Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)	Special Contracts				
9/9/	15		Elw	yn New	Jersey		2815 SEP 14	631	1: 7	8	
Agencies Notified Type Notifica	tion		Street	Address						-	
☑ EPA ☐ Initial			166	7 East L	andis Ave.					2	
☐ DOLWD ☐ Amended			City, S	tate, Zip (	Code					1.	
☐ DHSS ☐ Amendme		. 8		eland. N							
DCA Emergence		3		of Contac	X-0.00-100-100-100-100-100-100-100-100-10		Telephone Num	her			
(NJAC 5:23-8) justificatio	0.000			er Thom	7)		i siophone run	1001			
L Cancenau	J11										
Name of Facility Where Abatement is T	aking Place	(3)	FAC	VILIT IN	FORMATION	Type of Facility	(4)				
Elwyn New Jersey	aiting i laot	, (0)				School (K-12					
		-					) 3 (Other than K-1)	2)			
Street Address							rivate and comme	ercial bu	ilding	s,	
1667 East Landia Ave.						homes, etc.)					
City (5)						Square Feet	# of Floors	1	lg. Ag	je	
Vineland, NJ 08361						3000	3	8	34+		
County (6)			Coun	ty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Cumberland						Vacant / Ins	titutional				
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
VERTEX			NA		Alliance Env	ironmental Sys	stems				
Street Address					Street Address	•					
700 Turner Way					550 East Uni	on St					
City, State, Zip Code		_			City, State, Zip C				-	-	
Aston, PA 19014					West Cheste						
<u> </u>		1 = 1		N1-		I, FA 19302	I Caraca Ma				
Project Manager for Monitoring Firm		1000	ephone		Telephone No.		License No.				
Don Heim		9	10-558	200000000000000000000000000000000000000	610-701-9000		00508				
Start Date (10) Start Date (10	cheduled ( 9		etion Da 3 /		Name of OSHA N	vionitor					
Occupancy Status During Abatement (6					Street Address						
☑ Facility Closed/Vacated During Entire			ment		28 N. Pennel	Pood					
☐ Abatement Performed Outside of No				cribe		- C-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-					0-11093
Time of Abatement: 7AMPM				JOHDO	City, State, Zip C Media, PA 19						
Scope of Work (Check all that apply)											
≥3 sf or ≥3 lf		enovat			☐ Full Con	tainment with Ne closure	gative Pressure				
≥160 sf or ≥260 lf	⊠ D	emoliti	on			g Procedure	n Eriabla Bracad	uro			
			41		⊠ MOH-EXE	empted (*) and No	III-FIIADIE FIOCEG				•0:V84500
Totalian at		s Loca Norma		-	Description			Ab	atem		ype
Location of Asbestos-Containing Material (ACM			ely by	Asbe	estos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABATED	I M	aintena	ance/ Staff?		e., thermal systems	insulation,	(Specify	Remova	bair	aps	los
IN Facility	Cu	(12)			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		sula	ure
(13)	Yes	No	N/A	1	Other miscellane	eous)				ē	
Old Purchasing	П			VAT			50				$\Box$
		-			sulation		125 LF				
Old Purchasing		1	-	<del>                                     </del>						_	
Old Purchasing	$ \frac{\square}{\square}$			1 - 20.00 - 0.00	te Pipe		30 LF				
Old Purchasing				Wire W		TM- 15	500 LF		Ш		
Name of Registered Waste Hauler David Geppert Recycling		100	NJDEP N Hauler II		Cubic Yards of Waste	Name of Regis	stered Landtill erks Commun	itv Lar	dfill		
					40		The Commun	, =			
City, State Hatfield, PA					Disposal Date TBD	City, State Birdsboro	Pa				
and the contract of the contra	T:41				1.500.00	1/1		N-1			
Completed By (Print or Type)	Title				Signature	NA	-	Date	_		_
Mark Griffin	Estima	itor				1/1/		7-	7.	-/-	3
ASB-41 MAY 11	* Do no	t use t	his form	for ashes	stos licensure exem	pted activities			,	23	

(K Z4586

Date of Notification (1)	10 /	15				1000		r/Operator (2		rdens	£5					
											(EI) S	201		V-194	YE	
Agencies Notified  EPA	Type Notificati	on				Address Wood Av	e So	uth Ste 630	)		2815 S		r	67	[]:	2.5
☑ DOLWD ☑ DHSS	Amended Amendmen	nt#				ate, Zip Co					Ĉe					
□ DCA			iding			n, NJ 088	30					- 119 -	4		8	- 1
(NJAC 5:23-8)	justification				Name	of Contact					Telephone Nur	nber				
	☐ Cancellatio	n			Crai	g Marsch	ke									
					FAC	ILITY INF	ORN	MATION					Sec. Harr	95-5000		
Name of Facility Where	Abatement is Ta	king P	lace (	(3)					Type of Fa	cility (4	-)					
Hackensack Garde	ens No.'s 60, 6	6, 12	(Blo	ock 2	47 Lot	1)			☐ School							
Street Address									☐ Subcha	pter 8	(Other than K-1 vate and comm	2) ercial h	nildi	inas		
60 & 66 Arcadia Ro	d. / 12 Berkshi	ire Pl.							homes	etc.)	rate and commi	0101011		,,,,,,		
City (5)									Square Fe	et	# of Floors	В	ldg.	Age	9	
Hackensack									50,000	*	2		50	+		
County (6)					Count	ty Code (7)	(STATE	E USE ONLY)	Current Us	e (Prio	r if being demo	lished)				
Bergen									Reside	ntial A	Apartment Co	omple	(			
Name of Monitoring Firm	Hired by Buildi	ng Ow	mer (8	3)	ASCM N	No.	Nam	e of Abateme	ent Contract	or (9)						
Environmental Hea	alth Investiga	tions,	, Inc		2973	7	Su	perior Aba	tement In	С						
Street Address							Stree	et Address								
655 West Shore Tr	ail						21	Henderson	Drive							
City, State, Zip Code							City,	State, Zip Co	ode							
Sparta, NJ 07871							W	est Caldwe	II, NJ 070	06						
Project Manager for Mor	nitoring Firm			Tele	phone l	No.	Tele	phone No.			License No.					
Jean Paul Von Doe	ehren			(6	09) 70	4-8850	(9	73) 808-161	6		00411					
Start Date (10)	So	chedul	led Co	mple	tion Dat	te (11)	Nam	e of OSHA N	onitor							
09/14/	15	09	_ /	16	_ / _	15	Sı	perior Aba	tement In	C						
Occupancy Status Durin	ng Abatement (C	heck o	only o	ne)			Stree	et Address								
☐ Facility Closed/Vaca					ment		2	Henderson	Drive							
☐ Abatement Performe	d Outside of No	rmal F	acility	Hou	s - Des	cribe	City,	State, Zip Co	ode							
Time of Abatement:	8:00AM-4:30P	M/	PN	Λ	AM			est Caldwe		06						
Scope of Work (Check a	all that apply)															
≥3 sf or ≥3 lf	18.7 5.8v		⊠ Rei					☐ Mini-End	closure		ative Pressure					
□ ≥160 sf or ≥260 lf		L	] De	molitic	on			⊠ Gloveba             □ Non-Exe             □ Non			n-Friable Proced	dure				
				Loca								P	bat	eme	nt Ty	/ре
Locatio				lorma	lly ely by			Description		.,	Amount	7	)	Z	Щ	Щ
Asbestos-Containing TO BE AB	- CONTROL (1)	)	Ma	intena	nce/	Asbes (i.e.	ther	Containing Ma mal systems	insulation,	1)	(Specify	Kemova		Repair	cap	clos
IN Fac			Cust		Staff?		SU	urfacing, VAT	, or		SF or LF)	Yal		٦	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A		oth	er miscellane	eous)					1	ate	
Did- co I d- D-		-	(C) (C)	NO		Pipe Ins		ion			20 LF		1 1	7	П	П
Bldg 60 Laundry Ro								ion Debris			3 LF		-	=		
	Bldg 66 Crawl Space E									-	3 LF	E	-	=		
Bldg 66 Crawl Spac				Pipe ins	sulat	ion Debris			3 LF		J [	=				
				Щ.	П П			'- \/df	Name	Donie	tared Leadfil		1 1	_		Ш
Name of Registered Wa					NJDEP ' Hauler II		Was	ic Yards of ste	0.000	r Regis rva La	tered Landfill					
Service Transport	Group, Inc				SW2		5		25,000,000		arumi			-11-011		
City, State New Castle, DE								oosal Date 9/16/2015	City, Sta		rgh, OH					
Access of the second se	<b>-</b> \	T						7 000 00 0 000 0 000 0 000 0 0 0 0 0 0	· · · · · · ·	//	/	Date	-		× -	
Completed By (Print or	(ype)	Title	!-					Signature	1/1/	1/		G	1 4	2	. 11	5
Nick Petrovski		Pre	eside	∍nt				160	1//10	200	can'	1-	10	4	/	7

Date of Notification (1)					Name o	f Building	Owner/Operator (2	2)					
	0 /1	15			Hom	e Proper	rties, LP - Hacke	ensack Garden	s ilis sea	11 .			
Agencies Notified Ty	pe Notificatio	n			Street A	Address				7 6	1112	20	
1 37	Initial				100	Wood Av	re South Ste 630	0	· -			4 60	
□ DOLWD □	] Amended	25			City, St	ate, Zip Co	ode		- 17				
☑ DHSS	Amendment					n, NJ 088			2 1			1.	
	Emergency justification)		ling	-	in the same of the	of Contact			Telephone Nun	nber			
(NJAC 5:23-8)	] Cancellation					g Marsch	nke	1	٠.				
					FAC	ILITY IN	FORMATION						
Name of Facility Where Aba	tement is Tak	ing Pla	ace (	3)				Type of Facility (	4)				
Hackensack Gardens					Lot 1	)		School (K-12)					
Street Address								Subchapter 8	(Other than K-1	2)	Idioo	_	
90 & 84 Arcadia Rd								Other (i.e., printing homes, etc.)	vate and commi	erciai bu	iuii ig:	>,	
City (5)								Square Feet	# of Floors	Blo	lg. Ag	е	
Hackensack								50,000 (all)	2		+0		
County (6)				-2011 HI C-	Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Bergen								Residential	Apartment Co	mplex			
Name of Monitoring Firm Hi	red by Buildin	g Own	ner (8	) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Environmental Health					2973	7	Superior Aba	atement Inc					
Street Address							Street Address						
655 West Shore Trail							2 Henderson	Drive					
City, State, Zip Code		-					City, State, Zip C	ode					
Sparta, NJ 07871							West Caldwe						
Project Manager for Monitor	ring Firm			Tele	phone I	No	Telephone No.		License No.				
Jean Paul Von Doehr						4-8850	(973) 808-16	16	00411				
Start Date (10)		hadule	ed Co	,	tion Dat		Name of OSHA N						
09 / 14 /	1000000			- 1	/		Superior Aba						
										177.00			
Occupancy Status During A					AND OWN HELD		Street Address	D :					
☐ Facility Closed/Vacated ☐ Abatement Performed O						oribo	2 Henderson						_
Time of Abatement: 8:0						CIDE	City, State, Zip C West Caldwe						
Casas of Work (Chack all th	ot apply)						West Galdwe	311, 140 01 000					
Scope of Work (Check all the	іат арріу)						☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			Ren				☐ Mini-End						
☐ ≥160 sf or ≥260 lf			] Den	nolitic	n		☐ Non-Exe	ng Procedure empted (*) and No	n-Friable Proced	dure			
			ls	Locat	ion						atem	ent T	уре
Location of				orma			Description		20 10	D	R	ш	m
Asbestos-Containing Ma				i Sole ntena	ely by nce/		stos Containing Man, thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE	<u>=U</u>			odial	Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	nsd	sur
(13)		-		(12)	T		other miscellane	eous)				ate	O
		)	r'es	No	N/A					-			
Bldg. 90 Laundry Roon	n		<b>3</b>			Pipe In	sulation		20 LF			Ш	Ш
Bldg. 84 Crawl Space (	3		X			Pipe In	sulation Debris		3 LF				
Name of Registered Waste	Hauler			1000	JDEP '		Cubic Yards of	Name of Regis	stered Landfill				
Service Transport Gr	oup, Inc			F	lauler II SW21		Waste 5	Minerva L	andfill				
City, State							Disposal Date	City, State					
New Castle, DE							9/16/2015	Waynesbu	ırgh, OH				
Completed By (Print or Typ	e)	Title					Signature	11/1/	7	Date			
Nick Petrovski	- 60	Pre	side	nt			111	Mh	zn.	9-1	16.	-15	

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
	/15			Hoi	me Prope	erties, LP - Hack	ensack Garden	s Aline				
Agencies Notified Typ	e Notification			Street	Address				-1 -	7	111	: 50
	Initial			100	Wood A	ve South Ste 63	0	6				
	Amended			City, S	State, Zip C	ode						S
A D1100	Amendment# Emergency (in			Ise	in, NJ 08	830						
	justification)	Guuing			of Contac			Telephone Nun	nber		-	
(	Cancellation			Cra	ig Marsc	hke						
				FA	CILITY IN	FORMATION						
Name of Facility Where Abate	ement is Taking	g Place	(3)				Type of Facility (	4)				
Hackensack Gardens N	lo. 105 (Blo	ck 246	Lot	1)			School (K-12)					
Street Address	The second second second						Subchapter 8			م منامات	_	
105 Arcadia Rd							Other (i.e., pri	vate and comm	erciai bi	maing	s,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Hackensack							50,000 (all)	2		50+		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished)			100
Bergen							Residential /	Apartment Co	mplex			
Name of Monitoring Firm Hire	d by Building (	Owner (	8)	ASCM	No.	Name of Abateme						_
Environmental Health I		93	.51	297	37	Superior Aba						
Street Address		171				Street Address		and the control of th				
655 West Shore Trail						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					_
Sparta, NJ 07871						West Caldwe	II, NJ 07006					
Project Manager for Monitorin			Tel	ephone	No.	Telephone No.		License No.				
Jean Paul Von Doehrer			,		4-8850	(973) 808-161	16	00411				
Start Date (10)			220	etion Da	25024	Name of OSHA N	Monitor					
	5(	09 /	1	6_/	15	Superior Aba	tement Inc					
Occupancy Status During Aba					ří	Street Address						
☐ Facility Closed/Vacated Du						2 Henderson	Drive					
Abatement Performed Out: Time of Abatement: 8:00A						City, State, Zip Co						
Scope of Work (Check all that	apply)					West Caldwe	ii, NJ 07000					
≥3 sf or ≥3 If		⊠ Re		lia.		☐ Full Con	tainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			molit				g Procedure					
-		1000					mpted (*) and Nor	n-Friable Proced	lure			
		10000	Loca			A COLOR OF THE SECOND			Ab	atem	ent T	уре
Location of	rial (ACM)	ACCS=0.628	Jorma d So	ally lely by	A a b a	Description of		A	Z,	Z,	Ш	Ш
Asbestos-Containing Mate TO BE ABATED		25,000		ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility		Cust		Staff?	037	surfacing, VAT	, or	SF or LF)	val	1 =	Encapsulate	Enclosure
(13)		Yes	(12 No	2000	1	other miscellane	eous)				ate	Ф
Laundry Room				П	Pipe In:	sulation		20 LF		П	П	П
•		П										
			_	-	-							
			Ш							Ш	Ш	Ш
Name of Registered Waste Ha				NJDEP		Cubic Yards of	Name of Regist	tered Landfill				
Service Transport Grou	ıp, Inc			Hauler II		Waste 5	Minerva La	ndfill				
City, State						Disposal Date	City, State					
New Castle, DE						9/16/2015	Waynesbur	gh, OH				
Completed By (Print or Type)	Title	9				Signature	1/1/	/	Date			
Nick Petrovski	P	reside	nt			-1/1	1/1/		9-	10	1-1	+
100 ()						1/10	MANIA	un	1	- US-S	/	ر

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

Date of Notification (1)				N	ame	of Building	g Owi	ner/Operator (	2)					
9 / 10	/	15			Nev	v Jersey	Stat	e Police		/ Job # 1509	-2014	Chk	#40	65
Agencies Notified Type N	lotificati	ion		S	treet	Address				+ t= [+]	100	- We	48	11:
☐ EPA ☐ Initi	al				РО	Box 706	8 - F	acility & Ma	intenance Unit	t - Bldg. 17			TATE IN	4
☑ DOLWD ☐ Am				С		State, Zip C	_					-		
	endmen		_			st Trento		.1 08628		1		1.5		. 1
	ergency	(includi	ng	-		of Contac				Telephone Nun	nher		-	
	cellatio			(6185		tain Clif		Hunt		Parities - commence and a construction and a constr	00			
				_	_									_
Name of Facility Where Abateme	nt in To	kina Dla	- /2\		FAG	JILII Y IN	IFUR	RMATION	T ( F ilit	740				
North Lab	nt is ra	King Plac	e (3)						Type of Facility					
									School (K-12	2) 8 (Other than K-1)	2)			
Street Address									Other (i.e., p	rivate and comme		uilding	js,	
1755 US Highway 46 & Pa	ttersor	n Aveni	16						homes, etc.)					
City (5)									Square Feet	# of Floors		dg. A		
Little Falls									5600	1		1972		
County (6)				1	Cour	ity Code (7	)(STA	TE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Passaic			0						State Police	Barricks				
Name of Monitoring Firm Hired by	y Buildir	ng Owne	r (8)	AS	CM	No.	Nar	me of Abateme	ent Contractor (9)					
Horizon Environmental							Α	sbestos an	d Mold Service	es, Corp.				
Street Address							Stre	eet Address						-
PO Box 316							3	859 Sylon B	Boulevard					
City, State, Zip Code							City	y, State, Zip Co	ode					
Thorofare, NJ 08086								lainesport, N	NJ 08036					
Project Manager for Monitoring F	irm		Te	eleph	one	No.	Tele	ephone No.		License No.				
Steve Flanigan	ve Flanigan							09-702-0400	)	00862				
Start Date (10)	Sc	heduled	Comp	oletio	n Da	te (11)	Nar	me of OSHA N	Monitor					
9 / 24 / 15		9	/	25	. / _	15	, E	MSL Analyt	ical, Inc.					
Occupancy Status During Abaten	nent (Ch	neck only	one)				Stre	eet Address						
☐ Facility Closed/Vacated During							2	00 U.S. Rou	te 130 North					
Abatement Performed Outside							City	, State, Zip Co	ode					
Time of Abatement:AN	/1	_PIVI/	P	IVI		AM	C	innaminsor	n, NJ 08077					
Scope of Work (Check all that ap	oly)							<u> </u>						
≥3 sf or ≥3 If		M F	Renov	ation				☐ Full Conf	tainment with Ne	gative Pressure				
☐ ≥160 sf or ≥260 lf		-	emol						g Procedure					
				10.110-202				☐ Non-Exe	mpted (*) and No	n-Friable Proced	ure	M		
ma treatment had considered			Is Loc	cation nally							Ab	atem	ent T	уре
Location of Asbestos-Containing Material	(ACM)	Us	sed S			Ache	etae I	Description of Containing Ma		Amount	Re	Re	回	四
TO BE ABATED	(/ (0)()	2500	lainte					ermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility		CL	stodia (1		ат?	8		surfacing, VAT		SF or LF)	\\\ a	1 2	Encapsulate	sure
(13)		Yes	1		N/A		oth	her miscellane	ous)				ate	1070
Boiler Room					 	Pipe Ins	sulat	tion (Wrap 8	& Cut)	4 LF				
Boiler Room	-			-	<u> </u>			tion (Glove I		4 LF			П	
			+=	٠.		,			5/					
			+-	1 [							+			
Name of Registered Waste Haule	r		1-	NID	EP I	Vaste Vaste	Cub	oic Yards of	Name of Regis	stered Landfill		ГШ	Ш	
Freehold Cartage, Inc.				Hau	ler II	No.	Was	ste	GROWS L					
City, State				02	2265	) (	5 Dist	posal Date	City, State					
Freehold, NJ								/25/15		, PA 19067				
Completed By (Print or Type)	17	Title						Signature			ate			
Kimberly A. Trumbetti		Office	Con	rdin	ator						9-11	7-1	_	
,		200		, will				XXX	V		1 11	1	)	

ASB-41 MAY 11

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

NOTIFIC	State of New Jersey ATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 5:16)	Q#	2866
	Name of Building Owner/Operator (2)	10	

Date of Notification (1)			Name	of Buildin	g Owner/Ope	rator (	2)			1		
9 / 10 /	15		St F	rancis N	ledical Cen	iter		2815 SEP 11	4 612	11	~ .	
Agencies Notified Type Notified	ation		Street	Address				26	** )	-1.	: 1	
☐ EPA ☐ Initial			601	Hamilto	n Ave			# 3 + 1 o 7				
☑ DOLWD   ☐ Amende     ☑ DHSS   Amende	The second second		City, S	State, Zip (	Code			6 LT. 7	200	11:0	L	
☑ DHSS   Amenda     ☐ DCA   ☐ Emerge		-	Tre	nton NJ	08629					2		
(NJAC 5:23-8) justificat		19	Name	of Contac	t			Telephone Nu	mber			
☐ Cancella	tion		Rita	a Gelli				<u> </u>				
N			FA	CILITY IN	IFORMATIC	N			J-1-7/1/102			
Name of Facility Where Abatement is	Taking Plac	ce (3)					Type of Facility	2-7				
St Francis Medical Center							School (K-12	2) 8 (Other than K-1	12)			
Street Address								rivate and comm		uilding	S,	
601 Hamilton Ave			-				homes, etc.				~~~	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Trenton							70,000	3		60+		
County (6)			Cour	ty Code (7	)(STATE USE C	ONLY)	Current Use (Pr	ior if being demo	lished)			
MERCER							Hospital					
Name of Monitoring Firm Hired by Bui	ding Owne	r (8)	ASCM	No.	Name of Ab	ateme	ent Contractor (9)	)				
Vertex Companies					BRISTO	LEN	VIRONMENTA	L, INC.				
Street Address					Street Addr	ess						
700 Turner Way					1123 BE	AVE	R STREET					
City, State, Zip Code					City, State,	Zip Co	ode					
Aston, PA 19014					BRISTO	L, PA	19007					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone I	No.		License No.				
Dave Turotsy		6	10-558	-8902	215-788	-6040		00509				
Start Date (10)	Scheduled	Comple	etion Da	te (11)	Name of OS	SHA M	lonitor					
9 / 21 / 15	9	/ _2	1.1	15	BRISTO	L EN'	VIRONMENTA	L, INC.				
Occupancy Status During Abatement	Check only	one)			Street Addr	ess						
☐ Facility Closed/Vacated During Ent	ire Period o	f Abate	ement		1123 BE	AVE	R STREET					
				cribe	City, State,	Zip Co	ode					
Time of Abatement: 8:30AM-4:30	PM/	PM	AM		BRISTO							
Scope of Work (Check all that apply)						II Cont	ainment with Ne	notive Proceure				
≥3 sf or ≥3 If	⊠ F	Renovat	ion				losure	gative Flessure				
☐ ≥160 sf or ≥260 lf		emoliti)	on				Procedure					
		1 1			∐ No	n-Exe	mpted (*) and No	n-Friable Proced			7 - 0 - L	
Location of		is Loca Norma			Descrip	otion o	£		At	ateme		ype
Asbestos-Containing Material (ACI	(1)	sed Sol	ely by	Asbe	stos Containi			Amount	Rer	Repair	Enc	Enc
TO BE ABATED	l N	lainten: stodial			., thermal sys	stems i	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility (13)	00	(12)			surfacing other misc			SF or LF)	<u>a</u>		Encapsulate	ле
(1.5)	Yes	No	N/A		01101111100						e e	
Volunteer Office				Pipe In:	sulation			56 LF				
					>							
								31				
Name of Registered Waste Hauler		1	NJDEP \	Vaste	Cubic Yards	s of	Name of Regis	stered Landfill				
BRISTOL ENVIRONMENTAL, I	NC.	ŀ	18706		Waste 1 Cu Yd			. NORTH LAN	DFILL			
City, State			10/00		Disposal Da		City, State					
BRISTOL, PA 19007					9/21/15			LLE, PA 1906	7			
Completed By (Print or Type)	Title				Signati	ure	0	/ [	Date /		/	
Gino Pizzigoni	Estim	ator			Gen	^	Pessean	1/2	9/1	0/	1	5
	1				1000	- 1	17000		1	- /		

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



Date of Notification (1)		21202112			Name	of Building	Owner/Oper	rator (2	)	7.400			- 1	
1000	10 /	15			The second of the second	izon	, owner oper	10101 (2	,	PRIS SEP 1	1.			
Agencies Notified	Type Notifica				Straat	Address				-, ,	4 /	141	: 2	7
	☐ Initial	uon					taomery Pl	lace I	ower Level	A3055				
☑ DOLWD	Amended					State, Zip C				<del>- 4.10-</del>	<i>p</i>		A.G.	<u> </u>
□ DHSS	Amendme						PA 15212				11	46	ैं	6.
□ DCA (NJAC 5:23-8)	☐ Emergence justification	cy (inc on)	cluding			of Contact				Telephone Numbe	er			
A CONTRACT OF THE PROPERTY OF	☐ Cancellati				Ant	hony Po	rta			**=				
2					FA	CILITY IN	FORMATIC	ON						
Name of Facility Where At	patement is T	aking	Place	(3)					Type of Facility (	4)				_
Verizon Ewing CO		33							School (K-12)					
Street Address									Subchapter 8	(Other than K-12) ivate and commercial	ial hu	ildina	c	
1606 Pennington Rd	l.							İ	homes, etc.)	ivate and commerci	iai bu	liuling	J,	
City (5)									Square Feet	# of Floors	Blo	lg. Ag	ge	
Ewing														
County (6)					Cour	nty Code (7	)(STATE USE C	ONLY)	100	or if being demolish	ed)			
Mercer					- 13				Office					
Name of Monitoring Firm H		74		3)	ASCM	No.	1		nt Contractor (9)					
ESIS Health, Safety	and Enviro	nme	ntal						/IRONMENTAL	., INC.				
Street Address							Street Addr							
436 Walnut St									RSTREET					
City, State, Zip Code							City, State,							
Philadelphia, PA 191				-			BRISTO		19007	License No.				
Project Manager for Monit	oring Firm			- 00	ephone		Telephone 215-788			00509				
Frank Westfall		'ahad	ulad C		15-640 etion Da		Name of OS			00309				
Start Date (10) 9 / 21 /					2 /				/IRONMENTAL	INC.				
Occupancy Status During							Street Addr			-,				
☐ Facility Closed/Vacated					ement		200 200 200 200 200 200 200 200 200 200		RSTREET					
Abatement Performed						scribe	City, State,							
Time of Abatement: 7:	00AM-3:30P	M/	P	Λ	AM		BRISTO							
Scope of Work (Check all	that apply)													
			⊠ Rei		4in m			III Cont	ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Der	nolit	ion		□GI	ovebac	Procedure					
							⊠ No	on-Exer	mpted (*) and No	n-Friable Procedure				
, ,			10 572	Loca	ation ally		D	-4:			Ab	_	ent Ty	уре
Location of Asbestos-Containing N		)	Use	d So	lely by	Asbe	stos Containi	ption or ing Mat		Amount	Rer	Repair	Enc	Enclosure
TO BE ABAT	TED		20000		ance/ I Staff?	(i.e	., thermal sys			(Specify SF or LF)	Removal	air	aps	losu
IN Facility (13)	y		Oust	(12			surfacing other misc			SF OI LF)	<u>a</u>		Encapsulate	Ire
(1.5)			Yes	No	N/A		278 PAGE (100 SEC) SEC (100 SEC) SEC	1.77	(24) = 3 <b>4</b>				Ф	
Roof				$\boxtimes$		Capsto	ne seam se	ealant		250 LF	$\boxtimes$			
Roof						Expans	sion joint			135 SF	$\boxtimes$			
Roof						Roof FI	ashing			1828 SF	$\boxtimes$			
Roof						Pitch P	ockets			12 SF	$\boxtimes$			
Name of Registered Waste	e Hauler				NJDEP	Waste	Cubic Yard	s of	Name of Regis	tered Landfill				
SERVICE TRANSPO		, INC	<b>)</b> .		Hauler I 2099		Waste		MINERVA	LANDFILL				
City, State					2033		Disposal Da	ate	City, State					
NEW CASTLE, DE 1	9720								WAYNESB	URG, OH 44688				
Completed By (Print or Ty	pe)	Title					Signat	ture	1 0	/ · Dat	/	/		
Brian Scafiro		E	stimat	or			Bre	er	Scalero 1	12 9	1/10	1/1	5	
				-			1/000		// //	//	-	1		

ASB-41 MAY 11 BS 15071

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

Date of Notification (1) September 9, 2015	5		5.00		Building C nip of Ha		perator	(2) 2015	SEP 14	Che	ck # N/A	A			
Agencies Notified	Type Notification			Street Ad 135 Ha	dress ddon Av	/enue		į.		111	<del>: i9</del>				
EPA DEP DOL	Initial  Amended  Amendment				e, Zip Cod ont, NJ			Ž	Life	113	JAGI.				
DOH DCA	Emergency (injustification) Cancellation	ncluding	-111	Name of Art Cor						Tele	phone Nu	imhor			
				FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Residence	Abatement is Taking	Place (3)	)						of Facility (4 School (K-12 Subchapter	2)	or than K 1	12)			
Street Address 217 North Atlantic	Avenue					15		X e	other (i.e. pretc.)	rivate 8	commerc	cial build			is,
City (5) Haddon Township						4		Squar 1,065	e Feet 5	# of 2	Floors	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	dg. A 5	ge	
County (6) Camden				County C	ode (7) ISE ONLY)		g i		nt Use (Pric dence	r if bei	ng demolis	shed)			
Name of Monitoring Fire Horizon Environme		Owner (8)		ASCM 0007					ement Con vironment						
Street Address PO Box 316	•							Addres	s Avenue						
City, State, Zip Code Thorofare, NJ 080	86								p Code ide, NJ 0	8052					
Project Manager for Mo				Telephor	ne No. 8-0800		Teleph	none No	).		License	No.			
David Flannigan Start Date (10)	T	Schedule			Date (11)		1 323 10		IA Monitor		00042				
September 21, 20	15	Septen					EMS	L Ana	ılytical, In	c.					
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)					Addres	s 130 Nort	h				+	
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of A nal Facility	Abatem	nent i		_	City, S	state, Zi	p Code son, NJ 0						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min	Containment-Enclosurente evebag Production-Exempted	edure				e	
	10-0-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10	le	Locati	ion						17.			Abate	ement	t
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac (13	ig Material (ACM) BATED cility	Use Ma	Normal d Sole intena todial s	ly ly by nce/		tos Cont thermal surfac		Material s insula T, or		(8	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A										е	
Baser	ment		XXX				ict Wra				5 SF	Х			
Baser	Basement						e Pack				2 SF	X			
Kitch	Kitchen						oor Til				50 SF	X			
Throug	XXX		Windo	w/Doc		lk & G	_		00 LF	X					
Name of Registered Waste Hauler Freehold Cartage				IJDEP W lauler ID 2265	The state of the s	of Was	Yards ste		2000 700	(SEE	ered Land County		II		
City, State Freehold, NJ						Dispos 9/30/2	sal Date 2015	)	City, Stat Newbu		1				
Completed by Christina Lynch		Title Oper	ation	s Mana	ager	(	Signatur	\$no	D			Date 9/9/20	15		

Date of Notification (1) September 9, 2015					Building (				l ire.	Ch	eck#	N/A				
	ype Notification			Street A						13						
EPA DEP DOL	Amendment				te, Zip Co nont, NJ		Č.	Lin	. III	ůi.						
▼ DOH DCA	<ul><li>Emergency ( justification)</li><li>Cancellation</li></ul>	X	1.19	Name of Art Co	Contact rsini	7				Tele	ephone	Numbe	r			
				FACI	LITY INFO	RMATI	ON			1			_			
Name of Facility Where Aba	atement is Takin	g Place (3	3)					Туре	of Facility (4)	)						
Residence									School (K-12							
Street Address 215 North Atlantic Ave	enue							×	Subchapter 8 Other (i.e. pri etc.)				uild	ings,	home	es,
City (5) Haddon Township		28		14					ire Feet	# of 2	Floors		BI 89	dg. A	ge	
County (6) Camden					Code (7) USE ONLY)				ent Use (Prior idence	if bei	ng demo	olished)	1			
Name of Monitoring Firm Hi Horizon Environmenta		Owner (8)		ASCN 0007					atement Control							
Street Address			-	0001				Addre		41,						
PO Box 316							623 (	Cutle	r Avenue							
City, State, Zip Code Thorofare, NJ 08086									ip Code ade, NJ 08	052						
Project Manager for Monitor David Flannigan	ring Firm			Telephoi 856-84	ne No. 18-0800		Teleph 856-	none N 755-0			Licens 00842					
Start Date (10) September 21, 2015		Schedul Septer			Date (11) 5	SI			HA Monitor alytical, Inc	).						
Occupancy Status During A	batement (Chec	k Only Or	ne)				Street	Addre	SS							
Facility Closed/Vacated	d During Entire I	Period of	Abatem	ent			200 F	Route	e 130 North	1						
Abatement Performed Other – Describe:	Outside of Norn	nal Facility	y Hours			_			ip Code son, NJ 08	077						
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti			ψ.	×	Mir Glo	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure						
		le le	Locati					110	III-Exempted	( ) ario	J NOTE:	TIADIC I		161 174	ment	
Location of	A .	100	Normall			Dec	scription	of						Ту	ре	
Asbestos-Containing Ma	aterial (ACM)	64 TO 100 (1950)	ed Solei intenar	, ,		tos Cont	aining N	//ateria			mount				ш	_
TO BE ABATE	<u>ED</u>	88 8	todial S		(i.e.	thermal	systems cing, VA		ation,		or LF)	6	Dom	Repair	ncap	nclo
(13)			(12)				niscellar				/	2	Demove	pair	Encapsulate	Enclosure
		Yes	No	N/A											te	CO.
Throughou			XXX			Du	ct Wra	ар		2	5 SF	Σ	2			
Kitchen/Bathr	room		XXX		F	loor Ti	le and	Mast	tic	13	35 SF	2	2			
Basement St	airs		XXX			F	Plaster			20	00 SF	2	2			
Throughou			XXX		Windo	w/Doc	r Caul	k & G	Blazing		00 LF	Σ	2			
Name of Registered Waste	Hauler		100	JDEP Wauler ID		Cubic of Was			Name of R							
Freehold Cartage		Service Services		2265		15			Cumberl	and (	County	y Land	dfill			
City, State Freehold, NJ						Dispos 9/30/2	al Date 2015		City, State Newburg	, PA					N	
Completed by Christina Lynch		Title Oper	ations	Mana	ger	(8	ignature	m	a L	8		Date 9/9/2	01	5		

		i disuanti		3-7 and 12.120-					
Date of Notification (1)				of Building O SSON TECHNO	wner/Operator (2 DLOGIES INC.	i) :			
9 / 8 /15			Stroot	t Address		NEIC	•		
Agencies Notified Type Not				OUTH AVENU	E EAST	CEID	SEP	14	LIA c
EPA Init	ial Notificatio	n	City 9	State, Zip Code					1-11
	ended Notifica		1.000	3300	JERSEY 07016	d't j.∳			
	ncellation	MOII #Z	JOHAN	NI OND, NEW	SENSET G/GTG	Č.	110	211	
	Hold		Name	of Contact		Telephone Nu	mher	1.17	110
	ERGENCY N			ARD SMITH		Treseptione rec	iiiiboi		
		EAC	ILITY INFO						
Name of Facility Where Abatement i	is Taking Plac		JEH HINFO	HIVIATION	Type of Facility	, (A)			
,		(-)			School (K				
ERICSSON LABS						er 8 (Other than	K-121		
						private & comm		is ho	mes e
Street Address	. A				Square Feet	# of Floors		Bldg.	
1 ERICSSON DRIVE					70,000	2		44	
City (5)	unty (6)		Count	ty Code (7)	Current Use (Pri	ior if being dem	olished	1)	
A TOTAL AND TO A TOTAL AND A	DLESEX			USE ONLY)	COMMERCIAL		01101100	1/	
Name of Monitoring Firm Hired by E	Building Owne	er (8)		ASCM No.	Name of Abate		or (9)		
ENVIRONMENTAL TACTICS INC.		* * *		17	PAR ENVIRONI			ION	
Street Address					Street Address				
64 BROAD STREET					313 SPOOK RC	CK ROAD			
City, State, Zip Code					City, State, Zip (	Code			
MATAWA	N, NEW JERS	SEY 07747			SUFFERN, NEV	V YORK 10901			
Project Manager for Monitoring Firm		Telephone	Number		Telephone Num	ber Lic	ense N	lumbe	r
THOMAS GEIGER	1	732-290-22	217	\$6	845-369-7500	46	0		
Expected : Start Date (10)	Sched	i. Comple	tion Date (1	1)	Name of OSHA	Monitor			
8 / 31 / /15		10 /	30/	15	QUALITY ENVI	RONMENTAL			
Month Day Year	Mor		Day	Year	1				
Occupancy Status During Abatement					Street Address				
Facility Closed/Vacated Du				workston.	1376 ROUTE 9	W			
Abatement Performed Outs  X Other - Describe MONDAY			ours - Descri	be:	011 01 11 77				
X Other - Describe MONDAY	-FRIDAY	PIVI-3AIVI			City, State, Zip (	Jode NGERS FALLS	NV 1	2500	
Scope of Work (Check all that apply)			Г	Full Cont	ainment with Neg			2330	
Demolition	X Renov	ation		Mini-Encle		gative i ressur			
X >3SF OR LF					Procedure				
>160 SF OR					le Procedure				
Location of	Is L	ocation	D	escription of As	sbestos-		Aba	temer	nt Type
Asbestos-containing	norm	ally used	Co	ontaining Materi		Amount	0	$\overline{}$	
Material (ACM)		lely by		(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCLOSURE
TO BE ABATED	100000	Custodial		sulation, surfaci		SF or LF)	IŠ	<del> </del>	SO
in Facility (13)		aff (12)	C	or other miscella	aneous)		1		
	Yes I			NAS SEADON			-	4-1	m
BLDG.#1 S.E. 2ND FL ELEVATOR HA	ALLWAY	Х	PIPE FITTIN	NGS		1 LF	X		
BLDG.#3 MER 1ST FLOOR		Χ.	PIPE FITTIN	NGS		2 LF	X		
					1.5				
							_	+	
						-	-	1	
		-					+	+	
Name of Davids and the control of th	1		0.11.11		To	L			
Name of Registered Waste Hauler		Waste	Cubic Yards		Name of Registe			-u·	
GLOBAL WASTE		ID No.		8	GRAND CENTE	KAL SANITARY	LAND	FILL	
City, State	1 2	2147	Disposal Da	to	City State				18
HACKETTOWN, NEW JERSEY			08/31/15-10		City, State PEN ARGYL, P	Δ		,	,
Completed by (Print or Type)	Title			Signature /	// X/		te 9/	(1	
BENJAMIN SANCHEZ	DIRECTOR	OE OBED		Jigilaluro /	NX	l <sup>Da</sup>	1/	X/	15

Print Form

1) HOLDING	$\leq$	NOTIF (F	CATIO	tate of Ne N OF ASI t to NJAC	BESTOS	ABATE	MENT (	000	The second	14	$\mathcal{A}$	)(		
Nate of Notification (1) 8/24/15					g Owner/C opers, L		(2)	2015	SEP 1		<u>ુ</u> કઃ :			-
Agencies Notified Type Notification  X EPA X Initial				Address ox 720							0	10.1		
EPA X Initial Amended Amendment	#			ate, Zip C	Code J 0884	6		file.		i h	YG	15 I.		
■ DOH ■ Emergency ( justification)		3	Name o	of Contac	t				Telep	hone Ni	ımher			
E cancenation			Topiconicosino	rs Santo	OS FORMATI	ON								
Name of Facility Where Abatement is Taking	Place (	(3)				-11	Type of F	acility (4)						
Street Address 7 Hope Drive							Sub	ool (K-12) chapter 8 er (l.e. pri	(Other	than K-1	(2) sial bui	dings	, hom	nes,
City (5) Sayreville							Square F		# of F	loors		Bldg.	Age	
County (6) Middlesex			County (STATE	Code (7) USE ONL	Y)		Current L	Jse (Prior	if being	demolis	100		-	
Name of Monitoring Firm Hired by Building C	Owner (8	)	ASCI	M No.			of Abatem Environ							
Street Address						Street	Address							
City, State, Zip Code						City, S	30x 483, tate, Zip C	ode		e				
Project Manager for Monitoring Firm			Telepho	ne No.			wood, None No.	J 0741		icense h	Vo.			
			mpletion	Date (11)	)		764-2276 of OSHA N		7	03				
9/2/15 Occupancy Status During Abatement (Check	9/30/1	(T)												
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm:  Other – Describe:	eriod of	Abater	ment s			) E0000388003280 	Address tate, Zip C	ode						
Scope of Work (Check All That Apply)						1 88	22 23		2010-201					
≥3 sf or ≥3 If × ≥160 sf or ≥260 if		Renova Demoli				×	Mini-Er Gloveb	ntainmen nclosure ag Proced empted (	dure					
		Locat Norma							/ and r	1011-1 1181	7 10	Abat	emen	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial ( (12)	y by	Asbes (i.e	stos Conta thermal: surfac	cription aining M systems ting, VA iiscellan	laterial (AC insulation T, or	(M)	Amo (Spe SF or	cify	Removal	Repair	e Encapsulate	Enclosure
×	Yes	No	N/A				ovac,				val	lir'	ulate	ure
exterior			X		S	iding			1000	SF	x			$\vdash$
exterior			X		rc	of felt			100	SF	x			
,														
Name of Registered Waste Hauler Freehold Cartage	H	JDEP W lauler ID 3959		Cubic Y of Wast		4,00%	me of Re							
City, State Freehold, NJ				Disposa	al Date	Cit	y, State rdsboro							
Completed by A. Scott Higgins	Title Presi	dent				gnature	1/		1 (7)	Da 8/	te 24/15			

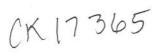
# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (		58				
8/	06/	15		Joh	nnson &	Johnson	2015 SEP	14 AM 8:	26			
Agencies Notified	Type Notifica	ation		Street	t Address		A =					
⊠ EPA	☐ Initial			501	George	Street	43.9	, , , , , , , , , , , , , , , , , , ,				
☑ DOLWD				City, S	State, Zip (	Code	5.4. L					
☑ DHSS ☐ DCA	Amendme		,	Nev	w Brunsv	wick, NJ 08901						
(NJAC 5:23-8)	justification		3	Name	of Contac	t		Telephone Nu	mber			
10 S. 1000	☐ Cancellat	ion		Naı	ndita Kar	ndar						
	A	104 152512 x 1041 11.		FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility	* *				
Kilmer Museum							School (K-12		(0)			
Street Address								B (Other than K-1 rivate and comm		uildin	as.	
501 George Street							homes, etc.)				J-,	
City (5)							Square Feet	# of Floors	E	ldg. A	ge	
New Brunswick							9500	2		+/- 7	0	
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Middlesex							Vacant					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
EHI, Inc.						USA Environ	mental Manag	ement, Inc.				
Street Address						Street Address		+				
655 West Shore Tra	ail					8436 Enterpr	ise Avenue					
City, State, Zip Code					City, State, Zip Co	ode						
Sparta, NJ 07871						Philadelphia,	PA 19153					
Project Manager for Moni	itoring Firm		Tele	ephone	No.	Telephone No.		License No.				
William Kerbel					-5649	215-365-5810	)	1156				
Start Date (10)	S	Scheduled C	omple	etion Da	ate (11)	Name of OSHA M	Monitor					
_ 8_ / _ 20_ /	2500	10 /				USA Environ	mental Manag	ement, Inc				
Occupancy Status During		Check only	one)			Street Address						100000000000000000000000000000000000000
☐ Facility Closed/Vacate				ment		8436 Enterpr	ise Avenue					
					scribe	City, State, Zip Co						
Time of Abatement: 7	:00AM-3:30F	PM/P	M	AM		Philadelphia,						
Scope of Work (Check all	that apply)					Π F::!! C!		- # D				
		⊠ Re	enovat	ion		☐ Full Cont	tainment with Neg losure	gative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De	emoliti	on			g Procedure					
		- 1 -		20000		☐ Non-Exe	mpted (*) and No	n-Friable Proced				
	10 <b>2</b>		Loca Norma	100					Α	batem	ent T	уре
Location Asbestos-Containing I		0.000		ely by	Ashe	Description of estos Containing Ma		Amount	Re	Repair	E	En
TO BE ABA	TED	Ma	intena			e., thermal systems	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Facilit	ty	Cus	(12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	ure
(13)		Yes	No	N/A	1	other miscellane	ous)				ite	
Annex Building				$\boxtimes$	Pipe In	sulation		/161 LF				
Exterior Trench					Pipe In	sulation		35 LF /				
==												
			П	Tn.						Ī	П	П
Name of Registered Wast	te Hauler		1	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill				
USA Environmental			H	lauler II		Waste		JLLYTOWN L	andfill			
City, State				32610	)	1 Disposal Date	City, State					
Philadelphia, PA						10/15/2015	Morrisville	, PA				
Completed By (Print or Ty	(pe)	Title				Signature /	1.02		Date			0.00
Dilip Kumar	F-0/	Progra	m Ma	naner			holan	~	9-3		(-	
ACD 44		og . a	1410	ugui		1 Silver	your		1->	, ,	)	

ASB-41 MAY 11

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

Date of Notification (1)			Name o	of Building Owner/	Operato	(2)	lΩΛ		2615	SEP	14	£Ħ	0:
Agencies Notified Type Notification			Street A	address R	nl	27	mot	Victoria d	1.				- 1 7
EPA Initial Amended Amendment Emergency (justification) Cancellation		- [	Name o	ate, Zip Code  Contact  Clackis	N 1	ON	8340	) Tel	ephone Nu	ımber			
			FAC	ILITY INFORMAT	TON	T =	(F 10)						
Street Address 7 08 VS+ MC NC		21	(160 <u>.</u>	A			s of Facility ( School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth			dings,	home	s,
City (5) MILLVILLE			,	,		Squa	are Feet		Floors Z		ldg. A	ige D	
County (6) CUMBES LAND	(0)		(STATE	Code (7) USE ONLY)		L	ent Use (Pric	M	JUSC	shed)	The second		
Name of Monitoring Firm Hired by Building (	wner (8)		ASC	VI NO.			atement Con ustries Inc		(9)				
Street Address					Stree	t Addre	ess						
City, State, Zip Code							Zip Code w Jersey (	08723					
Project Manager for Monitoring Firm			Telepho			hone N 2)899-			License N 01196	No.			
Start Date (10) 9 10 15		0	apletion	Date (11)			HA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	batem				t Addre	iss Tip Code						
Scope of Work (Check All That Apply)					1					111111111111111111111111111111111111111			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Min	III Containme ni-Enclosure ovebag Proc on-Exempted	edure	•			e	
1	0.0000	Locatio									DESCRIPTION OF THE PERSON OF T	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solel ntenan odial S (12)	y by nce/ staff?	Asbestos Con (i.e. therma surfa	escription staining ! Il system acing, V/ miscella	Materia is insula AT, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	05/2020	- 12	1 1		7 .	~	1			_
			0	Asbestos	S 510	My		SI 00	OSF	8			
Name of Registered Waste Hauler Brick Industries Inc.	_	H	JDEP Wauler ID 1602		Yards este		Name of F		red Landfil	I			
City, State Brick, New Jersey			177.0	Dispo	sal Date	6	City, State	9					
Completed by Eric Plackis	Title Presid	dent		\$	Signatur	e C	ND		D	ate	9/1	5	

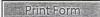


Date of Notification (1) 9/8/2015					Building C		Operator	(2)	955	I 07	₽ . I.				
Agencies Notified	Type Notification		186	Street Ac	dress ARNOL	D BL	/D		7.51				•	!	
EPA DEP DOL	Initial Amended Amendment		100		te, Zip Coo HANOVE		J		66_		(1) − 2)		TVS.	i.	
DOH DCA	Emergency (injustification) Cancellation	ncluding	620		Contact IOGUER	RAS				Tele	enhone N	umber			
	=			FACIL	ITY INFO	RMAT	ION								
Mame of Facility Where A		Place (3)							of Facility (4 School (K-12 Subchapter 8	2)	or than K	12)			
Street Address WEST ARNOLD BI	_VD							×	Other (i.e. pr etc.)	ivate 8	commer	cial bui			nes,
City (5) NEW HANOVER								N/A	re Feet	N/A		1	3ldg. N/A	Age	
County (6) BURLINGTON					Code (7) ISE ONLY)	5.			ent Use (Prio TER PIPE		ng demoli	ished)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No.				tement Cont Network			Contr	actir	ıg, Ll	_C
Street Address							100000000000000000000000000000000000000	Addre Piney	ss Hollow R	oad					
City, State, Zip Code			07						ip Code NJ 08095				ACTION OF		
Project Manager for Mor	nitoring Firm		17	elephor	ne No.		Teleph 6095	none N 6706			License 01263				
Start Date (10) 9/23/2015		Scheduled		pletion [	Date (11)		100000000000000000000000000000000000000		HA Monitor alytical						
Occupancy Status Durin	g Abatement (Chec	k Only One	)					Addre	970E1						
Facility Closed/Vac	ated During Entire F	eriod of Ab	atem	ent			107	Hadd	on AVe						
	ned Outside of Norm WATER MAIN REPA					<del></del> ×	3700	State, Z tmon	t, NJ						
Scope of Work (Check A	II That Apply)	to the factor of						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	novat moliti				×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				ire	
		V	5000						n-Exempled	() air	u Non-i iii	abic 11	25.00	teme	nt
		4704000	ocation rmall	3977										Гуре	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Used Main Custo	Solel tenan	y by ce/		os Cor therma surfa	escription staining M Il system acing, VA miscellar	Materia s insul AT, or	ation,	(5	mount Specify or LF)	Remova	Kepair	Encapsulate	Enclosure
		Yes	No	N/A			7							ate	е.
ALONG WEST A	RNOLD BLVD			X	re	mova	of tran	nsit pi	ipe		50 If	x			
Name of Registered Wa	ste Hauler		N.	JDEP W	/aste	Cubio	Yards		Name of F	Registe	ered Land	Ifill			
Bull Waste & Recyc				auler ID 435	No.	of Wa			Salem (	Count					
City, State Berlin, NJ 08009							sal Date /2015	)	City, State Alloway		->-	-			
Completed by		Title					Signatur	е		_		Date 9/8/	11	_	
T. Budzynski		presid	ent	S-19-2-73-								110/	/ J		

# MO 22972347718

Date of Notification (1) 9/08/15				Name of I	Building C	wner/O	perator	(2)	9E 11	OFF		8			83
Agencies Notified	Type Notification			Street Ad					£ 1, 10	CEF	1 1 1 2 2 1	<del>/ G:</del>	61		$\dashv$
			11.00		hway A	venue			1				35.		
× EPA × DEP × DOL	Initial Amended Amendment				e, Zip Coo ridge, N		95			ē. [.			3)		
Ĭ DOH DCA	Emergency ( justification)		1 2	Name of Ed Lah					William Control	Tele	phone Nur	nber			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where House	Abatement is Takin	g Place (3)						-	of Facility (4						
Street Address		<u> </u>							School (K-12 Subchapter (		er than K-12	2)			
629 Rahway Avenu	ie								Other (i.e. pretc.)	ivate 8	commerci	al build	lings,	home	s,
City (5)			-					Squa	re Feet	1185552510	Floors		ldg. A	ge	
Woodbridge								N/A		N/A	7		/A		
County (6) Middlesex				County C STATE U	ode (7) SE ONLY)		_	Hou	nt Use (Prio se	r if bei	ng demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		0.0000000000000000000000000000000000000		tement Cont ement, Inc		(9)				
Street Address					50			Addres							- 3
									gren Aven	ue					
City, State, Zip Code							911212 - CO		ip Code J 07512						
Project Manager for Mo	ect Manager for Monitoring Firm							hone N 34586			License N #00675	lo.			
Start Date (10) 9/25/15		Scheduled 9/26/15	Com	pletion [	Date (11)		/9/6/25/00/00/00		HA Monitor ement, Inc	0.					
Occupancy Status Durin	ng Abatement (Chec	k Only One					10000	Addre							
	cated During Entire								gren Aven	iue					
Abatement Perform  X Other – Describe:	ned Outside of Norr Occupied	nal Facility F	iours			_	150 150 150 150 150		ip Code IJ 07512						
Scope of Work (Check)	All That Apply)		100 100				_	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti				2	Min Gle	II Containme ni-Enclosure ovebag Proc	edure					
						=247.00=	L	_ No	n-Exempted	(*) an	d Non-Frial	ole Pro		e ement	
	a G		ocati rmal	1100		D-						-		/ре	,
Location Asbestos-Containing	g Material (ACM)	Used Main	Sole	ly by	Asbes	tos Con	scription taining l	Materia	I (ACM)		mount			Щ	m
TO BE AS		Custo	dial S		(i.e.	therma surfa	system	ns insul AT, or	ation,		Specify For LF)	Remova	Repair	cap	Enclosure
(13	)		(12)				miscella					oval	air	Encapsulate	sure
		Yes	No	N/A										(D	
basen	nent		X			pipe	insua	ltion		5	5 LF	X			
	<i>n</i>						.5								
Name of Registered Wa				IJDEP W lauler ID		Cubic of Wa	Yards ste		0.0000000000000000000000000000000000000	2000	ered Landfi				
D&S Abatement, In	C		1000	20996		TBD					gement o	of PA			
City, State Tototwa, NJ						Dispo TBD	sal Date	е	City, State		Α				
Completed by		Title	4 1 4		a		Signatur	2	2/11.			ate /08/1	5		
Deanna Brkusanin		Projec	t Ma	anager			1111	alle	1) (1)	lell	7	100/1	J		

MOZZ987917235



Date of Notification (1) 9/08/15				Building Ov Bridgett			(2)	651-						
Agencies Notified Type Notification			treet Ac		C F III	Celli		2115	SED	11. 11.	0:	GB.		- 100 - 100
		10000		n Street				<u>i.</u> r:-						
➤ DEP				e, Zip Code		C4			= [			JL		
Emergency (inc				Amboy, N	J 088	61			,	phone Num	her			
DOH justification)  Cancellation		100000		& Bridgett	e Pin	celli			100	priorie Nuit	Dei			
			FACIL	ITY INFOR	RMATIO	N						_		
Name of Facility Where Abatement is Taking F House	Place (3)						_	of Facility (4)						
Street Address								School (K-12 Subchapter 8		er than K-12	)			
58 High Street							100	Other (i.e. prietc.)	vate 8	commercia	l build	dings,	home	es,
City (5)							Squar	e Feet		Floors	100000	ldg. A	ge	
Perth Amboy, NJ 08861		T =				,	N/A		N/A			/A		
County (6) Essex				Code (7) ISE ONLY)			Hous	nt Use (Prior se	if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ow	vner (8)	1	ASCM	No.		Name	of Abat	tement Cont	ractor	(9)				
N/A						D&S	Abate	ement, Inc	ì.					
Street Address		**	92				Addres			38				2.0
City, State, Zip Code								p Code	ue					
only, otale, zip oode								J 07512						
Project Manager for Monitoring Firm		T	elephor	ne No.			none No 345868			License No #00675	).			
	Scheduled (	Comp	oletion [	Date (11)				HA Monitor ement, Inc						
Occupancy Status During Abatement (Check (							Addres	<u> </u>						
☐ Facility Closed/Vacated During Entire Pe		teme	ent			11 R	oseng	gren Aven	ue					
Abatement Performed Outside of Normal Other – Describe: Occupied								p Code					ü	
Scope of Work (Check All That Apply)						100	wa, N	J 07512						
≥3 sf or ≥3 lf	☐ Ren	ovatio	on			Г	] <sub>Eul</sub>	I Containme	nt with	Negative P	rpeeri	re		
≥160 sf or ≥260 lf		olitio				×	Mir	ni-Enclosure		regative	0330			
								vebag Proce n-Exempted		d Non-Friabl	e Pro	cedur	е	
	Is Lo											Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Non Used S	mally olely		Asbesto		scription		(ACM)	٨	mount		,,		
TO BE ABATED	Mainte Custodi		7223		nermal	system	s insula		(5	Specify	Re	D.	Enca	Enc
In Facility (13)	10000000000000000000000000000000000000	2)	u			cing, VA			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
* *	Yes N	10	N/A								<u>a</u>		ate	Ге
basement	)	X			pipe	insual	ltion		6	0 LF	X			
basement		7				pipes	-		6	0 LF			X	
Name of Registered Waste Hauler		0.000	DEP W	201	Cubic			Name of F	Registe	red Landfill	-			
D&S Abatement, Inc.		100000	uler ID 0996		of Was TBD	ste		Waste N	lana	gement of	PA			
City, State Tototwa, NJ		-			Dispos TBD	sal Date		City, State Tullytow		4				
Completed by	Title					ignature	<i>6</i> //	7	11.	Da				
Deanna Brkusanin	Project	Mar	nager				100e	we Ko	lle	ui 9/1	08/1	5		

CK 677590 3685

Date of Notification (1) 9/08/15				Building Ov Brian Na	60 SON	perator	(2)	)	2015	SEP 1	4 AM	8: a	ì		
Agencies Notified Type Notification		1,485	Street Add 76 Mea	dress dowbroo	k Roa	nd			÷			- 11			
X EPA   X Initial   Amended   Amendment #				e, Zip Code Iills, NJ 0				W.	· ·	c [ ].	zie ui.		Ť.		
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	ncluding	(65)	Name of 0	Contact Brian Na	ashel					Tele	nhone Nun				
			FACIL	ITY INFOR	RMATIC	N									
Name of Facility Where Abatement is Taking House	Place (3)		,,,,,,,				T	_	of Facility (						
Street Address 110 Sagamore Road		27						S	ther (i.e. p	8 (Othe	er than K-12 commerci		ings,	home	s,
City (5) Millburn							600		tc.) e Feet	# of	Floors	37000	dg. A	ge	
			County C	ada (7)			1 2		ot I Isa (Dri	200000	ng demolish				-
County (6) Essex				SE ONLY)		_	ŀ	Hous	е			icu)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	·	ASCM	No.					ement Co ement, Ir		(9)				
Street Address						Street 11 R			s ren Ave	nue		100			
City, State, Zip Code									Code J 07512				×		
Project Manager for Monitoring Firm		1	Telephon	ne No.		Teleph 9733	hoi	ne No	).		License N #00675	lo.			
Start Date (10)	Scheduled	Com	pletion D	Date (11)		Name	e of	f OSH	A Monitor		1100010				
9/22/15	9/23/15							messioner.	ement, Ir	ıc.					
Occupancy Status During Abatement (Check					1/2	Street 11 R			s Iren Ave	nue					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			p Code J 07512						-
Scope of Work (Check All That Apply)						1010		α, 14	0 01012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti					×	Min	i-Enclosur vebag Pro	e cedure	n Negative I			e	
							_	1401	1-Excitipite	Jun	140111110	1		ement	
W 8887 7 7 82	1	ocati ormal	2000		_		70200 Z						Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Sole ntenar	ly by nce/	Asbesto (i.e. t	os Cont hermal surfa	scription aining l system cing, VA niscella	Ma ns 'AT	aterial insula , or	(ACM) ation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				Transaction of the Control of the Co				- and the same of			e	
basement		X				insua					40 LF	X			
garage		X	-		pipe	insula	ati	ion		,	33 LF	X	_	-	_
,	+														
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards	85		Name o	f Regist	ered Landfi	11			
D&S Abatement, Inc.			lauler ID 20996	No.	of Wa						igement o	of PA			
City, State Tototwa, NJ					Dispo TBD	sal Dat	te		City, Sta		A				
Completed by Deanna Brkusanin	Title Projec	ct Ma	anager		(	igratui 100	ire	W	Eller	ruer		ate /08/1	5		

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

2015 SEP 14 AX 7:58

Date of Notification (1) 09/07/15	*				Building				** 12				- 0			
Agencies Notified	Type Notification			Street A 2-4 Al	ddress JBURN	STRE	ET		Te.	1. 16	i je	13	91.			
DEP DOL	Initial Amended Amendment				te, Zip Co RSON,N		01									
DOH DCA	Emergency ( justification) Cancellation	including			Contact	PMAN	ı			Tel	ephone i	Number _	8			
				FACI	LITY INFO	ORMAT	ION			-						
Name of Facility Where LEWIS CHILDREI		Place (3	3)						Facility (4 nool (K-12	- EX						
Street Address 2-4 AUBURN STF	REET		15						ochapter ( er (i.e. pr				ildin	ıgs,	home	es,
City (5) PATERSON								Square F 2300	eet	# 0	f Floors		Bldg 18		ge	
County (6) PASSAIC					Code (7) USE ONLY			Current I SCHO	Use (Prio OL	r if bei	ng demo	olished)				
Name of Monitoring Fin HEALTH & SAFE		Owner (8)		ASCN	/I No.			of Abatem				CO.				
Street Address P.O.BOX 365							100000000000000000000000000000000000000	Address MILL ST	REET		-2000-200-200-200-200-200-200-200-200-2					
City, State, Zip Code BERLIN,NJ,08009	)						state, Zip C ERSON,		501							
Project Manager for Mo JAMES PROCTO			Telephor 856-45	ne No. 52-1311			none No. 653-965	52		License 1257	e No.					
Start Date (10) 09/18/15		Schedule 10/18/		mpletion I	Date (11)		Name HSS	of OSHA	Monitor							
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)				Street	Address								
	cated During Entire F	520-8-0-00 <del>8</del> - 0-00	3000 <b>0</b>	nent			P.O.	BOX 36	5							
Abatement Perform Other – Describe:	med Outside of Norm	al Facility	Hour	S			100000	state, Zip C								
Scope of Work (Check	All That Apply)						1								-1177	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Territoria de la constanta de	Renova Demoli				~	Mini-E Glovel	ontainme inclosure bag Proce xempted	edure				dur		
		T	1					_ NOIPE	xempted	( ) all	u Non-i i	lable I			ment	
Locatio	on of	07570	Locat Norma	0.00.045		Do	scription	of					30000	Ту	ре	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED illity	Ma	intena todial (12)	nce/		tos Con therma surfa	taining N	Material (An s insulation T, or		(8	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
BOILER I	ROOM	X					TSI				10LF	X	$^{\dagger}$	1		
				+			4				setseredos		+	-		
		-		-								-	+	-	_	
				-								-	+	4		
Name of Registered Wa	asta Haular		JDEP W	lasta	C.h:	Vorda	1 6	lame of R	) oalst	rad Lac	4611					
INDIAN ARROW IN		.	lauler ID 00161/	No.	of Wa		1 3	G.R.O.V		ered Land	uiiii					
City, State PATERSON,NJ				83		Dispo TBD	sal Date		ity, State ΓULLΥΤ		N,PA					
Completed by GORAN IGEV		Title SEC	RETA	ARY		5	Signature	H	4			Date 09/07	//15	j		

	.001010		XX. 22. 22. 22. 22. 22. 22. 22. 22. 22.		000000000		(	The state of			C			
Date of Notification (1)				Building ( on Char			(2)		v					
Agencies Notified Type Notification		- 1	Street A	<sup>ddress</sup> mans Re	oad			7115	SEP	14 /	16 8:	64		
DEP Amended Amendment #				te, Zip Co County,				pr = 0		f 1 - 1		1 37		
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	cluding	101		f Contact ockwood	, Lock	wood A	Associ	ates		phone N	umber 3			
			FACI	LITY INFO	RMATI	ON			1					
Name of Facility Where Abatement is Taking	Place (3)	)						of Facility (4) School (K-12	)					
Street Address 7 Eastmans Road							×	Subchapter 8 Other (i.e. pri etc.)				lding	, hom	es,
City (5) Morris County		(*)					Squar 2600	e Feet	# of 2	Floors		Bldg. 58	Age	
County (6) Morris				Code (7) USE ONLY)			Currer	nt Use (Prior	if beir	ng demoli	shed)		459 5,700-009	
Name of Monitoring Firm Hired by Building O	wner (8)	•	ASCN	I No.				ement Cont onmental			С			
Street Address							Addres Box 48	s 3, 4 E Ga	ite Dr	ive				
City, State, Zip Code			-				tate, Zij wood,	p Code NJ 0741	8					
Project Manager for Monitoring Firm			Telepho	ne No.			none No 764-22			License 703	No.			
Start Date (10)	Schedule	d Con	npletion I	Date (11)		Name	of OSH	A Monitor			<u>()</u> )			
Occupancy Status During Abatement (Check	Only On	e)	111			Street	Addres	S		t			40.00	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of A	baten					tate, Zi							
Other - Describe:														
Scope of Work (Check All That Apply)						l								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit	200			×	Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	edure				ıre	
	ls.	Locati	on						/ / 4/10				temen	it
Location of	l N	lormal	ly .		De	scription	of					. 1	уре	_
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?		tos Cont thermal surfa	taining N systems cing, VA miscellar	Material s insula .T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						1977-000				, CD	
assembly area			X		wind	ow gla	zing		18	00 SF	х	-		
Name of Registered Waste Hauler Freehold Cartage		Н	IJDEP W lauler ID 5959		of Wa	Yards ste		Name of R Western						
City, State Freehold, NJ				4	Dispo:	sal Date	1	City, State Birdsbor		ί.				
Completed by A. Scott Higgins	Title Presid	dent			S	Signature	ax				Date 9	-8	7-1	5

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N	1		10	1.
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	1221	11.	700	21
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[ 5			-		(5. 11.11				1	<u>ul</u>	1	1		10	_/_	
Date of Notification (1) 9/8/15					f Building ette Can		Operator	(2)							-	
Agencies Notified	Type Notification		- 1	Street A PO Bo				2015	SEP IL	. A14	8: 0	ŧ.				
EPA DEP DOL	Initial Amended Amendment	#			ite, Zip Co lair, NJ		2	i.								
DOH DCA	Emergency justification) Cancellation			Name of	f Contact			7	2. [/[]]	Tel	ephone	Numl	per			
☐ DCA	Cancellation				LITY INFO	DMAT	ION			1	÷ 10					
Name of Facility Where A	Abatement is Takir	ig Place (3)		FACI	LIITINE	JKIVIAI	ION	_	of Facility ( School (K-1	- 60						
Street Address 37 Wheeler Street								×	Subchapter Other (i.e. petc.)	8 (Oth				dings,	home	es,
City (5) Montclair									re Feet	# 0	f Floors		50.00	ldg. A	ge	
County (6) Essex					Code (7) USE ONLY,			Curre	nt Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				tement Cor onmenta			LC				
Street Address							Street PO B		ss 33, 4 E G	ate D	rive					
City, State, Zip Code									ip Code , NJ 074	18						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-7				Licens 703	e No.	,			
Start Date (10) 9/10/15						to	Name	of OSH	HA Monitor							
Occupancy Status During	g Abatement (Che	k Only One)	)				Street	Addres	SS							
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of Ab nal Facility H	atem lours	ent			City, S	tate, Z	ip Code	T			_			
															-11-00	
Scope of Work (Check A	II That Apply)						_	1								
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		-	nova				×	Mir Glo	I Containm ni-Enclosure ovebag Prod n-Exempted	e cedure	G				۵	
		Isl	ocati	on						( ) ( ) ( )	0 110111	I			ement	
Location	of	No	rmall	у		De	scription	of						Ту	ре	
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	ATED		tenar	ice/		tos Con thermal surfa	taining M I systems cing, VA miscellan	laterial insula T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
L		163	INU	X							~	-			_	
baseme	basement					pipe	insulat	tion		3	0 LF		X			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Lan	dfill				STATE OF
Freehold Cartage			Н	auler ID		of Wa			Wester	10000						
City, State Freehold, NJ						Dispo: TBD	sal Date		City, Stat Birdsbo							
Completed by A. Scott Higgins		Title Preside	ent	W.		. 8	Signature ()	6		_		Date 9/8/				

Fede	eral Notification of	Asbestos Abater	nent (F	ursuant to NJAC 8:60	)-7 and 12:120-7)	
Date of Notification	9 9 9 9	Name of Build	ing Ow	ner/Operator		
0 9 0	9 1	MACY'S COR	PORAT	E SERVICES (FEDER	ATED)	
Agencies Notified   T	Type of Notification				9010	
USEPA	[1] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8	Street Address				en et ng
X DEP	Notification	7 WEST SEVE	NIHS	TREET	* a	
X DCA/DOL	Amended	0:4 - 04 - 4 - 7:			20	
X DOH	Cancellation	City, State, Zip				
7 5011	Caricellation	CINCINNATI,	JHIO 4	45202		
		Name of Conta	act		Telephone Nu	mhor
					reiepriorie Nu	IIIDEI
		Tia Wenrich			1	
		FACILITY INFO	RMATI	ON	_	
Name of Facility Whe	ere Abatement is Ta	aking Place		Type of Facility		
			1	( ) School (K-12)		
MACY'S - WILLOW	BROOK MALL		1	( ) Sub-Chapter 8 (	Other than K-12)	
Street Address			7	( X ) Other (I.e. priva	te & Commercial	
	9			buildings, homes	etc /	
100 ROUTE 46			SF o	f Bldg.	# Floor	Ago of Dide
City	County	County Code	٦, ،	1 MILLION -		Age of Bldg. 3 50+
		State use Only	Curre	ent Use (prior if being d	lemolished)	3 50+
WAYNE	BERGEN		- 1			
Name of Monitoring I	Firm Hired by Buildi	ng Owne ASCM N	e of Abatment Contract	or		
			o or realment oorlinger	.01		
PENNONI ASSCIATE	ES INC		CONSULTING CORP.			
Street Address				et Address		
515 GROVE STREE	T CUITE 45					
City, State, Zip Code	I SUITE 1B			STANLEY TERRACE		
City, State, Zip Code	*		City,	State, Zip Code		<u>X</u> )
HADDEN HEICHTO	N.I. 00005					
HADDEN HEIGHTS,				N, NJ 07083	Y.	
Project Manager for I	vionitoring Firm	elephone No.	Telep	hone Number	License Number	er
TO BE DETERMINED		SE DETERMINE				
Scheduled Start Date		BE DETERMINED		87-1008	00578	5
ocheduled Start Date	Scheduled Cor	mpletion Date	Name	e of OSHA Monitor		
9 21 20	015 9 25	2015	EMCI	ANALYTICAL		
Month Day Ye	ear Month Day	Year		t Address		
Occupancy Status Du	uring Abatement (Ch	neck Only One)	101166	Address		
Facility Closed/\	acated During Entit	re Period of Abater	7307 V	VEST 38TH STREET		
X Abatement Outs	ide Normal Facility	Hours		State, Zip Code		
X Describe: 9:30P	PM TO 7:00AM	110010	l'Oity, t	state, Zip Code		
Other - Describe	:		NEW/	YORK, NY 10118		
Scope of Work (Chec	Only One)	Abatemer				
Demolition >3sf or >3lf			Full C	ontainment with Negati	ive Pressure	
	16		Mini-E	nclosure		
	IT	X		bag Procedure		
Renovation			Non-F	riable Procedure		
Location of ACALE		Is Location Norma		Describtion of	Amount to be	Abatement Type
Location of ACM Facil	ity	Used by Custodial		ACM to be	Removed	.,,,,
MICHAEL KODO DEL	/////00// 5:::==	Yes NO	N/A	Removed	(Specify SF/LF)	Ren Rep End Encl.
MICHAEL KORS RTV	V IVIISSY SHOP			VAT	1320	
N (5 :						
Name of Registered V	Vaste Hauler	NJDEP Waste II	No.	Cubic Yds waste	Name of Regist	ered Landfill
TRI-STATE TRANSFE	R ASSOC., INC.	SW1896		TBD	MINERVA ENT	ERPRISES, INC
City, State		Disposal Date		City, State of Register	ed Landfill	LIM MOLO, INC
BRONX, NY		TBD		WAYNESBURG, OHIO	) .	
Completed By (Print o	r Type)	Title		Signature	1	Date
ANITA SMOLAR		GENERAL MAN	AGER	(Luto &	Smolar /	9/9/15
			1 1			9/9/15

			(	Pursuai	nt to N	JAC 8:6	60 a	and 12:	120)			Check # 1	0103			
Date of Notification (1)	otember 10, 2	015				ng Owner Building										
Agencies Notified	Type Notifica	***			Address		, 00	milacio		7 E 15 0	7 [	1 AH 5:	I o			
□EPA □DEP				1,000	xycocus				¥,	11	· · ·	1	1.U			
DOL	Initia Ame				tate & Zi	p Code NJ 0805	0						****			
DOH		ndment#											4			
LDCA	Cano	cellation			of Conta Jensen	-						1	Telephor	ne Nu	mbe	er
				FA	CILITY	INFOR	MA	NOITA								
Name of Facility When Residence	e Abatement	is Taking Pl	ace (3)			1	Туре	of Facil			i.					
Street Address							님	School	pter 8 (Ot	her than	K-12)					
207 Centre Street												cial buildin	igs, hon	ne, e	tc.)	
City (5)							Squ	are Feet 3,000		# of Floo	ors 3	В	ldg. Age	5 yea	re	
Beach Haven, NJ 08	008			W					(Prior if be	eing dem		d)		J yes	113	
County (6) Ocean		US	unty Cod E ONLY													
Name of Monitoring Fi N/A	rm Hired by B	uilding Own	ier (8)	ne of Aba atech, In	tement C c.	ontractor	(9)									
Street Address								et Addres Radio R								
City, State & Zip Code									Zip Code arbor, NJ							
Project Manager for M			Te	elephone N	lumber	1	Tele	phone No 296-6916	umber			License Nu	mber 0081	7		
Scheduled Start Date September 21,		Scheduled		tion Date (ber 16, 20		100		e of OSh atech, In	HA Monito	or						
Occupancy Status Dur Facility Close	ring Abatemer d/Vacated Du	nt (Check or ring Entire F	nly one)			5	Stree	et Addres	ss		×					
Abatement Pe		side of Norm	nal Hour	s					Zip Code							
Facility Occup	pied During Ab						_11116	е Едд на	arbor, NJ	08087						
Scope of Work (Check	all that apply	)							Full Can	4-1	tale N	la - ati D				
≥3 sf or ≥ 50 lf				Renovation	on			H	Mini-End		WILITIN	legative Pre	ssure			
≥160 sf or ≥260	) If			Demolitio	n				Gloveba	g Proced	lure					
				X				$\boxtimes$		empted(*	) and I	Non-Friable I	Procedu	re		
Asbestos-Contair	ition of ning Material ( ABATED	ACM)	Solely b	tion Norma by Mainten odial Staff?	ance or		Ast	Descripti bestos-Co Material (	ontaining			ount (Specify SF or LF)		atem	ent T	Туре
IN F	acility		000.		(.2)		(i.e.	, thermal	systems			or or Ery			m	
(	13)								acing, VA ellaneous				Re	R	nca	Enc
							,, 00	ner miso	cilaticous	, .			Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								/al	=	late	ure
Exterior				Х			- 7.	Transite :	Siding			200 SF	X			
													-			
Name of Registered W	aste Hauler		NJDEP		Cubic	ards of V	Nas	te	Name o	f Registe	ered La	indfill				
Synatech, Inc.			Hauler II	7429	5				Grows	Landfill						
City, State					Dispos	al Date			City, Sta	ate						
Little Egg Harbor, NJ					Septen	nber 21,	201	5	Morrisy	rille, PA						
Completed By		Title			Signatu			10			ate					
Diane Aloia		Executive	Admin	istrator	11	Were	(	llor	~	s	eptem	ber 10, 201	5			

Date of Notification (1)				Name of	Building	Owner/0	Operator	(2)		*	1 3-4	-		
Septen	nber 09, 2015			River Te	150		25	3 00	2.					
Agencies Notified	Type Notification			Street A		20101	opinone		2616	SEP 14 ,				_
⊠ EPA	✓ Initial			100 Cer	ntral Av	enue						: [	į.	
DEP	Amended			City, Sta	te, Zip Co	ode			7 -					
DOL	Amendment #			South K	192		ersev 0	7032						
<b>⋈</b> рон	Emergency (ii	ncluding			Contact	.,	0.00, 0	. 002	Te	lephone Nun	ber			
DCA	Cancellation			Director	of One	rations	3				_			
					LITY INF				_			_		
Name of Facility Where	Abatement is Taking	Place (3	3)					Type of Facili	ty (4)					
River Terminal Deve	lopment							School (	K-12)					
Street Address								Subchap	ter 8 (Otl	ner than K-12	)			
29 Distribution Avenu	ue							Other (i. etc.)	e. private	& commercia	ıl buil	dings	, home	es,
City (5)								Square Feet	# (	of Floors	TE	3ldg. /	Age	
Kearny, NJ										TBD			,50	
County (6)				County (	Code (7)			Current Use (	Prior if be	The state of the s	ed)			
Hudson County				(STATÉ U	ISE ONLY	)			4 10700000	Building	00)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	l No.		Name	of Abatement (	Contracto					-
AET, Inc.	, ,	,					1	ACK Group		. (0)				
Street Address		~						Address	, LLC.		-			
222 Church Road									N CTE	200				
City, State, Zip Code								Kings HWY tate, Zip Code	IN, SIE	209				
Bridgewater, NJ 088	0.7						1000	salla Ma arasa	004					
Project Manager for Mon				Telephor	ne No		-	Hill, NJ 080	034	License No				
Eric Houseknecht	morning i min						CU000000000000000000000000000000000000			10000000000000000000000000000000000000	).			
Start Date (10)		Schodul		(908) 21 mpletion [			1	759 - 5000 of OSHA Moni	tor	00781				
9/23/15	N=0	ochedun												
Occupancy Status Durin		Only Or		11/30/1	5			ACK Group	, LLC.					
	=								N OTE	000				
Facility Closed/Vac	ated During Entire Po ed Outside of Norma	eriod of a	Abater	ment .				Gings HWY	N, SIE	209				
Other - Describe:	co outside of Norma	i i aciiity	rioui	3				tate, Zip Code	20.4					
Scope of Work (Check A	II That Apply)						Cherry	Hill, NJ 08	J34					
5-3	ii That Apply)	$\square$					Г	<b>a</b>						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa	Renova Demoli				K	Full Contain Mini-Enclos		h Negative P	ressu	re		
		ш.	Jemon	LIOII				Glovebag F	rocedure					
								✓ Non-Exemp	ted (*) and	Non-Friable	Proce	dure		
			Locat										ement	1
Location			Norma ed Sole				scription					т '	ype	
Asbestos-Containing TO BE AB			intena			Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Removal								
In Facil		Custodial Staff?			₹en	Re	cap	ncl						
(13)	1.70		(12)							N 50000000	VOL	pai	Sul	usc
		Yes	Na	NI/A							<u>m</u>	_	ate	e,
D	0 11 1 1	Yes V	No	N/A								-	-	-
Power House Bldg - See attached				1	See	e attac	ned des	scriptions	See	attached	$\wedge$			
						Action of the second								
Name of Registered Was	ste Hauler		1	J DEP W	aste	Cubic	Yards	Name	of Regist	ered Landfill				
3,010,00			- 2	lauler ID		of Wa		Ivanio	or regist	orca Lanami				
Newark Carting / Freehold Cartage					53		TBD	Cumb	erland (	Co./ BFI / C	RO	WS	TRE	RF
City, State						Dispo	sal Date	City, S						
Newark / Freehold, N	IJ	ř.				1	1/30/15	Newb	urg / Im	perial / Mo	rrisv	ille, i	PA	
Completed by		Title				5	Signature		1	Dat				
Michael Cooper		Presid	lent			منسنه	Africa.	7//-		9/9/	15			

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

TABLE 2
SUMMARY OF POSITIVE ASBESTOS BULK SAMPLE RESULTS
RIVER TERMINAL DEVELPOMENT
POWER HOUSE BUILDING
KEARNY, NEW JERSEY

MATRIX Sample No.	Homogenous Area	Material Description	Location	Friability	Condition	Approximate Quantity	Notes	
02-01	HA-02	TSI Stack Base	North Stack Interior Base	Friable	Damaged	720 SF	Observed at base of north Stack Interior and debris below North Stack (Assumed at South stack Base)	
05-01	HA-05	Rolled Roofing Material	South Stack Base	Non-Friable	Good	600 SF	North Stack Base, South Stack Base and at skylight roofs North and South.	
06-01	HA-06	Black Roof Mastic	South Stack Roof Parapel Wall	Non-Friable	Good	4,600 SF	All Roofs Parapet Walls	
07-01	HA-07	Gray Caulk	South Stack Base Flashing	Non-Friable	Good	50 LF	South Stack	
08-01	HA-08	Roof Flashing	North Stack Roof	Friable	Good	1,750 SF	All Roofs Base Flashing	
10-01	HA-10	Rust Caulk	Roof Cap Stone	Friable	Damaged	1,800 LF		
14-01	HA-14	Roof Fell & Mastic	North Stack Hatch Entry	Friable	Damaged	50 S.F		
17-01	HA-17	Off White Caulk	Exterior South Wall Ground Level	Non-Friable	Good	50 LF		
18-01	HA-18	Pipe Gasket	Exterior South Wall Ground Level	Non-Friable	Good	4 Each		
21-01	HA-21	Exterior Window Glazing	North Lower Roof, East, West and South Elevations	Friable	Poor	5,000 LF	Older Metal Framed Windows	
22-01	HA-22	Window Frame Caulk	North Lower Roof, East, West and South Elevations	Friable	Good	1,000 LF	Older Metal Framed Windows	
26-01	HA-26	Transite Panels	2nd Floor NW Office	Friable	Good	1,300 SF	2nd Floor NW Office Walls and Ceiling	
32-01	HA-32	Interior Window Glazing Putty	"1st Floor South Room	Friable	Good	5,000 LF	Through-out	
								1

2015 SEP 14 AM 8: 11.

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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2293

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

Date of Notification (1)	^			Nar	me of Buildi	ng Owner	r/Operator	(2)				
	0 /	15		Elea	anor Perro	9			ZETS SEP :			
	pe Notification	on			et Address					· · · ·	ć: i	2
	J Initial											
⊠ DOTMD □	] Amended			93 1	Whitney R	oad						
⊠ DHSS	Amendmen								1, 1, 1	-	25	22
DCA (NJAC 5:23-8)	] Emergency	(includi	ng		rt Hills, N.							
(1407/0 3.2340)	justification Cancellation				ne of Conta				Telephone	Number		
	J Caricenation	1		Elea	nor Perrce	9			100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m			
				F	ACILITY I	NFORM	ATION					
Name of Facility Where Abat	tement is Tak	king Pla	ce (3)					Type of Facili	tv (4)			
Private house								School (K-	707 MARCH 197			
Street Address								Subchapte	er 8 (Other than	K-1 2)		
95 Whitney Road								Other (i.e.	, private and co	ommercia	buildi	nas.
City (5)								homes, et	c.)			9 -1
Short Hills, NJ 07078								Square Feet	# of Floor	rs	Bidg.	Age
County (6)												
				Cor	unty Code (7)	(STATE L	JSE ONLY)	Current Use (	Prior if being de	emolished	1)	
Essex	11 5								7.0		: #3	
Name of Monitoring Firm Hire	ea by Building	g Owne	r (8)	ASC	M No.	Name	of Abateme	ent Contractor (	9)			-
							h LLC					
Street Address						-	Address					
							illey Rd#	1782				
City, State, Zip Code							tate, Zip Co					
Project Manager for Monitorin	ng Firm		Te	lephone	e No		, NJ 0747	/0				
	27.000 pel\$600.		10	.50110116	LIVO.		one No.		License N	lo.	26	
Start Date (10)	Sch	adulad	Comel	-11 0	ate (11)	973-63			01127			
09/20/_1	5	00 00	rompi	etion D	ate (11)	Name o	of OSHA M	lonitor				
			1	/	15	Enviro	vision Co	nsultants,Inc		- 5		
Occupancy Status During Aba	stement (Che	ck only	one)			Street A	Address	,,,,,,				
Facility Closed/Vacated Du	uring Entire F	Period o	f Abate	ement		20-21 X	Vacaraw	Road, Bldg .#	25E			
Abatement Performed Out Time of Abatement:	side of Norm AM-	al Facili	ty Hou	ırs - De	scribe	City, St	ate, Zip Co	nde	- 33E			
		PIVI/	— PIVI		_AM	1	wn, NJ 07					
Scope of Work (Check all that	apply)					I all La			ingtion with			
						Н	Full Conta	and decontame	ination with neg	gative pre	ssure	
≥ 160 sf or >260 lf			enovat				Mini-Encl	osure				
			emoliti	on		$\bowtie$	Glovebag	Procedure	Tent with Neg	ative Pre	ssure	
			s Loca	tion	T		MOII-EXEL	npted (*) and N	on-Friable Prod		1	
Location of			Norma	elly		Des	oorintia 1	Fij		A	batem	ent T
Asbestos-Containing Mater	rial (ACM)	Us	ed Sole	ely by	Asbes	stos Conta	scription of aining Mate	erial (ACM)	Amount	Z	, D	Ш
TO BE ABATED IN Facility		Cus	annena stodial	Staff?	(i.e.	, thermal	systems in	sulation.	(Specify	l m	Repair	ıca
(13)		000	(12)			surfac	cing, VAT,	or	SIF or LF	1 0	3	Encapsulate
369 B		Yes	No	N1/0		other m	niscellaneo	us)		=		late
asement		T T T	No	N/A								-
13 CHICILL				X	Pipe insu	lation			180 LF	$\boxtimes$		
		In										Ш
		1										
ame of Registered Waste Ha	uler	-	NJE	EP Waste	Hauler ID No.	Cubic Yan	ds of Wasta	Name of Regis	stored Landell		1	Ш
Tech LLC								1,000	stered Landfill			
ty, State			10	03378	200	TBD		T.R.R.F. Inc				
						Disposal	Date	City, State				
iyne, NJ 07470						TBD		Tullytown, P.	A			
	Title	e				Sign	nature /	J, 1.2		Date		
	1171					Sigi	lature //			LUATE		
ompleted By (Print or Type) Jevtic 3-41	Ow			-		Sigi	//	Ac Wenas	0	09/10/2	and the latest and th	

## 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)														
9 /	3 /	15			Win	zinger, Ir	nc.			1818 cm					
Agencies Notified	Type Notificat	tion		_	Street	Address				2015 SEP :	- 4	4	-12 /	t;	-
⊠ EPA					278	S. Broa	ad St.	,		/				J	
□ DOLWD	☐ Amended					tate, Zip C			· · · · · · · · · · · · · · · · · · ·	Va.			6# B	1	_
☑ DHSS	Amendme	100			Han	nilton, NJ	J			St 1.1(1)		1-1-	1 4	**	
DCA (NJAC 5:23-8)	☐ Emergenc justification		luding			of Contact				Telephone Nu		-			
(110/10 0.20 0)	☐ Cancellation				Pat	Creelma	n				)				
					FΔC	ILITY IN	FORI	MATION							
Name of Facility Where A	Abatement is Ta	aking	Place	(3)	1 //	ZIEITT IN	Oiti	MATION	Type of Facility	(4)			_		
Fire Damaged Gara		aitiig	1 1000	(0)					School (K-12						
Street Address	.90								Subchapter 8	Other than K-					
2780 S. Broad St									Other (i.e., p homes, etc.)		nercia	bui	lding	S,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	je	
Hamilton									500	1		4	/- 70	)	
County (6)					Coun	ty Code (7)	)(STAT	E USE ONLY)	Current Use (Pr	ior if being demo	olished	d)			
Mercer									Vacant (Gar	age)					
Name of Monitoring Firm	Hired by Buildi	ing O	wner (	8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)				_		
EMI	-		•						mental Manag						
Street Address								et Address							
34 E. Germantown	Pike. Ste 204	1					14000000000		ise Avenue						
City, State, Zip Code								State, Zip Co							-
NOrristown, PA 194	401							niladelphia,							
Project Manager for Mon				Tele	phone I	No.		phone No.		License No.	3				
Ray Giordano	9				10-277			5-365-5810	í	1156					
Start Date (10)	S	chedu	iled C	omple	tion Da	te (11)	Nam	e of OSHA N	Ionitor						
9 / 14 /					3_/		· US	SA Environ	mental Manag	ement, Inc					
Occupancy Status During	g Abatement (C	heck	only o	ne)			Stree	et Address							
☐ Facility Closed/Vacated During Entire Period of Al					ment		84	36 Enterpr	ise Avenue						
Abatement Performed Outside of Normal Facility H								State, Zip Co				_			
Time of Abatement: 7	7:30 AM-3:30 F	PM/	P	M	AM		Ph	niladelphia,	PA 19153						
Scope of Work (Check a	ll that apply)														
			☐ Re	novat	ion			☐ Full Conf	tainment with Neg	gative Pressure					
≥160 sf or ≥260 lf			☑ De					Gloveba	g Procedure						
						_		Non-Exe	mpted (*) and No	n-Friable Proce	dure				
	8			Loca Norma				2 7 2	2			Aba	atem	ent T	уре
Location Asbestos-Containing		,			ely by	Ashe		Description of Containing Ma		Amount		Re	Repair	En	En
TO BE ABA	ATED	'			ance/		e., ther	mal systems	insulation,	(Specify		Removal	oair	Encapsulate	Enclosure
IN Facil	ity		Cus	(12	Staff?			urfacing, VAT er miscellane		SF or LF)		<u>a</u>		ula	ure
(13) (12) Yes No					N/A	1	Otti	er miscellane	.003)					Te	
Garage (right side)					$\boxtimes$	Transit	e Sid	ing		263 SF		$\boxtimes$			
									$\boxtimes$						
					**************************************			_	$\boxtimes$		П	П			
											-				
Name of Registered Waste Hauler					NJDEP '		Cub	ic Yards of	Name of Regi	stered Landfill		_			
Name of Registered Waste Hauler  USA Environmental Management, Inc					Hauler II	D No.	Was		GROWS						
City, State					32610	J	Disp	osal Date	City, State						
Philadelphia, PA								18/15	Mossisvill	e, PA					
Completed By (Print or T	[vne)	Title	V-S-III					Signature			Date				
Dilip Kumar	,,,,,	100000		m M	anager				la Wale			13	1		
Dinp Namai		1 1	Jyra	171	anagei			NO	Mygelle	2-	l	1 >	11,		

ASB-41 MAY 11

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

Check#2291

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

į	CATION OF ASDESTOS ABATEMENT	
-	Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)				Name	of Buildin	g Owne	r/Operator	(2)			-		
09/09	115				Foster				2815 SEP 1	,			
	otification		11000	-	t Address				- OLI 1	i Fin	ô:	ic	
☐ EPA ☐ Initia				10-01	Third St	reet			an r		~	€ 6	
☑ DOLWD ☐ Ame					State, Zip (				£ 1, 11, 1		7 6-	4.	
	ndment #_ rgency (inc				awn, NJ				K- 1, 11	F 181	1	1.	
(NJAC 5:23-8) justif	fication)	ciuainç	3		of Contac				Telephone N	umher			
	cellation			0.000	Foster				releptione is	unibei			
				1		FORM							
Name of Facility Where Abatemen	t is Takina	Dinos	(2)	ГА	CILITY IN	IFUKIV	IATION	TT					
POWER COMP. COMP.	t is raking	riace	(3)					Type of Facility	500000000				
Private house Street Address								School (K-	12) · 8 (Other than K-	1 2)			
								Other (i.e.,	private and comi	mercial b	uildin	qs.	
10-01 Third Street								homes, etc					
City (5)								Square Feet	# of Floors	B	ldg. A	Age	
Fair Lawn, NJ 07410													
County (6)				Cour	nty Code (7)	(STATE	USE ONLY)	Current Use (F	rior if being dem	olished)			
Bergen													
Name of Monitoring Firm Hired by	Building C	wner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (	9)				
						Gr Te	ch LLC						
Street Address						Stree	Address						
						576 V	alley Rd	#283					
City, State, Zip Code							State, Zip C						
						Wavn	e, NJ 074	70					
Project Manager for Monitoring Fire	m		Tel	ephone	No.		hone No.	1.4	License No.			-	
						973-6	38-1777		01127				
Start Date (10)		uled C	omple	etion Da	ite (11)		of OSHA	Monitor	01127				
09/19/15	0	9 /	2	0 /	15			1 3					
Occupancy Status During Abateme							Address	onsultants,Inc					
□ Facility Closed/Vacated During				ment		202 87 00							
Abatement Performed Outside	of Normal	Facilit	v Hou	rs - Des	scribe	20-21	Wagaraw State, Zip C	Road, Bldg .#	35E				
Time of Abatement:AM-	PN	1/	_PM		_AM								
Scope of Work (Check all that apply	v)					rair L	awn, NJ (			£1.			
							Full Con	tainment with Ne	ination with nega egative Pressure	tive pres	sure		
>3 sf or >3 If = 160 sf or >260 If		X Re	novat	ion			Mini-End	closure					
		De	month	on		×	Gloveba Non-Eve	g Procedure	Tent with Negation-Friable Proce	tive Pres	sure		
		Is	Loca	tion			1 11011 EXC	inpled ( ) and it	Trable Froce		1		
Location of		1	Vorma	lly		D	escription	of		-	_	ent T	ype
Asbestos-Containing Material (A TO BE ABATED	ACM)		d Sole intena			stos Co	ntaining Ma	iterial (ACM)	Amount	Re	Re	Enc	Enc
- IN Facility				Staff?	(i.e		al systems		(Specify	Removal	Repair	aps	Enclosure
(13)			(12)				facing, VAT miscellane		SIF or LF)	a	-	Encapsulate	ure
		Yes	No	N/A								te	
Basement-utility room		П	П	X	Pipe insu	lation			45 1 5				
, , , , , , , , , , , , , , , , , , ,		_			r the mst	nation			45 LF		Ш		Ш
		Ш	Ш										
												П	
			П										
Name of Registered Waste Hauler			NJI	DEP Waste	l Hauier ID No.	Cuhin	ards of Mos	te Name of Regi	stered Londfill				
Gr Tech LLC													
City, State			(	003378	55	TE		T.R.R.F. Inc					
						Dispos	sal Date	City, State					
Wayne, NJ 07470						TE	BD	Tullytown, F	PA				
Completed By (Print or Type)	Title					S	ignature /	1		Date			
N.Jevtic	Own	er					1/10	who Wena	d	09/09/20	)15		
ASB-41			-										

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

Ch # 5798

Date of Notification (1)				Na	ame of	Building	Owner/Operator	(2)	> = 1 -					
9/10/	15	88			M	5. '	Dolot	Sy Go	2N <	= 2	- 3			
Agency Notified	Type Notificati	on	***	St	reet Ac	intess								
	[2] Initial					28	MINER	UA AU	E				_	_
□ EPA	☐ Amended			Ci	ty, Sta	te, Zip C	ode .	15	03	•				
DEP DOL	Amendme				44	w,	-40RNG	5 , 2)	. 0150	6				
1 77	☐ Emergency		3		ame of	Contact			lejephone Nur	THE				
☑ DOH □ DCA	justification  Cancellatio				US	. 6	NZALEZ	2_		ے ر	257	4		
2 500					1		RMATION			V -	K		Ŋ.	
	Ab atamant in Te	Vine Dick	2 (3)	-	AOIL		1	Type of Facility	(4)	= ==				$\neg$
Name of Facility Where					,	1,000					-			
M.	5. G	002	20					School (K-12	) (Other than K-1	2) .	-			
Street Address	27. 7.47				_			Di Other (i.e. pri	vate & commerc	ial buildir	ngs,			
28	S MINE	5000 T	>	AV	15	3.5	80	homes, etc.)		Did	00			
City (5) .			200				12	Square Feet		Bldg	80	<i>u</i>	N	٩
· HAW	THORK	OE				2.7		1800.			O.K	70	,0 =	_
County (6)				To	ounty	Code (7)	(STATE USE		nor if being demo					
	SSAIC			0	NLY)		26	RE	SIDENCE	5				
Name of Monitoring Firm			- I A	SCM N	No ·		Name of Abaten	ent Contractor (9	9)					
(8)	if filled by balls	ale Omici	'   '					moval In			. 58 			
							Street Address		<u> </u>			17		
Street Address					8				C+					
							City, State, Zip	th River	SL			-	-	_
City, State, Zip Code								ack, N.J	07601					
					•••		Telephone No.		License No.		-8	- 10	_	_
Project Manager for Mo	nitoring Firm		Tel	ephone	e No.			-7444 -			15.			
									1 00300					
Start Date (10)		eduled Co	4 -			-	Name of OSHA		an + a 1		7.			
9/23	12	9		41	15			Environm	entar					_
Occupancy Status Duris	ng Abatement (	Check only	y one)	5.4	2		Street Address	1 0.			- 33			
☐ Facility Closed/Vacat	ted During Entire	e Period o	f Abate	ment				uyler St			-	_	-	_
☐ Abatement Performe	d Outside of No	rmal Facil	ity Hou	rs			City, State, Zip		N I O	7606				
2 Other - Describe:		244	!				5. на	ckensack	, N . J . U	7000		-		-
Scope of Work (Check	all that apply)				_		□ Full	Containment with	Negative Press	иге				
EZ3sfor≥3lf						ovation	/ Wini	-Enclosure		18				
□ ≥ 160 sf or ≥ 260 lf				į	⊒ Dem	olition	Æ Glov	rebag Procedure -Exempted (*) an	d Non-Friable Pr	ocedure				
							Q NOI	- Excusping ( ) and			A	ate		t
				Locatio ormally								Typ	e	_
Locat				Solet			Description		Amoun	+			m	
Asbestos-Contain	ing Material (AC <u>ABATED</u>	M)		ntenan ustodia			stos Containing M ., thermal system		(Specif		R <sub>0</sub>	2	Encapsulate	Enclosure
	acility	. 1		usidak Staff?	11		surfacing, VA	T, or	SF or LF	<u> </u>	Removal	Repair	nad	180
(1	13)	1		(12)			other miscellan	(සාශා			/a	-	late	10
			Yes	No	N/A	1								
010-1	= = 1		165	110	147	-11-	JUHL SYSTE	EN AUSONATI	20 36	LE	X			
BASELL	= 10 -7					LIHER	DURC 5 75 18	317 7 30 PATE			+	+	$\dashv$	
											+	+	-	_
										'7	+	-	-	
														_
Name of Registered W	laste Hauler		100000000		laste H	lauler	Cubic Yards of	The same of the same	stered Landfill	4				
Best Rem	oval Ind	2	ID	No.	1 0 0		Waste 11/2	Minerv	a Enterp	rise	s,	LI	C	
				1/.	109			31				-		_
City, State	1020 2022	_					Disposal Date	City, State		L //	600			
Hackensa		J. 07	601				9/20/11	Wayne	sburg, 0	h, 44	0.00	-		_
Completed by	Titl	500	39				Signature	سرماضي	Q	1/20/09/20	2	0	11.	7
J.Maioran	0	Est:	imat	or			1 / / /	0.00.00,			7		11.	7

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

CL	#	2	53	17
ce of Resource Developr				
iator .	(1)	9		
x -	10	F 22	1	
Telephone Numbe	r B	7114		
A1		5		
(K-12) pter 8 (Other than				
i.e., private & comfi gs, homes, etc.) # of Floors		ldg. A	na.	
I ng demolished)			50 +	
License Number 00408 INC.				
34A				
egative Pressure				
n-Friable Procedur		baten	nent T	ype
Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
SF	X			

Date of Notification (1)		Nai	me of Building Owner/Operat	or (2)					
0 9 / 0 9 / 1 5		NJ-	Dept. of Environmental Protection	n-Natural & Historic	Resources-Office of Resource I	Development			
Agencies Notified Type of Notification [X] EPA		2000000	eet Address 1 EAST STATE STRE	ET, 4TH FLO	OOR	- 7	95		
[X] Initial Notification		Cit	y, State, Zip Code						
[X] DOL [] Amended Notification Amendment		TF	RENTON, NJ 08626-04	20	n <sup>2</sup>		SE SE		-
[X] DOH [] Cancellation		Nai	me of Contact		Telephone A		_		
[ ] DCA [ ] Emergency		M	R. BOB KUNTZ		-	8	-		3
		FACII	JITY INFORMATION			M	=		
Name of Facility Where Abatement is Taking Place (3)				Type of Facil	ity (4)	4	_5-		
GARAGE - ALLAIRE STATE PARK				[ ]	School (K-12)	5-	Ö		-
Street Address				l ii	Subchapter 8 (Othe	r than K-1	2)		
75 HERBERTSVILLE ROAD				[X]	Other (i.e., private & buildings, homes, etc		ial		
City (5) County (6)			nty Code (7)	Square Feet	# of Floors	1	Bldg. Ag		
		(STA	ATE USE ONLY)	Current Lice	Prior if being demolished	1)	50	+	
HOWELL MONMOUTH				GARAGE		*/			
Name of Monitoring Firm Hired by Building Owner (8)	ASC	М	Name of Abatemen	t Contractor (9	)				
USA ENVIRONMENTAL MANAGEMENT INC.		0011	J.R. CONTRA	CTING & E	NVIRONMENTAL	CONST	LTIN	C IN	IC.
Street Address		JU11.	Street Address	CIII G & E	AICH MENTAL	COMBU	W1111	G III	
344 WEST STATE STREET			1141 ROUTE	23					
			City, State, Zip						
TRENTON, NJ 08618			WAYNE, NJ 0	7470					
	Telephone l	Numbe	Telephone Number		License Nun	nber			
	609-656-		973 628-9500		00408				
Scheduled State Date (10) Scheduled Comple			Name of OSHA Me		m . Nimo xxio				
	2 8 Day /	1 Y	ENVIRO VISI	ON CONSUI	LTANTS, INC.				
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period			Street Address						
of Abatement			20-21 WAGAF	RAW ROAD,	BLDG. #34A				
[ ] Abatement Performed Outside of Normal Facilit	y		City, State, Zip Coo	de					
[ ] Hours - Describe: [ ] Other - Describe:			FAIR LAWN,	NJ 07410					
Scope of Work (Check all that apply)									
20 (Annual Court African Court African Court African Court (Annual Court African Court (Annual Court	X Demo		Į J		ment With Negative Press	ure			
$\begin{bmatrix} \\ \end{bmatrix} \ge 3 \text{ sf or } \ge 3 \text{ lf}$	[ ] Reno	vanon	[ ]	Mini-Enclosu Glovebag Pro					
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$			[X]		ed (*) and Non-Friable Pr	ocedure			
	•						bateme	_	_
	Is Location		Description of			R		E	E
Location of Asbestos - Containing	Normally		Asbestos-Containing	g	Amount	E	R	C	C
Material (ACM)	Used Solely by		Material (ACM) (i.e., thermal system	s	(Specify SF or LF)	M	E P	A P	L
TO BE ABATED in Facility (13)	Maintenand	e/	insulation, surfacing	, VAT,	120 000 TOA	V	Ā	S	S
in Facinity (13)	Custodial Staff (12)		or other miscellane	eous)		A L	R	UL	UR
	es No	N/A					200	E	E
Exterior		X	Transite Siding Panels		1,100 SF	X			
	-								
					_	-	+	+	
Name of Pagistaved Waste II	NITTO TO		A 11 17	Į.,	1				
	NJDEP Wa Hauler ID N	374556	Cubic Yards of Waste	Name	of Registered Landfill				
J.R. Contracting & Environmental Consulting, Inc.	17819		20	Gran	nd Central Landfill				
City, State			Disposal Date	City,					
Wayne NJ 07470  Completed by (Print or Type) Title			C:	//Pen	Argyl, PA				
Title			Signature		Date				
Jerry Bijelonic Project Manag	er		~			09/	09/15		
ASB-41							G4667		

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	2370 3		10-2-1-1-1	-12-16-	Name	of Building	Owner/Ope	rator (2)					
	X ] EPA [ ] Initial Notification  ] DEP [ ] Amended Notification  Amendment #  [ X ] Emergency (including							Star Services		7	~/	95	_
Agencies Notified  [X] EPA	gencies Notified  X ] EPA						2 Cole	es Way	SEP IL (2)	8:1	9	7/5	
					City, S	tate, Zip Co	ode	77.2					
[] DOL	[X] Eme	rgency (	including				Lakew	vood, NJ 08701					
	[ X ] Emergency (including justification)  [ ] Cancellation  ame of Facility Where Abatement is Taking Place (3) Residence  reet Address  820 Ridge Road  ity  County (6)  Lakewood  Ocean  ame of Monitoring Firm Hired by Building Owner (8)  N/A  reet Address						8 725	N ==	Telephone Number	er			
[ ] DCA	## Process Notified   Type of Notification   Part   Part						da Braun						
Name of Facility Where Al-	natament is Talsina	Dl (	2)	FA	CILITY	INFORM	IATION						
	gencies Notified  X ] EPA							Type of Facility (4				110000	
Street Address								1	School (k-12) Subchapter 8 (c	other the	an k-12	)	
	Ridge Road							[x]	Other (i.e., priv				ldings,
City			Code (7) USE ONL	V)	Square feet	# of Floors	Blo	ig. Age					
[ x ] DOL Amendment #					(OIIII	ODL ONL	1)	1500 sf Current Use (Prior	if being demolisher	<u>d)</u>		80	
City  Lakewood  Ocean  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Scheduled Start Date (10)  9/10/15  Occupancy Status During Abatement (Check only one)  [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility					ASCM 1			Resid	ence				
	Lakewood Ocean  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Attreet Address  City, State, Zip Code  Project Manager for Monitoring Firm Telephone Num  Cheduled Start Date (10)  9/10/15 Scheduled Com  9/11/15  Cocupancy Status During Abatement (Check only one)  [X] Facility Closed/Vacated During Entire Period of Inc. Abatement Performed Outside of Normal Facility					No.	Name of	Abatement Contracto	r (9) ian Contracting	. Ima	33		
Street Address				Street Ad		ian Contracting	, IHC.						
City, State, Zip Code	DOH						City Stat	1889	Route 9, Unit 6	1			
	N/A  treet Address  ity, State, Zip Code  roject Manager for Monitoring Firm  Cheduled Start Date (10)  9/10/15  Scheduled Com  9/11/15  ccupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period of  [ ] Abatement Performed Outside of Normal Facility  [ ] Other – Describe						City, State	e, Zip Code Toms	River, New Jer	sev Os	755-1	271	
Project Manager for Monito	treet Address  Sity, State, Zip Code  roject Manager for Monitoring Firm  Cheduled Start Date (10)  9/10/15  Ccupancy Status During Abatement (Check only one)  [X] Facility Closed/Vacated During Entire Period of  Abatement Performed Outside of Normal Facility						Telephone	e Number	License	Number		2/1	
Scheduled Start Date (10)	9/10/15 9/11/15					11)	732-349 Name of 0	9-9932 OSHA Monitor	00624				
9/10/15 9/11/15						10			.L. Analytical				
Occupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility					tement		Street Add	· 1056 S	Stelton Road				
							City, State	e, Zip Code Piscata	away, New Jers	ey 08	354		
Scope of Work (Check all th	at apply)						[ ]	Full Containmen	t with Negative Pre	ssure			
[ ] >3 of	or >3 lf		гэ				[ ]	Mini-Enclosure					
			[x]	Renova Demoli	30,737//		[x]	Glovebag Proced		n .			
			1 34 1	D emon	T -		[v]	Non-Exempted (	*) and Non-Friable	Procedi	ure		
			Is Location	ın		3	Dawari			Aba	tement	Туре	
	of mally used Asbestos-Containing Amount Solely by Maintenance/Custodial Staff insulation, surfacing,  Material (ACM)  Amount See E E E N N N N Solely SF Or LF)  Material (ACM)  Specify SF Or LF)  M P C C C C C C C C C C C C C C C C C C												
		) ( -:				N	laterial (A	CM)			102/37	1000000	1000
	ED	Main		ıstodial		(i.e.	thermal sy	ystems	or LF)		1 3	A	L
						11150				00000	I R		1 (2)
¥ 1						othe					IX.	12333	N. What
		YES	NO	N/A						10000		100000	100000000000000000000000000000000000000
Exterior	Exterior				Asbes	stos sidin	g		1300 sf	X		L	E
										1			
			18					No. 1 to 1		†			-
Name of D													
Name of Registered Waste H Guardian Con		N	JDEP Wast	e Hauler 1 0223	ID No.		ds of Waste		red Landfill				
City, State				Disposa	al Date	3	City, State	T.R.R.F.					
Toms River, N Completed by (Print or Type)	lew Jersey	T:41		9/14/1	15			wn, Pennsylvania					
Nicholas Ferni		Title Projec	ct Manage	er	Signatu	ıış/		1 1		Date			
				•		Y	\	11/		9/9/	2015		1

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

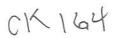
# MO 22816793531

Date of Notification (1) 9/03/15	×		1	lame of the Mark St	Building Ow	ner/Op	perator	(2)	erre c	= .	£		e r			
Agencies Notified	Type Notification			Street Ad					ZE IE		<b>4</b> 54	8:	2.	1		-
	× Initial		1 72		rkeley Pla	ice			44.				- A			
× EPA × DEP × DOL	Amended Amendment				e, Zip Code ock, NJ 0				Ž.	1.1	į.	4				
□ DOH DCA	Emergency ( justification)		- 1	Name of						Tele	phone N	umbe	r			
L DCA	Caricellation		1	resident and a second	ITY INFORI	MATIC	DN									
Name of Facility Where Mark Sullivan	Abatement is Takin	g Place (3)							f Facility (4) chool (K-12)							
Street Address 136 Berkeley Place								S	ubchapter 8 ther (i.e. pri	(Othe	er than K- comme	-12) rcial b	uildi	ngs, i	nome	s,
City (5) Glen Rock	· · · · · · · · · · · · · · · · · · ·							Square N/A	c.) Feet	# of N/A	Floors		Blo N/	ig. Ag	je	
County (6)				County C	ode (7)				t Use (Prior	10000000		ished)				
Bergen			(		SE ONLY)		_ ]	Hous								
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ment Contr ment, Inc		(9)					
Street Address								Address	ren Aveni	ıe						
City, State, Zip Code					,			state, Zip	Code J 07512							
Project Manager for Mon	nitoring Firm			Telephor	ne No.		Teleph	none No 345-86			License #0067	100000000000000000000000000000000000000				
Start Date (10)	-	Scheduled	Com	pletion [	Date (11)		Name	of OSH	A Monitor		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4		
9/18/15 Occupancy Status Durin	- Abstament (Cha	9/19/15						Address	ment, Inc			1/2				
	cated During Entire			ent		2			gen Aven	ue						
Abatement Perform  Other – Describe:	nal Facility F	lours	- I		_		State, Zip	Code J 07512								
Scope of Work (Check /			1000									_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nova moliti			>	Min Glo	Containme i-Enclosure vebag Proce	edure					7.				
		T						NOI	n-Exempted	() an	u Non-Fi	lable			ment	
Locatio	n of	No	ocati rmall	ly		Des	scription	n of						Ту	ре	
Asbestos-Containing	g Material (ACM)	Used	Sole		Asbestos	s Cont	aining N	Material			mount		7		Ē	Ш
TO BE AS		Custo		15 (17 Carlot Ca		surfac	cing, VA		tion,		Specify F or LF)		Remova	Repair	caps	Enclosure
(13)	)		No	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C	other n	niscella	neous)					val	¥i.	Encapsulate	ure
Yes basement				N/A		pipe	insula	ation		1	60 LF	X				
Daseit	X	-		Pipo	····											
Name of Registered Wa	10000	IJDEP W		Cubic of Wa	Yards		Name of F	301170-00								
D&S Abatement, In	C.		10000	20996		TBD			Waste N		gemen	t of F	'A			
City, State Totowa, NJ						TBD	sal Date		City, State		A	0122				
Completed by Deanna Brkusanin	5 2	Title Projec	t Ma	anager		8	Signatur	e IIIII	Klin	ell	is !	Date 9/03		5		

Date of Notification (1)		Name of Building Owner/Operator (2)  Betty Lynch												
9/03/15			treet Add					5E	5 0	14.	- 8	7 5 1		$\dashv$
Agencies Notified Type Notification    X   EPA   X   Initial		3330		gate Squ	uare			<b>\$</b> (	(1)					
× DEP				e, Zip Code Id, NJ 07					,		7	F. 85 ].		
	uding	15.55	lame of 0			X 11 H1			Tele	ephone Nun	nher			
DCA Caricellation			300 000000	ITY INFOR	MATI	ON			-					
Name of Facility Where Abatement is Taking P Betty Lynch	lace (3)						_	of Facility (4)						
Street Address ( 1107 South Elmora Avenue	-						T S	chool (K-12) ubchapter 8 other (i.e. pri	(Othe	er than K-12 & commercia	2) al build	ings,	home	s,
	<u> </u>						Square	tc.)	# of	Floors	B	dg. A	ae	
City (5) Elizabeth							N/A		N/A	4	N	/A		
County (6) Union			County C	ode (7) SE ONLY)			Currer	nt Use (Prior e	if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Building Owl	ner (8)		ASCM	No.				ement Contr		(9)				
Street Address							Addres	Assert the Ministration	•					
	-							ren Avent	ue					
City, State, Zip Code							state, Zip wa, N.	D Code J 07512						
Project Manager for Monitoring Firm	11	Т	elephon	e No.		12 TO 10 TO	none No 345-86			License N #00675	0.			
	cheduled 0 /22/15	Com	pletion D	ate (11)		0.0000000000000000000000000000000000000		A Monitor ement, Inc	) <u>.</u>					
Occupancy Status During Abatement (Check C	Only One)			7			Addres							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent				osenro State, Zi	gen Aveni	ue					
Other – Describe: Occupied					-	500000000000000000000000000000000000000		J 07512						
Scope of Work (Check All That Apply)							٦	0 1.		N				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							0					
	-		Т			<u> </u>	I NOI	1-Exempled	( ) an	u Non-Friat	JIE FIO		ement	t
Location of	ls Lo	mall	у		De	scription	n of					02.00	ре	
Asbestos-Containing Material (ACM)	Used S Mainte				s Con	taining N	Material			mount			m	т
TO BE ABATED In Facility	Custodi	al S	257(03)2	(i.e. t		system		ition,		Specify F or LF)	Removal	Repair	caps	Enclosure
(13)	(1	12)			other r	miscella	neous)				oval	air	Encapsulate	sure
		10	N/A				-4:			78 LF	X			
basement		X			pipe	insula	ation		-	OLF	Δ.			-
											+			-
										-		-	$\vdash$	
Name of Registered Waste Hauler	N.	JDEP W	aste	Cubic	Yards		Name of F	Regist	ered Landfi	II				
D&S Abatement, Inc.			auler ID 20996	No.	of Wa	iste		Waste N	/lana	gement o	of PA			
City, State Totowa, NJ					Dispo	sal Date	· ·	City, State Tullytow		A				
Completed by	ect Manager Signature Date 9/03/15													

Date of Notification (1) 9/8/2015					Name of Building Owner/Operator (2)  Contempory Graphic Solutions											
Agencies Notified   Type Notification   EPA   Initial					et Address		0113		(F)	ĵ.,		\€L				
DEP DOL	Amended Amendmer		_	City, State, Zip Code Pennsauken, NJ 08109												
DOH DCA	iustificato Cancellatio	n)	g	Nan	ne of Cor Moreton			Telephone North								
				FA	CILITY IN	FORMATION		1				_				
Name of Facility Where A Industrial Building	Abatement is Ta	king Plac	e (3)				Type of Facilit	12)								
Street Address 1200 Ferry Ave					Subchapter 8 (Other than K-12)  Other (i.e., private 8 commercial buildings, homes, etc.)											
City (s) Camden							Square Feet # of Floors Bldg. A 125,000 SF 1 Variou									
County (6) Camden				Cou	inty Code E ONLY)	(7) (STATE		Current Use (Prior if being demolished) Industrial Building								
Name of Monitoring Firm (8)		ASCM	No.	Name of Abater AEi2, LLC	ment Contractor (9)											
Street Address						Street Address 300 S. Lenola Road										
City, State, Zip Code						City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Monitoring Firm Tel					No.	Telephone No. 609-481-212	22	License No. 00689								
Start Date (10) 9/18/15	comple	etion Da	ate (11)	Name of OSHA AEi2, LLC	Monitor											
Occupancy Status During	/18/15 heck only		Street Address													
☐ Facility Closed/Vacated During Entire Period of Abatement						300 Lenola Road										
Abatement Performed Other - Describe:	Outside of Nor	mal Facilit	ty Hou	Irs		City, State, Zip Code Maple Shade, NJ 08052										
Scope of Work (Check at	⊠ Re	enova emoliti	tion on		Mini-En	ntainment with Negative Pressure closure g Procedure empted (*) and Non-Friable Procedure										
	0.0000000000000000000000000000000000000	_ocati ormall						Abatement Type								
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Notitial Used Sole Maintenar Custodi Staff? (12)					Asbes (i.e.	Description o tos Containing Mat , thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	R e m o v a l	R e p a i	N n c a p s u 1	Enclosur				
Office	Yes	No	N/A	Floor T	ile & Mastic		3500 SF	X	$\vdash$	t e	-					
Warehouse					1	sulation		300 LF	X	$\vdash$						
		_														
Name of Registered Was	te Hauler		Ц,	NJDEP	Waste	Cubic Yards	I Name of Reg	stered Landfill								
AEIZIIC				tauler (0 1376		of Waste	TBD									
City, State						Disposal Date	City, State									
Maple Shade, NJ					TBD // TBD											
Completed By Wm. Minnick		itle Progran	ı Mo	Г.		Signature	1/hm	Date 9/8/15								
ASB-41						Villa /	71	- 1/1		_						

Date of Notification (1) 9 8 Agencies Notified EPA DEP DOL DOL DOH DCA	Spinor Services  Time: 1:39f  Type Notification  Entirel Amended	, NO	(Po	CATION Insuant t	te of New OF ASE OALN of	ESTOS A			,*i			Chec	تقد ما	. Q	83e	7		
Date: 1 (Signation of 1)  Date of Notification (1)  Agencies Notified  EPA  DEP  DOL  DOH  DCA	Time: 1:39 f  7 5  Type Notification  Entitle!  Amended	M	(Po	CATION Insuant t	OF ASBE	ESTOS A			,*			Chan	الله ما	Ŷ	82	7		
Date of Notification (1) 9 5 Agencies Notified EPA DEP DOL DOL DOH DCA	i S Type Notification  X Initial Amended		1			0100 5100	12:120	1)				CHEC	1	- 0	C	1		
Agencies Notified  EPA DEP DOL  DOH DCA	Type Notification  Initial  Amended		1	Name of	Bullding (	Owner/Or	erator	(2)	-		1				<u> </u>	3		
EPA DEP DOL DOL DOH DOA	X Initial Amended			Name of Suliding Owner/Operator (2)  ESTATE OF HELE  Street Address														
DEP DOL DCA	Amended			232 GREGORY.					5.									
DOH DGA	Amendment	₹	[	Olly, Stat	le, Zip Co ふふりん(	de N	7	02	2055- ===							TE.		
El box	Emergency justification)	no contrato a tras wor	1	Name of Contact  Louis E Missic A							Tele	phone Num	מפוכ	nor		<u> </u>		
Nices of Contilled Miles on Ch	DGA Cancellation						FACILITY INFORMATION								•	30		
	balement is Takin	g Place (3)		7"PIC-41	LIT INFO	JIGILALI C	JUA	Туре	of Faci	ility (4)								
NASH Street Address										(K-12)								
232 625	Other Subs						chapter 8 (Other than K-12) or (Le. private & commercial buildings, homes,											
PASSALC					Square Feet # of Floor					Bldg, Age								
County (6) ESS Exp	7	County C	Oode (7)	1		Current Use (Prior if being demolished)												
Name of Monitoring Firm I	Т,						ne of Abatement Contractor (9)											
Street Address				A. M	lac Contracting Inc.													
ON OCI NOTICES	14						et Address 5 Vreeland Ave.											
City, State, Zip Code	City, State, Zip Co Midland Park,																	
Project Manager for Monit	Π.	Telephor	Teleph	ephone Na. License Na.														
Start Date (10) / /	d Com	noletian I	Date (11)		201-252-5841 00156 Name of OSHA Monitor													
9/8/	7/1	/10/15 . Omeg					ega Environmental Services Inc.											
Occupancy Status During Facility Closed/Vacat		Street Address					ddress uyler Street											
Facility Closed/Vacat Abatement Performe Other - Describe:	Hours	urs City,					Ay, State. Zip Code Hackensack, N.J. 07606											
Scope of Work (Check All	That Apply)						Trace	NEI SA	CIK, 4	.J. 07	ano							
☑ ≥160 stor≥260 H	•		enoval emofili					Mir Glo	ni-Encl	osure Proce	dure	Negative Pr				31		
	ALL MALES	ls i	Locatio	an		TYCH - LA				, hteo (	Jake	r svor-Friadis	Friable Procedure Abatement					
Location of Asbestos-Containing N	of Naterial (ACM)		omali Solei		Description								Type			1		
TO BE ABATED In Facility (13)  Mai						tos Containing Material (AC tharmal systems insulation surfacing, VAT, or other miscotlaneous)				(Specify SF or LF)		pacify	Remova	Repair	Encapsysie	Enclosure		
		Yes	No	N/A				.29					<u>u</u>		इकि	क		
BAUBMENT.				X		. /	PIPE.					1450	×					
		-			Lance and				_	-						_		
										-		-				_		
Name of Registered Waste Hauter				JOEP W		Cubic Y	Macta /				ame of Registered Landfill							
Newark Carting, Inc.				1509			1				entra	I Sanitary	Lan	선훼				
Newark, N.J. 07105						Disposi	8/13	TON		State Argy	A, PA	08072		,				
Completed by R. McDonald		Title Presi		Si	gnatur	Dale 9/8/							1	سر ا				
						4	1,12	111	16 sme	NI			11		1 .	-17		



Date of Notification (1) 9/02/2015		Name of Building Owner/Operator (2) M. Mendez Contruction Inc.  2615 SEP 11 AH 8:20														
Agencies Notified Type Notification				105-107 St. Charles Street												
EPA DEP DOL	Initial Amended Amendment	#	-	City, State, Zip Code Newark, NJ 07105												
DOH DCA	Emergency ( justification) Cancellation	including		Name of Contact Julio Mendez							Telephone Nime					
	Gariosiladori	FORMATION														
Name of Facility Where	3)	17101		011111111111		Туре	of Facility	(4)								
Private Dwelling						School (K-12)										
Street Address 90-94 Garden Street						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Newark		Square F						# 0	f Floors		ldg. /	_				
County (6)			County (	Code (7)			Curre	urrent Use (Prior if being demolished)								
Essex Name of Monitoring Firm	Lined by Duilding			USE ONLY		_	priva	ate dwell	ing		•					
Bioterra Environme		1 1					me of Abatement Contractor (9) nax Contracting LLC									
Street Address 1130 W Chestnut S					100000000000000000000000000000000000000	et Address Morley Drive										
City, State, Zip Code Union, NJ 07083							y, State, Zip Code oodland									
Project Manager for Mor Rick Eustaquio		Telepho	ne No.		Telephone No. License No. 973-692-6298 01266											
Start Date (10) 9/03/2015	ed Com	npletion i	Date (11)		Name	me of OSHA Monitor max Contracting LLC										
Occupancy Status Durin						t Address										
X Facility Closed/Vac Abatement Perform	Abatem	tement 24 N					lorley Avenue									
Other – Describe:	Hours	1 31					tate, Zip Code dland Park, NJ 07424									
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoliti						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	1	antina				3 NO	n-Exemple	(°) an	d Non-Fria	Abatement						
Location	Locati Vormali	1000		D-		inting of			91		Туре					
Asbestos-Containing		d Solei	ely by Ashestos Cor			escription of ntaining Material (ACM)			Amount				Ш			
TO BE AB	2007	todial S	0.000	(i.e.		system cing, VA	ns insulation,			Specify or LF)	Remova	Re	nca	Encl		
(13) Yes					other miscella						SF OF LF)		Repair	Encapsulate	Enclosure	
				N/A										ate	œ'	
Roo				Х			ng materials			1200SF		x		x		
Sidin				Х			alt shir			1600SF		X		х		
1st & 2nd Floors				Х		Li	inoleur	eum			2000SF ×			x		
Basement  Name of Registered Waste Hauler				Х			VAT				500SF x x					
		JDEP Wauler ID		Cubic of Wa	Yards ste	The state of the s										
Amax Contracting LI		36184		25CY	′	GROWS										
City, State Woodland Park, NJ		Disposal D 9/11/201														
Completed by Title				S			Signature			. Date						
Tome Maslarkov	ct Ma	nager			1/	9/02/2015										
ASB-41 (R-06-08)						6	* Do no	ot use t	his form fo	r asbest	os licensur	e exem	pted	activi	ties.	