		20			Grand (al Sanita	ary La	ndf	11				
City, State 1141 Route 23, Wayn				Dispos 08/31/	/2015		City, Stat									
Completed by Toni Kocevski		Title Proje	ct Ma	nager		Si	anatur	m'	Your,	di E		Date 08/31	/20 ⁻	15		

Date of Notification (1) 08/27/2015									iejo									
Agencies Notified Type Notification		100	treet Ad 79 Rin	dress ngwood	Ave.						***	,	-	-2				
EPA Initial Amended Amendment #	1			e, Zip Cod ue, NJ,		5												
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	300	Market Committee	Contact vanoski			Telephone Number											
			FACIL	ITY INFO	RMATI	ION		-										
Name of Facility Where Abatement is Taking Wanaque Municipal Building Street Address	Place (3)					T:	Schoo	l (K-12)	(Other tha	an K-12	2)							
579 Ringwood Ave.						×		(i.e. priv	rate & con	nmercia	al build	ings,	home	s,				
City (5) Wanaque, NJ 07465			County Code (7) (STATE USE ONLY) ASCM No. 00118 Name of Abatement Contractor (9) GK Contractors LLC Street Address 55 Wanaque Ave Suite 115 City, State, Zip Code Pompton Lakes, NJ 07442 Telephone No. Event West Floor Telephone No. # of Floor 24000 # of Floor 24000 Current Use (Prior if being de Municipal Building) Name of Abatement Contractor (9) GK Contractors LLC Street Address 55 Wanaque Ave Suite 115							ors	90 90	dg. A	ge					
County (6) Passaic				(<u>1</u>		Current Use (Prior if being demolished) Municipal Building												
Name of Monitoring Firm Hired by Building Ov McCabe Environmental Services	wner (8)		1000			Name of Abatement Contractor (9)												
Street Address 464 Valley Brook Ave #3A								ve Su	ite 115									
City, State, Zip Code Lyndhurst, NJ 07071									07442									
Project Manager for Monitoring Firm Ralph Coppola						Teleph Type of Facility (4) School (K-12) Subchapter 8 (Other to Other (i.e. private & coetc.) Square Feet 24000 Current Use (Prior if being) Municipal Building Name of Abatement Contractor (9) GK Contractors LLC Street Address 55 Wanaque Ave Suite 115 City, State, Zip Code Pompton Lakes, NJ 07442 Telephone No. 973 513-4245 Name of OSHA Monitor Toni Kocevski Street Address 55 Wanaque Ave Suite 115 City, State, Zip Code Pompton Lakes, NJ 07442 Full Containment with N Mini-Enclosure Glovebag Procedure Non-Exempted (*) and N Description of Scontaining Material (ACM) Nermal systems insulation, surfacing, VAT, or other miscellaneous) VAT/Mastic VAT/Mastic VAT/Mastic VAT/Mastic VAT/Mastic VAT/Mastic VAT/Mastic Cubic Yards of Waste 20 Disposal Date City, State City, State				ense N 236								
Start Date (10)	art Date (10) Scheduled Completion Date (11)						Name of OSHA Monitor											
Occupancy Status During Abatement (Check		Street Address																
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent															
Other – Describe:		2122-1153			_	Pompt	mpton Lakes, NJ 07442											
Scope of Work (Check All That Apply)						_						14.0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf							Glovebag Procedure											
1						NOII-EXE	simpleu () and No	Abateme									
Location of	100000	Is Location Normally			Description							ре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solel ntenar odial S (12)	nce/ staff?		tos Cor therma surfa	ntaining Ma al systems i acing, VAT,	g Material (ACM) ems insulation, VAT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure					
A desiriate tion Clarks Office	Yes	No	N/A		1//	A T/M Mootic		-	800	-f	35		_	_				
Administration Clerk's Office Tax Office		X							8008		x			x				
Conference Room 2nd flr		×			- MESS				***	x		_	X					
Assessor's Office 2nd flr											x			x				
		X	IDED IA	laste										^				
Name of Registered Waste Hauler Atlantic Carting LLC NJDEP Waste Hauler ID No. A901 #26085											10 60 MANAGES							
City, State 1141 Route 23, Wayne, NJ 07470																		
Completed by Vica Gjorsoski Title Project Manager						Signature Date 08/27/2015												

NO CK

Print Form

Date of Notification (1) 8/28/2015				lame of E JAN SN	Building O MTH	wner/O	perator	(2)										
Agencies Notified	Type Notification			treet Add	dress RRETSC	N AV	E.											
EPA DEP X DOL	Initial Amended Amendment	ŧ	100		e, Zip Cod		2											
DOH	Emergency (in justification) Cancellation		N	lame of 0	Contact			Telephone Number										
☐ DCA	Caricellation				ITY INFO	RMATI	ON	-							\dashv			
Name of Facility Where	Abatement is Taking	Place (3)		I AUIL	III IIII O		1	Туре	of Facility (4)								
JAN SMITH							School (K-12)											
Street Address 38 GARRETSON A		G.				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)												
City (5) BAYONNE, NJ 070								-	e Feet	# of	Floors		373	3				
County (6)				County C				Currer	nt Use (Prio	1000	ng demolisi	hed)						
HUDSON Name of Monitoring Firm	1,	(STATE USE ONLY)Name					RESIDENCE ne of Abatement Contractor (9)											
								GOLD COAST ABATEMENT & DEMOLITION										
Street Address							100000000000000000000000000000000000000	et Address CAMBRIDGE WAY										
City, State, Zip Code						City, State, Zip Code WEEHAWKEN, NJ 07086												
Project Manager for Mo	T	Telephon	e No.			Telephone No. Licen 866-625-9799 0125				se No. 54								
Start Date (10)	Com	Joinpiedon Date ()					ame of OSHA Monitor											
9/11/15		554 196 Cons					ICK BENAVIDES											
Occupancy Status Durin	ng Abatement (Chec	k Only One					10000000000000	Addres	s TREET									
Facility Closed/Vac	cated During Entire I med Outside of Norm	Period of Ab	atem	ent					p Code				_	-				
Other – Describe:	10010		-			IION CITY, NEW JERSEY 07086												
Scope of Work (Check	All That Apply)					5	Г	٦				D						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	nova moliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
						_ No	n-Exempted	(°) an	id Non-Fria	DIE PIO	Abatement							
	ocati	(2.25)								Туре								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					Ashes		Description of ontaining Material (ACM			(Specify				ш				
					(i.e.	. thermal systems insulation,			ation,				Re	nca	Encl			
				J			urfacing, VAT, or er miscellaneous)			SF or LF)		nova	pair	sula	osur			
(2	Yes	No	N/A			,							ate	co.			
BASEN	MENT		Χ		PIPE INSUL				ATION 185 LF			Х						
		-		-				-				-						
		+++		-		-		-				+						
Name of Registered W	1 60				c Yards		1000 - V-200 - 100		ered Landf									
GOLD COAST AB	ATEMENT & DE	MOLITIC	10.1	lauler ID		of Wa	62				TRANSF	ER S	TATI	ON				
City, State WEEHAWKEN, No.	J 07086					osal Dat 1/15	City, State BRONX NY 10474											
Completed by		Title					Signatu	re 11	11			Date	Bldg. Age 1915-1920 ed) EMOLITION Bldg. Age 1915-1920 ed) EMOLITION Co. Bld Procedure Abatement Type Removal X I ER STATION					
ANTHONY RANDI	ESI	PRES	PRESIDENT CA						12			8/28/1	5					

CH # 3760 Print Form

Date of Notification (1)			Nar	me of B	uilding Owner/Op		2)	9850	0.5-						
09/01/2015			ELD Y	2015 SEP -8 - 11:12											
Agencies Notified	Type Notification		22		k Street										
EPA DEP DOL	Amended Amendment #		. W	estfiel	, Zip Code d, NJ 07090	Telephone Number									
☑ DOH ☑ DCA	Emergency (ir justification) Cancellation	cluding		me of C ark La	contact agemann	Telephone Number									
				FACILI	TY INFORMATIO	N	T	. (4)				-	7577.7		
Name of Facility Where Westfield area Y	Abatement is Taking	Place (3)					Type of Facilit School (F	(-12)	er than K-12)						
Street Address 220 Clark Street		Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age													
City (5) Westfield, NJ 0709	90												-		
County (6) Union				ounty Co	ode (7) SE ONLY)	_	Current Use (ea)					
Name of Monitoring Fir Detail Associates,	m Hired by Building C	wner (8)		ASCM	No.	Name of Abatement Contractor (9) Lilich Corporation									
Street Address 300 Grand Avenu						Street Address 606 McBride Avenue									
City, State, Zip Code Englewood, NJ 07			(a)			City, State, Zip Code Woodland Park, NJ									
Project Manager for Monitoring Firm Telephone N						Telephone No. License No. 973-225-8400 01104									
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor J&S Environmental Labs, LLC								
09/04/2015 Occupancy Status Du	Street Address 2333 Route West														
Facility Closed/V Abatement Perfo Other – Describe	acated During Entire I rmed Outside of Norn	Period of A nal Facility	bateme Hours	ent		City, S	State, Zip Code								
Scope of Work (Chec						01110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
≥3 sf or ≥3 lf ≥160 sf or ≥260		the same of the sa	enovat emoliti			annual annual an	Mini-Enclo	sure Procedure	th Negative F			9			
					E	→ Non-Exen	ipted (*) a				atement				
		Locatio			a a arinti o	n of			Туре						
Asbestos-Containing Material (ACM) Use Mai				y by	Asbestos Co (i.e. therm: surf	Description of intaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
	n	Yes	No		O&M - vacuu	ım cei	ling&remove	اه	.8 LF	×					
Woomen's	fitness center			X	Oxivi - vacui	111 061	ingaremere	E3.							
Name of Registered			H	JDEP V	(100 min 100 m	ic Yards /aste	S 185		stered Landfi Landfild	11	1		L		
Lilich Corporation	1		1	8724	Disp	osal Da	te City	State	Pensilvani	a					
Woodland Park,	NJ 07424					Cia-a'	1	insvile,		alate					
Completed by Momo Glavatovio		Title Vice	Presi	dent		Signati	Signature 09/01/2015								