NO CK

Agencies Notified  □ PA □ DEP □ DEP □ DOL	Date of Notification (1) 9-14-15				g Owner s Compa	Operator (2)								
DOH		100 100 100 100 100 100 100 100 100 100	1000000			-		<b>2013</b> SE	9 17 Ai	7 67	35			
	□ DEP	Amended	Dee						LICE J	11 h				
Name of Facility Where Abatement is Taking Place (3)		Justification)	Nar						45					
School (K-12)   Subchapter 8 (other than K-12)   Subchapter 8 (other than K-12)   Subchapter 9 (other than K-12)   Subchapter 8 (other than K-12)   Subchapter 9 (o				FACIL	ITY IN	IFORMA	TION	99/08/		- W				
Street Address   Street Address   Street Address   Square Feet   \$ of Floors   Bidg. Age		batement is Taking Place	(3)					Type of Facilit	y (4)				-	
Rt 130 South    City (5)   Deepwater   Square Feet   # of Floors   Bidg. Age					- 1									
County (6)   County (7) (STATE   USE ONLY)   Current Use (prior if being demolished)   USE ONLY)								Other (i.e.	private & cor			ildin	ıgs,	
Name of Monitoring Firm Hired by Bidg. Owner (8)										ors	Blo	ig. /	Age	
Harvard Environmental   Street Address   Street Addres								Current Use (p	orior if being	demolis	shed	)		
Street Address   Street Address   A61 New Churchmans Rd.		AS	CM No				al	ă.						
City, State, Zip Code   New Castle, DE 19720	Street Address					Street /	Address							
Project Manager for Monitoring Firm   Telephone No. 302-326-2333   (302) 322-8946   C0578	City, State, Zip Code				City Sta	ate, Zip Code								
Scheduled Start Date (10) 1-2-15    Scheduled Completion Date (11)   12-31-15    Scheduled Completion Date (11)   12-31-15    County Environmental (15-003A)    Street Address		Telephone	No.				20	License	Numbe	r				
12-31-15									00578					_
Second Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours -   City, State, Zip Code   New Castle, DE 19720			ipietion Da	te (11)				al ('	15-003A)					
☑ Facility Closed/Vacated During Entire Period of Abatement       ☐ Abatement Performed Outside of Normal Facility Hours - Scope of Work (Check all that apply)       ☐ City, State, Zip Code New Castle, DE 19720         Scope of Work (Check all that apply)       ☐ Full Containment with Negative Pressure   Mini-Enclosure   Mini-E	Occupancy Status During	Abatement (Check only	one)					ns Road						
Scope of Work (Check all that apply)   Mini-Enclosure   Sclovebag Procedure   Non-Exempted (*) and Non-Friable Procedure    Abatement Type   Abatement Type   Asbestos Containing Material (ACM) Amount (Specify Staff?)   Custodial Staff? (12)   Yes No N/A   N/A   Thermal systems insulation, surfacing, VAT, or other miscellaneous)   Scope of Variation of Asbestos Containing Material (ACM) Amount (Specify Staff?)   Contend of N/A   Thermal coverings throughout area   10,000LF   X   X   Y   Y	☐ Abatement Performed	Outside of Normal Facility		nt		City, St	ate, Zip Code							
Secondarion   Demolition   Secondarion   Demolition   Secondarion   S						New	Jastie, DE 197.	20						_
Non-Exempted (*) and Non-Friable Procedure	≥ 3 sf or ≥ 3 lf						☐ Mini-Enclos	ure	gative Press	ure				
Is Location   Normally   Used Solely by   Asbestos Containing Material (ACM)   Amount   (Specify   Normally   Used Solely by   Maintenance/   Custodial   Staff?   (12)   Yes   No   N/A     N/A     N/A     Thermal Systems   X   Thermal coverings throughout area   10,000LF   X   X   X   Thermal Systems   X   Thermal coverings throughout area   3,000SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal Systems   X   Thermal coverings throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   X   Thermal form of the mastic throughout area   2,300SF   X   X   X   X   X   X   X   X   X	23 - 100 01 01 - 200 11						☐ Non-Exemp	ted (*) and No	n-Friable Pr	ocedure	Э			
Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   Thermal Systems   X Thermal coverings throughout area   10,000LF   X   X   Thermal Systems   X Thermal coverings throughout area   3,000SF   X   X   Thermal Systems   X   Thermal coverings throughout area   2,300SF   X   X   Transport.   ID No.			ls L	ocation	1		52 n.				A			nt
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Thermal Systems  X Thermal coverings throughout area 10,000LF X Internal Systems  Thermal Systems  X Thermal coverings throughout area 3,000SF X X X Internal Coverings throughout area 2,300SF X Internal Coverings throughout area 2,300			No	rmally										
Thermal Systems  X Thermal coverings throughout area 10,000LF X  Thermal Systems  X Thermal coverings throughout area 3,000SF X  Floor Tile /Mastic  Name of Reg. Waste Hauler S&J Transport.  NJDEP Waste Hauler S&J Transport.  NJDEP Waste Hauler S&J Transport.  Disposal Date Woodstown, NJ  Completed by  Title  NJAME ON N/A  Thermal coverings throughout area 10,000LF X  X Thermal coverings throughout area 2,000SF X  X Disposal Date City, State Morgantown, PA  Date	Locati	on of									_		П	m
Thermal Systems  X Thermal coverings throughout area 10,000LF X  Thermal Systems  X Thermal coverings throughout area 3,000SF X  Floor Tile /Mastic  Name of Reg. Waste Hauler S&J Transport.  City, State Woodstown, NJ  Completed by  Title  No N/A  Thermal coverings throughout area 2,000SF X  Thermal coverings throughout area 2,000SF X  Name of Reg. Value Country area 2,300SF X  Disposal Date City, State Morgantown, PA  Date	Asbestos-Containi	Asbestos-Containing Material (ACM) Custoo					surfacing, VAT	or			Rem	Re	ıcap	nclo
Thermal Systems  X Thermal coverings throughout area 10,000LF X  Thermal Systems  X Thermal coverings throughout area 3,000SF X  Floor Tile /Mastic  Name of Reg. Waste Hauler S&J Transport.  City, State Woodstown, NJ  Completed by  Title  No N/A  Thermal coverings throughout area 2,000SF X  Thermal coverings throughout area 2,000SF X  Name of Reg. Value Country area 2,300SF X  Disposal Date City, State Morgantown, PA  Date							other miscellane	ous)			loval	oair	sula	sure
Thermal Systems		Yes	No	N/A	-							te	LD.	
Thermal Systems				×	-	Therm	nal coverings through	hout area	10,000LF		X			
Name of Reg. Waste Hauler S&J Transport.    NJDEP Waste Hauler   Cubic Yards of Waste   Constoga	Thermal Systems											Χ	Χ	
S&J Transport.  ID No. 03217  City, State Woodstown, NJ  Completed by Title  Under the completed by Title  Disposal Date TBD Morgantown, PA  Signature  Date					to Ha				CONTRACTOR CONTRACTOR		X			
Woodstown, NJ  Completed by  Title  Signature  Date	S&J Transport.	ID No	).	па	ulei	Waste >30	Constoga	eg. Landilli						
			53					n, PA						
		(3)				Signature	2		190001777016000	-15				

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

B & G proj. #: 2015-174

Check # 7413

Date of Notification	1 (1)	N	ame of Build	ling Owne	r/Operator (2)			2015 SEP 17	file e	^-			
0 19 1/1 14		11	Irvington	4				22. 11	HIT 4: .	a /			
Agencies Notified EPA	Type Notification	on S	reet Addres				P	045.00	NIE	7/			
☐ DEP	X Initial		25 Fleetv		ace			& LICEN	ildi.			-	
X DOL	Amendm		ity, State, Zi Irvington		11							-	
X DOH		11	ame of Cont	act				Telephone	Number				
☐ DCA	Cancella	ition	Al DiGar	ngi				072 36	4 1050				
				FACI	LITY INFORMA	ATION							
Name of facility w	here abatement is	s taking pla	ice (3)					Type of Facility (	4) (K - 12)				
Irvington 4									apter 8 (Ot	her th	an K-	12)	
Street Address								Other (	Private/Co	mme		18	
25 Fleetwood	d Place								Homes, et # of Floors		Blo	lg. Ag	ge
City (5)		Cour	nty (6)			Cou	nty Code (7)						
Irvington, NJ	1 07111	Fss	sex			(Sta	te use only)	Current Use (Pr	ior if being	dem	olishe	d)	
Name of Monitorin					ASCM No.	$\neg$	Name of Abatement	residential Contractor (9)				_	
n/a		J. 10 9. 10 11 11	. (5)		, 100 III 110.		B & G Restorat	tion. Inc.					
Street Address							Street Address						
							105 Ryerson F						
City, State, Zip Coo	de			8			City, State, Zip Code Lincoln Park,						
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er	-	Telephone Number		License		er	_	
							(973)696-686		00	378		_	
Scheduled Start Da	ate (10)	Sched	I. Completio	n Date (11	1)		Name of OSHA Mon B & G Restoral						
09/24/2015		09/2	28/2015				Street Address			-	-		
Occupancy Status							105 Ryerson R						
Facility close	ed/vacated during performed outside	entire peri	od of abater	nent.			City, State, Zip Code					W	
Describe:		ornonnar	raomey riour.			-	LincolnPark, N	J 07035					
Other-Descr		/)											-
Demolition	Ileok ali tilat appi,	Renovation	on			□ F	Full Containment w/ne	gative pressure [	Gloveb	ag pr	ocedu	ire	
× >3 sf or >3 l	f $\square$	≥160 sf or	>260 If				Mini-enclosure	[	Non-fr	iable į	oroce	dure	
Location of			n normally u		/					R	R e	E n	E
asbestos-co material to b		staff(12)	enance/cust	odiai	Description material (		sbestos-containing	Amount (Specify S	F or	m o	p	С	n
abated in fa		Yes	No	N/A	materiary	, (0111)		LF)		v e	i	a p	L
roof				X	flashing/ta	ar		90 sf		X			
													12
1										H	H	님	H
								_		片	H	H	H
Registered Waste	Hauler	INJD	EP Hauler II	D#   C	ubic Yards of \	Vaste		d Landfill			_		1-
B & G Restora			19563		3		Tullytown	Resource & Re	ecovery	Cen	er		
City, State Lincoln Park,	NJ			Disposal Dis	28/2015		City, State Tullytown,	PA	_				
Completed by (Pri		Title Secreta	ıry/Treasu	rer	Signature		Gordana Luna		09/14	1/201	5		



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

Date of Notification (1)		Name of Buildi	ng Owner/	Operator (2)							
9-14-15					Novartis Pharm	naceuticals	Corporation S	EP 17	ttr.	6	
Agencies Notified		Notification '	Type		Street Address	è			tea ea	26	
(X) EPA		(X) Initial No	tification		One Health Pla	aza					
() DEP		( ) Amende	d Certificati	ion	City, State, Zip		2.		park con		
(X) DOL (X) DOH		( ) Cancelle	d		Foot Honoror	N I 07026			111		
( ) DCA					East Hanover, Name of Conta			Tel. Numb	er		
					Stephen Hotra			Tel. Numb	014		
N. CE 188		i: Di (		FACILITY IN		(4)					
Name of Facility Where Abate	ment is 1	aking Place (3	<u>3)</u>		Type of Facility ( ) School (K-1)						
Novartis Pharmaceuticals Cor	poration	(Building 220)			( ) Subchapter	8 (other th	nan K-12)				
Street Address					(X) Other (i.e.	private & co	ommercial bldo	gs., homes,	etc.		
One Health Plaza					Sq. Feet37	.000	# of Flo	oors 2			
	unty (6)		County C	ode (7)	527765 WAY						
			(State Us	e Only)	Bldg. Age Current Use (p		- demolished)	Commercia	al / Office		
East Hanover Mo Name of Monitoring Firm Hired	orris d by Blda	Owner (8)	ASCM No	2	Current Use (p	nioi ii being	Name of Cor		ai / Office		-
- Nontoning Fill Fill	a by blug.	OWNER (O)	/ IOON IN	<u> </u>			1401110 01 001				
							Brandenburg	Industrial:	Service (	Company	
Street Address					Street Address	3					
				7/-	2217 Spillman	Dr					
City, State, Zip Code					City State, Zip	Code					
					Bethlehem Pe	nnevlvania	18015				
Project Manager for Monitoring	g Firm	Telephone N	Number		Telephone Nur		10013	License N	umber		
									11000		
Cohedulad Start Data (10)		Scheduled (	Completion	Data (11)	610-691-1800 Name of OSH/	^ Monitor		00721			
Scheduled Start Date (10)		Scrieduled C	ompletion	Date (11)	Name of OSHA	4 IVIOITILOI					
9/28/15		11/23/15			Brandenburg I		ervice Co.				
Occupancy Status During Aba (x) Facility Closed/Vacated D					Street Address	3					
( ) Abatement Performed Out					2217 Spillman	Drive					
					City, State, Zip	Code					
Describe Other - Describe_Work hours	will be Mc	on — Eri 07:00	am_ 03.30	l nm							
Other - Describe_vvoix riours	WIII DE IVIC	JII - I II 07.00	an - 00.00	piii	Bethlehem, PA	18015					
Source of Work (Check all tha	t apply)										
/ v) Domolition / \ Donount	lian										
(x) Demolition () Renovat () Large Proj. (>160 SF or >2	tion 260 LF AC	M) ( ) SM Pr	oi. (>25<16	60 SF or >10 <26	0 LF ACM) (	) Minor Pr	oi. (<25 SF or	<10 LF ACI	VI)		
( ) Full Containment with Neg	gative Pre	ssure ()	Mini-Enclos	sure () Glo	vebag Procedure	е					
Location of Asbestos-	0.000.000.0000.00000	ation Normally		Description of / thermal system		Amount (	Specify SF or	LF) At	batement	Type	
Containing Material (ACM) in Facility (13)	Staff?	by Maint./Cus (12)	louiai	surfacing, VAT							
# 10 050V	_YES	NO	NA	miscell.)	8			Re	em. Re	p. Encap	Enclose
Mastic between exterior brick				miscellaneous		15000 SF		×			1
and block				miscellaneous		13000 31		^			
Name of Dag Wests Heater		NIDED W-	to Herries !	D#	Cubic Varda -	FWasta		Name of F	Pag Land	4fill	
Name of Reg. Waste Hauler		NJDEP Was	ite mauter i	<u>U#</u>	Cubic Yards of	vvaste		Name of F	vey. Land	41111	
Brandenburg Industrial Service	e Co.	21838				700 cys		Modern La			
City, State							Disp. Date		City,	<u>State</u>	
Bethlehem, PA						4.5	10/02/15		York,	PA	
Completed by (Print or Type)		<u>Title</u>			Signature			<u>Date</u>			
					( A			00/14/15			
Jenniter Stropel	Jennifer Strobel Contract Administrator							09/14/15			
		1/2	j		0.11100001	10/000	O A ODECT	20			

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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

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

Date of Notification (1)							uilding Ow	ner / Oper	ator (2)	F. 1					7		
08/		2015				L L	Total Control	ty Electric				-		_			
Azarajaa	Natified /	Tune of No	tifica	tion	-		Street Add		v		5615 OC	· n i	14	M. Tarris			
Agencies	EPA	Type of No	Initia			and the same of th	Contract of the last of the la	ing Highwa , Zip Code	у		2815 SF	-	-	Hy		7.7	
	LIA	7.	Amer					ding NJ 083	30								
	DOH		Amer	ndment	#_:		Name of C	CONTRACTOR STREET, ST. LEWIS CO., LANSING, ST. LEWIS C			Talanhan	Al.	mbe	r .	1.4	111	
	DOL					ustification	Bob Fram	е		1						1.	
	************		Canc	ellation	1		OIL ITS/ INI	CODMATIO	N.			-	_			-	
						FA	CILITY IN	FORMATIO	N								
Name of F	acility Whe	re Abatem	ent is	Taking	Pla	ace (3)		Type of Fa	cility (4)								
Peermont	Substation	١ .							0 1 1 1/16	40)							
Ctt Ad	1							( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	School (K	-12) er 8 (Other	than K 12	٥١					
Street Add										, private &							
202 00011 0									bldgs., ho								
City (5)		County (6)			10	County Code (	7)	Square Fe		# Of Floor	s	Bui	lding	Age			-74
Avalon		Cape May						3,0	3771055	haina dam	aliahad\	1			25		
			_		_			Sub Station		being dem	olistieu)						
Name of N	Nonitoring	Firm Hired	by Bl	da. Ow	ner	(8)	ASCM NO	Name of A		Contractor	(9)						
			~,			(-)					` '						
Vertex										g Group, li	nc.						
Street Add								Street Add	ress								
	r Industria , Zip Code	-			-			32 William	e Darkway								
Aston, PA						**		City, State									
	ngr. For Mo	onitoring F	irm		17	Telephone Nur	mber	City, Ctate	,,								
Don Heim			1310070			610.558.8902	Medical CAS	East Hano	ver NJ. 07	936							
200000	eduled Start Date (10) Sched. Completetion 09 / 24 / 2015 09						Telephone	Number		License	Num	ber					
09/					30 /	2015	973.77	2 3660				00	860				
Occupano	Occupancy Status During Abatement (Check Only 1)					inly 1)		Name of O		tor			- 00	7000			
✓						e Period of				ig Group, li	nc.						
	Abatemen	it						Street Add	ress								
				tside of	No	rmal Facility		00 14/:11:	- DI	26							
		escribe: escribe:		I EDI	-			32 William City, State						_			
	Other - De	scribe		I-FRI. AM-3:3	OPN	Л		East Hano									
Scope of	Work (Che	ck All That	Apply	/)	N. Carlot		/										
	D							Full Camba		th Namethia	Decour						
lH	Demolitio >3sf or >3			<b>✓</b>	1	Renovation		Mini - Enc		th Negative	riessuit	=					
	≥160 sf or							Glovebag	Procedure	r.							
256							~	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure	•				
	Location o		1	Is	_		Descript	ion of			Abateme	nt T	me				
	estos Conta		Lo	ocation		As	bestos - C				R	Ī	20	E		E	
	laterial (AC		No	ormally			Material	(ACM)		Amount	E	R		N		N	
<u>T0</u>	O BE ABAT			Used	- 1		e., therma			(Specify	M	E		C		C	
	in Facility			Solely	- 1			facing, VAT ellaneous)	,	SF or LF)	0 V	P		A		L	
1	(13)		9835	y Main- nance/		OI (	other misc	elialieous			l Å	1î		s		s	
1			1359.73	stodia							L	R		U		U	
				aff (12)										L		R	
				NO N/						10000 05		-		-	7	+	
1st Floor			-		_	Transite Panels	5			2380 SF 100 LF	7	+	<u> </u>	⊢		+	H
Exterior			_		_	Caulk				100 LF		+	H	$\vdash$	H	+	H
			-		_				-	<u> </u>		1		+		1	
Name of I	Registered	Waste Hau	_		_	NJDEP Waste	Cubic	Name of R							-		
JL Davis					1		Yards	Cape May	County La	indfill							
PO Box 5						16357	of Waste	City Ct-1					-	_	_	_	
City, State	e ew NJ 0823	10					Disposal Date	City. State 2046 Kear									
Jocan Vic	140 0020							Woodbine							su con co		
	d by (Print	or Type)			- 1	Title	-		Signature		1	1		Da	te		
Rich Sem	ega				1	Project Manag	jer			_	9	1.				00	9/16/15
					- 1							- Elyana		1		U	11 101 10

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

Chek# 2509

Date of Noțification (1)				Building Owner /	Operator (2)			7	
09 / 16 / 15	_		First Energ						1.0
Agencies Notified Type of	Notification		Street Add				Serc	CED 1	
EPA V	Initial			e, Zip Code			I F I.I	- 1	H. 1 U:
DEP	Amended		Akron, Oh				27		
☑ DOH	Amendment		Name of 0	Contact		Telepho	no-Mirror 1	er	
☑ DOL □	Emergency w	justification	Jim Halse	y		1	j	LILE	The state of
	Cancellation								
		F	ACILITY IN	FORMATION					
Name of Facility Where Abate	ement is Taking F	Place (3)		Type of Facility	(4)				
				☐ Scho	ool (K-12)				
Street Address					chapter 8 (Other	than K-1	2)		
RT 33 & WALNUT STREET					er (I.e., private &				
					s., homes, etc.)				
City (5) County	(6)	County Code	(7)	Square Feet	# Of Floor	s	Buildin	g Age	
NEPTUNE MONMO	DUTH			THE STREET STATE OF THE STATE O	Principles Delicities of the Control				
					rior if being dem	olished)			
				Telephone Pole					
Name of Monitoring Firm Hir	ed by Bldg. Own	er (8)	ASCM NO	1					
Environmental Usellis Issuer	tions			MODITHETAD	ONTRACTING	POLID IN	IC		
Environmental Health Investiga	IUONS				ONTRACTING G	ROUP. IN	VO.		
Street Address S55 West Shore Trail				Street Address					
City, State, Zip Code				32 Williams Par	kwav				
Sparta, NJ 07871				City, State, Zip					
Project Mngr. For Monitoring	Firm	Telephone Nu	ımber	Oity, Otato, E.p.	0040				
Dino Nappi		212-682-9271		East Hanover, N	IJ 07036				
Sheduled Start Date (10)	Sched. Comp	letetion Date (1	11)	Telephone Nun		License	Number		
09 //28 /15		/	15_						
// /	/	/		973-884-868			(	00860	
Occupancy Status During Ab				Name of OSHA					
☐ Facility Closed/Va	cated During Ent	ire Period of		-	ONTRACTING G	ROUP. IN	NC.		
Abatement				Street Address					
Abatement Perform Hours - Describe:	Friday 8:00 ar	n to 5:00 nm		32 Williams Par	kway				
Other - Describe:				City, State, Zip					
Culci - bescribe.		-		East Hanover, N					
Scope of Work (Check All Th	at Apply)								
☐ Demolition		Renovation		Eull Containme	ent with Negative	Droccur	0		
≥3sf or ≥3lf		Reliovation	H	Mini - Enclosur	그렇게 하고 있는 아이는 하는 그는 구멍 없어요?	1 103341			
≥160 sf or ≥260 lf			П	Glovebag Proc					
					(*) and Non-Fria	ble Proc	edure		
					10000 g				
Location of	ls		Descript				ent Type	I-	I-
Asbestos Containing	Location	A:	sbestos - C		Amount	R	R	E N	E N
TO BE ABATED	Normally Used	//	Material l.e., therma		(Specify	M	l E	C	C
in Facility	Solely			facing, VAT,	SF or LF)	Ö	P	Ā	L
(13)	by Main-			ellaneous)	0. 0. 2. 7	V	A	P	0
(10)	tenance/		0			Α	1	s	s
	Custodial					L	R	U	U
	Staff (12)							L	R
	YES NO N/A								
xterior Telephone Pole		Transite Cond	uit		20 LF	V			
			1						
Name of Registered Waste H	auler	NJDEP Waste		Name of Regis	tered Landfill				
NEWARK CARTING		Hauler ID No.		I.E.S.I.					
City State		4505	of Waste						
City, State NEWARK, NJ			Disposal Date	City. State BETHLEHEM, F	ΡΔ 18105				
NEVVARR, INJ			Date	DE THEFHEIVI, P	11 10405	0			
Completed by (Print or Type)		Title		ISiar	nature	11		Date	
7 ( 5 )				9	VE	MA			
Steven Stiles		Project Manag	er		scens	W		0	9/16/15

ASB-41

RECEIVED

Date of Notification (1) 9/14/15				f Building (			30.000.00	Club	2015	SEP	17	£	H 1.	. 56		
Agencies Notified	Tuna Natification		-	Street A		ai tiiie	ill & CO	uniny	Club			1 1			. 46	,
	Type Notification				rry Hill L	ana				A in	gE :	134	751	. JT	BOI	
EPA DEP	× Initial		-		ate, Zip Co		->>=====			10.000	& L	H.F	AL S	IMIC	TUE	-
DEP DOL	Amended Amendment #	‡			ridge, No		57					10-	17.3	1140		
	Emergency (i		-	0-31-0/12/04/20	f Contact	, 000				Tole	ephone	Num	her			
DOH DCA	justification) Cancellation				dette Po	nnel					sprione	Ivuiii	Del			
	Garicellation	22.300,300			LITY INFO			7=-7990				_				
Name of Facility Where	Abatement is Taking	Place (3)		TAG	LITT IIVI C	TXIVIA	11014	Туре	of Facility (4	4)						
Glenwood Apartm									School (K-1							
Street Address								Ħ.	Subchapter	8 (Othe	er than I	K-12	)			
38-42 Peach Lane	B)								Other (i.e. p etc.)	rivate 8	comm	ercia	l build	dings,	home	es,
City (5)									re Feet	# of	Floors		В	ldg. A	Age	
Old Bridge								6,00		2				55+	-	
County (6)			T	County (	Code (7)	11-3-3			ent Use (Prio	or if beir	na dem	olishe			-	
Middlesex	12				USE ONĹY)				rtment		9		2006			
Name of Monitoring Firm	n Hired by Building C	wner (8)	-	ASCN	I No.		Name	Control Control	tement Con	tractor	(9)					
N/A	,	4		LI SURFFERENCE			100000000000000000000000000000000000000		ral Const		10000					
Street Address								Addres				_				-
							1360	Clift	on Avenu	ie, PM	IB Sui	te 2	18			
City, State, Zip Code									ip Code							
									07012							
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph				Licens	se No				
2 5	<del>.</del>			8				389-0			0069	93				
Start Date (10)		Scheduled	Con	pletion	Date (11)		Name	of OSH	HA Monitor			-				
09/28/2015		10/10/2		*			DIA	Gene	ral Const	ruction	n, Inc.					
Occupancy Status Durin	ng Abatement (Check	Only One	)				Street	Addres	SS							
Facility Closed/Vac	ated During Entire P	eriod of Al	atem	ent			1360	Clift	on Avenu	e, PM	IB Sui	te 2	18			
Abatement Perform	ned Outside of Norma						City, S	tate, Z	ip Code					C-COMP		
Other - Describe:					5	_	Clifto	on, N	J 07012							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf		X Re	nova	tion				] Ful	l Containme	ent with	Negati	ve Pr	essu	re		
≥160 sf or ≥260 lf		De	moliti	ion			×	Mir	ni-Enclosure	•			. ~ . ~			
							Ê	- 010	vebag Prod n-Exempted		l Non-F	riable	Pro	cedur	φ.	
		le l						110	LXOINPLOC	1 / ) (1)	110111	nabi	3,70		ement	
Location	n of	19000	ocati ormall	786		_									/ре	
Asbestos-Containing		Used			Asbest		escription ntaining M		(ACM)	Aı	mount				m	
TO BE AB		Custo	itenar dial S			therm	al systems	s insula		(S	pecify		Re	D.	ince	Enc
In Faci (13)	() () *() ()	36.50.00.000.000.000	(12)				facing, VA miscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
V/		Vac	NIa	NI/A		00.101	, incoond,	,0000)					'al	7	ilate	Jre
		Yes	No	N/A												
38 A-D Peach Ln			Р	ipe/e	lbow ins	sulatio	n	15	0 LF		X					
40 A-D Peach Ln			P	ipe/e	lbow ins	sulatio	n	16	55 LF		K					
42 A-D Peach Ln	- Crawl Space	X			Р	ipe/e	lbow ins	sulatio	n	16	0 LF		K			
							54									
Name of Registered Wa	ste Hauler		1.55723	JDEP W auler ID			c Yards		Name of I	Registe	red Lan	ndfill				
Service Transport Group 20					IVO.	of W			Minerva	a Land	llift					
City, State						2	osal Date		City, State	9						
New Castle, DE 19720						U	10/2015		Wayne		OH 4	468	8			
Completed by		Title				T	Signature	10		0		Date				
Krutarth Jagad		ct Ma	anager				N	~~	1		9/1	4/2	015			

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

ASCENSO

Date of Notification (1)				Name	of Buildin	g Owr	ner/Operator	r (2)		2015	CED					
8/18/2015				Gler	nwood A	partr	ment & Co	ountry	Club	TB 13	SEP	17	£!	14	37	•
	pe Notification	1		Street	Address					4				-	7 1	
X EPA	Initial			1 Ch	nerry Hill	Lan	е					2.1			75.	
DEP DOL	Amended				State, Zip C						1.11	2. 5	-	11.	1	
	Amendmen Emergency	(includir	10		Bridge, I		8857									
DOH DCA	justification	)	9		of Contac					Te	lephon	e Num	oer			
	Cancellation	n			nadette F											
Name of Facility Where Abat	ement is Takir	na Dines	/2\	FA	CILITY INF	ORN	TATION									_
Glenwood Apartments	cilicit is rakii	ig Place	(3)					Туре	of Facility (	4)						
Street Address									School (K-1	2)						
26-30 Peach Lane									Subchapter	8 (Oth	er than	K-12)				
City (5)								X	Other (i.e. p	rivate	& comm	nercial	bu	lding	s, hor	nes,
Old Bridge					117	14-2-2			e Feet	# 0	f Floors	3	T	Bldg.	Age	
County (6)								6,00	0	2				65+	50	
Morris				County	Code (7)	_		Currer	nt Use (Prio	r if bei	ng den	nolishe	d)			
				(STATE	USE ONLY	o —		Apai	tment				7.0			
Name of Monitoring Firm Hire N/A	d by Building	Owner (8	3)	ASC	M No.		Name	of Abat	ement Con	ractor	(9)		_			
							DIA	Gener	al Consti	uctio	n, Inc					
Street Address		185					Street							-		
							1360	Clifto	n Avenue	e. PM	IB Su	ite 21	8			
City, State, Zip Code	C. C.						City, St						_			
									07012							
Project Manager for Monitoring	g Firm			Telepho	one No.		Telepho				Licen	se No.	_			
								389-00			0069					
Start Date (10)		Schedu	led Co	mpletion	Date (11)				A Monitor		0000			_		
08/19/2015		8/21/2	2015						al Constr	uction	ı Inc					
Occupancy Status During Aba	tement (Chec	k Only O	ne)				Street A				1, 1110.					
Facility Closed/Vacated D	Ourina Entire F	Period of	Abater	ment			1360	Clifto	n Avenue	PM	R Sui	to 218	2			
- Control of the Cont	itside of Norm	al Facilit	y Hour	S			City, Sta			, , , ,,,	- Our	10 210	_			
Other - Describe:			_						07012							
Scope of Work (Check All That	(Apply)						Ointo	,	07012				_			
≥3 sf or ≥3 lf		×	Renova	ation				F			22 7	6				
× ≥160 sf or ≥260 lf			Demoli					Mini-	Containmen Enclosure	it with i	Negativ	ve Pres	SUI	e		
							×	Glove	ebag Proce	dure						
	- 1							Non-	Exempted (	*) and	Non-F	riable F	ro	cedur	е	
1 - W - 2			Locat											Abate		t
Location of Asbestos-Containing Mater	ial (ACM)	Use	d Sole	ly by	Ashast		Description of					-	-	1 y	ре	_
TO BE ABATED	(. ,0,11)		intena		(i.e.	therm	ontaining Ma nal systems i	iterial (A	ACM)		ount ecify		,		Ē	ш
In Facility (13)		Cus	todial 8 (12)	stair?	,	sur	facing, VAT,	or			or LF)	3		Repair	cap	nclo
(10)			1			othe	r miscellane	ous)			OL PRIVE	1 5	Damous	oair	Encapsulate	Enclosure
		Yes	No	N/A								1 -	-	1155.5	ate	0
26 A-D Peach Ln - Crav	wl Space	X			Pi	pe/e	elbow insu	lation		160	) LF	K			-	-
28 A-D Peach Ln - Crav					lbow insu	46-24-20-21					-	-	_			
30 A-D Peach Ln - Crav		X	-				lbow insu				) LF	X	-			
		1	+-		Г	pe/e	usui wodi	lation		160	) LF	X	_			
Name of Registered Waste Hau	iler		N	JDEP W	aste	Cubi	ic Yards		January 17							
Service Transport Group	auler ID	D10100000		aste		Name of Re			Till							
	0990		9 C	Υ		Minerva I	_andf	ill								
City, State			Disp	osal Date		City, State			-		_	-				
New Castle, DE 19720			8/2	1/2015		Waynesb	urg. (	OH 44	4688							
Completed by		Title				T	Signature	0		1		Date				-
Krutarth Jagad		Proje	ct Ma	anager			/	X		1		8/21/	20	15		
		-						1~								



#FC \_ (F)

Date of Notification (1)			Building (											
9/14/15				ood Apa	artmen	t & Co	untr	y Club 201	5 SE	P 17 #	M	: 5	2	
Agencies Notified Type Notification			Street Ad	ddress rry Hill L	ane									
EPA Initial Amended Amendment #_		(	City, Stat	te, Zip Cor idge, Nu	de	 7				LICENS	JNG	ħŪ	L	
Emergency (in justification)		1	Name of	Contact		,			Tel	ephone Nur	nber			
DCA Cancellation			Carried States	dette Po	Mr. Lance	ON			73	2-,	14			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	LITY INFO	RWAII	ON	Тур	oe of Facility (4	)		-			
Glenwood Apartments								School (K-12						
Street Address 32-36 Peach Lane							×	Subchapter 8 Other (i.e. pri etc.)				dings	, hom	ies,
City (5)							200	uare Feet	2550	Floors	1000	Bldg.	Age	
Old Bridge County (6)			County C	Code (7)				000 rrent Use (Prior	2	na domolial		65+		
Middlesex				ISE ONLY)				partment	II bei	ng demons	ieu)			
Name of Monitoring Firm Hired by Building Ov	wner (8)	Ven	ASCM	l No.		Name	of A	batement Cont	ractor	(9)				
N/A						ME COLOR		neral Constr	uctio	n, Inc.				
Street Address						Street 1360		ress ifton Avenue	, PN	1B Suite 2	218			
City, State, Zip Code								Zip Code NJ 07012				V		
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph 973-		No. 9-0089		License N 00693	lo.			
	Scheduled	Com	pletion [	Date (11)				SHA Monitor				14		-
	10/10/20							neral Constr	uctio	n, Inc.				
Occupancy Status During Abatement (Check						Street		ress ifton Avenue	PI.	IR Suite :	218			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	tate,	Zip Code	,, 1 10	ib duite i				
Scope of Work (Check All That Apply)						CIIII	on,	NJ 07012						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novat moliti				×	N	Full Containment	dure					
					_		<u> </u>	Non-Exempted	(*) an	d Non-Friat	ole Pro	102485-13	re temer	nt .
Location of		ocation rmall			Do	scription	o.f					-	ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Main Custo	tenan	ice/		tos Cont thermal surfa		fater s ins T, or	-	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(,	Yes	No	N/A		ouror r	illooolidi	1000	9			l a	-	late	ıre
32 A-D Peach Ln - Crawl Space			Р	ipe/elb	ow ins	sula	tion	10	60 LF	K				
34 A-D Peach Ln - Crawl Sapce			Р	ipe/elb	ow ins	sula	tion	1	55 LF	K				
36 A-D Peach Ln - Crawl Space			Р	ipe/elb	ow ins	sula	tion	10	60 LF	K				
Name of Registered Waste Hauler		0.000	JDEP W		Cubic of Was	Yards		Name of R	egiste	ered Landfill				
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Service Transport Group		100000	auler ID 0990	No.	9 CY			Minerva	Lan	dfill				
Service Transport Group  City, State  New Castle, DE 19720		100000		No.	9 CY Dispos			City, State	00.40.00000	dfill , OH 446	88	11	1 2004 2	

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Pro T	SEI
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1 2	

Date of Notification (1)	-14-15			Name		g Owner/Operator	(ONTRY	KTING-	23 D	7 A		1 1 1
Agencies Notified	Type Notification	.,*		Stree	t Address		57 N/V 187	ĩ.	7	_		11
Ø BPA	initial						UEN M	JE "		-	_	=
DEP DOL	Amended Amendment #	ŧ		City,	State, Zip (		TY NI	T 082	51.	ct	51	3
	Emergency (ii		g			DAW CI-	79 10			د		_
DOH	justification)			Name	of Contac		~	Telephone Numb	er			
	Caricciation				DEAN		-7	L <del></del>			_	_
				FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Takin	ig Place	e (3)	7			Type of Facility  School (K-1	2)				
Street Address	18-10 AS		D L	Δ	()E	*	Other (i.e., p	8 (Other than K-12) private & commercia		ings,		
	76 10 n.	300	~ '		06		homes, etc Square Feet	# of Floors	Blo	ig. Ag	ge	
City (5)	AW CIT	4					1500	7_		50-		_
County (6) CAPE	MAY				nty Code ( ONLY)	7) (STATE	Current Use (P	rior if being demolis	hed)			_
Name of Monitoring Firm	Hired by Building	Owner	$\overline{}$	ASCM	No.	Name of Abatem	nent Contractor (					
(8) N	A					KLEW	100 IN	JG	-			_
Street Address						Street Address	S. SPR	UCE AVE				
City, State, Zip Code						City, State, Zip C						_
City, State, 21p code						MAPL		DE N.T	, (	780	22	2
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.	19-0472	License No.	144	1		
Start Date (10)	I Sche	duled C	comple	tion Da	te (11)	Name of OSHA	Monitor					
9-74-1			ann rengige	- /		Tose	EPH KL	THIM				_
Occupancy Status Durin	ng Abatement (Che	ck only	one)			Street Address 369	S. SP	PUCE ALE	•			
Facility Closed/Vacate	ed During Entire Pe	enod of LFacilit	Abate v Hou	ment rs		City, State, Zip C		2002				_
Other - Describe:							E SHUD	E N.J	08	05	2	
Scope of Work (Check a	all that apply)						ntainment with Ne	egative Pressure				
☐>3 sf or ≥3 lf		□R€	enovati	on		Mini-En	closure	gauve i ressare				
∑≥160 sf or ≥260 lf			emolitio			Gloveba	ag Procedure	on Eriable Procedur	-0			
						Non-Ex	empted (*) and N	on-Friable Procedur	T	bater	ment	12
		11.505550	_ocatio		. 4				^	Тур		
Location	of		Sole			Description of						
Asbestos-Containing N			ntenan ustodia		Asbes	tos Containing Mat thermal systems i	terial (ACM)	Amount (Specify	R	_	Enc	п
TO BE ABAT IN Facility		,	Staff?		(1.6.,	surfacing, VAT,	, ог	SF or LF)	Remova	Repair	aps	Clos
(13)			(12)			other miscellane	ous)		oval	air	Encapsulate	Enclosure
		Yes	No	N/A							е	
2101MB	-			X		CANSITE		3000 SE	X		_	_
												_
Name of Registered Was	ste Hauler			JDEP \		Cubic Yards	Name of Reg	istered Landfill		2014		
KLEMCA	_		_   H	auler IC	84	of Waste		M.C.M.	V.	A	i	_
City, State MAPLE	Suapr	N.	T			Disposal Date	City, State	DBINE	N.	7	1-11-2-	3.00
Completed By	SHADE Title					Signature		Date	1.	V	15	-
	Lonus _	V	P			Men	LU X	9-	14	_	1)	

(K3797

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

	(Purs	uant to NJA	_ 8:00 and 12:120	, ,			5	* 5×
Care of Notification (1) /4/15	1		ng Owner/Operator		Fire Fire	1	SE	
9/19/1)		Esi	LTHTECH	CONTRAC	TING -		<u></u>	
Agencies Notified Type Notification	3	Street Addres	s - 12,50				17	E.
₹ B.v. ☐ Amended	-					_		
Amendment #		City, State, Zip	LEEN FIE	LD NI	5. 2	<u> </u>		170
Emergency (includi		Name of Conta		7 1 1	Telephone Num	ble <sup>i</sup>		
Cancellation	1		ULE BREU	RIG	/		C	
		FACILITY IN			L			
white of Facility Where Abatement is Taking Pla		TACIBITI		Type of Facility	(4)			
RESIDENCE	,			School (K-1)	2)			
Turo: Aggress					8 (Other than K-1 invate & commerci		tions.	•
110 12T-AUE		1		homes, etc	)			
01.45				Square Feet	# of Floors		09 A9	
LONGPORT				1000		-   -	710	
Journy (6)		County Code USE ONLY)	(7) (STATE	Current Use (P)	nor if being demol	shed		
ATLANTIC			Name of Abatem	nent Contractor (9				
wark of Monitoring Firm Hired by Building Owne	e A	SCM No	1.1	FMCO I				
N/A			Sueet Address	E1970 #1				
treet Address				S, SPRUC	€ 100 E			
0. 7.0			Cm State Zin C	ode			8822080	
State Zip Code			Mof	CE SHO.	DEINIJ	, 00	: 5 2	
roject Manage: for Monitoring Firm	T,eleph	none No	. Telephone No.		License No	ن ن		
8) (C)4				9-0472		1 :		
an outer is,	Complete	on Date (11)	Name of OSHA	Monitor KL	EMM			
9 /24/15 10/	1/	12.			CAM	-		
Jupano. Status During Abatement (Check on	ily one)		Street Address	S Spi	wa= Luc.			
Facility Glosed Vacated During Entire Period	of Abatem	ent	Can Sinia Zin C	ode				
Abatement Performed Outside of Normal Fac  Utner - Describe	inty Flours		M	APLE SI	LODE, N.		U 1.	- 5
			1	. * .				
Slope of Wark (Check all that apply)			Full Co	ntainment with No	gative Pressure			
	Renovation Demolition		Gloveb	ao Procedure	- 0			
<b>₹</b> 2152 (10724021)			Non-Ex	empted (') and N	on-Friable Proced		ADJ: er	1
	s Location Normally						. 4	
ocation of Us	ed Solely	by	Description of sios Containing Ma	( ACM)	Amoun'			
Aspesios-Containing Material (ACM) M.	aintenance Custodial	e/ AsDe	thermal systems	insulation.	(Specify	2	7.	£ :
TO BE ABATED  IN Facility	Staff?		surfacing, VAT other miscellane	. 01	SF or LF!	Aemov.	Repair	apsoluti
15)	(12)		Other Trascendire	· ·		E		÷
, , Y	No	N/A			// 2 -	+-		
SIDING		X I	PANSITE		1400 SF	X	-	
<u></u>	1							
	+							
	+-+							
115 Harden	1 1	DEP Waste	Cubic Yards	Name of Reg	pistered Landfill			
same of Registered Waste Hauler		uter ID No	of Waste	A .(	2. U. A.			
KLames INC.	-11	7904	Disposal Date	Ciry. State				
LA APLE SHADE, N	.5			PLEA	DSAUTVIL	LF	N.	7
MAPCO SHADE, N			Signature	1/ -	Pa	111	/13	_
JOSEPH KLEMMIT	VIF	)	Jour	as Kalis	m	/17		
~ 0 2 6 1 1 1 1 1 1 1 1 1 1 1								

Date of Notification (1)		ng Owner/Operator	(2) Coutriac	TINGS:	_			
·	Street Address		CONTICAC		25			=
Agencies Notified Type Notification	155	RT. 50			I.			_
DEP Amended	City, State, Zip		NT	. 62220	-			
Emergency (including		JFIELD,	11.).	S Z 30 S	7			-
DOH justification:	Name of Conta	BREUR	ii s-	Telephone Number	C.	乛 .	- '	~
1 <del>-</del> , ,	FACILITY IN							
Name of Facility Where Abatement is Taking Place (3)	PACIDITIN	0.0114.1011	Type of Facility	(4)				
RESIDENCE			School (K-1	2) 8 (Other than K-12)				
Street Address   S. 3674 AUE	Part of the State of		Other (i.e., phomes, etc.	orivate & commercia )	l build			
City (5)			Square Feet	# of Floors		ig. Ag		
LONG PORT		71 (67475	1000	nor if being demolish	1	10		=
County (6) ATL AWTIC	County Code ( USE ONLY)	7) (STATE	Vac	The state of the s	,			
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem	nent Contractor (9					
(8) N/A		- KLEY	nco In	C.				
Street Address		Street Address	S. Spr	DE AVE				
		369 City State, Zip C		ULL MUE				_
City, State. Zip C∞de		MAPI		DE N.J	08	30	52	
Project Manager for Monitoring Firm Tel	ephone No	Telephone No.		License No.	1			
			9-0472	0044	1_			_
Stan Date (10) Scheduled Comple	etion Date (11)	Name of OSHA		. To				
9-24-15 10-1-	17	J6SEPH Street Address	ICLEMA	1 ) (	-			
Occupancy Status During Abatement (Check only one)  K Facility Closed/Vacated During Entire Period of Abate	emen!	369 5	. SPRUCE	E AVE				_
Abatement Performed Outside of Normal Facility Hou	ırs	City, State, Zip C	ode			`		
Other - Describe:		MAPLE	SHADE	N.7 08	07	_		_
Scope of Work (Check all that apply)		☐ Full Cor	ntainment with Ne	gative Pressure				
>3 sf or >3 lf		Mini-En						
≥160 sf or ≥260 lf	X1	Non-Ex	empted (*) and N	on-Friable Procedur				-
is Location					A	bater Typ		
Normally Used Solel	N by	Description of	f					
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  Custodia	nce: Asbes	tos Containing Ma thermal systems i	terial (ACM)	Amount (Specify	R	R	Encapsulate	Enc
TO BE ABATED  IN Facility  Staff?	ai (i.e.	suriacing, VAT.	10	SF or LF)	Remova	Repair	psu	Enclosure
(13)		oner miscellane	ous)		<u>'a</u>	7	late	ıre
. Y≋ h:	N. 4				1			
SIDING	×	TRAWSIT	E	1200 SF	X		_	
					_			-
							_	
			T.V (D.	intered Leadfill				
	UDEP Waste Guler ID No.	Cubic Yards of Waste	Name of Keg	istered Landfill	ıΛ			
KLOMEO INC.	17904	_5	L.M	C.M.V.	1			-
City State		Disposal Date	City, State	OBINE A	(.)			
MAPLE SHADE N.)		Signature	7000	Date	111	_ 1-	-	
MICHAEL SLEAMONT VICE.	PRESIDENT	JM	217h	_   9-	14		)_	

(K 3778



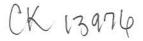
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/14/15							er/Operator of Educ		2815	SEP 17	AM	1:	97		
Agencies Notified	Type Notification			Street A	27										
EPA DEP X DOL	Initial Amended Amendmen				ate, Zip Co y Park,		7721		Ċ	i Licen	0119	G	UL		
DOH DCA	Emergency justification) Cancellation			Name o	of Contact Griffin					Telephone	Num	ber			
				FAC	ILITY INF	ORMA	ATION			L					
Name of Facility Where A		ng Place (3	3)					formed	of Facility (4)					7	
Street Address 300 Prospect Aven	ue							×	Subchapter 8 Other (i.e. pri	(Other than			dings	, hom	es,
City (5) Asbury Park									etc.) re Feet 00	# of Floors	;	E	Bldg. A	\ge	
County (6) Monmouth					Code (7) USE ONLY	·			nt Use (Prior	if being dem	nolish	ed)			e
Name of Monitoring Firm AHERA Consultant		Owner (8)		ASC1					tement Contro	ractor (9)					
Street Address P.O. Box 385				0000			Street	Addres	SS						
City, State, Zip Code Oceanville, NJ 0823	1.0385						City, S	State, Zi	de Avenue						ame to the a
Project Manager for Mon				Telepho			Teleph	hone No		Licen		),			
Joseph Capone Start Date (10)				Alexander	652-183		The state of the s	225-8		0110	)4				
09/16/15	- A	09/ 25	/15	npletion	Date (11)		100000000000000000000000000000000000000		HA Monitor Onmental L	aboratorie	es,In	С			
Occupancy Status During								Addres	35						-
Facility Closed/Vaca     Abatement Perform     Other – Describe:	ed Outside of Norr	Period of A nal Facility	Abaten	nent			City, S	State, Zi	e 22 West						
Scope of Work (Check A							Unio	n, NJ	07083						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		processor.	enova emolit		. 00		×	Min	l Containmen i-Enclosure vebag Proce n-Exempted (	dure				0	
		Is	Locati	on				1,01	r-Exempled (	) and ivon-i	Habi	2110		ement	
Location		N	lormal d Sole	ly		1	Description	of					Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Mai	ntenar odial S (12)	nce/	Asbes (i.e.	therm	ontaining M nal systems facing, VA er miscellan	s insula T, or	(ACM) tion,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		te	Ф
2nd flo	or		X			Floo	or Tile M	astic		2200 SF		×			
9															
Name of Registered Was	te Hauler		100000	JDEP W		3,755	ic Yards		Name of Re	egistered Lar	ndfill				
Lilich Corporation			100000	auler ID 3724	No.	of V	Vaste		GROWS	, Landfill					
City, State Woodland Park, NJ				1000		Disp	osal Date		City, State Morrisvile	e,PA					
Completed by Momo Glavatovic		Title Vice I	Presid	dent			Signature	C	20		Date 09/	e 14/1	5		

Date of Notification (1) September 14, 201	5		1	Name of I	Building O	wner/O	perator (	2) 17	EN 1:	68 (	Check :	# 23	89			
Agencies Notified	Type Notification			Street Ad 631 Ma	dress irket Stre	eet É		T.	しませい	217						
EPA DEP DOL	Initial Amended Amendment		(	City, State	e, Zip Cod n, NJ 08	е	e L	. II. E.	e MG							
X DOH DCA	Emergency ( justification) Cancellation	including	1 3	Name of Pat Wil							ohone N		r			
				FACIL	ITY INFO	RMATIC										
Name of Facility Where St. Joachim Parish Street Address		g Place (3)	)					So	f Facility (4 chool (K-12 ubchapter (	2)	er than K	-12)				
601 W. Browning F	Road							× o	ther (i.e. pr c.)	ivate 8	comme	rcial b				S,
City (5) Bellmawr								Square 3,000		# of 2	Floors		10 10	dg. Ag 00	ge	
County (6) Camden				County C	ode (7) SE ONLY)			Curren	t Use (Prio ch	r if bei	ng demo	lished	)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Conti							
Street Address 1253 N. Church St	120			1			Street A	Address		- 53						
City, State, Zip Code							City, St	tate, Zip	Code	2052						
Moorestown, NJ 08 Project Manager for Mo		V		Telephor	ne No.			one No	de, NJ 08	3052	License	e No.				
Jim Guilardi	J			856-84	0-8800		500000000000000000000000000000000000000	755-00			00842	2				
Start Date (10) September 28, 201	15	Schedule Octobe			Jate (11)				A Monitor ytical, In	c.				15 1.72-		
Occupancy Status Durin				- 4			(7) (F) (F) (F) (F)	Address Route	s 130 Nort	h						
	cated During Entire ned Outside of Norr				*	3	111111111111111111111111111111111111111	tate, Zip	Code on, NJ 0	8077					7.57	
Scope of Work (Check /	D						Oli li li	arriirio	011, 140 0	0011						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nii That Apply)	-	Renova Demolif				×	Mini Glov	Containme -Enclosure vebag Prod -Exempted	e cedure	82				9	
		1					<u> </u>	1 1/1011	-Exempled	( ) an	u Non-F	nable		1911	ement	
		1	Locat											Ту	ре	
Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED illity	Use Ma	ed Sole iintena todial (12)	ely by nce/		es Con thermal surfa	scription taining M I systems cing, VA miscellan	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement Bo	oiler Room	163	XXX			Pipe	Insula	tion		1	00 LF	1	X			
Basement Bo	SECURIOR DESCRIPTION		XXX				er Gasl			2	0 SF		Х			
Name of Registered War Freehold Cartage	aste Hauler		H	NJDEP W Hauler ID 2265		of Wa	Yards iste	×	Name of Cumbe				ndfil	1		
City, State Freehold, NJ	7/						sal Date 2015		City, Stat Newbu		4					
Completed by Christina Lynch	2	Title Ope	ration	s Mana	ager	(	Signature		200	_		Date 9/14		)15		

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

Date of Notification (1) 07/14/15			N	lame of Berear	Building O Baptist	wner/C Chur	perator ch	(2)	ľ		LETY	1			
Agencies Notified	Type Notification		- T	treet Ad 68 VIN					2815	SEP	17 AM	1:08	!		
DEP DOL	Initial Amended Amendment	#		ity, Stat 68 VIN	e, Zip Cod IE ST,BF	le RIDGE	ETON,I	NJ			eg wun				
DOH DCA	Emergency (i justification) Cancellation	ncluding			Contact RD EXT	ΓER					lephone Nii				
				FACIL	ITY INFO	RMATI	ION	-							
Name of Facility Where BEREAN BAPTIST		Place (3)						Т	ype of Facility  School (K-						
Street Address 68 VINE ST					*			F			ner than K-1 & commerc		ings,	home	es,
City (5) BRIDGETON									square Feet 5240	2	of Floors		dg. A 960	ge	
County (6) CUMBERLAND				County C	ode (7) ISE ONLY)				current Use (Pr CHURCH	ior if be	ing demolis	hed)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.				Abatement Co N ARROW I			Ю.			
Street Address							Street 144		idress ILL ST.		-				
City, State, Zip Code							City, S	Stat	te, Zip Code RSON,NJ,07	7501					
Project Manager for Mo	nitoring Firm	a	7	Telephor	ne No.		Teleph 973-		ne No. 53-9652		License I	%. CO115			
Start Date (10) 08/10/15	T	Scheduled 09/10/15	Com	pletion [	Date (11)		JOSEPH STATE	of	OSHA Monito			CERT			
159-50-70-70-70-70-70-70-70-70-70-70-70-70-70									05-0.504			<u> </u>	-		
Occupancy Status Durin	ng Abatement (Chec	k Only One)							ddress DX 365		u u	22	2		
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	Period of Aba nal Facility H	atem	ent			City, S	Stat	te, Zip Code IN, NJ 0800	9	- - -				
Scope of Work (Check /	All That Apply)							-				72			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	The second secon	novat				2		Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	9			e.	
		1						_	14011-EXCTIPE		na rron-i na	1		ement	t
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	No Used Maint Custoo	tenan	y y by ice/		tos Cor therma surfa		Ma ns i AT,	terial (ACM) nsulation, or		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
		1.00	No	N/A										ate	6
BOILER	ROOM	X					TSI				100LF	X			
					В	OILEF	RINSU	JLA	ATION		88SF	X			
Name of Registered Wa ATLANTIC CARTIN			Н	JDEP W auler ID 6085		of Wa			G.R.C	como marco 4 Bases	tered Landf	111			
City, State WAYNE,NJ						Dispo	osal Date )	е	City, St.	ate YTOV	VN,PA				
Completed by GORAN IGEV		Title SECR	ETA	RY			Signatur	re	41			Date 07/14/	15		



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

Date of Notification (1) SEPT. 14, 2015			Name of Graul-	Building C Spratt, J	wner/Ope oann &	erator Dom	(2) brows	ski, Jacqı	ueline					
Agencies Notified	Type Notification Initial		***	Shore St					CASA CASA CASA	SEP 17	F : 2	1 : 5	2	
DEP DOL	Amended Amendment Emergency		KEAN	te, Zip Coo SBURG,	de , NJ 077	734			1 - 1	nhone Nun				
DOH DCA	justification) Cancellation		Name of DeLyn	Contact in Sched	her				Tele	Dhone sum				
			FACII	LITY INFO	RMATIO	N	_		4)					
Name of Facility Where Graul-Spratt, Joan			е					of Facility ( School (K-1						
Street Address 38 N. Shore Street		***************************************						Subchapter Other (i.e. p	8 (Othe			lings,	home	s,
City (5) KEANSBURG							Squar 994	re Feet Sf	# of 1	Floors		ldg. A	ge	
County (6) MONMOUTH	2		County (	Code (7) JSE ONLY)		_		nt Use (Prid idence	or if beir	ng demolish	ed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)	ASCIV	No.				tement Cor Touch As						
Street Address					;		Addres homp	ss son Stre	et					
City, State, Zip Code	£				(			ip Code g Branch	, NJ 0	7764				
Project Manager for Mor	nitoring Firm		Telepho	ne No.			one No 222.8			License N 00040	0.			
Start Date (10) 9/24/15		Scheduled C 9/26/15	ompletion	Date (11)		Name N/A	of OSH	HA Monitor						
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street	Addres	ss						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Abate nal Facility Hou	ement urs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City, S	state, Z	ip Code						
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	vation olition				Mir	II Containm ni-Enclosur ovebag Pro	e cedure					
	7-2-72-7-					~	No	n-Exempte	d (*) an	d Non-Friat	le Pro	cedur Abate		t
Locatio	n of	Is Loc Norm	nally		Desc	cription	n of						ре	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used So Mainter Custodia (12	nance/ al Staff?		tos Contai thermal s surfacii other mi	ining N ystem ng, VA	Material s insula T, or	ation,	- (8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
L/ITO	IEN!	Yes N				\/AT			47	2015	-		Ф	
KITCH	HEN		Х			VAT			13	96 LF	X			
														<u> </u>
			-											
Name of Registered Wa	ste Hauler		NJDEP V		Cubic Y			Name of	Registe	red Landfil	I			
Finishing Touch As	bestos Abateme	ent Corp., I	Hauler ID 12058	No.	of Wast 3 cy			TRRF		FILL				
City, State WEST LONG BRA	NCH, NJ 07764				Disposa 9/28/1		)	City, Sta						
Completed by JOSEPH P. MILLE	R	Title PRESIE	DENT		Sig	natur	u P	Mah			ate /14/1	5		
						[	a a		æ 8			8 8	.55	

NO CK

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

Date of Notification (1)			me of Building C		perator	(2)								
09-07-15			aravella Dem	Olition				26	15 SEP	17	f.I	4	: 60	0
Agencies Notified Type Notification			eet Address Deforest Av	۵									53.5	7
EPA Initial Amended			y, State, Zip Coo					£3.71	& LI		-2 L	11	ňÛ	
DOL Amendment #_1			ast Hanover I		36				čeLl	CEN	31	HG		2
Emergency (included in included in its property in the include	luding	Nar	me of Contact					Tele	phone Nu	ımber				
DCA Justification		То	m Bandelt						181					
			FACILITY INFO	RMATIC	ON									
Name of Facility Where Abatement is Taking P Private Residence	Place (3)					Туре о	f Facility (4)							
Street Address							chool (K-12) ubchapter 8		r than K-	12)				
154 William St.						- 0	ther (i.e. priv				ldin	gs, h	ome	s,
City (5)						Square	tc.)	# of	Floors		Rld	g. Ag	10	
Little Falls						oquare	1 660	# 01	1 10013		امار	9. 7.9		
County (6)		Cor	unty Code (7)			Curren	t Use (Prior	if bein	g demolis	shed)				-
Passaic			TATE USE ONLY)	-	_				ň.	0.500				
Name of Monitoring Firm Hired by Building Ow	mer (8)	1	ASCM No.				ement Contr		(9)					
N/A					Delfa	a Contr	racting LL	C.	37-0700					
Street Address						Address								
						7th St.								
City, State, Zip Code						State, Zip	o Code NJ 07087							
Project Manager for Monitoring Firm		Tal	lephone No.			none No.			License	No				
Project Manager for Monitoring Pirm		1 61	iepriorie No.			216-96			01206	NO.				
Start Date (10)	cheduled C	omple	etion Date (11)		_ W.C.W		A Monitor					-		-
	9-10-15				Delfa	a Contr	racting LL	С						
Occupancy Status During Abatement (Check (	Only One)		4			Address								
Facility Closed/Vacated During Entire Per	riod of Aba	temen	nt			7th St.	L							
Abatement Performed Outside of Normal Other – Describe:	Facility Ho	urs	(8)		-	State, Zip								
_					Unio	n City	NJ 07087							
Scope of Work (Check All That Apply)					г	7			N	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition					Containmer -Enclosure	nt with	Negative	Press	ure			
					-		vebag Proce		l Non Eric	able D	000	dure		
		Vi	T			_ NON	-Exempled	) and	I NOTI-LIE	I I	770		ment	
		cation nally		_								Тур		
Location of Asbestos-Containing Material (ACM)	Used S	olely b		bes tos Cont	scription aining N		(ACM)	Ar	mount				m	
TO BE ABATED	Mainte Custodi		e/ /i.e	thermal	system	s insulat			pecify	7.0		Z.	nca	Enc
In Facility (13)	112022212	2)			cing, VA			51	or LF)	Remova		Repair	Encapsulate	Enclosure
20.72	Yes N	lo	N/A							8		,	ate	Ю
Exterior		-			Siding			101	50 SF	X	+	+		
Exterior		(			Siuling			10.	30 31	^	+	-		
										_	+			
						corecte-Wil								
Name of Registered Waste Hauler		2.000.50	DEP Waste	Cubic of Was			Name of R	1977						
Delfa Contracting LLC		352	iler ID No. 140	10	510		Tullytow	n Res	source	Reco	vei	y F	acilit	ty
City, State				Dispos	sal Date		City, State							
Union City NJ 07087				09-11	-15		Tullytow	n, PA	١					
Completed by	Title			S	ignatur	e /	0			Date	j.			
Jaime Delgado	Proj. Ma	anag	er.			14				09-07	-1	)		

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

RECEIVED

Date of Notification (1)					Building O		perator	(2)	2815	CED						
09-12-15					Lanzafa	ama			5619	SEP	17 A	4 1	: 0	6		
Agencies Notified Typ	e Notification		1 -	treet Add												
DEP DOL	Amended Amendment #	9			e, Zip Cod n, NJ 07				(	ELI	CERSI	NG	n.U	L		
		cluding		lame of (						Tele	phone Nu	ımbe	r			$\neg$
DOH DCA	Cancellation		P	Michael	Lanzaf	ama				, ,	8 <b>5</b> 0					
				FACIL	ITY INFO	RMATI	ON	_	r = 111 / 4							
Name of Facility Where Abate Private Residence	ement is Taking	Place (3)						-	f Facility (4 chool (K-12							
Street Address								T S	ubchapter	8 (Othe	er than K-1	12)	-11-21			
40 South St.								et	ther (i.e. pr	rivate 8	commerc	ciai d				5,
City (5)								Square	Feet	# of	Floors		Blo	ig. Ag	je	
Madison					1 (**)			0	Alles /Drie	n if hair	a domalic	abod				
County (6) Morris				County C STATE U	ode (/) SE ONLY)			Curren	t Use (Prio	ir ii beli	ig demons	sneu				
	DOH DCA  justification Cancellation  ne of Facility Where Abatement is Taking Plantate Residence et Address South St.  (5) Idison Inty (6) Intris Interest of Monitoring Firm Hired by Building Owner A Interest Address  , State, Zip Code Interest Manager for Monitoring Firm Int Date (10) -22-15 Impancy Status During Abatement (Check On Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Forting Other – Describe: 7:00 AM- 5:00 PM								ement Con		(9)					
N/A	adison  Inty (6)  Drris  The of Monitoring Firm Hired by Building Owner  A  Beet Address  In State, Zip Code  Spect Manager for Monitoring Firm  Int Date (10)  D-22-15  Cupancy Status During Abatement (Check Only  Facility Closed/Vacated During Entire Period								racting L	LC.						
Street Address	adison unty (6) prris me of Monitoring Firm Hired by Building Owner A eet Address  y, State, Zip Code  pject Manager for Monitoring Firm  art Date (10) 2-22-15 cupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa Other – Describe: 7:00 AM- 5:00 PM							Address 7th St.								
City State Zip Code	DOH DCA    Emergency (includ justification)     Cancellation     Cancella							State, Zip								-
Oily, Olato, Zip Oodo	orris  Imme of Monitoring Firm Hired by Building Owner  I/A  reet Address  by, State, Zip Code  oject Manager for Monitoring Firm  art Date (10)  9-22-15  coupancy Status During Abatement (Check Only  Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Fac  Other – Describe: 7:00 AM- 5:00 PM						Unio	n City	NJ 0708	7						
Project Manager for Monitorio	y, State, Zip Code  sject Manager for Monitoring Firm  ort Date (10) Sche 09-22-15 09-2  cupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period				ie No.		201	none No 216-96	803		License 01206	No.				
Start Date (10) 09-22-15	adison  Inty (6)  Peris  The of Monitoring Firm Hired by Building Owner  A  Bet Address  The Code  Ject Manager for Monitoring Firm  The Date (10)  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  The Date (10)  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  The Date (10)  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  The Date (10)  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  The Date (10)  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  The Date (10)  Ject Manager for Monitoring Firm  Scheller  Ject Manager for Monitoring Firm  Ject Manager f						1000		A Monitor racting L	LC						
Occupancy Status During Ab	DOH DCA    justification     Cancellation     Cancellati							Address								
	Introduction and the state of							7th St. State, Zip								72
	09-22-15 09-2 cupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac					_	1		NJ 0708	37						
Scope of Work (Check All Th	nat Apply)						-									
		Parameter .	nova						Containme		Negative	Pre	ssun	е		
2160 sf or ≥260 lf		De	moliti	on				Glo	i-Enclosure vebag Prod	cedure						
							E	Nor	n-Exempted	d (*) an	d Non-Fri	able I				
et et		50000000	ocati	55000									-		ment pe	
	torial (ACM)	Used		ly by	Ashesi		escription	n of Material	(ACM)		mount	Γ			ш	200
TO BE ABATE		Main		8/8/8/92		therma	system	ns insula			Specify		Rer	Re	Encapsulate	Enclosure
			(12)				cing, V miscella			5	F or LF)		Remova	Repair	psula	uso
(,		Yes	No	N/A									=		ate	(i)
Basement	:		x			Pipe	e Insul	ation		2	10 LF	×				
Name of Registered Waste I	Hauler		1	JDEP W		Cubic of Wa	Yards		1		ered Land			100		5
Delfa Contracting LLC			1000	lauler ID 5240	INU.	4					esource	Red	OVE	ery F	acili	ty
City, State Union City NJ	800 B						osal Dat 4-15	е	City, Star		A					
Completed by		Title					Signatu	re	A			Date		16		
Jaime Delgado		Proj. I	Mana	ager.				1	9			09-	12-	10		

CK 5808

5 4 - 5 N - 25 - 14\				Nan	ne of E	Building	Owner/Operator	(2)							1
Date of Notification (1)	15	70		17	MR	. Ja	Owner/Operator	10	MELL	1815 SEP 17	1 12 1		-		+
Agency Notified	Type Not	ification		Stre	et Ado	dress	1	98.7	, 0,	1 2	Para 1.	. (	Ü		1
	2 Initial						follo	Ar	3 1/-	F 4 1	1 - 1 7	13.5	1.3		1
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City, State, Zip Code							City, State, Zip			07601					
City, Otale, 2p Cour							Hackens		k, N.J.			-		-	_
Project Manager for Me	onitoring Fi	m	Tele	phone	No.		Telephone No.	. 7	111	00388					
. 10,000	7						201-329			00388		78		-	-
Start Date (10)		Scheduled Com			(11)		Name of OSHA	NOI E	nmor vironme	ntal					
9/30	15	10/11		>			Street Address		VIIOIIII	HUGI	b.				
Occupancy Status Dur	ing Abatem	nent (Check only o	one)		P				ler St						
☐ Facility Closed/Vaca	ated During	Entire Period of	Abaten	nent			City, State, Zip	Cod	le Dt						
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2 Other - Describe: 7	DMIC	241											-		
Scope of Work (Check	all that ap	ply)			<b>~</b>	ovation	□ Fui	II Col	ntainment with Iclosure	Negative Pressu	ne .	174			
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Best Rei	noval	Inc			109		2/27	7				- 8	_	_	_
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City, State Hackens	ack -	N.J. 076	601				10/1/15	5	Wayne	sburg, C	)h, 446	986	5_	_	_
Completed by	,	Title					Signature	,			Date 9	16	11	5	
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ASB-41		* Do not	use th	is for	m for a	sbestos	licensure exemp	oted a	activities.						



## Emergency.

	NO			NJAC 8:60				CK	50	085		r.		
Date of Notification (1) 9/14/15				uilding Owi anZandt										
Agencies Notified Type Notification			reet Add 09 Sea	ress view lane	e				-10 0	EP 17	AM	: 6	G G	
EPA Initial Amended Amendment #_		Ci	ity, State arnega	, Zip Code at Light N	J 08006	3		3,4	S.	LICEM	UNIT	ř(U		
DOH justification)	uding	N	ame of C						Telep	hone Num	ber			
DCA Cancellation			FACILI	TY INFORI	MATION									
Name of Facility Where Abatement is Taking Pl David VanZandt Private Home	ace (3)						Sch	Facility (4) nool (K-12)	)					
Street Address 909 Seaview lane							Sub Sub Oth etc	er (i.e. pri	(Other vate &	than K-12 commercia	) al buildii	ngs, h	omes	i,
City (5) Barnegat Light NJ 08006							Square 1 1000+	Feet	# of 2	Floors	35	g. Ag +	е	
County (6) Ocean			County Co	ode (7) SE ONLY)			Current House	STATE OF THE PARTY	if bein	g demolish	ed)			
Name of Monitoring Firm Hired by Building Own N/A	ner (8)		ASCM	No.			of Abater aco Inc	ment Cont	ractor (	(9)				
Street Address					11 16.50		Address 3ox 329							
City, State, Zip Code							State, Zip t Berlin	Code NJ 0809	91					
Project Manager for Monitoring Firm		T	Telephon	e No.			none No. 753-980	00		License N 00727	0.			
Start Date (10) S	chedule	d Com	pletion D	Date (11)			of OSHA							$\neg$
Otali Dato (10)	/18/15		•			Sam								
Occupancy Status During Abatement (Check (					St	treet	Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of A Facility	batem Hours	ent		_	ity, S	State, Zip	Code						
Scope of Work (Check All That Apply)						_	_							
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						E	× Non-	-Exempled	1 ( ) an	d Non-Fria	DIE F10	Abate	ement	t
I section of	1	Locati Vormal	ly		Descr	riptio	n of					Ту	ре	Т
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?		os Contair thermal sy surfacin other mis	ning /sten ng, V	Material ( ns insulat AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Throughout			X		FIOC	01 1	IIE		12		+-			
			-						5.7		+			
Name of Registered Waste Hauler		I	NJDEP V	Vaste	Cubic Ya	ards		Name of	Regist	ered Landi	fill			
United Containers			Hauler ID 2459	No.	of Waste			G.R.O.						
City, State Elm NJ					Disposa 9/18/15		te	City, Sta Morris		A 19067				
Completed by Anthony T Perna	Title Pres	ident			Sig	inat	ore _		_	- 1	Date 9/14/1	5		

#### MO#22742796148

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1995 France		

Date of Notification (1)					Name	of Building	Own	er/Operator (2	)	17 9 1	37	-		8	100000
09/	14	15			Ken L	acv			281	SEP 17 A	im i		_		
Agencies Notified	Type Notifica	tion				Address				1 1 8	17	. (1	6		
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□ DHSS     □ DRS	Amendme					ck, NJ 076				CE CIUCHO	MG				
DCA (NJAC 5:23-8)	Emergence justification	y (inc	luding			of Contact				Telephone Nu	ımhə	r			
and the second s	Cancellati				Ken L					201 802-002					
						CILITY IN	FOR	MATION							
Name of Facility Where Ab	atement is T	aking	Place	(3)	100	JILIT I III		MATION	Type of Facility	(4)					_
Private house			000	(0)					School (K-1						
Street Address									Subchapter	8 (Other than K-	1 2)				
E010505 - 501 - 50										private and comm	mercia	al bui	lding	8,	
8 Maple Street City (5)									homes, etc.			Die	- A-		
Teaneck, NJ 07666									Square Feet	# of Floors		BIC	lg. Ag	je	
County (6)					Coun	ty Code (7) (	TATS	E LISE ONLY	Current Hee (D	rior if being dem	alicha	147		_	
					Coun	ty code (1) (	JIAII	L USE ONLT)	Current Ose (F	nor it being dem	0115116	eu)			
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		g C		.0,	AGGIVI	50.4040			in Contractor (9	1					
Street Address								ech LLC				_			
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City, State, Zip Code								Valley Rd # State, Zip Co							
Oity, Otato, Zip Code															
Project Manager for Monito	ring Firm		Tale	phone	No		me, NJ 0747	0	License No.						
	Manager for Monitoring Firm					-2-00000									
Start Date (10)	9	Schedu	uled C	omnie	tion Da	te (11)	-	638-1777 ne of OSHA M	lopitor	01127					
	15					15									
Occupancy Status During A									nsultants,Inc						
□ Facility Closed/Vacated			and the same		ment			et Address							
Abatement Performed C						cribe			Road, Bldg .#	35E					
Time of Abatement:						AM		State, Zip Co							1
Scope of Work (Check all ti	hat anniv)						Fair	Lawn, NJ 0		nation with nega	tivo r	1000	1150		
coope of twork (official all th	ilat apply)									gative Pressure		ness	ure		
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₩ 2 100 St 01 2200 II			De	moliti	on			Glovebag Non-Exe	g Procedure L moted (*) and N	Tent with Nega on-Friable Proce	itive F	ress	ure		
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Location of				Norma				Description of	f						
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			Yes	No	N/A				37					(D)	
Basement					X	Pipe insu	latio	n -wrap&cu	t	70 LF		$\boxtimes$	П	П	
Basement			П	П	$\boxtimes$	VAT floo				300 SF					
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	ame of Registered Weste Hauler								W.						
Name of Registered Waste	ame of Registered Waste Hauler						Cubi	c Yards of Wast	e Name of Reg	istered Landfill					
Gr Tech LLC					003378	35	_ ′	ГВD	T.R.R.F. Inc						
City, State							Disp	osal Date	City, State						
Wayne, NJ 07470								ГBD	Tullytown, I	PA					
Completed By (Print or Typ	e)	Title						Signature /			Date	9			
N.Jevtic		Own	ner					Heu	Ic Wena	l	09/1	4/20	15		
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9/11/2015					Building O Hamiltor		perator	(2)	28	15 00	D 15		0.076		
Agencies Notified	Type Notification			treet Ad	dress 41st Str	eet				10 01	P ! 7 A	h l	: 67	•	
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	Emergency (i	ncluding		lame of		-					phone Num				
DOH DCA	justification) Cancellation				Hamilto	n					2,070 00				
				FACIL	ITY INFO	RMATIC	ON			-					
Name of Facility Where	Abatement is Taking	Place (3)						Туре	of Facility (4	)					
N/A (House)									School (K-12	2)					
Street Address						12. 52.55					er than K-12				
389 E. 41st Street		363							Other (i.e. pr etc.)	ivate 8	k commercia	il build	ings,	home	s,
City (5)				0.77					e Feet	# of	Floors	BI	dg. A	ge	
Paterson								3,00	0	2		9	0		
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Passaic			6	STATE U	SE ONLY)	-		Res	idence						
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM	No.				tement Cont						
N/A				N/A			East	Coas	t Haz Ma	Rem	noval, Inc.				
Street Address							Street 494 E		st Street						
City, State, Zip Code							City, S	tate, Z	ip Code						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									NJ 07504						
Project Manager for Mor	nitoring Firm		Т	elephon	e No.		Teleph	one N	0.		License No	0.			
				#254 - 640 J • 655 400 500 5			973-	345-0	022		00507				
Start Date (10)		Scheduled	Com	pletion D	Date (11)		Name	of OSH	HA Monitor						
September 12, 20	15	Septem	ber 1	15, 20	15		Sam	e as a	above						
Occupancy Status Durin	g Abatement (Chec	k Only One	)				Street	Addres	SS						
☐ Facility Closed/Vac	ated During Entire F	Period of Ab	atem	ent											
Abatement Perform	ned Outside of Norm Unoccupied basement	al Facility F					City, S	tate, Z	ip Code						
Scope of Work (Check A	All That Apply)														
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Asbestos-Containing TO BE AB		100000000000000000000000000000000000000	tenan	200000000000000000000000000000000000000			system				Specify	70	77	Enc	四
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Name of Registered Wa	ste Hauler		120.00	JDEP W		Cubic of Wa	Yards		Name of	Registe	ered Landfill				
East Coast Haz Mar	t Removal, Inc.		11 1115-176-1	auler ID J 419	140.	or wa			G.R.O.\	N.S.	North Inc.				
City, State						50000	sal Date		City, State	9					
Paterson, NJ 07504							/2015/	1	Morrisy		Α				
Completed by		Title					Signature	9 /	///		Da	ite			
James E. Unger		Sr. Es	tima	tor/Pro	ject Mg		Lu	. 6	Alm.	_	9.	/11/2	015		
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Date of Notice	103	(Purseant to NJAC 8:60 and 1	ATEMAT 2:120)		
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Name of Feeding Within	Te Abelianish is Taking Page (3)			F 12 197.	Ţ
11	Résident		Type of Feeling (4)		1
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City (5)	Isle Cty			62 carmada bidaigs.	Pales.
County (6)	4510 City		Stille Per I s	of Flows   Bidg. Age	-
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City, State, Zip Code		1 Con Contract	Birlington	Losse	
Project Manager for Moni		City. State, Zip Co	NJ COEST		
	many ram Tesph	one No.   Telephone No.			
Start Date (10)	Sebadiral G		//	0167D	
9-23-15	Schemied Completion	Date (11) Name of OSHA No	Tillet - 10	1070	
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Other-Describe	uses or Normal Pacify Hous	Cây, Sieb, Zip Code			
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<sup>°</sup> Do not use this form for esbasics licensure exempled admires.

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9-14 - 15

Date of Notification (1)		HOVE CIGN SEG EX				
Date of Notification (1)  Aganties Notified   Time Reserve	Name of 5	Reading Owner/Open	ET (2) Alat	mal selection	tourtion	0 1.
	Street Acc	1001	Lower Li	The second secon	2/	1 -
Amendment 8	City, State,	Zīp Code	The state of the s		05012	MIT
DOCA PROTECTION	Name of Co	miact T. h. //	lixon	[ Telephone til	05012	
Nama of East Vac	FACE FRY	THE ORMATION	IIXON	11/-	200-761	18
Name of Parally Where Abalament is Taking Pace (	Reside		Type of Facility	(4)		
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County (6)	offend 1	115 35096	Source Feet	S of Floors	Bidg. Age	
- Concen	USE ONLY)	(7) (STATE	Conent Use (Pro	l z û being demol	_   Shed)	
Name of Monitoring Four Hired by Building Owner (8)	ASOM No.	Name of Atas	ant Contractor (9)			
Street Address		Street Adminisce	-UL			
City, State, Zip Code			Birlingto	n Are		
Project Manager for Monitoring Firm	phone No.	Delance	(NJ CSE)			
Start Date (10)		Telsphane No. 856 52709	71	License No.  0167t	)	- water
0-23-1	ton Date (11)	Name of CSHA Ma	Self"			
Occupancy Status During Abatement (Check only one)    Facily Closed/vacated During Entire Pariod of Abatem		Street Address	SUL			_
Other - Describe:	1 1 /1.	Olly, State, Zip Code				_
Scope of Work (Check all that apply)	1-					The Albertages
		Ginetian	2000			
Is Location Namedy		1 Non-Bresspi	Zi (Zizzi Nan-Fri	ble Procedure		- Parameter
Asbestos-Containing Metarial (ACM) (Meintenence)		Description of Containing Material (	S Comments	C. Britania	Abatement Type	O POST
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plated By THII 1880 VP		Signature / 11	Tullyton		_ D=   .	 :>
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<sup>°</sup> Do not use this form for esbestos licensure exempled activities.