CK 006/25

D&S Proj. #: 2015-317

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

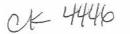
Continue													
Agencies Notified   EPA	Date of Notification (1)			er/Operator (2)				6	H-10	1 (11)			
PA		A	The second liverage and the se							- Colonia	-		
Clay, State, Zip Code   County (6)   Count		Oli del Add					2						
Summit and the state of facility where a batterment is taking place (3)  FACILITY INFORMATION  Name of facility where a batterment is taking place (3)  FACILITY INFORMATION  FA	I DEP I				-								
Summit, nj 07901   Cancellation   Samon's Corticat   Summit, nj 07901   Samon's Corticat   Summit, nj 07901   Samon's Corticat   Summit, nj 07901   Samon's Corticat   Summit   Summit	Amendment #	:   City, State	e, Zip Code										
DCA   Gancellation   gil owner	Emergency	-	CONTRACT CONTRACTOR OF THE PARTY OF THE PART	and the residence of the same			AL TIMOLE						
DCA		) Name of C	contact					Telepho	ne Numbe	r			
Name of facility where abatement is taking place (3) duris grisby  Street Address 2.38 morris avenue City (5)  County Code (7) (State use only)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Sireet Address 2.0 Caurity Code (7) (State use only)  Name of Monitoring Firm Hired by Bidg. Owner (8)  Sireet Address 2.0 California Ave. City, State, Zip Code  Potential Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Potential Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Potential Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State, Zip Code  Over Address 2.0 California Ave. City, State 2.0 California Ave. City, St	□ DCA □	11	ren		~~~			1			V		
School (K12)   School (K12)   School (K12)   School (K12)   Street Address   School (K12)   Street Address   School (K12)   Street Address   Street Address   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Square Feet # of Ficors   Bidg. Alge   Square Feet # of Ficors   Bidg. Alge   Current Use (Prior if being demolished)   Start Date (Prior if Demo			FACI	LITY INFORMA	ATION	J							
Subchapter 8 (Other than K-12)	Name of facility where abatement	is taking place (3)											
Street Address 238 morris avenue  City, (5)  County (6)  County (6)  County Code (7)  (State use only)  Street Address  City, Slate, Zip Code  Paterson, NJ 07503  Street Address  City, State (10)  Start Date (1	doris orishy											401	
238 morris avenue  City (5)  Summit  UNION  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of ORAH Monitor  D. & S. Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Describe:  Describe:  Describe:  Other-Describe:  Describe:  Describe:  Description of asbestos-containing material (acm) to be abated in facility (13)  Description of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Description of asbestos-containing material (acm) to be abated in facility (13)  Pipe Insut.ATTON  Stignet Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Description of asbestos-containing material (acm) to be abated in facility (13)  Pipe Insut.ATTON  Stignet Address  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Description of asbestos-containing material (acm) to be abated in facility (13)  Pipe Insut.ATTON  Stignet Address  Street Address  Stre					_	4-	-	-				-12)	
City (5)	51.00t/1001000										iolai		
Summit    VINON   Sate use only   Current Use (Prior if being demolished)	238 morris avenue						_	Square Feet	# of Floo	rs	Blo	dg. A	ge
Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.  Street Address  20 California Ave.  Sitreet Address  20 California Avenue  Sitreet Addre	City (5)	County (6)					7 L						
Name of Monitoring Firm Hired by Bildg. Owner (8)    ASCM No.   D & S RESTORATION, INC.	**	IDITON			(Sta	ite use only)		Current Use (I	Prior if bein	ng dem	olishe	ed)	
D & S RESTORATION, INC.				ACCNANIA		I Name of Abatom	Vont Co	entractor (0)					-0-1
Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973.345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973.345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973.345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Gity, State, Zip Code  Paterson, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Gity, State, Zip Code  Paterson, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Gity, State, Zip Code  Paterson, NJ 07503  Description of asbestos-containing material (acm) to be abated in facility (19)  BASEMENT    Description of asbestos-containing material (acm) to be abated in facility (19)    Amount   R   R   E   E   E   E   E   E   E   E	Name of Monitoring Firm Filled by	blug. Owner (6)	- 1	ASCM No.									
20 California Ave.	Stroot Addroop				_		ORAT	TION, INC.					
City, State, Zip Code Paterson, NJ 07503 Telephone Number  Sched. Completion Date (11) 09/14/15 09/30/15 Occupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours- Describe: NORMAL HOURS  Scope of Work (check all that apply)   3 sf or >3 lf   Renovation   Renovation     Location of asbestos-containing material (acm) to be abated in facility (13)   Yes   No   N/A     BASEMENT   PIPE INSULATION   File   Pipe Insulation     BASEMENT   PIPE INSULATION   File   Pipe Insulation     City, State   Pipe Insulation   Pipe Insulation     City, State   Pipe Insulation   Pipe Insulation     City, State   Pipe Insulation     City State   Pipe Insulation	Street Address					50 m 25 m	o A 110						
Paterson, NJ 07503 Telephone Number    Paterson, NJ 07503   Telephone Number   Date (10)   O9/30/15   O9/30/15	City State Zip Code				_				0			-	
Project Manager for Monitoring Firm	э.,, э.н.э, шр ээээ				- 1			12					
Start Date (10)  O9/14/15  O9/30/15  Occupancy Status During Abatement (Check only one)  Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Desc	Project Manager for Monitoring Firm	m I	Phone Number	er	_			13	License	Numb	er	-	
D & S Restoration, Inc.									(	1169			
O9/14/15	Start Date (10)	School Comple	ation Date /11		anna de la constante de la con	Name of OSHA I	Monito	·					
Cocupancy Status During Abatement (Check only one)  ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- ☐ Describe: ☐ Other-Describe: ☐ Second Work (check all that apply) ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- ☐ Demolition ☐ Mini-enclosure ☐ Glovebag procedure ☐ Non-Exempted (') and Non-friable procedure ☐ Non-Exempted (') an	Start Date (10)	Scried. Comple	stion Date (11	,		D & S Resto	ration	, Inc.					
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe:  Other-Describe: NORMAL HOURS  Scope of Work (check all that apply)  2 so f or >3 lf  Penovation  Elegistered Waste Hauler D & S RESTORATION, INC.  NJDEP Hauler ID# Ind.  Non-Exempled (I)  Non-Ex		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN				Street Address	Attual of America						
Databetment performed cutside of normal facility hours- Describe: NORMAL HOURS  Scope of Work (check all that apply)  Scope of Work (check all that apply)  ≥ 160 sf or ≥260 lf  Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  Paterson, NJ 07503  Full Containment w/negative pressure    Mini-enclosure   Mon-Exempted (*) and Non-friable procedure   Non-Exempted (*) and Non-friable procedure   Non-Exempted (*) and Non-friable procedure   Description of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT    PIPE INSULATION   Amount (Specify SF or 0 a a c C LF) v v v v v v v v v v v v v v v v v v v		이 그러워 그는 그 그는 문화 하는 그래?						nue					
Scope of Work (check all that apply)  Scope of Work (check all that a	Abatement performed outside	e of normal facility ho				City, State, Zip C	ode						
Second to the procedure   Second to the p	Other-Describe: NORMAL	HOURS			_	Paterson, N.	J 0750	)3					
□ ≥160 sf or ≥260 lf □ Demolition □ Description of asbestos-containing material (acm) to be abated in facility (13) □ Description of asbestos-containing material (acm) to be abated in facility (13) □ Description of asbestos-containing material (ACM) □ Description of asbestos-c	Scope of Work (check all that app	ly)					Fu	Il Containment	w/negative	press	ure		
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Description of asbestos-containing material (acm) to be abated waste Hauler D & S RESTORATION, INC.  No. N/A  Description of asbestos-containing material (ACM)  PIPE INSULATION  Name of Registered Landfill  TULLYTOWN, RESOURCE RECOVERY  City, State PATERSON, NJ 07503  Description of asbestos-containing material (ACM)  No. N/A  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  NAMOUNT (Specify SF or D o a a a a C C C C C C C C C C C C C C C	$\times$ >3 sf or >3 lf	Renovation					The same of						
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  PIPE INSULATION  PIPE INSULATION  From picture of the	≥160 sf or ≥260 lf	Demolition								-friahle	proce	odure	a
asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  PIPE INSULATION  Output  Pipe In not not containing material (acm)  Pipe INSULATION  Output  Pipe Insulation  Pipe In	Location of						land 140	- Lampieu (	, 4.70 14011	TR			
abated in facility (13)  Yes No N/A  PIPE INSULATION  60 In ft  PRESIDENT  Name of Registered Landfill  TULLYTOWN, RESOURCE RECOVERY  Date  09/15/15  Title  PRESIDENT  No N/A  PIPE INSULATION  NAME of Registered Landfill  TULLYTOWN, PA  Date  09/03/2015	asbestos-containing		ustodial	Description	n of a	sbestos-containin	g		9	100000		50000	10000
BASEMENT  PIPE INSULATION  60 In ft  Registered Waste Hauler  D & S RESTORATION, INC.  Disposal Date PATERSON, NJ 07503  Completed by (Print or Type) BOGDAN JOLDZIC  Title PRESIDENT  PIPE INSULATION  60 In ft  D which is a significant of the print of the president of the presid			T	material (	ACM)				SF or	10000	1500	22.5	C
BASEMENT PIPE INSULATION 60 In ft	abatos III lability (10)	Yes No	N/A								i r	р	-
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date O9/15/15 City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date O9/03/2015	BASEMENT	X		PIPE INSU	LAT	ION		60 In ft		X			
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date O9/15/15 City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date O9/03/2015													
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date O9/15/15 City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date O9/03/2015													
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date O9/15/15 City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date O9/03/2015													
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY  City, State Disposal Date O9/15/15 City, State TULLYTOWN, PA  Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date O9/03/2015													
City, State PATERSON, NJ 07503  Completed by (Print or Type) BOGDAN JOLDZIC  Disposal Date 09/15/15  TULLYTOWN, PA  Date 09/03/2015	Registered Waste Hauler D & S RESTORATION, INC.				Vaste				ECOVE	RY			
Completed by (Print or Type) Title Signature Date  BOGDAN JOLDZIC PRESIDENT 09/03/2015	City, State		Disposal D	ate			100					-	
BOGDAN JOLDZIC PRESIDENT 09/03/2015			09/15/1:			TULLYTOV	WN, P	Α			E CONTRACTOR	a least fee	
	Completed by (Print or Type)			Signature									
	ASB-41		m for ashesto	s licensure exe	emote	d activities.	- Water		09/03	0/2015	)	-	

24923

Date of Notification (1)	/4/15			Name	of Building	Owner/Operator Brick	(2) Farm Propert		V -J			
Agencies Notified	Type Notifica	tion	+	Street	Address	2						
<b>⊠</b> EPA	Initial						PO Box 96					
DEP DEP	Amended Amendme		- [	City, S	tate, Zip C		pewell, NJ 0	8525				
<b>⊠</b> DOH	justification	on)	'	Name	of Contact			Telephone Num	her			
DCA	Cancellation	on			Jon	McConaugh	У					
				FAC	CILITY INF	ORMATION						
Name of Facility Where							Type of Facility					
	B	rick Far	m				School (K-1)	8 (Other than K-1	2)			
Street Address	130 Hopey	vell Roc	ky H	ill Rd	l		Other (i.e., p homes, etc.	rivate & commerc )	ial build			
City (5)	Hopey	vell, NJ	0852	25			Square Feet 2400	# of Floors	_   _	100		
County (6)	Mercer			Cour	nty Code (7 ONLY)	) (STATE	Current Use (Pi	rior if being demol	shed)			
Name of Monitoring Fire		ing Owner		ASCM	No.		nent Contractor (9					
(8)	MECS						vens Environi	mental Servic	es, In	c.		_
Street Address	PO Box	341				Street Address	PO I	3ox 322				
City, State, Zip Code	rosswicks, l		5			City, State, Zip C		n, NJ 08501				
Project Manager for Mo		NJ 0031		ephone	No	Telephone No.	Tricitow	License No.				_
	eisgarber				8-4070		59-9688		00493	3		
Start Date (10)		Scheduled (	Comple	etion Da	ite (11)	Name of OSHA						
9/14/15			9/18/	15			DB Env	rironmental				_
Occupancy Status Dur  Facility Closed/Vaca				ement		Street Address	4 Berk	eley Place				_
☐ Abatement Perform ☐ Other - Describe:	ed Outside of No	ormal Facil				City, State, Zip C		l, NJ 07728				
Scope of Work (Check		/111					Treelion	1, 143 07720				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all triat apply)		enovat emolitic			Mini-En	ag Procedure	egative Pressure on-Friable Proced	ure			
			Locati		1		(/			bate		
Location	n of		lomali d Sole			Description of	of	200		Тур	oe -	_
Asbestos-Containing TO BE AB	Material (ACM)		intenar			tos Containing Ma thermal systems		Amount (Specify	70	_	En	m
IN Facil	ity		Staff? (12)		(,,,,,,	surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	-	Otto: misociano	ousy		/al	=	ılate	ure
Bar	n		X			Transite	)	700 sf	×			
			×						X			
Name of Registered W				NJDEP Hauler I		Cubic Yards of Waste	Name of Reg	istered Landfill				
Stevens Enviror	mental Ser	vices, In	<u>c.</u>	Hauler I	292	2 CU	City Ct-1/2	GROWS La	ndfill			
City, State	Allentow	n. N.I				Disposal Date 9/18/15	City, State	Morrisville	, PA			
Completed By	THOILOW	Title				Signature	HT I	Date			SAME.	
Mahlon E. S	tevens	P	rojec	et Ma	nager	1/1/1	1		9/4	/15		



Date of Notification (1)				Name of	Building	Owner/O	perator	(2)	)		(-)		= - 1	160-1	
9/4/2015				Beyer	Brother	rs GMC									
Agencies Notified	Type Notification			Street A	ddress						SEF	1	1 7	THE.	
⊠ EPA	☐ Initial			109 B	road Av	'e					0 201				
▼ DEP	Amended				te, Zip Co										
X DOL	Amendment Emergency			Fairvie	ew, NJ (	07022									
<b>⊠</b> DOH	justification)			Name of	Contact			2000		Tel	ephone Nur	nber			=-1.1
DCA	Cancellation	i		Micha	el Beye	r									
				FACI	LITY INF	ORMATI	ON							1	
Name of Facility Where Structure Associate			)					T	ype of Facility	(4)					
	ed with Route 1	& 9							School (K						
Street Address											er than K-12 & commercia		dinas	home	29
155 Broad Avenue								12	etc.)	10				/- 	,,
City (5)								S	quare Feet	# o	f Floors		ldg. A	ge	
Fairview													25+		
County (6)				County (	Code (7) <i>JSE ONLY</i>	1		1	urrent Use (P	rior if be	ing demolish	red)			
Bergen					-1	<i>'</i>			n/a						
Name of Monitoring Firm		Owner (8)		ASCN	1 No.				Abatement Co		(9)				
Health and Safety	Services								nterprises,	inc.					
Street Address									ddress	2022					
PO Box 365								-	ast Essex A	ve					
City, State, Zip Code									te, Zip Code						
Berlin, NJ 08009									od, NJ 0822	21	T				- :=
Project Manager for Mor James Proctor	nitoring Firm			Telepho	ne No. 52-1311		Teleph		ne No. 37-1250		License N 01172	0.			
[		O a b a advida	10-	alle carrotti			75.77.75.		7.2 -: 0.7 NAVE (-)		01172				
Start Date (10) 9/8/2015		9/15/2		mpletion I	Date (11)				OSHA Monito		o Ino				
Occupancy Status Durin	a Abstament (Cha								& Safety S	el vice	5, 1116.				
_									x 365						
Abatement Perform	ated During Entire	Period of A	Abater	ment rs		1			te, Zip Code					_	
Other - Describe:									NJ 08009						
Scope of Work (Check A	All That Apply)						2011	,	, 110 00000						
≥3 sf or ≥3 lf		П	Renov	ation			5	ZI.	Full Contains	nont wit	h Nogotivo E	roccu	<b>F</b> 0		
≥160 sf or ≥260 lf		-	)emoli						Full Contains Mini-Enclosu		n negative r	ressu	re		
		_						X	Glovebag Pr			I- D		220	
		1			I		12	<u> </u>	Non-Exempt	ed (*) ar	id ivon-Friad	le Pro		emen	+
¥		100	Loca											/pe	
Locatio Asbestos-Containing		11 (6000)		ely by	Achor		scription		f terial (ACM)	١,	Amount				
TO BE AB			intena	ance/ Staff?					nsulation,	(	Specify	R	70	Enc	E
In Faci		Cusi	(12)				cing, VA			S	F or LF)	Remova	Repair	apsı	Enclosure
(13)				T		otner n	IIISCEIIA	nec	Jus)			Val	=	Encapsulate	n.e
		Yes	No	N/A											
Basem	ent			X		FI	oor Ti	le		2	50 SF	X			
		-						_							
										15					
Name of Registered Wa	ste Hauler			NJDEP W Hauler ID		of Was	Yards ste		Name o	t Regist	ered Landfill				
Site Enterprises Inc	<b>).</b>		1.0	003522		20 cy			Tullyt	own La	andfill			*5	
City, State						-	sal Date	е	City, St	ate					
211 East Essex Av	e. Linwood, NJ	08221				9/10/	2015		Bristo	l, PA					
Completed by		Title		-W-6	=17.00===	F	Signatur	re,	1		Da	ate			
Eric Keys		OM				7	0.	1	Jun		9	/4/20	15		
							100	1	0		3				7.7.31.1



Date of Notification (1)		100		Building Ow		ator (2)								
9/4/2015				Brothers (	GMC					2==		1.0	Cons	
Agencies Notified Type Not	fication	10 200	treet Ad									-		
			Service Control for	oad Ave			- 1459							
	ended endment #			e, Zip Code w, NJ 070										
IXI Eme	rgency (including			Contact	722		20-5 (NeW Y - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	Tel	ephone N	umbei				
	fication) cellation	1 1 1 1 1		el Beyer				1 161	ephone iv	GIIIDC:				
	CONTRACTOR			ITY INFOR	MATION							_		
Name of Facility Where Abatement	is Taking Place (3)					Ту	pe of Facili	ty (4)						
Structure Associated with F	oute 1 & 9						School (							
Street Address						×	DOWNSON CONTROL		er than K- & commer		ıildi	nas	home	s
155 Broad Avenue							etc.)					3		,
City (5)						So	quare Feet	# 0	f Floors			dg. A	ge	
Fairview				(7)				(Dalas if ha		:	1772	5+		
County (6)				ode (7) SE ONLY)			urrent Use ( /a	Prior ii be	ing aemoii	isnea)				
Bergen  Name of Monitoring Firm Hired by !	Pullding Owner (9)		ASCM	No	No		Abatement	Contractor	(0)					
Health and Safety Services			AGCIV:	IVO.	- 1		terprises		(3)					
Street Address			-			reet Ad		,					WV 8	
PO Box 365					2	11 Ea	st Essex	Ave						
City, State, Zip Code					Cit	ty, State	e, Zip Code							
Berlin, NJ 08009					L	inwoo	d, NJ 08	221						
Project Manager for Monitoring Fire	n	T	elephor	ne No.	11509	elephon			License					
James Proctor				52-1311		0-1-1-1-1	7-1250		01172	2				
Start Date (10)	Scheduled		pletion [	Date (11)	1		OSHA Mon		o Ino					
9/8/2015 Occupancy Status During Abateme	9/15/20					reet Ad	& Safety	Service	5, 1110.	-		200-11	7000	_
			50.2			O Bo								
Facility Closed/Vacated Durin Abatement Performed Outside			ent				e, Zip Code	)						
Other - Describe: Vacant					1.5	Principal Control	NJ 0800							
Scope of Work (Check All That App	oly)		215				700000000000000000000000000000000000000				6			
≥3 sf or ≥3 lf	☐ Re	novati	ion			$\times$	Full Conta	inment wit	h Negative	e Pres	sur	е		
≥160 sf or ≥260 lf	□ De	molitio	on			X	Mini-Enclo							
						X	Non-Exem			iable F	Proc	edur	е	
	Is L	ocatio	n					100000			19		ment	
Location of	No	rmally	y		Descri	ption of						Ту	pe	
Asbestos-Containing Material (	ACM) Used Main	tenan		Asbesto	s Containi	ing Mat	erial (ACM)		Amount Specify		,		Ē	ш
TO BE ABATED In Facility	Custo		taff?	(1.6. 11	nermal sys surfacing				F or LF)		Removal	Repair	caps	Enclosure
(13)		(12)		(	other misc	ellaneo	ous)				oval .	ai.	Encapsulate	sure
	Yes	No	N/A										CD	
Windows			Х		Windov	v Cau	lk	17	Windows	s 2	ζ.			
Basement			X		Pi	ре			60 LF	2	ς .			
Roof			Χ		Roofir	ng Tile	9	4,	000 SF	2	K			
Throughout			X		Fire [	Doors			Doors		K			
Name of Registered Waste Hauler		1000	JDEP Wauler ID		Cubic Yar of Waste	rds	1		tered Land	dfill				
Site Enterprises Inc.		0.000	03522		20 cy		Tul	lytown L	andfill					
City, State					Disposal	Date	200	State						
211 East Essex Ave. Linwo	ood, NJ 08221				9/10/20	23	Bris	stol, PA						
Completed by	Title				Sign	ature	1/			Date	00			
Eric Keys	OM				1>0	i	Mus			9/4/	20	15		

Check # 11808

### 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									-		5	
Date of Notification (1)					Name of Building Owner/C			TV 0	- 51.1			the state of
September					RUTGERS, THE ST	ATEUN	IVERS	II Y OI	- NJ		_	
Agencies Notified		Notification 7			Street Address					_		
□EPA		Initial N	lotificat	ion	ENVIRONMENTAL I	HEALTH	& SAI	-EIYL	DEP	1.	16	
□ DCA	1	Amende	d Notifi	cation#	27 ROAD 1, BLDG 4	1086, LI\	/INGST	ON C	AMP	PUS	* 50	
X DOL	1	□ Emerge	ency (in	cludina	City, State, Zip Code							
☑ DEP- No Longer REQUIRED		justifica		lolaaling	PISCATAWAY, NJ 0	8854						
☑ DOH	١.			h	Name of Contact		Tele	nhone N	imho	or.	-	
E DON	1	Cancel	iea	1	MICHAEL SMITH, E	NV	7. P.					
				1	HEALTH & SAFETY		1					
				5400 1757 1875								
		- (a)		FACILITY INFO								
Name of Facility Where Abatement	is Taking	g Place (3)	O = N O :	-DEET	Type of Facility (4)							
STANLEY BERGEN BUIL	DING,	, 65 BER	GEN 5	IREEI,	School (K-12)							
BLDG# 7252					Subchapter 8 (other than							
Street Address	26				Other (i.e. private & co							
RBHS NEWARK CAMPUS	S				Sq. Feet: N/A #	of Floors	14 Blo	g. Age:	60	+ yea	ars	
011 (5)	-1. (0)		Country	Code (7)		73 22 20			20:			
	inty (6)	EV		Use Only)	Current Use (prior if being	demolish	ed): AC	ADEMIC	2			
NEWARK RBHS	ESS	EX	Totale C	ise Offiy]								
		(0)	400141	1	Name of Contractor (9)					-		
Name of Monitoring Firm Hired by I	Blag. Ow	vner (8)	ASCM I		Name of Contractor (9)							
Cardno ATC		-	0098	1	GREENWOOD ABAT	EMENT	CONSI	II TAN	TS.	INC.		
Otro de Address					Street Address		001101	J = 17 (1)	,			
Street Address					Street Address							
3 TERRI LANE					268 MAIN STREET							
City, State, Zip Code	540				City State, ZipCode							1
BURLINGTON, NJ 0801					BUTLER, NJ 07405							
Project Manager for Monitoring Firm	<u>n</u> :	Telephone N			Telephone Number		Licer	nse Num	ber			
BRIAN KEARNEY		609-386-	8800		070 400 0477		000	40				
					973-492-0477		008	40				
Scheduled Start Date (10)		Scheduled C	Completion	n Date (11)	Name of OSHA Monitor							
09/14/15	- 1	09/21/15			ENVIROVISION, INC							
	1 (0)	L L L			Street Address	,.						
Occupancy Status During Abater					Street Address							
☐ Facility Closed/Vacated During	200			t	20-21 WARGARAW	ROAD						
☐Abatement Performed Outside	of Norr	mal Facility	Hours -		City, State, Zip Code							
Describe					Oity, Otato, Lip Gode							
☑Other – Describe: Shift Ho												
Daily	(24 h	ours as r	reeded	)	FAIRLAWN, NJ							
					1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Scope of Work (Check all that appl	<u>y)</u>				-	- "0		tale Nies		Dece		
				_	_	Full Con		with ive	gative	Pres	sure	
$\geq$ 3 sf or $\geq$ 3 lf				■ Renovation	_	Mini-End						
≥ 160 sf or ≥ 260	0			Demolition			g Proced					
						Non-Exen					ocedu	re
Location of Asbestos-Containing		ation Normal		Description of Ash	pestos Containing Material		ount	Abate	ement	Type		
Material (ACM) in Facility (13)		by Maint./Ci	ustodial		al systems insulation, surfac		ecify SF	Remo	ve Re	pair E	ncap E	Enclose
	Staff? YES	(12) NO	NA	VAT, or other mis-	ceii.)	orl	-୮)	1 2000				
Ath =	TES		T	O a vellalia au		-2	0 SF	X	$\neg$			
4 <sup>th</sup> Floor (various		X		Caulking		^2	USF					
locations)								-	-	-		
												-
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of Waste:	30 CY		ne of Rec				
See Hauler Below #1 & 2	100	See Belov					G.F	8.O.W.S	S. No	rth L	andfi	.II
STANDARD CONTRACTOR STANDARD STANDARD CONTRACTOR CONTRA			×	TT 05405 - 1775 -	D # 20060	Disposal	Date		City	State		-
Hauler #1) Greenwood Abatemen	t Consu	Itants, Inc	Butler, l	NJ 07405, NJDE	P # 28969						ord N	Aill
		10007 0 70	D. I Y	- Now Code D	10720	09/21/	15				sville,	
Hauler #2) S TG - P.O. 2132, Bris	stol, Pa	19007, & 58	Pyles La	ne, New Castle, De	17/40				190		- 10000 F.153	H100171
NJ DEP# 20990									215-	-736-1	700	
Completed by (Print or Type)	Ti	tle	10016-016-11		Signature		Date		cen	25000	See and the	
RAYMOND C. PEDALING		ENIOR P	ROJEC	T	Raymand C. Fe	11	1	Septe	embe	er 3,	2015	j
	220	IANAGE			Naymand C. TE	aauno		-				

#### MO#23037703615

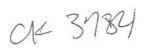
### State of New Jersey NOTIFICATION OF ASBESTOS

DITTOR HON OF ASDESTUS ADATENIE	IN I		
(Pursuant to NJAC 8:60 and 5:16)		- C	

Date of Notification (1)				Name	of Building	Owner/0	Operator (2	2)		122			
	04/	15		John '	Yurkovich	1			AED 1	n cast			
Agencies Notified	Type Notificat	ion		Street	Address							11-6	
☐ EPA	✓ Initial			461 N	ew Marke	et Road							
□ DOLWD	Amended				State, Zip C			8-10-10-10-10-10-10-10-10-10-10-10-10-10-	i i				
☑ DHSS	Amendmer	nt #	_	2700									
☐ DCA	☐ Emergency		g		away, NJ				40				
(NJAC 5:23-8)	justification	. (2)		Name	of Contact	t			Telephone Nu	mber			
	Cancellatio	n		John '	Yurkovich	1							
				FA	CILITY IN	FORMA	TION					THE TOTAL	7
Name of Facility Where A	batement is Ta	king Plac	e (3)				VISION NO.	Type of Facility	(4)				
Private house							V .	School (K-12					
Street Address			-						) (Other than K-1	2)			
									rivate and comm	ercial buil	dings	à.	
461 New Market Road								homes, etc.)					
City (5)								Square Feet	# of Floors	Bld	g. Ag	e	1
Piscataway, NJ 08854		00											
County (6)				Cour	ity Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being demo	olished)			
Middlesex							77						
Name of Monitoring Firm	Hired by Buildi	ng Owne	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9)					
			114			Gr Tec	hIIC						
Street Address							Address	****					-
								202					
City, State, Zip Code			====			-	Illey Rd #						
Oity, Otate, Zip Code													
Decine Manager for Man	Table Files		T= .				, NJ 0747	0					
Project Manager for Mon	toring Firm		lei	ephone	No.	Teleph	one No.		License No.				
						973-63			01127				
Start Date (10)	553.553	cheduled			(6)	Name	of OSHA N	lonitor					
		09	/ _1	5 /	15	Enviro	vision Co	nsultants,Inc					
Occupancy Status During	Abatement (C	heck only	one)			_	Address						
□ Facility Closed/Vacate	ed During Entire	e Period	f Abate	ement		20-21	Vacaran	Road, Bldg .#	35E				
Abatement Performed	Outside of No	rmal Faci	ity Hou	rs - De	scribe		ate, Zip Co		330				-
Time of Abatement: _	AM	PM/	PM		_AM	1000							
Scope of Work (Check all	that annly)					rall La	wn, NJ 0	and decontamir	action with poact	ivo proces	150		
	tilat apply)					Н		tainment with Ne		live pressi	JI E		
>3 sf or >3 lf			Renova				Mini-Enc	losure					
☐ ≥ 160 sf or ≥260 lf			emolit)	on		×	Gloveba	g Procedure	Tent with Negat	ive Pressi	ıre		
					-		MUL-EXE	mpted (*) and No	on-Friable Proce		1		
Francisco de Armino	,		Is Loca Norm		**			-		Aba	teme	ent Ty	уре
Location Asbestos-Containing		U	sed So		Anha		escription of	of terial (ACM)	Amount	20	R	四	g
TO BE ABA			lainten					insulation,	(Specify	3	Repair	cal	clo
IN Facili	ty	Cı		Staff?	,		cing, VAT		SIF or LF)	Removal	₹	Encapsulate	Enclosure
(13)		-	(12	)	-	other	miscellane	ous)		-	. 1	ate	(D
10 1		Ye	s No	N/A									
Basement				X	Pipe ins	ulation			100 LF	$\boxtimes$			
					F								
			1		-						ᆜ		
					s land						Ш		
												П	
Name of Registered Was	te Hauler		N	JDEP Was	te Hauler ID No	. Cubic Y	ards of Was	te Name of Regi	stered Landfill				
			[					2.00					
Gr Tech LLC				00337	85	TB		T.R.R.F. Inc					
City, State						Dispos	al Date	City, State					
Wayne, NJ 07470						TB	D	Tullytown, P	A				
Completed By (Print or T	ype)	Title				S	ignature /	7		Date			
N.Jevtic		Owner					4	who wenas	0	09/04/20	15		
ASB-41							//		2	07/04/20		-	
MAY 11		* Do	101 use	this for	m for asbes	stos licen	sure exemp	oted activities.					



Date of Notification (1) 09/02/15				Building Cocese of			(2)			~				
Agencies Notified Type Notification			Street Ad	ddress ifton Ave	э.				S	EP 10	/ C 4 /W			
EPA X Initial Amended Amendment				te, Zip Coo k, NJ 07						4.				
Emergency ( justification)  DCA  Cancellation	including		Name of Joseph						Tel	ephone N	umber			
			FACIL	ITY INFO	RMATI	ON			1		7000	- Lie		
Name of Facility Where Abatement is Taking Holy Cross Cemetery	g Place (3)	)						of Facility (4 School (K-12	2)					
Street Address 340 Ridge Rd.							×	Subchapter Other (i.e. potc.)				dings	, home	es,
City (5) North Arlington								e Feet	# o	f Floors		3ldg. 78yr		
County (6) Bergen			County C	Code (7) ISE ONLY)			Currer	nt Use (Pric	or if be	ng demoli	ished)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.		4777-757-765		ement Con vices Inc.		(9)				
Street Address						Street	Addres Maple	s						
City, State, Zip Code				-			State, Zi							
						Wall	ington	,NJ 0705	7					
Project Manager for Monitoring Firm			Telephor	ne No.			none No -406-7			License 01107				
Start Date (10) 09/16/15	Schedule 09/26/		npletion [	Date (11)	3		of OSH aw Na	IA Monitor lodka						
Occupancy Status During Abatement (Chec	k Only On	e)					Addres							
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	nal Facility	Abaten Hours	nent s	105=	_	City, S	State, Zi	Ave. p Code 1, NJ 070	57					
Scope of Work (Check All That Apply)						vvai	ingtor	1, 145 07 0	-		-			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	lenova					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e edure	-			ıre	
		Locat										Aba	temen ype	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cust	d Sole intena todial ( (12)	ely by ince/ Staff?		tos Con therma surfa	scription taining N I system icing, VA miscella	Material is insula AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A *				. 4		- 1		*	-		-
1st.floor			*		ceil	ing pla	ster		1	520sf.	*			
												-		-
Name of Registered Waste Hauler		1	NJDEP W	/aste		Yards		Name of	Regist	ered Land	Ifill			
Newark Carting Inc.		1	Hauler ID 05409	No.	of Wa			G.R.O.		40				
City, State Newark, NJ					09/2	sal Date 8/15	9	City, State Morrisv		А				
Completed by Leslaw Nalodka	Title Pres	ident			100000000000000000000000000000000000000	Signatur	e Nal				Date 09/02	/15		



Date of Notification (1)		11 2		Building O				ZO	SE	P 11	) 20	5			
Agencies Notified Type Notification	٠	- 11	Street Ad 2336 LI	dress NDEN A	AVEN	UE		1							
EPA   Initial   Amended   Amendment				e, Zip Coo I PLAIN		), NJ 0	7080		84.14.						
Emergency justification)  DOA Cancellation		- 11 2	Name of SAMUE						Tele	phone N	diimha	6			
in the second se			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin	g Place (3)						Туре	of Facility (4	1)						
PUZZO								School (K-12	2)						
Sireet Address								Subchapter	8 (Othe	er than K	(-12)	men or e			. 1
2336 LINDEN AVENUE								Other (i.e. pretc.)	rivate à	comme	ercial b	ullai	ngs,	nome	S,
City (5)								e Feet	# of	Floors		Blo	ig. Ag	je	
SOUTH PLAINFIELD, NJ							1500	8	2						
County (6) MIDDLESEX COUNTY			County C (STATE U	ode (7) SE ONLY)			HON	nt Use (Pric 1E	r if bei	ng aemo	olished				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Con							
									3310	INALO				_	
Street Address						100000000000000000000000000000000000000	Addres	SOVE CO	DURT						
City, State, Zip Code								p Code DD, NJ 08	3701						
Project Manager for Monitoring Firm			Telephon	ne No.		000000000000000000000000000000000000000	hone No 668-9			Licens 1200	e No.			8.3	
Start Date (10) 09/07/15	Scheduled 09/07/15		npletion D	Date (11)				A Monitor PROFE	SSIO	NALS	2				
Occupancy Status During Abatement (Che	ck Only One	2)				Street	Addres	ss		(4)		-			
						6 WI	HITE (	DOVE CO	DURT						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facility I	Hours	ient			177.55		ip Code OD, NJ 0	8701						
						Litte		00,1100	0101			_			-
Scope of Work (Check All That Apply)	177		9			Г	T		4 741	Noneth	D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Mir Glo	l Containme ni-Enclosure ovebag Prod	e cedure					NO.	
						L	_ No	n-Exempted	(*) an	d Non-F	паріе			ement	
	0.000	ocat	200					1						pe	&
Location of	10000	ormal I Sole	-			escription		(4.044)				1			
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntena	nce/			ntaining I				mount Specify		20	71	Encapsulate	En
In Facility	Custo	(12)	Staff?			acing, VA			S	or LF)		Remova	Repair	apsı	Enclosure
(13)		12			otner	miscella	ineous)					Val	=	ılatı	ure
	Yes	No	N/A			O= 1110		1011		0.05					
BASEMENT						CT INS				0 SF		X			
BASEMENT			-	<i>F</i>	ACM L	DRYEF	( VEIN	1	-	3 SF		X	-		
Name of Registered Waste Hauler		N	JDEP W	/aste	100000000000000000000000000000000000000	c Yards	-	Name of	Regist	ered Lar	ndfill				
NEWARK CARTING		100.37	lauler ID 4509	No.	of Wa	aste ARDS		IESI							
City, State NEWARK, NJ						osal Date 7/15	е	City, Stat BETHL		И РА				-147404	
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signatur	re	1			Date 09/0	)4/1	5		

CK 3791

One of Notification (1) 09/04/15				Building Ow YISROE	The first over the second	erator (	(2)			717	. 5	٠,٠		-	- 7
Algent of NodSed Type Notification			Street Add	dress OADWA`	Y AVE	NUE			-5	EP 1	0	201	-	7	
Initial Amended Amended	#	1000		e, Zip Code IC, NJ 07					001	19		10010			
Emergency justification) Cancellation		1.00	Name of O	Contact SREENBE	ERGEF	٦			Tele	phone N	lumb	er			
			FACIL	ITY INFOR	MATION	N									
Hame of Facility Where Abatement is Takin ADATH YISROEL Street Address	g Place (3)	V					Sc Su	Facility (4 chool (K-12 lbchapter (	?) 3 (Othe	r than K	-12)		S 44		
565 BROADWAY AVENUE							× Ot etc	her (i.e. pr c.)	ivate &	comme	rciai	ouliai	ngs, i	nome	5,
Orty (5) PASSAIC, NJ					8		Square		3	Floors			dg. Ag	je	
County (6) PASSAIC COUNTY			County C STATE U	ode (7) SE ONLY)		_		Use (Prio GOGUE			lished	1)			
Name of Monitoring Firm Hired by Building	Ownêr (8)		ASCM	No.				ment Cont			7				
Street Address					11.5		Address IITE D	OVE CC	URT						
City, State, Zip Code							tate, Zip EWOO	Code D, NJ 08	3701						
Project Manager for Monitoring Firm		1	Telephon	ne No.			none No. 668-90			License 1200	e No.				
Start Date (10) - 09/06/15	Schedule 09/08/1		pletion [	Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Che	ck Only On	e)	-				Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	batem	ent			5 5 5 10 5 2	HITE D	OVE CC	URT					2007 311	
Other - Describe:								D, NJ 08	3701						
Scope of Work (Check All That Apply)		the service													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demolit				×	Mini- Glov	Containme -Enclosure rebag Prod -Exempted	edure					е	
	le	Locati	on									_	Abate	ment	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenai todial S (12)	ly ly by nce/	(i.e. th	Desc os Contai hermal s surfaci other mi	ystem ng, VA	Material ( s insulat T, or		(5	mount Specify F or LF)		Removal	Repair	e Encapsulate	Endosure
SECOND FLOOR		X		REI	MOVE	ACM	TRAS	SH	8	3 SF		X			
SECOND FLOOR		X			BOTT							3.6			X
0200.07200.1															
	20														
Name of Registered Waste Hauler		I	JDEP W	/aste	Cubic Y			Name of	Registe	ered Lan	ndfill				1
NEWARK CARTING		10000	lauler ID 4509		of Wast			IESI							
City, State NEW, ARK, NJ					Disposa 09/08/	15		City, Stat BETHL		ЛРА	-				
Completed by JOSEPH PERLSTEIN	Title OWN	NER			Sig	gnatur	е				9/9	e /14			



Date of Notification (1) 9/4/15			ame of B	uilding Ov allas	wner/Op	perator (2	2)			EF IV	Light &	J.		
Agencies Notified Type Notification	1		treet Add 54 Mai	ress in Stree	t				A/E					
X EPA   Initial   Amended   Amended				, Zip Code		sey								
	)	1	lame of C Angelo	Contact				28	Tele	phone Num	ber			
			FACILI	TY INFO	RMATIC	ON	_	E - 1194 - 7.4	,					$\dashv$
Name of Facility Where Abatement is Tak Dallas Property	ing Place (3)						Π so	Facility (4 thool (K-12	2)	er than K-12	)			
Street Address 154 Broad Street							× Of	ther (i.e. pr c.)	ivate 8	k commercia	al build			s,
City (5) Flemington							Square 10000	)	1	Floors	7	dg. A 5+	ge	
County (6) Hunderdon			County Co	ode (7) SE ONLY)				t Use (Prio house	r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	No.				ement Con		(9)				
								ion Co.,	IIIG.					
Street Address							Address ontros	se Road						
City, State, Zip Code							tate, Zip Neck	Code , N.J. 07	722					
Project Manager for Monitoring Firm		7	Telephon	e No.		2.5	one No 294-17			License N 00029	0.			
Start Date (10)	Scheduled		pletion D	ate (11)			of OSH.	A Monitor						
9/14/15	10/5/15						Addres						S	
Occupancy Status During Abatement (Ch			5000 a					Suite A						
Facility Closed/Vacated During Entire Abatement Performed Outside of No.  Other – Describe: 7am-7pm	e Period of A ormal Facility	batem Hours	ent				tate, Zip		lerse	y 07035				
						Lillo	JIII I a	in, inch	00100	., 0.000				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emoliti				×	Min	i-Enclosure	e cedure	h Negative I			re	
							3 1101	- LACINPIC	3 ( ) ()	id Horri max			emer	ıt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	User Mai	Locati lormal d Sole ntenai odial 8 (12)	ly ly by nce/		tos Con therma surfa	escription taining N I system acing, VA miscellar	Material s insula T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
indoors			X		floort	tile w/m	nastic		2	2700sf	x			
											-			
				1					1		+	-	-	-
Name of Registered Waste Hauler		101 200	JUDEP W		1 P. S. S. S. S. S. S. S. S.	c Yards		Name of	Regis	tered Landfi	11	1		
Newark Carting		7.5	Hauler ID 14509	No.	of Wa	Obsessed		Chrins						
City, State Newark, New Jersey		·			10/5	osal Date 5/15	9	City, Sta Tullyto						
Completed by Bree McGuire	Title Secr	etary	Treasu	ırer		Signatur	elle	4.		1 -	ate 3/4/15	5		

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

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

Pate of Notification (1)		1			mer/Operator	(~)						1.3	*** 7
9/4/15			ave Da				A-7.	4			14	=	3019
gencies Notified Type Notification		1	reet Addr 54 Mair	ess Street			1				1 7	H .	
EPA Initial DEP X Amended DOL Amendment #	A N			Zip Code					SEP	10	1015		
DOL Amendment #	THE RESERVE OF THE PARTY OF THE	_   FI	lemingt	on, Nev	v Jersey			1 = 1					_
DOH Emergency (in justification)	Luding	4	ame of Co	ontact				i telei	phone Num	IDEI			
DCA Cancellation		I A	ngelo					-					7-91
	Class (2)		FACILIT	TY INFOR	MATION	Type o	of Facility (4	)					
Name of Facility Where Abatement is Taking	FIBUS (3)					-	chool (K-12						
Dallas Property  Street Address					1	1 5	ubchanter !	R (Other	r than K-12	) 	ago h	omac	
110 Main Street / den		SC.2. 1	Int N		· Coltros	X	ther (i.e. pr	ivate &	commercia	n Cunan	195, 11	umes,	
The Main officer	<u> ا ا ا ا ا ا</u>	10100	11-11		trod -action	Square	Feet	1	Fíoors	1	g. Ag	)	
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County (6)		(S	ounty Co	de (7) E ONLY)		1	nt Use (Prio house	r it bein	ig demolisi	ieu)			
Hunderdon	(0)		ASCM	vio.	Nam	e of Abat	ement Con	tractor	(9)				
Name of Monitoring Firm Hired by Building C	wner (6)		ASOM	NO.	# 1 OT 10 TO		tion Co.,						
Street Address		<u>ŧ</u>				et Addres							
Street Address						W. 181. 191. 191.	se Road						
City, State, Zip Code						State, Zi		700					
					1		k, N.J. 07	122	( N	10			_
Project Manager for Monitoring Firm		Į T	elephone	No.		phone No 2-294-1		10.0	License N 00029	:O.			
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	Schodulor	1 Comr	aletion Da	ate (11)	Nam	e of OSh	A Monitor						
Start Date (10)	Scheduler		oletion Da	ate (11)	1 SUSSION	e of OSF rk Jovi				(1), (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
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#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

D. Carlos				1		) = 3	/ E + E	OFF			
	er 4, 2015			Name of Building		erator (2) ett Brown Constru	ection, LLC	- (	7	66	5
Agencies Notified Type of [X] EPA [] DEP []	f Notification Initial No	tification		Street Address	509 F	Rugby Road	SEP 1	U 2	115		3
[x] DOL [X]	Amendm Emergend	ent #ey (including		City, State, Zip Co		psburg, NJ 08865					
[ ] DCA	justificati Cancellat			Name of Contact Evere	tt Brown		Telephone Number				
			FA	CILITY INFORM	MATION						
Name of Facility Where Abatement Residence	is Taking Plac	ee (3)				Type of Facility (4	School (k-12)				
Street Address 360 Van Zi	ile Road					[ ] [x]	Subchapter 8 (or Other (i.e., priva homes, etc.)				dings,
City	С	ounty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bld	g. Age	60	
Brick	1	cean		83			if being demolished	)		50	
Name of Monitoring Firm Hired by I N/A	Building Own	er (8)		ASCM No.	Name of	f Abatement Contracto	or (9) lian Contracting	Y	1		
Street Address					Street A	ddress	0 00 00				
City, State, Zip Code					City, Sta	1889 ] ate, Zip Code	Route 9, Unit 61				
Project Manager for Monitoring Firm	1	Telephon	e Number		Telepho	Toms	River, New Jers			271	
Scheduled Start Date (10)				tion Date (11)	732-34	19-9932 FOSHA Monitor	00624	variioci			
9/8/15	/OL 1	9/10		non Date (11)		E.M.S	.L. Analytical				
Occupancy Status During Abatement  [ X ] Facility Closed	d/Vacated Du	ring Entire Per	iod of Aba	atement	Street A		Stelton Road				
Abatement Per Other - Descri		de of Normal	Facility H	ours	City, Sta	ite, Zip Code					
700 TOURNOOTH TOURNOOTH TOURNOOTH						Piscata	away, New Jerse	ey 088	354		
Scope of Work (Check all that apply)					[ ]	Full Containmen Mini-Enclosure	t with Negative Pres	ssure			
[ ] >3 sf or ≥3 lf	Lancia	[ ]	Renova	ation		Glovebag Proced	lure				
[ X ] ≥160 sf or ≥26	60 lf	[x]	Demol	ition	[x]	Non-Exempted (	*) and Non-Friable	Procedi	ıre		
		Is Locati	on		D!!			Aba	tement	Гуре	
Location of		Normally 1	ised		Descriptionestos-Con		Amount	R E	R	E	E
Asbestos-Containing Material (A	8	Solely b aintenance/C			Material (A		(Specify SF	M	E P	N C	N C
in facility	101	Staff	ustouiai		, thermal ılation, su		or LF)	0	A	A P	LO
(13)		(12)			VAT, o	or		V	R	S	S
	Y	ES NO	N/A	oth	er miscell	aneous)		A L		U L E	U R E
Exterior		X		Asbestos sidin	g		1600 sf	X			1
Name of Registered Waste Hauler		NJDEP Was	te Hauler	ID No.   Cubic Vo	rds of Wast	Name - CD - 1	J T 1/2"				
Guardian Contracting	g, Inc.		20223	3	us of wast	T.R.R.F.	ered Landfill				
City, State Toms River, New Jer	sev		Dispos 9/11/	sal Date	City, Sta	ate					
Completed by (Print or Type) Nicholas Fernicola	Titl	e oject Manag		Signature		own, Pennsylvania		Date 0/4/	2015		

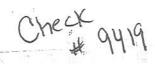
\*Do not use this form for asbestos licensure exempted activities.

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7938

Date of Notification (1)	9/4/15					perator (2) nmunity Colle	ge			Check	. # T	930	
Agencies Notified	Type of Notificat	ion Str 12	eet A	ddress Old Tre		10-100 or protection ** - Street ** - Stre	90	SEF	1 0 2015	×			
[ ] DEP [X] DOL [X] DOH	Notification  [] Amended  Notification	V	est \	te, Zip Co Windso		08550							
[] DCA	[] Emergency	Na		Contact Sassa	man			Telephone N	lumber				
	[] Carlochador	V	alelle	20.000.000.0000		INFORMATION		1				-0.00	
Name of Facility Where	e Abatement is Ta	king Plac	e (3)		NOILIT I	IN ONWATION	Type of Far	cility (4) chool (K-12)					
PE Building Street Address	- DI						[] St  x  O	ubchapter 8 (Oth ther (i.e. private omes, etc.)	er than K-12) and commerci	al build	ings	1	
1200 Old Trento	n Road						Square Fee			Bldg. Ag	je		
City (5) West Windsor		County (	7.0			nty Code (7) TE USE ONLY)		e (Prior if being		-65			_
Name of Monitoring Fi			· A	SCM No.	1	Name of Abatem		or (9)					
Whitman Street Address	Companies,	Inc.	C	0110	_	Street Address	lupiter En	vironmental	Services,	inc.			
7 Pleasant Hill R	Rd.					gebridge Ro	ad, Suite 1	00					
City, State, Zip Code Cranbury, NJ 08	512			k, NJ 07058	}								
Project Manager for M	7.455.03.25.25.2	1 1000000000000000000000000000000000000	hone	per		License							
Kevin Lovely Scheduled Start Date	(10) Sobo	NIA VONO NE		-5858 Date (11)	_	Name of OSHA	973-575-8	3700		(	800	52	
9/14/15	Contract Con		0/15	Date (11)				rironmental l	_aboratorie	es, LL	C		
	ring Abatement (C d/Vacated During erformed Outside of	Entire Pe	riod o			635	2333 Rout	te 22W					
Desc			1 40111	y mound		City, State, Zip C	ode Union, NJ	07083					
Scope of Work (Check	( all that apply)						[]	Full Containme	nt with Negativ	a Pres	cura	ili:	
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥3	260 If			[]	Renovat	tion	[X] [X]	Mini – Enclosu Glovebag Proc Non – Friable	re edure	76 1 163	Suic		
		10000	Locat	0.730.0		Doco	ription of				bate ype	mer	nt
Locatio Asbestos – C Material ( <u>TO BE AB</u> In Faci	ontaining ACM) BATED	Maint todia	nally lolely lenance enance al Staf	by ce/Cus f (12)		Asbestos Materi (i.e., then insulation, s	- Containing ial (ACM) mal systems surfacing, VA iscellaneous)		Amount (Specify SF or LF	) N	R E	N C A P	N C L O
(13)	(13) Yes No N/A									L	R	S	2000
Locker rooms and a	adjacent areas	nd mastic		(a)	1700 SF	×			-				
												_	
Name of Registered W Jupiter Environn		es Ha	DEP V uler ID 4782	Waste No.		bic Yards Waste 2	Minerv	Registered Land a Landfill	fill				
City, State Pine Brook, NJ		**				posal Date 29/15	City, State Wayne	e esburg, OH					
Completed By (Print o Pane Repic	r Type)	Title Gen	eral	Manag	Signature	2 (		Date 9/4/	15				

Date of Notification (1)			Nan	ne of E	Building	Owner/Operator	(2)				- 1
9/4/15			~	lh.	DAU	NAW ON	LMAN				
Agency Notified T	ype Notification	-	Stre	et Ad	dress		- 1 1.15	<b>s</b> (pp	20 20 30		
	a Initial						on Au	>	+	11.	
ws L. 1 / 1	2 Amended		City	, State	e, Zip C	ode .	1T 07	120			
Z DOL	Amendment#			18	AAS	FLY.	SO EN	Telephone Numb			-
<b>Б</b> ДОН	<ul> <li>Emergency (including iustification)</li> </ul>		Na	me of	Comma		1	relephone Num	JC1		
DCA C	2 Cancellation		1	412	. W	AUMAN			-		
			F	ACILIT	TY INFO	RMATION					
Name of Facility Where Ab	atement is Taking Place	(3)					Type of Facility	(4)			
La.C.	WALLHAN.					23	School (K-12)				
Street Address		-			-11		☐ Subchapter 8	(Other than K-12) vate & commercia	l huildings		
Street Address	EFFERSON ,	الله الله	5				homes, etc.)		, Desidingo.		
	110.000.	700					Square Feet	# of Floors	Bldg. Age		
City (5)	FLY						2000.	2	85	70	AR
			TC	umby (	ode (7	(STATE USE	Current Use (Pr	ior if being demoli	shed)		
County (6)	5.1		100000	NLY)	JUGC (1)	, (0.7,00,00	125	EDEN CE	25		
		1.40	014 11			Name of Abater	ment Contractor (9	9)			
Name of Monitoring Firm I	lired by Building Owner	ASI	CM N	0.			moval In				
(8)						Street Address					
Street Address				128				C+			
N Name and Advances and					1	City, State, Zip	th River	SL			
City, State, Zip Code							ack, N.J	07601			
	*					Telephone No.		License No.			-
Project Manager for Monit	toring Firm	Telep	phone	No.		201-329		00388	8		
		110				Name of OSHA		00300			
Start Date (10)	Scheduled Com	pletion	Date	(11)			Environm	ental			
9/24/15	1	251	12			Street Address		CIICAI			
Occupancy Status During	Abatement (Check only	one)		r		The second second second	uyler St				
☐ Facility Closed/Vacates	d During Entire Period of	Abaten	nent			City, State, Zip					
☐ Abatement Performed	Outside of Normal Facility	y Hours	S					,N.J. 0	7606		
a Other - Describe: 7 A			200 000			1					
Scope of Work (Check all	ithat apply)			/		Q Ful	Containment with	Negative Pressu	re		
≥3 sf or ≥ 3 lf			_		ovation	ETS.	ni-Enclosure ovebag Procedure				
□ ≥ 160 sf or ≥ 260 lf			_	a Deni	rondon	□ No	n-Exempted (*) ar	d Non-Friable Pro	cedure	45-4	
	T	le I	ocatio	n							ement ype
			rmally		1		6			1	
Locatio	n of	Used	Soleh		Asb	Description estos Containing	Material (ACM).	Amount	l.		Encapsulate
Asbestos-Containing			renan Istodia		(i.	e., thermal system	ns insulation,	(Specify SF or LF	1	Repair	Saba
IN Fac	ality _		taff?	+		surfacing, V		Si Gi Li	)	=	Enclosure
(13	,		(12)			37075	10				0
		Yes	No	N/A		<u> </u>			_	-	++
BASEMEN	7				THEN	MAL SYSTE	M INSULATION	45.	LT 17	x	1
DAGE 15											$\perp \perp$
		-+							٠,٠		
		+	-		1	2					
	ete Haufor	NIF	EP W	laste l	Hauler	Cubic Yards o	of Name of Reg	istered Landfill			
Name of Registered Wa Best Remo		IDN				Waste	Minery	a Enterp	rises	, L	LC
Best Kemo	val Inc		17	109		201	/ IIIIIIII .			0.50	
City, State						Disposal Date		\$4 <sub>0</sub>			
Hackensac	k , N.J. 076	601				9/25/	Vayne	sburg, 0	h,4468	38_	
Completed by	Title					Signature	Λ.	_	Date O		115
	Esti	mat	or				رصمت	ui	1 7	(	117
J.Maiorano	* Do not	use thi	is form	n for a	sbestos	licensure exemp	ted activities.				



Date of Notification (1) Name of Building Owner/Operator (2)	
9-4-15 Rosemarie Kiser and a some	
Agencies Notified Type Notification Street Address 212 Danaldson Street	
DEP Amended City, State, Zip Code	
Emergency (including Name of Contact Telephone Number	
DOH Justification)  Cancellation  ROSEMARIE KISER  FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)	
Street Address School (K-12) Subchapter 8 (Other than K-12)	
212 Donaldson Street 2 Other (i.e. private & commercial buildings, home etc.)	es,
City (5) Highland Pack NJ 08904 Square Feet # of Floors Bldg. Age 60+-	
County (6)  County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	
EPC Technologies N/A EPC Technologies In Street Address Street Address	16
City, State, Zip Code City State, Zip Code City State, Zip Code	
New Equat NJ 08533 New Equat NJ 0853	3
Project Manager for Mostifying Firm Telephone No. Telephone No. Telephone No. License No. 394	
Start Date (10) 9-15-15 Scheduled Completion Date (11) Name of OSHA Monitor EPC Technologies Inc	÷
Occupancy Status During Abatement (Check Only One)  Street Address	
Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  P.O. Box 337  City, State, Zip Code	
Other-Describe: New Egypt NJ 08533	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf □ Renovation □ Full Containment with Negative Pressure	•
□ ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure ☐ Glovebag Procedure	
Non-Exempted (*) and Non-Friable Procedure  Abatemen	ıt
Is Location Type  Normally  Location of Use Calaly by	Т
	Enc
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Other miscellaneous	Enclosure
Yes No N/A	
Basement X Pipe Insulation 100LF X	+
	-
Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards  Name of Registered Landfill  Hauler ID No. of Waste	O · N
EPC Technologies 17000 2 Waste Management of	(14
City, State	
New Egypt NJ 9-16-15 Mornisville PA  Completed by Signature College Date 9-4-15	

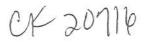
Date of Notification (1) 09/03/15					Building ( Educati				Zone							
Agencies Notified	Type Notification			Street Ad	ddress							-			-	
₹ EPA				1 Walr	nut Street	t										
DEP	Initial Amended			City, Sta	te, Zip Co	de										
X DOL	Amendment		_	Summ	nit, NJ 07	901										
DOH DCA	Emergency justification) Cancellation				Contact ton Smith	()				Tel	ephone I	Numb	er			
				FACII	LITY INFO	RMA	TION								-	
Name of Facility Where	Abatement is Takir	g Place (3)					7.1	Type	of Facility	(4)						
Zadies Education &	Development Zo	ne							School (K-							
Street Address							7.1		Subchapter Other (i.e. )				build	linge	home	ae .
280 S Harrison Stree	et								etc.)	Jiivate (	a commi	o Giai	Dune	ııı ıgə,	HOHIC	,,
City (5) East Orange								Squa	re Feet	# 01	f Floors		В	ldg. A	ge	
County (6)			Т	County C				Curre	ent Use (Pri	or if bei	ng demo	olishe	d)			
Essex				(STATE L	JSE ONLY)	-		ŝ								
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.				atement Co		(9)					
									ices Corp.							
Street Address								Addre		D	_					
City Ctata 7:a Cada									Coak Ride	ge Roa	u .	_				
City, State, Zip Code							100 Sept. 100 Co.		Zip Code J 07470							
Project Manager for Mor	aitorina Firm			Telephor	ne No			hone N	State of the state of		Licens	e No				
	Project Manager for Monitoring Firm						973-	-750-0	752		01253		8			
Start Date (10)		Schedule		npletion (	Date (11)				HA Monitor							
09/05/15		09/0							Solutions							
Occupancy Status Durin	ig Abatement (Che	ck Only One	9)				THE PARTY OF THE P	Addre								
Facility Closed/Vac									AN OUTCOME							
Other – Describe:		nai racility	riouis	•					Zip Code J 07083							
Scope of Work (Check A	All That Apply)						0111	011, 140								
23 sf or ≥3 lf		X R	enova	tion			13	₹	II Containm	oot with	Moneti	io Dr				
≥3 \$1 61 ≥3 11 × ≥160 sf or ≥260 If			emoli	100000000000000000000000000000000000000					ni-Enclosur		i Negati	/e Fit	essui	е		
					3.0		H		ovebag Pro on-Exempte		d Non E	riable	Dro	aadur	•	
		T						_ INC	n-Exemple	u ( ) an	u Non-r	Habie			ement	
	30, 33 <b>e</b>	2000000	Locat orma			_									ре	
Location Asbestos-Containing		Used	Sole	ly by	Asbes		Description ontaining N		I (ACM)	Д	mount				m	-
TO BE AB			ntena odial s	nce/ Staff?		therm	nal system facing, VA	s insul			Specify F or LF)		Rer	R	nca	Enc
(13)			(12)				r miscella			01	OI LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				20,	193				₩.		ate	ге
Basemer	nt			X	VAT					1,10	)Osf		X			
First Floo	or			X	VAT					900	sf		X			
		12														
Name of Registered Wa	ste Hauler		1	JDEP W	/aste	Cub	ic Yards		Name of	Registe	ered Lan	dfill				
Newark Carting			- 1	lauler ID 04509	No.	of V	Vaste		T.R.F	R.F.						
City, State						Disp	osal Date	9	City, Sta							30
Newark, NJ	Transaction and the second								Tully	town, F	PA				A65-0 (1)	**
Completed by		Title	loct				Signatur	e	1//	7		Date	3			21
Daniela Antic		Presid	reut						0			9	/3/1	)		

Check #10095

Date of Notification (1)		-					/ Operator	(2)							× 5
	ptember 1, 201 Type Notificati			Street A	Americ	ca					-64	-			
Agencies Notified	Type Notificati	on				River Roa	ad				SEP 10				
DEP															
⊠DOL					ate & Zip										
⊠рон	Amend			Saddle	River, N	NJ 07458	3								-
DCA	Cance	dment # llation	_	Name o	f Contac	nt .					Tele	ephone	e Nur	nbe	r
		ilation		Dino Na							1				
				FAC	ILITY	INFOR	MATION	1 -			1	77.			
Name of Facility When	e Abatement is	Taking P	Place (3)			T	Type of Fac								
Bank of America						[	Schoo								
Street Address									8 (Other than						
175 E. Saddle River I	Road								-		cial buildings		e, e	c.)	
							Square Fee		# of Flo		Bldg	. Age			
City (5)							3,2		- if h = in = -d = -	1			57		
Saddle River							Bank	e (Pric	or if being der	nolished	1)				
County (6) Bergen			ounty Code												
Name of Monitoring Fi	rm Hired by Bu	ilding Owi	ner (8)		ASCM				ent Contracto	or (9)					
New York Environme	ental	000	20, 20				Synatech,								
Street Address 88 Harbor Road						127	Street Addr 329 Radio								
City, State & Zip Code							City, State		Code						
Port Washington, NY						1.0			r, NJ 08087						
Project Manager for M	lonitoring Firm			ephone N			Telephone		er		License Numb		201		
Michael Baudo				6-944-9500			09-296-69	-				00817		_	
Scheduled Start Date September 12	A	Scheduled	Completion Octob	on Date (1 er 13, 201	3.0		Name of OS Synatech, I		/ionitor						
Occupancy Status Du	ring Abatement			Ahatement		107	Street Addr 329 Radio		9						
	erformed Outsi						City, State								_
Other – Desc		ae or 14011	nai Houis						or, NJ 08087						
	pied During Aba	atement					ittic Lgg i	riai be	,, 110 00001						
Scope of Work (Check	( all that apply)														
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≥3 sf or ≥ lf				Renovation				Mir	ni-Enclosure						
≥160 sf or ≥260	) If		Ш	Demolition	ļ.			Glo	ovebag Proce	edure					
										(*) and I	Non-Friable Pro	cedur	e		
A MANAGEMENT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE	ation of	01.0		on Normal			Descri				1 /0 :5	Aba	atem	ent 7	Туре
Asbestos-Contai	ning Material (A ABATED	(CIVI)		y Maintena dial Staff?			Asbestos- Materia		•		ount (Specify SF or LF)				
	acility				(/		(i.e., therm					$\Box$		_	
(	(13)						sulation, su			1		اي	TI	nc	E
						1	or other mis	scella	neous)	1		Removal	Repair	aps	Cic
		•	Vaa	No	N/A							val	₽.	Encapsulate	Enclosure
			Yes	NO	IVA									e	
Men's Room					Х		Joint Co	7 3 3 3 3 1 3 2 3			60 SF	Х			
Man's Room			Х		Thinset			4	54 SF	X					
Women's Room			Х		Joint Co	-			60 SF	Х					
Women's Room			7		Х		Thinset		T/0.0		54 SF	X		_	$\perp$
Name of Registered V	Vaste Hauler		NJDEP V Hauler ID			Yards of \	vvaste		ame of Regis		andfill				
Synatech, Inc.			27	429	3			-	rows Landfi	II					
City, State					Dispos	al Date		C	ity, State						
Little Egg Harbor, N.	J 08087				Octobe	er 14, 20	15	M	orrisville, P	A					
Completed By	- E	Title			Signatu		0.	1000		Date					
Duthotte Devi		A		-l-4		Ane	1000	71	,	Ca=t	short oner				
Ruthetta Roots		Aaminis	trative As	sistant	1000	i le mi	· Me	21		septer	nber 1, 2015				

Print Form

Date of Notification (1) 09/04/2015					g Owner/0		(2)				-		
Agencies Notified Type Notified	fication		Street	Address	20.00	GHOOF			EP 15	100	-		
EPA X Initia				hippany ate, Zip (	C. There's services			ne					
DOL Amer	ndment #				NJ 0796	80							
DOH justifi	gency (including cation)	1		of Contac				Te	lephone Nu	ımber			
DCA Cano	ellation		25 SAME 35	lark Cla				0					
Name of Facility Where Abatement i	s Taking Place (	3)	FAC	ILITY IN	FORMATI	ON	Type of Facility	(4)		-			
Morristown-Beard School	,						School (K-						
Street Address					_		Subchapte	r 8 (Oth	er than K-1	2)			
70 Whippany Road							Other (i.e. etc.)	private	& commerc	ial bu	ildings	s, hon	nes,
City (5) Morristown							Square Feet	# 0	f Floors		Bldg.	Age	
County (6)			County	Code (7)			Current Hee /D-	16 1					
Morris			(STATE	USE ONL	n		Current Use (Pr	or it be	ing demolis	hed)			
Name of Monitoring Firm Hired by Bu	uilding Owner (8	)	ASC	M No.		Name	of Abatement Co	ntractor	(9)				
Street Address						GSC	Services Cor	р					
			100			748 E	<sup>Address</sup> Black Oak Ric	ge Ro	ad				
City, State, Zip Code							ate, Zip Code						
Project Manager for Monitoring Firm			Telepho	no No		25.0	ne, NJ 07470						
,			relepric	nie No.			one No. 750-0752		License N 01253	lo.			
Start Date (10)				Date (11	)	2010/2006	of OSHA Monitor		01200				
09/14/2015 Occupancy Status During Abatement	09/28/					THE COLOR IN P. LEWIS	erra Solutions						
			on-Mood & P				Address Box 1224						
Facility Closed/Vacated During I Abatement Performed Outside of	entire Period of a of Normal Facility	Abaten / Hours	nent s		-		ate, Zip Code						
Other - Describe:	S.						n, NJ 07083						
Scope of Work (Check All That Apply	)							-23					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Personal Contract of the Contr	Renova Demolit				×	Full Containm Mini-Enclosure Glovebag Prod	e cedure					
				Γ -			Non-Exempted	d (*) and	Non-Friat	le Pro			
Location of	1	Locati Vormal	ly		Doo							emen /pe	t
Asbestos-Containing Material (AC TO BE ABATED		d Sole		Asbes	stos Conta	cription of aining Ma	aterial (ACM)	Aı	mount			m	
In Facility	Cust	todial S (12)	Staff?	(i.e		systems ing, VAT	insulation,		pecify or LF)	Rem	Re	ncap	Encl
(13)					other m	iscellane	eous)		- /	Removal	Repair	Encapsulate	Enclosure
5	Yes	No	N/A									6	(D
Basement, First & Second Fl		X			Р	laster	65	11,	500SF	X			
Basement	X					TSI		2	OLF ·	Х			
Hall		X				VAT		12	20SF	Х			
Name of Registered Waste Hauler													
Newark Carting		1 100000	JDEP W auler ID		Cubic Y		10.000000000000000000000000000000000000	Register	red Landfill	122			
		04	4509				TRRF						
City, State Newark					Disposa	al Date	City, State						
Completed by	Title				0:4	The state of	Tullyted	/n, PA					
Daniela Antic	Presi	dent			510	gnature		L	09 09		2015		
ASB-41 (R-06-08)					l	Do not	use this form for	asbesto	s licensure	exen	npted	activit	ies.



Date of Notification (1) 9/4/2015				Building O	wner/Operat RSON	tor (	2)								11
Agencies Notified Type Notification		1000	Street Ad	idress ROADWA	λΥ.					EEP	V I	)			
EPA		1.0		te, Zip Cod RSON, N											
■	cluding	- 1		Contact Y CEVAL	LOS				Tele	ephone N	umber				
		-	FACIL	LITY INFO	RMATION										
Name of Facility Where Abatement is Taking VACANT BUILDINGS	Place (3)							f Facility (4 chool (K-12							
Street Address 325 HAMILTON AVENUE							× o	ubchapter ( ther (i.e. pr tc.)				iildi	ngs,	home	s,
City (5) PATERSON							Square		# of	Floors		Blo	dg. A	ge	
County (6) PASSAIC				Code (7) JSE ONLY)			Curren	t Use (Prio	r if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM	l No.	19 200000			ement Cont			NG,	NO	 C.		
Street Address					Stre	eet /	Address	to sense and							10.
City, State, Zip Code					City	y, St	tate, Zip	Code		•	1				
Project Manager for Monitoring Firm		Τ.	Telephor	ne No.			one No	NJ 0751:	2	License	No.				
						5,11720 3	956-8	( utive		00494					
	Scheduled 9/15/20		pletion (	Date (11)	40,000			A Monitor (9) ABO\	VΕ	- 99					
Occupancy Status During Abatement (Check	Only One	:)			Stre	eet /	Addres	S							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: VACANT - COLLAPSE	Facility	Hours			City	y, St	tate, Zip	Code							
Scope of Work (Check All That Apply)								-				-			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti	7.77				Mini Glov	Containme -Enclosure vebag Proc	edure					9	
	la I						11011	-Excitipated	( ) 411	d (voil ) ii	ubic i			ment	
Location of	No	ocati ormal	y		Descrip	tion	of				-	_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mair Custo	itenar	nce/		os Containin thermal syst surfacing, other misce	ng M tems VA	laterial s insula T, or		(5	mount Specify or LF)	Koniova	Domousi	Repair	Encapsulate	Enclosure
	Yes	No	N/A	55	NO TO D		- FMO	ED 40			_			, o	
					NG TO BE						-	-			
					STOS, FIF										
			ļ		SLDG DEE							-		_	
		1.0	IDED W		NT COLL		SEH	Name of F	Dogist	arad Land	I-FIII				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	JDEP Wauler ID 8743	100000	Cubic Yard of Waste 800	us		WASTE				G	.R.C	).W.	S.
City, State TOTOWA, NJ					Disposal D 9/15/201		)	City, State		LE, PA					
Completed by VIVECA RAMOS	Title PROJ	ECT	COOL	RDINAT	OR Signa	tyre	rei	an K	an		Date 9/4/2	01	5		

	Brothers Cont	racti	ng	1200	NE		0	AX)973 956 88	11		ı	P.00
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SEP 10 20	Ē	NOTII	FICATIO	IN OF ASSESTO	A ABATS	emen 10)	IT .	()/31	. <u>1</u> r	n L		*** *
Deta of Notification (1) 8/4/2015			CITY	OF PATERS	Operato ON	7 (2)		<del></del>		/	/-	-
	Volification			BROADWAY					IV	/-	-1	<del></del>
d DOL 2	mended mendment # mergency (including	_		itata, Zip Coda ERSON, NJ 07	505			1177	. ^ -	70	· ; · .	- []
KOO IX	integration interpretation		HAR	of Contact RY CEVALLOS				Talank	· · · · · · · · ·			
Vame of Feeling Where Abeleme	ent is Taking Place (	3)	PA	CILITY INFORMA	TION	Тур	e of Facility	(4)		_		
B25 HAMILTON AVENUE						N. H.	Other (I.a.	12) 18 (Other than i private & comm	K-12) arcial bu	ilding	=. hon	nea,
Ry (8) PATERSON						Squ	elc.)	# of Floors	T	Bldg.	Age	
ASSAIC			County (STATE	Code (7)	_	Cun	rent Uss (PM	or it being demo	ilshed)			
lams of Monitoring Firm Hirad by	9 Building Owner (8)	)	ASC	M No.	Namo	of Ab	OTHERS	ntractor (9) CONTRACT	'ING. II	NQ.	_	
Irent Address					Etreet	Addn						
lty, State, Zip Code							ZIP Code	2				
Olect Manager for Monitoring Fi			_	one No.		956-	8700	Licensi 0049				
art Date (10) /8/2018	9/15/20	015	nplation	Deta (11)			HA Monitor S (9) ABO	VE				
Pacility Cipsed/Vecated During Abatement Performed Outsic Other - Describe: VACANY	ng Entire Period of A	batan	nent		Gly, S		cip Code					
eops of Work (Check All That Ap ≥3 sfor ≥3 lf ≥180 sfor ≥280 ll	□ R	lenova lemolili				MI	nkEnglosum dysben Proc	int with Negative edure (*) and Non-Pri			78	
Location of	l N	Locatk	y	De	schollen					ADE	smon eqy	ı
Aspestos-Containing Material ( TO BE ABATED In Facility (19)	Mal	d Solei Intenan odiel S (12)	ice/	Asbestos Con (l.e. thermet	M gninial	inaul.	atlon,	Amount (Specify SF or LF)	Rum GEO?	Repair	Encapourati	Endosura
	Yee	No	N/A	DUI DILIO TA		=1/0			₽		rate	2
				ASBESTOS,		37000377			+	-	-	
				BLDG		_						
ne of Registered Weste Hauter		N-	DEP W	IMMINENT CO		SEH		andatass d la d				
VO BROTHERS CONTRA	CTING	H	uler ID	No. of Was	ita		WASTE	MANAGEM		I.R.C	).W.8	3.
TOWA, NJ				9/15/2	O15		MORRIA	VILLE, PA				
MECA RAMOS	PROJ	ECT	COOF	DINATOR	analyto	re	1		3/4/201	5		_
		-				- ~		11-1		-		- 1



Date of Notification (1) 9/4/2015					Building Ow OF PATER		erator	(2)			a n 😁 🧻	2.7		-	
Agencies Notified	Type Notification		- 4 3	Street Ad	ddress ROADWA	Υ					SEP 1	0 :	U		
DEP DOL	Initial Amended Amendment				te, Zip Code RSON, NJ		5			1	6 0.2				
× DOH □ DCA	Emergency (i justification) Cancellation	ncluding			Contact Y CEVALI	LOS				Tele	ephone Nur	nber			
_				FACI	LITY INFOR	MATION	V	315.5							
Name of Facility Where VACANT BUILDING		Place (3)							of Facility (4 School (K-1 Subchapter	2)	as these V 1	2)			
Street Address 327 HAMILTON A\	/ENUE							×	Other (i.e. petc.)				lings,	home	s,
City (5) PATERSON								Squar	re Feet	# of	Floors	В	ldg. A	ge	
County (6) PASSAIC					Code (7) JSE ONLY)		_	Curre	nt Use (Prid	or if bein	ng demolisi	ned)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	1 No.	1000			tement Con		CALC INC.	G, IN	C.		
Street Address						1,000		Addres	ss AND AVI	ENUE					
City, State, Zip Code						(	City, S	tate, Z	ip Code , NJ 0751						
Project Manager for Mor	nitoring Firm		Ì	Γelepho	ne No.	1	Teleph	one No.	0.		License N	lo.			
Start Date (10)		Scheduled		pletion	Date (11)	1	Vame	of OSH	HA Monitor		00494				
9/8/2015		9/15/201	3000						(9) ABO	VE					
Abatement Perform	ng Abatement (Check eated During Entire F thed Outside of Norm VACANT - COLLAPS	eriod of Ab	atem lours					Addres	ip Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ш тистърну		novat moliti					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				9	
		1 2 2	175					1 140	II-LXeIIIptet	1 ( ) air	a Non-i na	1	Abate		
	<del></del>		ocation rmall			0							Ту	ре	
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) B <u>ATED</u> Ility	Used Maint Custoo	tenar	ice/			ystem: ng, VA	Material s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ë	
					BUILDIN	IG TO	BE C	DEMC	DED AS						
					ASBES	TOS, F	FIRE	DAM	AGED						
					BL	DG DI	EEM	ED A	S						
				IMMINE	NT CO	LLAF	PSEH	The second second second							
Name of Registered Wa				JDEP W auler ID	20000	Cubic Ya of Waste					ered Landfil		· D C	\ \ \ \ / (	
	TWO BROTHERS CONTRACTING  City, State					800 Disposa	l Date	L.	City, Stat		NAGEME	INI C	۰.۱۲.۷	. V V	٥.
TOTOWA, NJ						9/1/5/20	015/				LE, PA				
Completed by VIVECA RAMOS		PROJE	ECT	COO	RDINATO	- Al	nature	e ve	eak	Jar	0	ate /4/201	15		

09/04/2015 09:22 Two Brothers Contracting

~ L 20 \ FAX 973 956 8811

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Date of Notification (1) 9/4/2015		6	Name	of Building O	What/Operato	r (2)		1				/	÷
Agancies Notified Type Notification				Address							1	_	i
EPA Iniligi Amended			111	BROADWA	ΑY		4	.: _	1	1		N.	ĺ
Amendmen				ERSON, N			11.1		1				+
DOH   Emergency jualification)		79		of Conlect	LOS	•			hone Ni			<del></del>	
Name of Feolity Where Abstement is Taking	- No.	(0)		CILITYINFO						_	_	_	
VACANT BUILDINGS	A LIBOR	(5)					of Facility (4	,		-			
Street Address			_			m 8	School (K-12 Subchapter S	(Other	then K. 1	21			
327 HAMILTON AVENUE						E G	Other (i.e. pr	lvote &	sommerc)	al bull	dings	, hor	98.
Cily (6) PATERSON							P Feel	# 01 F	loors	1	ildg.	Age	
County (8) PASSAIC			County	Code (7)		Curre	nt Use (Prior	If Daing	damolle	ned)		_	_
Name of Monitoring Firm Hired by Building I	) renwC	3)	ASC	M No.	Name	of Abst	ement Contr	aclor (9	)		-	_	
Street Address						Addres	THERS C	ONIA	KACTIN	G, IN	IC.		
City, State, Zip Code						10.A.	AND AVE	NUE					
						iele, Zij OWA,	NJ 07512	1					
Project Manager for Monitoring Firm			Talepho	one No.	500-20	956-8°		1000	Joanes N	a.			
Start Date (10) 9/8/2015			mpletion	Dats (11)	Name	of OSH	A Monitor		10494				
Occupancy distus During Absternant (Chac	9/15/2					E AS	(9) ABOV	2					
	larket nt	Ahahar	nani		Stront	Accres:							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm  Other - Describe: VACANT - COLLARS	ml Featill	he Halla			City, 81	lata, Zip	Gode						
Scope of Work (Check All That Apply)							-	-		_		_	
		Ranova				Minh	Comsinmen Enclosure ebeg Proced Exempted (	duna					
	15	Locat	lan	4.77		Null		-) ava iv	05-79191	S PIO	-	emeni	
Location of Asbesios-Containing Material (ACM)		Normal ad Bols			Description	of					U	pe	_
TO BE ABATED	Mi	nintena stedial E (12)	nos/	(i.e. ih)	Containing Marmal systems surfecting, VAT	haulati		Arno (Spe SF or	الاالم	Renavual	Repeir	Encap	Englesure
(13)	Yes	No	NA	٥	ther miscellan	egns)				Owal	NO.	oncapsulate	Sure
				BUILDIN	G TO BE D	EMOE	DAS				_		$\dashv$
				ASBEST	OS, FIRE	AMA	GED						$\neg$
				BLI	DG DEEME	DAS							$\neg$
No. 10 Annual Walls					T COLLAPS	SE HA	ZARE						$\neg$
Name of Registered Waste Hauter TWO BROTHERS CONTRACTING		H	JOEP W auler ID	No. o	sbie Yerds objection		WASTE !			IT A	D C	JALIA	,
City, State		1	8743		OD Date	+	City, Stats	MAIN	SEIVIER	11 (3	.K.U	.vv.8	
COTOWA, NJ	T SUI				15/2015		MORRIS	VILLE,	, PA				
VIVECA RAMOS	PRO.	JECT	COOF	RDINATOR	Signalund	vee	N	12	9/4	/201	5		

ASB-41 (R-08-08)

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

CHECK # 22311

Date of Notification (1) 09-04-15					Building C /First Er			(2)			S	EP	1 (	20	15	
Agencies Notified	Type Notification			5107117111.50550	adison A					8	E.v					
DEP × DOL	Amended Amendment				te, Zip Cod town, NJ		)									
☑ DOH DCA	Emergency ( justification) Cancellation	ncluding			Contact . Grecco	)				Tele	ephone I	Numb	er			
				FACII	LITY INFO	RMATIC	ON									
Name of Facility Where A Morristown Genera									of Facility (4 School (K-1) Subchapter	2)	or than k	/ 12\				
Street Address 300 Madison Avenu	ıe							X	Other (i.e. p etc.)				build	lings,	home	es,
City (5) Morristown								Squa	re Feet	# o	f Floors	8	В	dg. A	ge	
County (6) Morris					Code (7) USE ONLY)	//			nt Use (Prio	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm One Source Safety		Owner (8)		ASCN	No.				tement Con Environme							
Street Address 140 South Village A	venue, Suite 13	30						Addres	ss I Street							
City, State, Zip Code Exton, PA 19341									ip Code NJ 07072	2						
Project Manager for Mor Brian Hoverdon	itoring Firm	1/		Telephor	ne No. 09-1021			hone N			Licens 00756		i i			
Start Date (10) 09-22-15	57	Schedule		pletion I	Date (11)				HA Monitor chnologie	s						
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)					Addres								_
× Facility Closed/Vac Abatement Perform	ated During Entire F ed Outside of Norm	Period of A	Abatem Hours	ent			(652.65)		kson Ave ip Code	nue						
Other - Describe:							Long	g Islar	nd City, N	Y 111	01					
Scope of Work (Check A	II That Apply)						Г	٦ -				_				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renovat Demoliti				2	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e edure					0	
		le	Location	20				NO	II-Exempled	1 ( ) all	u Non-r	Habie		Abate	ement	
Location	n of	1	Normall	у		Des	scription	n of				-		Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED	Ma	d Solel intenar todial S (12)	ice/				s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
1st Floor: IT Sto	orage Room	163	140	X	Si	pray or	n Fire	oroofir	20	-	IOSF	-	х			
150 11001.11 30	orage Room			^	0,	pray or	11110	5100111	19				Α.			
Name of Registered Was	ste Hauler		5.72	JDEP W		Cubic			Name of	Registe	ered Lan	dfill				
ATC, Inc. / JBT (500	771)			auler ID I310	No.	of Was			Minerva		erprises	S				
City, State Shirley, New York						Dispos TBD	sal Date	)	City, State Waynes		, OH 4	4688	3			
Completed by Richard Doran		Title Proje	ct Ma	nager		S	ignatur	e	1 Do	6		Date 09-	9 04-1	15		

Check # 10072

Date of Notification (1)					Operator ty Compa		ıc.	21	NE CENTO			i.			
Agencies Notified	Type Notification	n		Street A							10 021 10	c tr			
Пера				342 Nor	th New .	Jersey A	venue			7		1.1	€÷,	73	
DEP											4 /				
DOL	Initial			City, Sta	ite & Zip	Code									
⊠doh	Amende			Atlantic	City, NJ	08401									
DCA	Cancell	ment # ation		Name of	f Contact	t					Tele	phone	Nun	ber	
				Katherii	ne Poule	eres					4				
				FAC	ILITY I	NFORM	MATION				•				
Name of Facility Whe Residence	re Abatement is	Taking Pla	ace (3)			T <sub>1</sub>	ype of Fac								
Street Address									8 (Other than						
409 North Ohio Aver	nue								private & co				e, et	c.)	
						S	quare Fee		# of Floo	Bldg. Age 80 years					
City (5) Atlantic City						c	1,3° urrent Use		or if being dem		)	00	year	5	$\neg$
Atlantic City							Residence				50. 				_
County (6) Atlantic			unty Code E ONLY_												
Name of Monitoring F	irm Hired by Buil				ASCM I				ent Contractor	(9)					
N/A Street Address							ynatech, I treet Addr	_							$\neg$
							29 Radio								
City, State & Zip Code	, State & Zip Code						City, State & Zip Code Little Egg Harbor, NJ 08087								
Project Manager for N	Tel	ephone N	umber	T	elephone 09-296-69	Numb			License Numb	er 00817	7				
Scheduled Start Date		cheduled		n Date (1			lame of OS		Monitor						
September 14 Occupancy Status Du	iring Abatement	(Check or	nly one)	er 8, 2015			ynatech, treet Addr								$\neg$
Facility Close	ed/Vacated Durir	g Entire F	Period of A	Abatemen	t	-	29 Radio								$\dashv$
	Performed Outsid	e of Norm	nal Hours				ity, State								
Other – Desc	cribe: ipied During Aba	tement				ا	ittie Egg i	нагро	or, NJ 08087						
Scope of Work (Chec	The second of th	terrient												_	$\neg$
Coope of Work (Ones	an and apply/							Fu	ıll Containmen	t with N	egative Pressu	ıre			
≥3 sf or ≥ 50 lf				Renovatio	n			⊠ Mi	ini-Enclosure						
≥160 sf or ≥26	O If			Demolition	1			_	ovebag Proce						
			1				Descri	-	on-Exempted(	*) and N	Non-Friable Pro		re atem	ent T	vne
	ation of ining Material (A	CM)	Solely b	on Normal y Mainten	ance or		Asbestos-			Amo	ount (Specify		atom	SIIIC I	урс
TO BE	EABATED			dial Staff?			Materia (i.e., therm				SF or LF)	<u> </u>			$\overline{}$
20,550	Facility (13)						sulation, s					ام	_	Enc	Щ
	( )					0	or other mi	iscella	aneous)			Removal	Repair	aps	Enclosure
			Yes	No	N/A							oval	air	Encapsulate	sure
							Sheet I	Eleor	ina	-	275 SF	Х	_		-
Kitchen #2							Sheet				65 SF	X			
Bathroom #2							Oncor	1 1001	9						
Name of Registered Waste Hauler NJDEP V					Cubic \	Yards of \	Vaste Name of Registered Landfill								
Synatech, Inc. 27429					3				Grows Landfil	I				- 12	
City, State					Disposal Date City, State										
					ober 9, 2015 Morrisville, PA										
Completed By		Title			Signati	ure	· 100	,		Date	September 3	3, 201	5		
Diane Aloia		Executiv	e Admini	strator	1	Wane	Vane Clor August 27, 2015								

## NO CK

Date of Notification (1) 09/04/2015					f Building			(2)		2	#15 or-					
Agencies Notified	Type Notification			Street A	Programme of the program	eard Si	CHOOL				of DEP	10	111			
X EPA	Initial Amended			70 Wh	ippany					1:	15 SEP		1	7:5	6	
DEP DOL	Amendment #		_		ite, Zip Co town, N		60				å 1.//	FY	: •	74.		
Ĭ DOH	Emergency (i justification)	nciuaing			Contact			77.00		(40,000,000	ephone N	umber		7		
☐ DCA	Cancellation				ark Clar							-				
Name of Facility Where A	batement is Taking	Place (3)	)	FACI	LITY INF	ORMAT	ION	Type	of Facility	(4)	-					
Morristown-Beard S		(-)						-	chool (K-	196504 Stance						
Street Address								S	ubchapte	r 8 (Othe	er than K-					
70 Whippany Road									ther (i.e. tc.)	private 8	& commer	cial buil	dings	home	es,	
City (5)								Square		# of	Floors	Е	Bldg. A	ge		
Morristown																
County (6) Morris					Code (7) USE ONLY	)		Currer	nt Use (Pr	ior if bei	ng demoli	shed)				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	l No.				ement Co ces Cor		(9)					
Street Address								Address								
							748	Black	Oak Ric	lge Ro	ad					
City, State, Zip Code							100 15 mm.	State, Zip								
							_		07470							
Project Manager for Moni	toring Firm			Telepho	ne No.			hone No -750-07			License 01253	No.				
Start Date (10)							Name	of OSH	A Monitor							
09/14/2015	09/28/2							olutions								
Occupancy Status During	And the first of the control of the						- 500 Y - 500	Address	5.000h							
Facility Closed/Vaca Abatement Performe	ited During Entire P	eriod of A	batem	nent				Box 12								
Other – Describe:	ed Outside of North	al Facility	nours	City, State, Union, N												
Scope of Work (Check Al	That Apply)															
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova emolit				Ž	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Ι						→ Non	-Exemple	d (*) and	Non-Fria	able Pro	711000000000	e ement	F	
Location	of		Locati ormal			D-								ре		
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Mair	d Sole ntenar odial S (12)	nce/	(i.e. thermal sys			taining Material (ACM) I systems insulation, cing, VAT, or miscellaneous)			mount specify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										te	(D	
Basement, First & S			X			I	Plaster			11,	500SF	Х				
Baseme	ent	X					TSI			2	OLF	X				
Hall			X				VAT			12	20SF	Х				
Name of Designation of Maria	to Llaule -		1	IDEE:												
Name of Registered Wast	te Hauler		900	JDEP W auler ID		of Wa	Yards ste			Registe	red Landf	ill				
Newark Carting				4509		1535.4707.554			TRRF				×			
City, State Newark				Dispo	sal Date		City, State Tullytown-PA									
Completed by Title						S	Signature	• /	1			ate				
Daniela Antic	dent			/	//	//	/	~		9/04/	2015					
ASB-41 (R-06-08)		III, Do				ot use th	is form fo	r asbest	os licensu	re exen	npted	activi	ties.			

PK 3795

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) _ U / 5			ng Owner/Operator	(2)	ria C	-3					
		Street Address		Contract	1/00	(			=		
Agencies Notified Type Notification			RT. 50						_		
☐ BA - ☐ Initial Amended	}	City, State, Zip		_							
Amendment = Emergency (Incl	udino		LIFIELD	N.J. C	08230	C.			=		
Ø DOH justification;	Joing	Name of Conta	ic:		Telephone Number	515					
Cancellation			E BREUR	116	r <u>-</u>	-			_		
	4 1 -	FACILITY IN	FORMATION		** **				-		
Name of Facility Where Abatement is Taking f	Place (3)			Type of Facility							
RESIDENCE				School (K-1) Subchapter	8 (Other than K-12)			٠.			
Street Address 3637 GENTRI	ACK	4UE		homes, etc.			ngs, g. Ag	6	_		
City (5)		3-11-2-100 W		Square Feet	# of Floors	Transfer Str.	9. Ag				
OCTAM CITY		1000	771 /CTATE	Current Use (Pr	ior if being demolish	1			-		
County (6)		County Code USE ONLY)	(1) (3)A12	VACE		100					
CAPE MAY	mar	ASCM No	Name of Abater	ment Contractor (9							
Name of Monitoring Firm Hired by Building Ow (8)	ine.		KLEX						_		
14./ [7]			Street Address	100	. ^						
Street Address			369	S. Spri	DCE AVE			_	=		
City, State, Zip Code			City State, Zip (	(	T 1/4 =:0	08	105	- 2			
0.00,000,000,000,000,000,000,000,000,00			MAP	LE SHAI	License No.	00			-		
Project Manager for Monitoring Firm	Tele	ephone No		9-0472		1_		_	_		
Start Date (10)   Schedul	led Comple	ion Date (11)	Name of OSHA		7						
9/22/15	1/29	15	J 6SEPH	CLOMW	UR.				-		
Occupanci Status During Abatement (Check	only one		Street Address	5 PRUCE	ILVE	-					
Facility Closed/Vacated Dunng Entire Perio	of Abate	men!	City, State, Zip C		7.00						
Abatement Performed Outside of Normal F	acility Hou	12		SHADE	N.T. 08	05	2		_ ]		
Other - Describe:				¥.							
Scope of Work (Check all that apply)				ntainment with Ne	gative Pressure						
≥3 sf or ≥3 lf	Renovati Demolito		E Gloven	iclosure ag Procedure							
≥ 160 st or ≥260 lf	S periods		Non-E	cempted (*) and No	on-Friable Procedur	e	bater	neni	-		
•,	Is Location					_ ^	Typ				
	Normally Used Solet	v hu	Description a	of	A may not						
Location of Asbestos-Containing Material (ACM)	Maintenan Custodia	ice. Asbe	stos Containing Ma , thermal systems	iterial (ACM) insulation	Amount (Specify	Re	R	Encapsulate	Enc		
TO BE ABATED	Staff?	1 (1.6	surfacing, VAT	. or	SF or LF)	Remova	Repair	psu	Enclosure		
IN Fadity (13)	(12)		other miscellane	ous)		val		ale	Гe		
	Yes No	N/A									
		×	TRAM SIT	É	76.1	X					
		/	. 100 1101		19-29-39-39-39-39						
					No. 200 (100 (100 (100 (100 (100 (100 (100						
		UDEP Waste	Cubic Yards	Name of Reg	istered Landfill			4 4 7 5 5			
Name of Registered Waste Hauler	10,000	buler ID No.	of Waste	C M	C M U	A					
KLOMEO INC.		17404	Disposal Date	City, State	, , , , , ,		_				
City. State	7		03003610010		DIBINE . A	1.7					
MAPLE SHADE N	. )		Signature	- 0- /	Date	-4	_	15	-		
Completed By Title	ICE.	PRESIDEN		J(1) (L	$=$ $-\frac{1}{2}$			13			

CK 3795

Date of Notification (1)	Name of Buildi	ng Owner/Operator	(2)									
9-4-13	_ EART	TECH (	LOWIRIAC	TING				=				
Agencies Notified Type Notification	Street Address	0F C										
□ ⊞A M Initial		RT. 50			-			=				
☐ DEP ☐ Amended	City, State, Zip		7 14	0770	-							
DOL Amendment #_	- GREE	WIFIELD	N.J. C	08230	10			_				
Ø DOH justification;	Name of Conta			Telephone Number	et							
Cancellation	_BRUC	E BREUN	116			_						
- N. 4	FACILITY IN	FORMATION		500 G								
Name of Facility Where Abatement is Taking Place (3)			Type of Facility									
RESIDENCE	9 1		☐ Sch∞l (K-1	2) 8 (Other than K-12)								
Street Address 136 WESLEY AV	E		Other (i.e., phomes, etc.	nvate & commercia	l build	ings,	• •					
			Square Feet	# of Floors	32,233,00	ig. Ag						
OCTAN CITY		/31 /CTATE	1000	or if being demolish	-	10	<del>-</del>	=				
County (6)	County Code USE ONLY)	(1) (STATE	VAC		100/							
CAPE MAY		I blame of Abatem	ent Contractor (9					-				
Name of Monitoring Firm Hired by Building Owner	ASCM No	K LEN	7									
(5) N.A		Sueet Address	ALL SIN									
Street Address		369	S. Spr	DE AUE				_				
		City, State, Zip C										
City, State, Zip C∞de		MAPL	( )		08	10:	5	_				
Project Manager for Monitoring Firm Te	elephone No	Telephone No.		License No.	1							
Project Manager for Montiloung			9-0472	00944	1			=				
Start Date (10) Scheduled Comp	letion Date (11)	Name of OSHA	1 /	T								
9-15-15 9-28	I-15	J 6SEPH	KLEMW	DR				=				
Occupancy Status During Abatement (Check only one	)	Street Address	S	E AVE.	*							
Facility Closed/Vacated During Entire Period of Aba	temen!		. Spruce	rve	_		_	=				
Abatement Performed Outside of Normal Facility Ho	urs	City, State, Zip C		ALT AC	05	>						
Other - Describe:		MAPLE	SHADE	10.1 00	05		_	=				
Scope of Work (Check all that apply)		□ Full Cor	ntainment with Ne	gative Pressure								
	ation	Miny-End	closure	- Anna Carlo								
23 sf or ≥3 lf ≥160 sf or ≥260 lf		. Gloveba	g Procedure	on-Friable Procedur	е							
		XUNG-EX	opico ( ) d. id ( )			bater						
Is Loca Norma						Тур	e					
Location of Used Sol	ak hu	Description of stos Containing Mat	arial (ACM)	Amount			m					
Asbestos-Containing Material (ACM) Maintena Custoo	ance: Asbe	stos Containing Mat thermal systems i	nsulation.	(Specify	Re	R	Encapsulate	Enclosure				
TO BE ABATED Staff		surfacing, VAT.	01	SF or LF)	Remova	Repair	psu	lost				
IN Fadity (12)		other miscellaned	xus)		val	-	late	Те				
Yes ha	N.A.		•2									
	-X	TRAWSIT	Ĕ.	3500.SF	X							
SIDING	1 / 1	1 100110										
		Talvy	T Name of Door	istered Landfill	1							
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Reg	C L L	۱۸							
Kiomeo Inc.	17904_	5	C.M	C.M.U.	-		_	_				
City State		Disposal Date	City, State		1 7							
MAPLE SHADE N.J			1 _ MODI	DIBINE !	7. 7	_		=				
Completed By Title	0	Signature	0 0	Date	- 4	1 -	15					
Michael KLEMMIN VICE.	PRESIDEN	Mue	X1) / L									

CK 3795

Date of Notification (1) /		ng Owner/Operator	-4	-									
9,14/15			CONTRIAC	TING				_					
Agencies Notified Type Notification	Street Address	RT. 50		9									
☐ BPA	Cirv. State, Zip			N	-			=					
₩ DOL Amendmen: #		JEIELO.	N.J. 6	08230									
☐ Emergency (including justification):	Name of Conta			Telephone Numb	er								
Ø DOH justification: ☐ DCA Cancellation	BRUCI	E BREUN	li G	10-				-					
14.15	FACILITY IN	FORMATION		e.									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility										
RESIDENCE	*		School (K-1	2) 8 (Other than K-12	)								
Street Address 1959 ASBURY	ALE		Other (i.e., phomes, etc.	nvate & commercia	al build								
City (5)			Square Feet	# of Floors	1	dg. A J O	1576						
OCTAN CITY	1	77. 707.175	1000	nor if being demolis	1	40	_	_					
County (6) AIPF MAY	County Code ( USE ONLY)	7) (STATE	Vac		1160)								
Critic	ASCM No	Name of Abatem	ent Contractor (9				-	-					
Name of Monitoring Firm Hired by Building Owner	,	KLEN	$\widehat{}$					_					
Street Address		Street Address											
One of Fred See		369	S. Spr	UCE AVE				_					
City, State. Zip Code		City State, Zip C		- 11	^	こへ	52						
6-			ESHA		0	00		_					
Project Manager for Monitoring Firm	ephone Na	Telephone No. 856-77	9-0472		Liænse No. 00444								
Start Date (10) Scheduled Comple	tion Date (11)	Name of OSHA	20 100	7	194								
9/15/15 9/22	15	J6SEPH	KLEMW	DR.				_					
Occupancy Status During Abatement (Check only one)		Street Address	. Spruce	AUE									
Facility Closed/Vacated Dunng Entire Penod of Abate	men:	City, State, Zip C											
Abatement Performed Outside of Normal Facility Hour	5	MAPLE		N.T 08	05	2		_					
Scope of Work (Check all that apply)			*										
(265)		. Full Con	tainment with Ne	gative Pressure									
		- M Gloveba	a Procedure										
X 2160 \$1 01 2200 11		Non-Exe	empted (*) and No	xn-Friable Procedur		bater	nent	-					
ts Locatio Normally					_ ^	Typ							
Location of Used Solely	by	Description of		Amount	T								
Asbestos-Containing Material (ACM) Maintenand	ce: Asbesi	es Containing Mate thermal systems in	enal (ACM) Insulation,	(Specify	Re	R	Encapsulate	Enc					
IN Facility Staff?	1	surfacing, VAT.	10	SF or LF)	Remova	Repair	psu	Enclosure					
(13)		oner miscellaneo	(2)	-	va.	-	late	ге					
. Y≅ No	N/A						-						
SIDING	- X	TRAWSITI	- -	2500 SF	X								
	IDEP Waste	Cubic Yards	Name of Regi	stered Landfill									
T Ha	7904	of Waste	C.M.	C.M.V.	A								
City State	1101	Disposal Date	City. State	525 2 <sup>2</sup> 2010	7	3							
MAPLE SHADE N.J			MOOR	BINE N	. )	_		_					
Completed By Title	)	Signature	0 0	Date 9	_4	-	5	-					
MICHAEL KLEMMIN VICE. F	RESIDENT	- Mu	xi) Ju										

Date of Notification (1)	1115			ng Owner/Operator	(2)	- in C									
/	4/15		AVZ TI-	TECH (	CONTRIAC					=					
Agencies Notified	Type Notification			RT. 50						_					
₩ PA DP	Amended		State, Zip (												
₹ DOL	Amendment #  Emergency (including	_G	REEL	JFIELD,	N.J. C	08230			,	_					
Ø DOH	justification)	Name	of Conta	_		Telephone Numb	er			-					
□ DCA	Cancellation	1	BRUCE		116			_		-					
			CILITY IN	ORMATION	7 - 7 - 7	* **				_					
	batement is Taking Place	(3)			Type of Facility  "School (K-1	2)									
Straat Address	-23. CENTR	AL K	FLE		Other (i.e., phomes, etc.	8 (Other than K-12) private & commercia )	l build								
City (5)	C				Square Feet	# of Floors	100	ig. Ag							
Oct	AM CITY	T Cour	an Code /	7) (STATE		nor if being demolis	-	10		-					
County (6)	MAY	USE	ONLY)	7) 1017.12	Vac										
Name of Monitoring Firm		ASCM	No.	Name of Abatem	nent Contractor (9										
(8) N / A	ined by bolloning o			KLEN	uco IN	C.				_					
Street Address				Street Address		۱۸									
				369	S. Spr	UCE AVE				-					
City, State. Zip C∞de				City, State, Zip C	E SHA	DE N.J	08	505	52	_					
Project Manager for Monit	oring Firm	Telephone	No.	Telephone No.		License No.									
Project Manager for Mona					9-0472	0044	-1			_					
Start Date (10)	Scheduled Co	mpletion Da	ite (11)	Name of OSHA	1	T	5								
9/14/15	9-	21-1	<u> </u>		KLEMW	1 ) R	-			-					
Occupancy Status During	Abatement (Check only of	me)		Street Address	. SPRUCE	· AUF.									
Facility Closed/Vacated	d During Entire Period of A Outside of Normal Facility	Hours		City, State, Zip C											
Other - Describe:	Outside of Horrian Founty				SHADE	N.J 08	05	2	33						
Scope of Work (Check all	that apoly)				e .										
Scope of Work (Check all				Full Cor	ntainment with Ne closure	gative Pressure									
≥3 sf or ≥3 lf ★≥160 sf or ≥260 lf	☐ Ken <b>⊘</b> Den	ovation ndition		Figloveha	an Procedure	F: U Ddu									
<u>⊠</u> ≥100 st 01 ≥200 ti	4			Non-Exe	empted (*) and N	on-Friable Procedur	I A	bater	nent						
	1	cation mally						Тур							
Location of	Used S	Solely by		Description of tos Containing Mat	Fedal (ACM)	Amount			ш	0.00000					
Asbestos-Containing Ma	Iterial (ACIVI)	enance/ stodial	Asbes (i.e.,	thermal systems i	nsulation,	(Specify	Re	Re	Encapsulate	Enclosure					
TO BE ABATE IN Facility	3,	aff?	******	surfacing, VAT, other miscellaned	or	SF or LF)	Remova	Repair	psul	uso					
(13)		12)		Offer This Center CC	J. J		<u> <u>a</u></u>		ale	Э					
	Yes	No N/A					1		-						
SIDING		-X -		TRAWSIT	E	2500SF	X								
							-		-						
								_	_						
Name of Registered Waste	e Hauler	NOEP		Cubic Yards	Name of Reg	istered Landfill	. A								
Klomeo	TNE	Hauler ID	200	of Waste	C.M	C.M.V	A	4	_						
City, State	A SU	1 -1 -1 -1		Disposal Date	City, State	. IQ	1 7	-							
2000	ANE N.J			-	_ WOO!	DBINE IN	7.7	1	_	=					
Completed By	Title	. 0		Signature	2.001.	_   9-	-4.	+1	5						
MICHAEL KL	com Vice.	TRES	LOCAT	- July	74.7 / 1										

(K 3795

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) / 4 / 15	Name of Building Owner/Operator (2) PINELAND CONSTRUCTION							2			
Agencies Notified Type Notification	Street Addres	300 777	ST.	1	4						
DEP Amended Amendment # Emergency (including	City, State, Zip	SEA I	SLE (i	TY WJ.	0	8-	24	3			
DOH justification justification	Name of Conta	ZANIC E	OUARDI	Telephone Num	her L )	v	· · /	U			
		IFORMATION .									
Name of Facility Where Abatement is Taking Place (3)		*	Type of Facili	12)	2)						
Street Address 5 Z S 7 T L S T			Other (i.e., homes, etc.			dings	<b>3</b> ,	٠.			
City (5) AVALON			Square Feet	# of Floors	.  _	ldg. A	Age ) +				
County (6) ADE MAY	County Code USE ONLY)	(7) (STATE		Prior if being demolis	shed)						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem	LEMCO	The state of the s							
Street Address		Street Address	5. Spri	UCE AVE							
City, State, Zip Code	City, State, Zip Code WAPLE SHADE N. J. 08052										
Project Manager for Monitoring Firm Te	elephone No.	No. Telephone No. S56-779-0472									
Start Date (10)   Scheduled Comp	letion Date (11)	Name of OSHA N		KLEMM				_			
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement		Street Address		RUCE AVE	-						
Abatement Performed Outside of Normal Facility Ho  Other - Describe:											
Scope of Work (Check all that apply)	8				-			_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Demolition		☐ Mini-End ☐ Gloveba	closure g Procedure	egative Pressure on-Friable Procedur	e						
Is Locati Normali	y	*			1	bater Typ					
Location of Used Sole Asbestos-Containing Material (ACM) TO BE ABATED Used Sole Maintenar Custodi	nce/ Asbest	Description of os Containing Mate thermal systems in		Amount (Specify	R		Enc	En			
IN Facility Staff? (13) (12)		surfacing, VAT, other miscellaneous		SF or LF)	Removal	Repair	Encapsulate	Enclosure			
Yes No	N/A	TRANSIT	TG	17000-	X	-	6	_			
SIOING	X	I ICHN 31	18	1200st	X	$\dashv$	$\dashv$				
						$\dashv$	$\neg$				
	UDEP Waste lauler ID No.	Cubic Yards of Waste	Name of Regi	istered Landfill	)	A					
City, State MAPLE SHADE , N.		Disposal Date	City, State	DBINE 1	V.	T					
Completed By MicHATL Kinn Title V/P		Signature_	WK	Date /	4	11	5				



Date of Notification (1) September 4, 2015		Township of Haddon Ck. # 2365						6			Ŧ					
Agencies Notified	gencies Notified Type Notification										ļ-10-	Ī	i i	100	2	
	× Initial				ddon Av	0000							<u>-</u>		-	
EPA DEP DOL	Amended Amendment #				nt, NJ (						-	-	21			
	Emergency (in		1	Name of C	Contact					Tele	phone Nu	mber -	is			
DOH DCA	justification)  Cancellation		1	Art Cors	sini					Ť				.8.9		
				FACILI	ITY INFO	RMATIO	)N					- 3				
Name of Facility Where	Abatement is Taking	Place (3)							f Facility (4			_				
Residence								S S	chool (K-12 ubchapter	2) 8 (Othe	r than K-1	2)				
Street Address 215 North Atlantic	Ave.							× O e	ther (i.e. p	rivate &	commerc	ial buildi	1740000		5,	
City (5) Haddon Township								Square 835	e Feet	# of 2	Floors	89 89	dg. Ag )	e		
County (6)				County Co	ode (7) SE ONLY)				nt Use (Prio	or if beir	ng demolis	hed)		Tem.		
Camden  Name of Monitoring Fir	m Hired by Building O	wner (8)	-   '	ASCM			Name		ement Con	tractor	(9)					
Horizon Environm	ental Group	(0)		00073					ironmen	tal, LL	al, LLC					
Street Address PO Box 316								Address Cutler	s Avenue							
City, State, Zip Code Thorofare, NJ 080	96						City, State, Zip Code Maple Shade, NJ 0			8052						
Project Manager for Mo		-	- 1	Telephon	e No.			none No	The second of the		License	No.				
David Flannigan				856-848				755-00	099 A Monitor		00842					
Start Date (10) September 21, 20	September 21, 2015 Septe						EMS	L Ana	lytical, Ir	ic.						
Occupancy Status Dur							Addres Route		th							
Facility Closed/Va	acated During Entire F med Outside of Norm	eriod of A al Facility	batem	tement City, State, Zip Code												
X Other – Describe:	Residential		2002000	Cinnaminson, NJ						8077						
Scope of Work (Check	All That Apply)	900000		[20]						nment with Negative Pressure						
23 sf or ≥3 lf		-	enova				×	-	Containm		n Negative	Pressui	e			
≥160 sf or ≥260 lf		× D	emolit	ion				Glovebag Procedure								
		1					×	≤ Nor	n-Exempte	d (*) an	d Non-Fria	able Pro	Abate			
			Locat										Ту		£0)	
Locati		- Access (1)	Normal d Sole	20 Marian 1980 1980 1980 1980 1980 1980 1980 1980	A - b		scription		(ACM)	_	mount			m		
Asbestos-Containii TO BE A		Ma	intena	nce/		tos Cont thermal				(	Specify	Re	R	Encapsulate	Enc	
In Fa	cility	Cust	todial ( (12)	Stan?			cing, VA			S	F or LF)	Remova	Repair	psu	Enclosure	
(1	3)		0.8	T		Olliel I	Illocella	neous)				<u>a</u>	_	late	Ге	
Duet	Mran	Yes	No XXX	N/A		R	Remova	al		2	25 SF	X				
Duct		-				- 11/1	Remova	734			35 SF	X				
20.09 (2000-114-00) /4-0/1010	ath Floor	-	XXX	_			Remov				00 SF	X				
Tradior Date ment ename						- 1	Remov				00 LF	X			$\vdash$	
Oddining & Oldering Triffer				NJDEP W	lasto		Yards	ai	Name of	-	ered Land	- 122			1	
Name of Registered Waste Hauler				Hauler ID		of Wa			1				11			
Freehold Cartage				2265		2 Diana	anl Date	Cumberland County Landfill  ate City, State								
City, State Freehold, NJ						9/30/	sal Date 2015	Newburg, PA								
Completed by	er				Signatur	re	1/2	4	/	Date 9/4/20	15					
Diana Lynch	Diana Lynch Owne					1	SM	in	1).	100						
ASR-41 (R-06-08)						* Do r	not use	this form fo	or asbe	stos licens	ure exe	mpted	activ	ities.		



Date of Notification (1)					D 11 11 O	10	Sylven a series	(0)		_			_			
September 4, 2015				Name of Building Owner/Operator (2) Township of Haddon Ck. #2364 Street Address												
Agencies Notified	Type Notification											57-	-			
X EPA	× Initial				ddon Av						F-III		12	_		
EPA DEP DOL	Amended Amendment #		- 1 -	1000000 mm 1000000000000000000000000000	e, Zip Cod ont, NJ (						7	- 1	17			
	Emergency (in			Name of			<u> </u>			Tale	nhone N		500			-
DOH DCA	justification) Cancellation			Art Cor						,						
				FACIL	ITY INFO	RMATIC	NC		- 111							
Name of Facility Where A	Abatement is Taking	Place (3	)					parametric de la constanta de	Facility (4							
Street Address									ool (K-12 ochapter 8		er than K	-12)				
217 North Atlantic A	Ave.							Oth etc.	er (i.e. pr	ivate 8	k comme	rcial bu	ildi	ngs,	home	s,
City (5)								Square F		# of	Floors		Blo	ig. Ag	ge	
Haddon Township								1065		2			85			
County (6)				County C	ode (7) SE ONLY)			Current Reside	Use (Prio	r if bei	ng demol	lished)				
Camden  Name of Monitoring Firm	Hirad by Building C	wner (8)		ASCM			Name	of Abaten		ractor	(9)					-
Horizon Environme		writer (0)		00073				le Envir								
Street Address								reet Address 23 Cutler Avenue								
PO Box 316							320-32	B0000000000000000000000000000000000000								
City, State, Zip Code Thorofare, NJ 0808	36						000000000000000000000000000000000000000	City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Mor		Telephor	ne No.		1 10 10 10 10 10 10 10 10 10 10 10 10 10	one No.			License							
David Flannigan					8-0800		000000000000000000000000000000000000000	755-009			00842					
Start Date (10) Schedule September 21, 2015 Septem							1000	of OSHA L Analy		C.						
Occupancy Status Durin	g Abatement (Check	Only Or	ne)	Street Address 200 Route 130 Norti												
Facility Closed/Vac	ated During Entire P	eriod of	Abaten	atement						n						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norm Residential	al Facility	/ Hours	ours City, State, Zip Coo						3077						
Scope of Work (Check A				Cinnaminson, NJ C					.,, .,,,							
≥3 sf or ≥3 lf			Renova	tion			×	Full C	ontainme	nt with	n Negativ	e Pres	sur	е		
≥160 sf or ≥260 lf		-	Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
							×		empted		d Non-Fr	riable P	roc	edure	9	
		Is	Locati	ion									1	Abate Ty	ment	
Locatio			Normal ed Sole				scription				1 14	H	1	ıy		
Asbestos-Containing TO BE AB		Ma	intena	nce/				Aaterial (A s insulatio			mount Specify	1 2	0	ZJ	Enca	En
In Faci	ility	Cus	todial (12)	Staff?			cing, VA niscellar			SI	or LF)	Kalloka	3	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Other I	mocenar	icodo)				2	-	7	late	IГе
Duct W	/rap	1.00	XXX			R	lemova	al	-		5 SF	>				
Flue Pa			XXX			R	lemova	al			2 SF	X				
Kitchen	XXX			R	Remova	al		1	50 SF	X						
Caulking & Glazing Windows/Doors						R	Remova	al		2	00 LF	Х				
Name of Registered Waste Hauler				JDEP W		200000000000000000000000000000000000000	Yards		Name of I	Regist	ered Lan	dfill				
Freehold Cartage				lauler ID 2265	No.	of Wa	ste		Cumber	rland	County	/ Land	dfill		<u> </u>	
City, State Freehold, NJ							sal Date		City, State Newbur							
Completed by Title							Signatur		15	The	/	Date 9/4/2	01	5		
Diana Lynch							1/1	and	-0.	Je.		_31412	.01	5		

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

08/21/2016 11:35

HD.772 #082

(K 2324

Date of Notification (1) August 21, 2015		Name of	Building Own	er/Operator (	2)	ools	Check #232	4 .	<u>                                     </u>		
Agendas Notified Type Notification		Street A	ddress Ivis Drive	21191201	1		1		j	+	
DEF Amended	\$		la Zip Code Holly, NJ 0	8060		1.14.17	Fig Applet	: =	1.)	2	
E DOH Justification	(including	Name d	Contact n Buffa		·		Telephone N.		23350	SE SE	
		FAC	LITY INFORM	ATION						9	=
Nems of Facility Where Abatement is Taki Brainerd Elementary School	ng Place (2)				<b>E</b> 50	Facility (4)	(O)her than K-12)	É		0 /	
Street Address 100 Wollner Drive					0	thar (i.e. prh c.)	# of Floors	bulld	lings,	00	b,
City (5) Mount Holly				ì	10.00		3	8	100	5	
County (e) Burlington			Code (7)		School	اد	If being demulish	ed)		- Tolling	
Name of Monitoring Firm Hired by Building Management & Enviro, Consulting	Services	A&C	M No.			ment Control					
Street Address PO 341				523 (		aunevA					
City, State, Zip Code Chesterfield, NJ 08515					iana, Zip e Shao	Coda de, NJ 08	052				
Project Manager for Moritaring Firm Bill Weisparber		609-2	na No. 98-4070		755-00		00842	٥,			
Start Date (10) August 24, 2015	August 2		Date (11)			A Monitor lytical, inc					
Occupancy Status During Absternant (Che					Address	130 North					
Facility Closed/Vecated During Entire Abatement Performed Outside of No Olhar – Describe:	Period of Abs	itement ourc		Chy. 5	into, Zip						
Scope of Work (Check All The Apply) 로 보3 sfor k3 lf 로 차1번만 efor 2260 lf		ovallen nolillen			M)ri	-Enclosure	ni with Negative P edure (*) and Non-Frizb			שר	
and the second		caton							1300	Aba Buduq	
Asbestos-Cantaining a Local (ACA)  TO BE ABATED  In Facility  (13)	Used ! Dissing Challed	molly Solely by Enimonal Ital Statt? 12)	(1.k/ ,e	Description Cardathing A simul system surfacing, VA ther miscellar	dsterial s insula IT. or		Amount (Specify BF or LF)	Removal	Repair	Encapatatele	Enclosure
Rooms 1 and 2	X	xx	Ch	alk Board	Mastic		224 SF	X			
								-			
Name of Registered Waste Hauler		NUDEP	Wasts C	ubic Yards		Name of F	Registered Landfill	-	J,	1.	-
Freshold Cartage		Hauter II		f Wasle		Cumber	land County L		11		
City, State Freshold, NJ		Disposal Data 8/28/2015			2015 Newburg, PA						
Completed by Christina Lynch	Operal	lons Mar	ager	Ons	300	D		1te 21/2	015		

#### Check#2290

#### State of New Jersey NOTIFICATION

ICATION OF ASBESTOS ABATEMENT	10 m
(Pursuant to NJAC 8:60 and 5:16)	11 -

Date of Notification (1)			Name of Building Owner/Operator (2)  Dana Pollati  Street Address  A TO SEP 10 AM TO SE												
	05 / 15	_	I	Dana P	ollati			1819 2	EP 10	A.A	· -				
Agencies Notified	Type Notification			Street /	Address			k -			1.	30			
☐ EPA			2	2 Grace	e Avenue			, , , , , , , , , , , , , , , , , , ,							
□ DOLWD	Amended			City, St	ate, Zip Co	de			11111	1	- /1	71			
□ DHSS	Amendment #_	· ·		15/A					== =(:						
DCA	Emergency (including justification)	luding	F		, NJ 0701	1		Telephone Num	her						
(NJAC 5:23-8)	Cancellation		,					Telephone ivali	1001			8			
	canconation			Dana P		ODMATION									
Name of Facility Where A	Satamant in Takina	Diese	2)	FAC	ILIIY INF	ORMATION	Type of Facility (	(4)			_				
	Abatement is Taking	Place	(3)												
Private house							School (K-12	Other than K-1	2)						
Street Address							Other (i.e., p	rivate and comme		ldings	,				
2 Grace Avenue							homes, etc.)								
City (5)							Square Feet	# of Floors	Blo	Bldg. Age					
Clifton, NJ 07011	A														
County (6)				Count	y Code (7) (8	STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)						
Passaic															
Name of Monitoring Firm	Hired by Building C	wner (	3)	ASCM I	No.	Name of Abateme	ent Contractor (9)								
						Gr Tech LLC									
Street Address						Street Address									
						576 Valley Rd#	283								
City, State, Zip Code						City, State, Zip Co	ode								
					,	Wayne, NJ 0747	70								
Project Manager for Mon	itoring Firm		Tele	phone I		Telephone No.									
200						973-638-1777	01127								
Start Date (10)	Sched	luled Co	omple	tion Dat		Name of OSHA M	1onitor	14.4.2.							
09 / 16 /	15 0	19	17		15	Environtation Co									
Occupancy Status Durin						Envirovision Co Street Address	nsultants,inc								
☐ Facility Closed/Vacat				ment			D 1 D11 //	2.50							
Abatement Performe					cribe .	20-21 Wagaraw City, State, Zip C		33E							
Time of Abatement:	AMPI	W_	PM_		AM										
Scope of Work (Check a	II that apply)					Fair Lawn, NJ 0	7410 p and decontamir	action with poacti	VO DECCE	uro					
***************************************	ii triat apply)						tainment with Ne		ve press	uie					
		Re	novati	on		Mini-Enc	losure		-						
☐ ≥ 160 sf or ≥260 lf		∐ De	molitic	n		Gloveba	g Procedure	l ent with Negative	ve Press	ure					
		le	Locat	ion			impled ( ) and No	THADIC 1 TOCCO		1	na Ti				
Location	n of	1000	Norma			Description (	of			ateme	-				
Asbestos-Containing	1 (5)	500000	d Sole		Asbes	tos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure			
TO BE AB			intena	ince/ Staff?	(i.e.	, thermal systems		(Specify	mo	pai	aps	los			
IN Faci (13)	lity	Cus	(12)	olan r		surfacing, VAT other miscellane		SIF or LF)	Va.	_	sula	ure			
(13)		Vee		NI/A	1	Other Iniscending	:005)				te				
		Yes	No	N/A					152						
Basement		ᆜ	Ш	X	Pipe insu	lation		160 LF		Ш	Ш	Ш			
			П	П						П	П	П			
		-		+=							_				
			Щ							Ш	Ц	Ш			
Name of Registered Wa	ste Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Yards of Was	te Name of Regi	stered Landfill							
Gr Tech LLC			(	003378	35	TBD	T.R.R.F. Inc	<u> </u>							
City, State			- 100			Disposal Date	City, State			SMILE ST.		Ment.			
Wayne, NJ 07470						TBD	Tullytown, P	'A							
Completed By (Print or	Type) Titl	e			*	Signature	1		Date						
N.Jevtic	Ow	ner				\ \A	ente Wena	1	9/05/20	)15					
ASB-41	Ow	1101					ewic wend	9	7103120	, 13					

(K 1034

Date of Notification (1) 08/24/2015					Name of Building Owner/Operator (2) MARIO DIAZ												
Agencies Notified Type Notification					àdress			J				7.	7				
□ ЕРА	☐ Initial			638 CLIFTON AVE.						r.	1.20	/		*			
DEP DOL	Amended Amendment		City, State, Zip Code CLIFTON NJ. 07011					Sch No ral									
▼ DOH	Emergency justification) Cancellation	_	Name of Contact MARIO DIAZ					Telephone Number									
☐ DCA		Maria Colo-Succession		DMATI	ON												
Name of Facility Where	Abatement is Takir	g Place (3)	)	FACI	LITY INFO	KMAII	ON	Ту	pe of Facility (	4)				17.7			
PRIVATE		,						School (K-12)									
Street Address						Subchapter 8 (Other than K-12)											
638 CLIFTON AVE						Other (i.e. private & commercial buildings, homes, etc.)											
City (5)					Sq	uare Feet	# of	Floors	T	Bldg. A	ge						
CLIFTON NJ. 0701					1,800 2 87												
County (6) PASSAIC		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) N/A										
Name of Monitoring Firm							e of Abatement Contractor (9) ARON QUALITY CONSTRUCTION LLC										
Street Address		Stree						I. CON	NO I RUC	CHON	LLU						
		22 V					VAN ORDEN PL.										
City, State, Zip Code								City, State, Zip Code HACKENSACK NJ. 07601									
Project Manager for Mon	T	Telepho		Telephone No. 201-708-4270				License No. 01135									
N/A					ampletion Date (11)												
Start Date (10) 08/26/2015	015	,				Name of OSHA Monitor  J&S ENVIRONMENTAL SERVICES											
Occupancy Status During Abatement (Check Only One)					1 557				Street Address 2333 RT, 22 W								
Facility Closed/Vacated During Entire Period of Abate					ement				City, State, Zip Code								
Abatement Performed Outside of Normal Facility Hour Other – Describe:					1				ION NJ.07083								
Scope of Work (Check All That Apply)							Ortic		140.07.000								
	050110	tion			Г	Full Containment with Negative Pressure											
X ≥3 sf or ≥3 lf									Mini-Enclosure								
							P	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
· · · · · · · · · · · · · · · · · · ·						NOTI-EXCITIBLE	4 ( ) 411	a Hone in	T T	Abatement							
Is Local					nolly.				scription of				Т	ре			
Ashestos-Containing Material (ACM) Used So						taining Material (ACM) systems insulation, cing, VAT, or			А	Amount (Specify SF or LF)			ш	_			
TO BE ABATED Custodia												Re	Encapsulate	Enclosure			
In Facility (13)						miscellaneous)			31 01 11 )		Remova	Repair	sula	nso			
Yes N				N/A										ate	6		
BASEM	BASEMENT X					PIPE II	NSUL	ATION 50			0 LF.	X					
		1															
	-*										*	1					
		1 1							-								
					NJDEP Waste   Cubic Yard				Yards Name of Registered Landfill								
TRI STATE ASSOCIACE				Hauler ID No. of Wast 19951 TBD					MINER	RVA ENTERPRISE INC							
City, State					Disposal D												
RANDALL AVE. BRONX. NY					TBD				WAYNESBURG OHIO								
Completed by Title					Signatur				Tagamahraf Date 08/24/2015								
CARLOS ESQUIVE	MANAGER /				7	1/	/		00/24/	2010							
						/	//		-//-				. ,				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#23037703626	(Pur	ursuant to NJAC 8:60 and 5:16)														
Date of Notification (1)				Name of Building Owner/Operator (2)												
09/	05 / 15				a Jackson											
Agencies Notified	Type Notification				Address			-10	S. 775	-			_			
□ EPA			1	Patricia Jackson  Street Address  113 East Prospect Street  City, State, Zip Code  Hackettstown, NJ 07840												
☑ DOLWD	Amended				tate, Zip Co				V7.	\$7						
☑ DHSS ☐ DCA	Amendment #_  Emergency (inc	studing	F	Hacket	tstown, N	J 07840		S4.								
(NJAC 5:23-8)	justification)	Juding			of Contact			Telephone Number /								
	Cancellation		F	atricia Jackson												
				FAC	ILITY INF	ORMATI	ION									
Name of Facility Where A	batement is Taking			Type of Facility (												
Private house	School (K-12) Subchapter 8 (Other than K-1 2)															
Street Address	Other (i.e., private and commercial buildings,															
113 East Prospect Stree	homes, etc.)  Square Feet  # of Floors  Bldg. Age															
City (5)								Square Feet	# of Floors	Bia	g. Ag	е				
Hackettstown, NJ 0784	40		County Code (7) (STATE USE ON				Current Hea (Bri	or if being demolis	had)							
County (6)			Count	y code (7) (s	STATE USE	ONLT	Current Use (Prior if being demolished)									
Warren Name of Monitoring Firm	Hired by Building (	8) [2	ASCM	No I	Name of	Ahateme	ment Contractor (9)									
That of the the	'	100W		Gr Tech LLC												
Street Address				Street Address												
					#283											
City, State, Zip Code							576 Valley Rd #283 City, State, Zip Code									
Control of the Contro						Wayne, NJ 07470										
Project Manager for Mon	phone	No.	Telephon	e No.		License No.										
		1		973-638-	1777		01127									
Start Date (10)				te (11)	Name of	OSHA N	Monitor									
		15	Envirovision Consultants,Inc													
Occupancy Status During				Street Address												
□ Abatement Performed	criba	20-21 Wagaraw Road, Bldg .# 35E City, State, Zip Code														
Time of Abatement:	AM	Fair Lawn, NJ 07410														
Scope of Work (Check al							nation with negative	e press	ure							
	( that apply)					Full Con	up and decontamination with negative pressure intainment with Negative Pressure									
>3 sf or >3 lf > 160 sf or >260 lf	novati molitic			Mini-Enclosure Glovebag Procedure Tent with Negative Pressure												
		montec	,,,			Non-Exe	empted (*) and Non-Friable Procedure									
	Locat							Aba	Abatement Type							
Location of Norn Asbestos-Containing Material (ACM) Used Si					Ashas		cription o	of aterial (ACM)	Amount	Re	Re	E	E			
TO BE ABA	1,000,000	intena todial			, thermal	systems	insulation,	(Specify	Removal	Repair	cap	Enclosure				
IN Facil (13)	Cus	(12)	Stair?			ing, VAT iscellane		SIF or LF)	Val		Encapsulate	ure				
N 3				N/A	7	Other III	isociiane	,503)				e e				
Docament		Yes	No	X	Pipe insu	lation			170 LF		П		П			
Basement					r ipe msc	nation			170 DI							
		닏								ᆜ	ᆜ	닏				
											Ш	Ш	Ш			
Name of Registered Was	NJ	DEP Wast	e Hauler ID No.	Cubic Yan	ds of Was	ste Name of Regi	gistered Landfill									
Gr Tech LLC	(	00337	85	TBD	)	T.R.R.F. Inc										
City, State						Disposal	Date	City, State								
Wayne, NJ 07470						TBD	)	Tullytown, PA								
Completed By (Print or Type) Title						Sign	nature/	1 Data								
N.Jevtic		Mewic Wenad 09/05/20							)15							
ASB-41		ner					1/	A1								

_	CK 3858  State of Many Jersey	
	Pursuant to NJAC 3:60 and 12:120)  Page of Notice of Many Jersey  (Pursuant to NJAC 3:60 and 12:120)	23
-	Agencia Notice	
_	Type Notice Street Actives 300 774 54	
	DOCH Christian Cay, State, Jap Code	
_	Consistent Prepare Telephone Number	
	Name of Feeling Windle Abelement is Taking Pace (3)	
-	Street Accords (4)	
	City (5)  Avo 6 n Ar 6 hours, etc.)  School (6-12)	Market and Lines
	County (6) O 4010	And Land College
-	Name of Mandaring Form Fired by Station Corrections (See ONE V)	- The same
	Street Address  Remark Contactor (9)	
- PERSONAL PROPERTY.	City, State, Zo Code 1212 Biplink from Pro	
the first and th	Project Meneger for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.	
STATES CARREST	Start Date (10) Start Date (10	
STATE STATE	Company States During Abelianism (Cashi ship one)	
STATE	21 Other - Describe:	
Physical Parkets		
Contractor Constitution	2/21 of or 2200 E Lifeward with North Program Life Continued with North Pr	
A STATE OF THE PARTY OF THE PAR	Scores Proceine    Continue Proceine   Continu	
SECURIORIS	Asbestos-Continuo of Used Solely by Description of Type  TO SE ASAFED (ACM)  Weinfamous Assestos Contenting Metalei (ACM)  Aspestos Contenting Metalei (ACM)  Amount III	
The state of the s	(12) Subscript Val. or Sectly Report Enception (12)	
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N	The GT Registered Weste Harter	
CE	See Of Weste 11/19 of Po	
Con	proceed by Illall I was the	
34	Della Ja	
	* Go not use this form for esbestas licensure exempted scrivilies.	

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Date of Notification (1) 09/03/15					Building CONSTR			(2)			261	5 SE	P	0	ŝ¥	7: 5
Agencies Notified	Type Notification			Street Ad 1521 L	ldress AGUNA	LAN	Ξ				3 <sup>f</sup> .		7			
DEP X DOL	Amended Amendment				e, Zip Coo VOOD, I		701					庭 [	10	- t-	$D_{\psi}$	
DOH DOA	Emergency ( justification)			Name of	Contact					Tele	phone N	Numbe	er			No.
		<u> </u>		FACIL	ITY INFO	RMAT	ION			<u> </u>						
Name of Facility Where	Abatement is Takin	g Place (3	)					Туре	of Facility (4	1)						
HOME									School (K-1							
Street Address 1521 LAGUNA LAI	NE							×	Subchapter Other (i.e. p etc.)				ouild	ings,	home	s,
City (5) LAKEWOOD, NJ									e Feet	# of 2	Floors		BI	dg. A	ge	
County (6) OCEAN COUNTY				County C	ode (7) ISE ONLY)			Curre	nt Use (Prio	or if beir	ng demo	lished	1)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Con							
Street Address		•					Street	t Addres								
City, State, Zip Code							City, S	State, Z	p Code DD, NJ 08				7,5441-71			
Project Manager for Mo	nitorina Firm			Telephor	no No			hone N		7	Licens	e No				200
riojectivianagerioriwo	TINOTHING FIRM			11	3555 (101555)		732-	-668-9	078		1200	C 140.				
Start Date (10) 09/07/15		Schedule 09/07/		mpletion [	Date (11)				A Monitor PROFE	SSIOI	NALS					
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)					t Addres	SS DOVE CO	) IDT						
	cated During Entire med Outside of Norr						City,	State, Z	ip Code							
							LAK	EVVO	OD, NJ 0	8/01						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	-	Renova Demoli				]	Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	100 - 100 -				Э	
i de la degra de la companya de la c		92	Locat	No.											ment	
Location			Norma ed Sole				escriptio		(4.0)4)			F		,		
Asbestos-Containin <u>TO BE AB</u> In Fac (13	BATED cility	Ma	aintena stodial (12)	nce/ Staff?		therma surfa	ntaining al systen acing, V miscella	ns insula AT, or		(8	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
	V	Yes	No	N/A											Φ	
EXTER	RIOR		_	-			SIDIN	G 		20	00 SF	-	X			
				-								-				
												$\neg$				
Name of Registered Was NEWARK CARTIN			ŀ	NJDEP W Hauler ID 14509		of W	c Yards aste ARDS		Name of IESI	Registe	ered Lan	dfill				
City, State NEWARK, NJ							osal Dat 7/15	е	City, Stat		/ PA					
Completed by JOSEPH PERLSTE	EIN	Title	NER				Signatu	re				Date 09/0		5	0.0	

Check # QY12

	Date of Notification (1)	5	. N	ame of	Building Ow Chri		GR	ff	ith			8	Ē		
	Agencies Notified Type Notification		S	treet Ad	Idress	23		rida		AVE				84.19	
	☐ EPA Initial ☐ Amended	parties.	C	ity, Stat	e, Zip Code	- 40		7.77	7.	1400	^	0 -	C.	)	
	DOL Amendment #_  Emergency (incl	luding	- N	Polame of	Contact	`	asar	1	each	Telephone	O Numb	oer	3	_	_
1	DOH justification)  Cancellation		(		li's	ori	ffi!	th			2	-	1.1		
	Name of Facility Where Abstract in Toking D	lace (2)		FACIL	ITY INFOR	MATIC		ype of Fa	acility (4	1)					_
	Name of Facility Where Abatement is Taking P				Deno)			Scho	ol (K-12	2)					
	Street Address		)					Othe		8 (Other than rivate & comm			ings,	nome	s,
	2234 Middle AU	2_			<u> </u>	*	S	etc.) quare Fe	eet	# of Floors	S		dg. Ag		
	Point Pleasant Beac	h_	N	7	0874	12	1	umont I I	oo (Drin	r if hoins don	nolicho	_	50	t -	-
3	County (6)	161			Code (7) ISE ONLY)		_	Sin	se (17110 Sle	famil			elle	ing	
3	Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.		Name of	Abatem	nt Con	tractor (9)	<i>(</i>		,		
-	Street Address	IC:			AIN		Street Ad	dress	156	פחח	leg	163	9	LN	-
١	RO. Box 33	7					P.C	). B	OX :	337					
3	City, State, Zip Code	v3	7	80	533	3	City State	e, Zip C		A to	17	0	15	3	3
-	Project Manager for Monifori gr Firm	, -		elephor		2, -	Telephon		JI	Licer	nse No	7	0	u	
2	Start Date (10)	chedule			758-33 Date (11)	265	609 73 Name of			0 1			1	1	-
S	9-16-15	9-	30	- 15					Tec	nnolog	ies	I	nc		
0	Occupancy Status During Abatement (Check C			ont			Street Ad		30x	337					
7	Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	Facility	Hours	=:IIL		Ì	City, Stat	e, Zip C	ode	,,-		, c1 c			
>	Other – Describe:						[Veu	s Eg	Yp+	NJ	C	185	53	5	_
5	Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	□ R	Renovati	ion						ent with Nega	itive Pr	essur	e		
とつ	≥160 sf or ≥260 lf		emolitic	no				Gloveb	ag Prod	ædure	Estate 1	- D-			
J					1			Non-Ex	cempted	i (*) and Non	паы		Abate	ment	
	Location of	1	Locatio	y			scription of						Ту	pe	
	Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel	ce/	Asbesto (i.e. th	s Cont nermal	aining Mat systems ir	erial (A0	CM) i,	Amoun (Specifi	y .	Re	R	Enca	Enc
320	In Facility (13)	Cust	todial S (12)	tatt?			ing, VAT, niscellaned			SF or LF	-)	Remova	Repair	Encapsulate	Enclosure
	(10)	Yes	No	N/A				200				_		ate	0
	exterior House/Garage		100	X	Sid	ing	Shi	ng le	s	1500	SF	X			
	1					ل		J							
	Name of Registered Waste Hauler		2 N	JDEP W	Vaste	Cubic		N	ame of	Registered L	andfill				
	EPC Technologies			auler ID	No.	of Was	ste 6	1	Nasi	e Mana	·gen	neni	60	E f	A
	City, State			1 /0		20 20	sal Date	C	ity, Stat			A			
	Completed by	Title	<u> </u>			by	ignature	1011	~ ()	Jones		te g	- 11	-10	-
	Steve Schenker		sid	ent			Slee	(9)	Che	ohn		1	7	1	_

CK 17371

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

Date of Notification (1)			1	Name of	Building C	)wner/O	perator	(2)							1
9/2/15				Dioce	se of Pa	tersor	1				2015 SF	3 10	) -		
Agencies Notified	Type Notification			Street Ad							2815 SE		172	10	GR
□ EPA	□ Initial				alley Ro						<u> </u>				
□ DEP	☐ Amended	0020			te, Zip Coo						15 1		100	1 1	0,
Ď DOL	Amendment  Emergency		1		n, Nev	v Jerse	ey 0	7013	ĺ.						- F-
□ DOH	justification)		1155		Contact					Tel	ephone Nun	nber			
□ DCA	□ Cancellation	1			s Rodar					* =					
Name of Facility Where	Ahatement is Takir	n Place (3)		FACIL	LITY INFO	RMATI	ON	Type	of Facility	(4)					
St. John the Bapti		19 1 1400 (0)						588	(5)						
Street Address	st Church						-		School (K- Subchapte		er than K-12	2)			
357-371 Main Str	reet								Other (i.e. etc.)	private	& commercia	al buil	dings,	home	es,
City (5)								200000000000000000000000000000000000000	re Feet	000000	f Floors		Bldg. A	ge	
Paterson							2	20,0			1		95		
County (6)				County C	Code (7) JSE ONLY)			Curre	ent Use (Pr	ior if be	ng demolish	ned)			
Passaic									Church						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.		10000		tement Co	ntractor	(9)				
								mor							
Street Address							(120,537,000,000)	Addre							
City, State, Zip Code									al Street ip Code						
Oity, Otate, Zip Code									k, NY	10013					
Project Manager for Mo	nitoring Firm			Telephor	ne No.			hone N			License N	0.			
							3.5		-0696		(212) 4	31-5	764		
Start Date (10)		Scheduled		pletion (	Date (11)		2000000 2000	numbers and	HA Monitor						
9/11/15		12/15/1							nalytical	, Inc.					
Occupancy Status Durin							1.51/50/57/57/5	Addre	ss t 38th St	reet					
☐ Facility Closed/Vac	cated During Entire	Period of Ab	atem	ent			18-38-55	20,000-000	ip Code	rcci					
☐ Abatement Perform ☐ Other – Describe:	Exterior side	of buildin	ig			_			k, NY	100	18				
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf			nova								n Negative F	ressu	re		
		□ Der	moliti	ion					ni-Enclosu ovebag Pro	3.700					
											d Non-Friab	le Pro	cedu	e e	
		ls Lo	ocati	on										ement	t
Locatio		No Used	rmall				scription					-	1	/pe	_
Asbestos-Containin TO BE AB		Maint				tos Cont thermal			I (ACM)		Amount Specify	77		回	ш
In Fac		Custod	dial S (12)	Staff?	(1.6.		cing, VA		ation,		F or LF)	Remova	Repair	cap	nclo
(13	)		(12)	Т		other n	niscella	neous)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A										e	-
Exterior Window	S			X	Wi	ndow	Caull	king		80 st		X			
								0.00							
Name of Registered Wa	aste Hauler		177070	JDEP W		287.625.5067.2	Yards		Name of	f Regist	ered Landfill				
Newark Carting	Inc.			auler ID 4509	No.	of Wa	ste		Waste	Man	agement	Gra	ndce	entra	ıl
City, State	0=10=						sal Date	9	City, Sta						
Newark, New Jers	sey 07105					TB			Pen A	rgyl, l	PA 1807				
Completed by	* .	Title		r		8	Signatur	e /	/ /	12		ite	/15		
J. Robert Dombro	wski	Projec	I IV	ıanage	r		1	7 1	かい!:	you.	- 0	9/03	113		

CIC STORZ

		,	Name	of Building	Owner/Operator (	(2)		LT.	1 5		1
te of Notification (1)	15		M	R. DY	WIER 1	JELEZ	1.77		- :	_	4
ency Notified	Type Notification	•	Street	Address	DECT SI	eson A	38				
	E Initial				1						
EPA DEP	Amended Amendment#		Crest	State, Zip C	MUS.	MZ. 0.	2642	.?	7.5		
DOL	☐ Emergency (including		Name	e of Contact		•	i elephone				
бон	justification)  Cancellation		1	R. Ve	562		44	100	70		_
DCA	12 Cancesadon		1		RMATION						_
	Abatement is Taking Place	(3)		•		Type of Facility	(4)				
ame of Facility variety	J. VELEZ	•				☐ School (K-12)	)	м -			
						Subchapter 8	(Other than K-12 wate & commercia	al building	s,		
Teet Address	JETTERSON	2 4	774	5		homes, etc.)		Bldg. A			
								Lang.	51	EA	1
. PA	NAMUS			7.		2500.			10	8010	_
ounty (6)					) (STATE USE	Current Use (P	rior if being demol				
BE	NAHWS NCEN		ONL	LY) ,.	(3)						-
	m Hired by Building Owner	AS	CM No.			ment Contractor (					
3)	ů.					moval In	С			_	_
treet Address				×	Street Address		C+				
					City, State, Zip	th River	S L				
City, State, Zip Code					Hackens	ack, N.J	. 07601				
¥.	7.63	Tabi	phone N	No.	Telephone No.		License No.		÷		
Project Manager for M	lonitoring Firm	100	bitoite i		201-329	7444 -	00388				_
	Scheduled Co	moletion	n Date (	11)	Name of OSHA						
Start Date (10)		20/1	5		Omega	Environm	ental			_	_
O I I I	rring Abatement (Check onl	y one)			Street Address						
			ment			Huyler St					_
□ Facility Closed/Vac □ Abatement Perform ☑ Other – Describe:	tated During Entire Period of ned Outside of Normal Faci ON TOSEM	lity Hour	s .	•	City, State, Zip	ackensack	,N.J. 0	7606			_
Scope of Work (Chec				_		il Containment wi	th Negative Press	шге	1		
⊒≥3 sfor≥3 lf			Æ	Renovation Demolition		ni-Enclosure ovebag Procedure	•				
2 160 st or ≥ 260 l	f		ш	Demondon	□ No	on-Exempted (*) a	nd Non-Friable Pr	rocedure	Aba	teme	en
		ls L	ocation						T	уре	_
			ormally	by	Description	on of	Amour			m	1
. Lo	cation of ining Material (ACM)	Mair	i Solely ntenanc	e/ Ast	estos Containing i.e., thermal system	Material (ACM)	(Speci	fy	Rer	Encapsulate	
TO B	E ABATED Facility		ustodial Staff?		surfacing, V	AT, or	SF or L	.F)	Removal	- Bull	
	(13)	1.	(12)		other miscell	aneous)				16	
		Yes	No	N/A					1	+	-
		+			VAT+	MASTIC	500	34	7	+	_
BASELLE	~ (	+ +	1						++	+	
		+-			2011			٠,	++	+	
		1					1 100				
Name of Registered	Waste Hauler	NJ	DEP W	aste Hauler	Cubic Yards		egistered Landfill			гт	0
Rest Re	emoval Inc	ID	No.	0.0	Waste 3/2	Miner	va Enter	prise	s ,	ابلابا	U
Desc Re			171	.09	Disposal Da	P1			- 52		
City, State		7601			9/21/1	55 INC 550	esburg,	Oh,44	688		_
	sack , N.J. 0	1001			Signature			Date	- 1	10	100
Completed by	Title	tima	tor		1 1/ (	مصمضده			1/9	1	\
J.Maiora	ano Es	of use fi	his form	for asbesto	s licensure exem	pted activities.			- 65		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	EPA				Namaa	f Duilding (	2	(2)					
Se				3	Name o	of Building (		Homes	281E 0	( -	16	65	
Agencies Notified  [ X ] EPA	[ ] Initia	l Notifica			Street A	Address	112 G	iffordtown Lane	2015 SEP 16		8:,	94	
[x] DOL	Amer	ndment # gency (in	<del></del>		City, St	ate, Zip Coo		rton, NJ 08087	2 1.7 - 27	· , · i	A to 2	l,	
[ ] DCA					Name o	of Contact Jim M	iller		Telephone Number		1		
				FAC	CILITY	INFORM	IATION					10	
10577		Place (3	)					Type of Facility (4	School (k-12)				
Street Address 74 ]	Lawrence Driv	e						[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial build	lings,
City		Count	y (6)			Code (7) USE ONL	Y)	Square feet 800 sf	# of Floors 1		g. Age	50	
Stafford Tw <sub>l</sub>		Ocea				25	12	Current Use (Prior Resid	if being demolished ence	)			
Name of Monitoring Firm I	2000	Owner (8	3)		ASCM N	Vo.	Name of	Abatement Contracto Guard	or (9) lian Contracting,	Inc.			
Street Address							Street Ac		Route 9, Unit 61				
City, State, Zip Code					×		City, Stat	e, Zip Code Toms	River, New Jers	ey 08'	755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number			Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 9/4/15			Scheduled 9/8/1		on Date (	11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
	lity Closed/Vacated	d During	Entire Perio				Street Ad	535 7 5 5 d	Stelton Road				888
9 Q	tement Performed er – Describe	Outside (	of Normal F	acility Ho	ours		City, Stat	e, Zip Code Piscat	away, New Jerse	ey 088	54		
Scope of Work (Check all t	hat apply)						[ ]		nt with Negative Pres	sure			
[ ] >3 s:	for≥3 lf		[ ]	Renova	tion		[ ]	Mini-Enclosure Glovebag Proce	dure				
[x] ≥160	) sf or ≥260 lf		[ x ]	Demoli	tion		[ x ]	Non-Exempted	(*) and Non-Friable	Procedu	ıre		
										Abat	ement	Гуре	
Tanadan	· c	١,	Is Location				Descriptio			R	R	Е	Е
Location of Asbestos-Containing M		P	Normally u Solely by				estos-Con laterial (A		Amount (Specify SF	E	E	N	N
TO BE ABA		Main	tenance/Ci				, thermal		or LF)	М	P A	C A	C L
in facility	7	///////////	Staff				ilation, su	rfacing,	=	0	I	P	0
(13)			(12)			a+h	VAT, o er miscella		1	V	R	S	S
4 F2		YES	NO	N/A		Otti	er miscem	uicous)		A L		L E	R E
Exterior	Τ	Asbe	stos sidin	g		700 sf	X		а .	E			
										$\vdash$			
Name of Registered Waste I Guardian Co	NJDEP Was	te Hauler 0223	ID No.	Cubic Ya	rds of Wast	e Name of Regis T.R.R.F.	tered Landfill						
City, State Toms River,				Dispos 9/9/1	sal Date		City, Sta Tullyto	ite own, Pennsylvan	ia				
Completed by (Print or Type Nicholas Ferr		Title Proje	ct Manag	er	Signat	ure	, /	18/		Date 9/3/			

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



CB 5017

Print Form

Date of Notification (1) 9/4/15				Building C Deboe					981E	CLC					
Agencies Notified Type Notification	95	St	treet Ad						LEIU	SED !	0 / - A	7	ð: i	14	
EPA Initial Amended Amendment #		Ci	ity, Stat	e, Zip Coo gg Harb	de		u	*	ē.	: 1.765	îş i	A C	111	11.	
DOH justification Cancellation	noidding	10000	ame of George	Contact					Tele	ephone Ni	umber				
			FACIL	ITY INFO	RMATIC	ON									
Name of Facility Where Abatement is Taking George Deboer Private Home	Place (3)						-	of Facility (4) School (K-12							
Street Address							S	Subchapter 8 Other (i.e. pri	(Othe			ildir	200	nomo	
25 South Spinnaker Dr.							e	tc.)			Ciai Du				5,
City (5) Little Egg Harbor N.J	. 0808	7					1000	e Feet +	1	Floors		35 <sub>-</sub>	g. Ag +	ge	
County (6) Ocean		Co		ode (7)			Currer	nt Use (Prior	if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	oerske sammenes	-	Name		ement Cont	ractor	(9)					
N/A				19		AN INVIOLE	aco In	1971/07/20					*		
Street Address							Addres Box 32								
City, State, Zip Code								p Code n NJ 0809	91						
Project Manager for Monitoring Firm		Te	elephor	ne No.			753-9			License 00727	No.			11	
Start Date (10) 9/5/15	Scheduled (	Comp	letion [	Date (11)		Name		IA Monitor							Ti .
Occupancy Status During Abatement (Check	(Only One)		-			Street	Addres	s	-			_		-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Aba	teme ours	nt			City, S	State, Zi	p Code							
Other – Describe:  Scope of Work (Check All That Apply)					_							_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	ovatio				2	Min Glo	Containme i-Enclosure vebag Proce	edure						
	lelo	cation	_						.,			-		ment	
Location of	Non	mally	10	( a s	Des	scription	n of					_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte Custod	enanc	ce/		tos Cont thermal surfac	aining N	Material s insula AT, or		(5	mount Specify For LF)	Kemoval		Repair	Encapsulate	Enclosure
	Yes N	10	N/A						- 4.0			4	-	(D	
Exterior Siding		-	Х		Exte	rior Si	ding		12	00 SF	X	+	_		
		-			<b>F</b>						-	+		-	
		+					+				-	+	-		
Name of Registered Waste Hauler		NJI	DEP W	/aste	Cubic	Yards		Name of F	Registe	ered Land	fill				
United Roll Off		На	uler ID	No.	of Was	ste		G.R.O.V	wed Teleson						
City, State Elm NJ					Dispos 9/8/1	sal Date	•	City, State Morrisvi		A 19067	,		1000		
Completed by Anthony T Perna	Title Preside	ent			8	ignatur	e L			_	Date 9/4	1/	15		

#### Check#2289

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

Date of Notification (1)				Vame o	f Building	Owner/Operator (2	)	2875				
09 /	03 7 15				. Dunaning	0on o policio. (2		Ens sep	F			
			- 1		Blowe				10		_	
Agencies Notified  EPA	Type Notification  Initial				Address					47	?:	
☑ DOLWD	Amended		1 2		h Avenue		99	- //			- 1	4
X DHSS	Amendment #			City, St	ate, Zip Co	ode						
☐ DCA	☐ Emergency (inc	luding			n, NJ 075	514		I <del>-</del> 1		+	- 1	
(NJAC 5:23-8)	justification)				of Contact			Telephone Number	er.			
	☐ Cancellation		J	effrey	Drayton							
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Taking	Place (	3)				Type of Facility	(4)				
Private house							School (K-12	) (Other than K-1 2)				
Street Address								rivate and commerci	al bui	ldings	ò.	
579 11th Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	
Paterson, NJ 07514												
County (6)				County	Code (7) (	STATE USE ONLY)	Current Use (Pr	or if being demolish	ed)		1002.00	
Passaic												
Name of Monitoring Fire	m Hired by Building O	wner (8	) /	SCM N	lo.	Name of Abateme	ent Contractor (9)					
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd #	283					
City, State, Zip Code	2					City, State, Zip C						
						Wayne, NJ 0747	70					
Project Manager for Mo	onitoring Firm		Tele	phone h	Vo.	Telephone No.		License No.				
						973-638-1777		01127				
Start Date (10)	Sched	uled Co	mplet	ion Dat	e (11)	Name of OSHA N	Nonitor					-
09 / 13	/	9 /	14	_ / _	15	Envirovision Co	nsultants Inc					
Occupancy Status Duri	ng Abatement (Check	only o	ne)			Street Address	iio ai tairio, iiio					
				nent		20-21 Wagaraw	Road Bldg #	35E				
Abatement Performe	ed Outside of Normal	Facility	Hours	s - Des	cribe	City, State, Zip C						
Time of Abatement:	AMPN	Λ/	_PIVI_		٩M	Fair Lawn, NJ 0	7410				10	
Scope of Work (Check	all that apply)							nation with negative	press	ure		
≥3 sf or >3 lf		Rei	annatio				tainment with Ne	gative Pressure				
≥ 160 sf or ≥260 lf		-	nolitio			Gloveba	a Procedure	Tent with Negative	Press	ure		
						☐ Non-Exe	empted (*) and No	n-Friable Procedur	е	1		
		1,0,00	Locati	4.4.					Aba	atem	ent T	уре
Location Asbestos-Containin			lormal d Sole		Anhai	Description of		Amount	R	R	ū	En
TO BE A		Ma	ntena	nce/		stos Containing Ma		(Specify	Removal	Repair	icap	clo
IN Fac	cility	Cust	odial 3 (12)	Staff?		surfacing, VAT	, or	SIF or LF)	ova	=	Encapsulate	Enclosure
(13	)					other miscellane	eous)				ate	
		Yes	No	N/A					-			_
Basement			Ц	$\boxtimes$	Pipe insu	ılation		220 LF	X			Ш
Basement				$\boxtimes$	Boiler in	sulation		50 SF	$\boxtimes$			
	·			П					П	П		
									-	_		
			Ц		<u> </u>					Ш		Ш
Name of Registered W	aste Hauler		NJI	EP Waste	Hauler ID No.	Cubic Yards of Was	te Name of Regi	stered Landfill				
Gr Tech LLC				03378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, F	PA .				
Completed By (Print or	Type) Title	9				Signature /		Da	te			
N.Jevtic	Ow	ner				H	which were	09/	03/20	015		
ASB-41	JOW							. 100/				

JK 5791

			Nam	E OI P	uilding Owner/Operator	(4)	3			
ate of Notification (1)			1	TR.	BULL C	W STEW	_	***	20	_
gency Notified	Type Notification		Street		iress 17 - 76 <sup>7 H</sup>			8-1	E	
	La Initial							r !	7	
EPA DEP	☐ Amended		City.	State	Zip Code LTH BERCO	=N NJ	0704	17	_	
DEP DOL	Amendment #			10 11	CAH BEICCO	210 . 11	Telephone Numb	jor		_
6011	☐ Emergency (including justification)		Alam	no of C	Contact	ł	. 0.00		5	
PÓOH IDCA	☐ Cancellation				CASTELLE			1-0122		
			FA	ACILIT	YINFORMATION	Type of Facility (	•	100 J	`	1
lame of Facility Where	Abatement is Taking Place	(3)					*)	# 8	ş.	
w	. CASTELL	2		_		School (K-12)	(Other than K-12)			
Street Aridress					*** \$	Other (i.e. priv	ate & commercia	l buildings,		
417 -	76TH SE					homes, etc.)				_
71.1					***	Square Feet	幸 of Floors	Bldg. Age	-	A
City (5)	BERGEN					.2200.	2	757	1/6/4	50
1001611	1 20100		I Co	umiv C	code (7) (STATE USE	Current Use (Pri	or if being demoli	shed)		
County (6)				NLY)		RESIG	53 MS			
HUE	20N	1 00	SCM No	<u> </u>	Name of Abat	ement Contractor (9	)			
	m Hired by Building Owner	70	OM NO		4.0	emoval Ind		*		
(8)					Street Addres					
Street Address				18		uth River	S+			
250					City, State, Zi		50			
City, State, Zip Code						sack, N.J	. 07601			
0	•	1 7:10	-6	No	Telephone No		License No.	7		
Project Manager for Me	onitoring Firm	reie	phone	140.		9-7444 .	00388			
V		1.5	Data	(44)	Name of OSH			1		
Start Date (10)	Scheduled Co		15			Environm	ental			
9/16	15 91	. /	1 2		Street Address					
	ing Abatement (Check onl		39	8	2000000	Huyler St		1		
☐ Facility Closed/Vac	ated During Entire Period o	of Abater	ment		City, State, Z					
D Abotomont Perform	ed Outside of Normal Faci PAM TO SPM	ity Hour	S	2	S. H	ackensack	,N.J. 0	7606		
Scope of Work (Check					Q.F	uli Containment with	Negative Pressu	ıre .	87	
.⊠r≦3sfor≥3lf			-		ovation N	lini-Enclosure slovebag Procedure				
□ ≥ 160 sf or ≥ 260 lf				1 Dem	olition	Hovebad Procedure				
			-		LI N	on-Exempted (*) an	d Non-Friable Pro	cedure		
				$\neg$	U N	on-Exempted (*) an	d Non-Friable Pro	ocedure	batem	
			Locatio		× .	on-Exempted (*) an	d Non-Friable Pro	A	batem Type	
. Loc	ation of	No Used	ormally i Solely	by by	Descripti	on-Exempted (*) an	d Non-Friable Pro		Туре	e
Ashestos-Contai	ning Material (ACM)	Used Main	ormally i Solely ntenano	/ / by ce/	Descripti Asbestos Containing G.e., thermal syste	ion-Exempted (*) and ion of g Material (ACM) ems insulation,	Amount		Туре	е
Asbestos-Contai	ning Material (ACM) ABATED	Used Main Çu	ormally i Solely	/ / by ce/	Descripti Asbestos Containin (i.e., thermal syste	ion-Exempted (*) and ion of g Material (ACM) ems insulation, VAT, or	d Non-Friable Pro		Туре	е
Asbestos-Contai	ning Material (ACM)	Used Main Çı	ormally i Solely ntenano ustodia	/ / by ce/	Descripti Asbestos Containing G.e., thermal syste	ion-Exempted (*) and ion of g Material (ACM) ems insulation, VAT, or	Amount	t Re		e
Asbestos-Contai	ning Material (ACM) ABATED Facility	Used Main Çı	ormally i Solely ntenancustodia Staff?	/ / by ce/	Descripti Asbestos Containin (i.e., thermal syste	ion-Exempted (*) and ion of g Material (ACM) ems insulation, VAT, or	Amount (Specify SF or LF	Removal	Туре	e
Asbestos-Contai TO BE	ning Material (ACM) ABATED Facility (13)	Used Main Cu	ormally i Solely ntenano ustodia Staff? (12)	/ by ce/ al	Descripti Asbestos Containing (i.e., thermal systemal surfacing, other misce	ion-Exempted (*) an ion of g Material (ACM) ems insulation, VAT, or llaneous)	Amount (Specify SF or LF	Removal	Type Encapaulate Repair	e
Asbestos-Contai	ning Material (ACM)  ABATED  Facility  (13)	Used Main Cu	ormally i Solely ntenano ustodia Staff? (12)	by ce/	Descripti Asbestos Containing (i.e., thermal systematicing) other misce	ion of g Material (ACM) ems insulation, VAT, or lianeous)	Amount (Specify SF or LF	Removal	Type Encapaulate Repair	e
Asbestos-Contai TO BE	ning Material (ACM)  ABATED  Facility  (13)	Used Main Cu	ormally i Solely ntenano ustodia Staff? (12)	by ce/	Descripti Asbestos Containing (i.e., thermal systemal surfacing, other misce	ion of g Material (ACM) ems insulation, VAT, or lianeous)	Amount (Specify SF or LF	Removal	Type Encapaulate Repair	e
Asbestos-Contai	ning Material (ACM)  ABATED  Facility  (13)	Used Main Cu	ormally i Solely ntenano ustodia Staff? (12)	by ce/	Descripti Asbestos Containing (i.e., thermal systematicing) other misce	ion of g Material (ACM) ems insulation, VAT, or lianeous)	Amount (Specify SF or LF	Removal	Type Encapaulate Repair	e
Asbestos-Contai	ning Material (ACM)  ABATED Facility (13)	No Used Main Cu	ormally i Solely ntenancustodia Staff? (12)	/ by ce/	Descripti Asbestos Containing (i.e., thermal systematicing, other misce) THERMAL SYSTEMAL SURF	ion of g Material (ACM) ems insulation, VAT, or llaneous)  M (NS) W(T/O)  CCINC	Amount (Specify SF or LF	Removal X X	Repair	e Encapsulate
Asbestos-Contai	ning Material (ACM)  ABATED Facility (13)  W	No Used Main Cu S	ormally i Solely ntenano ustodia Staff? (12)	/ by ce/	Descripti Asbestos Containing (i.e., thermal systematicing, other misce) THERMAL SYSTEMAL SURF	ion of g Material (ACM) ems insulation, VAT, or llaneous)  M (NS) W(T/O)  CCINC	Amount (Specify SF or LF	Removal X X	Repair	e Encapsulate
Asbestos-Contai	ning Material (ACM)  ABATED Facility (13)	No Used Main Cu S	ormally i Solely iterans ustodia Staff? (12)	/ by ce/	Descripti Asbestos Containing (i.e., thermal systematicing, other misce) THERMAL SYSTEMAL SURF	ion of g Material (ACM) ems insulation, VAT, or llaneous)	Amount (Specify SF or LF	Removal X X	Repair	e Encapsulate
BASE WE  Name of Registered V  Best Rei	ning Material (ACM)  ABATED Facility (13)  W	No Used Main Cu S	ormally i Solely iterans ustodia Staff? (12)	N/A  Y  Vaste F	Descripti Asbestos Containing (i.e., thermal syste surfacing, other misce  THERMAL SYSTE THERMAL SURF	ion of g Material (ACM) ems insulation, VAT, or llaneous)  M (NS) VAT/ON  ACING  of Name of Reg  Minery	Amount (Specify SF or LF	Removal X	Rophir	e Encapsulate
Name of Registered Best Rei	Maste Hauler noval Inc	Yes NJI	ormally isolely internance ustodia Staff? (12)  No  DEP W. No.  1.71	N/A  Y  Vaste F	Descripti Asbestos Containing (i.e., thermal syste surfacing, other misce  THERMAL SYSTE THERMAL SURF	ion of g Material (ACM) ems insulation, VAT, or llaneous)  M (NS) VAT/ON  ACING  of Name of Reg  Minery	Amount (Specify SF or LF	Removal Removal	Rophir	e Encapsulate
BASE WE  Name of Registered Best Rei	Maste Hauler noval Inc	Yes NJI	ormally isolely internance ustodia Staff? (12)  No  DEP W. No.  1.71	N/A  Y  Vaste F	Descripti Asbestos Containing (i.e., thermal syste surfacing, other misce  THERMAL SYSTE THERMAL SURF	ion of g Material (ACM) ems insulation, VAT, or llaneous)  M (NS) VAT/ON  ACING  of Name of Reg  Minery	Amount (Specify SF or LF	Removal X	Rophir	e Encapsulate

CK 08144

### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT Date of Notification (1)

5				-			incation (1)	No. of Contrast of	1 (0)	-	-		
	otification (1	',					Building Ow	ner / Oper	ator (2)		3		
<u>08</u> /	/ <u>19</u> /	2015				Name and Address of the Owner, where the Owner, which is the Owner, which	ity Electric			60.00			
	/ / / / / / / / / / / / / / / / / / /	- (1)				Street Ad				7815	SEP 10	8561	
Agencies	The second secon	Type of No		on		_	ling Highwa	У			-/ / /	F/7/	1:60
	EPA		Initial	2 725			e, Zip Code	200		4			0
		1	Amend				ding NJ 083	330		1			
<b>V</b>	DOH			dment #		Name of 0	Contact			Telephor	ne Numbe	er	
<b>2</b>	DOL		Emerg	ency w	justification	Bob Fram	ie					7	
			Cance	llation									
					F	ACILITY IN	FORMATIO	N			and the second		
Name of F	Facility When	re Abatem	ent is 1	Taking F	Place (3)		Type of Fa	cility (4)					
Peermont	Substation												
								School (K-	12)				
Street Ad	dress							Subchapte	er 8 (Other	than K-12	2)		
262 60th 9	Street						~		private &	cmmercia	al		
							-	bldgs., ho	mes, etc.)				
City (5)	10	County (6)	)		County Code	(7)	Square Fe	et	# Of Floors	s	Building	Age	
Avalon		Cape May					3,0	00	1			25	
							Current Us	e (Prior if	being dem	olished)	1		
							Sub Station	1					
Name of I	Monitoring F	irm Hired	by Bld	g. Own	er (8)	ASCM NO	Name of A		Contractor	(9)	21		
	3		5							8 5			
Vertex							NorthStar	Contractin	g Group, Ir	nc.			
Street Ad	dress					-	Street Add		- T,				
	er Industrial	Wav											
-	e, Zip Code	,					32 William	s Parkway					
Aston, PA								Zip Code					
	ngr. For Moi	nitorina F	irm		Telephone Nu	mhar	lowy, oute	, Lip oode					
Don Heim		intorning i	11111		610.558.8902	ilibei	Fast Hano	ver NJ. 079	36				
	Start Date (	10)	Cahad	Comp	letetion Date (1	41	Telephone		750	License	Number		
09	/ 17	/ 2015	A	. Comp	23	2015	relephone	Number		License	Number		
/	//	2013	-	/	23 /	2013	973.77	2 3660			n	0860	
Occupan	cy Status Du	ring Abot	omont /	Chook	Only 1)			SHA Monit	0.5			0000	
✓					ire Period of				g Group, Ir	30			
¥	Abatement		teu Dui	ing Lin	ille Fellou oi		Street Add		g Group, ii	10.			
			ما ۲۰۰۰	ido of N	lormal Easility		Street Add	1622					
	Hours - Des		u Outs	ide oi N	lormal Facility		32 William	s Parkway					
	Other - Des		MONE	-DI				Zip Code	<u> </u>				
	Other - Des	scribe		M-3:30P	B.A			ver, NJ. 07	036				
C	Mark (Charl	All The		WI-3.30F	IAI		Last Hallo	ver, No. 07	930				
Scope of	Work (Check	K All Inat	Appiy)										
	Demolition		'n	7	Renovation		Full Conta	immant wit	h Namativa	Dragour			
			Ŀ	~]	Renovation		Mini - Enc		ii Negative	riessuit	5		
	≥3sf or ≥3lf ≥160 sf or ≥						Glovebag						
	2100 51 01 2	200 11					Non-Exem			ble Brees	dura		
						4	Non-Exem	pieu ( ) an	u Non-Fria	DIE FIOCE	edure		
	Location of			ls		Descript	ion of			Abateme	nt Type		
Ach	estos Contai			ation	۸.	sbestos - C				R	Туре	E	JE.
	laterial (ACN		2000	mally	I ~	Material		1	Amount	E	R	N	N
	O BE ABATE		0.0000000	sed		e., therma			(Specify	M	E	C	C
l	in Facility	<u></u>	588	lely			facing, VAT		SF or LF)	0	P	A	Ľ
	(13)			Main-	1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		ellaneous)		31 01 11 /	v	Ä	P	ō
1	(13)			ance/	1	outer misc	charieous)			Ā	17	S	s
				todial	1					Ĺ	R	Ü	Ü
			27,127,173	f (12)	ĺ					_	1	lĭ	R
				NO N/A	-						+	-	-
1st Floor			-	STREET, SQUARE, SQUARE,	Transite Panel				2380 SF	V			
						3					<del>                                     </del>	1 ==	+ +
Exterior			-		Caulk				100 LF	V	<del>                                     </del>	1 4	+ =
			-							<u> </u>	<del>                                     </del>		1 4
			100			12.11	In the second						
	Registered W	Vaste Hau	ler		NJDEP Waste		Name of R						
JL Davis					Hauler ID No.		Cape May	County La	ndfill				
PO Box 5					16357	of Waste							
City, State						Disposal	City. State						
Ocean Vie	ew NJ 08230					Date	2046 Kear						
							Woodbine						
	d by (Print o	r Type)			Title	200000		Signature		1	ī	Date	
Rich Sem	ega				Project Manag	ger	-			9	\	1	
									C1	1	1	1	09/09/15

NO CK

JAN 13

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

Date of Notification (1)			- 1	Name	of Building	Owner/Operator (2	2)					
9/	9 / 15			Man	chester	Board of Educa	tion	2015 SEP 10	) 111			
Agencies Notified	Type Notification			Street	Address				Al.	11:	67	
⊠ EPA	☐ Initial			121	Route 53	39	*10	A 72.			8 %	
□ DOLWD   □				City, St	ate, Zip C	ode		& Lag		118	劇!	
□ DOH	Amendment #1	73				Township, NJ 0	8759	W. L. C.	14	0	A 1.	
□ DCA	☐ Emergency (inc	cluding			of Contact	580		Telephone Numb	er			
(NJAC 5:23-8)	justification)  Cancellation				ert Sibili			, Ja Jab U947				
				5,5,555		FORMATION						
Name of Facility Where	Ahatement is Taking	Place	(3)	TAC	ALTER IN	TORWATION	Type of Facility	(4)				
Manchester High S		1 1400	(0)				School (K-12					
Street Address	ociiooi						☐ Subchapter 8	(Other than K-12)				
101 S. Colonial Dri	VA						Other (i.e., pr homes, etc.)	rivate and commerc	ial bui	lding	5,	
City (5)	, vc,						Square Feet	# of Floors	Blo	lg. Ag	e	_
Manchester Towns	shin N.I.08759						7000	1	10000	50+		
County (6)	5111p, 140 00700			Coun	ty Code (7)	)(STATE USE ONLY)		or if being demolish	ned)			
Passaic				Coun	ty obde (r,	(01)112 002 011217	School	o zom.g	/			
Name of Monitoring Firm	Hirad by Building C	wner (	8)	ASCM I	No.	Name of Abateme						
TTI Environmental	시장	which (	, ,	TOOM I	10.	The second secon	nvironmental S					
Street Address	, 1110.					Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1253 North Church	Street						lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 0	8057					Spring House						
Project Manager for Mor			Tele	phone I	No.	Telephone No.		License No.			750	
Mike Stocku				9-304		215 542 7000		00847				
Start Date (10)	Sched	uled C	omplet	tion Dat	e (11)	Name of OSHA N	Monitor					
6/ / 29 /	C. WILLIAM TO THE STREET			/		CES						
Occupancy Status Durin	g Abatement (Check	c only c	ne)			Street Address					-	
☐ Facility Closed/Vacat				nent		1121 N. Beth	lehem Pike - S	uite 60				
Abatement Performe					cribe	City, State, Zip Co	ode					
Time of Abatement:	7:00AM-5:00PM/	PM	l	_AM		Spring Hous						
Scope of Work (Check a	all that apply)		William I	1								
	1.5.24						tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De	novati molitic			☐ Mini-End	g Procedure					
⊠ <u>-</u> 100 31 01 <u>-</u> 200 11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			⊠ Non-Exe	empted (*) and No	n-Friable Procedur	е			
		1	Locat						Ab	ateme	ent T	уре
Location		1 (3)	Normal		60.00	Description of		120000000	R	R	Ē	Щ
Asbestos-Containing			d Sole intena			stos Containing Ma		Amount (Specify	Removal	Repair	cal	Clo
TO BE AB IN Faci		1	todial		(1.6	surfacing, VAT		SF or LF)	Va	_	Encapsulate	Enclosure
(13)		70.00	(12)	1		other miscellane	eous)	DE9.			ate	(D
		Yes	No	N/A					-	_	_	
Roof					Black T	ar Flashing		1300 LF		Ш	Ш	Ш
			П									
									$\vdash$	П		П
Name of Bouletoned W.	oto Haular			LIDEBY	Maeto	Cubic Yards of	Name of Regis	stered Landfill				Ш
Name of Registered Wa			5955	IJDEP \ lauler I[		Waste		stered Landilli Berks Communti	vlar	dfill		
Geppert Recycling	3					Diameter 15		JOING COMMINGHE	<i>j</i> = ai			
City, State						Disposal Date	City, State	DA 10500				
Hatfield, PA						6/30/15		, PA 19508		,		
Completed By (Print or	201 01			0,000,000		Signature	co Vi	Da	ite /	1	_	
Patricia Visco	C	office	Mana	ger		Takes	cco VI	uce	1/	1/1	)	
ASB-41		-			V				/	1		

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

Date of Notification (1)				Name	of Building	g Own	er/Operator (2	2)	92.			VA.	V
9 /	9 /	15		Mai	nchester	Boar	d of Educa	tion	2315	SEP 1	Λ	ð.,	
Agencies Notified  EPA	Type Notificat	ion		850000	Address Route 5	39			Asset	SEP 1	-	17/	/: <sub>G</sub>
□ DOLWD				1000000	State, Zip C				62	1	100	9 60	- 1 m
□ DOH	Amendmer			100			nship, NJ 0	8759			7	3	101
☐ DCA (NJAC 5:23-8)	Emergency justification		g		of Contact		***		Telephone Nur	nber		<b>X</b> , /	
(110/10/0.20/0)	☐ Cancellation			Rol	oert Sibili	ia							
				FAG	CILITY IN	IFOR	MATION			0.7			-
Name of Facility Where A	batement is Ta	king Place	e (3)					Type of Facility (	(4)				- 1
Manchester MS								School (K-12		0.1			
Street Address			-						(Other than K-1 ivate and comme		ildino	IS.	
2759 Ridgeway Rd								homes, etc.)				57.0	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Manchester Towns	hip, NJ 08759	9						7000	1	1 6	50+	188	
County (6)				Cour	nty Code (7	)(STAT	E USE ONLY)	Current Use (Pri	or if being demol	ished)			
Passaic								School					
Name of Monitoring Firm	[발 88:617] HONEL (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ng Owner	(8)	ASCM	No.			ent Contractor (9)					
TTI Environmental,	Inc.					C	ontrolled E	nvironmental S	Systems				
Street Address		231				Stre	et Address		to the sections				
1253 North Church	Street			-000-00-00-0		- 30		ehem Pike - S	uite 60				
City, State, Zip Code							State, Zip Co						
Moorestown, NJ 08			-					e, PA 19477					
Project Manager for Moni	toring Firm	110	1,000,000	ephone		0.00000	phone No.		License No.				
Mike Stocku				09-304			15 542 7000		00847				
Start Date (10) 6/ /30 /	1000000	cheduled (		etion Da	no of the first party and		ne of OSHA M ES	onitor					
Occupancy Status During	Abatement (C	heck only				Stre	et Address						
☐ Facility Closed/Vacate				ment		OTTOTAL ST		ehem Pike - S	uite 60				
☐ Abatement Performed	Outside of Nor	mal Facili	ty Hou	rs - Des	cribe		State, Zip Co						_
Time of Abatement: 7	:00AM- <u>5:00</u> PN	//PI	VI	_AM				e, PA 19477					
Scope of Work (Check all	that apply)						ПЕПО						
☐ ≥3 sf or ≥3 lf ☑ >160 sf or >260 lf		-	enovat emoliti				☐ Mini-Enc		jative Pressure				
△ ≥100 \$1 01 ≥200 11			emont	JII	4			mpted (*) and No	n-Friable Proced	ure			
	cong.		s Loca Norma				2200-00-000000-00-00-00-			Ab	atem	ent T	ype
Location Asbestos-Containing I		1.15	ed Sol		Ashe	stos (	Description o Containing Ma		Amount	Re	Repair	En	En
TO BE ABA	TED `	M	aintena			., ther	mal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facilit	.y	Cu	stodial (12)				urfacing, VAT, er miscellane		SF or LF)	<u> a</u>		Encapsulate	иге
(10)		Yes	No	N/A		0.11	er milocollario	,				æ	
Roof					Black T	ar Fl	ashing		500 LF				
							6						
								3					
Name of Registered Wasi	te Hauler			NJDEP V		13.55 VAC-33	ic Yards of	Name of Regis	stered Landfill				
Geppert Recycling				Hauler II	D No.	Was	ste	Western B	erks Commun	tiy Lar	ndfill		
City, State						133	osal Date 30/15	City, State	DA 10509				
Hatfield, PA					-	0/		Birdsboro					
Completed By (Print or Ty	/pe)	Title					Signature	11.		Date	_ /		
Patricia Visco		Office	Mana	iger			Value	cur Ule	CUT	9/0	1/1	)	

ASB-41 JAN 13

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

Date of Notification (1)				Name of Building Owner/Operator (2)									
9 / 9 / 15				Manchester Board of Education  Street Address  A STREET Address									
Agencies Notified Type Notifica	Agencies Notified Type Notification				Street Address								
☑ EPA ☐ Initial	1 —				121 Route 539								
☑ DOLWD ☑ Amended			City, S	City, State, Zip Code									
□ DOH Amendme		_	Manchester Township, NJ 08759										
DCA Emergence (NJAC 5:23-8) Emergence justification		g	Name of Contact Telephone Number										
☐ Cancellat		Rol	oert Sibil	ia	- 2047								
			FA	CILITY IN	IFORMATION		-						
Name of Facility Where Abatement is T				Type of Facility (4)									
Whiting Elementary School		School (K-12)											
Street Address	5-10//10-		□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildir					ilding	19				
412 Manchester Blvd						homes, etc.)							
City (5)						Square Feet # of Floors Bldg. Age				ge			
Manchester Township, NJ 0875	59			7000			1		50+				
County (6)			Cour	nty Code (7	(7)(STATE USE ONLY) Current Use (Prior if being demolished)								
Passaic					School								
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM No. Name of Abateme			nent Contractor (9)							
TTI Environmental, Inc.					ystems								
Street Address					Street Address								
1253 North Church Street					1121 N. Bethlehem Pike - Suite 60								
City, State, Zip Code		City, State, Zip Code											
Moorestown, NJ 08057		Spring House, PA 19477											
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No. License No								
Mike Stocku	09-304	-3969	215 542 7000	00 00847									
Start Date (10)	tion Date (11) Name of OSHA N			lonitor									
6/ /24 /15	30	_ /	15	CES									
Occupancy Status During Abatement (C	Check only	one)			Street Address			-	-				
☐ Facility Closed/Vacated During Entir	e Period of	Abate	ment	nent 1121 N. Bethlehem Pike - Suite 60									
☐ Abatement Performed Outside of No													
Time of Abatement: 7:00AM-5:00P	_AM Spring House, PA 19477												
Scope of Work (Check all that apply)					□ Full Cont	rainmant with Na	rotivo Propoves						
≥3 sf or ≥3 lf	⊠ Re		☐ Full Containment with Negative Pressure ☑ Mini-Enclosure										
≥160 sf or ≥260 lf	☐ De	emolitic	Glovebag Procedure										
		1	9		⊠ Non-Exe	mpted (*) and No	and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Custodial					Description o	f			atem		T		
				Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure		
				(i.e	., thermal systems		(Specify	Von	a.	aps	losı		
IN Facility Custodia (12)			otan :		surfacing, VAT, or other miscellaneous)		SF or LF)	<u>a</u>		ulat	lre		
(,	Yes	No	N/A			1				е			
First Floor		$\boxtimes$		TSI Pip	e Fitting		135 LF						
Roof				Black T	ar Flashing		920 LF						
Name of Registered Waste Hauler				JDEP Waste   Cubic Yards of   Name of Registered Landfill			tered Landfill	1-1-1-1-					
Geppert Recycling	lauler II					ndfill							
City, State					Disposal Date	City, State	a PRI da la company de la comp			75-725			
Hatfield, PA			6/30/15	Birdsboro	PA 19508								
Completed By (Print or Type) Title					Signature	1/	Dat	1	/				
Patricia Visco	Office	Mana	ger		Patu	ecce VID	CO 9	1/9	7/1	5			

Date of Notification (1)				Name of Building Owner/Operator (2)									
9 / 9 /	15		Mai	nchester	Board of Educa	tion	2815 550 ,						
Agencies Notified Type Notifica	tion		Street Address								,		
☐ Initial			121	Route 5	te 539								
☑ DOLWD ☑ Amended			City, S	tate, Zip C	Board of Education  2815 SED 10 AM //: 07  Code								
□ DOH Amendme			Mar	nchester	r Township, NJ 08759								
	DCA Emergency (including of including of inc						Telephone Number						
Cancellation				ert Sibil	ia	7 0047							
1	(0)	FAG	CILITY IN	IFORMATION		7.49							
Name of Facility Where Abatement is T	(3)				Type of Facility (4)								
Ridgeway ES			School (K-12)  Subchapter 8 (Other than K-12)										
Street Address			Other (i.e., private and commercial buildings,										
2759 Ridgeway Rd				homes, etc.)									
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ge			
Manchester Township, NJ 0875			7000	1	1	50÷							
County (6) County Code (7					)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)					
Passaic						School							
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	6CM No. Name of Abatement Contractor (9)									
TTI Environmental, Inc.					Controlled Environmental Systems								
Street Address					Street Address								
1253 North Church Street					1121 N. Bethlehem Pike - Suite 60								
City, State, Zip Code					City, State, Zip Code								
Moorestown, NJ 08057		Spring House, PA 19477											
Project Manager for Monitoring Firm Telephone No.					Telephone No. License No.								
Mike Stocku	9-304	-3969	215 542 7000		00847								
Start Date (10)	etion Date (11) Name of OSHA			lonitor					0.000				
6//30/15	7/	7	/	_ / <u>_ 15</u>									
Occupancy Status During Abatement (0			Street Address						_				
☐ Facility Closed/Vacated During Entir	e Period of	Abate	ment		1121 N. Beth	lehem Pike - S	uite 60						
☐ Abatement Performed Outside of No											_		
Time of Abatement: 7:00AM-5:00P	M/PN	1	_AM Spring House, PA 19477										
Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf	⊠ Re	novati	☐ Full Containment with Negative Pressure ion ☑ Mini-Enclosure										
≥160 sf or ≥260 lf	10 Table 10	molitic	on Glovebag Procedure										
			☐ Non-Exempted (*) and Non-Friable Procedure										
k constitution and constitution	Locat Vorma						Ab	Abatement Type					
Location of Asbestos-Containing Material (ACM	ed Sole		Acho	Description o stos Containing Ma		Amount	Re	Re	四	四四			
TO BE ABATED Mainten					., thermal systems		(Specify	Removal	Repair	cap	Enclosure		
IN Facility Custodia			Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure		
(13)	Yes	No	N/A		other miscellane	ous)				ite			
Library Storage Closet				VIbratio	on Cloth		15SF						
0													
										П			
			$\overline{\Box}$					$\Box$	П				
Name of Registered Waste Hauler			JDEP \	Naste	Cubic Yards of	Name of Registered Landfill							
				O No.	Waste	Western Berks Community Landfill							
City, State					Disposal Date	City, State			-				
Hatfield, PA	6/30/15 Birdsboro, PA 19508												
Completed By (Print or Type)	Signature Date				te / /								
Patricia Visco	Office	Mana	ger		Patu	tues Visco 19/9/15							