State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7408

B & G proj. #: 2015-171

Date of Notification	1 (1)	N	ame of B	uilding Owr	ner	Operator (2)	2815	SEP 15 AM 4:	53					
10 19 1/111	1/115		Aniela F	Plewa				oe, to atta						
Agencies Notified	Type Notificati	on Si	reet Addr	ess			ā jug		OI.					
	X Initial		70 Arth	ur Street	t			& LIDT HOTEL					-	
☐ DEP				Zip Code										
X DOL	Amendn			NJ 0701	11						-			
X DOH	☐ Cancella		ame of Co	ontact					Telephone	Number				
☐ DCA	Cancella	ation	Krysty	na Plewa	a									
· · · · · · · · · · · · · · · · · · ·				FAC	CIL	ITY INFORM	ATION							
Name of facility wi	here abatement is	s taking pla	ce (3)						Type of Facility (4	4) (K - 12)				
Aniela Plewa									=	apter 8 (O	ther th	an K-	12)	
Street Address					-				Cother (,	
70 Arthur Str	eet ·									Homes, e		Blo	ig. Ag	ge
City (5)		Cour	ity (6)		-		Cour	nty Code (7)						
Clifton, NJ 0	7011	Pas	ssaic				(Stat	e use only)	Current Use (Pr residential	ior if bein	g dem	olishe	ed)	
Name of Monitorin	ng Firm Hired by I	Bldg. Owne	er (8)		T	ASCM No.	\neg	Name of Abatement C						
n/a					1			B & G Restoration	on, Inc.					
Street Address					-1-			Street Address						
								105 Ryerson Ro	oad					
City, State, Zip Coo	de	7.			19			City, State, Zip Code Lincoln Park, N	IJ 07035					
Project Manager fo	r Monitoring Firm	1	F	hone Num	ibe	г		Telephone Number (973)696-6869		License 00	Numb 378	er		
Scheduled Start Da	ate (10)	Sched	. Comple	tion Date (11)			Name of OSHA Monitor						
09/25/2015		09/2	26/2015					Street Address	JII, IIIG.					
Occupancy Status	During Abatemer	nt (Check o	nly one)		-			105 Ryerson Ro	ad					
X Facility close	d/vacated during	entire peri	od of aba	tement.				City, State, Zip Code					THE STATE OF	
Abatement p Describe:	erformed outside	of normal	facility ho	urs-			_	LincolnPark, NJ	07035					
Other-Descr	ibe:						- 11	LINCOINPAIK, NJ	07033					
Scope of Work (cl									··				veter.	
☐ Demolition	. 🗶	Renovation						ull Containment w/neg	ative pressure	Glovei				
>3 sf or >3 lf	f \square	≥160 sf or			. 1		X N	lini-enclosure	L		TR	R	E	1
Location of	ntoining	by mainte		y used sole istodial	eiy	Dagasiati	of o	heetee containing	Amount		е	е	n	E n
asbestos-co material to b	e	staff(12)			-1	material (sbestos-containing	(Specify S	F or	m o	p a	c a	C
abated in fac	cility (13)	Yes	No	N/A					LF)		v e	i r	р	
basement				X		pipe insula	ation		130 lf		X			
											1	H	닏	분
	+								_		井	片	님	H
					4						ዙ	H	븜	旹
	Taulas	L	Dulania	- ID#		ibic Yards of	Maste	Name of Registered I	andfill				Ш	
Registered Waste B & G Restora		NJD	EP Haule 19563	I IU#	Ou	2	, , , , , ,	Tullytown F	Resource & Re	ecovery	Cen	ter		
City, State Lincoln Park,	NJ			Disposal 09	Da 9/2	ate 28/2015		City, State Tullytown, F	PA				2	
Completed by (Prin		Title		-1	T	Signature		Gordana Luna		Date	4 10 0			
Gordana Luna		Secreta	ry/Trea	surer			3	Jordana Zuna		09/1	1/201	15		

D&S Proj. #: 2015-318

ASB-41

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

								firer or					
Date of Notification		Nam	e of Bui	lding Owr	er/Operator (2)			2516 SE	15 .3	H 4			
Agencies Notified	-,		nk torte					A .: -			C		
EPA	Type Notificat Initial	Stree	et Addre	SS					No. of the second		64		
☐ DEP	Amended			al drive					$N^{2} \stackrel{d}{=} F \{ \cdots \}$				
□ DOL	Amendment #:	City,	State, 2	Zip Code									
	L Emergency (including			07666									
DOH DOH DOH DOH DOH DOH DOH	justification)	Nam	e of Cor	itact				Telephon	e Number				
☐ DCA	Cancellation	n fr	ank tor	tell									
				FAC	ILITY INFORM	ATIO	N						
Name of facility wh	nere abatement i	s taking place	(3)					Type of Facility (
frank tortell								=	l (K - 12) apter 8 (O	thar th	oon K	10)	
Street Address									(Private/Co			-12)	
32 colonial driv	IA.							Bldgs.	Homes, et	c.		d~ ^	
City (5)	70	County	(6)			Cor	unty Code (7)	Square Feet	# of Floor	5	DI	dg. A	ige
							ate use only)	Current Use (P	rior if being	dem	olishe	ed)	
clark		UNIO											
Name of Monitorin	g Firm Hired by	Bldg. Owner (8	3)		ASCM No.		Name of Abatement	V 1000 100 1000 1000 1000 1000 1000 100					
Street Address						_	D & S RESTORA	ATION, INC.			_		
Street Address							20 California Av	19					
City, State, Zip Code	e					_	City, State, Zip Code	· C.					
2 //							Paterson, NJ 07	503					
Project Manager for	Monitoring Firm		Ph	one Numb	er	_	Telephone Number		License	Numb	er		
							973-345-8020		0	169			
Start Date (10)		Sched. Co	ompletic	n Date (1	1)	_	Name of OSHA Moni						
09/21/15		09/30/15	.				D & S Restoration	on, Inc.		_			
Occupancy Status D	During Abatemer					-	20 California Av	enue					
	/vacated during						City, State, Zip Code	Citae					
Abatement pe Describe:	erformed outside	of normal faci	lity hour	S-									
Other-Describ	e: NORMAL H	OURS				=1	Paterson, NJ 07	503					
Scope of Work (ch	eck all that apply	/)						Full Containment w	/negative	press	ure		
≥ 3 sf or >3 If	\boxtimes	Renovation						Mini-enclosure Glovebag procedu	ro.				
≥160 sf or ≥20	60 If	Demolition						Non-Exempted (*)		riable	proce	edure	•
Location of		Is location no by maintenar			/					R	R e	Е	E
asbestos-con material (acm		staff(12)	ice/cust	oulai	Description material (asbestos-containing	Amount (Specify S	SF or	m	р	n c	n
abated in faci		Yes	No	N/A	material (ACIVI)		LF)	., .,	0 V	a i	a	L
BASEMENT			V		PIPE INSU	TAT	ION	82 1 ft		e X	Г		
DASEMENT			_			LAI.	ION	02 T I		H	+	H	卄
								_		H	片	片	Ħ
											言	百	T
Registered Waste H		NJDEP I 13506	lauler II	2000	ubic Yards of V	Vaste			COMP	V.			-
City, State	ALION, INC.	13300	Ir	Disposal D	yd. Date		TULLYTOWN,	KESOUKCE KE	COVER	ĭ			
PATERSON, N.	J 07503			10/01/1			TULLYTOWN,	PA					
Completed by (Print		Title			Signature		1.		Date				
BOGDAN JOLI	DZIC	PRESIDEN	T						09/09/1	5			

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

D&S Proj. #: 2015-319

State of NJ

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

											-	
Date of Notification (1)				ner/Operator (2)			267	SEP !	5 1	13 t		f-s
	otification	Street Ad	ICIA BERO	JMAN						• 1 -	. 6	
☐ EPA ☐ Initial							F 1	- 10.				
DEP Amen			GROVE ST	REET				ė į į		1	"U	
DOL Amendm		- 60	te, Zip Code									
Emerg		The second second second	NGTON, N	J 07011				3				
DOH (include justifice	aing cation)	Name of	Contact				Telepho	ne Number	9			
□ DCA □	ellation	PATI	RICIA BER	GMAN			I					
			FAC	CILITY INFORM	ATIO	V						
Name of facility where abate	ment is tak	ing place (3)					Type of Facility	(4)				
PATRICIA BERGMAN							=	ol (K - 12) hapter 8 (O	thar t	han k	10\	
Street Address								(Private/Co			-12)	
1154 GROVE STREET							Bldgs	./Homes, e	tc.		1	
City (5)		County (6)			0		Square Feet	# of Floor	S	В	dg. A	age
O.l.y (0)		County (0)				unty Code (7)	Current Head	Daisa if hair		- Pala	d\	_
IRVINGTON		ESSEX			(010	no doo only)	Current Use (I	Prior it being	g aen	iolisn	ea)	
Name of Monitoring Firm Hire	ed by Bldg.	Owner (8)		ASCM No.		Name of Abatement (Contractor (9)					
				100000 40000 0000 000 000 000 000 000 00		D & S RESTORA	STORY STORY STORY STORY					
Street Address				l-	=	Street Address	TION, INC.			_		
						20 California Av	re.					
City, State, Zip Code					-	City, State, Zip Code			2.0	Name and		
						Paterson, NJ 075	503					
Project Manager for Monitoring	g Firm	`	Phone Numb	per	-	Telephone Number	703	License	Numb	er		_
						973-345-8020		0.00 G.S.	169			
Start Date (10)	To	Sched. Compl	ation Data /1	4)	_	Name of OSHA Monit	or					
1960 P. J.	1	Joned. Compi	elion Date (1	1)		D & S Restoration	on, Inc.					
09/23/15		10/08/15				Street Address						
Occupancy Status During Aba						20 California Ave	enue					
Facility closed/vacated of Abatement performed or	during entire	e period of ab	atement.			City, State, Zip Code						
Describe:			ours-									
Other-Describe: NORM	AAL HOUR	S			_	Paterson, NJ 075	503					
Scope of Work (check all that	t apply)					□ F	ull Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	□ Reno	ovation					/lini-enclosure					
≥160 sf or ≥260 lf	Dem	olition					Blovebag procedu Non-Exempted (*		ملطمات		l	_
Location of	Is lo	cation normal	lly used solel	y		<u>L</u> '	Non-Exempled (and Non-i	R	R	E	<u> </u>
asbestos-containing		naintenance/c	ustodial	Description	n of a	sbestos-containing	Amount		e	е	n	E
material (acm) to be abated in facility (13)		f(12)	1	material (A		obosto oomaniig	(Specify	SF or	m o	p a	c	c
abated in facility (13)	Ye	es No	N/A				LF)		٧	i	p	L
BASEMENT				PIPE INSU	LATI	ON	37 L FT		e			h
]			3/211			믐	븜	╫
							-		屵	屵	井	#
	=			1					屵	井	井	╫
				1					붜	井	부	부
Registered Waste Hauler		NJDEP Haule	ar ID# I C	Lubic Yards of W	lasta	Name of Registered I	andfill		Ш		Ш	
D & S RESTORATION, I	NC.	13506		l yd.	uoic	TULLYTOWN, F		ECOVER'	Y			
City, State			Disposal D	WARRY WATER WITH THE PARTY OF T		City, State			·			
PATERSON, NJ 07503			09/24/1	5		TULLYTOWN,	PA					
Completed by (Print or Type)	Title			Signature				Date				
BOGDAN JOLDZIC	PRE	ESIDENT						09/09/2	015			
ASB-41	* Do n	ot use this for	m for asbesto	os licensure exe	mpted	d activities.						

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

	Notification of Asbesto
Paragon Job#	(Pursuant to NJAC 8:60-

D / / / / / / /	775	IIN	ama of Di	ildina Own	er/Operator (2)						-	- J	
Date of Notification				-RUDOX		,		2615	SEP !	5 21	1 1.	, p.,	
Agencies Notified	Type Notificati		treet Addre										
⊠ EPA	Initial	- 11	765 Rt.	17				-7 1.F.	- 1 mm			1 75 1	
□ DEP	Amendn	nent C	ity, State,	7:30					# 1/2 (1 hea		1 1 1	1 14	
DOL	Amendment #		257		70								
☑ DOH	Emergency (includ N	caristac	lt, NJ 070	12			Telepho	ne Numbe	r			
	justification)		ine or co	intact				Leiebilo	ne Numbe	1=:			
☐ DCA	Cancella	ition	Ronald	Raymond									
				FAC	ILITY INFORM	IATION	I						
Name of facility wh	here abatement is	s taking pla	ce (3)					Type of Facility					
Vacant Buildin	g								ol (K - 12) hapter 8 (0		nan K	(-12)	
Street Address									(Private/C		rcial		
180 East Union	n Ave.							Square Feet	# of Floo		В	ldg. Ag	ge
City (5)		Cour	ity (6)			Cou	inty Code (7)	28,000	01		60	50000 A	V2.5=
						(Sta	te use only)	Current Use (F	Prior if beir	ng dem	olish	ed)	
East Rutherfor		Ber,				<u>L.</u>		Vacant Build	ling				
Name of Monitorin	g Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
Partner Enginee	ering and Scien	ce, Inc.					Paragon Contract	ing, Inc.					
Street Address							Street Address						
611 Industrial V							590 River Rd.						-
City, State, Zip Cod							City, State, Zip Code						
Eatontown, NJ							Clifton, NJ 0701	4					
Project Manager for	r Monitoring Firm		P	hone Numb	per		Telephone Number		License 00748		er		
Brian Nemetz				32-380-17			(973) 614-1600 Name of OSHA Mon	tor	00740)			
Scheduled Start Da	ate (10)	Sched	. Completi	ion Date (1	1)		Paragon Contrac	584					
09/25/2015		10/07	//2015				Street Address	ting, me.					
Occupancy Status	During Abatemen	t (Check o	nly one)				590 River Rd.						
	d/vacated during erformed outside						City, State, Zip Code						
Describe:		or normal	aomity 1100	113-									
Other-Descri						_	Clifton, NJ 0701	4					
Scope of Work (ch		')						11000					
Demolition	\boxtimes	Renovatio	n			☐ F	full Containment w/neg	gative pressure	Glove	bag pr	oced	ure	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$		≥160 sf or	≥260 If				Mini-enclosure	Non-Exe	mpted (")	Non-f	riable	proce	dure
Location of	-			used solel	у					R	R	Е	Е
asbestos-cor	9	staff(12)	enance/cus	stodiai			sbestos-containing	Amount	05	m	e p	n	n
material to be abated in fac		Yes	No	NI/A	material	(ACM)		(Specify LF)	SF or	0	а	a	C
	ator a	163	INO	N/A						v e	r	p	-
Throughout		\square			Pipe Insula	tion		438 LF					
Vault		\square			VAT & Ma	astic		100 SF					
Electrical Room		X			VCT & Ma	ıstic		100 SF					
	(C)												
Registered Waste F			P Hauler		Cubic Yards of	Waste	Name of Registered						
Paragon Contrac	ning, Inc.	221	01		15 cyds		Tullytown/GRO	WS					
Clifton, NJ 070	14			Disposal I	Jate		City, State Tullytown, PA						
Completed by (Prin		Title			Signature		// //		Date	- 17			
Goran Lazevski	i	Presiden	t			1			09/11	/2015			

Date of Notification (1)		N	ame of E	Building Owner/G	Operator	(2)	1,2	#15 SEP	15				
9/11/13		1	HAST	R10651	ו לוגים	AUE,	220		10	W.	i::	B	
Agencies Notified Type Notification EPA Initial		5	PO	Box 6	57		12	12.					
DEP Amended		C		, Zip Code						7941	7	- 1.	
DOL Amendment #_ Emergency (inc	ludina		HAC	KENSACI	< , L	15 6	7600						
DOH justification) Cancellation	Ü			Contact UK R				Telephone	Numb	er		-	7
DOA			•	ITY INFORMAT						_	-		
Name of Facility Where Abatement is Taking F		34,000) Nois	iri mi OrdiiAi	1014	Type of	Facility (4)						
EAST GATE APARTMENT	۷					☐ Sch	hool (K-12)	0					
Street Address	7 5	¥						(Other than vate & comm		hrildi	nae l	nome	
535 E. RIAGENOOD	1400					etc	:.)						٥,
City (5) RINGEWOOD						Square		# of Floors			ig. Aq GO	27-0	
		To	county C	nde (7)			Use (Prior	if being dem	oliche	1	60		
County (6) BENGEN				SE ONLY)			1PT'S		Olistic	۵,			
Name of Monitoring Firm Hired by Building Ov	mer (8)		ASCM	No.	The Control of the Control of the Control		ment Contr						
							tracting I	nc.					
Street Address						Address Vreelan	d Ave.						
City, State, Zip Code					Carlotte Tarrier	State, Zip							
						and Par	k, N.J.				2000 C		
Project Manager for Monitoring Firm		T	elephon	e No.		hone No. -262-584	41	Licen: 001					
Start Date (10) 9 / 23 / 15	cheduled			Date (11)		of OSHA					0.00.00		
1/70/13		- /	15	*				tal Service	s inc	•			
Occupancy Status During Abatement (Check						t Address Huyler :							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent			State, Zip	Carlow-levinor.			_	-	_	-
Other - Describe:		.00.0			1		k, N.J. 07	7606					
Scope of Work (Check All That Apply)									-000				
≥3 sf or ≥3 lf	⊠ Re	novat	ion			Full C	Containme	nt with Negat	ive Pr	essur	e		
≥160 sf or ≥260 lf	☐ De	moliti	on			Mini-	Enclosure	- 2000 - 1000-1 0 00					
					Moon	Non-	ebag Proce Exempted	edure (*) and Non-	Friable	e Pro	cedur	9	
	ls L	ocatio	on									ement	
Location of	No Used	mall		0	escriptio	n of				-	. Ty	pe	1
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenan	ice/	Asbestos Co (i.e. therm				Amount (Specify		70		E	Ш
In Facility	Custo	dial S (12)	itaff?	sur	facing, V	AT, or	011,	SF or LF		Remova	Repair	caps	Enclosure
(13)				othe	miscella	ineous)			(40)	oval	air	Encapsulate	sure
	Yes	No	N/A									Ф	
THREATH OUT GROWN FLOOR			X	P	IPE			9,9	00	X			ě
					7			220					
								0-105-10-11					
Name of Registered Waste Hauler		12000	JDEP Wauler ID		ic Yards		Name of F	Registered La	indfill				
Newark Carting, Inc.			4509	NO. OF V	laste / O		Grand C	entral Sar	nitary	Lar	dfill		
City, State Newark, N.J. 07105		10.55		Disp	osal Dat	15 0.U	City, State Pen Arg	yl, PA 080	72				
Completed by	Title	de-'			Signatu		1519	11	Dat		,1.	5	
R. McDonald	Presi	uent			1/	<. //VI	ford	21	1	7/1	4/1	7	

Check #_8835

Date of Notification (1)	11/15		N		Building On			(2)		2E13	SEP 15		· 1. ·	50	
Agencies Notified	Type Notification		S	treet Ad	dress	ani.	WET	ON	AUE	6	- 1			- 1 60	
EPA DEP DOL DOL	Initial Amended Amendment #_ Emergency (inclustification)	luding	- [RA lame of	MSE Contact	e Y	N.J		1	Tele	phone Numb	er	Γ_i	-1.	
DCA	Cancellation			AM	UN					1		_			
		(0)		FACIL	ITY INFO	RMATI	ON	_							
Name of Facility Where		race (3)						Lumb	f Facility (4						
Street Address	NOTON AVE							S x 0		(Othe	er than K-12) commercial	build	ings,	home	s,
City (5)		**********						Square	Feet	# of	Floors		dg. A	ge	
County (6)				County C	ada (7)			-	00 ·	- 15 5 - 1	ag demolishe	1 '	60		
BERGEN		10	6	STATE U	SE ONLY)				ZES.	rirbeii	ng demolishe	a)			
Name of Monitoring Firm	n Hired by Building Ow	rner (8)		ASCM	No.				ement Con		(9)				
Street Address							1	Address /reela	nd Ave.						
City, State, Zip Code								tate, Zip	Code rk, N.J.						
Project Manager for Mon	nitoring Firm		7	elephon	e No.			one No 262-58			License No 00156				
Start Date (10) 9/22/15	S	cheduled	Com	pletion [Date (11)		100000000000000000000000000000000000000		A Monitor vironmer	ntal S	ervices Inc	; <u>.</u>			
Occupancy Status Durin	ng Abatement (Check (Only One)		<u> </u>			100000000000000000000000000000000000000	Addres							
	cated During Entire Pe			ent					Street						
Other - Describe:		Facility F	lours			_	5.500.0	tate, Zij censac	o Code ok, N.J. 0	7606					
Scope of Work (Check A	All That Apply)						F	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Transport .	novat moliti				× 2	Min Glo	i-Enclosure vebag Prod	e cedure	n Negative Production of Non-Friable			p.	
		ls I	ocatio	חח				1101	-	, , ,	a man man	1	The state of the state of	ement	t
Locatio	n of		mall	y	ar a 420 da de	De	escription	of					Ту	pe	
Asbestos-Containing TO BE AB In Fac (13)	BATED	Main Custo	tenan	ice/		therma surfa	itaining N il system acing, VA miscellar	s insula T, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										(0)	
BASEMEN	5			X			PIPE			/	10 LF	X			
Name of Registered Wa	asta Haular		B1	JDEP W	lasto	Cubi	c Yards		Nama of	Dociet	ered Landfill				
Newark Carting, In			Н	auler ID 4509		of Wa					al Sanitary	/ Lar	ıdfill		
City, State Newark, N.J. 0710	05						osal Date		City, Stat		A 08072			,	
Completed by R. McDonald		Title Presid	dent				Signator	e/4 0	241		Da	te 9/	11/	5	

M Dept of Health	ROVED 18 Senior Service 18000000000000000000000000000000000000	- N	10П Ч)	URSHERT	ate of Now Ji I OF ASBEST to NJAC 8:51	OS ABATE and 12:12	*1	15 SEP	15 Che	ck #	<u> 8</u>	83	5
Date of Normanion (1)	4/15			Name o	f Building Owi NOREA	TOHA	T (2) USON	26			-		
FT EPA	Type Notification Initial	200-		Street A	WAR	REN .	COURT						
DOL	Initial Amended Amendment# Emergency (in		_ [ءەي	ite, Zip Code	ILA NGA	F Di	5 0	707	9		-	
DOH DCA	justification) Cancellation	reitriki (B			F Contact		-,-		ephone Nur	nber			
Name of Facility Where At		Place (3)	FAC	LITY INFORM	MATION	. Type of Fac	ility (4)					
Street Address 30 WARRS	en counts						School Subch	l (K-12) apter 8 (Oth (l.o. private	er than K-12 & commerci	?) al buiti	dings,	hom	es,
South o	RAYGE						Square For		f Floors	E	lag. A		
County (6)					Code (7) USE ONLY)		Current Us	(Prior if be		ed)			-
Name of Monitoring Firm I	lired by Building O	wner (8)		ASCN	í No.	Name	of Abetemer	t Contractor	(8)				-
Street Address		-		1			iac Contrac Address	ting Inc.					
City, State, Zip Code							Vreeland A	T. T. M.					
						Mid!	Slale, Zip Coo and Park, I	4.J.					
Project Manager for Monito	aring Firm			Telepho	ne No.		hone No. -252-5841		License N	a.			
Start Date (10)	1		9/10	npletion	Date (11)		of OSHA Mo		ervices In	r.	-		
Occupancy Status During						Street	Address						
Facility Closed/Vacate Abetement Performed Other – Describe:	ed During Entire Po d Outside of Norma	ariod of A I Facility	baten Hours	nent 1		2000	Huyler Stre State, Zip Coo	I Company					
Scope of Work (Check All	That Apply)					Hac	kensack, N	J. 07606					
23 sfor 29 IF 2460 sfor 2280 If			enova emolii			E Bridge	Mini-Enc	ainment with osure Pracedure noted (*) an				_	
Location o			Locati			8			11011 110D	110		ement	ŧ
Asbostos-Containing M	laterial (ACM)	User	1 Sple	ly by	Aspestos	Description Containing t	Vaterial /ACM		mount		- 13		T
in Facility (13)		Custo	odial 5 (12)	Staff?	\$	mai system urfacing VA tar miscella		Si	Specify or LF)	Removal	Repair	Encapsulate	Endosure
		Yes	No	N/A		ror minochio	isous) .			val	atr	ulate	sure
BAUEMENT				X		PIF			95 LF	X			7
1st flown				×		Pil	£		55 LF	X			
Name of Registered Waste	Hauler ·			JDEP W		ıblc Yards	Nam	e of Registe	red Landfill				
Newark Carting, Inc.				lauler ID 4509	140. Of	Waste /	Gra	nd Centra	d Sanitary	Lan	dall		
Newark, N.J. 07105					Ci	spesel Date	1	State Argyl, PA	1 08072			_	
R. McDonald		Title Presi	dent			Signaturi		M	Da	9/	/11/	15	

CK#24929

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	2815 SF	PIL	· · · · · ·	F 4	
	11/15			Ivaine	or Building	g Owner/Operator	Keller	2815 SE	1 1) f.	ii 4	: 4
Agencies Notified	Type Notification		-	Stree	t Address			Jul	10			
EPA DEP	Initial					15	6 Westover	Drive	Int			ηij,
DEP	Amended Amendment #			City, S	State, Zip C	ode				177	20	
	☐ Emergency (in		<u> </u>				Cherry Hill,	NJ				
☑ DOH □ DCA	justification) Cancellation			Name	of Contac			Telephone Numi	per _		39	
					K	obert Keller						_
				FA	CILITY INF	ORMATION						
Name of Facility Where							Type of Facility		town - to			
Street Address	Resi	aenti	aı				School (K-1	2) 8 (Other than K-12	2)			
	156 West	tover	Driv	re				orivate & commerci		dings	,	
City (5)	C1	TT'11	277		V2 1 11		Square Feet	# of Floors	В	dg. A		
County (6)	Cherry	Hill	, NJ	1 0000	-t . O - d - /	7) (07475	2200	_		65	+/-	
	amden				ONLY;	7) (STATE	Current Use (P	rior if being demolis	snea)	7		
Name of Monitoring Firm		Dwner		ASCM	No.		nent Contractor (2			
	nvironmental						vens Environ	mental Service	es, Ir	ic.		
Street Address	4 Berkeley Pla	ace				Street Address	PO I	Box 322				
City, State, Zip Code						City, State, Zip C		No.				_
	Freehold, N	J					Allentow	n, NJ 08501				
Project Manager for Mor	17			phone		Telephone No.	50.0600	License No.	0.40	2		
	unocore		-	77	0-2217		59-9688		049	5	+1	
Start Date (10) 9/21/15	Sched		3/24/		ite (11)	-Name of GSHA		rironmental		7		
Occupancy Status Durin	ng Abatement (Chec			13		Street Address	DD BIIV	Hommontar		_	_	= $+$
☐ Facility Closed/Vacat		- 12	100	ment			4 Berk	eley Place				
☐ Abatement Performed						City, State, Zip C	Code					=
Other - Describe:	8 am to 4 pm						Freehold	1, NJ 07728				
Scope of Work (Check a	all that apply)					M 5.10	1 1 25 N. N.					
≥ 3 sf or ≥3 lf		⊠ Re	enovati	on		Mini-En	ntainment with Ne closure	egative Pressure				
≥160 sf or ≥260 lf			emolitic			Gloveb	ag Procedure	on-Friable Procedu				
		ls	Locatio	on		INOII-EX	empled () and N	on-mable Frocedu	_	bate	ment	-
		N	omally	,						Тур		
Location Asbestos-Containing N		Mai	d Soleli ntenan	ce/	Asbest	Description of os Containing Mar		Amount				
TO BE ABA			ustodia Staff?	al		thermal systems i	insulation,	(Specify	Re	D	nca	Enc
IN Facility (13)	/	,	(12)			surfacing, VAT other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					à	-	late	re
Baseme	ent		×		The	ermal Duct In	sulation	40 sf	×			
Baseme	ent		×		The	ermal Duct In	sulation	60 lf	×			
						Wrap & C	ut		<u> </u>			
Name of Registered Was	ste Hauler		100	JDEP \		Cubic Yards	Name of Reg	istered Landfill				\neg
Stevens Environn	nental Services	s, Inc	<u>.</u> -	lauler IC 182	No. 292	of Waste 2 CU		GROWS Lan	dfill			
City, State	Allentown, N	11				Disposal Date	City, State	Mominuill-	D A			
Completed By	Allentown, N					9/24/15 Signature	1 H/	Morrisville,	rA			_
Mahlon E. Ste			roject	Man	ager		Y		9/11	/15		_

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) Name of Building Owner / Operator (2) 15 First Energy Street Address 2815 SEP 15 Agencies Notified Type of Notification 76 South Street **EPA** Initial City, State, Zip Code DEP Amended Akron, Ohio 44308 DOH Name of Contact Amendment Telephone Number Emergency w/ justification DOL Jim Halsey - ... M. Flat . 1.2 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 699 WOODGATE AVE 1 Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** LONG BRANCH MONMOUTH Current Use (Prior if being demolished) Telephone Pole Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Environmental Health Investigations NORTHSTAR CONTRACTING GROUP. INC. Street Address Street Address 655 West Shore Trail City, State, Zip Code 32 Williams Parkway Sparta, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number 212-682-9271 East Hanover, NJ 07036 Dino Nappi Sheduled Start Date (10) Telephone Number License Number Sched, Completetion Date (11) 09 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC. Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ Friday 8:00 am to 5;00 pm 32 Williams Parkway 1 Other - Describe: City, State, Zip Code East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure Renovation 4 Mini - Enclosure >3sf or >3lf >160 sf or >260 lf Glovebag Procedure V Non-Exempted (*) and Non-Friable Procedure Description of Location of Abatement Type Is Location Asbestos - Containing R Asbestos Containing N R N Normally Material (ACM) Amount E M E С c (I.e., thermal systems (Specify TO BE ABATED Used in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P A P 0 (13)by Mainor other miscellaneous) V A s s A 1 tenance/ Custodial L R U Staff (12) R YES NO N/A Exterior Telephone Pole Transite Conduit 20 LF 1 Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Date Signature 09/14/15 Steven Stiles Project Manager

ASB-41

No CK

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

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ameleman.

2015 SEP 15 64

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pleted by		Title	. 19.			0:-1	free		-	. 15-	to		
Itori, INO					. 89	TBD		Morrisv	ille, PA				
, State nton, NJ						Disposal D	Date	City, State					
ste Management of N	ew Jersey	99 === **	Ha	uler ID N	٧٥.	of Waste		GROW	S Land	fill		27	
ne of Registered Waste Ha			1000	DEP Wa		Cubic Yan	ds	Name of	Registere	ed Landfill			
											1		
			-				7				-		
				-							-		_
See attached informa	tion sheet												
<u> </u>		Yes	No	N/A				- Te			1 10		ate
In Facility (13)	D		stodial S (12)		(i.e	thermal sys surfacing other miso	J. VAT,	or		oecify or LF)	Remova	Repair	Encapsulate
Asbestos-Containing Mai	terial (ACM)	Us	ed Sole aintenar	ly by	Asbe		iption o	f terial (ACM)	Am	nount		Τ	
Location of			s Locati Normal									Abate	men pe
≥160 sf or ≥260 lf		X	Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re cedure				3
23 sf or ≥3 If	наг Арріу)		Renova	etion		- ×		E # 0					
cope of Work (Check All T	hat Applia							minson, NJ					
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Nor	mal Facil	ity Hour	ment rs				ate, Zip Code	1.811				
Facility Closed/Vacate	d During Entire	Poriod o	£ 0 - 1 -	mast				Address Coute 130 No	rth				
or (7715) Occupancy Status During A	hatement (Ch	12	121	15	- W		EMSL						
Start Date (10) 8/17/15			uled Co	mpletion	Date (1		U000000-20-00-0	of OSHA Monito	r	01101			
Alan Lloyd	ung rim			Teleph 856-6	one No. 556-287	975531	1,19,5000,000	one No. 372-8884		License N 01161	10.		
Haddon Heights, NJ Project Manager for Monito							Extor	, PA 19341	<u> </u>				
City, State, Zip Code								Vest Lincoln ate, Zip Code	Highwa	y, Suite	500		
Street Address 515 Grove Street, Su	iite 1B							Address	1.17 - 1		E00		
Pennoni Associates		3 O.MIGI	(0)	ASC	NI INO			of Abatement Co ervices, LLC	ontractor	(a)			
Name of Monitoring Firm I	lired by Buildin	a Owner	(8)		E USE ON		Neces	Residential		(0)			
County (6) Mercer				County	y Code (7	7)		Current Use (P		ng demolis	hed)		
Princeton								Square Feet See Attache	- 4	Floors	- 1	31dg <i>A</i> 50+	ige
Butler Avenue and N	viaisnail Stre	et						Other (i.e. etc.)					
Street Address	4								er 8 (Othe	er than K-1			
Butler Apartments	maternerit is 18	iking Plac	æ (3)					Type of Facility					
Name of Facility Where A	Abstement is Te	kina Dla	- /2)	FA	CILITY	NFORMATI	ON						
DCA	justificati Cancella			34	Ortego	7000				enhane Ni			
⊠ DOH	Amendar Emerger	icy (includ	ding		ceton, I	NJ 08544			T = .				_
DEP X DOL	Initial Amende		7	City.	State, Zip	o Code							
DED.				CA	MCMIIIS	n Building	3						
Agencies Notified EPA DEP DOL	Type Notifica	uon		100000000000000000000000000000000000000	t Addres								

	1	
Building Number	= Street	# of Unit
PHASE A		
214	Halsey	4
216	Halsey	3
218	Halsey	3
220	Halsey	3
222	Halsey	3
224	Halsey	3
226	Halsey	3
228	Halsey	3
Totals A		25
Phase B		
421	Butler	3
419	Butler	2
417	Butler	2
418	Butler	2
420	Butler	2
422	Butler	2
223	Halsey	4
221	Halsey	4
219	Halsey	- 4
217	Halsey	4
417	Devereux	3
415	Devereux	2
218	Eisenhower	3
220	Eisenhower	. 3
222	Eisenhower	3
224	Eisenhower	3
418	Devereux	3
416	Devereux	2
414	Devereux	4
Totals B		55

PHASE C		- 1 ()
=-217	Eisenhower	3
219	Eisenhower	3
221	Eisenhower	3
223	Eisenhower	3
218	King	3
220	King	3
222	King	3
224	King	3
410	Devereux	2
411		
412	Devereux	2
	Devereux	2
413	Devereux	2
410	Butler	2
412	Butler	2
414	Butler	2
415	Butler	2
Totals C		40
PHASE D		
217	King	4
219	King	4
221	King	4
223	King	4
225	King	4
218	Marshall	3
220	Marshall	3
222	Marshall	3
224	Marshall	3
226	Marshall	3
228	Marshall	3
402	Deveruex	2
404	Deveruex	2
405	Deveruex	2

100	1	
406	Deveruex	3
407	Deveruex	3
408	Deveruex	2
404	Butler	3
406	Butler	2
407	Butler	2
409	Butler	3
411	Butler	3
Totals D		65
PHASE E		
217	Marshall	3
219	Marshall	3
221	Marshall	3
223	Marshall	3
225	Marshall	3
227	Marshall	3
218	Harrison	4
220	Harrison	4
222	Harrison	3
224	Harrison	3
226	Harrison	4
228	Harrison	4
400	Deveruex	4
401	Devereux	3
403	Devereux	2
400	Butler	3
401	Butler	3
402	Butler	3
403	Butler	2
405	Butler	2
Totals E		62

ecoservices, LLC

2 Unit Building -~1,100 square feet each

Butler Apartments

Enclosure Encap Abatement Type Repair Removal × × × × × × × (Specify SF or LF) 26,400 SF 21,600 SF Amount 9,600 SF 1,536 SF 48 Each 288 LF 72 LF Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Tile, Mastic, leveler, linoleum Transite panel debris Flue pipe insulation Transite wall board Sink under coating Pipe insulation **Transite Skirt** Is location normally Custodial Staff? used solely by Maintenance/ Yes No N/A N/A N/A N/A N/A N/A N/A N/A Asbestos Containing Material (ACM) To Be Abated Location of In Facility 1st Floor (behind heater) 1st Floor (behind heater) Attic / Crawlspace 1st Floor 1st Floor Exterior Attic

ecoservices, LLC

Butler Apartments 3 Unit Building -~2,000 square feet each

Location of Ashestos Containing Material (Acad)	Is location normally				Abateme	Abatement Type	
Assestos contaminis Material (ACIVI)	used solely by						
To Be Abated In Facility	Maintenance/	Description of Asbestos Containing Material (ACM)	Amount				
	Yes No N/A	(i.e. urerinal systems insulation, surfacing, VAI, or other miscellaneous)	(Specify SF or LF)	Romoyal	3	2 2 1	() () () () () () () () () ()
1st Floor	N/A	Tile, Mastic, leveler, linoleum	89 100 SE	>	uchall	Elicab	e liciosal e
Exterior	N/A	Transite Skirt	21 375 CE	< >			
1st Floor	N/A	Sink under coating	135 Each	< ×		-	
Attic / Crawlspace	N/A	Transite panel debris	72,000 SF	×			
Attic	N/A	Flue pipe insulation	1,035 LF	×			
1st Floor (behind heater)	N/A	Transite wall board	4,320 SF	×			
1st Floor (behind heater)	N/A	Pipe insulation	405 LF	×			
		ū.					

ecoservices, LLC

4 Unit Building -~2,600 square feet each

Butler Apartments

Enclosure Endap Abatement Type Repair Removal × × × \times × × (Specify SF or LF) 41,280 SF 10,288 SF Amount 33,840 SF 2,048 SF 64 Each 128 LF 192 LF Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Tile, Mastic, leveler, linoleum Transite panel debris Flue pipe insulation Sink under coating Transite wall board Pipe insulation Transite Skirt Is location normally Custodial Staff? used solely by Maintenance/ Yes No N/A N/A N/A N/A N/A N/A N/A N/A Asbestos Containing Material (ACM) To Be Abated In Facility Location of 1st Floor (behind heater) 1st Floor (behind heater) Attic / Crawlspace 1st Floor 1st Floor Exterior Attic

	No			OF ASBI to NJAC				Γ	Î					
Date of Notification (1) September 14, 2015		1	Name of Prince	Building ton Univ	Owner/C /ersity,	perator Truste	(2) ees (of Princetor	206i	ersity, -	F = 4	352036	0	
Agencies Notified Type Noti			Street A						1		5.07	4: 1	17	
	nded ndment #			te, Zip Co ton, NJ					Ġ.	1 1 1 1 1	-0, T	i ill	ΙL	
X Eme	rgency (including ication) cellation		Name of	Contact Ortego					Tele	ephone Num	her	1		
E BOA E CAIR	Cellation			LITY INFO		ON								
Name of Facility Where Abatement Residence	is Taking Place (3)				-		Тур	e of Facility (4	170					
Street Address 240 Hartley	11						×	Subchapter Other (i.e. pretc.)	8 (Othe			dings,	home	es,
City (5) Princeton							Squ 160	iare Feet 00	# of 2	Floors	15000	ldg. A 9	ge	
County (6) Mercer				Code (7) JSE ONLY)			rent Use (Prid			ed)			
Name of Monitoring Firm Hired by E Pennoni Associates	Building Owner (8)		ASCM	l No.				ces, LLC	tractor	(9)			1381 04-0	
Street Address 515 Grove Street						Street 407 \		ess t Lincoln H	ighwa	ry, Suite 5	00			
City, State, Zip Code Haddon Heights, NJ 08035								Zip Code A 19341						
Project Manager for Monitoring Firm R. Alan Lloyd	ı		Telephor 856-54	ne No. 17-0505		Teleph	none			License No),			
Start Date (10) 9/16/15	Scheduled 9/18/15	d Com	pletion [Date (11)		Name EMS		SHA Monitor			- 110 100 2			
Occupancy Status During Abateme	:)		-		Street	Addr	ess						-	
Facility Closed/Vacated During	Entire Period of Al	oatem	ent					te 130 Nort	h					
Abatement Performed Outside Other – Describe:		Hours			_			Zip Code nson, NJ						
Scope of Work (Check All That App ≥3 sf or ≥3 if ≥160 sf or ≥260 if	▼ Re	enovat emoliti					N G	full Containme Mini-Enclosure Blovebag Proc	edure					
						×	N	Ion-Exempted	(*) and	d Non-Friable	e Pro	ocedure Abatement		
I a satisfación		ocatio	5.534		_								emen pe	τ
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used Mair Custo	Solel	ly by nce/		tos Cont thermal surfac		fateri s insu T, or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
Under slab	Yes	No	N/A X	0" fr.	onoito r	oino/du	tot/o	onduit	21	50 LF	v		te	· CD
Officer stab			^	0 (1)	anone	nhe/dt	101/0	conduit		DU LE	X			
				+										
Name of Registered Waste Hauler	10000000	JDEP W		Cubic Yards Name of Registered Landfill										
Waste Management of New 3	lersey	Ha	auler ID	No.	of Was	ste		GROWS	S Lan	dfill				
City, State Trenton, NJ					Dispos TBD	sposal Date City, State BD Morrisville, PA								
Completed by Jack Bally	Title Sr. Pro	oject	Manag	ger	S	ignature		Balli	(a h	Dat 9/1	e 4/15	5		
ASB-41 (R-06-08)			+		1	* Do no	ot use	this form for	asbest	os licensure	exen	npted	activi	ties.

NO CK

Date of Notification (1) 9/4/2015				Name	of Buildin	g Owner/	Operato	r (2)						
Agencies Notified	Tues Nege					ers GM	C	2	ETS CC					
	Type Notificatio	n		1	Address				ETS Cr		74.1	- 6	i	
X EPA X DEP X DOL	Initial				Broad A						10		2	
DEP DOL	Amended	"			tate, Zip (10.72			(*)		
	Amendme Emergence	nt # v (including	_			07022			24.0	V				
⊠ DOH	justification	1)	l.S.	Name	of Contac	t			TT	elephone	Numbe	or		
☐ DCA	☐ Cancellation	חמ		Mich	ael Bey	er					, realities	-1		
Name of English Miles				FAC	CILITY IN	FORMAT	ION							
Name of Facility Where A	batement is Tak	ing Place (3)					Type of Facili	ty (4)	7-7-				
Structure Associate	d with Houte	1 & 9					53	School (I						
Street Address								Subchap	ter 8 (Ot	her than	K-121			
155 Broad Avenue								Other (i.e	e. private	& comm	nercial b	uilding	s, hor	nes.
City (5)								etc.) Square Feet						
Fairview								oquare i cet	# '	of Floors		Bldg.		
County (6)				County	Code (7)			Current He - //				25+		
Bergen				(STATE	USE ONL	y)		Current Use (I	-nor it be	eing dem	olished)	1		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Nome							
Health and Safety S	ervices	1			, 10.			of Abatement C		r (9)				
Street Address								Enterprises,	inc.					
PO Box 365							0.000	Address						
City, State, Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	East Essex /	Ave					
Berlin, NJ 08009								tate, Zip Code						
Project Manager for Monit	oring Firm			T-1				ood, NJ 082	21					
James Proctor	oig i iiii			Telepho		.		one No.		Licens				
Start Date (10)		Cahada	10		52-131			567-1250		0117	2			
9/8/2015		9/15/20		mpletion	Date (11))		of OSHA Monito						
	cupancy Status During Abatement (Check Only One)						Healt	th & Safety S	Service	s, Inc.				
								Address						
Facility Closed/Vacat	ed During Entire	bater	nent				365 Sox							
Abatement Performed Other – Describe: V	acant	nal Facility	Hour	S		I	City, St	ate, Zip Code						
						-	Berlin	n, NJ 08009						
Scope of Work (Check All	That Apply)					-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ R	enova	ation			\times	Full Contains	mont with	Nooti	D			
≥ 100 SI OF 2200 IF		X D	emoli	tion				Mini-Enclosu	re	rivegauv	re Press	ure		
								Siovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		le	Locat					Non-Exempl	ed (*) an	a Non-Fi	riable Pr			
Location o	ıf	N	orma	lly									emen ype	t
Asbestos-Containing M	laterial (ACM)			ly by	Ashes	Des tos Conta	cription o	of aterial (ACM)			-	T	1	
TO BE ABAT			ntena	nce/ Staff?	(i.e.	thermal s	systems	insulation,		mount Specify	70		Ē	Е
In Facility (13)			(12)	Juli :		surfaci	ing, VAT	, or	SF	or LF)	em	Repair	cap	ncle
**************************************		-				other m	iscellane	eous)			Remova	pair	Encapsulate	Enclosure
	-33/200	Yes	No	N/A									ate	, e
Basemer	nt			X		Flo	or Tile		25	50 SF		+		-
						. 10	01 1110		20	00 SF	X	-		
		+		-										
Name of Registered Waste	N	JDEP W	aste	Cubic Y	arde	s Name of Registered Landfill								
Site Enterprises Inc.			1 2000	auler ID		of Wast		Less values as average to						
<u> </u>			0	035220)	20 cy	T. U. 4 - 1 1600							
City, State	· Managaran and Angeles					Disposa	I Date	Date City, State						
211 East Essex Ave.	Linwood, NJ (08221							ol, PA					
Completed by		Title	9/10/2015 Signature				Date							
Eric Keys	The second secon	OM				>	0. 1	5			9/4/20	115		
		-					1	wen			014/20	13		



Date of Notification (1)					of Building			(2)						-	
9/4/2015				Beye	r Brothe	rs GMC	0			Spin-					
Agencies Notified	Type Notification				Address						OF A	0 1		14	2
X EPA X DEP X DOL	☐ Initial		1		Broad Av										
DEP DOL	Amended		- 1		ate, Zip Co										
	Amendment Emergency	(including	- [delined to the second second	iew, NJ (07022									
DOH	justification)				of Contact						ephone N				
☐ DCA	Cancellation	1			ael Beye					27					
Name of Facility Where	Abatement is Takir	n Place /	2)	FAC	ILITY INFO	ORMATI	ON	~							00 E 10 Cm
Structure Associat	ed with Route 1	R Q)					Туре	of Facility (4	4)					
Street Address									School (K-1						
155 Broad Avenue	2								Subchapter Other (i.e. p	rivate 8	er than K & comme	-12) rcial bu	ildino	s hor	mes
City (5)								е	tc.)				-0.0007		,,,,,
Fairview								Squar	e Feet	# 01	f Floors		Bldg.		
County (6)				County	Code (7)			Curror	at I loo /Deie	- if h - i			25+		
Bergen			- 1		USE ONLY			n/a	nt Use (Pric	or it bei	ng aemoi	ished)			
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASC	VI No.		Name		ement Con	tractor	(0)				
Health and Safety				1.00			100000000000000000000000000000000000000		orises, In		(9)				
Street Address							Street A		8 8	· · ·					
PO Box 365									Essex Av	P					
City, State, Zip Code							City, St							3/	
Berlin, NJ 08009									NJ 08221						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepho	and the second	The state of the s		License	No.			
James Proctor				856-4	52-1311		609-5	567-1	250		01172				
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name o	of OSH	A Monitor						
9/8/2015		9/15/2	70 P. T.				Healt	th & S	afety Se	rvices	s, Inc.				
Occupancy Status Durin	ne)				Street A	Addres	S								
Facility Closed/Vac	ated During Entire	Period of A	Abaten	nent											
Abatement Perform Other – Describe:	ned Outside of Nom Vacant	nal Facility	Hours	City, State, Zip Code											
							Berlin	n, NJ	08009						
Scope of Work (Check A	All I nat Apply)	_					_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova				M	Full	Containme	nt with	Negative	Press	ure		
2100 31 01 2200 11)emolit	ion			\times	Mini-Enclosure Glovebag Procedure							
							X		-Exempted		d Non-Fri	able Pr	oced	ıre	
		10000	Locat											teme	nt
Location			Normal d Sole			Des	scription (of				-	_	уре	_
Asbestos-Containing TO BE AB		Ma	intena	nce/			aining Ma systems				mount	_		Ē	m
In Faci	lity	Cus	todial 9 (12)	Staff?	(1.0.	surfac	cing, VAT	, or	ilon,	SF	pecify or LF)	Remova	Repair	cap	nck
(13)			1/	_]	other m	niscellane	eous)				ova	air	Encapsulate	Enclosure
		Yes	No	N/A								-		te	e
Windo	ws			X		Wind	dow Ca	ulk		17 W	Vindows	s X	T		
Basem	ent			X			Pipe			6	0 LF	x		T	$\dagger \exists$
Roo		X		Roc	ofing Til	le		4,0	00 SF	×	T				
Through	T/	X		Fire	e Doors	S			Doors	x	1		+		
Name of Registered Wa	ste Hauler		1000	JDEP W		Cubic '		T	Name of Registered Landfill						
Site Enterprises Inc			Hauler ID No. of Waste 0035220 20 cy Tullytown Landf					ndfill							
City, State	2/2011) 100 100-100					-	al Date	-	Gity, State						22
211 East Essex Ave	e. Linwood, NJ	08221				9/10/2	2015		Bristol,						
Completed by		Title				Ş	ignature	11			1	Date			7.2
Eric Keys	1100						Ei hus 9/4/2015								



Date of Notification (1) September 11, 201	5				Building O		perator	(2) 2/	915 00-	Ch	eck # N/A				
Agencies Notified	Type Notification			Street A					915 SEP :	-5	11 /: 1.1	£.			
	Initial			16 Spr	ingfield A	Avenue	Э	P.	Y = _		- 76	3			
EPA DEP DOL	Amended Amendment				te, Zip Cod antville, 1		09		\$ 1,12°	iş i	KOL				
X DOH	Emergency (justification)	including	100		Contact					Tele	enhone Nun	her			
☐ DCA	Cancellation			Mike T						1					
Name of Facility Where	Abatement is Taking	Place (3))	FACI	LITY INFO	RMATIC	ON	Type	of Facility (4	.)					_
Residence								personne.	School (K-12						
Street Address	******								Subchapter 8 Other (i.e. pr	8 (Oth			linge	homo	
16 Springfield Aver	nue								etc.)		40000-000-		0.570 3.		35,
City (5) Merchantville								Squar 4,73	re Feet ⊿	3	Floors	1 600	ldg. A 41	ge	
County (6)				County (Code (7)			3,7,2,000	nt Use (Prio	1.50	na demolish		T 1		
Camden					JSE ONLY)		_		idential		3	/			
Name of Monitoring Firm				ASCM	I No.				tement Cont		. 7000				
Management & En	viro. Consulting	Services	S				220,000	god Strew	vironment	al, LL	.C				
Street Address PO Box 341							623		Avenue						
City, State, Zip Code Chesterfield, NJ 08	3515								ip Code ade, NJ 08	3052					
Project Manager for Mor Bill Weisgarber	nitoring Firm			Telepho 609-29	ne No. 98-4070		100 C C C C C C C C C C C C C C C C C C	hone N 755-0			License N 00842	0.			
Start Date (10)					Date (11)				HA Monitor						
September 18, 201		Septem		25, 201	15				alytical, Ind	C.					
Occupancy Status Durin	ng Abatement (Chec	e)					Addres	ss 130 Nort	h						
	cated During Entire I ned Outside of Norn						20.838	Note: The second							
Other - Describe:				City, State, Zip Code Cinnaminson, NJ 08077											
Scope of Work (Check A	All That Apply)												7		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emoli				5	Mir Mir	II Containme ni-Enclosure ovebag Proc		Negative F	ressu	re		
					1			No	n-Exempted	(*) an	d Non-Friab	le Pro	ANTONIO	views many	
			Locat											ement rpe	
Locatio Asbestos-Containing		Use	lorma d Sole	ly by	Asbest		scription aining I		(ACM)	Д	mount			m	122
TO BE AE	BATED	10	intena odial			thermal		insula			Specify or LF)	Ren	Re	ncap	Encl
(13)			(12)				niscella				01 11)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	CD.
Basen	nent		XXX			Boile	r Insul	lation		7	'5 LF	Х			
Basen	XXX			Pipe	Insula	ation		4	16 LF	Х					
				7											
Name of Registered Wa	ste Hauler		200	NJDEP W Hauler ID		Cubic Yards Name of Registered Landfill of Waste									
Freehold Cartage			100	2265		5 Cumberland County Landfill									
City, State Freehold, NJ	21 a					Dispos 9/25/2	sal Date 2015	9	City, State Newbur		1				
Completed by		Title			095-4094W	S	ignatur	e	20.				245		
Christina Lynch		Oper	ation	ons Manager Signature Date 9/11/2015											

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NOTIFICA	TiON

Date of Notification (1),			Name	of Building Own	nor/Operate	. (2)					_
9/10/15			PSEG	The state of the s	nei/Operato	(Z)					
Agencies Notified Type Notification				ddress HADLEY R	OAD	Leid	of, 19	1:59	7		
DEP Initial Amended Amendment #	j			ate, Zip Code H PLAINFI	EID NII	77080			7		
Emergency (ir				of Contact	LLD, INJ	37000	Telephone	Number		7.4	
DCA justification Cancellation			_	HN	BRAIN	1 = V	relepitorie	Number			.,
Manager Frankling				ILITY INFORM	MATION				9	. / .	
Name of Facility Where Abatement is Taking PSE&G	Place (3)				Type of Facility					
Street Address	_					School (K-1	12) r 8 (Other than h	(-12)			
13 VAN VLIET	<i>i</i>						orivate & comme		dings,	home	es,
City (5)				8		Square Feet	# of Floors	E	Bldg. A	ige	
County (6)			County	Code (7)		Current Use (Pri	or if boing dome	A. diabad	AX	89	XRS
PASSAIC	_		(STATE	USE ONLY) _			TCH S		7:	01)	
Name of Monitoring Firm Hired by Building O	wner (8))	ASCI			of Abatement Cor	ntractor (9)		1 1		
ENVIRONMENTAL TACTICS		-1	0045	5		QUE SYSTEM	S OF AMER	ICA			
Street Address 64 BROAD STREET						t Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747						State, Zip Code					
Project Manager for Monitoring Firm			Telepho	ne No.		JTH RIVER, N.	J 08882 License	e No.			
TOM GEIGER			732-2	92-2217		432-8350	0111				
Start Date (10) /14/2015	Schedul 12	ed Corr	1	Date (11)		of OSHA Monitor QUE SYSTEM	S OF AMERI	ICA			
Occupancy Status During Abatement (Check	Only Or	ne)	1 -	0,0		Address					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma	eriod of	Abatem	City State Zin Code								
Other - Describe: DUTS & Eq.	NEC	ESS	City, State, Zip Code SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)				ONIX							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Processory .	Renovat Demoliti				Mini-Enclosure Glovebag Prod	cedure				
					Ľ	S Non-Exempted	d (*) and Non-Fr		cedure Abate		
Location of	1000	Location Location			Description	of .			Ту		
Asbestos-Containing Material (ACM)		d Solel intenar			Containing N	Material (ACM)	Amount			П	_
TO BE ABATED In Facility	J	todial S (12)			rmai system urfacing, VA	s insulation, T, or	(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)		2000	1	oth	ner miscella	neous)		oval	air	Encapsulate	sure
	Yes	No	N/A							Ф	
OUTSIDE CONTROL BLOG		×		GCM U	MOCHICA	CAULKING	11504	FX			
Name of Registered Waste Hauler	N IDED Woots Cubic Yords Name of Deviational Leville										
ETG1		NJDEP Waste									
Citv. State		S	710		10x 15		IGAN	Dispos	SA/	WAS	TE
FLANDERS, NJ					sposal Date ナ <i>B</i> 込	City. State	e IEVIIIE	- n	1:		
Completed by	Title				Signatus)	, 1116	Date	11		-
CAROL RAIMO	OFFI	CE M	CE MGR. Signature Date 9/10/1								-

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) EARTH TECH CONTRIACTING Street Address W. Agencies Notified 55 M Initial DEP Amended City, State, Zip Code Z DOL Amendment# (TREENIFIELD Emergency (including DOH X justification) Name of Contact Cancellation BREUNIG FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, ASBURY AVE homes, etc.) Square Feet # of Floors Bldg. Age City (5) 401 County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ONLY) VACANT Name of Abatement Contractor (9) ASCM No. m Hired by Building Owner KLEMCO Street Address Street Address City, State, Zip Code City, State, Zip Code MAPLE elephone No Project Manager for Monitoring Firm Telephone No 400 Name of OSHA Monito Scheduled Completion Date (11) Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code 08052 SHADE Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glovebag Procedure Demolition ₹ ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Amount Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Custodial Remova Repair TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13) No NIA TRAWSITE X SIDING Name of Registered Landfill NUDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No Disposal Date City, State)OODBINE MAPLE Signature Completed By PRESIDENT MICHAE CAM

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(P	ırsua	nt to NJA	C 8:60 and 12:12	(0)	SEP 15 111				
Date of Notification (1)	11-15			Na	_	ing Owner/Operato +TECH	(2) Contria	CTING.	: 02	2		
Agencies Notified	Type Notification	οn		Str	eel Addres	RT. 50	ř.	LICENTY	ι Üi.			
	Amended	_		City	State, Zip	Code	2000 Page 1				- Indiana	
₹DOF	Amendmen Emergency		ing		GREE	NIFIELD,	N.J.	08230				
DOH CA	justification Cancellation	7		Nar	me of Conta		25 NO	Telephone Num	ber			
10.00	Carkenaud			<u> </u>	BRUC	E BREUR	116					~ +
		. 1,	1 -	, F	ACILITY IN	FORMATION						
-Name of Facility Where A		ing Pla	ce (3)				Type of Facil	A5 . 72 . 17				
	IDENCE			•			☐ School (K-	·12) er 8 (Other than K-1	2)			
Street Address \$70	THUR D	ST					Other (i.e., homes, et	private & commercic.)	iai bu			
City (5)	TAN CI	44					Square Feet	# of Floors	_ _	31dg. (
County (6) CAPE	MAY				unty Code E ONLY)	(7) (STATE		Prior if being demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner		ASC	y No	Name of Abatem	nent Contractor					
(8) N. A	1					KLEY	nco Tr	JC.				
Street Address						Street Address	c s	۱۸ .				
						369 City, State, Zip C	S. SPR	UCE AVE				
City, State, Zip C∞de						MAPL		NF ALT	0	80	5 2	_
Project Manager for Monit	torina Firm		Treis	ephone	= No	Telephone No.		Liœnse No.				
Project Mariager for More	iong i iiii					856-77	9-0472	20044	4			_
Start Date (10)	Sche	duled (Comple	tion D	ate (11)	Name of OSHA N		-				
9-22-15		9-7	29-	15		J6SEPH	Kiemu	1)R				_
Occupancy Status During	Abatemen: (Che					Street Address	. SPRUC	e Ave.	*			
K Facility Closed/Vacated	Dunng Entire P	enod of	Abate	men!		369 S City, State, Zip C		e Ave	-			_
☐ Abatement Performed (☐ Other - Describe:	Dutside of Norma	ar Facili	y nou	5		MAPLE		80 T 1A	05	7-		
	that apply?					MAPLE	OHMOG	18.1 00				
Scope of Work (Check all	mat apply)							egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati mdito			. Gloveba	g Procedure					
≥100 \$101 2200 II		2				Non-Exe	mpted (*) and N	on-Friable Procedu			CONTROL V	
·			ocatio ormally						/	Abate Tyr		
Location of		Used	Solely	Бу	** (\$44.04)	Description of			-		2000	
Asbestos-Containing Ma			ntenano stodia			os Containing Mate thermal systems in		Amount (Specify	B	П	Enc	En
TO BE ABATE!	≟'	S	Staff?		,,,,,	surfacing, VAT.	01	SF or LF)	Remova	Repair	ncapsulate	Enclosure
(13)			[12]			other miscellaneou	us)		val	-	Jale	ле
53		Yes	54.5	N; 2				15.77	ļ.,		-	
SIDING		X		TRAM SITE	<u> </u>	600 SE	X					
									_			
Name of Registered Waste	100000000000000000000000000000000000000	DEP V	A STATE OF THE STA	Cubic Yards	Name of Reg	stered Landfill	2					
KLOMED	Ine.		Ha	uler ID	ρζ	of Waste	C.M	C.M.V.	A			_
City State				-		Disposal Date	City, State	4 .	7	-		
	ADE N	.)					MOON	BINE . A				=
Completed By	Title		0)		Signature (001	Date 9.	-11-	-1.	5	
MICHAEL KU	TANKA	ICE		RESI	CONT	- Now	41)		-			

Date of Notification (1) 9/11/2015			Building O RK PUBI				B15 05					
Agencies Notified Type Notification E EPA Initial		Street Ac 2 CED	idress AR STRI	EET			<u>n14 ≎</u> 5	P.5 4	7 /:	57		
DEP Amended Amendment #_			te, Zip Cod RK, NEV		SEY 0	7102			ī	11.		
X DOH	luaing	Name of BENJA	Contact MIN OL/	AGADE	YO		Tel	ephone Nun	nber			
The same of the sa		FACII	LITY INFO	RMATIO	N							
Name of Facility Where Abatement is Taking PI MAPLE AVENUE ANNEX SCHOOL	lace (3)					Type of Facility School (K-	12)					
Street Address 200 LYONS AVENUE								er than K-12 & commercia	al build			es,
City (5) NEWARK, NEW JERSEY 07112						Square Feet	# 0	f Floors	В	dg. A	ge	
County (6) ESSEX		County C	Code (7) ISE ONLY)		_	Current Use (Pr	ior if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Own TTI ENVIRONMENTAL INCORPORA		ASCM	l No.			of Abatement Co MUM ENVIR			LUT	ONS	S, LL	.C
Street Address 1253 NORTH CHURCH STREET				100		Address LINWOOD R	OAD					
City, State, Zip Code MOORESTOWN, NEW JERSEY 080	57			10		ate, Zip Code N, NEW JER	SEY 0	7083				
Project Manager for Monitoring Firm JAMES GUILARDI		Telephor 856-84	ne No. -0-8800	100		one No. 118-2737		License N 01227	0.			
	heduled Co /13/2015	mpletion [Date (11)		Name o	of OSHA Monitor						
Occupancy Status During Abatement (Check O	only One)				Street /	Address						
Facility Closed/Vacated During Entire Pen Abatement Performed Outside of Normal F Other – Describe:	iod of Abate					ate, Zip Code						
Scope of Work (Check All That Apply)												
	X Renov	400000000000			×	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					
	2.4	22				Non-Exemple	u () an	d Non-i nab		Abate		
	Is Loca Norma			D							ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12)	lely by ance/ Staff?	(i.e. t	os Contai	ystems	aterial (ACM) insulation, T, or	(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	N/A									ate	ē
BOILER ROOM	X		TWC	D BOIL	ER H	EADERS		8LF	X			
				(4LF	EAC	H)						
Name of Registered Waste Hauler TRISTATE		NJDEP W Hauler ID 19551		Cubic Y of Wast		MINEF	- Trigger	ered Landfill				
City, State 1199 RANDALL AVENUE, BRONX, N	EW YOR	K 10474		Disposa	I Date	City, Sta WAYN		RG, OHIO)			
	Title OPERAT											

Date of Notification (1) 9/9/2015	Check#2790				Building (of Sain											(2)
Agencies Notified	Type Notification		- 1	Street Ad 386 Sc	ddress outh Livii	ngsto	n Aven	ue			2 El	5 SE	P :	Š.		2:6
DEP DOL	Initial Amended Amendment				te, Zip Co ston, NJ		9				71	2.1	1			Lo
DOH DCA	justification) Cancellation		- 1	Name of Elaine	Contact					Te	lephone	Numh	er	1		
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where Aquinas Academy		g Place (3)						Ty	pe of Facility (School (K-1	0.00						
Street Address 388 South Livingst	on Avenue				ži				Subchapter Other (i.e. p etc.)				build	lings,	home	es,
City (5) Livingston , NJ 070	039				V 224 LLANDSCOOLS				quare Feet 0,000	# 0	f Floors			ldg. A 0+	ge	
County (6) ESSEX					Code (7) JSE ONLY)	_			urrent Use (Prio chool	or if be	ing demo	olishe	d)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	1 No.				Abatement Cor vices Corpo							
Street Address							Street 426		dress th Street							
City, State, Zip Code	ti								e, Zip Code berg, NJ 070	93						
Project Manager for Mo	nitoring Firm			Telepho	ne No.	8	Telepi 201-		e No. 5-1700		Licens 01074					
Start Date (10) 9/11/2015		Scheduled 9/12/201		npletion I	Date (11)				OSHA Monitor as above							
Occupancy Status Durin	na Abatament (Char						Street	333								
➤ Facility Closed/Vac	cated During Entire med Outside of Norr	Period of Ab	atem			_			e, Zip Code							
Scope of Work (Check	All That Apply)		_													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	мі тпасдріў)	processor.	nova molit				2	×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	Ü				е	
		lel	ocati	on										Abate	ement	
Locatio	n of	44.00	rmal	5550		Γ.			8					Ту	pe	
Asbestos-Containin <u>TO BE AB</u> In Fac	g Material (ACM) BATED illity	Used Main Custod Yes	tenar	nce/		tos Cor therma surfa		Mate ns in AT, o		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Pump F	Room			X		Pipe	e Insula	atio	n		6 LF		x			
		x Pipe Insulation														
Name of Registered Wa	N1	IDED W	laste	L Outlin Varia				511								
Freehold Carting In			NJDEP Waste Hauler ID No. 15939 Cubic Yards of Waste GROWS North Landfill													
City, State Freehold, NJ						Dispo	osal Date	9	City, Stat Morrisv		A					
Completed by Gina Salvador		Title Office	Mar	nager			Signatur	е	Blun.	1		Date 9/9/		5		

(K#1483

Date of Notification (1)			1	lame of	Building C)wner/C	perator	(2)	9	ngr o						
Sept. 11 2015				City of	Elizabe	th			61	a19 9	E.P . ;					
Agencies Notified	Type Notification			Street A										:5	9	
EPA	X Initial				nfield Sc		aza			5 2	1					
DEP	Amended		11,55		te, Zip Cod					(i).	113 3	X		r G		
X DOL	Amendment # Emergency (ir			A SHARL SHOW OF THE	eth, NJ (07201					t.		100	5.0		
ĭ DOH	justification)	iolaaling	1	lame of	Contact					Tele	ephone N	lumb	er			
DCA	Cancellation			=									200.00			
Name of Facility Where	Abatement is Taking	Place (3))	FACI	LITY INFO	RMAII	ON	Type o	of Facility (4	.)				_		
(Abandoned) Wate				emo												
Street Address	, ,	9		5.700.017.00					chool (K-12 ubchapter l		er than K	-12)				
823 East Jersey St	treet								ther (i.e. pr	ivate 8	& comme	rcial	build	ings,	home	es,
City (5)								Square	tc.) e Feet	# of	Floors		BI	dg. A	ae	
Elizabeth								9000		2			1110000	0+	3-	
County (6)			(County (Code (7)			Curren	t Use (Prio	r if bei	ng demo	lished	1)	Ţ.v. 0.s.		
Union			(STATE	JSE ONLY)	· -		0.00	er Utility C		_					
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	No.		Name	of Abate	ement Cont	tractor	(9)					
n/a				n/a			Lozr	nica Ma	anageme	ent Co	orp					
Street Address							Street	Address	5							
n/a							22 T	roy La	ne							
City, State, Zip Code								State, Zip								
n/a							Linc	oln Pa	rk NJ 070	035						
Project Manager for Mor	nitoring Firm			elepho	ne No.		I	none No			License					
n/a				n/a				706795			01193	3				
Start Date (10)				pletion	Date (11)				A Monitor							
9/21/2015		9/30/20	The State of the S					Constitution to the second	anageme	ent Co	orp					
Occupancy Status Durin	7						Marie Control	Address								8
Facility Closed/Vac	cated During Entire Poned Outside of Norma	eriod of A	batem	ent				roy La					-			
Other – Describe:		ai racility	Hours			_	1 5	State, Zip	rk NJ 07	025						
Scope of Work (Check A	All That Apply)						LITIC	Julia	IK IND 07	000						
23 sf or ≥3 lf			la may sat	ion			ľ	T =	Containme	الخانيين فيعا	Noastin	o Dec		_		
≥3 \$1 01 ≥3 11 × ≥160 sf or ≥260 lf		-	enovat emoliti					Mini	-Enclosure		negauv	e Pre	ssur	е		
							>	and the same of th	ebag Proc		J N		D		2	
		1					Ľ	Non	-Exempted	(*) an	a Non-Fr	lable			e ement	
27. 57-54-57			Location Normall										,		ре	
Locatio Asbestos-Containing		555.63	d Solel		Achast		scription	n of Material ((ACM)	Δ	mount	Ī			_	
TO BE AB	ATED	100000000000000000000000000000000000000	intenar odial S			therma	system	s insulat		(8	Specify		Re	D	inca	En
In Faci		Cusi	(12)	Laii:			cing, VA miscellar			SF	or LF)		Remova	Repair	apsu	Enclosure
(13)	·					Outer	HISCEIIAI	neous)					/al	=	Encapsulate	ure
		Yes	No	N/A												
Roo	of			X	Black	(Asph	alt Ro	of Flas	hing	1,1	100 SF		X			
1st Floor Stairw	vell to 2nd FI			х	Corruga	ated a	ircell p	ipe ins	ulation		3 LF		X			
			X Corragatos ancon pipo modias													
												+				
Name of Registered Wa	iste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registr	ered Land	Hfill				
			Н	auler ID	No.	of Wa	ste									
Loznica Manageme	aur corb		0	03313	7	TBD			GROW		iuiiii					
City, State							sal Date	9	City, State		A 400-	7				
Lincoln Park, NJ 07	7035					TBD			Morrisv	ille P	A 1906		,			
Completed by		Title				3	Signatur	e	, ,	>		Date		045		
E. Cirovic		etary			1	0	tu	100			9-1	1-2	115			

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

Date of Notification	(1)	(Pulsi			Owner/Operator		2.1				
9-8-15			Antho	ony Ma	arucci		Na .				
Agencies Notified	Type Notifi	cation	Street A		carrier street as acres		9.111. com				
[]EPA	[X]Initia	l ication			field Ave.		2015 GEP	15	31	: 7	
[]DEP			City, St	300			4.5				
[X]DOL	[]Amende	ication	BTOOL	nrier	d,NJ,07003		j		1.1	14.	
[X]DOH	A 00.0000000000000000000000000000000000	DESTRUCTION OF THE PROPERTY OF	Name of	Contact	9790	Telephon	e Number	52 0	0.0		
[]DCA	[]EMERGE		Antho	ony M	arucci	ï		L			
	[]Cancer	Lacton	<u> </u>	ACTI.TTY	INFORMATION						
Name of Facility Whe	ere Abatemen	t is Taki			2112 022222 031	Type of Facil	ity (4)				
Same as above						[]School	/K-12)				
						[]	ter 8 (Othe	er than	K-12	()	
Street Addres							i.e., priva				
							uildings, h				
5/L- /F		la t	(6) 7	- h	C-d- (7)	Square Feet	# of Floo	1	dg.	Age	
City (5		County	(6) Essex	1000	ounty Code (7) STATE USE ONLY)	1800	2	1	65		
						Current Use (Prior if be	ing der	nolis	hed))
			2001		[hr 6 73-4-		- (0)				
Name of Monitoring B Owner (8) N/A	rirm hired b	A RATICIL	ng ASCM I	NO.		ment Contracto: MANAGEMENT					
Street Address					Street Addres	s					
					86 Chris	stopher St					
City, State, Zip Coo	ie				City, State,	Zip Code					
ore, reade, are see				r, NJ 070	42						
Project Manager for	Monitoring	market and the second	elephone N	umber	Telephone Num		Ī	License	Numb	er	
		N	/A		(973) 744	1-8800	ļ	0037	1		
Scheduled Start Date	(10) Sc	hed. Comp	oletion Da	te (11)	Name of OSHA	Monitor		-			
9-21-15		9-2	2-15		N/A						
			ulla .	ear							
Occupancy Status Dur [X]Facility Clo of Abatemen	sed/Vacated				Street Addres	S					
[]Abatement Pe		side of N	ormal Fac	ility	City, State,	Zip Code					
Hours - Desc	100										
[]other - Desc			y Descrip	t»							
Scope of Work (Check	all that a	pply)			ווייםו	Containment wi	th Negative	Proces	170		
[X]>3 sf or	>3 lf		[X] Renova	cion		-Enclosure	LII Negative	e riessi	ire		
[] <u>></u> 160 sf o			[]Demoli	tion		ebag Procedure					
			Is		[]Non-F	riable Procedu	re	Aba	teme	n+ 1	Pr.mo
Location	of		Location		Description	on of		7300	Cente	E	E
Asbestos-Cor			Normally Used		Asbestos-Con	taining	Amount	R	R	N	C
Material		g 1	Solely By Main-		Material ((Specify SF or	M	E	A	L O
TO BE AB In Facil		1. 3	tenance/		i.e., thermal) insulation, surf	1771	LF)	0	A	PS	S
(13)			taff (12)		or other misce	[일일: [기계 : [의 기계 : [기계	85A8635.0	A L	R	U	UR
		Yes		/A					-		E
Basement	ŷ.		X		ipe Insulat	ion	28 lf	X			
				Bo	oiler		20 SF	X			

Name of Registered W			JDEP Wast	2000	Cubic Yards	Name of Regi	stered Land	ifill			-
AZTECH MANAG	EMENT, I		L7040	No.	of Waste 1.5	G.R.O.W.	S.				
City, State			_ / U-1 U	10	pisposal Date	City, State					
Montclair, NJ	07042				9-23-15	Morrisvi	lle, PA	1906	7		
Completed By (Print	or Typel	itle			Signature			Date			
	Same Succession 18	Preside	ent	fr A				3-1!	5		
Constantine V	IVIAN N			1 11 17 7 1							

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

Date of Notification	1 (1)	(Full				Owner/Ope		(2)					
9-8-15			I	Russ T	odar	0			7n.,				4
Agencies Notified	Type Notif	ication	st	reet Addr	cess				 	SEP /			
[]EPA	[X]Initi	al		122 Ch	estn	ut Str	eet			-/ /,)	i i	. /
[]DEP		fication		ty, State						78 N S			97
[X]DOL	[]Amend Noti	ed fication	7	West O	rang	e,NJ,0	7052						
[X]DOH			Na	me of Cor	ntact			Telenhon	e Number				in L
[]DCA	[]EMERG		1	Russ T	odar	0		, , , , ,	= =				
				FAC	ILITY	INFORMATIC	N						
Name of Facility Whe	ere Abateme	nt is Ta	king	Place (3)			Type of Facili	ty (4)				
Same as above							-	[]School					
Street Addres								[]Subchapt [X]Other (i		te & co	mmer	-	
								Square Feet	# of Floo	rs Bl	dg.	Age	
City (5		Count	y (6)	Essex	200000000000000000000000000000000000000	inty Code	921 1100 1000	1600	3		101		
								Current Use (Prior if be	ing der	olis	ned)	
Name of Monitoring	Firm hired	by Build	ing	ASCM No.		Name of	Abatem	ment Contractor	(9)				
Owner (8) N/A						AZTE	CH M	ANAGEMENT	, Inc.				
Street Address						Street A		topher St					
City, State, Zip Coo	ie					City, St			2				
						The state of the s		r, NJ 0704	12				
Project Manager for	Monitoring		Teler N/A	ohone Num	ber	Telephon (973)		er -8800	I	icense 0037		er	
Scheduled Start Date	e (10) S			tion Date	(11)	Name of	OSHA M	Monitor					
9-18-15		9-2	-			N/A							
Occupancy Status Du				nly one)		Street A	ddress	3					
[X]Facility Clo of Abatemen		a During	Enti	re Period	1								
[]Abatement Pe					ity	City, St	ate, 2	Lip Code					
Hours - Desc []other - Desc													
Scope of Work (Check	k all that	apply)									There		
[X]≥3 sf or				Renovatio		[]	Mini-I	Containment wi Enclosure	th Negative	Pressi	ire		
[] <u>≥</u> 160 sf	or ≥260 lf		[].	Demolitio	n	2012		bag Procedure riable Procedu:	re				
*				Is ation		Dece		- of		Aba	teme	nt I	Type
Location Asbestos-Con			Nor	mally		Asbesto	riptio: s-Cont		Amount	R	R	N	N
Material	(ACM)		So	lely Main-			cial (SCHOOL SC	(Specify	M	E	A	L
TO BE AB			ten	ance/	ir	i.e., th nsulation,		systems acing, VAT,	SF or LF)	O V	A	PS	0
(13)	Staf	todial		or other				A L	Ř	T T	U R		
Basement		Ye	es	No N/A	_	pe Inst	ılatı	ion	90 lf	X			E
Dasement			+	22		pe inse							
Name of Registered	Waste Haule	er	NJDI	EP Waste	100000	ıbic Yards		Name of Regi	stered Land	fill			
AZTECH MANAG	. of	Waste 1	.5	G.R.O.W.	S.								
City, State	040	Di	sposal Da	te	City, State								
Montclair, NJ	07042					9-22-15	5	Morrisvi	lle, PA	1906	57		
Completed By (Print	or Type)	Title				Sign	ature			Date			
Constantine V		Presi	den	t						9-8	-15	5	

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

Date of Notification	n (1)	(FULS			Owner/Operato		7	7			
9-8-15			Hugh &	Sar	ah Curnut	t					
Agencies Notified	Type Notifica	ation	Street Addr	ess			2E15 CE	٠			
[]EPA	[X]Initial		30 Lake	ewoo	d Terrace		2015 SE			1- =	
[]DEP	Notific	ation	City, State	. Zip	Code					. 3	13
[X]DOL	[]Amended		70.0		,NJ,07003			loggi.			
	Notific	ation				-			1 0	l U,	
[X]DOH	[]EMERGENC	Y	Name of Con		ah Curnut	The second secon	ne Number				
[]DCA	[]Cancella	tion	nugii «	Sal	an Curnut						
B			FACI	LITY :	INFORMATION						
Name of Facility Wh	ere Abatement	is Taki	ing Place (3))		Type of Facil	ity (4)				
Same as above	9					[]School	(K-12)				
Street Addres							ter 8 (Othe				
							ouildings, h				
						Square Feet	# of Floo	ors Bl	.dg. i	Age	
City (5		County	(6)Essex		inty Code (7)	1200	2		85		
				(SI	TATE USE ONLY)	Current Use (Prior if be	ing der	nolis	hed))
	22										
Name of Monitoring Owner (8)	Firm hired by	Buildir	ng ASCM No.			ement Contracto					
N/A					AZTECH	MANAGEMENT	, inc.				
Street Address					Street Addre	Control of the contro					
					86 Chri	stopher St					
City, State, Zip Co	ode				City, State,	그런 교육 프레트 스타일 발표를 통해한 그 중요를 되었다.					
					Montcla	ir, NJ 070	42				
Project Manager for	Monitoring Fi	STORY AND STREET	elephone Numb	per	Telephone Nu	mber	Į	License	Numb	er	
		N	/A		(973) 74	4-8800		0037	1		
Scheduled Start Dat	ce (10) Sche	ed. Comp	oletion Date	(11)	Name of OSHA	Monitor					
9-19-15		9-21	-15		N/A				×		
Month Day Cocupancy Status Du			Day Year	c	Street Addre						
[X] Facility Clo				1	Street Addre.						
of Abatement Pe		de of N	ormal Facili	+57	Q: t Qtt-	Ri- O-d-					
	cribe: «OffHour			- J	City, State,	ZIP Code					
[]other - Desc	cribe: «Other O	ccupanc	y Descript»							-000217121	
Scope of Work (Chec	k all that app	oly)			f 175-11	Contribute to	th Montino	Desage			
[X]>3 sf or	: >3 lf		[X]Renovation	n		Containment wi -Enclosure	th Negative	Press	ure		
[] <u>≥</u> 160 sf			[]Demolition	n		ebag Procedure					
			Is	T	[]Non-	Friable Procedu	ire	Aba	teme	nt I	l'vpe
Locatio	n of		Location Normally		Descripti	on of				E	E
Asbestos-Co Material			Used Solely		Asbestos-Com Material		Amount (Specify	RE	R	C	C
TO BE A			By Main-		(i.e., therma		SF or	0	P	A P	L
In Faci			tenance/ Custodial	in	sulation, sur		LF)	VA	AI	P S U	S
(13))	S	taff (12)		or other misc	ellaneous)		L	R	L	R
Basement		Yes	No N/A	Dine	nsulat:	on	70 lf	X		·-	E
			-				, , , , , ,				
		-									-
Name of Registered	Waste Paulor	h.	JDEP Waste	C1-	bic Yards	Name of Regi	stered Tand	ei 11			
AZTECH MANAG		C H	auler ID No.	10000	Waste 1.5	G.R.O.W.					
			17040				<i>-</i> .				
City, State	07040				sposal Date	City, State	110 02	1004	7		
Montclair, NJ	0/042			1	9-22-15	Morrisvi	IIe, PA	T 306) /		
Completed By (Print	or Type) Ti	tle			Signatur	 e		Date			_
Constantine V	Miles - There are now - I have	reside	ent		016	1116			-15		
						101				75-2-2	1000000

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

[X] Initial Notificat [] Amended Notificat [] EMERGENCY [] Cancellati a Abatement is Common co	cion cion i	Name of Con- Kathryr FACI Trace (3)	cou	treet Code y,NJ,07305	Telephon Type of Facil: []School []Subchap: [X]Other (:	e Number ity (4) (K-12) ter 8 (Other i.e., prive uildings, 1 # of Flo	ate & homes ors	an l con , e:	K-12 mmer tc.)) -	: 56 Di
[X]Initial Notificat []Amended Notificat []EMERGENCY []Cancellati Abatement is	cion cion i	96 Cler City, State Jersey Name of Con Kathryr FACI ag Place (3)	city Add	Code Y,NJ,07305 ams INFORMATION Inty Code (7) ATE USE ONLY)	Telephon Type of Facil: []School []Subchap: [X]Other (:	e Number ity (4) (K-12) ter 8 (Other i.e., prive uildings, 1 # of Flo	er thate & homes	an l con , e:	K-12 mmer tc.)) -	<u> </u>
Notificat []Amended Notificat []EMERGENCY []Cancellati 2 Abatement is	on a Takin	City, State Jersey Name of Con Kathryr FACI og Place (3)	City LITY I	Code Y,NJ,07305 ams INFORMATION Inty Code (7) ATE USE ONLY)	Telephon Type of Facil: []School []Subchap: [X]Other (:	e Number ity (4) (K-12) ter 8 (Other i.e., prive uildings, 1 # of Flo	er thate & homes	an l con , e:	K-12 mmer tc.)) -	: 5 6
[]Amended Notificat []EMERGENCY []Cancellati a Abatement is	on a Takin	Jersey Name of Con Kathryr FACI ag Place (3)	City tact n Add	y,NJ,07305 ams INFORMATION Inty Code (7) PATE USE ONLY)	Telephon Type of Facil: []School []Subchap: [X]Other (:	e Number ity (4) (K-12) ter 8 (Other i.e., prive uildings, 1 # of Flo	er thate & homes	an l con , e:	K-12 mmer tc.)) -	<u> </u>
Notificat []EMERGENCY []Cancellati Abatement is	on a second	Name of Con- Kathryr FACI Trace (3)	tact Add LITY I	ams INFORMATION Inty Code (7) Pare USE ONLY)	Telephon Type of Facil: []School []Subchap: [X]Other (:	e Number ity (4) (K-12) ter 8 (Other i.e., prive mildings, 1 # of Flo	er thate & homes	an l com , e	K-12 mmer tc.)	- Age	
[]EMERGENCY []Cancellati	on a second	FACI g Place (3)	LITY I	INFORMATION Inty Code (7) PATE USE ONLY)	Type of Facil: [] School [] Subchap: [X] Other (:	e Number ity (4) (K-12) ter 8 (Other i.e., prive mildings, 1 # of Flo	er thate & homes	an l com , e	K-12 mmer tc.)	- Age	211
[]Cancellati	s Takin	FACI ag Place (3)	LITY I	INFORMATION Inty Code (7) PATE USE ONLY)	[]School []Subchap [X]Other (: cial bt Square Feet Current Use ()	(K-12) ter 8 (Othe i.e., privi	ate & homes ors	cor , e	mmer tc.) lg. 1	- Age	
a Abatement is	s Takin	g Place (3)	Cou	inty Code (7) PATE USE ONLY)	[]School []Subchap [X]Other (: cial bt Square Feet Current Use ()	(K-12) ter 8 (Othe i.e., privi	ate & homes ors	cor , e	mmer tc.) lg. 1	- Age	
Cc	ounty (g Place (3)	Cou	inty Code (7) PATE USE ONLY)	[]School []Subchap [X]Other (: cial bt Square Feet Current Use ()	(K-12) ter 8 (Othe i.e., privi	ate & homes ors	cor , e	mmer tc.) lg. 1	- Age	
Cc	ounty (6) Essex	Cou	ATE USE ONLY)	[]School []Subchap [X]Other (: cial bt Square Feet Current Use ()	(K-12) ter 8 (Othe i.e., privi	ate & homes ors	cor , e	mmer tc.) lg. 1	- Age	
		N 86		ATE USE ONLY)	[X]Other (: cial bu Square Feet	# of Flo	ate & homes ors	cor , e	mmer tc.) lg. 1	- Age	
		N 86		ATE USE ONLY)	Square Feet Current Use (1	# of Flo	ors	Bld	lg. 1	Age	
		N 86		ATE USE ONLY)	Current Use ()	Prior if be					
rm hired by Bu	uilding	ASCM No.	(ST		V. (1.00 m)		eing (demo	olis	1 1 V	
rm hired by Bu	uilding	ASCM No.		Name of Abate						nea,	
				A DIECTI N		11 34 20 20					
					IANAGEMENT	, inc.					
				Street Addres							
					stopher St	•		====			
				City, State, Montclai	37	42					
nitoring Firm	n Tel	ephone Numb	er	Telephone Num	ber		Licen	se 1	Numb	er	
	N/	A		(973)744	-8800		003	371	L		
	9-18	-15		Name of OSHA	Monitor				779.00		
ng Abatement	(Check	only one)		Street Addres	s						
be: «OffHours	Descrip	pt»	ty	City, State,	Zip Code						
		Descript»		1							
all that apply 3 lf	100	[]Renovation	1	77		th Negativ	e Pre	ssu	re		
≥260 lf	1]Demolition	1								
		Is		[]NOII-E	riable Procedu.	re	2	bat	emer	nt I	ype
of Mining CM) ED CY	No By te Cu	ormally Used Solely y Main- enance/		Asbestos-Con Material (i.e., thermal sulation, surf	taining (ACM) L systems acing, VAT,		У	E M O V	REPAIR	ENCAPSD	ENCHOSD
	Yes	No N/A						-		т.	R E
		-		on		-	-				
		X	Boil	Ler		25 SF	r X	2			
TENT, INC	На	uler ID No.	- 1				dfill				
07042			100	[19 76 : 10 1일(1911) (1912)	City, State Morrisvi	lle, PA	19	06'	7		
		nt		Signature	· .				-15		
(CETTO OBB	Moning Abatement //Vacated Dur ormed Outside e: «OffHours e: «Other Occ 11 that apply 15 >260 1f fining M) D Y TENT, INC 7042 Type) Title	N/ 10) Sched. Compl 9-18 Month D G Abatement (Check Vacated During En Ormed Outside of No. De: «OffHours Descripe: «Other Occupancy 11 that apply) 1f [2] 260 lf [fining M) D T St. Yes Type) Title	N/A 10) Sched. Completion Date 9-18-15 Month Day Year g Abatement (Check only one) Vacated During Entire Period ormed Outside of Normal Facili e: «OffHours Descript» e: «Other Occupancy Descript» 11 that apply) 16 [X]Renovation 260 1f []Demolition Ts Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A X X TO 42 Type) Fitle	N/A 10) Sched. Completion Date (11) 9-18-15 Month Day Year g Abatement (Check only one) //Vacated During Entire Period primed Outside of Normal Facility pe: «OffHours Descript» pe: «Other Occupancy Descript» 11 that apply) 15	Telephone Number N/A 10) Sched. Completion Date (11) 9-18-15 Month Day Year G Abatement (Check only one) L/Vacated During Entire Period Trespond Outside of Normal Facility Set (Cother Occupancy Descript) 11 that apply) 12 []Full 13 [X]Renovation 14 [X]	Telephone Number N/A 10) Sched. Completion Date (11) 9-18-15 Month Day Year g Abatement (Check only one) (Vacated During Entire Period ormed Outside of Normal Facility e: «Other Occupancy Descript» 11 that apply) 12 [X]Renovation [X]Glovebag Procedure Expect Street Address City, State, Zip Code [X]Mini-Enclosure [X]Glovebag Procedure [X]Glovebag Procedure [X]Schorling Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) X Pipe Insulation X Boiler Type) Title Signature	N/A (973) 744-8800 Name of OSHA Monitor 9-18-15 Month Day Year (Aphatement (Check only one) (Avacated During Entire Period (Armed Outside of Normal Facility (Active Normal Pacility (Active Normal Norma	Telephone Number (973) 744-8800 003 N/A (973) 744-8800 003 Name of OSHA Monitor N/A Street Address Treet Address Street Address Street Address Street Address City, State, Zip Code City, State, Zip	Telephone Number (973)744-8800 00371 Sched. Completion Date (11) 9-18-15	Telephone Number N/A (973)744-8800 Name of OSHA Monitor N/A Street Address Street Addres	Telephone Number N/A Sched. Completion Date (11) 9-18-15 Month Day Year g Abatement (Check only one) (Vacated During Entire Period If [X] Renovation [X] Street Address If [X] Renovation [X] Street Address [X] Street Address If [X] Renovation [X] Street Address [X] St

17K 3838

	Date of Noticesting (17)	rseast to NJAC 8:60 and I	2:130)		
-	Date of Notification (1) 8-15	Penne of Surving Owner/Ope	90	TE CENTER OF THE	
	Lacrost Design 1	- LINE ILLY	Construction L	Id This	40 11
		300 7746 5	TREET	2. 1 10	UL.
	L DON L Brackery (mining	City, State, Zip Code	1010		
	i i i i i i i i i i i i i i i i i i i	Sen Isl	e Cty NJ	05234	
		FRANK	[Telsoi	wie Number	
	The state of the s				The state of the s
		FACELITY IN COMMATION			
	Street Actions Resident		Type of Feeling (4)		
	ZZ1 57th St				and from
	i City (2)		Office (c. prize 2 co	ह्य १८-१२) मामाह्यें भागनाम	1
STATE BELL	Sen Isle City		Street Feet Trans		-
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dan.	9-20 7C	e (11) Name of OSHA Mor	1 2/0	70 3	F .
Internal	Company Sepa During Share		Self		中
PAGINE.		Street Address			
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ANTERIOR.	Scope of Work (Check all that apply)		000000000000000000000000000000000000000		13
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Date of Notification (1) 9/10/15	5)				Building C					£	- 21					
Agencies Notified	Type Notification			Street Ad	0 100 -000						15 C-	9 / 3				
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DEP X DOL	Amended Amendment				te, Zip Coo port NJ		66			,	877					
ĭ DOH	Emergency (i	ncluding		Name of Brian	Contact					Tele	phone N	Numbe	er			
DCA	Cancellation				LITY INFO	RMAT	TION						_			
Name of Facility Where	Abatement is Taking	Place (3)		1701		T CHILLY	ion	Туре	e of Facility (4))						
Vacant House Street Address									School (K-12 Subchapter 8		or than K	′ 12\				
119 Creek Road								×	Other (i.e. pri				uild	ings,	home	es,
City (5)								Squ	etc.) are Feet	# of	Floors		BI	dg. A	ge	
Lumberton NJ 080	80							100		2				5+	70	
County (6) Burlington					Code (7) JSE ONLY)			Curr	rent Use (Prior	if bei	ng demo	lished)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCN	l No.			of Ab	atement Conti	ractor	(9)					
Street Address		to 1 to				-	Street	Addre	ess							
City State 7in Code								Box 3	329 Zip Code							
City, State, Zip Code	=						100000000000000000000000000000000000000		rlin NJ 0809	91						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Telepa 856-		No. 9800		License 00727					
Start Date (10) 9/11/15		Schedule 9/13/15		pletion I	Date (11)		Name Sam		SHA Monitor	•						
Occupancy Status Durir	ng Abatement (Chec	c Only On	e)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	eriod of A al Facility	batem Hours	ent			City, S	State,	Zip Code							
Scope of Work (Check /						_							-		-	_
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TO BE AE	ility	Cust	odial S (12)	Staff?	(i.e.	sur	al system facing, V	AT, or			Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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City, State Elm NJ							osal Date	е	City, State Morrisvi		1906	7				
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Anthony T Perna		Presi	dent						2			9/10)/15	5		



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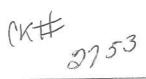
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 5080

Date of Notification (1)			Building C					20	15 SEP	1.0					
9/10/15 Agencies Notified Type Notification	n		Street Ac	einberg I	Private	Hom	e 			- 0-1	! 3	4	4 1	* 1 / 51	}
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DOH justificatio			lame of Phil	Contact					Tele	ephone N	Numb	er			
Name of Facility Where Abotement is Tal	ring Dlage /2		FACIL	ITY INFO	RMATI	ON	Timo	of Facility (4	()						
Name of Facility Where Abatement is Tall Phil Weinberg Private Home	ling Place (3))					F	chool (K-12	50						
Street Address	5.0						S	ubchapter	8 (Oth				• 170 110 110 1		
16 N Lagoon Dr							e	ther (i.e. p			ercial				is,
City (5) North Beach NJ 08008							Square 1000-		# of	Floors		BI 35	dg. A	ge	
County (6) Ocean				ode (7) ISE ONLY)		_	Currer	nt Use (Prid	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Buildir N/A	g Owner (8)		ASCM	No.			of Abate	ement Con C.	tractor	(9)			•		
Street Address							Address Box 32								
City, State, Zip Code	***************************************			-			State, Zip	Code NJ 080	08						
Project Manager for Monitoring Firm		17	Telephor	ne No.		Telepl	none No 753-98			License					
Start Date (10) 9/14/15	Schedule		pletion [Date (11)			of OSH	A Monitor		00.2.		- 18			
Occupancy Status During Abatement (Cl		1	21.79				Addres	S	W		100				
Facility Closed/Vacated During Enti Abatement Performed Outside of N	e Period of A	Abatem				City. S	State, Zij	o Code							
Other – Describe:	,	1/6/A/E (2700E)			_	,									
Scope of Work (Check All That Apply)	0					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	Renovat Demoliti					Min Glo	Containme i-Enclosure vebag Prod	e cedure					الم	
							Nor	n-Exempted	1 (*) an	a Non-Fi	паріе			emeni	t
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Asbestos-Containing Material (ACM)		d Solel intenar			tos Conf	taining I	Material			mount		77		Ē	Ш
TO BE ABATED In Facility	Cus	todial S (12)	taff?	(i.e.	surfa	cing, VA		tion,		Specify F or LF)		Remova	Repair	caps	Enclosure
(13)	-		T		other r	niscella	neous)					val	air	Encapsulate	sure
·	Yes	No	N/A			. 0:			- 40	200.05					
Exterior Siding			X		Exte	rior Si	aing		16	800 SF		X			-
											_				-
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Name of Registered Waste Hauler		I NI	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered I an	dfill				
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City, State EIm NJ					Dispo 9/18/	sal Date	Э	City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna	Title Pres	ident)	5	Signatur	2	7		د_	Date 9/1	0/15	5		

(K#2752) tional

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Date of Notification (1) 9/9/15				Building (er Resid		Operator	(2)				4 (LT	15	1.19	/:
Agencies Notified Type Notification EPA Initial	,		Street A	rk Ave											
X EPA Initial X DEP X Amended Amendment	#			te, Zip Co Long Bra		New le	PLSEA								1
Emergency (-		f Contact	211011,	i i cw oc	21009		Tel	ephone N	Nun	ber			
DOH justification) DCA Cancellation			Peter	50 02 75088					1						
			FACI	LITY INFO	DRMAT	ION									
Name of Facility Where Abatement is Taking Koshner Residence	g Place (3	3)					-	of Facility (39.5						
Street Address 39 Park Ave		8 -					× c	ubchapter other (i.e. p tc.)					dings,	home	es,
City (5) West Long Branch							Square 8000	e Feet	# of 2	f Floors		18	ldg. A 0+	ige	
County (6) Union			County (Code (7) USE ONLY)				t Use (Pri ence "+				ed)			
Name of Monitoring Firm Hired by Building (Owner (8))	ASCM	I No.		100000000000000000000000000000000000000	of Abate	ement Contion Co.	ntractor						
Street Address	ī.		1				Address	se Road	<u> </u>						
City, State, Zip Code							State, Zip	Code , N.J. 07	7722				001552	7.4 m/4-1	22.00
Project Manager for Monitoring Firm		- 1	Telephor	ne Na	_		none No	70	1122	License	a No	i i			
						100000000000000000000000000000000000000	294-17			00029		·			
Start Date (10) 9/9/15.	Schedule 9/18/1		pletion [Date (11)			of OSH	A Monitor							
Occupancy Status During Abatement (Check	k Only O	ne)					Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm							tate, Zip	Suite A			_				
X Other – Describe: 7am-7pm					_	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		rk, New	Jerse	y 0703	5				
Scope of Work (Check All That Apply)	597.057						<u></u>								
≥3 sf or ≥3 if ≥ 160 sf or ≥260 lf	_	Renova Demoliti				×	Mini Glov	Containm Enclosure ebag Prod Exempted	e cedure						
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Location of	1	Locati Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbest (i.e.	tos Con therma surfa	taining M I systems cing, VA miscellar	Material (s insulat T, or	(ACM) ion,	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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basement			X	pine	insula	roof	boiler t	ank		000sf f+(150 s	f	X			
windows										vindows	_1	X			
unit heater liners		X	(glazing stos Pa				10		x)				
Name of Registered Waste Hauler	N	JDEP W	aste		Yards	apo.	Name of	Registe	20178	ifill	^)				
Newark Carting		Н	auler ID 4509		of Wa 50			Chrins	3,440	-					
City, State Newark, New Jersey					Dispo 9/18/	sal Date 15		City, Stat							
Completed by Bree McGuire	Title Secr	etary	Treasu	rer	8	Signature	u	1		- 1	Date 9/9	e)/15			



Date of Notification (1)	***		1		Building C)wner/Op	perator ((2)		2	TIS SEP	79 790			
9/10/15			1	Frank I							- id off.	15		, ,	-
Agencies Notified	Type Notification			Street Ac 4 Shre	ldress wsbury i	Drive					1				- /
× EPA × DEP × DOL	Initial Amended Amendment	#			e, Zip Coo on, New						S. L.J.	Tip!	9 8	iil)	1.1
X DOH	Emergency justification)	(including	-	Name of	Contact				N	Tel	ephone Nu	mber			
DCA DCA	Cancellation			Frank						1					
Name of Facility Where	Abatamant is Takin	a Placa (3)		FACI	LITY INFO	ORMATIC	ON	Tyne	of Facility (4	}					
Russo Residence	Abatement is Takin	y riace (5)						□ s	School (K-12 Subchapter 8	2)	er than K-1	2)			
4 Shrewsbury Drive	е	3						X e	Other (i.e. pr etc.)	ivate 8	commerci	ial build	377803		es,
City (5) Rumson							are distance in the second	Square 2500	e Feet	# of 2	Floors	1 00	ldg. A 0+	ge	
County (6) Monmouth				County C	Code (7) USE ONLY)				nt Use (Prior dence	r if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name		tement Conf	tractor	(9)		- 20		
									tion Co.,	Inc.	522.00				
Street Address						ļ		Addres lontro	se Road						
City, State, Zip Code									p Code	700					
Project Manager for Mor	nitorina Firm		-1	Telephor	ne No.			one No	k, N.J. 077	122	License N	lo.			
1 Toject Managor Ter Inter							732-2	294-1	757		00029				
Start Date (10) 9/19/15		Scheduled 9/24/15		npletion [Date (11)		Name	of OSH	IA Monitor						
Occupancy Status Durir	ng Abatement (Che	ck Only One	2)				Street	Addres	SS						
	cated During Entire ned Outside of Norr 7em-7pm						City, S	tate, Zi	p Code						
Scope of Work (Check A															
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Locatio	n of	N	ocati ormal	liy		Das	scription	of					T	ре	
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED lifty	Custo	ntena dial S (12)	nce/ Staff?		tos Cont thermal surfac	aining N	flaterial s insula T, or		(3	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
outdoo	oro	Yes	No	N/A X)		siding		1	2	500sf	x	1	1	
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									the state of the s						
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	me of Registered Waste Hauler NJDEF Hauler e Insulation Co., Inc 12086						yards ste		Chrins	registe	ered Landfi	ш			1
City, State						3 Dispos	al Date		City, State	:					
Colts Neck, New Je	ersey					9/24/			Easton,						
Completed by Bree McGuire	20 20 20 20 20 20 20 20 20 20 20 20 20 2	Title	tarv	Treasu	ırer	Ş	ignature	n	1/			ate /10/1	5		
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Date of Notification (1) 09/11/15			- 1		f Building EMAH	Owner/0	Operator	(2)		201	5 SEF	15	9	4 1		7
Agencies Notified	Type Notification	•		Street A 251 Pl	ddress ROSPE	CT ST				e J					-	
DEP X DOL	Amended Amendment				ate, Zip Co WOOD I		701				1.1	-1.7	1	ü	iul	
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name o	f Contact					Tele	ephone	Numb	er			
				FACI	LITY INFO	ORMAT	ION			•				252 87.00		
Name of Facility Where	Abatement is Taking	Place (3)					Туре	of Facility (4)						
									School (K-12							
Street Address	<u></u>								Subchapter 8 Other (i.e. pr				د اثن د ما	dia a a	h	
251 PROSPECT S	1								etc.)	ivate	x COIIIII	lerciai	Dulic	ıngs,	HOITH	38,
City (5) LAKEWOOD								Squar 1500	re Feet	# of	Floors		В	ldg. A	ige	
County (6)					Code (7)			Curre	nt Use (Prior	r if bei	ng dem	olishe	d)			
OCEAN				(STATE	USE ONLY			HOM	1E							
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCN	ЛNo.				tement Cont PROFES							
Street Address								Addres	SOVE CO	URT						
City, State, Zip Code							City, S	State, Zi	p Code							
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	none No		701	Licen	se No.				
		•						668-9			1200					
Start Date (10) 09/19/15	107	Schedule 09/21/1		pletion	Date (11)				IA Monitor PROFES	SSIO	NALS					
Occupancy Status Durin	g Abatement (Check	Only On	e)					Addres								
Facility Closed/Vac Abatement Perform	ated During Entire P	eriod of A	batem	ent					DOVE CO	URI						
Other – Describe:	ed Outside of Norma	al Facility	Hours				(5.0)	State, Zi	p Code DD, NJ 08	701						
Scope of Work (Check A	II That Apply)						L/ (1 (1	LVVOC	JD, 140 00	701						
≥3 sf or ≥3 lf	11.2/	Пв	enova	tion				Full	Containme	nt with	Negati	ve Pre	10011	·e		
× ≥160 sf or ≥260 lf		Manual Property and Property an	emoliti					Min	i-Enclosure		ivegati	IVE I IE	SSUI	C		
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Asbestos-Containing	Control Contro		d Sole		Asbes		scription taining N		(ACM)	A	mount				т	
TO BE AB. In Facil			odial S	120000	(i.e.		I system: icing, VA		tion,		pecify or LF)	- 1	Rer	Re	nca	Enc
(13)	ity		(12)				miscellar			31	OI LF)		Remova	Repair	Encapsulate	Enclosure
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EXTER	IOR					5	SIDING	}		2	500		X			
											1.5					
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NEWARK CARTING	i		173.50	auler ID 1509	No.	of Wa	ste		IESI						5	
City, State NEWARK, NJ	F					Dispo 09/21	sal Date 1/15		City, State BETHLE		I PA					
Completed by JOSEPH PERLSTEI	N	Title OWN	ED			3	Signature	9				Date 9/9/				
SOULI III LIXLOTEI	1.1	OVVIN	-11									3/3/	17			-

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

				30.400.000	*************		72 0.00-7 una 72	5.5.515				Check			
Date of Notification (1) 9/11/15						Operator (2) tment of Milita	ar	v Affairs	2815	E0 .				
Agencies Notified [] EPA	Type of Notific	cation S	treet A	ddress		•	ing Road		y , mano	A Ja	TEP 15 /	<i>A.</i> /.	5	E	
[] DEP [X] DOL	Notification [] Amended	d L		ate, Zip encev			08648			- 2 ,	<i>E</i> .	i li	~ i.		
[X] DOH [] DCA	Notification	N		of Conta		<u></u>			Telep	hone Num				-	
	[] Cancellati	ion V	Villia	m Mc						85.7 m C C	<u></u>				
Name of Facility Whe	are Ahatement is	Takina Dla	00 (3)		FAC	ILITY	INFORMATION	_	Type of Facility (4)						_
Teaneck Armor Street Address Teaneck Road	У					*	2		School (K-1	2) 8 (Other torivate and	han K-12) commercial	buildir	ngs,		
City (5)		County	(6)			Сош	nty Code (7)	-	Square Feet 65000	# of Floors	Blo	dg. Ag 5	е		
Teaneck		Berge	en				ATE USE ONLY)		Current Use (Prior if armory						_
Name of Monitoring F TTI Environmen	집사 병기 없는 경기에 가장 없는 사람들이 내려가 해 있다. 그 것이다.	ding Owne	2.7	ASCM N 2003	lo.				ent Contractor (9) upiter Environm	ental Se	ervices, Ir	IC.			
Street Address 9 East Stow Ro	ad						Street Address		· 23 Changebridg	2000		Service to			
City, State, Zip Code Marlton, NJ 080							City, State, Zip C	Co			, outer re				
Project Manager for I Mike Stocku		120000000000000000000000000000000000000		Numbe		1	Telephone Num	be	er	77030	License N				-
Scheduled Start Date		ned. Comp	letion			1	Name of OSHA	M					08	22	-
9/21/1 Occupancy Status Di	uring Abatement (Check onl				-	Street Address	J	& S Environme	ntal Lat	oratories	s, LL(ز		_
[] Abatement P	ed/Vacated Durin erformed Outside						City, State, Zip C		333 Route 22W						
	cribe: cribe: <u>partially va</u>	cant							Jnion, NJ 07083						
Scope of Work (Chec	k all that apply)								[] Full Con	tainment w	rith Negative	Press	ure		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥				[]	Rer	novat	ion		[x] Mini – E [] Gloveba	nclosure g Procedu riable Proc	re				
			Locat				Desc	orip	otion of			P418060	ate pe	mer	it
Location Asbestos — (Material TO BE A	Containing (ACM) BATED	Main	Solely tenand al Staf	ce/Cus			Mater (i.e., ther insulation, s	rial rm: sui	Containing I (ACM) al systems rfacing, VAT,		Amount (Specify SF or LF)	R E M O	REPA	N C	1
In Fac (13		Yes	No	N/A	-		or other m	nis	cellaneous)			V A L	I R	P S U	1
2 nd floor			Х		VA	T				2	200 SF	X			
Name of Registered N Jupiter Environi		ces Ha	DEP \ luler II 04782	Waste No.			oic Yards Waste 2		Name of Registered Minerva Land						
City, State Pine Brook, NJ	07058		77-27-0				posal Date 29/15		City, State Waynesburg,	ОН					
Completed By (Print of Pane Repic		Title Gen	eral	Mana	ıger		Signature		C	The state of the s	Date 9/11/	15			
SB-41 JN 95							1		550						

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Date of Notification (1)					g Owner/Operator	(2)					
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Agency Notified	Type Notification			et Address	0	1,		J SEP	Ū	1.7	1
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2 ТООН	justification)			ne of Contac		0 -	Telephone Num	per			
□ DCA	☐ Cancellation			STEPH	EN SAN DO	2172					
			FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking Place	(3)				Type of Facility	(4)		8,		
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Street Address)~ U					☐ Subchapter 8	Other than K-12	2)			
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Street Address					Street Address	***					
655 WEST	SHORE TRAIL				450 Sou	th River	St				
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SPART	· O Th . A	1821	1			ack, N.J					
Project Manager for Mo		Telepl			Telephone No.		License No.		4		
J.P. VONDOE	HRON	973-	651	2001	201-329	-7444 -	00388		d		
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Occupancy Status Duri	ng Abatement (Check only	опе)			Street Address	8					
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10 Other - Describe: 7	DUCO JPH				S. Ha	ckensack	,N.J. 0.	/606		200	
Scope of Work (Check	all that apply)				PEul	Containment with	Negative Pressu	re			
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21 ≥ 160 sf or ≥ 260 lf				Demolition	☐ Glo	vebag Procedure -Exempted (*) an	d Nan Stiphia Pro	codura			
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	ABATED acility		odial	43.4	surfacing, VA		SF or LF		mo	sde	Enclosure
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	ck , N.J. 076	UI			9/25/13	waynes	sburg, Oh	1,446	00		
Completed by	Title				Signature	صاعمان	2	Q.	1,11	15	
J.Maiorano	Esti				1 1 1		>	1 //	/	/-	_
ASB-41	* Do not t	use this f	form fo	r asbestos l	icensure exempte	d activities.					

CK 5797

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)	_			124	1
	0)15		75	HEN	rs on	(2) &ARDEN	S general		14		\dashv
Agency Notified	Type Notification		Street Ad	idress 90	MARIL	IN PLA	SCE	tu a	I	: 5	13
□ EPA	☐ Initial Amended		City, Stat	to Tin C	nde .						
DEP DOL	Amendment # \$. 0	4.7	-0N.	45.07	315	CFN	100	110	-
	☐ Emergency (including	g	Mamo of	COMPONE		7.1	Telephone Num	ber			
DOH DCA	justification) □ Cancellation		-	MR	BAUEN		4				_
			FACILI	TY INFO	RMATION						_
Name of Facility Where	Abatement is Taking Place	æ (3)				Type of Facility	(4)				
JEA	PARILYN	42 Ve			3	School (K-12) Subchapter 8 Other (i.e. pri	(Other than K-12 vate & commercial) al buildings	>,		
/	MAICHCOM	1011			.,,	Square Feet	# of Floors	Bldg. A			
City (5) -						16000.		19	4	3	
,	CUPTON						ior if being demol	1			
County (6)				Code (7)	(STATE USE	Current use (Fi	is a - / A.	25-5			
	PASSAIC		ONLY)		8		NCE/ H	12			
Name of Monitoring Fr	m Hired by Building Owne	ASC	CM No.			ment Contractor (9			æ		
(8)					Best Re	moval In	c				_
Street Address					Street Address						
Oliect America			X		450 Sou	th River	St				
City, State, Zip Code					City, State, Zip	Code					
City, State, Zip Code					Hackens	ack, N.J	. 07601				
Project Manager for M	oninting Firm	Telep	hone No.		Telephone No.		License No.		Stark S		
Project Manager for M	Omorning i um	1			201-329	-7444 -	00388				
	Scheduled C	ompletion	Date (11)		Name of OSHA	Monitor					
Start Date (10)	15 9/11	7).	= -	X	Omega	Environm	ental				
	ring Abatement (Check on	ly one)		Λ	Street Address						
- CE-42-201-201-201-201-201-201-201-201-201-20					280 H	uyler St					
☐ Facility Closed/Vac	ated During Entire Period	of Abatem	ent		City, State, Zip	Code					
Abatement Perform	ned Outside of Normal Fac	aty Houis	*		S. Ha	ckensack	,N.J. 0	7606			
Scope of Work (Chec					1						
	K all amt app.)/		1300n	ovation	Ful	l Containment with ni-Enclosure	Negative Flesso	ne .	205		
223 sf or ≥ 3 lf			□ Den		Dela	weber Procedure		200			
□ ≥ 160 sf or ≥ 260 lf					□ No	n-Exempted (*) an	d Non-Friable Pro	cedure	Ah	atem	ent
		Is Lo	cation					-		Туре	
			mally	-	Description	n of		[+ -		
. Loc	ation of ining Material (ACM)		Solely by enance/	Asbe	estos Containing I	Material (ACM)	Amount	:	₽.	Repair	1 5
TO BE	ABATED	Cus	stodial	(i.e	e., thermal system surfacing, V	ns insulation,	(Specify SF or LF	.	Removal	apa	CIO
	Facility (43)		aff?		other miscella		-		Va	A LIB	Sule
	(13)	. (12)					1		9	
		Yes	No N/A						-	-	+
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	BOLLEN # L				WAL SUPFACE		100 5	F	p	1	1
131130 001								'>		1	1
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	moval Inc	ID N			Waste	Minery	a Enterp	rises	0.00	LL	C
Dest Re	MOVAL THE		17109		31/20	-(P		,		
City, State					Disposal Date	City, State	9	2.2.3			
Hackens	ack , N.J. 0	7601			9/17/	Wayne	sburg, 0	h,446	88		
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J. Maiora	no Est	imat	or		1 1/	(on one	1	1	11	11.	
ASB-41	* Do n	ot use this	form for a	sbestos	licensure exempt	ed activities.			100		
700-71					/\						

CK 5797

Date of Notification (1)	9		Name	of Buildin	g Owner/Operator	(2)	0 2000			
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Agency Notified	Type Notification		Street	Address 90	MARIL	ON PLACE	S 2815 (50	· ·	1: 5	3
© EPA	☑ Initial ☐ Amended		City,	Show Tim	Code					
D DEP Z DOL	Amendment#		(267	4, 407	12.05	015		110	L.
та бон	Emergency (included institution)	ing	Name	of Contac	d		Telephone Numi	ber		
D DCA	☐ Cancellation		MA	L BAU	ER				_	
			FAC	LITY INF	ORMATION					
Name of Facility Where	Abatement is Taking Pla	ace (3)				Type of Facility	(4)	20		
TEHERS	on GARDE	SWE	ij.	3		School (K-12)			
Street Address					1/2	Subchapter 8	(Other than K-12)	buildinas		
90 MAR	ilyn PLAC	.			, ,	homes, etc.)		Bidg. Age		
City (5)	>				*** **		20176015	1.90	19	
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County (6)	SAIC		Coun) (STATE USE		ior if being demolis			
Name of Monitoring Firm		er A	SCM No.		Name of Abatem	nent Contractor (S	9)	-,:		
(8)					Best Re	moval In	С			2
Street Address					Street Address					
	ű.				450 Sou	th River	St			
City, State, Zip Code					City, State, Zip (
	•					ack, N.J				
Project Manager for Mor	nitoring Firm	Tek	ephone No		Telephone No.		License No.			
					201-329		00388		g .	
Start Date (10)	Scheduled C	omplesio)	Name of OSHA	Monzor Environme	nt a 1	-		
9 14 15 Occupancy Status Durin		1	:7		Street Address	EII V II OIIII	EIILAI			
						uyler St				
☐ Facility Closed/Vacate ☐ Abatement Performed	ed During Entire Period	of Abates	ment		City, State, Zip C				-	
Other - Describe: 7	on to sem	ally 110th					,N.J. 07	606		
Scope of Work (Check a	Il that apply)				den	0	Negative Pressure			
-ET≥3 sfor≥3 lf			₽ Re	novation		Contaminent wan Enclosure	Negauve Flessure			
□ ≥ 160 sf or ≥ 260 lf			□ De	molition		ebag Procedure	Non-Friable Proce	dere)
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City, State					Disposal Date	City, State	2			
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Date of Notification (1)				TI	lame o	f Building	Ówner/	Operator (2		4	a man and a City				
09 /	10 /	15								and the second	APPROVED				
Agencies Notified	Type Notification					ie Liner				Dept. of I	calth & Senior S	ervices			
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□ DCA			iding	N	laplev	rood, NJ	07040				. = 7				600
(NJAC 5:23-8)	justification	•				f Contact	24				Telaphone Nur	uper			C. "
	Cancellatio	n.		3	-	ie Liner									SA
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Name of Facility Where	Abatement is Tal	king P	lace (3)					Type o	f Facility	(4)	-			S
Private house					2	•			Sol	100l (K-1	2)	_	7		
Street Address					333V6 - Sa.						9 (Other than K-1 private and commi		ldione		170
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Gity (5)								*****	Squar	e Feet	# of Floars	Bld	g. Ag	6	0)
Maplewood, NJ 0704	0					¥.									(3)
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Name of Monitoting Fire	m Hired by Bulldi	ng Ov	vner (E	3) /	SCM N	lo.	Name	of Abateme	ent Con	tractor (S	9)				
							Gr Te	ch LLC							
Streat Address		-					Street	Address				-	- 332-25-		
					50		576 V	alley Rd f	283						
Olty, State, Zip Code								state, Zip C		1.0		-			-
							Wayn	e, NJ 074	70			*			į
Project Manager for Mo	nitoring Firm			Tele	ohone N	40.		rone No.	*	- 60	License No.	19 1	-	***	
							973-63	38-1777			01127				
Start Date (10)					ion Dat	e (11)		of OSHA N	Jonitor	1 -	1				-
09 / 11	/ 15	09	1	_12	_ / _	15	Enviro	ovision Co	mentha	nto Inc					
Occupancy Status Duri	ing Abatement (C	heck	only o	ne)				Address	VIII WILL	*ACSTAAR				-	
☐ Facility Closed/Vac	ated During Entire	e Peri	od of	Abater	nent		20-21	Wagaraw	Road	Ride d	435F				
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Scope of Work (Check	all that apply)	4	-				1			acontari	ination with negati	live press	ure		
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			~ '		350			Non-Ex	ampted	(") and i	Non-Frisble Proce	dure	1		
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Location Containing				Norma d Sole				Description				20	70	m	111
Asbestos-Containin	BATED	·	Ma	intens	ncel			ntaining Ma nai systems			Amount (Specify	Removal	Repair	Encapsulale	Enclosure
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Gr Tech LLC				1	003371	35	T	BD	T.R	RF.I	ıc		EEE 1855		
Olty, State							Dispo	ssl Date	CH	, State			1180		
Wayne, NJ 07470			¥8				T	BD	Tul	lytown,	PA				
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ASE-41		Own	191						SMC	Wene	rol	03/10/2	010		

* Do not use this form for asbesses licensure exempled activities.

MAY 11

CK 5801

Date of Notification (1)				Na	me of	Building	Owner/Operator	(2)					
Date of Notification (1)	115	9.5			MR	. 7	JAN E	JUAS ?	815 SFD 15		- E3		\dashv
Agency Notified	Type No	ification		St	reel Ma	CI CSS					× 0		-
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DEP DOL		idment#			· N	EWA	+181C - M:	J. 0710	Telephone Num	har		_	-
Б рон		gency (including cation)	Ķ	Na		Contact							
DCA	☐ Canc				F	(K.	RIVAS		1	-1	- 0	-	
				F	ACILI	TY INFO	RMATION						
Name of Facility Where	Abatemen	is Taking Place	e (3)			•		Type of Facility	(4)				
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Street Address	1144	CBIPLO	Δ	S F	5			Other (i.e. pri	vate & commercia	l buildings	,		
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ESS			- 1 45	2111		- 1	Name of Abatat	ment Contractor (9					
Name of Monitoring Fire	m Hired by	Building Owner	AS	CM N	10.								
(8)							Street Address	moval In	C				-
Street Address									C+				
							450 Sou	th River	St		-		
City, State, Zip Code								ack, N.J	07601				
							Telephone No.		License No.			-	
Project Manager for Mo	onitoring Fi	m	Telep	phone	e No.		201-329		00388				
			1	D. 4	14.61		Name of OSHA						511000
Start Date (10)		Scheduled Co	- 6	S Date	2 (11)			Environm	ental				
9/28/15				_			Street Address						
Occupancy Status Dur		-		411	183			uyler St			*		
☐ Facility Closed/Vaca	ated During	Entire Period o	f Abaten	nent			City, State, Zip				, 5°		-
D Abatement Performance Other - Describe:	ed Outside	of Normal Facil	ny Hours	5	-		S. Ha	ckensack	,N.J. 0	7606			
				-									
Scope of Work (Check	au uat ap	hi3)		,	H Bon	ovation	□ Full	l Containment will ni-Enclosure	n Negative Pressu	ie .			
EZ3sfor≥3 if					□ Dem	7.3000	Dela	unban Procedure					,
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				mall		=	Description	n of		1		1.	_
Asbestos-Contain	ation of ning Materi	al (ACM)	Used			Asbe	stos Containing I	Material (ACM)	Amount (Specify		2	20 5	Enclosure
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Best Ren	noval	Inc	IDN		100		Waste	Minerv	a Enterp	rises	,	$\Gamma\Gamma$	C
Dept Rei				17	109		207						
City, State		01803					Disposal Date	City, State	abuma 0	h 11.6	22		
Hackensa	ack,	N.J. 07	7601				9/29/1	y wayne	sburg, 0	Date	1	1	
Completed by		Title					Signature	la la acc	2	Date	11	11	5
J.Maioran	10	Est	imat	or			1 46	10000		1 /		72	
ASB-41		* Do n	ot use thi	is for	m for a	sbestos	licensure exemple	ren acevines.					

CIL 5800

Date of Notification (1)			N	ame o		Owner/O	perator	(2)	***	125			
9/11/1:	5			6	TR.	ED	M	-DONO	GH	0.00			
Agency Notified	Type Notification		S	treet A	ddress				9815	SEP 15		,	
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□ EPA	☐ Initial ☐ Amended		1	ity Str									
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д тбон	justification)	•			f Contact				Telebione nam	DCI	>	- 1	
□ DCA	☐ Cancellation			MK.	Ne	DONG	Jeh	τ		~	_	_	
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Name of Facility Where	Abatement is Taking Pla	ce (3)					- 1	Type of Facility	(4)				
the annual and a second and a second for the second							- 1						
MK.	MEDON	10 t	4					School (K-12) (Other than K-12	۸ .			
Street Address						- 3		2 Other (i.e. pri	vate & commercia	/ al buildings.			
3<9	TEANECR	_ (حي		. *			homes, etc.)					
City (5)								Square Feet	# of Floors	Bldg. Age	9		
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County (6)				DOUNTY DNLY)		(STATE	USE	The second secon					
BE	RGEN		- 1	J145. ()	•		14	€ 59	SIDEN CE				-
Name of Monitoring Fire	n Hired by Building Own	er A	SCM	No.		Name of	Abaten	nent Contractor (9	9)				
(8)						Best	Rei	moval In	С				
Street Address				-		Street A		•					
Queet Address				1		450	9011	th River	C+	27			
						City. Sta			טנ			-	-
City, State, Zip Code									07601				
	<u> </u>							ack, N.J				_	_
Project Manager for Mo	nitoring Firm	Te	lephon	e No.		Telepho			License No.	-1			
B B	7. 7.		•88			201-	329	-7444 -	00388	- 5			
Start Date (10) 25	Scheduled C	ompletio	on Dat	e (11)		Name of	OSHA	Monitor					
9/28	15 91:	261	15			Ome	ega 1	Environm	ental				
	ng Abatement (Check on					Street A							
	•			*		28	O H	ıyler St		100			
	ed During Entire Period					City, Sta				-	_		-
Abatement Performe	d Outside of Normal Fac	lity Hou	irs	~		Hilliam Profession Colleges			,N.J. 07	1606			
Z Other - Describe: 7						٥.	пас	Relisack	, N. J. 07	000			_
Scope of Work (Check	all that apply)						D Full	Containment with	Negative Pressur	e			
21≥3 sf or ≥ 3 lf					ovation			Enclosure		- 0			
☐ ≥ 160 sf or ≥ 260 lf				□ Den	nolition		-B'Glov	ebag Procedure	d Nain Erichle Dans				
		r			1		U Non-	Exempted (*) and	Non-Friable Proc		bate	mei	nt
		ls	Locatio	on	-						Ty		
			ormali		-	Doc	cription	of.					
. Locat Asbestos-Containi			d Solel ntenar		Asbes			aterial (ACM)	Amount	1_		m	100
TO BE A		PO - 100 ACC	ustodi					insulation,	(Specify	Removal	Repair	lCa	Enclosure
IN Fa	citity		Shaff?				ing, VAT		SF or LF)		ph.	pau	180
(1	3)		(12)			other m	iscellan	eous)		<u>a</u>	-	Encapsulate	6
		Yes	No	N/A	1								
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BASEM	でいて			8	THERM	LAC SY	STEM	INSU GATION	1001	FX			
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		1				20.	1			1			
Name of Registered Wa	este Hauter	MI	DEPM	laste F	laulet	Cubic Y	ards of	Name of Regis	stered Landfill		-		
			No.	easte I	icarol	Waste		***			тт	0	
Best Remo	DAST THE	1.0		109		.2	42	Minerva	a Enterpr	ises	ال ,	ناد	
			± 1 .				1104	City, State			-	-	_
City, State	1 37 7 07	(01				Disposa		_	1	1.1.604	2		
Hackensa	ck , N.J. 07	001				0/	26/15	Waynes	burg, Oh		7		_
Completed by	Title				10	Signatu	9/	'a 0		Date O/	,/.	1	
J.Maiorand	Est.	imat	or			1	700	orang.		7/ "	1/	7	
ASB-41				for as	bestos lic	ensuré è	cempted	Lactivities.		1	*		

Md 225720 36437

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

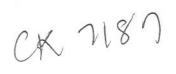
Date of Notification (1)					Building (perator	(2)								
09/11/15	0				rancone	9			2816 CE	. , -						
Agencies Notified	Type Notification			Street Ad 6103 N	ddress Nonitor F	Place			ECTU C.	Ú		* CG				
× EPA × DEP × DOL	Initial Amended Amendment	#			te, Zip Co New Yor		07093		4			- 11				
× DOH	Emergency justification)			Control of the Control	Contact					Tel	ephone N	Number				
Ĭ DCA	Cancellation	8		E4.00	IT (INIE C	D	011									
Name of Facility Where	Abatement is Takin	q Place (3)		FACI	LITY INFO	RIVIATI	ON	Ту	pe of Facility (4	1)						
Lilian Francone		9 ,						П	School (K-1)	5						
Street Address 6103 Monitor Place	1	i.						×	Subchapter Other (i.e. p	8 (Oth			ildin	igs, h	ome	s,
City (5)			-			-		Sa	etc.) juare Feet	# 0	f Floors		Blde	g. Age	9	
West New York									19413 7 331					33	ž.	
County (6) Hudson County				County (Code (7) JSE ONLY)			Cu	ırrent Use (Prid	or if bei	ng demo	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.		Name	of A	Abatement Con	tractor	(9)					
		38.00.00.00.00.00.00.00		10000000000			Pro /	Aba	atement							
Street Address	ā.						Street 1009		iress 7th Street Si	uite A	4				6	
City, State, Zip Code	20						1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		e, Zip Code ergen, NJ 0	7047						
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Teleph	hone			License 01223					
Start Date (10)		Scheduled	Com	noletion (Date (11)				OSHA Monitor		01220		-		-	
09/25/15		10/05/15	5	ipiotion i	5410 (11)		HILN	MAN	MM CONSU	LTIN	G LLC					
Occupancy Status Durin	g Abatement (Chec	k Only One)			15			dress + OUTE EAS	L GIII	TE 107					
Abatement Perform Other – Describe:							City, S	State	e, Zip Code NJ 07083	1 301	12 107					_
Scope of Work (Check A	II That Apply)		111111111111111111111111111111111111111				OIVI	OIV	140 07000				3000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova				×	<	Full Containme Mini-Enclosure Glovebag Prod	edure						
			I more and a con-						Non-Exempted	i () an	a Non-Fr	lable Pi	1003	baten	nent	
V		1997	ocati ormal			-	. ,.						7.30	Тур		
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Used Main Custo	Sole tenar	ly by nce/		tos Cont thermal surfa		Mate is ins AT, o		(5	mount Specify F or LF)	Remova		Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	O
Basem	ent						VAT			1	45 SF	х				
Basem	ent						TSI			S	90 LF	x				
Kitche	en						Other			3.	25 LF	х				
N			1	IDEE			V- 1		I AL			1511				
Name of Registered Was			Н	JDEP W auler ID 2430		of Wa	Yards ste		Name of MEDO				MIS	NOIS	1	
City, State KENILWORTH, NJ			1			Dispos	sal Date)	City, State		J					
Completed by Bryan Parra		Title	t Ms	anager	<u> </u>	S	Signature	44	MAIN	1		Date 09/11	/15			
		1.10,00		ugui			A	1/6	# runu	,		10000000				

Cl#2865

Date of Notification (1)				1	Name of	f Building C	Owner/	Operator (2)			10		
9 /	3 /	15			Fede	ral Aviati	on Ac	iministrat	ion	1515 SEP 15_	(H)			
Agencies Notified	Type Notification	on		5	Street A						-			
□ EPA	⊠ Initial							ech. Cen	ter Bldg 306 TS			100		7.0
⊠ DOLWD	Amended Amendment	+ #		(- Total	ate, Zip Coo				R L De	100			- 15
☐ DHSS	☐ Emergency	10.00	ling				Airpor	t, NJ 0840	05	- I I N	la a s			_
(NJAC 5:23-8)	justification			1		f Contact				Telephone Num	ber			
	☐ Cancellation	n			Chris	Jones								
					FACI	LITY INF	ORMA	ATION						
Name of Facility Where	Abatement is Tal	king Pla	ace (3	3)					Type of Facility (4)				
William J Hughes									School (K-12)	D\			
Street Address									☐ Subchapter 8	(Other than K-12 ivate and comme	rcial buil	dings	1	
Amelia Earhart Blv	d								homes, etc.)					
City (5)									Square Feet	# of Floors	Bld	g. Ag	Э	
Atlantic City Airpo	rt													
County (6)					Count	y Code (7)(STATE	USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Atlantic									Office					
Name of Monitoring Firm	Hired by Buildin	na Own	ner (8)) A	SCM N	lo.	Name	of Abateme	ent Contractor (9)					
NONE	, , , , , , , , , , , , , , , , , , , ,	.5					BRI	STOL EN	VIRONMENTA	L, INC.				
Street Address								Address						
Street Address							112	3 BEAVE	R STREET					
Oit State 7in Code								State, Zip C	AND THE RESERVE OF THE PARTY OF					
City, State, Zip Code								ISTOL, PA						
D. S. Marray for Mar	situaina Eirm	_		Tolor	ohone N	Jo.		hone No.		License No.				
Project Manager for Mon	nitoring Firm			100	JIIOIIC I			-788-6040)	00509				
Ct - + D-t- (10)	90	chadula	od Co	mnlet	ion Dat	e (11)	Name	of OSHA N	Monitor					
Start Date (10) 9 /15/					_ / _		BRI	ISTOL EN	VIRONMENTA	L, INC.				
								Address						
Occupancy Status Durin					nent				R STREET					
☐ Facility Closed/Vaca ☐ Abatement Performe	ted During Entire	rmal Fa	u OI A	Hour	nent s - Desc	cribe		State, Zip C						
Time of Abatement:	7:00AM-4:00Pf	M/	PN	1	AM			ISTOL, PA						
ALACTACA COMMANDA AND AND AND AND AND AND AND AND AND							DIX	10101,17	4 10001					
Scope of Work (Check	all that apply)							☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Ren	ovati	on			Mini-En						
☐ ≥160 sf or ≥260 lf] Den	nolitic	n			☐ Gloveba	ag Procedure empted (*) and No	on-Friable Proced	lure			
		-	Is	Locat	ion							atem	ent Ty	уре
Locatio	n of		N	orma	lly			Description			R	R	ш	Ш
Asbestos-Containing)		d Sole ntena	ely by	Asbes	stos Co	ontaining M	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE A					Staff?	(i.e.	., thern	nai systems rfacing, VA	insulation,	SF or LF)	ova	=	nsq	Sur
IN Fac (13)				(12)				r miscellan					ate	CD
(10,	· .	,	Yes	No	N/A							_		
Exterior-Pole 22				\boxtimes		transite	cond	luit	6.5	40 LF			Ш	Ш
	7.54													
		Г												
Name of Registered W	aste Hauler			1	JDEP V	Waste	Cubic	Yards of		istered Landfill				
BRISTOL ENVIRO		IC.		H	lauler II		Wast	e	G.R.O.W.	S. NORTH LAN	IDFILL			
					18706	0	Dispo	osal Date	City, State					
City, State BRISTOL, PA 190	07									/ILLE, PA 1906	7			
Completed By (Print or		Title						Signature		/	Date	1	/	100
Brian Scafiro	. 100/		timat	tor				Brion	a Scolir	al il	9/	3/	15	
Dilai. Joanno		111111111111111111111111111111111111111						100001	- 1 100		1	1		

ASB-41 MAY 11 B S 15076

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



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1.2	9=	-	0 1	-

Date of Notification (1) 9/04/2015							perator (2) pany FC		97		~		<i>:</i> :	3
Agencies Notified	Type Notification		- 1	Street Ad		oauno :	Site 200	N. Repaur	o Ave.	4				
DEP DOL	Initial Amended Amendment				te, Zip Co own, NJ		7							
DOH DCA	Emergency (in justification)	ncluding			Contact				Tele	ephone Nun	ber			
DCA	Cancellation				ane Rec		ON				-			
Name of Facility Where		Place (3)		FACIL	_III IIVI	/KINIA I I		ype of Facility	(4)					
Chemours-Repaun	o Site							School (K						
Street Address 200 N. Repauno A	venue							Other (i.e.		er than K-12 & commercia		dings,	home	es,
City (5)							S	etc.) quare Feet	# 01	Floors	В	ldg. A	ge	
Gibbstown								50,000	1			0+		
County (6) Gloucester				County C	Code (7) ISE ONLY			urrent Use (P ormer DuP						
Name of Monitoring Firm Harvard Environme		wner (8)		ASCM	No.			Abatement Cor r Environme			nc.			
Street Address 760 Pulaski Highwa	av	3					Street Ac							
City, State, Zip Code		-					City, Stat	e, Zip Code						
Bear, Delaware 19 Project Manager for Mor				Telephor	a Na		Phoeni	xville, PA 1	9460	License N				
Duane Reese	_		-	302 32	6-2333		610 93	3-4332		00836	J.			
Start Date (10) 9/21/2015		Scheduled 12/15/20		pletion [Date (11)			OSHA Monito d Environm		nc.				
Occupancy Status Durin	ng Abatement (Check	Only One)	_			Street Ad	ldress			A CONTRACTOR			
	cated During Entire P ned Outside of Norma						Same City, Stat	e, Zip Code						
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Secretary .	novat				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	3			Δ.	
		le I	ocatio	20		10	Belleville.	Hon Exempt	1			Abate		t
Locatio	n of	No	ormall	у		Des	scription of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Main Custo	Solely tenandial S (12)	ice/		os Conta thermal surfac		erial (ACM) sulation, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer ii					al		late	ıre
Maintenand	ce Shop			Х	See	Attach	ed Spre	adsheet	See	Attached	Х			
Scale & Char	nge House			Х	See	Attach	ed Spre	adsheet	See /	Attached	Х			
Gara	ge			Х	See	Attach	ed Sprea	adsheet	See /	Attached	X			
Warehouse 3	3,4,5, & 6			X	See	Attach	ed Sprea	adsheet		Attached	X			
Name of Registered Wa			122,9333	JDEP Wauler ID		Cubic of Was		200000000000000000000000000000000000000		red Landfill				
Waste Management				273		~ 300				ytown Lar	ndfill			
City, State Fairless Hills, PA							al Date 5-12/201	City, Sta Morris	ate ville, P	A				
Completed by Patrick Larney		Title Projec	t Mai	nager		Si	ignature	100	m	→ Dai	te 04/20	15		
J						11				1 1				

NEUBER ENVIRONMENTAL SERVICES, INC. Chemours-Repauno Site Gibbstown, NJ

Notification #1

Area / Notes	Abatement Item	Unit	Unit Quantity	Price/Unit	Total Pricing Mandays	Mandays
FA-1138, Maint Shop	Sheet Floring	SF	300			
	Tile & Mastic	SF	250			
	Transite	SF	10			
	Floor Tile	SF	009			ľ
FA-1159, Garage	Pipe Insulation	4	319			
	Fittings	EA	11			
	Tile & Mastic	SF	510			
	Floor Tile	SF	783			
	Oven Paper	SF	160			
FA-1322, Scale House	Floor Tile	SF	180			
FA-1247, Change House	Pipe Insulation	4	42			
	Fittings	EA	2			
FA-0596, Warehouse, #3 Small	Transite	SF	12			
FA-1100, Warehouse, #4	Transite Panels	SF	14,986			
FA-0553, Warehouse #5	Transite Panels	SF	15,884			
FA-1756, Warehouse #6	Transite Panels	SF	12,995			

NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Matification (1)				-	11 57	6D 1111									
	eptember 11, 20		n *	.124	Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.									4	
Agencies Notified [X] EPA DEP	1 2 3	l Notific	cation			Address	68 20.385195.0	ox 188		F. SE. 15	4		. 5)		
[x] DOL	Ame	ndment rgency (i	#including		City, State, Zip Code Spring Lake, NJ 07762						J.				
[] DCA		fication) cellation			Name of Contact Richard Hyde Telephone Numb						er - 01 , 000				
				FAC	CILITY	INFORM	IATION								
Name of Facility Where At	patement is Taking sidence	Place (3	3)					Type of Faci	lity (4)	School (k-12)					
Street Address	0 Narrumson	Road						[x]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)					
City		Coun	ty (6)		County Code (7) (STATE USE ONLY)			Square feet 800 s	f	# of Floors	Bld	g. Age	60		
Wall			ımouth			150	being demolished))							
Name of Monitoring Firm N/A		ASCM 1	No.	Name of	Abatement Cor		(9) an Contracting,	Inc.							
Street Address				Street Address 1889 Route 9, Unit 61											
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey					ey 08755-1271							
Project Manager for Monitoring Firm Telephone Number							Telephon 732-34	e Number	01110 11	License N 00624	lumber	755 1	2/1		
Scheduled Start Date (10) Scheduled Complet 9/14/15 9/16/15					ion Date (11)	Name of	OSHA Monitor E		L. Analytical					
Occupancy Status During A	Abatement (Check lity Closed/Vacate			od of Aba	tement		Street Ad	dress		elton Road					
2 2	tement Performed er – Describe	Outside	of Normal F	acility Ho	City, State, Zip Code Piscataway, New Jerse					ev 08854					
Scope of Work (Check all t	hat apply)						[]	-		way, New Jerse with Negative Pres		134			
	for≥3 lf		F 1	Renova	[] Mini-Enclosure					buro	ine .				
1 1) sf or ≥260 lf		[x]	Demoli	[] 510,1000,000										
											Abat	ement	Туре		
2 10			Is Location				Description			R	R	Е	Е		
Location of Asbestos-Containing M	5,475	1	Normally u Solely b				estos-Con			Amount	E	E	N	N	
TO BE ABA		Main	solely by				laterial (A , thermal s			(Specify SF or LF)	М	P	C	C	
in facility		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Staff	astoutar			lation, sur			OI LF)	0	A	A P	L	
(13)			(12)				VAT, o	r			V	R	S	S	
		VID0	NO	27/4		oth	er miscella	neous)			A		U	U R	
		YES		N/A							L		E	E	
Exterior			X		Asbe	stos sidin	g			210 sf	X				
		_	-	-	-										
					-										
Name of Registered Waste I	Hauler	15	VJDEP Was	te Haula-	ID No.	Cubic V	rds of Waste	NI	Dagie	ad 1 an 100				L	
	ntracting, Inc.			0223	т 140.	3	ius or waste	T.R.R		ed Landfill					
City, State Toms River,	New Jersey				sal Date		City, Sta								
Completed by (Print or Type	e)	Title		diameter and the second	Signat	ure .	-/	T	1		Date				
Nicholas Fernicola Project Manager						1-	10			9/1	1/201:	5			

*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)

											100						
Date of Notification (1) Sep	tember 11, 20	015			Name of Building Owner/Operator (2) KS Properties												
Agencies Notified [X] EPA [] DEP		l Notific			Street Address 1020 Minisink Way												
[x] DOL	Ame [X] Emer	ndment rgency (i	tification # ncluding			City, State, Zip Code Westfield, NJ 07090							Ü	į.			
[] DCA		ication) ellation			Name of	Name of Contact Telephone Number Ethan Schoss						n					
				FA	CILITY II	NFORM	ATION										
Name of Facility Where Aba Resid	tement is Taking dence	Place (3)					Type of	Facility (4)		ol (k-12)						
Street Address	Minisink Wa	ay							Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings,						dings,		
City		Coun	ty (6)		County Co	County Code (7) Square fee				_	es, etc.) f Floors	Blds	g. Age				
W			7. 28/5			(STATE USE ONLY)			1500 sf 2 65								
Westfield	11 5 22	Unio				Current Use (Prior if being Residence											
Name of Monitoring Firm Hi	dian Contract				ASCM No).	Name of	Abatemer	nt Contracto		ntracting	Inc					
Street Address 1889 Rte. 9, Unit 61							Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61										
City, State, Zip Code	City, State, Zip Code																
Toms River, NJ 08755 Project Manager for Monitoring Firm Telephone Number							Tolonhon	e Number	Toms	River, New Jersey 08755-1271 License Number							
Nicholas Fernicola 732-349-9932							732-34				00624	umber					
Scheduled Start Date (10) Scheduled Complet 9/11/15 9/14/15					tion Date (11	1)		OSHA M		.L. An	alytical						
Occupancy Status During Ab				X 2 3			Street Ad	ldress		6 BS							
	y Closed/Vacated ment Performed (1056 S	Stelton	Road						
F 9	- Describe	Outside	or ivormar	r acility 11	ours		City, Stat	e, Zip Coo		away, 1	New Jerse	y 088	54				
Scope of Work (Check all tha	t apply)						[人]	Full	Containmen	t with N	egative Pres	sure					
[] >2 of o	or≥3 lf		Г.,1	ъ	[] Mini-Enclosure												
2	f or ≥260 lf		[X]	Renov	t j sisteman												
				241101			LJ	Tion	Exclipied () and IN	ion-i madic i	Toccut	ii e				
			Is Locati									Abat	ement	Гуре			
Location of		1	Normally				Description estos-Con			A	mount	R	R	Е	Е		
Asbestos-Containing Ma			Solely b	у		M	laterial (A	CM)		17 00-000	ecify SF	E M	E P	N C	N C		
TO BE ABATI in facility	ED	Main	tenance/C Staff	Custodial			thermal s				or LF)	O	A	A	L		
(13)			(12)			insu	lation, sur VAT, o					V	I R	PS	S		
						othe	r miscella					Α		U	U		
		YES	NO	N/A								L		L E	R E		
Garage			X		Asbest	tos duct	work			180	sf	Х					
					-												
Name of Registered Waste Ha	uler	1 >	JDEP Wa	ota I Inl.	ID No.	Cuk!- V	de eCM1	. 1 57	- 6D	1,,	1011						
Guardian Cont		ľ		ste Hauler 20223	ID No.	Cubic Yar	ds of Waste		ne of Registe .R.R.F.	ered Lan	dill						
City, State Toms River, N				Dispo	sal Date		City, Sta	te		a							
Completed by (Print or Type) Nicholas Fernic	Title					Tullytown, Pennsylvania					Date 9/11/2015						

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name of Building	humar/Ona	rator (2)	# T.		_			
	eptember 11, 20	15			Name of Building Owner/Operator (2) Messercola Excavating Co., Inc. PO Box 790 Name of Building Owner/Operator (2) Messercola Excavating Co., Inc. PO Box 790								
Agencies Notified [X] EPA [] DEP		l Notific	ation										
[x] DOL	Amer	ndment			City, State, Zip Co	34	I.	- 0	Ĺ.				
[X] DOH [] DCA	122 120 2	ication) ellation			Name of Contact Ferna	Т	elephone Number		*2				
				FAC	CILITY INFORM	ATION							
Name of Facility Where Al	batement is Taking sidence	Place (3	3)	2.7.7.			Type of Facility (4)	School (k-12)	16.18				
Street Address	E Mohawk Di	rive					[] [x]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)					
Little Egg Harbor		Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors Bldg. Age 1 60					
		Oce	an		Current Use (Prior if being demolished) Residence								
N/A	Name of Monitoring Firm Hired by Building Owner (8) N/A					Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.				
Street Address				Street Address 1889 Route 9, Unit 61					2				
City, State, Zip Code				Propert Passionerson		iver, New Jerse	_						
Project Manager for Monitoring Firm Telephone Number						732-34	e Number 9-9932	License N 00624					
Scheduled Start Date (10) Scheduled Complet 9/11/15 9/14/15					ion Date (11)	0.000.000.000.000		. Analytical					
Occupancy Status During A	Abatement (Check ility Closed/Vacated			od of Aba	atement	Street Ac		elton Road					
g g	tement Performed er – Describe		of Normal F		City, State, Zip Code								
Scope of Work (Check all	that apply)				Full Containment with Negative Pressure								
[] >3 s	of or ≥3 lf		[]	Renova	[] Mini-Enclosure vation [] Glovebag Procedure								
[x] ≥16	0 sf or ≥260 lf		[x]	Demol	ition	[x]	Non-Exempted (*) and Non-Friable I	rocedu	ire			
									Abat	ement	Гуре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)			Is Location Normally to Solely by tenance/C Staff (12)	ised y	Asi (i.e ins	Description Destos-Conflaterial (A., thermal Dilation, su VAT, c	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S U	
-5		YES	NO	N/A	oth	er miscell	aneous)		A L		L E	R E	
Exterior			X		Asbestos sidir	ıg		900 sf	X				
			-	1									
					1							\vdash	
Name of Registered Waste Guardian Co	Hauler entracting, Inc.		NJDEP Was	te Hauler	r ID No. Cubic Ya	rds of Was	te Name of Register	red Landfill		I	I		
City, State Toms River,	New Jersey				sal Date	City, St Tullyt		47					
Completed by (Print or Typ Nicholas Fern	ne)	Title				Signature				Date 9/11/2015			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

D 01 07 0 00													
Date of Notification (1) September 11, 20	15			Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.									
	Notific	ation		Street Address P O Box 188									
[x] DOL Amer	ndment i gency (i			City, State, Zip Code Spring Lake, NJ 07762									
I DCA	ication) ellation			Name of Contact Richa	rd Hyde	I	elephone Number						
			FAC	CILITY INFORM	IATION								
Name of Facility Where Abatement is Taking Residence	Place (3	3)		*		Type of Facility (4)	School (k-12) Subchapter 8 (oth	or then	Je 12)				
Street Address 182 Tucker Drive						[x]	Other (i.e., priva homes, etc.)			ial build	lings,		
City	Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg. Age 60					
Neptune		ımouth				Current Use (Prior if Resider	nce	1)					
Name of Monitoring Firm Hired by Building (N/A		ASCM No.	Name of	f Abatement Contractor Guardia	(9) an Contracting,	Inc.							
Street Address		100			Street A		oute 9, Unit 61			0			
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 087									
Project Manager for Monitoring Firm	Number			ne Number 19-9932	License N 00624								
Scheduled Start Date (10) 9/14/15	Complet 5	ion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical								
Occupancy Status During Abatement (Check X] Facility Closed/Vacated		Timeron poet of re-	d of Aba	tement	Street A	ddress	telton Road						
Abatement Performed (Outside		cility Ho	City, State, Zip Code									
Scope of Work (Check all that apply)					Г.				54				
						th Negative Pressure							
$\begin{bmatrix} \end{bmatrix}$ >3 sf or \geq 3 lf $\begin{bmatrix} X \end{bmatrix}$ \geq 160 sf or \geq 260 lf		[x]	Renova Demol										
				-1			1	Abat	ement	Type			
Location of Asbestos-Containing Material (ACM)	1 224 20	Is Location Normally us Solely by	ed	1	Description bestos-Co Material (A	ntaining ACM)	Amount (Specify SF	R E M	R E P	E N C	E N C		
TO BE ABATED in facility (13)	Mair	ntenance/Cu Staff (12)	stodial		., thermal ulation, su VAT,	ırfacing,	or LF)	O V	A I R	A P S	L O S		
	YES	© 10	N/A	oth	er miscell			A L		U L E	U R E		
Exterior		X		Asbestos sidi			1500 sf	X		ь	Ь		
Exterior		Λ		Aspesios sign	ıg		1300 81	1					
				1									
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste	Hauler 0223	· ID No. Cubic Y	ards of Was	te Name of Registe	red Landfill						
City, State		20	Dispo	sal Date	City, St	ate	8						
Toms River, New Jersey Completed by (Print or Type)	Title		9/17/	Signature	Tully	town, Pennsylvania		Date					
Nicholas Fernicola Project Manager					-	1		9/11	/201	5			

NOTIFICATION OF ASBESTOS ABATEMENT

60 (24)															
Date of Notification (1)	ptember 11, 20	15			Name of Bu	Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.						70	4		
Agencies Notified [X] EPA [] DEP	5 5	Notific	ation		Street Addr	ress	РОВ	ox 188		927 X	P /3	1.7	2. (£)	
[x] DOL [x] DOH	Amer	ndment gency (#		City, State, Zip Code Spring Lake, NJ 07762										
[] DCA	Marie Section 199				Name of Co		d Hyde		To	Celephone Number					
				FAG	CILITY IN	FORM	ATION								
	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Place (3	3)					Type of Fa	cility (4)	School (k-12)		V . V			
Street Address	Coolidge Aven	ue			8				[x]	Subchapter 8 (oth Other (i.e., privathomes, etc.)			ial build	lings,	
City	X DOH DCA X Emergency (including justification) Cancellation				County Code (STATE US		()	Square fee 800	sf	# of Floors		g. Age	50		
	ne of Facility Where Abatement is Taking Place (3) Residence tet Address 66 Coolidge Avenue County (6) Ortley Beach ne of Monitoring Firm Hired by Building Owner (8) N/A tet Address County (6) Ocean Telephological Manager for Monitoring Firm Telephological Manager for Monit				***************************************				Residen						
		Owner (8)		ASCM No.		Name of	Abatement C		9) n Contracting,	Inc				
Street Address			×				Street A	ddress		oute 9, Unit 61	IIIC.				
City, State, Zip Code							City, Sta	te, Zip Code	1970 8000	iver, New Jers	ev 08'	755-1	271		
Project Manager for Monitoring Firm Telephone Number Scheduled Start Date (10) Scheduled Completer Scheduled Start Da								ne Number 9-9932		License N 00624					
9/14/15		ion Date (11)			OSHA Moni		. Analytical								
[X] Faci	lity Closed/Vacated	l During	Entire Per												
							City, Sta	te, Zip Code	Piscatav	vay, New Jerse	y 088	54			
Scope of Work (Check all t	hat apply)						[]			with Negative Pres	sure				
	for≥3 lf		[]	Renov	ation		[]	Mini-Enclosure Glovebag Procedure							
[X] ≥160	0 sf or ≥260 lf		[x]	Demol	ition		[x]	Non-Ex	empted (*)	and Non-Friable	Procedu	ire			
											Abat	ement	Туре		
Lantin	-£						Description				R	R	E	E	
							estos-Cor laterial (A	•		Amount (Specify SF	E	E	N	N	
TO BE ABA		Mair	itenance/(, thermal			or LF)	M	P A	CA	C L	
in facility	1		Staff				lation, su	rfacing,			0	I	P	0	
(13)			(12)			a th	VAT, or er miscell				V	R	S	SU	
· -		YES	NO	N/A		Othe	or miscem	aneous)			A L		L E	R E	
Exterior			X		Asbesto	s sidin	g			580 sf	X				
Name of Registered Waste			NJDEP Wa		ID No. C		rds of Was			ed Landfill					
City, State	ntracting, Inc.			20223 Dispo	sal Date	3	City, St		R.F.	*					
Toms River,					15 •		500000000000000000000000000000000000000	own, Penn	sylvania						
Completed by (Print or Typ Nicholas Ferr		Title Proje	ect Mana	ger	Signature					Date 9/11/2015					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

							n 1 2						
Date of Notification (1) September 10, 20	15			Name of Building Owner/Operator (2) Modern Homes						7696			
	tion Notifica ided Noti			Modern Homes Street Address 2911 Rte. 37							7		
[x] DOL Amer	ndment # gency (including			City, State, Zip Coo	& English Assembly								
I DCA	ication) ellation			Name of Contact Bruce	Waller	T	elephone Number						
			FAC	ILITY INFORM	ATION								
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)				
Street Address 1635 Bay Blvd.						[x]	Other (i.e., private homes, etc.)			al build	ings,		
City	County	y (6)		County Code (7) (STATE USE ONL)	r)	Square feet 1200 sf	# of Floors Bldg. Age 1 60			8			
Ortley Beach	Ocea				being demolished) ce								
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM No.	Name of	ne of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address					Street Address 1889 Route 9, Unit 61								
City, State, Zip Code				City, State, Zip Code Toms River, New Jers				ey 08755-1271					
Project Manager for Monitoring Firm	mber			ne Number 9-9932	License N 00624								
Scheduled Start Date (10) 9/10/15	mpletio	on Date (11)			. Analytical	751							
Occupancy Status During Abatement (Check X] Facility Closed/Vacated		of Abat	tement	Street A		elton Road							
Abatement Performed Other – Describe		of Normal Facil		City, State, Zip Code									
Scope of Work (Check all that apply)					[]		with Negative Pres	sure					
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$			Lenovat Demolit										
		- 100 (100)					Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Asbestos-Containing Material (ACM) Solely by <u>TO BE ABATED</u> Maintenance/Custodia in facility Staff				Description Descri	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R		
* *	YES		Ň/A					L		E	E		
Exterior		X		Asbestos sidir	ıg		1100 sf	X					
	-												
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste I 202	23	3	ards of Was	T.R.R.F.	red Landfill						
City, State Toms River, New Jersey			Dispos 9/14/		City, St Tullyt	ate town, Pennsylvania							
Completed by (Print or Type) Nicholas Fernicola					Signature				Date 9/10/15				

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