(* 24000

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

Date of Notifica	ation (1)					Name	of Building	Owner/Operator (2	2)			9			
9		8/	14			Han	over Tow	vnship		gnazi	000	e se	<u> Englisch</u>		
Agencies Notif	ied	Type Notifi	cation			Street	Address	72.000		2311	SEP (1	h.i	5:	_
☐ EPA						1000	Route 1	10		Δ					
☑ DOLWD		☐ Amende				City, St	tate, Zip C	ode		*					
⊠ DHSS		Amend				Whi	ppany, N	J 07981			ب الم			•	
DCA (NJAC 5:23	3-8)	☐ Emerge justifica		Guding		Name	of Contact			Telephone	Number				
(140710-0.20	- ,	☐ Cancell				Jose	eph Gior	gio							
						FAC	ILITY IN	FORMATION							
Name of Facili	tv Where	Abatement is	Takino	Place	(3)				Type of Facility	(4)					
Commeric				, , ,	(-)				School (K-12	B. 50					
Street Address				77.22		- 11			Subchapter 8			. 1 L	J:		
53 Whippa		i							Other (i.e., p homes, etc.)		mmercia	al Dui	aings	5,	
City (5)									Square Feet	# of Floor	s	Bld	g. Ag	е	
Whippany									1,500	1		4	8		
County (6)						Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being de	emolishe	ed)			
Essex									Commerica	l					
Name of Monit	toring Firm	n Hired by Bu	uilding (Owner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Health and	Safety	Services			80.5%	0003	0	Superior Aba	atement Inc						
Street Address								Street Address							
318 12th S	treet							2 Henderson	Drive						
City, State, Zip	Code							City, State, Zip C	ode			7			
Hammont		3037						West Caldwe	ell, NJ 07006						
Project Manag	ger for Mo	nitoring Firm			Tel	ephone	No.	Telephone No.		License N	No.				
Jim Procto					(609) 70	4-8850	(973) 808-16°	16	00117					
Start Date (10)		Sched	duled C	ompl	etion Da	te (11)	Name of OSHA N	Monitor		2				
09 /	18 /	14_	(09 /	1	9_/_	14	Superior Aba	atement Inc						
Occupancy St	atus Durir	ng Abatemen	t (Chec	k only o	ne)			Street Address							
☐ Facility Clo						ement		2 Henderson	Drive						
☐ Abatement								City, State, Zip C	ode						
Time of Ab	atement:	AM	P	M/	_PN		AM	West Caldwe	ell, NJ 07006						
Scope of Worl	k (Check a	all that apply))												
☐ >3 sf or >3	If			☐ Re	nova	tion		⊠ Full Cor ☐ Mini-End	ntainment with Ne closure	gative Pressi	ure				
≥3 sr or ≥3 ≥160 sf or				☑ De				☐ Gloveba	g Procedure		The second second				
								☐ Non-Exe	empted (*) and No	on-Friable Pro	ocedure	-			
	1			2200	Loca			Description	of				ateme		1
Asbestos-	Locatio Containing	n of g Material (At	CM)	Use	ed So	lely by		stos Containing Ma	aterial (ACM)	Amour	nt	Ren	Repair	Enc	Enc
	TO BE AE	BATED		100		ance/ Staff?		e., thermal systems	insulation,	(Speci		Removal	air	aps	Enclosure
	IN Fac (13)			Ous	(12			surfacing, VAT other miscelland		SF or L	-r')	<u>a</u>		Encapsulate	Гe
	(13)			Yes	No	N/A								Ф	
1 st Floor						\boxtimes	VAT			1,350	SF	\boxtimes			
									7						
	-		-	-	무		-							-	1
												Ш	Щ.		느
Name of Regi	stered Wa	aste Hauler				NJDEP		Cubic Yards of	Name of Regi	stered Landfi	ill				
Service Ti	ransport	Group, Inc	С			Hauler II SW2		Waste 8	Minerva L	andfill.					
City, State						3112		Disposal Date	City, State				133.5		
New Cast	le, DE							9/19/2014	Waynesb	urgh, OH					
Completed By		Type)	Tit	le				Signature		//	Date	е			
Nick Petro		. ,,,,,		Presid	ent			1	////	ha			?-	14	1
INION I GUI	7011			. 55.0	70.78			1100	4/1/10	un	5 /	(//	_

ASB-41 MAY 11

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

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

Date of Notificat	tion (1)					Name	of Building	Owner/Operator (2)					
09	_ / _	10 /	14			Veri	zon			9321 000	<u>.</u>			
Agencies Notifie	ed	Type Noti	fication			Street	Address			- 2011 SEP+	1 6.	illi	3 : 5	-
⊠ EPA						415	1 Ocean	Drive				37	*	4
☑ DOLWD		☐ Amend				City, S	tate, Zip C	ode			_	-	-	
⊠ DHSS			ment #	· · · · · · · · · · · · · · · · · · ·			lon, NJ (٠٠ ـ ـ ، ٢٠			5.5	
DCA (NJAC 5:23-	8)	☐ Emerg justific		cluding			of Contact			Telephone Numb	er .			-
(145/10 5.25-	0)	☐ Cance				12/8/27/00/2	t Johnso	33		Telephone rumb	5 1			
						FAC	ILITY IN	FORMATION		4				
Name of Facility	Where A	batement	s Taking	g Place	(3)				Type of Facility	(4)				
Verizon					123				School (K-12	j. 70				
Street Address	-									(Other than K-12)				
4151 Ocean	Drive						v		homes, etc.)	rivate and commerc	iai bu	ilaing	5,	
City (5)						2=100			Square Feet	# of Floors	Blo	ig. Ag	je	
Avalon									10,000	1	1 7	75		
County (6)						Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Cape May										• *****				
Name of Monito	oring Firm	Hired by B	uilding (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ESIS		-5	183					JVN Restora	tion Inc					
Street Address								Street Address						
10 Exchang	e Place							47 Foster Ro	ad					
City, State, Zip					_			City, State, Zip C	ode					
Jersey City		92						Staten Island						
Project Manage					Tele	phone	No.	Telephone No.		License No.				-
Matt Johns		tornig r iiii			1/200	5-640		718-605-6256	3	00774				
Start Date (10)			Sched	duled C	7.00			Name of OSHA N	78	1	11252			
09/	22 /	14	1	10 /	. A.		70 100	Testor Tech	normo.					
Occupancy Stat	tus Durino	Abatemer						Street Address	100.7		S-00			
☐ Facility Close	작업자 보고 보았죠					ment		10 59 Jackso	n Avenue					
							cribe	City, State, Zíp C						
Time of Aba	itement: <u>7</u>	:00AM-3:0	00PM/_	PI	VI	AM		LIC, NY 1110						
Scope of Work	(Check all	that apply)										-	
≥3 sf or ≥3 lf	f			⊠ Re	novat	ion		☐ Full Con	tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥	260 If			☐ De				☐ Gloveba	g Procedure					
								⊠ Non-Exe	empted (*) and No	n-Friable Procedur	_			
				537	Loca	59.555 S.S.		D			Ab	atem	ent Ty	уре
Asbestos-Co	Location		CM)	Use	d Sol	ely by	Asbe	Description of estos Containing Ma		Amount	Re	Re	En	Enc
	O BE ABA	TED	· · · · · · ·		intena	ince/ Staff?		e., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
	IN Facili	ty		Cus	(12)	otan?		surfacing, VAT other miscellane		SF or LF)	a		Encapsulate	ure
	(13)			Yes	No	N/A	1	other miscenario	50us)				te	
Roof					\boxtimes		Roof F	lashing		500SF	\boxtimes			
Roof							Transit	e Shingles		3,000 SF	\boxtimes			
					П	\Box			A					
Name of Regist	tered Was	te Hauler		1	-	JDEP V	Waste	Cubic Yards of	Name of Regi	stered Landfill	1_			
Newark Car					F	lauler II		Waste	IESI					
City, State						NJ-56	06	20 Disposal Date	City, State					
Newark, Ne	w .leree	v						09/30/14	Bethlehen	1. Pa.				
	<u> </u>		T	-		- 545±155±16			Documental	·	to			
Completed By (5	ype)	Tit		4 R=	V 81		Signature	1//	Da	te)၄,	c.4	~/ (j.
Ralph Barn	marat			Projec	LIVIAI	iager		3/10/10	Molling		11.	(0		1_

ASB-41 MAY 11

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

JAN 13

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

Date of Notification (1)					recommendation of the second	Owner/Operator (2	· · · · · · · · · · · · · · · · · · ·					
	08 /	14		Divi	sion of P	Property Manage	ment & Const	uction PIII	·1 c	. 200		
Agencies Notified	Type Notification	on			Address				٠١ <u>ٿ</u>	- Tu-		
⊠ EPA				33 V	Vest Stat	te Street	P-4			80		
□ DOLWD	☐ Amended			City, S	tate, Zip C	ode	150	1				
☑ DOH	Amendmen				nton, NJ			W MIDE	•••			
☐ DCA (NJAC 5:23-8)		(including	-		of Contact			Telephone Numb	er			
(NJAC 5.25-6)	☐ Cancellation				c Ferrera	-		Tolopholic Trains				
				NAME DE LA COMPANSION D		FORMATION						
Name of Facility Where A	batement is Tak	ing Place	(3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ONMATION	Type of Facility (4)				-
Residential House		3	\-/				School (K-12					
Street Address							Subchapter 8	(Other than K-12)	timing to	27723		
15 Armstrong Aven	ue						Other (i.e., pr homes, etc.)	ivate and commerc	ial bu	ilding	S,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	ie.	-
South River							Oquare r cer	# 01 1 10013		9.715		
County (6)				Coun	hy Code /7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Middlesex				Court	ty Code (/	NOTATE OSE ONE I)	Current Ose (Fin	or it being demons	icu)			
Name of Monitoring Firm	Hired by Buildin	a Owner (8)	ASCM I	No	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	The state of the s	.g 0 111101 (,			SE	NAGEMENT LI	C				
Street Address						Street Address	NAOLINEWI LI					
P.O. Box 1224						27 Outwater	lane					
City, State, Zip Code			-			City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Moni	itorina Firm		Tele	phone I	No	Telephone No.	0.020	License No.		100,00	-	
Rick Eustaquio				3-494		973-928-4888		1188				
Start Date (10)	Scl	heduled Co	omple	tion Dat	te (11)	Name of OSHA M	lonitor		-			
09 / 10 /	337 500	11 /					NAGEMENT LI	LC				
Occupancy Status During	Abatement (Ch	neck only o	ne)			Street Address				-		
☑ Facility Closed/Vacate				ment		27 Outwater	Lane					
☐ Abatement Performed	Outside of Norr	mal Facility	/ Hour	s - Des		City, State, Zip Co	ode					
Time of Abatement: _	AM	_PM/	PM-		AM	Garfield, NJ						
Scope of Work (Check al	I that apply)					4	100 100 100 100 100 100 100 100 100 100					
☐ >3 sf or >3 If		□Re	novati	on		☐ Full Con	tainment with Neg	ative Pressure				
≥3 st of ≥3 tt ≥3 st of ≥2 st ≥260 lf		⊠ De				Gloveba	g Procedure					
					,	Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedur	e	- 1		
		-0.000	Locat Iorma						Ab	ateme	ent T	_
Location Asbestos-Containing		11.0	d Sole		Ache	Description o estos Containing Ma		Amount	R	공	ᄪ	Enclosure
TO BE ABA			intena			e., thermal systems		(Specify	Remova	Repair	cap	clos
IN Facili	ty	Cust	todial (12)	Staff?		surfacing, VAT		SF or LF)	<u>s</u>	•	Encapsulate	sure
(13)		Yes	No	N/A	1	other miscellane	ous)				ğ	
Basement, Kitchen 8	Bathrooms			\boxtimes	Black N	Mastic under Cei	ramic Tile	890 SF	Ø			
Exterior					Founda	ation Waterproof	fina	700 SF		П	\boxtimes	
LATORIO				-					Ħ		$\overline{\Box}$	
			ᆜ						+-		-	
			Ш							Ш	Ц	Ш
Name of Registered Was			1098	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis					
Yanuzzi Group Inc.				17467		As Needed	IESI Landf	III	72			
City, State						Disposal Date	City, State	0000				
Hillsborough, NJ						TBD	Bethlehem	, PA				
Completed By (Print or T	ype)	Title				Signature	1 1	0 Da	- 1	4		
Allen Monchik	2000	Project	Man	ager		(O()	/\/\.		91	81	16	(
ACR 41							7000		+	سا	-	

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

(K1743

Date of Notificat	-9-0000-100-00					Name	of Building	g Owner/Operator (: Property Manage	2)		(4)			
09	/0;	8 /	14			Divi	sion of F	Property Manage	ement & Const	ruction ZUK SED / I				
Agencies Notifie	343	pe Noti	fication			Street	Address				F. 1	€:		
⊠ EPA	1	Initial				33 \	Vest Sta	te Street		4		(T) 13		
☑ DOLWD		Ameno	ded dment #			City, S	tate, Zip C	Code						
DCA	×		ency (in		,	Tre	nton, NJ	08608		~ LIU.		•		
(NJAC 5:23-		justific		oluunig	,	Name	of Contac	t		Telephone Numb	er			
		Cance	llation			Ric	k Ferrera	ı						
						FAC	CILITY IN	IFORMATION	***************************************					
Name of Facility	Where Aba	tement i	is Taking	Place	(3)				Type of Facility	(4)				
Residential	House								School (K-12)				
Street Address							**:			(Other than K-12)		ildia a	_	
17 Armstro	ng Avenue								homes, etc.)	rivate and commer	ciai bu	ııdıng	S,	
City (5)							3000		Square Feet	# of Floors	Blo	dg. A	ge	
South River	r								,			9		
County (6)						Coun	tv Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			_
Middlesex							y (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/			
Name of Monito	ring Firm Hir	ed by B	uilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			_
Bio Terra S		,	ananig c		(0)	. 100			NAGEMENT L					
Street Address						-		Street Address						
P.O. Box 12	224							27 Outwater	l ane					
City, State, Zip	T-17000-20							City, State, Zip Co						
Union, NJ	Code							Garfield, NJ						
Project Manage	r for Monitor	ina Firm			Tole	phone	No	Telephone No.	07020	License No.			-	
Rick Eustac		ing r inn	1			73-494		973-928-4888	ı.	1188				
Start Date (10)	quio		School	lulad C		tion Da		Name of OSHA M		1100				
The company of the Control of the Co	10 / _	14	Commence of		Section of the	_ / _			NAGEMENT L	LC				
Occupancy Stat	tus During Al	oatemer	nt (Checl	k only	one)	N 9		Street Address				_		
☑ Facility Close	ed/Vacated [During E	ntire Pe	riod of	Abate	ment		27 Outwater	Lane					
☐ Abatement F								City, State, Zip Co	ode					
Time of Abar	tement:	AM	PI	M/	_PM-		AM	Garfield, NJ						
Scope of Work ((Check all the	at apply)										_	_
av av		1.1.1							tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥2					enovati emolitic			☐ Mini-End	g Procedure					
								☑ Non-Exe	empted (*) and No	n-Friable Procedu	e			
				32.5	Loca						Aba	atem	ent T	уре
	Location of		O145		Norma ed Sole			Description of			ZD.	Z	ш	ш
Asbestos-Co	ontaining ivia O BE ABATE		CIVI)	Ma	aintena	ince/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
	IN Facility			Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	¥B.	-	Sul	sure
	(13)			Yes	No.	N/A	1	other miscellane	eous)				e e	
				-			F1T	ile & Mastic		20 SF				
Basement						\boxtimes	FIOOF I	iie & Masuc		20 SF			M	Ш
					П									
	-				П		1							
Name of Decis	10/	laulas				JDEP V	Monto	Cubic Yards of	Name of Regis	stored Landfill			ш	
Name of Regist		naulei			1959	lauler II		Waste	IESI Landf					
Yanuzzi Gro	oup inc.					17467	7	As Needed		***				
City, State								Disposal Date	City, State	D.4				
Hillsboroug			101					TBD	Bethlehem			,	_	
Completed By ()	Title				5	Signature	1.	Da	te /	,/		
Allen Monc	hik		P	rojec	t Man	ager		1/2/2	n Mer		7/8	//	4	
ASB-41				De		aia f	for	ton line	nted activities	. (7	/		
JAN 13				וסח טע	use ti	iis torm	ior aspes	tos licensure exem _l	uteu activities.					

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
09/	08/	14		Divi	sion of P	roperty Manage	ment & Constr	ruction				
Agencies Notified	Type Notification	on		Street	Address		ζ.	JK SEP 11 A	1 6			
⊠ EPA			1	33 V	Vest Stat	e Street				J 10		
☑ DOLWD	☐ Amended Amendmen	. 44	Ì	City, St	tate, Zip C	ode) :	-	1			
☑ DOH □ DCA		-	1	Trer	nton, NJ	08608		·				
(NJAC 5:23-8)	justification)		Name	of Contact		100	Telephone Number	ır			
	☐ Cancellatio	n ·		Rick	Ferrera							
		24		FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	king Place	(3)				Type of Facility (
Residential House							School (K-12)) (Other than K-12)				
Street Address					M15707-527			ivate and commerci	al bui	lding	S,	
53 Armstrong Aven	ue						homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	
South River												
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Middlesex												
Name of Monitoring Firm	Hired by Buildin	ng Owner (3)	ASCM I	No.	Name of Abateme	ALV. The control of t					
Bio Terra Solutions						ALL PRO MA	NAGEMENT LI	LC	٠			
Street Address		772				Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Telephone No.		License No.				
Rick Eustaquio			97	73-494	-3762	973-928-4888	l.	1188				
Start Date (10)	Sc	cheduled Co	omple	tion Da	te (11)	Name of OSHA N	Monitor					
09 /10 /	14	/	10	_ / _	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (C	heck only o	ne)			Street Address						
☑ Facility Closed/Vacate						27 Outwater	Lane					
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AM	_PM/	_PM-		AM	Garfield, NJ	07026					
Scope of Work (Check al	I that apply)					NA COLOR	t - ! t ith	estive Descripto				
☐ >3 sf or >3 If		∏Re	novat	ion		⊠ Full Con ☐ Mini-End	tainment with Neg dosure	gative Pressure				
≥3 si oi ≥3 ii ≥160 sf or ≥260 lf		⊠ De				☐ Gloveba	a Procedure					
					т	☑ Non-Exe	empted (*) and No	n-Friable Procedure	T			
			Loca Iorma			Description of			Aba		ent T	Τ .
Location Asbestos-Containing		Use	d Sol	ely by	Asbe	estos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABA	[기가 집 [기기] [기기 집] 그리고 내내 그리고 있다.	Ma	intena	ance/ Staff?		e., thermal systems	insulation,	(Specify	Von	air	aps	losi
IN Facili	ity	Cus	(12)			surfacing, VAT other miscellane		SF or LF)	8	1	Encapsulate	9
(13)		Yes	No	N/A		·/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Basement, Kitchen,	Bthrm, Hallw	у 🗆		\boxtimes	Floor T	ile & Flooring B	ottom Layer	650 SF	\boxtimes		\boxtimes	
Throughout Interior				\boxtimes	Sheetre	ock & Joint Com	pound	2,750 SF	\boxtimes		\boxtimes	
Throughout Interior				\boxtimes	Radiate	or Heat Shieldin	g	150 SF	×		\boxtimes	
Exterior				\boxtimes	Founda	ation Waterproo	18927	1,000 SF	×			
Name of Registered Was	ste Hauler	1,,,,,	5.00	NJDEP '		Cubic Yards of	Name of Regis					
Yanuzzi Group Inc.				lauler II 1746		Waste As Needed	IESI Landf	711				
City, State				17-40		Disposal Date	City, State					
Hillsborough, NJ						TBD	Bethlehen	n, PA				
Completed By (Print or T	vpe)	Title				Signatule	1 1	Dat	te	1	1	72-11-20-0
Allen Monchik	,,,	Project	Man	ager		M.	λΛ.,		9	18	11	4
- Mon Monorine							- Ju			10	1	

ASB-41 JAN 13

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

Date of Notification (1)						Owner/Operator (2	All Contracts		**			
09 /08	/14	<u> </u>		Divis	sion of P	roperty Manage	ment & Const	ruction IF SEP 11 ::				
Agencies Notified Type No	tification			Street	Address			ti,	1 6	انور د		
☑ EPA ☑ Initial	1			33 V	Vest Stat	e Street	<u>.</u>					
☑ DOLWD ☐ Amer				City, St	tate, Zip C	ode			(30)			
	ndment#_	1000		Tren	iton, NJ	08608		~ LI.,				
	rgency (in ication)	iciuding		Name (of Contact			Telephone Numbe	r			
Cano				Rick	Ferrera							
				FAC	ILITY IN	FORMATION				v		
Name of Facility Where Abatemen	t is Takin	g Place	(3)				Type of Facility (4)				
Residential House						ncerteageenre c	School (K-12					
Street Address								(Other than K-12) ivate and commerci	al bui	Idings	s,	
20 Belmont Avenue							homes, etc.)			3		
City (5)	-						Square Feet	# of Floors	Bld	g. Ag	e	
South River												
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Middlesex												
Name of Monitoring Firm Hired by	Building (Owner (8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ						
Project Manager for Monitoring Fir	m		Tele	phone N	No.	Telephone No.		License No.		-		
Rick Eustaquio			,0000000000000000000000000000000000000	3-494-		973-928-4888	ĺ	1188				
Start Date (10)	Sched	duled C				Name of OSHA M	lonitor		-	0.00		
09 / 10 / 14		11 /	50			ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatem	ent (Chec	k only c	ne)			Street Address				110		
				nent		27 Outwater	Lane					
☐ Abatement Performed Outside	of Norma	I Facility	/ Hour	s - Des		City, State, Zip Co	ode					
Time of Abatement:AM	P	M/	_PM-	/	AM	Garfield, NJ						
Scope of Work (Check all that app	ly)					L						
□ >3 ef or >3 lf		ПР	novati	on		□ Full Con □ Mini-End	tainment with Neo	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		☑ Re				☐ Gloveba	g Procedure					
						Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedure	1	20		-
set total care			Locat						Aba	ateme	ent Ty	
Location of	ACMA)	100,000,000,000	Norma d Sole	10.5 (Lucy 10.00 L	Acho	Description of stos Containing Ma		Amount	Re	Re	En	E
Asbestos-Containing Material (TO BE ABATED	ACIVI)	Ma	intena	nce/		., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial ((12)	Staff?	,	surfacing, VAT	, or	SF or LF)	Val		sula	ure
(13)		Yes	No.	N/A	1	other miscellane	eous)				ite	0,500
1 st Floor				⊠ ×	Flue Mo	ortar		1 SF				
Throughout Interior						Sysytems		800 SF			\boxtimes	
Exterior Under Siding		+-				t Shingles	/-	1,500 SF				
Exterior order ording		+										
Name of Registered Waste Hauler		ш_		JDEP V	Naste	Cubic Yards of	Name of Regis	stered Landfill			W 10	
Yanuzzi Group Inc.			1.0	lauler I		Waste	IESI Landi					
				17467		As Needed				-		
City, State						Disposal Date	City, State	. DA				
Hillsborough, NJ						TBD	Bethlehen					
Completed By (Print or Type)	Tit	NAM				Signature	00	Dat	e I	-1		
Allen Monchik	F	Project	Man	ager		Cll	10		71	18	14	

CK 1743.

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)						
	14			Divi	sion of P	roperty Manage	ement & Const	ruction	F. I	- -:			
Agencies Notified Type Noti	fication			Street	Address		24						
☑ EPA ☑ Initial				33 V	Vest Stat	e Street	É.	•					
☑ DOLWD ☐ Amend				City, S	tate, Zip C	ode		Co Liu					-
LI DOI!	lment#_	309 8000ED		Trer	nton, NJ	08608			*				
DCA Emerg		auaing		Name	of Contact			Telephone N	lumber				_
Cance				Rick	c Ferrera								
	5-15-14-27		77 188506	FAC	ILITY IN	FORMATION		-					
Name of Facility Where Abatement i	s Taking	Place	(3)				Type of Facility (4)					
Residential House							School (K-12		(40)				
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	ivate and com	mercial	bui	dina	S.	
1 Washington Street							homes, etc.)	.,			- 3		
City (5)							Square Feet	# of Floors		Bld	g. Ag	je	
South River													
County (6)		=7		Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Middlesex													
Name of Monitoring Firm Hired by B	uilding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions		,				La company and appropriate the control of the contr	NAGEMENT L						
Street Address						Street Address							
P.O. Box 1224						27 Outwater	Lane						
City, State, Zip Code						City, State, Zip Co						-	-
Union, NJ						Garfield, NJ							
Project Manager for Monitoring Firm			Tolo	phone I	No	Telephone No.		License No	,	_			
Rick Eustaquio			1	73-494		973-928-4888	ı	1188					
Start Date (10)	Schod	ulad C	1000	tion Da	varieties .	Name of OSHA M		1100					-
			25) / _		Lance teachers and the same teachers are the same and the same are the	NAGEMENT L	LC					
Occupancy Status During Abatemen	nt (Check	only o	ne)			Street Address				-	-		
□ Facility Closed/Vacated During E	ntire Per	iod of	Abate	ment		27 Outwater	Lane						
☐ Abatement Performed Outside o						City, State, Zip Co	ode						
Time of Abatement:AM	PN	Λ/	_PM-		AM	Garfield, NJ	07026						
Scope of Work (Check all that apply)												
☐ ≥3 sf or ≥3 lf		□Re	novat	ion		⊠ Full Con ☐ Mini-End	tainment with Neg	gative Pressure	е				
≥ 25 si of ≥ 3 li ≥ 260 sf or ≥ 260 lf		☑ De				☐ Gloveba	g Procedure						
, ,						Non-Exe	empted (*) and No	n-Friable Proc					
		- 2	Loca Norma							Aba	V555-101	ent Ty	уре
Location of Asbestos-Containing Material (A	CM)			ely by	Ashe	Description of stos Containing Ma		Amount		U	Repair	E E	m
TO BE ABATED	Civi)	10000	intena			., thermal systems		(Specify		Remova	pair	cap	Enclosure
IN Facility		Cus	todial (12)	Staff?	879	surfacing, VAT		SF or LF) 1	<u>a</u>		Encapsulate	ure
(13)		Yes	No	N/A	1	other miscellane	eous)					te	
Dining Room				\boxtimes	Floor T	ile		120 SF		Ø		\boxtimes	
Throughout Interior				\boxtimes	Sheetro	ock & Joint Com	pound	2,000 SF	F [XI		\boxtimes	
Exterior				\boxtimes	Lower	Roof	and and a second a	150 SF		Ø			
Exterior					Windov	w Glazing		30 LF		XI			
Name of Registered Waste Hauler			1	NJDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill		-			
Yanuzzi Group Inc.		4	ŀ	Hauler II		Waste	IESI Landf	ill .					
City, State				17467		As Needed Disposal Date	City, State					_	
Hillsborough, NJ						TBD	Bethlehen	ı, PA					
	TIP-					1 (0.000)	A 5		Date	1	-		_
Completed By (Print or Type)	Title		Man	2005		Signature	A X		Date	. [C	11	1
Allen Monchik	_ P	roject	IVIAN	ager		L CX XX	~			4	N.	1	1

ASB-41 JAN 13

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

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Date of Notification (1) 09 / 0	8 /	14					Owner/Operator (2 roperty Manage		uction				
7 (7)	ype Notifica	ation				Address	a Stract	10000	VILL SEP H	V., į	Ū.,	, . _w	
	initiai ∏Amendeo	d				Vest Stat			4				
☑ DOH	Amendm				, 1000-01 0 0000-0-0	tate, Zip C			بد لے ر		1		
	☑ Emergen		luding			ton, NJ							_
(NJAC 5:23-8)	justificati					of Contact			Telephone Numb	er			
L] Cancella	ition			Rick	Ferrera							_
					FAC	ILITY IN	FORMATION						
Name of Facility Where Aba	atement is	Taking	Place	(3)				Type of Facility (
Residential House								School (K-12)		v.			
Street Address									(Other than K-12) vate and commen		lding	s,	
29 Water Street								homes, etc.)					
City (5)						- Carlo		Square Feet	# of Floors	Bld	g. Ag	je	
South River													
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Middlesex													
Name of Monitoring Firm H	ired by Buil	Iding O	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	959	1076					ALL PRO MA	NAGEMENT LI	_C				
Street Address							Street Address	2					
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code			-				City, State, Zip Co	ode					
Union, NJ							Garfield, NJ						
Project Manager for Monito	ring Firm	_		Tele	phone I	No.	Telephone No.		License No.			_	
Rick Eustaquio				2000	73-494		973-928-4888	1	1188				
Start Date (10)		Schedi	ıled C		tion Dat		Name of OSHA M	Monitor					
				350)//		ALL PRO MA	NAGEMENT LI	_C				
Occupancy Status During A	Abatement	(Check	only	one)			Street Address	and out / v					
☑ Facility Closed/Vacated					ment		27 Outwater	Lane					
☐ Abatement Performed C	outside of N	Normal	Facilit	y Hour	s - Des		City, State, Zip Co	ode				1000	1000
Time of Abatement:	AM	PN	N	PM-		AM	Garfield, NJ	07026					
Scope of Work (Check all the	hat apply)												
					0.0		☐ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovati emolitic			Gloveba	g Procedure					
					5.70%		☐ Non-Exe	empted (*) and No	n-Friable Procedu	re			
				Loca				6		Ab	atem	ent Ty	ype
Location of				Norma ed Sole			Description of		Amount	_Z	R	m	E
Asbestos-Containing M TO BE ABAT		M)		intena			stos Containing Ma e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?		surfacing, VAT	, or	SF or LF)	≦ a		sula	ure
(13)			Yes	(12) No	N/A	1	other miscellane	eous)				i e	
				140	-	 			150 SF			\boxtimes	
2 nd Floor					×	Vinyl T	ile		150 5F		П		ш
				П									
			-		+	-				+			П
						ļ	To II V	None (D)	stored Landell	ᆚᆜ			
Name of Registered Waste	Hauler				NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis					
Yanuzzi Group Inc.				_ '	17467		As Needed	IESI Landf	III .				
City, State						100	Disposal Date	City, State					
Hillsborough, NJ							TBD	Bethlehem	ı, PA		,	,	
Completed By (Print or Typ	oe)	Title	9				Signature	1,	D	ate	/	1.	,
Allen Monchik	806 6 .	200,000		t Man	ager		als	Me	-	9/2	3/1	14	16
ASB-41		-		29 1				and and an every very		1			
JAN 13		*	Do no	t use t	nis form	tor asbes	itos licensure exem	piea activities.					

(K 1743

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
09/	08 / _	14		Divi	sion of F	Property Manage	ment & Const	The same of the sa	n.,	_		
Agencies Notified	Type Notificati	on		Street	Address			and the second	Ful [ji J.	·w·	
⊠ EPA				33 V	Vest Staf	te Street	9					
□ DOLWD	☐ Amended			City, S	tate, Zip C	ode		2 -				
Ø DOH	Amendmen			Tren	nton, NJ	08608		w will				
DCA (NJAC 5:23-8)			}	Name	of Contact			Telephone Numb	er			
(15.15 5.25 5)	☐ Cancellatio			Rick	k Ferrera							
		. 3		FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	king Place	(3)		5		Type of Facility	(4)				
Residential House							School (K-12					
Street Address		-						(Other than K-12) ivate and commer		ildina	c	
1 Lee Street							homes, etc.)		Jiai bu	ildii ig	٥,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	ge	
South River												
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex												
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	700
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address	=					
P.O. Box 1224						27 Outwater	Lane	12				
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Moni	toring Firm		Tele	phone I	No.	Telephone No.	-	License No.		-VA		V. Co 5800
Rick Eustaquio			9	73-494	-3762	973-928-4888		1188				
Start Date (10)	Sc	heduled C	comple	tion Da	te (11)	Name of OSHA M	lonitor					
09 /10 /	_14	11 /	1(_ / _	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement (Cl	neck only	one)			Street Address						
☑ Facility Closed/Vacate	ed During Entire	Period of	Abate	ment		27 Outwater	Lane					
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AM	_PM/	_PM	·	AM	Garfield, NJ	07026					
Scope of Work (Check all	that apply)		-			_						
☐ >3 sf or >3 lf		ΠR	enovat	ion		⊠ Full Cont ☐ Mini-End	tainment with Neo Iosure	gative Pressure				
≥160 sf or ≥260 lf			emoliti			☐ Gloveba	g Procedure					
							mpted (*) and No	n-Friable Procedu				
			Loca Norma						Ab	atem	ent T	T
Location Asbestos-Containing		Use	ed Sol	ely by	Asbe	Description of stos Containing Ma		Amount	70	Repair	Ē	E
TO BE ABA		Ma	aintena			., thermal systems	insulation,	(Specify	Remova	pair	cap	clos
IN Facili	ty	Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	2	1	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellane	ous)				क	
2 nd Floor				\boxtimes	Plaster	Ceiling & Walls		1,500 SF	\boxtimes		×	
Exterior				\boxtimes	Transit	e Siding		3,200 SF				
			\Box									
			$\overline{\Box}$	\Box			- V					
Name of Registered Was	te Hauler		1	JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Yanuzzi Group Inc.			33.0	lauler I	D No.	Waste	IESI Landf					
City, State				17467	7	As Needed Disposal Date	City, State					_
Hillsborough, NJ						TBD	Bethlehem	ı, PA				
Completed By (Print or T	vne)	Title				Signature	Δ		ite ,		,	
Allen Monchik) PO)	Projec	t Man	ager			\		91	Z	11	1
Anon Wondin		1 10,00	· mai	agoi		Uh			1	0	11	1_

ASB-41 JAN 13

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

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

Date of Notification (1)		1	Name	of Building	Owner/Operator (2	2)	EZAN				\neg
	14		Divi	sion of P	roperty Manage	ment & Const	ruction				
Agencies Notified Type Notificat	ion		Street	Address		č	SK SEP II A	.1 0			
		1	33 V	Vest Stat	e Street	2					
☑ DOLWD ☐ Amended		İ	City, S	tate, Zip C	ode	j	- ~-		.10		100
☑ DOH Amendment ☐ DCA ☑ Emergence			Trer	nton, NJ	08608		co Live				
DCA Emergency (NJAC 5:23-8) Signification		1	Name	of Contact		A	Telephone Numbe	er			
☐ Cancellation	on		Rick	Ferrera							
			FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is Ta	iking Place	(3)				Type of Facility ((4)				
Residential House						School (K-12					
Street Address						Other (i.e., pr	(Other than K-12) rivate and commerci	ial bui	lding	5,	
11 Lee Street						homes, etc.)					
City (5)				-		Square Feet	# of Floors	Blo	g. Ag	e	
South River											
County (6)			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Middlesex											
Name of Monitoring Firm Hired by Buildi	ng Owner (3)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions					ALL PRO MA	NAGEMENT L	LC				
Street Address					Street Address	The Comment	- cartesity - C				
P.O. Box 1224					27 Outwater	Lane					
City, State, Zip Code					City, State, Zip Co	ode					
Union, NJ					Garfield, NJ	07026					
Project Manager for Monitoring Firm		Tele	phone I	No.	Telephone No.		License No.	-			
Rick Eustaguio		IMPORTORS	73-494		973-928-4888		1188				
Start Date (10)	cheduled C	omple	tion Dat	te (11)	Name of OSHA M	lonitor					
09 / 10 / 14	11 /	25		38 19	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatement (C	heck only o	ne)			Street Address						
□ Facility Closed/Vacated During Entire	e Period of	Abate	ment		27 Outwater	Lane					
☐ Abatement Performed Outside of No					City, State, Zip Co	ode					
Time of Abatement:AM	PM/	_PM-		AM	Garfield, NJ	07026					
Scope of Work (Check all that apply)	-										
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	☐ Re ☑ De				☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedure	9			
	Is	Loca	tion			inploa () and the		1	atem	ent T	vpe
Location of	1	Norma	lly	0	Description of			-	_		Ť.
Asbestos-Containing Material (ACM)		d Soli intena	ely by		stos Containing Ma		Amount (Specify	em	Repair	nca	nclo
TO BE ABATED IN Facility	100	todial	Staff?	(I.e	., thermal systems surfacing, VAT		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	V	(12)	1	-	other miscellane			-		late	O
2 nd Floor Bathroom	Yes	No	N/A	Vinut \	/AT & Mastic	-	15 SF			\boxtimes	
		200		-			200 SF				
1 st Fir. Bathroom Hallway Kitcher				vinyi, v	/AT & Mastic		200 31				H
		Ш							Ш	Ц	
							= 1			П	
Name of Registered Waste Hauler		10.0	NJDEP !		Cubic Yards of	Name of Regis					
Yanuzzi Group Inc.		1	17467		Waste As Needed	IESI Landi	fill				
City, State			11401		Disposal Date	City, State					
Hillsborough, NJ					TBD	Bethlehen	n, PA				
Completed By (Print or Type)	Title	-			Signature	101	Dat	te			
Allen Monchik	Project	Man	ager		al-	Ma	_ (9	X	11	4

ASB-41 JAN 13

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

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

Date of Notification (1)					Name	of Building	g Owner/Operator (2	2)			33-311		
	80	/	4		Div	ision of l	Property Manage	ement & Const	ruction		5787G		
Agencies Notified	Type No	tification	ř.		Street	Address				0 ;		J	~
12 Table 1 Tab					33 \	Nest Sta	te Street						
The Control of the Co	☐ Amer		и		City, S	State, Zip C	Code		7				
☑ DOH ☐ DCA	Amer ⊠ Emer	ndment#			Tre	nton, NJ	08608		- LIL		• • •		
(NJAC 5:23-8)		cation)	ricidaling	'	Name	of Contac	t		Telephone Numb	er			
	☐ Cano	ellation			Ric	k Ferrera	1						
					FAG	CILITY IN	IFORMATION		100				
Name of Facility Where At	patement	is Takir	ng Place	(3)				Type of Facility	(4)				_
Residential House								School (K-12					
Street Address									(Other than K-12)		ممنامان		
14 Elizabeth Street								homes, etc.)	rivate and commerc	alai bu	liding	s,	
City (5)								Square Feet	# of Floors	Bk	dg. A	ge	_
South River													
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)			
Middlesex							•••••••••••••••••••••••••••••••••••••••	•		C-000000			
Name of Monitoring Firm H	lired by	Building	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address					-13	
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monito	oring Fire	n		Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				97	3-494	-3762	973-928-4888		1188				
Start Date (10)		Sche	eduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor	1				
09/10/	14	-	11 /	10	_ /	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abateme	ent (Che	ck only o	one)	70		Street Address				-		
☐ Facility Closed/Vacated	d During	Entire P	eriod of	Abate	ment		27 Outwater	Lane					
☐ Abatement Performed (City, State, Zip Co	ode					
Time of Abatement:	AM-	F	PM/	_PM-		AM	Garfield, NJ	07026					
Scope of Work (Check all	that appl	y)											
☐ >3 sf or >3 If			ПР	novati	on		☑ Full Cont ☐ Mini-Enc	ainment with Neg	gative Pressure				
≥3 \$1 \$1 ≥3 \$1 ≥3 \$1 \$1 ≥ 3 \$1 ≥4 ≥ 160 \$1 \$260 \$1			⊠ De				☐ Glovebag	Procedure					
			-				Non-Exe	mpted (*) and No	n-Friable Procedur	е			
				Locat			E 111			Ab	atem	ent T	-
Location of Asbestos-Containing M		ACM)	Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	Ē	Enclosure
TO BE ABAT	ED	31,000 to #1		intena todial :		(i.e	., thermal systems		(Specify	Removal	pair	caps	clos
IN Facility (13)	,		Ous	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
(10)			Yes	No	N/A		outor mioodiano	(te	
1 st Floor Bathroom & I	Entrywa	ay			\boxtimes	Floor T	ile/Linoleum, Vir	nyl Sheet	185 SF			\boxtimes	
Kitchen Sink					\boxtimes	Sink U	ndercoating		5 SF	\boxtimes			
Exterior Siding @ Cor	ners			П	\boxtimes	Caulkir	ng		250 LF				
			1					7			П	П	
Name of Registered Waste	e Hauler			I N	JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill	1-			_
Yanuzzi Group Inc.				1,000	auler II	O No.	Waste	IESI Landf					
City, State					17467		As Needed Disposal Date	City, State					
Hillsborough, NJ							TBD	Bethlehem	ı. PA				
Completed By (Print or Typ	20)	Tit	Ho					A	Da	to .			_
Allen Monchik	Je)	91 (330)	ue Project	Man	ager		Signature	¥ 8	Da	0 1	C	11	1
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ASB-41 JAN 13

* Do not use this form for asbestos licensure exempted acti. 3s.

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

Check to 2240

Date of Notification (1) / 14				Name of First Ener	Building Ov	wner / Ope	rator (2)	***			
$\frac{1-3}{1-1}$	/				Street Ad	-				-		
Agencies Notified	Type of N	otificati	ion		76 South							
□ EPA □ DEP □ DOH		Amen	ded dment a	4	City, Stat Akron, Oh Name of				ZOK SE		ET C	1
☑ DOH ☑ DOL		Emerg		/ justification	Jim Halse				L	, a mini	·er . · ·	2)
				F	ACILITY IN	FORMATIC	N				••-	
Name of Facility Whe	ere Abatem	nent is	Taking	Place (3)		Type of Fa	School (K	(-12) er 8 (Other	than K-12	2)		
82-92 GRANGE AVE						Ø		., private & omes, etc.)	commerc	ial		
City (5) FAIRHAVEN	County (6 MONMOU	5/7		County Code	(7)	Square Fe		# Of Floor being dem		Buildin	ig Age	
						Telephone		being dem	olishea)			
Name of Monitoring I	Firm Hired	by Bld	g. Own	er (8)	ASCM NO					-		
Environmental Health	lavaatiaati					NODTHET	AD CONT	DA OTINO O	DOLID IN	_		
Environmental Health Street Address	investigatio	ons			<u> </u>	Street Add		RACTING G	ROUP, IN	C		
655 West Shore Trail						Stieet Aut	11033					
City, State, Zip Code		line line seem				32 William						
Sparta, NJ 07871						City, State	, Zip Code					
Project Mngr. For Mo Dino Nappi	nitoring F	irm		Telephone Nu 212-682-9271	mber	East Hans	ver, NJ 070	136				
Sheduled Start Date	(10)	Sched	Comp	letetion Date (1	1)	Telephone		130	License I	Number		
09/ 23	/14		9	25/	14		, , , , , , , , , , , , , , , , , , , ,					- 1
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Occupancy Status Di				Only 1) tire Period of			SHA Mon		DOLID IN	_		
Abatemen		leu Dui	ing En	ire Period of		Street Add		RACTING G	ROUP, IN	<u> </u>		
		d Outs	ide of N	lormal Facility		Street Aut	11633					
Hours - De	escribe:	Friday	8:00 ar	m to 5;00 pm		32 William						
☑ Other - De	scribe:					City, State						
Scope of Work (Chec	k All That	Apply)				East Hano	ver, NJ 070	136				
Domolitica		F	_	D		F. II 0 4-		u_ NI 4'	n			
☐ Demolition ✓ >3sf or >3l	5	Ŀ	2	Renovation		Mini - Enc		th Negative	Pressure			
□ ≥160 sf or						Glovebag		ř.				
					V			d Non-Frial	ole Proce	dure		
Location of			s		Descript	ion of			Abateme	nt Type		
Asbestos Conta		1 1	ation	As	bestos - C				R	I ype	ĮΕ	JE
			mally		Material			Amount	E	R	N	N
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in Facility (13)		255555	lely /lain-			facing, VAT ellaneous)	,	SF or LF)	O V	A	A P	o l
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		The state of the s	f (12)								L	R
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Exterior relephone FO			H	Transite Condu	iii.			JU LI		HH	+	╁┼┤
												byonal
Name of Registered V NEWARK CARTING	Waste Haul	ler			Cubic Yards of Waste	Name of R	egistered	Landfill				
City, State					Disposal	City. State						
NEWARK, NJ					Date	BETHLEH	EM, PA 181	105				
Completed by (Print of	or Type)			Title			Signature	0	<u> </u>		Date	
Steven Stiles				Project Manage	er		V	N 5	\angle		09	0/10/14

CK# 26449

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

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 10 /14 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-413-P Type Notification Agencies Notified City, State, Zip Code EPA Initial Notification Amended Notification RAHWAY, NEW JERSEY 07065 DEP DOL Cancellation Telephone Mirher . Name of Contact On Hold DOH **EMERGENCY NOTIFICATION** MIKE LATRONICA DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age Square Feet # of Floors Street Address 29,207 30 126 EAST LINCOLN AVENUE - BUILDING 57 . Current Use (Prior if being demolished) Pharm. Lab. County (6) County Code (7) City (5) VACANT- (Areas fences from operational areas) (STATE USE ONLY) RAHWAY UNION Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. PAR ENVIRONMENTAL CORPORATION 17 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC /14 11 / 114 1 Year Month Day Month Year Day Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY-FRIDAY 7AM-3:30 PM Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Renovation Mini-Enclos, Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Location of Is Location ENCLOSURE Containing Material (ACM) Amount REPAIR ENCAPSULE normally used REMOVA Asbestos-containing (ie. Thermal systems (Specify solely by Material (ACM) Maint/Custodial insulation, surfacing, VAT, SF or LF) TO BE ABATED Staff (12) or other miscellaneous) in Facility (13) Yes No N/A 1,120 LF GLAZING CAULK WINDOW GLAZING CAULKING 100 LF X FLANGE CAULK DUCT FLANGE CAULK X 30 SF TRANSITE FUME HOOD LINING Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler LYCOMING COUNTY RESOURCE MANAGEMENT SER Hauler ID No. FREEHOLD CARTAGE, INC. 40 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 City, State Disposal Date City, State MONTGOMERY, PA 17752 9/25/2014 FREEHOLD, NEW JERSEY Signature Date Completed by (Print or Type) BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

Date of Notification (1)			Name of Building Ov MERCK SHARP & DO	vner/Operator (2)						- 3000
				OTHVIL CORF.						
9 / 10 /14 Agencies Notified Type Notif	ication		Street Address 126 E. LINCOLN AVE	ENUE. P.O. BOX-2	2000. RY28-4	14				
X EPA X Initia	l Notification nded Notific cellation	A.C.	City, State, Zip Code RAHWAY, NEW JER Name of Contact	SEY 07065	Telephone N					
DCA EME	RGENCY N	ment and comment of the		<u> </u>						
Name of Facility Where Abatement is	Taking Dia		FACILITY INFORMATION	Type of Facility	, (A)					
MERCK SHARP & DOHME CORPORA		ice (b)		School (K- Subchapte	40000000			nomes	etc)
Street Address				Square Feet	# of Floor		90.,	Bldg.		
126 EAST LINCOLN AVENUE - BUILD				23,835	2				5	
City (5) Cou RAHWAY UNIO	nty (6) ON		County Code (7) (STATE USE ONLY)	Current Use (Pri VACANT- (Ar				Pharr al are		٥.
Name of Monitoring Firm Hired by BI ENVIRONMETAL HEALTH INVESTIG			ASCM No.	Name of Abates			less music est ex	N.		
Street Address	ATIONS, IN	<u>. </u>	111	Street Address	VILIVIAL COI	VI OIV	(1101	· ·		
655 WEST SHORE TRAIL				313 SPOOK RC						
City, State, Zip Code SPARTA	, NEW JER	SEY 07871		City, State, Zip C		01				
Project Manager for Monitoring Firm		Telephone	Number	Telephone Numi	per	Licens	se Nu	mber		
WILLIAM S. KERBEL, CIH		973-729-56		845-369-7500		1101				
Expected State Date (10) 9 / 29 /14	Sch	ed. Completed. 11 /	tion Date (11) 1 /14	Name of OSHA AMERISCI LAB		INC		#114	180	
Month Day Year	Mo	onth	Day Year	AMERIOOFEAD	OTOTTOTTLE				-	
Occupancy Status During Abatement (C X Facility Closed/Vacated Duri Abatement Performed Outsi	ing Entire Pe	eriod of Abat		Street Address 117 EAST 30TH	STREET					
Scope of Work (Check all that apply) X Demolition	NDAY-FRID	AY 7AM-3:3 ovation	Full Conta	inment with Negat	W YORK, NE	W YOF	RK 10	0016		
>3SF OR LF X >160 SF OR 260 LF				Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	nor S Maii	Location mally used solely by nt/Custodial Staff (12)	Description of As Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	al (ACM) stems ng, VAT,	Amount (Specify SF or LF	y =)		REPAIR	nt ENCAPSULE	e ENCLOSURE
		INO INA			0.000 15		,	_		1
WINDOW CAULK	X		WINDOW CAULK		2,000 LF		X			\vdash
ROOFING	X		ROOFING		12,600 SF	- 1	X			
	_				-	-	-			\vdash
										<u> </u>
AMERICAN CONTROL OF THE PROPERTY OF THE PROPER				- 10		\dashv				\vdash
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		EP Waste er ID No. 15939	Cubic Yards of Waste 120	Name of Register LYCOMING CO 447 ALEXANDE	UNTY RESO			AGE	иENT	SER
City, State		,000	Disposal Date	City, State				7	,	1
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title		9/29/2014-11/1/2014 Signature	MONTGOMERY	I, FA 1//52	Date	a	110	11	4
BENJAMIN SANCHEZ	DIRECTO	R OF OPER	RATIONS				-4	10	//	_

(K 33827

JUN 95

Date of Notification (1) 09/10/14 Month/Day/Year Agency Notified Type Notificati					Name of B Princeton	Building Owner, Univesity	Operato	r (2)			-	
									ter.		7	<i>i.</i>]
- NATE	2000				Street Add					, or	11	11
EPA DEP	X	Initia	il ificati		P.O. box 2					-		بي و د.
DCA		Ame		on		e, Zip Code			. As			
DOH			iueu ificati		Princeton Name of C				Telephone Nu	·		
DON			ellati	15-7511					I Telebhone (4)		∼.	
		Cane	епап	on	Robert Ot		m×0.1:			-		
					FACILI	TY INFORMA	A. S. S. M.	v-				
Name of Facility Where Abateme Princeton University - Washing					ve -Steam lir	nes adjenct to fi		Subcl	ol (K12) napter 8 (Other			
Street Address									i. e. Private &		ercial	
Washington Road and Williams	eve								dings, homes, et	+		
								Square Feet	# of Floors	Bldg.	Age	
City (5)		Cour	ity (6)		County Code		N/A	0	100 +		
Princeton						(STATE USE ONL	Y)	1 100 0 00 00 00	Prior if being de	molishe	d)	
				(0)		1.000.50	IIs:	University	(0)			
Name of Monitoring Firm Hired	by Buile	ding ()wnei	r (8)		ASCM No.		of Abatement C	2.77 (P. 17) P. (P. 17)			
Pennoni Associates Inc							Associ	ated Specialty C	ontracting			
Street Address 515 Grove Street Suite 1B City, State, Zip Code							100000000000000000000000000000000000000	Address Crue Avenue	84			
City, State, Zip Code Haddon Heights NJ							W. W.	State, Zip Code Mills, PA 19342				
					Telephone 856-547-0			none Number 54-9622		Licen 1103	ce Numl	ber
Scheduled Start Date (10) 09/24/14			Sche	d. Cor	npletion Dat 09/26/14	gancarati		of OSHA Monit	or			
Month/Day/Year				M	onth/Day/Ye		Criter	IOII LIAUS				
Occupancy Status During Abates	nent (C	heck o	nly o		onth/Day/1	-di	Street	Address	****	_		
Facility Closed/Vacated D					batement			Progresive Drive				
x Abatement Performed Ou	10.000						City, S	State, Zip Code				
Hours - Describe: 6:							11	lem PA 19020				
Other - Describe:							1					
	1.5						Ш	E-II Ct-i		Dance		
Scope of work (Check all that ap	ply)			102	D		722		ent with Negativ	e Press	шге	
Demolition				X	Renovatio	n	x	Mini - Enclosu				
x > 3 sf or > 3 if							x	Glovebag Proc	cedure			
>160 sf or >260 lf								Non-Friable P	rocedure			
			Is						Al	batemer	it Type	
Location of		Lo	catio	n	Des	scription of					E	E
Asbestos - Containing		No	rmall	y	Asbest	tos-Containing		Amou	ınt R		N	N
Material (ACM)		τ	sed		7,000,000,000,000	erial (ACM)		(Speci		R	C	C
TO BE ABATED		So	olely		(ie. Tl	hermal systems		SF o	r M	E	A	L
In Facility		by	Mair	1-	insulation	a, surfacing, VA	ΛT,	LF)		P	P	0
(13)			апсе		or other	r miscellaneous)		v	A	S	S
		207023	stodia						A	I	U	U
			ff (12						L	R	L	R
Washington Road and Williams	manhal	Yes	No	N/A	pipe insul	ation		150 LF	x	+		E
washington Road and winnams	паппон	1			pipe insui	ation		130 LF				
										-		
Name of Registered Waste Haule	r	L	L	1000	EP Waste	Cubic Yards	1	Name of Regis	tered Landfill	_		
Horizon Disposal				Haul	er ID No.	_	5	GROWS				
City, State Trenton NJ						Disposal Dat As needed	te	City, State Morrisville PA				
Completed By (Print or Type) Mark Goshow				Title Proje	ect Manager	***	Signat	ture Calledon	hoir		Date 970	7-14
A DC 41							1 / / /		W.C.			-/-

NO CK

Date of Notification	ate of Notification (1) 8/29/14							wner / Operator	(2)	ZUV	SEP	11	1.00	75	
				Princ				rsity				1 ;	tree ;	4	
Agencies Notified EPA	Type Notific	ation		Street			3			f.,					
_	N 1-:4:-							Building			1 1				
☐ DEP ☐ DOL	│	ı nded R#1-9/5/		City, S							٠,				
		2210	1	Princ				544			-				
□ DOH		rgency	0.10	Name			act				I ele	pho	ne Nu	ımbe	er
☐ DCA	L Cano	ellation		Bob	Ort	ego									
					CIL	ITY I	NFC	RMATION							
Name of Facility Wi					•			Type of Facilit			_				
Forrestal Campu	s Boller Ho	ouse - Prince	eton L	Jnive	rsi	ty			(-12) NON SUI		8				
Street Address									er 8 (Other tha				NOTES INSTE		
300 Forrestal Rd									. private & con					ic.)	
								Square Feet	# of Flo	ors	Bldg.	Age	9		
City (5)		County (6)	Co	unty (Cod	e (7)		22000		3			100+		
Princeton		Mercer						Current Use (F	Prior if being d	emolished)					
								University							
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		A	SCM	No.	Name of Abate							
ATC						Marina I		Bristol Envi		nc.					
Street Address								Street Address							
Three Terri Lane	ee Terri Lane							1123 Beaver							
City, State & Zip Co								City, State & Z							
Burlington, NJ 0			I					Bristol, PA 1		E c		Carre IP			
Project Manager for Mike Keehn	Monitoring F	ırm	609-	hone				Telephone Nu (215)788-604		00509	se Numi	ber			
Scheduled Start Da	te (10)	Scheduled Cor						Name of OSH		00503			T DOWNER		
9/8/14	(10)	ooneddied ool	9/9/		, 51	,		Bristol Envi		ic.					
Occupancy Status [Street Address	S						
Facility Clos	ed/Vacated	During Entire F	eriod	of Aba	aten	nent		1123 Beaver	Street						
		utside of Norm	al Ho	urs –	7am	to 3	pm	City, State & Z							
Describe:	3:30 PM -							Bristol, PA 1	9007						
		Abatement 7:0	00am t	0 3:30	0 pr	n									36
Scope of Work (Che	eck all that ap	oply)						1	□ Full Cor	tainment wi	th Nogo	tivo	Dros	curo	
≥3 sf or ≥3 l	f		\boxtimes	Ren	ova	tion			Mini-End		iii wega	live	ries	Suie	3
☐ ≥160 sf ≥26				Den						ag Procedur	29.				
	0 11			Deli	110111	1011				empted and		ahle	Pror	edu	re
1,	cation of	-	Is	Locat	ion			Description		Amour			teme		
	os-Containin	a	10000000	nally l		d		Asbestos-Conta		(Specif					,,,,
I CONTRACTOR	erial (ACM)	•		olely l				Material (AC		SF or L		_		щ	m
	BE ABATED			tenan		0631		(i.e., thermal sy				Remova	Repair	Encapsulate	Enclsoure
ir	Facility		Custo	odial S	Staf	f?		sulation, surfaci				700	pai	nsc	nos
	(13)		Yes	(12) No	N/	^	(or other miscella	neous)			<u>B</u>		ate	ē
A 444					14/	$\frac{1}{1}$		Pipe fittin		2 ea		\neg		П	\Box
Area #1			X	H	H	+	138114	Debris clear	-W	3 SF			#	H	+
Area #2				+	┾	+							닒	님	Η
Area #3				+	+ -			Pipe insulat		3 LF		뭐		H	Η
Area #4			X	+	+	+	-	Pipe Insulat		2 LF		爿		님	+
Area #5			X	ᆜ	<u> </u>	4		Pipe Insulat		46 LF				님	H
Area #6	144		\boxtimes	<u>Ų.</u>		7	-4. T	Pipe Insulat		2 ea					
Name of Registered	vvaste Haul	er		0.00000		Wa:	A	Cubic Yards of Waste	Name of Regi	stered Land	1111				
Bristol Environm	antal Inc			1000	706				GROWS La	ndfill					
	ontal IIIC			10		S. 1 San			City, State	- 40 1 1 1 1				-	
City, State Bristol, PA									Morrisville,	PA					
Completed By (Print	or Type)			Titl	le			Signature			D	ate			
Gino Pizzigon	5,000 (000)			- 22	oje	ct	1		0.	. / .	1.000	/29	114		
CITIO F IZZIGOTI					0.100	ger		seno 1.	uzzegou	- /1	_				
						J			0 0	-					

Date of Notification (1)		Name of D.	1.11			CK 4	+ 26	9	5
8/29/14		Princeton	ilding Owner / Oper	rator (2)					
Agencies Notified Type Notific	ation	Street Addre	Oniversity						
☐ EPA			lillan Building						
DEP Initia		City, State &	Zip Code						
□ DOL9449 □ Ame	nded	Princeton,	NJ 08544						
□ DCA □ Eme	rgency	Name of Cor	ntact			1 . .			
☐ DCA ☐ Cand	ellation	Bob Ortege				Telep	hone N	lum	he
		FACILITY	INFORMATION						
Name of Facility Where Abateme	ent is Taking Plac	D (3)	Type of Fa						-
Forrestal Campus Boiler Ho	use - Princeto	n University	School	ol (K-12) NON	SUBCHAPTER				
Street Address			☐ Subch	apter 8 (Other	than K-12\	10			
300 Forrestal Rd		v	Other	(i.e. private &	commercial bu	ildinge ho	moo e	· · · ·	
City (5)			Square Fe	et # of	Floors	Bldg. A		ic.)	_
City (5)	County (6)	County Code (7	220		3	blug. A			
Princeton	Mercer				g demolished)		100-	_	
			Universit	v	g demonstred)				
Name of Monitoring Firm Hired by ATC	y Building Owner	(8) ASCN		patement Cont	tractor (0)				
Street Address			Bristol Er	vironmenta	I Inc				
Three Terri Lane			Street Addr	ess	1, 1110.			_	_
City, State & Zip Code			1123 Bear						
Burlington, NJ 08016			City, State	& Zip Code				-	
Project Manager for Monitoring Fi	rm IT		Bristol, P.	4 19007					
Mike Keehn	1 25	lephone Numbe			Licens	se Number	r		
		9-386-8800	(215)788-6		00509				
9/8/14	cheduled Comple	/9/14	Name of OS	SHA Monitor	100				
Occupancy Status During Abatem	ent (Check only o	20014		vironmental	Inc.				
Facility Closed/Vacated D	uring Entire Perio	d of Abatement	Street Addre			11116			
Abatement Performed Out	side of Normal F	fours - 7am to 3	1	er Street		700 m 100 m 100			
Describe: 5:00 PM -	1:30 AM			∠ip Code					
Facility Occupied During A	batement 7:00an	n to 3:30 pm	Bristol, PA	19007					
cope of Work (Check all that app	ly)								
N >3 -5 -5 > 2 15		989		☐ Full C	ontainment with	h Negative	Drone		
≥3 sf or ≥3 lf	\boxtimes			☐ Mini-E	nclosure	ii Negative	Press	ure	
≥160 sf ≥260 lf		Demolition			Bag Procedure	25			
1225					xempted and N		e Proc	od: "	
Location of Asbestos-Containing		s Location	Descriptio	n of	Amount		atemer		
Material (ACM)		rmally Used	Asbestos-Cor	ntaining	(Specify		atemer	11 1	pe
TO BE ABATED	Mai	Solely by intenance or	Material (A	CM)	SF or LF)		m	_
in Facility	Cus	todial Staff?	(i.e., thermal s insulation, surfa	ystems		Rer	Z.	пса	Encisoure
(13)		(12)	or other miscell	aneous)		Remova	Repair	Encapsulate	SOL
	Yes	No N/A		aricous)		<u> </u>	-	ate	Fe
rea #1	\boxtimes		Pipe fitti	na	2.00		E 2 F		
rea #2	\boxtimes		Debris clea		2 ea			4	닏
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ea #5			Pipe Insula		46 LF			4	
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me of Registered Waste Hauler		NJDEP Was	te Cubic Yards		istered Landfill				
istol Environmental Inc		Hauler ID No	of Waste	The street	, otorea Langin	ı			
		18706	1 cu yd	GROWS La	ndfill				
y, State			Disposal Date	City, State					
istol, PA			9/9/14	Morrisville,	PA				
mpleted By (Print or Type)		Title	Signature			Date			_
no Pizzigoni		Project	Hino Pe		1.0	8/29/	41		* 1
		Manager	Hend 1	zzegoni	- Lel	01231	14		
14004				111	17				

NO CK

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

Pg 2

Date of Natification (4)					TN	(5.3.1)			<i>J.</i> .			- 450	
Date of Notification (1) 01 /	15 /	14					Owner/Operator (2 niversity-Office		Construction				
							inversity-Office	or besign and t	Solisti detion 7	f 1	<i>i</i> .	<u></u>	
Agencies Notified EPA	Type Notifi	cation			(A A A A A A A A A A	Address			10				
⊠ DOLWD	⊠ Amende	ed				Elm Dr.			É.				3
☑ DHSS	Amenda	Difference of the same	7-9/5/	14	1000000	state, Zip C					20		
DCA	☐ Emerge	Annual Control				nceton, N				50			
(NJAC 5:23-8)	justifica	tion)			Name	of Contact			Telephone Numb	er			
	☐ Cancell	ation			Rob	ert Orte	ga						
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4	4)				
Princeton University	y-Firestor	ne Libr	ary					☐ School (K-12)					
Street Address									(Other than K-12) vate and commerce	sial bu	ildina		
Washington Rd								homes, etc.)	vate and comment	Jai Du	munig	ъ,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Princeton						64							
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
MERCER								Library					
Name of Monitoring Firm	Hired by Bu	ilding C	wner (8)	ASCM	No.	Name of Abateme	The second secon					
ATC Associates Inc	(5%		2	28			I-	VIRONMENTAL	., INC.				
Street Address		lifed by Building Owner (o)					Street Address						
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code			-				City, State, Zip Co		- A			78 A.S.	
Burlington, NJ 0801	6						BRISTOL, PA						
Project Manager for Monit				Tol	ephone I	No	Telephone No.	. 10001	License No.				20-20-2
Michael Keehn	toring r iiii				09-386		215-788-6040		00509				
Start Date (10)		Schod	ulad C	W-20	etion Dat		Name of OSHA M	·	00000				
2 / 5 /	14				1 /	- 35 50		VIRONMENTAL	. INC.				
Occupancy Status During	W						Street Address		,,				
☐ Facility Closed/Vacate		108			ment		1123 BEAVER	POTDEET					
☐ Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: 6:							BRISTOL, PA						
Scope of Work (Check all	that apply)						<u> </u>						
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Full Cont	tainment with Nega losure	ative Pressure				
≥160 sf or ≥260 If			☐ De				☐ Glovebag	g Procedure					
							Non-Exe Non-Exe	mpted (*) and Nor	-Friable Procedure	е			
			5755	Loca						Ab	atem	ent T	ype
Location of		·8.4\		lorma d Sol	ely by	Acho	Description o stos Containing Ma		Amount	Re	Re	Ш	四
Asbestos-Containing N TO BE ABA		IVI)			ance/		, thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facilit		12	Cust		Staff?		surfacing, VAT,	, or	SF or LF)	<u>a</u>	-	Encapsulate	sure
(13)			Yes	(12) No	N/A		other miscellane	ous)				ate	
B Level			\boxtimes			Floor ti	le and mastic		40 SF				
B Level			\boxtimes			Pipe Ins	sulation (Wrap &	Cut)	2 LF				
Delong Reading Leve	ı				$\dagger \Box$	Pipe Ins	sulation (Wrap &	Cut)	30 LF	\boxtimes			
						•				П	П	П	П
Name of Pagistared Wast	o Haular		Ш	100	NJDEP V	Manta	Cubic Yards of	Name of Regist	ered Landfill	1-1	Щ		
Name of Registered Wast SERVICE TRANSPO		ID INC		10.8	Hauler ID		Waste	1	NORTH LANDS	-11.1			
	KI GROC	JE INC	·		20990				NOITH LAND	166			
City, State							Disposal Date	City, State					
NEW CASTLE, DE								MORRISVIL	LE, PA 19067				
Completed By (Print or Ty	pe)	Title					Signature	1 2 1	Dat	e /	1	,	
Brian Scafiro		E	stimat	or			Brian)	Scalin lik	2	9/5	1/4	1	
ASB-41							1 Journal	1011		/ /	· · ·		

Date of Notification (1)		- 20000000		Nar	ne of B	Building O	wner/Operator (2	2)						
01/	15 /	14		P	rincet	ton Univ	ersity-Office	of Design and	Construction	n~,				
Agencies Notified	Type Notifica	tion		Stre	et Add	dress		X 37 X	J 17 101	U				
				2	00 Eln	m Dr.		*	56	50	1637			
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	☐ Emergend	The Control of the Co		P	rincet	ton, NJ	08544							
(NJAC 5:23-8)	justificatio	n)	3	Nar	ne of C	Contact		1	Telephone No	umber				
	☐ Cancellati	on		R	obert	t Ortega						56000		
				F	ACILI	ITY INFO	DRMATION					ns for Zoods		
Name of Facility Where At			ce (3)					Type of Facility (
Princeton University	-Firestone	Library						☐ School (K-12) ☐ Subchapter 8		-12\				
Street Address								Other (i.e., pr			uild	ings	5,	
Washington Rd								homes, etc.)				_		
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Princeton						0 1 (7) (0	TATE (105 04") 4	<u> </u>	:61 : 1					
County (6) MERCER				Co	ounty C	Sode (7)(S	TATE USE ONLY)	Current Use (Pri	or if being dem	iolished)				7.
	E-db 5 il		. (0)	1000	NA NI -		1	Library				_		
Name of Monitoring Firm F ATC Associates Inc.	650	ing Owne	r (8)	ASC	M No.	. ^		ent Contractor (9)	INC	*				
					- 4-4			VIRONMENTAL	_, INC.					
Three Terri Center	reet Address						Street Address 1123 BEAVE	OCTOEST						
City, State, Zip Code							City, State, Zip Co				_			
Burlington, NJ 0801	2					1	BRISTOL, PA							
Project Manager for Monito			ΙΤα	elephor	ne No		elephone No.	13007	License No.		_			
Michael Keehn	Jing t iiii		1,000		86-88	Server 1	215-788-6040		00509					
Start Date (10)	Ts	cheduled					lame of OSHA M							
2 / 5 /	V				/ 14	S 1882		VIRONMENTAL	_, INC.					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacated	[1] [1] 보고 1일 (12 P.						1123 BEAVE	R STREET						
☐ Abatement Performed						oe C	City, State, Zip Co					_	-1000	
Time of Abatement: 6:	30AM- <u>3:00</u> F	M/	PM	^	M		BRISTOL, PA							
Scope of Work (Check all	that apply)											-		
□ >2 of or >2 If		⊠ 1	20001	ation			☐ Full Cont ☐ Mini-Enc	tainment with Neg	ative Pressure	1				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renov Demol				☐ Glovebag	g Procedure						
		200					Non-Exe	mpted (*) and No	n-Friable Proce					
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Location of Asbestos-Containing M		, U		nally olely b	y	Ashesto	Description of os Containing Ma		Amount	2		Repair	Enc	Enc
TO BE ABAT				nance/	9503	(i.e., t	thermal systems	insulation,	(Specify	Kerrioval		oair	aps	Enclosure
IN Facility	1	C	ustoaia (1)	al Staff 2)	·		surfacing, VAT other miscellane		SF or LF)	<u>a</u>	-		Encapsulate	Te.
(13)		Ye			/A		Other miscenarie	ous)					е	
Throughout Levels C,	B and A] FI	loor tile	and mastic		1,465 SF	: 🗵	1 []		
Office A-7J		\boxtimes] w	Vindow (Caulk		96 LF	D] [
Throughout Levels C,	B and A] D	uct Wor	k		1775 SF] [
1 st Floor Level 1] Pi	ipe Insu	lation (Wrap 8	k Cut)	72 LF	.[] [
Name of Registered Waste	e Hauler			Section 1753	P Was	5.000	Cubic Yards of	Name of Regis						
SERVICE TRANSPO	RT GROUP	INC		Haule 209	r ID No 190	lo. V	Vaste	G.R.O.W.S	. NORTH LA	NDFIL	-			
City, State				200		0	Disposal Date	City, State						
NEW CASTLE, DE								MORRISVI	LLE, PA 190	67				
Completed By (Print or Ty	pe)	Title					Signature	1		Date	- 1	W .	,	
Brian Scafiro		Estim	ator				Drien	Seelin /	il	1 9/3	5/1	14	_	
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☑ DHSS				nt # <u>16-</u>	7/25/1	4 City	, State, Zip	Code	(, ,,	•		-		
☐ DCA		☐ Eme	rgency	(inclu	ding	- P	rinceton,	NJ 08544						
(NJAC 5:2	23-8)	justi	fication	1)	ung		me of Conta			Trace				
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Name of Faci	ility Where Ar	natemen	t in Tal	dina Di	(0)		ACILITY I	INFORMATION						
Princeton	University	. Financi	us rai	King Pi	ace (3)				Type of Facility	(4)				_
Street Address		-Firest	one L	.ibrary	1				School (K-1	2)				
					AOR PER				→ Subchapter	8 (Other tha	an K-12)			
Washingt	on Rd								Other (i.e., p	private and c	commerci	al bu	ildings	š,
City (5)									homes, etc.	<u> </u>				
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	ciates Inc.					1			VIRONMENTA					
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Three Terr	ri Center							1123 BEAVE	D OTDER	22				
City, State, Zip	Code													
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	er for Monitor							BRISTOL, PA	19007					
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Michael Ke				er over the control			6-8800	215-788-6040		00509)			
Start Date (10))		Sch	eduled	Comp	letion D	ate (11)			00509)			
tart Date (10) 2 / Occupancy Sta	5 /atus During Al	batemer	nt (Che	Ck only	Comp H	letion D	ate (11)	Name of OSHA M)			
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Pg. 1

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Agencies Notified Type ☐ EPA ☐ In	Notificati	ion		Str	eet Address	S)II			
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Street Address				_			School (K-1	2) 8 (Other than K				
Washington Rd							Other (i.e., r	orivate and com	(-12)	لمانداط		
City (5)							homes, etc.)	merciai	Dulla	ings,	
Princeton							Square Feet	# of Floors		Bldg.	۸۵۵	
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Street Address	_						VIRONMENTA	L, INC.				
Three Terri Center						Street Address						-
						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					_
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitoring F	rm		Te	ephon	e No	Telephone No.	13007					
Michael Keehn						relephone No.		License No.				
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Pg. 2

Date of Notification (1) 01 / 15	,	14		Na	me of Build	ling Owner/Operator	(2)					
						University-Office	of Design and	Construct	tion			
1	oe Notificatio	on			reet Address							_
	Amended				200 Elm D							
	Amendment	#15-7	12211	4 Cit	y, State, Zip	Code						
□ DCA □	Ernergency	(includ	ina	- F	Princeton,	NJ 08544						
(NJAC 5:23-8)	justification)		5	Na	me of Conta	act		Telephone	Alumba			
	Cancellation	1		F	Robert Ort	tega		relephone	Number			
Alama of F - W Add Al . I				F	ACILITY	INFORMATION				-		
Name of Facility Where Abate			ce (3)				Type of Facility (4)				_
Princeton University-Fi	restone Li	brary					School (K-12))) }				
Street Address							Subchapter 8	(Other than	K-12)			
Washington Rd							Other (i.e., pri	vate and co	mmercia	build	lings,	
City (5)							Square Feet	# of Floor		Dir		
Princeton							Oquale i eet	# 01 F100F	s	Bldg	. Age	
County (6)				Co	ounty Code	(7)(STATE USE ONLY)	Current Head Di	1				
MERCER					,	(F)(OTTILE OOL ONLT)	Current Use (Prio	if it being de	emolished	1)		
Name of Monitoring Firm Hired	by Building	Owne	(8)	ASC	M No.	Nome of At 1	Library					
ATC Associates Inc.	,	,	(0)	ACC	IVI INU.	Name of Abatem	Control of the control of the second control of the second		8.35			
Street Address			_				VIRONMENTAL	, INC.				
Three Terri Center						Street Address		2)-32)(U-1)2-4-1				
City, State, Zip Code						1123 BEAVE						
Burlington, NJ 08016						City, State, Zip Co	ode					_
						BRISTOL, PA	19007					
Project Manager for Monitoring	Firm		- 1	lephon		Telephone No.		License N	lo.	_	-	_
Michael Keehn					36-8800	215-788-6040		00509	176			
Start Date (10)	Sche	duled	Comp	letion [Date (11)	Name of OSHA M	lonitor	-				
_2 / _5 / _14	_ _	7	/ _2	25_/	_14	BRISTOL EN	VIRONMENTAL,	INC				
Occupancy Status During Abate	ment (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated Duri	ng Entire P	eriod of	Abate	ement		1123 BEAVER	CTDEET					
Abatement Performed Outsid	de of Norma	al Facili	y Hou	ırs - De	escribe	City, State, Zip Co	- (M. M. H.					
Time of Abatement: 6:30AN SITE 7/23/14	1-3:00PM		M	A	Л							
Scope of Work (Check all that a	pply)	5/19	<u> </u>			BRISTOL, PA	19007	a e				
						☐ Full Cont	ainmont with Manage					
≥3 sf or ≥3 lf		⊠ Re	enova	tion		Mini-Encl	ainment with Negat	ive Pressur	e			
≥160 sf or ≥260 If		∐ De	emoliti	on		☐ Glovebag	Procedure					
		T 1	1			Non-Exer	npted (*) and Non-F	riable Proc	edure			
Location of		4	Loca Norma						A	bater	nent 7	Type
Asbestos-Containing Materia	I (ACM)	Use	d Sol	ely by	Acho	Description of				1	_	-
TO BE ABATED		Ma	intena	ance/	(i.e.	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	em	Repair	l C	Enclosure
IN Facility (13)		Cus	(12)	Staff?	1	surfacing, VAT,	or	(Specify SF or LF)		air	aps	000
(13)		Yes	No	N/A		other miscellaneo	us)	/	-		Encapsulate	e
Level		\boxtimes				e and mastic		40.05		+	<u> </u>	<u> </u>
Level		\boxtimes			-	sulation (Wrap &	Cuth	40 SF		+		L
elong Reading Level		\boxtimes	П	10		ulation (Wrap &		2 LF				上
			౼	占	r ipe iiis	ulation (wrap &	Cut)	30 LF				
ame of Registered Waste Haule	r			William Control	100							
SERVICE TRANSPORT GE			H	JDEP I	200200	Cubic Yards of Waste	Name of Registere					
ty, State				20990			G.R.O.W.S. N	URTH LAI	NDFILL			
NEW CASTLE, DE						Disposal Date	City, State					
	1=						MORRISVILLE	E, PA 1906	67			
mpleted By (Print or Type)	Title					Signature	0 .	T	Date /			
Brian Scafiro	Es	stimat	or			Brian &	eali ! I	,	7/1	8/10	1	

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Pg 1

01/	15 /	14			Princeton	ding Owner/Operato	or (2)					
Agencies Notified	Type Notifica	otion				University-Offic	e of Design and	Construction	on			
☐ EPA	Initial	ation		St	reet Addres	s						_
□ DOLWD				-	200 Elm D							
☑ DHSS	Amendme	ent # <u>15</u> -	7/22/1		ty, State, Zij							_
DCA (NIAC 5:33 8)	☐ Emergend	cy (inclu	ding	_	Princeton,	, NJ 08544						
(NJAC 5:23-8)	justificatio				me of Conta			Telephone N	li ima b			_
	Li Cancellati	on		1	Robert Ort	tega		· orchitotie i	umber			
None of E. W. 148				I	ACILITY	INFORMATION						_
Name of Facility Where Al	batement is Ta	aking Pl	ace (3)			Granation	Type of Facility	(4)				
Princeton University	/-Firestone	Library	1				Type of Facility (School (K-12					
Street Address							Subchapter 8) (Other than K	12)			
Washington Rd							Other (i.e., pr	ivate and com-	-12) mercial	build	dinas	
City (5)							nomes, etc.)			Dun	anigs,	
Princeton							Square Feet	# of Floors		Bldg	. Age	
County (6)		-		100	vinte O - d	750 755						
MERCER				100	ounty Code	(7)(STATE USE ONLY)		or if being dem	olished	1)		
Name of Monitoring Firm H	lired by Buildir	ng Owne	er (8)	ASC	M No.	TM	Library					
ATC Associates Inc.			1-7	1.00			nent Contractor (9)					_
Street Address				L		BRISTOL EN	VIRONMENTAL	, INC.				
Three Terri Center						Street Address						
ity, State, Zip Code						1123 BEAVE						
Burlington, NJ 08016						City, State, Zip C	ode					_
roject Manager for Monitor					80_0	BRISTOL, PA	19007					
Michael Keehn	ing rim			ephon		Telephone No.		License No.				
			6	09-38	6-8800	215-788-6040	1	00509				
tart Date (10)	Sch	neduled	Comple	etion D	ate (11)	Name of OSHA M		00509				
2 / _5 / _	14	7	/ 21	5 /	_14							
그렇게 하는데 뭐 하면 하는 그래 이 보다면 한 것 같아. 그 나 없다.				_ ′	14	BRISTOL FN	VIRONMENTAL	IMO	12			
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Emergency

89 <u>/ SEP 11</u> 714 Sc (6)	TIPICATION OF ASBESTO	S ABATEMENT	no. DOI	10 D/	١V
Data of Notification (1)	Name of Building Ohme		- TAR SIAT	10 1/1	11 관취
Agencies Notified Type Notification	Mich		RRIS		7
Q EPA I Intel	Street Address	a Giles	AUS-70	de	1
DOL Amendment &	City, State, Zip Code	Middlese	Juliu Co	1 1/2 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SHITTE
DOH Emergency (smileding justification)	Name of Congret	1001004	Leightone Mrs	DA CONC	THIP
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORMA	TION THON			1,14.
Dinale tramile Di	welling	Type of Facility	3.6		,
	AUE J	Butchapti	of B (College Physic M. 44	2)	, A.
City (6)		On the state of th	private & commercia		
Cours (6) MiddleSep NJ	County Code (7)	6	2	Bldg.	Q 4 -
Name of Monitoring Firm Highed by Building Owner (8)	(STATE USE CHLY)	_	nor if being demolish	ed)	* 1
Street Address	ASCIM No.	Name of Abstement Co	Choolee	208	Tr.
RO. Box 337		Street Address	333	189	Inc
City, State, Zip Code	V6233	City State, Zip Code	03 Y		
Project Manager for Mount of Guillon	Telephone No.	Telephone No.	Ligense No	085	533
Start Date (10)	609 758-3365	604 758-334 Name of OBHA Monitor	5 0	139	4
Occupancy Status During Abatement (Check Only One)	4-14	EPLTE	hoologies	Tric	
Facility Closed/Vacated During Entire Period of Abat Abstance: Performed Cubide of Normal Facility Hot	ament .	Shirt Vegler	337	-	
	ura .	City, State, Zip Code New Egypt			
Scope of Work (Check All That Apply) 25 of or 25 ff			<u> </u>	853	
E 2180 at at 2280 F	vetica villea		nt with Negative Pro	enuzae	
		Glovebac Proc	edure () and Non-Friable		SE
is Location of Norma	ally	scription of		Abate Typ	men(
Asbestos-Contelining Miniminial (ACM) TO BE ABATED In Facility Used Sq. Miniminian Cumledial	Asherica Cont	sining Material (ACM) Bystems Insulation	Amount (Specify		
(13)	qurie	airė, VAT, or seugenenies)	SF or LF)	Repair	Enclosure
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Basement Utility Ron X	Pipe I	ing ulation	70 LF	X	
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Name of Barrier March			~		++
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Completed by	The same of the sa	5-14 Monai		4	
Steve Schen Kee Piecs id	kut 3	Schen Schen	Dato	8-98	3.14

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

Ck# 2697

Date of Notification	A					Buildi	ing C	wner / Operator	(2)							
	July 23, 2014			CSX									-		-	
Agencies Notified	Type Notifica	ition	- 1			Idress		CET		289	£ CE	P	2.5.4	12		
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DEP	Initial					e & Z				7 9						
⊠ DOL		nded R#2-9/5/1			_			FLORIDA 322	02-4423	<u> </u>		1-	Land Land		I	
□ DOH		gency	1	Nam	e of	Conta	act		-		6.	le	lepho		umb	er
☐ DCA	☐ Canc	ellation														
				FA	CII	ITY	INFO	DRMATION								
Name of Facility W	here Abateme	ent is Taking P	ace (3		VOIL			Type of Facility	v (4)							
CSX - ADMINIST			1000 (0	-,				School (K								
Street Address	TOTTON DO	JILDING.	-		_					er than K-1	2)					
집 경영자를 여러워 가게 되었다. 그 그 다.	AVENUE							Other (i.e.				ildings	hom	ac a	tc)	
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		12						Square Feet	# 0	i Floors		Blu	lg. Ag			
City (5)		County (6)	Co	unty	Coc	de (7)		2982		1_				70		
NORTH BERGEN	N	BERGEN						Current Use (F	Prior if be	ing demoli	shed)	1				
	9		84					ADM BUILD	ING							
Name of Monitoring	ame of Monitoring Firm Hired by Building Owr						No.	Name of Abate	ement Co	ontractor (9	9)					
	HAW ENVIRONMENTAL							BRISTOL EN								
	treet Address							Street Address					1.117.00			
128 S.TRYON ST	REET							1123 BEAVE		ET						
City, State & Zip Co	N=0-						-	City, State & Z			-					
CHARLOTTE NO								BRISTOL, P.	[기대 March 10] [기대 10] (10] (10] (10]							
Project Manager fo	MATERIAL CONTRACTOR	irm	Teler	hon	e Ni	ımber		Telephone Nu			Licer	nse Nu	mber	\$700 m		
GARY WYWRA	i wontoning i		732-					215-788-604					0050	9		
Scheduled Start Da	to (10)	Scheduled Cor						Name of OSH			_					-
9/8/14	1000 000	Scrieduled Col	9/19			11)		BRISTOL EN			INC					
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Occupancy Status	buring Abater	During Entire P	niy on	e) of Al	hata	ment		1123 BEAVE		CT						
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- Louis Annual		utside of Norm	ai no	urs -	- /ai	11 10 3	pm	City, State & Z	7.0	r:						
	7:00 AM -							BRISTOL, P	A 19007							
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≥160 sf ≥26	30 If		\boxtimes	De	emol	ition				ove Bag Pr				_		
					/-23					n-Exempte						
	ocation of			Loca				Description			Amou		Aba	atem	ent T	ype
	tos-Containin	g	Norr			ed		Asbestos-Cont			(Spec					
	terial (ACM)			olely		502		Material (AC			SF or	LF)	Z.	-	Encapsula	m m
	BE ABATED		Main					(i.e., thermal sy nsulation, surfact					Removal	Repair	aps	Enclsoure
1	in Facility		Cust	(12		11 ?		or other miscella					Ova	air	üle	our.
	(13)		Yes	No		/A		or other misoene	aricous)				-		6	æ
				140	1 1	-		1/47/85407			2000	CF		\Box		
THROUGHOUT	BUILDING				<u> </u>	_		VAT/MAST			3000			H	님	H
ROOF							2002	FLASHIN	G		230	LF		님	H	무
									74.50				ᆜ	ᆜ	Щ	14
														Ш		Ш
			П	П	П											
Name of Registere	d Waste Haul	er		T	JDE	P Wa	aste	Cubic Yards	Name of	Registere	d Lar	ndfill		0.0	17	
, tame of the ground				1,992		er ID N		of Waste	Ġ	270						
WASTE MANAG	EMENT			S	W1	724		40	GROW	S NORTH	LAP	1DFIL	L			
City, State								Disposal Date	City, Sta	te				72-20-00		
CAMDEN NJ								TBD		SVILLE F	PA					
Completed By (Prir	at or Type\			T	itle			Signature			_		Date			
PATRICK T. DeC						nato	r	Patrick	10 1	00	1	0	7/23/	14		
ATTOM I. Dec	,			-			80	Patrick	1.0	Caro	17	n				
						10000					11					

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

Date of Notification (1				N	ame	of Bu	ilding	Owner / Opera	tor (2)							-
	ype Notific			C	SX				32 20							
⊠ EPA	ype Nounc	ation				Addre										
DEP		al						TREET								
⊠ DOL		nded R#1-8/6	114		ACL	State &	ZIP	Code								
⊠ DOH		rgency	11 1-4	N	AUP	of Co	VILL	E FLORIDA 3	2202-4	423						
DCA	Can	cellation		IN	ame	01 (0	ntaci	All I				T	eleph	one	Num	ber
				L												
Name of Facility Whe	re Abatem	ent is Taking	Place	(3)	FA	CILITY	Y IN	FORMATION	**** ***			3// 				
CSX - ADMINISTR	ATION B	UILDING	lace	(3)				Type of Fac								
Street Address					-			School			. 27					
6201 TONNELLE A	VENUE							Subcha	apter 8 (Other than K-	12)	Tel Mari				
								Other (i.e. priva	ate & commer	cial b				etc.)	
City (5)		County (6)	10		264.6	\ a d = 7	7)	Square Fee		# of Floors		BI	dg. A	ge		
NORTH BERGEN		BERGEN		Oui	ity (code (7	()	2982		1				70)	
NORTH BENGEN		BERGEN								f being demol	shed)				
Name of Monitoring Fi	rm Hirad b	Duitdie e O				1		ADM BUIL								
SHAW ENVIRONME	ENTAI	y building Ow	mer (8	3)		ASCI	M No		atemen	Contractor (9	9)					
Street Address	INTAL		-	-				BRISTOL	ENVIR	ONMENTAL	INC					
128 S.TRYON STRE	EET							Street Addre					48 - 5			
City, State & Zip Code				_				1123 BEAV	VER ST	REET						
CHARLOTTE NC 28								City, State 8	ZIP Co	de						
Project Manager for Mo		irm	Tele	nha	one	Numbe	25	BRISTOL,		107						
GARY WYWRA			732					Telephone N 215-788-60			Licer	nse Nu				
	heduled Start Date (10) Scheduled Com							Name of OS	CONCAR NO.	itor			005	19	_	
	ON HOLD									NMENTAL	INC					
Occupancy Status Duri	ing Abaten	nent (Check o	nly or	ne)				Street Addre		- THE	1110			-		
Facility Closed	Vacated [ouring Entire F	Period	of	Aba	tement	t	1123 REAL		REET						
Abatement Per	formed Ou	tside of Norm	nal Ho	ours	s – 7	am to	3pm	City, State &				-				
Describe: 7:0	00 AM - 4	1:00 PM						BRISTOL,								
Facility Occupie	ed During	Abatement								••						
Scope of Work (Check	all that ap	ply)			-000					-11						
≥3 sf or ≥3 lf				-					\boxtimes	Full Containm	ent w	ith Ne	gative	Pre	ssure	9
≥3 \$1 01 ≥3 11 ≥160 sf ≥260 lf						vation				Mini-Enclosur						
≥ 100 SI ≥200 II			\boxtimes	L)em	olition				Glove Bag Pro						
Loont	ion of									Non-Exempte	d and	Non-F	riable	Pro	cedu	ire
Asbestos-	ion of				catio			Description	n of		Amou				ent T	
Materia	I (ACM)		Non		ly by			Asbestos-Con			Speci					Ť.
	BATED		Main	iten	anc	e or		Material (A (i.e., thermal s		S	F or L	.F)	70		E	m
in Fa	0.92		Cust	odia	al St	aff?	i	nsulation, surface	cina VA	т			em	Repair	cap	ncle
(1	3)			(1				or other miscell	aneous)				Remova	air	Encapsulate	Enclsoure
			Yes	N	0	N/A									ate	e
THROUGHOUT BUIL	DING		\boxtimes					VAT/MAS	TIC	3(000 S	F		П		
ROOF	222 025							FLASHIN			30 L		X	片	H	H
					7						00 L		H	片	H	H
				T	1	T							11	님	H	님
		T	Ť	TT-							H	H	H	H		
											-		片	님	-	님
Name of Registered Wa	ste Hauler			1	JDI	EP Wa	ste	Cubic Yards	Name	of Registered	l and	fill		Ш		Ш
NAOTE				H	Haul	er ID N		of Waste		r vogioloidu	Lailu	iai				
VASTE MANAGEME	NT			5	SW1	724		40	GROV	VS NORTH	LANE	FILL				
City, State						Disposal Date	City, St					-				
AMDEN NJ								TBD	The state of the s	SVILLE PA						
completed By (Print or T	ype)		1983 38	1000	itle			Signature				ı	Date			
ATRICK T. DeCARC)			E	Esti	nator	-	10.00	0.1	10	/ ·	1 77	7/23/1	4		
								Patrick !	1.10	Cars 1	0	'				
D 14033					- 8						1	_				

CHECK # 1069

Date of Notification (1) 09/08/2014		· · · · · · · · · · · · · · · · · · ·			of Building Vara	Owner/0	Operator	(2)		23	W SED) []	770	_	
Agencies Notified	Type Notification				Address			SEC. 1		را ب	114 SEP		161	32 (14
EPA DEP	× Initial				ast Clift					1.					
DEP DOL	Amended Amendmen	t #			ate, Zip C n, NJ 07									4	
DOH	Emergency justification)				f Contact					Tel	ephone N	lumber	2,500		
DCA	Cancellation		F	Roger	Vara										
Name of Facility When	a Abatament is Takir	a Diago (2)		FAC	ILITY INF	ORMATI	ON	-							
Residential Prope		ig Place (3)						Тур	e of Facility (4	70					
Street Address							-		School (K-12 Subchapter		er than K-	-12)			
147 East Clifton A	Ave.							×	Other (i.e. pr				ldings	, hom	ies,
City (5)						_		Squ	etc.) are Feet	# 0	f Floors		Bldg.	Age	-
Clifton								1,9	00 +	2		;	50+		
County (6) Passaic					Code (7) USE ONLY)		Cur	rent Use (Prio	r if bei	ng demol	ished)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	M No.		Name	of Ab	atement Cont	ractor	(9)				
									Contracting	Corp	o				
Street Address							Street 1087		_{ess} asant Valle	y Wa	ay			3	
City, State, Zip Code									Zip Code	7050					
Project Manager for M	onitorina Firm		T	elenho	ne No.		Teleph		ange, NJ 0	7052	License	No			
17 C.	oriitorii ig i ii ii			Сісріїо	ne ivo.		973-	333-	9176		01232	NO.			
Start Date (10) 9/17/2014		Scheduled 9/18/201		oletion	Date (11)		100		SHA Monitor ion Consul	tants	Inc.				
Occupancy Status Dur	ing Abatement (Che	k Only One)				Street						-		
➤ Facility Closed/Va	acated During Entire	Period of Ab	ateme	ent			20-2	1 Wa	agaraw Rd.	- Blo	lg.35E				
Abatement Perfor	med Outside of Norr	nal Facility H	Hours				100000000000000000000000000000000000000		Zip Code	_					
Scope of Work (Check							Fair	Law	n, NJ 0741	0					
≥3 sf or ≥3 lf	Ан ттас Арргу)	× Re	novati					7 -	.!! 0 1 - 1		N	5			
≥160 sf or ≥260 lf			molitio				×	M	ull Containme ini-Enclosure lovebag Proce	edure					
								N	on-Exempted	(*) and	d Non-Fria	able Pro	18122 AS	275-10-75-28	
			ocation rmally											emen /pe	t
Locati Asbestos-Containir	TORREST LANGUAGE CONTROL	Used	Solely	by	Asbes	Des tos Cont	scription aining M	of fateri	al (ACM)	Α	mount		T		
TO BE A			tenand dial Sta			thermal		s insu		(8	Specify or LF)	Rer	R	inca	Enc
(13	533 5/		(12)				niscellan)	31	OI LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	G.
Baser	ment			х		Pipe	Insula	tion		6	0 LF	х			
Name of Registered W	aste Hauler		1000000	DEP W		Cubic of Was		-	Name of R	egiste	red Landf	fill			•
Freehold Cartage			9000000	939	140.	2	,,,,		G.R.O.W	I.S.,	Inc.				
City, State Freehold, New Jers	sev					Dispos	al Date		City, State Morrisvil	ام ا	nnevly	ania			
Completed by		Title	Minne				ignature		MOTTISVII	io, i t		Date			
Blagica Nikolova		Preside	ent				K	KI	Kolar			09/08/	2014		
							4	21	the form	1					

Date of Notification (1)					Building		Operator	(2)			909	i. C			1.14	0. 1
04/01/14			_		PROCI	NO					201	4.5		1	ЬÍ	ا :ن
Agencies Notified EPA	Type Notification Initial		- 1	Street A	ddress EDAR A	VENU	JE			23	í,					
DEP × DOL	Amended Amendment #				te, Zip Co NGSW(NJ 081	08					L	.		41 (0)
DOH DCA	Emergency (in justification) Cancellation	ncluding		1000	Contact					Tele	phone	Num	ber			
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where	Abatement is Taking	Place (3)							of Facility (4)							
Street Address 611 CEDAR AVEN	UE			4 201				N S	School (K-12) Subchapter 8 Other (i.e. pri	(Othe				dings,	home	es,
City (5) COLLINGSWOOD	, NJ						45		etc.) e Feet	# of 2	Floors		В	ldg. A	ge	
County (6) CAMDEN COUNT	Y				Code (7) JSE ONLY)			Curre	nt Use (Prior 1E	if beir	ng dem	olish	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	l No.				ement Contr		7		***			
Street Address								Addres	s DOVE CO	URT		_	-			
City, State, Zip Code								State, Zi	p Code DD, NJ 08	701		Т				
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph	none No),		Licens).			
Start Date (10) 9/19/14							Name	of OSH	A Monitor PROFES	SIO		-				
Occupancy Status Durin			- #-	2007-12-2			2000	Addres				-				-
	ated During Entire P		atem	ent			6 WH	HITE D	OOVE CO	URT						
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility H	ours			_	100	state, Zi EWO0	p Code DD, NJ 08	701						50
Scope of Work (Check A	II That Apply)	22 THE RESERVE TO THE										т				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovat				×	Min Glo	Containment i-Enclosure vebag Proce i-Exempted (dure					۵	
		ls Lo	catio	on				1401	r-Exempted (/ and	14011-1	Habi	1 10		ement	\neg
Location		Nor	mally	y		De	scription	of						Ту	pe	_
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity		enan	ce/		therma surfa	taining M I system: icing, VA miscellar	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEM	BASEMENT					FLO	OOR T	ILE		40	0 SF		Х			
Name of Registered Was	ste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of Re	egiste	red Lar	ndfill				
NEWARK CARTING	3			suler ID 509	No.	of Wa			IESI	and the state of t		100				
City, State NEWARK, NJ						Dispo 9/21/	sal Date 14		City, State BETHLE	НЕМ	PA					
Completed by JOSEPH PERLSTE	IN	Title OWNE	R	5.00		5	Signature)				Dat 9/9	e /14			

(K 5242

Date of Notification (1)			T	Name	of Building Owner	r/Operato	(2)					
9/0/	19		\dashv	~ .		H14 5	FRANK	- 2014 SEP		13:	:	
	ype Notification			Street	70 MON	ITER	EY AUE					
D DEP	2 Amended				wate, Zip Code	•					-1	
Z DOL	Amendment # 2 Emergency (included)	ina	L	TE	ANECIC.	17	. 07666	(L				
Z DOH ·	justification) 2 Cancellation			Name	R. FRAN			Telephone Nu	mber	- 4		
				FAC	LITY INFORMAT	ION	,	· ·				
Name of Facility Where Ab	stement is Taking Pl	ace (3)			•		Type of Facility	(4)				W
MR.	FRANK		8	4. -	1.2		School (K-12	n.				
Street Address		_				- ;	O Subchapter 8	(Other than K-1	2)			
70 MON	ERET A	، ۍ د					homes, etc.)	ivate & commerc	ISI DUSCENS	> ,		
						1	Square Feet	# of Floors	Bidg. A	_		
TEN	NECK	•	ç			27	1800	12		30	نا م	ME
County (6)				Count	y Code (7) (STAT	EUSE		ior if being demo	lished)			
BER				7. 33.33				DEN CE				
Name of Monitoring Firm H (8)	ired by Building Own	er	ASCM				ment Contractor (S	<i>2010</i>				
Street Address			- 3				emoval I	nc				
Sueet Address					1	Address	D: C+					
City, State, Zip Code						tate, Zip	River St			_		
							sack, N.	J. 07601	į			
Project Manager for Monito	ting Firm	To	elephor	e No.		one No.		License No.			-	
							7444 -	_00388				
Start Date (10),	Scheduled C			e (11)	Name	of OSHA		1			-	_
9/23/14		4/1			Ome	ga Er	vironmen	tal Inc				
Occupancy Status During A	batement (Check or	ily one)				Address	-1 C+					
Q Facility Closed/Vacated	During Entire Period	of Abai	lement				ler St	,				
Abatement Performed Or a Other - Describe: 700	LISIDE OF NORMAL FAC	alaty Ho	us	٥		tate, Zip (Lackensac	le NI I	07606			
Scope of Work (Check all th	nat apply)				. 501	ILII E	lackensac	K, N.J.	07000			-
2 ≥ 3 ≤ or ≥ 3 ii			9	D-1500	ovation	Q Full	Containment with Enclosure	Negative Pressu	re			
D≥ 160 sf or ≥ 260 lf					JOSSION	- a Glov	ebag Procedure					
	·					□ Non	-Exempted (*) and	Non-Friable Pro	cedure	Abai		
		100	Location Normall	200000	5 , 1		I		L		ype	Penc
, Location of Asbestos-Containing In	of Islamiai (ACM)	Use	d Solel	y by	Asbestos Con	scription		Amount	.		_	
TO BE ABA	TED		intenar Justodi:		(i.e., therma	i systems	insulation.	(Specify		2 2	Encapsulate	Enclosure
l . / IN Facility (13)	<i>.</i>		(12)			cing, VAT miscellan		SF or LF	' !	Repair	le l	neo
	• •		1						1	-	ate	6
0/0,541,51		Yes	No	N/A						-	+	Н
BASEMENT					THERMAL S	pstem	INSI MATION	55	LF)	4	+	Н
										+	╄-	Н
										1	-	\sqcup
Name of Registered Waste	· ·	L	055			<i>.</i>	1 N			\bot	上	Ц
			DEP W No.	raste i	Waste	fards of	Name of Regist	ered Landill				1
Best Removal	Inc	1	710	9		1/20-	Minerva	Enterpr	ises			
City, State	ack, N.J.	076	01		Dispos		City. State	urg , Oh				\neg
Completed by	Title	0/0	OI			4/14	"aynesb	ure , or		,		_
J. Maiorano	Estin	ato	r		Signati	11	Suranoin		Parte 9/8	1/1	7	
						N. I	is some		1/0	//	•	

Date of Notification (1) 9/8/14		T _u			Building C Mingo	Owner/O	perator	(2)	-	2041	٥٥٥	r 1	* * * *	٠,	į –	
Agencies Notified	Type Notification		-	Street A		Ctron	+			2014	SEP	11_	Hil	<u> </u>	U	
EPA DEP	InitialAmended				te, Zip Coo		t.			r Ht.						
X DOL	Amendment #		-16		k, NJ 07	103						- ₽'.		•		
DOH DCA	justification) Cancellation	loidallig	116		Contact Mingo				22	Tele	phone	Numb	er			
LI DCA	Caricellation				LITY INFO	DMATI) N					-	788=			
Name of Facility Where Residential	Abatement is Taking	Place (3)	ÿ.	FAGI	LITTINFO	KWATK	JN	Туре	of Facility (4))						
Street Address									chool (K-12) ubchapter 8		r than i	⟨ ₋ 12\				
687 South 18th Str	eet							× C	ther (i.e. pri				ouild	ings,	home	es,
City (5)								Square		# of	Floors		BI	dg. A	ge	
Newark																
County (6) Essex				County (STATE L	Code (7) JSE ONLY)		_	Currer	nt Use (Prior	if beir	ng demo	olished)			
Name of Monitoring Firm M2M Environmenta		wner (8)	- 2	ASCN	l No.				ement Contr			ns				
Street Address							23.00	Address			Joiding				-	
202 Hunterdon Stre	eet						2717	Linwo	ood Road							
City, State, Zip Code Newark, NJ 07103								itate, Zip n, NJ (
Project Manager for Mor Gloria Peter	ect Manager for Monitoring Firm oria Peter t Date (10) Schee					E.		none No 418-27			Licens 0122					
Start Date (10) 9/12/14	rt Date (10) Sched						Name Ame		A Monitor							
Occupancy Status Durin	g Abatement (Check	Only One)					Address								
	ated During Entire P						descendents	- D- 34 (400) (400)	0th Street							
Other – Describe:	ed Outside of Norma in the basement	al Facility F	lours			-		tate, Zip York,	Code New York	k 100	16					
Scope of Work (Check A	II That Apply)		185					-				College				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	40	Bertrail	nova moliti				×	Mini	Containmer -Enclosure vebag Proce	dure						
								1 Non	-Exempted	(*) and	Non-F	riable		Stranger Contract	ment	
Location	of	100	ocati irmaii			Don	orintian	of				L		Ту		
Asbestos-Containing	Material (ACM)	Used	Sole! tenar			os Conta		Material			mount				ш	
TO BE AB In Facil		Custo	dial S	25050 BBS	(i.e.	thermal surfac	systems ing, VA		tion,		pecify or LF)		Remova	Repair	псар	Enclosure
(13)			(12)			other m	niscellar	neous)			5		oval	air	Encapsulate	sure
		Yes	No	N/A											Ф	
Basem	ent		X				Pipe			10	OOLF	Σ	5			
							10									
N (B)			1	JDEP W								1611				
Name of Registered Was	lame of Registered Waste Hauler ewark Carting					of Was			Name of R	8						
City, State				506			al Date		City, State Tullytown	n, Pa					25-0112	
Completed by		Title				6	igr i ature		006	3		Date			-	
Emmanuel Chiobi		Opera	tions	Mana	ger		tom	anef		ME	2	9/8/	201	4		

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	9/05/2	2014	401 1010 5		Name of Build	ding Owner	Operator (2).	II OED		21		
	910312	2014	72		Name of Build BUILD TO	PLEASE	LLC ELL	4 SEL		613	2 67	
Agencies Notified		Notification	Туре		Street Addres	SS	,					
⋉ EPA		X Initial			484 N Stat	e Route	17					
□ DEP			ed #		City, State, Zi							
X DOL			ncy (includ		Paramus, 1	X market to see	7.0					
X DOH	*	☐ justifica			Name of Cont			T TOLKI	mhor			
DCA		Cancell	ation		Mr. Elliot C							
Name of Facility Where Abat	ement is Ta	king Place (3	8/	FACILITY IN	NFORMATION	tu ///						
Private Dwelling	omone to Ta	King Flace (c	<u>7</u>		Type of Facili	ty (4)						
Street Address					School (K-12)						
432 Old Tappan Road					Subchap	ter 8 (Othe	r than K-12)					
	ounty (6)		I County I	Code (7)	Other (i.	e., private	& commercial	buildings.				
				se Only)	homes,	etc.)						
Name of Monitoring Firm Hire	ergen	Owner (8)	ASCM N	lo.	1.							
n/a	od by blug. (Owner (b)	AGCIVITY	<u> </u>	Name of Control		4:					
Street Address				-	MTM Metro		tion					
ou cot Address					Street Addres 135-137 Mo	 5	10					
City, State, Zip Code							С					
Oity, State, Zip Code					City State, Zip	200						
Project Manager for Monitorin	og Circo	Tolonboon N	T		Paterson, N							
Project Manager for Monitori	ig Firm	Telephone N		Telephone Nu			License	1	er			
Cabadulad Ctad Data (40)					973-742-50			00809	1			
Scheduled Start Date (10)		Scheduled (Date (11)	Name of OSH		7*					
9/18/2014		9/20/2014			MTM Metro		ition					
Occupancy Status During Ab	atement (Ch	eck only one	<u>e)</u>		Street Address	<u>=</u>		***				
Consists Classed Vacated	D	5			135-137 M	cBride Av	/					
★ Facility Closed/Vacated	9.500				City, State, Zip	Code						
Abatement Performed C	outside of No	ormal Facility	Hours		Paterson, N	1107501						
Other-Describe:					aterson, iv	07301						
Source of Work (Check all that	at apply)				<u></u>							
> 3 sf or > 3 lf		Renovation		∀ Full	Containment wit	th Negative	Pressure	× Min	i-Enclo	sure		
× > 160 sf or > 260 lf	X	Demolition		Nor	n-Exempted(*) &	Non-Friable	Procedure	Glo	vebag l	Procedu	re	
Location of Asbestos-		ion Normally	Used	Description of	ACM (i.e.	I Amount (Specify SF or	LF) T	Abate	ment Ty	pe	
Containing Material (ACM) in Facility (13)	Solely by Staff? (1	y Maint./Cus	todial	thermal system				- /				
Tability (10)	YES	NO	N/A	surfacing, VAT miscell.)	, or other	1			Rem.	Rep.	Encap	Enclose
Basement			×	Pipe Insulation		25LF			X		X	T
Kitchen			VAT		250SF							
		1								-		
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste		Name o	f Reg.	Landfill		-
MTM Metro Corporation	2	26552			10			Tullytow	1			
City, State							Disp. Date		1	City, Sta	te	
Paterson, NJ 07501				-			9/22/2014		T	ullytown	, PA	
Completed by (Print or Type)		Title		Signature			Date					
Elizabeth Maslarkov	В	usiness Adm	inistrator		Elizabeth	Masla	rkov	9/05/201	4			
ACMAN MON												

ASB-41

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

MO#22302806264

Date of Notification (1)	_			Nai	me of Build	ling Owner/Operator	(2)				
09/08	_ / _	14		1			(4)				
Agencies Notified Typ	e Notificat	ion			Ehrenkr			201	4 SEF) [5	Pr. N. a.
⊠ EPA 🔀	Initial			100000000000000000000000000000000000000					. 01.	1 1	h.1
Ø DOLWD □	Amended					ood Drive		•			
	Amendmer	nt #			, State, Zi						100
DCA DCA	Emergency	y (includ	ing	Mil	lburn, NJ	07041			×- L	ي ليب ا	
	ustification			Nar	ne of Cont	act		Telephone N	umber		
	Cancellatio	on		Dar	ren Port						
				F	ACILITY	INFORMATION		- -8	-		
Name of Facility Where Abate	ment is Ta	king Pla	ce (3)				Type of Facili	ty (4)			
Private house							School (K-				
Street Address							Subchante	r 8 (Other than K-	1 2)		
132 Greenwood Drive							Other (i.e.	private and comm	nercial	huildir	nos
City (5)							homes, et	c.)	11010101	Dunan	igs,
							Square Feet	# of Floors		Bidg.	Age
Millburn, NJ 07041 County (6)									ŀ	Ü	3 -
				Co	unty Code () (STATE USE ONLY)	Current Use (Prior if being dem	olished		
Essex							1	The Doing Coll	onsileu	,	
Name of Monitoring Firm Hired	by Buildir	ng Owne	r (8)	ASCI	A No.	Name of Abatem	ent Contractor /	0)			
							chi contractor (9)			
Street Address						Gr Tech LLC Street Address					
							autori (1000)				
City, State, Zip Code						576 Valley Rd	#283				
						City, State, Zip C					
Project Manager for Monitoring	Eiro					Wayne, NJ 074	70				
-y manager for Morntoffing	FIIII		Te	ephone	€ No.	Telephone No.		License No.			
Start Date (10)						973-638-1777		01127			
	Sch	neduled	Compl	etion D	ate (11)	Name of OSHA N	Monitor	01127			
///		09_	/ _1	9 /	_14	Environicion Co	×				
Occupancy Status During Abate	ment (Che	eck only	one)			Envirovision Co Street Address	nsultants,Inc				
▼ Facility Closed/Vacated Duri	na Entire I	Period o	f Ahate	ement							
Apatement Performed Outcid	to of Nines	and Frankli			scribe	20-21 Wagaraw	Road, Bldg .#	34A			
Time of Abatement:	M	PM/_	PM	_	AM	City, State, Zip Co					
cope of Work (Check all that a						Fair Lawn, NJ 0	7410				
	opiy)					X Clean up	and decontami	nation with negati	ve pres	sure	
		⊠ R	enovat	ion		Full Cont	ainment with Ne	gative Pressure			
$\leq 160 \text{ sf or } \geq 260 \text{ lf}$			emoliti					Tent with Negativ	in Dran		
						Non-Exer	mpted (*) and No	on-Friable Proced	ve Pies lite	sure	
1		10.00	s Locat						-		
Location of Asbestos-Containing Materia	/ACM		Norma ed Sole		1 1	Description of	f			_	ent Ty
TO BE ABATED	(/1011)	Ma	intena	nce/	Asbe	stos Containing Mat	erial (ACM)	Amount	Re	Re	E
IN Facility		Cus	todial	Staff?	(1.6	e., thermal systems in surfacing, VAT,	nsulation,	(Specify	Remova	Repair	зар
(13)	101		(12)			other miscellaned	ous)	SIF or LF)	<u>a</u>	7	Encapsulate
		Yes	No	N/A			,				ë
awl Space				X	Clean up				- F	-	_
		15			Clean up			300 SF	X		
		14									П
<u> </u>				П							
		1									
ame of Registered Waste Haule			Ц			<u></u>				П	\Box
	er .		NJO	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill			
Tech LLC			0	03378	5		T.R.R.F. Inc				
y, State				33370							
yne, NJ 07470						Disposal Date	City, State			C. Park	
mpleted By (Print or Type)	1-					TBD	Tullytown, PA	A			
impleded by (Filmt or Type)	Titl	е				Signature	4 . 0	A. D:	ate	_	
evtic	Ow	ner				#	In ver	. 1			
41			-			1/		09	/08/20	14	
11	9	Do not	use th	is form	for ashest	as licensure atomoto	d and building				

CK 5241

Date of Notification (1)			P	lame o	of Building Owner/Opera	tor (2)	96211 000	- 00			
9/8/	14	40		F	of Building Owner/Opera	NAGER	CON SEP.	LLin	0.	-	
Agency Notified	Type Notification		\$		ASS COS	8		•		1 5	
D EPA	a Initial		-	- O	Z BLANCY		1				
DEP.	Amended Amendment #		1	Auy, Si	DETER. N	5.0762	4		*		
D-DOH ·	☐ Emergency (including ius@fication)	ling	1	Name (of Contact		Telephone Nu	mber			
D DCA	☐ Cancellation			MR	, UNGER				7		
				FACE	LITY INFORMATION						
Name of Facility Whe	re Abatement is Taking P	ace (3)				Type of Facility	(4)				
per 1	NGER .			 -	54.	School (K-1)	2).				
Street Address				-		☐ Subchapter	8 (Other than K-1 rivate & commerc	(2) ·	~		
102 BW	ANCH (103	1, I			1	homes, etc.		ast british	ρ,		
City (5)						Square Feet	# of Floors	Bldg. /	-		
. CL	OSTEY2		٠,			4300	2	19	0		×
COUNTY (C)					Code (7) (STATE USE		rior if being dem		,		
	GEN .			ONLY)			SIDENCE				
Name of Monitoring F (8)	ism Hired by Building Ow	ner A	SCM	No.		lement Contractor (100				
			-1			Removal 1	nc				
Street Address					Street Addres	s S.River St					
City, State, Zip Code					4-5 U S City, State, Zi						
Ouy, Oute, 24 0000	·					ensack, N.	J. 07601	L			
Project Manager for I	lonitoring Firm	Tel	ephon	e No.	, Telephone No		License No.				
					201-329	-7444 -	-00388				30
Start Date (10)	Scheduled				Name of OSI						
9/17/14		3/18/	14			Invironmen	ntal Inc		2000		
Occupancy Status Du	ring Abatement (Check o	niy one)			Street Addres	s iyler St					
	aled During Entire Period				City, State, Zi						
	ned Outside of Normal Fa	CERTY HOU	15			Hackensa	k N T	07606	5		
Scope of Work (Chec				-		4					
Æ23⊈or≥3F				D-000		ull Containment will ini-Enclosure	Negative Press	ше			
_2 2 3 5 or 2 3 fr □ ≥ 160 5 or ≥ 260 fr					notition PG	lovebag Procedure		5			
					D N	on-Exempted (*) an	d Non-Friable Pr	ocedure	Ab	stem	emt
	***	Sec. 1922	Locatio	50000						Туре	
	ation of	Used	ormali I Solei	y by	Description		Amoun		-		
TO 86	ining Material (ACM) E ABATED	7 1 11 11 17 0 27 20 20	ntenat ustodia		Asbestos Containing (i.e., thermal syste	ms insulation,	· (Specify		2	Encapaulate	Enc
	Facility		9=07		surfacing, \		SF or LF	7	Remova	Dau Dau	100
		<u> </u>	(12)		Outes Hasses				=	ate	8
		Yes	No	N/A						+	-
BASENE	アナ				THERMOR SUSTER	y insulation	45	LF	×	+	_
4									4	+	-
									_	1	1
					<u> </u>					1	
Name of Registered		NJE ID I		daste l	fauler Cubic Yards Waste	of Name of Regi	stered Landfill				
Best Remo	val Inc	0.0000000000000000000000000000000000000	710	9	207	Minerv	a Enterp	rises			
City, State					Disposal Date	City State	<u> </u>	<u> </u>			
Hack	ensack, N.J.	0760	01		9/18/14	Waynes	burg , 0				1000
Completed by	Title	m o b =	_		Signature	` ~		Date /	9/	14	
J. Maioran		mato			LVA	viorone		1 7/	0/ 1	1	
ASB-41	* Do n	ot use thi	is form	n for as	sbestos licensure exemp	adivities.					

Date of Notification (1) 04/01/14					Building MO HO		r/Operator	(2)			2014	CE) i	, .		
Agencies Notified	Type Notification		_	Street A	ddress							071	- 1	h	1.7) <u>(</u>
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	te, Zip Co NOOD,	ode	RAL AVE	NUE			F-1	- L	·			
DOH DCA	Emergency justification) Cancellation	including	-	Name of	Contact MO HO					Tel	ephone	Num	ber			
				FACI	LITY INFO	ORMA	TION	0.077								
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4) School (K-12	50						
Street Address 1746 NEW CENTR	RAL AVENUE							×	Subchapter 8 Other (i.e. pri etc.)	(Oth				dings	, hom	es,
City (5) LAKEWOOD, NJ								Squa 100	are Feet	# o 1	f Floors		E	lldg. A	Age	
County (6) OCEAN COUNTY		.86		County (Code (7) JSE ONLY)		Curr	ent Use (Prior ME	if bei	ng dem	olish	ed)		8	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		atement Contr D PROFES						-	
Street Address			ii.				Street 6 W		oss DOVE CO	URT		T				
City, State, Zip Code									Zip Code OD, NJ 08	701						
Project Manager for Mo	nitoring Firm	eronia de la como		Telephor	ne No.		Teleph 732-				Licens 1200).			
Start Date (10) 9/11/14		Scheduled 9/11/14	Con	pletion [Date (11)		6/5/2017/2015		HA Monitor D PROFES	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street	Addre	ess							
Abatement Perform	cated During Entire I	Period of Aba	atem ours	ent					DOVE CO Zip Code	URT		. William				
Other – Describe:			31150				LAK	EWC	OD, NJ 08	701						
Scope of Work (Check A	All That Apply)							7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the second	nova					M Gl	ull Containmer ini-Enclosure ovebag Proce on-Exempted	dure					2	
		Is Lo	ocati	00				1 NO	on-Exempled	() an	d Non-F	riabi	e Pro	10.00	e emen	t
Locatio	n of	No	rmall	ly			Description	of						Т	/ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED		enar	nce/		tos Co therm sur	ontaining Nall system facing, VA r miscellar	Materia s insul T, or	lation,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
EXTER	IOR						SIDING	;		10	00 SF		Х		-	
			0771.14													
								9-10-10-10-10-10-10-10-10-10-10-10-10-10-				+				
			-													
Name of Registered Wa	ste Hauler		100000	JDEP W auler ID		922000000	ic Yards		Name of R	egiste	ered Lar	ndfill				
NEWARK CARTING	EWARK CARTING ity, State						/aste		IESI							
NEWARK, NJ					*	4 2 3 3 3 3 5	osal Date 1/14		City, State BETHLE	HEN	1 PA					
Completed by JOSEPH PERLSTE	IN	Title OWNE	R				Signature	e				Dat	е			

CK# 2436

Titus/ askion (1)		Na	me of Bu	uilding Owner/Op	perator (2)						
Date of Notification (1)		1	rpdy	+ Bob 1	Sie	<u>st</u>						
Agencies Notified Type Notification		Str	eet Addi	ress Mal	دط	Aue	21	IN SEP I			ے :ر	ان
M EDA Initial		Cit	y, State,	Zip Cade		1	- 0					
DEP Amended		1 -	Tor	ns niv	186	ucu j	6-2	ey	bor			-
Emergency (III	cluding	N	ame of C	Contact		100000000000000000000000000000000000000	1 el	epitone Num	1061		.50	
DOH DCA Cancellation			1111	KQ TY INFORMATI	ON							
Name of Facility Where Abatement is Taking	Place (3)		I-ACILI	17 INFORMATI	014	Type of Facility	(4)					
Kievent Resid	Prie					Other (I.e.	r 8 (Oth	er than K-12 & commercia) al buildi	ngs, I	1011101	š.
24 191100	70°C					Square Feet	# 0	f Figors		lg. Ág		
Toms River						1800				to		
County (e) eco		C	ounty Co	ode (7) SE ONLY)	-		98	Ce	ed)			
Name of Monitoring Firm Hired by Building C)wner (8)		ASCM	No.		of Abatement Co		(9)				
Street Address					Stree	Address Jiontrose Ros						
						State, Zip Code						
City, State, Zip Code					Colt	s Neck, N.J. (7722					
Project Manager for Monitoring Firm	V	T	elephon	e No.	1	hone No. -294-1757		License N 00029	0.			
Start Date (10)	Scheduled	Com	pletion D	ate (11)	Name	of OSHA Monito	ır	*****				
Occupancy Status During Abatement (Chec	k Only One	الم	117		Stree	t Address					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of At	natem	ent		City,	State, Zip Code						
Scope of Work (Check All That Apply)							W.					
23 sf or ≥3 if ≥160 sf or ≥260 if		novat				Full Contain Mini-Enclose Glovebag Po Non-Exemp	ure rocedure	1			E	
	1 101	ocatio	, 1				1			Abate	ement	
Location of	N	orma'i Solel	y \	D	escriptic	m of				1	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	i.1alr	ntenar dial S (12)	ice/ staff?	(i.e. therms	al syster acing, V	Material (ACM) ns insulation, 'AT, or aneous)		Amount (Specify SF or LF)	Romoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A				1:54	1114	1		-	-
artdur	1		8	2,9	inj		100	の以	X	-	-	-
	1 +						$\dot{+}$		+-	-		
	++						+		1	-		-
Name of Registered Waste Hauler	1 1		JDEP W		c Yards	Name	of Regis	stered Landfi	11	-	ــــــــــــــــــــــــــــــــــــــ	
Ace Insulation Co., Inc.			auler ID 2086		laste	01	O.W.S					
City, State Colts Neck, New Jersey					osal Da		itate town, f	PA				
Completed by	Title	A	~~~~		Signatu	ire /		D	ate	1/11	1	
Bree McGuire	Secre	tary	Treasu	uel		m)			4	11.	1	

CK# 2436

Date of Notification (1)			N	aine of		wneriOperate							
9-9-	14				MA	1844	DNIEK	·	2014 SEP	4		<u> </u>	in the second
Agencies Notified	Type Notification		S	heet Ac	4.000					1 , (· 1 ·	ے در	ے
17 EPA	Ta Initial		į		20	07 12	1/200	1708	NEE				
DEP	Americed		C	r /, Stat	e. Zip Cod	le			Control of the				
DOL	Amendment		-		All	(EN hu)	255	100	~ ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	·	••-	5 - 12000	
IP DOH	Emergency (including	N	ame of	Contact	Mariana akaba			Telephone Nur	riber			
DCA	Cancellation		1		DAL	10							
			k	FACI	ITY INFO	RMATION							
Name of Facility Where	Abatement is Taking	Place (3)					Type o	f Facility (4)				
Da	12K BES	DEMO	177				□ S	chool (K-1	2)				
Street Address	The second second								8 (Other than K-1)			200.00	
207	PILEN B	CPAUP	,					ther (i.e. p ic.)	rivate & commerci	al bull	lings.	nome	95,
((dv (h))							Square		# of Flaors		ldg A	ge	
(a) (b) (c) (c) (c) (d)	whiles !								2		90)	
County (6)			To	anly C	Ode (7)		Curren	Use (Pri	or if being demolis	ned)			Principal Control
man	mouth				JSE ONLY)				RESKE	200	20.		
Name of Monitoring Fir		(8) ranwC		ASCN	I No.	Nan	ne of Abate	ment Co	itractor (9)				nanon can once
	, , ,					Ac	e Insulai	lion Co.,	Inc.				
Street Address		-		-			et Address						
Sireer Address							Montros		1				
City, State, Zip Code						City	State, Zic	Code					
City, State, Zip Code						0 0000	its Neck		7722				
Project Manager for Me	anitarina Firm		T7	e epho	na No		phone No		License N	lo.			
1 Tojec. Manager for Wi	ormoning rum		į'	- Spi.o.			2-294-17		60029				
Start Date (10)		Scheduled	Com	e-tion l	Dale (13)	Nan	ne of OSH	A Monitor					
	-14					1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Occupancy Status Duri	ian Abstoment (Cher	k Only One	<u> </u>	! /		Stre	el Addresi						1-manage a
-						0.10	oc madroo	,					
Facility Closed/Va	ecated During Entire	Period of Al	aieme	2 /		City	Cinto 7:-	Code					
Other - Describe:	med Outside of Norm	as radilly	2/1			City	. State, Zip	Code					
Scope of Work (Check				-									
/		177					F-7						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Technology	novati					Containme -Enclosure	ent with Nagative	Pressu	re		
2 100 SI OI 2230 P.		ق ٥٥	i i Olitic	-				ebag Pro	51				
					,	-	L Non	-Exempte	d (*) and Mon-Frial	ole Pro	cedur	e	
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Locati	on of		ormally			Descripti	on of	ì			,	pe	
Asbestcs-Containir		19.333333	Solen		Asbest	os Containing	Material ((ACM)	Ameunt			m	_
TO BE A			dial St		(i.e.	thermal syste surfacing, '		ion,	(Specify SF at LF)	Reg	F _e	Ca	l g
(13			(12)			other miscel			O1 0, 21 /	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				į		<u> </u>		ate	36
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DUCTIOORK	PIFE			ر د	PSK	3 PAPE	<u>/</u>		IDUCF				į
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Name of Registered W				DEP W		Cubic Yards of Waste	5		Registered Landfil	1			
Ace Insulation Co.,	, Inc.		100000	36		J. 119616	į	IESE					
City, State						Disposal Da	ite	City, Stat	e				
Coits Neck, New J	ersey				ŧ	g to the second		0.500	nem, Pa				
Completed by		Title				Signati	ure	. 1	/ To	ate			
George Wuest		Presid	ent			Sh	1142 9	Whee.	×	9-	7-1	4	
		<u> </u>					50						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

						'nk					
Date of Notification (1)	014			Name of Building	The state of the s						
September 8, 2	014	4			DnA D	Demolition	7	511	0		
Agencies Notified Type of Notifi	cation			Street Address			2014 SEP 11	-11	2		
	ial Notific				2156 (Camplain Road		141	ں، د	ì	
	ended No			City, State, Zip C	ode		<u>.</u>				
["] 505	endment # ergency (i	1201				orough, NJ 08844			1,50		
1	tification)	nciuding		Name of Contact			Telephone Number				
I DCA	ncellation				nio Dimuz		Telephone Ivamber				
	×										
No. of the Miles of the company	DI (2	,	FAC	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taki Residence	ig Place (3)				Type of Facility (4)					
						I	School (k-12) Subchapter 8 (o	ther that	k_12)		
Street Address						[x]	Other (i.e., priv			ial build	lings
24 North Terrac	2					[^]	homes, etc.)	ato ac co	minoro	ar ounc	imgs,
City	Count	y (6)		County Code (7)	2 ==	Square feet	# of Floors	Bldg	g. Age		
			I	(STATE USE ON	LY)	2000 sf	2		(55	
Maplewood	Esse	X	1			Current Use (Prior		i)			
Name of Monitoring Firm Hired by Buildin	Owner (8)		ASCM No.	Name of	Reside Abatement Contractor			-		
Guardian Contra				TIDOM THO.	Traine or		ian Contracting	. Inc.			
Street Address					Street Ad						
1889 Route 9, U	nit 61						Route 9, Unit 6	1			
City, State, Zip Code	00755				City, Stat	e, Zip Code	D: N I	OB	755 1	271	
Toms River, NJ Project Manager for Monitoring Firm	08/33	Telephone	Number		Telephon	e Number	River, New Jer		/33-1	2/1	
Nicholas Fernicola		732-349			732-34		00624	Number			
Scheduled Start Date (10)				ion Date (11)		OSHA Monitor	1 0002.				
9/8/14		9/9/	14	. NSv 32		E.M.S	.L. Analytical				
Occupancy Status During Abatement (Chec	기가 이 없었다면 그렇게 하다.				Street Ad		N-16 D - 1				
[X] Facility Closed/Vaca						1056 8	Stelton Road				
Abatement Performe Other – Describe	Outside	oi Normai i	acility Ho	ours	City, Stat	e, Zip Code	D MAN TO MAN	7/25/20	nere alle		
[] Other = Describe						Piscata	away, New Jers	ey 088	54		
Scope of Work (Check all that apply)					[]	Full Containmen	t with Negative Pre	ssure			
					ĹÍ	Mini-Enclosure					
[X] >3 sf or ≥3 lf		[x]	Renova	ition	[x]	Glovebag Proced	lure				
[] ≥160 sf or ≥260 lf		[]	Demol	ition	[]	Non-Exempted (*) and Non-Friable	Procedu	ıre		
ų.	T							Aha	tement	Trme	
	524	Is Locati	on		Descriptio	n of		Aua	T	Type	T
Location of	1	Normally 1	777:	A	sbestos-Con		Amount	RE	R E	E	E N
Asbestos-Containing Material (ACM		Solely b			Material (A		(Specify SF	M	P	C	C
TO BE ABATED	Main	tenance/C	ustodial		e., thermal s		or LF)	O	A	Α	L
in facility		Staff		in	sulation, sur			V	I	P	0
(13)	1	(12)			VAT, o			13500	R	S	S
	YES	NO	N/A	01	ther miscella	ineous)		A		L	R
	1123	NO	IN/A	1				L		Е	E
Basement		X		Asbestos pip	e insulation	n	95 lf	X			
								T			
			T								
		-	+				1	+			
Name of Registered Waste Hauler	1	NJDEP Wa	ste Hauler	ID No. Cubic N	ards of Wast	e Name of Regist	ered Landfill				1
Guardian Contracting, Inc			20223	3		T.R.R.F.					
City, State	1		Dispo	sal Date	City, Sta	ite ,	Ω	+11			
Toms River, New Jersey	T =:-		9/10/		Tullyro	wn, Pennsylvani	a/ /	1=			
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Mana	oer .	Signature	det	1		Date	: /2014		

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

CK 9810004134

Date of Notification (1) 9/02/14					ing Owner/O ter Riding		(2)	Box					
Agencies Notified	Type Notification			eet Address				t.1	SEP 1	1 -	 3		-
	➤ Initial		\$20,000	Lakewoo	E			,			., .	, Car ().	e v
EPA DEP DOL	Amended Amendment #		1000000	y, State, Zip edar Grov	Code re, NJ 070	09			· L		q		
DOH DOA	Emergency (in justification)	ncluding	9,3232	me of Conta				Tele	ephone Nu	mber	-		
DCA	Cancellation					ON						·-	
Name of Facility Where	Abatement is Taking	Place (3)		FACILITY	NFORMATI	ON	Type of Facility	(4)	_				
House		N 882,453		5			School (K-	200.500					
Street Address							Subchapte	8 (Othe				10000000	
45 Lakewood Ave							Other (i.e. petc.)	orivate &	commerc	iai buii	aings,	nome	es,
City (5)					100		Square Feet	100000	Floors	1000	Bldg. A	ge	
Cedar Grove			10-	-t-0-d-/	77		N/A	N/A		1000	1/A		
County (6) Mercer				unty Code (ATE USE OF			Current Use (Pri House	or it bei	ng demolis	ned)			
Name of Monitoring Fir	m Hired by Building C	wner (8)	7	ASCM No.			of Abatement Co Abatement, Ir		(9)				
Street Address						Street	Address						
City, State, Zip Code							osengren Ave	nue					
						Toto	wa, NJ 07512						
Project Manager for Mo				ephone No.		973-	none No. 345-8685		#00675	lo.			
Start Date (10) 9/18/14		Scheduled 9/19/14	Comple	etion Date (11)		of OSHA Monitor Abatement, Ir		37 - 17 - 294, 13 3 3				
Occupancy Status Duri	ng Abatement (Check	Only One)					Address						
Facility Closed/Va	cated During Entire P	eriod of Ab	atemen	t			osengren Ave	nue					
X Other – Describe:		ai raciiily n	ouis				State, Zip Code wa, NJ 07512						
Scope of Work (Check	All That Apply)						_						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novation molition				Full Containm Mini-Enclosur Glovebag Pro	e cedure				ø	
		Τ				~ ~	Non-Exempte	d (*) an	d Non-⊦⊓a	DIE Pro	102A* 3	ement	+
Location	on of	(V) 200 (C) (C)	ocation rmally		Do	scription	of					/pe	
Asbestos-Containin	g Material (ACM)		Solely benance	AS	bestos Cont	aining N	Material (ACM)	200	mount	200		Ш	_
TO BE A		Custoo	fial Stat			system cing, VA	s insulation, AT, or		specify or LF)	Removal	Repair	сар	nclo
(13	3)		(12)		other n	niscella	neous)		60.27 s. 1 s. 20 m - P C.	oval	air	Encapsulate	Enclosure
	**			N/A								Ф	<u>.</u>
baser			X			oor tile			50 SF	X			
1st floor ba	ack porch		X		fl	oor tile	9	6	SO Sf	X	-		
			+	-			-			-	-		
Name of Registered Wa	aste Hauler			EP Waste	100000000000000000000000000000000000000	Yards	Name of	Registe	ered Landfi	1	1		
D&S Abatement, In	IC.		#20	ler ID No. 996	of Wa	ste	Waste	Mana	gement o	of PA			
City, State Totowa, NJ					Dispos TBD	sal Date	City, Sta Tullyto		4				
Completed by		Title	p/00/04/		5	gna	e (1)	1	D	ate			
Deanna Brkusanin		Project	Mana	ager		VIIL	alua Bil	lul	Ul 9	/02/1	4		

CK986941U834

Date of Notification (1) 9/02/14					Building (G. Sche			(2)								=
	Toma Nagena	1				eueima	an				231/	SEP			4 0	<u>}:</u>
Agencies Notified	Type Notificat	ion	- 1	Street Ac 662 Riv	idress ver Roa	d										
EPA DEP DOL	Initial	.			e, Zip Co					-	£					5.7
DOL	Amende Amendm			Charles and the Charles of the Charl	m, NJ (L.	٠.			•
		ncy (including		Name of						Tele	phone N	365		_		
DOH DCA	justificati Cancella		- 1		G. Sche	euerma	an			1	μ					
				FACIL	ITY INFO	RMATI	ON				-		-			21 - 22
Name of Facility When	e Abatement is T	aking Place (3)						Type of	Facility (4)						
House								☐ So	chool (K-12	2)						
Street Address									ubchapter 8				اماند	inas	hama	
662 River Road								⊠ Of et	ther (i.e. pr	ivate d	comme	erciai b	ulla	ings,	nome	35,
City (5)								Square	Feet	10000000	Floors	0.10		dg. A	ge	
Chatham								N/A		N/A	١		N/	Ά		
County (6)				County C	ode (7)	6			Use (Prior	r if bei	ng demo	olished				
Morris								House						-		
Name of Monitoring Fi	rm Hired by Build	ing Owner (8)		ASCM	No.				ment Cont		(9)					
N/A									ment, Inc). 						
Street Address								Address								
City Chata Zia Cada									en Aven	ue						
City, State, Zip Code								State, Zip wa, NJ								
Project Manager for M	oject Manager for Monitoring Firm							hone No.			License	e No.				
	oject Manager for Monitoring Firm							345-86			#0067					
Start Date (10)		Scheduled	Con	pletion [Date (11)		Name	of OSHA	Monitor							
9/17/14		9/18/14					D&S	Abater	ment, Inc	.			3			
Occupancy Status Dur	ring Abatement (C	check Only One)						Address						3.5	*****	
	acated During En						11 R	losengr	en Aven	ue						
Abatement Performance Other – Describe	rmed Outside of N	Normal Facility H	lours					State, Zip		0						
							Toto	wa, NJ	07512							
Scope of Work (Check	(All That Apply)							_								
× ≥3 sf or ≥3 lf		=	nova						Containme	nt with	Negativ	e Pres	sur	е		
≥160 sf or ≥260 lf		☐ Dei	molit	ion			ŕ	- IVIII II-	Enclosure ebag Proce	edure						
									Exempted		d Non-Fi	riable F	roc	edur	е	
,		Is L	ocati	on									-		ement	t
	ion of		rmal			De	scription	n of				. -	_	Ту	ре	
Asbestos-Containi) Used Maint						Material (mount		_		ш	_
TO BE A		Custo	dial S		(i.e.		system cing, VA	is insulati	on,		pecify or LF)		Ren	Re	ncap	ncl
(1	-1000 Mg		(12)				niscella			0,	0. 2. ,		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					1			- 1	-		ate	(G)
base	ment		X			nine	insula	ation		14	10 LF	X				
					1	Pipo	1110010					- 1"	-			-
												_				
Name of Registered W			932	JDEP W auler ID		Cubic of Wa	Yards	- 8	Name of F	=			000			
D&S Abatement, I	nc.			20996		TBD	316		Waste N	/lana	gemen	t of P	Α			
City, State						Dispos	sal Date	+	City, State							
Totowa, NJ						TBD	1		Tullytow	n, PA	4					
Completed by		Title				S	Signatur	e	0/1		1	Date	-			
Deanna Brkusanin	t Ma	anager			Ville	ille	Reflece	elli	^	9/02	/14	8				

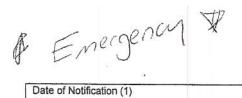
Date of Notification (1) 9/02/14			ame of B Ben And		wner/Opera	ator (2)		9000		, -			
Agencies Notified Type Notification	E.	- 7	treet Add 15 Atla	iress Intic Str	eet		*	2014 S	LP I	L-		اُ بت الله	
EPA DEP Amended Amendment #_				, Zip Cod City, NJ				j.,		No. of the last of			
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	700	ame of C Ben And		÷			Telephon	e Numb	er			
			FACILI	TY INFO	RMATION								
Name of Facility Where Abatement is Taking F	Place (3)					1	ype of Facility (4)					
House						[School (K-1		14 40)				
Street Address								8 (Other tha private & com		huild	inas I	nomes	
115 Atlantic Street						E	etc.)						
City (5) Jersey City							Square Feet N/A	# of Floo N/A	rs	100	dg. Aq /A	je	
County (6) Hudson	-		County Co	ode (7) SE ONLY)			Current Use (Pri House	or if being de	molishe	d)			
Name of Monitoring Firm Hired by Building Ov	mer (8)		ASCM	Nn	Na	ame of	Abatement Cor	ntractor (9)					
N/A	, , , , , , , , , , , , , , , , , , ,		7,00		D	&S A	batement, Ir						
Street Address					7 7777		^{ddress} sengren Ave	nue					
City, State, Zip Code	54						te, Zip Code a, NJ 07512						
Project Manager for Monitoring Firm		T	elephon	e No.	17 17 17 17 17 17 17 17 17 17 17 17 17 1		ne No. 15-8685	100000000000000000000000000000000000000	ense No 0675			Araba -	
	Scheduled	l Com	pletion D	ate (11)			OSHA Monitor						
Occupancy Status During Abatement (Check		`					ddress		-	-	-		
							sengren Ave	nue					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of Ab Facility I	atem Hours	ent		Cir	ity, Sta	ite, Zip Code		-				
Other – Describe: Occupied		•			- T	otow	a, NJ 07512						
Scope of Work (Check All That Apply)						-							
≥3 sf or ≥3 lf	☐ Re	novat	ion			×	Full Containm		ative Pr	essu	re		
≥160 sf or ≥260 lf	☐ De	emoliti	on			Ĥ	Mini-Enclosur Glovebag Pro						
							Non-Exempte		n-Friabl	e Pro	cedur	е	
	le l	ocatio	nn l									ement	
Location of	3557319Y	ormali	20725		Descri	intion o	of				Ту		
Asbestos-Containing Material (ACM)		Solel			tos Containi	ing Ma	iterial (ACM)	Amou		-20		咸	т
TO BE ABATED In Facility	D 52.684 HB	dial S		(i.e.	thermal sys			(Speci SF or I		Rem	Repair	cap	ncic
(13)		(12)			other misc				- ,	Remova	air	SUN	Enclosure
	Yes	No	N/A							_		RECLEANING BY	o o
basement		X			pipe ins	sulat	on	30 L	F	X			
basement		Χ		(contamina	ated	pipes	40 L	F			Х	
Name of Registered Waste Hauler		- N	JDEP W	aste	Cubic Ya	ırds	Name o	f Registered	Landfill	L		ш	
D&S Abatement, Inc.		Н	auler ID 20996		of Waste TBD	I	Waste	Managen	nent of	PA			
City, State Totowa, NJ					Disposal TBD			wn, PA					
Completed by Deanna Brkusanin	Title	ct Ma	anager		Sign	danire	WW RA	Miderica	Da 9/	te 02/1	4		

Date of Notification (1)			Building Owne	er/Operator	(2)	1 1	· · · · · ·	1-			
09/05/14		Shafi F			2014 SEP	111	من ۲۰۰۱	لاال		638 W	
Agencies Notified Type Notification		Street Ad			,			5			
☑ EPA ☐ Initial			vard St.					4			
☒ EPA ☐ Initial ☒ DEP ☐ Amended ☒ DOL Amendment #			e, Zip Code	107440	(h.	٠ ١					
X Emergency (inclu	udina		ont lakes,N	J 0/442							
DOH justification)		Name of				Tele	phone N	umber			
DCA Cancellation		Shafi F				-					
Name of Facility Where Abatement is Taking Pla	ace (3)	FACIL	ITY INFORM	ATION	Type of Facility (4	1)				2000	
Shafi Rizwan	ace (3)					07b 000					
Street Address					School (K-1) Subchapter		r than K-	12)			
55 Howard St.					Other (i.e. p				dings,	home	es,
		14 - 19			etc.)	1 4 -6	Classa	15	I-I- A		
City (5) Pomptont lakes					Square Feet	# Of	Floors	B	ldg. A	ge	
		0 1 0	1 /71		0 111 /0:	16.1					
County (6) Passaic		County C	ode (/) SE ONLY)		Current Use (Price	or if bein	ig demoli	ished)			
	(0)						·0.\				
Name of Monitoring Firm Hired by Building Own	ier (8)	ASCM	No.	6755	of Abatement Con Abatement	tractor (9)				
0											
Street Address					Address 87th Street St	ito A					
0.5 0.5 7. 0.1						ING A					
City, State, Zip Code					tate, Zip Code h Bergen, NJ 0	7047					
Desired Manager 6 - Manager 6		T. I	- N-			1041	1:	N1-			
Project Manager for Monitoring Firm		Telephon	ie No.		one No. 293-6305		License 01223				
01-10-1-(40)			N-1- (44)				01223				
	heduled Cor 9/27/14	mpletion L	Jate (11)	100000000000000000000000000000000000000	of OSHA Monitor MAMM CONSU	LTING	2116				
1 1000						LIMO	LLC				
Occupancy Status During Abatement (Check Or	SURV BUSINESS				Address ROUTE EAS	r QUIIT	E 107				
Facility Closed/Vacated During Entire Perio				C. C		3011	L 107				
Abatement Performed Outside of Normal F Other – Describe:	-acility Hours	S			itate, Zip Code						
				UNI	ON NJ 07083						
Scope of Work (Check All That Apply)	_			_	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova			5	Full Containme		Negative	Pressu	re		
≥160 sf or ≥260 lf	✓ Demoli	uon		Ĺ	Mini-Enclosure Glovebag Prod						
				L	Non-Exempted		Non-Fri	able Pro	cedur	е	
	Is Locat	tion							Abate		1
Location of	Norma			Description	of			-	1 1 1	pe	-
Asbestos-Containing Material (ACM)	Used Sole Maintena				Material (ACM)		nount	_		Щ	
TO BE ABATED In Facility	Custodial	100 C		mal system ırfacing, VA	s insulation,		pecify or LF)	₹en	Re	cap	ncl
(13)	(12)			er miscellar		0.	O. L. /	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A		9				1 =		ate	e,
	100	1.07.1		01.1.1		0.7	0.05	_	-		
Roof				Shingle	S	97	2 SF	Х	_		Ш
-		+						-			\vdash
Name of Registered Waste Hauler		NJDEP W	aste To	bic Yards	Name of	Pagieto	red Land	fill			\vdash
	10000	Hauler ID	504	bic Yards Waste	1	575				. K.T	
SAN TON SERVICES	1000	2430	0.000000		MEDO	/vLAN	CHES	COMIN	IISIC	N.	
City, State			Dis	posal Date							
KENILWORTH , NJ					KEARN	IY, N.	J				
	Title			Signatur		\		Date	\$000		
Bryan Parra	Project M	anager	(Kn	The Town			09/05/	14		

CHECK # 5798 / 030254

Date of Notification (1) 09-04-14					f Building _/First E			(2)		200	000					- 6
Agencies Notified	Type Notification			Street A	ddress	Avenue	 e				237	SE	Pi	É	·. 1	J: 5
EPA DEP DOL	Initial Amended Amendment			City, Sta	ate, Zip Co town, N	de	0.50				Fig.					
DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact 「. Grecc	0				Tel	ephone	Num	ber			
N				FACI	LITY INFO	DRMAT	ION									
Name of Facility Where Morristown Genera					sw-2-2-2-200	22 418			of Facility (4 School (K-12	2)						
300 Madison Avenu	ue							×	Subchapter 8 Other (i.e. pr etc.)					dings,	home	es,
City (5) Morristown									re Feet	# of	Floors		В	ldg. A	ge	. Y . C . W
County (6) Morris				County (Code (7) USE ONLY		_		ent Use (Prio nmercial	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm One Source Safety		wner (8)	,	ASCN	I No.				tement Cont Environme							
Street Address 140 South Village A	venue, Suite 13	0					Street 200 B		ss I Street	-0.22						
City, State, Zip Code Exton, PA 19341	on, PA 19341						2000 He 12 House		ip Code NJ 07072							
Project Manager for Mon Brian Hoverdon	oject Manager for Monitoring Firm rian Hoverdon						Teleph 201-9	one N	0.		Licens			- 11.27		
Start Date (10) 09-03-14	art Date (10) Schedule						Name	of OSH	HA Monitor chnologies			-				
Occupancy Status During							Street					+	STEEL STEEL			
➤ Facility Closed/Vac	ated During Entire P	eriod of A	Abater	ment			10-59	9 Jacl	kson Aven	nue						
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility	Hour	S			Approximation of the second		ip Code id City, NY	111	01					
Scope of Work (Check A	ll That Apply)							_				Т				- 200 1100
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			lenova emoli				×	Mir Glo	I Containment ni-Enclosure nvebag Procen-Exempted	edure	15.				e	
		ls	Locat	ion		378				() 4		T.G.D.C		and the same	ement	:
Location		1	lormal d Sole	lly			scription							Ту	ре	
Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	ATED `	Ma	intena odial ((12)	nce/	Asbesi (i.e.	thermal surfa	taining M systems cing, VA niscellan	insula T, or	(ACM)	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Telecom	Shop	Yes	No X	N/A		Cei	ling Til	AS		1 5	00SF		x		Ф	
			X		-		ofing E				00SF		x			
	Microwave Room (1) Telecom Shop						eproofin			_	00SF		x			
	(1) Telecom Shop												-			
Name of Registered Was	ne of Registered Waste Hauler					Cubic			Name of R	egiste	red Lan	dfill		-		
	**C, Inc. / JBT (50071)					of Was	250.33		Minerva		rprises	S				
City, State Shirley, New York						Dispos TBD	sal Date	\	City, State Waynes		OH 4	4688	3			
Completed by Joseph Patrick		Title Proje	ct Ma	anager		S	ignature	/h	A			Date 09-		4		





CK 435.1

Date of Notification (1) 9/8/14						Owner/Oper Private Ho		2)	10	, , , ,				
	Type Notification		10.7	Street Ac 202 Ea	Idress st 14th	St			20	TA SEP			32 .	Ç
DEP DOL	Initial Amended Amendment				e, Zip Co Beach H	_{de} laven NJ	0800)8		- 1				
DOH DCA	Emergency (justification) Cancellation	including		Name of George	Contact			-	Tele	ephone Nu	mber		4.000	
Name of Facility Where Al	natament is Taking	Place (2)		FACIL	ITY INFO	RMATION		Type of Facility (4						
George Lang Private		g Flace (3)					١.	School (K-1	3500					
Street Address 202 East 14th St								Subchapter Other (i.e. p	8 (Oth			dings,	home	es,
City (5) North Beach Haven	NJ 08008				w			Square Feet 1000+	# of	Floors		ldg. A 5 +	ge	
County (6) Ocean	2		(County C	ode (7) ISE ONLY)			Current Use (Pric House	or if bei	ng demolis	hed)	-		
Name of Monitoring Firm I N/A	Hired by Building (Owner (8)		ASCM	No.	7.4 (10.0)		f Abatement Con	tractor	(9)		8	·	
Street Address				I		7.4		Address Ox 329				1		
City, State, Zip Code								ate, Zip Code Berlin NJ 080	91					
Project Manager for Monit	oring Firm		7	Telephor	ne No.	1		one No. 53-9800		License N 00727	lo.			
Start Date (10) 9/9/14		Scheduled 9/12/14	Com	pletion [Date (11)	11	ame c	f OSHA Monitor						
Occupancy Status During	Abatement (Chec	k Only One)			St	treet A	Address						-
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire F d Outside of Norm	Period of Ab nal Facility F	atem Hours	ent		Ci	ity, St	ate, Zip Code						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure				e	
	9	P. 93000000	ocatio	C933503				0			T	Abate	ement pe	t
Location Asbestos-Containing I	5.5%		ormally Solel		Ashas	Descri				mount		Γ',		
TO BE ABA In Facilit (13)	TED	Custo	ntenan dial S (12) No			thermal sys surfacing other misc	stems g, VA7	, or	(8	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Si	ding	162	NO	X		Exterio	r Sid	ina	10	200 SF	×	-		-
Exterior Si	unig	+-+		^		Exterio	o Siu	irig		.00 31	\ <u>\</u>	-		
			-7								+			
						,								
Name of Registered Wast United Containers	e Hauler		H	JDEP W auler ID 2459		of Waste		G.R.O.		ered Landfi	u			
City, State Elm NJ						Disposal 9/26/14		City, Stat Morrisv		4 19067				
Completed by Anthony T Perna		Title Presid	lent			Sign	nature	1	5 52,000		ate /8/14			

CK 4349

Date of Notification (1) 9/8/14				ame of B	Building Ow mbri	ner/Opera	ator (2)			#0 SS						
Agencies Notified	Type Notification		155735	reet Add	iress Varwick F	Road			ſ	CK S	ΕP	A 11 12 12 12 12 12 12 12 12 12 12 12 12).		
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code a NJ 080				í-	·				- A		
DOH DCA	Emergency (in justification) Cancellation	ncluding	11 25	ame of 0	Contact	12				Tele	phone	Numb	er			
		102		FACIL	TY INFOR	MATION										
Name of Facility Where Joe Giambri	Abatement is Taking	Place (3)] Sc	Facility (4 hool (K-12 bchapter	2)	er than	n K-12)				
Street Address 705 S Warwick Ro	ad						×	10000	her (i.e. p	rivate &	comi	mercial	buildi	ngs, h	omes	5,
City (5) Hi- Nella NJ 08083	3						1	quare 000+		2	Floor		35	lg. Ag	e	
County (6) Camden				ounty C	ode (7) SE ONLY)		_ 0	urrent	Use (Pric	or if beir	ng der	molishe	ed)			
Name of Monitoring Firm	m Hired by Building C	Owner (8)	1	ASCM	No.				ment Con	tractor	(9)					
N/A Street Address							ernac					1,000				
Officer Address				00.22			О Во					10				
City, State, Zip Code						V	02.4.3.3.500.000	3erlin	NJ 080	91						
Project Manager for Mo	oject Manager for Monitoring Firm						elephor 356-75				Lice 007	nse No 27				
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Completed by Anthony T Perna		Title Presid	dent			Sig	nature	(10.000	ite 8/14			



CK 4350

Date of Notification (1) 9/8/14		-				Building C E Walsh				LN		(a)					
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Project Manager for Mor	ject Manager for Monitoring Firm					ne No.		11. 10.00000000000000000000000000000000	hone No 753-98			Licens 0072					
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City, State Elm NJ								osal Date 6/14	3	City, Stat Morrisv		1906					
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Date of Notification (1)	4	N	-	Building Owner/Op	11	In	npecuen	127	i		
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Name of Monitoring Firm Hired by Building C	wner (8)		ASCM		Name of Abate		tractor (9)	•		_	-
EPC Technolo	9169			NA	EPC Street Address	Tee	haolo	gies		In	16
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Project Manager for Monathrill go Firm			elepho		Telephone No 609 758		License	03	19	4	
Start Date (10) 9-18-14	Schedule	d Com	pletion		Name of OSH	A Monitor	mologie	T			
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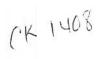
Pay \$ 200.00 Check # 3143

Date of Notification (1) 05/09/14	(page 1 of	2)			Building Canco Ge				0000	CEO		^	٠,	
Agencies Notified	Type Notification		8	Street Ac	idress				والمالية	CEP 11	h.	مُن	÷14	
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Name of Facility Mh are	Abstament is Taking	Diago (2)		FACIL	ITY INFO	RMATI	ON	Type of Facility (1					
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Street Address	30ici10cc3 doi pai							School (K-1		than K-1	2)			
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Sky Environmenta								rica Enterprise		(15)				
Street Address							Street	Address						
140 Boulevard							106	Gold St						
City, State, Zip Code							City, S	tate, Zip Code						
Mountain Lakes, N	J 07046						Gree	en Brook, NJ 0	8812					
Project Manager for Mo	nitoring Firm			Telephor	ne No.			none No.		License N	10.			
Leonid			- 1		38-4821		877-	977-9516		01203				
Start Date (10)		Schedule		pletion [Date (11)			of OSHA Monitor						
05/05/14		12/05/1						rica Enterprise	e Corp					
Occupancy Status Duri	ng Abatement (Check	Only On	e)					Address						
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Pay \$ 200.00 Check# 3143

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

Agendes Notified Type Notification Type of Facility (Notice Notification Type of Facility (Notification Ty	Date of Notification (1) 05/09/14	(nac	e 2 of 2			f Building				9		- 0	IIGUN#	01	40		
PO Box 2 City, State, 2ity Code Morgan/rulle, NJ 07751 Name of Facility (Where Abatement is Taking Pace (3) Cancellation Cancella			2 01 2		-		J. IGIAI	John	Johns		2014 S	EP!		1 1), J		
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Name of Facility Where Abatement is Taking Place (3) Former computer sciencees corporation Type of Facility (4) School (K:12) Suchapter 3 (Other than K:12) Other (1.e. private 8 commercial buildings, homes, other sciences of the private 1 of Floors State Address 100 Locals Ave County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Sty Environmental Services Inc Street Address 140 Boulevard Sty Environmental Services Inc Street Address 140 Boulevard Telephone No. Street Address 140 Boulevard Telephone No. Street Address 140 Boulevard Telephone No. Street Address 140 Boulevard Telephone No. Street Address 140 Boulevard Telephone No. Street Address 140 Boulevard Telephone No. Street Address 166 Gold St Telephone No. Street Address 168 Gold St Telephone		Cariccilation						ION						_		-	
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Signature Colored Co			BORNESS .						7			Negativ	e Pres	sur	е		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior, east corner below grade Exterior facade Nome of Registered Waste Hauler Freehold Cartage Inc Nome of Registered Waste Hauler Freehold Cartage Inc Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A To I pipe & joint insulation of LF x Galbestos siding Name of Registered Landfill Cumberland County Name of Registered Landfill Cumberland County City, State Freehold, NJ Completed by Title Signature Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Registered Landfill Cumberland County Disposal Date Title Signature Date				OTTIONA	OII				Glo	vebag Pro	cedure						
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Exterior, east corner below grade Exterior facade X TSI pipe & joint insulation of Asbestos siding X Galbestos siding Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A TSI pipe & joint insulation of Asbestos siding Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Type Republic of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Republic of Asbestos Staff? Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Republic of Asbestos Staff? Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Type Type Type Type Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Bo Asbestos Containing Material (ACM) Amount (Specify SF or LF) Republic Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Bo Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Bo Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Bo Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing (ACM) (i.e. thermal systems insulation (Sp			T		_			Б	Nor	n-Exempte	d (*) and	d Non-F	riable F				
Secretarion of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos Containing Material (A			0.20.70		550.7		20.0%		100021					3			
Exterior, east corner below grade Exterior facade X TSI pipe & joint insulation Exterior facade X Galbestos siding 6,660 SF X X Name of Registered Waste Hauler Freehold Cartage Inc City, State Freehold, NJ Completed by Title Signature Disposal Date Date			Use	d Solel	y by	Asbest				(ACM)	А	mount				m	
Exterior, east corner below grade Exterior facade X TSI pipe & joint insulation Exterior facade X Galbestos siding 6,660 SF X X Name of Registered Waste Hauler Freehold Cartage Inc City, State Freehold, NJ Completed by Title Signature Disposal Date Date			1,532,035,05			(i.e.				tion,				D	Re	nca	Encl
Exterior, east corner below grade Exterior facade X TSI pipe & joint insulation Exterior facade X Galbestos siding 6,660 SF X X Name of Registered Waste Hauler Freehold Cartage Inc City, State Freehold, NJ Completed by Title Signature Disposal Date Date				(12)							Oi.	OI LI')			pair	ulusc	osur
Exterior facade X Galbestos siding 6,660 SF x Name of Registered Waste Hauler Freehold Cartage Inc City, State Freehold, NJ Completed by Title Calbestos siding 6,660 SF x A Salbestos siding 6,660 SF x Cubic Yards of Waste Cubic Yards of Waste TBD Cumberland County City, State TBD Newburg, PA Date			Yes	No	N/A								1			ate	o,
Name of Registered Waste Hauler Freehold Cartage Inc City, State Freehold, NJ Completed by Title NJDEP Waste Cubic Yards of Waste TBD Cubic Yards Of Waste TBD Cumberland County City, State TBD Newburg, PA Date	Exterior, east corn	er below grade			Х	TSI	pipe 8	k joint i	nsulat	ion	6	3 LF	X				
Name of Registered Waste Hauler Freehold Cartage Inc City, State Freehold, NJ Completed by NJDEP Waste Hauler ID No. 15939 Cubic Yards of Waste TBD Cumberland County City, State TBD Disposal Date TBD Newburg, PA Signature Date	Exterior f	acade			Х		Galbe	estos s	iding		6,6	60 SF	х				
Freehold Cartage Inc City, State Freehold, NJ Completed by Hauler ID No. 15939 of Waste TBD Cumberland County City, State TBD Newburg, PA Signature Date			X														
Freehold Cartage Inc City, State Freehold, NJ Completed by Hauler ID No. 15939 of Waste TBD Cumberland County City, State TBD Newburg, PA Signature Date		Name of Registered Waste Hauler															
City, State Freehold, NJ Completed by TBD Cumberland County Disposal Date TBD City, State TBD Newburg, PA Signature Date	The same of the sa			110000							V201 200						
Freehold, NJ Completed by Title TBD Newburg, PA Date										Cumbe	rland	County	y				
Completed by Title Signature Date								sal Date		- 3		W					
						Signature		Newbu)	T	Date						
	N 955			nana	ger			- Sindi		191				3/14	4		



Date of Notification (1) 8-29-2014	Name of Building Owner/Operator (2) Neil Fabricant, Jeri Warhaftig 2314 SEP 11 A.1 G															
Agencies Notified Type Notification				Street Address 18 Luddington Terrace											4.0	
EPA DEP DOL DOL DOH DCA	Amended Amendment # Emergency (ir justification)		1	City, State West O Name of O Jeri Wa	e, Zip Coo range, I Contact	ie		Telephone Number								
DCA	Cancellation		T,		ITY INFO	DMATIC) NI						_			_
Name of Facility Where Residential		FACIL	ITTINFO	KWATIC	J.N.		of Facility (4) School (K-12) Subchapter 8		or than K	12\						
Street Address 18 Luddington Ter		Other (i.e. private & commercial buildings, etc.)										22		s,		
City (5) West Orange, NJ		Square Feet 2613							Floors	100		3ldg. Age 70+				
County (6) Essex		County Code (7) Current Use (Prior if being demolish (STATE USE ONLY)								shed)						
Name of Monitoring Fire	rm Hired by Building C	wner (8)		ASCM	No.			l e of Abatement Contractor (9) en Environmental Services, LLC								
Street Address				Street Address 235 Virginia Avenue								1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
City, State, Zip Code							City, S	tate, Zi	ip Code							
Project Manager for Monitoring Firm				Telephone No. Telep					sey City, NJ 07304 phone No. License No.							
Start Date (10)	Con						1-333-8855 01174 ne of OSHA Monitor									
8-30-2014	4	4 San					me as above .									
Occupancy Status Dur Facility Closed/Vi Abatement Perforuter – Describe	acated During Entire F	eriod of Ab	atem	nent		_		Addres	ip Code							
Scope of Work (Check	k All That Apply)							-:								
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	nova molit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	ocati	ion											tement			
Locat Asbestos-Containi <u>TO BE A</u> In Fa (1	rmal Sole tena			tos Cont thermal surfa	escription of taining Material (ACM) I systems insulation, ucing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Kemovai		Repair	e Encapsulate	Enclosure		
Garage / h	poiler room	Yes	X					lation			55 LF		-		_	
Garage / boiler room					pipe insul			ation 33			70 21	X	+			
				11		1		×****								
Nome of Decision 111	Mosta Houles		Τ.	LIDED	lasta	Cuki-	Varda		Name of F	Pagint	ared Land	1611				L
Name of Registered V Waste manageme	H	NJDEP Waste Hauler ID No. 0034889 Cubic Yards of Waste 2				Name of Registered Landfill G.R.O.W.S. North landfill										
City, State Coraopolis, PA		1					sal Date -2014	2	City, State Mercisvi		PA					
Completed by Liliana Pedraza	Ма	nager		9	Signatur	Date 8-29-201					14	4				

CK 000284

Date of Notification (1)	Name of Building Owner/Operator (2)															
09-02-2014	Esther Eubanks 973/ SEP 1 1 6 1 3:															
Agencies Notified Type Notification																
EPA	Initial		233 Bergen St.													
DEP	Amended			City, State, Zip Code												
DOL	Amendment : Emergency (i			Voodbrid		7095				,	- ',					
DOH DCA	Emergency (i justification)		me of Co			74	Te	ephone Nu	mber							
DCA •	Cancellation	LE	sther Eu	and the second consistency												
		- DI (2)		FACILITY	Y INFORM	IATION	Type of Facility (4)			-					
Name of Facility Where	Abatement is Taking	Place (3)		30												
Esther Eubanks						-	School (K-1 Subchapter		er than K-1	2)						
Street Address		Other (i.e. private & commercial buildings, home														
233 Bergen St.		etc.)								g. Age						
City (5)		Square Feet # of Floors							Diag. Age							
Woodbridge			To	water Cod	2 (7)		Current Use (Pric	or if he	ing demolis	shed)			-			
County (6)				ounty Cod			Current ose (i in	Ji ii be	ing demon.	nicu,						
Middlesex		(0)	1	A C CM N		Nome	of Abatement Cor	tracto	r (9)							
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM No).	(5)										
N/A							a Contracting L			-						
Street Address				522 7th Street												
Cit. State 7ia Cada							, State, Zip Code									
City, State, Zip Code						377775.045	on City NJ 0708	37								
Project Manager for Monitoring Firm			I Te	elephone N	No.		Telephone No. License No. 201 216-9603 01206									
			"	opo												
Start Date (10)	Comp	letion Date	e (11)	Name	lame of OSHA Monitor											
09-02-14	1			Delf	elfa Contracting LLC											
Occupancy Status Durin				Street	eet Address											
Face 10 Process		nt		522	522 7th Street											
Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho Other – Describe: 08:00 AM - 05:00 PM						City, S	City, State, Zip Code									
						Uni	nion City NJ 07087									
Scope of Work (Check A	All That Apply)								4							
≥3 sf or ≥3 lf	novatio	on			Full Containm		h Negative	Pressu	ire							
≥160 sf or ≥260 lf				n			Mini-Enclosure Glovebag Procedure									
							Non-Exempte	d (*) a	nd Non-Fria	ble Pro	cedu	re				
								5		Abatement						
Locatio	- of		mally	'		Description	n of		Туре							
Asbestos-Containing		Used S			Asbestos	Containing I	Material (ACM)	Amount (Specify SF or LF)		_		四	m			
TO BE AB		Maint Custod				rmal system surfacing, V	is insulation,			Ren	Repair	Encapsulate	nclo			
In Faci (13)	•	(12)			her miscella				Remova			Enclosure			
, , ,		Yes	No T	N/A						=		ate	(e)			
		-	-	1807		\/A.T		00 SF		+	-	 				
1st Floor I	Kitchen		X			VAT			00 SF	X	-	-	-			
									Ē							
		+	-+	-					1							
Name of Pagistared Ma	ete Hauter		NU	DEP Wast	e To	ubic Yards	Name of	Regis	tered Landi	īll			1			
Name of Registered Waste Hauler				uler ID No		f Waste						Facil	itv			
Delfa Contracting LLC			35	240	1		Tullytown Resource Recovery Fa					aoil	· · · y			
City, State					1000	isposal Date										
Union City NJ 0708	7				0	9-05-14 Signatur	Tullyto	wn, F								
Completed by		Title			Date 09-02-14											
Jaime Delgado	lanager 09-02-14															

Plack 1127

Date of Notification (1)			Name of Building Owner/Operator (2)													
9/4/2014			F	Fox &Fox												
Agencies Notified Type No	ification		S	Street Address CUR, SEP							Ki Ci					
☐ EPA ☑ Initi	al		940 Amboy Ave													
	ended		City, State, Zip Code													
DOL Am	endment #		_ Edison NJ													
DOH just	ergency (in ification) ncellation	ncluaing	١	lame of	Contact			Telephone Number								
				FACIL	ITY INFO	RMATION										
Name of Facility Where Abatemen	is Taking	Place (3)	3384				Type	of Facility (4)							
Private Property								School (K-12								
Street Address								Subchapter 8	(Othe	er than K-1	l2) rial bui	dina	hom	29		
212 Eaglecroft road				Other (i.e. private & commercial building etc.)									<i>j</i> 3, Homes,			
City (5)			11.00										ldg. Age			
Westfield NJ							1500		2			+50				
County (6)				County C			Curre	ent Use (Prio	ng demolis	demolished)						
Union County			1	(STATE USE ONLY)												
Name of Monitoring Firm Hired by	Building C	wner (8)		ASCM	No.			tement Cont		1000000						
N/A				N/A		Dina	ago Er	vironmen	t LLC	;						
Street Address	-						t Addres			200						
N/A						339	Lafay	ette Stree	t							
City, State, Zip Code						City, S	State, Z	ip Code		tora Em						
N/A				New	ewark NJ 07105											
Project Manager for Monitoring Firm				Γelephor	ne No.		Telephone No. License No.									
N/A								73-491-0877 001240								
Start Date (10) Scheduled C				pletion [Date (11)		me of OSHA Monitor									
9/16/2014	14			J&S	S Environmental Corp											
Occupancy Status During Abatem	e)		1,000		et Address											
Facility Closed/Vacated Durin	batem	ent			2333 Route 22 West											
Abatement Performed Outside of Normal Facility Ho								ip Code								
Other – Describe: 8 hours	-					— Unio	on NJ	07083								
Scope of Work (Check All That Ap	ply)															
≥3 sf or ≥3 lf	enovat	ovation			Full Containment with Negative Pressure											
☑ ≥160 sf or ≥260 lf ☑ Derr				olition				Mini-Enclosure Glovebag Procedure								
						_[Non-Exempted (*) and Non-Friable Procedure									
Is Lo				on							Abatement					
Location of			ormall			Description of					Туре					
Asbestos-Containing Material	(ACM)		Solel			tos Containing		Amount				l m	l m			
TO BE ABATED		100000000000000000000000000000000000000	odial S		(i.e.	thermal system surfacing, V.		ation,	on, (Specify SF or LF)		Remova	Z C	cap	nck		
In Facility (13)			(12)			other miscella				Si di Li j		Kepair	Encapsulate	Enclosure		
		Yes	No	N/A							-		te	6		
Basement				Х		pipe insula	ation			25LF	x					
							3 4 2 4									
			1111				118-		10.							
					, .					***	+	+				
			l NI	IDED W	lanta	Cubic Varde	s Name of Registered Landfill									
Name of Registered Waste Hauler			NJDEP Waste Cubic Yards Hauler ID No. of Waste													
Tri State Transfer Assoc Inc	•		19	9551	196		Minerva Enterprises									
City, State 1199 Randall Ave Bronx N	,			Disposal Date City, State waynesburg OH 44688						88	1					
Completed by		Title		Signatu												
Carlos Gomez Project				anager		(2)	alos	DO WOLCZ . 9/4/201				14	14			

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