					CATION		ESTOS AB 8:60 and 1			NT		SEA#	-	/			
Date of Notification (1) September 10, 201	4				Name of Don Ta		Owner/Op	erator	(2)		20ja	SEA#	/14 71	_	* /.	Ž.	
Agencies Notified	Type No				Street A 204 E	ddress velyn Dri	ive			-	•			KM	2: (િંદ	
EPA DEP DOL	Am	ai ended endment	#			ite, Zip Co ord, NJ 0					4,	Lice			·.C.		
DOH DCA	just	ergency (ification) ncellation			Name of Don Ta	f Contact ash					Tele	ephone	Numi	ner	734	<u> </u>	
					FACI	LITY INFO	ORMATIO	N							-		
Name of Facility Where A Tash Residence	Abatemen	t is Takin	g Place (3)			otto ot		Ту	pe of Facility (School (K-1	197 0 1						
Street Address 204 Evelyn Drive									×	Subchapter Other (i.e. p etc.)					ings,	home	es,
City (5) Deptford										quare Feet 000	# of	Floors		B 5	dg. A	ge	
County (6) Gloucester						Code (7) USE ONLY))			urrent Use (Pri esidence	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Management & Env	100000000000000000000000000000000000000			7.0	ASCN	/I No.				Abatement Cor Environmen							
Street Address PO Box 341							1	Street 623 (dress tler Avenue							
City, State, Zip Code Chesterfield, NJ 08	515						- 1			e, Zip Code Shade, NJ 0	8052					1	
Project Manager for Mon Lou Lauretti	nitoring Fir	m			Telepho 609-29	ne No. 98-4070		Teleph 856-		e No. 5-0099		Licens 0084					
Start Date (10) September 19, 201	4		Schedu			Date (11)	1		35	OSHA Monitor aboratories							
Occupancy Status During	g Abatem	ent (Chec			*			Street									
Facility Closed/Vac	ated Durin	g Entire F	Period of	Abatem						ute 130 Nor	th		X				
Other - Describe:			iai raciiii	y riours				200		e, Zip Code ninson, NJ 0	8077						
Scope of Work (Check A	II That Ap	ply)						_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					Э	
			1	s Locati	on											ment	
Location	**************************************			Normal ed Sole		07 15 8		ription		11			1	-	Ту	þe	
Asbestos-Containing TO BE AB. In Facil (13)	ATED	(ACM)	Ma Cus	aintenar stodial S (12)	ice/ Staff?		tos Contai thermal s surfacir other mis	ystems	s ins	or	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Attic	;		Yes	No XXX	N/A	,	Asbesto	s Insi	ulat	tion	15	50 SF					
			+														
Name of Registered Was	ste Hauler			IN	JDEP W	l /aste	Cubic Y	ards		Name of	Registe	red Lar	ndfill				-
Freehold Cartage				Н	auler ID	1000	of Waste 10	e		Wester	n Berl			nity	Land	lfill	
City, State Freehold, NJ							Disposa 9/22/20			City, Stat Birdsbo		١					
Completed by Christina Lynch			Title Ope	rations	s Mana	ager	Ö	Mature MVS	A	O De	\wedge		Date 9/1	9 0/20	14		

														100000000000000000000000000000000000000	100	
Date of Notification (1) September 11, 2014					Building (Russe		Operator	(2)		Cł	neck#	1981	2 /	5	ft.	
Agencies Notified Type	e Notification			Street A							,	**	- 1	<i>U</i>	iii .	2: 0
X EPA X	Initial				esson R						2.00					7
EPA DEP DOL	Amended Amendment			many the second second	ite, Zip Co / Hill, NJ		4				Ċ.	- Li	٥٢	• • •	٥.،،	
Ď DOH DCA	Emergency justification) Cancellation				Contact n Russe	II -			000000000000000000000000000000000000000	Tele	ephone	Numb	er			
Name of Facility Where Abate	ment is Takir	ng Place (3)	FACI	LITY INFO	ORMATI	ON	Туре	of Facility (4)						
Russell Residence									School (K-1							
Street Address 519 Kresson Road								×	Subchapter Other (i.e. p etc.)				build	lings,	home	ès,
City (5) Cherry Hill									re Feet	# of 2	Floors		B 50	ldg. A	ge	
County (6) Camden				County (Code (7) USE ONLY)				nt Use (Prid	or if beir	ng demo	olished	i)			
Name of Monitoring Firm Hire Management & Enviro.				ASCN	No.		500000 MA		tement Cor							
Street Address PO Box 341	3						Street	Addres		,			3			
City, State, Zip Code Chesterfield, NJ 08515				-			City, S	tate, Z	ip Code ade, NJ 0	9052						
Project Manager for Monitoring	a Firm			Telepho	ne No		Teleph	United States of the States of		0052	Licens	o No				
Lou Lauretti	911111	_		609-29	98-4070		856-	755-0	099		00842					
Start Date (10) September 22, 2014				npletion 1 23, 201	Date (11) 4				HA Monitor oratories							
Occupancy Status During Aba	tement (Ched	ck Only O	ne)				Street									
Facility Closed/Vacated I Abatement Performed Or Other – Describe:							City, S	tate, Z	130 Nor	9:01 						
A CONTRACTOR OF THE CONTRACTOR	4.4						Cinn	amins	son, NJ 0	8077						
Scope of Work (Check All Tha ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	і Арріу)		Renova Demolit				×	Mir	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure						
* 1		1 - 1	s Locati	ion				a NO	II-Exempled) and	NOII-E	Habie		Abate	77	
Location of			Normal	ly		De	scription	of				-	-	Ту	ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Cus	ed Sole aintena stodial S (12)	nce/ Staff?		tos Con thermal surfa	taining M systems cing, VA miscellar	Material s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No XXX	N/A	\ \Aah	ootoo	Danar	on Di		11	0 SF	-	7.7			
Dasement			^^^		ASD	estos	Paper	on Ki	sers		0 SF		X			
Name of Registered Waste Ha	udor			JDEP W	lasta	Cubio	Yards		Name of	Dogisto	rod Lon	A SII				_
Freehold Cartage	10.01		H	lauler ID 2253		of Wa			Wester				ity	Land	lfill	
City, State Freehold, NJ				14		Dispo:	sal Date 2014		City, State Birdsbo		١	11223				
Completed by Christina Lynch		Title	ration	s Mana	aer		Signature	5/	0	^		Date 9/11		114		-19

EMERGENCY

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

(K 1620)

			T .:		1-E	Owner/Operator ((2)						
Date of Notification (1)	/ 1./		Na	me of t	2001	16= .56	PRVICES	SPIL CEP	بح	٠.,	٠.		
-	-6-14		1	reet.Ad		7000				ru i	-	12	Ī
Agencies Notified	Type Notification		36	61	BA	COAD S	T						1
□ BPA □ DBP	initial Amended		G	y, Stat	e, Zip Co	de A/	1 000	35 L		•	7.		
₽ DOL	Amendment#_ [v] Emergency (inch	ndiano.	1 2	(E)	1 PO	RT /		Telephone Na		- 44	E .	=	4
☐ DOH	institication)		N	ante di	Contact	D 101		relebuoue um					
☐ DCA	Cancellation					PLACKI	2		7		- /		1
				FACEL	NY DEF	PRIMATION	/	0)					-
Name of Facility Where	Abatement is Taking I	Place (3	}				Type of Facility (-
							TT Controller R	(Cother than P	(-12)				1
Street Address	2220	57					Other (i.e., pri	vale & comm	eiciai du		PS.		
	COAD &						Square Feet	# of Floors		Bldg.			
City (5) KEV PO	JRT NJ		DY	73	5		1800	2			U		4
1		=	11	County	Code (7) (STATE	Current Use (Pri	or if being der	nolished	ŋ			1
County (6) MONM	OUTH		_ 1	USE Ó	NLY) -			NT HE	ME	,			\exists
Name of Monitoring Firm	m Hired by Building Or	mer	T AS	SCM N	0.	Name of Abater	Ment Contractor (9)	TRIES	s /	W (2,		
(8)			_L_										7
Street Address						STREET AUGUS	VATICK	TRAI					
						City, State, Zip	Code	101	750	1			٦
City, State, Zip Code						BRIC	K NJ.	.08)			-		=
Project Manager for Mi	anihorina Firm	= $$	Telep	hone N	o.	Telephone No.	20 1/00	License N	10.	6			and in less
Project Manager for N	- Officials : min					732 89	79-7499	01	1 9		==	=	\dashv
Start Date (10)	Sched	uled Co	mpleh	on Date	e(11)	Name of OSHA	Alonilor						
Start Date (10) 9 - 8	-14 9	_17		14								-	ᅱ
Occupancy Status Du	ring Abatement (Chec	k only o	ine)			Street Address	•	154-1545 (1544-16 <u>4)</u>					_
C Contine Classellian	ated During Entire Pe	riod of A	baten	ent		City, State, Zip	Code						\neg
Abatement Perform Other - Describe:	red Outside of Norman	racesty	INDUIS:	•		Cuj. Call					_		_
							75. N.	antin Drace	ero.	- (2)			
Scope of Work (Chec	k as mar albah)		-			Mint-E	iontainment with Ne Enclosure	ganve Pless	MC.				-
□≥3 sfor≥3 lf		∐ Rea	novation notiton	ni L		= ~	ibag Procedure Exempted (*) and N	on-Friable Pit	ocedure		200000-1000		
≥160 sf or ≥260 ff						PHORE	Exempled () and to			AL	aten		
			ocatio umally			8 3862	2				Type	e 	_
Location	on of		Soleh		Aehe	Description stos Containing N	daterial (ACM)	Amount				9	m
Asbestos-Containin TO BE A	ng Material (ACM)	C	stodia		(i.e	thermal system	insulation,	(Specify SF or LF	5	Ren	Repair	cap	olon
IN Fac	inty		Staff? (12)			surfacing, V/ other miscellar	neous)			Removal	F	Encapsulate	Enclosure
(13		-	_	NVA		P)						•	
		Yes	No	1	-	OM		3000	SE	V			
INTERIOR	MASTER			/		(11)		2000	-	-	\neg		
								-					
								-					\vdash
						Cubic Yards	Name of Re	gistered Land	翻		<u> </u>		
Name of Registered	Waste Hauler	- 1		LOSP Louise II		of Waste /	2	RO	W-	2			
	NDUSTRIE	3 /	14		602	Disposal Date	_					_	
City, State	/ N I					9-12-	Shi	MA		12	16,	7	
- BRIC	K N.J.					Signatus	(Na)/i		Date	700	-6)	Il
Completed By ERIC PLF	1 100	PR	ES			0	Well took	•	- PC	1, 17	- 0		7 >
ENEIG ICI	/ <u>/</u>					V			1				

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

		NO	OTIFIC I)	CAT	ION suan	OF t to	ASBES	STOS ABATE 3:60 and 5:16)	MENT		SEP 15 1.	1				
2-tf Natification (1)				IN	Name	of Bu	uilding Ov	wner/Operator (2)		201.	CC		5.			
Date of Notification (1) 09 /	10 /	14	20				s Delan				15 15 1	14				
Agencies Notified	Type Notifica	tion		5	Street	Addı	ress					" <:		?		
igoniolo i i i	☐ Initial						chfield I	Dr			17:		_	***		
	☐ Amended				City, S	State,	Zip Cod	e				21.1	٠,			
☑ DHSS	Amendme		_				rel NJ.				*.					
☐ DCA	☐ Emergend		ıding	h			ontact			Te	elephone Numbe	er	-7	- 522		
(NJAC 5:23-8)	justification Cancellat	Secretary Contract of the Cont		- 1			elman			1						
	☐ Cancellat	1011						DREATION		-						
					FA	CILI	IY INFO	ORMATION	Type of Fac	ility (4)				-		\dashv
Name of Facility Where A	batement is T	aking F	Place (3)					School (I							
Rhawn Pipe						27.75			Cubchan	ter 8 (C	ther than K-12)					
Street Address								4	Other (i.e	e., priva	te and commerc	cial bui	ldin	igs,		
200 Rhawn St.									homes,		# - f [] - a = a	TRIA		Age		\dashv
City (5)							41		Square Fee	t	# of Floors		60			
Delanco								70000	25,000		2		ου	т		
County (6)					Cou	inty (Code (7)(S	STATE USE ONLY)	Current Use	e (Prior	if being demolis	nea)				
Burlington									None							_
Name of Monitoring Firm	Hired by Buil	ldina Ov	wner (8) [ASCN	No.		Name of Abatem	ent Contracto	or (9)						
Environmental Ma	nagement	Interr	nation	al.				Luzon, Inc.				1				
	inagement			.,		-		Street Address								
Street Address	34 E Germantown Pike # 204							8451 Execut	ive Ave.							
								City, State, Zip C								
City, State, Zip Code								Philadelphia		3						
E. Norriton, PA 194						- NI-		Telephone No.	,,		License No.					
Project Manager for Mor					ephon		6 //	267-284-105	n		01109					
Raymond Giordan	0				10 27			Name of OSHA			00					
Start Date (10)			uled Co				V									
9 / 15 /	14_	1	0_/	_1	<u>5</u> /	_	14	Joseph Mar	onski							
Occupancy Status Durin	ng Abatement	(Check	only o	ne)				Street Address								10
☑ Facility Closed/Vaca	ted During En	tire Per	riod of A	Abate	ement			8451 Execu		e 					_	
☐ Abatement Performe	ed Outside of	Normal	Facility	Hou	ırs - D	escr	ibe	City, State, Zip (
Time of Abatement:	7:00AM-4:0	<u>0</u> PM/	P	Λ- <u></u>	^	M		Philadelphia	a, Pa. 1915	3					_	
Scope of Work (Check	all that apply)		-							n. N	tive Descoure					
	all 11101 = FF (3)							☐ Full Co	ntainment wi	tn Nega	ative Pressure					
≥3 sf or ≥3 lf			☐ Re ☑ De	nova molit				□ Glovet	ag Procedur	е	Sales Avio avio					
⊠ ≥160 sf or ≥260 lf			M De	HOIII	uon			⊠ Non-E	xempted (*) a	and Non	-Friable Proced		_			
			Is	Loc	ation	T						A	-		nt Ty	/pe
Location	on of				nally			Description		.	Amount	Re		Repair	En	En
Asbestos-Containin		CM)	1000000		olely b nance		Asbe	stos Containing I	Material (ACN	/l)	(Specify	Removal		pair	Encapsulate	Enclosure
TO BE A	BATED		100000		al Staf	1865	(1.6	surfacing, V	T, or		SF or LF)	va.			sula	ure
IN Fac	22 (100)			(12	2)			other miscella					1		te	
(13	7		Yes	N	0 1	I/A							-			-
Roof] [2	3	Roofin	g			25,000 SF	_	-			
Exterior] [2	3	Caulk		, 4		2,325	D	-			
Collapsed Office				T		3	Assum	ed Floor Tile	and Mastic		1,343	D				
Exterior				TE] [3	Transi	te Panels and			3,800					
Name of Registered W	Vaste Hauler						Vaste	Cubic Yards of			stered Landfill					
Luzon, Inc.					100000000000000000000000000000000000000		No.	Waste 720 CYS.	Mine	erva La	andfill					
				_	32	2587	2	Disposal Date	City, S	tate		19				
City, State Philadelphia, PA								10/15/14			ırg OH. 44688	3				
Completed By (Print o		Ti	tle			HISTO		Signature		1 0		Date	ji e		1. 2	,
Piyush Patel	n Type)	1"	Progr	am l	Mana	ger		P14	il Va	+el'		R	M	9 -	· t	1

ASB-41 **MAY 11**

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

Print Form

(K 2470)

Date of Notification (1) 9/9/2014 Check #26	70				f Building (ung Cor			(2)		20:	SEP	- S		ap j	a.d	
	otification			Street A						44.14	SEP	15	AF	1 2.	200	
□ EPA □ Ini	tial			78 We	stervelt	Place								٠ .	eu	
DEP An An An	nended nendment#				ate, Zip Co iII, NJ 07					,	Li			<u>,</u> ,,	ć .	
DOH jus	nergency (i tification) ncellation	ncluding	100	Name of	f Contact ung					Tele	ephone	Num	oer			
				A1000 12-00.	LITY INFO	RMATI	ION			1		-3000				15
Name of Facility Where Abatemen	it is Taking	Place (3	3)	2.901				Тур	e of Facility (4)						
Street Address									School (K-1 Subchapter		or than I	Z 12\				
6725 Polk Street								×	Other (i.e. p					lings,	home	es,
City (5)								Squ	etc.) are Feet	# of	Floors		Тв	ldg. A	ae	
West New York, NJ 07093								5,0		2			100	0+	3-	
County (6) HUDSON				County (Code (7) USE ONLY)			200.00000000000000000000000000000000000	rent Use (Prionovation	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by N/A	Building C	Owner (8)		ASCN	l No.				atement Cor ces Corpo		(9)				2	
Street Address						-	Street	Addre								
City, State, Zip Code	-								Zip Code					-,		
2000									rg, NJ 070	93						
Project Manager for Monitoring Fi	m			Telepho	ne No.		Telepl 201-		No. 1700		Licens 01074		1/3			
Start Date (10) 9/1 ⁻ Z/2014		Schedule 9/15/20		pletion	Date (11)				SHA Monitor above				×			
Occupancy Status During Abatem	ent (Check	Only Or	ne)		-	-	Street	Addre	ess					-		
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:							City, S	State, 2	Zip Code							
Scope of Work (Check All That Ap	inly)															
≥3 sf or ≥3 lf	Piy)	ছো -) Onove	tion			Г	7 -				_				
≥160 sf or ≥260 lf			Renova Demoliti					M G	ull Containme ini-Enclosure lovebag Prod	e cedure	0					
	-	Τ.					>	Y N	on-Exempted	d (*) and	Non-F	riable		Abate		
Location of			Locati Normali			Do	corintian	of.						Ty		
Asbestos-Containing Material	(ACM)		d Sole			os Cont		Materia	al (ACM)	A	mount				m	
TO BE ABATED In Facility		9.000	todial S		(i.e.		system cing, VA		lation,		or LF)		Removal	Repair	ncap	Endo
(13)			(12)			other r	niscellar	neous)			- 1	oval	oair	Encapsulate	Enclosure
		Yes	No	N/A											e e	The second
Garage Area				х	F	Roofing	g debri	s bag	gs	10	Bags		x			
Name of Registered Waste Hauler Freehold Carting			H	JDEP Wauler ID 5939	39335	Cubic of Wa	Yards ste		Name of GROW							
City, State Freehold, NJ						Dispos	sal Date		City, State		4				-	
Completed by Gina Salvador		Title Office	e Man	ager			Signature		Quas-			Date 9/9	/201	4		

					OF ASB							i.,	٠.	4		
Date of Notification (1) 9/10/2014	Check#2671				of Building Flower F			(2)			2014 :	SEF	1	· ·		
Agencies Notified EPA	Type Notification			Street A	Address Oosevel	t Ave	nue							- /: ,	72	: 2/
DEP DOL	Amended Amendment #		_		ate, Zip Co ey Heigh		J 07922				- (2	LI	ι		ζ.	· ·
DOH DCA	Emergency (ir justification) Cancellation	iciuaing		Name of	of Contact Cott					Tel	ephone	Numb	or			
N (F. 99 M				FAC	ILITY INF	ORMA	TION						1-2-011			
Name of Facility Where Rectory Building-Li	ttle Flower Parish	Place (3)						of Facility (School (K-1	12)						
Street Address 110 Roosevelt Ave	nue							×	Subchapter Other (i.e. petc.)	8 (Oth private	er than & comm	K-12) iercial	buik	dings,	hom	es,
City (5) Berkely Heights, N	J 07922			-					re Feet	# o	f Floors		1000	ldg. A	ge	
County (6) UNION					Code (7) USE ONLY	,			ent Use (Pri		ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8))	ASC	M No.				tement Corpo			A				
Street Address				-				Addre	ss Street							
City, State, Zip Code	*		-		2				ip Code g, NJ 07	093						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph	none N 295-1	0.		Licens	Section and				
Start Date (10) 9/20/2014		Schedul 9/24/2		npletion	Date (11)		1 1 2 2		HA Monitor				1000		-	
Occupancy Status Durin	g Abatement (Check	Only O	ne)			17/25	Street	Addre	ss				_			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pened Outside of Norma 4:00 PM	riod of	Abaten y Hours	nent					ip Code							
Scope of Work (Check A	II That Apply)											-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min	Il Containmeni-Enclosure ovebag Produces n-Exempted	edure					е	
Location	n of		Locati Normal			_	0.735								ement pe	t
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED	Use Ma Cus	ed Sole aintenar todial S (12)	ly by nce/ Staff?		tos Co therma surf	escription ntaining M al systems acing, VA miscellar	faterial s insula T, or		(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											o	
Rectory bldg basen	ent boiler room		X			Pip	e Insula	tion		1	5 LF	2	2			
										10.100						
Name of Registered Was Freehold Carting Inc			Н	JDEP W auler ID 5939		of Water	c Yards aste		Name of Cumber				dfill		dan sek	
City, State Freehold, NJ						Dispo	osal Date		City, State Newbur			5.02	77			
Completed by Gina Salvador		Title Office	e Mar	ager			Signature					Date 9/10	/20	14		

3429)

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	(Pur	suanti	O NJAC 8:	60 and 12:120)		4 3 4 2	. #	
vale of Notification (1)		Name	of Bullding (Dwner Operator (DEVELUI	Ens	المساعد كالمسا	
gencies Notified Type Notification		Sveet	Addings	auss s 3		THE PLANT	5 AM 2:2	3
PA Sinital	-	City, S	7000	da			- 0-	
Amendment #	ludino		W000	BURY H	FIGHTS	14, 31,00	097; C.	=
DOH Emergency (incl. justification)	wing	Name	of Contact			lelebudue	tumber	ř.
Cancellation			.20	ME				
		FAC	CILITY INFO	RHATIOH	2100000			
· Yakim	Place (3)				Type of Facility	2.540		
came of Facility Where Abatement is Taking	. 200 (0)				School (K-1	a (Other Inan	K-12)	4
	$\overline{}$				D oner (1.0.	buvara e comi	We to st porton A .	
Sireel Address 160 113 T.N.	>Tr				Square Feet	8 of Floor		1000 M
-					1000	- 1 - 2	- 40	
STONE MARGO	n		nly Code (7	VETATE	Current Use (nor if being d	emolshed)	
		LUSE	THY COOR (1) 1317.12	V/	CONT		
10 1011		ASCH	STENESTE PO UN	Name of Abater	neni Convador	(9)		i.
Name of Maritoring Firm Hired by Building O	haner	ASCA	, NO.	KLEM	00 L1	VC1		
8)				Sueel Address	2 (2:	= 10		
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City State Zip Code				MA	PLI SH	License		
	1.9	norigela	xe No.	Telephone No.	79-047		0444	
Project Manager for Monitoring Firm				836-1	19 20 17			- 1000-100 B.,
T Sch	oued Com	naiplo	Date (11)	Name of OSH	PKALE	M M		
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Facility Closed/Vacaled During Entire I Abatement Performed Outside of Normal	al Facility h	Hours		City. State, Ag	DIE SHA	DE, N	,5,080	52
Other - Describe:								
Scope of Work (Check all that apply)				□ Full	Containment will	n Negative Pre	, 550, 6	
	☐ Rend	ovalion		Glov	Englosure	a Non-Friable	Procedure	
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(CHEKH) 3429)

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ate of Notification (1)		Name	of Building	SAUGH	DEVE	LODER	51-	
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Cancellation			.5 /	ME				
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					Done	(I.e., private	& commercial	buildings.
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(5)		Co	unity Code (1) (31715		VACO	NT	
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Project Manager for Monitoring Firm	, , }	8		856-7	19 -0	120		
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Stan Date (10) : 9 / 14 /10	1/3-	114		Sue el Addre				
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Other - Describe:								
Scope of Work (Check all that apply)				□ Full	Containme Enclosure	ni wih Nega	ove Pressure	
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NO CK

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

Date of Notification (1) 09/10/2014 Agencies Notified Type Notification Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companies Street Address 125 High Street	2. ~	
EPA Initial 123 High Street	2.0	9
DEP Amended City, State, Zip Code DOL Amendment # Boston, MA 02110	5	
Emergency (including justification) DCA Emergency (including justification) Name of Contact Enrique Bellido Telephone Number Enrique Bellido		
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) N/A Type of Facility (4) School (K-12)		
Street Address 75 Demarest Drive Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildin etc.)	s, home	ies,
City (5) Square Feet # of Floors Bldg Wayne 190,000 2 46	. Age	
County (6) County Code (7) Current Use (Prior if being demolished) Passiac Incinia Contracting, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)		
CTSI Environmental Safety & Health Profess. 00109 1360 Clifton Avenue		
Street Address 237 West 35th Street, Suite 805 Street Address Unit 365		
City, State, Zip Code New York, NY 10001 City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Farhood Selamie 212-929-3451 973-450-9500 01036		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/21/2014 12/31/2014 Incinia Contracting, Inc.		DARK -
Occupancy Status During Abatement (Check Only One) Street Address		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 1360 Clifton Avneue, Unit 365 City, State, Zip Code		
Other – Describe: Clifton, NJ 07012		
Scope of Work (Check All That Apply)		*
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce	lure	
Δ	atemen	nt
Is Location Normally Description of	Туре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, (Specify surfacing, VAT, or SF or LF)	Encapsulate	Enclosure
Yes No N/A other miscellaneous)	late	Jre
	+	-
		-
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill		
Red Tech LLC operating under Weigle Truck		
City, State Linden, PA Disposal Date TBD City, State Waynesburg, OH		
Completed by Milena Zoric Title Signature Director Date 9/10/201		

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

	*	N		ICATION ursuant	OF ASE		ABATE			3	SEP 1	· _ f	, ,	1 ,	
Date of Notification (1) 09/03/14						Owner/C	350	(2)		2014	SEP I	5 6			
Agencies Notified	Type Notification	7 (25)		Street A		l:- Ot					•	1.1	1 2:	21	3.
EPA DEP	Initial		-		te, Zip C	die Stre	et			•			2. 0	-	
DOL	Amended Amendment	#1	_		rk, NJ (C.	LICK		2.	0.00	
□ DOH	Emergency (justification)	(including		_ to an ancient of	Contact	11000				Tel	enhone N	dumber			
DCA	Cancellation			Rober	t Leef					9 P					
Name of Facility Where	Abatement is Takin	a Place /3	1	FACII	LITY INF	ORMATI	ON	Tune	of Facility	(4)		-			
Container Port Gro		g Flace (5	,					Туре	10 - 70 7 10 10 10 10 10 10 10 10 10 10 10 10 10	NO. 6					
Street Address	•							H	School (K- Subchapte	8 (Oth	er than K	-12)			
99 East Peddie Str	eet							$\overline{\times}$	Other (i.e. etc.)	private 8	& comme	rcial bui	ldings	, hom	es,
City (5)								Squa	are Feet	# 0	Floors		3ldg.	Age	
Newark								20,	000		2		50+-		
County (6) Essex				County C		o		Curr N/A	ent Use (Pri	or if bei	ng demo	lished)			23
Name of Monitoring Firm	Hired by Building	Owner (8)		0007	n promote		133		atement Co		100 50				
Street Address							Street	Addre	ess			-		2.00	
City, State, Zip Code									Drive						
Oity, State, Zip Code									Zip Code NJ 07461						
Project Manager for Mor	nitoring Firm		Т	Telephor	ne No.		Teleph		TOTAL STREET		License	No.		-	
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Start Date (10)		Schedule		npletion [Date (11)		500000000000000000000000000000000000000		HA Monitor	(4					
08/19/14 Occupancy Status Durin	a Abatament (Chae	09/20/1					Ame	11/020/23					-0000039		
				22.24			Street .		30th Stre	et					
Abatement Perform	ed Outside of Norm	eriod of A nal Facility	Hours	nent s					Zip Code	-		-	_		-
Other – Describe:			-	-					k, NY 100	16					
Scope of Work (Check A	ll That Apply)						10000	NAC 3							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	27	Parameter 1	enova emolit				XXXX	Mi	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				re	
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(13)	ity	-	(12)				cing, VA ⁻ niscellan		(SF	or LF)	Removal	Repair	Insdi	Enclosure
Roof - Bldg. 91		Yes	No	N/A	Br	ick sea:	m caul	lk		30	00 S.F.	X X		ate	re
Throughout Wareh	ouse- Bldg. 99	х			In	iterior w	vindow	glaz	ing	1,2	00 L.F.	x			
Boiler room -	Bldg. 99	х			Boi	ler bree	ching i	nsul	ation	80	S.F.	x			
Roof - Blo	lg. 99	X				Brick se	eam fla	shin	g	2,4	50 S.F.	x			
Roof - Blo		x				wall flas	hing-p	arap			0 L.F.	x			
Name of Registered Was	te Hauler			JDEP Wa		Cubic of Was			Name of	Registe	red Land	fill		177.5	
Pro-Tech			6.9	90713		Ji vvas	15		G.R.O.	W.S.					
City, State New Haven, CT						1.500.00	al Date impletion	on.	City, Stat		Δ				
Completed by		Title					ignature		/:/	ille, F	/1	Date		E 0.00, E	
Marko Stankovic		Presid	dent				lave		Steen	Uhl		09/03/	14		

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ASB-41 JUN 95 G4667

ETS JOB # 4287/14							AMEND	MENT#L	
Date of Notification (1) 9/9/2014		Name of	f Building Ow	ner / Oper	ator (2)	YORK & NE	W LERSE	SY (# 2: 5	
Agencies Notified Type Notification		1 (S) (1) (C) (F) (1) (A) (A) (A) (A)	ddress IE STREET			;	W OLKDE	** FIT 2: 5	Ĵ
DEP Initial Noti	fication Notification	City, Sta	ite & Zip Cod Y CITY, NJ	е			à Lia		
□ DOH □ Cancellati □ DCA	on		f Contact LPH CAM F	PIONE				Telephone !	Viimber
		FACI	LITY INFO	RMATIO	N				
Name of Facility Where Abatement is HERTZ RENTAL FACILITY - BUI		(3)		Type of Fa	acility (4) ol (K-12)				
Street Address NEWARK LIBERTY INTERNATION	ONAL AIRPO	RT	4	Other Other	r (i.e., pri	the state of the s	ercial build	ings, homes,	etc.
3 BREWSTER ROAD City (5) Cou	nty (6) C	ounty Co	de (7)	Square Fe 8,0		# of Floors	_	Bldg. Age 50	+
	SEX	,	(. /	Current U	se (Prior	if being demo			
Name of Monitoring Firm Hired by Bui	ding Owner (8		ASCM No. 98	Name of A	Abatemer	nt Contractor			
Street Address 104 E. 25TH STREET - 10 TH FLO	OR			Street Add	dress Y STRE	ET			* 5
City, State & Zip Code NEW YORK 10010				City, State BROOKI					
Project Manager for Monitoring Firm PATRICK SISK	1,000,000,000	ephone N 2-353-82		Telephone 718-706-	e Numbe		License	Number 00511	
Scheduled Start Date (10) Sche 10/13/2014	duled Complet 10/31	ion Date 1/ 2014	(11)	Name of 0		onitor			
Occupancy Status During Abatement Facility Closed/Vacated Durin	g Entire Period	of Abate			CKSO	N AVENUE		13	
Abatement Performed Outside Describe: MONDAY - FRI Other - Describe:				City, State	7.5	ode CITY, NY 11	101		
Scope of Work (Check all that apply) ☐ Demolition ☐ Large Project ☐ Quantity is ≥ 3 SF or ≥ 3 LF A ☐ Quantity is ≥ 160 SF or ≥ 260					Mini-En Gloveba Other:	ntainment wit closure ag Procedure	***		=
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Noi Mai	s Location rmally Use Solely by Intenance stodial Sta (12)	ed / or (aff? ins	Descrip Asbestos-(Material i.e., therman ulation, su other mis	Containin (ACM) al system rfacing, \	Sq is L /AT	Amount (Specify uare Feet o inear Feet)	or Re Encaps	ent Type Removal, pair, ulation or osure)
ROOF LEVEL		YES		TS	SI		8 LF	E 22.00	INI OSURE
ROOF LEVEL		YES	ı	ROOF FL	ASHING	3	25 SF		RIABLE OVAL
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJD		e Hauler ID # A-456		Yds. of W	MI	NERVA E	stered Landfi	
City, State 1199 RANDALL AVENUE, BRON	IX, NY 10474			Disp	osal Date	90		RVA ROAD, JRG, OH 44	
Completed By (Print or Type) Richie Smith	Title Project Exe	ecutive		Sign	ature	1	-1	7 0	ete 9/9/2014

City, State Disposal Date City, State						ursuant						i	٠				
EPA	Date of Notification (1)					Name of DVL K	Building earney	Owner/O	Operator gs LLC	(2) C c/o [OVL Inc.	2014	SFP I		n 'i		
Emergency (including justification)								**************************************					+.4		i :	18	
Marie of Vontace Telephone Number Telephone N	X DEP X DOL	Arr Arr	nendment		_				2			63	Lice		6	^	
Name of Facility Where Abstement is Taking Place (3) Toch Industrial Park Building 31 Street Address	DOH DCA	jus	tification)	including				mae				Tele	ephone N	umber			
Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) School (K-12)	IN DOA	П са	ncellation			Constitution and		0000000000	ON							_	
Subchapter 6 (Other tine A. private & commercial buildings, homes, filed-194 Passiac Ave Square Feet Square				g Place (3	3)	1 AGII	L11 1 1/41	ORMATI	ON	parent.		100					
City (5) Square Feet Square Squ	Street Address						-						er than K-	-12)			
County (6)	166-194 Passiac	Ave								×	Other (i.e. p				ldings	, hom	es,
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Dynamics Development Services, Inc.										2000 ST.00000		0.000000000	Floors	100		Age	
State Side Environmental Group, Inc								,				or if bei	ng demol	ished)			
State Road # 202 S57 Grand Concourse Suite 3-51						ASCM	No.							s, Inc.			
City, State, Zip Code Strike School State Zip Code									Street	Addres	ss	-			-		
Project Manager for Monitoring Firm Project Manager for Monitoring Firm Panos Pantazis Start Date (10) 9/22/14 Scheduled Completion Date (11) 11/3/14 Scheduled Completion Date (11) 11/3/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside of Normal Facility Hours Offier — Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if I Scheduled Completion Date (11) 11/3/14 Pantager of OSHA Monitor Julio Lopez Street Address 317 9th St City, State, Zip Code Union City, NJ 07087 Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if I Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if I Scope of Work (Check All That Apply) ■ Street Address 317 9th St City, State, Zip Code Union City, NJ 07087 Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedu		d # 202							557	Grand	Concou	rse Su	uite 3-5	1			
Panos Pantazis 203-517-5882 718-906-1055 01241	Briarcliff Manor, N								City, S	State, Z	ip Code						
Start Date (10) 9/22/14 Scheduled Completion Date (11) 11/3/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) State Address 317 9th St City, State, Zip Code Union City, NJ 07087 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Throughout Throughout X Pipe Insulation 1595 LF X Throughout X Pipe Insulation 1595 LF X Renofing/Flashing 10,500 SF X Renof Registered Waste Hauler ATC Name of Registered Waste Hauler ATC Bibposal Date Sibpature All Date A		onitoring Fir	m											No.			
Occupancy Status During Abatement (Check Only One) Street Address 317 9th St			T						Name	of OSF	A Monitor		0.2				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 2 st or ≥260 lf		ing Abatem	ent (Chec														
Other – Describe:	Facility Closed/Va	acated Durin	ng Entire F	Period of	Abaten	nent			1000								
Salif or ≥3 if Exercises			le of Norm	al Facility	/ Hours	S	-	_				87					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Throughout	Scope of Work (Check	All That Ap	ply)		71-2-20-3												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Throughout X Pipe Insulation 1595 LF X Throughout X VAT, VAT Mastic 1060 SF X Roof X Roofing/Flashing 10,500 SF X Exterior X Caulking/Glazing 13,000 SF X Name of Registered Waste Hauler ATC City, State Shirley, NY 11967 Completed by Title Signature 6 24					200						i-Enclosure vebag Pro	e cedure	-			-e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Throughout				Is	Locat	ion						7 /					t
Maintenance/ Custodial Staff? (12) Yes No N/A Throughout X Pipe Insulation Yes No N/A Throughout X VAT, VAT Mastic Throughout X Roofing/Flashing Exterior X Caulking/Glazing Name of Registered Waste Hauler ATC Circumpled by Maintenance/ Custodial Staff? (12) Assests Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Application Application (Specify SF or LF) Application Amount (Specify SF or LF) Application (Specify Specify Specify Application Application (Specify Specify Specify Application Application (Specify Specify Specify Application Application (Specify Specify Application (Specify Specify Specify Application (Specify Specify Application (Specify Specify Application (Specify Specify Specify Application (Specify Specify Specify Application (Specify Application (Specify Specify Application (Specify Appli	Location	on of		1	Normal	lly		Des	scription	of				_	T	/pe	
Throughout X Pipe Insulation 1595 LF X Throughout X VAT, VAT Mastic 1060 SF X Roof X Roofing/Flashing 10,500 SF X Exterior X Caulking/Glazing 13,000 SF X Name of Registered Waste Hauler ATC ATC City, State Shirley, NY 11967 Pipe Insulation 1595 LF X VAT, VAT Mastic 1060 SF X Roofing/Flashing 10,500 SF X Caulking/Glazing 13,000 SF X Name of Registered Landfill Minerva Enterprises City, State Shirley, NY 11967 Disposal Date 9/26/14 Signature 0 4 A Date	TO BE A	BATED cility	(ACM)	Ma Cus	intena todial ((12)	nce/ Staff?		thermal surface	system cing, VA	s insula T, or		(\$	pecify	Removal	Repair	Encapsulate	Enclosure
Throughout X VAT, VAT Mastic 1060 SF X Roof X Roofing/Flashing 10,500 SF X Exterior X Caulking/Glazing 13,000 SF X Name of Registered Waste Hauler ATC City, State Shirley, NY 11967 Title Signature 1 A Date	Throug	nhout	-	162		IN/A		Pine	Incula	tion	-	15	95 I F	v	-		-
Roof x Roofing/Flashing 10,500 SF x State Shirley, NY 11967 X Roofing/Flashing 10,500 SF x Roofing/Flashing 11,500 SF x Roofing/Flashing 10,500 SF x Roofing/Flas																	
Exterior x Caulking/Glazing 13,000 SF x Name of Registered Waste Hauler ATC NJDEP Waste Hauler ID No. 24310 Signature 6 A Signa										-							
Name of Registered Waste Hauler ATC NJDEP Waste Hauler ID No. 24310 Cubic Yards of Waste 379 Minerva Enterprises City, State Shirley, NY 11967 Disposal Date 9/26/14 Waynesburg, OH 44688 Completed by Title	Exte	rior			х												
ATC Hauler ID No. 24310 of Waste 379 Minerva Enterprises						JDEP W	aste			9	Name of			100	1		1
Shirley, NY 11967 9/26/14 Waynesburg, OH 44688 Completed by Title Signature 1 2 Date	ATC				1000		No.	Chicago and Chicago	ste		1000000	_					
	City, State Shirley, NY 11967			Seller Transfer									OH 446	688		5.16.34	
		ittne	3	Title	sid	lent		(6	ignature Ma	elu	Mat	THEY			4		

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

					.A.C. 7:26-2.12)	.viii v i			1	har has f		
Date of Notification (1)					Name of Buildir Paulsboro Refir			2017	f 0-		- L.	<i>J</i>
9/10/14							arry	CU!	SIF	15 .		
Agencies Notified		Notification 7	Гуре		Street Address 800 Billingsport	Rd				15 A	Ħ 2:	io
() EPA		(X) Initial No	tification	9/11		2000						
() DEP		() Amended	Certification	n	City, State, Zip	Code			,	·		
(X) DOL		() Cancelle	d		Paulsboro, NJ (08066.		C	= L16		200	522
(X) DOH											.15	
() DCA					Name of Conta	ct		Tel. Nur				
() DOA					Ravi Jarecha	<u> </u>	1		######################################			
	100			FACILITY IN	FORMATION	9-2						
Name of Facility Where Ab	natement is Ta	aking Place (3	3)		Type of Facility	(4)		U7/2				
Paulsboro Refining Compa					() School (K-1							
Faulsboio Relitting Compa	2119				() Subchapter	8 (other th	an K-12)					
Ctract Address		-			(X) Other (i.e.	private & co	ommercial bld	gs., home	es, etc.			10
Street Address					(2.)	E CONTRACTOR OF THE PARTY OF TH						
800 Billingsport Rd					Sq. Feet N/A		# of Floors	s N/A				
011 (5)	0		County C	odo (7)	04.1001_1471				- 1860 =			
<u>City (5)</u>	County (6)				Bldg. Age N//	Α						
Paulsboro	Gloucester		(State Us	e Only)	Current Use (p	rior if being	demolished)	Oil Ref	inerv			
		- (0)	100111		Current osc (p	1101 11 001119	Name of Cor					
Name of Monitoring Firm I		Owner (8)	ASCM No	<u>).</u>			K A Industria					
KA Industrial Services, LL	G				Street Address		ICA IIIdastiic	ai Oci vioc	JO LLO			
Street Address					800 Billingspor							
800 Billingsport Rd	- Linear											
Paulsboro, NJ 08066					City State, ZipC							
					Paulsboro, NJ			License	Numb	or.		
Project Manager for Monit	oring Firm	Telephone I			Telephone Nur	nber		00857	Nullin	1961		
Scott Dechant		856-224-43	35		856-224-4392			00857				
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSHA		0					1
9/24/14		9/26/14			K A Industrial S							
Occupancy Status During	Abatement (C	Check only on	<u>e)</u>		Street Address							
() Facility Closed/Vacate	d During Entir	e Period of A	batement		800 Billingspor	t Rd						
() Abatement Performed	Outside of No	ormal Facility	Hours -									
					City, State, Zip							
(X) Other - Describe - Re	moval of ACN	A within restri	cted work a	rea in outside	Paulsboro NJ (08066						
areas												
Source of Work (Check al	I that apply)	14"										
(X) Demolition () Renov	vation											
() Large Proj. (160 SF or	>260 LF ACM	(I) () SM Proj.	>25<160 S	F or >10 <260 L	LF ACM) (X) N	Minor Proj. ((<25 SF or <1	O LF ACI	VI)			
() Full Containment with I	Negative Pres	sure (X) N	//ini-Enclosi	ure (X) Glo	vebag Procedure							
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Typ	<u>e</u>	
Containing Material (ACM		by Maint./Cus	stodial	thermal syster								1
Facility (13)	Staff?			surfacing, VAT	r, or other				<u>u</u> nto 1	_		
(,	YES	NO	NA	misc.)					Rem.	Rep.	Encap E	nciose
Pipe - PDA Cooling Towe		X		Pipe Insulatio	n in 2-3 foot	Approx 1	0		X			
Atrea				sections								
/Morane Cliffs	-				V-192-11							
										-		
Name of Reg. Waste Hau	ler	NJDEP Wa	ste Hauler	D#	Cubic Yards of	f Waste				Landfill	0030000	1
Waste Management, Inc.	101	17273			< 1 CY			Glouce	ster Co	ounty Lan	dfill	
Vidoto managament, me												
City, State							Disp. Date			City, Stat		
South Harrison, NJ							Various			South Ha	rrison, N	4J
Count Harrison, 110												
Completed by (Print or Ty	rpe)	Title			Signature			Date				
Completed by (1 Till of 1)	DO 1	1100			1 1							
ANDREW GREEN		MANAGER	- KA Indus	strial Services		. 11		9/10/14	4			
VIADVEAN QUEEN		I WAY TOLIN			(Amal	1 M/n	con					
N 19					Site of	perations S	Supervisor					
					1 //		aren a 🖢 guzera errabbabbab					
					//							
					1							

Mail to: NJDEP-DSHW-BRRTP

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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

				(Pursuant to N.J	J.A.C. 7:26-2.12)				1.	16	,	
Date of Notification (1) 9/5/14					Name of Buildi Paulsboro Refi			2	Pit o-		t	L
Agencies Notified		Notification	Гуре		Street Address 800 Billingspor				Cit SE	P 15	AM 2	
(X) EPA () DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle	Certificatio	n	City, State, Zip Paulsboro, NJ				14.5	O		***
() DCA		6			Name of Conta	act		Tel. No	umber			
				FACILITY IN	FORMATION			•				
Name of Facility Where At Paulsboro Refining Compa		aking Place (3	3)		Type of Facility () School (K-1 () Subchapter	(2) 8 (other th						
Street Address 800 Billingsport Rd					(X) Other (i.e. Sq. Feet N/A							
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age_N/. Current Use (p	A rior if being	demolished)_	Oil Re	efinery			_
Name of Monitoring Firm F Cardno ATC	fired by Bldg	Owner (8)	ASCM No 98	0.			Name of Co K A Industria					
Street Address 3 Terri Lane					Street Address 800 Billingspor	t Rd						
Burlington, NJ 08016					City State, Zipo Paulsboro, NJ							
Project Manager for Monitory John Lutz	oring Firm	Telephone 1 609-386-880			Telephone Nur 856-224-4392	<u>mber</u>		Licens 00857	e Numb	<u>er</u>		
Scheduled Start Date (10) 9/29/14		Scheduled (11/7/14	Completion	Date (11)	Name of OSHA K A Industrial S		LC		ALCOHOLD .			
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	d During Entir	e Period of Al	batement		Street Address 800 Billingspor							
Other - Describe - Remov				de areas	City, State, Zip Paulsboro NJ (± 44 042 W/2 400	
Source of Work (Check all	that apply)				L							
() Demolition (X) Renov (X) Large Proj. (>160 SF (X) Full Containment with	or >260 LF A	CM) () SM Pr	oj. (>25<16 fini-Enclosi	60 SF or >10 <26 ure (X) Glov			j. (<25 SF or <	:10 LF A	ACM)			
Location of Asbestos- Containing Material (ACM)	Is Loca	ation Normally by Maint./Cus	Used	Description of thermal system	ACM (i.e. ns insulation,		Specify SF or	LF)	Abater	ment Typ	<u>be</u>	
Facility (13)	Staff? _YES	(12)	NA	surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap	Enclose
D – 302 Tower at NHT Un	it	X		Pipe Insulation	n	Approx 1			Х			
		Х		Vessel Insulati	ion	Approx 9	00 sf		X			
Name of Reg. Waste Haul	or	NJDEP Was	te Hauler I	D#	Cubic Yards of	Maste.		Name	of Reg.	Landfill		
Waste Management, Inc.	<u>ei</u>	17273	ste Hauler I	1 <u>0 #</u>	~ 2 CY	vvasic			ester Co		dfill	
City, State South Harrison, NJ				11	,		<u>Disp. Date</u> Various			City, Stat South Ha		NJ
Completed by (Print or Type	oe)	<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER	– KA Indus	strial Services	And Site Ø	perations S	<i>eon</i> Supervisor	9/5/14				
				77		7. S.	180 Sel					
* 11 101-1111	-											

Mail to: NJDEP-DSHW-BRRTP

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00

Check gool

Date of Notification (1)	9-12-	14	Name o	of Building Owner/O	Operator (2)	Beien	20	il SA	24		<u>×</u>	1
Agencies Notified	Type Notification		Street A							± /.	H 2	:
DEP DOL DOH	Initial Amended Amendment i Emergency (i justification)		13	ate, Zip Code	11.H &	<u></u>	Reet Telepho	700)S ber	pr	<u>.</u>	. (
DCA	☐ Cancellation			Ther Be	iermei	sten					•	_
Name of Facility Where RESident	Abatement is Taking	Place (3)	Du	selling		of Facility (4 School (K-1: Subchapter	2) 8 (Other th	an K-12)			-	
City (5) 2	4:11 24R	eet				Other (i.e. p etc.) re Feet	# of Flo			ings,		<u></u>
County (6)	on N:	<u>. 0</u>	700 County	S Code (7)	Сите	nt Use (Prio	or if being d	lemolishe	ed)			
Name of Monitoring Firm	RN 5 Hired by Building C	Owner (8)		USE ONLY)	Name of Abat	ement Con	tractor (9)					
EPC TE	chnolo	gies		NA	EPC Street Address	Te	A	ologi	ie	5 ,	Ir	16
P.O.	30x 3	37			P.O.	Box	337					5000
City, State, Zip Code	tavet.	NJ	08	533	City, State, Zi	Equ	1	W	0	8	13	3
Project Manager for Mon	chen Ken	3		758-3365	Telephone No. 609 758	-336		ense No	3	39	4	
	4-14	40	ompletion 25 -		Name of OSH	A Monitor	molo	qies	I	nc		
Occupancy Status Durin			ement		Street Addres	BOR	Water than the	ا				
☐ Abatement Perform ☐ Other - Describe:	ed Outside of Norma	al Facility Hou	ırs		City, State, Zi	o Code	(17	- A	a	53		
Scope of Work (Check A	II That Apply)				2.00	JAPI	/0~		0~	<u>ٽ</u> ر		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		☐ Reno	vation olition		☐ Min Glo	Containme i-Enclosure vebag Proci i-Exempted	edure				e	
		Is Loca								Abate		-
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED ity	Used So Mainten Custodia (12)	olely by nance/ I Staff?	Asbestos Cont (i.e. thermal surfa	scription of taining Material systems insula cing, VAT, or niscellaneous)		Amou (Spec SF or L	ify	Removal	Repair	Encapsulate	Enclosure
Basemen	+	Yes No) IVA	Pipe I	sulatio	2	100	BF	x			
			+						-			
Name of Registered Was		,	NJDEP W Hauler ID	No. of Was	ste 2		Man		est	60	5 8	A'
City, State	0	NJ.			35-14	Mozni						
Completed by Sche	Kee	Presid	den+	S	Sleep)	Sch	L	Date	:			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) September 11, 2014 NJ Site & Utility Contractors, Inc. Agencies Notified Type of Notification Street Address [X] EPA Initial Notification 8 Stephanie Court] DEP Amended Notification City, State, Zip Code Amendment # [x] DOL Jackson, NJ 08527 $\begin{bmatrix} \mathbf{x} \end{bmatrix}$ Emergency (including [x] DOH justification)] DCA Name of Contact Telephone Number Cancellation Bob FACILITY INFORMATION-Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial 108 Princeton Ave buildings, homes, etc.) City County Code (7) Square feet # of Floors County (6) Bldg. Age (STATE USE ONLY) 1184 sf 60 Lavallette Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/11/2014 09/12/2014 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply)] Full Containment with Negative Pressure Mini-Enclosure $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ [] Renovation Glovebag Procedure [X] $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of R R E E Location of Normally used Asbestos-Containing Amount E N E Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 insulation, surfacing, in facility Staff 0 P V (13)VAT, or R S S (12)IJ IJ other miscellaneous) A R YES NO N/A L Е Exterior X Front house -Asbestos siding 750 sf X X Rear house - Asbestos siding 600 sf

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Registered Landfill Cubic Yards of Waste Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 09/15/2014 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 9/11/14

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

					,,					1 4 .				to to to to to
Date of Notification (1) Septem	nber 10, 20	14			Name o	f Building (Owner/Oper Zarrill		2) mes	2011 00	da	2	5/3	<i>></i> 6
Agencies Notified Typ [X] EPA [[] DEP [2000000000	Notifica	ation ification	-	Street A			lanto	loking Road	SEN SEP 15	AH	2: [<u> </u>	
[x] DOL [x] Emer	ndment #				ate, Zip Coo		New	v Jersey 08723	2 Lize	- /	 		
[] DCA [ication) ellation			Name o	f Contact Rich 2	Carrilli		Te	elephone Number				
				FAC	CILITY	INFORM	ATION	esteración no						
Name of Facility Where Abatem Residen		Place (3))					Тур	oe of Facility (4)	School (k-12) Subchapter 8 (ot	har than	. l. 12\		
Street Address 238 Kat	thryn Stree	t							[x]	Other (i.e., priva homes, etc.)			al build	lings,
City		Count	y (6)		County (Code (7) USE ONL	r)		are feet 1000 sf	# of Floors		z. Age	30	
Toms River Twp		Ocea							rrent Use (Prior if Residen	ce)			
Name of Monitoring Firm Hired N/A	by Building (Owner (8	5)		ASCM N	lo.	Name of	Abate	ement Contractor (Guardia	9) n Contracting,	Inc.			
Street Address							Street Ac		1889 Ro	oute 9, Unit 61	3			
City, State, Zip Code					14		City, Star		Toms R	iver, New Jers		755-1	271	
Project Manager for Monitoring	Firm		Telephone				Telephon 732-34			License N 00624	lumber			
Scheduled Start Date (10) 9/11/14			Scheduled 9/12/1		ion Date (1	11)	Name of	OSH	A Monitor E.M.S.L	. Analytical				
Occupancy Status During Abater [X] Facility C	ment (Check of losed/Vacated			od of Aba	tement		Street Ac	ldress		elton Road				
[] Abatemen	nt Performed (Describe	Outside o	of Normal F	acility Ho	ours		City, Stat	te, Zip		vay, New Jerse	y 088	54		
Scope of Work (Check all that ap	oply)						[]		Full Containment v	with Negative Pres	sure			
[] >3 sf or ≥ [x] ≥160 sf or			[] [x]	Renova			[x]	(Mini-Enclosure Glovebag Procedur Non-Exempted (*)		Procedu	ıre	722	
					T						Abat	ement	Гуре	
Location of		_ N	Is Location Normally u		1		Descriptionestos-Cor		n a	Amount	R	R	Е	E
Asbestos-Containing Materi	ial (ACM)	1	Solely by				faterial (A			(Specify SF	Е	E P	N C	N C
TO BE ABATED		Main	tenance/Ci	ıstodial		(i.e.	, thermal	syster	ms	or LF)	М	A	A	L
in facility (13)			Staff (12)			inst	lation, su VAT, o		ng,		v	I R	P S	O S
(15)			(12)			oth	er miscella		ıs)	報	A	K	U	U
		YES	NO	N/A					/		L		L E	R E
Exterior			X		Asbe	stos sidin	g	e .		850 sf	X			
			-		-						-			
Name of Registered Waste Haule Guardian Contrac		N	JDEP Was 2	0223		Cubic Ya	rds of Wast		Name of Register T.R.R.F.	ed Landfill				
City, State Toms River, New	v Jersey			Dispo 9/15/			City, Sta Tullyto	ate own,	Pennsylvania					
Completed by (Print or Type) Nicholas Fernicol	a	Title Proje	ct Manag	er	Signat	wre C	hat	_	ell		Date 9/10	0/2014	1	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pursuant	t to NJAC 8:60 and	1 12:120)	:Ch# 2	512	7_	
Date of Notification (1) September 10, 2014		Name of Building O	wner/Operator (2) Eric Arnesen	2016 SEP 15 AM	" L		
Agencies Notified Type of Notification X] EPA [] Initial N	otification d Notification	Street Address City, State, Zip Coc		11:	2: ((_
Amenda X DOL X DOH X DOH X DOH X Cancella X Cancella	ncy (including tion)	Name of Contact Eric A		Telephone Number	<u> </u>		
	FAC	CILITY INFORMA	TION	(1)	-		
Name of Facility Where Abatement is Taking F Residence Street Address 435-1 Bayside Terra			Type of Facility [[School (k-12) Subchapter 8 (other Other (i.e., private obuildings, homes, e	& comme etc.)	ercial	
City Seaside Heights	County (6) Ocean	County Code (7) (STATE USE ONI	Current Use (P	1 Prior if being demolished) sidence	Bldg. Ag	60_	
Name of Monitoring Firm Hired by Building (N/A)wner (8)	ASCM No.	Street Address	iardian Contracting, I	nc.		
Street Address			18	89 Route 9, Unit 61			
City, State, Zip Code	To the North	hor	City, State, Zip Code To	oms River, New Jerse License Nu	y 08755 imber	5-1271	
Project Manager for Monitoring Firm	Telephone Num	pletion Date (11)	732-349-9932 Name of OSHA Monitor	00624			
Scheduled Start Date (10) 09/11/2014 Occupancy Status During Abatement (Check	09/12/2014 only one)		Street Address	M.S.L. Analytical 056 Stelton Road			
[X] Facility Closed/Vacate [] Abatement Performed	d During Entire Period of Outside of Normal Facili	f Abatement ity Hours	City, State, Zip Code	iscataway, New Jerse			
Scope of Work (Check all that apply)] [] >3 sf or >3 lf		novation emolition	[] Mini	Containment with Negative -Enclosure rebag Procedure -Exempted (*) and Non-Fr			
[X] ≥160 sf or ≥260 lf	[] -				Abater	nent Ty	ре
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO 1	odial	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	E M	E P A I R	E N I I I I I I I I I I I I I I I I I I
Potonion	X	Asbestos s	iding	700 sf	X		
Exterior							
	NJDEP Waste	Hauler ID No Cub		of Registered Landfill			
Name of Registered Waste Hauler Guardian Contracting, Inc	. 202	223 Sisposal Date	2 T.R	.R.F.			
City, State Toms River, New Jersey Completed by (Print or Type)	Title Project Manager	09/15/2014 Signature	Tullytown, Penn	sylvanja	Date 9/10	0/14	
Nicholas Fernicola	*Do not use this	form for asbestos li	censure exempted activities	s.			

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Date of Notification (1) 9/10/2014	1		~~~			f Building (Ewais	Owner/O	perator	(2)		201	4 SE	P 15	5 /	M .		
Agencies Notified	Type Notifi	cation			Street A	ddress									77 2	: 10	<i>j</i>
☑ EPA	☐ Initial				166 S	haler Av	e.				121						
Ø EPA Ø DEP Ø DOL	Amen	ided			City, Sta	te, Zip Co	de					ΞL,			1,		
DOL		dment #			Fairvie	ew, NJ 0	7022					1,770	- 1.		?		
☑ DOH		gency (ii cation)	ncluding	F	Name o	f Contact					Tele	phone	Num	ber		5).00	
☑ DOH DCA		ellation			Rafat	Ewais					2						
					FACI	LITY INFO	RMATI	ON									
Name of Facility Where A	Abatement is	s Taking	Place (3)					Тур	e of Facility (4	1)						
Rafat Ewais										School (K-12	2)						
Street Address										Subchapter						¥	
166 Shaler Ave									X	Other (i.e. pr etc.)	ivate &	comm	iercia	build	lings,	home	es,
City (5)									Squ	are Feet	# of	Floors		В	ldg. A	ge	
Fairview															95	ā	
County (6)					County	Code (7)			Cur	rent Use (Prio	r if beir	ng dem	olishe	ed)			
Bergen					(STATE	USE ONLY)		-		* · · · · · · · · · · · · · · · · · · ·							
Name of Monitoring Firm	Hired by Bu	ilding O	wner (8)	ASCN	И No.		7304453		patement Cont	ractor	(9)					
Street Address	700000							Street									
										th Street Su	iite A	1					
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Project Manager for Mon	itorina Firm			-	Telepho	ne No		Telepi				Licens	o No				
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(13)				(12)				niscellar						Removal	Repair	Encapsulate	Enclosure
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City, State				124	- 100		Disnos	al Date		City, State			-				
KENILWORTH, NJ								Date		KEARN'							
Completed by			Title				-+5	ignature	-				Date				
Bryan Parra			Proje	ect Ma	nager		1		_	\geq				0/20	14		

CHECK # 1072

Date of Notification (1 9/11/2014)			Name of	f Building Owne	er/Operato	r (2)		011.0					in the
Agencies Notified	Type Notificatio	n		Street A					C14 S	EP 1	5	<u>LM</u>	2:	22
EPA	1 255		108		adview Ave							_		20011
EPA DEP	initial Amended		-	City, Sta	ite, Zip Code					1 .			+	-
⊠ DOL	Amendme				wood, NJ 0	7040			٠.	Li	٠	· ·		
₩ DOH	Emergency	y (including	1	Name of	f Contact			Te	lephon	e Num	her			
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Name of Facility When	a Abstament in Tale	DI (0)		FACI	LITY INFORMA	NOITA								
Residential Prope	e Abatement is Tak ertv	ing Place (3))				Type of F							
Street Address							Scho	ol (K-12)		14.40				
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Maplewood							Square Fe		f Floors	S	1 5	Bldg.	Age	
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Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	,	Name	- f Al - 1	-10 I I	(6)					
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Street Address							Address	acting Con	J.					
								t Valley Wa	av.					
City, State, Zip Code						and the second	tate, Zip Co		· y					
								NJ 07052						
Project Manager for Mo	onitoring Firm		T	elephon	e No.		one No.			se No.			-	
						577	333-9176		0123					
Start Date (10)		Scheduled	Comp	pletion D	ate (11)	Name	of OSHA M	onitor						
9/20/2014		9/21/201	14		C 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Envir	ovision C	onsultants	Inc.					
Occupancy Status Duri	ng Abatement (Che	ck Only One)			Street	Address						-	-
Facility Closed/Va	cated During Entire	Period of Ab	oateme	ent		20-2	Wagara	w Rd Blo	g.35E					
Abatement Perform Other – Describe:	med Outside of Norr	mal Facility F	Hours			City, S	ate, Zip Co	de						
	AND THE PARTY OF T					Fair I	awn, NJ	07410						
Scope of Work (Check	All That Apply)												-	7.
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		ls L	ocation	n T									emen	t
Locatio		No	rmally		D	escription	of			L			ре	3
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Bridgewater, NJ 089									, NJ 0803	4				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		No By te Cu:	Used Solely Main enance stodi	ly y n- e/ al 12)	Description Asbestos-Com Material (i.e., thermalinsulation, surf or other misce	taining (ACM) l systems acing, VAT,	(5	amount Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSU	ENCHOSUR
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Boiler Room				X	Pipe Insulat	ion	18	lf	X			
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Name of Registered Waste Hauler AZTECH MANAGEMENT,	INC.	Hat	DEP W	ID No.	Cubic Yards of Waste 1.5	Name of Regi		d Landfi	111			
City, State	V 1			800000000000000000000000000000000000000	Disposal Date	City, State						

Montclair, NJ 07042 9-19-14 Morrisville, PA 19067

Completed By (Print or Type) Title Signature Date Constantine Vivian President 9-8-14 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	on (1)					Owner/Operato	r (2)					
9-8-14		St	atewi	de F	Rehab		1		_ ;	ř.		
Agencies Notified	Type Notif	ication	Stree	et Addre	ss			2000 -			٠.	1.1
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[]DEP	[]Amend			, State,					94	: ·	" :	37
[X] DOL		fication	Pa	terso	n,N	7,07503		21	7.			
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[]DCA	[]Cance		Is	mael 1	Medi	na			7			
a	[]Cance	ILACION	Ш	FACIL	ITY I	NFORMATION						
Name of Facility Wh	nere Abateme	nt is Tak	ing Pl				Type of Faci	lity (4)		-		
Same as above	e						[]School	(K-12)				
Street Addres		_				7		pter 8 (Oth				0
Street Addres							20010 20	<pre>(i.e., priv buildings,</pre>				
							Square Feet	# of Flo			g. Age	9
City (5		County	(6) Es	sex		ty Code (7)		V-2-			_	
					(ST	ATE USE ONLY)	Current Use	(Prior if b	eing d	lemo	lishe	d)
							Ш					
Name of Monitoring Owner (8) N/A	Firm hired	by Buildi	ng AS	SCM No.	2.2		ement Contract MANAGEMEN					
Street Address				11001113		Street Addre						
						86 Chri	stopher S	t.				
City, State, Zip Co	ode		0			City, State, Montcla	Zip Code ir, NJ 07	042				
Project Manager for	Monitoring	Firm T	elepho	ne Numbe	r	Telephone Nu	mber		Licens	se l	Tumber	-
		D.	I/A			(973)74	4-8800		003	71	76	
Scheduled Start Dat	te (10) S	ched. Com	pletio	n Date (11)	Name of OSHA	Monitor			11112		
9-18-14			9-14			N/A						
Month Day Occupancy Status Du	Year	Month	Day k only	Year		Street Addre			_			
[X]Facility Cl of Abateme	osed/Vacate					Street Addre	55					
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[X]>3 sf o	r \3 1f		[V]Por	ovation			Containment w - Enclosure	rith Negativ	e Pres	sui	e	
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(13)	Yes	Staff No	(12) N/A	c	or other misc	ellaneous)			L	RL	
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Name of Registered	Waste Haule		NJDEP		Cub	ic Yards	Name of Reg	istered Lan	dfill			
AZTECH MANAC	GEMENT,		Hauler 1704	ID No.	of	Waste 1.5	G.R.O.W	.S.				
City, State			, _ 2	- 0	Dis	posal Date	City, State	,				
Montclair, No	J 07042				4.000	-22-14		ille, PA	190	67	7	
Completed By (Print	or Twoe)	Title				Signatur			Dat			
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Date of Notification	on (1)	Name of Build	ding Owner/Opera	tor (2)		-	
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[Y DEP	Notification	City, State,	Zip Code		- 1		
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[ADCA	[]Cancellation	JOE K	PAUO	\c^			t a
			/ INFORMATION				
Name of Facility Wh	nere Abatement is	Paking Place (3)	E3	Type of Faci			
Street Address	02/01247201	· · · · · · · · · · · · · · · · · · ·		[Subcl	ol (K-12) napter 8 (O r (i.e., pr	ivate & co	ommer-
1000 CONVER	er Beno	* * ·	2 ,	Square Feet	buildings, # of Floo	rs Bldg.	Age
City (5)		ry (6)	County Code (7)	Current Use	Prior if h	1 50	lished)
YERTH AMBOY	Mz.	DOLESEX	22	OFFICE SPACE	/ CONFERENCE	0	
Name of Monitoring Owner (8)	Firm Hired by Buil	lding ASCM No.	Name of Abate	ement Contracto	or (9) .		
NA			NEW SA	9TES CONTRA	PACTZNE		
Street Address '	×	\$ ** -	2411	Mazzi Smit	3 Fin	SUZTE	12
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Project Manager for	Monitoring Rigm 1	Telephone Number	SAYNE VZ Telephone Num	it NJ	08872	ense Numbe	er
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Scheduled Start Dat	e (10) Sched.Com	pletion Date (11) Name of OSHA	Monitor		20111	
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[/] Facility Close	d/Vacated During E	[10] [[1] [[1] [[1] [[1] [[1] [[1] [[1]	224 -	INTH AIS			
of Abatement []Abatement Perf	ormed Outside of N	ormal Facility	City, State,	Zip Code			*
Hours - Descri	be:		D	IIT NOT	7721		
Scope of Work (Check			BAZCIL 1	VJ UDI	27		
Demolitic		. 4	[Full	Containment w	ith Negativ	e Pressur	ce
[] <u>></u> 3 sf or	>3 lf	[Renovation	[]Glov	-Enclosure ebag Procedure			
[] <u>\Sigma</u> 160 sf o	or <u>></u> 260 1f		[]Non-	Friable Proced	lure		
2200 00 00		Is Location	20000 - 00 80000			Abatemen	E E
Location Asbestos-Co		Normally Used	Description Asbestos-Cont		Amount	R R	N N C C
Material TO BE A	(ACM)	Solely by Main-	Material (A (i.e., thermal	CM)	(Specify SF or	M E	A L P O
in Facil	Lity	tenance/ Custodial	insulation, surf	acing, VAT,	LF)	LV A	S. S. U
(13)		Staff(12)	or other misc	ellaneous)		A I L R	L R
DFFICE BUZIDENS		Yes No N/A	VAT P -	7-1-0	in d	1./	. E
UHICE DUZLDENG				TELE AND	4009	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
-			MASTIC		400 \$	V	
Name of Registered W	Vanta Wass		18.17. 11.	IN			
Name of Registered w	daste hauter	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landi	1	
FREE HOLD (A	ARTAGE	15939		6.K.O.W.	S. NORTH	(AND)	FZLL
City, State	1-2		Disposal Date	City, State	,	۸.	
MEETHOLD A				MORRESV-	ZUE L	H	
Completed By (Print	or Type) Title		Signature	+11/1/		Date	1
MULE ANDREW	ESTI	MATUR	I Mu	MI / Wh	-	9/10	114
ASB-41 JUN 95	-2 (2)						/

City, State Boca Name of Jeff R FACII	NW Spanish River Bloate, Zip Code Raton, FL 33431 f Contact	Type of Facility (Telephone Num) () () () () () () () () () (1 3:	-
City, State Boca Name of Jeff R FACII	ate, Zip Code Raton, FL 33431 f Contact Ross	Type of Facility (School (K-12) Subchapter 8 Other (i.e., pr	Telephone Num 4)) (Other than K-12	nber 2)		Ţ,,	.
Boca Name of Jeff R FACIL	Raton, FL 33431 f Contact Ross	School (K-12) Subchapter 8 Other (i.e., pr	Telephone Num 4)) (Other than K-12	nber 2)		<u>;</u>	
Name of Jeff R FACII	f Contact Ross	School (K-12) Subchapter 8 Other (i.e., pr	Telephone Num 4)) (Other than K-12	nber 2)		•	
FACIL		School (K-12) Subchapter 8 Other (i.e., pr	4)) (Other than K-12	2)			
County	LITY INFORMATION	School (K-12) Subchapter 8 Other (i.e., pr) (Other than K-12				
		School (K-12) Subchapter 8 Other (i.e., pr) (Other than K-12				
		Subchapter 8 Other (i.e., pr homes, etc.)	(Other than K-12				
		Other (i.e., pr homes, etc.)					
		homes, etc.)	ivate and comme	FICIAL DI	ilding		
		Square Feet			liuliig.	٥,	
			# of Floors	Blo	dg. Ag	je	
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	Code (7)(STATE USE ONL	Y) Current Use (Pri	or if being demoli	shed)	30		
	, (, //o o o	Vacant	g	/			
SCM No	Name of Abate	ement Contractor (9)					
100111110		and Mold Service	s Corn				
1000	Street Address		э, оогр.				
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	1 50 5						
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			00862				
	Street Address						
nent	200 U.S. R	oute 130 North					
- Descri	ribe City State Zin				—	—	
AN	M						
	J. J	011, 110 00011					
	☐ Full C	ontainment with Neg	ative Pressure				
n n	☐ Mini-E ☐ Glove	Inclosure bag Procedure		ıre			
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у	Descriptio	n of					
			Amount	(em	(epa	nca	Enclosure
taff?				ova	=	squ	nso
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N/A						w	
⊠ F	Floor Tile and Mastic		800 SF		П	П	П
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		2.1		1.7		1 1 1	
DEP Wa	aste Cubic Yards of	Name of Regis	ered Landfill			ш	Ш
IDEP Wa	No. Waste	The state of the s					Ш
IDEP Wa	No. Waste 5	GROWS La				Ш	Ш
IDEP Wa	No. Waste 5 Disposal Date	GROWS La	ındfill				
IDEP Wa	No. Waste 5 Disposal Date 09/25/14	GROWS La City, State Morrisville,	PA 19067				
IDEP Wa	No. Waste 5 Disposal Date	GROWS La City, State Morrisville,	PA 19067	ate 9-11			
	6-541-(on Date / ment - Desci A on y y by ice/ taff?	City, State, Zip Hainesport Shone No. 6-541-0700 Gon Date (11) 14 EMSL Anal Street Address 200 U.S. Ro City, State, Zip Cinnamins Full City, State, Zip Cinnamins Description Mon-E On Y by Y by Ice/ Itaff? N/A Floor Tile and Mastic	Street Address 200 U.S. Route 130 North	City, State, Zip Code Hainesport, NJ 08036 Telephone No. 6-541-0700 609-702-0400 00862 On Date (11) / 14 EMSL Analytical, Inc. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile and Mastic Bicense No. 00862 License No. 00862 License No. 00862 Constantion 00862 Full Containment with Negative Pressure Amount (Specify SF or LF) Amount (Specify SF or LF)	City, State, Zip Code Hainesport, NJ 08036 Telephone No. 6-541-0700 609-702-0400 00862 The material of the material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Telephone No. License No. 00862 License No. 00862 License No. 00862 Consequence	City, State, Zip Code Hainesport, NJ 08036 Telephone No. 6-541-0700 609-702-0400 00862 Telephone No. 609-702-0400 Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Tell Containment with Negative Pressure Tell Containm	City, State, Zip Code Hainesport, NJ 08036 Telephone No. 6-541-0700 609-702-0400 00862 The material of the m

NO CK

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

Date of Notification (1)			- 200	Name	of Buildin	g Owner/Operator (2)			~ 3		!	*6	
	2 /	14		Mr.	Lawrence	ce & Joanne Ban	kes	Job #214	08-1912	che	eck#	:37:	36—	
Agencies Notified	Type Notific	ation		Street	Address					Ú	4.11	उः	63	
⊠ EPA	☐ Initial			536	Garden	Street		20	40.0				- 0	
⊠ DOLWD	⊠ Amende			City, S	State, Zip (Code			Lic		-	1.	r .	
☑ DHSS	Amendm			Мо	unt Holly	, NJ 08060			- LI-L	·		Ģ.,	Str 6	
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		ng	Name	of Contac	et .		Telephone	Number					
X	Cancella			Lar	ry									
				FA	CILITY IN	FORMATION								
Name of Facility Where A		Taking Pla	ce (3)				Type of Facility	(4)						
Residential Proper	ty						School (K-12		16 (0)					
Street Address		3000 - 00-10					☐ Subchapter (☐ Other (i.e., p			hu	ildina	2		
536 Garden Street							homes, etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Du	iuiiig	Ο,		
City (5)							Square Feet	# of Floo	rs	Blo	g. A	ge		
Mount Holly							1780	2		9	5			
County (6)			-	Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being d	emolishe	d)			3.00	
Burlington							Residential							
Name of Monitoring Firm	Hired by Buil	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Tiger	•	٠.	. ,				d Mold Service							
Street Address						Street Address		ло, согр.					-	
16 West Elizabeth	Avenue					3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Co								
Linden, NJ 07036						Hainesport, I	NJ 08036							
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License I	No.	_		0.150.00	ATT 100 - 100	
Kelly Walton			9	08-862	-4301	609-702-0400		00862	!					
Start Date (10)		Scheduled	Compl	ompletion Date (11) Name of OSHA Monitor										
09 /15 /	14	09	/ _1	7_/	14	EMSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (Check only	one)			Street Address				E 07				
☐ Facility Closed/Vacate						200 U.S. Rou	te 130 North							
Abatement Performed						City, State, Zip Co	ode				- 570			
Time of Abatement: _		PIVI/	PIV		.AM	Cinnaminsor	n, NJ 08077							
Scope of Work (Check al	I that apply)	1				☐ Full Cont	tainment with Neg	native Pressi	ure					
≥3 sf or ≥3 lf			Renova			☐ Mini-Enc		gative Flessi	116					
≥160 sf or ≥260 If			Demolit	ion			g Procedure							
			Is Loca	tion	1	□ Non-Exe	mpted (*) and No	n-Friable Pri		A I-			-1002	
Location	of		Norma			Description of	of.					ent T	1	
Asbestos-Containing	Material (ACN		sed So		Asbe	estos Containing Ma	Ø.,	Amou	nt	Removal	Repair	E	Enclosure	
TO BE ABA			fainten Istodial		(i.e	e., thermal systems		(Speci	fy	Nou	air	aps	losi	
IN Facili	ty		(12			surfacing, VAT other miscellane		SF or L	.F)	<u>a</u>		Encapsulate	Тe	
		Ye	s No	N/A			1					e		
Basement				\boxtimes	Pipe In	sulation		240 L	F	X				
Basement				\boxtimes	Elbows	s/Fittings		75 eac	ch [X				
										5				
				П						7	П	П	П	
Name of Registered Was	te Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfi	11		_			
Freehold Cartage, I			I	Hauler II		Waste	GROWS L							
City, State	<u> </u>			02265	· · · ·	5 Disposal Date	City, State							
Freehold, NJ						9/17/14	Morrisville	. PA 19067	,					
Completed By (Print or Ty	vne)	Title				Signature	<u></u>	,	Date					
Kimberly A. Trumbe		12000	Coor	dinato		Signature .	11		^	-1	2-1	ЦÌ		
		Office		umato	to the second	THE	Y			1	7 1	1		

ASB-41 MAY 11

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

CK# 24634

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

						C 8:60 and 5:16			· I			
Date of Notification (1)	/12/14			Nam	e of Buildin	ng Owner/Operato	r (2) McEvoy	2014 SEP 15		+ £,		
Agencies Notified	Type Not	fication		Stree	et Address		Pleasant Vall		AM	3:	27	
DEP DEP	Amend Amend	ded dment # ency (inclu	ding	City,	State, Zip (Code Mo	orestown, NJ	08054101	,	ţ (
M DOH □ DCA		cation)	ull ig	Name	e of Contac			Telephone Num	iber		ô	
				FA		FORMATION						_
Name of Facility Where	Abatement						Type of Facility	(4)				
		Reside	ntial				School (K-1)	2) 8 (Other than K-1	2)			
Street Address	441 P	leasant \	/alley	Ave.			Other (i.e., p	rivate & commerc	ial buil			
City (5)	N	loorseto	wn. N	IJ			Square Feet 2000	# of Floors	В	ldg. <i>A</i>	ige +/-	
County (6)	•			Cou	inty Code (7) (STATE	Current Use (Pr	rior if being demoli	ished)			_
Name of Monitoring Firm	rlington	uilding Own	or.	ASCM	-	Name of Ahater	ment Contractor (9)				_
(8)	MECS	ulluling Owl	iei	ASCIVI	1140.		vens Environi		es, Ir	ıc.		
Street Address	DO D	0.41				Street Address	DO I	2 222			-	
City, State, Zip Code	PO Bo	OX 341				City, State, Zip C		30x 322				
City, State, Zip Code	rosswicks	s, NJ 085	515			City, State, Zip C		n, NJ 08501				
Project Manager for Mo	nitoring Firm eisgarber		100	elephone 609) 29	No. 98-4070	Telephone No. (609) 2	59-9688	License No.	0049	3		
Start Date (10)		Schedule	d Comp	oletion Da		Name of OSHA	Monitor	ECS				
9/22/14 Occupancy Status Duri	ng Abateme	nt (Check o	9/26 nly one			Street Address						_
☐ Facility Closed/Vaca								341 Sox 341				_
☐ Abatement Performe Control Control			cility Ho	ours		City, State, Zip C		cs, NJ 08515				
Scope of Work (Check							CIOSSWICE	(3, 11) 00010		_		=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		15 12-12-12	Renov Demoli			Mini-En	ntainment with Neg closure ag Procedure rempted (*) and No		ıre			
			Is Loca Norma						P	bate	ment e	
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACI TED		sed Sol faintena Custod Staff (12)	ely by ance/ dial ?		Description of tos Containing Ma thermal systems if surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Ye	es No	N/A							ate	
Crawlst	ace		×		The	ermal Duct In	sulation	30 lf	×			
									-			
			-	-								
Name of Registered Wa	ste Hauler		\vdash	NJDEP	Waste	Cubic Yards	Name of Regis	stered Landfill				
Stevens E	nvironme	ental		Hauler II	2 No. 292	of Waste 1CU		T.R.R.F., I	nc.			
City, State	Allento	wn. NI				Disposal Date 9/26/14	City, State	Tullytown,	PA			
Completed By Mahlon E. Ste		Title	Proje	ct Mar	nager	Signature	1	Date	9/12	2/14	V. 7792	

ASB-41 MAR 00

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

EDS14-283-1

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

Page 1 of 1 Check #1338

Date of Notification (1)					f Building (
9-8-14					ton Lake	s Pu	blic Sch	ools	20	I4 SE	PIS	5 AM	3:	11		
Agencies Notified X EPA	Type Notification		100		ddress an Aveni	ue			5	12000				· ·		
EPA DEP DOL	Initial Arnended Amendment #	ŧ			ate, Zip Co ton Lake		J 07442		-	ؽ	Lil		. ?			
ĭ DOH	Ernergency (in justification) Cancellation	ncluding	1		f Contact)	Tel	ephone	Numbe	er			
⊠ DCA	Cancellation			order to the Section	LITY INFO	NDR# A	TION									
Name of Facility Where	Abatement is Taking	Place (3)		FAC	LITINIC	KINIA	HON	Type o	f Facility (4	.)	-			2000		-
Lenox Elementary								1000	chool (K-12							
Street Address								☐ s	ubchapter 8	(Oth						
35 Lenox Avenue									ther (i.e. pr	ivate 8	& comr	nercial b	ouild	lings,	home	es,
City (5)								Square		# 0	f Floors	3	В	ldg. A	ge	-
Pompton Lakes								60,00	0 +	3			40	0+		
County (6) Passaic					Code (7) USE ONLY)	_		Curren	t Use (Prio ol	r if bei	ng den	nolished	1)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASC	Л No.		Name	of Abate	ement Cont	ractor	(9)					
Ahera Consultants				0057			GL G	Group,	Inc		X-7					
Street Address PO Box 385								Address Hambu	ırg Tpke							
City, State, Zip Code Oceanville, NJ 082	31-0385							State, Zip	Code ale, NJ 0	7403						
Project Manager for Mor				Геlерho			Teleph	none No		7 100		se No.				
John Smoyer Start Date (10)		Scheduled			652-1830 Date (11)	3)710-9	725 A Monitor		0108	34		_		
9-11-2014 at 3:00 p	om	9-16-14		piction	Date (11)		GL G	aroup,	Inc	uye and						
Occupancy Status Durin	g Abatement (Check	Only One)					Address								
	ated During Entire Po			ent					irg Tpke							
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility H	lours					state, Zip		7400						
							Bioo	minga	ale, NJ 0	7403						
Scope of Work (Check A	ii i nat Appiy)						F	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat moliti				Ĥ		Containme -Enclosure	nt with	Negat	ive Pres	ssur	e		å j
F-100 01 01 2200 11			, ionu					Glov	ebag Proce							
		1						_l Non-	-Exempted	(*) an	d Non-	Friable				
			ocatio												ment pe	i.
Location Asbestos-Containing		Used	rmally Solely		Achost		escription ontaining M		ACM)	۸	mount					
TO BE AB	ATED	Main: Custoo				therm	al systems	s insulat		0.000	Specify		20	ZD.	Enc	Ē
In Facil (13)			112)	laii!			facing, VA r miscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Ourc	miscella	ieous)					/al	7	ılate	ure
Boiler R	oom	X			В	oiler	2 Rib P	acking		3	0 SF	Х				
Boiler Ro	oom	X			Boi	ler 2	Rope Ir	nsulatio	on	3	0 LF	Х				
Boiler Ro	oom	X			Flue Pa	ckin	g/Flue E	xhaus	t Brick	12	20 SF	X				
Boiler Ro	oom	X			В	oiler	Door Ins	sulation	1	3	SF	X				
Name of Registered Was	ste Hauler	-	2017.00	IDEP W			ic Yards		Name of R	egiste	red La	ndfill		77.5		
GL Group, Inc		*		auler ID 33034		of W	/aste)	1/	GROWS	3						=
City, State Bloomingdale, NJ			*			Disp	osal Date		City, State Morrisvil		Ą					
Completed by		Title	100				Signature		_			Date	1 19			
Elena Solakov	9	Preside	ent					_Ele	em St	ulla	ノ_	9-8-	14		0.5	

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

NO CK

Date of Notification (1) 9/11/2014						Owner / Operator	(2)		2 N Town	: 6			,
Agencies Notified Type Notificat	ion	11.00		Addı EXII	ess NGTON	N AVE		20	JR SE	P 15			15
□ DEP □ Initial □ Amen	lad				& Zip C OD NJ					10	Af	1 3:	()
□ DOH □ Emergence □ Emergence	ency	١	Vame	of C	ontact		-		Tel	enhor	e Ni		
☐ DCA ☐ Cance	llation	1	Alex	Bayl	or		1)		41	- L.		Ċ,	4.0.
				CILI	TY INF	ORMATION							
Name of Facility Where Abatemer LAKEWOOD CENTRAL OFF		ace (3))			Type of Facility School (K							
Street Address	<u> </u>						er 8 (Other th	an K-12)					
216 LEXINGTON AVE	lia							mmercial bui				c.)	_
0:4 (5)	- (C)	10-		0-4-	(7)	Square Feet	# of Flo	oors	Blag	g. Age			
	County (6)	Col	unty (Code	(7)	20000 Current Use (F	Prior if being	demolished)		-			-
LAKEWOOD	OCEAN					Verizon com		53					
Name of Monitoring Firm Hired by USA Environmental	Building Owr	ner (8)		AS	CM No.	Name of Abate							
Street Address 8436 ENTERPRISE AVE						Street Address	3						
City, State & Zip Code PHILADELPHIA PA 19153						City, State & Z BRISTOL, P.							
Project Manager for Monitoring Fi	m	Telep				Telephone Nu		Licens	se Nun				
MARK JENKINS Schodulad Start Data (10)	cheduled Cor	215-				215-788-604 Name of OSH				0050	9		
Scheduled Start Date (10) 9/25/2014	crieduled Col	10/1/2)	BRISTOL EN		NTAL INC			F-77200		
Occupancy Status During Abatem Facility Closed/Vacated D				ateme	ent	Street Address 1123 BEAVE							
Abatement Performed Ou						City, State & Z	ip Code						
Describe: 5PM-1:30A						BRISTOL, P.	A 19007						
Scope of Work (Check all that app													
								ntainment wi	ith Neg	ative	Pres	sure	
≥3 sf or ≥3 lf		\boxtimes		novat				nclosure Bag Procedu	roc				
≥160 sf ≥260 lf		Ш	Dei	moliti	on .			xempted and		riable	Prod	edu	re
Location of		Is	Locat	tion	T	Description	of	Amou	nt	_	teme	-	
Asbestos-Containing			nally olely	Used		Asbestos-Conta Material (AC		(Speci				ш	
Material (ACM) TO BE ABATED				nce o		(i.e., thermal sy		31 01 2	-' /	Rer	Re	nca	End
in Facility		Custo		Staff'	?	insulation, surfaci				Removal	Repair	Encapsulate	Enclsoure
(13)		Yes	(12) No	N/A	-	or other miscella	ineous)			=		ate	0
Boiler Room			П	t		nentitious ceilir	ng material	485 S	F				
Boiler Room						Pipe Insula		78 LI	F	\boxtimes			
											片	H	井
		H	H	14	-			-		H	H	H	H
		H	H	+						H	H	H	Ħ
Name of Registered Waste Haule	r		N.	JDEP	Waste	Cubic Yards	Name of Re	gistered Land	dfill				
CEDVICE TO ANCHORT CDC	LID INC		V/2000		ID No.	of Waste	MINIEDVA	LANDFILL					
SERVICE TRANSPORT GRO	UP, INC.		20	990		Disposal Date	City, State	LUINDI ILL				-	-
NEW CASTLE, DE 19720						10/2/2014		BURG, OH 4	14688			à	
Completed By (Print or Type)				tle		Signature	na			Date	/		3327
PATRICK T. DeCARO			E	stima	ator	Patuler	Ve Cera			9/11	/14	<u></u>	

CHECK# 8552

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Date of Notification (1)		Nar	ne of Bu	uilding Owner/O			-1	· L. L. Land		المسأء		
9/11/14		_		RYA)	LOOKER	2010	SEP 15	014	_	2 19	\dashv
Agencies Notified Type Notification		Stre	eet Addr	304 S	7. P	INE A)E.	ort 12	AĦ	3: (2	
EPA Initial Amended		City	y, State	Zip Code	J. 1		-				400	
Amendment #			S	. AMBOU	λ	N.5 C	18874.	none Num		11		\dashv
Emergency (In	cluding	Na	me of C				Tele	mone Num	per , , ,	3.		
Z DOH justification) DCA Cancellation				YAN T		.YL						\dashv
			FACILI	TYINFORMAT	ON	Type of Facility	y (4)					\neg
Name of Facility Where Abatement is Taking	Place (3)					School (K						
RESIDENCE						Cubahani	or 9 10the	r than K-12 commercia) I buildin	ns h	omes	
Street Address	Λ					Other (i.e etc.)		E-				_
00 0. 1 // 2	AUE					Square Feet		Floors	0.0000000000000000000000000000000000000	g. Ag	9	
City (5)						1,300		3		50		-
S. AMBOY.		Co	ounty Co	ide (7)		Current Use (Prior if beir	ng demolish	ed)			
MIDDLE SEX		(S	TATE US	EONLY)		10 10		NT/AL.			-	\dashv
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM I	No.	Name	of Abatement C AC Contracti	Contractor	(9)		74		
Trains of the same of					The second second		ng me.				_	-
Street Address					105	Address Lowell Road						
						State, Zip Code						
City, State, Zip Code					Gler	Rock, NJ 0	7452					65
		TŤ	elephone	e No	A STATE OF	hone No.		License N	0.			8-85
Project Manager for Monitoring Firm		1 "	stephon)262-5841		00156				
St. 4 D. to (40)	Scheduled	Comp	oletion D	ate (11)	Name	of OSHA Moni	tor					
Start Date (10), 9/20/14	(0/14			ega Environr	nental S	ervices in	ic.			
Occupancy Status During Abatement (Check	(Only One)	'-				t Address	st.					
Facility Closed Vacated During Entire F	eriod of Ab	ateme	ent			Huyler Stree				-		
Abatement Performed Outside of Norm	al Facility H	lours			City,	State, Zip Code kensack, NJ	07605					
Other – Describe:					Пас	Kensack, 140	-					
Scope of Work (Check All That Apply)	_/				1	ZEull Conta	inment wit	n Negative	Pressur	е		
Z ≥3 sf or ≥3 lf		novati molitic				Mini-Enclo	sure					
≥160 sf or ≥260 lf		iii Oii ii	211			Glovebag	Procedure	nd Non-Fria	ble Prod	edur	9	
						NOIT EXCIT	1			Abate	ment	
		ocatio				an of			-	1 y	ре	
Location of	Used	Solel	y by	Achestas C	Description	Material (ACM)		Amount	77		En	ū
Asbestos-Containing Material (ACM) TO BE ABATED	Main Custo	tenan	A 3000 C	(i.e. them	nal syste rfacing, \	ms insulation,	1 (Specify F or LF)	Remova	Repair	aps	Enclosure
In Facility	0 000000000	(12)		othe	er miscell	aneous)			oval	air	Encapsulate	ure
(13)	Yes	No	N/A								(D	
			1	PIP	F 10)	SULATION	1	BOLF	/			
Basement	-		V	114	E 110	30ca 1100						
			-									
									+	-		
						Mom	ne of Regis	tered Land	l_ fill		1	
Name of Registered Waste Hauler			IJDEP V lauler ID	10010	bic Yard: Waste			thiehem L		Cor	p.	
Rovic Transport			0785	110.	. 1							
City, State				Dis	sposal Da		, State	PA 1801	5			
Riverdale, NJ 07457			. 12		9/20	<u> </u>	uneneni,		Date			
Completed by	Title Vice	Oraci	ident		Signal		tativo		9/	n/l	4	ALCOHOL
Joseph Vocaturo	vice	168				4. 10	<i>Carrier</i>					
						1 I						

		I No.	mo of Pui	lding Owner/Operator	(2)				2020	Table 1
Date of Notification (4) SE	P15 AM 3: []		New	YORK U	mmunty	Bancor	0.	10	C.	4
	Type Notification	1	eet Addre	is Mer	rick A	\r		7450	0.00	
□ EPA de l	- Linitial	1	y, State, 2			-00				
□ DEP 図 DOL	Amended Amendment #	1	1)00	HOURY	NY	590				4
	☐ Emergency (included justification)	ling Na	me of Co			Telephone Number	21	-		
☑ DOH ☐ DCA	☐ Cancellation	14	India	ea barra	QQY I			_		コ
Name of Facility Where Al	patement is Taking Place	e (3)	FACILII	Y INFORMATION '	Type of Facility (4)					
Name of Facility White A	Branch	45	8		☐ School (K-12)	Other than K-12)				-
Street Address) <u>C. a </u>				☑ Other (i.e. priv	ate & commercial b	uilding	s, ho	nes,	
36 Fe	Mu Str	oot			etc.) Square Feet	# of Floors	Bldg	. Age		
City (5)	RKO NT				8000		1+	-5	0	_
County (6)	WY IM		ounty Cod		Current Use (Prior	if being demolished) 1			
€ 85-0	èc .	(S	TATE USE		e of Abatement Contr	Mercia	<u></u>			\dashv
Name of Monitoring Firm		er (8)	ASCM	No. Nam	VAC Contracting Inc	actor (o)		cate		
WEIR ENV	MOUMENTAL	المارا			et Address					
Street Address	Salmen	St S	DILLE	e 13 105	Lowell Road					\dashv
City, State, Zip Code	9 00111 00		^-	City	, State, Zip Code en Rock, NJ 07452					designations
Mens ON	oans LA	701	23			License No.	e de la constante de la consta			\neg
Project Manager for Mon		50413	Telepho		phone No. 01-262-5841	00156				_
HUDREY		cheduled Com		i (44) Nom	ne of OSHA Monitor					
Start Date (10)	11/14 13	10/30	114	0	mega Environmental	Services Inc.				\dashv
Occupancy Status Durin	ng Abatement (Check C	only One)			eet Address 0 Huyer Street					_
□ Status Duni □ Facility Closed/Vac □ Abatement Perform	ated During Entire Peri	ou of Abateme	ent	City	State, Zip Code	**************************************				appointme
Other - Describe:	- Ca Guione			На	ckensack, NJ 07606					\dashv
Scope of Work (Check	All That Apply)				Full Containmen	et with Negative Pre	essure			and the second
☐ ≥3 sf or ≥3 lf		Renovation Demolitic			☐ Mini-Enclosure					
≥160 sf or ≥260 lf		Demonia			☐ Glovebag Proce	edure (*) and Non-Friable	Proce	dure		_
		la La sasti						Abate Ty		
1	of	ls Locati Normal	ly	Descrip	tion of	Amount		ĺ		
Location Asbestos-Containin	g Material (ACM)	Used Sole Maintenar		Asbestos Containii (i.e. thermal syst	ng Material (ACM) ems insulation,	(Specify	72	27	nca	Encl
TO BE A		Custodial S (12)	Staff?	surfacing, other misc	VAT, or	SF or LF)	Remova	Repair	Encapaulate	Enclosure
(13	3)		1 N//A	Oliter Hillion	sinario da o		-		te	
		Yes No	N/A	3/01		1190 SE	X			
Basement			X	VA+		765F	1×			
Bathmms	ia closet		X	vat	0	190 86	X			
Bathrooms	+ closet		20	Plaste	<u> </u>	1,2005F	1			Π
CONFRENCE	Room.		JDEP W	PLUSTER Cubic Yard	is Name of	Registered Landfill		-		
Name of Registered W	aste Hauler		Hauler ID	4		. Bethlehem Landfill	Corp.			
Rovic Transport			20785	Disp ésa l I	V)	te. Zip Code				
City, State, Zip Code Riverdale, NJ 07457				Disposal D	Bethleh	em, PA 18015			,	
Completed by		Title		Sign	ature Dandella- M	252 LA D	ate c	111	/14	
R. McDonald		President			anter u- 0	-		4	n: 53	3

D-1 [N-05 -0 -00				-	Nome of	Building C	hunos/O	noroto-	(2)	2014	000	HELL				-
Date of Notification (1)					vame of	1	Wher/O		(2) REN	20 .	SEP	15 AM	3.			
Agencies Notified		Notification		1	Street Ad					V				·4		
☐ EPA	Ø	Initial			011 6	24		33 R	-0 (St. :	Lin	14	<i>i,</i> ^	_		
DEP		Amended Amendment #		1		e, Zip Cod		V203 4 0	~	0700	7		3			
DOL		Emergency (in		-		Bayo	NNE	<u>, N</u>	. ر	0100		hone Nur	mher	_		
☑ DOH		justification)	_		Name of	Contact RAN V	, 1	40.			reiel	mone ival	noci			
DCA	Ц	Cancellation				ITY INFO		OREN	140			-				-
Name of Facility Where	Abate	ment is Taking	Place (3)		1 AOIL		· work i I's	1	Туре	of Facility (4	1)			a		
RES										School (K-12	2)					
Street Address	. 50		111111111111111111111111111111111111111							Subchapter of Subchapter (i.e. pr	8 (Other	than K-12	2) al build	inge	home	20
24 E.	33	RD ST.								otner (i.e. pretc.)						
City (5)	- 5									re Feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	loors	100000	dg. A	-	
Bayon	NE									000		}		+50)	
County (6)					County C	ode (7) SE ONLY)	9		Curre	nt Use (Prio			ned)			
HUDSON											DENTI	and the same of th				
Name of Monitoring Firm	Hire	d by Building O	wner (8)		ASCM	No.				tement Con ontracting))				
											1110.					
Street Address									Addres	ss I Road						
City State 7in Code										ip Code		-				
City, State, Zip Code										, NJ 0745	52					
Project Manager for Mor	nitorin	a Firm			Telephon	e No.			none N			License N	lo.			
, roject Manager for Mor	Or III	9				severd Web))262-			00156				
Start Date (10)	-		Scheduled	d Con	pletion D	Date (11)				HA Monitor						
9/22/1	4			(a	30/14	100		Ome	ga Er	nvironmer	ntal Se	rvices Ir	nc.	- <u> </u>	150	
Occupancy Status Durin		tement (Check	Only One		-1-1	W 12			Addres							
Facility Closed/Vac	ated [During Entire P	eriod of A	batem	nent					r Street						
Abatement Perform	ned Or	utside of Norma	al Facility	Hours	;					ip Code	005					
Other – Describe:								Hack	kensa	ck, NJ 07	605					
Scope of Work (Check A	II Tha	t Apply)						per	=							
≥3 sf or ≥3 lf				enova				-		II Containme		Negative I	Pressu	re		
≥160 sf or ≥260 lf			L De	emolit	ion				Glo	ovebag Proc	edure					
								E	No	n-Exempted	(*) and	Non-Frial	ole Pro			_
				Locati											ement pe	
Location	n of			ormal Sole				scription			10 <u>2</u> 000		+			
Asbestos-Containing			Mair	ntena	nce/		tos Cont thermal				3/1/2/2/2	nount pecify	Z	T	Enc	E
TO BE AB In Faci			Custo	odial 5 (12)	Staff?	(1.6.	surfac	cing, VA	T, or			or LF)	Removal	Repair	apsı	Enclosure
(13)	500			(12)			other m	niscella	neous)				val	¥.	Encapsulate	иге
			Yes	No	N/A											
BASEMENT					V	ī	DIPE	1205	Suca	TON	9	OLF_	1			
DADEMENT			1				-				,	1888				
			+-+													
			+-+						W				+			
				- T .	UDED '		Cubic	Varda		Name of	Register	ed Landfil				
Name of Registered Wa	ste Ha	auler		10/8	IJDEP W lauler ID		Cubic of Was			IESI PA	and the second			Cor	n	
Rovic Transport				17.3538	0785			2				CHEIII L	arium	CUI	γ.	
City, State								sal Date		City, State		40045				-
Riverdale, NJ 07457	7						9	122/1	4	Bethleh	iem, P					
Completed by			Title	·	4		S	ignatur	en 1	(22	D	ate /	. /		
Joseph Vocaturo	111100000		Vice F	resi	aent				4-	Vocate	w		7/1	1/1	7_	

(K 00452512 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Lily L

Date of Notification (1) September 10, 2014					Name of Buildin Hess Corporation		Operator (2)	SEP 15	£₩ 2:		
Agencies Notified		Notification	and the second second		Street Address 1 Hess Plaza			SEP 15	-61 Q	· U	
(x) EPA () DEP (x) DOL (x) DOH		() Initial No (x) Amende () Cancelle	d Certification	n	City, State, Zip Woodbridge, N			Lice.		·C'	
() DCA					Name of Contact	<u>ct</u>	Tel. N	Number			
				FACILITY IN	FORMATION						
Name of Facility Where At Hess Corporation Refinery		aking Place (3)		Type of Facility () School (K-1) () Subchapter (x) Other (i.e. p.	2) 8 (other th	nan K-12) ommercial bldgs., hor	mes. etc.			
Street Address 750 Cliff Road					100		# of Floors N				
City (5) Port Reading	County (6) Middlesex		County Co (State Use		Bldg. Age59 Current Use (pr	5 years rior if being	g demolished) Refine	ery			
Name of Monitoring Firm I Bureau Veritas	lired by Bldg	Owner (8)	ASCM No.				Name of Contractor Brandenburg Indus		e Compa	ny	
Street Address 110 Fieldcrest Avenue		-			Street Address 2217 Spillman						
City, State, Zip Code Edison, New Jersey 08837	7				City State, Zip0 Bethlehem, PA		³ 11				
Project Manager for Monit Kirit H. Vora	oring Firm	Telephone 732-225-60			Telephone Nun (610) 691 - 180		<u>Licer</u> 0072	nse Number 21			
Scheduled Start Date (10) Demolition – February 4, 2 Asbestos – July 7, 2014		Demolition	Completion [- December October 31,	15, 2014	Name of OSHA	A Monitor					
Occupancy Status During (x) Facility Closed/Vacated () Abatement Performed	During Entir	Check only one Period of A	<u>ne)</u> Abatement		Street Address		-				
Describe - Removal of AC					City, State, Zip	Code	ű.				
Other – Work Hours will be Source of Work (Check al		:00 am - 5:3	<u>0 pm,</u> Sat 7:0	0 – 3:30							
(x) Demolition () Reno (x) Large Proj. (>160 SF of	ovation or >260 LF AC	CM)()SMP	roj. (>25<160) SF or >10 <26	60 LF ACM) (roj. (<25 SF or <10 L	F ACM)			
() Full Containment with					vebag Procedure		(Cassify CE as LE)	Abatam	ent Type		
Location of Asbestos- Containing Material (ACM Facility (13)		ation Normal by Maint./Cu (12)		Description of thermal system surfacing, VA	ms insulation,	Amount	(Specify SF or LF)		1	ncap End	-1
	_ YES	NO	NA -	miscell.)				Rem.	Rep. Er	icap Enc	Jiose
FCC/Gas Comp			X	Transite	-	9,900 5		X	-	-	
Utility		-	X	Transite Pipe Insulation	on.	10 LF)	X			
Utility		-	X	Floor Tile	J.1	275 LF		X			
Fuel Gas Comp.			X	Drum Insulat	ion	150 SF		X			
Millwright Shop			X	Floor Tile		1,000 8	SF	Х			
Warehouse			X	Floor Tile		320 SF		X			
Warehouse			X		int Compound	48 SF		X			
Warehouse			X	Window Cau	lk	300 LF		X			
Warehouse			X	Transite		6,000 8		X		-	
I&E Shop			X	Floor Tile	int Compound	384 SF		1 X			
I&E Shop		-	X	Window Cau		102 LF		1 x			
I&E Shop	_	-	X	Pipe Insulation		90 LF		X			
Firehouse/Locker Room			X	Floor Tile		3,954 3	SF	X			
Firehouse/Locker Room			X	Black Roof F	lashing	20 SF		X			
Firehouse/Locker Room			X	Black Roof N	/laterial	4,050 8		X			
Firehouse/Locker Room			X	Black Mastic	Material	2,000 8	SF	X			

Solely by	Maint./0		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF	Rem.		Encap Enclose
	-	X	Countertops	2,700 SF	X		
	4	X	Fume Hoods	660 SF	X		
		X	Floor Tile & Mastic	5,750 SF	X		
		X	Mastic Only	7,800 SF	X		
		X	Black Roof Flashing	600 LF			
		X	Black Tar Sealant	2,200 SF			
		X	Roofing Material	4751 SF			
		X	Transite	421 SF			
		X	Black Roof Flashing	50 SF	X		
		Cubic Yards 325 NT	s of Waste		Name of IESI	Reg. Lan	ndfill
				-			<u>State</u> ehem, PA
		Manager	Signature				
	NJDEP V Hauler ID Disp. Da July 9, 20	NJDEP Waste Hauler ID # Disp. Date July 9, 2014	YES NO NA X	Solely by Maint./Custodial Staff? (12) YES NO NA thermal systems insulation, surfacing, VAT, or other miscell.) X Countertops X Fume Hoods X Floor Tile & Mastic X Mastic Only X Black Roof Flashing X Roofing Material X Transite X Black Roof Flashing NJDEP Waste Hauler ID # Disp. Date July 9, 2014 Title Signature	Solely by Maint./Custodial Staff? (12)	Solely by Maint./Custodial Staff? (12)	Solely by Maint./Custodial Staff? (12)

Mail to:

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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